

International Council for Medical Acupuncture and Related Techniques  
Abstracts of ICMART 2006 Congress

1. Acupuncture in the management of migraine
2. Clinical comparison of aroma acupuncture and normal acupuncture for chronic headache patients
3. Case report: a case of cluster headache
4. Medical apprehension mechanism of deep acupuncture for treatments of knee pain
5. Amputation, pain caused by neuromas and acupuncture
6. Clinical quantification in biomedical acupuncture for pain management
7. Trigger points and acupuncture points: anatomic & clinical correlations
8. Preventive effect of acupuncture on skin reaction and emotional perception of histamine-induced itch
9. Treatment with acupuncture of a testicular chronic pain according the principles of the chinese traditional medicine.
10. The DAGFA research program: outline and results of 10 years of stimulating and sponsoring acupuncture research
11. The evaluation of complementary medicine in Switzerland
12. The assessment of appropriateness of acupuncture methodology based on STRICTA recommendations
13. Synergism of acupuncture and myoskeletal manual lymphodrainage in odontovertebral problems
14. Irritable bowl syndrome
15. Disturbance field temporomandibular joint
16. Reflectory illness signs in gynaecology
17. New approaches on unexplained infertility cases
18. Zang-fu in a nut-shell: a clinical chinese synopsis
19. Possibility of treating spinal cord injured (SCI) patients by applying soft laser and extra low pulsating electromagnetic field (DPEMF)
20. Short-time effects of laserneedle acupuncture on the peripheral microcirculation
21. The positive effect of gold rod implantation on cervical osteoarthritis.
22. Physical medicine and rehabilitation need neural therapy!
23. Low level IR Laser acupuncture/therapy– the high energy regulatory treatment
24. Acupuncture biostimulation in cows
25. Acupuncture treatment of low back pain
26. First aid and the complex therapy of burn trauma acupuncture and myoskeletal manual lymphatic drainage
27. Acupuncture for neck disorders: a systematic review
28. Acupuncture in pain treatment- a psychophysiological approach
29. Further preliminary clinical studies in the treatment with acupuncture of spermatogenesis deficiencies in male infertility
30. Biological laser therapy: painless laser needle acupuncture and intravenous laser blood treatment with green, red and infrared laserlight
31. Effect of acupuncture on nasal obstruction in patients with persistent allergic rhinitis: a randomized controlled trial

International Council for Medical Acupuncture and Related Techniques  
Abstracts of ICMART 2006 Congress

32. Where are the benefits of combining acupuncture and neuraltherapy in treatment of myofascial syndromes
33. New ways in treatment of cerebral palsy and brain strokes. acupuncture treatment of cerebral palsy with speech disorders
34. From acupuncture to traditional chinese orthopaedics – a journey from the west.
35. Acupuncture & bone diseases
36. Acupuncture for allergies and asthma
37. Zang-fu in a nut-shell: liver dominating spleen.
38. Microsystems therapy in functional disorders of E.N.T. and stomatology. scientifically proved acupuncture approaches in sinusitis, vertigo, cranio-cervico-mandibular dysfunctions and orofacial pain
39. Acupuncture treatment for obesity: a randomized control trial
40. Cancer patients and acupuncture: a synthesis of 23 years of research
41. Detoxification treatment process controlled by the MSAS
42. A pilot study of acupuncture treatment for the osteoarthritis of the knee joint on the EBM (evidence-based medicine)

**Paper #1**

**Acupuncture In The Management Of Migraine**

Abraham C. Kuruvilla, M.D.,M.D.(H)

Board-Certified in Pediatrics, Neonatal-Perinatal Medicine, and Family Practice

MIHS/MedPro/Department of Family & Community Medicine

5825 E. Calle Guadalupe, Guadalupe, AZ 85283

Phone 480-344-6000 Fax 480-344-6001

E-mail: Abraham.Kuruvilla@hcs.maricopa.gov

**Background:** Recent studies reflect conflicting results regarding the efficacy of acupuncture in managing migraine headaches.

**Objective:** To describe the outcome of migraine patients treated with acupuncture.

**Design, Setting, and Patients:** The author treated 47 consecutive migraine patients weekly, using the same acupuncture intervention. This prospective study was conducted from 1/98 to 12/05 in Phoenix, Arizona.

**Intervention:** The depletion of liver yin and the resulting energy imbalance causes migraines.

1. Increase liver yin and move energy through Jue Yin-Shao Yang meridians (LR3, 5, 8, 14, P6, and TH5; LR3 to LR14 are electrically stimulated).
2. Tonification of the following: kidney yin to nourish liver yin as mother/affected child elements (KI3, Shen Cycle), spleen yin to aid yin enhancement (SP6, Ke Cycle), earth yang to balance liver yang (ST25, 36, and 44, Ke Cycle)
3. Disperse any yang excess by needling GV20. Needle all ah-shi points in and around neck and upper back, in dispersion.

**Results:** Features of the study population are female 39 (83%), male 8 (17%); median age 34 years, (11-52); duration of migraine, median 5 years (1-20); acupuncture sessions, median 8, (4-12). A cure, defined as lack of migraine at the end of initial sessions and for at least 1 year after that, was achieved in 38 (81%) patients. Lack of any response was noted in 2 (4%) patients, who were considered treatment failures. A moderate response, defined as those who require repeated treatments at intervals, was seen in 7 (15%) patients.

**Conclusion:** Using these acupuncture interventions, a cure or moderate cure is possible 96% of the time.

**Paper #2**

**Clinical Comparison of Aroma Acupuncture and Normal Acupuncture for Chronic Headache Patients**

Dong Woo Nam, In Tae Jung, Keon Sik Kim, Su Young Kim, Nam Hyun Cha, Sabina Lim, Jae Dong Lee, Yun Ho Lee, Doo Ik Lee, Do Young Choi

Research Group of Pain and Neuroscience in Vision 2000 Project, East-West Medical Research Institute, Kyung Hee University, Seoul, 130-702, Korea

**Introduction:** Aroma acupuncture is an acupuncture needle coated with aroma oil such as lavender or rosemary. It seeks to treat the patient both with acupuncture point stimulation and aroma therapy simultaneously.

**Aim of the study:** This study aims to compare the effects of aroma acupuncture and normal acupuncture on chronic headache patients. This is an essential study aiming to establish primary data for further studies on development of new treatments and new practical acupuncture treatments.

**Methods:** 38 voluntary participants were gathered. Participants who experienced headache for more than 4 hours a day and 15 days per month were qualified as Chronic Headache patients through questionnaire. The qualified patients were classified into two groups, Aroma Acupuncture Treatment group (Aroma AT group, n=23) and Normal Acupuncture Treatment group (AT group, n=15). The acupuncture points used were GV20, HN23, ST8, HN46, TE17, GB20, LI20, LI11, LI14, ST36, and LR3. These points were stimulated for 20minutes every treatment in both groups. Treatment was applied 2 times a week for 8 weeks. The effects were analyzed using Visual Analogue Scale (VAS) scores and Brief Pain Inventory (BPI).

**Results:** The VAS scores improved significantly in both groups. The decrease rate was larger in the Aroma AT group ( $p<0.05$ ) compared to the normal AT group. The BPI scores for the both groups also decreased. The improvement in the Aroma AT group was larger ( $p<0.05$ ) than that of the AT group.

**Conclusion:** Aroma acupuncture may be an effective treatment for relieving pain, improving general activities, improving the mood, and improving sleeping behaviors in chronic headache patients. Through VAS and BPI scores, aroma acupuncture showed a significant improvement compared to the AT group. It is suggested that this new practical acupuncture may be a powerful and effective treatment for chronic headache. Further researches will be necessary to evaluate the distinct functional mechanism of aroma acupuncture. But this study will be a fundamental data to build on.

**Acknowledgments:** This work was supported by Korea Research Foundation Grant and Kyung Hee University (KRF-2003-005-E00001).

**Correspondence to:** Do Young Choi : hanisanam@hanmail.net, Kyung Hee University, Seoul, 130-702, Korea

**Paper #3**

**Case Report: A Case of Cluster Headache**

Garofano G., Cucci M., Pirino A., Geroldi G.

Istituto Superiore di Agopuntura, Milano

Tel/fax. +39 02 48100725

e-mail: info@isagopuntura.org

**Introduction:** Cluster Headache (CH) is a fairly rare but very painful kind of primitive cephalgia, defined also as suicide cephalgia, so intense and violent is the pain that characterize it. Generally monolateral, the pain is localized around the eye and it is a lancinating kind.

**Materials and methods:** M.I., female, 20 at the first visit, relates that the pain is pulsating, localized at one side of the head. The energetic diagnosis was: Tae Yin Spleen in excess with disorders of the East (Li/GB). The Tae Yin Energetical-Functional unit express a reactive fill trying to compensate her constitutional void. On the other hand, the chronic evolution of the imbalance, express itself with signs and symptoms on the trigrammatic energies more similar to the Tae Yin: the Tae Yang (opposite) and the Shao Yang (inverse). The treatment provide for the direct intervention on Tae Yang and Shao Yang at level of the Shu-Mu System and a riequilibrating action on the constitutionally involved Tae Yin energy.

**Results:**

1. there isn't any connection between crises of cephalgia and menstrual cycle;
2. there isn't any connection between crises and seasons;
3. only some episodes occurred between midnight and 8 a.m.;
4. a period of improvement followed always the acupuncture;
5. at the moment there is a period of well being last a good 7 months.

**Conclusions:** We would like to think we are on the right track to offer a better quality of life to patients who suffer such a highly debilitating and socially high costing illness.

**Paper #4**

**Medical Apprehension Mechanism of Deep Acupuncture for Treatments of Knee Pain.**

Baek Seung-Tae\*, Byun Hyuk\*, Kim Kap-Sung\*, Choi Sun-Mi§, Lee Seung-Deok\*

\*Department of Acupuncture & Moxibustion, College of Korean Medicine, Dongguk University

§ Department of Medical Research, Korea Institute of Oriental Medicine

**Background:** There are several important acupuncture points for treatment of knee pain inclusive of Dubi (犢鼻, S35), Xiyen (膝眼, LE201), Weizhong (委中, B40), Zusan Li (足三里, S36), Yanlingquan (陽陵泉, G34) and Yinlingquan (陰陵泉, Sp9) in pre-eminent acupuncture texts such as 《Zhenjiu Dacheng》(鍼灸大成), 《Zhenjiu Jiayi Jing》(鍼灸甲乙經) and 《Qianjin Yao Fang》(千金要方). Effects of these acupuncture points are proved in last randomised controlled trials of knee arthritis. Dubi, Xiyen and Weizhong of acupuncture points are directly associated with joint space. Common knee symptoms are pain, swelling, instability, locking, popping and crunching. And important pain tissues to cause knee pain are meniscus, anterior & posterior cruciate ligament and medial & lateral collateral ligament.

