



# NEDERLANDS TIJDSCHRIFT VOOR ACUPUNCTUUR

OFFICIEEL ORGAAN VAN DE NEDERLANDSE ARTSEN ACUPUNCTUUR VERENIGING

## *The State of the Art of Acupuncture in Integrative Medicine*



*Programme and Abstracts*

**ICMART WORLD CONGRESS ON MEDICAL ACUPUNCTURE**

*The Hague 13 - 15 May 2011*



Mei 2011, 34e jaargang, nr. 1

## NAAV Targets

The Dutch Acupuncture Society for Doctors in Medicine is aiming for integration of acupuncture into healthcare, according to the patients wishes.

The NAAV stimulates and supports scientific research. We seek cooperation with epidemiologists and statisticians. Like in the United States, China, Germany and the UK, acupuncture research in the Netherlands should also be in close cooperation with acupuncture specialists. The NAAV organizes a yearly scientific meeting.

Acupuncture as a peoples health care is accepted by patients and health insurance companies. We do need the scientific research more in order to convince university and government of the cost effectiveness of acupuncture. The results of scientific research outside and in the Netherlands will be presented at scientific meetings and international congresses organised by the NAAV.



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**Dieneke Scholten**, www.studiodas.nl

### Printed by:

**Simons Grafisch Totaal**, www.simonsgrafischtotal.nl

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葛根  
黄芩  
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## WHAT MAKES THE DIFFERENCE?

*Frederike C. Moeken, Secretary of the NAAV*

What makes the difference between Medical Doctors specialized in acupuncture and other Acupuncturists? What makes that difference for the future of Acupuncture?

Answers may be found after reading this 'Book of Abstracts'. This booklet could be created because more than 100 doctors from all over the world have sent their abstracts for this ICMART Congress. The scientific committee of the congress did not have the possibility to place them all for oral presentations. Only the chosen ones are published in the booklet. A few chosen ones had to be removed. Their authors were not able to travel to the congress because of the disaster in Japan.

The NAAV was founded in 1973 and, since then, she has always been the only Acupuncture Association for Medical Doctors. The NAAV has ensured that her training is only for fully qualified MD's. I am sure that this Congress will help to promote the position of Medical Acupuncture in the Netherlands and abroad!

During the Congress we will be networking and expanding our knowledge by the content of the presentations. We herewith stay informed of the most recent papers from around the world.

This 'Book of Abstracts' also contains the Program of the three days to come.

We thank you for studying our design of themes on the congress-website, that was a guideline to choose the topics to send in. The result of the work by the scientific committee clearly shows that MD's are the pioneers and will pave the way to acceptance and integration of Acupuncture in school-medicine. Communication between colleagues and scientific researchers in established hospitals has always been reported and stimulated by the ICMART, and issued today by the NAAV in this booklet.

The program consists of four parallel sessions. After these sessions we all come together in the plenary room A, where the Chairmen of the sessions will give their summaries of the day. Afterwards, there is the opportunity for questions and discussion. Doing so, we seek the availability of information for us all!



## ON BEHALF OF THE ICMART BOARD

*Marić-Oehler W., Secretary General of the ICMART*

It is a big pleasure to see the results of the chosen abstracts, showing the broad range of topics that will be shown at our ICMART World Congress on Medical Acupuncture 2011 in The Hague.

In different countries there already exist several models of integration between conventional medicine and CAM.

The hosting NAAV has also been hosting the World Federation of Chinese Medicine Societies (WFCMS) in October 2010, which has been a big success. People could become aware of the different backgrounds of acupuncture-therapists in the world and the current trials in the contra verse discussed standardization.

The NAAV-BVGA congress-organizers have done their best to invite and to get internationally known and sophisticated speakers to arrange an interesting and inspiring program covering the current scientific approaches of acupuncture, as well as many clinical and practical studies, up to very special fields and questions. The program is showing the goals and needs of Medical Acupuncture, on its way to be an important partner in building up an integrative medicine.

Our thanks go to the organizing committee, to their very active representatives who have done a tremendous work. We are looking forward to a successful Congress in The Hague.



## ON BEHALF OF THE NAAV BOARD



*Oei-Tan C.L., MD. PhD, President of the NAAV*

Dear Congress participants,

We are proud to offer you our NAAV- Journal, that is dedicated to the world congress of ICMART 2011.

Our Chief Editor and the Chairman of the Organizing Committee are the compilers of this interesting book of 103 abstracts.

The NAAV, being a small society in a small country, is forced to be active in international networking, because it has always been our goal to integrate acupuncture in academic medical education in the way it is in China. It has partly been effected in France, Germany, Hungary and in the USA.

Since the establishment of our NAAV-association in 1973, we witnessed an international growth of acupuncture, driven by patients' demand and by the medical sphere of interest.

After having hosted here the whole field of TCM in last year's World Congress of the WFCMS, we have got an insight into and an overview of the various educational backgrounds of the acupuncturists and the herbalists. It became a highly acclaimed congress with more than 850 participants ([www.2010wccm.com](http://www.2010wccm.com)), who have noticed that all those different backgrounds can add significant value if there is an international normalisation of training

and research in acupuncture and of the products of Chinese Medicine as a whole. Soon after this congress the WFCMS-board favourably disposed towards the proposal for NAAV-membership of their World Federation of Chinese Medicine Societies.

In September 2011 our society will start a new two years style of monthly educational training for medical students and medical doctors. We have a covenant with the Belgian medical doctors association BVGA and recently the NAAV-representative in China provided us with a Memorandum of Understanding for both the prestigious TCM-universities of Beijing and Nanjing.

On 2nd, 3rd and 4th May 2011 there will again come internationals to The Hague, where the NEN normcommissie 330 249 TCM/ISO/TC 249 will host the international conference on the ISO-standardization. The spokesman of this Netherlands Normalisation commission will provide us with his report on the 13th May.

Finally, I like to recall that it was Francois Baron Beyens who succeeded in persuading our General Assembly in 2006 to rejoin the ICMART. For that purpose my newly chosen board had invited him to come and speak to our members. Only four years later we have been assigned to host the ICMART-congress. To the new general secretary, Beyens' magnificent successor Walburg Marić-Oehler, we would like to dedicate our work for the first World Congress under her reign.



Paul G.T. The



Daniel de Haas



Mayke Khoe-Go



Sjoerd F. Blomme



Rubin Einhorn



Karen A. Kruithof

## CONGRESS INFORMATION

### CONGRESS VENUE

Bel Air Hotel  
Johan de Wittlaan 30, 2517 JR The Hague  
Phone: +31 (0) 70 35253 54

### ROUTE

From the Hague Central Station, Bel Air Hotel can be reached by taking either tram no. 17 to disembark at the Gemeente Museum/Museon tramstop, or tram no. 10 and disembark at the World Forum stop.

**Note:** Tram 10 only operates on working days during the rush-hour from 7.00 am until 9.00 am and from 15.30 pm 18.30 pm.

### STAFF

You can identify our staff by the yellow ICMART 2011 sashes worn by them. Please feel free to contact any staff or member of the organizing team for help.

### NON-SMOKING POLICY

The general smoking policy in The Netherlands is that smoking is prohibited in buildings open to the public, in restaurants and bars. Smoking is thus not allowed anywhere inside in the hotel. Smoking outdoors is not prohibited.

### WIRELESS INTERNET

In the lobby and restaurant of the hotel on the ground floor wireless internet is free of charge.  
In your hotel room paid wireless internet access is available.

### REGISTRATION DESK

The registration desk in the Bel Air Hotel will be open on:

Friday 13 May	07.30 - 18.00 hrs
Saturday 14 May	08.00 - 18.00 hrs
Sunday 15 May	08.00 - 15.00 hrs

### CERTIFICATE OF ATTENDANCE

You can collect your certificate at the registration desk on Sunday 15 May after the coffee break. Please be informed: certificates may only be collected on Sunday. Certificates will not be sent anywhere after the congress.

For NAAV-members the acquired credit hours will be added automatically to their account.

### PERSONALIZED BADGE

A personalized badge will be in your registration package. During the Congress, this badge must be clearly visible at all times and grants access to All Sessions, Exhibition and Official Social Events.

### REFRESHMENTS

Refreshments during the Breaks and the Lunch will be served in the Forecourt and Embassy Bar.  
The Welcome Reception will be held here.

### GALA DINNER

This evening promises to be a truly memorable one! The Gala Dinner will be held in Madurodam, a miniature city, which is located within walking distance (15 minutes) from Bel Air Hotel. Between the courses of the dinner you can take a walk in this world-famous park to familiarise yourself with all the surprising features of the Netherlands. Dress code for the dinner is "business casual". Please ensure to bring your dinner ticket to gain entry.

**Note:** due to the short distance there will be no organized transport.

### CLOSING CEREMONY

All participants are kindly invited to joint the Closing Ceremony in Room A. During the Closing Ceremony the three best oral presentations will be announced. They will receive the NAAV-BVGA Awards. Furthermore, the country hosting the next ICMART World Congress will give a presentation.

### INFORMATION FOR SPEAKERS

In Room A from 8.00 – 9.00 am the Technicians will be present to collect USB-sticks with your Power Point Presentation. Furthermore during the Breaks you can deliver your USB-sticks to the Technician either in Room A or at the Meeting Floor (First Floor). Please be sure to deliver USB-sticks at least 60 min before the start of your session.

**Note:** Only USB-sticks will be accepted. Do not forget to put your name, the day, the room and the time of your presentation.

The USB-stick should only contain the concerning presentation and no other data. If you have other forms of presentation please inform the Technician beforehand.

### SPEAKERS IN ROOM A

For optimal sound performance in Room A, headworn microphones are used. Therefore the speakers in Room A are requested to come 10 minutes before the session to allow the Technician to install the headworn microphone.

### POSTER PRESENTATION

Poster presentation should be put up on Friday 13 May between 7.00-10.00 hrs and should be taken down on Sunday 15 May between 12.00- 15.00 hrs.

*On behalf of  
the Organizing Committee*

*I wish you a pleasant stay*

*in the Netherlands*



*Hong Yoe Oei MD, PhD  
Chairman Organizing Committee*



# Program

## FRIDAY 13 MAY

	OPENING CEREMONY
09.00 – 09.30 ROOM A  Master of ceremony: Beyens François	<b>Welcome address</b> <b>Chan Chin</b> , Congress President, President ICMART <b>Oei-Tan Chun Lee</b> , Congress President, President NAAV <b>Kool Henk</b> , Deputy Mayor Municipality of The Hague <b>Marić-Oehler Walburg</b> , Secretary General ICMART
09.30 – 09.45 ROOM A	<b>Explanation of the programme</b> <b>Kopsky David</b> , Chairman Scientific Committee <b>Fossion Jean Pierre</b> , Secretary Scientific Committee Determining the position of acupuncture in health care: SWOT - analysis
	STRENGTHS OF ACUPUNCTURE a call for clinical evidence
09.45 – 10.15 ROOM A  Chair: Usichenko Taras Co-chairs: Chan Chin & Oei-Tan Chun Lee	<b>1 Keynote Lecture 1</b> <b>Irnich Dominik</b> (Germany): Acupuncture is a key component in pain management
10.15 – 10.45	<b>BREAK - VISIT EXHIBITION AND POSTERS</b>
10.45 – 12.00 ROOM A  ACUPUNCTURE IN PAIN MANAGEMENT Chair: Usichenko Taras Co-chairs: Oei-Tan Chun Lee & Chan Chin	<b>2 Sudirman Syarif</b> (Indonesia): The role of acupuncture in pain management <b>3 Yoshizumi Alexandre Massao</b> (Brazil): Acupuncture for acute non-specific low back pain: a randomized, controlled, double-blind, placebo trial <b>4 Varma Vinay</b> (India): Evidence based medical acupuncture in back pain <b>5 Gleditsch Jochen</b> (Germany): The Very-Point Technique in chronic pain
10.45 – 12.00 ROOM 5  WORKING MECHANISM OF ACUPUNCTURE Chair: Irnich Dominik Co-chair: Sautreuil Patrick	<b>6 Fossion Jean Pierre</b> (Belgium): Diffuse noxious inhibitory control (DNIC) of Le Bars: literature review about the responsible neurological circuits of DNIC explains new additional characteristics about acupoints not included in the description of Le Bars <b>7 Leutzow Bianca</b> (Germany): Investigation on the origin of far field short latency potentials evoked from auricular acupuncture points <b>8 Theodoratou Konstantina</b> (Greece): Can acupoints have an additional convergent effect? – a statistical study into five basic point
10.45 – 12.00 ROOM 7  ACUPUNCTURE FOR REDUCING STRESS AND ANXIETY Chair: Marić-Oehler Walburg Co-chair: Sager Marshall	<b>9 Marić-Oehler Walburg</b> (Germany): Post-traumatic Stress Disorders – an integrative east-west psychosomatic approach <b>10 Nepp Johannes</b> (Austria): Acupuncture and psychotherapy in phobic disorders <b>11 So Wing Sze Emily</b> (China): A randomized study comparing one session with two sessions of non-invasive acupuncture in patients undergoing frozen-thawed embryo transfer (FET)
10.45 – 12.00 ROOM 8  PRACTICAL IMPLICATION OF INTEGRATING ACUPUNCTURE IN MEDICINE Chair: Giralte Isabel Co-chair: Pothmann Raymund	<b>12 Muraközy Henriette</b> (Germany): Complex „Pine“- Acupuncture as an effective part of multimodal pain management in rheumatologic disorders <b>13 Schockert Thomas</b> (Germany): Successful application of acupuncture in emergency medicine – new case reports <b>14 Longo Francesco &amp; Gazzola Margherita</b> (Italy): Acupuncture pain treatment in horses

12.15 – 13.00 ROOM A	<b>CONSENSUS PLENARY DISCUSSION 1</b> Summary by the chairmen of the four parallel sessions followed by plenary discussion  <b>Usichenko Taras, Irrnich Dominik, Marić-Oehler Walburg, Giralte Isabel</b>
13.00 – 14.30	<b>LUNCH - VISIT EXHIBITION AND POSTERS</b>
	<b>WEAKNESS OF ACUPUNCTURE</b> <b>a call for solutions and applications</b>
14.30 – 15.00 ROOM A	<b>15 Keynote Lecture 2</b> <b>Nögel Rainer</b> (Germany): Chinese Herbal Therapy – is it risky?
Chair: Nögel Rainer Co-chairs: Fossion Jean Pierre & Khoe-Go Mayke	
15.15 – 16.30 ROOM A	<b>16 Liu Cheng &amp; Oei-Tan Chun Lee</b> (The Netherlands): Report of Second Plenary Meeting of ISO/TC 249
<b>CHINESE HERBAL MEDICINE</b> Chair: Nögel Rainer Co-chairs: Fossion Jean Pierre & Khoe-Go Mayke	<b>17 Verpoorte R.</b> (The Netherlands): Plants, health and (un)belief
	<b>18 Wang Zhu Xing</b> (China): Clinical observation of acupuncture and moxibustion, combining Chinese herbs, in the treatment of 36 cases of refractory primary trigeminal neuralgia
	<b>19 Wauters Charles</b> (The Netherlands): TCM-phytotherapy for menopausal symptoms: a 3-arm Dutch randomized clinical trial (RCT)
15.15 – 16.30 ROOM 5	<b>20 Smeets Jos</b> (The Netherlands): Randomised pragmatic controlled trial on COPD
<b>METHODOLOGICAL ISSUES IN ACUPUNCTURE RESEARCH</b> Chair: Aung Steven Co-chair: Fossion Ruben Y.M.	<b>21 Brignol Tuy Nga</b> (USA): Acupuncture Clinical Trials: a systematic literature review
	<b>22 Brignol Tuy Nga</b> (USA): Can OPC (Objective Performance Criteria) used in FDA approval for medical devices represent an acceptable and scientifically valid alternative to show efficacy in clinical trials in acupuncture?
	<b>23 Yi Seung-Ho</b> (Korea): Thermal properties of warm needle acupuncture and its meaning to heat stimulus
15.15 – 16.30 ROOM 7	<b>24 Park Hyun Kyu</b> (Korea): Cerebral circulation and Korean Hand Acupuncture therapy
<b>ACUPUNCTURE AND POINT SPECIFICITY</b> Chair: Liertzer Helmut Co-chair: Abut Mehmet	<b>25 Park Hyun Kyu</b> (Korea): Evidence based Korean Hand Acupuncture
	<b>26 Silva Joao</b> (Brazil): The effects of so-called “forbidden acupuncture points” in the pregnancy’s outcome of Wistar rats
15.15 – 16.30 ROOM 8	<b>27 Frank Bryan L.</b> (USA): Pathophysiology expressed in advanced auricular therapy
<b>MICROSYSTEMS, LITTLE RESEARCH</b> Chair: Gleditsch Jochen Co-chair: Leysen Peter	<b>28 Mastalier Oskar</b> (Germany): New discovered Auricular Reflex-Point of the ciliospinal Center in addiction treatment
	<b>29 Stranecky Milan</b> (Czech Republic): Investigation of human biofield with a polarizing filter in auriculomedicine
16.30 – 17.00	<b>BREAK - VISIT EXHIBITION AND POSTERS</b>
ROOM A: 17.00 – 18.00	<b>CONSENSUS PLENARY DISCUSSION 2</b> Summary by the chairmen of the four parallel sessions followed by plenary discussion  <b>Nögel Rainer, Aung Steven, Liertzer Helmut, Gleditsch Jochen</b>
Moderator: Kopsky David	
18.00 – 19.00	<b>WELCOME RECEPTION IN HOTEL BEL AIR</b>



## SATURDAY 14 MAY

08.00 – 08.45	<b>Qi-Gong with Aung</b> Meetingpoint: Hotel Lobby
	<b>OPPORTUNITIES OF ACUPUNCTURE</b> in search of public service and technical improvement
09.00 – 09.30 ROOM A  Chair: Theodoratou Konstantina Co-chairs: Liem Hay & Saputra Kosnadi	<b>30 Keynote Lecture 3</b> <b>Usichenko Taras</b> (Germany): Auricular acupuncture for the treatment of pain
09.45 – 11.00 ROOM A  <b>SPECIALISATIONS IN DISEASE AND ACUPUNCTURE</b> Chair: Theodoratou Konstantina Co-chairs: Liem Hay & Saputra Kosnadi	<b>31 Sautreuil Patrick</b> (France): Paraplegia and acupunctural signal <b>32 Wong Chung R.E.</b> (The Netherlands): Treatment of movement disorders, by way of acupuncture therapy combined with electro-stimulation <b>33 Firatli Osman</b> (Turkey): Retinitis Pigmentosa treatment <b>34 Feltrim Elder</b> (Brazil): Acupuncture healing in dermatology: an experimental study with rats
09.45 – 11.00 ROOM 5  <b>CONTEXT, PATIENT SATISFACTION &amp; CHRONOACUPUNCTURE</b> Chair: Sant'Ana Antonio Co-chair: Hammes Michael	<b>35 Aung Steven</b> (Canada): The most effective and efficient acupuncture approaches <b>36 Aung Steven</b> (Canada): Clinical use of acupuncture in mental health <b>37 Ausfeld-Hafter Brigitte</b> (Switzerland): Similarities and differences between physician acupuncturists and non-physician acupuncturists in using diagnostic methods – an explorative study <b>38 Luzina-Chju Lily</b> (Russia): Chronoacupuncture in the treatment of biliary dyskinesia
09.45 – 11.00 ROOM 7  <b>NUTRITION</b> Chair: Chan Chin Co-chair: Omura Yoshiaki	<b>39 Chan Chin</b> (Australia): Chronic Fatigue – Is acupuncture enough? <b>40 Pothmann Raymund</b> (Germany): Dietary treatment in headache of schoolchildren <b>41 Lindwer-Kruithof A. &amp; Sciarone-Lauw B.E.</b> (The Netherlands): Food as medicine <b>42 Omura Yoshiaki</b> (USA): Comparison of effects of press-needle acupuncture, moxibustion, qigong energy stored paper or solar energy stored paper on True ST-36 (Omura's ST-36) & Traditional ST-36 on the amount of normal cell telomere & the anti-cancer, anti-aging & anti-Alzheimer's effects of these treatments
09.45 – 11.00 ROOM 8  <b>NOVEL TECHNIQUES IN ACUPUNCTURE</b> Chair: Çakmak Yusuf Ö. Co-chair: Giralt Isabel	<b>43 Kjerkegaard Hans</b> (Denmark): Gold-implantation <b>44 Schockert Thomas</b> (Germany): New floatable acupuncture needle for the treatment of pain and stroke patients in aqua aerobics with Yamamoto New Scalp Acupuncture (YNSA) <b>45 Weber Michael</b> (Germany): Interstitial laserneedle acupuncture – a new option for difficult pain syndromes
11.00 – 11.30	<b>BREAK – VISIT EXHIBITION AND POSTERS</b>
11.30 – 12.30 ROOM A  Moderator: Fossion Jean Pierre	<b>CONSENSUS PLENARY DISCUSSION 3</b> Summary by the chairmen of the four parallel sessions followed by plenary discussion  Theodoratou Konstantina, Sant'Ana Antonio, Chan Chin, Çakmak Yusuf
12.30 – 14.00	<b>LUNCH – VISIT EXHIBITION AND POSTERS</b>
12.30 – 14.00	<b>ICMART EXTRAORDINARY GENERAL ASSEMBLY</b> Private Area of Restaurant Purple

	THREATS FOR ACUPUNCTURE answers to perceived threats
<b>14.00 – 14.30</b> <b>ROOM A</b>  Chair: Pinto-Ferreira Helena Co-chairs: Nickels Eric & Machtelinckx Vera	<b>46 Keynote Lecture 4</b> <b>Fossion Jean Pierre</b> (Belgium): Threats for acupuncture, answers to perceived threats
<b>14.45 – 16.00</b> <b>ROOM A</b>  <b>ADVERSE EFFECTS IN ACUPUNCTURE</b> Chair: Pinto-Ferreira Helena Co-chairs: Nickels Eric & Machtelinckx Vera	<b>47 Fossion Jean Pierre</b> (Belgium): Depressive states: is it possible to predict side-effects of anti-depressants with a clinical Chinese synopsis in somatic acupuncture? and which adverse effects might we expect in auriculotherapy for major depression?  <b>48 Nepp Johannes</b> (Austria): Danger by acupuncture in ophthalmologic diseases  <b>49 Raith Wolfgang</b> (Austria): Thermographic measurement of the skin temperature in the application of laser acupuncture in the neonate  <b>50 Pollmann Antonius</b> (Germany): Misunderstandings and errors of traditional acupuncture
<b>14.45 – 16.00</b> <b>ROOM 5</b>  <b>OLD, AGED PHILOSOPHY: OBEDIENCE OR SCIENTIFIC CHALLENGE?</b> Chair: Frank Bryan Co-chair: Luxenburger Hedi	<b>51 Ahn Chang-beohm</b> (Korea): Practice of Sa-Ahm (Korean) Five Element Acupuncture of classical Qi model based on old philosophy  <b>52 Garcia i Janeras Albert</b> (Spain): Types of acupuncture, an attend of classification  <b>53 Marić Sonja</b> (Germany): The Mind-Body Concept of Tibetan Medicine using the example of the theory of constitution
<b>14.45 – 16.00</b> <b>ROOM 7</b>  <b>SPECIFIC TECHNIQUES INTO OTHER DISCIPLINES</b> Chair: Sautreuil Patrick Co-chair: Kok Tjebbe	<b>54 Biemans Johanna</b> (The Netherlands): Facts for the future: PTNS (Percutaneous Tibial Nerve Stimulation) and its introduction in conventional medicine  <b>55 Traum Danniell J.</b> (Australia): Laser acupuncture treatment relieving or controlling gynaecological problems  <b>56 Sujudi Yufandi</b> (Indonesia): Effect of Laseracupuncture for autism spectrum disorder in children
<b>14.45 – 16.00</b> <b>ROOM 8</b>  <b>ANATOMICAL LOCALISATION</b> Chair: Wander Rainer Co-chair: Omura Yoshiaki	<b>57 Bäumlner Petra</b> (Germany): Acupuncture point localization varies clearly between acupuncturists  <b>58 Saputra Koosnadi</b> (Indonesia): Acupuncture-Physiology-Anatomy correlation  <b>59 Tan King Siong</b> (The Netherlands): Knowledge of anatomy is a big plus  <b>60 Omura Yoshiaki</b> (USA): Mapping of the outline of normal internal organs & cancer tissue as well as exact localization of acupuncture points, their shape, diameter, & depth using Bi-Digital O-Ring Test EMF Resonance Phenomenon between 2 identical molecules or tissues"
<b>16.00 – 16.30</b>	<b>BREAK – VISIT EXHIBITION AND POSTERS</b>
<b>16.30 – 17.15</b> <b>ROOM A</b>  Moderator: Fossion Jean Pierre	<b>CONSENSUS PLENARY DISCUSSION 4</b> Summary by the chairmen of the four parallel sessions followed by plenary discussion  <b>Pinto-Ferreira Helena, Frank Bryan, Sautreuil Patrick, Wander Rainer</b>
	<b>WORKSHOPS</b>
<b>17.30 – 18.30</b> <b>ROOM A</b>  <b>FRACTAL ANALYSIS OF EEG</b> Chair: Fossion Ruben Y.M. Co-chair: Khoe Giauw Sing	<b>61 Fossion Ruben Y.M.</b> (Mexico): Fractal analysis in studies on aging in an animal model: the nematode c.elegans, a fragile but elegant worm  <b>62 Sant'Ana Antonio</b> (Brazil): Identification of different phases of electrical activity by fractal analysis of EEG  <b>63 Sant'Ana Antonio</b> (Brazil): Fractal EEG comparison of gastritis treated by concha cymba and lobular points

<b>17.30 – 18.30</b> <b>ROOM 5</b>  <b>NEURAL THERAPY</b> Chair: Schwanitz Regina Co-chair: Piehler Petja	<b>64 Ortner Wolfgang</b> (Austria): The scientific background of neural therapy
	<b>65 Wander Rainer</b> (Germany): Neural therapy for acupuncture non responders
	<b>66 Piehler Petja</b> (Germany): Neural therapy in oncology
<b>17.30 – 18.30</b> <b>ROOM 7</b>  <b>PAIN MANAGEMENT</b> Chair: Frank Bryan Co-chair: The Paul	<b>67 Fazakis Georgios</b> (Greece): Treatment pathways for acute and chronic pain cases in a private acupuncture clinic
	<b>68 Frank Bryan</b> (USA): Acupuncture related techniques: beyond acupuncture for pain amelioration and tissue functional restoration
	<b>69 Sukrisno S.M.</b> (The Netherlands): “Bi-Syndrome” cured by Chinese Electroacupuncture
<b>17.30 – 18.30</b> <b>ROOM 8</b>  <b>MISCELLANEOUS</b> Chair: Ahn Chang-beohm Co-chair: Blomme Sjoerd	<b>70 Weinschenk Stefan</b> (Germany): Specific reduction of number and intensity of Neck Reflex Points as important signs of chronic disturbance fields by neural therapy
	<b>71 Ahn Chang-beohm</b> (Korea): A study of the Sa-Ahm (Korean) Five Element Acupuncture: theory and clinic
	<b>72 Goehler Annett</b> (Germany): Stressors, Qi and sexual energy
<b>19.00 – 23.00</b>	<b>GALA – DINNER AT MADURODAM</b>

## SUNDAY 15 MAY

<b>08.00 – 08.45</b>	<b>Qi-Gong with Aung</b> Meetingpoint: Hotel Lobby
	<b>FUTURE PERSPECTIVE OF ACUPUNCTURE</b> <b>which paths to take</b>
<b>09.00 – 09.30</b> <b>ROOM A</b>  Chair: Çakmak Yusuf Ö. Co-chairs: Fossion Jean Pierre & Moeken Frederike	<b>73 Keynote Lecture 5</b> <b>Kopsky David</b> (The Netherlands): Future directions of acupuncture in research and practice
	<b>74 Keynote Lecture 6</b> <b>Çakmak Yusuf Ö.</b> (Turkey): Overview of future directions for basic research in acupuncture
<b>09.45 – 11.00</b> <b>ROOM A</b>  <b>DIRECTIONS OF FUTURE RESEARCH</b> Chair: Çakmak Yusuf Ö. Co-chairs: Fossion Jean Pierre & Moeken Frederike	<b>75 Çakmak Yusuf Ö.</b> (Turkey): Electroacupuncture for Parkinson Disease: a Parkinson model of rat study
	<b>76 Çakmak Yusuf Ö.</b> (Turkey): Decreasing uterine artery blood flow with electroacupuncture in humans
	<b>77 Sant’Ana Antonio</b> (Brazil): Migraine treatment follow-up: possibility of predictions with fractal EEG study
	<b>78 Weinschenk Stefan W.</b> (Germany): Influence of Neural Therapy on the autonomic nervous system, measured by Heart Rate Variability (HRV)
<b>09.45 – 11.00</b> <b>ROOM 5</b>  <b>FUTURE CLINICAL IMPLICATIONS</b> Chair: Lambrechts Gilbert Co-chair: Khoe Giauw Sing	<b>79 Li Heng</b> (China): Patients with clinical/radiological hyperplasia of mammary glands show pathological persistence of temperature of skin points
	<b>80 Bates Felipe B.</b> (Chile): Acupuncture treatment for refractory post-traumatic pain in adults: 29 months follow-up and preliminary local experience in a trauma center
	<b>81 Theodoratou Konstantina</b> (Greece): Is the treatment of general anxiety by acupuncture beneficial for other diseases as shoulder periarthritis and asthma?
	<b>82 Yoshizumi Alexandre Massao</b> (Brazil): Agriculture and supply secretary acupuncture ambulatory between 2001-2008 in São Paulo, Brazil: a case study

<p><b>09.45 – 11.00</b> <b>ROOM 7</b></p> <p><b>POLITICAL STRATEGIES</b> Chair: Weidenhammer Wolfgang Co-Chair: Kopsky David</p>	<p><b>83 Marić-Oehler Walburg</b> (Germany): ICMART International Council of Medical Acupuncture and Related Techniques – its role in building up an Integrative Medicine</p> <p><b>84 Winkler Madeleen</b> (The Netherlands): CAMDOC Alliance</p> <p><b>85 Weidenhammer Wolfgang</b> (Germany): Current situation of CAM in Europe and development of a roadmap for future CAM research – EU Project CAMbrella</p> <p><b>86 Ausfeld-Hafter Brigitte</b> (Switzerland): CAM in Switzerland - A story of success</p>
<p><b>09.45 – 11.00</b> <b>ROOM 8</b></p> <p><b>ACUPUNCTURE EDUCATION FOR MEDICAL STUDENTS</b> Chair: Kruithof Karen Co-chair: Stoer Wolfram</p>	<p><b>87 Leysen Peter</b> (Belgium): Will acupuncture be part of evidence based recommendations by 2020?</p> <p><b>88 Aung Steven K.H.</b> (Canada): The Certificate Program in Medical Acupuncture (C.P.M.A.)</p> <p><b>89 Saputra Koosnadi</b> (Indonesia): Acupuncture: education and training for medical students</p> <p><b>90 Beyens François</b> (Belgium): Different ways of teaching acupuncture in the world</p>
<p><b>11.00 – 11.30</b></p>	<p><b>BREAK – VISIT EXHIBITION AND POSTERS</b></p>
<p><b>11.30 – 12.15</b> <b>ROOM A</b></p> <p>Moderator: Kopsky David</p>	<p><b>CONSENSUS PLENARY DISCUSSION</b> Summary by the Chairs of the four parallel sessions followed by plenary discussion</p> <p><b>Çakmak Yusuf Ö., Weidenhammer Wolfgang, Lambrechts Gilbert, Kruithof Karen</b></p>
<p><b>12.15 – 12.30</b> <b>ROOM A</b></p>	<p><b>TAKE HOME MESSAGE</b> <b>Kopsky David</b> (The Netherlands): The direction of acupuncture in the coming 10 years</p>
	<p><b>CLOSING CEREMONY</b></p>
<p><b>12.30 – 13.30</b> <b>ROOM A</b></p> <p>Master of Ceremony: Beyens François</p>	<p>NAAV-BVGA Awards <b>Moeken Frederike, Fossion Jean Pierre, Marić-Oehler Walburg</b></p> <p>Announcement ICMART World Congress 2012 in Athens <b>Theodoratou Konstantina</b></p> <p>Concluding Remarks <b>Oei-Tan Chun Lee, Chan Chin</b></p>
<p><b>13.30 – 14.30</b></p>	<p><b>FAREWELL LUNCH</b></p>

