



HYBRID



dreaming of green medicine

34TH ICMART World Medical Acupuncture Congress

Science focuses on Medical Acupuncture

2-4 JULY 2021
ATHENS-GREECE

FINAL PROGRAM
& BOOK OF ABSTRACTS

Organized by:



Local Host:



www.icmart2021.com



The Official ICMART 2021 Mobile App



Installation Instructions

ANDROID DEVICES

Option 1: Use your device to scan the following QR CODE →

Option 2: Search for The Event App by EventsAIR on Play Store

When you are prompted for a code upon launching the App, insert icmart2021



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Option 1: Use your device to scan the following QR CODE →

Option 2: Search for The Event App by EventsAIR on App Store

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34TH ICMART World Medical Acupuncture Congress

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WELCOME MESSAGE BY THE CONGRESS CHAIR



Welcome to the 34th ICMART World Medical Acupuncture Congress in Greece, the country of Hippocrates, father of medicine!

Our sincerest wishes that 2021 will prove to be a better year. We can only hope that science advancements and experience will prevail and we will win the present situation, like we did with so many others before.

The present tendency towards a healthier, disease free way of living, infectious or noninfectious in nature, is much stronger than ever - as pointed out by the World Health Organization.

The ancient Greeks first embraced the concept of “a healthy mind in a healthy body”, expressing their perception of medicine combining both physical and mental wellbeing. And what better and most accurate example from the Covid-19 pandemic that “infected” both our body and spirit!

From ancient Greek medicine to “Dreaming of green medicine”, this year’s Congress topic, we aim for prevention and treatments that minimize the negative side effects that affect man and environment.

Congress’s workshops and expert keynote lectures will ensure both clinical and scientific updates of the highest level. Let us all enjoy this journey of scientific stimulation and sharing of ideas and try to recuperate and lay even more stable foundations for the future health threats of any kind.

Looking forward to seeing you all in beautiful Athens, either in person or virtually since we will be hosting the first hybrid ICMART World Congress.

Let’s all take advantage of the great opportunity and despite the obstacles let’s join this amazing gathering in all possible ways offered.

On behalf of the Organizing Committee

Konstantina Theodoratou
Chair of Congress



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WELCOME MESSAGE BY THE CONGRESS CO-CHAIR



Dear Friends, Dear Colleagues,

These are unprecedented times as our World was in a few weeks turned upside down by an invisible intruder, but we must adapt and continue to be positive and optimistic.

Fortunately, we remained strong during this period, and our members and officers have organized many educational events that have attracted many hundreds of delegates.

We are dedicated in working hard to prepare for the upcoming ICMART 2021 Congress unchallenged by the obstacles and difficulties we currently face, looking forward to the time when the ICMART network can again be together to listen, discuss, argue and exchange ideas.

We are confident it will again be a unique meeting bringing together friends and colleagues within the WORLD MEDICAL ACUPUNCTURE community after a long period of absence.

Greece is one of the safest countries in the world and her Capital Athens is the city of life and Culture, quoted by John Milton as "Athens, the eye of Greece, mother of arts and eloquence."

Whether you are a newbie or an old-timer in the city of ATHENS, there are always riveting things for you to experience on a never ending task! From the Acropolis and Lycabettus Hill to a quick visit to one of the many famous Museums Temples and revitalizing Sea shores and Beaches, ending through local flavors for a bite in Monastiraki and Plaka.

The Scientific and Organizing Committee are preparing a wide range of topics to appeal to clinicians and researchers. As before, part of the program is specifically designed for young acupuncturists with masterclasses in Clinical Trials aimed particularly at young investigators.