**Purpose:** The purpose of the present study is to determine depth and direction of appropriate acupuncture point in order to apprehend mechanism of deep acupuncture for treatment of knee pain.

**Methods:** Participants were 4 volunteers from the College of Oriental Medicine at the Dongguk University. We used sterile, disposable, stainless steel acupuncture needles and the needles were 60 mm long with a diameter of 0.35 mm. Participants were placed supine with their knees flexed at 45° flexion and with a small pillow under the knees. Acupuncturist inserted needles at Dubi, Neixiyen and Weizhong and confirmed acupuncture needle's movement with fluoroscopy as they were carefully administered. Then, we x-rayed AP & Lateral view of the knees.

**Result:** We inserted a needle by 5-6cm deep and medial 15° oblique direction toward Weizhong at Dubi. Then, the needle inserted to anterior cruciate ligament area through the patellar ligament. And when we perpendicularly inserted a needle at Dubi and 5-6cm deep, the needle inserted to lateral meniscus. We inserted a needle by 5-6cm deep and lateral 15° oblique direction toward Weizhong at Neixiyen. Then, the needle inserted to cruciate ligament through the patellar ligament. And when we perpendicularly inserted a needle at Neixiyen and 5cm deep, the needle inserted to medial meniscus. We perpendicularly inserted a needle below 1cun of Weizhong and 5-6cm deep. Then, the needle inserted to joint space and posterior cruciate ligament through the blique popliteal ligament and the plantaris.

**Conclusion:** Acupuncture needles should be inserted in joint space and pain tissue for treatment of knee pain using transmitted needling technique and drainage-needling technique. We could know that Dubi, Naesuran and Weizhong are appropriate points to

International Council for Medical Acupuncture and Related Techniques  
Abstracts of ICMART 2006 Congress

inserting at joint space, and also know depth & direction of a needle at these points for inserting at pain tissues. And we found that there is similarity between acupuncture techniques of 《Huangdi Neijing》 and arthroscopic microfracture & aspiration technique of west medicine.

**Correspondence to:** Lee Seung-Deok, Department of Acupuncture & Moxibustion, Dongguk University international Hospital, 814, Siksa-dong, Ilsandong-gu, Goyang-si, Gyeonggi-do, 411-773, South Korea, Tel: 82-31-961-9117, Fax: 82-31-961-9009 Email: chuckman@dongguk.edu.

**Free paper # 5**

**Amputation, Pain Caused by Neuromas and Acupuncture**

Sautreuil Patrick, MD

Veterans Administration Centre d'Appareillage

10 avenue du Val de Fontenay, 94135 Fontenay Sous Bois France

Tel: 33 1 30 71 91 59

E mail: patrick.sautreuil@cegetel.net

General secretary of French School of Acupuncture

**Introduction**

Some amputees complain of pain due to neuromas. These pains are characterised by electric shocks sensations. Pain medications most often do not bring adequate relief. The presence of neuromas is demonstrated by ultrasounds or RMI.

**Purpose of the study**

To show the effect of acupuncture in the management of these pains.

**Study sample**

10 amputees: 2 women, 8 men. Context: 9 traumatic amputations, 1 vascular amputation.  
Location: 1 wrist, 3 femoral, 5 tibial et 1 trans-metatarsal.

**Physiopathology**

These neuroma pains appear long after the amputation. Assessed with palpations or percussion, they differ from both phantom sensation (hallucinatory), phantom pain (alcoholucinatory), from the pain of a poorly fitted prosthesis.

**Methodology**

Acupunctural treatment is mainly local. Needles are located around the neuroma and properly manipulated to avoid exacerbating the neuroma pain.

**Result**

They were considered as excellent in two patients, good in six and nil in two. In eight patients out of ten, acupuncture was more effective than than potent analgesics.

**Conclusion**

The use of acupuncture therapy in physical medicine for neuroma pain in amputees is an alternative and complementary option to analgesic medication. It also enhances our understanding of the neuro-physiopathology of neuroma pain.

**Paper #6**

**Clinical Quantification in Biomedical Acupuncture for Pain Management**

Sukdeb Datta, M.D., D.A.B.P.M.

Assistant Professor, Department of Anesthesiology, Vanderbilt University School of Medicine

Director, Pain Management Services Tennessee Valley Healthcare System,

Board of Directors for the American Board of Interventional Pain Physicians(ABIPP)

Member of Editorial Board of the Pain Physician Journal

1310 24<sup>th</sup> Avenue South, Nashville, TN 37212

BMAI@Biomedacupuncture.com

and

Yun-tao Ma, Ph.D.

Director, Biomedical Acupuncture Institute

Author of Textbook *Biomedical Acupuncture for Pain Management*, Elsevier, 2005

Author of Textbook *Scientific Acupuncture*, Beijing, 2000

5528 High Country Court, Boulder, Colorado 80301, USA

ma-and-ma@comcast.net

The quantifiable pathophysiology of human acupoints constructs the core of Biomedical Acupuncture.

1. **Quantification phenomenon of homeostatic acupoints:** All **homeostatic acupoints (HAs)** display three phases: latent, passive and active when homeostasis changes. Phase transition of HAs follows a systemic and predictable sequence all over the body due to their neuroanatomic configurations.

2. Specific pathological insults, internal or external, may create local passive or active **symptomatic acupoints (SAs)** and segmental **paravertebral acupoints (PAs)** irrelevant to homeostasis.

3. **Clinical application of quantification phenomenon of homeostatic acupoints:** Understanding the pathophysiologic mechanisms provides

(1) Quantitative evaluation of objective pain of homeostatic acupoints,

(2) Prediction of prognosis of acupuncture treatments, including how many treatments may need for particular pain symptoms and when will the same symptoms relapse,

(3) How to modify and adjust the standard protocol for each patient and select the most effective homeostatic, symptomatic and paravertebral acupoints.

Biomedical acupuncture enables medical doctors to learn and practice acupuncture within their familiar framework of biomedical principal and will blend easily into medical practice. This novel approach provides a neuroanatomically and pathophysiologically defined acupuncture system, the **Integrative Neuromuscular Acupuncture System (INMA<sup>TM</sup>)**. INMA<sup>TM</sup> inherits *all the benefits of classic acupuncture while meets the requirements of clinical practice:* simplicity, reliability, reproducibility, predictability, quantifiability, and individually adjustable standardization.

More detailed information can be found in *Biomedical Acupuncture for Pain Management: An Integrative Approach*, Yun-tao Ma et.al., Elsevier, 2005

**Paper # 7**

**Trigger Points and Acupuncture Points: Anatomic & Clinical Correlations**

Peter T. Dorsher, M.S., M.D.

Mayo Clinic Jacksonville, 4500 San Pablo Road, Jacksonville, Florida 32224

Phone (904) 953-2823

Fax (904) 953-0276

Email: dorsher.peter@mayo.edu

**Abstract:**

Trigger point therapy for myofascial pain is an accepted contemporary medical treatment, while acupuncture has been in use over 4000 years to treat musculoskeletal pain.

This study's purpose is to comprehensively study the relationship between trigger points and acupuncture points in treating pain. 255 myofascial trigger points delineated by Travell and Simons were systematically compared to 747 acupuncture points delineated by the Shanghai College of Traditional Chinese Medicine. "Corresponding points" were defined as trigger and acupuncture points within 2 cm of each other which enter the same muscle. Computerized anatomic software and atlases were used to confirm these anatomic relationships.

234 (92%) of 255 myofascial trigger points studied had anatomically corresponding acupuncture points with only 21 trigger points having no anatomically corresponding acupoints. Of these anatomically corresponding acupuncture points, 186 (79%) had regional pain indications similar to those of their corresponding trigger points. 34 (15%) of acupuncture points had no clinical pain indication. Most of the corresponding acupuncture points also had similar somatovisceral indications. Complete or near-complete agreement in the distributions of the myofascial referred-pain patterns and acupuncture meridians were found for 76% of corresponding points; at least some agreement in distributions was found for another 14%.

The strong anatomic and clinical correspondences of trigger and acupuncture points cannot be explained by chance. Trigger points likely represent the same phenomena in terms of treating musculoskeletal pain as acupuncture points.

**Paper #8**

**Preventive Effect of Acupuncture on Skin Reaction and Emotional Perception of Histamine-Induced Itch**

F. Pfab<sup>1,2</sup>, M. Hammes<sup>3</sup>, M. Bäcker<sup>4</sup>, J. Huss-Marp<sup>1,2</sup>, G.I. Athanasiadis<sup>1</sup>, T.R. Tölle<sup>3</sup>, H. Behrendt<sup>2</sup>, J. Ring<sup>1</sup>, U. Darsow<sup>1,2</sup> <sup>1</sup>Department of Dermatology and Allergy, Technical University Munich, Biedersteiner Strasse 29, 80802 Munich, Germany <sup>2</sup>Division of Environmental Dermatology and Allergy GSF/TUM, Technical University Munich, Biedersteiner Strasse 29, 80802 Munich, Germany <sup>3</sup>Department of Neurology, Technical University Munich, Möhlstrasse 28, 81675 Munich, Germany <sup>4</sup>Department of Internal and Integrative Medicine V, Kliniken Essen Mitte, Knappschafts-krankenhaus, Am Deimelsberg 43a, 45276 Essen, Germany

**Background:** Itch is a complex and unpleasant sensory experience that induces the urge to scratch. Acupuncture has been shown to exhibit a significant hypalgesic effect. It is unknown whether it reduces itch as well.

**Objective:** We investigated the preventive effect of acupuncture on experimental itch, flare and wheal in a double-blind, randomized, placebo-controlled, crossover trial. **An evaluated 1% histamine stimulus was applied to ten healthy volunteers after two experimental approaches of conditioning or control observation:** acupuncture at point Quchi (A1, dominant arm), “placebo point” acupuncture (A2, dominant arm), no acupuncture (NA). Itch intensity was recorded on a computer-aided visual analogue scale (VAS). After 10min wheal and flare size were measured at the stimulus site and the validated Eppendorf Itch Questionnaire (EIQ) presented to register itch quality.

**Results:** The area-under-the-curve for itch intensity was significantly lower in A1 compared to NA and A2. The number of time points with ratings above scratch threshold was significantly lower in A1 compared to A2 and NA. At 15/30 time points mean VAS ratings were significantly lower in A1 compared to NA; at 7/30 time points mean VAS ratings were significantly lower in A1 compared to A2. Mean wheal size was significantly less in A1 compared to NA. Descriptive EIQ rating showed no significant difference between groups. The frequency of positive emotional EIQ item rating was significantly less in A1 compared to NA and A2.

