

Book of Abstracts

The abstracts are arranged according to numbers used in the programme as follows:

Lectures

Workshops

Posters

Without linguistic revision

1. A**Czech Medical Acupuncture Society (CMAS) – History, Present Situation and Future****Pára František**

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Introduction:

The Czech Medical Acupuncture Society (CMAS) is a 60th Society of the Czech Medical Association of J. E. Purkyně (founded in Prague in 1862, associating 103 professional societies and 42 associations of doctors – organising approximately 35 000 doctors)

Aim of the Study:

To inform mainly the foreign conference participants about the history of CMAS, its current structure and plans for the future.

1) The History of CMAS:**Predecessors of CMAS:**

- „*Committee of Acupuncture*“ at the Physiatrics Society (Slovakia - founded in 1973, in the Czech Republic - founded in 1975) - Chairman of both: R. Umlauf

- „*Section of Acupuncture*“ at the Czech Physiatrics Society (1981 - Chairman R. Umlauf)

- „*Czech Medical Acupuncture Society*“ founded in March 3, 1990 - Chairman: R. Umlauf (1990 - 91), F. Pára (since 1991 - up till now)

History of CMAS is in close connection with the development of acupuncture in former Czechoslovakia

Important personalities of Czech acupuncture:

Václav Kajdoš, MD, senior consultant (1922 - 1990)

Richard Umlauf, MD, PhD, head of department (1930 - 1999)

Jiří Marek, MD, senior consultant (1933 - 2002)

2) Present Situation of CMAS:**Members and membership fee**

549 members (12/ 2004) -14 honorary members from the Czech Republic and 4 from abroad

The fee includes: 200 CZK for the society, 200 CZK for the journal (total 400 CZK i.e. about 13 EUR/year)

Structure of CMAS***Section of diagnostics and therapeutic studies in acupuncture and related techniques***

Subsections: a) TCM acupuncture, b) Auriculotherapy and Auriculomedicine,

c) Electroacupuncture according to Voll, d) Su - Jok

CMAS and education of doctors in acupuncture (acu) and related techniques

- *Only for doctors* with minimum of 3 years practical experience in a clinical field (dealing with patients)

- Basic course (200 hours of theory and practice), advanced course (150 hours of theory and practice), further educational courses - in accredited workplaces exclusively

More than 2500 doctors educated in acu in the Czech Republic (main instructor M. Barešová)

- CMAS guarantees the education of its members - according to a strict system of points
 - Authorization - Credit of the I. grade (using acu within the doctor's specialization)
 - Authorization - Credit of the II. grade (using acu in all indications)
 - Instructor in Acupuncture (can also train doctors in acu)
- are granted.

Professional journal

(Information bulletin - since its start up till now, joint journal of both Czech and Slovak Acupuncture Societies - 4 issues / year)

Československá akupunktura (1990 - 1993)

Acupunctura Bohemo Slovaca (since 3/ 1993 up till now)

Legislation

Methodological instruction for using acu in the Czech republic was published in 1/ 1977 for the first time and amended in 12/ 1980

The Scientific Council of the Czech Chamber of Doctors approved acupuncture as one of the Function specializations (11/ 1996). Attempts to install acupuncture as a separate branch of medicine have not been successful.

Insurance and acupuncture

Since April 1, 1997, acu has not been paid by the health insurance (paid from 1992 to 1997).

Congresses and professional events

- 1st working conference on acupuncture in 10/ 1965 - Ružomberok, Slovakia - organized by Chairman R. Umlauf

- 3rd World Congress of Scientific Acupuncture ICMART 88, Prague - President

R. Umlauf

- CMAS and SAS (Society of Acupuncture of the Slovak Medical Society) take turns in organising joint congresses every year (since 1996) and in the past two years every two years - the last XXII. Congressus Acupuncturae Bohemiae et Slovaca cum participatione internationali took place in 11/ 2003 in Brno.

International co-operation

ICMART - CMAS was enlisted again after the division of Czechoslovakia in 6/ 1994 in Istanbul

IMGEAV - courses since 1991 (German and Austrian schools of EAV)

GLEM - courses since 1995 (French school of auriculotherapy and auriculomedicine)

ONNURI ACADEMY - courses of Su-Jok since 1995 (schools of South Korea and Russia)

SAS - the closest co-operation: courses of natural medicine, joint journal, congresses.

3) CMAS tasks for the future:

to assert acupuncture as a respected methodology of contemporary medicine in the CR legislature - the new „Act on People's Health“ is just being prepared

to improve the CMAS member's education in acupuncture and assert acu into the individual expert branches of contemporary medicine

to improve the quality of the *Acupunctura Bohemo Slovaca* journal

continue and broaden the cooperation with foreign acupuncture societies and the ICMART

to achieve at least informative teaching of acupuncture on all medical faculties in the Czech Republic.

2. A Metamorphosis of Slovak Acupuncture

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The ongoing reform of the health system in Slovakia brought with several improvements but also many problems, and in the case of acupuncture even deformations.

As is generally known, acupuncture in the Slovak Republic has been since 1993 extentional specialised medical branch. A counter – productive activity which started in the following years which was presented as reform steps, are detrimental to acupuncture makes availability to in more difficult a creates its underestimation and discreditation. It is concerning mainly change of acupuncture's position in the health care covered upon the law on medical insurance for being suprastandard and the chief specialist was withdrawne. A further reduction appears in form of issuing the amendment of the Decree of the Government of the Slovak Republic number 157/2002 of the Collection on Further education of employees in health services. Acupuncture was;there defined as an extentional branch over the basic specialised branches of the FBLR (physiotherapy, balneology and rehabilitation) and neurology, however before, in accordance with the Conception was extentional over all basic clinical branches of clinical medicine.

Although permanent efford to change this unfavourable position of this branch was executed, arrogance of the state power and ignoring views of professionals was demonstrated by the fact that the above decree was abolished and substituted by a new Decree of the Government of the Slovak Republic number 213/2004 of the Collection of laws On further education of employees in health services which states that acupuncture is only a so called certified work by certified methods. This regulation is in contradiction to the Conception of the branch which was not abolished.

In his paper, the author deals with perspectives of acupuncture in the Slovak Republic and paralelly, he also informs the public on activities which were carried out (specialisation exams in this branch, petition activity, lobbying, etc.)

3. A ICMART Status 2005

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4. A Prof. Dr. Johannes Bischko – a Life for Acupuncture

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5. A**Prolotherapy: A Critical Acupuncture Related Technique****Frank Bryan L.**

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Abstract

Prolotherapy, also known as sclerotherapy or proliferative therapy, is a treatment technique that addresses ligamentous laxity and the subsequent pain and dysfunction that commonly ensues. Unrecognized by most physicians and therapists, chronic and repetitive subclinical trauma may lead to increased load on supportive structures which, though treated with acupuncture or conventional therapeutics, continue to present with chronic pain.

Prolotherapy, different from Neural Therapy, has had less attention and teaching in many international congresses, though it may be the true indicated procedure for resolution of many myofascial and musculoskeletal pathologies.

Conclusion

Prolotherapy has been widely missed as an important acupuncture related technique in international congresses. It however remains a significant contribution for many suffering from chronic pain and often relieves a patient who has failed in treatment with acupuncture, neural therapy and other modalities.

6. A**Modern NeuroEndocrin-Immunological Conception of Acupuncture****Vasilenko A. M., Luzina J. L., Sokolova T. E.**

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Neuroendocrin-immunological interactions (NEII) plays significant role in bidirectional reflection of processes taking place in the internal environment of an organism and its peripheral reflexogenic zones particularly in acupoints (AP). NEII providing sensitisation and desensitisation both of external and internal nociceptive afferents as well as central neurons participating in somat_-visceral interactions underlie the creations of pain syndromes. AP's are the most active locuses of NEII where a peripheral part of pain - controlling system represented.

The mechanism of an axon - reflex providing combined peripheral sensitisation of interoceptors and musculocutaneous afferents take part in appearance hyperalgesic zones which explored in daily practice of acupuncturists. Sensitisation of visceral nociceptors reproduces in representative AP. Similarly, but in an opposite direction the axon - reflex mechanism is implemented at a stimulation AP. Realised in reply to a stimulation AP substances realise also in tissues of internal organs. Thus, the axon - reflex

can provide two-way communications between AP and internal organs and form the basis of methods as well as acupuncture therapy and diagnostics.

Peripheral NEII are played back in central organs and structures and vice versa. These mutual reflections of noci- and antinociception mechanisms are organized on a principle of regulatory continuum can be considered as morpho - function substratum of the acupunctural system.

The individual features of NEII determine outcome of a stress, predisposition to development of this or that nosological form, features of current main both attendant diseases and syndromes, including pain, neurotic, depressive.

Methods of acupuncture including Su Jok therapy addressed to a regulation of NEII both peripheral and central level are justified at a wide spectrum of the most common diseases. The possibility of a combined regulation of two major protective systems namely nociceptive and immune provides the expressed preventive action of acupuncture.

7. A

Regarding New Results of Clinical Research – The GUSE Model of Understanding Acupuncture Effects

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Large randomized controlled trials about acupuncture treatment have been performed recently within the “Modellvorhaben” of German Social Insurance. All studies showed convincing effects of needling therapy, whereas some studies revealed little difference between real acupuncture and control acupuncture. This partly was claimed as a “placebo effect”. Acupuncture however is not comparable to a drug, since any needle sticking into skin is not an inert placebo.

In this paper acupuncture acting on 3 different levels is described with the GUSE – Model: General, Unspecific and Specific Effects (= GUSE), which contribute in different amount to both clinical and research outcomes.

1. General Effects: First the general setting of any acupuncture treatment exceeds the conditions of a drug prescription. The system of Chinese medicine offers a broad understanding of patients’ pre-scientific view of perceived changes of body and mind functions.

2. Unspecific Effects: Second, Chinese medicine for long described, beside the well-known classical points and channels, many concepts like tendino-muscular meridians, ashi points etc. which act on any region. So every stimulus to the body surface acts on the whole system and causes changes to peripheral and central perception. Concepts of western medicine like segmental order, diffuse noxious inhibitory control (DNIC), referred pain, sympathetic mediated reactions as well as recent findings of electrical and biochemical changes of single neurons after repeated stimuli, they all help understanding unspecific effects of acupuncture not bound to classical points. Furthermore, improved understanding of unspecific effects of needle stimuli could help to accept the existence of numerous Microsystems which effects might depend mainly from the chosen area and its central representation rather than specific point-to-point relation.

3. Specific Effects: Third, there are specific effects of needle stimuli in relation to the chosen classical acupuncture points. The traditional points might act as points of maximum effect. Quite a few studies show superior effects of traditional points to non acupuncture points.

Studies often reveal differences between unspecific and specific effects not considering the general effects. Other studies measure the all over effects of needling and do not refer to the different levels. The GUSE Model is helpful to clear the confusion around pretended placebo effects of acupuncture.

8. A

Outcome and Interpretation of the 2 large German Randomized Control Trials

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The German Medical Insurance Companies have financed two very large randomised control trials RCT: The Gerac German Acupuncture Trial and the ART Acupuncture Randomised Trial. The results of this RCT and their implications for the future of acupuncture will be discussed in this presentation. In Gerac the results of acupuncture treatment after 6 months were about twice as effective compared with a standard western orthopedic treatment for low back pain.

In the Gerac trial no significant difference was seen between a western symptomatic form of acupuncture in comparison with Gerac-acupuncture a form of Sham Control. Although more than 100 RCT's show clear significance between acupuncture and Sham, the large Gerac study could not. Some of the possible flaws will be analysed and discussed.

Overall outcome of the acupuncture treatment was very good.

9. A

Munich Outpatient Program in Complementary and Alternative Medicine for Chronic Pain (MOCAM) – One Year Follow Up

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Introduction

Multimodal treatment programs of chronic pain have been used for chronic pain conditions such as headache or low back for many years and there is evidence for their effectiveness. The majority of outpatient programs are based on cognitive/behavioral perspectives.

The interest in Traditional Chinese Medicine (TCM) and Classical Natural Medicine (CNM) is grown in the last decade and their methods are widespreadly used in the treatment of chronic pain.

TCM and CNM may offer methods which provide

- self education (Qi Gong, Breath therapy)

- self management (nutrition, life style according to TCM and CNM)
- copying strategies (imagination, visualisation)
- pain alleviation (acupuncture, counter irritation)

Aim of Investigation

The aim is to evaluate a multidisciplinary outpatient program in complementary and alternative medicine (MOCAM) for chronic pain patients based on the principles of Traditional Chinese Medicine (TCM) and Classical Natural Medicine (CNM).

Set of patients

83 Patients suffering from chronic pain of different origin

Methods

MOCAM consists of a 4-week outpatient program (phase 1) and a follow-up program (phase 2 and 3). The 4-week program includes methods of TCM (Acupuncture, Qigong, Tuina, Dietetics), CNM (Phytotherapy, Breath therapy, Nutrition, Imagination, Body awareness) and educational seminars (chronic pain, pain treatment, life style according to TCM and CMN). Emphasis is placed upon reinforcing patients confidence, self-understanding and self-responsability.

The Follow up program includes the possibility to continue once weekly the methods offered in the 4-week program (phase 2), meetings and seminars (phase 3). Outcome measures included individually defined complaints (VAS, 0-10) and a comprehensive questionnaire (SF 36, Pain Disability Scale, pain measurements by VAS, return to work, etc.) recommended by the DGSS (German chapter of IASP). Patients were evaluated at baseline, and immediately, three, six and twelve months after phase 1.

Results

83 Patients with chronic pain were included. Mean duration of pain was 108 months. More than 60% of patients showed the highest chronicity stage (degree III of Mainz Pain Staging System). All outcome measures were improved after completion of the 4-week program. Pain intensity, subscales of SF36, PDI, affective component of pain and disability to work improved significantly (ANOVA, $p < 0.05$) one year after the 4-week program compared to baseline.

Conclusion

MOCAM reduced pain and related complaints in pain patients with a high degree of chronicity.

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10. A

The Treatment of Malignant Alopecia in a Dermatology Practice

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Malignant Alopecia shows itself in its developed form by the complete loss of hair, eyebrows, eyelashes, beard and body hair.

I began to carry out treatment by acupuncture routinely in 1981. I have been working as a derma-

tologist for more than 40 years, of which I spent 20 years working at the Institute of Medical Cosmetics in Prague and the last 12 years in private practice.

My patients come from all over Czechoslovakia, even when the treatment requires regular visits for a series of 12 sittings at weekly intervals. I prefer the first three sittings to be held every other day. I do not give any internal medicines. The majority of patients have almost always had courses of treatment in their home towns, and this has almost always been corticoids, applied both externally and internally; during their medication their condition had either improved very little or not at all. It is notable that the majority of these patients, who also suffer at the same time from neurasthenic complaints (primarily tension, broken sleep and excessive tiredness) report an improvement in these subjective problems even during the first few sessions.

A gradual growth of hair and lanuga in the places where hair loss had begun is generally seen during the second series of sittings, after a three-week interval.

My clinical method and technical approach

- A detailed anamnesis from early childhood. If necessary, I will ask for a neurological or general examination.
- I use the Acudiast equipment to find out the overall energy state at the start and end points of the acupuncture paths. The equipment detects both the location of the acupuncture points and measures their apparent localised resistance. This measurement provides information about the current energetic state of various aspects of the organs.
- On the basis of this information I usually choose metabolic points from the paths of the large intestine, lungs, stomach, gall bladder, bladder and spleen, i.e., points which relate to the skin.
- I insert the needles into the acupuncture points bilaterally and leave them for 20 to 30 minutes. The patient should not show any signs of pain. When the right points are selected and the needles applied correctly there is a significant shift in the previously measured pathological values towards normal, and with this a balancing in the energetic state of the organism.

The results of treatment can be clearly seen in hair growth on three patients from 1981 to 1983:

- A man with total alopecia at the age of 25, and his condition two years later after five acupuncture series of twelve sittings. Currently he is cured.
- A girl of 15 who had suffered from alopecia areata from the age of 4 and total alopecia from the age of 11. The slides show her condition after three acupuncture series of twelve sittings. Currently she is cured.
- A 29 year old patient with hair loss from the top and back of her head, with the complication of a facial nerve paralysed by a virus. Her condition as shown is after two acupuncture sessions of sixteen and twelve sittings.

From that time **I have successfully treated more than 600 patients**. The success of the treatment was always dependent on the frequency of visits and adherence to the recommended treatment regime.

I want to stress that in all the cases described the previously applied internal medication with corticoids had only a temporary effect in that positive results had only appeared while the medication was being used. After that they were advised to wear a wig. The course of the subsequent medication and the current condition of the patients shows that bearing in mind the side effects of corticoids and other-medicines acupuncture could be a much more suitable treatment.

11. A

The Use of Acupuncture in Complex Therapy of Burn Trauma

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Dedicated to Richard UMLAUF, MD, PhD, Head of Department

Introduction

Burns and their impact on organism represent an extensive problem - both medical, social and economic. When the organism goes through the burn trauma, it subsequently reacts not only on the local, but also on the system level - as well as on the immunological, neurological, morfological and other levels.

Apart from the intense, originally sterile local inflammation, another reaction, the so called „*cytokine storm*“ also occurs, having an impact on the entire system. Both reactions damage the organism; on one hand by local destruction, and on the other through deepening the metabolic processes following burns, during which the circulation collapses, septic shock occurs and when the burns are extensive, they can even result in multi-organ failure.

In therapy we can, apart from basic surgical treatment, limit and even prevent tissue destruction at the place of the burn as well as the system reaction by timely and appropriate intervention in the information networks - especially by the use of acupuncture.

The pathological processes will, after the acupuncture (ACU) is applied, occur in lesser intensity, shorter time and the recursion leading to full health will be fast (especially in case of smaller area of burns and their lesser degree).

A suitable complement to general therapy is also timely application of *manual lymphatic drainage (MLD)* methodology, which has an effect on the system circulation, influences oncotic pressure and improves the transportation of deponating as well as circulating immunocomplexes (CIK).

Aim of the study

To prove the necessity of timely application of AKU and MLD as complementary methodologies in treatment of the burn trauma, which are very effective in therapy.

Set of patients

The authors have followed in the period of 20 years (from 1984 to 2004) 212 patients altogether. The degree of burns:

Degree 1 to 3, the 2nd degree burns were in majority; affecting 5 to 40 % of the body surface.

Methodology

a) *Standard treatment of burns*

b) *Acupuncture*

Timely obligatory application of a needle to the 7th point of the lung meridian on both sides (L7)

Optionally in burns on lower part of the body acupuncture points of the spleen were used, based on the clinical picture

First application of acupuncture - from 5 minutes to 24 hours; 1 to 2 times daily, 30 to 60 minutes (up to 4 hours) based on the clinical picture.

c) *Manual lymphatic drainage (MLD)* – always not only in the hinterland of the appropriate body part, but encompassing the entire range according to the MLD methodology.

Results and discussion

a) Out of 212 patients with burns, **210 patients (99 %) healed within 4 weeks, without scarring, without the necessity of rehabilitation** (total healing without any signs of burns, or else with only temporary erythema)

In 2 patients who needed treatment by plastic surgery, the reattachment occurred earlier than in patients untreated by ACU (in one patient occurred subsequent detachment of the plasty and healing without scarring)

b) **In burns up to the second degree and affecting smaller area** (up till 20 per cent of the body), where timely ACU and MLD were applied (up till 30-60 minutes since the trauma) **the application of analgesics, tranquilizers or antibiotics was not necessary**. In these cases the only necessity was to apply local surgical bandaging.

c) **Due to the effect of acupuncture, the infection does not develop and immunodeficiency induced by cytokines does not occur**.

d) **Timely application of first ACU is substantial** - the earlier the application, the faster and better healing result.

When ACU is applied early (up to 20-30 minutes), it triggers the recursion of all the initiated pathological processes.

Including the MLD in treatment in 1996 together with ACU, resulted in speeding up the healing and decrease of the number of necessary ACU applications.

The authors are not aware of any other work dealing with complex treatment of burns by ACU and MLD.

Conclusions for practice

ACU is appropriate as the first aid treatment for both the burn trauma and subsequent therapy.

Timely application of L7 on both sides leads to:

- timely hypo - or even analgesia
- limited occurrence of and reduction of the after burn shock
- the subsequent healing takes shorter time, the economic costs are lower in comparison to the classical methodology
- healing takes place without keloid scarring
- the above methodology has maximum effect at the upper part of the body, especially the face and neck

It is appropriate to complement ACU with MLD to achieve faster healing and better results.

12. A

The Effect of Herbal-acupuncture Using Ursi Fel into Zusanli (ST 36) to Recover Function of Stratum Corneum on Mice Model after Atopic Dermatitis Elicitation

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Introduction and Objectives

Applying herbal-acupuncture using Ursi Fel into Zusanli (UZ) on to the atopic dermatitis(AD) in mice to study changes in external dermal formation, change of leukocytes in vasculature, change of lipid formation in stratum corneum and distribution of ceramide; this study is done through forcing an injury to the mice's back skin which damages the lipid protection formation in the stratum corneum.

Materials and Methods

The AD which was caused intentionally using the external application on the mice's back skin was treated with UZ; the change of leukocytes in the vasculature had been identified, through optima 5.2 and student's t-test and the results were made into a dermal formation graph.

Results

After dispensing UZ into the AD, the dermal injury was decreased. The recovery of the lipid protection formation which includes lipid and ceramide in the stratum corneum(for suppressing acute inflammation due to factors such as PKC, TNF-a, IL-1 β , which controlled the secretion of the relating inflammatory cytokine) also went onto show a decrease of both angiogenesis and degranulated mast cells. In addition, the decrease of epithelial injury also caused the growth of cells to decrease in the stratum basale and cytoclasis. In the vasculature, the leukocytes were also decreased and this could relate to a decrease in AD.

Conclusions

UZ has an effect on AD by suppressing dermal injury through the recovery of the lipid protection formation in the stratum corneum.

13. A**Comparison of Three Approaches (Traditional Chinese Medicine, Auriculotherapy, Auriculomedicine and EAV) in Diagnosing and Therapy of Atopic Eczema**

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Introduction

There are lots of diagnostic and therapeutic approaches derived from acupuncture nowadays. The authors, engaged in acupuncture and related technics, point out common characteristics of traditional oriental medicine incl. acupuncture with auriculotherapy § auriculomedicine and EAV as well.

Aim of the study

The aim of the study is to find out if using of more diagnostic and therapeutic methods derived from acupuncture simultaneously is suitable in one patient.

Set of patients

Because of clearness and necessity to keep the time limit of the lecture the authors demonstrate the complex approach to the issue in casuistry of one patient, a 53 years old women suffering since her birth from serious form of atopic eczema.

Methods

1. The patient was thoroughly investigated according to the principles of traditional Chinese medicine. After finding precise diagnosis the proper therapy was applied.
2. The patient was examined and treated according to the principles of Nogier's auriculotherapy and auriculomedicine.
3. The patient was examined and treated by means of Voll's Electroacupuncture.

Results

The patient underwent simultaneous diagnosing and treatment by means of all the three mentioned methods. During the processing an affection of similar body's regions was detected. The authors' teamwork gave precision to patients' diagnosis and perfected therapeutic effect.

Discussion

Atopic eczema has to be considered as multifactorial, difficultly curable, serious illness. Therefore many patients turn for aid to various specialists. The number of diagnostic and therapeutic methods derived from acupuncture is huge nowadays. This could be a bit confusing for patients and doctors as well. No exact rules for using and combining of different approaches exist. Patients often undergo more similar treatments in several clinics simultaneously without informing all participating physicians. Consequently therapeutic informations are cumulated and final result of treatment could get worse. To the contrary a cooperating nursing staff increases patient's confidence and improves the diagnosing and therapeutic efficacy.

Conclusions

To have a broad knowledge of related diagnostic and therapeutic approaches at acupuncturist's disposal is an advantage for sure. The physician could thus choose the proper treatment for his patients. The combination of more approaches is possible and useful only in a such case if all participating doctors work shoulder to shoulder and act symbiotically. The informing of the patient in detail during all the process is required.

The lecture is supplemented with the poster giving suggestion how to examine patients in complex, holistic and uniform, synoptic way as well.

14. A**Acupuncture and Related Techniques in the New European Community****Schmitz-Harbauer Wolfgang**

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The enlarged EU offers a new challenge to acupuncture and related techniques.

Neither the different practice of methods nor the borders of the EU countries will stop the general aim and intention to harmonise the common market, whether in respect of practical use or established curricula, or financial refunds, or scientific research.

There are many questions which have to be answered on the right level by the right people. We need an organization that is able to cope with the needs of the EU parliament and administration and that at the same time cooperates with the ECPM. We would like to support the efforts of ICMART to strengthen their abilities to deal on the European level.

15. A

The Complex of Immunomodulatory Acupuncture and LL Laser

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The scientific research of immunology achieved an explosive number of unbounded results to this field of medicine. The reason is the curiosity and fascination to explore a system of rich complexity penetrating all medical disciplines. The know-ledge of PNI confirms the dependence of therapy successe on immune system. There are powerful interactions including reciprocal receipt and transmission of information signals. The immune system is the connecting link between psychic events and organic disorders. The nerval system is the mediator agens between soul and body. The immune system is decisive for the curative effect of regulatory therapy including acupuncture. It is called the "sixth sense". The nervous, hormonal and immune system are permanent connected in discourse and cooperation in a consistant biochemical network given by in whole organism flowing information. The stimulating effect of Acupuncture and Low Level- Laser Acupuncture on the Immune System provides considerable therapeutic support. Every regulatory therapy influences synchronously the immune system. Two defence lines are belonging to the immune system: the innate non-specific immune system as the first barrier and the specific immune system as the second barrier. The basic regulatory system takes part on the defence mechanism, reaction and defensive force. About 10-20% of all patients suffer from disease, by whose origin immunologic factors play at least a decisive role. Statistical every third patient suffers from allergy. Reduced ability for adaptation, passes through illnesses and infections, increasing exogenic loads, reduced carrying capacity, stress and psychic pressure, false manner of being and alimentation decimate the immune system. The loss of defence power as result of involution of thymus gland in age, disfunction of the intestinal mucosa, multiple system illnesses, the increasing UV-radiation, rising number of infectious diseases resulting from world tourism, stress and psychic overstrain are reasons of immunode-ficiency and damaged function of basic regulatory system. Rapid increase of allergy and autoimmune diseases complicates many treatments. In numerous cases of weakness of defence system- the therapy remains unsatisfying. Chinese and western research results show evident increase in humoral immunity as a result of acupuncture.: A clear increase of H-Antigens has been registered after dry needling of specific acupuncture points. Examples of registered results are the increase of defense power after needling of St 36 with UB 38(43) and of point UB 39 against extern infections or stimulating efficacy of point SJ 5 and auricular Thymus point. on weak achievement of Thymus. The intestinal immune system can be activated with needling of points Sp 4, Ren Mai 4,5,6,8, LI 2, 3, UB 26, St 35,36. – In addition, a significant reduction in the ERS (erythrocyte sedimentation rate) after puncture of points LI 4, Li 5, Sp 6 and St 36 could be noted.- Example of specific effect is the mucosa-master point SI 3 and LI 5 as donors of Oe-Defense energy for mucosa and skin..Informations of definate Nogier-frequencies rank A'-G of non-invasive LLLaserAcupuncture promotes by way of an overall improvement of immunological regulation collectively the therapeutical effects. If necessary, the general rise of Qi-Energy is activated by points

Ren Mai 6 and bilateral Pc 6, St.35 and Sp 6.- The increase in the Interferon level was also observed after acupuncture of specific and proven body and ear points rise to an identical effect. In experiments on animals, change in the titre was evident after acupuncture. On the whole, acupuncture has an effect on disturbed regulatory processes. The informative effect of Laser- Acupuncture even enables the organism to master immunological processes more efficiently by way of overall regulation. The combination of usual immunity stimulating methods with acupuncture and auriculomedicine thus appears to be a logical optimization in the treatment of low resistance to infection and its use is preferably advised simply due to it being free of side effects. Carrying out test series of 3-5 sessions, body and ear points are usually treated with needles alternately and irradiated with the appropriate laser frequencies for the zone in question. The point combination should include points effective for resistance, regulation and energetic condition. The stimulation and activation of immune system is attainable by corresponding acupuncture points to immune competent morphological substrates of Thymus, Spleen, Blood system and Lymph system, the hormonal controlling organs Hypophysis- Hypothalamus and via psyche, psychic and psychosomatic ear acupuncture points. Distinct regard is requisite to reciprocal actions between the Neuroendocrinum and the immune system. Stress and permanent psychological loads are responsible for immunological troubles with influence on lymphatic cells and hormones ACTH, FSH-TSH with following influence on T-answer. The careful investigation of persistent psychic alterations is indicated in cases of immune deficiencies. Fear and stress as a psychic reflex is negatively correlated with the immune system and the NK, T4-cells and other compartments are therewith affected. Stress factors of fear and annoyance influence among others Interleukin producing Macrophages and Monocytes. - The complex mechanism of immunomodulatory acupuncture is scientifically adequate explored. The immune defence becomes more importance with the rising age pyramid. Acupuncture is a regulatory therapy and a very effective stimulation for invigoration of the immune system. Every influence on organs has also effects on the immune system.- The interaction of Psycho-Neuro-Immunology gets increasing attention. The immune system gets modulation by means of centralnervous processes. The evident communication exists between the immune system and CNS as well as by means of the Hypothalamus-Hypophysis- Adrenal Cortex-Axis as well as through direct contacts of the autonome system with his nerve fibres. Stressors like strain, anxiety, worry as psychological reactions change the immunoreactivity. Resistance can be influenced by psychologic/ psychotropic corporeal and auricular points. The support of acupuncture for the treatment of immunodeficiency, allergy and autoimmune diseases is efficient and important.. A successful therapy and healing without support of immune system is inconceivable and impossible.- The efficacy of acupuncture is clear addicted on perfect working basic regulation system and intact immune system.- In comparison with the increasing environmental strain the potency of the defense system is considerable decreasing. On the other side, the rising age pyramid of polysymptomatic, multimorbid and immunodeficiency syndrom patients, the negative social and biological surrounding area makes indispensable to include it in diagnosis and therapy. Our patients want to improve performance without harmful secondary effects, they want to prevent illness. instead of undergoing treatment., They aim at healing instead of just symptomatic permanent medication: Acupuncture therapy for stimulation and activation of the immune system is an important additive way thereto. and a pillar of modern holistic treatment in the sense of Psycho-Neuro-Immunology and strainless regulatory medicine.

Conclusion

Patients with recurrent chronic infections, problems with low resistance and tendency to extreme immunological reactions appeared after acupuncture both subjectively and objectively by reinstated regulation significant better regulated and resistant.

16. A Pain Syndrome of Thoracal Spine – Odontovertebral Projection

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Dedicated to our dears Teachers Oskar MASTALIER, DMD, Jochen GLEDITSCH, MD

Introduction

The locomotion system (LS) is very often a site of manifestation of functional disorders in organism and in about 75% it reacts to nociceptive impulses from inner organs by muscular spasms (*viscero-vertebral relationships*).

In the same way in *immunocomplex syndrome (sy-IMK)*, we can find in LS signs of muscular disbalance and further functional changes meaning spasms or shortened fasciculi. Within this disorder, we can find a casual relation with deficiency function of the immune system and with reduced detoxification ability of the organism, mediated by liver, kidneys, spleen etc. As a result, long-term *deposition of non-phagocytizing circulating immunocomplexes (IMC)* in tissues occurs, especially in so-called immunologically privileged places. Among these places, especially binding tissues, muscles and subcutaneous areas can be found. With long-term deposition of IMC, local sterile inflammation develops, irritating nerve endings and gradually provoking fibroid changes. The most common inflammation lesions occur in adjacent nasal cavities and the mouth cavity.

Aim of the study

The authors have followed possible relationship between vertebral and odontogenic pathologies.

Set of patients:

In the period of 10 years (from 1996 to 2004) we followed 1232 patients with *pseudoradicular syndrome - Th 6 and Th 7*.

Methodology

Examinations:

- a) by myoskeletal medicine - (functional blocks on the spine and ribs, muscular spasms, trigger points)
- b) of functional condition of the lymphatic system
- c) of active acupuncture points in relevant area
- d) stomatological, or else examination of selected patients by a clinical immunologist.

Results

Examination by myoskeletal medicine diagnosed functional blocks of Th 6/7 in flex, C7/Th in rotation, C0/C1 in anteflex *in 92% of patients*. Blocks of ribs 6,7 were accompanied by infiltration in adjacent fascia, muscular spasms and trigger points (TP) in lower and middle part of m. trapezius, further m. subscapularis, m. infraspinatus, especially m. latissimus dorsi, m.teres major and mm. rhomboidei.

Approximately 25% of these patients had casual relation of origin of pain in thoracal (Th) spine with teeth pathology. These were especially acute or chronic pulpitis, post-gangrene or granuloma states, or incompatibility of dental materials in area of 6th or 7th upper odonton homolaterally. In isolated cases, pathology in area of thoracal spine became a stimulus for dental examination and following treatment.

Trigger points were in 63 % identical with active ACU points especially on the bladder meridian (especially 15,16,17) and the small intestine (11).

In therapy, a combination of methods proved useful: complex rehabilitation treatment (mobilization of functional spine and rib blockages, PIR of the muscle spasms), manual lymphatic drainage of face and chest (to speed up the flow of lymph and dispose of the accumulated immunocomplexes), stomatological examination and examination by clinical immunologist in selected patients. Individually, acupuncture or else auriculotherapy was applied, often combined with prevention of hidden depression.

Discussion

The authors have not found in literature any other work dealing with the issue of pseudoradicular syndrome of Th middle spine in such a complex way.

According to J. Gleditsch, MD and his classification of „Oral Acupuncture“ odonto-visceral projections are mentioned (MikroAkuPunktSysteme, Hippokrates Verlag, 2002), however the relationship to locomotion system is not mentioned.

O. Mastalier, DMD mentions the relationship to the locomotion system (Reflextherapien in der Zahn, Mund- und Kieferheilkunde, Quintessenz Verlags-GmbH 1993), however, he does not match the 6th and 7th upper tooth with middle thoracal spine. We have not found any reference about the pseudoradicular syndrome of middle Th spine. According to our long-term follow-ups, it is possible **to assign the 6th and 7th upper tooth to the middle Th spine and corresponding ribs homolaterally.**

Conclusions for practice

The authors recommend, in cases of non-improving or recurrent pathologies in area of Th middle spine and respective ribs, to focus not only on visceral projections, but also on the relationship with possible odontogenic pathology also within the framework of the immunocomplex syndrome (sy IMK).

We are dealing with a multidiscipline problem, in which a co-operation of LS treating doctor (general practitioner, neurologist, orthopaedist, rehabilitation specialist, acupuncturist) as well as the stomatologist and clinically oriented immunologist is essential.

17. A

Computed Electroacugraphy – Relations and Biorhythms

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The intention of the presented paper is to analyse number of founded facts arising from the big representative patients set examined by using a uniform and objective method (nondependent at the examiner) and to find the relations that can help to see acupunctural physiologic and biorhythmic information knowledge more objective and accurate.