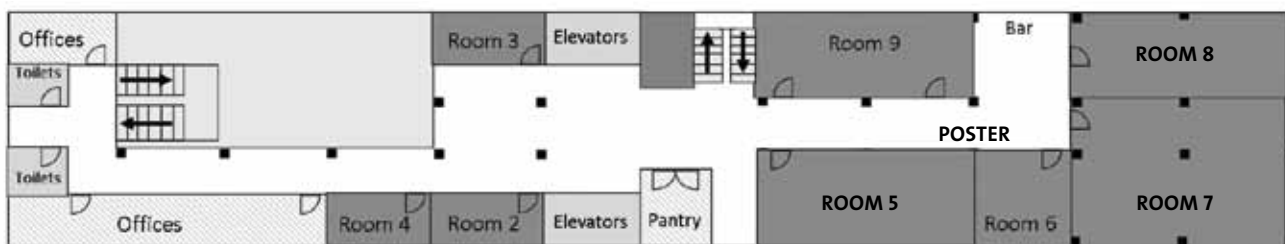
## POSTERS

<b>91</b>	<b>Pohodenko-Chudakova I.O.</b> (Russia): Dynamics of morphological changes of an injured inferior alveolar nerve during phono-acupuncture treatment, an experimental case
<b>92</b>	<b>Pohodenko-Chudakova I.O.</b> (Russia): DiaDENS therapy in the complex treatment of acute purulent odontogenic periostitis
<b>93</b>	<b>Pohodenko-Chudakova I.O.</b> (Russia): Advantages of caries prophylaxis with acupuncture by data of the salivation rates
<b>94</b>	<b>Pohodenko-Chudakova I.O.</b> (Russia): Results of the complex treatment of odontogenic abscesses of the maxillofacial area with acupuncture
<b>95</b>	<b>Pohodenko-Chudakova I.O.</b> (Russia): Acupuncture for prophylaxis of inflammatory complications when peripheral branches of the trigeminal nerves were injured toxically: an experimental case
<b>96</b>	<b>Fazakis Georgios</b> (Greece): Treatment pathways for acute and chronic pain cases in a private acupuncture clinic
<b>97</b>	<b>Tanaka Tim H.</b> (Japan): Tongue examination of sublingual veins: intrasubject variability in four diagnostic parameters
<b>98</b>	<b>Sponzilli Osvaldo</b> (Italy): Strengthening motor and psychological abilities in archers throughout the application of various techniques of Auriculotherapy: a pilot study
<b>99</b>	<b>Fazakis Georgios</b> (Greece): Treating hay fever and other acute and chronic diseases by emission of homeopathic frequencies using the Vantage Biomeridian device

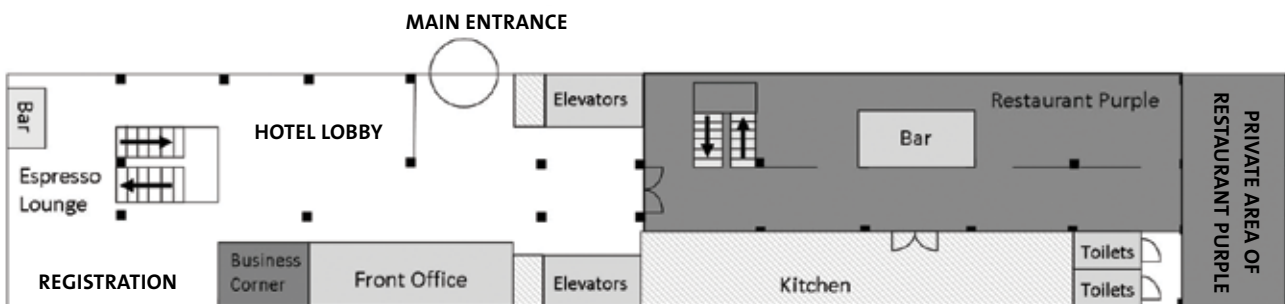


100	<b>Pollmann Antonius</b> (Germany): Misunderstandings and errors of traditional acupuncture
101	<b>Schockert Thomas</b> (Germany): New floatable acupuncture needle for the treatment of pain and stroke patients in aqua aerobics with Yamamoto New Scalp Acupuncture (YNSA)
102	<b>Chernish Greg</b> (Canada): Irritable bowel case
103	<b>Liem Andrew</b> (The Netherlands): Effect of Chinese ear acupuncture on non-responders to Western pain relief techniques
104	<b>Keppel Hesselink Jan</b> (The Netherlands): Discovering synergies with acupuncture and other therapies

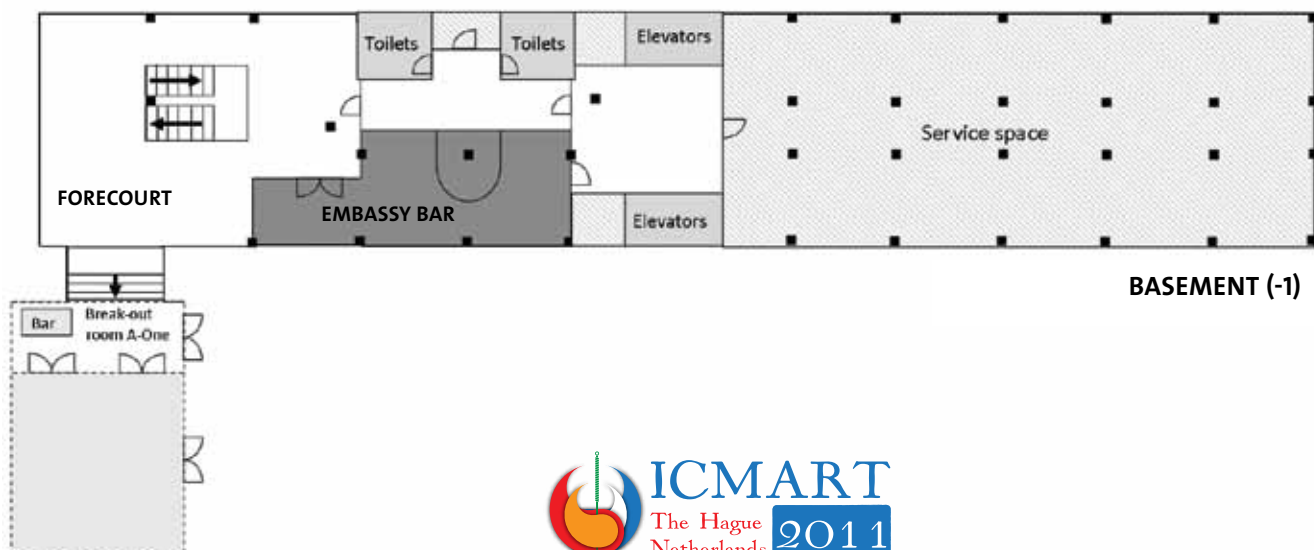
## FLOOR PLAN



MEETING FLOOR (+1)



GROUND FLOOR (0)



BASEMENT (-1)

	<b>QUESTIONS REGARDING THE PROGRAM THEMES</b> <b>David Kopsky</b>
<b>ACUPUNCTURE IN PAIN MANAGEMENT</b>	<ul style="list-style-type: none"> <li>• Is acupuncture effective in every type of pain? (neuropathic pain, cancer pain, Complex Regional Pain Syndrome [CRPS], skeletomuscular pain)</li> <li>• Does acupuncture has synergies with other treatments? (pharmacological treatments, supplements, herbs, other neuromodulation techniques)</li> <li>• Is it possible to learn patients techniques to alleviate their pain? (acupuncture point massage, acupuncture)</li> </ul>
<b>WORKING MECHANISMS OF ACUPUNCTURE</b>	<ul style="list-style-type: none"> <li>• Do several theories merge? (neurohumoral theory, morphogenetic singular theory)</li> <li>• Do meridians exist?</li> <li>• Are there more ideas for research to elucidate meridians and acupuncture points?</li> </ul>
<b>ACUPUNCTURE FOR REDUCING STRESS AND ANXIETY</b>	<ul style="list-style-type: none"> <li>• What is the relation between acupuncture and relaxation? In other words, does acupuncture has a link with meditation or mindfulness, and thus reducing stress mentally and pharmacologically (releasing anxiety relieving neurotransmitters).</li> <li>• Could other therapies enhance the effect of stress and anxiety relieving effect of acupuncture?</li> <li>• How could patients help themselves in relieving stress and anxiety with acupuncture knowledge?</li> </ul>
<b>PRACTICAL IMPLICATION OF INTEGRATING ACUPUNCTURE IN MEDICINE</b>	<ul style="list-style-type: none"> <li>• What is the place of acupuncture in Integrative medicine?</li> <li>• What other therapies (pharmacological treatments, supplements, herbs, other neuromodulation techniques) could create synergy with acupuncture?</li> <li>• What would be the practical implication of integrating acupuncture into the hospital and primary care? (consultant acupuncturist or learning specialist some acupuncture techniques)</li> </ul>
<b>CHINESE HERBAL MEDICINE</b>	<ul style="list-style-type: none"> <li>• How could western medicine take advantage of Chinese herbs, regarding the stringent laws on quality, safety, supported by evidence?</li> <li>• How to deal with contamination and different concentrations of herbs?</li> <li>• Should we look only to solitary herbs, or is there a place for herb combinations? (research strategies, safety and placebo issues)</li> </ul>
<b>METHODOLOGICAL ISSUES IN ACUPUNCTURE RESEARCH</b>	<ul style="list-style-type: none"> <li>• Do we need a placebo in acupuncture research? (or is standard care enough?)</li> <li>• What is the reason that in many studies acupuncture is as effective as placebo acupuncture? (invasive therapy, needling coincidentally on Microsystems, using an acupuncturist who performs the placebo acupuncture)</li> <li>• Are there other research strategies to validate acupuncture? (cost effectiveness, patient satisfaction)</li> </ul>
<b>ACUPUNCTURE AND POINT SPECIFICITY</b>	<ul style="list-style-type: none"> <li>• How important is the point specificity of acupuncture?</li> <li>• What other research can support the point specificity?</li> <li>• Is there a difference between the point specificity of TCM acupuncture and microsystem acupuncture?</li> </ul>
<b>MICROSYSTEMS, LITTLE RESEARCH</b>	<ul style="list-style-type: none"> <li>• How do we deal with the little research on microsystem acupuncture?</li> <li>• What would be the research strategies to explore the effectiveness of microsystem acupuncture?</li> <li>• How specific is microsystem acupuncture?</li> </ul>
<b>SPECIALISATIONS IN DISEASE AND ACUPUNCTURE</b>	<ul style="list-style-type: none"> <li>• Which indications lend themselves to specialization?</li> <li>• Is there more than acupuncture in specialization?</li> <li>• How can acupuncture be promoted in a certain specialization?</li> </ul>
<b>CONTEXT, PATIENT SATISFACTION &amp; CHRONOACUPUNCTURE</b>	<ul style="list-style-type: none"> <li>• How important is the context?</li> <li>• How to do research on chronoacupuncture? (is there any research on chronoacupuncture, or of diseases happening on a certain time in the 24 hour clock?)</li> <li>• What is the difference between the medical doctor acupuncturist and non-medical doctors? Does it matter?</li> </ul>

<b>NUTRITION</b>	<ul style="list-style-type: none"> <li>• Are advices about food not merely placebo? (by intention of the acupuncturist?)</li> <li>• How can we do research on nutrition based on acupuncture theory?</li> <li>• How do we promote the findings on food? (big lobby of the milk industry)</li> </ul>
<b>NOVEL TECHNIQUES IN ACUPUNCTURE</b>	<ul style="list-style-type: none"> <li>• What are the most efficient research strategies to convince regular medicine of the novel acupuncture techniques?</li> <li>• How do we find out which technique is most efficient for a certain indication? (YNSA in wheelchair bound patients, gold for chronic pain only short response, laser for kids)</li> <li>• Are there other novel techniques in the world, not mentioned yet?</li> </ul>
<b>ADVERSE EFFECTS IN ACUPUNCTURE</b>	<ul style="list-style-type: none"> <li>• Does acupuncture has any adverse effects, other than discussed?</li> <li>• How do patients perceive acupuncture and its possible adverse effects? (pain, bruises, etc)</li> <li>• Does acupuncture has interactions with other therapies or pharmacological agents?</li> </ul>
<b>OLD, AGED PHILOSOPHY: OBEDIENCE OR SCIENTIFIC CHALLENGE?</b>	<ul style="list-style-type: none"> <li>• Do western acupuncturists need to know eastern philosophy?</li> <li>• How to deal with communicating eastern diagnosis? (for example, you have a liver deficiency, usually patients go to their general practitioner and tell them that their liver has a disease)</li> <li>• How could eastern philosophy be used or done research on?</li> </ul>
<b>SPECIFIC TECHNIQUES INTO OTHER DISCIPLINES</b>	<ul style="list-style-type: none"> <li>• Is picking out of one acupuncture technique for treating a disease a threat for the classical acupuncturist?</li> <li>• Does renaming of acupuncture techniques (electro-acupuncture in PENS or Ah Shi acupuncture in dry needling) help, or is it a threat?</li> <li>• Is it legitimate to teach non acupuncturists (nurses, physiotherapists) a technique like PTNS?</li> </ul>
<b>ANATOMICAL LOCALISATION</b>	<ul style="list-style-type: none"> <li>• If acupuncture point localization is so variable, is there any specificity in acupuncture?</li> <li>• Considering the many Microsystems layered on top of each other (ear, hand acupuncture, etc) is the chance of hitting a needle in a microsystem point (we even might not know now) not huge, and therefore the rule: "hitting the needle where it hurts" gives the desired effect (because in microsystem acupuncture points get sensitive when they correspond with a diseased area in the body) and not only the TCM points?</li> <li>• Is learning the detailed and specific knowledge of the acupuncture points not merely "loading" your confidence, as an acupuncturist?</li> </ul>
<b>DIRECTIONS OF FUTURE RESEARCH</b>	<ul style="list-style-type: none"> <li>• Which other new research ideas can clarify the working mechanism of acupuncture?</li> <li>• In clinical studies, which measurement tools are effective (VAS, or measuring surrogate parameters such as HRV)</li> <li>• Which other indications than pain haven't been intensively explored yet in clinical acupuncture research, though hold a promise for the future?</li> </ul>
<b>FUTURE CLINICAL IMPLICATIONS</b>	<ul style="list-style-type: none"> <li>• In clinical studies, which measurement tools are effective (VAS, or measuring surrogate parameters such as HRV)</li> <li>• Which other indications than pain haven't been intensively explored yet in clinical acupuncture research, though hold a promise for the future?</li> <li>• Can acupuncture points be used as diagnostic tools? How sensitive and specific would it be?</li> </ul>
<b>POLITICAL STRATEGIES</b>	<ul style="list-style-type: none"> <li>• What can be achieved by influencing politics and how can politicians effectively be influenced?</li> <li>• Are there other parties to influence (such as funds and insurance companies)? What would be then the best way?</li> <li>• How can other countries learn from the successful countries like Switzerland and Germany?</li> </ul>
<b>ACUPUNCTURE EDUCATION FOR MEDICAL STUDENTS</b>	<ul style="list-style-type: none"> <li>• What can be achieved by influencing politics and how can politicians effectively be influenced?</li> <li>• Are there other parties to influence (such as funds and insurance companies)? What would be then the best way?</li> <li>• How can other countries learn from the successful countries like Switzerland and Germany?</li> </ul>

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# Abstracts Friday 13 May

## 1 ACUPUNCTURE IS A KEY COMPONENT IN PAIN MANAGEMENT *results of 10 year*

*multidisciplinary complementary and alternative outpatient program for chronic pain patients*

*Irnich Dominik, MD, PhD, Multidisciplinary Pain Center, Dept. of Anaesthesiology, Univ. of Munich, Germany.*

### Purpose

To evaluate a multidisciplinary outpatient program in complementary and alternative medicine (MOCAM) for chronic pain patients based on Traditional Chinese Medicine (TCM) and Classical Natural Medicine/Naturopathy (CNM) and to define the role of individualised acupuncture in this setting.

### Methods

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

patient confidence, self-understanding and self-responsibility.

Acupuncture plays a crucial role in this program and was applied 8 times in 4 weeks. Different styles of acupuncture were chosen according to patients condition. It includes microsystem acupuncture, dry needling of myofascial trigger points, Japanese acupuncture in most sensitive patients and TCM based acupuncture if differentiation according to ancient theories seemed to be advisable.

Outcome measures of the program included pain intensity, health related quality of life (SF 36), disability (PDI), return to work and number of doctor visits. Credibility of treatment and motivation (pain stages of change) were evaluated, too. The role of acupuncture was defined by questionnaires on pain relieving effects, credibility and acceptance.

### Results

281 patients suffering from chronic pain were included. They were characterised by continuous pain, resistance to previous treatments, disability to work and additional symptoms. Mean duration of pain was 110 months. All outcome measures were significantly improved (t-test,  $P < 0.001$ ) immediately and 2 years after completion of the 4-week program compared to baseline. The credibility scale showed high values, motivation was a weak predictor. Acupuncture was characterised as highly effective in pain relieve

### Conclusion

Complementary and alternative Medicine can be an effective part of a multimodal treatment approach for chronic pain. Acupuncture was evaluated by patients as a crucial part of multimodal treatment.

## 2 THE ROLE OF ACUPUNCTURE IN PAIN MANAGEMENT

*Sudirman Syarif, MD, PhD, IASP Indonesia Chapter, Sebelas Maret University, Solo, Indonesia.*

Pain is a part of human rights. Everybody has the right to be free of pain, free from sufferings. Pain, as defined by the International Association for Study of Pain (IASP) is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage. Pain is important

problem, because most of patients seek the doctor because of their pain. The ideal pain management as recommended by IASP is pre-emptive analgesia and multi-modal analgesia. In practice, that means that doctors give analgesia before the patient feels pain or suffers from pain, and that doctors administer more than one drug with different sites of drug action. Most of these drugs work at nearly all pain pathways, except the modulation pathway. Acupuncture has been proven to work

through the endorphinergic mechanism in the modulation pathway, to stimulate the release of either  $\beta$ -endorphin, met-enkephalin or dynorphin. So, the most ideal pain management is, when doctors are able to administer modalities to relieve pain through transduction, conduction, transmission, perception and modulation pathways. The only possible technique is when doctors use the combined methods, drugs (Western Medicine) and acupuncture (Eastern Medicine).

*Is bestieren uw passie?  
Het Naav-bestuur zoekt jonge talenten!*

3

## ACUPUNCTURE FOR ACUTE NON-SPECIFIC LOW BACK PAIN: A RANDOMIZED, CONTROLLED, DOUBLE-BLIND, PLACEBO TRIAL

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Andréia Salvador, MS, Natour Jamil, MD,  
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Federal de São Paulo (UNIFESP), Brazil.

### Context

Acute non-specific low-back pain (ANLBP) is a condition not attributed to a specific disease, persisting for less than 6 weeks.

### Objective

To evaluate the effectiveness of Yamamoto's method of acupuncture called Yamamoto New Scalp Acupuncture (YNSA) on pain, functional status, quality of life and number of anti-inflammatory tablets taken on patients with ANLBP. Design, Setting, and Participants A randomized, controlled, double-blind, placebo trial in which 80 men and women in São Paulo with ANLBP were enrolled

in the monthly acupuncture program between October 2009 and March 2010.

### Intervention

Forty participants were randomly assigned to five acupuncture sessions, the intervention group (IG); and 40 to five non-penetrating acupuncture sessions, the placebo group (PG). Patients were evaluated before and after the sessions at baseline, 3, 7, 14, 21 and 28 days.

### Main Outcome

Change in visual analogue scale for pain that was measured before (VAS 1) and after intervention (VAS 2). Secondary outcomes were Roland-Morris Disability Questionnaire (RM); SF-36; LIKERT scale and the number of anti-inflammatory tablets taken.

### Results

Eighty patients, all, completed the study.

The IG improved significantly in the following outcomes: VAS 1 and RM on Days 14, 21 and 28 ( $p < 0.05$ ); VAS 2 at all times ( $p = 0.007$ ); SF-36 functional capacity (Days 21 and 28;  $p < 0.05$ ), limitation in physical aspects (all times;  $p = 0.02$ ), pain (Days 14, 21 and 28;  $p < 0.05$ ) and vitality component (Days 14, 21 and 28;  $p < 0.05$ ). The IG also took significantly fewer anti-inflammatory tablets than the PG ( $p = 0.004$ ) at all evaluation times and was better than PG for LIKERT scale ( $p < 0.001$ ).

### Conclusions

Acupuncture was more effective than placebo treatment regarding a decrease in pain and anti-inflammatory drug intake as well as improving functional status and quality of life.

Trial Registration [clinicaltrials.gov](https://clinicaltrials.gov) Identifier: NCT01124955

4

## EVIDENCED BASED MEDICAL ACUPUNCTURE IN BACK PAIN

Varma Vinay, MD, Anand pain relief & rehab institute, Eureka Colony, Karnataka, India

### Purpose

Generally it is believed that acupuncture just offers pain relief in simple back pain and may not be much useful in disc lesions or wherein surgery has been advised.

To provide preliminary evidence and data to support the role of acupuncture in healing of the disc itself and to study the relationship between clinical recovery and MRI changes.

### Materials & methods

This is a retrospective study. This is a highly selective study wherein only patients whose clinical findings correlated with MRI-findings were selected. Thirty patients coming to Anand Pain Relief & Rehab Institute Hubli for the treatment of back-pain were selected. They had at least one consultation by a qualified specialist. All had already undertaken some sort of conservative management and/or standard pre-treatment and post-treatment in-depth clinical assessment, including MRI. All were

treated with medical acupuncture and appropriate therapeutic exercises.

### Observations

Results classified into  
1) Good: 27 patients (90%) – Able to return to previous employment  
2) Satisfactory: 03 patients (10%) – Able to return to previous employment with some restrictions. Surprisingly, there was no failure in this study.  
No significant side effects were observed.

### Post-Treatment MRI findings

Disc regression was observed in 23 (76.67 %) patients. No change was observed in 6 (20 %) patients. 1 (3.33 %) Patient showed worsening of MRI finding in spite of clinical improvement.

### Discussion

In the past, it was believed that once a patient acquired a herniated disc, it was permanent. However, recent research studies have documented that this is a fallacy. The natural history of lumbar disc disease generally is favorable, i.e. regression of the disc occurs over time. Use of acupuncture

has widely increased in patients with chronic low back pain. However, the evidence on disc healing by acupuncture is not well documented in our country.

### Conclusion

This study provides clear preliminary data in favour of use of Medical Acupuncture in the management of "ADVANCED DISCOGENIC BACK PAIN" wherein surgery was indicated. MRI changes and improvement of symptoms are well correlated.

This Study suggests that Medical Acupuncture may be considered in comprehensive conservative therapy for low back pain before considering surgery.

This study should boost the moral of acupuncture practitioners to take such cases with increased confidence and give better patient satisfaction.

## 5 THE VERY-POINT-TECHNIQUE IN CHRONIC PAIN

*Gleditsch Jochen, MD, Lecturer Pain Clinic University Munich, Germany.*

The VERY-POINT-TECHNIQUE was developed by myself 30 years ago, because, especially in microsystem therapy, it is essential to hit the eligible points most exactly. This technique enables to locate the very (veritable!) therapy-spot most precisely, by using the needle for both point-determinating as well as pricking the point. To start with, the surroundings of the suspected point have to be tapped and dabbed gently, tangentially, by the needle, that is held slantwise. In the very moment that the point is met precisely in its center, the patient invariably gives a response: mimically or verbally, e.g. 'Here!' or 'Yes! At this very moment, without losing touch, the needle is to be erected and inserted. This Very-Point-Technique does not only guarantee maximal accuracy but also evokes the patient's (subconscious) consent to the operation.

It is well-trying to start the therapy by three checking steps

1. Very-point-detection at microsystem-areas and points which are correlated to the brain stem (e.g. auricle, skull-YNSA and/or retromolar enoral points), to the craniocervical and/or the craniomandibular and/or neck receptor fields. When precise needle touch and/or insertion has evoked very spontaneous mimical or verbal response of the patient, when ON-points are being changed to total OFF-state, this can be interpreted as an affirmation of the subconscious subcortical level. In this way the patient's acceptance is positively integrated in the procedure.
2. Very-point-detection at microsystem-areas and points that are correlated to the pain condition in question: the most sensitive hyperactive points are to be treated by very-point-needle-insertion. After that, pre-detected but not yet treated points of other microsystem

should be re-checked, whether ON-points now have changed to OFF-state, or prove significantly reduced in their sensitivity. If so, this is to be interpreted as that the cybernetic-informative autoregulating system is now being "opened".

3. Very-point-detection and pricking of contralateral points at the precise symmetrical location to the actual pain. If in this way pain can be reduced to some remarkable percentage, this may be interpreted as that the segmental/neuronal pathways will respond further with their pain modulating mechanisms.

These three initial steps of getting 'RESPONSE' have proven to be good in order to acquire the best results in chronic and psycho-involved ill-conditions. It is for both traditional and microsystem acupuncture, as herewith the therapy obstacles are being alleviated, whereas the patient himself can feel more integrated in the whole therapy procedure.

## 6 DIFFUSE NOXIOUS INHIBITORY CONTROL (DNIC) OF LE BARS

*Literature review about the responsible neurological circuits of DNIC explains new additional characteristics about acupoints not included in the description of Le Bars*

*Fossion Jean Pierre J., MD, Bruges, Belgium.*

### Introduction

Diffuse Noxious Inhibitory Control (DNIC) was described by Le Bars in '89. Denial of topographic specificity of acupoints became an absolute dogma by his famous acupuncture experiment in '91, referring to the "whole body" representation of wide dynamic range (WDR) neurons, as to its cutaneous, visceral and locomotor afference, and the subsequent irrelevance of localization of the needled point.

### Aim

Does the DNIC on basis of heterotopic inhibition by its responsible subnucleus reticularis dorsalis (SRD) explain other properties of acupoints beside topographic (a)specificity?

### Methods

We made a review in literature research concerning studies about the SRD and WDR-neurons since Le Bars.

### Results

Neuroscience literature points out that the subnucleus reticularis dorsalis (SRD) is responsible for the heterotopic segmental inhibition in DNIC, but is also responsible for homotopic facilitation of a receptive field, called prioritization (Almeida & Lima). Furthermore, there are two somatotopic representations of the face in the SRD, and the WDR-neurons on multiple levels are somatotopically aligned. There is a description of the phenomenon of Wind-Up of WDR-neurons, not taken into account by Le Bars. (Wind-Up: temporal summation of partial depolarizations by previous or current pathology).

### Conclusions

Our model of double contrast (heterotopic inhibition & homotopic prioritization) proposes following characteristics.

- 1) SRD is a common substrate that could explain DNIC analgesia in somatic, as

well as in ear acupuncture, by heterotopic inhibition described by Le Bars.

- 2) The SRD, increasing segmental contrast, could explain the Da Qi needling sensation through homotopic facilitation (prioritization) of the receptive field as described by Almeida- Lima.

- 3) Since the SRD shows facial somatotopy, specificity of acupoints as defined by their precise localization regains credit, at least on facial level and for ear-acupuncture.

- 4) The "whole body" representation in wide dynamic range (WDR) neurons only refers to its afference, not its efference through somatotopical alignment.

- 5) We consider that there is sufficient evidence to refute the absoluteness by the Le Bars-exclusion of topographic specificity of acupoints. But we consider also that the topographic "specificity" of somatic acupoints, as described by Peter Deadman, represents a "whole lot of body representation", reminiscent of Le Bars, but not a "total" body representation.



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## INVESTIGATION ON THE ORIGIN OF FAR FIELD SHORT LATENCY POTENTIALS EVOKED FROM AURICULAR ACUPUNCTURE POINTS

Leutzow Bianca, MD, Gibb Andreas, Lange Joern, Schroeder Henry, Wendt Michael, Usichenko Taras, Department of Anesthesiology and Intensive Care Medicine, Ernst Moritz Arndt, University of Greifswald, Germany.

### Purpose

Averaged EEG-like scalp responses to electrical stimulation from the inner side of the tragus within 10 msec after stimuli application, are suggested to be far field potentials, generated in the vagal system – Vagal Sensory Evoked Potentials (VSEP) (1). Our purpose was to study VSEP response, elicited during stimulation of ear areas, ascribed to be auricular acupuncture (AA) points (2) and to clarify the mechanism of these VSEP responses.

### Methods

Ten healthy volunteers and 12 patients (ASA I–II) scheduled for elective low-back and extremities surgery in general anesthesia (GA) with trachea intubation were included. Stimulation was applied to triangular fossa (AA point 55), concha (AA point 101), inner side of the tragus (AA point 15) and

to non-acupuncture points of the auricular helix and lobule. Stimulation consisted of 100 square impulses of 0.1 ms duration with a frequency of 0.5 Hz and an intensity of 8 mA. EEG responses were recorded from positions C4-F4 and T4-O2, with impedances below 2 kΩ, using a Nihon Kohden MEB 9400. In healthy volunteers, VSEP responses were registered before and after subcutaneous infiltration of stimulated areas with the local anesthetic lidocaine 2%. In patients, VSEP acquisitions were made before and after induction of GA, during the maximal effect of non-depolarizing muscle relaxing agent cis-atracurium 0.1 mg/kg (C-AR) and after recovery from C-AR under GA.

### Results

In healthy volunteers, responses with previously described latencies could be reproduced only during stimulation of the ear areas with AA points 15, 55 and 101, but not from non-acupuncture points. These responses disappeared after administration of lidocaine. In all patients the responses could be reproduced before and after anesthesia induction. The responses

completely disappeared during the C-AR action and re-appeared after recovery from C-AR under GA. In some patients a stimulation-synchronous twitching of scalp muscles was observed.

### Conclusion

Electrical stimulation of the external ear, leading to scalp responses, starts with excitation of afferent nerves, which can be blocked by a local anesthetic. The disappearance of the responses to electrical stimulation of the auricle under neuromuscular block strongly suggests a muscular origin of these potentials. Even if some final details of the mechanism still should be experimentally clarified, this method can be used to study the site specificity of auricular acupuncture.

### REFERENCES

- (1) Fallgatter et al. Far field potentials from the brainstem after transcutaneous vagus nerve stimulation. *J Neural Transm* 2003.
- (2) Nogier PMF. Über die Akupunktur der Ohrmuschel. *Dt Ztschr Akup* 1957.

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## CAN ACUPOINTS HAVE AN ADDITIONAL CONVERGENT EFFECT?

*a statistical study into five basic points*

Theodoratou Konstantina, MD, Athens, Greece.

### Purpose

In everyday practice, while treating different patients and disorders, we constantly repeat several points. Acupuncture reference literature shows that several acupoints are commonly used for the treatment of various disorders. Using these two remarks as starting points we study a particular group of acupoints and investigate whether there is actually some therapeutic relation connecting them.

### Materials – Patients

We investigate five of the most popular acupoints. We study individually their

names, properties, history, and applications. We investigate whether there is common activity when jointly applied.

From our records, we select at random several diseases we deal with very often in our everyday practice. Disorders acupuncture attacks frequently with excellent results. A close look in the treatment processes we implemented proved that these 5 acupoints are always present.

### Conclusion

It is confirmed that the combination of the 5 acupoints studied is statistically used for the treatment of a large number of different diseases, with very good therapeutic results. The simultaneous use of these

points is non-specific for individual main diseases. Nevertheless, their simultaneous action has stress-relieving properties, increases the blood circulation and fortifies the immune system, thus contributing to the solution of the main problem.

### Result

We can say for certain that the combination of these points finally regulates the organism, preparing it for the implementation of the special acupoints targeting the main disorder and providing the maximal, best outcome. They actually form a “regulating substrate” to support further specialized acupuncture.

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## POST-TRAUMATIC STRESS DISORDERS – an integrative east-west psychosomatic approach

*Marić-Oehler Walburg, MD, Lecturer of Acupuncture University of Mainz, Honorary Professor of Fujian University of TCM, Bad Homburg, Germany.*

As long as Post-traumatic Stress Disorder/ PTSD is defined as a separate pattern in psychotherapeutic medicine it is diagnosed increasingly often in medical and psychotherapeutic practice. Research in neuroscience is more and more focused on this subject. Neuroscience found out that the effect of acupuncture is based on various mechanisms and processes in the central nervous system.

Combining the two facts there must be a connection between the western and the oriental medical theory and practice of PTSD.

The oriental medical understanding of (psychic) shock, injury and traumatic experience is psycho-somatic in the unique way of this medical system.

PTSD will be explained by concepts of Oriental Medicine, e.g. Five Phases, Zang Fu, the concept of Qi, the concept of Hun Po and the Meridian Theory. The knowledge and experience of Oriental Medicine will be connected with western understanding,

ideas and concepts in medicine, psychosomatics and psychotherapy.

It could be helpful to combine western psychotherapeutic diagnostic procedures with the diagnostics of Oriental Medicine. This makes it possible to combine treatment procedures of both systems not just parallel but in a *specific* way, different forms of psychotherapy with different forms of acupuncture and other methods of OM. In its unique nature acupuncture is able to touch the roots of the spirit. In this way patients with PTSD could get an integrative east-west psycho-somatic treatment.

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## ACUPUNCTURE AND PSYCHOTHERAPY IN PHOBIC DISORDERS

*Nepp Johannes, MD, Department of Ophthalmology, Medical University Vienna, Johannes Bischof-Institut of Acupuncture; Academy of Psychotherapy, Austria.*

### Introduction

Anxiety is common in patients with dry eyes. In ICD-10 there exist several kinds of anxiety: Panic, claustrophobia, social phobia, specific phobia and general phobia. In TCM anxiety is well known in organ syndromes, like heart and kidney syndromes. Our question was, which effect could be observed after acupuncture in any kind of anxiety. Our second question was, if there is a difference between psychotherapy and acupuncture.

### Patients and methods

In an open controlled study 20 patients with phobia were observed. Questionnaires of anxiety (TRIPS) were used to find symptoms and diagnosis.