**Conclusions:** We conclude that acupuncture at the correct point reduced histamine induced itch and wheal formation compared to placebo procedures.

**Paper # 9**

**Treatment With Acupuncture of a Testicular Chronic Pain According The Principles of the Chinese Traditional Medicine.**

Garcia Janeras, Albert MD.

Centre Medic Baoyang. Balmes 121, 08008 Barcelona. Catalonia, Spain.

E-mail: 9536agj@comb.es

The testicular chronic pain is a very low frequency pathology that can cause a very intense pain. It is usually due to sharp painful process which have been chronified like infectious, mechanical or neoplastic problems. However, in most of the cases the cause is not well defined. The pharmacological or surgical classic treatment generally solves the process, but in some occasions the painful clinic persists because the patient has not well defined etiology or due to therapeutic failure.

This is the case of a 56 years old man, with a chronic testicular pain for two and a half years that didn't improve with surgical and pharmacological treatment. All these pathological symptoms are analyzed under the principles of the Chinese medicine. It is diagnosed as "Stagnation of Liver Qi with Excessive Liver's Fire". We treat it with acupuncture using the points Baihui 20Du, Hegu 4LI, Taichong 3Liv, Xingjian 2Liv, Ligou 5Liv, Yanglingquan 34GB, Sanyinjiao 6Spl, Shenmen 7Ht. which resolves in the cure of the problem.

This case shows us that the use of the principles of the Chinese medicine in acupuncture treatment can solve problems which are difficult to resolve with other techniques.

**Paper #10**

**The DÄGfA Research Program: Outline and Results of 10 Years of Stimulating and Sponsoring Acupuncture Research**

Stör W. <sup>(1)</sup>; Pothmann R. <sup>(2)</sup>; Banzer W. <sup>(3)</sup>; Irnich D. <sup>(4)</sup>

DÄGfA, the German Medical Acupuncture Association has stimulated acupuncture research for decades ideally. In 1997 these activities were reframed and financially supported by both DÄGfA membership fees of 11 000 medical members and scholar fees by founding the DÄGfA scientific board (“Arbeitskreis Wissenschaft” and “**Wissenschaftszentrum**” respectively). Since then, the board of DÄGfA sponsored the research activities with more than 250.000, -- € (300,000.—USD) up to date. From the beginning the scientific board (Wissenschaftszentrum) targeted to high quality by thorough evaluation and external peer review.

**The research program covers various topics in 4 fields:**

1. historical und sociological research in Chinese Medicine ( 2 projects)
2. basic anatomical and physiological research ( 14 projects)
3. basic clinical studies and pilot or observational studies (18 projects)
4. randomized and / or controlled trials ( 8 projects)

The completed studies mainly were published in international journals like Anaesth Analg., BMJ, Cephalgia, Digestion, Gut, Neuroscience, Pain, UCLA Press and others and can be seen online:

<http://www.daegfa.de/Pages/Wissenschaft.aspx?content=7.4|1&navnode=7.4> and

<http://www.daegfa.de/Pages/Wissenschaft.aspx?content=7.5|1&navnode=7.5>

In the future the scientific board of DÄGfA will focus on developing new concepts of treating common diseases where acupuncture yet is not proven to be effective and on acupuncture point specificity.

To our knowledge the DÄGfA research project is unique by both its totally non-commercial, non-governmental approach, supported by many thousands of doctors and by its large effectiveness regarding the input/ output ratio.

The projects and results will be shown and summarized in the oral presentation.

<sup>(1)</sup> University of Munich (D) - Lecturer Acupuncture;

<sup>(2)</sup> University of Frankfurt (D) - Dept. of the Sciences of Sports;

<sup>(3)</sup> Children’s Pain Clinic Heidelberg - Hamburg (D);

<sup>(4)</sup> University of Munich - Dept. of Anaesthesiology;

**Corresponding author:**

Wolfram Stör MD

German Medical Acupuncture Association –Head of Scientific Board

Munich University –Lecturer Acupuncture

D 82057 Icking Am Bahnhof

stoer@daegfa.de

**Free Paper # 11**

**The Evaluation of Complementary Medicine in Switzerland**

Dr. med. Brigitte Ausfeld-Hafter M.D.

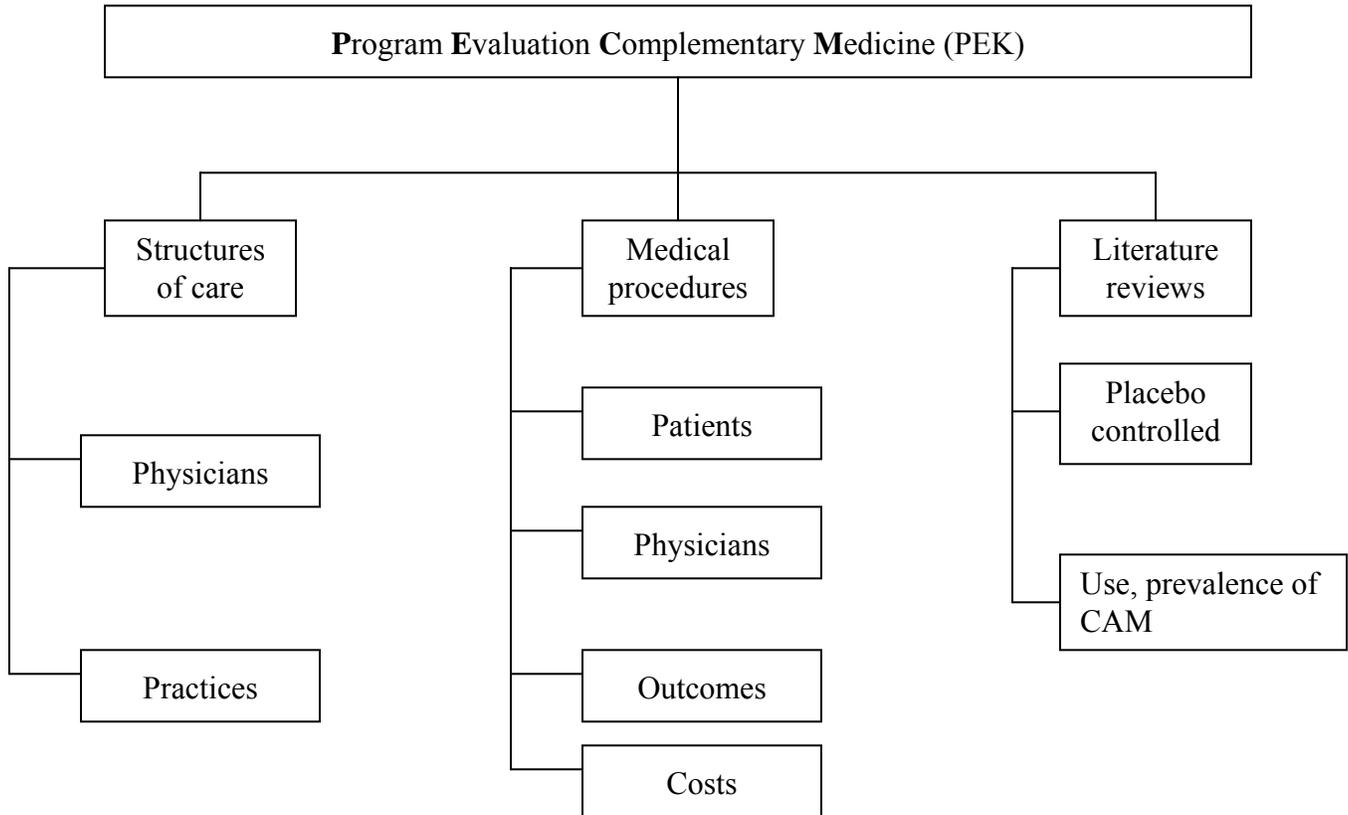
Lecturer for Traditional Chinese Medicine / Acupuncture

**The Program of Evaluation of Complementary Medicine (PEK) initiated by the Swiss government was a nationwide evaluation designed to provide more and new knowledge about three main subjects:**

1. Structure of care in medical practices
2. Medical procedures
3. Literature reviews

**The project PEK**

The obtained results are presented in consideration of the appreciation and acceptance of the Swiss population, the effectiveness of the methods and the medical costs.



**Free Paper # 12**

**The Assessment of Appropriateness of Acupuncture Methodology Based on STRICTA Recommendations**

Kim Woo-Young<sup>1</sup>, Choi Sun-Mi<sup>1</sup>, Lee Seung-Deok<sup>2</sup>, Kim Kap-Sung<sup>2</sup>

<sup>1</sup>Department of Clinical Research, Korea Institute of Oriental Medicine

Choi Sun-mi, OMD, Ph. D, Principal Investigator, KIOM

461-24, Jeonmin-dong, Yuweong-gu, Daejeon 305-811, South Korea,

Tel: +82-42-868-9559/ Fax: +82-42-863-9464

<sup>2</sup>Department of Acupuncture & Moxibustion, College of Korean Medicine, Dongguk

University Kim Kap-Sung, Department of Acupuncture & Moxibustion, Dongguk

University international Hospital, 814, Siksa-dong, Ilsandong-gu, Goyang-si, Gyeonggi-do, 411-773, South Korea, Tel: 82-31-961-9117/ Fax: 82-31-961-9009

Email: kapsung@unitel.co.kr

**Background:** Recent studies provide evidence that the efficacy of acupuncture may no better than placebo or inconclusive. These results are very different from those of the actual clinical situations in many acupuncture medical institutions.

**Objective:** The present study was designed to evaluate the influencing factors which affect the efficacy of acupuncture scale (FEAS) as the methodological assessment tool of acupuncture for examining acupuncture interventions and to demonstrate the importance of it in randomized controlled trials of acupuncture.

**Data sources:** Electronic data were retrieved from NDSL, Pubmed, sciencedirect, LWW, OVID, BlackWell Synergy, Wiley Interscience, EBSCO HOST, springer, PML, and Kluwer. Nonelectronic data was collected from MEDLIS and MEDLAS.

**Study selection:** The inclusion criteria were five systematic reviews included in Alberta study and all randomized controlled trials obtained from their references.

**Study analysis:** The acupuncture rationale, methods of stimulation, treatment regimen, and the practitioner's background were rated by FEAS, and the scores were compared with those by other methodological assessment tools.

**Result:** The number of positive conclusions of high-rank RCTs by FEAS was the same as or higher than that of high- rank RCTs by other methodological assessment tools.