The set consists of 2066 patients – 843 men (41%) and 1223 women (59%) at the age from 3 up to 85 years, examined at the Acupuncture Centre Bratislava. The Acupuncture Centre visit the patients of all age category from all Slovakia suffering from a wide spectrum of pathological conditions also in order to take

the preventive examination therefore the set represents a statistically correct and sufficient representative universal patients sample. This fact enables that these information can be taken as general. During the last years were all patients examined by computed electroacugraphy (EAG). This original objective examination method was developed at the Acupuncture Centre Bratislava and it had been performed as a routine at clinic field over 7 years. This method enables to perform the dynamic monitoring of all 12 meridian pairs at their both sides simultaneously by using the various modes. We have chosen for the purpose of this paper two modes from the routine ones used at every entry patient examination -PE Mode (a peripheral mode that one monitoring the biorhythm points of the individual meridian pairs) and SHU Mode ("central" mode that one monitoring the coincident points).

We have monitored the impedance and the decisive deviation values of the measured values by using the individual examination EAG modes separately for men and women so as the difference in scattering of the measured values for the individual sides of the both sexes. The examinations of all set were performed in time period from 8 a.m. till 7 p.m. therefore we had monitored the parameter differences at individual hour windows.

The presented paper has showed the differential dynamics characteristics of the monitored parameters between women and men sets in all, in the individual examination modes and daily biorhythm at the individual hour windows, too. We have also found the differences in monitored dynamics parameters at the individual examination PE and SHU modes. All results shown in the paper are interpreted in details, graphically illustrated and they acknowledge the biorhythmic relations in the active points and meridians system existence. In the same time the paper results acknowledge the EAG usage possibility not only at the clinic field but also at the scientific research in the acupuncture division. During the several years we did not find in available world literature any paper presenting the study analysing such a big patients set examined by the uniform objective instrumental technique at one workplace and that is also the one of the reason why we consider our paper as a pilot one and we will further continue with our analyses.

18. A

Comparison of Success of Treatment by Acupuncture of Patients with Inherited Predisposition and Examination by AGES

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In my report I want to show the success of treatment by acupuncture in patients who were examined by Acugraph System. Before the treatment I determined their chinese earth signs and from that derived their hereditary predispositions.

I wanted to verify the traditional chinese medicine axiom which says that it is more difficult to treat a patient who has pathology in his predisposed element than in another one.

I have compared 546 patients who were examined in 2002 – 2004 by AGES and also their signs and compared the success of treatment and the time taken before the energy disharmony improved.

According to their date of birth I specified their sign and to which YIN, YANG element they belong to. Next was the AGES examination in which on the basis of quality and quantity disorders I determined the meridian of maximal energy imbalance. In thus examined patients I compared the lenght and

number of acupuncture treatments which were necessary to restore energy balance in given meridian. I checked the adjustment before every examination by examining the tongue by tactile solar test, pulse and AGES.

I analysed every sign. Then according to number of treatments I determined the average and compared the average treatments between the patients who were genetically inclined and who were not.

The patients who were genetically disposed to have imbalance needed more treatments. The smallest differences between number of treatments of genetically inclined patients and those who were not inclined were at the level HORSE sign - YANG fire. The largest differences were in sign DOG – YANG metal.

We can summarize that the differences in average number of treatment to patients who have energy imbalance in genetically weakened meridian and patients who have energy imbalance in other element is statistically important because we can inform the patient about the expected length of treatment after the first examination so as not to expect positive result too quickly.

19. A

Acupuncture in Chronic Ischemia of the Lower Extremities

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Introduction

Vascular insufficiency of the lower extremity with resulting ischemic pain and possible gangrene is common in persons due to atherosclerosis, diabetes mellitus or secondary to cardiac insufficiency.

Aim of the study

To confirm that holistic individual access of the acupuncture management according traditional east medicine improve treadmill walking, ankle brachial index, muscle tests in patients.

Set of patients

The author report on group of 23 patients (20 men, 3 women) with the chronic ischemia of the lower extremities results of treatment by acupuncture.

Methods

The author prefer to perform complete common femoral artery, popliteal artery, posterior tibial artery, anterior tibial artery examination by duplex scanning, patients were examined with treadmill walking followed by measurement of ankle brachial index before and after treatment, acupuncture examinations by TST (tactile Solar test) of the crosswise mikrosystems of the whole body, muscle tests of the 12 meridians, ryodoraku measurements to do an actual acupuncture diagnosis.

Results

The improvement of the treadmill (86,9% patients) , ankle brachial index (65,2 % patients) , muscle tests (86,9% patients) is confirmed by the west diagnostic means.

Discussion

The aetiology of large vessel disease is multi-factorial in diabetic as well as the non-diabetic popu-

lation with lipoprotein metabolism, hypertension, physical activity, obesity, cigarette smoking, personality and genetic and racial factors all playing a part.

Patients commonly present with mixed patterns. Treatment should be given according to the predominant clinical manifestation, and according to actual TST (tactile Solar test). Flexibility in treatment is therefore necessary.

Conclusions

These results confirm that the holistic individual access of the acupuncture management according to traditional east medicine improve cardiovascular, psychical state of patients.

20. A

Can EAV Pass through the EBM?

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There has been fight against non-conventional medicine explained by lack of sufficiently documented studies, which would meet the requirements of Evidence Based Medicine (EBM). It is necessary to appeal to professionals to accept EBM in the Czech Republic in its full range, in the way, which is common in other countries in the world.

The aim of the study of the group of 231 randomly selected patients lead for three years from 2000 to 2003 was to compare some of their laboratory parameters with the measurements with EAV.

The study was divided into four parts dealing with following areas:

1st Thyroid diseases: 50 patients (44 women 20 – 79, 6 men 30 – 69). The measurements were done on patients with suspect thyroid function disorders.

EAV showed standard on 13 patients while 16 patients' TSH was normal, 3 patients showed inflammation readings on EAV.

2nd Allergy: 77 patients (42 women 1 - 69, 35 men 1 – 69). The measurements were done on patients with clinical features suggesting allergy.

The results were same in 67 cases. There were 10 patients difference. In these patients allergy was proved by detailed interpretation and dermatic tests even if their overall IgE laboratory results at the time of the measurement were rated as normal.

3rd Liver: 70 patients (36 women 1 – 79, 34 men 10 – 79). The measurements were done on patients with fatigue syndromes, subfebriles, biliar dispepsy and possibly expressed bleeding syndroms.

Standard readings were found in 8 patients, who also had normal laboratory results. Pathology at KMB below 75 corresponded to minimum 1 laboratory test of 10 patients out of 23. The readings above 75 corresponded to liver tests elevation in all measured cases. Readings below 75 degrees were found in 17 patients. These results were same as those from the laboratory in just 6 cases. In case of readings over 75 degrees in 48 patients, there were same results of 42 patients.

4th Pancreas: 34 patients (24 women 10 – 70, 10 men 20 – 70). The measurements were done in patients after recent virosis or diet burden with clinic syndromes of pancreatic strike. 6 patients had both EAV and laboratory results normal. 3 patients showed pathological readings on EAV but their laboratory results were normal. In one patient pathological reading on the pancreas meridian correlated with increased cholesterol but standard reading of S-amy was found.

Conclusion

The attempt was made to compare objective laboratory parameters with the results measured with EAV.

Even this pilot study demonstrated relatively high correspondence of the two methods. That is why EAV can be considered important diagnostic means acceptable for classical medicine.

21. A

Acupuncture of LI-4 in Anaesthetised Healthy Humans Decreases Cerebral Blood Flow in Putamen Measured with PET

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Introduction

Acupuncture is largely used for pain control in several pathological conditions. Its effects on the central nervous system are, however, not well defined. Results from humans and animal studies suggest that acupuncture acts as a neuromodulating input into the central nervous system that can activate multiple analgesia systems and stimulate pain modulation systems to release neurotransmitters such as endogenous opioids (1). Positron emission tomography (PET) and functional magnetic resonance (MR) have been used with wide success in the mapping of human brain functions. So far, the most important and repeatedly demonstrated activated structures during acupuncture analgesia have been hypothalamus, the limbic system, frontal cortex, cerebellum, insula and putamen (1). However, the noxious stimuli from the needling process itself and the subject's mental status and expectations may very likely influence the cerebral response to acupuncture resulting in activation or deactivation of certain cerebral structures not involved directly in the acupuncture analgesia.

Aim of the study

In the present study we used PET to investigate changes in regional cerebral blood flow (rCBF) in anaesthetised healthy humans during manual acupuncture needle stimulation of LI-4 (Hegu acupoint). Acupoint LI-4 was chosen because it is the most frequently used in experimental studies of acupuncture analgesia. The study was approved by the Regional Committee for Ethics in Medical Research. Methods: Ten healthy right-handed volunteers (age 21-27) were anaesthetized by sevoflurane 1 MAC while exposed to manual acupuncture needle stimulation of LI-4 (group I, n=7) or a near-by non-classical/non-analgesic point at the space between the 3rd and 4th metacarpals (group II, n=3 (preliminary results)), on the right hand. The needle was inserted perpendicular to the skin surface to a depth of approximately 1.0 cm and rotated clockwise and counterclockwise at a rate of about 180 times per minute (3 Hz). The stimulation commenced 3 minutes prior to the injection of H215O water and lasted during

the whole scan procedure (~3 minutes). During 1.0 MAC sevoflurane anaesthesia (baseline) and 1.0 MAC sevoflurane anaesthesia + acupuncture, one H2150 scan was performed, respectively. Cardiovascular and respiratory parameters were monitored and bispectral index (BIS) responses were registered. Areas of acupuncture related changes in rCBF compared to baseline were identified at a significance level of 5%.

Results

The volunteers were unconscious without eyelash reflexes at 1.0 MAC sevoflurane and none of them responded to the needle insertion. Cardiovascular, respiratory parameters and BIS values were maintained constant over time. No significant change in global CBF was observed during needle acupuncture compared to baseline in the two groups. Group I demonstrated a significant decrease in relative rCBF in right medial frontal gyrus (20%) and in the left putamen (17%) compared to baseline. Group II did not demonstrate any significant changes in relative rCBF compared to baseline. In group II rCBF was borderline decreased ($p=0.08$) in the right medial frontal gyrus; in the putamen no borderline significant changes were observed ($p=0.95$), both compared to baseline.

Discussion

This study revealed that acupuncture of LI-4 decreased rCBF in the contralateral putamen and in the ipsilateral medial frontal gyrus, while “false acupuncture” produced a borderline decrease in the ipsilateral medial frontal gyrus, only. This data suggests that needle penetration of the skin affects the medial frontal gyrus, while acupuncture of LI-4 influences the putamen.

Conclusion

Putamen might characterize the central expression of acupuncture stimulation at the classical analgesic point LI-4 and serve as one key element in mediating analgesic efficacy of acupuncture stimulation.

References

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22. A

Effect of Acupuncture for Mental Stress on Short-term Analysis of Heart Rate Variability

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Experimental and clinical studies suggest that acupuncture has a significant effect on pain as well as autonomic functions and hormones. In animal study, acupuncture has been showed to be sympathoinhibitory, but it is unknown if acupuncture modulates the autonomic nerve system in human. By using power spectral analysis, the low frequency (LF) and high frequency (HF) components of heart rate variability (HRV) can be calculated reflecting the sympathetic and parasympathetic activity.

The purpose of this study was to assess the effect of acupuncture for reducing mental stress using power spectrum analysis of the HRV.

Five healthy volunteers, four men and one women, age range 25-28, participated in this study. The subjects were recruited via advertisement at the Gangnam Korean Hospital of Kyung Hee University. None of the subjects was under medications. Prior to investigation informed consent was obtained. The experimental protocol was approved by the hospital Ethical Committee.

After instrumentation and 10 min rest period, baseline HRV was recorded for 5 min. Mental stress (mental arithmetic) was performed for 5-minute. After mental stress, the second HRV was recorded for 5 min, and then acupuncture was performed for 15 min on the Sobu (HT8). After acupuncture, the third HRV was recorded, and then the same mental stress was repeated. The fourth HRV was recorded for 5 min. For the control experiment, the same process was repeated to the same subject except for acupuncture. The mean values of HRV in the post-mental stress and post-acupuncture or rest were compared to the pre-mental stress and post-acupuncture or rest values, using the Wilcoxon signed rank test, respectively. $P < 0.05$ was considered level of statistical significance.

After mental stress, the LF and LF/HF were significantly increased ($P < 0.05$). After rest, there were no significant changes. After the second mental stress, the LF and LF/HF were significantly increased in the rest group ($P < 0.05$).

After acupuncture, the LF/HF was significantly decreased ($P < 0.05$). After the second mental stress, the LF/HF was significantly increased ($P < 0.05$) but the LF was not significantly changed in the acupuncture group.

The results suggest that acupuncture treatment can regulate and prevent the alteration of autonomic nerve system due to mental stress.

23. A

The Effect of Ting Point (Tendinomuscular Meridians) Electroacupuncture on Thermal Pain - A Model for Studying the Neuronal Mechanism of Acupuncture Analgesia

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Introduction

Empirically, Tendinomuscular Meridians (TMM) have been used for treating pain in acute injury (Helms 1995). This treatment paradigm can potentially be used as a model for functional magnetic resonance (fMRI) studies in acupuncture. However, the specific function of the different needle groups used in the TMM treatment protocol and their corresponding peripheral and central mechanisms require a thorough systemic investigation.

Aim of Study

To assess the suitability of TMM as a model for studying the neuronal mechanisms of acupuncture analgesia, this study intended to characterize the role of Ting Points (TP) in the TMM treatment paradigm by quantitatively assessing: 1) the change of peripheral thermal thresholds before and after the EA; and 2) the corresponding behavioral feedback of thermal pain stimulation and the De Qi sensation of EA.

Set of subjects

With IRB approval, 13 healthy subjects (5 females and 8 males) were recruited for the study based on the study inclusion and exclusion criteria.

Methods

Baseline thermal thresholds (cold, warm, cold and hot pain) of the bilateral medial calves (between 6th and 7th cuns) and thighs (between 8th and 9th cuns) were measured at pre-marked testing sites. Five seconds of hot pain (HP) stimulations at individually determined HP thresholds were delivered to the subject's testing sites and the corresponding pain VAS scores were recorded. 30-seconds of electroacupuncture (EA) was delivered via the SP1 and LR1 on the left lower extremities at 5 hz, pulse duration of 300 μ s and intensity of 8 out of a maximum of 10 on a 6V square-wave stimulator. The VAS scores of the HP stimulation and the EA De Qi sensation (tingling) during the EA were recorded. The thermal thresholds measurement and VAS scores for the HP and DE Qi were repeated at 30 and 60 minutes later. An adaptation paradigm was also carried out to assess the change of thermal thresholds and the VAS scores of HP at 0, 30 and 60-minute time points without EA.

Results

The warm thresholds of bilateral medial calves significantly increased ($p < 0.01$) over the baseline warm thresholds at immediately, 30 minutes and 60 minutes after 30-seconds of EA stimulation at the TP. Nine out of thirteen subjects who participated in the initial acupuncture treatment paradigm also enrolled in the adaptation testing paradigm, which showed no significant change of all thermal thresholds tested over the baseline, 30-minute and 60-minute was noted. Significant hot pain VAS score reduction at the ipsilateral calf during EA in comparison to pre-acupuncture and post-acupuncture hot pain VAS scores ($P < 0.01$) was noted. No significant change in HP VAS score was observed in all four locations measured at the three different time points. The degree of De Qi significantly increased during EA and subsided rapidly after EA.

Discussion

The result of the current study suggests that low frequency and high intensity EA stimulation at the TP of TMM can provide transient analgesic benefit to hot noxious stimulation with corresponding bilateral warm threshold changes in the calves only. Since no change in thermal thresholds was observed in the adaptation paradigm, we excluded the possibility that the observed change in warm thresholds after the EA were due to an adaptation. The observed change highly suggested the effect of acupuncture has an inhibitory effect on the C-fibers. Since the low frequency and high intensity punctuate stimulation mainly activated A- δ peripheral afferent fibers, we suspect the analgesic benefit observed is most likely A- δ afferent mediated. This observation can be due to a segmental and/or a suprasegmental mechanism. Further correlation study in fMRI may provide defining data.

Conclusion

With controllable EA parameter and threshold-dependent noxious stimulation, the data obtained from the current model and the corresponding findings in fMRI studies may provide further insight about the complex neuromodulatory mechanisms of acupuncture.

24. A**The Change in Limbic System Activity in Various Treatment Modalities in the Results of Neuroimaging Methods – a Review****Večeřová-Procházková Alena**

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The limbic system is one of the essential brain structures evaluating the perception of reality. Ncl. amygdala gives the perception of the basic sense of pleasant, safe or unpleasant, or dangers and initiates the fight/flight reaction. Hippocampus works as a comparator of reality, evaluates if the fight/flight reaction is adequate or not based on the comparison with the previous experiences. Stress causes psychical trauma, especially when it is chronic or repeated and connected with helplessness. Glukocorticoids production increases in the biochemical level. They are cytotoxic for CA3 hippocampal cells and hippocampus is reduced as a result. Amygdala activity is desinhibited and the basic emotional setting of the individual changes. Depression and anxiety develop, LTP of negative memories potentiates and the traumatic memories are conserved as either a somato-senzoric dissociation, somatic perceptions or pain. This mechanism may be the base for development of somatization disorders.

The era of neuroimaging methods brings the possibility to explore the brain reactions to the stimuli still not considered to create an organic response. The neuroimaging methods show the connections between the trauma, chronic stress and chronic pain and metabolic and blood flow changes, especially the increase in

- amygdala activity,
- decrease in hippocampus activity,
- decrease in blood flow in prefrontal cortex,
- anterior cingulum
- and thalami.

Effective antidepressant therapy leads to normalization in metabolism of prefrontal cortex, hippocampus and decrease in activity of amygdala. Synaptic remodelling and neuroneogenesis appears in the hippocampus. Hippocampus can influence the normal inhibition of amygdala and the basic emotional setting of (the) individual changes.

It was surprising that psychotherapy can change the activity of limbic system. The metabolism of limbic system and anterior cingulate normalizes the emotional settings

Acupuncture is still not accepted in alopatic (spell check?) western medicine, as is the same for psychotherapy. The effect of acupuncture has been evaluated in neuroimaging studies since prof. Cho's study in 1998.

The results from pain studies show that SPECT is capable of detecting changes in cerebral blood flow associated with pain and that acupuncture analgesia is associated with changes in the activity of the frontal lobes, brain stem, and thalami. The PET study of puncturing at the acupoint ST36 on the right leg found increases in glycometabolism in the dextral hypothalamus, head of the caudate nucleus, temporal lobe, sinistral cerebellum, postcentral gyrus and brain stem.

MRI on the St-36 and Li-4 puncture points resulted in activation of the hypothalamus and nucleus accumbens and deactivation of the rostral part of the anterior cingulate cortex, amygdala formation, and hippocampal komplex. The first prof. Cho's study with acupuncture points show the connection between the light stimulation of the eye and the puncturing of the distant leg acupuncture point corresponding to the vision and visual structures in the brain activation.

Acupuncture was ignored by classical western medicine as its mechanism of action was unknown. The

neuroimaginative methods are useful and effective for evaluation and prove of efficacy of acupuncture. Thercent studies show acupuncture works through its influence on metabolic and blood flow change in special cerebral structures.

Literature

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25. A

The Central Neuromodulatory Effect of Low Frequency Electroacupuncture at the Ting Points

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Introduction

Our recent peripheral quantitative sensory testing study demonstrated that electroacupuncture (EA) at the Ting Points (TP) of the Tendin muscular Meridians (TMM) could result in a transient analgesic benefit to a noxious thermal pain stimulation with a corresponding bilateral warm threshold elevation in the adjacent area. We intend to use functional magnetic resonance imaging (fMRI) to investigate the suprasegmental mechanism of this observed acupuncture analgesic effect.

Aims of the study

Our objective of the current study is to: 1) define central processing of the analgesic effect induced by EA at the TP of the TMM; and 2) correlate findings of central processing with peripheral quantitative sensory testing data.

Set of Subjects

12 of subjects who participated in the initial peripheral sensory study were enrolled in the study

Method

Two fMRI scanning sessions were obtained with the following paradigm:

Session #1- Thermal stimulus was delivered to the subject's left medial calf at a pre-marked testing site via a fMRI compatible peltier probe with the following sequence: Baseline temperature at 32_C for 60 seconds, followed by 15 seconds of oscillating hot pain (HP) stimulus with a subject specific HP threshold. The sequence was repeated four times to complete the session. The subjects were asked to press a button to indicate the onset and offset of pain with each oscillating HP stimulus.

Session #2- 30 seconds of EA at 5 Hz, a pulse duration of 0.3 ms and an intensity of 8 out of 10 maximum at 6 V was provided at the ipsilateral SP1 and LR1 TP after 60 seconds of baseline temperature exposure. During the last 15 seconds of the EA, oscillating HP was delivered. The sequence was repeated four times to complete the sequence. Subjects were asked to press a button to indicate the onset and the offset of the EA De Qi sensation (tingling).

fMRI Images were obtained via a 3T GE scanner with T2*- weighted EPI-sequence (TE=30 ms, TR=2.5s, a=90°, TH=4mm, 30 slices, FOV=256x256 mm², MA=64x64). Two T1-weighted images were acquired: one for spatially normalizing the functional images and the other one for anatomical details. The Independent Component Analysis (ICA) unmixing matrix for each fMRI session was computed using the Matlab toolbox (<http://scn.ucsd.edu/fmrlab>). Task related components with its region of activity (ROA) were spatially normalized to the Montreal Neurological Institute (MNI) standard using SPM2 for group comparison.

Result

The significant grouped ROA (Brodmann's areas) from session one with the uncorrected $P < 0.001$ and spatial extent > 10 voxels consist of: primary (1,2,3) and secondary somatosensory (5) cortices, dorsal lateral prefrontal cortex (46), anterior and medial cingulate gyrus (23,24,32), amygdala, basal ganglion, premotor cortex (6), limbic cortex (34,38) and thalamus. In session 2, we have only finished analyzing the data of one subject whose component ROA with thermal stimulation showed a significant decrease of intensity at the somatosensory cortex but an increase in the dorsal lateral prefrontal cortex signal during EA.

Conclusion

We established the baseline pain matrix with a thermal pain stimulus. Although the analyzed result of one subject showed that EA may have an effect on the dorsal lateral prefrontal cortex, which is known to have a pain inhibitory effect via the descending pathway, group analysis has yet to be completed for further defining this observation.

26. A**Infrared Diagnostics in Acupuncture – New Trends****Marić-Oehler Walburg, Schlebusch K. P., Popp F. A.**

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Infrared Thermography, used as a Chinese Medicine diagnostic tool, makes acupuncture channels and energetic changes visible during acupuncture treatment with needling or moxibustion (body, ear, YNSA).

The infrared camera (FLIR-Systems, Therma CAM™, PM 290, extended model) is sensitive between 3,4 – 5 μ m and in temperature ranges from -10°C to 450°C.

The video camera was used to document and analyse the 'heat radiation' of patients. The results revealed typical heat pictures with well known characteristics, such as a temperature registration between 20°C and 40°C, as well as individual homogenous and non-homogeneous temperature structures above the recorded area of the body surface.

According to Popp the human "heat radiation" is no heat radiation in the classic physical biophoton field far away from thermal equilibrium.

In addition, various acupuncture channels and their pathways are revealed and are shown to be in accordance with the traditional clinical experience. Further, the technique demonstrates some impressive cases which conform to traditional Chinese medical concepts.

The results of the first experiments were encouraging and suggested that this technique could enable us to find new ways to understand the scientific basis of acupuncture.

27. A**Acupuncture in Patients with Migraine – A Randomised Trial (ART Migraine)****Streng Andrea, Linde Klaus, Jürgens Susanne, Hoppe Andrea, Brinkhaus Benno, Becker-Witt Claudia, Willich Stefan N., Melchart Dieter**

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Background

Acupuncture is widely used to prevent migraine attacks but the available evidence is insufficient. We investigated the efficacy of acupuncture compared with minimal acupuncture and with no acupuncture in patients suffering from migraine.

Methods

Patients with migraine were randomised to treatment with acupuncture, minimal acupuncture (superficial needling at non-acupuncture points) or to a waiting list control. Acupuncture and minimal acupuncture were administered by specialised physicians in 18 outpatient centres and consisted of 12 sessions per patient over 8 weeks. Patients completed headache diaries from 4 weeks before to 12 weeks after randomisation and from week 21 to 24 after randomisation. Primary outcome measure was the difference in days with at least moderate headache between the 4 weeks before and weeks 9 to 12 after randomisation.

Results

A total of 302 patients (88% females, mean age 43±11 years) were included from April 2002 to January 2003. The number of days with headache of moderate or severe intensity decreased by 2.5 ± 2.7 days (mean \pm SD) in the acupuncture group compared to 2.4 ± 2.7 days in the minimal acupuncture group and 0.9 ± 2.2 days in the waiting list group (difference acupuncture versus minimal acupuncture 0.1 days, 95% CI -0.7 to 0.9 days, $p = 0.405$; acupuncture versus waiting list 1.5 days, 95% CI 0.8 to 2.3 days, $p < 0.001$). The proportion of responders (reduction of headache days by at least 50%) was 51% in the acupuncture group, 53% in the minimal acupuncture group, and 15% in the waiting list group.

Conclusion

While the acupuncture intervention investigated in this trial was effective in reducing migraine headaches compared to a waiting list control, the same clinically relevant effect was also achieved with the minimal acupuncture intervention.

28. A**Vegetative Effects of Acupuncture in Migraine – Analysis of Heart Rate Variability**

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Aim of the study

The objective of the study was to explore whether the clinical effects of acupuncture in migraine prophylaxis are mediated by changes of the vegetative regulation.

Methods

We simultaneously monitored changes of heart rate variability (HRV) as an index of cardiac autonomic control and the clinical improvement during an acupuncture treatment in 29 migraineurs. HRV was derived from spectral analysis of the electrocardiogram (ECG) which was performed before, during and after the first and the last session of a series of twelve acupuncture sessions. Migraineurs were randomised into two groups

receiving either a verum acupuncture (VA) or minimal acupuncture (MA) treatment.

Results

Patients with a clinical benefit (at least 50% reduction of migraine attacks) exhibited a significant decrease of the low- (LF) and high frequency power (HF) of HRV in the course of the treatment. This could not be observed in non-responders, who showed a significant decrease only in the HF component. The vegetative response pattern differed significantly between VA and MA with a stronger decrease of the HF power during VA. Changes of the LF power as well as the clinical response did not differ between MA and VA.

Discussion

The data indicate, that acupuncture might have a beneficial influence on the ANS in migraineurs with a reduction of the LF power of HRV relevant for the clinical effect. It is suggested that this is due to a reduction of sympathetic nerve activity. Verum- and minimal acupuncture induce different effects on the HF component of HRV, which are however not relevant for the clinical outcome.

29. A**Yin-Yang: Obstacle and Incentive****Beyens François**

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The concept of Yin-Yang is often differently wrongly perceived, either by the enthusiasts of Chinese medicine, or by those who consider everything that comes from the Far East as tainted by the passing of time, by a medieval context, by an unreliable analysis.

It is too easy to discard a concept without trying to find out where it comes from, what has been his evolution, what was and still is its place in a cultural entity, what it means in terms of Chinese thinking, Chinese organisation of life, Chinese understanding of the environment and of the human being.

In broad strokes we shall evoke the historical emerging of the concept, its slow infiltration inside the network of the Chinese view of life and distribution of forces and dynamics, its meaning within the civilisation that nursed and nurtured with such care such a unique and special notion. We shall observe the invasion of Yin-Yang at all levels of life, in all disciplines and aspects of existence, giving to the whole scope of Chinese civilisation a particular glow, a vibrant presence between indispensable extremities, and a very clever sharing of diverse aspects of objects, of beings, of happenings.

30. A**The Traditional Chinese Medical Approach to Palliative Care****Aung Steven K. H.**

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There is no single approach to palliative care in traditional Chinese medicine (TCM). However, all dedicated physicians and practitioners of TCM try their utmost best to relieve the pain, associated symptoms and fear of those who are dying and make them more comfortable in their unfortunate situation. Sometimes, with the use of nutritional and herbal medicine as well as exercises such as Tai Chi Chuan and Qi Gong, it is possible to harmonize the dying process. Various TCM massage therapies and other approaches are also vitally important. Acupuncture certainly helps to alleviate the pain of dying with respect to whatever physiological process the patient is presently experiencing and has often been suffering for many years, and it also helps to restore physical, mental and spiritual vital energy and balance. Sometimes 'miracles' will occur, whereby the dying process is stopped and apparently reversed. Most genuine practitioners of TCM will seek to involve the dying patient and his or her family friends and colleagues in a positive intercommunication network of support, (involving social and environmental factors such as Feng Shui), which is the counseling and advice 'specialty' of TCM according to the specific religious beliefs of patients. The basic aim is to comfort the dying patient with dignity and positivity. Moreover, it is important to bring the patient to an understanding of the nature of the dying process and the normal processes of life and death.

31. A**Chinese Medicine and Traditional Chinese Medicine / On Some Common Misunderstandings and Related Consequences****Sálová Dita**

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Introduction

Due to lack of language knowledge there is lots of important information on medical practice missing. Translations are not precise, vocabulary is not unified and even in common educational standards we find strange, and dangerous contradictions, if not comprehended by trained and well-educated reader | practitioner.

The Aim

The aim is to present several key terms and explain to specialist of the field consequences related to common misinterpretations, offering place for future discussion on Chinese Medicine role in Western Medical Practice in

Terms to be discussed

Chinese Medicine itself in the European context, including educational patterns available in Europe

Chinese Medicine itself in the Far East context with particular attention to Japan and Korea, including educational patterns and training standards present in Japan with reference to Western and Acu practice Chinese Medicine vs. Traditional Chinese Medicine seen from comparative perspective with reference to holistic approach of modern biomedicine

Discussion

Above mentioned three key terms are put within the context of educational standards and related legislation with special attention paid to the Japanese system which is not widely known outside Japan but which I personally found worth mentioning. Comparative table of educational standards for Western Medicine practitioners and Acupuncturist is presented in detail, with special attention paid to traditional theoretical corpus training according to main Chinese medicine schools branches historically present in Japan. Finally some notes on necessity of classical corpus education are presented to open the discussion of reevaluation of ancient medical traditions still utilizable within the modern integrative medicine.

Conclusion

Chinese medicine is worth learning but to avoid misinterpretations and misunderstandings, the Chinese medicine should be seen not only as an cultural stratagem of dead past tradition but as a complex system with unique set of data and valuable information which must be put into the original context first, and then applied | not in reverse.

Dita Salova, born 1970. Graduated from Charles University Prague (Japanese Studies) and Midwifery College, until August 2004 lecturer at Charles University, Center for Comparative Studies, until November 2004 lecturer of 1. Faculty of Medicine at Charles University, teaching Chapters of Medical Discourse in Far East Countries, at present research fellow of the Japan Foundation at Institute for Research in Humanities, Kyoto University Japan, conducting research on Chinese and Japanese Medicine History.

32. A

Five Types of Personality According to Sigmund Freud and His Follower Wilhelm Reich Related to the Five Elements or Symbols from the Traditional Chinese Medicine

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Introduction

According to Sigmund Freud the child undergoes different phases of psychological development and if problems or stressful events occur during these phases there might be neurotic fixations in a certain phase making some behaviors be more frequent in that person, these behaviors are called tracts of character. Later on, his follower Wilhelm Reich, described how these characteristics were present not only in the psyche but also deeply related to the physical sphere. In this paper I would like to show the relationship between these characters or structured behaviors and the Five Elements in Traditional Chinese Medicine; Water, Wood, Fire, Earth, Metal.

Set of Patients and Methods

This study was developed as a post-graduation thesis in Analytical Psychology and it was written after

the observation of 84 patients during the course of three years. Later on, in 2004 I've published a book called "Psyche and Traditional Chinese Medicine" by Editora Roca in S_o Paulo based on the same thesis. This work has no intention of being a research paper, it is rather the result of an application of psychoanalytical theory to an effective work developed with patients in everyday practice.

Results and Discussion

The first type of personality is the Phobic Type related to the Water element. This character fixation occurs in the intra-uterine phase of development, due to problems during pregnancy. Usually people that have a fixation in this tract will show up lower levels of Qi, and so they will react to the difficult moments of life or stressful events with a lot of fear, because it is difficult for them to cope with any situation that can make their Qi deficient or sink. Their best response many times is to try to avoid or escape these traps, or they can fall sick or depressed. Any bigger problem for them becomes a survival question as if they were still in a fetus-like state who can't run away. From the psychological point of view they are often very sensitive, and can acknowledge the surrounding environment or sense people around them. Always alert, they make fast movements and have fast reactions. Physically they tend to be thin, with a small muscular structure, they will have strong attentive eyes and a light complexion. Like the Water element this tract of character needs a lot of flexibility to adapt to dangerous situations, won't have much of a form (meaning their muscles won't be well defined and bulky) and will have "fear" as the predominant emotion.

The second type of personality is the Phalic-Narcisistic Type related to the Wood element. This tract fixation occurs during the Oedipus phase of development when the child is stimulated to show his/her potency. These people are usually aggressive, strong, active, have their goals well-defined, and not much room for sense and smoothness. They are strong individuals but also hard ones and can become angry on others when there are different opinions, and slower rhythms. Their bodies are also strong, with a good muscular structure and like the Wood element there is a strong emphasis in movement. Tendons, eyes and nails are necessary to the fight, Qi flow is necessary to grow and expand.

The third type of personality is the Hysterical one. Related to the Fire element this is a person that has a lot of charisma and charm, but little focus or balance. This tract fixation occurs during the Oedipus phase of development after the child has shown his/her strength and comes the time to play around, to laugh and find new possibilities of relationship. The adult of the Hysterical Type is usually talkative, lively, seductive and playful. The body usually shows a lot of grace and curves, and a good amount of flexibility and movement. Like the Fire, joy is the main emotion, but also the dispersion of the Qi can easily occur leaving the person in a state of inquietude and restlessness.

The forth type of personality is the Oral Type related to Earth. This tract fixation occurs during the Oral phase of development, when the child needs a lot of security and love from his/her mother and can't be left alone. The adult that has this kind of personality usually develops symbiotic relationships with others, they can usually guess what other people want from them, and they are caring and sweet but also highly dependent on others approval. This can follow a feeling of emptiness and the need of others to fill their time and their lives. Like the Earth element, they are chubby, sweet, and can be lost in their thoughts and worries, for themselves or for the others.

The last type of personality is the Anal Type related to the Metal element. The Anal phase of development occurs after breast-feeding when the child receives the toilet training around 2 to 3 years old. In the adult life, people that have a fixation in this period will be introverted, shy, but able to build something in them, although with difficulty in showing it to the world. They can be methodical, rational, perfectionist and will hardly ever expand themselves in the environment. They have a strong body structure but usually compressed and stiff muscles. Like the Metal element they can be rigid and cold, although it contains a good level of energy. The intestines represent the 'anal' structure, the sadness show their tendency to close themselves into their own world.

Conclusion

The Traditional Chinese Medicine has its own way of classifying diseases or health, employing many times a simple language that utilizes the elements of nature to describe changes and tendencies in either the psyche or in the body. The modern psychology has done an extensive work over the years to help understand the human development and the function of the mind. I believe it is extremely important to cross and compare these different fields to better evaluate and understand the patients, adjusting old terminology to current concepts and new terms, and using the knowledge of ancient Chinese Medicine to help in the treatment and comprehension of psychological problems.

About the author: My name is Helena Campiglia, I've been practicing acupuncture for the past 11 years, I've done Internal Medicine and post-graduation in Psychology. I work in private practice with acupuncture and I teach in a public hospital and in AMBA (Associatio Médica Brasileira de Acupuntura) to doctors who are learning acupuncture in Sao Paulo.