With sincere regards and best wishes,

Michael Tarabe
Co-Chair of the Congress

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ORGANISATION & COMMITTEES

Organized by:



Local Host:



Congress Presidents:

Hedi Luxenburger, ICMART
Konstantina Theodoratou, SAMAG

ICMART Board:

Thomas Burgoon (USA)
Chin Chan (General Secretary, Australian)
Tomas Dawid (Vice President, Uruguay)
Silvia Elenkova (Bulgaria.)
Dominik Irnich (Germany)
Francisco Lozano (Mexico)
Hedi Luxenburger (President, Germany)
Chun Lee Oei-Tan (Vice President, The Netherlands)

Petja Piehler (Treasurer, Germany)
Paoli Poli (Italy)
Siddhartha Popat (Germany)
Patrick Sautreuil (Vice President, France)
Karin Stockert (Austria)
Konstantina Theodoratou (Past President, Greece)
Marcia Yamamura (Brazil)

ICMART Congress Committee:

Chin Chan
Chun Lee Oei-Tan
Petja Piehler
Konstantina Theodoratou

ICMART Scientific Committee:

Dominik Irnich
Konstantina Theodoratou

ICMART Congress 2021
Organising Committee:

Chin Chan
Hedi Luxenburger
George Lazarou
Michael Tarabe
Konstantina Theodoratou
Aggeliki Tsirigoti
Evdokia Tsalkama

ICMART Science Award Jury:

Chin Chan
Tomas Dawid
Dominik Irnich
Francisco Lozano
Chun Lee Oei-Tan
Konstantina Theodoratou

GENERAL INFORMATION

Congress Venue

MEGARON ATHENS INTERNATIONAL CONFERENCE CENTRE (MAICC)

Vass. Sofias & Kokkali, 115 21 Athens, Greece
Call Center: +30 210 7282000, Fax: +30 210 7290174
Website: www.maicc.gr

Congress Organising Bureau

ERASMUS CONFERENCES & EVENTS S.A.

6, Drosini str., 166 73 Voula-Athens, Greece
Call Center: +30 210 7414700, Fax: +30 210 7257532
E-mail: info@erasmus.gr, Website: www.erasmus.gr

Registration Desk

The Registration Desk is located at the N. Skalkotas level (-1) of the Megaron Athens International Conference Centre and will be in operation the following dates and hours:

Friday, July 2, 2021	08:00-18:00
Saturday, July 3, 2021	08:00-18:00
Sunday, July 4, 2021	08:00-17:00

Insurance

Neither the Organising Committee nor the Congress Organising Bureau accept any liability for damages and/or losses of any kind which may be incurred by the Congress participants or by any persons accompanying them, both during and outside the Congress Programme and activities. Participation in all tours and events is at one's own risk. Participants are advised to take out insurance against loss, accidents or damage that could be incurred during the Congress. Verbal agreements will not be binding unless they are confirmed in writing. Sole place of jurisdiction is Athens. Greek law is applicable.

Cash machine

The nearest ATM machine is located inside the Megaron Athens International Conference Centre, at the main entrance of the building.

Credit cards

Commonly accepted credit cards in hotels, restaurants and stores are Visa, MasterCard & Maestro.

Car parking

There is an underground passenger car park available providing parking lot for 750 cars. It is open daily from 06:00 a.m. until 02:00 a.m..

Entrance via Kokkali Street. The special Congress rate is €12 per day for multiple entries per day, prepaid upon entry. Standard parking rate is €3 for the first 3 hours and €1 per hour thereafter.

There is no parking available for large vans/trucks/lorries.

First aid

First aid with a fully qualified nurse is available. It is located on Muses Foyer level, towards Kokkali street and operates on the actual days of the event including building-up and dismantling days.

Internet facilities

Free WiFi internet connection will be available in the venue via the ICMART network.

Disabled access

There is easy access to and within the Megaron for guests with impaired mobility and the halls have specially designated areas for wheelchairs. Megaron was the recipient of a Helios Award (public buildings category) from the European Commission in recognition of its provision for the disabled.

Lost property

Enquiries regarding items lost or found can be made at the Registration Desk.

Lunches and refreshments

Coffee/tea and lunch box will be served in the exhibition area.

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Mobile telephones

Out of courtesy to speakers and other delegates, please switch mobile phones to silent mode when entering the Congress Halls.

Security

Any security problems or concerns should be reported to a uniformed member of staff.

Smoking Areas

There are designated smoking areas in the Atrium of the Muses and outside the building at the Vas. Sofias street entrances.