**Conclusion:** The systematic reviewers of acupuncture trials will require to use FEAS and the acupuncture researchers primarily have to follow not only consolidated standards for reporting trials (CONSORT) but also STRICTA.

**Key Words:** Acupuncture, Review, Quality, Validity, Appropriateness, STRICTA

This research was supported by a grant from Acupuncture, Moxibustion and Meridian Research Project funded by the Korea Institute of Oriental Medicine (KIOM)

**Paper # 13**

**Synergism of Acupuncture and Myoskeletal Manual Lymphodrainage in Odontovertebral Problems**

Loskotova Anna, Para Frantisek, Svoboda Jaroslav, Loskotova Jitka  
SALVE centre, Department of Rehabilitation, Jiraskova 177, 566 01 Vysoke Myto  
Charles Univ. Hospital, Depart. of Neurology, Nezvalova 261, 500 05 Hradec Kralove  
1. MFUK, Depart. of Clinical Immunology, Karlovo namesti 32, 120 00 Praha  
Czech Republic  
Email: salve.vm@worldonline.cz, parafran@tiscali.cz

**Introduction:** The locomotion system (LS) reacts in 75% to nociceptive impulses from inner organs by muscular spasms (*viscerovertebral relationships*). In *immunocomplex syndrome* we can find changes in LS because a long-term *deposition of circulating immunocomplexes* occurs; especially in binding tissues, muscles, subcutaneous areas.

**Aim of the study:** The authors have followed possible relationship between vertebral and odontogenic pathologies.

**Set of patients:** 1348 patients with *pseudoradicular syndrome - Th 6, 7* were followed for 11 years.

**Methodology, Therapy:** Functional condition of the lymphatic system  
*Myoskeletal medicine – manual lymphodrainage*  
Acupuncture or auriculotherapy (individually)  
Stomatologist or clinical immunologist (selected patients)

**Results:** Examination by myoskeletal medicine diagnosed functional blocks (spine, ribs 6,7) in 92% of patients accompanied by infiltration in adjacent fascia, muscular spasms - trigger points were in 63 % identical with active ACU points - especially bladder meridian (15,16,17), small intestine (11). Approximately 25% of patients had casual relation of origin of pain in thoracal spine with teeth pathology.

**Discussion:** The authors have not found published literature concerning pseudoradicular syndrome of Th middle spine in such a complex way. According to our follow-ups, it is possible to assign the 6<sup>th</sup> and 7<sup>th</sup> upper tooth to the middle Th spine and corresponding ribs homolaterally. (Not mentioned in odonto-visceral projections of Gleditsch and Mastalier).

**Conclusions:** In cases of non-improving or recurrent pathologies in area of Th middle spine and respective ribs, the authors recommend to focus on visceral projections and on relationships with possible odontogenic pathology also within the framework of the immunocomplex syndrome.

**Paper # 14**

**Irritable Bowel Syndrome**

Author: Primaria Dr. Petja Piehler

Hospital Kitzbuehel, Hornweg 28, 6370 Kitzbühel, Austria

e-mail: petja.piehler@kh-kitz.at

**Introduction:** Description of the treatment of the irritable bowl syndrome with neural therapy in a hospital for internal medicine in Austria. Representation of a study concerning the use of neural therapy as single therapy or in addition to the conventional and alternative therapy of this popular desease.

**Patients:** 35 patients were observed over a period of one year during ambulant treatment for irritable bowl syndrome with neural therapy

**Methods:** The benefit of additional neural therapy in the case of irritable bowl syndrome is shown through comparison of the frequency and intensity of clinical symptoms before and after application of neural therapy alone or in addition to other used therapies

**Results:** Discussion of possible mechanisms explaining the results

**Paper #15**

**Disturbance Field Temporomandibular Joint**

Dr. med. dent. Ralph-Steffen Zöbisch

The significance of Interdisciplinary Functional Therapy and Pain Therapy is increasing more and more due to the chronification of painful sufferings.

Acupuncture, neural therapy and manual medicine are therein the interface between physician, dentist, osteopath and physiotherapist. The temporomandibular joint causes grave failures of therapy in the **allopathic/medical** pain therapy!

The lecture is based on a simple scheme of thoughts, deals with the screening test for all participants developed by us and provides first therapy approaches. On Monday next week you can apply it successfully in your practice!

As a special offer we will carry out a brief exercise together.

**Paper # 16**

**Reflexory Illness Signs in Gynaecology**

Dr. Wolfgang Ortner, Gynaecologist  
Tannenweg 5, A-2451 Hof am Leithaberge, AUSTRIA  
tel/fax +43 2168 63 999 mobil +43 699 120 17 242  
mailto: wolfgang.ortner@acw.at

**Diagnostics**

Before each therapy a thorough differential diagnosis is required. Besides laboratory and sonography, our diagnostic pillars are anamnesis, inspection and palpation.

Gynaecological anamnesis requires the art of listening. Besides the nature of the complaints, the severity of the description requires special attention. In addition to local findings like scars or abnormalities in physique, inspection pays attention to gait and body language of the patient. Examination of hip- and sacroiliac joints can enlighten interferences with the locomotor system.

As always in Neural Therapy, during palpation a three- layer method with stroke palpation, Kiblers' skinfold and deep palpation of the regional muscles is the most important measure for diagnosis and therapy control. The above examinations lead to an acquisition of reflective signs of disease and present an access via segmental reflexes.

**Treatment**

It should be noted, that there are several access possibilities for segment treatment. In principle, regional urtica can be applied. Infiltration of the sacroiliac and sacrotuberal ligaments as well as preperiosteal depots and techniques of banding in the area of the lumbar spinal column, to the os pubis, to the symphysis and to the iliac crests are techniques, that present a simple and effective therapeutical access to the genital region mainly to the non- gynaecologist.

Subsequently, the treatment via palpable maximum points is discussed. It is no coincidence that effective points via which the treatment takes place in special indications, predominantly correspond to points that are known from acupuncture.

**Free Paper # 17**

**New Approaches on Unexplained Infertility Cases**

Dr.Osman FIRATLI, M.D.

FIRATLI CLINIC, İstanbul Evleri Vefa 2 Blok D7 Bahcelievler Istanbul, TURKEY

e-mail: osmanfiratli@turk.net, osman.firatli@firatlilaser.com

Infertility is defined as the inability of couples to have a successful offspring despite yearlong successful intercours.

**In the infertility of women:**

- 1) Congenital Anomalies
- 2) Infections
- 3) Hormonal abruptions
- 4) Tubal Reasons
- 5) Chromosomal Anomalies
- 6) Unexplained reasons play a role.

The vast majority of the unexplained infertility cases are caused by immune system deficiencies.

As of today, the ASA and ACA levels known to be a sign of immune system deficiencies are not routinely analyzed in infertility clinics. Thus, the ART which is regarded as the only choice in this treatment fails either at the start, or implantation failure results.

Corticosteroids used in preventing implantation failures, low doses of Acetyl Salicylic Acid and Heparin have proven unsuccessful in this treatment.

In addition to this treatment, especially in the United States and in some European countries LIT applications, either by itself or bundled with the ART are being used to resolve the immunity deficiencies.

Another key point is that the uterus, after several traumas, might trigger immunity deficiencies by itself. This case not only requires the analysis of ASA and ACA levels after miscarriage and abortions but also after ART and implantation failures.

Through the application of electro-acupuncture on these patients; the high-levels of ASA and ACA have been reduced to acceptable values and a new approach had been applied in infertility treatments.

**Free paper # 18**

**Zang-Fu in a Nut-Shell: A clinical Chinese Synopsis**

Dr. J.P.J. Fossion (MD)

BVGA-ABMA Belgium/ Dr. G. Lambrechts

Contact : fossion5@netscape.net & bvga@skynet.be & www.acupuncture.be

This Free Paper oral presentation is endorsed by projection in Microsoft PowerPoint. The sequence is presented as a dialogue (with animation effect) between a Western Medical Professor and a Chinese Imperial Official.

The major Chinese syndromes and their mutual relations are presented in a functional manner. The crucial starting concept starts with the relationship between stagnation of Liver-Qi and Liver-Wind. All subsequent syndromes are added to this axis, the deficient ones assembled on the right and the full ones on the left.

The overview contains the concise presentation of Liver-Fire, deficiencies of Blood and Yin, stagnation of Blood and the three Yang-Qi deficiencies (empty Spleen-Qi, deficient Yang-Qi of Spleen and empty Yang of Kidney).

The functional relationship is rooted in the presentation of Western Equivalences in terms of neuroscience, following the same concordant schematic flow-chart. The equivalent Western concepts are expressed in terms of Western paradigms in current use with the concise discussion of frustrative dysphoria, defensive aggression, reward deficiency syndrome (overcompensated and decompensated), learned helplessness, (neurotic) major depression, and the hyperaesthetic emotional syndromes. Thermoregulation is presented in heat production, - conservation (with peripheral vasoconstriction) and – dissipation (with peripheral vasodilation). When necessary, central neurotransmitters (somatostatin, neurotensin & urotensin) are added to the clinical picture very concisely.

The presentation ends with a full picture of all the Clinical Chinese Syndromes and their Western Equivalent Concepts.

**Paper # 19**

**Possibility of Treating Spinal Cord Injured (SCI) Patients by Applying Soft Laser and Extra Low Pulsating Electromagnetic Field (PEMF)**

B. Vukovic-Jankovic MD\*, S. Jankovic PhD MD ass.prof.\*

\*Special hospital for neurological diseases and posttraumathical disorders, Stari Slankamen, SCG

The management (assessment, treatment and rehabilitation) of SCI patients is a very complex and long-term process, all aimed at reducing mortality, co-morbidity, morbidity and secondary complications as well, then minimizing handicap and enhancing the quality of life. SCI is not only a neurological deficit, nor a lesion of the skeletal system, but it must also be considered with an overall view. Injuries of such complexity represent a stress for the organism as a whole and it may be observed as a massive bio-psycho-social insult.

The aim of this paper was to find a better method and a better way of treating SCI patients in order to: reduce the immobility phase, make a safe verticalisation and adequate mobilization, accelerate the neurological recovery, reduce the muscle spasticity, prevent thromboembolism, prevent pressure ulcers etc.

In order to achieve the observed goal, in this clinical study, we have chosen two groups of patients(E-experimental / C-control). All of them were treated by standard physical and rehabilitation procedures. The experimental group was treated by soft laser and ELPEDMF as an additional therapy. Soft laser (infrared) has been applied with 1100 Hz, maximum external power per point  $2.2 \text{ J/cm}^2$ , on the following acupuncture points: GB34, St36, St41, UB60, UB62, K3, Sp6, Sci5, Sci14, Si3, Li4, Li11, Li15 and GB21.