33. A**Burnout Syndrome in Female Patients****A Modern Western Disease in Traditional Chinese Medicine****Volmer Angelika**

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There is no clear definition of burnout syndrome existing. In western medicine it is described as physical, emotional and mental exhaustion lasting for more than six months.

Burnout syndrome is not defined in traditional Chinese medicine. It seems to be a combination of deficiency and heat. Typical symptoms are included in the syndromes of kidney, heart and spleen qi deficiency, blood deficiency or heart fire.

The lecture is describing diagnostics and possibilities of treatment.

34. A**Chakra Acupuncture****Stux Gabriel**

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Chakra acupuncture extends the traditional application of acupuncture by including the Indian chakra system into the diagnosis and treatment of energy imbalances. When practicing Chakra acupuncture,

points are selected according to traditional Chinese principles together with additional chakra points in the areas of the seven major chakras. Chakras being energy centers in which vital energy of different density, quality and intensity can flow. Chakras are at the same time levels of consciousness. Besides needling of the chakra points, the focusing of the conscious awareness, i.e. the attention of the patient towards the respective chakra region, is important for the efficacy of the treatment. After all acupuncture points have been needled with the usual technique, the patient is asked to direct his awareness towards the relevant chakra. For example when the patient with the assistance of the needles focuses his awareness into the heart chakra, compassion, love and harmony spontaneously arise and his healing abilities are enhanced.

When practicing chakra acupuncture, the first step is the opening of the crown chakra and then the flow and opening of the heart. The second step is to focus the awareness to the chakras where the imbalance and stagnation causing the disease are located and to create here an opening and flow.

Needling of chakra points together with the focusing of the awareness of the patient but also of the therapist is essential for the opening and flow on the chakra level. It is important, that with this method each patient learns to identify for himself the location and shape of their own chakras and the flow on this level. By doing this repeatedly they develop a clear perception of their energy field with the chakras as major energy centers. Thus by raising the awareness of the patient, the flow of life force through the chakras, organs and channels is promoted and a strong vitalization of the entire energy field takes place.

35. A Shu Points and Autonomic Nervous System

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Introduction

TMC refers to *shu* points and *Bei shu* points. These last ones are part of the bladder meridian, located in a symmetric way, all around the spinal bone. Modern medicine describes also functional structures called metamere, selectively observed in the back bone region.

Is there any relationship between *shu* and *Bei shu* points, as they bear shared name?

Is there any functional link between *Bei shu* and metamere localisation?

Two kinds of instrumentation to evaluate energetic changes are used to carry out this investigation: thermography and Bio-difference in cutaneous electrical potential (Bio_DDP) applied on the back of a 10 subjects population.

Aim of the study

Thermography screening and electrical mapping of the back region of subject in pre and post therapeutic acupuncture involving three *shu* points should be reflected changes in blood distribution in skin back region, if any relationship between these two networks exists. If any change is observed, does vasomotricity pattern obey to *Bei shu* or to metamere responses ?

Set of patient

Population of 10 south American women predominant patients from 20 to 60 years old.

Methods

Coupled non invasive instrumentation (8 bits I.R. thermography and bio-DDP measurement) is used, in two steps : pre and post acupuncture, done with a set of three needles located on *shu* points according to clinical findings. Observation is made on the back of the patients, sit down in experimental standard conditions. Double data base of each instrument is built in such a way that numeric information is related to anatomical location of the spinal bone. Grey tones thermography of the back is converted into number, read in its indexed format. I.R.image is split into three strips (paravertebral right, left and central) that superpose Bio_DDP paths. From I.R.thermography arises information about vasomotricity, as blood is a thermal carrier. Bio_DDP supplies electrical data becoming from blood carriers and nervous wave train. Matrices pre and post therapy are statistically correlated in between and from one instrumentation to the other.

Results

Comparison between pre and post therapeutic matrix data base of back is done, column by column, in attempt to see any change during one session of *shu* acupuncture. Changes is observed at each vertebra level.

- When speaking about polarity of the associated organ of the *Bei shu* points, in the back:
- Minimum and maximum correlation coefficients are always opposite in polarity as it was done initially for the set of the *shu* points punctured.
- Maximum correlation coefficient has the same dominant polarity with respect to the dominant polarity of the set of the *shu* points punctured.
- Minimum correlation coefficient has the same recessive polarity with respect to the recessive polarity of the set of the *shu* points punctured.
- In 50% of the whole statistical correlation, maximum correlation observed in the back, between pre and post *shu* point acupuncture, is related to the projected energetic organ that is stimulated by the *shu* points through its concerned meridian. This fact attempts to point out that exist a relationship between *shu* points and *Bei shu* points. Study of the bio_DDP and thermography shows that acupuncture stimulation by *shu* points fulfill vasomotricity in segmentary track of the back, in an well organized way.

Discussion

When comparing splanchnic metameric and oriental energetic distribution, patterns shows some difference.

It possible to generate change in vasomotricity in a dermatome far away from the well suited set of three *shu* points selected according to clinical symptoms. Electrical and thermal response to puncture of *shu* points is highly coherent with TCM knowledge and integrated by autonomic nervous system as seen by bio_DDP measurement. Due to some anatomical location differences between oriental and occidental skin organ projections, oriental organ projection mapping seems to be the best suit.

Conclusions

Present work gives additional evidences of the concept of energetic network between *shu* and *bei shu* points. Coupled non invasive instrumentations shows that is it is possible to evaluate global scope of acupuncture action of local *shu* stimulation. Coherent and highly integrated autonomic nervous system response produce new organized blood distribution far away from cutaneous stimulated acupuncture points.

36. A**TCM - linked Nutrition Treatment and Hyposensitization in Food Intolerance****Pothmann Raimund**

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Nutrition is the most intensive environmental communication as well as the most important energy resource for the organism. Traditional rules like the eight diagnostic and therapeutic criteria (Ba Gang) and the five elements play a significant role for a nutrition according to constitution and condition. Kinesiological knowledge enriches the diagnostic relevance in doubtful cases. Thus a missing link between traditional acupuncture and the diagnostic advantage Electroacupuncture according to Voll (EAV) could be realized. Furthermore food intolerance and allergy could be minimized significantly using softlaser or infrared stimulation at initial and end points of the acupoints of the first 4 channels (lung, spleen, stomach and large intestine).

The big advantage in comparison with often difficult food avoidance is given especially in type 1 allergic reactions as in oral acute syndrome (OAS). Direct food intake after 2 minutes of treatment with more than 90% of tolerance will be shown in single case and statistical analysis.

The presented strategy is of significant clinical importance and should be better integrated in daily acupuncture practice.

Key words

Nutrition, Intolerance, Food allergy, Soft-Laser, Infrared Stimulation, Hyposensitization

37. A**Acupuncture for the Alleviation of Lateral Epicondyle Pain: A Systematic Review****Trinh Kien Vinh¹, Phillips Shauna-Dae², Ho Enoch³, Damsma Karen⁴**

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Introduction

Lateral epicondyle pain is a common complaint in North America. In the past 10 years, acupuncture is becoming increasingly recognized as an alternative treatment for pain, including epicondyle pain.

Aim of Study

This review will evaluate the effectiveness of acupuncture as a treatment for lateral epicondylitis using the appropriate analysis.

Methods

Online bibliographic database searches in any language from MEDLINE, PsychINFO, CINAHL, Healthstar, PMID, CAM, EMBASE, Cochrane Database of Systematic Review (3rd Quarter 2003), articles listed in reference lists of key articles and the author's personal files were performed. Randomized and quasi-randomized controlled trials examining the effects of acupuncture on lateral epicondyle pain were selected. From the 6 studies that met inclusion criteria the first author, year of publication, population studied, drop out rate, treatment plan, assessment scale, and outcome measures were extracted. Study quality was determined by using the Jadad scale in which all studies were rated as high quality. A Best Evidence Synthesis Approach (BESA) was used to analyze the data presented in the 6 studies

Results

All the studies suggested that acupuncture was effective in the short term relief of lateral epicondyle pain compared to some type of sham acupuncture.

Conclusions

We conclude that there is strong evidence suggesting that acupuncture is effective in the short-term relief of lateral epicondyle pain.

Key Words

epicondylitis, elbow pain, tennis elbow, acupuncture, systematic review, best evidence synthesis approach

38. A**The Clinical Study of the Deer Antler Herbal Acupuncture (DHA) on Tarsalgia and Plantar Fasciitis**

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Background

Deer antler herbal acupuncture is a kind of therapy to use of extract of Nokyoung. It is to combine to efficacy of Nokyoung and acupuncture so when we injected DHA on the skin of patients we expect to provide new nutrition and chemical stimulation. It is absorbed to nearby tissue. Usually we treat patients with it twice a week. And 1period of treatment is 10times.

Objective

This study has been performed to evaluate the analgesic effect of treatment of Plantar fasciitis patients by using Deer antlar Herbal Acupuncture.

Methods

This clinical study was carried out 10cases with diagnosed as Tarsalgia or fasciitis by physical examination and X-ray from March, 2004 to Aug, 2004, outpatient in the department of acupuncture and moxibustion, Dongguk University Oriental Medical Hospital. We treated the patients who were diagnosed as clinical manifestation with deer antler herbal acupuncture. DHA prepared from the pilose

antler of Cervus korean TEMMINCK var. mantchuricus Swinhoe(DHA), a traditional immunosuppressive and immuno-activating Korean aqua-acupuncture, on musculoskeletal diseases. Dried DHA was solutioned with physiological saline under vacuum bottle. This light colorless, solid matter is called DHA and we extract it by insuline syringe. A standard for DHA was defined to treat plantar fasciitis. This treatment is based on recommendations for an optimised acupuncture treatment in clinical studies. The therapy was discussed with experts in the field of acupuncture. The most important and most cited local points were chosen as very sensitive points when clinicians press it. The minimum number of points is 5 and the maximum is 10. Treatment is performed with sterilised disposable insulin injector, 10mm. The depth of needling should be about 0.2 – 1 cm obliquely and we made a tiny vally on the skin contain of extract. After needle insertion we irradiate IR(infra red) for 2minutes to help to absortion of extract no manual stimulation of the needle. Patients were injected epidermically on the tender points of plantar twice a week at least 10times.

Evaluation

We checked the results by algometer pressure and VAS. There was remarkable improvement in condition of the patient treated by Herbal Acupuncture. 40~50 year-old men has relatively high attack rate. The earlier they visited hospital after they had been taken ill the faster they improved. The result is evaluated by 4steps excellent, good, fair, poor. 90% of these cases were graded good and excellent.

Conclusion

There were reports about Treatment of Pantients who have Plantar fasciitis with deer antler Herbal AcupunctureIt is very effective to reduce the pain and shortening the period of therapy.

Key words

Plantar fasciitis, Deer antlar Herbal Acupuncture(DHA)

39. A**Technique for Treating Scoliosis and Other Postural Problems Using Special Orthotics Stimulate the Intrinsic Plantar Muscles****Butterworth Edward**

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Introduction

My name is Dr Edward Butterworth. I am a medical practitioner from Sydney, Australia.

The purpose of my lecture is to demonstrate the use of the Healthmarque PZ Orthotic for the treatment of postural problems, particularly scoliosis, using Applied Kinesiology to identify defective plantar muscles. My lecture will include photographs of patients showing positive results.

Method

I shall demonstrate the technique of Kinesiological testing on a volunteer from the audience.

Discussion

How the PZ Orthotics work.

The pivotal role of fascia.

With acknowledgments to Dr Mae-Wan Ho and Dr David Knight for their paper entitled “The Acupuncture System and The Liquid Crystalline Collagen Fibres of the Connective Tissues”

Fascia is the all-pervading connective tissue that surrounds the original fertilised egg and continues to cover and connect with each subsequent cell division as the embryo grows. Thus this fascia connects with every structural and organic cell in the body.

The foot muscles are the first links in connective tissue chains that run up and down within the postural muscles to control posture and movement.

Connective tissues make up the bulk of our bodies and most of this is Collagen. Collagen is a liquid crystal, and is therefore a semi-conductor capable of transmitting electrical impulses at rapid speeds. This represents a separate body control system that is functionally connected with the Brain.

Although there are several types of proprioceptive sensors in the sole of the foot that exert their influence through their connections to the Central Nervous System (CNS) another source of postural information is the generation of electrical charges in the collagen fibres of the plantar muscles. This is the piezo-electrical property of liquid crystals. The collagen responds to footstep pressure causing a piezo-electrical conversion of mechanical force into electrical communication along the musculo-fascial connective tissue chains mentioned above to modify posture.

Unequal stimulation from the feet, evidenced by observing an uneven wear on the shoe heels, will cause postural imbalance leading to painful conditions. The PZ orthotics have pockets that locate under the weight bearing muscles and can be filled to apply extra pressure under selected muscles.

Thus it can be easily understood how weak or abnormal feet will affect posture and how the Healthmarque PZ orthotics can help

Conclusion

Direct stimulation of weak plantar muscles as identified by Kinesiological Muscle testing using Healthmarque PZ orthotics will treat postural problems caused by muscle chain imbalance.

40. A

The WU-SIN Theory in the Complex Treatment Programme

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The theory of five elements WU-SIN created the theoretical basis of acupuncture as medicine area. It has a universal validity exceeding acupuncture and medicine as such Its basis is created by the energetic and information. It composes the basis of all natural medicine which comes out of the energy-information processes. Here belongs also homeopathy, fytho-api therapy, medicine of energo-informations, display microsystems and further areas and methods of natural medicine. Active points and meridians are exactly documented part of human, animal and vegetal organism and their electrochemical properties are practicaly identical. That means, they have a universal communicational and generally informational charakter. In the symbolism is encoded the universality. The elements, their configuration and mutual relations express not only energo-informational circulation inside the organism, but also circadian, whwthwr daily, annual, 60-year cycle and other cycles and periods. At the same time they encode also characteristics and per-

sonality type, their constitution, mental and physiological indexes, as also other data. They are determining factors of harmony or disharmony in the organism.

Acupuncture as also homeopathy come out of the holistic principle, and the symbolism of five elements is the theoretical basis for proper prevention, diagnostics as well as treatment of both medicine disciplines. The organisation and mutual relations of 5 elements are given by organisation in the frame of Chinese pentagram, cross pentagram and biorhythmologic principles. The organisation of the 5 elements in the form of pentagonal, ald (i.e.cross) and new (i.e. circular), we find in the human body on different places.

Such organisation of elements as symbols of cosmic order is present in the nature (e.g.in the day cycles, year seasons and the like), but also in the anatomy and physiology of the humans, animals and vegetals, then it is apparent that this kind of organisation has universal validity.

41. A

Two Case Histories of Treatment by Traditional Chinese Medicine with Long Follow Up.

(10 Year Follow Up of Hepatic Cirrhosis, 2 Year Follow Up of Generalized Eczema and Asthma)

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Traditional chinese medicine is a rare field of healing that has survived several thousand years in live transmission. It has its own ancient philosophy that is used until this day. In ancient texts it is said that in treatment one should use not only one method but combine all that may help the patient. The following case histories are an attempt to do that.

In 1993 our association had organised a seminar of TCM with professors TONG Weiting and KONG Sibao from China. During this seminar we were contacted by a desperate wife of a patient suffering from hepatic cirrhosis HBsAg pos. stage IV sclerotisation of oesophagus varices in full invalids pension. He was examined and suggestions for treatment made including chinese herbs with treatment principles qingre, huashi, jiedu and formulas Shugan huijian and Gexia zhuyu tang. The patient was followed by the author for 10 years including tongue, pulse diagnosis, acupuncture, herbs, exercise, diet etc. during which he started to work fulltime, his lab results significantly improved and his general state of health so good that he started to consider himself almost healthy for example driving his family to sea resort day and night nonstop. He was regularly treated by acupuncture and herbs and maintained a special diet and qigong exercise regime until problems in his work occurred and for one year he did not show up. During this time he developed ascites, splenomegaly and hepatic tumour and died 1 years after.

In summer 2002 the author was contacted by a father of 18 year old boy with asthma and torpid generalized eczema aggravated since 2 years, possibly as a result of 2 years taking painkiller drugs for back pain including Biston, and treated by western medicine(WM) with IgE count of 56 391. He was found negative for rheumatic disease, Lyme disease, thyroid dysfunction, blood diseases including monoclonal gammopathy, parasitosis (helminthosis, hepatic fasciolosis, cysticercosis, filariosis, schistosomiasis, EBV, HIVetc.) Agreement was reached with WM that he be put off corticoids but regularly fol-

lowed. He could not stay without itching for more than 5 minutes, could not sleep and spent his days in bed but since visit to faith healer no longer had back pain. After first acupuncture treatment (BL17, SP10 bilat, PC6, LI11 left) he was without itching for 6 hours therefore gaining trust. However we never managed to reproduce this until later on as the first year of treatment his condition improved only slowly. Initial diagnosis was *redu*, *yinxu neifeng*, *shenbunaqi* he was treated by acupuncture, herbs (*xiaofeng san jiajian* and externals), diet, qigong and yoga breathing exercises. After 3 months treatment he entered university as the improvement was indeed registered but in winter visited old grandmother in an animal, hay and mold ridden house resulting in very bad asthma attack with necessity of corticoid inhalation and worsening of eczema. The following summer and second winter he did the same with virtually no reaction, no aggravation. After one year of almost nonstop treatment alternating herbs, acupuncture, ear acupuncture and maintaining diet and exercise regime his IgE count dropped to 36 150, all other lab results normalised, his asthma in remission (not taking inhalatory corticoids even preventively) and skin condition very much improved. He is still in treatment the third year, maintains diet and exercise regime, has started intensive yoga exercises and is regularly seen once or twice a month and treated by acupuncture and herbs.

The conclusion is that serious cases should be in dispensatory regime, regularly followed up and that all methods must be used in cooperation and logical synergy in order to reach longlasting results.

42. A

The Clinical Study on 2 Cases of CVA Patients with Dyspnea Who Have Chronic Pulmonary Diseases Treated by Saamchimbeop

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Aim of study

Dyspnea is one of the most common symptoms that we observe, but so far there has been a few researches about the effects of acupuncture therapy on it. This study was performed to evaluate the effects of Saamchimbeop—a kind of acupuncture therapy, on the patients who were complaint of dyspnea.

Methods

We studied two selected CVA patients with dyspnea who have chronic pulmonary diseases. Saamchimbeop was performed for 6 days a week during 2 weeks. The selected points were SP3, LU7, HT8, LU10. The effects of Saamchimbeop were assessed by analyzing the pulmonary function test (PFT) and Quality of Life Questionnaire for adult Korean Asthmatics (QLQAKA) in patients before and after treatment.

Results

After treatment with Saamchimbeop for 2 weeks, PFT indexes (FVC, FEV1.0, PEF) increased significantly about both two patients. Also, in the results of QLQAKA, the mean of scores increased significantly over 0.5 points in total score.

43. A**Comprehensive Approach to Treatment of Certain Thyroid Disease****Lily Lusina-Chju**

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We have followed up patients with chronic autoimmune thyroiditis, diffuse euthyroid form. The diagnosis had been made after revealing serumal thyroid antibodies histologically in puncture biopsy, and studying the levels of triiodothyronine, thyroxine and thyrotropic hormone. In all the cases the thyroid gland was enlarged, tuberous, asymmetrical, of 1-3 degree, solid to touch. The ultrasonographic study revealed in half of the patients treated with glucocorticoids and adenocorticotropic hormone the minimal dynamics of the parenchymal decrease. Each female patient underwent on the average 20 sessions of acupuncture and cauterization, after which the thyroid gland was noted to decrease dramatically. The treatment was long, combined with homeopathy. The nodular formations disappeared, to relapse again thereafter. When the thyroid gland decreased to the norm (4-5 cm) the patients felt considerably better than when the gland decreased to 6 cm (for this size had been recommended as the norm). The best therapeutic outcomes were achieved through a comprehensive approach to treatment (i.e., acupuncture, cauterization, homeopathy).

44. A**The Principles of Acupuncture Treatment Based on the Differentiation of the Spinal Illnesses****Ondrejkočová Alena, Petrovics Gabriel, Siveková Danuša, Balogh Vladimír**

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The chinese medicine frequently suggests the idea “ what is not passable, hurts”.

The chinese medicine uses this idea for explication of the origin of pain troubles. By impassability is meant the limitation of the movement of Qi and of blood, which in sense of the theory of traditional chinese medicine should be regarded as the state of repletion. Based on the particular physiological relation between the kidney and the bones and the close connection of the path of kidney with the spine, as also considering the fact that the failures coming out of the kidney occur only in the form of the states of vacancy and never in repletion, they play the basic part in the differential diagnostics of the pain of spine, states of vacancy or combined picture of repletion and vacancy.

The authors on the pool of patients with spine illnesses relate their experiences with the treatment of illnesses in the western diagnosis as vertebrogenic algogenic syndrome, osteopetrosis, pain from external damage of spine.

The presence of the states of vacancy and combined picture of repletion and vacancy in the sense of traditional chinese medicine is the specialness in the analysis of pain troubles of spine, in comparison with various other painful illnesses. This specialness requires flexible treat by the choice of the points

and needle technics.

It has to result from the proportion of vacancy and repletion in the picture of illness and its acuteness.

45. A

Acupuncture Treatment in Patients with Chronic Low Back Pain – Results of Two Randomised Acupuncture Studies

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Background

Under increasing pressure to budget health care costs, the German Federal Committee of Physicians and Health Insurers decided in October 2000 that the scientific evidence supporting acupuncture was insufficient to justify routine reimbursement. It recommended that studies be conducted on the efficacy of acupuncture in the treatment of chronic pain.

Consequently, the model project of the “Techniker Krankenkasse” was designed as a large research programme to evaluate effectiveness, efficacy, safety and costs of acupuncture treatment.

Objectives: The aims of the present 2 studies were to evaluate effectiveness and efficacy of acupuncture in the treatment of chronic low back pain (LBP).

Methods

In both studies patients (≥ 18 years) with chronic low back pain (> 6 months) were included. 1) In the ARC (Acupuncture in Routine Care) study patients were randomised in an acupuncture group or a control group. Over a period of 3 months the acupuncture group received up to 15 acupuncture treatments, whereas the control group received no acupuncture. After 3 months the control group also received up to 15 acupuncture treatments (waiting list design). Both groups were free to use additional conventional treatment. Patients received standardised questionnaires at baseline, 3 and 6 months. The main outcome parameter was the functional status of the back measured by the “Hannover Functional Ability Questionnaire (HFAQ).

2) In the ART (Acupuncture Randomised Trial) study patients were randomised to treatment with acupuncture, minimal acupuncture (superficial needling at non-acupuncture points), or to a waiting list control. Acupuncture and minimal acupuncture were administered by specialised acupuncture physicians in 30 outpatient centres and consisted of 12 sessions per patient over 8 weeks. Patients completed standardised questionnaires at baseline and at the end of 8 and 26 weeks after randomisation. The primary outcome parameter was the change in low back pain intensity from baseline to the end of week 8 as measured by a visual analogue scale (0-100 mm). Secondary outcome parameters included the HFAQ.

Results

1) In the ARC study a total of 2,807 patients were randomised (57% female, 52 ± 14 years, 43% male, 54 ± 13 years) in 1279 study centers. After 3 months of treatment the acupuncture group improved in low back function (HFAQ) significantly more ($p < 0.001$) compared to the control group (acupuncture:

61.8 ± 21.1 to 74.1 ± 20.4; control 63.3 ± 20.8 to 65.5 ± 21.7, p<0.001).

2) In the ART study a total of 301 patients were randomised (68% female, 59 ± 9 years). The pain intensity decreased by 28.7 ± 30.3 mm in the acupuncture, by 23.6 ± 31.0 mm in the minimal acupuncture group and by 6.9 ± 22.0 in the waiting list group (acupuncture vs. minimal acupuncture p=0.256; acupuncture vs. waiting list, p< 0.001). Similarly, for the HFAQ there was no difference (p=0.165) between acupuncture and minimal acupuncture and a significant difference (p=0.001) between the acupuncture and waiting list groups (acupuncture 57.1 ± 18.6 to 66.8 ± 18.3; minimal acupuncture 57.2 ± 17.3 to 62.9 ± 20.3, waiting list 56.7 ± 20.0 to 57.7 ± 19.9).

Conclusion

Treatment with acupuncture in patients with chronic low back pain is associated with marked improvement of pain and back function compared to treatment without acupuncture. No significant differences were observed between acupuncture and minimal acupuncture.

46. A

Clinical Effects of Needle Acupuncture and Subsequently Applied Low Level Laser Therapy in Treatment of Acute Neck Pain

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Introduction

Some studies have shown analgesic and anti-inflammatory effects of low-level laser therapy. Also many studies documented analgesic effects of acupuncture treatment.

Aim of this study

was to investigate clinical effects of combination of low level laser therapy and needle acupuncture treatment.

Set of patients

The prospective study concluded 60 patients suffering from neck pain caused by neck disk syndrome without radiculopathy. The patients were selected by a single blind controlled trial and classified at three groups.

Methods

The first group of patients (A group), (n=20) were treated by a method of local low level laser therapy with following parameters: wavelength 832nm, frequency 300Hz, at dose 0,1-1J per point; at whole dose ranged from 4 to 7J. The second group (B group), (n=20) by a same method of low level laser therapy and subsequently with needle acupuncture. The third group were included patient treated only with needle acupuncture (C group), (n=20). The laser was locally applied to 8 sites on and around the neck spine. Acupuncture points were selected according to traditional theory. Patients were treated 5 times weekly, for a total of 15 treatments. Following up pain with Scott Huskisson visual analogue scale, neck mobility with standard measurement, and tenderness on palpation performed evaluation of effects and usage of NSAIDs (no. Per day).

Results

on the first control examination, after three weeks have shown significantly positive analgesic effects in all but better in second group.

Discussion

the better results in the second group might be discussed as synergetic effects of two independent therapies.

Conclusions

subsequently applying of needle acupuncture and laser therapy have shown better result in comparison with monotherapy.

Key Word

Low level laser therapy; Needle acupuncture; Acute neck pain

47. A**Gold-Implantation. A New Method for Treating of Chronic Arthritic Pain****Kjerkegaard Hans Kryger**

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Background

In 1978 an American veterinarian began to implant gold beads in dogs suffering from hip-dysplasia. Originally, he had treated these animals successfully with acupuncture which, of course, was always a temporary solution. The majority of the dogs getting gold implants became pain free based on their subsequent behaviour. They used to limp and did not eat well. After the implants they could run around and their appetites improved. Later he successfully treated dogs with collapsed discs.

Now veterinarians in Western Europe and North America widely use this gold implantation method. Danish veterinarians began to use this method in 1985, treating dogs and horses suffering from arthritis in various limbs.

Dogs are fully anaesthetised during the gold implantation in which large implantation needles are used. Gold beads are implanted right outside of the joint capsule. X-ray pictures are taken before and after the procedure.

The veterinary results are:

- (1) the majority of the animals get rid of their pains.
- (2) There are no side effects.
- (3) The gold implants do not migrate from the implantation sites.
- (4) The process is simple and inexpensive compared to, for example, alloplastic.

MY EXPERIENCE WITH GOLD IMPLANTATION IN HUMAN BEINGS.

Based on the good veterinary results, I started human gold implantation in 1996.

A 48-year old man was my first patient. He had a severe case of arthritis in one knee, which had been caused by injuries from playing soccer. His symptoms were aches, pains and swellings after any exer-

tion. Shortly after the gold implantation these symptoms disappeared. Presently, now 8 years later, this knee is problem free, and he is even able to play badminton and soccer without any bad after effects. Since 1996, I have dealt with approximately 5,500 cases. About 50 percent of the patients suffer from lumbar disc degeneration, 33 percent have arthritic knees, and the remainder consists of those who have arthritic hips, cervical disc degeneration or arthritic problems in other body parts.

THE PROCESS.

It consists of:

- (1) X-ray pictures have to be taken before any possible treatment;
- (2) All relevant trigger points have to be identified;
- (3) All active trigger points receive a small lidocaine block; and
- (4) If pains disappear after these blocks, gold beads are implanted at each active trigger site.

The 24 carat gold beads are 2½ mm long and 1mm in diameter. Three beads are implanted at each trigger point by using 14 G injection needles with respective lengths of 38mm, 60mm and 80mm.

DVD-MOVIE ABOUT GOLDIMPLANTATION, LASTING THREE MINUTES.

This movie demonstrates the implantation technique.

Preliminary results

The veterinarians find positive results in about 80 %.

We, the human doctors, find positive results in 2 / 3 of the patients.

Research

We just finished a double blinded research on patients with arthritis in the cervical spine.

We found major effect of gold implantation compared to those patients that did not get gold implantation.

48. A

Acupuncture Management of Frozen Shoulder – A Pilot Study

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Frozen shoulder is an enigma in musculo-skeletal medicine. Its cause is still unknown and there is currently no consensus on its management.

An acupuncture treatment protocol has been developed based on Traditional Chinese Medicine (TCM) and anatomical principles. This protocol was tested with a case series comparing acupuncture with the standard western medical management.

Patients in the Darling Downs District were recruited when they presented to their medical practitioners with symptoms and signs of the “Freezing Phase” of frozen shoulder. A demographic survey was used to analyse these subjects. The patients were either given acupuncture by the principle investigator or treated with the standard western medical management provided by their own medical practitioners. Each patient was monitored prior to treatment and at specific intervals with both objective and

subjective assessments. The end point of treatment is when the patient attained full range of movement or when the patient decided to leave the study.

14 cases of primary frozen shoulder and 6 cases of secondary frozen shoulders (1 female patient returned several months later with frozen shoulder on the opposite side) were analysed. Of the 19 patients, there were 4 male and 15 female. Age ranged from 43 – 79 with an average age of 57.75 years. The duration of the condition prior to treatment ranged from 1.5 to 10 months with an average of 5.1 months.

There were a total of 20 cases of frozen shoulder: 2 received the standard western medical care and 18 were given acupuncture. In the acupuncture group, only 15 completed the course of treatment with 13 obtaining full recovery.

Preliminary analysis suggests that acupuncture is effective in 13 out of 18 cases - a success rate of 72 %.

49. A

Use of the Laser Therapy in the Painful Functional Impotence of the Shoulder: Preliminary Study

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Introduction

the laser therapy has been part of the knowledge of the modern doctor for some time. This application is arousing more and more interest both from the medical and the surgical point of view. The systematization of this method requires the knowledge of points, called triggers, that more or less combined influence particular pathological expressions. In order to verify its effectiveness, we have limited the application to the painful functional impotence of the shoulder. The present work shows the preliminary results of this study.

Sample selection

three subjects were selected (1 man and 2 women), respectively aged 56, 52 and 46. For a long time they had experienced a pain in the supraspinous muscle causing both a severe functional impotence, also irradiated to the cervical rachis, and a painful abduction. The two women also presented some microcalcifications revealed by echography.

Method

the energetical analysis lead us to consider the picture as a pain caused by deep deficit (present at rest) with relative superficial excess (it passes over at the first movements), and which increases if the activity is continued.

The following points, identified as painful triggers of the affected zone, were therefore treated: 10 GI (1D6+); 15 GI (1D9+); 8-9-10 IT (3D 6.7.8.); 14 VG (4 LM), 20-21 VB (D2 8.9).

The instrument used was a scanner (diode with power of 5mW non-stop + 40W pulsed. He-Ne with power of 15 mW) 10-15' on the suprascapular region (with supine patient).

Diode pulse point (power of 40 W max) used for 2 minutes on each point selected.

Three cases were solved with laser therapy. Diagnosis: insertional disease of the supraspinous muscle of the right shoulder, caused by stress for overloading.

All the patients underwent three sessions, one per day for three days in succession and, subsequently, they underwent 2 sessions on alternate days.

Results

after the fifth session, the whole sample showed a considerable functional recovery, a remarkable improvement of the pain picture with notable improvement of both the night rest and the work efficiency. The monitoring carried out during the 3 following months showed a substantial stability of the picture.

Discussion

the chronicity of the picture, the anatomical damage revealed by the diagnostic survey and the positive evolution at the end of the therapy make us think that the method applied has considerably and positively influenced the condition of the subjects treated.

Conclusions

the small power of the sample selected can't allow scientifically definite conclusions. Nevertheless, the results preliminarily obtained prove that the laser therapy applied to acupuncture is a method deserving further verifications on a large scale.

50. A**Acupuncture Treatment of Woman's Sterility****Vydra Václav**

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The report deals with the problems of woman's sterility in all aspects of the acupuncture and its efficiency to influence the regulation of menstrual cycle. It analyses the initial and up to date knowledge of the treatment for the disorders of human reproduction. It adduces the results achieved in a 168-group of nulliparous women treated by means of acupuncture and auriculotherapy synchronously with complex gynecological therapy. The results are : 72% women conceived from whose 58% gave birth to a child. The relative complexity of the proceeding is proper to more advanced acupuncturists.

51. A**Acupuncture Used as Anesthetic in McMaster Surgery for Hysteroscopy & Dilatation & Curettage of the Cervix****Nandagopal Meena, Fargas-Babjak Angelica**

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A 50- year-old lady insisted on not having a general or regional anesthetic for her operative procedure because of previous adverse effects. With the general anesthetic she felt very sick and depressed for a few weeks. With the spinal she felt numb patches in her legs for 6-8 months. Her post menopausal bleed required follow-up on a yearly basis.

Her hysteroscopy and dilatation and curettage was successfully completed twice under acupuncture treatment and both patient and surgeon were extremely satisfied with the results.

The presentation will expand on the difficulties experienced in finding a surgeon who would agree to this procedure, the patient's history, preparation and recovery, and the acupuncture technique.

52. A

Optical Neuritis Treatment with Electroacupuncture

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The infection of the N.Opticus is named Optical Neuritis. Three different types of neuritis have been observed; axial, transverse and intercitical.

1 – Axial (Retrolbulber Neuritis) : This is the infection affecting the macula tissues. Various intoxicants, metabolic disharmonies, focal infections and especially Multiple Sclerosis Retrolbulber are the causes behind Neuritis.

The eye is perceived as normal at first sight but will turn into paler tones. Central scotomy is observed in the area of sight, first the colors and gradually to white. The periphery of the area of sight is normal.

2 – Transverse infection of the N.opticus : The whole nevre is diffused.

a) Acute lesions : Observed in Alcohol Methylene, Viral Infections, Arsenic Intoxications, Barbiturate and Kinin. The patient loses all vision, mydriasis, loss of light reflexes, pale papillas, thinning of the arteries are the main symptoms.

b) Chronic lesions : Progressive tabes atrophies exist and are bilateral.

3- Intercitical Neuritis : The most common cause is the syphillis infection on the myeline sheathof the optical nerve. Peripheral tightening is observed on the area of vision and central scotomy does not exist. Thus, central vision is normal.

Despite the recent advances in the field of Ophthalmology; no methods have proven successful in recovering the damage on the Central Nervous System. The VEP diagnosis of the patient has shown mediocre damage of the myeline sheath and nerve axons. The clinical examination has shown complete loss of sight in one eye. However, after the acupuncture treatment, the patient had been completely cured. Our applied treatment for healing the Central Nervous System lesions is a step towards a broader perspective in the years to come.

53. A**Observations in Chronic Inflammations and Influence with Acupuncture****Nepp Johannes**

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Introduction**Aim of the study and set of patients**

About the effect of acupuncture we have many discussions. There is a short term effect as a reflex within the nerval system (e.g. in pain treatment), there is a middle time effect of some weeks until months because of the neurotransmittand humoral system.

And there is a discussion of a long time effect caused by the influence of RNA.