To measure subjective severity of complaints the visual analogue scale was used. All patients were treated with Acupuncture: Laser (5mW), 20 Sec at each point,

10 sessions 1/week. Point selection was individually determined, but every patient was treated at points that have influence on phobic symptoms: heart 5-7, kidney 2-8-27, UB15, 23 and the ear point "anxiety". Half of the patients additionally were treated with psychotherapy, the guided affective imagery (GAI). The pictures should illustrate the emotional stress and the subconscious facts of anxiety.

One single patient was treated with psychotherapy without acupuncture to compare the effect with that of acupuncture.

### Results

All patients had subjective reduction of symptoms, but only in 6/10 patients the diagnosis was reduced. Best effect was seen in panic and general anxiety. There was minimal effect in patients with current troubles and negative events.

The pictures showed emotional stress and facts, which influence the emotion. There

was an improvement of emotion in pictures after acupuncture.

The best effect was seen in GAI combined with acupuncture.

GAI alone improved the mental disorders but not the somatic complaints. Acupuncture reduced those somatic problems and therefore calmed the emotional stress.

### Conclusion

Anxiety is a deep psychological malfunction, which affects the somatic functions. Psychotherapeutic methods have an influence on psychic troubles, calm the emotional stress and elaborate subconscious disorders.

Acupuncture influences the deep neural functions and therefore somatic complaints.

Best effect was seen after combination of both methods because of the two different mechanisms that affect the phobic disorders.

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## A RANDOMIZED STUDY COMPARING ONE SESSION WITH TWO SESSIONS OF NON-

## INVASIVE ACUPUNCTURE IN PATIENTS UNDERGOING FROZEN-THAWED EMBRYO TRANSFER (FET)

*So Wing Sze Emily, OMD, PhD, Hung Yu Ng Ernest, Yeuk Wong Yu, Shu Biu Yeung William, Chung Ho Pak, Department of Obstetrics and Gynaecology, University of Hong Kong, Queen Mary Hospital, Hong Kong, China.*

### Purpose

In our previous RCT study, patients undergoing IVF cycles received two sessions of real or placebo acupuncture before and after fresh embryo transfer. A significantly higher overall pregnancy rate was found in the placebo acupuncture group than in the real acupuncture group [1]. Similar results were demonstrated in our RCT study conducted in FET cycle [2]. In the FET study, only one session of real or placebo acupuncture was performed after the transfer instead of the two sessions reported in most studies. Based on these findings, we concluded that placebo acupuncture may not be an inert

control and placebo acupuncture may lead to a higher pregnancy rate.

We also hypothesize that one session of acupuncture would be as effective as two sessions in IVF cycles. There is only one study that showed that the pregnancy rate of the acupuncture group was significantly higher than the control group, even if the acupuncture treatments were performed only once after ET [3]. However, there is no study comparing the effect of one session with two sessions of acupuncture treatment. The aim of this study was to compare the pregnancy rate of FET cycles between patients undergoing one session and two sessions of non-invasive acupuncture.

### Methods

On the day of FET, 300 patients were randomly allocated to either one session or two sessions of non-invasive acupuncture according to a computer-generated rand-

omization list in sealed opaque envelopes. The one-session-group received one session of non-invasive acupuncture for 25 minutes after the transfer, while the two-session-group received two sessions of non-invasive acupuncture for 25 minutes before and after the transfer. The pregnancy outcomes and anxiety level were evaluated.

### Results

No significant differences were found in any pregnancy outcome between the two groups [overall pregnancy rate (1 session group versus 2 session group): 34.0 % vs 34.7%; clinical pregnancy rate (1 session group versus 2 session group): 33.3% vs 33.3%; ongoing pregnancy rate (1 session group versus 2 session group): 26.0% vs 29.3%]. Anxiety level was significantly decreased after non-invasive acupuncture in the two-sessions non-invasive acupuncture group. There was no significant difference in changes in the anxiety level between the two groups.

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## Conclusion

One session of non-invasive acupuncture was as effective as two sessions, in terms of overall pregnancy, clinical pregnancy and ongoing pregnancy rates. The two-session-group was associated with a significant reduction in anxiety level, when compared with the one-session-group.

## REFERENCES

1. So WS, Ng EHY, Wong YY, Lau YL, Yeung SB, Ho PC: A randomized double blind comparison of real and placebo acupuncture in in vitro fertilization treatment. *Human Reproduction* 24(2):341-348 (2009).
2. So EW, Ng EH, Wong YY, Yeung WS, Ho PC: Acupuncture for frozen-thawed embryo

transfer cycles: a double-blind randomized controlled trial. *Reproductive BioMedicine Online* 20(6):814-821 (2010).

3. Dieterle S, Ying G, Hatzmann W, Neuer A: Effect of acupuncture on the outcome of in vitro fertilization and intracytoplasmic sperm injection: a randomized, prospective, controlled clinical study. *Fertil. Steril.* 85:1347-1351 (2006).

## 12 COMPLEX „PINE”- ACUPUNCTURE AS AN EFFECTIVE PART OF MULTIMODAL PAIN MANAGEMENT IN RHEUMATOLOGIC DISORDERS

Muraközy Henriette, MD, Bad Oeynhausen, Germany.

### Purpose

Clinical prospective study to evaluate the effectiveness of a multimodal „body & mind - mens sana in corpore sano” therapy regime named „love medicine” – combined with acupuncture in a Clinic for Rheumatology in Germany.

### Study design

Statistical analysis (Student T- probe) of pain-relief and reduction of impairment of motion in the indoor patients on the 1st day, 12th day of the multimodal clinical therapy. Re-evaluation (ambulant control) after 6th and 12th months.

### Patients

3015 in-patients of both genders, F: M= 4:1 (2412 women and 603 men) aged between 18- 89 years in a period of 4 years (from 1. 10. 2006 to 30. 9. 2010), treated in our clinic with rheumatoid arthritis (RA), psoriatic arthritis (PsA) and spondylarthritis

(SPA) (according to the current diagnosis and therapy criteria).

### Methods - Clinical assessments

- The patients were treated with a standard block of multimodal, complex pain management (acupuncture, antirheumatic drug-, physical- and movement therapy / sports / preventive and therapeutic exercises, relaxing techniques, completed with elements of international „arts in hospital” motion, loveful treatment). They followed a diet rich in vegetables, fish and liquids.
- The acupuncture was performed in a standard point cluster (named after the shape of the „pine - Christmas tree”: a combination of classical acupoints and antidepressive auriculotherapy, every second day (5x).
- In the beginning and in the end of each acupuncture session and at the ambulant control investigations at the 6th and 12th month the pain intensity outcomes

were ranked on the Pain Intensity Scale from 100% (worst pain) to 0% (no pain).

- Serum levels of inflammatory parameters, activity and mobility indexes (DAS28, CDAI, SDAI, BASDAI, and HAQ) were detected before and after complex treatment.

### Results

The results showed good improvement and significant alleviation of pain (PIS from 7-8 to 2-3) and inflammatory signs and symptoms, reduction of stiffness, lasting up to 6 months after emission ( $p < 0.05$ ).

### Conclusion

On the basis of these findings the conclusion of the beneficial role of complementary acupuncture treatment of inflammatory disorders in rheumatology was drawn. Acupuncture, particularly the combined „pine”-shaped, can be recommended, as well as a monotherapy or as a part of complex, effective anti-inflammatory therapy for rheumatic diseases.

## 13 SUCCESSFUL APPLICATION OF ACUPUNCTURE IN EMERGENCY MEDICINE – NEW CASE REPORTS

Schockert Thomas, MD, Lecturer for YNSA at Witten/Herdecke Private University, Nideggen, Germany.

### Background

Acupuncture has been successfully applied, both for preventive purposes and in the treatment of a very wide range of serious illnesses, for thousands of years.

Worldwide, acupuncture has already been successfully applied in a number of crisis regions and in emergency medicine.

### Methods

The following types of acupuncture are applied: TCM needle acupuncture, ear acupuncture, acupressure and Yamamoto New Scalp Acupuncture.

### Results

Acupuncture is successfully applied for indications such as asthma, acute urine retention, acute apoplectic insult, shock, loss of consciousness, allergic reactions to insect bites and stings, lip oedema, lockjaw, psychiatric conditions such as mania, restlessness and anxiety, as well as acute

pain and epilepsy. The authors' experiences are illustrated by case studies.

### Conclusions

Due to the good effectiveness of acupuncture, especially since the treatment takes effect very rapidly, I would like to encourage the use of this procedure as a supportive measure both in emergency medicine as well as by the emergency services. There is a need for extensive studies on the application of acupuncture in emergency medicine and preliminary work is already in progress.

## 14 ACUPUNCTURE PAIN TREATMENT IN HORSES

*Longo Francesco, MD Vet, Bologna, Lecturer in Veterinary Acupuncture in University of Udine, Brescia, Bologna, Barcelona, and Gazzola Margherita, MD Vet, PhD, Veterinary Medicine Faculty of Parma, Teacher in Veterinary Acupuncture in It.V.A.S. courses, Florence, Italy.*

### Purpose

The Traditional Chinese Veterinary Medicine (TCVM) has a millennial history in preparing horses to sport competitions. The classical texts that go back to about 900 years B.C. are the most concrete testimonies of this. In recent years, knowledge of TCVM has been extended through highly complex experimental studies, employing high-tech instrumentation based on quantum physics theories.

This has led to a new “biophysical” interpretation of medicine, and a fuller understanding of how the energy activity of acupoints affects organs and tissues. The surprising aspect is that the conclusions which these studies have reached ‘scientifically’ were already known to Chinese physicians of the past. Through their professional experience

and through the collection of clinical evidences, the authors point out the use of acupuncture in treating chronic and acute pain conditions in the horse.

### Materials and Methods

This work discusses the underlying mechanisms in the application of needles, according to classical theory, and also in the use of electric stimulation and laser application.

It achieves a comparison between the different techniques in solving pain, in a variety of conditions, according to the clinical results.

Authors argue about the use of acupoints in treating pain, according to canonical formulas and to scientific evidences, both specific in horse medicine.

The actions of the acupoints manifest itself at different levels: antalgic, anti-inflammatory, neuroendocrine, trophic and vaso-modulatory, in an integrate system, that obtains specific functional responses.

### Results

According to these clinical experiences it is possible to infer that:

- electroacupuncture is more effective in treating acute conditions: it induces the disappearance of the pain quickly, but the antalgic effect has average length;
- hydro-acupuncture produces a good level of muscle relaxation and improves the metabolic capacities in competition horses: it is the best technique to increase sport performance;
- traditional acupuncture (dry needles) promotes an analgesic level more slowly but more prolonged in length; also it induces manifest effects on organic metabolism;
- laseracupuncture determines effects like traditional acupuncture.

### Conclusion

Independent of the technique used, acupuncture has a very significant and relevant anti-stress effect, measured by a reduction of endogenous cortisole. The local antalgic and anti-inflammatory action corresponds to a general effect on the biological functions of the organism. Acupuncture assures the complete wellbeing of the horse. Acupuncture has effect on the global energy of the body, a “naturally” effective result.

## 15 CHINESE HERBAL THERAPY – IS IT RISKY?

*Rainer Nögel, MD, Munich, Germany.*

This presentation deals with the safety aspects of Chinese Herbal Therapy (CHT). It starts with a short introduction to the foundations and principles of CHT and then discusses potential risks of CHT. These risks include false therapeutic approaches, possible side effects, drugs that are obsolete nowadays, and the much

discussed and important, issue of interactions, especially with western drugs. Proposals for a safe and reasonable handling of Chinese herbs are given. First of all therapists need to be well-trained in Chinese as well as Western medicine. Furthermore it is necessary to certify the identity and the quality of the herbs, with regard to pollution with heavy metals, insecticides and pesticides.

The Center for Safety of Chinese Herbal Therapy (CTCA), which has been founded to document and avoid side-effects as well as to inform therapists, patients and the public about safety issues, is introduced. In the end an outlook is given how beneficial CHT can be when applied prudent and according to the principles of Chinese Medicine.

## 16 REPORT ON THE SECOND PLENARY MEETING OF ISO/TC 249

*Oei-Tan Chun Lee, MD, PhD, delegate to this NEN normcommission, Liu Cheng, Chairman of the NEN normcommission 330 249 TCM/ISO/TC 249*

Traditional medicine practices from China have evolved and spread worldwide. The international classification project is now

harmonizing data, with the aim to monitor safety and efficacy in health care.

The municipality of The Hague has again supported the TCM by hosting its international conference of the 2nd plenary ISO-meeting on the 2, 3 and 4th of May. An international platform of 70 delegates

from 35 participating countries will then be in The Hague for further work on global standardization of TCM.

The creation of ISO/TC 249 was in September 2009, with the secretariat at the Shanghai Institute of TCM. Since April 2010, the Netherlands is a participating member

with their secretariat at the Netherlands Normencommissie (NEN 330 249). They took part in the first plenary meeting in Beijing on 7 and 8 July 2010.

Its Scope:

- Standards for Training and Education
- Standards for the Working environment:

universities, hospitals, clinics and institutes.

- Standards for Quality and Safety control of natural materials, needles and other equipment.
- Production/usage of Chinese herbal medicines and their test methods.

The intention is to guarantee safety

and efficacy to TCM-consumers and to get international recognition for TCM. Worldwide there is a trend for integration of medical acupuncture in Health Care and for research at university clinics. ICMART may attend the ISO/TC 249 as liaison, while being an international organization of medical acupuncture, as may other similar international organizations.

## 17 PLANTS, HEALTH AND (UN)BELIEF

*Verpoorte R., Professor, Head of the Department of Pharmacognosy, Section Metabolomics, Institute Biology Leiden, Leiden University, Leiden, the Netherlands.*

Since ancient times mankind has exploited nature for all kind of useful products and enjoyed the colors, flavors, and fragrances of flowers, food, etc. Presently, many fine chemicals are derived from plants and used as medicines, dyes, flavors, fragrances, insecticides, etc. Originally most drugs were derived from plants, however, after the first successful introduction of synthetic drugs such as aspirin about 100 years ago, gradually synthesis became the more important source for drug development. Only in case of antibiotics and antitumor compounds, nature remained a major source for new drugs. Major reason was the difficulty of finding the active compounds in crude plant extracts, assays using animal experiments for testing activity are not suited for rapid bioassay guided fractionation of

extracts. The assays for the antibiotic and antitumor activity on the other hand are more suitable for this purpose, explaining the success of natural products in these fields. In the past years the development of assays on the level of molecules (receptor binding and enzyme inhibition) opened complete new perspectives for natural products as source for new drugs. High throughput screens now allow the testing of thousands of samples per day. In combination with efficient separation methods and powerful spectrometric methods for identification and structure elucidation, active compounds from natural sources can rapidly be identified.

Despite the rapid developments in drug discovery, the core of western medicine is still based on compounds from medicinal plants traditionally used in the Europe. About 120 plant derived compounds are used as such in western medicine, but also many synthetic analogues have been made

such as analgesics based on morphine, and local anaesthetics based on cocaine. On the other hand presently about 80% of the world population is using medicinal plants as their major source for medication in primary health care. In most cases scientifically little is known about the activity of these medicinal plants. It is obvious that much can be learned from these traditional medicines. To explore and eventually exploit the enormous potential of the traditional knowledge different approaches can be used. The already mentioned fast screening methods with known molecular targets can be used. However, it cannot be excluded that the activity of medicinal plants is due to synergistic effects of compounds present in the plant, or even due to compounds that are formed after digesting the plant material, in the digestive tract or in the liver. The willow bark is a good example. It contains the non-active salicoside that in the body is converted to salicylic acid, which has an analgesic effect.



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Studies on traditional medicines thus require a new approach to understand their activity and eventually develop novel medicines. Systems biology is such an approach that will be very helpful in establishing the efficacy of medicinal plants and may lead to novel drugs.

### REFERENCES

- Verpoorte R. (2000) *Pharmacognosy in the new millennium: leadfinding and biotechnology*. *J. Pharm. Pharmacol.* 52: 253-262
- R. Verpoorte, Y.H. Choi and H.K. Kim (2005) *Ethnopharmacology and systems biology: a perfect holistic match*. *J. Ethnopharmacol.* 100: 53-56
- Mei Wang, R.J.A.N. Lamers, H.A.A.J. Korthout, J.H.J. van Nesselrooij, R.F. Witkamp, R. van der Heijden, R. Verpoorte and J. van der Greef (2005) *Metabolomics in the context of systems biology: Bridging traditional Chinese medicine and molecular pharmacology*. *Phytother. Res.* 19: 173-182



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In 1982 begon Charles Wauters binnen een reguliere apotheek met het verstrekken van kruidenbereidingen, hetgeen uiteindelijk resulteerde in de volwaardige zelfstandige vestiging in Pijnacker van de NatuurApotheek® in augustus 2002.

Dhr. Ch. Wauters wordt in de NatuurApotheek® bijgestaan door een team van apothekers- assistenten. Verder vervult hij allerlei functies in nationale en internationale organisaties, die de Fytotherapie of de natuurgeneeskunde kritisch stimuleren. Zo was hij meer dan 10 jaar bestuurslid van de NVF (Nederlandse Vereniging van Fytotherapie).

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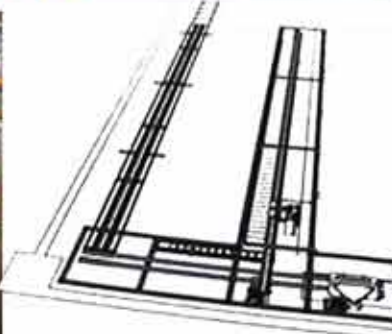
De analyses moeten voldoen aan monografieën van de Europese Farmacopee, andere in Europa erkende farmacopeën of een monografie, die voldoen aan de laatste wetenschappelijke maatstaven. Daardoor wordt de veiligheid optimaal verzekerd. Interacties en contra-indicaties worden zoveel mogelijk meegegeven met de aflevering.

De filosofie is dat de patiënt wordt geholpen met de juiste diagnose, de juiste therapie en de juiste preparaten. Kennis van 2 werelden (NatuurApotheek® en 'gewone' apotheek) maakt een hechte samenwerking tussen het reguliere veld en het alternatieve veld mogelijk. Trouwens 'regulier', 'additief' en 'alternatief' zijn normale begrippen: wat wij hier 'alternatief' noemen, wordt in China 'regulier' genoemd.

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De NatuurApotheek® zou een steentje willen bijdragen aan een pluralistisch model binnen de gezondheidszorg, waarin de ordeningen geleidelijk zullen worden gehergroepeerd tot werkbare en kundige gehelen, die het welzijn van de patiënt verbeteren.

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## 18 CLINICAL OBSERVATION OF ACUPUNCTURE AND MOXIBUSTION, COMBINING CHINESE HERBS, IN THE TREATMENT OF 36 CASES OF REFRACTORY PRIMARY TRIGEMINAL NEURALGIA

Wang Zhu Xing, MD, Acupuncture  
Department of Chongqing, Academy of  
Chinese Medicine, Chongqing, China.

Primary trigeminal neuralgia is one of the difficult diseases in Western medicine. It is the result of issues surrounding the nerve, such as chronic inflammation, demyelination or nerve injury of the sensory root of the trigeminal nerve, compression or injury.

The vessels around the nerve can compress, producing intense paroxysmal neuralgia along the trigeminal nerve.

The refractory cases are cases with no effect after getting many treatments, or can be cases that recur more times. The main manifestation is severe and sustained pain in the forehead, around the eyes, the jaws and/or the teeth of the right or left side of the face. The pain can be like cutting

or burning. More or less brief attacks of severe shooting pain along one of the three branches of the trigeminal nerve, or all of them. Patients are often not cured for many years. The writer of the article has treated 36 cases of the disease by acupuncture and moxibustion, with Chinese herbs, for 10 years. There are better results when the Differentiation of 3 stages was used.

## 19 TCM-PHYTOTHERAPY FOR MENOPAUSAL SYMPTOMS: A 3-ARM DUTCH RANDOMIZED CLINICAL TRIAL (RCT)

Wauters C., MPharmacist, Kwee S.H., MD, Tan H.H., MD, A. Marsman, the Netherlands.

### Introduction

The study objective is to evaluate within the Traditional Chinese Medicine (TCM) setting, the effect of Chinese herbal medicine (CHM)-formulae on menopausal symptoms compared to hormone replacement therapy (HRT) and placebo (MAT-4859)

### Unique in this study are:

the formula with its modifications: multi-target, the use of hydrophilic concentrates, the cooperation of two doctors, both specialized in herbal medicine, a TCM-therapist and a pharmacist and its private set-up, the guiding of the NVF (Dutch Association for Phytotherapy) and the approval from the METOPP ethical commission. It is remarkable that up till now, this article is still in the top-10 most-read Herbal Medicine Research studies.

### Method

Between 2002 and 2004, 31 peri- and postmenopausal Dutch women were recruited to complete 12 weeks treatment with either CHM formulae (n = 10), HRT (n = 11) or placebo (n = 10) plus a 4 weeks non-treatment follow-up observation. Double-blind and double-dummy randomised placebo-controlled setting is applied, i.e. the medications and placebo's taken were both capsules and liquid extracts.

Appropriate to the TCM setting, the CHM-prescriptions could be adjusted according to the symptoms and signs of the individual participant.

### Main outcome measures

The primary end-point was the reduction in frequency of vasomotor symptoms (hot flushes and night sweats). Secondary end-points were quality of life improvement measured with the SF-36 questionnaire and other symptoms and signs related to the peri- and postmenopausal period.

### Results

Placebo had a score of 30%. Compared to Placebo, on average CHM is 29% significantly ( $p < 0.05$ ) more effective in reducing the amount of hot flushes, while for HRT this is almost 50%. Although quantitatively, there was a significant difference in the reduction of hot flushes between groups, qualitatively there was no overall improvement.

### Conclusions

This pilot study proved clearly that CHM can help women with their menopausal problems. The chosen trial methodology, with its TCM differential diagnosis following the orthodox medicine diagnosis, is fully compatible with TCM practice and hence acceptable for western and Chinese medical practitioners. For acceptance in the orthodox western health care system, we need to conduct a larger trial with a more menopause specific questionnaire.

### Applied Chinese Herbal Therapy

The original CHT, based on the classical formula of ZHI BAI DI HUANG WAN (ZHENG YIN MAI ZHI, 18th century), was modified by Kwee Swan Hoo.

### Composition

Rhizoma Anemarrhenae, ZHI MU	10 g
Cortex Phellodendri, HUANG BAI	10 g
Radix Rehmanniae Praeparata, SHU DI HUANG	40 g
Fructus Corni, SHAN ZHU YU	20 g
Rhizoma Dioscoreae Oppositae, SHAN YAO	20 g
Sclerotium Poriae Albae, FU LING	15 g
Os Draconis Ustum, DUAN LONG GU	20 g
Concha Ostreae Usta, DUAN MU LI	20 g
Cortex Moutan Radicis, MU DAN PI	15 g
Rhizoma Alismatis, ZE XIE	15 g
Fructus Lycii, GOU QI ZI	10 g

### Main TCM indication

Kidney Yin Deficiency

### Western indications

Menopausal syndrome, hot flushes, insomnia, night sweats, emotional disturbances, depression.

### Dosage

Hydrophilic concentrate: 3 x 80 drops/day. (20 drops is 1ml), when more is indicated then 3x90 drops/day.

### Modifications

1/ when Yang Deficiency add:	
+ Radix Eucommiae, DU ZHONG	12 g
+ Herba Epimedii, YIN YANG HUO	12 g



2/ when hyperactive Liver Yang add:		+ Semen Zizyphi spinosae,		+ Rhizoma Zingiberis, GAN JIANG	6 g
+ Radix Gentianae, LONG DAN CAO	8 g	SUAN ZAO REN	15 g	+ Radix Glycyrrhizae, GAN CAO	3 g
+ Radix Scutellariae, HUANG QIN	6 g	+ Radix Polygalae, YUAN ZHI	6 g		
+ Fructus Gardeniae, ZHI ZI	6 g	+ Fructus Schizandrae, WU WEI ZI	3 g	5/ when Stagnation of Phlegma add:	
+ Semen Plantaginis, CHE QIAN ZI	6 g	+ Radix Platycodi, YIE GENG	6 g	+ Rhizoma Pinelliae, FA BAN XIA	9 g
+ Radix Angelicae sinensis, DANG GUI	10 g	+ Radix Angelicae sinensis, DANG GUI	10 g	+ Cortex Magnoliae officinalis, HOU PO	6 g
+ Radix Bupleuri, CHAI HU	9 g			+ Folium Perillae, ZI SHU YI	6 g
+ Radix Notoginseng, SAN QI	12 g	4/ when Empty Spleen and Stomach add:		+ Rhizoma Zingiberis recens,	
+ Herba Leonuri, YI MU CAO	12 g	+ Radix Angelicae sinensis, DANG GUI	10 g	SHENG JIANG	6 g
		+ Radix Aucklandiae, MU XIANG	3 g	+ Rhizoma Cyperi, XIANG FU	9 g
3/ when Heart Blood Deficiency add:		+ Semen Coicis, YI YI REN	15 g	+ Fructus Aurantii, ZHI KE	6 g
+ Radix Scrophulariae, XUAN SHEN	12 g	+ Fructus Amomi, SHA REN	6 g	+ Radix Scutellariae, HUANG QIN	6 g
+ Radix Ophiopogonis, MAI MEN DONG	12 g	+ Massa Fermentata, SHEN QU	10 g	+ Bulbus Fritillariae cirrhosae,	
+ Radix Codonopsis pilosulae,		+ Radix Codonopsis pilosulae,		CHUAN BEI MU	8 g
DANG SHEN	15 g	DANG SHEN	15 g	+ Fructus Trichosanthis, GUA LOU	15 g
+ Radix Salviae miltiorrhizae, DAN SHEN	6 g	+ Rhizoma Atractylodis macrocephalae,			
		BAI ZHU	9 g		

## 20 ACUPUNCTURE FOR PERSISTENT MODERATE CHRONIC OBSTRUCTIVE PULMONARY

### DISEASE, A RANDOMISED PRAGMATIC CONTROLLED TRIAL IN THE NETHERLANDS

Smeets Jos, MD Vet, the Netherlands.

Chronic obstructive pulmonary disease (COPD) belongs, with Asthma, to the major disabling lung diseases worldwide. COPD is the sixth leading cause of death globally and the fifth in developed countries. In the Netherlands, a country of approximately 16 million inhabitants, the prevalence in 2010 was estimated 2.4% in man and 1.7% in women, i.e. more than 350,000 people with a confirmed diagnosis COPD. Due to smoking and ageing in the near future, these figures will increase strongly, thus increasing the costs for the Dutch Health-care system significantly.

COPD is characterized by an obstruction of the airways, mainly caused by chronic bronchitis or emphysema, most often in combination. The impact of COPD on patient's life is devastating. Almost half of all COPD patients suffer from daily life impairment and have serious restrictions in their work and social engagement. COPD is

preventable and treatable, although the airway limitation itself is not fully reversible. Depending on the severity of obstruction of the airway the patients are categorised according the GOLD-standard into classes from I to IV, from minor to severe.

The scientific committee of the Dutch Medical Acupuncture Association (NAAV) organises a pragmatic controlled clinical trial to investigate the additive role of acupuncture treatment in patients with mild or moderate COPD (GOLD classes I and II) treated by general practitioners (GP's). The objective of the study is to evaluate the effectiveness and cost-effectiveness of acupuncture combined with standard care compared to standard care alone. The primary parameters are FEV<sub>1</sub> and FVC as a measure of lung function and CCQ score as an overall measure. Secondly, costs, like visits to the GP, physiotherapist and dietician, acupuncture treatments, prescribed medication as well as over-the-counter medication, nutritional supplements, travel

expenses, time lost from paid work, oxygen use, hospital admissions and hours for household assistance, will be compared. The primary parameters will be measured at start of the trial, at 6 weeks, at the end of the acupuncture treatment (12 weeks), and one and three months thereafter, in 100 patients selected by 10 GP's and randomly divided into the trial and control group. Data will be analysed with multilevel analysis (three-level longitudinal structure, significance level of 0.05, power 90%). To reduce the effect of smoking on the data, smokers and non-smokers will be evenly distributed between the trial and control group during inclusion. Blinding is not possible during the live-phase and as this is a pragmatic trial, data analysis will be according Intention To Treat (ITT). The start of the trial is foreseen for the last quarter of 2011.

## 21 ACUPUNCTURE CLINICAL TRIALS: A SYSTEMATIC LITERATURE REVIEW

Brignol Tuy Nga, Ris Orangis, Ile de France, France. Verta Patrick, San Francisco, California, USA.

### Purpose

To provide a review and analysis of clinical trials of acupuncture therapy, as reported in peer-reviewed journals.

### Search strategy

Articles published in peer-reviewed journals were identified by search of PubMed from 1977 to June 30, 2010. Database Searches were conducted using the keywords combinations including "acupuncture", "clinical trials" with no language restrictions. The term "acupuncture" is used in its broad

sense to include traditional body needling, moxibustion, electroacupuncture, laser acupuncture, microsystem acupuncture such as ear (auricular), face, hand and scalp acupuncture, and acupressure (the application of pressure at selected sites).

## Results

About 1800 articles with abstracts were identified. The main results are presented in charts and graphs, giving information on the therapists' countries, the years and the languages of publication, the study designs (numbers of subjects, the tested group, the controls used), the symptoms/diseases/disorders tested, and the results obtained.

## Conclusion

The results attest to the wide range of diseases and conditions that can be effectively treated with acupuncture, but most of the trials were not based on formal clinical trials conducted in a rigorous scientific manner. Unlike the evaluation of a new drug, controlled clinical trials of acupuncture are extremely difficult to conduct, particularly

if they have to be blind in design and the acupuncture has to be compared with a placebo. Various "sham" or "placebo" acupuncture procedures have been designed. Another difficulty in evaluating acupuncture practice is that the therapeutic effect depends greatly on the proficiency of the acupuncturists - their ability and skill in selecting and locating the acupuncture points and in manipulating the needles.

## 22 CAN OPC (OBJECTIVE PERFORMANCE CRITERIA) USED IN FDA APPROVAL FOR MEDICAL DEVICES REPRESENT AN ACCEPTABLE AND SCIENTIFICALLY VALID ALTERNATIVE TO SHOW EFFICACY IN CLINICAL TRIALS IN ACUPUNCTURE?

*Brignol Tuy Nga, Ris Orangis, Ile de France, France. Verta Patrick, San Francisco, California, USA.*

### Purpose

Unlike the evaluation of a new drug, controlled clinical trials of acupuncture are extremely difficult to conduct, particularly if they have to be blind in design and the acupuncture has to be compared with a placebo. Another difficulty in evaluating acupuncture practice is that the therapeutic effect depends greatly on the proficiency of the acupuncturists. Could an alternative to double blind randomization like an OPC (Objective Performance Criteria), used in FDA approval for some medical devices in the USA, be used as a valid scientific alternative to show efficacy in clinical trials in Acupuncture?

### Methods

For some investigational devices (cardiac ablation catheters, replacement heart valves, ophthalmic devices, hip replacement systems), the FDA has allowed the approval process to include single arm clinical studies where the control group has been replaced by expected standard results known as OPC without compromising the scientific integrity required by its mission of public health safety. It is a number used as a comparator in single arm trials where randomization is impractical or impossible. OPC are presented as fixed standards. OPC are derived from endpoints in published studies. OPC should be established by a team of therapists in cooperation with statisticians, and should be followed by a detailed analysis on how it was derived in a peer-review journal. OPC

must reflect the current level of care and must be periodically re-evaluated.

### Results

The OPC use offers several advantages over randomized clinical trials: smaller sample size, standardized comparator for trials, ... However the determination of an OPC is no simple task: problems associated with historical controls, validity of data and analysis, advances in the practice of medicine, single arm trial selection bias.

### Conclusion

OPC methodology could represent an acceptable and scientifically valid alternative to determine the efficacy of treatment by Acupuncture in clinical trials when randomization is problematic.

## 23 THERMAL PROPERTIES OF WARM NEEDLE ACUPUNCTURE AND ITS MEANING TO HEAT STIMULUS

*Yi Seung-Ho, PhD, Acupuncture and Meridian Science Research Center (AMSRC), Kyung Hee University, Seoul, Korea.*

### Purpose

Warm needle acupuncture (WNA) is a physical combination of acupuncture and moxibustion in traditional Chinese medicine. The WNA is to harness heat from a burning moxa cone installed on the needle handle via a needle that is inserted into the human body. The WNA is being used in Korea as well as other regions to treat cold related symptoms. Several clinical trials have been reported to show its efficacy. Nature of the stimulus is subject to various

factors, which might affect the efficacy of the modality. However, preliminary studies implied that heat stimulus might not be enough to generate therapeutic effects by WN currently used in a clinical setting [1]. Therefore, it is necessary to measure thermal properties on a warm needle intervention to assess its clinical usefulness.

### Materials and methods

Heat characteristics in the process of WNA with moxa cones were acquired using a thermocouple based automatic measurement system. A stainless steel needle (0.25 x 30 mm) and cylinder shape moxa cones were employed. Location of a moxa cone

on the needle handle varied three times. Temperature time courses were measured at two sites along the needle body for each location of the cylinder. In the study, the size and location of the cylinders, and needle insertion depth were considered as main factors to affect overall heat stimulus by the WNA on the human skin in TCM treatment.