Throughout ten days(five in the week once a month). During the treatment, the therapy with PEMF was performed for 30 min. daily five days in a week. PEMF generator delivers 72 bursts per second. The burst consists of 50 micro-seconds long quasi-squared pulses in trains of 20, with the peak power of 1mT(EBI). In order to evaluate the results of the treatment the following parameters were observed: functional and neurological recovery, gait pattern control, the level of muscle spasticity, EMNeG findings etc. In data processing we used certain tests such as: modified FIM test, Ashford scale of spasticity, MMT etc. All data was analysed in order to quantify the effects of the treatment, and in that term we used the statistical Pearson Chi square test. After evaluating the treatment results we observed a significant statistical difference, in favor of the experimental group, especially within the satisfactory functional recovery, and that is the condition to accomplish the best possible quality of life. And that is our final goal.

**Paper # 20**

**Short-Time Effects of Laserneedle Acupuncture on the Peripheral Microcirculation**

Banzer, W., Hübscher, M.

Johann Wolfgang Goethe University Frankfurt am Main, Department of Sportsmedicine,  
Campus Bockenheim Ginnheimer Landstr. 39, D-60487 Frankfurt

**Objective:** The aim of the present study was to evaluate immediate effects of a standardised laserneedle stimulation over a defined acupuncture point on the microvascular blood flow and muscle oxygenation in the human forearm.

**Background Data:** Recently, it has been shown that laser stimulation improves tissue perfusion. This is relevant since adequate blood supply is an important factor in the treatment of pain syndromes.

**Methods:** The study was designed as a randomised, double blinded, placebo controlled trial. 33 healthy non-smoking males were randomly assigned to a control group (n=15) with no laser irradiation and to a intervention group (n=18) for which laserneedle irradiation was performed on the right forearm at acupuncture point Pe6. Non-invasive blood flow measurements (laser Doppler spectroscopy; LDS) were performed before, during and after intervention. Additionally, the dynamic changes in muscle oxygenation of the m. flexor carpi ulnaris were investigated using near-infrared-spectroscopy (NIRS).

**Results:** Repeated measures MANOVA demonstrated a statistically significant interaction between time and group ( $p=0,034$ , effect size=0,39) indicating that peripheral blood flow was influenced by laserneedle application. In contrast, tissue oxygenation was not affected by the experimental treatment.

**Conclusions:** It has been demonstrated that laserneedle stimulation may improve peripheral microcirculation under standardized conditions whereas tissue oxygenation remained unchanged. Further research is required to determine the influence of various parameter settings and irradiation treatments on the peripheral microcirculation.

**Free Paper # 21**

**The Positive Effect of Gold Rod Implantation on Cervical Osteoarthritis.**

Hans Kryger Kjerkegaard, MD; Thorkild Bøgh Christensen, MD; Ruth Kirkeby, MD  
Danish Medical Association of Acupuncture  
Gold Implant Clinic, Fønnesbechsgade 18 B, 7400 Herning, Denmark.  
www.gold-implant-clinic.com, gold.doc@mail.dk

The aim of this study was to evaluate the effect of gold rod implantation on patients with cervical osteoarthritis. Since the 1970's North-American and European veterinarians have used gold implantation techniques to treat various painful joint conditions in dogs and horses. Small rods of gold (2.5 x 1 mm) are implanted at appropriate acupuncture points to provide pain relief to these animals. Published veterinary results showed an 80 % rate of success. Based on this information, I started gold implantation in human patients in 1996. Since that time, I have dealt with approximately 6000 cases. About 50 percent of these patients suffered from lumbar disc degeneration, 33 percent had arthritic knees, and the remainder consisted of people who had arthritic hips, cervical osteoarthritis or arthritic problems in other parts of their bodies. To investigate the value of this new acupuncture related procedure, we conducted a randomized, double-blinded and placebo-controlled study on a group of patients with cervical osteoarthritis from 2002 to 2004. The research sample consisted of 46 patients. This sample was divided into two groups: (1) Group A (24 people) were treated with gold implantation; and (2) Group B (22 people) who received a placebo treatment.

**The primary results after one year were:** (1) Group A - 16 patients or 67 % showed positive effects; and (2) Group B – 2 patients or 9% showed positive effects. These results show that gold implantation is a useful alternative to treat cervical osteoarthritic pains. They are similar to outcomes reported in veterinary journals and those encountered in my clinic during the past decade.

**Paper #22**

**Physical Medicine and Rehabilitation Need Neural Therapy!**

Dr. Ursula Fischer

Member of the Austrian Society of Neural Therapy

Junior President of the Medical Society of Lower Austria

Landeskrankenhaus St.Poelten/ Institute PM&R, Propst Fuehrerstraße 4, A- 3100 St.Poelten,  
AUSTRIA

e-mail: u.fischer@kstp.at

PM&R is a medical specialty focused on prevention, diagnosis and non surgical treatment of disorders associated with disability.

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

Pain and limitation of motion are the principal reasons why patients come to physiatrists. In many cases neural therapy is the first way to treat the pain and often leads to a response of the body at all. The clinical experience of the last years shows, that there are even more **“non-responders”**; so NT gains more and more in significance. NT, as a healing technique that involves injections of local anaesthetics(LA) into autonomic ganglia, peripheral nerves, scars, teeth, acupuncture and trigger points etc. can be used outstanding in pain management.

Like the individual methods of physical therapy those represents a form of regulation to NT. So there must have remained some ability for regulation and a certain measure of “self-healing” to the body.

Injuries, surgical procedures and scars may create local disturbances in the autonomic nervous system (ANS) that actually change the electrical field of the body, often causing pain or dysfunction at remote sites. Injecting a LA at the original place of disruption neutralizes or depolarizes the local disturbance and relieves the pain in the distant affected area.

NT, 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 and a faster restitution. Often dramatic results are obtained with NT. The patients may be able to freely, painlessly move the muscles and joints immediately after receiving the injection and so effective rehabilitation may be possible.

**Paper #23**

**Low Level IR Laser Acupuncture/Therapy– the High Energy Regulatory Treatment**

Dr.Oskar Mastalier,D.M.D.

Incomed Institute for Holistic Medicine-Naturopathy-Algesiology, Oberaudorf-Germany

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 powerfull 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 happends by input of correct frequential biological information and elimination of false pathological informations.The IR-Low Level–Laser therapy stimulates the Na<sup>+</sup>//K<sup>+</sup> 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 adaptibility 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 substancies, the effect of wawe 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 irritaion 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 succesful clinical use for skin diseases since more then 25 years.Own experiencies 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 wawes 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 wawes. Defined IR-Laser frequencies according to P.Nogiers experiences have principle effects and are apointed to pathological situations such as the

International Council for Medical Acupuncture and Related Techniques  
Abstracts of ICMART 2006 Congress

antiinflammatory frequency A' of 292 Hz or frequencies with analgetic effects, further such as C' of 1168 Hz for abrupt shooting sympathetic pain or E' of 4672 Hz by exact localized pain- or other frequencies ( e.g.F'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' on tonification point or B' 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 postherpetic 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

International Council for Medical Acupuncture and Related Techniques  
Abstracts of ICMART 2006 Congress

demand especially in pediatry and geriatric medicine. and - last not least - for doctors being 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 definite 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 Magnetic Resonance-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 techniques 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.

**Paper presentation # 24**

**Acupuncture Biostimulation in Cows**

Prof. Dr. Hegyi Gabriella MD.PhD.

National CAM Institute- TCM Faculty, Budapest, Hungary

1196. Budapest, Petöfi u.79.

E-mail: drhegyi@hu.inter.net

**Introduction:** Acupuncture is effective for the treatment of postoperative and chemotherapy-induced nausea and vomiting. Also, some data indicate that acupuncture may be useful for headache, low back pain, alcohol dependence, and paralysis resulting from stroke. For most of the remaining conditions, there is little evidence that acupuncture is either effective or ineffective. This study has the aim to prove the effectiveness of an old- but renewed – technique for improvement of *lactation in mammals* with controlled, statistically analysed trial.

**Material and method:** The common and classic treatment of the dry needling technique for human patients is the biostimulative application either or (daily, weekly). The structural, psychosomatic individuality of the given biomaterial (mammary) limits an application like this. Essential in agriculture: the tolerability and the time factor. So *we have developed a unique, special instrument* which is well tolerable, and makes the methods easy to apply without causing any significant pain. Experimenting with, it has been proven that harder to handle animal shelters. The application allows the decreasing of *the frequency of biostimulation acupuncture treatments*, in spite of previous applications. We managed to reduce the number of applications to *once a month only*, which helped to avoid the psychosomatic “disturbance” of the veterinary subjects.

**Procedure:** There were 100 Holstein cows selected after delivery and were split into 2 groups (treated and control groups). We put an absorbable, allergic-free monofilament into the lumen of the needle, which were inserted easily into the skin surface and into the deeper tissues. The important attribute of the monofilament is the absorption, which actually represent the correct dosage controls). Our application was expanded later for human patients as well, suffering from balance and moving disorders i.e. after a stroke as residual symptoms. We used the technique for handicapped children as well, to *eliminate their muscle spasms, forced carriage*, and to make *their rehabilitation easy for the team of helpers*. The frequency of the stimulation was important as well; the lowered number of application was successful especially in the Institute for Disabled Children Institute (Debrecen). We succeeded in reducing of giving sedative, relaxant pills, as well the spasmotic ones. Beside of this success, their mental state was improved as well, and *allowed them to go to school for basic education*. This form of acupuncture biostimulation used by us *has no dangerous, exogenous materials for treated bioentity*. The conditions of the randomized and controlled investigations are the determination of the exact and correct physiological parameters. *The time, dosage, dosage-territories, quality and quantity of the applying material formed these conditions*. The method introduced by us does not need any technical support. The need of care for animals, (big-

International Council for Medical Acupuncture and Related Techniques  
Abstracts of ICMART 2006 Congress

body-benefit-animals) diminished. The frequent “disturbance” of animals applications is a stress situation for the period of lactation as well.

**Result:** This effect via the Central Nervous System could influence the quality and quantity of milk-production. We were able to reduce the stress situation with a reduced number of bio-stimulating procedures for these animals. We have initiated the **patent pending** of this instrument, and respectively, for its automatic variant developed also by us.