We have collected observations of patients, suffering from chronic diseases, from dry eyes during 10 years.

Our observation targets on the effect of acupuncture, especially long time after acupuncture treatment.

Method

In a retrospective study we observed 200 patients with dry eyes, who have been treated with acupuncture.

Their complaints lasted more than one year before acupuncture starts and they did not receive any kind of therapy like acupuncture and related techniques before.

We observed the time until there was a positive effect.

Acupuncture treatment have been performed once a week , for 10 times. After the treatment there was a period of one year. Patients with side effects who stopped the treatment or with intercurrent diseases were excluded from this study.

We observed subjective improvements and those of ophthalmologic parameters like Schirmer's test break up time and the Sicca score.

Results

There were twice results: the short time effect, which showed improvements after acupuncture in 72% of the patients in subjective and 65% in objective parameters. The long term result was a duration of the effect in nearly one year (average).

And we dedected an improvement in patients, who did not observe any effect in the first session in a second series one year later.

Discussion

Critically the long time effect is influenced by many facts, most of them are not measurable: the used methods, like needles, soft laser, moxa or electro stimulation, improves the effect, or if dayly life events or other functional troubles. And there is a special interaction with medical care.

In our clinical study it was not able to observe the background of the effect especially the recent known RNA effect. Other points to discuss are subjective and objective influences, and the large background of the dryness symptoms.

Conclusion

Our observation confirmed, that there is a long term effect, in chronic diseases, and there may be an effect of acupuncture with delay.

54. B**Investigations on the Effect of Acupuncture on Affective and Sensory Components of Pain in Patients with the Different Stages of Chronic Pain**

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Objectives

The aim of the study was to investigate the effects of acupuncture on the affective and sensory experience of pain in chronic pain patients. Furthermore, the study tried to estimate the therapeutical benefit of acupuncture in relation to the stage of chronic pain according to the Mainz pain staging system for chronic pain (MPSS).

Methods

Patients with chronic pain syndromes who received acupuncture treatment answered a standardized pain questionnaire before and after treatment. The questionnaire included the visual-analogue-scale for the intensity of pain, the pain perception scale for the assessment of affective and sensory components of pain perception, and addressed the patients to the three stages of chronic pain (MPSS).

Results

From April 1997 to October 1999, patients (n = 165) suffering from chronic headache and facial pain syndromes (23%), spine associated pain syndromes (48%) or other pain conditions (29%) were subsequently included. Treatment with acupuncture showed a more pronounced reduction of the affective assessment than of the sensory assessment of pain. These effects were particularly pronounced in patients assigned to stage 3 of chronic pain (MPSS).

Conclusions

Acupuncture in patients with high-stage chronic pain syndromes preferentially influences the affective dimension of pain perception. For the estimation of the overall clinical outcome of acupuncture treatment, a differentiation between affective and sensory components of pain is recommended.

55. B**The Treatment of Catamenial Cephalgia with Acupuncture****Cucci M., Geroldi Gf., Pirino A., Garofano G.**

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Introduction

One of the most common and disabling aspects of dysmenorrhea is cephalgia that generally sets in during the perimenstrual phase. This disorder is generally relieved by analgesic therapies, but only temporarily. It can be permanently resolved by acupuncture. The aim of this work is to show the results of our studies on this subject.

Set of patients

The sample of women selected included 25 subjects aged between 20 and 40, who have been suffering for at least 3 years from a premenstrual cephalgia that was disabling and regularly present at each menstrual cycle. Patients presenting concomitant clinical pictures compatible with cephalgic events were excluded from the sample.

Materials and methods

Cephalgia connected with the menstrual cycle is caused by vasomotor phenomena, often due to a defective hormonal regulation mainly affecting the progestogenic phase. Therefore, the energetical unbalance must be looked for in the highest energetical levels, which allow the access to the neuroendocrine sphere. The Wonderful Vessel Tschong Mai, thanks to its central role in the regulation of these mechanisms, is particularly suitable for this purpose. The treatment consisted in 2 monthly sessions carried out during the premenstrual phase (from the 18th to the 25th day) and it included 6 cycles. The strategy consisted both in the opening of the Tschong Mai program by the puncture of its key points (Sp4, St30, P6, CV5) and in the orientation of the program towards the regulation of its neurovegetative and muscle-tensive aspect by means of the discharging of the Jue Yin and the carrying of the Energy into its partner Chao Yang. This aim was achieved by the puncture of the points P7, GB34, GB38. During the sessions, the needles (8 cm long and with a thickness of 0.35 mm) were left in site without any stimulation for about 30 minutes.

Results

By the end of the third cycle, all the subjects treated showed a significant improvement of the cephalgic symptoms. 18 (72%) of them reported a complete resolution of the picture. 4 patients (16%) reached this condition after 6 cycles. The remaining 3 (12%) didn't attain a complete resolution of the symptoms, although they reported a considerable improvement as for both the frequency and the intensity of the crises. The monitoring carried out for 12 months after the end of each treatment proved the steadiness of the results obtained.

Conclusions

The high percentage of effectiveness (72% after 3 months, which reached 88% after 6 months) and the steadiness of the results, also experienced by the patients who didn't present a complete resolution of the symptoms, allow considering acupuncture to be an effective instrument for the diagnosis and the treatment of menstrual cephalgia.

56. B**The Management of Somatisation Effects Using Auriculotherapy in a Primary Care Setting****Quah-Smith Im**

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Introduction

Major stress events and chronic life stressors often cause physical and mental changes in patients which are difficult to treat collectively. The patients are often referred to many specialists for evaluation of each and every complaint. The end result is often overinvestigation and polypharmacy. These physical and mental changes are collectively known as somatisation effects. They include sleep disturbances, anorexia, heartburn, palpitations, bowel changes, pectoral and other pains, vertigo, anxiety and malaise.

Somatisation effects can be successfully managed with auriculotherapy.

Aims

To manage somatisation effects using auriculotherapy in a primary care setting.

To record the auriculo-areas involved in somatisation effects.

Set of Patients

The patients (33) presented themselves or were referred by specialists to the primary care medical acupuncture clinic. Those referred by psychiatrists and psychologists were pre-diagnosed with mild to moderate depression or anxiety. Their somatisation effects were recognised by their consultants. The patients who self presented did so because they had been sent on a merry go round of specialists for their symptoms, had undergone many investigations and drug treatments and were still unwell. All the patients were going through or had experience major life stressors or unexpected trauma. These included negative career changes, financial difficulties, family or social problems, life threatening assaults and accidents.

Methods

The Nogier method of auriculotherapy was used. Firstly, the VAS (vascular autonomic reflex was established). The DB165 device was then used to check for lateralization of central nervous system signalling. The surface of each auricle was systematically scanned using a plastic cue to detect sites of VAS. Sakamura ear magnets [800gauges] were then applied to each of these sites. Lateralisation and VAS changes have to be corrected for the treatment to be successful. The ear magnet sites were then recorded. The patients were followed up (and re treated if the magnets had come off) fortnightly for a total of two months.

Ear magnet sites were recorded each time.

Results

Thirty patients (91%) improved. Their somatic changes reduced or resolved. General quality of life was better. The ear maps were reviewed for nerve origins. The patients showed dysfunction in the vagal region (85%), trigeminal region (70%), cranial parasympathetic region (67%) and the superior cervical plexus (56%).

Discussion

The positive impact of auriculotherapy with VAS correction on these patients was recorded. As these patients were essentially there for treatment by referral, only qualitative improvement was recorded (sleeping well, no heartburn, no palpitations, calmer, nausea and vertigo resolved , minimal or no headaches). The use of quantitative measures for example Beck Depression Inventory, Hospital Anxiety and Depression Scale, Hamilton Scale, Perceived Stress Scale and the General Health Questionnaire are some possible instruments that should be introduced. The author hopes to monitor the progress of another 30 patients with the introduction of at least 2 of these instruments in March and April followed by statistical analysis.

Conclusion

Auriculotherapy has a place in the management of somatisation effects. The method employed is clinically and cost efficient. It is non invasive. There is no language barrier. It should perhaps be included in the management of the tsunami survivors.

57. B**The Clinical Observation of 4 Case of De Quervain's Disease Treated with Cervus Elaphus Herbal-acupuncture**

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Background

De Quevain's disease is caused by stenosing tenosynovitis of the first dorsal compartment of the wrist. The first dorsal compartment at the wrist includes the tendons of the abductor pollicis longus (APL) and the extensor pollicis brevis (EPB). Patients with De Quervain's usually report pain at the dorsal-lateral aspect of the wrist with referral of pain toward the thumb and/or lateral forearm. This condition responds well to nonsurgical treatment.

Objective

The aim of this study was to find out the therapeutic effect of the Cervus elaphus Herbal-acupuncture in the treatment of patient with De Quervain's Disease.

Methods

A prospective study of Cervus elaphus Herbal-acupuncture was conducted. We investigated 4 case of patients with De Quervain's Disease from 1st April 2004 to 10th June 2004. 4 cases of patient with De Quervain's Disease treated at the department of acupuncture & moxibustion of Kang-nam Oriental Hosp. of Dong-Guk University. We evaluated wrist function that before and after Cervus elaphus Herbal-acupuncture treatment by Visual analogue pain scale score, Baumgaertner's nine point scale, tenderness and Finkelstein test. The patient were operated injection of 1cc Cervus elaphus Herbal-acupuncture every other day at Yangxi(LI-5), Yangchi(TE-6), Quchi(LI-11), Neiguan(P-6).

Results

The mean Visual analogue pain scale score for all patient decreased from 6.75±0.29 at baseline to 1.88±0.56 at 3months. In the results of treatment with the Baumgaertner's nine-point scale, 1 case were evaluated 'Excellent' and 3 cases were evaluated 'Good'. Degree of the grade of tenderness and Finkelstein test is improved in the results of treatment.

Conclusions

Clinical results show that Cervus elaphus Herbal-acupuncture has a good analgesic effort in treatment of De Quervain's Disease. This is expected to be available for clinical use. To understand the detailed mechanisms of correlation between Cervus elaphus Herbal-acupuncture and De Quervain's Disease, further study strongly required.

Key words

De Quervain's Disease, Cervus elaphus Herbal-acupuncture, wrist joint.

58. B**Qigong Yangsheng – Traditional Chinese Medicine Exercises for Tension Headache and Migraine**

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Objective

The aim of this study was to assess whether any evidence can be found that qigong exercises can provide an effective supplementary treatment for tension headache and migraine.

Methods

The effect of selected qigong exercises from "15 Formulas of Taiji Qigong Exercises" by Jiao Guorui was assessed as a supplementary treatment for migraine and tension headache. Ninety-five participants (including 90 women, mostly of middle age), from a total of 166 initially interested volunteers, participated for an average of 34 weeks. The active therapeutic factors present in this "active part" of traditional Chinese medicine are considered to be systematic exercises for tension and relaxation, physical rest and movement, and imaginative elements.

Results

The number of days with pain (the primary efficacy measure), standardized over 28 days, was 8 at baseline; during the follow-up, the figure was 5 days (median; $P < 0.001$). The median number of days with pain per participant was reduced by 1 day.

With a reduction in days with pain of at least 50%, 27 of the participants (28%) qualified as responders according to international recommendations. In the group with 3–7 days with pain at baseline, the proportion with a 50% pain reduction was 30%; in the group with 8–14 days with pain at baseline, it was 34%. Together, these two groups represented 75% of the 95 participants.

Secondary efficacy measures were "pain intensity" (measured with a visual analogue scale) and para-

meters for measuring the health-related quality of life (HRQOL). These were also found to provide statistically significant evidence of clinical improvement.

Conclusions

This pilot study provides supportive evidence suggesting that qigong exercises can be an effective supplementary treatment in tension headache and migraine. Further studies are indicated.

Acknowledgements

The study was supported by the German Medical Acupuncture Association (DÄGfA) and the German Medical Association for Qigong Yangsheng.

59. B**Introduction to the Workshop - Immediate Effects of Microsystem Acupuncture in Patients with Orofacial Pain**

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Introduction:

Based on several decades of experience in microsystem acupuncture we performed a trial comprising more than 80 patients with pain, headaches and craniomandibular disorders.

Aim of the study

The study was to assess the immediate effects of microsystem acupuncture in patient with orofacial pain.

Set of patients

The study enrolled 80 patients with pain and tenderness and pressure of the craniomandibular muscles.

Methods

muscle palpation, mobility of cervical spine, computer axiography, palpation of microsystem areas and acupuncture therapy of particular points on the face, on hand, auricle and sternum with "very point" technique.

Results

All patients (n=80) had a significant reduction of pain (VAS-scale) and somatopsychic harmonizing effects. Main outcome measures in this presentation will be the immediate reduction of pain scores in muscles.

Discussion

Craniomandibular dysfunction syndrome is an important part of clinical practice in orofacial dentistry. Pain being frequently accompanied by a restriction of mouth opening is associated with an impairment of the quality of life of the patient.

Conclusion

Microsystem acupuncture activates the organism's pain modulation capacity and has significant great analgetic and muscle relaxation effects on the stomatognathic system and TMJ.

60. B**Acupuncture for Treatment of Addiction****Acupuncture as a Means of Promoting Weight Reduction and Giving up Smoking - Topical Trends and Concomitant Therapies****Mastaler Oskar**

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Strain on the health and health problems caused by obesity, sitomania, nicotine and smoking and alcohol affect large sections of the population all over the world. Loss of self-control and moderation, psychological or psychosomatic situations cause many attempts to fight addiction to fail. Under everyday stress, withdrawal itself and the withdrawal phase is unimaginably difficult if not impossible.. A high relapse rate is the natural consequence. Various symptoms, mostly vegetative, are responsible for this. Alcoholism and habit-forming drugs needs special frequent treatment in supervision, combined with support for liver and kidney function and above all with permanent psychological help. Ear acupuncture confronts the unwanted sensations of weaning phase with precisely appropriate therapy. Ear acupuncture and auriculomedicine offers highly effective therapy programs for treating obesity, for weight reduction and for nicotine withdrawal. The particular advantages are a withdrawal phase without vegetative, vitality-reducing withdrawal symptoms and relatively low costs. A special own method selecting effective individual working points, proved and controlled about 10 years has been applied. The selection of points is determined by strict individual only discovered points. The individual corresponding points must be selected before each next needling because of their changeability. Dry needling has been combined with low level laser irradiation of points, homeopathy and pulsating magnetic field effects of 25 Hertz for vegetative equilibration. For prolonged effect and psychological guiding semipermanent steel needles were used and the patient get order for stimulation needles with rotation of the little bipolar magnet of needle injector manifold daily. Most patients treated in the study suffered from medical indications such as hypertonia or arthritis and, high motivation presumed, had very favourable prognostic. Smoker consuming till 30 cigarettes daily and more get clean after 1 till 2 sessions, intense consumers till 60 cigarettes after several sessions. All treatments passed without problems and the positive result had continuous been persecuted. The relapse rate fluctuates between 10% and 20%. Disciplined patients don't get weight increase after stop smoking receiving appetite limiting medicinal agent *Helianthus tuberosus* D 1. In an physiological tractable manner of some month weight reduction till 30 kilogram missing the unwanted jo-jo effect was attainable. The treatment of alcohol addiction can only by motivate patients with an intact social context have any chance of success (10%-20%). Absolute abstinence, the supporting treatment for liver function and stimulation of body defence mechanism for elimination of poisonous substances is needed. Relapses are frequent. For well controlled treatment of alcohol addiction a stationary withdrawal and decontamination is the better way. For drug addiction of severe cases a treatment in controlled clinic get to be on the safe side. Most important for successful treatment of addiction must be the psychological leading offering con-

sultation and assistance, superintendence during and after the treatment, comprehension for an Addiction as a diseased state and - freedom from prejudice.

61. B

Energetic Diagnostics ARTTEST® or Energetic Test BEST - Body Energetic System Test

Průchová Jiřina

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The need for the mapping and documenting of actual energetic processes running in the human body after application of non-source means of Psychosomatic artherapy was at the birth of energetic diagnostics ARTTEST. Excellent results and experience gained over a period of nine years have become a prerequisite for the creation of the energetic test BEST (body energetic system test), which may be utilised both by acupuncture specialists, and specialists of other fields engaged in the issues of health, prevention, protection, and support of human health, in particular related to the energetic systems of man.

The energetic test BEST - body energetic system test:

Enhances existing possibilities of energetic diagnostics ARTTEST, in particular software-related ones. Monitors the impedance of the human organism using an alternating signal of 1 kHz generated by the ARTTEST III device.

Enables monitoring:

- the actual energetic balance of the human organism as a whole – hyperactivity, hypoactivity, chaos, harmony;
- the state of energetic pathways and relevant organs, such as the lymph, lungs, heart, large intestine, kidneys, liver, and other organs;
- the energetic response of the organism to applied therapy, such as acupuncture, massage, rehabilitation, chemotherapy, psychotherapy, effects of food, cosmetic preparations, and others;
- energetic causes of somatic, psychosomatic, and mental disorders;
- others.

The energetic test BEST - body energetic system test:

- is non-invasive, gentle, painless;
- enables examination of the actual condition of the physical energetic system of man;
- enables archiving of measured data and monitoring of the patient_s/client_s energetic processes over a certain time interval;
- tabular and graphic outputs are used as evidence of energetic changes, for example, after application of particular therapy;
- the device itself may be used both with manual data recording, or with a computer-based mechanical recording system;
- is indispensable for medical fields, acupuncture, and associated professions, especially if a physician (therapist, consultant) encounters diagnoses such as: burnout syndrome, fatigue syndrome, non-specific pain, migraine, neurosis, aggression, and many others;
- enables the control of action, effects, or load of applied therapeutic method;

- enhances already accepted unsubstitutable diagnostic methods of a new dimension;
- brings the originality, workmanship and mobility.

Presentation of the energetic test BEST - body energetic system test, without obligation to order, will enable everybody who deals with the energetics of the human body to gain personal experience with this diagnostic method, and to take a professional stand.

61. B1

The New Laser-Needle-Acupuncture in Clinical Application

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Acupuncture with laser-needles was introduced for the first time 2001 in therapy. It is a pain-free procedure, with which multiple laser-needles with high power density in the sense of a simultaneous treatment are put on the skin in the entire body region and in accordance with the rules of the TCM causes a needle-equivalent acupuncture. The needle-equivalence was proven as well in clinical as in fundamental studies with the help of so-called high-tech measuring methods at the brain. The new laser-needle acupuncture method possesses already a broad clinical and scientific basis and might position itself as a new equal method in the acupuncture treatment. In this lecture I will present to you the clinical results from own studies of approx. 5000 treatments from the years 2002 to 2004. Thereby it features predominantly orthopaedic disease pictures such as joint and spinal column illnesses as well as neurological disease pictures such as headaches, tinnitus and migraine. It was shown that the laser-needle therapy led to a high percentage of long-term improvement of the complaints in the mentioned disease pictures. Beside the clinical results the parallel running technological advancements are going to be discussed. Thus it succeeded in the mentioned period to optimise the for the first time presented laser-needle systems in the year 2001 by the employment of different wavelengths and intensities and to thus improve further the clinical successes. A view on the new technological and clinical possibilities will be given. It may be expected that the new laser-needle method, which connects the traditional rules of the acupuncture science with modern optical methods pain- and side effect-free, will develop itself into an important method in the future.

62. B

Canine Microsystem -Yamamoto New Scalp Acupuncture and Tail Acupuncture

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Yamamoto New Scalp Acupuncture (YNSA) is a well-known acupuncture system for humans. After

seven years of research, we have recognized that canines also have a YNSA system and it can be utilized for treatments such as locomotorial and nervous system disorders. However canine YNSA system is not completely the same as that for humans, it is rather simple compared to humans.

The canine YNSA system was effective for treating disorders on the upper half of the body, however as for the ones on the lower half of the body, it was not enough and we needed to find some other system.

Through clinical observation, we found there are also Microsystems on the tail. Tail Acupuncture is utilized for spinal disorders and joint disorders of the pelvic limbs.

Therefore two kinds of Microsystems, YNSA and Tail Acupuncture, are observed on canines.

As Tail Acupuncture completes YNSA treatment on canines, using both systems together at the same time results in the best response.

This paper is a summary of two kinds of canine Microsystems- YNSA and Tail Acupuncture.

63. B

New Acupuncture Needle for Magnetic Resonance Research

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Abstract

Controlled studies employing functional magnetic resonance tomography (fMRT) are attaining increasing significance for assessing the effectiveness and mode of action of acupuncture. Conventional metal acupuncture needles are not suitable for this purpose. With the aid of a new acupuncture needle suitable for fMRT it is now possible to investigate body and scalp acupuncture by functional magnetic resonance tomography.

Keywords

acupuncture research, functional magnetic resonance therapy, YNSA-fMRT research needle after Schockert

Introduction

Since early 2003, a new acupuncture needle has been applied in a functional MRT study in progress at the university hospital in Aachen investigating the neurofunctional correlates of Yamamoto New Scalp Acupuncture. This needle is a hollow metal cylinder coated with plastic.

Method

Similar to the principle of an indwelling venous cannula, the needle is positioned in the acupoint, the steel cylinder removed, and the remaining plastic part is fixed in the acupoint by a plaster. The size of the plastic part remaining in the acupoint corresponds approximately to an acupuncture needle of the dimensions 0.30 x 30 mm.

Both an experiment by the author on himself and also applications with numerous patients indicated that the use of the new acupuncture needle suitable for fMRT purposes is not appreciably more painful than the application of a conventional, uncoated disposable steel acupuncture needle. The needle is suitable for both scalp and body acupuncture, and furthermore also offers the opportunity of applying

medication in a fractionated or repetitive manner at an acupoint. It is not recommended for use in ear or hand acupuncture.

Aim and conclusion

The new needle creates the necessary precondition for investigating Yamamoto new scalp and body acupuncture in fMRT, and thus of describing their mode of operation more precisely. The author is particularly interested in verifying YNSA since he has achieved the greatest success with this acupuncture method in his everyday work.

High-quality scientific functional MRT studies will present acupuncture as an objectively investigated medical treatment which will then also gain greater acceptance by persistent critics among orthodox physicians and those responsible for the health service.

Supplementary information

The technical designation for the acupuncture needle suitable for fMRT is: YNSA-fMRT research needle after Schockert. An application for legal protection for the new Schockert needle as a registered design was made on 18.6.2004.

64. C**Relation Between Acupuncture Meridians and Electromagnetic Waves****Adam A., Adam Papadopol Adrian**

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In the conception of oriental medicine, the organism has a cyclic, circadian, monthly, seasonal and pluriannual (or cycles of years) evolution. A function or a body can be approached with maximum efficiency, taking into account the program of energetic circulation in meridians. Depending on the hour, one can act according to the Chinese biologic clock with optimum efficiency over the respective organ. Concomitantly, the living organisms are in relation with the environment and are influenced positively or negatively by their action.

The electromagnetic theory is one of the several theories trying to explain the modality in which acupuncture acts. There is a permanent exchange of energy and information between the living organism and the matter of universe. The organism has paramagnetic properties consisting in the selective absorption of the electromagnetic waves and their emission.

Besides matter and energy, it is necessary to have information, in order to control and adjust a system. The information is the expression of the non-uniformity of the substance and energy distribution in space and time. The information can pass easily from one substratum to another, to the recipient.

The recipient is a system capable to organize itself actively, in order to recognize the information and to transform the information into signal. This signal represents the state of its emitting source. The structure of the living matter can be defined as being formed of the mass of physical constitutive Yin elements and an electromagnetic field Yang, and can be compared with the receiver.

Concretely, in case of the human being, the wave length, emitted or received, can be calculated according to the formula:

$$\lambda = 300 R.C.$$

λ – wave length;

R – resistance in $K\Omega$;

C – capacity in nF .

The generalized equation depending on the time coefficient for the Chinese circadian cycle is:

$$E = H \times \cos (\omega \times t + \theta)$$

where:

ω – the circadian pulsation, whose increase value is of 30° for each acupuncture meridian;

t – is the circadian time and begins at 3 o'clock in the morning with lung meridian and increases with one unit for each meridian.

According to this formula, the wave length of the acupuncture meridians would be between 100.000 – 400.000 meters.

The lung, the first meridian with which the circadian cycle begins, has a wave length of 100.000 meters at 3 o'clock in the morning. In case of next meridians, the course of energetic circulation increases the length of wave, reaching the maximum value at 3 o'clock p.m., which coincides with the end of the small intestine meridian and the beginning of the urinary bladder meridian, and then the length decreases again until 3 a.m., which represents the end of the liver meridian and the beginning of the lung meridian.

All these values coincide with the length or the height at which the ionosphere is situated and its variation during the daytime. The most faithful component is the E stratum, which reflects the radio waves of average and long length at night and the short waves at daytime. The height at which the E stratum of the ionosphere or heavy side is variable depending on daytime and night-time and depends on its heating and cooling under the sun influence.

Its height is the smallest at 3 o'clock a.m. and corresponds to the wave length of the lung meridian. As the sun rises, it gets warmer and goes up to 400.000 at about 3 o'clock p.m., when it has the same wavelength as the small intestine meridian. This stratum contains atomic oxygen, molecular nitrogen and hydrogen traces. Hence several hypotheses would result: the organism emits electromagnetic waves identical with the atmospheric ones. The E stratum of the ionosphere reflects the electromagnetic waves of the living beings – the possibility that the first organic elements or the first living beings should have appeared in this E stratum and the electromagnetic waves identical as wavelength with the meridians should be at the basis of structuring of the living matter, therefore the meridians would be electromagnetic models on whose information the proteins that form the living substances have been synthesized.

	MERIDIAN	START TIME	λ (m)	ν (KHz)	C (nF)	END TIME	λ (m)	ν (KHz)	C (nF)
1	LUNG	3	100.000	3,0	6,66	5	120.000	2,5	8,00
2	LARGE INTESTINE	5	120.000	2,5	8,00	7	175.000	1,7	11,66
3	STOMACH	7	175.000	1,7	11,66	9	250.000	1,2	16,66
4	SPLEN	9	250.000	1,2	16,66	11	325.000	0,92	21,66
5	HEART	11	325.000	0,96	21,66	13	380.000	0,79	25,00
6	SMALL INTESTINE	13	380.000	0,79	25,00	15	400.000	0,75	26,66
7	URINARY BLADER	15	400.000	0,75	26,66	17	380.000	0,79	25,00
8	KIDNEY	17	380.000	0,79	25,00	19	325.000	0,92	21,66
9	PERICARDIUM	19	325.000	0,92	21,66	21	250.000	1,2	16,66
10	SAN JIAO	21	250.000	1,2	16,66	23	175.000	1,7	11,66
11	GALL BLADER	23	175.000	1,7	11,66	1	120.000	2,5	8,00
12	LIVER	1	120.000	2,5	8,00	3	100.000	3,0	6,66

TABLE 3

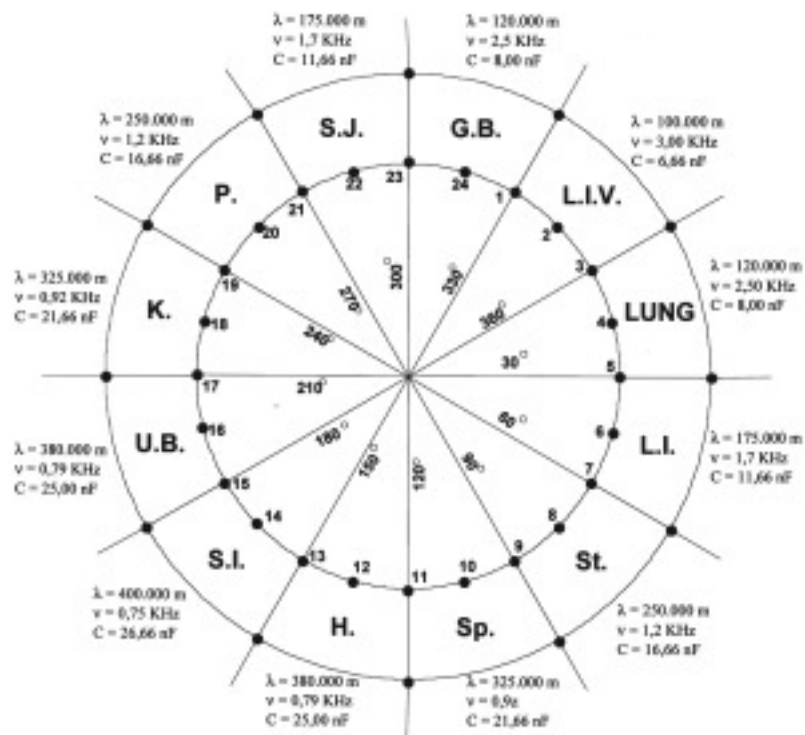


TABLE 4

65. C**Introduction to the Workshop - Acupuncture with Extracorporeal Shockwaves****Everke Heinrich**

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The extracorporeal shockwave therapy is already well known in orthopaedic medicine, for example in the treatment of „frozen shoulder“ or tennis elbow. Here the shockwaves are pointed directly at the painful point.

Another possibility is the treatment of trigger points with shockwaves in the therapy of lumbago or other painful orthopaedic problems. In these instances, the shockwaves are used to soften the contracted muscular structures by direct impulses on the afflicted area.

In my study I tried to find out whether it is possible to treat painful orthopaedic diseases by stimulating acupuncture points with shockwaves.

This seemed to be sensible for me because many acupuncture points are made up of pressure receptors, as we know from the methods of acupressure. This means that shockwaves of low intensity and small radius should be the adequate stimulus for acupuncture points.

Shockwave acupuncture would therefore be the ideal combination of the old knowledge of acupuncture with a modern technique of stimulation of pressure receptors in muscles and tendons.

Until now the instruments for producing shockwaves have been much too big to use in acupuncture. But in 2003 Storz-Medical, a Swiss factory for medical instruments, produced a very small machine capable of producing shockwaves for small areas on my demand. This special instrument can direct ballistic shockwaves of low intensity which are able to stimulate acupuncture points.

In my first studies on more than 100 patients I could show that this method is very useful for the treatment of the following diseases:

Arthrosis of the knee**Coxarthrosis****Chron. Lumbalgia****Pain of neck and shoulders****Tennis-elbow**

The results have been much better than the results of simple needle acupuncture.

A combination of needle acupuncture and shockwave acupuncture is possible and can improve the results of the treatment especially in cases of lumbar pain as well as the treatment of arthrosis of the small joints.

A possible explanation is the fact that shockwaves stimulate not only pressure receptors at the capsule of the joint itself, but also the distant acupuncture points in muscles and tendons that are connected to the affected joint which we know from our acupuncture experience. Shockwaves can soften the stiffened structures of the tissues around the joints directly and the effects on the acupuncture points cause a chain of reflexes, resulting in better mobility and nourishment of the affected area which lasts much longer than acupuncture alone. Even the flow of the lymphatic system will be enhanced.

The enforced production of synovial liquids by pulsating pressure on the cartilage via shockwaves is

another important aspect of the treatment of arthrosis. Even the stimulation of the recovering of cartilage cells should be possible with this method.

Therefore, shockwave acupuncture is a new method in addition to moxibustion, electro acupuncture and laser therapy in the rich repertoire of acupuncture methods.

66. C

Acupuncture and Knee Pain

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Osteoarthritis (OA) and patellofemoral pain syndrome (PFPS) are two common diagnoses in the knee region characterized by pain being the most important symptom. The etiology and pathophysiology is not known for any of these diagnoses. Also, the pain mechanism is unclear but both local and central sensitization of pain pathways may be involved.

Acupuncture, recognized as a mode of sensory stimulation, potent for pain alleviation in conditions classified as being nociceptive, activates the endogenous system at different levels. At the peripheral level acupuncture will give rise to a release of neuropeptides that will create vasodilatation and increase the nutritional blood flow. At the spinal level, action potentials produced by the acupuncture stimulation will induce gating effects by activating inhibiting interneurons. At the supraspinal level, endogenous opioids are released following acupuncture, which seem to be essential in the induction of functional changes of different organ systems. The substances are released via two different systems – the neuronal network (pain-alleviating, descending pathways) and the blood.

One systemic review show strong evidence for acupuncture treatment in OA but for PFPS no review is possible as only two RCT's are published.

In the future the different aspects of both pain and acupuncture mechanisms have to be taken into consideration for optimal treatment outcome and rational clinical advices.

67. C

Sensory Stimulation (Acupuncture) for the Treatment of Idiopathic Anterior Knee Pain

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A randomized controlled study was conducted to evaluate the effect of acupuncture treatment in idiopathic anterior knee pain, a pain syndrome without known aetiology. Fifty-eight patients, clinically and

radiologically examined, were randomly assigned to either deep or minimal superficial acupuncture treatment. The patients were treated twice weekly for a total of 15 treatments. The main outcome measurements were one leg vertical jump, functional score, daily VAS recording and skin temperature. Fifty-seven patients completed the study. Pain measurements on VAS decreased significantly within both groups; in the deep acupuncture group from 25 before treatments to 10 afterwards, and in the superficial (placebo) acupuncture group from 30 to 10. There was no significant difference between the groups. The improvement on the VAS recordings remained significant even after 3 and 6 months. Even though the pain decreased after sensory stimulation, neither the ability to jump on one leg, the functional score nor the skin temperature changed. This study shows that patients with idiopathic anterior knee pain benefit from both electroacupuncture treatment and subcutaneous needling. The pain-relieving effect remains for at least 6 months. Central pain inhibition, caused by afferent stimulation or by non-specific intervention effects, are plausible explanations behind the treatment effects.

68. C

Integrative Compassionate Medicine for the 21st Century and Beyond

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There are many different complementary medicines, such as traditional Chinese Medicine and North American Native medicine, Tibetan Buddhist medicine, Ayurvedic Medicine, and so on. All these various traditional and complementary medicines have their natural way of healing and their different ways of approach to certain illnesses. It is always extremely valuable for us to use the best out of all these complementary approaches integrated with biomedicine. The traditional and complementary approaches are a more holistic and natural way of therapy, whereas biomedicine is more scientific and technical in approach. However, both should work together in integration and harmony to achieve the best healing effect, encompassing safety, efficacy, cost-effectiveness and enhanced quality of life. This would not be complete without compassion and loving kindness. Physicians and other health care providers and givers should aim to be healers rather than mere technicians—since human health involves vital energies encompassing the body, mind and spirit. Healers and patients must treat each other with respect and trust in the interest of the total, holistic healing endeavor. Working together hand in hand, heart to heart to prevent and heal disease, disorders and illness is the optimal approach. This is a difficult but challenging and rewarding endeavor. Patients are always the best teachers of health care practitioners, and the most difficult patients are the best teachers. Without compassion the competent and creative healing endeavor is limited, but with compassion it is a total quality of life experience for all concerned.

69. C**The Acupuncture, Homeopathy and Chinese Medicines in the Complex Treatment of Disseminated Sclerosis (MS) and Myelopolyradiculoneuritis****Kajadziev Angel Iliev**

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These two diseases are characteristic with dispersed or system paresis combined with muscular hypertone. These diseases have one name in the Chinese medicine – JZI-Sui-Ian (spinitis). In the traditional Chinese medicine Zhou-Bei-Jzen (i.e. extinction syndrome and muscular atrophy) against the background of the state of void in the spleen- pancreas duct RP.

From the point of view of the modern medicine there is a dysfunction of the mediators in the cerebrum, serotonin, dopamine, and noradrenalin as a paramount importance is attached to the demyelization of the nerve endings and dysfunction of the thymus.