### Results

The highest temperature of the WN reached up to 90 at 8 mm and less than 38 at 17 mm from the root. Difference in the temperature between two sites was approximately 6 / mm for WNs, regardless

of the size of the moxa cylinders. The difference was decreased with an increase in the distance between a moxa cylinder and the needle root. The amount of heat delivered to the skin and the duration time of meaningful heat stimulus were also significantly decreased with the increase.

#### Conclusion

The difference in temperatures implied a considerable temperature variation along

the needle handle. The peak temperature at 17 mm, which corresponds to 13 mm of insertion depth in a TCM therapy, seems too low to evoke any heat stimulus. Temperature at the needle tip was estimated as much lower than the human core temperature, suggesting that no additional heat stimulus can be delivered by WN acupuncture intervention. Therefore, the WNA efficacy reported might not be related to the heat stimulus.

[1]. Kim H, Shim I, Yi SH, Lee H, Lim HS, Hahm DH. Warm needle acupuncture at Pungsi (GB31) has an enhanced analgesic effect on formalin-induced pain in rats. *Brain Res Bull.* 2009;78(4-5):164-19.  
This work was supported by the Basic Science Research Program Through the National Research Foundation (NRF) funded by the Ministry of Education, Science and Technology (R11-2005-014).

## 24 CEREBRAL CIRCULATION AND KOREAN HAND ACUPUNCTURE THERAPY

Park Hyun Kyu, MD, Yoo Tae Woo,  
Department of Neurology, School of  
Medicine, Pusan National University, Korean  
Hand Acupuncture Institute, Seoul, Korea.

Although our current understanding of the mechanisms underlying acupuncture is not satisfying, a steady progress has been made in recent years with modernized technique. The mechanisms of acupuncture are studied in several fields such as that of hormones, endorphins, immune- and neurotransmitters and circulation, without defined principles. There are also a lot of problems in diagnosis, therapy and evaluation of acupuncture when we practice and study. We need more standardized tools and scientific methods. An essential key is how to objectify the effect of acupuncture

and how to prove the mechanism. The mechanism should be studied identically for human health.

For this purpose, Korean Hand Acupuncture Therapy (KHT) has many advantages. It was found and developed since 1971 and is widely used in the world. It is easy to learn and to practice, without side effects. The important concept of health in KHT is defined as a state of harmony of the cerebral circulation, which consists of the anterior and posterior circulation, right and left respectively. Disease and dysfunction means imbalance of the anterior and posterior circulation. My great interest is cerebral circulation and how to prove the change of circulation before and after acupuncture. I have studied the mechanism of

acupuncture with KHT using thermography, transcranial Doppler and fMRI.

In this lecture I present the basic concept of KHT and the relation of cerebral circulation and KHT in migraines. For transcranial Doppler, I developed multiple probe holds to check intracranial and extracranial vessels. For fMRI studies, we researched blood flow in extracranial arteries with a new protocol of flow quantification with fast-low angle shot after KHT on migraine patients. Our data clearly indicate that KHT can modulate extracranial blood flow through collateral circulation, which would affect the intracranial blood flow. We had better bring New Horizon in Acupuncture through our close cooperation with an open mind.

## 25 EVIDENCE BASED KOREAN HAND ACUPUNCTURE

Park Hyun Kyu, MD, Yoo Tae Woo,  
Department of Neurology, School of  
Medicine, Pusan National University, Korean  
Hand Acupuncture Institute, Seoul, Korea.

#### Introduction

The National Center for Complementary and Alternative Medicine (NCCAM) and the World Health Organization (WHO), have been expanding the clinical application of acupuncture. Many research institutes conduct research into the mechanisms underlying acupuncture; however they have not come to an obvious solution. NIH Consensus Statement published in 1997 agrees that acupuncture has effectiveness for certain illnesses and symptoms; however more research is necessary to understand the mechanisms underlying acupuncture. In contrast, a systematic re-

view of clinical acupuncture trials research concluded that sham acupuncture may be as efficacious as true acupuncture. It should be questioned why these conflicting results occurred, there are various issues and no clear solution to this.

It is not easy to understand the meaning of concepts in acupuncture through use of modern scientific concepts. The content of the original acupuncture texts were written in classical Chinese. Therefore it is not easy to define the meaning of concepts using modern scientific terms. It is also hard to find well translated literature to understand the concepts used in the Classics. The author showed interest in this matter since 1968; however it was extremely difficult to find solutions to these issues. Since 1982 the author exchanged ideas with TW Yoo, founder

of Korean Hand Acupuncture Therapy (KHT), and started to understand the concept of acupuncture-related texts and the world of acupuncture in general. Through these opportunities and experience I have been researching how KHT can be applied to modern medicine. From 1978 to 2010 20 Korean and Japanese KHT Symposiums have been held. These provided opportunities for the author to meet many medical practitioners that are also researching into KHT. Through this and through research on KHT published by western scholars, the author realized that KHT can easily be applied in clinical practice by western medical practitioners and researchers. There are many medical practitioners who are hesitating to apply traditional acupuncture in clinical practice even though they have undergone training in it for a long time, whereas KHT is easy to

learn and apply in clinical practice without any side effects. Traditional acupuncture and KHT are different in theory. KHT however is excellent in a clinical setting. I want to discuss problems in “how to study acupuncture objectively” with open mind as follows.

### Main Subjects

There is a lot of research that puts acupuncture into practice. Its significance however has been criticized. There is variation in efficacy regarding research into acupuncture in headaches and other diseases. This highlights many issues that

need a solution, in theory, diagnosis, treatment and practice methods. This is the foundation of acupuncture research.

1. Issues in Acupuncture Research
2. Acupuncture research methods
3. Role and theories of acupuncture
4. Issues in Diagnosis
5. Treatment with acupuncture
6. Research using Korean Hand Acupuncture

### Concluding remarks

To incorporate acupuncture with a long history into modern medicine, close investigation needs to be done about how and where acupuncture has been used

until now. Issues raised need to be solved by scientific methods.

The principles and theories of yet unfamiliar acupuncture should be clarified. The correct research direction should be established. Thus, objective and standardized diagnosis and standardized treatment principles will be possible and effects and methods could be evaluated.

The day that the mechanisms underlying acupuncture are understood, through use of scientific methods and advanced medical technology and equipment in many research institutes, will come.

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## THE EFFECTS OF SO-CALLED “FORBIDDEN ACUPUNCTURE POINTS” IN THE PREGNANCY’S

### OUTCOME OF WISTAR RATS

Silva Joao, MD, São Paulo, Brazil

### Purpose

This study sought to determine if acupuncture in LI4 and SP6, or in sacral points, could produce any harm in the pregnancy’s outcome of Wistar rats, as has been told by traditional knowledge.

### Methods

Forty-eight pregnant Wistar rats were randomly divided into four groups:

- total control, where the rats were left in cage without manipulation
- anesthetized control, where rats were manipulated and anesthetized but did not receive electro-acupuncture

- peripheral points and
- sacral points, where rats were anesthetized and received stimulation of four acupuncture points, respectively LI4-SP6 and BL27-BL28.

The primary end point was Embryonic Loss after Implantation, defined as (number of implantations – number of embryos in development) x 100/ number of implantations. Other evaluated parameters were decrease of fetuses, abortions, number of fetuses and resorptions, Resorption Index (number of resorptions/total of implantations), maternal gain of weight and fetuses’ weight.

### Results

There was no difference in Embryonic Loss after Implantation ( $p=0.45$ ), nor in decrease of fetuses ( $p=1$ ), abortions ( $p=1$ ), number of fetuses ( $p=0.79$ ), resorptions ( $p=0.3$ ) and Resorption Index ( $p=0.45$ ). There were differences in maternal gain of weight and fetuses’ weight, but they seem not to be related to the treatment.

Conclusions: In our study we did not find evidence to the proposition that acupuncture in LI4-SP6 and sacral points could be harmful to the outcome of Wistar rats’ pregnancy.

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## PATHOPHYSIOLOGY EXPRESSED IN ADVANCED AURICULAR THERAPY

Frank Bryan L., MD, Edmond, USA.

### Introduction

Dr. Paul NOGIER made the remarkable discovery of the homuncular projection of the body to the ear over 50 years ago. Since that time, most practitioners utilize only his most basic and initial findings, leading to less than satisfactory results in treatment.

### Aims

The aim of this presentation is to convey the importance of the interrelationship of pathophysiology and the multiple phases of Auricular Therapy and to emphasize the enhanced therapeutic results obtained

with incorporation of treating the advanced phases.

### Methods

The method presented is a review of and synthesis of pathophysiology and the principals of advanced Auricular Therapy.

### Results

Beyond the simple Phase 1 presentation, Dr. NOGIER and his colleagues identified two additional Phases or projections that reflect pathophysiology that is either very dense or degenerative (Phase 2) or intermediate and inflammatory (Phase 3) whereas the initial

projection reflects very functional and energetic pathology.

Practice of auricular therapy using all three phases is critical to fully treat pathology that is more dense or histopathological, where the pathology is beyond soft energetic disturbances. Failure to do so will lead to disappointing therapeutic results.

### Conclusion

In conclusion, treatment of advanced Phase points, when active, will lead to enhanced clinical response to treatment, rather than treating only the common Phase 1 points of the “inverted fetus” projections.

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## NEW DISCOVERED AURICULAR REFLEX-POINT OF THE CILIOSPINAL CENTER IN ADDICTION

### TREATMENT

*Mastalier Oskar, MD, Lecturer Postgraduate Education, Lecturer of DAEGFA, ZAEN, CIM, AND, PTC, ICMART, Oberaudorf/Inn, Germany.*

There is a relatively new Auricular Reflex Point: the Budge/Mastalier Point. The anatomical location is the Centrum Cili-ospinale. In Auriculotherapy it is used in addiction treatment.

The point was first described by Julius Budge of the department of neuro-anatomy of the University of Rostock. Mastalier discovered it experimentally. This point represents a vegetative center in the spinal medulla at the level C8 and Th2. Its efferent sympathetic pathways lead to the sympathetic chain ganglia and proximal to the cervical and peripheral ganglia. In the middle of the hypothalamus there are neurons that go to the Centrum Ciliospinale. This center is an important switching center to the superposed hypothalamic regulating centers. The hypothalamus is the central coordination and switching center of the vegetative system. The centers superposed to the hypothalamus control and regulate the main important regulative processes,

like the absorption of food, the hunger and satiation centers. The superposed centers also have influence on the endocrine system, through the connections with the pituitary gland, the hypophysis. Stimulation of the Budge point must be, hypothetically speaking, "retro-active impuls information" tot this superior regulating hypothalamus.

Mastalier performed a clinical study during three decades. He was able to have long-time observations during the treatment of patients with obesity, overweight, smoke-addiction and alcoholism. He could confirm better therapeutic results when the Budge/Mastalier Point was used in the individual point combination. Using the point gave a more impressive and clear VAS-reaction, on the handedness corresponding auricle. The auricular localization of the point was confirmed by the multiple ear examinations with corresponding noticeable reactions in patients with addictions. This auricular reflex point only appears clearly in patients with drug dependence or all forms of addiction. Excessive food intake or sweet craving, overeating, fast food-addiction and other obesity-related problems, dependency of nicotine, smoking, alcoholism, dependency

of psycho-pharmaceuticals and analgesics. The point does not show sensibility to simple pressure detection. It can only be found by approaching the +3Vpole of the detector, controlling the Nogier pulse reflex answer. The choice of the metal needed for the needle is made using the electrical 3V-bipolar detector.

### Conclusion

Monitoring and using the point for three decades in addicted persons means less withdrawal problems and considerably successful treatment results. Results are especially good in weight-reduction, obesity and giving up smoking. Unstable patients with lack of self-control have less tendency to relapse and, last but not least, significant less weight gain when giving up smoking. A withdrawal without vegetative and vitality-reducing symptoms. Most patients treated in this study were suffering from medical illness, such as hypertonia, diabetes or degenerative processes like arthrosis. According to PNI, psychological leading, consultation and assistance is frequently needed, along with needling of psychotropic auricular points.

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## INVESTIGATION OF HUMAN BIOFIELD WITH A POLARIZING FILTER IN AURICULOMEDICINE

*Stránecký Milan, MD, Czech Republic.*

One of the great discoveries of dr. Nogier is that the human biofield /HF/ can be investigated with a polarizing filter. The axis of HF should run longitudinally with the axis of the body. The deviation of HF from the longitudinal axis can be tested and implies pathology.

The main topic of the lecture comprises:

1/ taking the deviation of the human biofield /DHB/ in healthy young people.  
2/ evaluating benefits of testing DHB in treating patients with auriculomedicine. There are two groups of patients analysed in this lecture. The group of 50 healthy people and the group of 1022 patients treated with auriculomedicine.

### Results

Every patient had some DHB including

healthy men, the boundary pathology angle was set at 30 degrees. DHB deviation 90 degrees means a focus. Reduction below 30 degrees should be the goal of our treatment.

### Conclusion

Taking DHB is easy and very beneficial, especially in the evaluation of the prognosis and the effects of the treatment.

**Noteer alvast in uw agenda:  
25 juni ALV + gratis nascholing**



# Abstracts Saturday 14 May

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## AURICULAR ACUPUNCTURE FOR THE TREATMENT OF PAIN

*Usichenko Taras I., MD, Department of Anaesthesiology and Intensive Care Medicine, University of Greifswald, Germany.*

Auricular acupuncture (AA) represents an excellent model to be tested, using the research methodology of Randomised Controlled Trials (RCT). The assumption of a somatotopic representation of the entire human body on the external auricle allows the easy application of necessary RCT attributes (blinding, invasive or non-invasive control conditions) in acupuncture research (1). In the last decade, this methodological phenomenon facilitated the performance of an array of RCT on the clinical effectiveness of AA for conditions mainly affecting the central nervous system (2, 3). The most common described clinical application of AA is the treatment of acute and chronic pain (4, 5). Two recent systematic reviews of studies evaluating AA for pain treatment suggested that AA may be effective for the treatment of a variety of types of pain, especially postoperative pain (5, 6). These clinical analgesic effects of AA can be explained using the neurophysiological model. The auricle receives the overlapping innervation of the cranial (trigeminal and

vagal) and spinal C1–C3 nerves (7). The afferent fibres of the auricular branch of the vagal nerve terminate in the solitary and spinal trigeminal nuclei, which are involved in the transmission and processing of pain. In animal model, vagal stimulation, which produced analgesia, was mediated via the nucleus tractus solitarii and involved the system of endogenous opioids (11, 12). In chronic pain patients AA, applied for treatment of pain, was associated with increased beta-endorphine in cerebral fluid (13). There is evidence that stimulation of central regions of the external auricle produces analgesic effects, supported with the biologic mechanism of these effects.

### REFERENCES:

1. Usichenko et al. *The effect of auricular acupuncture on anaesthesia: a search for optimal design.* *Anaesthesia* 2003;58:928–9.
2. White AR, Moody RC. *The effects of auricular acupuncture on smoking cessation may not depend on the point chosen - an exploratory meta-analysis.* *Acupunct Med* 2007; 24: 149–56.
3. Chen et al. *Auricular acupuncture treatment for insomnia: a systematic review.* *J Altern Complement Med* 2007; 13: 669–76.
4. Asher et al. *Auriculotherapy for Pain Management: A Systematic Review and Meta-Analysis of Randomized Controlled Trials.* *J Altern Complement Med* 2010; 16: 1097–1118.
5. Alimi et al. *Analgesic effect of auricular acupuncture for cancer pain: A randomized, blinded, controlled trial.* *J Clin Oncol* 2003; 21: 4120–6.
6. Usichenko et al. *Auricular acupuncture for postoperative pain control: a systematic review of randomised clinical trials.* *Anaesthesia* 2008;63 (in press).
7. Peuker ET, Filler TJ. *The nerve supply of the human auricle.* *Clin Anat* 2002; 15: 35–7.
8. Randich et al. *Characterization of antinociception produced by glutamate microinjection in the nucleus tractus solitarius and the nucleus reticularis ventralis.* *J Neurosci* 1988;8:4675–4684.
9. Aicher SA, Randich A. *Effects of intrathecal antagonists on the antinociception, hypotension, and bradycardia produced by intravenous administration of [D-Ala2]-methionine enkephalinamide (DALA) in the rat.* *Pharmacol Biochem Behav* 1988;30:65–72.
10. Clement-Jones et al. *Increased beta-endorphin but not met-enkephalin levels in human cerebrospinal fluid after acupuncture for recurrent pain.* *Lancet* 1980;2:946–9.

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## PARAPLEGIA AND ACUPUNCTURAL SIGNAL

*Sautreuil Patrick, Piquemal M., Thoumie P, Bendaya S., Missaoui B., Hôpital Rothschild, Paris, France and Asuncion, Paraguay.*

### Introduction

Bio-electricity during acupuncture session for a paraplegic man echoes between acupoints above and below the lesion level.

### Method

Man, 42 years old, paraplegia T 5, Asia A. Evaluation of the electric signal during three acupuncture sessions. Electric signal is collected on eight acupuncture needles through a card of high entrance impedance (8 tracks) on differential mode (with extra point yin tang as reference point). Electrical signal quality rely, according to our experiences, on nervous net integrity.

### Results

The puncture of under lesion level muscles motor points for a paraplegic weaken the spasticity. We report a reduction of energy (Volt) associated with a light variation of the frequencies (near 4 Herz) parallel to a reduction of spasticity (pendulum test for quadriceps and ankle clonus for triceps). There is an electrical echo of needles below-above the lesion level, as if there was no electrical nerve discontinuity.

### Discussion

Spectral analysis of bio-differences of skin electrical potentials of acupoints under the level of the lesion shows that acupuncture has a regulatory effect and reduces electric skin levels. Does it mean that acupuncture reduces the functional disregulation under

the level of the spine lesion? Are these phenomena a sign of hyper autonomic reflectivity?

### Conclusion

For a T 5 paraplegic, clinically healthy, spasticity is reduced by dry needling of the motor points of the spastic muscles. Bio-physical evaluation shows the electric impact of acupuncture needles during acupuncture sessions : reduction of energy and continuity of the electric signal below – above the paraplegic level.

## 32 TREATMENT OF MOVEMENT DISORDERS, BY WAY OF ACUPUNCTURE THERAPY COMBINED WITH ELECTRO-STIMULATION

*Wong Chung Ruud E., MD, Nijmegen, the Netherlands.*

I will discuss Acupuncture Therapy with the application of Electro stimulation for the neurological movement disorders and more specific for the Spinal Segmental Myoclonus.

I will give you a definition, a survey of

causes, and then I will speak about the therapy that is used in regular therapy and in Acupuncture therapy, that I use.

I will present the methodology of this acupuncture therapy, which consists of a combination of scalp acupuncture according to the method of Jiao Shun-Fa and traditional Chinese Acupuncture, both combined with Electro-stimulation.

I will end the presentation with a video registration of the treatment of two patients, who had the mentioned acupuncture-therapy. (duration 13.20 minutes).

This recording was shown some years ago in the Dutch television program of the TROS: "New Healers, Old Wisdoms" (Nieuwe Genezers, Oude Wijsheden).

## 33 RETINITIS PIGMENTOSA TREATMENT

*Firatli Osman, MD, Turkey.*

### Purpose

Retinitis Pigmentosa is a genetic disease, starting with symptoms of adaptation disorders, night blindness, deterioration of vision acuity, central vision loss, tunnel vision. The disease results in blindness. Retinitis Pigmentosa is incurable with western medicine methods. As gene therapy and stem cell therapy damage the immune system and leads to cancer, and bionic eye applications failed, we were anxious to cure Retinitis Pigmentosa with Acupuncture.

### Method

We used 0.25x0.25 steel needles and applied electro-acupuncture. The 25 minute sessions were applied 1-2 times per week and we compared the vision-field and OCT results at the end of 20 Sessions.

### Results

A complete amelioration of vision field tests, an increase at vision acuity, entirely amelioration of adaptation disorders are after 20 sessions ascertained. As a result of the treatment, a decisive improvement has been ascertained in Retinitis Pigmentosa

complications, like macular edema, astigmatism, optic atrophy and nystagmus.

### Conclusion

The results shows us clearly that we can cure Retinitis Pigmentosa and other systemic genetic diseases, Bardet- Biedl and Usher Syndrome, which are seen with Retinitis Pigmentosa, using Electro-Acupuncture Therapy. Because of the disappointment of other treatment techniques, the electro-acupuncture treatment seems to be the only choice in genes therapy.

## 34 ACUPUNCTURE HEALING IN DERMATOLOGY: AN EXPERIMENTAL STUDY WITH RATS

*Feltrim Elder Narciso, Furukawa Aline, Mendonça Erminiana Damiana, Francisco Alves Rosangela, Lago Bonato Jane, Salvador Fábila, Instituto Harmonia ULBRA-Palmas, Brazil.*

### Introduction

The use of Chinese traditional medicine and medicinal plants in developing countries has been widely seen as the normative basis for the maintenance of health, according to the World Health Organization (WHO). The Curcuma zedoaria (or gajitsu) consists in an herbaceous species of our region, with roots and rhizomes that have therapeutic purposes, highlighting the anti-inflammatory effect. Electroacupuncture therapy has gained attention in the surgical clinic in analgesia, increased local circulation, stimulating collagen production and reduction of edema.

### Objective

To analyze the macroscopic signs of inflammation and healing of skin lesions, comparing treatment with zedoaria and electroacupuncture.

### Method

After approval of the ethics committee, we studied the effect on analgesia of artificially made punch-lesions in each Wistar rat and divided them into four equal groups: a control group, a group treated with zedoaria, the third group treated with electroacupuncture (WQ3 apparatus used with two parallel needles and opposite directions, often ten Hz and 2.5 intensity) and the fourth group treated with electroacupuncture and zedoaria. We observed the appearance of the lesion and its complete closure in 14 days.

### Results

The healing was faster in the group that used electro-acupuncture and electroacupuncture with zedoaria. In the control group and in the group treated only with zedoaria healing took longer.

### Discussion

Electroacupuncture has been used in healing processes, but there are only few studies that show its effect. This study showed that it can be very effective, even in the presence of substances that could impede the healing process. There is no consensus yet on the best technique of acupuncture for treatment of wounds and scars.

### Conclusion

Acupuncture seems to be an excellent method to treat wounds and scars; there is need for further studies to clarify this.

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## THE MOST EFFECTIVE AND EFFICIENT ACUPUNCTURE APPROACHES

*Aung Steven K.H., MD, PhD, Clinical Professor, Faculty of Medicine and Dentistry, University of Alberta, Adjunct Professor of Extension, Rehabilitation Medicine, Public Health, and Pharmacy & Pharmaceutical Sciences, University of Alberta, Edmonton, Alberta, Canada, Associate Clinical Professor, College of Dentistry, New York University, USA.*

The most effective approach will consist of: new philosophy and knowledge; the skill and condition of the practitioner; motivation and self-discipline of the patient;

good feng shui environment; relationship of practitioner, staff, and patient; and the pearl of successful therapy. It is also important to know that vital energetic alignment is well balanced. At the same time the patient's constitution needs to be in excellent condition. The practitioner needs to be well balanced, harmonious, and have purified Qi. A practitioner needs to understand how to recycle negative to positive healing Qi and be a healer rather than only a therapist. The environment needs to have good feng shui as healing

comes from the therapist and also from the environment. It is essential to be empowered by Mother Nature, for instance, good sunlight, trees, and other natural surroundings. The intention of the therapist plays an important role in healing. The therapist should have compassion and loving kindness in all their dealings with patients. Without compassion there is no healing, when there is no healing there is no medicine.

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## CLINICAL USE OF ACUPUNCTURE IN MENTAL HEALTH

*Aung Steven K.H., MD, PhD, Clinical Professor, Faculty of Medicine and Dentistry, University of Alberta, Adjunct Professor of Extension, Rehabilitation Medicine, Public Health, and Pharmacy & Pharmaceutical Sciences, University of Alberta, Edmonton, Alberta, Canada, Associate Clinical Professor, College of Dentistry, New York University, USA.*

Acupuncture is an excellent modality for treating mental health, especially physical, mental, and spiritual imbalances. There are seven emotional conditions which are connected to every zang fu organ system. They are as follows: anxiety (heart and small intestines), worry (spleen and stomach),

fear and fright (kidneys and bladder), anger (liver and gallbladder), sadness (lungs and large intestine), and depression (pericardium and triple energizer). Each organ system is associated with positive and negative types of emotions. When the organ system is healthy – they have a positive emotional factor. There are two gates of human consciousness in the upper extremities. These spiritual gates are: TE.5x2 (outer gate for emotional ventilation), PC.6x2 (inner gate for human consciousness). Other categories include: HT.7x2 (deep relaxation and sleep), BL.14x2, BL.15x2 with cupping (deep relaxation). Cupping and moxibustion on the back shu points are used for sedation and

tonification of emotions of the corresponding organ system: CV.5 (sub-conscious childhood trauma), usually combined with TE.5 (to further explore childhood trauma), GV.4 (a life gate point to increase patient's spirit), GB.41x2 (reunion of inner and outer spirits), GV.20 (the most powerful point for harmonization known as one-hundred points meet each other), and EXHN.1x4 (four wisemen is for mental alignment of vital energy). One of the bladder meridians (three tsun away from the midline) is mainly used for treating psychosomatic disorders. Overall our bodies have everything that is necessary to ultimately be balanced and harmonized.

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## SIMILARITIES AND DIFFERENCES BETWEEN PHYSICIAN ACUPUNCTURISTS AND NON-PHYSICIAN ACUPUNCTURISTS IN USING DIAGNOSTIC METHODS – AN EXPLORATIVE STUDY

*Ausfeld-Hafter Brigitte, MD, Nedeljkovic Marko, MSc, Switzerland.*

### Purpose

Acupuncture is one of the complementary medicine therapies with the greatest demand in Switzerland and many other countries in the West and in Asia. Over the past decades, the pool of scientific literature in acupuncture has markedly increased. The diagnostic methods upon which acupuncture treatment is based, have only been addressed sporadically in scientific journals.

The goal of this study is to assess the use of different diagnostic methods in the

acupuncture practices and to investigate similarities and differences in using these diagnostic methods between physician and non-physician acupuncturists.

### Methods

44 physician acupuncturists with certificates of competence in acupuncture – traditional chinese medicine (TCM) from ASA (Assoziation Schweizer Ärztgesellschaften für Akupunktur und Chinesische Medizin: the Association of Swiss Medical Societies for Acupuncture and Chinese Medicine) and 33 non-physician acupuncturists listed in the EMR (Erfahrungsmmedizinisches Register: a national register, which assigns

a quality label for CAM therapists in complementary and alternative medicine) in the cantons Basel-Stadt and Basel-Land were asked to fill out a questionnaire on diagnostic methods. The responder rate was 46.8% (69.7% non-physician acupuncturists and 29, 5% physician acupuncturists).

### Results

The results show that both physician and non-physician acupuncturists take patients' medical history (94%), use pulse diagnosis (89%), tongue diagnosis (83%) and palpation of body and ear acupuncture points (81%) as diagnostic methods to guide their acupuncture treatments.



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Between the two groups, there were significant differences in the diagnostic tools being used. Physician acupuncturists do examine their patients significantly more often with western medical methods ( $p < .05$ ) than this is the case for non-physician acupuncturists. Non-physician acupuncturists use pulse diagnosis more often than physicians ( $p < .05$ ). A highly significant difference was observed in

the length of time spent with collecting patients' medical history, where non-physician acupuncturists clearly spent more time ( $p < .001$ ).

#### Conclusion

Depending on the educational background of the acupuncturist, different diagnostic methods are used for making the diagnosis. Especially the more time consuming

methods like a comprehensive anamnesis and pulse diagnosis are more frequently employed by non-physician practitioners. Further studies will clarify if these results are valid for Switzerland in general, and to what extent the differing use of diagnostic methods has an impact on the diagnosis itself and on the resulting treatment methods, as well as on the treatment success and the patients' satisfaction.

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## CHRONOACUPUNCTURE IN THE TREATMENT OF BILIARY DYSKINESIA.

*Luzina-Chju Lily, MD, Lubovtsev V.B., Spasova N.V., Luzina Camilla, Centre for Chinese Medicine, Moscow, Russia.*

#### Purpose

The aim of our research is to think from the scientific point of view and to develop a method for biliary dyskinesia correction, based on chronobiological data of the functioning of the biliary-tract-related-acupuncture-points.

#### Patients and methods

We monitored electrodermal resistance and temperature on the acupuncture points related to the biliary tract in three groups of people, ages from 16 to 26

(with a control group of 32 healthy young people, 35 hypertonic-hyperkinetic biliary dyskinesia patients and 31 hypotonic-hypokinetic biliary dyskinesia patients). The research revealed a shift of biorhythms of both electrodermal resistance and temperature on acupuncture points in biliary dyskinesia patients.

We have developed a chronoacupuncture method that helps to restore the broken biorhythms of the biliary tract function and normalizes the temperature of the biliary-tract-related-acupuncture-points.

#### Results

Ultrasound cholecystography has revealed that the suggested chronoacupuncture

method had a positive influence on the volume of the gall-bladder and its moving function, in both hypertonic-hyperkinetic and hypotonic-hypokinetic dyskinesia patients.

#### Conclusion

The developed method of chronoacupuncture makes it possible to rapidly restore broken biorhythms of the biliary tract activity, to normalize the moving function of the gall-bladder and to eliminate the clinical manifestations of its dysfunction.

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## CHRONIC FATIGUE - IS ACUPUNCTURE ENOUGH?

*Chin Chan, MD, Australia.*

The basis of chronic fatigue is energy, or more accurately, a lack of energy. This

paper considers the genesis of cellular energy and how this process can go wrong. Functional pathology testing is discussed and examples are given of how this can

assist diagnosis. Discussion of treatment includes acupuncture, herbs, detoxification and nutrition. This is a practice orientated paper rather than a theoretical discussion.

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## DIETARY TREATMENT IN HEADACHE OF SCHOOLCHILDREN

*Pothmann Raymund, MD, PhD, Hamburg, Germany.*

During the past 30 years, the prevalence of headache in children in the western world has significantly increased. Although food intolerance is a well known factor influencing headache in children, the dimensions of this have not been clearly evaluated yet. Severe migraine in children can be mitigated by strict dietary treatment in about 90% of the cases. But in the long-term such strict dietary regimes especially according to chinese medicine are hardly practicable. Thus a more simple nutritional change to

the optimum seems to be meaningful in order to achieve a long lasting influence on schoolchildren's headache.

#### Methods

Therefore a randomized study was started to investigate the efficiency of a longer lasting nutritional intervention in children with headache, comparing the effects of a self-help brochure to those of individual nutritional advice. Children (7 - 18 years) with migraine, tension-type headache or a combination of both, were randomized into two groups: >self-help program with a brochure<. or: >individual nutritional advice<.

Nutritional change according to traditional chinese medicine, as well as state of the art in modern nutritional chemistry, included avoidance of milk, curd cheese, wheat flour, white sugar, chocolate, preservatives, coloring and other food additives. After 12 weeks of nutritional change, mitigation of headache was checked in a control appointment. A reduction of headache frequency and intensity in the range of 50% or more, as revealed in headache calendars, was defined as success.

#### Results

Out of 117 randomized participants 32



(27%) suffered from lactose malabsorption. 25 patients did no longer meet the introduction criteria or broke off. There was a slightly higher, but not significant dropout rate in the self-help group. 76 of the remaining participants changed their nutritional habits. 59 (83 %) reported subjective improvement, 56 of which fulfilled the success criteria, with no statistically significant difference between the two groups. No significant difference

was found between tension type headache and migraine.

#### Conclusion

Not only migraine, but also tension-type headache responded in a relevant dimension to nutritional treatment. In case of a higher migraine frequency combined with allergic comorbidity, the efficacy of the nutritional regime seems to be even more pronounced. Personal counselling shows

only a trend towards better clinical results. The lacking statistical difference between the two treatment groups excludes a significant importance of personal influence as explanation of headache improvement. In daily counselling, a combination of written information and a short personal explanation seems to be a practicable procedure.

## 41 FOOD AS MEDICINE

*Sciarone-Lauw Bie Eng, MD, and Lindwer-Kruithof Anneke, MD, the Netherlands.*

#### Purpose

To emphasize the role of food in medical treatment.

#### Working methods

All food possesses intrinsic temperature and taste. These features determine the principles of their working mechanisms. All basic substances, Qi, Jing, Xue, Shen and Jin Ye, are influenced by these properties, as are the different Organs.

Food is divided in four groups: grains, vegetables, fruits, meat-fish-seafood. They serve different purposes in maintaining health and curing illnesses. The characteristics of food can be changed by preparation, like cooking or preservation. Meals should be taken according to constitution, age, time of day, different seasons and, last but not least, in good harmony.

#### Patient results

A child with stomach ache – food advice  
A female patient with high cholesterol levels – acupuncture and food advice.

#### Recipe

Sweet Raisins in Gin.  
Treatment principle and analysis of the ingredients.

#### Conclusion

Food is the first and foremost medicine for body and mind. It is able to enhance or hinder all other sorts of treatment.