Venue Location & Transport

MAICC is situated right in the heart of Athens and is easily accessible by metro, bus and trolley bus. It is also located at a walking distance from major and smaller hotels. Commuting to and from the city centre and the Athens International Airport or other locations is quite easy: 30 min. from the Athens international Airport, 3-5 min. from the city centre. For more information about MAICC, please visit: www.maicc.gr

• By Metro

There is direct access from the airport and the city centre to MAICC from the metro station "Megaron Moussikis" on metro line 3 (blue line).

Please visit the Athens Metro website for detailed information at: www.ametro.gr

• By Bus

The following buses, express buses and trolley buses pass and stop near the MAICC:

- Buses: 450, 550, 601, 603
- Express Buses: X95 (direct airport line), A5, E6, E7, X14
- Cable "Trolley" Buses: 3, 7, 8, 13

For more information about the public transportation network in Athens please visit: www.oasa.gr

From the airport Athens International Airport "Eleftherios Venizelos" is located in Spata, 33 km southeast of Athens and serves all international and domestic flights.

The airport is easily accessible from MAICC and the city centre via motorway, express bus or metro. An average journey by taxi from the airport to the city centre should take approximately 40-50 minutes, depending on traffic. The express bus line X95 (direction Syntagma) serves Athens city centre. A ticket for the airport express line costs €6. It allows unlimited travel by all public transport means (incl. bus and metro) for 24 hours from the time of validation. The metro line 3 runs every 30 minutes from the airport and the trip to the city centre takes approximately 30 minutes and costs €10. For more information about the Athens International Airport please visit: www.aia.gr

Networking Events

• Opening Ceremony

Friday, July 2, 2021

13:20-14:20

On-site & Online

• Welcome Reception

Friday, July 2, 2021

18:10

On-site

• Gala Dinner

Saturday, July 3, 2021

20:30

Venue: "Acropolis Secret" Roof Garden Bar Restaurant of the Hotel Divani Palace Acropolis.

Cost per person: € 65 per person

For more information please contact:

info@icmart2021.com

• Awards & Closing Ceremony

Sunday, July 4, 2021

16:15-17:15

On-site & Online

SCIENTIFIC INFORMATION

Presentations available after the Congress dates

ICMART 2021 hybrid Congress is delighted to offer to all registered participants the content presented during the congress for viewing within 2 months after the congress.

COVID Measures for On-site participants

In accordance with the current governmental health protocols related to COVID-19 and in order to secure attendees safety, it is compulsory for all on-site participants to have a rapid test- antigen test upon their entrance on the congress venue. The congress Organizers will make sure a health professional to be constantly present to the congress venue to implement the tests.

Accreditation

The Congress is accredited by ICMART. Registered participants - doctors, dentists and veterinarians - will receive a certificate of attendance after the end of the Congress from the Congress secretariat.

Questions to Speakers

Wireless microphones will be at your disposal during the discussion period in all sessions. Delegates wishing to participate in the discussion periods should raise their hand and wait to be acknowledged by the chairperson.

Certificate of Attendance

An official Certificate of Attendance will be sent via email to all registered participants following the completion of the congress evaluation form.

Language

The official language of the Meeting is English. No simultaneous interpretation will be provided.