The discovery of the gene "Olig 1", which partakes in the formation of the melanin, will probably contribute to the better treatment of some of these diseases in the future. For now we will return to the logical explanations in the Chinese medicine since they are better grounded and cope considerable well as they give an integrated explanation for these diseases while the ethyology in the official medicine varies from the poisoning with heavy metals as mercury, lead, cadmium, aluminium and others to the autoimmune diseases, virus and bacterium ethyology, prolonged micro-traumas, and others.

According to the Chinese medicine the isolated injury of the functional system spleen- pancreas RP is very often combined with injury in the system of the liver (F) and gall-bladder (VB) from where the pathogen "wind" gives dispersion of the symptoms and weakens the tendon. Likewise the functional system, which includes the meridian of the kidney (R) and the bladder (V), gives urological symptoms, problems with the ears, bones, and energy. It is traditionally connected with the marrow and cerebrum, which is a "sea" of the marrow.

All these organs have relation to the emptiness of the blood which is often connected with the disorders in the feeding and thence an atrophy of the muscles. So in order to cure these diseases we must strengthen the spleen and pancreas, reduce the influence of the pathogen "dampness", regulate the muscular tone, rehabilitate the energy in the ducts which correspond to the injured organs, strengthen and recover the blood, strengthen and recover the ducts of the liver (F) and kidney (R).

The Sichuan institute of traditional Chinese medicine uses the following methods for the treatment of Bei-syndrom: they give an account of the interest and pathogenesis of this disease, the meridian of spleen- pancreas RP the following points: RP2-Dadu, R-P3-Tai-Bai, and RP6-San-Yin-Jiao. For the improvement of the circulation of the blood in the legs RP10-Xue-Hai, for the improvement of the microcirculation of the whole body RP21.

The meridian of the stomach (E) –Yan-Min has a great importance in the treatment of these diseases. Therefore the following points of the stomach duct are used: E32-Fu-Tu, E34-Lyan-Tsu, E36-Zu-San-Li, E40-Feng-Long, and the point on the stomach of the meridian Ren Mai 12 Zhong Wan, and on the hands the points of the large intestine (GI) – GI4, He-Gu, GI10 Shou-San-Li.

The point VB39 Suan-Chzun as well as the methods Shi-San-Izen, which is a consecutive prick from above downwards of the points of the duct Du-Mai, is used as a specific point of the marrow and spinal cord. A vacuum massage (Ho-Guan) is also used. For the improvement of the general state of the organism the points E36 (Zu-San-Li) and Du-Mai4, as well as the navel Shen-Que/Ren Mai 8 are moxa (heated). In all the cases scalp therapy according to the methods and algorithm of Dr. Elythe Vickers and Dr. Mingqing Zhu is applied. Local acupuncture of the spasmodic and paretic muscles is done.

From the point of view of the homeopathy these diseases are classified as syphilitic miasma. In some of the cases an improvement can be achieved with the help of the following medicines: P- phosphorus, Nat. mur 200c, Mercur.Solib, Q10 (ubichinon compositum), cerebrum compositum.

Not less important are the ready medicines of the Chinese medicine as the following are used most often: Hu-Chen-Van, which is prepared from tiger bones and is regarded to strengthen the joints, bones and tendons, as well as the ducts of the liver and kidney; Si Chan Tan Suan Van, which stimulates the function of the spleen and pancreas and removes the pathological dampness; Huato Jiao Van, which improves the spinal-cerebral bleeding. Tablets prepared from deer's horns are also used.

The Russian doctors V. I. Golovkin and E. M. Koroleva have normalized the contents of the Tyrosine (Tyr), 5 – hydroxythreptofan (5 – Oll- trp) and Serotonine (Ser) fraction in the blood of the patients with disseminated sclerosis with the patent medicine Nao Xin Shu. It had a good effect and abated the asthenoneurotic states and the headache and led to a raise in the memory, working capacity and in the mood of the patients.

I reckon that the effectiveness of the treatment is considerably raised if we add the decoction “Laojun” to NAO XIN Shu. This decoction harmonizes the neuroendocrine activity, influences positively on the processes of transmission of the nerve impulses, improves the cerebral circulation of the blood, sharpens the memory, regulates the muscular tone and balances the psycho-emotional state.

The elixir Xiao Shuan increases mainly the cerebral circulation of the blood, improves the mental processes and memory and does not defer in effectiveness to the pharmacological nootropes. It functions synergetic with NAO XIN Shu.

The pure pearl powder (Zhen Zhu Fen) “Huanhe” partakes in the electro-genesis of the nervous and muscular tissues. It is soothing to CNC (central nervous system), oppresses the spasms, and decreases the inflammatory processes and others.

The diet must exclude red meat and saturated fats. The daily menu may include up to 20g. unsaturated fats, garlic, holine, Vit. C, Vit. E, B6, B12, Ca (pearl powder), 16 mg/kg body weight and 10 mg/kg (Mg), plus Vit. D up to 3000 units.

70. C

Intradermal Acupuncture on the Shen-Men and the Nei-Kuan Acupoints in the Patients with Insomnia after Stroke

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Introduction

Of stroke patients, 50-60% was reported to have insomnia. Insomnia should be taken into consideration in treating and rehabilitating stroke, because it affects the prognosis of stroke.

Aim of the study: We aimed to assess the clinical effect of intradermal acupuncture on Shen-Men and Nei-Kuan in the patients with post stroke-onset insomnia.

Set of patients

We enrolled hospitalized stroke patients with insomnia and assigned them into a real intradermal acupuncture group (RA group) or a sham acupuncture group (SA group) by randomization.

Methods

The RA group received intradermal acupuncture on Shen-Men (He-7) and Nei-Kuan (EH-6) for 2 days, and the SA group received sham acupuncture on the same points. The effectiveness was measured by Morning Questionnaire (MQ), Insomnia Severity Index (ISI), and Athens Insomnia Scale (AIS). These scales were examined by an independent blinded neurologist before treatment, and 1 and 2 days after treatment, repeatedly.

Results

Thirty subjects (15 in the RA group and 15 in the SA group) were included in the final analysis. The RA group showed more improvement on insomnia than the SA group. Repeated measures analysis detected that there were significant between-subjects effects in the MQ, the ISI, and the AIS.

Conclusions

We suggest that intradermal acupuncture on Shen-Men and Nei-Kuan is a useful treatment for post stroke-onset insomnia.

71. C**Acupuncture Treatment of Cerebral Palsy and Speech Disorders****Fiala Petr¹, Rešlová Štěpánka²**

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In an ICMART Congress 1997 (Nicosia, Cyprus) we reported about the acupuncture treatment of handicapped children with cerebral palsy as a result of 3 years work with a group of 73 children (see the internet abstract review of the congress). Now we have continued this work and in our further pilot study we can present results of treatment of the group of children towards their speech disorders – with the participation of the logopedics staff (speech therapists).

Nowadays we have results of nearly 10 years work with handicapped children as a fruit of the cooperation of the 1st Medical Faculty of Charles' University, Prague and an Institute for the rehabilitation of handicapped children named Arpida in Budweis (České Budějovice), CZ.

In our new pilot study 13 children's patients participated – 5 girls and 8 boys, of the age from 5,1 to 14,4 years, average 8,5 years. We examined 13 defective skills with the enormous importance for the correct speech as: opening and closing the mouth, pouting the lips, crawling the tongue, moving the tongue in various directions etc. Among the speech diagnosis such as balbuties, dysphasia, dysarthria, anarthria a. o. prevailed.

We developed a special acupressure method so that also the rehabilitation staff and parents could be able to participate in this programme (As only medical doctors can use the invasive methods as needles etc. in our country.). The treatment was carried on as often as possible to reach the summarized effect – e.g. every day, 5 days a week in a block of 3 months and afterwards with a 14 days break, all within a period of little more than 1 year.

The selection of points was carried out according to the failure of the concrete skill, so that the following meridians and points were used: Stomach, large intestine, small intestine, bladder, gallbladder, triple warmer, governing and conception vessel, spleen-pancreas and some extraordinary points. We used the nearby and the distant points and a mild stimulation as a smooth massage, stroking, tickling,

brushing with a toothbrush, tipping with the fingers etc.

To give the nearby points: stomach 3, 4, 5, 6 event. 9,10, large intestine 19, 20, small intestine 17, 18, 19, conception vessel 24, governing vessel 25, 26, 27, 28. Further distant points were used as – stomach 36, liver 2 and 3, bladder 10, 13, 17, 23, 40, 60, 62, gallbladder 3, 34, large intestine 4, 11, governing vessel 4, 12, 16, 20, spleen-pancreas 10 and others (further details in the fulltext-paper).

To be able to recognize better the progress, all the children were recorded (video) at the beginning before the treatment and then after the treatment period (see the full congress presentation).

The final improvement after 1 year therapy was reached in 12 children from 13. One girl improved in 8 skills, 1 boy didn't improve in any skill (a hard mentally handicapped child). The average degree of improvement in 1 child is about 2–3 skills from 13. At the beginning the children could manage 47 % of needed skills, by the end of the treatment period it was already 65 %.

Conclusions

This pilot study showed that the method mentioned above and this kind of acupressure stimulation was successful in treatment of children with speech disorders. In case of need further invasive treatment as needling, using laser, TENS, cerebral acupuncture, Yamamoto NYSA ect. can complete this method to give our children's patients more chance.

72. C

Effect of Electroacupuncture on Patients with Idiopathic Parkinson's Disease

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Introduction

Despite of various therapeutic approaches such as new medications and surgical interventions for Parkinson's disease (PD), no treatment has been definitely identified to halt the progression of PD. Therefore, acupuncture is a common alternative therapy in patients with PD. Yet, there are few clinical studies of acupuncture for PD patients.

Aim of the study

This study was designed to evaluate the effect of electroacupuncture with various scales on symptoms of idiopathic Parkinson's disease.

Patients

Subjects were recruited through newspaper ads and the internet. 39 subjects were enrolled and finally 33 subjects completed all the sessions. 32 subjects had taken Parkinson disease medication before and stayed on the same dosage medication through the study period.

Methods

Acupuncture therapy was performed twice a week for 8 weeks. Acupuncture points were SI3 and BL62 on both sides. Electrical stimulation frequency was 120Hz, duration 15 minutes, and intensity was up to pain threshold of each patient. Patient's symptoms were assessed before, after 4 weeks and after 8 weeks treatments by unified Parkinson's disease rating scale (UPDRS), Schwab & England activity of daily living and freezing of gait questionnaire (FOGQ).

Results

Compared to the pre-treatment, UPDRS_(Mentation, Behavior, and Mood), _(Activities of Daily Living), _(Motor Examination), _(Complications of Therapy) and total UPDRS scores were significantly improved after 4 weeks and after 8 weeks ($p < 0.05$). Scores of Schwab & England activity of daily living and FOGQ were significantly improved after 4 weeks and after 8 weeks ($p < 0.05$).

Discussion

Several experimental studies reported about acupuncture effect for PD. Park et al observed that acupuncture had the neuroprotective effects against 6-hydroxydopamine-induced neuronal death in the nigrostriatal dopaminergic system in the rat PD model. Liang et al reported that long-term high-frequency (100Hz) electroacupuncture was effective in halting the degeneration of dopaminergic neurons in the substantia nigra. In our clinical study, electroacupuncture treatment for 8 weeks improved UPDRS, Schwab & England ADL, and FOGQ scores in PD patients.

Conclusions

This study suggests that electroacupuncture treatments can be applicable to improve general symptoms and quality of life in patients with idiopathic Parkinson's disease.

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73. C**The Importance of Decoding of Some Basic Terms in Acupuncture****Herdics Ján**

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Even today, in the 21st century of our era, we exploit the treasury of the eastern medicine thousands of years old, the acupuncture.

In medicine are implemented always newer electrodiagnostic devices connected with computers. The measured bioelectric activity is, however, until today an unknown value, because until now nobody investigated the influence of the radiation of the measuring device on the acupuncture point. We use our own observations and compare them with Voll measurements.

Still remain mystery the points of the source of Ting and Yuan, which rather mean the ebb and flow. In our lecture we try to decode these terms and enable them for the next generations of European fans of the traditional Chinese medicine.

74. C

Acupuncture Today in France

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Introduction, Aim of the study

The objective of the study was to identify the function of acupuncture in the French health system and to describe the main characteristics of acupuncture practice today in France including pathology that motivates consultation, previous treatments, consultation, perception of acupuncture effectiveness, confidence in various forms of healing, use of drug, representation of acupuncture, scientific and medical knowledge, socio-demographic characteristics, current conditions of life and a typology of patients.

Set of patients, Methods

This is a two years study with a qualitative part based on interviews, which were necessary to elaborate a questionnaire that was sent to 2.000 patients of acupuncture for quantitative survey. We used the method of itinerary that allows to analyse precisely the acupuncture therapeutic process. The method refers to sociology of action system and also to the field of cultural anthropology, that analyse interactions between actors and the values that are involved in these interactions. Seventy five interviews of patients and acupuncturists were performed by sociologists with a validated guide in four towns. Results were used to build a 141 items questionnaire (closed and open end questions). 850 questionnaires exploring all aspects of acupuncture practice were analyzed with Modalisa 4.1 application for statistical analysis.

Results

Most of the patients use acupuncture because they do not obtain satisfying results with classical medicine. Nevertheless they continue to consult their GP and consider acupuncturist as a specialist of specific diseases such as chronic pain, stress, anxiety, and insomnia. The quality of practitioner / patients relationship and the feeling of being understood are underlined by the patients. Several factors, without necessary causal relationships influence perception of acupuncture: duration of practice, frequency and lasting of consultation, absence of drug consumption, belief in alternative medicine efficacy, high price, acupuncturist considered as a specialist, quality of contact with acupuncturist, belief in action of acupuncture on body and mind, knowing acupuncture. Patients using acupuncture declare that they consume fewer drugs since they started to consult acupuncturist. The most concerned drugs are sleeping pills, drugs against nervous breakdown or anxiety, and, secondly, antibiotics. The rationales for avoiding these drugs are absence of results, fear to be accustomed to consume these drugs and to get side effects. Most of the patients find that acupuncturists have a better contact than practitioners of classical medicine. They estimate that acupuncture acts on body and mind as well. They think that acupuncture is effective for the treatment of anxiety, insomnia and pain and that acupuncture could be useful as a complement for the treatment of severe diseases with classical medicine. The patients are interested by their health, have a scientific education and trust in science, but are afraid of the

potential misuse of technical applications of science. The patients can be grouped as following: - enthusiastic beginners (29,8%); - followers of classical medicine using acupuncture as a complementary therapy (25,3%); - patients with psychological suffering using acupuncture as a complementary therapy (13,8%); - patients disappointed with classical medicine (11,3%); - followers of alternative medicine (19,8%).

Discussion, Conclusion

The patients perceive acupuncture as a complementary medicine that is used for the problems that has been not solved by classical medicine. They appreciate the quality of relationship with acupuncturists and think that acupuncture acting on body and mind offer them a good solution to improve their experience of illness as a subject. They take fewer drugs after starting acupuncture and estimate that acupuncture may cure specific disease, but not all, giving anyway better conditions to fight against disease. Patients concerned in acupuncture have scientific education and are originated from all social classes.

75. C

Integration of Contemporary Medical Acupuncture (CMA) in the Continuing Education Program (CME) at McMaster University for 21st Century Health Care Providers

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With the new scientific understanding of human functioning and the empirically established therapies such as acupuncture, other complementary therapies are becoming more acceptable in health care delivery. There is a great demand for good training and education in acupuncture and other complementary therapies. The demand of the public for an environmentally safe approach to the body's healing capabilities required the introduction of a more updated and scientifically sound and dynamic approach to the education and training of acupuncture, a peripheral sensory stimulation (PSS) technique.

A good approach in training and education should not omit the recognition of rich and extensive empirically gained experiences, but needs to recognize its limitations in the present environment. The new program for the training and knowledge acquisition of acupuncture should be supported by scientific evidence, and needs to be nonparadigmatic, understandable, practical, and easy to integrate into the existing health care system. Such a program would optimize communication among all involved parties (health care providers, patients, etc.), and would also help further the understanding of human functioning. Faculty members at McMaster University took this task to their hearts and established the CME program of CMA.

The CMA program was launched in the fall of 1998. It is offered twice a year, during a four month period, in five modules each, and is now in its seventh year of existence attracting participants from all over the world.

This presentation will expand on the approach and experience that has shaped this philosophy and approach.

76. C**The Results of a Survey of ICMART (International Council of Medical Acupuncture and Related Techniques)****Filshie Jaqueline, Jenner Christopher**

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A survey was undertaken to find out further details about the composition of societies in ICMART including the numbers of members, the different membership categories, some basic Education and Training data, the status of National Regulation and views on Acupuncture Funding. Questionnaires were sent to 38 membership countries and the results were received from March 2002 to February 2003 – thanks largely to the joint powers of persuasion of François Beyens, the Secretary General of ICMART, and Julian Price at the BMAS. A total of 43 questionnaires were completed. The results of this survey will be presented and will include:

- Regulation details – the number of societies in each country plus details of the various categories of membership, for example:
veterinary, dental and medical students.
- The number of hours of training expected for ‘Full Membership’ of each society, plus any common national qualifications required and details of undergraduate familiarisation.
- The status of any legislation of acupuncture and details on formal recognition of practitioner groups in each country.
- The breakdown of self/state payment for acupuncture in each country, plus the approximate proportion of acupuncture provided by state/private treatment respectively.

As with any questionnaire, the results provoke almost more questions than it answers! As results were gathered over an eighteen-month period, some details e.g. membership numbers are probably already out of date. Nevertheless, this will provide a useful ‘snapshot’ picture of provision of acupuncture in 43 societies worldwide. It provides helpful information about the political intentions of governments worldwide, and their policies on regulation.

77. C**Functional Chain and Neural Therapy****Wander Rainer**

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Neurotherapeutic efforts to restore the health of patients must be complemented by other methods in order to be really effective. In its training program our Society has always included Acupuncture, Neuraltherapie and Chirotherapy as an integrated whole. But even these methods do not suffice and must be combined with other naturopathic procedures. Only human reason allows integrated therapy. The rigidity of strictly regulated approaches with its ensuing blocking of therapeutic effectiveness is acquiring increasing importance.

That proprioceptors in the upper cervical spinal cord control the whole vertebral column can be confirmed by techniques of medical examination.

It is astonishing that the connective tissue structures of the spinal cord sheaths, of the atlantooccipital membrane, of the cervical ligament with its stretch receptors, also have their own transmission system over the spinal cord sheaths, down to the sacrum.

Conclusion

The neuraltherapy is the treatment of the peripheral excitation, the chirotherapy is the treatment of functional chain, the acupuncture is the therapy by activation of the descending inhibiting systems. You must all combined.

78. C

Principles of Neural Therapy

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Neural Therapy, originally developed by the two German physicians Ferdinand and Walter Huneke in 1925, is known as a holistic method in treating a variety of health conditions, especially that of chronic pain.

It involves the injection of small amounts of local anesthetics, for example Procaine or Lidocaine, in various, but very specific, strategic points.

Neural Therapy is based on the theory that any kind of trauma, such as physical or emotional injuries, as well as an infection, a scar or any subclinical illness can put an abnormal signal into the autonomic nervous system and therefore further malinformation to the ground system, also called as the matrix. This extracellular space is interconnected throughout the body and has certain chemical and physical properties – any change through irritation from incoming malinformation occur suddenly and simultaneously in the entire ground system and can produce long-standing disturbances in the electrochemical function of tissues often causing dysfunction or pain at remote sites.

These primary lesions, also called as interference fields, which started the vicious cycle of abnormal nerve impulses throughout the body, have to be detected for a successful NT – requiring a thorough history of every traumatic event.

Neural Therapy is the attempt to break this vicious cycle by stopping the interference field from producing a stimulus which affects the autonomic nervous system – sometimes in an amazing way: with a total and permanent elimination of the dysfunction or pain related to the interference field within a second, called as “lightning reaction”!

79. C New Insights into the Mechanism of Pain

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Introduction

When first observed by Hunecke, the immediate pain relief by injection of procain into a certain triggerpoint was solely attributed to a reflectoric phenomenon, mediated by the sympathetic nervous system. Sometimes however, triggerpoints and reactive zone are localized in a way, that there is no way to prove connections between trigger point and painful area on an anatomical basis. The histological definition of the basal membrane by the late Pischinger gave new input into the understanding of the mechanisms involved in development of pain syndromes and their relieve by neural therapeutic procedures as well. His point of view was, at least in part, that a breakdown of the homeostasis in the fluid-, proteoglycane-, and cellsystem of the basal membrane was responsible for some of the pain syndromes attributed to a distinct trigger point system defined with the German term "Störfeld". Although some of the phenomenons observed in neural therapy may be explained with one or both of these hypotheses, there are still effects left, which cannot be sufficiently explained with either of these theories. Hence it may be worthwhile to look up for other possible mechanisms underlying certain pain syndromes, and which may be reactive to neural therapeutic methods such as injection of procaine or other local anaesthetics into certain tissue regions. In the following some of the meanwhile well elucidated pain mechanisms and possible reactions with local manipulations such as injection of local anaesthetics will be discussed.

Mechanisms underlying pain and possible interaction with local anaesthetics

First of all it has to be understood, that a local anaesthetic is a salt of a weak anion and a strong cation, hence in solution it represents chemically a buffer system. On the other hand, due to a certain form of the molecule, local anaesthetics are supposed to block voltage gated Na⁺-channels. Thirdly, dependent on the pK-value, the dissociation of the molecules will change according to the surrounding pH-value. When talking about local anaesthesia, the main interest is directed to the blocking capacity of the Na-channels which happens when the molecules are ionized and the diffusion in the tissue, which happens when the molecule is un-dissociated, it may be of interest for neural therapy however what the local anaesthetics do to the homeostasis and enantiostasis of the basal-membrane-system simply acting as a chemical buffer.

It has been shown recently, that nerve endings are modulated and even modified when exposed to prolonged noxious stimuli [1], modulations and modifications respectively are related to pain receptors and membrane channels (mainly tetrodotoxin resistant Na⁺-channels) as well. Some of pain receptors involved in chronic pain syndromes are H⁺-gated [2] it is easily to understand, that blockade of Na⁺-channels will induce pain relieve, since this is the expected action of a local anaesthetic. It may be suggested however, that especially in pain syndromes maintained by local acidity, a scavenging of H⁺-ions by the local anaesthetic may be of crucial importance, when the nerve ending has been modulated by exposure to a chronic noxious stimulus.

Another mechanism inducing chronic pain is the fact, that nerve tissue, when exposed to immune competent cells, may be treated as foreign body and hence be attacked by immune cells releasing cytokines and pore building proteins as well. Both mechanisms are induced by transfer of ions through vol-

tage and ligand gated channels, again, both mechanisms may be inhibited or at least modulated by changes in the surrounding extracellular fluid pH and by direct blocking of ion-channels as well.

In certain tissues chronically exposed to germs, i.e. the tonsillae, the gut wall the bladder etc. there are clusters of granulocytes around nerve endings. It could be shown, that in these clusters there is communication between nerve endings and white cells by release of neuropeptides, which serve as ligands to receptors present at nerve endings and cell membranes of white cells as well [4]. Again, release and attachment of ligands may be influenced by changes of the local tissue pH and ion-transfer of voltage gated membrane channels as result of local administration of a local anaesthetic.

Conclusion

Development and maintenance of chronic pain syndromes is the result of various overlapping mechanisms including inflammation, immune response, modulation and modification of nerve endings and receptors, release of various transmitter molecules, changes in local tissue fluids and gene expression as well. Of course there are also adaptations of the somatic and vegetative reflex-response it may be taken into account, that all mechanisms involved should be stressed when looking for explanations of neural therapeutic effects such as the first and second hit or the Hunecke seconds phenomenon

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80. C

Neuraltherapy: From the Gate Control Theory to the Neuromatrix

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Neuraltherapy is a regulatory therapeutic approach of many functional disorders and a valuable treatment form for acute and chronic pain situations.

Since the efficacy of Neuraltherapy in treating pain is well known, it would be interesting to discuss the neuraltherapeutic effects in the light of modern pain therapies.

The field of pain reasearch has been dominated for a long period of time by the impact of the thoughts of Descartes who postulated that the body works like a machine, and that physiological phenomena can be studied by using mathematical and physical methods.

This led pain physiology to focus on specific pain receptors, fibers, pathways and a pain centre in the brain.

Although the basic neuroanatomical elements of this approach were valid, it has been left no room for psychological contributions to pain, such as attention, past experience, and the meaning of every specific situation.

Pain experience was considered to be proportional to peripheral injury or pathology, and pain without the presence of organic disease or injury was more or less a case for the psychiatrist.

It is obvious that chronic pain phenomena as well as many long lasting neurotherapeutic successes in alleviating pain could not be explained that way.

The arrival of the Gate Control Theory by Melzack and Wall in 1965, provided entirely new tools for the understanding of the complex phenomenon of pain, and shifted the interest from the periphery towards the central nervous system.

This theory postulated a spinal gating mechanism in the dorsal horn which is influenced by the relative amount of activity in large diameter and small diameter fibers and also by nerve impulses that descend from the brain.

When the output of the spinal cord transmission cells exceeds a critical level, pain is being experienced.

Neurotherapeutic interventions in the periphery can modulate the dorsal horn input and may decisively contribute to the closing of the gate by reducing the nociceptive afferent load to the dorsal horn. This mechanism is especially important in cases of chronic pain, where “wind-up” of the WDR- Neurons most likely occurs.

Later on Melzack, based on his observations of phantom limb phenomena, postulated the Neuromatrix theory of pain which did not merely extend the Gate Control Theory, but also represented a major advance.

According to this theory pain can be felt, under certain conditions, also in the absence of somatic inputs. The origins of the patterns that underlie the qualities of experience is found in neural networks in the brain, and stimuli from the periphery can modulate and trigger the patterns, but do not produce them.

He proposed a genetically built in – matrix of neurons (neuromatrix) which produces characteristic nerve – impulse patterns for the body and all the somatosensory qualities we feel.

This network of neurons consists of loops between the thalamus and the cortex as well as between the cortex and the limbic system and can later be sculpted by sensory inputs.

The cyclical processing and synthesis of nerve impulses build a characteristic output pattern called neurosignature.

Multiple inputs that act on the neuromatrix can modify the neurosignature including inputs from somatic receptors, visual inputs, cognitive and emotional inputs, intrinsic neural inhibitory inputs and also inputs from the endocrine, autonomic, immune and opioid systems.

If the neurosignature for pain is generated by cyclical processing and synthesis, then it may be possible to block or modify it by injecting a local anaesthetic into certain areas.

Here may lie the explanation of the fact known to every neurotherapist that such an injection could bring relief that outlasts the pharmacologic duration of the anaesthetic.

Melzack et.al. obtained very good analgesic effects in rats by injecting lidocaine in some important sites of the neuromatrix such as the lateral hypothalamus, the cingulum bundle, and the dentate nucleus.

Although this is not a feasible technique in every day practice, it may offer a possible explanation for the therapeutic effects by the intravenous use of lidocaine in Neurotherapy.

81. C

Neural Therapy during Hospital Treatment (Internal Medicine)

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Introduction

Description of different possibilities for the application of neural therapy during hospital treatment on a station for internal medicine in Austria. Representation of a study concerning the use of neural therapy in addition to the conventional therapy of the apoplectic stroke.

Patients

60 patients with acute apoplectic stroke were randomized in 2 groups - with and without neural therapy in addition to the conventional therapy for cerebral vascular accidents.

Methods

The outcome of the patients in both groups was compared with the help of the usual geriatric assessment based on the Barthel index.

Results

A correlation is shown between additional neural therapy in the case of apoplectic stroke and a better outcome for the patients.

Discussion

of possible mechanisms explaining this result

82. C

Rehabilitation Supported by Neural Therapy

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Physiatry – also known as physical medicine and rehabilitation (PM&R) – is a medical specialty focused on prevention, diagnosis and non surgical treatment of disorders associated with disability. PM&R specialists also care for patients with musculoskeletal disorders, with acute and chronic pain.

The goal is to restore optimal patient function in all spheres of life, including the medical, social, emotional and vocational dimensions.

Pain – defined as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage” – is one of the principal reasons why patients come to our physical institute.

In many cases neural therapy is the first way to treat the pain (in acute or chronic conditions) and

often leads to the fact that therapy can respond at all. After my experience in the last years there are even more “non-responders”, and neural therapy gains more and more in significance. Neural therapy, as a healing technique that involves injection of local anaesthetics (usually procaine) into autonomic ganglia, peripheral nerves, scars, teeth, acupuncture points, trigger points and other issues, can be used outstanding in the pain management.

Like the individual methods of physical therapy (electrotherapy, peloids, massage,...) those represents a form of regularization to neural therapy. That means that an ability for regularization and a certain measure of “self-healing” must have remained to the body.

So injuries, surgical procedures and scars can create local disturbances in the autonomic nervous system (ANS) that actually change the electrical fields of the body, often causing pain or dysfunction at remote sites. Injecting a local anaesthetic at the original place of disruption neutralizes or depolarizes the local disturbance and relieves the pain in the distant affected area. Thus the body can react and adjust so that an appropriate therapy can begun.

Neural therapy, because it regulates the ANS, may have profoundly positive effects on such conditions as headaches, migraines, dizziness, vertigo from which a lot of our patients suffer. In addition, small injections directly into the skin entail a sudden easement of pain, e.g. as low back pain, shoulder problems, cervical syndromes etc.

Very often dramatic results are obtained with neural therapy. The patients may be able to freely, painlessly move the painful muscles immediately after receiving the injection. That is one of the most desired and most wanted effects of the neural therapy in the range of the PM&R.

83. C

Neuraltherapy in Tsunami-Rescue Flight – a Case Report

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Introduction

About 600 Austrian people were involved in the Tsunami in Thailand on the 26.12.2004. Almost 100 were killed, many injured, some severely injured so that they could not return to Austria by their own. The first returning Patients reported considerable problems with simple things in health-care such as lack of gloves, antibiotics and even painkillers. So bringing our people back as soon as possible seemed to be essential.

Summary

On the 29.12.2004 the Austrian government chartered an aircraft (Boeing 767), which was transformed into a flying hospital. The medical team consisted of 4 paramedics of the “Wiener Rettung” and 4 doctors of my hospital, the “Lorenz Böhler Trauma Centre Vienna”. The aircraft was equipped with 14 stretchers and the necessary medical devices and utilities. Alas there was no possibility to increase the cabin-pressure above a standard equal to a height of 2500m. The amount of oxygen on board was too very limited because conventional oxygen-bottles were not allowed in the plane. We gathered about 20 severely injured patients and 30 less severely injured patients from two locations in Thailand (Surat Thani and Phuket). All of them had ugly wounds and some severe thorax-traumata.

One Lady with fractures of all ribs on the right side ran into respiratory insufficiency at half of the journey back shortly after the plane was shaken by some turbulence due to bad weather. She was 54 years old and over-weighted (160kg) and in fact the only survivor of her family. The oxygen-saturation in her blood fell below 70%. Application of an oxygen mask showed almost no effect. Because of the noisy and narrow environment auscultation and percussion for diagnosis of a pneumothorax are not practicable. So intubation and application of a thorax drain were prepared.

On my opinion there was the possibility that the respiratory insufficiency was caused merely by pain and could be managed by blocking this pain. So after a short examination I decided to try an intercostal-block. The risk of setting an iatrogenic pneumothorax was obvious in the inconvenient and still shaky environment of the plane. But setting a drain could be performed as well in case of failure. So I performed the block with Lidocain (Xyloneural®) in the intercostal-regions 4 to 8 in the posterior axillary line where the patient reported most pain at finger pressure. A 60x0,6mm needle was used with respect to the mighty subcutis. At each injection 2,5ml where applied. The hurting was immediately relieved and the blood-oxygen rose to more than 90%. Fortunately no further intervention was necessary until the landing in Vienna. Later on in the trauma-centre the CT-scan showed that there was no pneumothorax. The treatment was continued with a pleura catheter for some days in the ICU.

Conclusion / Discussion

Skills gathered primarily for Neuraltherapy, especially the “feeling for the needle” can be very helpful under heavy conditions where standard procedures are not applicable. In some cases they even save life.

84. C

Dental Influence on General Health with Special Regard to Diseases in the Head and Neck Region

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Chronic inflammations of the head and neck region encompass a multitude of pathologies such as chronic sinusitis, tonsillitis, otitis and inflammatory processes in the oral cavity. In many cases oral foci are simply neglected and thus persist for a long period of time. Dental alterations remaining hidden and oligosymptomatic can cause facial neuralgia, cervical syndromes, painful muscular or neurologic disorders in remote areas of the host, and eventually lead to the progression/exacerbation of pre-existing chronic diseases. In conjunction with classical treatment strategies and acupuncture techniques neural therapy has been highlighted as a valid adjunct in the treatment of these chronic inflammations where acupuncture had no or little effect.

The present retrospective investigation undertaken on 100 patients of a general practice underline the effectiveness of neural therapy in these cases. Only patients exhibiting root canal treatments, impaction, periodontal disease or showing clinical and radiological signs of ostitis after extraction were included in this study.

All patients had undergone a routine treatment according to the acute or chronic disease evident at the

time of the visit to the practitioner. The patient cases were evaluated at the time of admittance, after the second therapeutic session and at the last recall, and subdivided into 3 groups: Group 1 (n=80) consisted of patients who were treated conventionally and where some form of oral rehabilitation was carried out (i.e. extraction of impacted or root canal treated teeth, periodontal therapy) during the evaluation period. Group 2 (n=10) included patients who received neural therapy in addition to conventional/symptomatic treatment schemes. Group 3 (n=10) comprised those cases where conventional therapy alone was applied to improve the patients' condition.

The percentage of symptom-free patients was tested for each group. At the time of the last recall 77,5 % of the patients of Group 1 (conventional treatment + oral rehabilitation) and 80% of Group 2 (conventional treatment + neural therapy) reported no symptoms at all. In Group 3 (conventional therapy alone) no patients were found symptom-free. Additionally a significant direct relation could be found between the amount of oral pathologies present and the degree of the therapy-resistance.

In conclusion the results presented indicate that the presence of dental foci should always be considered and checked for in therapy-refractive cases, and that neural therapy is an effective therapeutic measure where conventional acupuncture may reach its limits.

85. C Torticollis Originated by Dentogenous Disease

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Introduction

Dystonic syndromes are characterized by abnormal slow, spastic and painful involuntary movements of muscles; they can be focal or generalized.

One of the most well-known type is Torticollis (spasticus)

This term is a description of a symptom of heterogenous pathogenesis:

Congenital diseases of the basal ganglia, intrapartal trauma, encephalitis, dysfunction of

The vertebral structures, extern ophthalmoplegia, infections of the pharyngeal space,

Neuroleptic drugs,...

Another specific cause is an acquired disturbance field in the trigeminal area.

Case/report of an patient

The following case-history of a 32-year old man describes the neuraltherapeutic diagnosis and treatment:

After an incomplet filling of one root of a molar tooth he suddenly developed symptoms of an acute torticollis. The first treatment with injections of botulinum-toxin failed.

We found typical triggerpoints in the ipsilateral m.trapezius, sternocleidomastoideus and platysma.

In the x-ray made by the dentist there was a periapical rareficated ostitis and a devitalized pulp -

Risks in the sense of holistic medicine: pathological afferences are transfered via physiological pathways

Of ascendent system of sensory-information.

The symptoms decreased after having done neuraltherapeutic testing of the suspicious disturbance

Field; so the final treatment - i.e. extraction of the tooth - was indicated according to that results.