We will present a case history showing that, by giving Chinese Nutrition Therapy along with an acupuncture treatment, one can achieve good results.  
It is about a female patient of about 60 years old; her cardiologist established that her cholesterol levels were too high. After implementing the Chinese nutrition advices her cholesterol levels went down

rapidly. Together with the acupuncture treatments, the levels stayed low over the last years.

We will also give a recipe analysis of sweet Raisins in Gin, which are said to be effective in the home treatment of pain and swollenness in Arthritis. These Raisins in Gin can be bought in big pots in stores selling spirituals, people eating some of them in wintertime after meals. In Holland they are called Boerenjongens, farmerboys. This recipe analysis is to show how, according to the Chinese Nutrition Therapy, each ingredient of food has energetic values of its own, determined by its thermal nature, its flavor, leading to its effectiveness on specific networks.

So a recipe is like an symphony in music, all the ingredients together resulting in a totality of effectiveness.

## 42 COMPARISON OF EFFECTS OF PRESS-NEEDLE ACUPUNCTURE, MOXIBUSTION, QIGONG ENERGY STORED PAPER OR SOLAR ENERGY STORED PAPER ON TRUE ST-36 (OMURA'S ST-36) & TRADITIONAL ST-36 ON THE AMOUNT OF NORMAL CELL TELOMERE & THE ANTI-CANCER, ANTI-AGING & ANTI-ALZHEIMER'S EFFECTS OF THESE TREATMENTS

*Omura Yoshiaki, MD, ScD, Professor Department of Family Medicine, New York Medical College, Director of Medical Research Heart Disease Research Foundation, Editor in chief, Acupuncture & Electro-Therapeutics, USA.*

Our study indicated that in most serious diseases, particularly in cancer & other

malignant diseases, normal cell telomere is very low. For example in cancer patients, cancer cell telomere is very high and normal cell telomere is very low, as low as 1 yg (=10-24g).

When normal cell telomere is increased over 500 ng BDORT units or higher, up to optimally high doses, and cancer cell

telomere becomes practically zero, cancer cells can no longer divide and the circulation all over the body increases. Mercury, asbestos, lead, & other toxic substances as well as bacteria, viruses, and fungi will be excreted in large amounts in the urine. If an optimally high normal cell telomere level is maintained, some of the cancer tissue begins to reduce in size. Increasing normal

cell telomere is also extremely important to staying healthy and young and to obtain longevity. General circulation (including brain & cardiovascular circulation) is often significantly improved & often wrinkles reduce, white hairs become darker, & youthful appearance can be obtained. In Alzheimer's patients, Amyloid (1-42) in the brain, Al, asbestos, Cytomegalovirus, & Chlamydia trachomatis also markedly reduces by significant excretion into the urine, which often results in significant improvement of the condition. However, clinical symptoms show the most improvement when this is done within the first 3 years of diagnosis. Increasing normal cell telomere to excessively high amounts of 2000 ng BDORT units or higher, however, can induce malignancy.

As the first method of increasing normal cell telomere to desired high amount, True ST-36 (Omura's ST-36) stimulation was the most clinically successful method. The exact location of an acupuncture point, its shape, diameter & depth can be localized by the Bi-Digital O-Ring Test Electro-Magnetic Field (EMF) Resonance Phenomenon between 2 identical molecules or tissues. At the traditional ST-36, there is no acupuncture point, but next to the anterior tibial crest, True ST-36 (Omura's ST-36) was discovered more than 20 years ago.

Moxibustion at traditional ST-36 is often much more effective than acupuncture or press-needle stimulation at traditional ST-36. Press-needle acupuncture with

200x press-release procedure resulted in an increase of normal cell telomere of average 500 ng BDORT units or higher, even when normal cell telomere was as low as 1 yg (=10-24g). However, when the same press-needle stimulation, moxibustion, (+) Solar energy & (+)Qigong energy are given on traditional ST-36, increase in normal cell telomere was usually less than 50 ng, particularly when the distance between True ST-36 & traditional ST-36 is more than 3 cm. But when the distance is very short and less than 1 cm, all of the methods have a significant increase in telomere.

Particularly, moxibustion can produce very significant beneficial effects even at the distance of 2-3 cm away from True ST-36. For many different cancer patients, True ST-36 stimulation of 200x press-release procedure repeated 4x/day helped improve cancer patients significantly, with additional supplements of Omega-3 Fish oil & Cilantro tablets, 4x/day (EPA 180 mg with DHA 120 mg) for the average adult patient. In the past several years, the author also discovered almost 20 different methods of increasing telomeres. For example, an optimal dose of DHEA can increase telomere to 525 ng & an optimal dose of Astragalus or Boswellia Serrata can increase normal cell telomere 650 ng. When these are not inhibited or canceled, one optimal dose lasts a few months or even up to a year.

There was the problem that the effects can be inhibited or canceled by certain foods & drinks such as common orange juice.

Therefore, new methods of increasing telomere were developed, without taking them orally, but rather by applying on the body surface, which solves the problem of inhibition and cancellation. These externally applied methods include certain minute amounts of minerals, Gadolinium-like metals, certain pearls, and carbon micro-coils invented by Prof. Seiji Motoyama of Japan, which does not increase telomere very much but seems to have a beneficial effect by different mechanism. In addition, consuming 100 g of certain fruits such as mango, papaya, & pineapple can produce significant increases in telomere of close to 400-500 ng BDORT units. The cortex of raw bitter melon of 40-50 g can increase normal cell telomere over 400-500 ng BDORT units. But these effects do not last more than 4 or 5 hours. 100 g of fish such as tuna, salmon, & eel can also increase telomere by 400-500 ng. Certain waters from different parts of the world can increase telomere up to 300 ng per 100cc of water.

Normal cell telomere can also decrease from exposure to electro-magnetic fields, particularly by unprotected cellular phone, as well as what you wear, if it is Bi-Digital O-Ring Test negative material, such as underwear, jewelry, metal rings, brassieres, bracelets, cosmetics, etc.

Some of the advantages & disadvantages of these methods for anti-cancer, anti-Alzheimer's & anti-aging will be discussed.

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## GOLD-IMPLANTATION

*Kjerkegaard Hans, MD, Gold Implant Clinic, Egå, Denmark.*

15 years of experience with gold implantation in the treatment of chronic pain in degenerative joint disease and other pain conditions.

### Introduction

Since the 1970's veterinarians have treated dogs and horses for different painful joint problems with gold implantation with excellent results. Inspired by these results, Dr. Hans Kjerkegaard started treating degenerated joint conditions and other pain conditions with this acupuncture related method in 1996. Since then, several

thousands of patients have been treated successfully with this treatment method.

### Objective

Dr. Hans Kjerkegaard and colleagues have performed a double blinded placebo controlled study on the effect of gold implantation in patients suffering from cervical spondylosis. The result was excellent in favour of the gold group. In this paper the effect of gold implantation in different conditions is presented.

### Methodology

To achieve good long-lasting results, the importance of the principals in segmental acupuncture, especially the use of the

secondary segments, is emphasized, when treating with gold implantation.

### Results

Depending on the condition treated, gold-implantation has a positive effect in 70 – 80 % of the patients.

### Conclusion

As the method of gold-implantation has a high and long-lasting positive effect in chronic degenerative joint conditions, this method should be a lot more widespread.

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## NEW FLOATABLE ACUPUNCTURE NEEDLE FOR THE TREATMENT OF PAIN AND STROKE

### PATIENTS IN AQUA AEROBICS WITH YAMAMOTO NEW SCALP ACUPUNCTURE (YNSA)

*Schockert Thomas, MD, Germany.*

#### Purpose

The new floatable acupuncture needle (utility patent 2010 November 26) is designed to be used during water gymnastics to provide support for patients with pain and after a stroke. In therapeutic water gymnastics (aquarobics) many patients with pain and after a stroke feel more facile, easy and light, in comparison to conventional physiotherapy, because especially warm water relaxes the muscles.

#### Method

The handle of a the acupuncture needle is designed to be floatable. The color of the handle is incandescent bright red, yellow or orange. Such a signal colour ensures the needle to be seen and found when it is lost in the water.

#### Results

The tests done with the new floatable needle show the effectiveness, appropriateness and feasibility during YNSA and aqua aerobics. The reduction of pain and the reduction of muscle spasm provides support for the patients therapy in water.

#### Conclusion

The new floatable acupuncture needle is an enrichment for the treatment and rehabilitation of pain and stroke patients.

Physiotherapy in water is easy to perform, because the muscles slacken off more than in air. Especially stroke patients in water are not afraid of falling down or tripping over something.

The new floatable acupuncture needle enables acupuncturists to combine acupuncture and water gymnastics.

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## INTERSTITIAL LASERNEEDLE ACUPUNCTURE – A NEW OPTION FOR DIFFICULT PAIN SYNDROMES

*Weber Michael, MD, Germany.*

#### Purpose

Laser-needle acupuncture has already a 10 years history and has proven its efficacy in many treatments and clinical investigations. In double blind brain studies laser-needles showed almost equivalent effects compared with metal acupuncture needles. A recently published US-study even demonstrated a superior effect of laser-needles on pain reduction in acupuncture treatments of the knee, the shoulder and in low back pain. But there are still diseases that are extremely difficult to treat successfully with acupuncture, like discus prolaps, spinal stenosis and other syndromes with a pain origin deep into the tissue.

Laser-needles are normally applied on the skin and only the laser beam penetrates into the tissue. We know today that the skin is a big barrier for laser light penetration and reduces the power of an infrared

laser already by about 75 % after 2 mm. So relative high energies have to be applied on the skin to guarantee a sufficient penetration. A further limiting factor is the skin color, so treatment of deep areas in humans with dark skin color can be a huge problem. Blue and green lasers penetrate the skin only some mm and so cannot induce their anti inflammatory effects in deeper layers. "Interstitial laser therapy" can solve this problem. This method was already performed earlier with hard lasers to coagulate tumors or other dysplastic structures in the deep tissue layers or inner organs.

#### Material and methods

For interstitial acupuncture a thin laser fiber in a small canula is inserted into the body like a metal acupuncture needle and the low level laser beam is applied close to the spot of injury or a deep acupuncture point. This setting enables the laser light to reach the deep pain areas in a sufficient concentration. Also we combine in this

method needle- with laser acupuncture, so we are using here a "true laserneedle". A first cross-over pilot study with 25 patients was performed with treatments of chronic shoulder, knee and severe spine syndromes. All patients were treated before with laser-needles only with unsatisfying clinical improvement.

#### Results

Clinical results of the pilot study in nearly all cases with deep tissue pain were better and quicker than in treatments with external laser only. Red lasers showed the best effects on chronic pain, but green and blue lasers were more effective in pain relief of acute inflamed processes.

#### Conclusion

In conclusion, interstitial acupuncture with "true penetrating laserneedles" can be regarded as an interesting option for deep pain problems with resistance to conventional treatment protocols in acupuncture.

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## THREATS FOR ACUPUNCTURE, ANSWERS TO PERCEIVED THREATS

*Fossion Jean Pierre J., MD, Bruges, Belgium.*

"Does justified sceptical criticism by regular classical medicine prevent research into acupuncture by the prejudice that this research would be worthless anyway?"

#### Background

In Belgium sceptical criticism about practices of alternative medicine is most iconically embodied in the study group called SKEPP: Study group for Critical Evaluation of Pseudoscience and the Paranormal.

#### Question

Although criticism of old philosophies, different schools of thought within TCM, the obedience to the rule of analogy, empirical practices... are justified, the question is if these arguments could serve as prejudices

against sponsoring from captains of industry or subsidies from public funds.

#### Answer

Our answer to this question is, that it is to no avail to blame other instances, how deeply we might feel hurt by criticism, or that we might feel obstructed in our efforts to participate in scientific research.

We firmly believe that we have to deal with research ourselves and promoting it by every means. The associations of acupuncture in the Netherlands and in Belgium want to unite their efforts in this promotion. Not only by creating a mutual assistance in teaching and even fusion of our schools, but also by the creation of a common platform for a yearly congress.

By little achievable steps, we want to constitute a price for this congress platform, with the aim to promote the best research protocols available in the Benelux. The gain to access is the key to the fulfillment of acupunctural practice.

## 47 DEPRESSIVE STATES: IS IT POSSIBLE TO PREDICT SIDE-EFFECTS OF ANTI-DEPRESSANTS WITH A CLINICAL CHINESE SYNOPSIS IN SOMATIC ACUPUNCTURE? AND WHICH ADVERSE EFFECTS MIGHT WE EXPECT IN AURICULOTHERAPY FOR MAJOR DEPRESSION?

Fossion Jean Pierre J., MD, Bruges, Belgium.

#### Background

In the acupuncture practice, it happens often that we see patients that consult us because of side-effects of their anti-depressant medication, as e.g. the SSRI, which often cause nausea, throwing up, general sickness, erectile dysfunction and thermoregulatory disturbances.

#### Clinical Chinese synopsis (somatic acupuncture)

We observe in which Chinese diagnostic cases [1] we see side-effects of anti-depressant medication. We discuss in which cases patients had shown a good response to medication and in which cases there had been side-effects. We discuss what happens generally in stagnation of Qi of the Liver, in Liver dominating the Spleen, in

deficiencies of Qi and/or Yang of the Spleen and/or Kidneys, in full and deficient Fire, in deficiency of Blood and in Phlegm-Cold and Phlegm-Heat. Is acupuncture a good alternative to alleviate these side effects? Can we advise to stop antidepressants, and in which case? Can we reassure patients that medication will be beneficial, and in which cases?

#### Auriculotherapy

We discuss adverse effects during treatment of Major Depression in auriculotherapy. The negative symptoms of major depression can be alleviated by auriculotherapy, but we observed that underlying anxiety is reactivated in a switch from negative- (adynamia, apathia, internal cold, anorexia, anorgasmia) to positive symptomatology (psychomotor

unrest, heart palpitations, hyperventilation, sleeplessness, tremor) [1].

#### Conclusion

Side- and adverse effects during depressive states are encountered in regular medicine with medication. We observed adverse effects in the treatment of major depression in auriculotherapy.

#### REFERENCES

- [1] Fossion J.P. Introduction aux paradigmes neuroscientifiques communs aux déficiences du Sang, du Yin et des trois Yang-Qi. *Revue Française d'acupuncture et de moxibustion*; 2008, Vol.7 nr.1: 14-24.
- [2] Fossion J.P. Clinical assessment of a model for nervous depression in auriculotherapy. *Deutsche Zeitschrift für Akupunktur*. 52 Jahrgang, 4/2009: 12-17.

## 48 DANGER BY ACUPUNCTURE IN OPHTHALMOLOGIC DISEASES.

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#### Introduction

Acupuncture is used acceleratingly in ophthalmologic diseases. In this study we wanted to observe the risks, failures and hazards and complications of acupuncture.

#### Methods

Our observation included literature, books and citations from courses, in coordination with medical knowledge, especially anatomy, physiology and ophthalmology. We subdivided the problems into philosophical, psychological, natural science

and methodical factors, to find possible or occurring complications. Additionally, problems with our own patients are described.

#### Results

These main problems could be detected:  
1) Methods: ignoring the anatomical situation, there were damages and perforations of the eyeball, especially by deep needle insertion.  
2) Pathophysiology: there were wrong indications for acupuncture in genetic errors.  
3) Psychology: there was a weak effect of acupuncture in fear of blindness or psychic diseases  
4) Science: there was delayed regular treatment, because of the primary use of

acupuncture, such as inhibited surgery or lack of useful medication.

5) Medical: irritations, glare and retinal risk by the use of a low level laser.

6) Problems with our own patients: they terminated the treatment themselves because of a sense of well-being.

#### Conclusion

Acupuncture is a wonderful method complementary to the scientific western medicine. But like for every method, wrong application is a risk for the patients. Especially when like in ophthalmology, the patients' complaints are often mixed with psychological problems, there are many risks. These should be avoided.

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- is toepasbaar als solotherapie én in combinatie met acupunctuur



- activeert het zelfherstellende vermogen van het lichaam
- werkt pijnreducerend, ontstekingsremmend en weefselregenererend
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## THERMOGRAPHIC MEASUREMENT OF THE SKIN TEMPERATURE IN THE APPLICATION OF LASER ACUPUNCTURE IN THE NEONATE

*Raith Wolfgang, Sapetschnig Iris, Ziehenberger Evelyne, Kutschera Jörg, Litscher Gerhard, Müller Wilhelm, Urlesberger Berndt, Division of Neonatology, Department of Paediatrics, Research group for traditional Chinese medicine in paediatrics, Research unit for biomedical technology in anaesthesia and intensive care medicine and TCM Research Centre Graz, Medical University Graz, Austria.*

### Purpose

Additionally to the central effects, any peripherious alterations, such as changes to the surface temperature as triggered by the acupunctural process itself, play a crucial role in the context of acupuncture research studies. Meanwhile, several studies have revealed that both the manual needle and electro stimulation acupuncture are able to achieve local and generalised warming effects. In children, laser acupuncture is used more often than needle acupuncture, this being due to their aversion to needles.

When applying laser acupuncture to premature babies and neonates, first the degree of the thermal increase to the skin has to be evaluated so as to guarantee safe application. Any changes to the surface temperature can be made visible by means of thermography.

### Patients and methods

It was the declared objective of the study to examine whether laser acupuncture significantly alters the surface temperature of neonates, thus possibly resulting in increased risk for application. The study included 10 premature babies (7 male/3 female, gestational age 31+5 week of pregnancy, birth weight 1703 g). The measurements were carried out by means of a polygraphy while they were asleep shortly before they were discharged from hospital. After a resting phase of 25 minutes, the large-intestine 4 point (Hegu) was stimulated by means of laser twice on both extremities simultaneously using a power output of 10mW (micro laser needle© 10mW, 685nm). The first stimulation lasted 5 minutes, followed by a resting phase of 10 minutes which, in turn, was followed by another stimulation phase, this time lasting 10 minutes. Local thermographic pictures were taken with a thermal camera (Flir i5 - Flir Sytems Inc. ©, Portland, USA).

The pictures were taken before the start of the acupuncture application, and then after 1 minute, 5 minutes and 10 minutes, respectively. In each of these instances, the warmest point was determined and subsequently compared. During the examinations, the ambient temperature and

humidity were kept constant. All the data were noted by way of a box-plot diagram. The statistical evaluation was carried out on the basis of ANOVA for repeated measurements, or the Tukey Test, respectively.

### Results

The measurements were carried out on the 33rd day of life of the infants (weight during the examination: 2030g, gestational age 36+3 week of pregnancy). In comparison to the initial temperature (32.9°C), after 5 minutes of stimulation, there was a significant increase in the skin temperature (33.9°C) ( $p=0.025$ ). Additionally, a significant increase was measured after 10 minutes of stimulation ( $n(34.0^{\circ}\text{C})$ ) ( $p=0.01$ ). The maximum skin temperature measured after stimulation was 37.9°C.

### Conclusions

A significant increase in skin temperature was found to occur after both 5 and 10 minutes of local laser stimulation. An increase in the local temperature by 1 Celsius on average cannot be seen as worrying. The singular maximum value of 37.9°C bears a potential danger; however, compared to the local temperatures reached in transcutaneous blood gas measurements, it appears not to entail any risk.

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## MISUNDERSTANDINGS AND ERRORS OF TRADITIONAL ACUPUNCTURE

*Pollmann Antonius, MD, PhD, Lecturer of the German Association of Acupuncture – DÄGfA, Lecturer of the Medical Council of Hamburg, Lecturer of the University of Hamburg, Germany.*

Medical acupuncture can be explained very well with the basic knowledge of modern medicine. In the superposition of segmental innervation, fascial trains and phylogenetic functional complexes unmistakably acupuncture points, meridians and Zangfu can be explained. Thereby are shown some inaccuracies and misinterpretations in the understanding of TCM. While the acupuncture points are located exactly according anatomical topographic structures, in this concept

the treatment produces regularly nearly immediate effects.

The segmental partially autonomous computing is a significant proportion of auto-regulation of the organism. This adjusts all functions of the organism onto the norm, compensates malfunctions and initiates regeneration processes.

A focal point of the functional self-regulation is the semi-autonomous segmental complex. Via the intercostal nerve-segment of the medulla spinalis - rami communicantes - sympathetic trunk ganglia - enteric nervous system and vice versa, the afferent and efferent signals are conducted. Protopathic, epicritic, conscious

and unconscious proprioception and sympathetic afferents from organs, blood vessels, smooth and striated muscles and other tissues are processed in part on the segmental level of the medulla spinalis. The nuclei intermediolaterali in the lateral horn of the spinal cord, which alike Shu-points ranging from Th1 to S2, run their dendrites into the thorax and abdomen.

On one hand, the metameric structure works like a reflex within the segments. On the other hand, the frontal, middle and dorsal circulations of the meridians represent the three functional complexes of the phylogenetic tissues. The endodermal tissue of the digestive tract has the function of digestion and metabolism.

The mesodermal tissue with vessels and muscles has the function of the motor activity and retaining. The ectodermal tissue with the central nervous system, hormonal and genetic management, includes the function of information processing and control.

The meridians find its anatomical correlate in the fascia trains as they are known

from osteopathy. Both in its course and in their function, they show similarities with the meridians of acupuncture. Also the fascia can involve junctions to the organs. The spaces between muscles and tendons mark the trains of the meridians. As a result the acupuncture points are precisely located topographically according to anatomical structures of muscles

and tendons overlying this space in the cutis.

Comparing these aspects, some views of TCM are revised, both names of organs and indications of points. The theory of acupuncture in this way is compatible to modern science of medicine. Nevertheless, acupuncture also remains an energetic point of view.

## 51 PRACTICE OF SA-AHM (KOREAN) FIVE ELEMENT ACUPUNCTURE OF CLASSICAL QI MODEL BASED ON OLD PHILOSOPHY

*Ahn Chang-beohm, Song C.H., Jang K.J., Yoon H.M., Kim C.H., Department of Acupuncture, College of Oriental Medicine, Donggeui University, Busan, Korea.*

### Background

There are two kinds of acupuncture models. The one is the classical Qi model, that is based on traditional meridian therapy, consisting of Yin-Yang and Five Element therapy. The other one is the neurophysiological model that is based on modern science. The mechanism of acupuncture is being investigated also with scientific apparatus, such as fMRI and PET, while the theory of traditional acupuncture is being discarded as illogical and non-scientific.

### Purpose

We are in need of setting the standard of the classical Qi model acupuncture in order

to gain more effective treatment, though the mechanism is scientifically thrown light on. We have to study the Qi model based on evidence-based medicine, as well as assess the neuro-model based on the Qi model.

### Methods

A total of 50 books and papers ranging from the ancient Huang Di Nei Jing, Nan-Jing to modern Biomedical Acupuncture for Sports and Trauma Rehabilitation, and Acupuncture Therapy for Neurological Diseases were used regarding to the traditional old philosophy.

### Results

Acupuncture therapy is based on theories such as Yin-Yang, Five Elements and Zang Fu (organ, viscera). Acupuncture corrects imbalances, such as deficiency and excess, as well as interruptions, such as irregulari-

ties and stagnation, while most illnesses and disturbances are caused from both interruptions and imbalances through a network of meridians. We call the therapy that treats imbalances root treatment. We call the therapy that treats interruptions branch treatment. We also have to use the Five Elements, that are based on promotion and destruction cycles, to correct imbalances. Japanese meridian therapy is only based on the promotion cycle. The Five Shu points, located below the elbow/knee joints, are used for imbalances, while local points and special points, such as Luo-connecting points, Xi-cleft points, Mu-alarm points, Back Shu points, Back transporting points and Confluent points of the 8 extraordinary channels, are used for interruptions.

## 52 TYPES OF ACUPUNCTURE, AN ATTEND OF CLASSIFICATION

*Garcia i Janeras Albert, MD, Centre Mèdic Baoyang, Barcelona, Spain.*

### Purpose

This work tries to classify all variants of acupuncture, to be able to know and consider all the particularities of the kind of acupuncture to assess scientific works. Acupuncture is a Chinese traditional medicine that, aside from other classical techniques such as moxibustion, cupping, electro-stimulation etc, has been evolving until nowadays. Its practice is different,

depending on the country, the schools and trends.

Although all kinds of therapies with the insertion of needles into the body are denominated acupuncture, we wish to identify the differences between them.

### Method

In different studies in international literature we can find different acupuncture practices with diverse efficiency and effectiveness. Sometimes they are not sufficiently defined and typified to be able

to compare their results. We could not find any previous classification of types of acupuncture.

### Results

Detailed classification of the different forms of acupuncture has not yet been established up to the present day.

### Conclusion

We present a classification of the different types of acupuncture practices to be considered in scientific works.

## 53 THE MIND-BODY CONCEPT OF TIBETAN MEDICINE USING THE EXAMPLE OF THE THEORY OF CONSTITUTION

*Marić Sonja, MA, Institut für Ost-West Medizin, Bad Homburg, Lecturer of Tibetan Medicine Johannes Gutenberg University Mainz, Germany.*

Tibetan Medicine (TM) has made a name for itself during the last decade inside the Complementary Medicine (CAM) in Europe. The interest in TM has strongly increased. Based on a holistic humoral medical theory and practice, Tibetan Medicine, Sowa Rigpa, opens access to a deep understanding of specific concepts of chronic diseases. The threefold humoral

theory of the interaction of wind (rLung), bile (tripa) and phlegm (bedken) can be only revealed by the core of Tibetan Medicine, its Mind-Body concept. This concept is based on Buddhist philosophy and psychology.

Constitutional weakness as well as the patient's diet and behavior play a central role in medical theory, diagnosis and therapy. The theory of constitution is an important diagnostic method to differentiate between constitutional disorders and humoral diseases.

Three main constitutions in Tibetan Medicine are differentiated: wind constitution, bile constitution and phlegm constitution, followed by four mixed constitutions.

Constitution implies a variation of general and specific weaknesses in psychological and physical aspects. The theory of constitution is a useful tool in the patient's process of understanding and accepting their own disease and is also helpful in preventive medicine.

## 54 FACTS FOR THE FUTURE: PTNS (PERCUTANEOUS TIBIAL NERVE STIMULATION) AND ITS INTRODUCTION IN CONVENTIONAL MEDICINE

*Biemans Johanna, MSc, the Netherlands.*

### Purpose

Evaluation of PTNS (Percutaneous Tibial Nerve Stimulation) as a neuromodulation technique in conventional medicine since its introduction in the late 90's. Initially introduced as a treatment for OAB (Overactive Bladder), but nowadays also used for other indications in the pelvic region. For example fecal incontinence. We all know this technique originated from TCM. Is it possible to incorporate this evidence into the holistic framework within which acupuncturists work.

### Methods

1. Presentation of a SR:  
Efficacy and effectiveness of Percutaneous Tibial Nerve Stimulation in the treatment of pelvic organ disorders: a systematic review. Biemans J.M.A.E. MSc, Blok H.MSc, Trijfffel E. MSc.  
If data are available: presentation of the results of the Dutch trial, Bladder training

with or without PTNS in the treatment of OAB.  
2. Explanatory mechanisms known up till now.

### Results

1 Evidence from RCT's is available for OAB. Observational studies with positive results for fecal incontinence. Observational studies with positive results for OAB due to neurological disorders. Promising results for sexual dysfunctioning. Questionable results in Chronic pelvic pain and interstitial cystitis.

### Guidelines

In October 2010, the National Institute for Clinical Excellence (NICE) issued NICE Interventional Procedure Guidance 362], supporting the use of Percutaneous Tibial Nerve Stimulation (PTNS) as a routine treatment for Overactive Bladder syndrome. Highlights of the NICE guidance include: Evidence shows that PTNS is effective in reducing symptoms in the short and medium term.

2. Neuromodulation seems to be the most accepted explanatory mechanism.

### Conclusion

PTNS is a widely used and accepted intervention in hospitals all over the world. Acupuncturists nowadays should be aware of the above mentioned evidential facts and the underlying neurophysiological mechanisms. Not only for the sake of acceptance from conventional medicine. Incorporating this evidential material into the theoretical framework really could open doors for innovation within the acupuncture model itself.

### Questions for the future and open for debate

The challenge will be to find an elegant way to fit in this 'scientific' knowledge into the Traditional Chinese Medicine concepts. Is one system going to replace the old 'energetic' way of thinking. Or is there space for a completely new model? I guess there can be.

**Nascholing bekkenpathologie  
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## LASER ACUPUNCTURE TREATMENT RELIEVING OR CONTROLLING GYNAECOLOGICAL PROBLEMS

*Traum Dannel J., Convenor and Senior Lecturer in Monash University's Graduate Certificate in Medical Acupuncture Course, Lecturer at The Northern Hospital, Melbourne, Australia.*

### Aim

The purpose of the study is to examine patients' responses to laser acupuncture treatment. The patients presented at the practice with Dysmenorrhoea, Pre & Perimenopausal Symptoms.

### Methodology

Each patient's progress was assessed at the start of each visit over the course of their

treatment. A Linear Analogue Scale (LAS) was used to measure patient responses to the acupuncture treatment. A patient's first visit was regarded as a level 10 and was subsequently assessed at each subsequent treatment (10 – 0) A subsequent rating of 10-8 indicated no response to treatment and 3-0 indicated an excellent response to treatment, being virtually asymptomatic. All patients were treated using a 5mw laser 638 nm.

### Results

Entire data for examining patient's responses to treatment was as described above.

The main variable is the number of treatment sessions required for patients to reach their lowest LAS score. The results show a significant recovery/cure rate for the particular conditions. Most patients sought acupuncture treatment because of side effects of conventional gynaecological treatment.

### Conclusion

This clinical evaluation provides significant important positive data regarding the effectiveness of laser acupuncture in the treatment of the mentioned gynaecological problems in over 70 patients.

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## EFFECT OF LASERPUNCTURE FOR AUTISM SPECTRUM DISORDER IN CHILDREN

*Sujudi Yufandi, MD, Department Acupuncture of DR.Cipto Mangunkusumo National Referral Hospital, Jakarta, Indonesia.*

### Background

In this type of therapy, the effective psychopharmacology only occurs when a child gets the drugs. There is an inevitable emergence of concerns for parents of children with autism: side effects of drugs arising from long-term use, such as sedation, drug dependence and also the costs required to obtain the drugs.

In the past decade, the problem of autism is rising rapidly worldwide, including in Indonesia. The prevalence of children with autism in the 1980's range from 4-5 per 10.000 births of children, then increased to 15-20 per 10.000 children in the 1990s, while according to the CDC (Centers for Diseases Control and Prevention) in 2001, the increase in the much larger, around 60 per 10.000 births, or about 1 in 150 residents.

According to Xingxingyu (child autism treatment center in South China), there are in China about 500.000 children diagnosed with autism in 2001, as published by the South China Morning Post (August 18, 2001). Based on data from the polyclinic Child and Adolescent Mental Cipto Mangunkusumo, during January 1-December 31, 2000, there were 103 new patients with autism. Compared to the year 1998 (July 1 to December 31): only one new case recorded. That means that autism cases increased

50 to 100-fold. As a comparison, the data from one private hospital in Jakarta in 2000 (January 1-December 31) show as many as 102 cases of autism in new patients. From these data, the ratio of the number of cases of autism found in men and in women is (3-5): 1.

There are various comparative advantages of Laserpuncture, among others. Laserpuncture does not cause pain, does not cause infection, does not cause tissue destruction. The dose can be adjusted appropriately and the treatment time is relatively shorter. Thus considered, Laserpuncture helps to improve the efficiency and effectiveness of therapy, in addition to improving comfort, and that is especially important for pediatric patients.

Diagnosis and treatment efforts are still colored by bias among experts, especially for simple people.

Report from the Laboratory of Research and Development Services Acupuncture in Surabaya in 2000, during the 2-year deal with autism with 84 children between ages 2-6 years with Laserpuncture.

### Problem

Does Laserpuncture gives effect in children with autism?

### Hypothesis

Laserpuncture gives effect to children with autism.

### Objectives

- To find out if Laserpuncture gives effect in children with autism
- To identify the average CARS score (Child Autism Rating Scale) declining in children with autism.
- To identify the effect of Laserpuncture on each variable or symptoms in children with autism.

### Expected benefit

- The research is expected to help children with autism by using the technique Laserpuncture.
- Developed methods of therapy are effective, safe, painless and easy to apply.
- The results of this study can be used as material for other research.

### Method

This study is a randomized controlled clinical trial single blind (Randomized Controlled Single Blind), in the Spectrum Treatment & Education Centre Jakarta, Indonesia, from January 2004 to July 2004. Population research: Children aged 3-7 years old, citizen and domiciled in Indonesia, that have CARS method on autism by a psychologist and or psychiatrist.

Minimum samples for cases and controls were 46 subjects, so the case group 23 and the control group 23. The determination of subjects as a case or control was random, using a random numbers list. The case group obtained Laserpuncture and



behavior therapy. The control group received behavior therapy during the study period.

Laserpuncture was given as He Ne laser irradiation on acupuncture points Baihui (DU-20), Sishencong (EX-HN-1), Yamen (DU-15), Shenmen (HT-7), Pishu (BL-20), Shenshu (BL-23), Taixi (KI-3), Taichong (LR-3) and ear acupuncture point Shen Men, during 12-18 minutes, given 3 times a week, 10 meetings. Behavior therapy was a program of eye contact for 10 minutes, obedience/training in sit and gross motor imitation (tap the table, clapping hands, pat your chest, raise your hand, stamp your feet), and one step commands. Behavior therapy was carried out in 12 meetings, 3 times a week, as a 2-hour therapy.