**Conclusion:** There are essential and important methods used in medicine and in agriculture as well, which *are more cost-effective, have economic savings*, and they are worth introducing them into practice. The produced milk parameter has shown significant development after permanent acupuncture application in bovines treated. *With application we were able to avoid the dangerous artificial iatrogenic infection of the animals, and human patients* (which has sometimes occurred by the application of above and under slip-not of the skin in the Far-East. Besides, they apply animal origin tissue for insertion – catcut or plant embedding form - Besides them we were able to prove a significant milk production and it’s qualitative development.

**Paper # 25**

**Acupuncture Treatment of Low Back Pain**

Dr Chin Chan

Federal President, Australian Medical Acupuncture College

E-mail: cchan@bigpond.net.au

Tel office: 61-7-5592 6699

Fax office: 61-7-5592 6770

Tel mobile: 61-414-303 333

This is a simple study looking at the effectiveness of acupuncture in treating low back pain. Commencing July 2002, all new patients coming to the clinic suffering from low back pain +/- sciatica were included in the study. Over a four month period 43 people were recruited for this study, 16 male and 24 female. 3 patients completed less than 3 treatments and were excluded from the study. The youngest subject was 19 years and the oldest was 78 years with an average age of 55.8 years. There were no exclusions based on severity of symptoms or pathology.

The type of cases included disc degeneration, disc prolapse, spinal stenosis, spondylolisthesis, scoliosis and post spinal surgery pain. The spinal surgery was performed more than 2 years earlier in all cases.

Acupuncture treatment was given using local points at the site of pain in the back and distal points. The lumbosacral spine was examined with the patient lying in the prone position and the interspinous space of maximum tenderness was located. A 25mm needle was inserted into this interspinous space. 25mm needles were also inserted into the interspinous space one level above and one level below that of maximum tenderness. The bladder point on the inner bladder meridian was needled bilaterally at the level corresponding to the level of maximum interspinous tenderness. The distal point used was always B40 bilaterally. Patients were treated at weekly intervals. At the second consultation if there was improvement then the treatment was continued unchanged. If there was no improvement at the second consultation then electroacupuncture at 2Hz was added using the two bladder points at the level of maximal interspinous tenderness.

Treatment was given until the subject had achieved adequate pain relief. The average number of treatments required was 5.5 with a range of 3-13. 4 patients required more than 10 treatments, 23 patients required fewer than 5 treatments and 13 patients required 5-9 treatments. 16 patients responded well to needle acupuncture only. The remaining 24 patients required the addition of EA at 2Hz, of these 16 responded, ie 8 failures. 32 out of 40 patients responded to treatment ie 80%. Pain was measured using a visual analogue scale 1-10, with 0 = no pain, 10 = maximum pain. The average entry pain score was 7.7 and the average pain score at the end of treatment was 3.7.

This is deliberately a simple study. Treatment is based on the presenting symptom, which is in all cases low back pain +/- sciatica, and this is regardless of the underlying pathology. All patients received a standard treatment protocol.

The results suggest that the acupuncture treatment protocol used in this study is of benefit in managing non-malignant low back pain +/- sciatica.

Acupuncture treatment of low back pain merits further investigation

**Paper # 26**

**First Aid and the Complex Therapy of Burn Trauma Acupuncture and Myoskeletal Manual Lymphatic Drainage**

Loskotova Anna, Para Frantisek, Loskotova Jitka  
SALVE centre – RHB, Jiraskova 177/IV, 566 01 Vysoke Myto  
Charles Univ. Hospital, Department of Neurology, Nezvalova 261, 500 05 Hradec  
Kralove Czech Republic  
Email: salve.vm@worldonline.cz; parafran@tiscali.cz

**Introduction:** In an armed conflict, in war or in peace (terrorist attacks), the number of burn trauma can rise to many dozens of percent from the overall number of traumas. Burns and their impact on organism represent an extensive problem - both medical, social and economic. This pilot study represents a possible solution.

**Aim of the study:** To prove the necessity of timely application of acupuncture (ACU) and myoskeletal manual lymphatic drainage (MMLD) as complementary methods in treatment of the burn trauma, which are very effective.

**Set of patients:** The authors have followed 221 patients altogether, in the period of 21 years.

**Methodology:** Standard treatment of burns Acupuncture - timely obligatory application of a needle to the L7 point bilaterally (the most important intervention in the information networks) Myoskeletal manual lymphatic drainage.

**Results:** 219 patients (99 %) healed within 4 weeks, with reduction of the burn shock, analgesics, tranquilizers and antibiotics; without any scarring and necessity of rehabilitation. The infection does not develop and immunodeficiency induced by cytokines does not occur. Timely application of the first ACU is substantial - the earlier the application (up to 30 minutes) the faster and better the healing result; it triggers the recursion of all the initiated pathological processes. MMLD improves the transportation of deponating and circulating immunocomplexes; spasms relaxation.

**Conclusions for practice:** ACU is appropriate as the first aid treatment for both the burn trauma and subsequent therapy. It is appropriate to complement ACU with MMLD to achieve faster healing and better results.

**Paper #27**

**Acupuncture for Neck Disorders: A Systematic Review**

Trinh KV\*, Graham N, Goldsmith CH, Gross AR, Wang E, Cameron ID, Kay T

\*Associate Clinical Professor, Chair, Interviews, MD Admissions,

McMaster University, DeGroot School of Medicine, Hamilton, Ontario, Canada

**Objectives:** To determine the effects of acupuncture for individuals with neck pain.

**Method:** We searched MEDLINE, EMBASE, MANTIS, CINHALL from their beginning to the September 2004 and Cochrane CENTRAL. We searched reference lists and the acupuncture database in China. We included any published randomised controlled trial (RCT), quasi-RCT or quasi-controlled clinical trial (CCT), either in full text or abstract form. Study quality was assessed using the Jadad criteria. When clinical heterogeneity was absent, we combined studies using random-effects meta-analysis models.

**Results:** We found 10 trials that examined acupuncture treatments for chronic neck pain. Overall, methodological quality had a mean of 2.3/5 on the Jadad Scale. For chronic mechanical neck disorders, there are moderate evidence that acupuncture treatment is more effective compared to some type of sham controls at the end of the treatment for pain relief. However, this effect is short lived. There is moderate evidence that acupuncture is more effective than inactive treatment post-treatment and there is moderate evidence that acupuncture is more effective than inactive treatment at short term follow-up by meta-analysis (Pooled SMD -0.37, 95% CI -0.61 to -0.12). There is limited evidence that acupuncture is more effective than massage at short term follow-up. For neck disorders with radicular symptoms, there is moderate evidence that acupuncture is more effective compared to a wait-list control at short term follow-up.

**Conclusions:** There is moderate evidence that acupuncture is more effective compared to some type of sham controls, to a wait-list control and to inactive treatments for pain relief.

**Paper # 28**

**Acupuncture in Pain Treatment- a Psychophysiological Approach**

Bäcker-M<sup>1</sup>, Schäfer-F<sup>2</sup>, Balzer-S<sup>1</sup>, Siegler-N<sup>1</sup>, Lütke-R<sup>3</sup>, Dobos-GJ<sup>1</sup>

<sup>1</sup> Chair of Complementary and Integrative Medicine, University of Duisburg-Essen, Am Deimelsberg 34a, 45276 Essen, Germany; Email: marcus.baecker@uni-essen.de

<sup>2</sup>Institute for Physiological Psychology, University of Wuppertal, Germany<sup>3</sup>Karl und Veronica Carstens-Stiftung, Essen, Germany

There is accumulating evidence from randomised clinical trials employing sham acupuncture at non-acupoints as control intervention, that for various diseases the relevance of “point-specific” effects has been overestimated. This observation is discussed in the present review based on a psychophysiological view on acupuncture therapy. From this perspective the term and concept of “specificity” is critically evaluated for acupuncture research. Thereby different elements of action are newly defined as a) specific physiological needle effects, b) unspecific physiological needle effects, c) specific psychological effects and d) unspecific psychological effects. The review discusses the relevance of these effect categories for acupuncture practice, addresses open questions for research and gives data from own psychophysiological studies.

**Paper #29**

**Further Preliminary Clinical Studies in the Treatment With Acupuncture of Spermogenesis Deficiencies in Male Infertility**

Authors - Cucci M., Garofano G., Geroldi G., Pirino A.

Istituto Superiore di Agopuntura - Milano

Tel/fax: +39 02 48100725

E-mail: info@isagopuntura.org

**Introduction** - In the field of infertility the modern medicine hasn't yet achieved the outcomes expected. The aim of this work is to illustrate both the diagnostic-therapeutic hypothesis we gradually reached and the preliminary clinical results we obtained with a broader case-reports than in the past.

**Materials and method** - The study of the TCM and its decoding from a scientific viewpoint by means of the ELS led us to consider the Wonderful Vessel Tchong Mai the most suitable energetical level to cope with these diseases. These consideration allowed us to think of these diseases as expression of an energetical deficiency of the Tchong Mai, and to conceive an acupuncture treatment aiming at rebalancing, by stimulation, the energy of the Tchong Mai and the Ming Men, the "gate of the light".

The sample of patients was formed by 20 subjects, aged between 28 and 35. None of the selected subjects showed anatomical and hormonal alterations.

**Results** - The spermograms carried out after the end of the second cycle showed a re-entry of the number of spermatozoa into the normal values although at the lower limits, for all the patients. The percentage of the hypo motile forms fell in all the cases under 40%, while the teratogenesis kept substantially steady.

**Conclusions** - The small power of the sample and the lack of further verifications do not allow advancing scientific certainties on the effectiveness of acupuncture. Nevertheless, the good results obtained allow being optimistic in trying to verify on large scale the usefulness of acupuncture in this important sector of a man's life.

**Free Paper # 30**

**Biological Laser Therapy: Painless Laser Needle Acupuncture and Intravenous Laser Blood Treatment With Green, Red and Infrared Laserlight**

Michael Weber, MD, GP

Lönsstrasse 10, 37697 Lauenförde, Germany

Member of the DÄGfA and DGfAN, Germany,

President of the European Society of Biological Laser Therapy and Acupuncture (EGLA)

Hospital Neu Maria Hilf, University of Göttingen, Germany

Tel.: +495273/8455, Fax.: +495273/7450, Mobile: +49172/1637368

E-mail: [dr\\_m.weber@gmx.de](mailto:dr_m.weber@gmx.de)

Internet: [www.egla.de](http://www.egla.de)

A new acupuncture with laser needles has recently been introduced into therapy. Like real needles, laser needles stimulate the acupuncture points; yet, they are not pricked but set on the body surface. Up to 12 points on the body as well as in the ear's or head's microsystems can be treated simultaneously. Double-blind studies allowed proving effects similar to needles in the central nervous system. Biostimulating effects of the Low Level Laser additionally increase the therapeutical effect. A new system with a combination of green, red and infrared laser needles for different penetration depths is now available. In clinical studies, the laser needle acupuncture proved to be more effective and enduring as compared to the metal needles. Side effects have not been observed.