Conclusion

It could be shown that the complex and tight relation of the spinal tract of trigeminal nerve and other cranial nerves can be influenced by means of neuraltherapy which lead to a successful causal treatment.

86. C

The Use of Electroacupuncture in Facial Riddles

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Introduction & Aim

The Aesthetic Medicine has progressed a lot during the last few years as an important part of the human fight against aging. The use of Botox, plastic surgery, threads, etc, have become widespread. One possibility, although has enormous advantages specially when the low risk degree is considered, has received few attention. It's the use of Electroacupuncture. In the present article the basis of the method are dealt, going from elementary electricity to the presentation of some clinical cases, passing through general ideas on Electrotherapy and the acupunctural control of facial muscles.

Methodology

The Author deals with Acupuncture in the treatment of facial riddles since 1982. As it's usual, the association of methods (Peelings, Cosmeceuticals, Microfillings, Lasertherapy) to increase the patient's skin quality was the general rule, then, to get a clearer idea of the results, some patients were selected to receive just acupunctural treatment in order to precisely follow their progress. All have agreed with the experimental aspect of the study and have received a 10 sessions series of treatments. The basic asset for the treatment is the consideration that most of the facial mimic muscles have a bone implantation and a free extreme firmly linked to the skin and riddles have an important muscular element. Only 12 muscles have been usually used, with the application of needles 0.2x2.5 and electrical stimulation on their tonification and sedation points. The apparatus used was a COSMOTRON-TE9. For tonification low frequencies (5Hz), black electrode, 10 minutes application, sawteeth waves and small pulse were used. For sedation, a higher frequency (100Hz), squarewaves, red electrode and 30 minutes has been the length of application.

Results

The results are shown on photos.

Discussion & Conclusion

In this time of enormous progresses of Plastic Surgery, with new "peeling" techniques, new substances for riddle-filling, a big quantity of new cosmetics, the use of Acupuncture seems somewhat out-placed in the Aesthetical Medicine field. But its safety, with almost absence of contraindications, and its good results make Electroacupuncture a very good way to fight the facial signs of the aging process.

87. C**Application Acupuncture at a Renal Colic and Nephrolithiasis****Lily Lusina-Chju**

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Urgency of a problem.

The application acupuncture at a cupping of a renal colic is very relevant in view of complex (integrated) effect of the given method. A sharpness of originating of a renal colic, intensive pain syndrome and capability of development of such high-gravity complications, as a hydronephrosis in a consequent of an obturation by concrements Urinary pathes(routes) demand pressing measures, Unfortunately introducing analgetics and antispasmodic gives in most cases non-persistent and short-lived effect. At the considerable sizes of a removing concrement it is necessary to resort to invasiveness to manipulations, and sometimes and to considerable on volume basis operative measure in conditions of a specialized hospital.

In the literature there are descriptions of standard techniques acupuncture of a nephrolithiasis, used at treatment, and renal colics. (Y. Pesikov, Pyabaiko 1994, Put Sue Tsuan 1985, V.I.Ivanov 1991 etc.) Among doubtless advantages acupuncture is the availability(accessibility), simplicity of effect and high comprehensive efficiency. In our research except for conventional.

Methods of effect on points (VB.25 Tsin men) (VB.23)

Local (VB.25 Tsin-men, T.4. Mines) distant (V.23 Shen-shu, Seconds 7. Shen-men),

General(common) effect (V 43 (38) Ono-huan V.60, GI.4. Khe-gu) was applied also method scalps therapy, which one was rather recently designed Chinese doctor. His method is based effect on scalps sites (segments) of a projection functional sites(segments) of a brain. The literature on the given method is extremely limited, therefore we have decided to acquaint you with our experience of his(its) application for treatment by ill renally immovable illness.

In our research the given technique at varied for 12 ill renally immovable illness.

For 7 of them the renal colic was marked. The diagnosis was verificated laboratory (analyses of a urine and blood), ultrasonic and X-ray methods of diapiostic. Age of the patients oscillated from 38 till 67 years.

The men made a large part (78 %) all of our patients up to acupuncture received customary treatment (spasmodic, analgetic and resolvent treatment).

The effect from this treatment wore non-persistent and short-lived nature. The ambassador of a beginning of treatment acupuncture (including technique scalps therapy) was marked Considerable improvement of a condition ill, directly from the maiden procedures. 2 cases of very effective application of a method acupuncture are further resulted in case of peaking a nephrolithiasis, expressed renal colic.

1.Ill 45 years an attack of a renal colic has arisen for the first time in life (after a session Vibrafional massage of a column on a massage seat) .It was marked the highest intensity of a pain syndrome. The analgetic therapy is effective during 1-1,5 hours. (Tramadoli). In ultrasonic investigation was verificated the obturation by a concrement of a dextral ureter and phenomenon of a hydronephrosis is detected. The same picture and at a X-ray inspection 6 sessions of a stylostixis. After the sessions were conducted the considerable decrease of intensity of a pain syndrome is marked.

At monitoring ultrasonic investigation reduction(decreasing) a degree of a hydronephrosis is detected at the expense of rotation and progression of a concrement downwards on a ureter. After 6 sessions of _ stylostixis (10 days from a beginning of disease) have taken place independent passage of a concrement at full absence of a pain syndrome. The sizes of a concrement 4,5x4,1 mm. On a structure a nock

98 % a lithate.

2. Woman 65 years many years suffers affliction by a urate diathesis. The renal colics were marked repeatedly. Last attack was postponed the stall for 10 days. Spasmolytic resolvent and anesthetizing therapy without essential and nonperishable effect. For 5 days from a beginning of a pain syndrome the stylostixis started. The decrease of intensity of a pain syndrome and petering of signs intoxication (headache, flacidity, hydropic of a face, nervousness) is marked.

On control ultrasonic and X-ray analyses is marked moving a of a concrement in the lower third of ureter and reduction (decreasing) of phenomena of a hydronephrosis (considerable reduction (decreasing) of the sizes renal pyelos and ureter. Passage of concrement painlessly for 11 days. A concrement by the size 3,2X4,1 mm On a structure a rock 65 % lithates, 22 % Natrii phosphates.

The acupuncture is a good tactical method at abatement urolithiases, specially in the season of peaking (renal colic), promoting not only cupping of a pain syndrome, but also fast evacuation of a concrement from urinary pathes(routes), and also normalization of operation of a quenched nephros and further prompt aftertreatment. The application of a stylostixis considerably shortens the subsequent course resolvent of therapy» promoting earlier normalization of the analyses of a urine and blood.

88. C

Acupuncture in Integrated Treatment of Glaucoma

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W1. B**Pain Management by Acupuncture in a Physiological Perspective****Lund I., Näslund J., Lundeberg T.**

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Pain is a personal multidimensional experience that may be classified and evaluated according to its mechanistic based aetiology, in order to provide a rational treatment approach.

Acupuncture is recognized as a potent method for pain alleviation in conditions classified as being nociceptive while chronic and neuropathic pains have proven less successful.

Depending on its modality, different endogenous pain inhibiting mechanisms are activated by acupuncture, causing the release of endogenous neurotransmitters which are important for the control of sensory, affective and cognitive dimensions of pain.

Despite these observations, the efficacy of acupuncture has been questioned. An ongoing critical debate about its use, reflecting pro- and anti acupuncture opinions, have resulted in meta-analysis "proving" the point of each proponent. In general the results of the meta-analysis have been inconclusive. It is possible that this is due to the fact that different treatment modalities and individual responses have not been taken into account.

Another factor which has not been taken into account is gender differences. Recent findings indicate that women may respond better to acupuncture as compared to men. If so, this calls for consideration when carrying out comparative studies.

When designing future acupuncture studies, a naturalistic approach may be suggested, for the evaluation of its therapeutic effect in a clinical context.

W2. B**Biomedical Acupuncture for Pain Management: A Quantitative Approach****Ma Yun-tao**

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The Biomedical Acupuncture for Pain Management Workshop is designed for medical doctors who are looking to complement their practices and offer additional resources to their patients for treating and addressing pain. It is based on a broad evaluation and treatment system that allows providers to predict and treat symptoms of pain.

Based on their comprehensive textbook, Biomedical Acupuncture for Pain Management, (co-authored by Yun-tao Ma, Mila Ma and Zang Hee Cho; Elsevier/2005), workshop presents a synthesis of biomedicine and traditional acupuncture that uses biomedical terminology and concepts to interpret clinical procedures and basic mechanisms of acupuncture.

Based on the authors' proprietary clinical Integrative Neuromuscular Acupoints System (INMAS), the workshop concentrates around anti-inflammatory mechanisms, and emphasizes practical implementations for pain management. Emphasis of Biomedical Acupuncture for Pain Management workshop is placed on:

- Prognostic prediction using Quantitative Acupuncture Evaluation;
 - Standardized but individualized INMAS protocol;
 - Understanding of underlying biomedical mechanisms of acupuncture;
 - Acquiring acupuncture skills that meet all clinical requirements: simplicity, clarity, and reliability.
- The therapeutic results of Biomedical Acupuncture are reproducible by any practitioner, beginner and experienced alike.

The accelerated workshop is clinically oriented and includes:

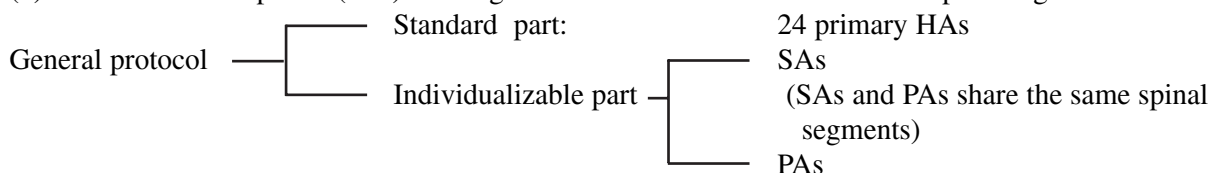
A. Overview of biomedical mechanisms of acupuncture

1. Ten neuroanatomic, three pathophysiologic (latent, passive and active) and three physical (sensitivity, specificity and sequence) features of acupoints.
2. Definition of three types of acupoints: homeostatic (HA), symptomatic (SA) and paravertebral (PA).
3. Quantitative nature of homeostatic acupoints and their sequence, and how it relates to the efficacy of acupuncture treatment.

B. Clinical Application

Clinical applications of neuroanatomically defined acupoints system Integrative Neuromuscular Acupoint System™ (INMAS) for pain management:

1. Using Acupoint Evaluation Method, all pain patients can be divided into 4 groups based on the expected response level.
2. A standardized but individualizable protocol consists of three types acupoints: (1) standard homeostatic acupoints (HAs), (2) Individualizable symptomatic acupoints (SAs), and
- (3) Paravertebral acupoints (PAs). Among them SAs and PAs share the same spinal segments:



This workshop builds on a platform of practice with which medical doctors are already proficient. The teaching will enable medical doctors, with or without previous acupuncture experience, to acquire and practice acupuncture skills for pain management within the framework of biomedical principles. This workshop offers the techniques to practice Biomedical Acupuncture with ease and deep understanding.

**W3. B
New Integrative Approach; Case Study of Myofascial Meridian Stimulation Therapy (MMST)**

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Myofascial Meridian Stimulation Therapy originated from a concept of treating patients by integrating Myofascial concepts of Western medicine and Meridian concepts of Traditional Chinese Medicine (TCM) in diagnosis and treatment of musculoskeletal pains.

There have been various attempts to treat musculoskeletal pains using needle stimulations around East and West. Among them, trigger point concepts developed by Janet G. Travell and David G. Simons and Meridian Concepts coined from TCM are considered as two mainstreams in the practice of contemporary acupuncture. But practical point of views, most practitioners agree upon the difficulties in choosing exact trigger points and in subjective interpretations of various diagnostic methods (especially pulse diagnosis) used in TCM meridian concepts. In this paper, a new concept of MMST is proposed to solve the difficulties, which is simple and easy to apply to everyday practice but comprehensive enough to integrate modern myofascial concepts and segmental nervous system of the West and traditional meridian concepts of the East.

In the basis of MMST, the theory of Tensegrity(Tension + Integrity) proposed by Stephen M. Levine and anatomy of myofascial connections and its meridian relationship proposed by Thomas W. Myers are adopted to explain the methods of assessment (which will be called Myofascial Meridian Test). And major acupuncture points in TCM related to 12 Meridian theory and Segmental nervous system are to be used in the treatment of musculoskeletal pains.

According to these concepts we can approach goals of treatment,

1. improvement of autonomic nervous dysfunction
2. maintenance of myofascial meridian balance
3. restoration of segmental dysfunction

MMST doesn't cure and heal anything. All it does set body back to normal so that healing process begins.

Conclusion

MMST combined prevailing treatment concepts of both East and West is a new effective method of diagnosis and treatment in the care common pain problems arising from musculoskeletal system. Through this new method of assessments and treatments, all types of practitioners who use needle stimulations as their main treatment modality can benefit from ease of its application and consistency of its effectiveness.

W4. B

The Most Effective Medical Acupuncture Approaches and Techniques

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In this presentation or workshop 'integrated family medicine' is defined in terms of traditional Chinese medicine and biomedicine working together to enhance the quality of life within the context of family medical practice. Acupuncture is effective and pivotal because it is itself a form of general practice—due primarily to its large number of indications encompassing many different clinical approaches. The World Health Organization lists many indications for acupuncture treatment. Acupuncture allows the medical practitioner to obtain fast and effective symptom control, especially in the area of chronic pain management. Moreover, acupuncture is a natural therapy that has few, if any, iatrogenic effects. The

most effective medical acupuncture approach need the following qualities, such as it depends on the therapists, patients and their relation and the techniques. For physicians and other practitioners, they should have good, purified, harmonious, balanced Qi (vital energy). Moreover, they should have an excellent understanding of the philosophy, and the patients themselves should also take part in the therapeutic approach such as learning self-care and preventive therapy. The relation between the therapist and patient should manifest mutual respect, appreciation and trust—and the techniques of the application of the therapy with follow-up counseling advice are extremely vitally important.

W5. B**Topical and Relevant Methods of Testing Foci and Disturbance Fields****Mastalier Oskar**

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Low Level IR Laser Acupuncture/Therapy— the high energy regulatory treatment

Summary

Laser is a powerful stimulation in living open biological systems. Biophotons have importance for regulation and intercellular communication.. Laser light influences the cellular and whole regulation system and disposition of energy stimulating mitochondrions.Laser-Light is a very pure and powerful kind of energy. When this Laser energy is absorbed as well as information to living cells and tissues, the applied energy is transformed to biochemical reactions and for removing of regulative disturbances. This happens by input of correct frequential biological information and elimination of false pathological informations.The IR-Low Level–Laser therapy stimulates the Na⁺/K⁺ Pump and regeneration of energy (Adenosintriphosphatase ATP) within the cells. The biological effect of: cell membran stabilization resulting in many different effects as the meaningful inhibition the effects of many biological mediators, increasing threshold for pain, antiinflammatory and antiedematous reaction.. Very important remains also to be mentioned the increase of resistance and adaptability of the immune system by blood and lymphatic system stimulation. Promoting of healing by increased microcirculation is one of the often wanted effects.The local effect, action via mediator substances, the effect of wave length in the organism and the systemic effect via the immune system are well proven effects of IR Laser beams . Significant effect of the IR LL-Laser is the increase of the ATP production due to laser AT 900nm, increase of DNA, RNA and Protein- synthesis, increase of special Enzymes with skin injuries: Lactate –DHG, Succinyl-DHG, Acid Phosphatase and Esterase, Inhibitory effect on special contributive Enzymes to Prostaglandin synthesis. Longtime proved clinical benefit of IR Low Level Laser-Therapy is the frequent immediate pain relief, increased lymph drainage and accelerated healing of injuries. Especially important is the antibacterial and antiviral effect of IR Laser. Special advantage of Laser therapy is the possible application in painful areas such as Trigeminal Neuralgia instead of dry needling while missing irritation releasing shooting pain paroxysm. The next very important possibility of application is the atraumatic and fear free Laser-Puncture for children. Dermatological indication of Laser therapy is in successful clinical use for skin diseases since more than 25 years.Own experiences of IR Laser treatment of over 14 years of herpetoid skin and mucosa affections like Herpes labialis, Aphthosis and Ekzema confirm a very good efficacy. The combination of IR Laser Irradiation with dry needling is especially often used in pain clinic.- A peculiarity of the clinical efficacy

of Laser is the pain relieving effect caused by desensitization of peripheral pain receptors. The photons in the IR-area function as carrier waves for intercellular communication and information. The IR Laser treatment of postoperative pain such as dry socket alveolitis was an effect of significant rapid pain elimination.- The DNA (Desoxyribonucleine acid) is essentially decisive for the optic resonance with emission of coherent waves. Defined IR-Laser frequencies according to P.Nogiers experiences have principle effects and are appointed to pathological situations such as the antiinflammatory frequency A_{e} of 292 Hz or frequencies with analgetic effects, further such as C_{e} of 1168 Hz for abrupt shooting sympathetic pain or E_{e} of 4672 Hz by exact localized pain- or other frequencies (e.g. F_{e} 9344 Hz) used treating psychosomatic diseases. Besides of therapeutical use plays the Low Level-Laser for frequential examination of auricular reflex points with controll of the pulse reflex VAS answer a important role making recognition of pathophysiological components and discovery of dicturbance fields. Pulsating Laser beams have a perceptive quality of the system of meridians and are therefore suitable to provide resonance relation to the system of meridians and their points. Experimentally found is the efficacious stimulation of different frequencies on important points of acupuncture meridians such as frequency C_{e} on tonification point or B_{e} on sedation point a.o. are used for Laser therapy of experienced therapists Indications/effects of LL-Laser: The increasing clinical use includes tissue damages such as wound, rupture, ulcer, sprain, acute and chronic inflammatory diseases and chronic painful conditions, skeletomuscular ailments as myogenic neck pain and headache, tensions, low back pain, tennis-elbow, Osteo- and Rheumatoid Arthritis, neurogenic ailments such as Trigeminal Neuralgia, Phantom Limb Pain or posttherpetic pain syndrome, dermatological conditions such as poor healing wounds, ulcers and fever blister of herpetoid Infects.. Treatment of Trigger points and gelosis pain is very favorable.. Other favorable clinical use of LLLT is well proved in all cases of acute or chronic pain of muscular, musculoskeletal, rheumatic, vascular, inflammatory or traumatic origin via desensitization of peripheral pain receptors. The Laser dosage is expressed in terms of energy (joule). The dosage per point will usually be 1-2 joules during 30-60 seconds. Higher dosages are used when treating strong inflammation, treating severe chronic degenerative and painful conditions and when deeper penetration is wanted. Laser advantage versus Ultrasound Therapy is no thermal effect on tissue. The Laser is applied locally in close contact with the skin, at points of tissue damage, at sites of inflammation or at myofacial trigger points, tender local points in musculature. The expanded practical experience of technics in auriculomedicine some other applications offers more variations. Especially the examination of found auricular reflex points with the frequential range discovers diagnostic hints of the actual situation such as inflammation or degenerative process. There are no known unwanted side-effects to LLL-Therapy.. If pointed directly at the eye, the Laser beam can be focused on the retina, causing local damage- therefore never point the laser towards the eyes or stare into the beam. Other contraindication is the direct irradiation on open fontanells of little childrens or brain tecture after operations, On the other side there are no known contraindications and undesirable side effects by correct use of Low Level Laser-Therapy.- Self convincing experiences with IR Laser of numerous animated therapists are the best evidence for the extended treatment in the sense of holistic medicine and better side effect free care of patient in all life stages..

Results

in about 70-75 % quicker wound, especially oral wound healing, significant removal of function and movement restrictions, rapid pain leveling of acute pain. Because of clear delayed decrease of chronic pain requires the therapy higher intensity of irradiation, frequently application and perhaps a lengtened application.- Best efficacy can be achieved by combinate irradiation of local pain areas including local and regional corporal and auricular points in the reflective ear zone. This non-invasive method is in demand especially in peditry and geriatric medicine. and - last not least - for doctors beeing in call.- Future: The actual modified method called " Painfree Laser-Needle- Acupuncture" according to the research team of Prof.Litscher, University Graz represents an new non-invasive Laser-stimulation on definate acupuncture points: Instead of skin perforation is the needle fixed with a little

adapter and adhesive plaster. Switching on the apparatus continuously visible red Laser-irradiation of wavelength 690nm is applied on the point via the optical fiber. The stimulation provides the continuous flow of photons of the Laser-needle. The energy of the irradiation leads to release of action potentials. One can provide simultaneous stimulation on numerous acupuncture points. Results are controlled by the transcranial Doppler-Sonography (tCD) and functional Magnetresonance-Imaging (fMRI). This research with sonographic, spectroscopic and bioelectric measurements allows to control the efficacy of acupuncture and cerebral and peripheral effects of the Laser-Needle- it is the first randomized double-blind study.-Last-not least: special LL-Laser technics for testing and identification of disturbance fields and foci with control of pulse reflex VAS and defined frequencies complete special diagnostics following the apprenticeship of auriculomedicine.

W6. B

Oral Acupuncture

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Oral acupuncture is a form of microsystem therapy, based on a holographic punctual representation of the whole organism and its functions. The oral microsystem is characterized by an obvious allusion to the meridian couples of Traditional Chinese Medicine (TCM), i.e. the five functional circuits. The points are situated in specific localisations of the oral mucous membrane.

In oral acupuncture, there are four groups of acupoints:

- 1) the vestibular points, situated opposite the teeth, sharing the correlations of the respective teeth with particular meridians and functional circuits;
- 2) the retromolar points clustered in the retromolar regions beyond the wisdom teeth. The retromolar points are superior as their therapy may extinguish an activation of analogous vestibular points. The therapy of retromolar points is particularly effective in case of pain conditions and dysfunctions of the locomotoric system. Furthermore, headaches, vertigo and craniomandibular dysfunctions respond well;
- 3) frenular points situated next to the upper and lower frenulum. They are linked to the midline meridians DuMai and RenMai. Therapy at frenular points may affect even anal and genital troubles;
- 4) extraoral points. These points are located at analogous sites of labial vestibular points. Therapy of extraoral canine points is highly effective in hip and knee illconditions.

Oral acupuncture can be detected easily because in case of dysbalance of an inner organ or function, the corresponding oral points are activated, becoming painful on pressure. After a short preorientation, the therapy points in question are detected by a soft dabbing, and subsequent insertion, of the needle itself (“very point technique”). Oral acupuncture is performed best by means of injections, as it is impracticable to have acupuncture needles sticking in the mouth. For injections, preferably a dilution of local anesthetics (but without vasoconstricting agent, and very low percentage), or of natural saline solution, is used.

Oral acupuncture can well be combined, or altered, with traditional acupuncture and with other microsystems. So far, no adverse side-effects have been noted.

W7. B Advanced Auricular Therapy, Enhancing Clinical Outcomes

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Advanced Auricular Therapy can greatly enhance the clinical outcomes seen in daily practice beyond that typically seen with casual or basic auriculotherapy. Key to these advanced techniques include a thorough understanding and application of Nogier's Phases, the full importance of the multiple frequencies of stimulation, and proper use and selection of various detection and treatment equipment.

Dr. Frank will present the Phases as an extension of pathophysiology commonly interpreted in daily conventional biomedicine. Without addressing a patient's clinical picture in a complete manner, optimal results should not be expected. Much confusion has surrounded the understanding of frequency zones and treatment frequencies. Finally, with many treatment and detection devices to choose from, much confusion and misunderstanding exists on the part of practitioners and marketers.

Dr. Frank will present a systematic and logical approach to optimal clinical outcomes through advanced Auricular Therapy.

Conclusion

Most auricular practitioners and teachers address the ear from a casual or basic approach. Much of the present literature embellishes these basic concepts without addressing advanced approaches that can lead to a significant improvement in clinical outcomes. These include systematic and logical use of Nogier's Phases, 7 Frequencies, and a rational consideration of auricular equipment.

W8. B Therapy of Craniomandibular and of Cervical Dysfunctions by Microsystem Acupuncture

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Craniomandibular and cervical dysfunction and pain syndromes have become a medical challenge

world wide. Craniomandibular dysfunction (CMD) does not only affect the temporomandibular joint (TMJ) but also the cervical spine and the iliosacral joint (ISJ).

In many cases, also headaches, vertigo, and/or tinnitus come up simultaneously, forming a very complex syndrome.

Acupuncture, particularly microsystem therapy, is very effective for improvement of the craniomandibular and the cervical dysbalance. The specific microsystem points of correspondence usually signalize functional disorders at a very early stage. This enables to diagnose and treat developing processes before chronification or destruction of tissue arises.

Randomized, placebo-controlled and double-blinded trials, performed at the Universities of Munich, Vienna and Dresden have shown, that combination of points of divers microsystems gives best results. Points suitable for treatment of craniomandibular and cervical disorders are to be found:

- a) at the ear lobe (auroculotherapy)
- b) at the front (“basic points” of YNSA skull acupuncture)
- c) in the retromolar region of oral cavity (oral acupuncture)
- d) at metacarpal bone no. 5 (satellite points of small intestine meridian)
- e) at upper thorax, ventrally/dorsally (“lymphatic belt”).

The effect of microsystem therapy depends on hitting the points exactly. Precise pricking is achieved best by means of the “very point technique”, i.e. gently dabbing along the suspected point area with the injection needle itself. Effects of microsystem therapy can be very quick, even immediate. For stabilisation of the results, however, general acupuncture may well be included in the course of therapy.

W9. B

Immediate Effects of Microsystem Acupuncture in Patients with Oromyofacial Pain

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Primary diagnostics – in accordance with the concept of the ÖGZMK, ARGE Ganzheitliche Zahnheilkunde – enables to diagnose and to treat oromyofacial dysfunctions and pain in daily routine.

External and internal inspection, functional analysis of posture, examination of the lymphatics, palpation of muscle and oral mucosa, etc. can be incorporated easily and influence the course of treatment positively.

In case of pain conditions in muscles and dysfunctions of TMJ cervical spine, remote points of the hand, on the auricle, at the sternum and particularly in the enoral retromolar area of the lower jaw, have proved effective.

We demonstrate retromolar and vestibulum points of mouth, the TMJ-points and other microsystems points, also the palpation of special muscles and the “very point” technique (Gleditsch).

Microsystem acupuncture points and their immediate effects are shown in diagnoses and therapy.

W10. B **YNSA (Yamamoto New Scalp Acupuncture)**

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YNSA is the representation of a somatotopy on the scalp, it is not related to the earlier published Chinese scalp Acupuncture.

For easier identification the YNSA-Points are divided into 4 groups.

- 1) Basic-Points: representing mainly the Kinetic apparatus.
- 2) Y, or Ypsilon-Points: represent the internal organs.
- 3) Sensory-Points: represent the sensory organs.
- 4) Brain-Points: represent the brain.

For the use with YNSA treatment, the Chinese abdominal diagnosis has been modified. A YNSA neck diagnosis has also been developed for the use in diagnosis and to decide on the best used Acupuncture Point. This same method can also be used to check on the proper position of the needle.

With a minimal number of needles a spontaneous effect can be seen in most patients.

Indications and treatment is possible and effective in almost any special medical field. YNSA is especially useful in conditions of pain and for the treatment of motor disturbances.

W11. B **Scalp Therapy as Part of „ONNURI Medicine”**

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Recently, Professor Park Jae Woo, the author of Su Jok therapy, has worked out an integral therapeutic system – ONNURI medicine. Since the word ONNURI means “the whole world”, it includes a vari-

ety of approaches to treatment of diseases and goes beyond the framework of therapeutic action on the hands and feet.

Onnuri medicine integrates methods of treatment through the Homo system (the system of correspondence and reflection), which is composed of a great number of correspondence systems located throughout the whole body. Among them, the correspondence systems of the hands and feet can be singled out, which are called Su Jok therapy; the correspondence systems of the fingers and toes – fingertoe therapy; the auricular therapeutic systems of correspondence (Onnuri auriculotherapy); treatment through the correspondences on the extremities and on the body; therapeutic correspondence systems of the head (Onnuri craniotherapy).

The present work deals with the correspondence systems located on the head. Taking into consideration a great number of various points, lines and therapeutic systems in the region of the head (corporeal meridian points, neurological system of the scalp, scalp acupuncture by Dr. T. Yamamoto, etc.). Professor Park Jae Woo has worked out his own original systems of correspondence to the body on the head and developed their classification.

The classification of the head correspondence systems:

I. By depth

1. skin (scalp, face)
2. muscle
3. bone
4. brain systems

II. By shape

1. round and spherical
2. oblong
3. based on partial similarity of shapes

III. By preferable usage

1. therapeutic
2. diagnostic

The body correspondence system on the scalp is the most effective and the most commonly used in the clinical practice.

In the standard system of the scalp, the correspondence on the head, chest and abdomen is located successively from the front hair line towards the back one. When searching the internal organs projections, one should imagine the body from behind so that the body's right half corresponds to the head's right half, and the left to the left, accordingly. In order to find the areas required for the treatment correctly and fast, the additional reference lines are used: the symmetry line and three horizontal lines. They are the border-lines between the body regions.

The method of treatment through the scalp correspondence points, unlike the known acupuncture (AP) systems of the scalp, is based on using the successive order of location of the active points (areas) according to the principle of structural similarity. This permits to find therapeutic points quickly and clearly, without mechanical memorizing of the location of particular correspondence areas. Similarity (reflection of the essence of the macrosystem on various levels of the organization of a human being) is a universal clue for understanding the organization of different correspondence systems, including the systems located on the scalp.

Therefore, the correspondence system of the scalp, described by Professor Park Jae Woo, is very easy-to-use, coherent, does not require much time for studying. This therapeutic system can be recommended for using in out-patient settings and at hospitals. It is effective for rehabilitation of patients with neurological pathologies (after-effects of brain strokes, migraines, headaches, neurasthenia, spinal pains, post-traumatic encephalopathy, etc.); with diseases of the sense organs; of the respiratory tract; the gastrointestinal tract, of the urogenital system, etc. The efficacy of using scalp acupuncture for preventive purposes is also worth mentioning.

The practical experience of the work of the Su Jok Academy clinic (Moscow, Russia), where the scalp correspondence system proposed by Professor Park Jae Woo is widely used, confirms the efficacy of this method of therapeutic action.

W12. C

Acupuncture and Functional Disorders. Second Level of Approach

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From thinking and organising to practical aspects. The excellence of the theory of Chinese medicine applies mostly to medicinal treatment. Their complex and detailed structures draw admiration if not fascination, and require for westerners a great deal of learning and understanding in order to practice it fully and intelligently within a modern context, taking in account the strength of our medical knowledge and possibilities.

Acupuncture however is more limited in its scope and indications. It should not follow blindly the complete structure of the Chinese theoretical system. It should resist the full integration within that structure and rely more on its own logic, drawn partly from traditional theories, but also supported by modern neurological theories.

In view of this thought we have tried to organise the approach of functional disorders from a practical but simplified aspect, giving the practitioners an adequate tool for the treatment of functional and treatable disorders. To achieve that "second level" aim we shall use our own experience in practicing and teaching, plus a critical but constructive synthesis of what is written in a few of the innumerable manuals and texts that have been published in the last forty years.

W13. C

Acutaping – Fast and Efficient – Not Only in Pain Treatment of the Musculoskeletal System

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Acutaping is an advancement of kinesiotaping, which was developed by the Japanese physician and chiropractor Kenzo Kaze in the 70's.

Sofars known tapes, used in orthopedics, are not elastic. They mainly stabilise the joints. In contrast acutaping uses stretchy adhesive tapes bonded over functionally disordered, painful regions, over

muscles or over channels of acupuncture. Moving the taped region brings about stimulation for example of the mechanical receptors. The additional afferent informations about the joint's position, mobility and muscular strength in the functionally disordered regions result in regulatory processes. These is the most commonly used way of explanation concerning the effects of acutaping.

Indications for acutaping are to be found in various pain conditions. Further important successes are reported in neurological clinical pictures such as apoplexies, migraines and lymphedemas

W14. C

Acupuncture with Extracorporeal Shockwaves

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The extracorporeal shockwave therapy is already well known in orthopaedic medicine, for example in the treatment of „frozen shoulder“ or tennis elbow. Here the shockwaves are pointed directly at the painful point.

Another possibility is the treatment of trigger points with shockwaves in the therapy of lumbago or other painful orthopaedic problems. In these instances, the shockwaves are used to soften the contracted muscular structures by direct impulses on the afflicted area.

In my study I tried to find out whether it is possible to treat painful orthopaedic diseases by stimulating acupuncture points with shockwaves.

This seemed to be sensible for me because many acupuncture points are made up of pressure receptors, as we know from the methods of acupressure. This means that shockwaves of low intensity and small radius should be the adequate stimulus for acupuncture points.

Shockwave acupuncture would therefore be the ideal combination of the old knowledge of acupuncture with a modern technique of stimulation of pressure receptors in muscles and tendons.

Until now the instruments for producing shockwaves have been much too big to use in acupuncture. But in 2003 Storz-Medical, a Swiss factory for medical instruments, produced a very small machine capable of producing shockwaves for small areas on my demand. This special instrument can direct ballistic shockwaves of low intensity which are able to stimulate acupuncture points.

In my first studies on more than 100 patients I could show that this method is very useful for the treatment of the following diseases:

Arthrosis of the knee

Coxarthrosis

Chron. Lumbalgia

Pain of neck and shoulders

Tennis-elbow

The results have been much better than the results of simple needle acupuncture.

A combination of needle acupuncture and shockwave acupuncture is possible and can improve the results of the treatment especially in cases of lumbar pain as well as the treatment of arthrosis of the small joints.

A possible explanation is the fact that shockwaves stimulate not only pressure receptors at the capsule

of the joint itself, but also the distant acupuncture points in muscles and tendons that are connected to the affected joint which we know from our acupuncture experience. Shockwaves can soften the stiffened structures of the tissues around the joints directly and the effects on the acupuncture points cause a chain of reflexes, resulting in better mobility and nourishment of the affected area which lasts much longer than acupuncture alone. Even the flow of the lymphatic system will be enhanced.

The enforced production of synovial liquids by pulsating pressure on the cartilage via shockwaves is another important aspect of the treatment of arthrosis. Even the stimulation of the recovering of cartilage cells should be possible with this method.

Therefore, shockwave acupuncture is a new method in addition to moxibustion, electro acupuncture and laser therapy in the rich repertoire of acupuncture methods.

W15. C

Quick and Efficient Steps in Neural Therapy

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Neural Therapy is a treatment of pain or functional disorders by injecting small doses of local anaesthetics in a specific way. Being a form of regulation therapy, the aim of neural therapeutic treatment is to normalise or improve the body's self-regulation at various levels.

In actual practice the combination of various injection techniques is typical. The neural therapist will adapt his approach to his range of experience and training. The effect of the therapy will depend less on the type of technique than on an exact examination and the correct inferred biocybernetic idea of the disorder. Also simple techniques prove to be effective if the hypothetical considerations correlate to reality.

Beneath topical injection, segmental therapy, techniques applied to structures of the musculoskeletal system, intravenous application and neural therapeutic techniques for nerve trunks and ganglia, the treatment of "disturbance fields" is the real domain of Neural Therapy.

Each scar is a potential "disturbance field".

Beside residual inflammations, all sorts of scars are also present weak spots. These burden the regulation mechanism of the body by constant irritation. In this connection, we are speaking of "disturbance fields".

The typical "disturbance field" causes hardly any complaints and is, therefore, rarely noticed because the impulses of the disorder are only latent to borderline.