#### Results

- 2 subjects (8.7%) obtained improvement of all variables (100%).
- 6 subjects (26.09%) obtained improvement in 13 variables (92.86%).
- 5 subjects (21.74%) obtained improvement in 12 variables (85.71%).

- 3 subjects (13.04%) obtained improvement in 11 variables (78.57%).
- 3 subjects (13.04%) obtained improvement in 10 variables (71.43%).
- 2 subjects (8.7%) obtained improvement in 9 variables (64.29%).
- 1 subject (4.35%) obtained improvements in 7 variables (50%).
- 1 subject (4.35%) obtained improvement in 6 variables (42.86%).

#### Conclusions

1. With a significant Chi-Square test between the case group and the control group ( $p = 0.000$  ( $p < 0.05$ )), there is a very significant difference. It can be concluded that Laserpuncture has an effect in children with autism.
2. Mean decline in CARS scores in the case group before and after intervention ( $10, 5 \pm 3, 9$ ), whereas in the control group ( $5, 4 \pm 3, 6$ ) with  $p$  value  $0.000$  ( $p < 0.05$ ).
3. Laserpuncture has a good effect on 7 variables in autistic children:
  - Emotional response
  - The use of object

- Adaptation to change
- Visual response
- The response hearing
- Fear or anxiety
- Verbal Communication

#### Suggestions

1. Laserpuncture can be used as adjunct therapy for the treatment of some symptoms of autism, particularly in children aged 3-7 years, because it can prevent them from fear during the therapy process and even give them comfort.
- Further research should be done, such as on different doses of therapy and/or frequency and number of visits, Laserpuncture in children over 7 years and the combination with other therapies, such as sensory integration therapy, occupational therapy, hydro therapy, relaxation therapy, speech therapy and remedial teaching.



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## 57 ACUPUNCTURE POINT LOCALIZATION VARIES CLEARLY BETWEEN ACUPUNCTURISTS

*Bäumler Petra I., Kramer Sybille, Irnich Dominik, Multidisciplinary Pain Center, Interdisciplinary Center for Palliative Medicine, Department of Anaesthesiology, University of Munich, Germany.*

### Purpose

Acupuncture studies focusing on point specificity as well as anatomical and physiological characteristics of acupuncture points lead to inconclusive results. One step forward to solve resulting questions is to evaluate how precise the localisation of acupuncture points can be. We therefore examined the interrater reliability of the localization of the acupuncture points. Moreover we evaluated whether acupuncture point localization might depend on acupuncture technique, practical experience, localization technique, or the country where acupuncture education was received.

### Methods

Attendees of the ICMART-Congress in 2010 were asked to locate the acupuncture points LI10 and TH5 at the left arm of a

research assistant. Identified points were marked on the skin with a makeup pen and transferred on transparent plastic film by using three reference tags. Later on all points were copied to a paper sheet and analyzed graphically by applying a coordinate system and calculating a centre point for both LI10 and TH5. Additionally, participants were asked to fill out a short questionnaire about their acupuncture education and their opinion about the size of an acupuncture point.

### Results

Thirty acupuncturists from 15 different countries took part in the survey. 83% of all participants did practice acupuncture for more than five years and only three less than three years. 90% were TCM practitioners and 76% did use the cun unit for acupuncture point localisation. Graphical analysis did reveal a normal distribution of x- as well as y-values of the reference coordinate system for both points. 80% of the LI10 localizations could be found within a radius of 3.1 cm from the calculated

centre point. The largest distance between two LI10 point identifications was 8.9 cm. 80% of the points identified as TH5 were located within a radius of 1.3 cm from the determined centre point. The two most distant points for the TH5 localization were 5.3 cm apart from each other. The standard deviation of the determined mean distance to the centre point was 1.12 cm for LI10 and 0.78 cm for TH5. These data suggest a theoretical scatter range of 2.42 cm for 95% of localization of LI10, 1.56 cm for 95% of localizations of TH5.

### Conclusion

We found a low interrater reliability between acupuncturists regarding anatomical acupuncture point localisation. This gives reason to discuss the question of point specificity from an anatomical and physiological point of view. Although there are some limitations in our results, nevertheless they need to be taken into account when conducting acupuncture trials and interpreting results of previous acupuncture studies.

## 58 ACUPUNCTURE-PHYSIOLOGY-ANATOMY CORRELATION

*Saputra Koosnadi, MD, PhD, Hudyono T., MD, Department of Anatomy Airlangga University Surabaya, Acupuncture Research Laboratory HSRDC, Indonesia.*

Acupuncture points have a hypothesis in anatomical explanation. In physiological research they have a clear effect when approached biomolecular and biophysical. Biophysical examination of an acupuncture point could visualize a specific electrical voltage profile after stimulation of acupuncture point ST36 (Zusanli), SP6 (Sanyinjiao), LI4 (Hegu), PC6 (Neiguan)

that was similar to that after injection of technetium pertechnetate isotope.

We were able to locate the acupoint anatomically with precision biophysically and by measuring the calcium ions at this point.

- LI4: dorsum hand between the metacarpal bone 1-2 and on the radial side of the mid point of the second metacarpal bone, at m.lumbricales I and m. adductor pollicis.
- ST36: on the anterolateral side of the leg, 3 cun below ST35 (Dubi), one finger breadth from the crista anterior of the tibia anterior of the m tibialis anterior.

- SP6: on the medial side of the leg, 3 cun above the tip of the medial malleolus, posterior of the border of the tibia and anterior of the m. tibialis anterior.
- PC6: on the palmar side of the forearm, on the line connecting PC3 (Quze) and PC7 (Daling), 2 cun from the wrist, between the tendo m.palmaris longus and medial m.flexor digitorum superficialis.

Correlation of anatomy and physiology in acupuncture is very important, in practice and in medical teaching.

## 59 KNOWLEDGE OF ANATOMY IS A BIG PLUS

*Tan King Siong, MD, Amstelveen, the Netherlands.*

### Purpose

The purpose of this study is to bring information about and to discuss the way of

treating diseases with vascular problems in our medicine. Surgery is the possible treatment in many cases in western medicine. Treatment with acupuncture in combination with releasing muscle tension

treatment of some important localizations, sometimes can avoid surgery.

### Methods

Besides the acupuncture policy, the hypertonic muscles in the extremities and

in the back, which could compress or block the vessels, have to be relaxed. All hypertonic muscles, caused by overtraining, trauma or meridian blockage, will be shortened and larger in size than before, and will compress the surrounding tissues. The vessels and nervous system have many locations in the body that can

be compressed or injured. Anatomical knowledge is here a big plus.

#### Results

Release of the compression of the vessels and release of the tension in the muscles results in recovery of the part of the body that is in danger. Then, surgery is not necessary.

#### Conclusion

This way of treatment must be done more often in more patients. People have to know better about this possibility. The risks are less than with operation, and its complications. This treatment means reducing the costs of medical care.

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## MAPPING OF THE OUTLINE OF NORMAL INTERNAL ORGANS & CANCER TISSUE AS WELL AS

### EXACT LOCALIZATION OF ACUPUNCTURE POINTS, THEIR SHAPE, DIAMETER & DEPTH USING BI-DIGITAL O-RING TEST EMF RESONANCE PHENOMENON BETWEEN 2 IDENTICAL MOLECULES OR TISSUES

*Omura Yoshiaki, MD, ScD, Professor  
Department of Family Medicine, New  
York Medical College, Director of Medical  
Research Heart Disease Research  
Foundation, Editor in chief, Acupuncture &  
Electro-Therapeutics, USA.*

#### Abstract

More than 20 years ago, the author succeeded in the outlining of internal organs on the body surface as well as in localizing the exact locations of cancer tissue without any electronic imaging devices using Bi-Digital O-Ring Test Electro-Magnetic Field Resonance Phenomenon between 2 identical molecules or tissues. Then, using the same method, he discovered at Showa University, Tokyo, with the late Prof. C. Takishigei, Chairman of Physiology Dept. & others, that one could localize the

exact location, shape, size, & depth of an acupuncture point & the meridian to which the acupuncture point belongs. A semi-quantitative evaluation of the therapeutic effect of the pathological parameter can be accomplished in any private office without expensive equipment. Using this method, a number of meridians & their acupuncture points were studied, particularly the stomach & lung meridians & their acupuncture points were examined in the same patient repeatedly. It was found that the location of these meridians & acupuncture points can shift when they have diseases of corresponding tissue of the meridian. In addition, acupuncture points can shift significantly depending on the applied voltage & polarity. The shifting happens almost immediately after the application of an external voltage. The

distance of the shift increases with the increase in the magnitude of applied voltage. The direction of the shift depends on the polarity. This shift becomes more than 1 cm with the use of an applied voltage of 1.5 volts or higher. Therefore, the determination of acupuncture points by the use of electrical measurement can sometimes be unreliable, depending on the magnitude of the applied voltage. The location of an acupuncture point found under application of an electrical field and without electrical field is almost always different. Therefore, if one wants to use an electrical device for detecting acupuncture points, the voltage should be a minimal small amount of less than 1.5 volts, particularly less than a few hundred millivolts.

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# Workshops

## 61 FRACTAL ANALYSIS IN STUDIES ON AGING IN AN ANIMAL MODEL: THE NEMATODE

### C.ELEGANS, A FRAGILE BUT ELEGANT WORM

*Fossion Ruben, PhD, Universidad Nacional Autonoma Mexico (UNAM), department of nuclear physics, Mexico-city, Mexico.*

#### Background

Populations in countries all over the world are ageing rapidly. Fragility is a new concept in the field of geriatrics to measure and predict the probability for negative health outcomes in elderly because of multiple and non-specific factors [1]. Fragility has been interpreted as the accumulation of random defects with age that the body is not able any more to repair [2]. However, no consensus has been reached yet in the medical world on how to define or measure fragility exactly.

#### Aim

Many organs of the human body have a spatial structure that consists of repetitions of similar substructures at always smaller scales (e.g. the bifurcating bronchial tubes in the lungs) [3]. This self repeating design

can be described and quantified objectively with the concept of fractals (mathematical calculation in physical sciences). It has been observed that many organs loose fractality with age, as well as with disease or bad habits [4]. Many organs also produce time signals (cf.EEG, ECG) or noise that loose fractality in time under the same circumstances [5]. A detailed mathematical analysis of these time signal permits an estimation of the physical state of the organ, in a non-invasive way.

#### Method

The long life expectancy in man makes longitudinal studies of ageing and fragility difficult [1]. In part because of the short life cycle of only a few weeks, and its easy reproducibility, the nematode *C. elegans* has become one of the most important animal models of ageing. Recently, it has been found that the mean pump rhythm of the pharynx of the worm is indicative for its age [6]. In this study, we explore the rela-

tion between the fractality of the pumping time signal and the fragility of the worm, in function of its age.

#### Conclusion

We establish an experimental way to measure the pumping time signal of the nematode. The fractality we calculate confirms the fragility model we propose. In a next step, we plan to establish a fractal model of fragility in man. This will be performed within a geriatric population by a federal research project.

#### REFERENCES

1. García González et al., *BMC Geriatrics* 9 (2009) 47.
2. Mitniski et al., *BMC Geriatrics* 2 (2002) 1.
3. Goldberger et al., *Scientific American* 262 (1990) 42.
4. Lipsitz y Goldberger, *JAMA* 267(13) (1992) 1806.
5. Goldberger, *The Lancet* 347 (1996) 1312.
6. Huang et al., *PNAS* 101 (2004) 8084.

## 62 IDENTIFICATION OF DIFFERENT PHASES OF ELECTRICAL ACTIVITY BY FRACTAL ANALYSIS OF

### EEG

*Sant'Ana Antonio, Padula N., Ribeiro K., Fossion J., Medical Acupuncture Department, Hospital Estadual Bauru, Brazil.*

#### Introduction

The use of non linear resources in the study of natural sciences is a growing tendency. Quantum physics, fractal geometry and non-linear chaotic approaches are being progressively presented as options to non-linear evaluation. Treatment by acupuncture promotes non-linear answers within the complex psychosomatic systems under stimulation, indicating that effects due to acupuncture treatment might be

labeled under behaviors subject to chaos theory analysis.

#### Aim

To get more information on the EEG data by use of its fractal dimension (FD) applied to particular conditions, e.g., change of phases from an awake to a sleeping state.

#### Methods

To determinate the variation coefficient in the FD of selected sections of the EEG data and compare the changing behavior of its lines as faced with particular changes on the patient's alertness state.

#### Results

There are significant differences in the fractal dimension (FD) variation coefficient within diverse EEG leads, corresponding to particular changes in the patient's state of alertness.

#### Conclusions

Fractal dimension (FD) of EEG data may be used to assess and evaluate different phases and transitions of a given examination, being an analytical tool to its study through approaches related to the chaos theory.



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## FRACTAL EEG COMPARISON OF GASTRITIS TREATED BY CONCHA CYMBA AND LOBULAR POINTS

*Sant'Ana Antonio, Padula N., Ribeiro K., Fossion J., Medical Acupuncture Department, Hospital Estadual Bauru, Brazil.*

### Introduction

The use of non-linear resources in the study of natural sciences is a growing tendency. Quantum physics, fractal geometry and non-linear chaotic approaches are being progressively presented as options to non-linear evaluation. Treatment by acupuncture promotes non-linear answers within the complex psychosomatic systems under stimulation, indicating that effects due to acupuncture treatment might be labeled under behaviors subject to chaos theory analysis.

### Aim

To get more information on the EEG data by use of its fractal dimension (FD) applied to particular conditions, e.g., acute treatment of gastritis by different auricular points.

### Methods

Compare the EEG data acquired by needling different stomach points in the ear, by means of their respective FD. One patient was needled at the "stomach point" in the concha cymba, and the other was needled at the digestive area of the lobular Penfield projection.

### Results

There are significant differences in the frac-

tal dimension (FD) of the different stomach points in the diverse EEG derivations, and the corresponding electrical brain activation to particular cortical regions

### Conclusions

Fractal dimension (FD) of EEG data linked to acupuncture needling and treatment may be used to assess and evaluate the cortical representation of the points and respective clinical evolution, being an analytical tool to its study through approaches related to the chaos theory.

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## THE SCIENTIFIC BACKGROUND OF NEURAL THERAPY

*Ortner Wolfgang, MD, Austria.*

Ferdinand Huneke discovered the possibility to relieve pain by giving injections of local anesthetics far away from the localization of the pain. At this time, it was an empirical experience, with some hypothetic explanations of the mechanisms. In the meantime, we are able to better understand the mechanisms of information and regulation of the body. Pain research and new insights of neuro-physiology and neuro-immunology lead to a better understanding of the pathways of information.

We have more knowledge about the neuronal connections at several levels, for instance the mechanism of the segmental intercommunication, the mechanisms of activation and inhibition at the level

of the dorsal horn (the follow up of the Gate Control), the mechanism of neuronal plasticity, of wind up, as a prolonged stimulation of the dorsal horn by activation of WDR neurons, with central sensitization as the result.

The knowledge of the segmental intercommunication shows the way how functional disturbances of organs are projecting in other parts of the segment or neighboring segments. We can make them out by palpating corresponding head zones. Activated muscular triggers in the affected segment are able to build autonomically trigger chains mainly along meridians, without following segmental orders.

When we discover for instance a scar as an interference field (that means it figures

out that this structure is responsible for functional disorders or pain potentially also in another part of the body), we are able to normalize or improve the regulation system of the body by temporary inactivation of this causative factor. Especially in the case of scars we are facing a complexity of misinformation. Cell damage means permanent signals to the nociceptors and activation of the arachidonic acid cascade. The continuing release of pro-inflammatory substances causes the release of peptides, excitatory amino acids and neurotransmitters. The result is a decrease of the sensitivity threshold and consecutive hyperalgesia. Neural Therapy is able to normalize all this processes due to the combination of the anti-inflammatory effect of local anesthetics with several other mechanisms.

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## NEURAL THERAPY FOR ACUPUNCTURE NON RESPONDERS

*Wander Rainer, MD, PhD, Elsterberg, Germany.*

Acupuncture activates our endogenous body inhibitory systems. If the endogenous evoked defensive action is not enough to cope with the problem, stimuli deletion processes must come in to help the body. Neural therapy deletes peripheral over excitation conditions and deletes

fields of interference. Interference fields spread through neural, biochemical, and functional-muscular paths. They determine distant disorders.

If these paths are not known or not taken into account, acupuncture and neural therapy are bound to fail.

Both therapies are shown and their most important neural therapeutic injections are

practiced using a headache model as an example.

Pain locations in the head are related to meridian courses. Acupuncture recognizes cephalgias related to the following meridians: bladder, gall bladder, stomach, the triple heater, and liver. According to von Wancura's segmental anatomy postulates, thoracic organs are projected into the forehead and the temples (Yang-Ming-



Axis), while abdominal organs are projected into the temples and the parietal bone (Shao-Yang-Axis), and pelvic organs into the occiput (Tai-Yang-Axis). Neural therapy can

target and block stimulating sources stemming from these meridian disturbances. Neural therapy deletes incoming stimuli from these regions and, thus, is able to

silence sympathetic, parasympathetic, and vascular stimulating projections at the head meridian area.

## 66 NEURAL THERAPY IN THE ONCOLOGY

*Piehler Petja, MD, Wasserburg am Inn, Germany.*

Neural therapy develops more and more as an important partner in the complementary oncology. The method can be applied with good success, both preventive and secondary after cancer. New research about the protective effect of local anaesthetics

on DNA level builds the ground for further development in this area. The different fields for use of neural therapy in the oncology are:

- Excellent possibility for treatment of pain
- Matrix reset through treatment of the fields of disturbance
- Improvement of the regulative ability of the body

- Reduction of side effects of the anticancer therapy
- Symptom control
- Reducing the sympathotonus which correlates with immunological depression

Different techniques and possibilities for local and systemic use of local anaesthetics in the oncology will be discussed

## 67 TREATMENT PATHWAYS FOR ACUTE AND CHRONIC PAIN CASES IN A PRIVATE ACUPUNCTURE CLINIC

*Fazakis Georgios, MD, Chania, Greece.*

### Treatment-methods

In most of the cases we have used a combination of treatment methods:

### Main methods

- 1) Classic acupuncture with syndrome differentiation using the divergent and sinew channels.
- 2) Ear acupuncture using the 3 phases of degeneration according to Nogier.
- 3) Electroacupuncture using special circuits especially for sciatic pain.
- 4) Ozone intramuscular or intra-articular injections according to the protocols of the Italian scientific association of ozone therapists (Milano Italy).
- 5) Laser point therapy.
- 6) ETPS neuropathic acupuncture.

### Adjunctive methods:

- 1) Master Tung's acupuncture points.
- 2) Dry needling and medical acupuncture using special homeostatic, symptomatic and paravertebral points.
- 3) Ryodoraku (Japanese acupuncture).
- 4) Abdominal acupuncture.
- 5) Prolotherapy.
- 6) Neuro-acupuncture techniques.
- 7) Koryo hand therapy.

### Research

260 cases between the years 2006-2010  
Cervical pain: 55 cases  
Lumbar pain: 170 cases  
Sciatica: 35 cases  
Age: 20-83 years old  
Duration of illness: 4 days to 24 months  
Frequency of treatment: Once a day or twice a week  
Total number of treatments: 5-7 (Rarely 10-15 treatments)

### Results

50% complete cure (130 cases)  
33, 33% marked effect (86 cases)  
10% positive changes (26 cases)  
6, 77% no results (18 cases)

(Because they have undergone an operation due to neurological deterioration during the treatment or discontinued after 1-3 treatments for various reasons e.g. cost of treatment, fear of needles, lack of confidence to acupuncture, follow other painless treatments, etc) – (14 cases)  
Overall good results 260 cases 93, 33%.

### Conclusion

A combination of various acupuncture methods and related techniques is the best way to treat cases of acute and chronic pain.

## 68 ACUPUNCTURE RELATED TECHNIQUES: BEYOND ACUPUNCTURE FOR PAIN AMELIORATION AND TISSUE FUNCTIONAL RESTORATION

*Frank Bryan L., M.D, Edmond, USA.*

### Introduction

Beyond acupuncture and Neural Therapy, Prolotherapy is an important acupuncture-related technique largely unknown and unpracticed globally, even by many medical

acupuncture practitioners, while it has been taught and practiced in the USA for over 50 years. Prolotherapy may be the most important acupuncture-related technique that has largely been omitted in most medical acupuncture practices.

### Aim

The aim of this presentation is to introduce Prolotherapy as a potent, viable acupuncture-related technique and to encourage its integration within medical practices.

## Methods

The method presented is a review of the principals of Prolotherapy for tissue regeneration and healing, especially where acupuncture and Neural Therapy have failed.

## Results

Prolotherapy involves restoring the integ-

riety of supporting ligaments and tendons through the injection of proliferative agents, thereby restoring functional skeletal support. By removing the pathological load on myofascial tissues, the body can, in turn, arrest many chronic pain and degenerative pathologies. Further, regeneration of cartilage in joints may restore the joint surface and function.

## Conclusion

Prolotherapy can significantly impact pain recovery and restoration of pain and function when acupuncture and Neural Therapy have failed to address the causal events. It is a critical therapeutic that warrants serious consideration.

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## “BI-SYNDROME” CURED BY CHINESE ELECTROACUPUNCTURE

*Sukrisno S.M., MD, the Hague, the Netherlands.*

The “Bi-Syndrome” is actually a kind of rheumatism. Electroacupuncture (acupuncture in combination with electrostimulation) can cure “Bi-Syndrome”. Initially, it is very important to know why acupuncture works against pain and what the effect of acupuncture is in the human body. For this purpose I would like to analyse the pain caused by the “Bi-Syndrome”, because we see and treat this disorder every day in our work as medical acupuncturist.

“Bi-Syndrome” is a pain disorder introduced in Traditional Chinese Medicine, mainly caused by deficiency of energy and stagnation of blood. It can result the invasion of external cold and dampness. People with bad condition, especially old people or woman in postmenopausal state are susceptible for this disorder. The disorder is

well known in modern western medicine as polymyalgia, fibromyalgia, bursitis, ‘Frozen Shoulder’, also some of the neck-/shoulder pain. The Syndrome of Raynaud might be related with “Bi-Syndrome” too. The pain mostly is located in the arms, the shoulders, the upper part of the back, the hip or the buttocks. The pain mostly comes from the muscle. Pain from the bones (the fingers or toes etc.) can also occur. Radiating pain like neuralgia may exist, the reason for misinterpretation of the pain as from a Hernia Nuclei Pulposi. Characteristic of the “Bi-Syndrome” is the existence of trigger points (pressure sensitive pain points). Muscle knots, especially in fibromyalgia, can be found.

According to the TCM, pain is caused by the obstruction of the energy, and therefore poor circulation of blood, because blood circulates when energy moves. Acupuncture can make the obstruction free again.

Modern acupuncture studies in China have observed that electroacupuncture can change the hemodynamic properties of the body, like the cardiac output, the heart rate and the blood circulation of the skin. In these studies acupuncture points like St36, GB34, Sp6 and other points are used. My experience is that the elimination of pain caused by a “Bi-Syndrome” comes together with the recovery of the condition and the energy of the patient. This is when electroacupuncture is applied. For this purpose I use distal points like GB34, CV4, CV6, St36 and other points, in combination with acupuncture on the trigger points. This is suggesting that some pain disorders, like a “Bi-Syndrome” is related to a poor condition of the patient and a poor blood circulation in some areas. Electroacupuncture can change this situation.

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## SPECIFIC REDUCTION OF NUMBER AND INTENSITY OF NECK REFLEX POINTS (NRPs) AS IMPORTANT SIGNS OF CHRONIC DISTURBANCE FIELDS BY NEURAL THERAPY

*Weinschenk Stefan W., Göllner Richard, Diehl Leon, Topbas Nura F., Strowitzki Thomas, University of Heidelberg, Germany.*

## Purpose

Neural therapy (NT) is the treatment of pain and chronic dysfunctions with local anesthetics. Besides local treatment, in neural therapy remote injections are performed to influence complex regulation mechanisms, similar to acupuncture. NT techniques may be helpful to eliminate chronic obstacles of healing in acupuncture by injections into remote disturbance fields (irritation zones, stoerfields). However, little is known about the nature and effects of this remote injection techniques. Moreover,

there is only little empirical support for the concept of local disturbances influencing distant areas of the body, known as “stoerfields”. Therefore, we investigated the effects of “stoerfields injections” onto remote reflex areas (neck reflex points, NRP).

## Patients and methods

Using a pretest-posttest design, we investigated the effect of neural therapy at specific sites of the visceral cranium (sinuses, teeth, pharyngeal region) onto the corresponding neck reflex points (NRP) at the cervical spine. NRPs have been described as reflex zones for disturbances of the head and throat. In a CAM clinic in

Germany, 36 women (age: 51±14 years) were examined for tenderness of 12 NRPs before and after treatment with the local anesthetic. The injections followed standard regimens of NT techniques.

## Results

Descriptive results and a repeated measure analysis showed an overall effect of neural therapy on NRPs. The average of the number of positive NRPs was reduced from 5.3 to 2.5 ( $p < 0.01$ ).

In order to investigate specific effects on individual NRPs, a multilevel regression analysis for binary data was conducted. The analysis revealed that treatment of an

area of disturbance of the visceral cranium was followed by a specific reduction of the respective NRP. The pre-post difference between NRPs related to the treated region was significantly higher than the pre-post-difference of the non-related NRPs ( $p < 0.01$ ).

#### Conclusion

Our data provide empirical support for the validity of the postulated neck reflex points in detecting stoefferfields (disturbance fields). The study also illustrates the effectiveness of neural therapy in treating so called stoefferfields as possibly important disease cofactors and obstacles of healing in acupuncture.

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## A STUDY OF THE SA-AHM (KOREAN) FIVE ELEMENT ACUPUNCTURE THEORY AND CLINIC

Ahn Chang-beohm, Department of Acupuncture, College of Oriental Medicine, Dongeui University, Busan, Korea.

#### Purpose

To review the theory and clinical basis of the Sa-Ahm Five Element acupuncture, which is the most classical form of acupuncture that originated about 360 years ago in Korea, papers and books were researched.

#### Methods

A total of 32 books and papers ranging from the ancient Huang Di Nei Jing to modern Bio Medical Acupuncture for Pain Management were investigated in relation to Five Shu points, to study the theory and clinical basis in detail.

#### Results

Gao-Wu, in the Chinese Ming Dynasty, used the Five Shu points for the first time, based on the creation cycle as the tonification

and sedation treatment, termed the "tonification and sedation treatment of self meridian".

Since then, and for no particular reason, this method has been rarely used until Sa-Ahm's new doctrine, which includes the concept of the destruction cycle, was asserted.

It can be practiced in different ways, depending upon the differential diagnosis. These diagnoses include theories of excess and deficiency of Yin and Yang, seven emotions, ZangFu (organ, viscera), comparing pulse diagnosis and meridian palpation. Nowadays, there is a Japanese meridian therapy which uses root treatment based on tonification and sedation with acupuncture after six-pulse diagnosis, as well as symptomatic treatment based on symptoms and tender points.

#### Conclusions

Sa-Ahm Five Element acupuncture is a method in which the Five Shu points are

used from the viewpoints of the simultaneous tonification and sedation methods that are based on the promotion and control cycles. Clinical trials and guidelines for practice of it should be created to allow a more evidence-based clinical approach for this technique. We can get more effective treatment using Sa-Ahm 5 Element acupuncture and root treatment of the Japan meridian therapy to correct imbalances, as well as channel therapy and meridian style acupuncture (that use local-distant points, special points) and symptomatic meridian therapy, without being wholly bound to the Five-Elements.

#### Conclusion

The classical Qi model acupuncture, that suits all the above-mentioned conditions, is the Sa-Ahm Five Element acupuncture. It can be a guideline by which to treat illnesses and study the scientific mechanism.

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## STRESSORS, QI AND SEXUAL ENERGY

Goehler Annett, MD, Germany.

Sexual activity promotes health, strengthens the immune system, stimulates internal organs; Kidneys – Organ of Sexuality,

Heart – Organ of Perspective, Liver – Organ of Feeling, Spleen – Organ of Differentiation, Lungs – Organ of Endurance. Teamwork – Stressors – Imbalances – Illnesses

Practices – divine amorous play / flirtation, a life of love and passion.

Connection to Syndiastic Sexual Medicine.

## OPLEIDINGS-DATA NAAV-BVGA 2011-2012

Vrijdag en zaterdag 16 en 17 september 2011

Vrijdag en zaterdag 7 en 8 oktober 2011

Vrijdag en zaterdag 11 en 12 november 2011

Vrijdag en zaterdag 16 en 17 december 2011

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Vrijdag en zaterdag 9 en 10 maart 2012

Vrijdag en zaterdag 13 en 14 april 2012

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# Abstracts Sunday 15 May

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## THE DIRECTION OF ACUPUNCTURE IN THE COMING 10 YEARS IN RESEARCH AND PRACTICE

Kopsky David J., MD, Soest, the Netherlands.

In the last 40 years, extensive research has been conducted on acupuncture concerning its effect and working mechanism. Meta-analysis and systematic reviews show that acupuncture is effective in a range of disorders, such as nausea and vomiting after chemotherapy,<sup>1</sup> epicondylitis lateralis,<sup>2</sup> tension headaches,<sup>3</sup> neck pain<sup>4</sup> and knee pain.<sup>5</sup> Also, several theories concerning the working mechanism of acupuncture have been validated with basic scientific research, such as the neurohumoral theory explaining pain reduction through the release of neurotransmitters.

Besides basic research unraveling the working mechanism, clinical research is important for the evaluation of the effectiveness of acupuncture. Future trials should especially be based on pragmatic designs. Trials comparing acupuncture

treatment versus the golden standard care should be promoted, instead of placebo controlled trials. As a matter of fact, pragmatic studies generally show that acupuncture is superior over standard care. Also acupuncture provokes usually less adverse effects, compared to standard care, which is often pharmacological treatment. Other types of study, especially in this period of economical crisis, such as cost effectiveness and patient satisfaction studies, should be also strongly promoted. Sparse cost effectiveness studies clearly indicate the advantages of acupuncture therapy in pain management.

Another important issue is the implementation of acupuncture therapy in guidelines, once acupuncture has proven to be effective for a certain indication. First of all, transparent explanations should be given to colleagues. For example in using the following statement, *acupuncture is a form of neuromodulation, which releases pain reducing neurotransmitters, such as endorphins, dopamine and serotonin. Various pain syndromes can be treated effectively with acupuncture, based on distinguished meta-analyses and systemic reviews.* The second step is to recruit ambassadors collaborating with guidelines developers, armed with a clear evidence based paper on acupuncture for a particular indication. Continuous monitoring of this implementation process is essential for lasting success.

This issue of implementation is directly connected to professional education. Medical students should have the basic scientific knowledge and practical skills of acupuncture, which leads to more acceptance and practice in the medical community.

On the level of politics, health laws and customs can be influenced. Even more simple explanation of the therapy has to be given, with the focus on cost effectiveness, patient satisfaction and the autonomy of the patient to have the right to choose a therapy. For instance, *acupuncture is an intervention which releases body-own analgesics and therefore, acupuncture has minimal adverse effects. Acupuncture is part of evidence based medicine for several pain syndromes. Acupuncture can be cost effective by reducing complaints, the use of medication and the adverse effects of concurrent pharmacological therapy. Therefore, acupuncture should be considered as a standard therapeutic option.*

Health insurance companies have gained more and more influence on health policy in the Netherlands. Cost effectiveness and patient satisfaction can be stressed as important issues. Therefore, the alliance with these important parties to conduct cost-effectiveness and patient satisfaction studies comparing standard care and acupuncture is a pragmatic strategy to evaluate the strength of acupuncture. Positive outcomes for acupuncture should lead to their structural reimbursement.

In this era of the accessibility to world-wide information, patients can read a lot about a myriad of cures on the internet. Therefore, specialization in a certain disease is essential to be able to inform the patient impeccably and objectively concerning the existing therapies. The ideal future medical doctor will be specialized in a certain domain and will integrate then these therapies which are proven to be safe and effective. Acupuncture could be one of them.

- 1 Ezzo JM, et al. Acupuncture-point stimulation for chemotherapy-induced nausea or vomiting. *Cochrane Database Syst Rev.* 2006 Apr 19;(2):CD002285.
- 2 Trinh KV, Phillips SD, Ho E, Damsma K. Acupuncture for the alleviation of lateral epicondyle pain: a systematic review. *Rheumatology.* 2004;43(9):1085-90.
- 3 Linde K, Allais G, Brinkhaus B, Manheimer E, Vickers A, White AR. Acupuncture for tension-type headache. *Cochrane Database Syst Rev.* 2009 Jan 21
- 4 Trinh KV, Graham N, Gross AR, Goldsmith CH, Wang E, Cameron ID, Kay T; Cervical Overview Group. Acupuncture for neck disorders. *Cochrane Database Syst Rev.* 2006 Jul 19
- 5 A. White, N. E. Foster, M. Cummings and P. Barlas. Acupuncture treatment for chronic knee pain: a systematic Review *Rheumatology* 2007;46:384-390.