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PROGRAMME OVERVIEW

Friday, July 2, 2021

Time	PHYSICAL & ON-LINE PARTICIPATION	ON-LINE PARTICIPATION ONLY		
	Plenary Hall (MC2 – Congress Venue)	Virtual Hall 1	Virtual Hall 2	Virtual Hall 3
08:30-09:00	Taijiquan by Carlo Moiraghi (Italy)			
09:00-09:30	Welcome - SAMAG - ICMART Board Members	THEMATIC SESSION 2: Korean Medicine I	THEMATIC SESSION 3: Herbal I	ORAL PRESENTATIONS 1: Case studies I
09:30-11:00	THEMATIC SESSION 1: "Green Medicine"- SAMAG			
11:00-11:30	Break			
11:30-12:30	KEYNOTE LECTURES I: Ear Acupuncture Research and clinical practice	THEMATIC SESSION 2: Korean Medicine II	THEMATIC SESSION 3: Herbal II	THEMATIC SESSION 4: Vet I
12:30-13:20	Intermission			
13:20-14:20	OPENING CEREMONY			
14:30-15:30	FORUM - GLOBAL HEALTH AND ACUPUNCTURE	THEMATIC SESSION 2: Korean Medicine III	THEMATIC SESSION 3: Herbal III	THEMATIC SESSION 4: Vet II
15:30-16:00	Break			
16:00-17:00	KEYNOTE LECTURES II: Oncology	THEMATIC SESSION 2: Korean Medicine IV	THEMATIC SESSION 5: Laser Acupuncture I	THEMATIC SESSION 4: Vet III
17:00-17:10	Break			
17:10-18:00	KEYNOTE LECTURES III: Evidence Based Medicine			
18:10	Welcome Reception			

Saturday, July 3, 2021

Time	PHYSICAL & ON-LINE PARTICIPATION	ON-LINE PARTICIPATION ONLY		
	Plenary Hall (MC2 – Congress Venue)	Virtual Hall 1	Virtual Hall 2	Virtual Hall 3
08:30-09:00	Morning Yoga Session by Siddharta Khanna (India)			
09:00-10:00	THEMATIC SESSION 6: Musculoskeletal issues	09:00-11:10 THEMATIC SESSION 7: Neural Therapy and Acupuncture I	THEMATIC SESSION 8: Acupuncture clinical practice in China	ORAL PRESENTATIONS 2: Case studies II
10:00-10:10	Break		Break	
10:10-11:10	THEMATIC SESSION 9: Complementary Acupuncture for Medicine I		THEMATIC SESSION 10: Yamamoto- Scalp Acupuncture	THEMATIC SESSION 4: Vet IV
11:10-11:30	Break			
11:30-12:30	KEYNOTE LECTURES IV: Dialogues on theories	11:30-14:15 THEMATIC SESSION 7: Neural Therapy and Acupuncture II	THEMATIC SESSION 11: AcuOsteo method	ORAL PRESENTATIONS 3: Case studies III
12:30-13:00	Intermission		THEMATIC SESSION 5: Laser Acupuncture II	Intermission
13:00-14:30	ICMART GENERAL ASSEMBLY			

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14:30-15:30	FORUM - SYSTEMATIC REVIEWS AND PRACTICE GUIDELINES	THEMATIC SESSION 7: Neural Therapy and Acupuncture III	THEMATIC SESSION 12: Yamamura- Scalp Acupuncture	14:30-16:00 THEMATIC SESSION 4: Vet V
15:30-16:00	Break			
16:00-17:00	KEYNOTE LECTURES V: Recent Research on Acupuncture	THEMATIC SESSION 13: Catgut Method	THEMATIC SESSION 14: Acupotomy	16:10-18:10 THEMATIC SESSION 4: Vet VI
17:00-17:10	Break			
17:10-18:10	THEMATIC SESSION 9: Complementary Acupuncture for Medicine II	THEMATIC SESSION 15: Ear Acupuncture		