A "disturbance field" has influence on its surrounding area or on other regions of the body by causing disturbance to the biophysical, biochemical and bioelectrical information of the "basic system" (Basic System according to Pischinger).

For the body these "disturbance fields" always mean an increased output of energy as well as loss of economy. In this situation, even a minor additional stress means that functional disorders or pain can be triggered off in other regions of the body.

The temporary inactivation of these causative factors by target-specific injections of small volumes of a local anaesthetic opens the way for the normalisation or improvement of the body's own regulatory

process. If it occurs within a second as a result of a neural therapeutic infiltration, the instant disappearance of pain or symptoms is known as “Sekundenphänomen” (Huneke’s instant phenomenon).

THE MAIN COLUMNS OF THE DIAGNOSTIC PROCEDURE ARE:

HISTORY TAKING, INSPECTION, PALPATION AND FUNCTIONAL EXAMINATION

HISTORY TAKING

The quality of the diagnosis of disorders depends to a large extent on targeted and specific history taking. A well detailed history helps to minimize the number of tedious and expensive diagnostic tests required. The first impression (gait pattern, posture, etc) and the complaints primarily stated (reason for contact) determine the way in which the experienced therapist directs the exploration.

INSPECTION

First look - First impression (Gait pattern, coordination of movement, Stance (body language), First contact (hand grip, eye contact)

Inspection at rest and moving

PALPATION

Palpation of connective tissue:

- a. Light-touch palpation for tension, subtle swelling and turgor of cutis.
- b. Kibler skin fold rolling as an expression of the segmental regulation in the dermatome can give information about possible pathological conditions of the associated myotome, sclerotome or internal organs.
- c. In-depth palpation to examine deeper-lying soft tissue structures such as muscular myogeloses, trigger points and fasciae.

FUNCTIONAL EXAMINATION

In principle: “From head to foot”

AUXILIARY FINDINGS

A major competence of the therapist is the overview of all the findings and the critical assessment of auxiliary findings (diagnostic tests, specialists’ opinions). Physical examination in the form of palpation and functional diagnosis also reveals disorders and pathologies that have not (yet) been established by diagnostic tests. Subtle findings such as limited tumescence (turgidity) of soft tissues may be indicative of clinically no apparent disorders. Conversely, feigned symptoms or falsified diagnostic test results may be called into question as the result of soft tissue palpation void of any pathological finding.

W16. C

Overview of Acupuncture Evidence for Musculoskeletal Problems

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Despite our beliefs that there is good evidence supporting the role of conventional therapies such as medications, cortisone injections, or physiotherapies, this is often not the case for musculoskeletal conditions. Reviews by the Cochrane Collaboration suggested that the evidence supporting the roles of many conventional therapies for musculoskeletal conditions are often weak. In some area, the evidence supporting the effectiveness of acupuncture is equal if not better compared to conventional therapies.

In the most recent Cochrane review on acupuncture for back pain, the authors, Andrea Furlan et al found that there were 35 randomized controlled trials covering 2861 patients. Ten of these studies were judged to be of high quality. Regarding chronic low back pain, the authors found that “there is evidence for pain relief and functional improvement of meridian acupuncture compared to no treatment or sham therapy.” Furthermore, it was found that “acupuncture added to other conventional therapies relieves pain and improves function when compared to conventional therapies alone.”

For the Cochrane review on idiopathic headache, 26 trials including a total of 1151 patients met the inclusion criteria. The author, Linde et al found that the quality and amount of evidence are not fully convincing. However, overall, the existing evidence supports the value of acupuncture for the treatment of idiopathic headaches.

The protocol for our review on neck disorders for the Cervical Overview Group is published in issue 3, 2004, the Cochrane database of systematic reviews. Our most recent update for the Cervical Overview Group found that there is some evidence suggesting that acupuncture may be effective for patients with chronic mechanical neck pain for their short term pain relief compared to some type of sham interventions or to ultrasound.

In the Cochrane Review Series, there was one review examining the effectiveness of acupuncture treatments on lateral elbow pain. The authors, Green et al., found that acupuncture provided short-term relief from lateral epicondyle pain, however “this finding is based on the results of 2 small trials, the results of which were not able to be combined in meta-analysis”. However, we were aware of many other trials. Our review published in Rheumatology, September 2004 found that “there is strong evidence suggesting that acupuncture is effective in the short-term relief of lateral epicondyle pain.”

In the area of osteoarthritis, Ezzo et al identified 7 trials, a total of 373 patients. The authors found that there was strong evidence that real acupuncture was more effective than sham acupuncture for pain relief.

Overall, these evidences suggested that acupuncture treatments have an effect on pain relief. For the most current up to date evidence on acupuncture, please check www.acupunctureevidence.com.

W17. C

Stress Reduce by Dry Needling Controlling with New Biophysical Methods "What We Do with Acupuncture?"

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Introduction

The Stress (due to psychological, alimentation, chemical, environmental effects) is important factor for developing later diseases. Stress-coping mechanisms depend from individual personal ability for rele-

ase, answer, elaboration, elimination. Selye J. distinguished 3 type of reaction:alarm, opposition, exhaustion phase. Long term lasting and repetition of stress often causes mild hypertension, sympatheticotony damaging many other process of living organism. We have met him often as somatic complain (cardiac pain) or mild hypertension. Our aim is to prove that Acupuncture is much more effective than psychotherapy in the treatment of competition stress syndrome, and is worth further study . For this investigation we performed controlled clinical trial for proof effectivity of primary usage dry needling.

Methods

115 patients (age 25-60, 60 femal, 55 male)were selected suffering from mild hypertension (essential) and psychosomatic complains. We measured tension (Ambulatory Blood Pressure permanent Monitoring for 24 hours =ABPM), complete laboratory (plasma, urine) abdominal UV, fundus, X-ray of head. Each patient were measured by physician with instrument forming ElectroDermal Analysis, without the aid of either a medical history or physical examination. Additionally they were examined by Electrocardiograph forming 3 D picture ("Cardioscan") involved the statistical cardiac stress analysis and evaluation of usual dates. Subjects were immediately evaluated by separate rater, medical acupuncturist, starting dry needling courses for 65 patients.(permanent AP technique for one month, after that controlled by ElectroDermal Analysis and "Cardioscan". 50 patients received sham acupuncture and beta-receptor blocker pills. Tree months later we performed the same procedures and evaluated examination of patients. Additionally we advised individually according to state of art food-intake-, salt-reduction, and weight-management for each of patient. Patients reported to fill VAS for psychical mood and somatic complain

Result

Acupuncture is suitable for treating early essential hypertension (neurogenic phase).It has been reported that the influence of acupuncture on hypertension might be related to its regulatory effect on the level of serum nitrogen monoxide . For mild and moderate essential hypertension, the hypotensive effect of acupuncture is much more potent than that of placebos and is comparable with that of certain conventional hypotensive agents. In addition, acupuncture is often effective for relieving subjective symptoms, and it has no side-effects. Encouraging results have been reported for a number of controlled studies on the treatment of heart disease with acupuncture, particularly in psychosomatic heart disorders, such as "cardiac neurosis"

The therapeutic effect was similar in the two groups, somewhat better in the test group for cognitive disturbance. Side-effects occurred in all cases in control group but in none in test group.

Conclusion

Modern scientific research studies have revealed the following actions of acupuncture: inducing analgesia, protecting the body against infections and regulating various physiological functions. In reality, the first two actions can also be attributed to the regulation of physiological functions. The therapeutic effects of acupuncture are thus brought about through its regulatory actions on various systems, so that it can be regarded as a non-specific therapy with a broad spectrum of indications, particularly helpful in functional disorders. TCM explanation of how acupuncture works remain difficult to understand in the light of current knowledge of anatomy and physiology. But it is possible to apply western methods of evaluation in terms of controlled scientific trials. Current study offers no totally understanding of how AP works, but emphasizes that no limit the use of TCM technique for enhancing patient care ensure safety of techniques. The most important factor that influences the direction of action is the condition of the patient without side effects evaluated objective methods.

P 1.**The Analgesic Effects of Electroacupuncture on the Inflammatory Pain in the Rat Model of Collagen-induced Arthritis: Mediation by Cholinergic and Serotonergic Receptors****Baek Yong-Hyeon, Choi Do-Young, Lee Jae-Dong, Seo Byung-Kwan, Ryu Seong-Ryong, Park Dong-Suk**

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Introduction

Inflammatory pain induced by Rheumatoid Arthritis is known to be difficult to treat. And electroacupuncture(EA) has been used in reducing pain, but the EA analgesic mechanisms related with the inflammatory pain by using collagen-induced arthritis(CIA) model have not yet been studied.

Aim of the study

To investigate the analgesic effect and its mechanism of EA on the inflammatory pain in the rat model of CIA.

Methods

To produce inflammatory pain, rats were induced arthritis by injection of bovine typeE_I(CE_I) collagen emulsified in Freund's incomplete adjuvant. After Three weeks of first immunization, EA stimulation(2Hz, 0.07mA, 0.3ms) was delivered into Zusanli(ST36) for 30 minutes. Analgesic effect was evaluated by using a tail flick latency(TFL). The mechanisms of the EA analgesic effect was evaluated by using muscarinic cholinergic receptor antagonist Atropine, muscarinic cholinergic receptor agonist Neostigmine, 5-HT_{1a} receptor antagonist spiroxatrine, 5-HT₂ receptor antagonist ketanserin and 5-HT₃ receptor antagonist ondansetron.

Results

In the rat model of collagen-induced arthritis(CIA), 2Hz EA stimulation significantly relieved the inflammatory pain. And the analgesic effect was blocked by pretreatment with atropine (muscarinic cholinergic receptor antagonist, 1 $\beta\Sigma$ /kg, i.p.), spiroxatrine (5-HT_{1a} receptor antagonist, 1 $\beta\Sigma$ /kg, i.p.) and ondansetron (5-HT₃ receptor antagonist, 0.5 $\beta\Sigma$ /kg, i.p.), not by pretreatment with ketanserin (5-HT₂ receptor antagonist, 1 $\beta\Sigma$ /kg, i.p.).

Discussion & Conclusions

These results suggest that 2Hz EA can relieve the inflammatory pain in CIA and the analgesic effect of EA can be mediated by muscarinic cholinergic receptor, 5-HT_{1a} and 5-HT₃ receptor, not by 5-HT₂ receptor.

Key words

electroacupuncture(EA), inflammatory pain, collagen-induced arthritis(CIA), Cholinergic, Serotonergic

P 2.**Some Somatic Markers of Infertility and Acupuncture Therapy****Barešová Milada, Dolejšová Věra**

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The somatic features, especially the immediately visible ones, may reveal the origin of the disorder, may propose the possible way of the treatment of it and sometimes they may presage the prognosis of the supposed therapy.

Women-patient suffering with infertility can have various somatic markers.

The presence of some of them can signalise the pathogenesis of the disorder according to TCM and / or modern medicine and the improvement of it shows the effectiveness during the therapy.

According to these somatic markers we can differ four groups:

1. with darkness of hair above upper lip as a sign of androgen supremacy, in TCM it signalises insufficiency of Kidney, and by therapy turns light
2. with infiltration of the subcutis in sacral region, which signalises hormonal dysbalance and by therapy diminishes.
3. with pathological configuration of the region of upper part of trapezius and underlying muscles on the left side, which is visible marker. These women have painful end of coccyx when palpated and asymmetric hypertone of thigh adductors, and asymmetric one-sided hypotone and the other-sided hypertone of a part of abdominal wall in the region below the navel with opposite situation above the symphysis which all together signalises disorder of pelvic-bottom musculature, and by therapy turns symmetrical.
4. without special markers

Case serie include 91 women-patients, (coming after others ineffective procedures) treated with acupuncture and if it was indicated, was used complex therapy: acupuncture, auriculotherapy, cupping, manual medicine, homeopathy.

From the total number of 91 women-patients 65 patients got pregnant, i.e.75,8%. Period of treatment to onset the gravidity varied from 2 weeks to 2 years, usually from 3 to 6 months. During pregnancy patients were controlled, some were treated. A part of the patients got pregnant after 2-3 years post, without any further therapy (not included in successful group). The age of pregnant patients was 22 - 42 years.

The gynecological status was in part normal, other patients suffer with chronic inflammations, primary amenorrhoe, hyperprolactinemia, or were post some gynecological operation, or post instrumental abortion in past, etc. A great part of patients in the fourth group suffer with immunity disorders.

The failure of the therapy

1. The insufficiency of TCM Kidney was too deep and not influenced enough by therapy,
2. The high prolaktinemia
3. The unknown origin.

Conclusion

Acupuncture and auriculotherapy, sometimes completed by cupping, manual medicine and homeopathy gives good results in the therapy of infertility.

My acknowledgement to R. Jánoška M.D. and M. Jelšík M.D. for participation in case series.

P 3.**Comparison of Three Approaches (Traditional Chinese Medicine, Auriculotherapy, Auriculomedicine and EAV) in Diagnosing and Therapy of Atopic Eczema****Čutová Helena, Danielová Doris, Saidová Zinaida**

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Introduction

There are lots of diagnostic and therapeutic approaches derived from acupuncture nowadays. The authors, engaged in acupuncture and related technics, point out common characteristics of traditional oriental medicine incl. acupuncture with auriculotherapy & auriculomedicine and EAV as well.

Aim of the study

The aim of the study is to find out if using of more diagnostic and therapeutic methods derived from acupuncture simultaneously is suitable in one patient.

Set of patients

Because of clearness and necessity to keep the time limit of the lecture the authors demonstrate the complex approach to the issue in casuistry of one patient, a 53 years old women suffering since her birth from serious form of atopic eczema.

Methods

1. The patient was thoroughly investigated according to the principles of traditional chinese medicine. After finding precise diagnose the proper therapy was applied.
2. The patient was examined and treated according to the principles of Nogier's auriculotherapy and auriculomedicine.
3. The patient was examined and treated by means of Voll's Electroacupuncture.

Results

The patient underwent simultaneous diagnosing and treatment by means of all the three mentioned methods. During the processing an affection of similar body's regions was detected.

The authors' teamwork gave precision to patients' diagnosis and perfected therapeutic effect.

Discussion

Atopic eczema has to be considered as multifactorial, difficultly curable, serious illness. Therefore many patients turn for aid to various specialists. The number of diagnostic and therapeutic methods derived from acupuncture is huge nowadays. This could be a bit confusing for patients and doctors as well. No exact rules for using and combining of different approaches exist. Patients often undergo more similar treatings in several clinics simultaneously without informing all participating physicians. Consequently therapeutic informations are cumulated and final result of treatment could get worse. To the contrary a cooperating nursing staff increases patient's confidence and improves the diagnosing and therapeutic efficacy.

Conclusions

To have a broad knowledge of related diagnostic and therapeutic approaches at acupuncturist's disposal is an advantage for sure. The physician could thus choose the proper treatment for his patients. The

combination of more approaches is possible and useful only in a such case if all participating doctors work shoulder to shoulder and act symbiotically. The informing of the patient in detail during all the process is required.

The lecture is supplemented with the poster giving suggestion how to examine patients in complex, holistic and uniform, synoptic way as well.

P 4.

Qigong Yangsheng – Traditional Chinese Medicine Exercises for Tension Headache and Migraine

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Objective

The aim of this study was to assess whether any evidence can be found that qigong exercises can provide an effective supplementary treatment for tension headache and migraine.

Methods

The effect of selected qigong exercises from “15 Formulas of Taiji Qigong Exercises” by Jiao Guorui was assessed as a supplementary treatment for migraine and tension headache. Ninety-five participants (including 90 women, mostly of middle age), from a total of 166 initially interested volunteers, participated for an average of 34 weeks. The active therapeutic factors present in this “active part” of traditional Chinese medicine are considered to be systematic exercises for tension and relaxation, physical rest and movement, and imaginative elements.

Results

The number of days with pain (the primary efficacy measure), standardized over 28 days, was 8 at baseline; during the follow-up, the figure was 5 days (median; $P < 0.001$). The median number of days with pain per participant was reduced by 1 day.

With a reduction in days with pain of at least 50%, 27 of the participants (28%) qualified as responders according to international recommendations. In the group with 3–7 days with pain at baseline, the proportion with a 50% pain reduction was 30%; in the group with 8–14 days with pain at baseline, it was 34%. Together, these two groups represented 75% of the 95 participants.

Secondary efficacy measures were “pain intensity” (measured with a visual analogue scale) and parameters for measuring the health-related quality of life (HRQOL). These were also found to provide statistically significant evidence of clinical improvement.

Conclusions

This pilot study provides supportive evidence suggesting that qigong exercises can be an effective supplementary treatment in tension headache and migraine. Further studies are indicated.

Acknowledgements

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P 5.

Acupuncture analgesia in ambulance gynecologic operations

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Introduction

Acupuncture (AP) is one of several therapy methods of the Traditional Chinese Medicine. In western medicine it is frequently used to treat acute and chronic pain syndromes, allergic disorders, psychosomatic illness and acupuncture analgesia (AA) during operative procedures. AA is mediated by inhibition of pain transmission at a spinal level and activation of central pain modulating centers by release of opioids and other peptides that can be prevented by opioid antagonists.

Aim of the Study

was to evaluate effect of the AA in ambulance gynecologic operations.

Set of Patients

A prospective study included 43 women with minor gynecologic operative procedures. All women agreed to this treatment voluntarily after they have been acquainted with the functioning mechanism, indications, contraindications and side effects of the AA.

Methods

All women were treated with manual AP points: Du 20 (Baihui), bilaterally LI 4 (Hegu), Ren 3 (Zhongji), Ren 4 (Guanyuan), Ren 6 (Qihai), bilaterally GB 34 (Yanglingquan), bilaterally St 36 (Zusanli), bilaterally LP 9 (Yinlingquan) UB 23 (Shenshu) and auriculoacupuncture-points Shenmen, during 20 minutes before and during operative-diagnostic procedures. After the preoperational preparations the following interventions have been done in AA according to the diagnosis: polyps ablation with cervical channel excochleation (ECC), dilatation and curettage (D&C); ECC, D&C in perimenopausal and postmenopausal metrorrhagia; dilatation, evacuation and curettage (D&E&C) in missed and spontaneous incomplete abortion; Loop Excision of Transformation Zone (LETZ) in CIN III and sonohysterosalpingography with Echovist-200 (Schering, Germany) in primary and secondary sterility. The drugs used for the intravenous analgosedation (ivAS) were: diazepam 5 mg (Normabel, Belupo, Croatia), pentazocin 15 mg (Fortral, Krka, Slovenija) and paracervical anaesthesia (PCA) 2 % lidocaine 2 mL (Anekain, PLIVA, Zagreb, Croatia). The decision was accepted according to the dolorimetry done by the patient's visual analogue scale (VAS), taking into consideration the individuality and psychoemotional component of the patient.

Results

PCA was applied to: 1 woman with endometrial neoplasia, 2 in perimenopausal metrorrhagia, 1 in postmenopausal metrorrhagia, 2 in missed abortion and 6 in an incomplete spontaneous miscarriage. In a group of missed abortion PCA was applied in 2 and ivAS in 1 woman. In a young nullipar with incom-

plete spontaneous abortion, AA, PCA and ivAS were applied due to the severe pain and psychoemotional instability which couldn't be helped with AAS. LETZ is a very painful procedure, so 1 woman was treated with PCA and 1 woman with ivAS. Sonohisterosalpinography was done twice due to the primary sterility and once due to the secondary sterility. AA was sufficient during the operation. In all, 43 AA were done enforced by 10 PCA and 3 ivAS. The efficiency of the analgetic effect of AP during the mentioned operational-diagnostics procedures was 76,8 %.

Discussion

Also a high efficiency of AP has been shown for the analgesic action as a part of analgesia treatment of several painful conditions due to operation or trauma. In gynaecology and obstetrics the majority of the published articles deal with the acupuncture of peripartal analgesia. The results are controversial, depending on the author and the choice of the points. Only two older studies from 1974. year described positive effects of the AA in uterine abrasion.

Conclusions

A requires a full engagement of an obstetricist or anaesthesiologist during the AP procedure, as well as a good preanalgesedational interview since the patient's motivation and psychoemotional state during the choice of AP points should be taken into consideration. We recommend AA during the gynaecological operations in women of all ages and during all gynaecological operations when analgesia and mild sedation seem to be necessary. After AA, 76,8 % of the patients seem to be happy with the choice of analgesia and mild sedation and they are completely mobile, unlike the patients given the intravenous analgesedation.

P 6.

Development of East-West Clinical Treatment Modalities on Chronic Headache Patients

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Introduction

Because the cause and etiology of chronic headache is not yet fully explained, the treatment of this symptom is not simple.

Aim of the study

In order to study the effectiveness of East-West pain treatment on chronic headache, we evaluated its effect of pain alleviation and quality of life improvement on chronic headache patients who were treated with satellite ganglion block(SGB) and acupuncture, and only acupuncture for eight weeks.

Set of patient

Through a questionnaire patients who experienced headache for more than 4 hours a day and more than 15 days per month were diagnosed as Chronic Headache patients and 135 subjects in total were enrol-

led. Those were randomized and classified in to three groups, SGB in combination with acupuncture treated group (EW group, n=49), SGB treated group (W group, n=43) and acupuncture treated group (E group, n=43).

Methods

Treatment was applied 2 times a weeks for 8 weeks. The acupoints, GV20, HN23, ST8, HN46, TE17, GB20, LI20, LI11, LI14, ST36, and LR3 were stimulated for 20 minutes. The effects of these treatment in three groups were analyzed using VAS scores and BPI (Brief Pain Inventory).

Results

The VAS and BPI after four weeks of treatment showed significant improvement among all three groups but differences between the three groups were not significant(ANOVA, $p>0.05$). The VAS and BPI of the EW group after eight weeks of treatment showed statistically significant improvement compared to the other two groups.

Conclusion

The pain treatment for chronic headache might be contributed to improvement of quality of life as well as alleviation of pain of chronic headache patients. It was suggested that the West pain treatment in combination with East pain treatment might be an useful modality to improve the pain and quality of life in chronic headache patients.

Key Words

Chronic headache, acupuncture, satellite ganglion block(SGB)

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P 7.

Thermographic Evaluation for East-Western Treatment of Central Poststroke Pain

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Introduction

Central poststroke pain (CPSP) can occur as a result of lesion or dysfunction of the brain from stroke, and may influence the autonomic nervous system to regulate the vasomotor activity which could result in the lowered skin temperature.

Aim of the study

In this study, objective evaluation of the CPSP was tried through the investigation of the infrared thermography comparing with degree of pain.

Set of patient

Seventy patients diagnosed by their pain characteristics of central pain from stroke were enrolled and randomized into western treatment group(Group W, n=35) and East-Western combined treatment group(Group EW, n=35) in this study.

Methods

The group W was treated with satellite ganglion block, gabapentin, amitriptyline and the group EW was treated with electric acupuncture at the point of LI11, LI4, ST36, LR3, UE79, LE269 combined with those of group W for four weeks, respectively.

Seventy patients of the CPSP were evaluated their pain with VAS (visual analog scale) pain score and the skin temperature of pain site by infrared thermography before and after pain treatment. And evaluated correlation between changes of temperature and VAS.

Results

The most common site of stroke is thalamus (50%) and followed by postcentral gyrus (33%) and basal ganglia (8%), and most common sites of CPSP is unilateral upper extremity (50%) and followed by hemibody without face (22%) and unilateral lower extremity (17%). The common characteristics of CPSP are tingling (67%), burning (50%), hyperalgesia (44%), and allodynia (33%). The skin temperature of pain site was lower than non-pain site by 1.20 ± 0.16 - before treatment and improved by 0.66 ± 0.21 - after treatment, in accordance with improvement of VAS pain scores from 7.62 to 5.27 after treatment. And there was highly correlation between the changes of temperature and VAS.

Conclusion

The skin temperature of sites with CPSP was significantly lower than that of non-pain sites and increased after pain treatment, and these are highly correlated with the improvement of pain scores with treatment. And we thought the infrared thermography is very useful device for the evaluation of CPSP and its treatment.

Key Words

Central pain. Infrared thermography. Stroke

Acknowledgments: This work was supported by Korea Research Foundation Grant and Kyung Hee University (KRF-2003-005-E00001).

P 8.**Application of CO2 Laser Needle to Acupuncture Treatment**

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Introduction & Aim of the study

This study compared the effects of a laser needle with those of standard needles with regard to acupuncture treatment.

Methods

Subjects were 5 volunteers who underwent treatment at the Gokoku point (LI4, Hegu) with a carbon-dioxide laser needle having an energy density of 10.4 J/cm². At 5 and 10 minutes after irradiation, we measured surface temperatures at the Geiko (LI2, Yingxiang), Chiso (S4, Dicang), Kenryo (SI18, Quanlian), and Orbit points using thermography. At 70 minutes after laser irradiation, the volunteers underwent treatment with standard needles at the Gokoku point, and surface temperatures were measured in the same way as described above.

Results & Discussion

The Geiko and Chiso points exhibited temperature rises after both laser needle and standard needle treatment. Interestingly, there was no difference in the temperature increases between the laser and standard needles. Other points showed little increase in temperature after treatment with either the laser or standard needles.

Conclusions

This study indicates that the CO₂ laser needle can be effective in acupuncture treatment.

P 9.**A Clinical Study of Aroma Acupuncture on Chronic Headache Patients**

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Introduction

Because the cause and etiology of chronic headache is not yet fully explained, the treatment of this symptom is not simple. Aroma acupuncture is coated with aroma essential oil (lavender, rosemary).

Aim of the study: This study compares the effects of aroma acupuncture and normal acupuncture applied on chronic headache patients, in order to establish a primary data for further studies of new treatments and developments of new practical acupunctures.

Set of patient

38 clinical experiment participants were gathered and through a questionnaire patients who experienced headache for more than 4 hours a day and more than 15 days per month were qualified as Chronic Headache patients. The qualified patients were classified into two groups, aroma acupuncture group (Aroma AT group, n=23) and normal acupuncture group (AT group, n=15).

Methods

Treatment was applied 2 times a week for 8 weeks. The acupoints, GV20, HN23, ST8, HN46, TE17, GB20, LI20, LI11, LI14, ST36, and LR3 were stimulated for 20 minutes in both the groups. The effects of both groups were analyzed using VAS scores and BPI (Brief Pain Inventory).

Results

The VAS pain scores improved significantly in both groups. The decrease rate was larger in the Aroma AT group ($p < 0.05$). The BPI scores for the both groups also decreased. The improvement in the Aroma AT group was larger ($p < 0.05$).

Conclusion

Aroma acupuncture applied on chronic headache patients showed effects of relieving pain, improving general activities, changing the mood, and improving sleeping behaviors. These effects were analyzed using VAS scores and BPI. The Aroma AT group showed significant changes of VAS and BPI compared to the AT group, suggesting that this new practical acupuncture is very effective when treating chronic headaches. Further researches are needed to evaluate the distinct functional mechanism of aroma acupuncture, but this study is meaningful in the sense that it will act as a fundamental study to build on.

Key Words

chronic headache, aroma acupuncture, BPI (Brief Pain Inventory)

Acknowledgments: This work was supported by Korea Research Foundation Grant and Kyung Hee University (KRF-2003-005-E00001).

P 10.**The Study on the Effect of *Acanthopanax Senticocus* Herbal Acupuncture on Metabolic Syndrome in High-fat Diet Fed Mice**

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The aim of the study was to investigate the effect of *Acanthopanax senticosus* (AS) herbal acupuncture on the metabolic syndrome in high-fat diet fed mice.

ICR mice were fed with high-fat diet to induce the metabolic syndrome. During the inducement of the metabolic syndrome, the groups were treated with AS herbal acupuncture with different concentrations (125mg/kg, 250mg/kg and 500mg/kg) to the point of Sinsu (BL23) everyday for 5 weeks. Thereafter, body weight, feed efficiency ratio, blood pressure, blood glucose, insulin level, insulin resistance, oral glucose tolerance test (OGTT), lipid profile (TG, TC, HDL-C, LDL-C, NEFA), mass of liver, histology of white adipose tissue (WAT) and brown adipose tissue (BAT), and expression of GLUT-4 and UCP-1 mRNA were measured.

The risk factors of metabolic syndrome such as obesity, non-insulin dependent diabetes mellitus (NIDDM), insulin resistance, hypertension, dyslipidemia were aggravated by high-fat diet for 5-weeks. AS herbal acupuncture inhibited the development of weight gain, hyperglycemia, hyperinsulinemia, insulin resistance, hypertension, dyslipidemia and expression of GLUT-4 in WAT and UCP-1 mRNA in BAT, and also improved oral glucose intolerance and distribution of adipose tissue.

According to the above results, it reveals that AS herbal acupuncture inhibited the inducement of hypertension, NIDDM, insulin resistance, dyslipidemia, obesity and disorders of adipose tissue related

with high-fat diet.

Therefore, it is recommended that further research on the effectiveness and safety of AS herbal acupuncture is necessary for the prevention and the management of metabolic syndrome in clinical use.

P 11.

Resonance Electropuncture Analgesia and Therapy (REAT) as a Highly Effective Non-Invasive Method in Treatment of Trigeminal Neuralgia and Neuropathy of Facial Nerve

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Aim of the Investigation

The effective treatment of trigeminal neuralgia and neuropathy of facial nerve persist to be a very difficult problem. The present study was designed to evaluate the therapeutic effect of REAT on patients with this pathology.

Methods

The original method of REAT worked out by the author is based on integration of some basic principles of traditional eastern acupuncture and novel, specially elaborated ones of non-invasive electro-influence on patients with sinusoidal complex-modulated current. For clinical application of REAT the original apparatus "EPANAL" has been worked out.

REAT method was used to treat a group of 68 patients with trigeminal neuralgia. The history of the disease before the start of the treatment by REAT method - from 2-4 weeks to 5-17 years. 35 patients from 68 during the period from 3 weeks to 2-3 years systematically used prescribed by neurologist anticonvulsant drug, with very small effectiveness. Age of the patients - from 19 to 83 years. The control groups: acupuncture (AP) - 37 patients, electroacupuncture (EAP) - 11, transcutaneous nerve stimulation (TENS) - 18. The efficacy of these methods was evaluated using informative criteria: visual analog scale of pain, thermovision control data of maxillo-facial body zone, pulse computer diagnostics and the assessment of the necessity for additional use anticonvulsive drug preparations. The method REAT was used also to treat a group of 21 patients with neuropathy of facial nerve (Bell's facial palsy). The efficacy of treatment was evaluated by the use of clinical indexes and electroneuro-myography method.

Results

The majority of patients (about 80%) demonstrated the reduction or significant decrease of the intensity and frequency of pain attacks even after the first REAT procedures. Finally, the REAT course (usually, 7-12 procedures, for 30-50 min daily or each other day) gave positive results in treatment of 92,6 % patients with trigeminal neuralgia, excellent and good results remaining in 83,8 % of them even after 2-6 months follow-up, after 12 months - in 61,8 % patients. Later in 36 from 68 patients (52,9 %) actually was noted complete absence of painful attacks during 2-9 years. In patients with relapse of neuralgia repeated application of REAT in most cases was effective as well and provided prolonged periods of remission; in that case only in one third of patients additional use of minimal doses of anticon-

vulsants were required.

The methods AP, EAP and TENS were less effective than REAT by 15-40 % according to immediate results and by 25-45 % - according to the follow-up data.

From 68 patients with symptoms of trigeminal neuralgia 14 patients hat precisely detected by anamnesis the injury of trigeminal nerve system by virus herpes zoster. The effectiveness of treatment by REAT such postherpetic trigeminal neuralgia made up 85,7 %.

REAT (1-2 course by 10-15 procedures) have demonstrated positive results (clinical recovery and improvement of EMG indexes) in treatment of 90,5 % patients with neuropathy of facial nerve with disease history less than 1-2 months.

Conclusion

It's been established that one of the fundamental mechanisms of REAT action is a dosed resonance activation (or, on the contrary, inhibition of excessive activation) of some biooscillatory processes and systems of the organism and provides up to 5 types of analgesia (using our classification: meridional, regional, "micropuncture" projection organo-zonal, local; total hipoalgesia) and renders pronounced for about 20 therapeutic effects via creation, in addition to analgesic (including, of harmonization of the organism's bio-energy, sedative, peripheral microcirculation improvement, edema and inflammatory reduction, normalization and activation of metabolism, acceleration of injured tissues regeneration and anti-convulsive effect; if necessary, myostimulating atonic muscles, etc.). It provides a high efficacy of REAT action in patients with trigeminal neuralgia and other forms of facial pain syndromes, as well as in patients with neuropathy of facial nerve.

P 12.

The Original Non-Invasive Method „Resonance Electropuncture Analgesia and Therapy“ of Pain Syndromes often Resistant to the Commonly Used Therapy

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There is a series of pain syndromes often resistant to the widespread today's methods of treatment. They include post-herpetic neuralgia, trigeminal nerve neuralgia, pain in exacerbation of chronic pancreatitis, vertebrogenous root pains, phantom limb pain, causalgia. One of the essential results of long-term studies which were began since 1976 of non-medicaments (physical) and integrative methods of analgesia and therapy in patients suffering from acute and chronic pain of different origin was the method of "Resonance acupuncture analgesia and therapy" (REAT). This original non-invasive method based on the novel principles and approaches to affecting human organism with electric methods and contemporary electronic technologies integrated with a series of fundamental rules of traditional eastern acupuncture concerning the choice of the points and time to influence them. One of the fundamental mechanisms through which the method mentioned affects human organism is a dosed resonance activation (or, on the contrary, inhibition of excessive activation) of some patient's biooscillatory processes and systems providing up to 5 types of analgesia, separately or in associations, but also a series of some other therapeutic effects (sedative and relaxing; improving peripheral circulation; if necessary, myodilating or myostimulating skeletal muscles, vasodilating or moderate vasoconstricting;

vegetostabilizing and immunomodulating effects; reducing tissue edema and inflammation; activating both metabolism and tissue regeneration, etc.) and harmonization of the organism's bio-energy, as well. All this allowed us to apply REAT method in different fields of medicine (in treatment of various types of acute and chronic pain, intraoperatively and in postoperative period, in therapy and prophylaxy of a series of diseases and pathologic conditions, in rehabilitation practice).

To conclude the results of the past 15-years-long clinical studies, the efficacy of REAT method in treatment of complex pain syndromes was subject to comparative analysis as well as common medicinal and basic non-medicinal methods of their treatment (acupuncture, electroacupuncture and electropuncture including R.Voll, P.Nogier and M.Hyodo, high-frequency and low-frequency TENS, electro-differential therapy). The efficacy of the methods mentioned was evaluated using a series of informative indices and criteria: visual-analogous scale of pain, thermovision control data, electroneuromyography, pulse computer diagnostics, etc.

Finally it was found that REAT method demonstrated the best results in treatment of pain syndromes of the said types. The REAT course (5-7 to 10-15 procedures) independently provided marked therapeutic effect in 92,6% of patients with trigeminal nerve neuralgia, in 87,2% of them with post-herpetic neuralgia, in 83,7% - with vertebrogenous root pains, in 83,3% - with phantom limb pain, in 82,4% - with pain in chronic pancreatitis exacerbation, and in 81,8% - with causalgia. The specially elaborated "EPANAL"- apparatus makes REA_ application much more comfortable, convenient, and safe.

However, it's advisable, as our experience shows, to rationally combine REAT in cases of highly severe pain syndromes with some other individually chosen means and methods of therapy — medicinal allopathic (in this case usually comparatively low doses of pharmacological preparations were required or protracted usage of them), homeopathic and physical (massage, manual therapy — particular if being indicated in patients with vertebrogenous pains).