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## OVERVIEW OF FUTURE DIRECTIONS FOR BASIC RESEARCH IN ACUPUNCTURE

Çakmak Yusuf Özgür, MD, PhD, Acupuncture program for Physicians, Yeditepe University, School of Medicine, Istanbul, Turkey.

Western medicine investigates new medical treatment techniques for intractable

diseases. Most of those techniques that are investigated are based on electricity, like deep brain stimulations for epilepsy and depression, but also for Parkinsons disease. Can acupuncture be a less invasive technique for stimulating the same targets

of those new medical applications? It is fundamental and very important for medical acupuncturists to be updated with the newest researches' data and methodologies. Acupuncture researches can then be better designed, combining the



acupuncture knowledge and results with the newest scientific data. Latest researches demonstrated, that a functional homeostasis can be obtained, not only in the body but also in the brain, with the aid of acupuncture. Is this the same for structural homeostasis or plasticity? If so, how can

we demonstrate it? We are getting closer to reveal the effects of acupuncture points with the aid of new imaging technologies, like functional MRI, EEG, MEG, but also with the newest data analyzing softwares. Further, there are newest tracers that may be the focus of meridian researches, in

addition to acupuncture point effects itself. On the other hand, it is better to know that those techniques may also have limitations and may cause misinterpretations of the effects of acupuncture.

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## ELECTROACUPUNCTURE FOR PARKINSON DISEASE: A PARKINSON MODEL OF RAT STUDY

*Çakmak Yusuf Özgür, MD, PhD, Acupuncture program for Physicians, Yeditepe University, School of Medicine, Istanbul, Turkey.*

### Background

Deep brain stimulation of the subthalamic nucleus is a new approach to Parkinson Disease (PD) Therapies, but it is an invasive technic for the patients. Latest researches demonstrated that median nerve stimulation can also reflect on the subthalamic nucleus which is a target for the electrodes of the deep brain stimulation therapy for PD.

### Purpose and method

We applied electroacupuncture (EA) to P6 point which is located on the median

nerve territory in the rats that will become models of PD and checked if there is any resistance in the rats for becoming a Parkinson model. The control group of rats only needed injections to become a Parkinson model.

### Results

Our preliminary results were in correspondence with our theory. The rats which have EA sessions demonstrated a resistance against becoming a Parkinson model. The results of the rotation test which is the confirmation of being a Parkinson model were significantly different within control and EA group of rats. Further, we checked the dopaminergic neurons in Substantia

Nigra with the tyrosine-hydroxylase staining and compared the results with the control group in order to clarify the neuronal survival (if any) achieved by the EA.

### Conclusion

Deep brain stimulation is effective, but an invasive technic for the patients. The results of our study demonstrated that the target areas of deep brain stimulation can be effected by electrostimulation of somatic acupuncture points. Rats on which EA was applied gained resistance against becoming Parkinson models. Further studies are needed in order to compare the effects of EA and Deep Brain Stimulation on PD.



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## DECREASING UTERINE ARTERY BLOOD FLOW WITH ELECTROACUPUNCTURE IN HUMANS

Çakmak Yusuf Özgür, MD, PhD, Acupuncture program for Physicians, Yeditepe University, School of Medicine, Istanbul, Turkey.

### Background

Western medical drugs can improve blood flow for all vessels simultaneously, but are not able to single out one target organ exclusively, without additional surgical intervention as arterial ligation. Electroacupuncture (EAP), on the contrary, shows a very selective action in increasing or decreasing blood flow in a target organ. Improving the blood flow of a target organ with EAP is fundamental for pathologies as myocardial infarction, stroke, but also

infertility cases. Our latest publication, in the "Fertility and Sterility journal", showed that EAP can improve blood flow to testicles in humans by using a specific frequency and acupoint combination. Further, we also clarified that the frequencies, effective in rats, may fail in humans. Decreasing blood flow for a specific organ is also a significant issue for uterine fibroids e.g..

### Purpose and method

In our current project, we performed experiments on the best topographical choice and frequency combinations with EAP in order to decrease the bloodflow in human uterine arteries.

### Results

Our preliminary results demonstrates that the bloodflow in human uterine arteries can be decreased up to 43% with the optimized combination of acupoints and EAP-frequency.

### Conclusion

We suggest that further statistical studies would be highly advisable in human pathology as hypermenorrhea, metrorrhagia or uterine fibromyoma with a very high expectancy of significant improvement.

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## MIGRAINE TREATMENT FOLLOW-UP: POSSIBILITY OF PREDICTIONS WITH FRACTAL EEG STUDY

Sant'Ana Antonio, Padula N., Ribeiro K., Fossion J., Medical Acupuncture Department, Hospital Estadual Bauru, Brazil.

### Introduction

Use of non linear technics in the study of natural sciences is a growing tendency. As previously shown by the authors, clinical evolution of migraine treatment had good correlations with the fractal dimension (FD) of several but not all leads of the EEG. But in the follow up of the same patient, evidence came that what was previously considered as an incoherence of the FD, turned out to be a prediction on the clinical

outcome for the regions of the involved leads.

### Aim

To evaluate information on FD of the EEG data when applied to particular conditions, e.g., prediction of outcomes from acupuncture treatments.

### Methods

A longitudinal study was taken, considering the particular features of auricular points of one patient when analyzed by the FD of EEG, compared before and after treatment of migraine, with data obtained during the initial treatment, after a fortnight and after

ten months of treatment, and after nine months without treatment.

### Results

There are significant differences in FD of various phases of the treatment related with diverse EEG leads, corresponding to particular clinical features and its respective ulterior evolution.

### Conclusions

Once non-linear responses may be expected under acupuncture stimulation and treatment, we may profit on informations furnished by FD, both for present treatment and for possible future outcomes.

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## INFLUENCE OF NEURAL THERAPY ON THE AUTONOMIC NERVOUS SYSTEM, MEASURED BY HEART RATE VARIABILITY (HRV)

Weinschenk Stefan W., MD, Topbas Nura F., Göllner Richard, Hennrich Katharina, Strowitzki Thomas, University of Heidelberg, Germany.

### Purpose

Neural therapy is the diagnostic and therapeutic application of local anesthetics. The goal is to treat local and systemic dysfunctions. Among others, a major effect is achieved through modulation of the autonomic nervous system (ANS). In order to determine changes of the activity

of the ANS, we used heart rate variability (HRV) analysis.

### Patients and Methods

We measured respiratory sinus arrhythmia (RSA) by the deep breathing test (DBT), using the HRV-Scanner (BioSign Inc., Stuttgart-Neuhausen). 75 patients were examined before and after the physician's consultations, among which 43 had neural therapy (NT) and 32 received no treatment (control group).

### Results

We compared the three most commonly used HRV parameters RMSSD (square root of the mean squared differences of successive heart beat intervals), E-I Difference (difference between the highest and lowest heart rate in DBT), and mean heart rate (HR). In both groups, we found changes in all three HRV parameters, measured before and after consultation. However, the improvement of HRV parameters in the NT group was significantly higher than in the control group.

## Conclusion

Neural therapy significantly improves parasympathetic activity of the autonomic

nervous system. HRV is a promising tool to quantify general effects of regulation

medicine methods, like neural therapy, acupuncture, and related techniques.

## 79 PATIENTS WITH CLINICAL/RADIOLOGICAL HYPERPLASIA OF MAMMARY GLANDS SHOW PATHOLOGICAL PERSISTENCE OF TEMPERATURE OF SKIN POINTS

*Li Heng, Baak Jan P., Xueyong Shen, Stavanger University Hospital and University of Bergen, Norway, Free University Amsterdam, the Netherlands, Fudan University Obsetrics and Gynecology Hospital and Fudan University Cancer Center, Shanghai, China, Acupuncture and Tuina College, Shanghai University of Traditional Chinese Medicine, Shanghai, China.*

### Background

Hyperplasia of mammary glands (HMG) is a frequent disease, with increased cancer risk for women aged 20-55 years.

### Aim

To explore a non-invasive method to identify which patients with breast complaints need additional mammography for HMG diagnosis.

### Patients and Methods

Skin digital infrared thermal imaging (DITI) in 74 patients with HMG and 64 controls was carried out.

### Results

In the controls, the temperature of points close to the breasts and ovaries decreased with age. In women older than 39 years,

HMG patients showed persistently high temperatures but in the lower extremities there were no differences. With a threshold for thoracic skin point KI21 of 33.2°C, sensitivity and specificity in distinguishing controls from HMGs were 96% and 52% ( $p=0.0001$ ) respectively, as validated in a test set, similar to recent DITI results for breast cancer detection.

### Conclusion

Infrared temperature imaging of specific skin points is a rapid, non-invasive method to identify patients requiring mammography to confirm HMG.

## 80 ACUPUNCTURE TREATMENT FOR REFRACTORY POST-TRAUMATIC PAIN IN ADULTS

*29 months follow-up and preliminary local experience in a trauma center*

*Bates Felipe B., MD, Chronic Pain Management Unit, Hospital Clínico Mutual de Seguridad CChC, Santiago, Chile.*

### Objective

To assess the effectiveness of acupuncture on the management of refractory chronic pain in politraumatized patients.

### Methods

Since 2008, 464 new patients with chronic pain were admitted to the Pain Management Unit, we report on 20 patients selected to receive acupuncture.

General Inclusion Criteria:

- Politraumatized patients with chronic pain as sequel, lasting more than one year.
- No surgical or medical condition pending management
- Ineffective pharmacological management, or intolerable side effects of drugs.
- Unsuccessful pain interventional management prior to acupuncture.

All patients had less than 20% improvement of their basal pain score with standard management. The visual analog pain score of patients before the beginning of the treatment was 7 of 10 or more. Acupuncture protocols consisted of one weekly session, for a minimum of 10 or a maximum of 20 sessions.

Therapeutic outcomes:

- Recovery, patients could be discharged with a pain score equal or less than 2, only using NSAID or no drugs, and the pain did not relapse after 6 months.
- Recovery and relapse, patients met the above criteria, but had to be readmitted because of relapsing pain and/or had to use analgesic drugs other than NSAID.
- No recovery. Inability to reduce prescribed analgesic drugs and or inability to reduce pain score under 3.

### Results

(see TABLE: DESCRIPTIVE ANALYSIS)

### Conclusion

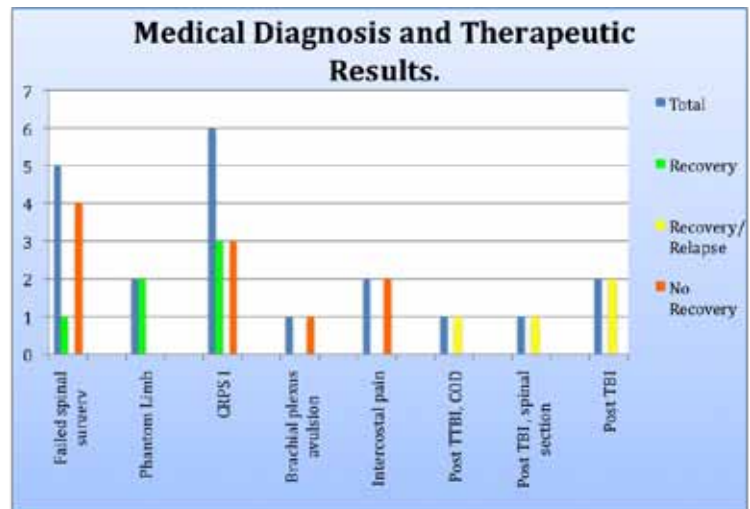
Treatment with acupuncture in politraumatized patients presenting with refractory chronic pain, is a management option, which we must continue to investigate. Half of the patients treated had a response or partial response to acupuncture. We must further investigate possible contributing factors in the partial response group, such as timing, frequency and extension of treatment, due to the fact that this preliminary experience was limited in these factors. These factors could also be related to the lack of response in the group that had no recovery.

**TABLE: DESCRIPTIVE ANALYSIS**

DIAGNOSIS	N° Patients	Recovery	Recover and relapse.	No Recovery
Failed spinal surgery	5	1	0	4
Phantom Limb	2	2	0	0
CRPS I	6	3	0	3
Brachial plexus avulsion.	1	0	0	1
Intercostal pain.	2	0	0	2
Post TBI and COD	1	0	1	0
Post TBI and partial medullary section.	1	0	1	0
Post TBI	2	0	2	0

**Appendix 1:**

Graph 1: Comparative results using acupuncture.



(CRPS I: complex regional pain syndrome type I, TBI: traumatic brain injury, COD: cerebral organic damage).

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## IS THE TREATMENT OF GENERAL ANXIETY BY ACUPUNCTURE BENEFICIAL FOR OTHER DISEASES AS SHOULDER PERIARTRITIS AND ASTHMA?

Theodoratou Konstantina, MD, Athens, Greece.

### Purpose

Every disease constitutes, by its nature, a stressful condition for humans.

The purpose of this thesis is to confirm whether the implementation of an anti-stress treatment during an acupuncture procedure shall diversify the initially expected outcome.

Clinical practice has showed that many diseases possess common anxiety symptoms. Furthermore, the patients describe clinical signs of anxiety, regardless of their disease's main cause. The need to implement a combination of main treatment - stress-relieving treatment is a daily necessity for the clinical acupuncturist.

### Patients

We studied several of the diseases most commonly appearing at an acupuncture clinic: pain - periarthritis, lumbago, respiratory disorders - allergic rhinitis, asthma, skin disorders - eczema, dermatitis, gynecologic disorders - dysmenorrhea, menopause, neurologic problems - neuralgia, ischialgia, chronic patients - osteoarthritis, systemic diseases - dermatosclerosis. There are some common anxiety symptoms even in totally different disorders. Symptoms are described by patients or conceived by physicians. These are related to weakness and anxiety created to humans by any disease: fatigue, weakness, discomfort, insomnia, i.e. anxiety symptoms in general. We chose a few of the most common causes for which patients visit acupuncture clinics. We selected two random cases: a. Shoulder periarthritis b. Asthma. We im-

plemented two therapies: simple, common treatment, and combined treatment – adding stress-relieving therapy to the initial treatment. According to our experience this is quite common in everyday clinical practice, therefore we completed our samples using existing cases.

### Result

Statistical tests prove that in both randomly selected groups, when we jointly treat the main disease and anxiety, we have better results and shorter treatment times.

### Conclusion

Stress-relieving therapy calms the human organism and better regulates the main disorder. It seems that, in certain cases, stress-relieving acupuncture enhances our treatment outcomes.

**Mail uw suggestie voor de Nascholing op 21 april 2012  
naar de onderwijscommissie**

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## AGRICULTURE AND SUPPLY SECRETARY ACUPUNCTURE AMBULATORY BETWEEN 2001-2008 IN SÃO PAULO, BRAZIL: A CASE STUDY

*Yoshizumi Alexandre Massao, MD, da Penha Costa Vasconcellos Maria, PhD, Dantas de Oliveira Flávio José, MD, PhD, Florencio Tabosa Angela Maria, MD, PhD, Mendes Tavares Carlos, PhD, Marques Fernandes Yoshizumi Ana Paula, MD, Brazil.*

The study was done to analyze the clinical tasks and outcomes on the Acupuncture Ambulatory, as part of Qualivida, program, designed to improve the quality of life in the working environment. It contributes to reflect on patterns to provide viable health assistance in large or medium complex work organizations.

### Methods

Case study in the acupuncture ambulatory

of São Paulo Agriculture and Supply Secretary (SAA) between 2001 and 2008. The sample of the study was taken from SAA staff and their families. Patient's profile and a questionnaire to determine the health conditions were used to collect data from the included sample.

### Analysis

After data verification, there was a descriptive analysis made and the results were explained graphically. By order of the association, the results were tested by the test of proportion, Pearson's chi-square or Fisher's exact test.

### Results and Discussion

There was a complete adhesion from

all included patients in the study. Some positive aspects were observed in our experience: importance of acupuncture sessions being performed in the workplace of patients, with increased commodity, access and locomotion facility of the patients concerning the therapeutically intervention. In this way it was an efficient and low cost method for the institution. We conclude that there is viability in the use of acupuncture as a therapeutic treatment in the first level of medical assistance in addition to the common health care. The creation of acupuncture ambulatories in the workplace of public servants could be stimulated as a public health policy.

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## ICMART INTERNATIONAL COUNCIL OF MEDICAL ACUPUNCTURE AND RELATED TECHNIQUES – ITS ROLE IN BUILDING UP AN INTEGRATIVE MEDICINE

*Marić-Oehler Walburg, Lecturer of Acupuncture University of Mainz, Honorary Professor of Fujian University of TCM, Bad Homburg, Germany.*

Founded in the spirit of the young Medical Acupuncture established in the West ICMART has grown tremendously since 1983 to represent the largest umbrella organization of Medical Acupuncture worldwide. ICMART has a unique history. More than 90 member societies in Europe and in all other continents are showing the development and the success of Medical Acupuncture in the world over the last decades, the

widespread use of its diagnostic and therapeutic possibilities, its integrative power to become part of the conventional medicine, to enrich it and to widen its horizon.

ICMART promotes international western quality standards of Medical Acupuncture in education, practice and research according to the principles of conventional medicine, in respect to acupuncture's traditional roots and in adapting its essence to the modern scientific knowledge. Its traditional concepts and its centuries-old practical experience are of essential importance to establish a better and urgently needed

psycho-somatic understanding and action in medicine.

ICMART has an extraordinary international network to strengthen the cooperation between medical acupuncture societies, to support their common aims, visions and perspectives.

ICMART is coordinating efforts to become an important factor in building up an Integrative Medicine, to continue and to enlarge its importance as contact number one in Medical Acupuncture.

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## CAMDOC ALLIANCE

*Winkler Madeleen, G.P., MD, International Federation of Anthroposophic Medical Associations, the Netherlands*

CAMDOC alliance is the collaboration of European doctors' associations in the field of Complementary and Alternative Medicine, representing about 130 European associations of medical doctors: European Committee on Homeopathy

European Council of Doctors for Plurality in Medicine (ECPM), International Council of Medical Acupuncture and Related Techniques (ICMART), International Federation of Anthroposophic Medical Associations (IVAA).

The mission of CAMDOC is to develop and facilitate the integration of the well established and respectable CAM-methods

into European Health Policies with the aim to provide the European citizens with the added value to medicine that CAM can provide.

CAMDOC tries to bring CAM on the EU agenda and lobbies for better regulation of CAM and of CAM medicinal products, including appropriate legislation and regulation of these products. Therefore



CAMDOC is responding to DG SANCO consultations, published documents related to CAM in general and the practice of CAM by medical doctors in particular, which are to find on [www.camdoc.eu](http://www.camdoc.eu).

You will find “Model Guidelines for the Practice of Complementary Therapies (CAM) by medical doctors in the European Union” to ensure that the associated members utilize CAM in a manner consistent with safe and responsible medicine, in view of the increasing interest in and use of CAM therapies in medical practice.

“The regulatory status of Complementary

and Alternative Medicine for medical doctors in Europe” gives an overview of the current legal and regulatory status of the various CAM modalities provided by medical doctors in the EU member states.

CAMDOC cooperates in a political collaboration with European organisations of patients (EFHPA, EFPAM), practitioners non doctors (EFCAM) and manufacturers (ECHAMP).

This EUROCAM had several meetings with DG SANCO.

In the EU health information portal is now

a short sentence on CAM with links to CAM organisations. In the European Research Program FP7 is included the CAMBRELLA survey on CAM in Europe.

A CAM interest group of Members of the European Parliament was organised. Contributions were given in the first two meetings, about CAM medicinal products and on the contribution of CAM to healthy aging.

A CAM conference for politicians on the added value of CAM is in preparation.

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### CURRENT SITUATION OF CAM IN EUROPE AND DEVELOPMENT OF A ROADMAP FOR FUTURE CAM RESEARCH – EU PROJECT CAMBRELLA

*Weidenhammer Wolfgang, Competence Centre for Complementary Medicine and Naturopathy, Technische Universität, Munich, Germany.*

#### Introduction

Estimates suggest that 150 million Europeans use CAM annually but reliable data are scarce. CAM is defined in various and sometimes contradictory ways within Europe and the national legal status of CAM is sometimes unclear. To overcome these gaps of knowledge the EU Framework Programme project (FP7/2007-2013, GA No. 241951) CAMbrella has been established. Being launched at the beginning of 2010 it is designed to resolve the current ambiguity in relation to both clinical provision and research strategy within the European Union (EU).

#### Objectives

The overall goals of this 3-year coordination project are to describe the situation of CAM in the EU and, based on this, to develop a roadmap for future CAM research. The following specific issues will be addressed:

1. Develop consensus on definitions for the

terminology of the major CAM interventions used in Europe.

2. Review the current legal status of CAM in EU states.
3. Explore the needs and attitudes of EU citizens with respect to CAM.
4. Create a knowledge base that allows an evaluation of the patients' demands for CAM and the prevalence of its use in Europe.
5. Explore the providers' perspectives on CAM treatment in Europe.
6. Map the international position and status of CAM within health care policy and relate the current EU situation to the global context.
7. Propose an appropriate research strategy for CAM taking into account issues of effectiveness, safety, costs and regulation.

#### Methods

CAMBrella involves a consortium of 16 appropriately skilled university based academic research institutions from 12 European member states. The project will be delivered in separate work packages corresponding to the specific aims, coordinated by a Management Board and

directed by a Scientific Steering Committee with support of an Advisory Board. One work package is specifically dedicated to communication and dissemination, and another one includes all management activities.

#### Output

CAMBrella aims to facilitate sustainable, high quality research collaboration, and will create a coordinated EU network of researchers and stakeholders including patients, funding bodies and all registered clinicians. The research and healthcare-focussed core of the collaboration will have a substantial impact on how CAM is perceived and provided in the EU's various healthcare systems. Based on the available information, a strategic roadmap for future European research activities will be developed to fill the existing knowledge gaps and produce an appropriate evidence base. An overview of the project and a brief report on the current progress will be presented.

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### CAM IN SWITZERLAND - A STORY OF SUCCESS

*Ausfeld-Hafter Brigitte, MD, Switzerland.*

#### Purpose

Since the nineties, the field of complementary and alternative medicine (CAM) in Switzerland has markedly developed. Purpose of this review is to provide an

overview about the past and the present status of CAM in Switzerland. Eventually, knowing the history is a good position to explore the future.

#### Methods

A historical overview of the CAM situation

in Switzerland will be presented by highlighting important milestones at a political level, relevant characteristics of clinical CAM-practice and CAM-research, executed by the Institute of Complementary Medicine KIKOM.

## Results

Since 1996 all medical acupuncture associations are connected in one head organization (Assoziation Schweizer Ärztgesellschaften für Akupunktur und Chinesische Medizin ASA; [www.akupunktur-tcm.ch](http://www.akupunktur-tcm.ch)). This organization is in charge of TCM related education and certification of medical doctors. Currently, there are 778 doctors in Switzerland owning a certificate of competence in Traditional Chinese Medicine / Acupuncture.

The Institute of Complementary Medicine KIKOM at the University of Bern was founded in 1995 ([www.kikom.unibe.ch](http://www.kikom.unibe.ch)). The chair was subdivided into the four most common complementary methods: 25% were assigned to TCM, Classical Ho-

meopathy, Anthroposophic Medicine, and Neural Therapy respectively. Each discipline is provided with a part time (50%) scientific research resident. The responsibilities are medical education, research, and patient care. Since the foundation of KIKOM, university research in CAM has been established and fostered mainly by the support of third-party funds. The Institute actively contributes to medical education by providing mandatory and elective CAM courses for medical students.

Based on the popular initiative "Yes to complementary medicine" Swiss Federal Authorities decided on January 12th, 2011 to temporarily reintegrate the five medical CAM-branches (Chinese Herbal Medicine, Homeopathy, Anthroposophic Medicine, Neural Therapy and Western Phytotherapy)

into the mandatory basic health insurance by January 1st, 2012, until on to the end of 2017. During this period, CAM related research projects shall be enhanced by facilitating the access to national funding sources such as the Swiss National Science Foundation. In addition, financial support for the establishment of further CAM chairs in universities has been granted.

## Conclusion

The people of Switzerland considerably contributed to the acceptance of CAM in the Swiss health care system, resulting in anchoring CAM in the Federal Constitution (article 118a) and in primary medical care, as well as in promoting CAM related medical education and research.

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## WILL ACUPUNCTURE BE PART OF EVIDENCE BASED RECOMMENDATIONS BY 2020?

*Leysen Peter, MD, University Antwerp, Department of General Practice, Fossion Jean Pierre, MD, Bruges, Belgium*

### Purpose

Research in acupuncture is both increasing in quantity and quality. But does it mean that its use is recommended in scientific guidelines and that it obtains a right to exist in evidence based practice?

### Methods

International guidelines from the last 10 years have been screened for the presence of recommendations about acupuncture

treatments. Focused on recent and convincing evidence from systematic reviews, we examined to what extent positive results in systematic reviews lead to integration in the treatment proposals. From a tendency in this data, an estimation is made on the future integration of acupuncture treatments in 'good medical practice'.

### Results

Although acupuncture is not broadly recommended as a medical treatment in scientific guidelines, a limited tendency is seen in favour of its application. Besides the prove of its safety and effectiveness,

the patients preference is called a decisive factor in an explicit way. Further integration in Western medicine might be expected.

### Conclusion

Favorable studies about the safety and effectiveness of acupuncture aren't automatically translated into favorable recommendations in scientific guidelines. Considering to advice an acupuncture treatment, preferences of the patient are held to be decisive.

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## THE CERTIFICATE PROGRAM IN MEDICAL ACUPUNCTURE (C.P.M.A.)

*Aung Steven K.H., MD, PhD, Clinical Professor Faculty of Medicine and Dentistry, Adjunct Professor of Extension, Rehabilitation Medicine, Public Health, and Pharmacy & Pharmaceutical Sciences, University of Alberta, Canada, Associate Clinical Professor, College of Dentistry, New York University, USA.*

The University of Alberta's Certificate Program in Medical Acupuncture (CPMA) was designed to meet the needs of physicians, dentists, physical therapists and other qualified health care professionals for substantial instruction in the art and science of medical acupuncture. The CPMA is oriented toward teaching medical acupuncture as a safe and effective clinical procedure that

is complementary to biomedical therapies, especially in the area of pain management and other systemic conditions. The program was formally initiated in June 1991, and in September 2010 it will begin its 20th annual class. The 250-hour program encompasses four modules, namely, an introduction to acupuncture, fundamental skills, microsystems and clinical practice (students diagnose and treat patients in a hospital out-patient setting). There are written and also oral/practical examinations after each module and the final exam consists of an 8-hour written section as well as a 20-minute oral/practical evaluation in the presence of a distinguished external examiner from various medical

acupuncture societies/associations from countries around the world. The CPMA is a successful program, with well over 500 graduates, mostly from Canada but some from the USA and even fewer international students. It is recognized by several medical agencies, notably the College of Physicians and Surgeons/Dentistry/Physiotherapy of several Canadian provinces.

The CPMA is a viable model of what the World Health Organization (WHO) designates a focused training program for those who already have intensive medical or health care training and expertise according to their professional accreditation. Since the CPMA has been 19 years on a successful

track, we are currently planning to create a university-level Masters Program and perhaps a PhD program in conjunction with medical, dentistry and rehabilitation medicine departments. At the same time, it would be indicated to provide relevant medical acupuncture courses/training in the curriculum of medical schools, departments,

hospitals, health care centres, and so on. Moreover, research should also be continued into the scientific evidence-based aspects of medical acupuncture as well as its clinical and artistic bases.

My hope is that the University of Alberta CPMA will become the first World Health

Organization Collaborating Centre for international medical acupuncture training centre of North America. At the same time it would be appropriate to have medical acupuncture recognized as a specialty or sub-specialty in the field of biomedicine and health care systems within the context of proper accreditation and standardization.

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## ACUPUNCTURE: EDUCATION AND TRAINING FOR MEDICAL STUDENTS

*Saputra Koosnadi, MD, PhD, Acupuncture Research Laboratory in Health Services, Centre of Research and Development of System and Health Policy, Ministry of Health, Indonesia.*

### Introduction

Acupuncture is complementary to western methods. Acupuncture will be integrated into our health care, as we approach the future, thanks also to new medical technology. The integration of acupuncture and medical science means a gain in value and quality. Also medical practitioners gain by the integration.

The scientific explanation of acupuncture given by medical researchers could gain acceptance of an integrated eastern and western model, based on evidence based medicine and usage of modern scientific procedure on acupuncture. By combining it with basic medical scientific theory, it leads to a model that can explain all known observation and is not in contradiction with

any of them. It will lead to the best care for the patient.

In November 1996, the Department of Health of the Republic Indonesia endorsed a regulation about acupuncture therapy in Formal Health Services. This regulation supports the role of acupuncture in the medical field. Acceptance of acupuncture as a curative discipline by the Government is needed... to support the general acceptance of acupuncture as an official treatment in the health sector.

### Acupuncture education and training for the medical student

The education leads to good Medical Acupuncture.

The education program is designed for qualified physicians; they already have adequate medical knowledge and skills. Medical Acupuncture Training: in total 2000 hours (WHO guideline on basic train-

ing and safety in acupuncture: 1500 hours + research in basic science/clinical science of acupuncture: 500 hours).

### Education content

1. Acupuncture and basic science: Biomolecular, Biophysics, Anatomy, Physiology, and the correlation to Acupuncture.
2. Pathophysiology of medical acupuncture: Neuroscience, Bioenergetic science, Endocrinology, Immunology, Metabolism, Reproduction, Aging Process, Pain medicine.
3. Acupuncture in the clinical practice:
  - Major: internal medicine, paediatrics, neurology, medical rehabilitation, obstetry and gynaecology, anaesthesia.
  - Minor: dermatology, aesthetic and cosmetic medicine, psychiatry and drug abuse...
4. Research: Basic science and Clinical research

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## DIFFERENT WAYS OF TEACHING ACUPUNCTURE IN THE WORLD

*Beyens François, MD, Brussels, Belgium.*

Through 45 years of studying, practicing, learning, teaching, explaining and promoting medical acupuncture in the world I have noticed that the methods, topics, training and practice can differ greatly from one country to the other, or even between different associations in the same country. Some of them adhere to the so-called Chinese Tradition, some are inclined to be

more scientific, or pragmatic, or theoretic, with very little practice.

Having been in contact with most of the tendencies, it could be interesting to briefly describe or analyze them. We have looked for discrepancies and contradictions, from fancy or abstract theories, from pure inventions to sectarian views.

There are several reasons to this great variety of teaching methods, and we shall

mention them briefly, going even back to the historical beginnings of acupuncture. This marathon-like survey is intended to awaken the curiosity of the practitioners, to stimulate their doubts, to search for more integration into our modern medicine. The bulk of acupuncture assumptions and practice must be scrutinized, cleaned from objectionable claims or arguments, from doubtful theories, from analogical comparisons which are seldom scientific, and from useless techniques.

**Vergeet niet: Vrijdag 21 september 2012**

**Afscheids-Congres SNO in Hotel Van der Valk te Breukelen**

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# Posters

## 91 DYNAMICS OF MORPHOLOGICAL CHANGES OF AN INJURED INFERIOR ALVEOLAR NERVE DURING PHONOACUPUNCTURE TREATMENT *an experimental case*

*Pohodenko-Chudakova I.O., MD, PhD, Nedzvedz M.K., MD, PhD, Avdeeva E.A., MD, Belarusian State Medical University, Belarusian Collaborating Center of the EACMFS, Minsk, Russia.*

Traumatic injury of the inferior alveolar nerve is frequently met in pathologies of peripheral branches of the trigeminal nerve.

### Purpose

The purpose of work was to study the morphological changes of the inferior alveolar nerve injured traumatically and treated with phonoacupuncture experimentally.

### Materials and method

We examined 24 rabbits, divided in two series (12 animals in every serie). After the model of the disease was made, all animals had antibacterial treatment. Animals of serie I were controls. Experimental animals of serie II had treatment combined with phonoacupuncture additionally, during 10 sessions. Clinical examination and

material-sampling for pathological examinations were made by 3, 7, 14 days.

### Results

Animals of serie I had catarrhal inflammation in 71% of cases. Animals of serie II in 25%, on the side of the nerve injury, due to chronic injury of the lower lip by the upper incisors, during 3 days after the model was made.

Destruction of axons was fixed on the 14 day, in the fragment of the inferior alveolar nerve that was distal from the injury place, in the preparations of the serie I. Demyelination parts with hydropic dystrophy of single groups of the myelinic fibers were visible along the nerve. Sclerosis of the perineuritis was discovered.

Nerve fibers were kept in the serie II, edema was evident and columns were not gathered, atomized hydropic dystrophy in the serie II. We fixed nidus destruction of the myelin with atomized and globular dystrophy, proliferation of the Schwann's cells. Collagen fibers were fixed along the nerve in its peripheral parts.

In the proximal fragments of the preparations of the serie I we found kept nerve fibers with edema and not gathered columns and atomized dystrophy. The focus dystrophy of some myelin membrane was found. The rest of myelin had a pale colour, with signs of hydropic dystrophy. Sclerosis of the perineuritis was discovered.

In the serie II the nerve fibers were kept, edema between columns was irregular. The focus of demyelination was not visible. We found irregular pale myelin, in some places we saw small focuses of the atomized hydropic dystrophy of myelin.