Sunday, July 4, 2021

Time	PHYSICAL & ON-LINE PARTICIPATION	ON-LINE PARTICIPATION ONLY		
	Plenary Hall (MC2 – Congress Venue)	Virtual Hall 1	Virtual Hall 2	Virtual Hall 3
08:30-09:00	Taijiquan by Carlo Moiraghi (Italy)			
09:00-10:00	THEMATIC SESSION 9: Complementary Acupuncture for Medicine III	THEMATIC SESSION 16: Acu-robot	THEMATIC SESSION 17: Acupuncture and related techniques in sports medicine	ORAL PRESENTATIONS 4: Case studies IV
10:00-10:10	Break			
10:10-11:10	THEMATIC SESSION 18: Emotional stress and Acupuncture	THEMATIC SESSION 19: Acupuncture and Addictions	THEMATIC SESSION 20: Current thoughts on Research	THEMATIC SESSION 21: Taijiquan-Qiqong-Tuina
11:10-11:30	Break			
11:30-12:30	KEYNOTE LECTURES VI: Acupuncture and Preventive Medicine	THEMATIC SESSION 22: Integrative Aesthetic Approach	THEMATIC SESSION 23: Abdominal Acupuncture	POSTER PRESENTATIONS
12:30-13:30	Intermission			
13:30-14:30	FORUM: ACUPUNCTURE TRAINING AND ACCREDITATION SYSTEMS	THEMATIC SESSION 24: Irritable Bowel Syndrome and Acupuncture	THEMATIC SESSION 25: Acupuncture for pregnancy and menopause	THEMATIC SESSION 26: Acupuncture and PNEI
14:30-14:40	Break			
14:40-15:10	THEMATIC SESSION 27: Evolution of Meridians	THEMATIC SESSION 28: Postoperative analgesia and acupuncture	THEMATIC SESSION 29: Well-being Acupuncture	THEMATIC SESSION 30: Acupuncture and Blood donation
15:40-15:45	Break			15:15-15:45 THEMATIC SESSION 31: Emergency acupuncture
15:45-17:15	FORUM AMBASSADORS – AWARDS - CLOSING SESSION			

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SCIENTIFIC PROGRAMME

Friday, July 2, 2021

Plenary Hall (MC2 – Congress Venue)

08:30-09:00 **Taijiquan** by **Carlo Moiraghi** (Italy)

Plenary Hall (MC2 – Congress Venue)

09:00-09:30 **Welcome - SAMAG - ICMART Board Members**

Virtual Hall 1

09:00-11:00 **THEMATIC SESSION 2: Korean Medicine I**

Chair: **Byungmook Lim** (South Korea)

Byunghee Koh (South Korea), *Sasang Constitutional Medicine in Korea*

Q&A's

Virtual Hall 2

09:00-11:00 **THEMATIC SESSION 3: Herbal I**

Chairs: **Albert van Dinteren** (The Netherlands), **Josef Hummelsberger** (Germany)

Josef Hummelsberger (Germany): *Treatment of Colitis ulcerosa with Chinese Herbal Medicine (CHM)*

Rosalia Amelia Diaz Rojas (Mexico): *Usage of Licorice Root extract and Aloe Vera among other Nutraceuticals for the treatment of gastrointestinal disorders*

Q&A's

Virtual Hall 3

09:00-11:00 **ORAL PRESENTATIONS 1: Case studies I**

Chairs: **Theodoros Gatzounis** (Greece), **Mehmet Tuğrul Cabrioğlu** (Turkey)

Daiyu Shinohara (Japan): *Clinical experience of acupuncture for a patient with stomach pain and feeling of fullness*

Theodoros Gatzounis (Greece): *Combination of Acupuncture and Auricular Acupuncture protocol, for chronic allergic rhinitis*

Zrinka Franic (Croatia): *Acupuncture treatment of patient with Bell's palsy and diabetic polyneuropathy: A case report*

Emilia Ripoll Bunn (Spain): *Resolution of chronic testicular pain (CTP) with acupuncture*

Lili Luzina-chju (Russia): *Case report on application of acupuncture in children with Autism Spectrum Disorders (ASD)*

THEMATIC PRESENTATION: Mehmet Tuğrul Cabrioğlu (Turkey): *Cosmetic Acupuncture*

Q&A's

Plenary Hall (MC2 – Congress Venue)

09:30-11:00 **THEMATIC SESSION 1: "Green Medicine"- SAMAG**

Chairs: **Hedi Luxenburger** (Germany), **Petja Piehler** (Germany)

Konstantina Theodoratou (Greece): *Dreaming of "Green Medicine"*

Michael Tarabe (Greece): *Key Liaisons and influences of Western Medicine and Traditional Chinese Medicine*



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Friday, July 2, 2021

Thomas Burgoon (USA): *Talking to modern healthcare providers about acupuncture*

Q&A's

11:00-11:30 Break

Plenary Hall (MC2 – Congress Venue)

11:30-12:30 KEYNOTE LECTURES I: Ear Acupuncture Research and clinical practice

Chairs: **Patrick Sautreuil** (France), **Michael Tarabe** (Greece)