Intravenous laser blood irradiation ( blood acupuncture ) is a new method for systemic laser treatment. The laser beam is conducted directly into the human blood.

The photon stream applied intravenously leads to an activation of the mitochondria, an energetic stabilisation of hypoxic cells and a laboratory-chemical verifiable increase of the metabolic channels. In case of chronic liver diseases, diabetes mellitus and disorders of fat metabolism, measurable therapeutic effects lasting for 6 months can be achieved. Immunological disorders like allergies and chronic pain syndromes can also be treated successfully. A new blood lasersystem with blue, green, red and infrared lasers was used. The combination of external laser needle acupuncture and internal systemic laser blood treatment offers an ideal method for various chronic and often hard to treat clinical syndromes.

**Free Paper # 31**

**Effect of Acupuncture on Nasal Obstruction in Patients with Persistent Allergic Rhinitis: A Randomized Controlled Trial**

Yang-Chun Park<sup>1</sup>, Jung-Hyo Jo<sup>1</sup>, Kwon-eui Hong<sup>2</sup>, Wee-Chang Kang<sup>3</sup>, Ji-Eun Park<sup>4</sup>, Dal-Seok Oh<sup>4</sup>, Byeong-Kab Kang<sup>4</sup>, Sun-Mi Choi<sup>4</sup>

<sup>1</sup>Department of Internal Medicine, College of Oriental Medicine, Daejeon University, Daejeon, Korea

<sup>2</sup>Department of Acupuncture and Moxibustion, College of Oriental Medicine, Daejeon University, Daejeon, Korea

<sup>3</sup>Department of Information & Statistics, College of Law & Economics, Daejeon University, Daejeon, Korea

<sup>4</sup>Department of Clinical Research, Korea Institute of Oriental Medicine, Daejeon, Korea

**Corresponding Author:** Sun-Mi Choi, KMD, Department of Clinical Research, Korea Institute of Oriental Medicine, Daejeon, South Korea.

(Tel. 82-42-868-9485, Fax. 82-42-863-9464, E-mail : smchoi@kiom.re.kr)

**Objective :** Allergic rhinitis is a prevalent disease. Nasal obstruction is one of the main symptoms in allergic rhinitis. It induces sleep disturbances, depression, attention deficit, memory impairments. The purpose of this research is to examine the effect of acupuncture treatment for nasal obstruction of allergic rhinitis.

**Methods :** In this randomized, single blind, placebo-controlled study, we compared active acupuncture with minimal acupuncture for the treatment of nasal obstruction owing to persistent allergic rhinitis. Acupoints used in active acupuncture group were IL20, GV23, IL4. Volunteers who satisfied the requirements were enrolled in study. Total nasal volume (NV) and total nasal minimum cross-sectional area (MCA) were measured by acoustic rhinometry before and after treatments(0min, 7.5min, 15min).

**Results :** 101 subjects finished study. There were not differences between two groups on age, sex, weight, height, blood pressure, pulse, respiratory rate, severity of persistent allergic rhinitis, number of positive antigen. After treatment (0min) total nasal volume (NV) were significantly increased than before treatment in active acupuncture group ( $p=0.0007$ ) and minimal acupuncture group ( $p=0.0175$ ). After treatment (15min) total NV of active acupuncture group was significantly maintained increasing than minimal acupuncture group ( $p=0.0440$ ). After treatment (0min) total minimum cross-sectional area(MCA) were significantly increased than before treatment in active acupuncture group( $p<0.0001$ ) and minimal acupuncture group ( $p=0.0005$ ). After treatment (15min) total MCA of active acupuncture group was maintained increasing in degree of borderline significance than minimal acupuncture group ( $p=0.0805$ ).

**Conclusion :** Acupuncture treatment reduced nasal obstruction in persistent allergic rhinitis. Further study in the form of long term is needed.

This research was supported by a grant from Acupuncture, Moxibustion and Meridian Research Project funded by the Korea Institute of Oriental Medicine (KIOM)

**Paper # 32**

**Where are the Benefits of Combining Acupuncture and Neuraltherapy in Treatment of Myofascial Syndromes**

LIERTZER Helmut M.D.

(Orthopaedic department, Herz-Jesu Hospital, Vienna; Johannes Bischko Institute for Acupuncture, Vienna, Austria)

Unlike acupuncture neuraltherapy was discovered and developed by *Huneke* last century. Both kinds of therapy have in common a potential of a more or less side effect free treatment of myofascial pain syndromes.

Both kinds of therapy are applied primarily in the segment. An essential component of this segmental reflex therapy is the examination and treatment of local trigger points (*Travell & Simons*).

Differences between both methods are found in the peripheral treatment. The use of distant points is of decisive importance for acupuncture according to the traditional concepts. Newer concepts in neuraltherapy also use points along the muscle chains which correspond largely to the acupuncture meridians and are treated with local anaesthesia. Furthermore it is possible to stop the influence of disturbed structures (like sinusitis, bad teeth, scars) for at least a short time. In that case the physiological regulatory system can be built up again normally and the readiness to react on a therapeutic stimulus is restored again. This effect can be a help for patients who didn't respond to a previous acupuncture therapy.

The combination of neuraltherapy with ear acupuncture or scalp acupuncture has proved itself useful, as well as the combination of body acupuncture with neuraltherapy when there is suspicion of additional loads by disturbed structures.

**Free Paper #33**

**New Ways in Treatment of Cerebral Palsy and Brain Strokes. Acupuncture Treatment of Cerebral Palsy With Speech Disorders**

Petr FIALA, Prof. M.D., 1<sup>st</sup> Medical Faculty Charles'University Prague, Czech Republic  
and Stepanka Reslova, Mgr., Arpida, Ceske Budejovice, Czech Republic

In the ICMART Congress 1997 (Nicosia, Cyprus) we reported about 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 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). Similar problems we often observe in brain strokes (aphasia) in seniors and patients after a severe cerebral trauma.

We are presenting now results of nearly 10 years work with handicapped children as a fruit of the cooperation between the 1<sup>st</sup> Medical Faculty of Charles's University, Prague and the Institute for the rehabilitation of handicapped children named „Arpida“ in Budweis (České Budějovice), CZ.

Our new pilot study presents 13 children's patients – 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:** 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 local and distant points and a mild stimulation as a smooth massage, stroking, tickling, brushing with a toothbrush, tipping with the fingers etc.

**To give the local (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).

International Council for Medical Acupuncture and Related Techniques  
Abstracts of ICMART 2006 Congress

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.

**Free Paper # 34**

**From Acupuncture to Traditional Chinese Orthopaedics – A Journey from the West**

Dr. med. Jürgen Bachmann  
Orthopäde - Rheumatologe

We share an expanding horizon of acupuncture at present. Acupuncture becomes more sophisticated, there are increasingly well designed clinical studies, and there is an increasing awareness of the related techniques, either from an eastern or western background. With increasingly complex clinical pathways however the question of professional differentiation becomes more imperative.

Some of the best indications for acupuncture lie in the field of the locomotor system and there are a number of treatment approaches to the the locomotor system that form Traditional Chinese Orthopaedics.

This presentation is aimed to give an introductory briefing on Traditional Chinese Orthopaedics to a western audience. There is no professional body of Traditional Chinese Orthopaedics in the West as yet, so the briefing runs along the biographical lines of a personal exposition, development and training as a specialist in Traditional Chinese Orthopaedics & Traumatology presenting original material from the last 20 years.

The 5<sup>th</sup> World Symposium on Traditional Chinese Orthopaedics was held in Germany June 2004 as the first one outside the pacific region. The main points on the agenda were the integration of traditional Chinese orthopaedics and Chinese manual therapy into a western setting of conservative treatment in the locomotor system and the application of acupuncture within Traditional Chinese Orthopaedics.

Following this path the most important fields of discussion will be touched so as to open the discussion that may contribute to turning the role of acupuncture from an ill-understood panacea in pseudoholistic health care delivery to a valuable and versatile gem in multimodal therapeutic concepts of an integrated medicine.

**Paper #35**

**Acupuncture & Bone Diseases**

Prof. Juan A. Vecino-Ferrer (M.D. & Ph.D) et al. - Spain  
Anatomy & Histology Humans Department. Zaragoza University (Spain).  
Pº Constitución nº 16, 4ºB.- 50008. Zaragoza (Spain)  
Phone: +34976235753  
e-mail: juanantonio.vec@teleline.es

The acupuncture is a therapeutic method clinically effective in the osseus diseases like osteoporosis and bone fractures.

We have performed a study about the effect of acupuncture in ossification process.

In a comparative study made upon rabbits, we have observed differences so in the structural plane (disposition of osteoblast and aspect of bone trabeculae), than in biochemical plane (ion concentrations, calcium and phosphorus). Results showed distribution of osteoblasts and bone trabeculae appearance were more compact in animals that received acupuncture. The plasmatic concentrations of calcium and phosphorous were maintained at 2:1 (the most adequate for bone synthesis) in the treatment group starting day 1, but it did not happen in the control group.

Subsequently, in another comparative study with dogs, we have observed differences so in the hormonal changes (Isoenzyme osseus of the Alkaline-Phosphatase and Acid phosphatase tartrate resistance). Animals which were treated with acupuncture showed I.O.A.Ph. (osteosynthesis index) increased of more than 31 % upon basal level but this factor decreased in the control animals more than 47 %. More, about A.Ph.T.R (osseus resorption index) we tested that it increased in control animals more than 27% but it decreased in acupuncture treated animals about 10%.

**Treatment is the same for both cases.**

1. Pre-acupuncture: Experimental osteotomy of the femur
2. Acupunture:
  - a. Selected points: Shenshu (23 B); Dazhu (11 B); Zhaohai (6 K); Huantiao (30 G.B.); Xuanzhong (39 G.B.).
  - b. Electro-stimulation (electric stimulator QW-6F) in some points

**Paper # 36**

**Acupuncture for Aallergies and Asthma**

Helmut Ruedinger MD

Vice President – German Medical Acupuncture Association DAEGfA

Bismarckstrasse 90, 20253 Hamburg, Germany

Email: [ruedinger@daegfa.de](mailto:ruedinger@daegfa.de)

Tel. 0049401724548668, Fax 004940470073

Clinical trials and systematic reviews from the last 30 years show contradictory effects of acupuncture in the treatment of asthma. Most studies however were methodologically limited because of too small a number of treated patients. Two studies from Germany and Switzerland will be discussed.