P 13.

Effects of Ultraviolet-B (UV-B) Radiation on Vitamin D3, Cholesterol and Calcium Level in Postmenopausal Women

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Osteoporosis is the lose of bone mass due to the malabsorption of calcium into the bone. Bone fragility results in increased risk of bone fracture in many parts of the body, including the hips, spinal vertebrae, and ribs. Social and economic impact of osteoporosis is growing. Prevention deserves more attention than at present. One of the best ways to get adequate vitamin D is moderate exposure to the sun.

The present study investigates whether UV-B can increase the level of calcium and vitamin D3 in serum, and whether decrease the level of total cholesterol in serum.

In total, 50 postmenopausal women were included in this study. Exclusive criteria were no HRT, no steroids, no thyroid hormone, no medications for seizures, no diuretics, and no antacid. Prior to investigation informed consent was obtained.

Subjects were randomly assigned to a UV-B group (25) and combined group (25). UV-B group were radiated UV-B alone, combined group were radiated UV-B and daily allowed of 1,500 mg calcium.

Calcium supplements Heathcal (Donghwa Pharmaceutical Industrial Company). To the end of research, 23 UV-B group remained and 24 combined group remained. The mean age of UV-B group was 70.6 ± 5.8 years, combined group was 69.5 ± 8.5 years.

The first group, 25 patients were irradiated with UV-B alone, 12 times over a period of 2 weeks. The second group, 25 patients were irradiated with UV-B, 12 times over a period of 2 weeks and a daily allowance of 1,500 mg calcium. The serum concentrations of calcium, T-cholesterol and Vitamin D3 were measured 2 days before the first, and after the last, dose of radiation. Statistical significance ($P < 0.01$) was determined using the student t-test. Using SPSS 11.5, statistical significance ($P < 0.01$) was determined using the student t-test.

The levels of serum calcium were statistically increased after 2 weeks UV-B radiation in UV-B and combined groups. The levels of Vitamin D3 were statistically increased after 2 weeks UV-B radiation in UV-B and combined groups. The levels of serum total cholesterol were statistically decreased after 2 weeks UV-B radiation in UV-B and combined groups. No noteworthy side effects from treatment were observed.

The results demonstrated the necessity of UV-B radiation, in case of the prevention of osteoporosis.

P 14.

Effect of Naesowhjung-tang on Electrogastrography in Children with Functional Dyspepsia

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Introduction

Dyspepsia refers to pain or discomfort centered in the upper abdomen. The Formulae Naesowhjung-tang has been widely used to treat dyspepsia in Korea. Electrogastrography (EGG) is used to diagnose and study stomach rhythm, recording gastric electrical activity obtained with abdominal electrodes.

Aim of the study

To survey the epidemiology of functional dyspepsia in 7 cases of Children and investigate the effect of Naesowhjung-tang on children with functional dyspepsia using Electrogastrography(EGG)

Set of patients & Methods

We have surveyed the epidemiology of functional dyspepsia in 7 cases of Children and investigated the effect on Functional Dyspepsia after 4 weeks oral administration of Naesowhjung-tang using Electrogastrogram.

Results

1. Sex ratio are 6 males, 1 female; their mean ages, 9.0 ± 1.41 (7-11years); length, 137.2 ± 13.86 cm; body weight, 35.3 ± 11.34 kg.

2. Most of subjects have a normal growth state. But one case have severe growth disturbance. Familial tendency for this disease is noted in 85.8%.

3. Abdominal pain was seen in 100% of subjects. The indicated symptom was lowered in order of abdominal pain(100%), nausea°§vomiting(71.43%), general fatigue(65.34%), vertigo°§headache(57.14%), belching(55.38%), etc.

4. The EGG finding after treatment was improved in 53%, aggravated in 43%. In cases, postprandial improvement was more remarkable than fasting improvement. Common cold and antibiotics seems to have functioned as an aggravating factor on gastric motility.

Discussion

After administration of Naesowhjung-tang for 4 weeks, children with functional dyspepsia showed increased GI Motility on their EGG analysis. Since we had not evaluate the initial GI symptoms, there is no proof that Naesowhjung-tang could relieve GI symptom of children. We need to evaluate the condition at beginning so that we compare it with that of final. Also, to get more accurate result, it is required to administrate Naesowhjung-tang for longer time, with repeated evaluation of GI function and symptom using Electrogastrography(EGG)

Conclusions

Naesowhjung-tang seems to have been used in the treatment of functional dyspepsia for children.

P 15.

Introduction to Neural Therapy

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Neural therapy is a form of regulating therapy. It is aimed at normalizing dysfunctional regulative systems at different physiological levels. Above all, dominant chronic strain factors are to be eliminated. This is primarily achieved by local anaesthetics administered according to special techniques and also by adopting other physical, chemical, biological and operative measures.

One of the main fields of neural therapy is functional disorders and complaints which respond to a regulatory form of therapy.

But neural therapy is no mere pain management in the sense of treatment with local anaesthetics. It aims at restoring disturbed regulation processes or reducing disturbances, especially in the case of chronic conditions. Its principal aim is to treat so-called "interference fields" from which far-reaching disorders may originate.

With Neural therapy a new, wider approach to disease, diagnosis, and therapy presents itself. Neural therapy makes it possible to go beyond patterns of thinking mainly oriented towards morphology. It allows including segmental and bio-cybernetic reflections oriented towards feedback mechanisms, to consider foci or interference fields as causes of diseases and to treat them appropriately:

Elimination of the interference field by infiltration with local anaesthetics (e.g. peritonsillary tissue, maxillary sinuses, scars, ..) may usually be achieved by a rather simple technique: in many cases size

20 needles may be used; often even a weal therapy in the reflex area of the supposed interference field may bring about good results.

Of course, it is not the depth of the injection but the depth of the reflection which leads to success! Neural therapeutic treatment should begin with thoroughly establishing the case history, with special attention to pain characteristics and modalities (meteorosensitivity, cycle-related complaints, time of pain onset, etc.). This is followed by palpation: changed tissue evidence in the skin and connective tissue areas, in the muscles covering disturbed regions, or disordered structures themselves, are detected in this way. They lead the way to finding the interference field and therefore the site for the therapeutic injection. It is not only how much and what is injected but most of all where it is administered which is most decisive!

As neural therapy is a regulatory form of treatment, it can obviously only heal what has been disturbed but not destroyed. However, before destruction begins, a disturbance has been present. It is the main objective of this form of therapy to prevent disturbances from becoming destructive.

P 16.

Auricular, Facial and Plantar Points in Postural Treatment

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A careful postural text supplemented with a psychological analysis can easily underline the relations between body structure and traits of character.

In order to understand this complexity, it is important to remember that the muscular tensions play an important role within the psycho-physiological framework, thus being the principal instrument of defence of the "ego" expressed at body level. Such muscular tensions can have a real morphogenetic and modelling significance in the postural pose as a whole.

In our research, we have identified a number of auricular, facial and plantar master points that, when properly treated with fixed needle and spiral massage, reprogram the postural system into joint chains functionally linked to muscular chains.

In this way, it is possible to intervene both in the body and in the psycho-physiological structure, thus affecting the entire neuro-endocrine-immunological balance.

During our ten-year experience we have learnt how to use these points in order to improve some traits of character, associating them to appropriate psycho-dynamic therapies and also to help rehabilitation programmes after surgical interventions of knees, hips and spine. A dysfunctional posture causes pain and is basically recognised by:

- Dystonia : chronic state of anomalous and/or asymmetric muscular tension;
- Imbalance of kinetic chains: hypo/hyper programming of synergic and antagonist muscular chains; disharmony and/or dissymmetry in tension- muscular band length relation and in the joint equilibrium.

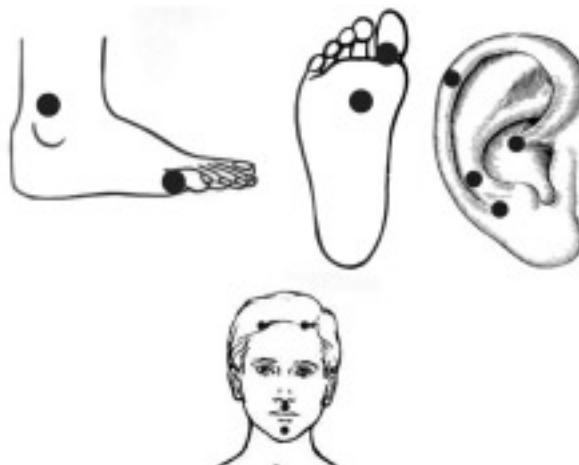
It is obvious that, apart from the standard protocol, we have searched for other reflexology painful points, if necessary, in other specific cases of the single patient.

By using these points, it was also possible to improve other muscular disorders which involve the entire spine.

The aim of the treatment, which applies from four to six times a week according to the case, is to reset a functional posture, to kill the pain. It is essentially based on:

- Absence of abnormal, asymmetric and dysfunctional muscular tensions;
- Equilibrium of the kinetic chains: harmony and symmetry in the tension-muscular bands length and joint equilibrium.

The postural points agreed by our school are described in the picture.



P 17.

Association of Responses to Bee Venom Acupuncture with Interleukin-4 Receptor and Interleukin-10 Gene Polymorphisms in Korean Rheumatoid Arthritis Patients

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Introduction

Bee venom acupuncture has been used in Korea for many years to relieve pain and cure inflammation in rheumatoid arthritis (RA) patients. It would be very useful to be able to predict which patients would benefit from bee venom acupuncture. However, there are scant data on the prediction of patient responses to bee venom acupuncture.

Aim of the study

We investigated the relationship between single-nucleotide polymorphisms (SNP) of the IL-4R and IL-10 genes and therapeutic efficacy in RA patients who received bee venom acupuncture therapy for 8 weeks.

Set of patients

Korean RA patients and healthy subjects were included in this prospective study.

Methods

Korean bee venom was dissolved in saline and injected into acupuncture points. Bee venom acupuncture was applied twice a week for 8 weeks. Disease severity was measured by counting tender joints and swollen joints, ESR, CRP, and rheumatoid factor. Genotyping for IL-4R and IL-10 polymorphisms was performed by pyrosequencing analysis.

Results

With respect to the IL-4R genotypes, there was a significant difference between the RA patients and controls, and there were significant differences among the 'Good', 'Mild', and 'Poor' responders in the

RA patient group. With respect to the IL-10 genotypes, there were no significant differences, either between the RA patients and controls or among the 'Good', 'Mild', and 'Poor' responders in the RA patient group.

Discussion

Further studies of cytokine genes, including different positions in the IL-4R and IL-10 genes, could be useful for predicting the efficacy and potential side-effects of bee venom acupuncture

Conclusions

The IL-4R genotype may represent a good predictive genetic marker for bee venom acupuncture responses in RA patients and also appears to be a genetic marker that distinguishes RA patients from control subjects. The IL-10 genotype showed no significant association with RA susceptibility or bee venom acupuncture response in this study.

This work was supported by Korea Research Foundation Grant and Kyung Hee University. (KRF-2003-005-E00001)

P 18.

Association of Responses to Bee Venom Acupuncture with Matrix Metalloproteinase-1 Gene Polymorphism in Korean Rheumatoid Arthritis Patients

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Introduction

Despite significant analgesic and anti-inflammatory effect, not all rheumatoid arthritis (RA) patients respond well to bee venom acupuncture. Furthermore, some patients complain of side-effects, such as itching and edema. It would be extremely useful to be able to identify those patients who are likely to derive benefit from bee venom acupuncture in advance.

Aim of the study

This study was performed to investigate the potential association between responses to bee venom acupuncture and matrix metalloproteinase-1 gene polymorphism at position -519 in Korean rheumatoid arthritis (RA) patients.

Set of patients

122 Korean rheumatoid arthritis patients and 92 healthy subjects were included in this prospective study.

Methods

Korean bee venom was dissolved in saline (diluted 1:3000) and administered into acupuncture points

twice a week for eight weeks. The clinical responses were evaluated before and after treatment by determining the numbers of tender and swollen joints, ESR, CRP, and rheumatoid factor. Genotyping for MMP-1 polymorphisms was carried out by pyrosequencing analysis.

Results

Compared to the healthy controls, the RA patients showed higher allele frequency and higher carriage rate for the G allele. The MMP-1 polymorphism was not significantly associated with changes in the ESR and CRP levels after bee venom acupuncture. In comparisons of improvements between the different genotype groups, patients with the AA genotype responded better than those with other genotypes in terms of swollen joint count; there were no other significant differences in the other parameters measured.

Discussion

Further studies of the associated cytokines and polymorphisms at different positions in the MMP-1 gene, are needed to optimize bee venom acupuncture efficacy.

Conclusions

The results suggest that the general response to bee venom acupuncture measured in this study is not associated with polymorphism at the -519 position of the MMP-1 gene, which requires further investigation.

This work was supported by Korea Research Foundation Grant and Kyung Hee University. (KRF-2003-005-E00001)

P 19.

A Clinical Study of Neurologic Disorders

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Introduction

Children are undergoing rapid growth and development, and their developmental processes are easily disrupted. Since the nervous system is not well able to repair itself once damaged, the need for Complementary and Alternative approach is increasing these days.

Aim of the study

To analyze the situation of CAM approaches in the field of Neurologic Disorders by reviewing the medical records of inpatients with Neurologic Disorders

Set of patients & Methods

We studied 49 cases having neurologic disorders grossly, who admitted to the Oriental Medicine Hospital in Kyunghee university from May 1995 to March 1999.

Results

1. Age and sex distribution of children: from 4 to 6 was 34.7%, over 7 was 32.7%, 2 to 3 was 28.6%, below 1 was 4.0%, Male to female ratio was 1.33:1.
2. Distribution of chief complain as follows : Hemiplegia 59.2%, Quadriplegia 30.6%, Aphasia 42.9%, Facial palsy 18.4%, Convulsion 16.3%, Aphagia 12.2%.
3. Distribution of diagnosis as follows : Cerebral infarction 32.7%, Cerebral hemorrhage 12.2%, Hypoxic brain damage 10.2%, Brain tumor 6.1%, Guillian-Barre syndrom 6.1%, Moya-Moya disease 4.1% etc.
4. Improvement ratio as follows : Poor 14.3%, Fair 59.2%, Good 26.5%

Discussion & Conclusions

This report shows the statistics and the recent status of pediatric patients with Neurologic Disorders. We have applied various modalities of Korean Traditional Medicine including Herbal medicine, Acupuncture treatment, etc and achieved a slight effect. In conclusion we need to develop new treatment modalities based on Korean Traditional Medical Approach.

P 20.**Microglial Activation was Suppressed by Acupuncture in Parkinson's disease Rat Model**

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Acupuncture has been used for thousands years to treat Parkinson's disease (PD)-like symptoms, and it had had a logic to explain the mechanism. In our previous study*, we showed that acupuncture on acupoints LR3 and GB34 had a neuroprotective effect in a rat model of Parkinson's disease induced by intrastriatal 6-hydroxydopamine injection. We suggested that releasing of neurotrophic factors might be related to neuroprotective effect of acupuncture. Here, we examined the effect of acupuncture on microglial activation in the substantia nigra(SN) of which afferents are innervated to the striatum. Microglia as well as neurotrophic factors are important constituents which take part in neurodegeneration induced by 6-OHDA. After 6-OHDA injection, rats were randomly divided into two groups. They were treated with acupuncture on LR3 and GB34 once a day and control group was not. Quantification of tyrosine hydroxylase (TH) was also carried out to certificate the neuroprotective effect of acupuncture by manual counting TH-immunopositive neurons. Net survival ratio was computed. To reveal the effect of acupuncture on microglial activation in degenerating dopaminergic neurons, immunohisto-

chemistry with CD11b was performed at 1, 3 and 7 days after 6-OHDA injection. Optical density (OD) was observed in two side of SN and the difference of OD (ipsilateral – contralateral) was calculated to compare microglial activation. Dopaminergic neurons were diminished after 6-OHDA injection and microglia was activated in ipsilateral SN subsequently. Survival ratio of TH-immunopositive neurons in control group was $68.6 \pm 8.0 \%$. The difference of OD in control group was increased significantly due to microglial activation in SN (OD: 0.13 ± 0.06). Acupuncture could not result in significant protection for 7 day's treatment. The survival ratio of acupuncture group was $74.3 \pm 8.0 \%$. Even though the TH result, microglial activation diminished by acupuncture treatment for 7 days. The acupuncture group showed far less activation (OD: 0.03 ± 0.02) on day 7. Based on our previous results, we conjectured that acupuncture treatment longer than 14 days might be needed to produce neuroprotective effect. The present study revealed that acupuncture suppressed microglial activation significantly, suggesting the relevance of microglial activation as a target for the neuroprotective actions of acupuncture.

Acknowledgement: This work was supported by a research grant from the ministry of Health and Welfare of Korea. (02-PJ9-PG1-CO03-0005)

P 21.

Quantitative Nature of Acupoint Phase Transition: Prediction of Prognosis and Treatment Protocol in Acupuncture Pain Management

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The quantitative nature of acupoint phase transition enable practitioners (1) to predict efficacy of acupuncture treatment in every pain case and (2) to formulate a standard but individualizable protocol for most pain patients.

Basic Theory

1. Pathophysiology of acupoints

Sensory nerves are the common component for all acupoints while histologic configuration of acupoints vary according to their locations on the body. Acupoints have 3 pathophysiologic phases: latent (non-sensitive), passive (sensitive, tender upon palpation) and active (hypersensitive, painful without palpation). Any pathologic condition changes the phases of acupoints from latent to passive or active. As the phase transition progresses, sensitivity and the tender or painful area of acupoints increases. When pathology improves, the passive or active acupoints may return to their latent phase.

2. Three types of acupoints and their pathophysiologic differences

a. Homeostatic acupoints (HAs)

As the body homeostasis declines, latent acupoints gradually become passive or active. These acupoints are defined as homeostatic acupoints (HAs) as they become passive or active when homeostasis declines. The important feature of HAs: (1) When homeostasis declines, HAs appear symmetrically on the body in both predictable locations and sequence, (2) Healthy people have less passive HAs while sick people develop more passive or active HAs in the body, (3) The number of passive HAs in a body indicates the treatment prognosis: fewer treatments are needed and longer relief are achieved in patients with fewer passive HAs, (4) Most HAs are derived from 24 primary HAs.

b. Symptomatic acupoints (SAs)

Internal diseases or external injuries generate some passive or active acupoints on particular surface of the body. These passive or active acupoints appear locally related to the specific symptoms and they are defined as symptomatic acupoints (SAs).

c. Paravertebral acupoints (PAs)

Symptomatic acupoints often trigger passive acupoints to appear along spine from C1 to S4/5. These points are defined as paravertebral acupoints (PAs). PAs, which are innervated by the posterior rami of spinal nerves, often share the same segments with SAs.

Clinical Application

1. Patient evaluation and Prediction of treatment

The therapeutic results of acupuncture in pain patients are reliably predictable according to the number of body HAs each patient has. Thus the pain patients can be classified into four groups according to their possible prognosis :

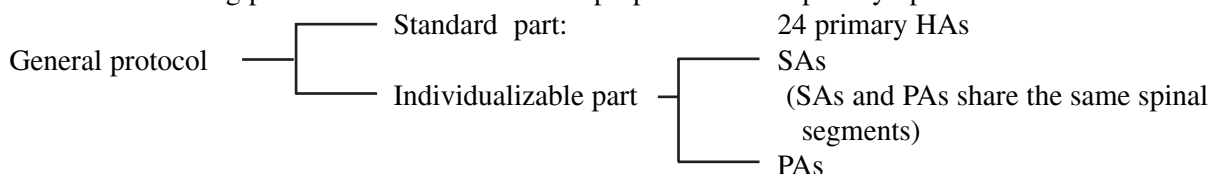
Treatment result	A. Excellent	B. Good	C. Average	D. Low responder
Number of body HAs	0 -24	24 - 50	50 - 80	More than 80
Treatments required	4 - 8	8 - 16	16 - 32	More than 32
Pain relief period	5 months to Years	5 + 1 month	Weeks to months	Days to weeks
% of patient population	28%	34%	30%	8%

2. Sixteen acupoint examination method for patient evaluation and prognostic prediction

The number of passive HAs in the patient's body indicates how many treatments will be needed to achieve maximal pain relief. Because body HAs become tender in predictable sequence and locations, we need to examine only a few marker acupoints to know the total passive HAs the patient may have..

3. A standardized while individualizable treatment protocol for most pain symptoms

To ensure the maximal pain relief, the patients should receive enough treatment dosage in each session. The following protocol can be used for this purpose for most pain symptoms:



P 22.

Acoustic Study of Acupuncture Therapy Effects on Post-Stroke Dysarthria

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Introduction

Stroke makes several physical deficits. Dysarthria is one of the most difficult problems in conventional medicine. Dysarthria is defined neurological disorders because of the weakness of neuromotor control.

Aim of the study

The aim of this study is to find the acoustic characteristics of acupuncture therapy effects on post-stroke dysarthria.

Set of patients

Seven patients with stroke(infarction or hemorrhage) were selected by CT or MR imaging.

Methods

The authors applied acupuncture therapy by inserting needles into 8 acupuncture points, ipsilateral ST4, ST6 and contralateral LI4, ST36 on facial palsy side, and CV23, CV24, bilateral °iSheyu°I for 4 weeks. Speech sample were composed of five simple vowels /a,e,i,o,u/ and meaningless polysyllabic words CVCVC(C: stops, affricated, fricative sounds, v: /e/). All the speech sample were collected by pre- and post-treatment using Computerized Speech Lab. VOT, total duration of each speech samples and vowel formant (F1&F2) were analyzed on Spectrogram.

Results

1. VOT of bilabial and velar stops was decreased post treatment. The VOT of bilabial glottalized pre and post treatment were statistically significant ($p < 0.05$). 2. Total duration of polysyllabic words was decreased post treatment. Decrement of total duration containing the bilabial was statistically significant ($p < 0.05$). 3. First and second formant values post treatment showed normal persons. First formant of round vowel /o/ pre and post treatment was statistically significant ($p < 0.05$).

Discussion

1. Decrement of VOT and TD in patients with stroke post treatment can evaluated the increased speech intelligibility. 2. The Increase of second formant post treatment showed the movement of anterior tongue position.

Conclusions

This study suggests that acupuncture therapy can improve post-stroke dysarthria by stimulating articulation organ such as tongue, lip, cheek, larynx and pharynx etc.

P 23.**Relieving Effects of Electroacupuncture on Mechanical Allodynia in Neuropathic Pain Model of Inferior Caudal Trunk Injury in Rat: Mediation by Opioid, Adrenergic and Serotonergic Receptors**

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Introduction

Neuropathic pain induced by peripheral nerve injury is usually difficult to treat. It is characterized by combinations of spontaneous burning pain, hyperalgesia and allodynia. The mechanisms related with the neuropathic pain are complex and appear to involve various peripheral and central components of sensory systems.

Aim of the study

To investigate the analgesic effect and its mechanism of electroacupuncture(EA) in the rat model of neuropathic pain

Methods

To produce neuropathic pain, the right superior caudal trunk of the rat model was resected between the S3 and S4 or between the S1 and S2 spinal nerves. Twenty-one days after the neuropathic surgery, low frequency EA stimulation (2 Hz, 0.3 ms, 0.07 mA) delivered to Houxi (S13) or Zusanli (ST36) for 30 minutes. Analgesic effect was evaluated by von-Frey hair. The mechanisms of the EA analgesic effects were evaluated by using antagonists of the opioid, adrenergic and serotonergic receptors.

Results

EA stimulation significantly relieved the signs of mechanical allodynia in the rat model of neuropathic pain. And the analgesic effect of EA in neuropathic pain was blocked by pretreatment with naloxone (opioid receptor antagonist), yohimbine (alpha(2) adrenergic antagonist), NAN-190 (5-HT1 receptor antagonist), and MDL 72222 (5-HT3 receptor antagonist), but not by prazosin (alpha(1) adrenergic receptor antagonist) and ketanserin (5-HT2 receptor antagonist)

Discussion & Conclusions

These results suggest that 2Hz EA can relieve the mechanical allodynia in neuropathic pain and the EA effect can be mediated by opioid, alpha(2) adrenergic, 5-HT1 and 5-HT3 receptors, not by alpha(1) adrenergic and 5-HT2 receptors.

Key words

electroacupuncture(EA), neuropathic pain, mechanical allodynia, opioid, adrenergic, 5-HT

P 24.**Anti-edematous Effect and Central Mechanisms of Electroacupuncture on Acute Arthritis**

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Acupuncture has been used for treatment of various disorders, especially for pain control in Oriental Medicine. In recent years electroacupuncture (EA), utilizing electric current to stimulate acupuncture points via inserted needles, is widely used. The aim of this study is to investigate the anti-edematous effect of EA on carrageenan-induced arthritis of rat and the central mechanism of anti-edematous effect. EA treatment was given at acupoints ST36 and SP9 for 30 minutes and then carrageenan was

injected at the rat hindpaw. Edema was measured 1 hour interval after carrageenan injection for 5 hours. Fos expression were also measured in thalamus, hypothalamus and insula, piriform, cingulated cortex. As a result, we suggest as follows;

EA group showed a significant reduction in edema induced by carrageenan, compared with the control group. ($p < 0.01$, $p < 0.05$)

EA group showed a significant reduction in Fos expressions in the thalamus (PV), hypothalamus (DMD, VMH) and insula, piriform, cingulated cortex, compared with control group ($p < 0.05$)

This study shows by carrageenan and the thalamus, hypothalamus and insula, piriform, cingulated cortex might play an important role in this mechanism.

Acknowledgement: This work was supported by Korea Research Foundation Grant and Kyung Hee University. (KRF-2003-005-E00002)

P 25.

Activation of Basal Ganglia by Acupuncture on LR3 and GB34: an fMRI study

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Parkinson's disease (PD) is characterized by impaired initiation of movement, muscular rigidity and tremor clinically. In traditional Korean medicine, acupoints LR3 (Taechung) and GB34 (Yangneungcheon) have been used to treat such movement related disorders. Recently, we showed the neuroprotective and movement promotive effects of these acupoints with 6-OHDA induced Parkinson's disease rat model. In this study, we observed acupuncture effect on (1) LR3, (2) GB34 & (3) LR3+GB34 simultaneously at a human brain with a 3 T MRI scanner. Additionally, we performed two experiments with different skin stimulation types; round-tip and blunt-tip. Thirteen healthy volunteers participated in real acupuncture experiment. Six and nine volunteers joined experiments for each different stimulation types respectively. All experimental sessions were executed for 9 min with a box car model which is comprised in 3 sequences of 2 min intermission and 1 min stimulation. Our functional MRI data was averaged for group analysis and general linear model was applied for selecting activated areas.

In the groups (1), (2) and (3), several nuclei of basal ganglia (i.e substantia nigra, subthalamic nucleus, red nucleus) were activated by acupuncture. Basal ganglia were partially activated by round-tip skin stimulation but none of them were activated by blunt-tip skin stimulation. Two set relative comparison showed that LR3 has the strongest contribution for basal ganglia activation and pairing LR3 with

GB34 could have synergic effect of activating globus pallidus. Caudate nucleus was activated by GB34 alone but not by LR3+GB34. Consequently, real acupuncture on LR3, GB34 & LR3+GB34 activated basal ganglia which had an important role for control of PD. We suggest that acupuncture may be a useful tool for activating specific nuclei related to PD with more efficacy than simple skin stimulation.

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P 26.

Experience with Testing Individual Tolerance for Stomatological Materials by Means of Electroacupuncture Resonant Test with the Use of Methodology EAV (Electroacupuncture According to MD. Voll)

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Testing individual tolerance for stomatological materials by means of electroacupuncture resonant test with the use of methodology EAV is technically based on inserting a specific stomatological material into an electrical circuit that measures micro currents in given acupuncture points. The deflection of the machine shows a reaction of the organism to the inserted material. If the material does not change the deflection in the followed points while it is being measured, it is compatible with the organism and it can be used for stomatological work with no fear of subsequent undesirable reaction either local or distant. If the inserted material changes the deflection of the machine in the followed points, and the hand of the machine points to the zones of inflammatory or degenerative readings, it is a sign that this material is incompatible for this organism and it can cause later complications – development of a disturbing focus or a disturbing field with a close or distant effect. Therefore it is appropriate if a stomatologist offers a few, from a stomatological point of view, technically suitable materials for certain stomatological work and a certain patient. From these materials it is possible to choose for a specific patient, by using this methodology, the materials that do not bear the risk of individual incompatibility with his organism.

In the opposite case experience has shown that even when the stomatological work is done precisely, some inflammatory complications and even necrosis of the treated teeth can occur. Another complications can be inflammatory up to necrotic manifestations in the oral cavity, furthermore another manifestations of incompatibility of materials, like migratory up to neuralgic pains in jaws and in the face, persistent stomatodynia, glossalgia, headaches occur, recurrent blocks mostly in the cervical spine and atlantooccipital joints.

From mental defects, irritability, lack of concentration, defects of sleep and tiredness often occur.

It is good to keep in mind that with this method we do not assess “better” or “worse” stomatological material regarding its technical or production data a, manufacture’s identification mark, production cost or regarding its general biological tolerance. We assess only the suitability of this material for a specific organism, according to how it changes or does not change the followed electro physiological values.

In conclusion allow us to say, that we have been working on individual testing of stomatological materials by means of the mentioned method since 1994, so for more than ten years. During this time we have collected a great amount of experience examined and verified in practice. We can say responsibly that the results gained in the tests are very valuable for patients because on their bases they often get rid of long-term trouble of which causes neither they, nor their doctors have known before.

P 27.

Genetic Identification for Herbal Acupuncture Solution of *Akebia Quinata* Decaisne and *Aristolochia Manshuriensis* Kom by Minisequencing

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Introduction

Akebia species and *Aristolochia* species are some of the most medicinally important genera in the Oriental medicine. Herbal acupuncture is a new therapy administering purified herbal extracts into acupuncture points. *Akebia quinata* Decaisne has been traditionally used as an antiphlogistic, a diuretic and an analgesic. It is widely distributed in East Asia. Recently renal failure due to intake of large doses of *Aristolochia manshuriensis* Kom has been reported in China and Japan.

Aim of the study: This study was performed to determine if *Akebia* species and *Aristolochia* species for Herbal acupuncture Solution could be identified by genetic analysis and to verify Pyrosequencing analyses, which was used to assess genetic variation.

Method

The DNAs of *Akebia quinata* Decaisne and *Aristolochia manshuriensis* Kom were extracted, and we have investigated the typing of single-base variations of *Akebia* species and *Aristolochia* species in DNA by using Pyrosequencing.

Result

Akebia quinata Decaisne showed different pattern compared with *Aristolochia manshuriensis* Kom. The peak of *Akebia quinata* Decaisne was very weak in the second A nucleotide base but the peak of *Aristolochia manshuriensis* Kom was very high. From these results we verified that our *Akebia* species and *Aristolochia* species-specific sequencing primer was well designed.

Discussion

Aristolochia manshuriensis Kom has only been widely used since the 1950s. Thus some plant sources of traditional Chinese medicines might have changed over time. In these cases genetic identification of traditional Chinese herbs should help to ensure the safe use of Chinese herbs especially in case the plant has toxicity. So the method for identifying the origin is very important. These results suggest that Pyrosequencing methods are suitable for authentication of the concerned *Akebia* and *Aristolochia* species. This work shows that typing of genetic variations can efficiently be performed by Pyrosequencing by using an automated system for pattern recognition software.

Conclusion

Pyrosequencing analysis might be able to provide the identification of the *Akebia* species and *Aristo-*

lochia species for Herbal acupuncture Solution.

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P 28.

Evaluation of Different Acupuncture Stimulation Techniques Using Quantitative Sensory Testing

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Introduction

Effects of acupuncture on different sensory parameters have not been examined systematically by quantitative sensory testing.

Aim of Investigation

The aim is to evaluate immediate effects of different modes of acupuncture on thermal and mechanical sensory stimuli using quantitative sensory testing.

Set of patients

24 healthy persons

Methods

24 healthy persons were enrolled in the present study using a cross-over design. Each subject received three different forms of acupuncture: low frequency electrical stimulation (LF), high frequency electrical stimulation (HF) and manual acupuncture without electrical stimulation (MA). Wash-out phase between the three interventions was one week. Before and immediate after the intervention subjects underwent QST according to the protocol of the German Research Network on Neuropathic Pain (GRNP). The QST consisted of determination of thermal thresholds including heat and cold pain, mechanical thresholds (pinpricks, von Frey hairs, pressure algometer) and vibration. QST was performed by a blinded examiner to the treatment modality bilaterally at the lower limb (ventral side of the shank). All forms of acupuncture were applied at Sp 6, Sp 9, St 36, Gb 39 unilaterally.

Results

The mean age of the 24 healthy subjects (12 female, 12 male) was 33.1 years (SD 13.5). Analyses revealed a loss of sensory to mechanical thresholds bilaterally, but only in pressure pain threshold, evaluated by pressure algometer, the decrease was significant bilaterally (Anova treated side $p=0.02$; untreated side $p=0.019$). There was no difference between the three modes of acupuncture. Thermal thresholds showed no changes.

Discussion

In this small healthy study population a single treatment did not change significantly thermal thresholds, but pressure threshold were altered bilaterally.

Conclusions

A single treatment of acupuncture leads to changes of mechanical thresholds immediate after treatment. Unilateral stimulation shows bilateral inhibition of pressure pain threshold indicating a spinal or supraspinal activation of anti-nociception. This inhibition is not depending from the mode of stimulation.

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P 29.**Acutaping – Fast and Efficient – not Only in Pain Treatment of the Musculoskeletal System****Steveling Angelika**

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Acutaping is an advancement of kinesiotaping, which was developed by the Japanese physician and chiropractor Kenzo Kaze in the 70's.

Sofars known tapes, used in orthopedics, are not elastic. They mainly stabilise the joints. In contrast acutaping uses stretchy adhesive tapes bonded over functionally disordered, painful regions, over muscles or over channels of acupuncture. Moving the taped region brings about stimulation for example of the mechanical receptors. The additional afferent informations about the joint's position, mobility and muscular strength in the functionally disordered regions result in regulatory processes. These is the most commonly used way of explanation concerning the effects of acutaping.

Indications for acutaping are to be found in various pain conditions. Further important successes are reported in neurological clinical pictures such as apoplexies, migraines and lymphedemas

P 30.**European Multicentric Open Study en Effectiveness of Auricular Acupuncture on Migraine without Aura****Romoli M., Meas Y., Rouxville Y., Vulliez Ch.**

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P 31.**The Effects of Electroacupuncture Stimuli to the Doublecortin and PSA-NCAM Positive Cells in the Dentate Gyrus of Spontaneously Hypertensive Rats****Woo Hyun-su, Kim Chang-hwan**

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Aim of study

This experimental in vitro study investigates the effects of electroacupuncture stimuli to the DCX and PSA-NCAM positive cells in the dentate gyus of spontaneously hypertensive rats.

Methods

We used immunohistochemical methods to observe the change of neuron cels, and then counts the immunoactive cells under the 100 \times visual field optical microscope.

Results

1. The counts of DCX-positive cells in the dentate gyrus significantly increased in the 2Hz group versus control group. Otherwise 100Hz group did not have a significant difference.
2. The counts of PSA-NCAM-positive cells in the dentate gyrus rather decreased in the both 2Hz group and 100Hz group versus control group.

Conclusions

We find out the electroacupuncture stimuli have some effects upon cerebral neuron cells in the dentate gyrus of spontaneously hypertensive rats.