### Conclusion

Application of phonoacupuncture in the treatment of traumatic injury of the inferior alveolar nerve allows: to reduce the number of complications in 2, 8 times (traumatic ulcer of the experimental animal's inferior lips) and to prevent complete fragmentation and the death of axons, destruction of myelin and development of sclerotic changes.

## 92 DIADENS THERAPY IN THE COMPLEX TREATMENT OF ACUTE PURULENT ODONTOGENIC PERIOSTITIS

*Pohodenko-Chudakova I.O., MD, PhD, Kazakova Y.M., MD, Belarusian State Medical University, Belarusian Collaborating Center of the EACMFS, Minsk, Russia.*

Patients that go to the stomatological surgical care, have periostitis of the jaws in 5, 4% of the cases. Acute periostitis was found in 95% of the examinations and chronic ones in 6%. Postoperative acupuncture treatment effectiveness used for patients with odontogenic abscesses of the maxillo-facial area was proved. But the expediency of DiaDENS therapy included into the treatment of acute purulent odontogenic periostitis is not determined till now.

### Purpose

The purpose of work was to determine the

expediency of the DiaDENS therapy application in the complex treatment of acute purulent odontogenic periostitis.

### Materials and methods

We examined 48 persons with acute purulent odontogenic periostitis of the lower jaw. Those patients were divided into two groups. Group I (22 patients) which had standard course therapy postoperatively. It was the group of control. Group II (26 persons) had standard treatment combined with DiaDENS therapy, which was performed on the skin projection of acupoints. Treatment consisted of 7 sessions. Amelioration of the patients health, reduction of the inflammation reaction, wound cleansing, terms of patient's illness, quantity of side effects and development of

allergic reactions during taking medicines, allowed to make a conclusion about the effectiveness level of the applied complex treatment.

### Results

Data that were received during the examination allowed to establish that the temperature became normal, edema and infiltration surrounding the wound of soft tissues reduced, granulation appeared, pus exudation reduced and the wound was completely cleaned from the necrotic substance, in patients of the second group. Further, the pyoinflammatory process was not fixed in that group, and it was not necessary to make a second surgical debridement of the suppurative focus. The terms of illness of the second group



patients were  $3,4 \pm 0,05$ , what was authentically less than the indices of the group of control  $4,08 \pm 0,15$  ( $p < 0,01$ ).

It is to mention that application of DiaDENS therapy in the complex treatment provoked allergic reactions in the form of nettle rash only in two patients. It's 7, 7% from the

total number of the patients of the second group. Any side effects were not fixed. At the same time, allergic reactions in the form of skin manifestations was fixed for 4 (18, 2%) patients of the group I and 7 (31, 8%) patients of that group had side effects in the form of dyspeptic disorders during the treatment.

### Conclusion

Results that we received made us to conclude that DiaDENS therapy included into the complex treatment of acute purulent odontogenic periostitis is effective and its application should be considered as expedient.

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## ADVANTAGES OF CARIES PROPHYLAXIS WITH ACUPUNCTURE BY DATA OF THE SALIVATION RATES

*Pohodenko-Chudakova I.O., MD, PhD,  
Belarusian State Medical University,  
Belarusian Collaborating Center of the  
EACMFS, Russia.*

Purpose of work was to make a comparative assessment of the influence of differ-

ent prophylaxis methods for caries on the salivation rate.

### Materials and methods

According to the caries intensity level (CIL) data we marked out the group of control. We made three groups of patients: group

I had prophylaxis with varnish fluorine; group II had prophylaxis treatment with acupuncture; group III had complex prophylaxis of varnish fluorine and acupuncture. Every group was divided into three subgroups with low, middle and high level of CIL: A1, B1, C1, A2, B2, C2 and so on. We used the method of the oral fluid: 1) before prophylaxis, 2) after the first session, 3) five days later, 4) ten days later, 5) two weeks after prophylaxis begun, 6) one month after prophylaxis, 7) one year after prophylaxis, 8) two years later.

### Results

Comparative evaluation of the salivation rate dynamics in the groups that we made, according to the types of prophylaxis, demonstrated that patients of groups A1, A2, A4 had the best results in the 7th examination, group A3 – during the 8th examination. Group A1 had indices of norm during examination. Group A2 had the same results by the 7th examination, group A3 by 4th examination, A4 by the 3rd examination. Patients of groups A1, A3, A4 achieved stable results which were confirmed during the next examinations. The salivation rate reduced and achieved 98, 92% of the standard rate for the group A2 by the 8th examination. Patients with middle level of CIL had maximal indices in groups B1, B2 during 6–7 examinations, in group B3 during 6–8 examinations, in group B4 during the 8th examination. Salivation rates of the groups B1, B2, B3 didn't achieve the normal level, the rates of group B4 were normal by the 5th examination. We mentioned that the salivation rate reduced to 88, 2% and 96, 77% from the norm in groups B1 and B2 by the 8th examination. Persons with high CIL had the maximal rates of salivation in groups C1 and C3 by the 8e examination, in group C2 by the 3rd examination, in group C4 by the 7th examination. C2 had the normal indices during 3–5th examinations. Groups C2, C4 had the highest salivation rates by the 7th examination, equal to

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97, 85%. The highest salivation rate was in groups C3, G4 (97, 85% and 96, 77% of norm) by the 8th examination.

#### Conclusion

Treatment methods that included acupuncture (75%) and 75% of the complex method

had the best effects in patients with low CIL rates, according to the salivation rates.

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## RESULTS OF THE COMPLEX TREATMENT OF ODONTOGENIC ABSCESES OF THE MAXILLOFACIAL AREA WITH ACUPUNCTURE

*Kazakova Y.M., MD, Pohodenko-Chudakova I.O., MD, PhD, Belarusian State Medical University, Belarusian Collaborating Center for EACMFS, Minsk, Russia.*

Acute pyoinflammatory processes are often met in diseases of the maxillofacial area. Regardless of the perfection of the treatment methods or the application of new methods, the number of pyoinflammatory diseases is increasing. At the same time, acupuncture was acknowledged by different medical specialists during the last decades, who had scientific bases for its wide application in medicine as well as in the maxillofacial surgery. All this confirms the topicality of this work.

**Purpose** of work was to show the increased effectiveness, in the treatment for patients with pterygoido-mandibular and mylohyoideus abscesses of odontogenic aetiology, of acupuncture methods combined with complex treatment.

#### Materials and methods

We performed the complex clinico-laboratory examination of 113 patients with

abscesses of odontogenic aetiology in the maxillofacial area. All patients were divided in two groups. The first group included 85 patients treated with standard treatment and was the control group. The second group included 28 patients that had acupuncture treatment instead of the physical procedures included into the treatment and rehabilitation procedures. The group of standard included 14 healthy persons of the same age.

#### Results

Comparative evaluation of the clinical and laboratory changes indices during the standard and complex acupuncture treatments demonstrated the advantages of the last method. We fixed changes of the following indices of the oral fluid (IgA level augmentation of 95, 6%, IgG level augmentation of 12, 6%, reduction of the acid phosphatase activity level of 54, 4%,  $CA^{2+}$  ions level augmentation of 18%, microcrystallisation indices augmentation of 15% and microcrystallisation level augmentation of 20%; the serum (IgA level augmentation of 33, 1%, IgG level augmentation of 83%, acid phosphatase level reduction of 34, 4%,

and removal of leukocytic change of 5, 3%). Therefore, acupuncture treatment included in the standard treatment is effective and we achieved better results.

For acupuncture combined with standard treatment, it is possible to improve immunity (IgA and IgG levels augmentation in the serum and the oral fluid), to provide a reduction in the inflammatory process (acid phosphatase activity level reduction) and mineral metabolism normalisation ( $CA^{2+}$  ion augmentation in oral fluid and positive change in microcrystallisation indices). According to the clinical indices, body temperature normalisation is possible by three days, inflammatory contraction of the masticatory muscles was stopped by five days, hospitalization was reduced by 1, 7 days.

#### Conclusion

Acupuncture treatment should be used in the complex of treatment and rehabilitation of patients with pterygoido-mandibular and mylohyoideus abscesses of odontogenic aetiology.

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## ACUPUNCTURE FOR PROPHYLAXIS OF INFLAMMATORY COMPLICATIONS WHEN PERIPHERAL BRANCHES OF THE TRIGEMINAL NERVES WERE INJURED TOXICALLY - AN EXPERIMENTAL CASE

*Kazakova Y.M., MD, Pohodenko-Chudakova I.O., MD, PhD, Vilkitzkaya K.V., Russia.*

In the last decades, acupuncture is well known between doctors of different specialties and has a scientific basis for wide application in public health. But modern special literature has no experimental and clinical data confirming the expediency of acupuncture in the development of pyoinflammatory diseases.

Purpose of work was to determine the possibilities of acupuncture in the prophylaxis of pyoinflammatory complications after toxic traumatic neuritis of the inferior alveolar nerve experimentally.

#### Materials and methods

The model of the toxic neuritis of the inferior alveolar nerve was made on 25 rabbits of Shinshilla breed. Those animals had one time an intramuscular injection of benzylpenicillin 500000 Units postoperatively. Animals were divided into two series. The first series contains 15 animals treated with antibacterial therapy. The second series contains 10 animals treated with antibacterial medicines and acupuncture. The acupoint similar to LI4 was irritated. Its localization was determined according to the pathological data. Examination of the experimental animals and their postoperative wound-state

were checked and material samplings for pathological examination were made 3, 7, 14, 21 days and 1, 1, 5, 2, 2, 5, 3, 4, 5, 6 months postoperatively.

#### Results

40% of the first series of animals had pyoinflammatory diseases – lower jaw osteomyelitis complicated with abscesses of soft tissues, that were developing by 1, 5 months and later. At the place of approach to the canal of the inferior alveolar nerve and the filling material injection, we fixed the cuff intumescence of the body of the mandible clinically and a subperiosteal abscess was formed. The focus of destruction

# Support the Dutch Patients Association for Acupuncture (NPVA) !

*The Dutch Patient Association for Acupuncture NPVA represents the interests of acupuncture patients. We lobby with the government, health insurance, interest groups, to improve the position of patients in need of acupuncture treatment. Recent lobby issues involved the VAT leverage on acupuncture. Due to our lobby additional VAT levies have been prevented.*

The NPVA realizes better acceptance and an attitude change for the better towards acupuncture by informing interest groups, professionals and the general public about acupuncture. As part of this aim NPVA publishes the magazine "Acupunctueel!" three times a year. This magazine is distributed by subscriptions and mostly available in the waiting rooms at clinics.

The Acupunctueel! relates patients' and acupuncturists' experiences for which we obtain interviews. Scientific reports and changes in public health insurance of acupuncture and recent developments on acupuncture are the general topics in our magazine. As a patient association it also is important to include the experience and know how of acupuncture professionals. We invite professional acupuncturists to share information. If you have any information that can be important for the patients or your fellow acupuncturists, please contact our editors: [bureau@npva.nl](mailto:bureau@npva.nl)

Acupuncture is an important therapy. Unfortunately not all patients are aware of this yet. Therefore we need all the support we can get to get the message out. For our lobby it is important to represent as many patients as possible. Therefore we need members.

The membership fee is refunded by many health insurance companies. To avoid costly marketing communications campaigns, we ask you for your support. Please approach your patients and make them aware about the NPVA, ask them to join. As a welcome gift they will receive the book "Met het oog op de naald." free of charge.

You also can support us by subscribing for the waiting room Acupunctueel! subscription. Interested? Please contact us at [bureau@npva.nl](mailto:bureau@npva.nl)

You can help us by your own initiatives.

Like an initiative from an acupuncturist in The Hague: she ordered 1,000 prints of our magazine the Acupunctueel!, and sent it to all of her patients. This way she raised awareness of acupuncture and acquired a number of new members. For the benefit of us all.

Not only for your benefit, but especially for the benefit of our patients, we'll hope you will support us to establish our association.

Thank you for your support.

Willem van Schaik  
Chairman NPVA  
[bureau@npva.nl](mailto:bureau@npva.nl)



NEDERLANDSE PATIËNTENVERENIGING  
VOOR ACUPUNCTUUR

was separated by a thick connective tissue capsule and had a purulent substance of white color with a bad smell. The bone tissue structure at the place of trauma was considerably damaged and changed. Animals of the second series had no pyoinflammatory complications. At the place of trauma the defect of the bone tissue was replaced by bone tissue, without visible

signs of osteomyelitis. Filling material was resolved often. The cuff thickening of the body of the mandible at the region of the trauma was not fixed. Thick cicatrically changed, and united with the periosteum, bone was found at the place of injury. Those changes were local, intumescence dimensions did not exceed 0,3-0,5 mm, there was no purulent effluent.

### Conclusion

Acupuncture application postoperatively for animals with the model of traumatic toxic neuritis of the inferior alveolar nerve contributes to the reduction of the pyoinflammatory complications.

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## TREATMENT PATHWAYS FOR ACUTE AND CHRONIC PAIN CASES IN A PRIVATE

### ACUPUNCTURE CLINIC

*Fazakis Georgios, MD, Chania, Greece.*

#### Treatment-methods

In most of the cases we have used a combination of treatment methods:  
Main methods

- 1) Classic acupuncture with syndrome differentiation using the divergent and sinew channels.
- 2) Ear acupuncture using the 3 phases of degeneration according to Nogier.
- 3) Electroacupuncture using special circuits especially for sciatic pain.
- 4) Ozone intramuscular or intra-articular injections according to the protocols of the Italian scientific association of ozone therapists (Milano Italy).
- 5) Laser point therapy.
- 6) ETPS neuropathic acupuncture.

#### Adjunctive methods:

- 1) Master Tung's acupuncture points.

- 2) Dry needling and medical acupuncture using special homeostatic, symptomatic and paravertebral points.
- 3) Ryodoraku (Japanese acupuncture).
- 4) Abdominal acupuncture.
- 5) Prolotherapy.
- 6) Neuro-acupuncture techniques.
- 7) Koryo hand therapy.

#### Research

260 cases between the years 2006-2010  
Cervical pain: 55 cases  
Lumbar pain: 170 cases  
Sciatica: 35 cases  
Age: 20-83 years old  
Duration of illness: 4 days to 24 months  
Frequency of treatment: Once a day or twice a week  
Total number of treatments: 5-7 (Rarely 10-15 treatments)

#### Results

50% complete cure (130 cases)  
33, 33% marked effect (86 cases)  
10% positive changes (26 cases)  
6, 77% no results (18 cases)

(Because they have undergone an operation due to neurological deterioration during the treatment or discontinued after 1-3 treatments for various reasons e.g. cost of treatment, fear of needles, lack of confidence to acupuncture, follow other painless treatments, etc) – (14 cases)  
Overall good results 260 cases 93, 33%.

#### Conclusion

A combination of various acupuncture methods and related techniques is the best way to treat cases of acute and chronic pain.

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## TONGUE EXAMINATION OF SUBLINGUAL VEINS: INTRASUBJECT VARIABILITY IN FOUR

### DIAGNOSTIC PARAMETERS

*Tanaka Tim H., MD, PhD, Toronto, Canada, Dept. of Acupuncture and Moxibustion, Tsukuba University of Technology, Japan.*

#### Purpose

Observation of the sublingual vein (SLV) appearance is considered to be a vital component of traditional tongue diagnosis. Tongue appearance can vary due to both internal and external factors, including the fact that tongue shape and the appearance of SLVs can change, depending on the way a patient sticks out his or her tongue. However, most traditional Chinese medicine texts offer ambiguous information when it comes to SLV inspection. In order to clarify

the matter, a series of digital images of the tongue at different tongue elevation angles were taken. Those images were inspected, based on four different diagnostic parameters, and evaluated for morphological and color alterations of SLVs within the subject.

#### Methods

142 subjects (mean age: 39.1 ± 9.6) were asked to stick out their tongues in three specific ways, using anatomical landmarks and palate diagrams. The variations were designed to create three different tongue angles (approximately 30, 45, and 80 degrees). The subjects held each tongue position for approximately 1 second in a

relaxed manner while a photo was taken. An interval of about 5 seconds occurred between each of the three tongue positions.

Subjects' tongue images were captured using a digital SLR camera with a macro lens and twin flash system. Focal length (70mm), aperture (F19), color temperature (5500 K), and other settings remained consistent throughout the examinations. The acquired images were transferred to a PC. The morphological and color characteristics of the SLVs were then evaluated via 4 commonly used parameters: the length, thickness, tortuousness (including varicosis

and nodules), and color of the SLVs. Alterations for each parameter were classified as “no change,” “moderate change,” and “marked change.”

#### Results

A total of 426 images from 142 subjects were carefully examined on a PC monitor. Marked changes were noted in the length (24.6%, n=35), thickness (20.4%, n=29), tortuosity (14.8%, n=21), and color

(16.9%, n=24) of the SLVs. When “moderate change” and “marked change” were combined, the outcomes were as follows: the length (40.1%, n=57), thickness (38.0%, n=54), tortuosity (28.9%, n=41), and color (38.0%, n=54).

#### Discussion and Conclusion

It has been stated that abnormal SLV appearance may be suggestive of conditions including hepatitis, coronary heart disease,

and hypertension. In traditional Chinese medicine, it is generally considered to reflect a disease pattern of blood stasis. In the present study, notable alterations in SLV appearance were observed in multiple cases, depending on the tongue angle. These findings suggest the vital importance of developing standardized SLV inspection procedures to minimize intrasubject variability and enhance the reproducibility of this widely used tradition

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## STRENGTHENING MOTOR AND PSYCHOLOGICAL ABILITIES IN ARCHERS THROUGHOUT THE APPLICATION OF VARIOUS TECHNIQUES OF AURICULOTHERAPY: A PILOT STUDY

*Sponzilli Osvaldo, MD, Rome, Italy.*

#### Purpose

The practice of archery requires a combination of concentration (so called ‘mind vacuum’) and perfectly balanced posture. Particularly during competitions it is fundamental to maintain precision and constancy in scoring throughout time.

The aim of this pilot study was to verify if various techniques of Auriculotherapy could improve the motor and psychological abilities of the archer.

#### Methods

The study included a group of 28 members of the association “Compagnia degli Etruschi”, 12 male and 16 female, aged between 12 and 45, at four different levels of archery: beginners, regular practitioners, experts and advanced archers. After warming up exercises 3 series of 6 arrows for a total of 18 were shot to obtain a basic score, varying between 0 and 180. After this series we identified the tender points on both ears in each subject by means of the spring-loaded “blue” algometer. Following shooting of the first

series of arrows all subjects showed a consistent sensitization. There were only small topographic variations from one subject to another in the following 4 auricular areas: ear lobe, antitragus, intertragic incisure and the scapha.

The most tender points within these 4 areas were selected for treatment with “Chromopuncture.

This method uses an optical instrument which permits lighting up specific points of the outer ear. Each colour is characterized by an electromagnetic frequency which can contact visual and cutaneous perception. In this pilot study we adopted the electromagnetic frequencies in the range of a blue colour, stimulating each point for 30 seconds for a total period of 2 minutes. After Chromopuncture the archers all shot a second series of 18 arrows and the total score (T1) was compared with the basic score (To).

The 10 archers belonging to the expert and advanced categories shot a third series of arrows after acupuncture applied for 20 minutes on the same points with size 0.20 x 0.5 needles, manufactured by Kingli

Medical Appliance Co. Ltd. The total score (T2) was again compared with the previous two scores by means of t test for repeated measures.

#### Results

The best performance was obtained at T1 in the category of beginners (3 male, 5 female; average age 13, 3) with an improvement of 31, 6%. In the second ranking we find the category of regular practitioners (4 male, 6 female; average age 14, 3) with an improvement of 7, 6%. In both categories only 2 subjects showed a lower score. Only limited improvement, but close to significance ( $p=0.0523$ ), was observed in the expert and advanced categories at T1. Grouping these archers together and comparing the score of the third series of shots (T2) with the score at To, we obtain a significant difference ( $p<0.05$ )

#### Conclusions

The results of this pilot study calls for experimenting further sets of points and different kinds of auricular stimulation.

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## TREATING HAY FEVER AND OTHER ACUTE AND CHRONIC DISEASES BY EMISSION OF HOMEOPATHIC FREQUENCIES USING THE VANTAGE BIOMERIDIAN DEVICE

*Fazakis Georgios, MD, Chania, Greece.*

Hay fever, also called allergic rhinitis, causes cold-like signs and symptoms such as a runny nose, congestion, sneezing and sinus pressure. But unlike a cold, hay fever isn't caused by a virus. Hay fever is caused by an allergic

response to outdoor or indoor allergens, such as pollen, dust mites or pet dander. Hay fever is common-it affects more than 1 in 5 people. Some people have symptoms all the year round. For others, hay fever symptoms get worse at certain times of the year, usually in the spring, summer or fall.

Symptoms of hay fever can include

- Sneezing, often with a runny or clogged nose
- Coughing and postnasal drip
- Itching eyes, nose and throat
- Dark circles under the eyes



We follow a certain protocol of homeopathic drugs for hay fever treatment (see figure left).  
For the full homeopathic evaluation in hay fever cases see figure right.

We use Vantage Biomeridian device (the Vantage™ equipment measures and profiles 20 primary meridians through the hands and feet that relate to the body's organs and organ systems. (No needles are used!) The Biomeridian™ Vantage™ system provides painless, accurate and repeatable results that exceed FDA gold standards). This device can emit the homeopathic drugs in certain dilutions according to the patient (in frequencies). The patient sits in front of the computer-machine for 20 minutes (everyday for 4-6 weeks) each time or we can pass the information to the water through an ancillary device which is an extra antenna that broadcasts the signal of our results to a bottle of distilled water and alcohol or water-aloe vera or mineral water.

We also add the results of the toxicity test that we have done with the same device (the protocol is based also on homeopathic dilutions and the response of the patient

to the galvanic current according to Voll ). Homeopaths believe that it is the energy or vibrational pattern of the remedy rather than the chemical content that stimulates the healing by activating what Hahneman called the vital force. Vital force is the healing power or energy that exists within us all. It fuels the mind, body and emotions. It keeps us healthy and balanced. Today we explain the action of homeopathic drugs with quantum physics, where the electromagnetic energy of these medicines may interact with the body. Researchers have proposed the memory of water theory, whereby the structure of the water-alcohol solution is altered by the medicine during the process of dilution and retains this structure even after none of the actual substance remain (Jacques Benveniste in 1980s published the first article in Nature magazine). When emitting a balance protocol with the Vantage biomeridian device it is like giving the body little pictures of what it needs and utilises -almost like a placebo. This is exactly what the body needs, but may have forgotten how to use. So the emitting protocol creates a pathway into the cells, like saying that here is the key and here is the path within the electromagnetic carrier.

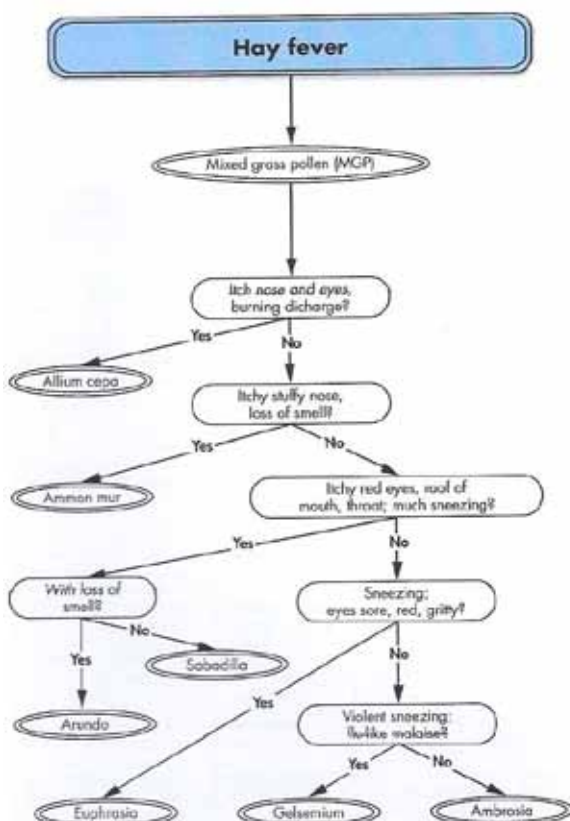
We have used this method not only for hay fever but for other diseases, acute and chronic, with excellent results. We can stop the evolution of the catarrh in hay fever if we use this method in the first 2 days from the beginning of symptoms. The device also gives back the patient's lost homeostasis and also gives the patient the plan of how to be cured naturally.

### Conclusion

The Vantage Biomeridian device is a promising device in the bio-energetic medicine field, that gives doctors the opportunity to face serious diseases without drugs and their serious side effects and to give the lost balance to their patients.

### FURTHER READING:

*The Memory of Water: Homeopathy and the Battle of Ideas in the New Science* by Michel Schiff ISBN: 0722535341  
Publisher: HarperCollins  
<http://www.i-sis.org.uk/water1.php#1>  
<http://www.i-sis.org.uk/water2.php>  
<http://www.i-sis.org.uk/water3.php>  
<http://www.i-sis.org.uk/water4.php>  
<http://www.i-sis.org.uk/WaterRemembers.php>



Homeopathic medicine	Better	Worse	Other
Allium cepa	In open air and in cold room	In evening, in warm room	Hacking cough, sneezing, copious discharge from nose
Ambrosia	Cold air	Warm room and in presence of other people	Watery coryza, eyes burning
Ammon mur	In open air	In the morning	Acrid nasal discharge. Skin itching in evening
Arundo	Not recorded	In the evening and with motion	May be associated with eczema. Burning and itching of eyes and nostrils
Euphrasia	In the dark	In the evening	Eyes red and sore, acrid lacrimation, bland coryza
Gelsemium	In open air	In damp weather	Sneezing, watery nasal discharge
Sabadilla	When wrapped up and in open air	In the cold	Spasmodic sneezing with runny nose

## 100 MISUNDERSTANDINGS AND ERRORS OF TRADITIONAL ACUPUNCTURE

*Pollmann Antonius, MD, Hamburg, Germany.*

On the basis of modern medicine, medical acupuncture can be explained in the superposition of segmental innervation,

fascial trains and phylogenetic functional complexes. The poster also give proof of some inaccuracies and misinterpretations in the understanding of TCM. In this way the acupuncture points are located exactly according anatomically

topographic structures. In this concept, the treatment regularly produces effects nearly immediately. This model of medical acupuncture offers the structure for a system of functional medicine and creates the bridge to modern medicine.

## 101 NEW FLOATABLE ACUPUNCTURE NEEDLE FOR THE TREATMENT OF PAIN AND STROKE PATIENTS IN AQUA AEROBICS WITH YAMAMOTO NEW SCALP ACUPUNCTURE (YNSA)

*Schockert Thomas, MD, Germany.*

### Purpose

The new floatable acupuncture needle (utility patent 2010 November 26) is designed to be used during water gymnastics to provide support for patients with pain and after stroke. In therapeutic water gymnastics (aquarobics,) many patients with pain and after stroke feel more facile, easy and light in comparison to conventional physiotherapy, because especially warm water relaxes the muscles.

### Method

The handle of the the acupuncture needle is designed to be floatable. The color of the handle is incandescent bright red, yellow or orange. Such a signal colour ensures the needle to be seen and found when it is lost in the water.

### Results

The tests done with the new floatable needle show the effectiveness, appropriateness and feasibility during YNSA and aqua aerobics. The reduction of pain and the reduction of muscle spasm provides support for the patients therapy in water.

### Conclusion

The new floatable acupuncture needle is an enrichment for the treatment and rehabilitation of pain and stroke patients. Physiotherapy in water is easy to perform, because the muscles slacken off more than in air. Especially stroke patients in water are not afraid of falling down or tripping over something.

The new floatable acupuncture needle enables acupuncturists to combine acupuncture and water gymnastics.

## 102 IRRITABLE BOWEL CASE

*Chernish Greg, MD, Winnipeg, Canada.*

A 49 year old woman presented with a history of 3 years of suffering from neck pain and abdominal bloating, requiring the use of maternity clothing. All medical tests, including endoscopy, abdominal and pelvic ultrasounds and MRI's, screening for celiac disease and inflammatory bowel disease

were negative. Hysterectomy, dietary changes did not alter the clinical course.

The bloating and neck pain resolved during the first 30 minutes of acupuncture treatment, without eructation or passing of gas. Gallbladder meridian was treated. Symptoms recurred but disappeared after a course of 6 acupuncture treatments. Before

and after photographs were taken. Patient is able to wear normal clothes again. The literature regarding the use of acupuncture for treatment of IBS is reviewed and possible mechanisms of action are explored.

Thanks!

## 103 THE EFFECT OF CHINESE EAR ACUPUNCTURE ON NON-RESPONDERS TO WESTERN PAIN RELIEF TECHNIQUES

*Liem Andrew K.S.E., MD, Heijmans Paco F.J.M., MD, Bijkerk Michiel, MD, Backus John M.V.G., MD, Department of Anaesthesiology, Doetinchem, The Netherlands.*

### Introduction

Since June 2008 ear-acupuncture has been performed in the department of pain

management at the Slingeland Hospital (Doetinchem, The Netherlands) on patients who did not respond to the common Western pain relief techniques and who have asked for acupuncture treatment. The board of directors and all medical specialists of our hospital have officially approved acupuncture for pain manage-

ment at the beginning of 2009. Between June 25th 2008 and December 23rd 2009 a total of 326 ear-acupuncture treatments were performed on 158 different patients. This abstract presents the results of these ear-acupuncture treatments.

### Method & Materials

First disinfection and electrical pre-stimulation (Pointer Plus® electro stimulator) of the organ specific ear-acupuncture-pain-points was performed. Then, sterile ASP acupuncture needles (3 mm, Sedatelec®, Irigny, France) were placed in the corresponding acupuncture ear points. Small drapings were placed over the needles. Patients were asked to stimulate these points by giving local pressure, at least once every 12 hours. After 2 weeks the needles were removed and 2 weeks after that the following ear-acupuncture treatment was performed. If the patient did not note any improvement within a maximum of

3 treatments, following treatments were abandoned. In that case, the patient did not seem to respond to treatment with (ear)acupuncture and was sent back to the general practitioner for further guidance. In January 2010 all patients were evaluated

retrospectively by an unbiased pain-nurse by collecting the VAS (Visual Analogue Scale) score and the grade of satisfaction.

### Conclusion

27% of the treated patients were male (Mean: 61 year, range 21-87) and 73% was female (Mean: 61 year, range 25-89). Of these patients, 47% responded to our retro-

spective screening, of which 60% showed a pain reduction (Fig. 1). A pain reduction of 50% or more was shown by 37% (Fig. 2). When we look at the grade of satisfaction: 79% scored satisfied to very satisfied (Fig. 3).

Traditional Chinese Medicine shows that ear-acupuncture performed on patients who did not respond to the common Western pain relief techniques, still show a marked pain relief in 37% of the cases, with a very high grade of satisfaction of 79%.

Fig. 1 Change in VAS score Responders

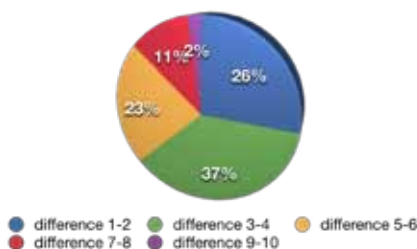


Fig. 2 VAS score Responders

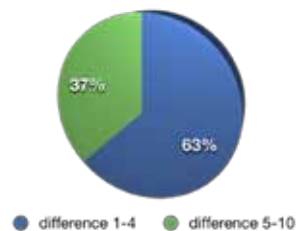


Fig. 3 Satisfaction total group



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## DISCOVERING SYNERGIES WITH ACUPUNCTURE AND OTHER THERAPIES

Keppel Hesselink Jan, MD, PhD, Soest, the Netherlands.

In clinical acupuncture research the most investigated indication is chronic pain. In our Institute for the treatment of Neuropathic Pain we have gained experience combining various types of acupuncture, especially Yamamoto New Scalp Acupuncture and wrist ankle acupuncture, and in addition to that, Percutaneous Electrical Nerve Stimulation (PENS) with pharmacotherapy. This has been proven to be of great use, because finding appropriate and effective treatment options for chronic pain syndromes is a challenging task.

Multimodal treatment approach is recently gaining acceptance for chronic pain. Combining treatments however, such as acupuncture with rational pharmacology, is still in its infancy. The essence of acupuncture is its efficacy combined with a low adverse effect profile. We searched for molecules that are analgesic, and that have a low adverse effect profile too. We identified two compounds, both related to the mechanism of action of acupuncture and creating synergistic effects. Acupuncture influences the opioid and cannabinoid system, through releasing endogenous receptor ligands. The

body's own natural endo-cannabinoid palmitoylethanolamide has been launched in the Netherlands as diet food for medical purposes, under the name Normast. It has been proven to be analgesic in a great variety of pain conditions, no interactions and low propensity for adverse effects, and safe in the elderly. Furthermore, Low Dose Naltrexone (LDN) also acts on both these systems, and up-regulates the opioid and cannabinoid receptors. Both compounds boost in our hands the analgesic effects of acupuncture and are helping decreasing pain scores and augmenting patient compliance with our therapy.

**Vertel uw collega's over de nieuwe twee-jarige opleiding tot acupuncturist bij NAAV-BVGA**

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