Another relevant methodological issue is that there is no adequate “placebo” control in acupuncture trials, since there exists no physiologically and psychologically inert acupuncture-like procedure. This leads to the problem of false negative results when comparing “real acupuncture” with “placebo/sham/minimal” in many trials.

Acupuncture studies on allergic rhinitis were already being performed 20 years ago in Eastern Germany at the University of Dresden. In 2004, a large randomised controlled clinical study on the use of acupuncture in treating allergic rhinitis was performed by the University of Berlin (Charité) and the “Techniker Krankenkasse” (statutory health insurance company). 981 patients were randomised. The aim of the study was to investigate the effect of acupuncture as an “add on” to routine care. The recently published data show a significant and clinically relevant improvement in the quality of life after treatment with acupuncture and routine care compared to patients who were only treated with routine care. The same university and statutory health insurance company performed a study on asthma. Preliminary data indicate similar results to those in the allergic rhinitis study, but the final data are not published yet.

**Free paper # 37**

**Zang-Fu in a Nut-Shell: Liver dominating Spleen.**

Dr. J.P.J. Fossion (MD)

BVGA-ABMA Belgium/ Dr. G. Lambrechts

E-mail : [fossion5@netscape.net](mailto:fossion5@netscape.net) & [bvga@skynet.be](mailto:bvga@skynet.be) & [www.acupuncture.be](http://www.acupuncture.be)

This Free Paper oral presentation is endorsed by projection in Microsoft PowerPoint. The sequence is presented as a dialogue (with animation effect) between a Western Medical Professor and a Chinese Imperial Official.

A scientific model is presented which could explain two major clinical signs pathognomonic for Liver dominating the Spleen and the three Yang-Qi deficiencies, namely postprandial epigastric distension and loose stools resp.

The model contains a graphic presentation with animation of the fossa rhomboidea with projection of the dorsal vagal nucleus and the nucleus of the solitary tract.

Two essential differentiating stress-coping mechanisms in neuroscience are concisely explained: avoidable or escapable stress acting on CRF2-receptors and unavoidable or inescapable stress activating CRF1-receptors in the dorsal vagal complex.

Both stress-coping mechanisms are demonstrated with animation separately. They are endorsed by sequences between somatostatin, urocortin and CRF. The notions of frustrative dysphoria, reward deficiency syndrome, learned helplessness and (neurotic) major depression are revisited.

Urotensin, as model for stagnant Blood in our previous Free Paper, is presented again with respect to the above stress-coping styles.

The presentation ends with the Chinese Clinical Synopsis, but with the sequential addition of the presented neurotransmitters and receptors to the final overview.

**Paper # 38**

**Microsystems Therapy in Functional Disorders of E.N.T. and Stomatology.  
Scientifically Proved Acupuncture Approaches in Sinusitis, Vertigo, Cranio-  
Cervico-Mandibular Dysfunctions and Orofacial Pain**

Jochen Gleditsch, MD, DDS

President, ICMART 1990-1992

Honorary President, German Medical Acupuncture Association (DÄGFA)

Lecturer and Consultant at the Medical Faculty of Ludwig-Maximilians-Universität, Mun

Universitarian trials performed at the E.N.T. resp. Stomatology Departments of the universities of Dresden, Munich (both in Germany) and of Vienna (Austria) have proved that acupuncture is very beneficial in the treatment of functional disorders in the said fields.

The points which proved most effective were points of the earlobe, of the skull (YNSA), of the oral cavity, as well as points of the hand, all of which are microsystem points. Experience shows that efficacy can be increased when using analogous points of several microsystems simultaneously.

An important feature of microsystems acupuncture is that points have to be pricked precisely. This is achieved best by detecting the points in question with the acupuncture needle itself ("Very Point Technique").

**Paper # 39**

**Acupuncture Treatment for Obesity: A Randomized Control Trial**

Kay Keng Khoo, MD

Principal Family Physician at a private medical clinic in Australia,

Fellow of the Royal College of Physicians of Edinburgh,

Federal Vice-President of the Australian Medical Acupuncture College.

Telephone +618-94512800

E-mail: kkkhoo99@yahoo.com

The prevalence of obesity has increased alarmingly world wide in recent decades and has assumed epidemic proportion. Obesity is a significant risk factor for several important systemic diseases and contributes to morbidity and mortality. Where conventional therapies fail to reduce weight effectively, people are increasingly seeking alternative therapy such as acupuncture. Controlled trials that measured the effect of acupuncture alone without diet restrictions gave conflicting results on the efficacy of acupuncture for weight loss. This is a prospective, randomized controlled trial of 30 obese patients (minimum age, 20 years; body mass index >30) attending a general practice clinic in Australia. Patients in the control group (n=15) followed a diet and exercise regimen, and patients in the intervention group (n=15) received acupuncture treatment as well as following the same diet and exercise regimen for 5 weeks. Bilateral acupuncture points used were PC6 and ST36; used were also were small Acu-patch 1.2 mm stainless steel press spheres taped over the hunger point in front of the tragus of the ears.

Patients' weight and BMI were measured at baseline and at the conclusion of the trial. The intervention and control groups were matched for age, initial weight and BMI. The total weight loss in the control group was 36 kg, averaging a weight loss of 2.4 kg or 2.5% of body weight. The corresponding figures for the intervention group were 72 kg, averaging 4.8 kg or 5% of body weight. The difference in absolute weight loss was statistically significant ( $P=0.006$ )

Further studies are required to confirm this finding of enhanced weight loss in patients receiving acupuncture along with a diet regimen of reduced energy intake and increased energy expenditure.

**Paper Number 40**

**Cancer Patients and Acupuncture: A Synthesis of 23 Years of Research**

Philippe Jeannin, MD

Cancer is the second cause of death in the world. In the treatment of cancer, Acupuncture can play a very important role.

**Purpose of study**

To assess the efficiency of acupuncture on 4 levels

- 1-Relieve pain caused by cancer
- 2-Neutralize most of the side effects of chemotherapy and radiation
- 3-Normalize the blood chemistry during chemotherapy
- 4-Stimulate immunity and increase chance of healing

**Methodology**

A specific protocol of acupuncture will be adapted to the different treatments of chemotherapy and/or radiation, and will be developed in my paper.

**Results**

On 892 patients, most secondary effects of chemotherapy and radiotherapy are neutralized in over of 75% of the cases by acupuncture and their blood chemistry are normalized, as well.

**Conclusion**

In addition to the treatment of the cancerologist, acupuncture enhances quality of life of the patient and increases his chances of better healing.

## Free paper

### **Detoxification Treatment Process Controlled by the MSAS**

L. Kravcenko, MD., Ph.D., Ass. Prof.

Centre of psychosomatic diseases

Kravcenko Leon, Nam. Miru 14-15, 787 01 Sumpperk, Czech Republic.

Tel: +420 649 217676

Fax: +420 649 217676

E-mail: [kravcenko@tiscali.cz](mailto:kravcenko@tiscali.cz)

Medicine has made such stunning progress that these days practically nobody is healthy. A logical conclusion would be to question the methods of classical medicine and attempt to examine a new approach.

Great rises in chronic and degenerative illnesses suggest that more attention should be paid to detoxification processes that can be carried out on physical and information level.

The most important are: mental detoxification (removal of negative information programs); fasting course with the following detoxification diet; individual detoxification program based on patient's organ pathology: intestine, liver or kidney clearance, lymphatic system clearance etc.

During a fasting course (fasting period lasted from 14 up to 29 days) all our patients (24) were under a classical biochemical examination, 17 of them were tested by EAV (electroacupuncture measuring) and the last 7 were controlled by MSAS (Meridian Stress Assessment Systems). Each patient was tested 4 times during the therapy. (The results of the measuring and some patient cases will be discussed during the presentation)

#### **Preliminary conclusions:**

1. There has been established the following regularity: on 10-12<sup>th</sup> day of the detoxification therapy all previously pathologic characteristics of the acupuncture points return into an energetic equilibrium. That corresponds to a well-known phase in fasting when the acidotic crisis reaches its maximum.
2. After the detoxification therapy the energetic imbalance appears in the most effected organs and meridians, allowing to make more precise diagnosis and prognosis.
3. MSAS is one of the best methods to control and guide the process of body detoxification that can help the patient to regain a healthy energetic balance.

**Free paper**

**A Pilot Study of Acupuncture Treatment for the Osteoarthritis of the Knee Joint on the EBM (Evidence-Based Medicine)**

Kim Sung Chul, Lim Jeong a, Lee Jung Deok, Lee Sang Kwan, Lee Sung Young, Moon Hyung Cheol\*, Park Ji-Eun\*\*, Kim Joon Gil\*\*, Kang Byeong Kab\*\*, Koo Sung Tae\*\*, Chung Young Hae\*\*\*, Choi Sun Mi\*\*

\*Dept. of Acupuncture & Moxibustion, Won-Kwang University Oriental Medical Hospital, Kwang—Ju.

\*\*Dept. of Medical Research, Korea Institute of Oriental Medicine.

\*\*\*Dept. of Nursing, Dong-Shin University.

**Corresponding Author:** Choi Sun Mi, KMD, Department of Clinical Research, Korea Institute of Oriental Medicine, Daejeon, South Korea.

(Tel. 82-42-868-9485, Fax. 82-42-863-9464, E-mail : smchoi@kiom.re.kr)

**Objectives:** To determine whether the pragmatic acupuncture treatment provides more effective pain relief than treatment using the same acupuncture point to the all patients.

**Methods:** We randomly allocated participants to treatment group 1 and 2. The group 1 is the pragmatic treatment group and the group 2 is using the same acupuncture point to the all patients.

Primary outcomes were measured by the Western Ontario and McMaster Universities Osteoarthritis index (WOMAC) pain and function scores at 4, 8, and 14 weeks. Secondary outcomes were measured by 100mm VAS(Visual Analog Scale), ROM (Range of Motion) using Goniometer, and pain threshold using pressure algometer.

**Results:** When patients were extension of the knee, they were statistically significant in improvement of the ROM in 14 weeks. Whole body condition and pain rate through VAS measurement were improved significantly in 14 weeks. Also pain score and function score of WOMAC were improved significantly in 14 weeks. We could get difference in pain score of two acupuncture groups significantly in 14 weeks. But we could not get difference in whole score of two acupuncture groups significantly. Local temperature using T.C thermometer was changed significantly in 14 weeks. But we could not get difference in whole score of two acupuncture groups significantly. Excluding above item, DITI, pain threshold, and ROM of the knee flexion were no difference in before and after treatment.

This research was supported by a grant from Acupuncture, Moxibustion and Meridian Research Project funded by the Korea Institute of Oriental Medicine (KIOM)