Yusuf Ozgur Cakmak (New Zealand): *Auricular Anatomy and Stimulation Zones: New Horizons with Occult Neural Networks*

David Alimi (France): *Medical Auriculotherapy in daily consultation*

Q&A's

Virtual Hall 1

11:30-12:30 THEMATIC SESSION 2: Korean Medicine II

Chairs: **Chin Chan** (Australia), **Byung-Hee Koh** (South Korea)

Sanghoon Lee (South Korea): *Sa-Am Acupuncture of Korea*

Q&A's

Virtual Hall 2

11:30-12:30 THEMATIC SESSION 3: Herbal II

Chair: **Silvia Elenkova** (Bulgaria)

Albert van Dinteren (The Netherlands): *Successful treatment for eczema with Traditional Chinese Medicine combined with Orthomolecular and other additional therapy advice in more than 2500 people confirmed in scientific research*

Q&A's

Virtual Hall 3

11:30-12:30 THEMATIC SESSION 4: Vet I

Chairs: **Aggeliki Tsirigoti** (Greece), **Giorgia Mastrangelo** (Italy)

Giorgia Mastrangelo (Italy): *Fascial techniques in the acupuncture session for dog*

Christiane Wander (Germany): *Acupuncture as a bovine obstetric aid*

Q&A's

12:30-13:20 Intermission

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Plenary Hall (MC2 – Congress Venue)

13:20-14:20 OPENING CEREMONY

Moderators: **Konstantina Theodoratou** (Greece), **Michael Tarabe** (Greece)

Hedi Luxenburger, President ICMART, Germany

Francois Beyens, Honorary President ICMART

Zhang Qi, WHO

Athanasios Exadaktilos, President of Panhellenic Medical Association

George Patoulis, Regional Governor of Attica, President of Medical Association of Athens

Dimitrios Vasilakos, Professor of Anaesthesiology

Helmut Liertzer, ICMART Honorary Member

Piano Concert by Petros Bouras

Plenary Hall (MC2 – Congress Venue)

14:30-15:30 FORUM - GLOBAL HEALTH AND ACUPUNCTURE

Moderator: **Konstantina Theodoratou** (Greece)

Discussants: **Zhang Qi** (China) - TCI, (IHS)/UHL, WHO • **Hedi Luxenburger** (Germany) - ICMART • **Marcia Lika Yamamura** (Brazil) - FILASMA • **Dongwoo Nam** (South Korea) - SKOM • **Freda Dreher** (USA) - AAMA • **Chin Chan** (Australia) - AMAC

Virtual Hall 1

14:30-15:30 THEMATIC SESSION 2: Korean Medicine III

Chairs: **Umberto Mazzanti** (Italy), **Jae-Soo Kim** (South Korea)

Jae Soo Kim (South Korea): *Introduction of Facial Acupuncture*

Byungmook Lim (South Korea): *Covering the Chuna (Tuina) manual therapy in the National Health Insurance in Korea*

Q&A's

Virtual Hall 2

14:30-15:30 THEMATIC SESSION 3: Herbal III

Chairs: **Chun Lee Oei-Tan** (The Netherlands), **Josef Hummelsberger** (Germany)

Edwin Lipperts (The Netherlands): *The quality of the phytotherapeutic practice in the Netherlands: How to reduce risk and optimise patient safety*

Q&A's

Virtual Hall 3

14:30-15:30 THEMATIC SESSION 4: Vet II

Chairs: **Tim Holt** (USA), **Francesc Minguell** (Spain)

Francesc Minguell (Spain): *Pets' behaviour and its problems according to TCVM*

Q&A's

15:30-16:00 B r e a k



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Plenary Hall (MC2 – Congress Venue)

16:00-17:00 **KEYNOTE LECTURES II: Oncology**

Chairs: **Charisios Karanikiotis** (Greece), **Dimitrios Vasilakos** (Greece)

Jun Mao (USA): *Evidence-informed integration of acupuncture for pain management in cancer survivors*

Gary Deng (USA): *Oncology Acupuncture: 2021*

Q&A's

Virtual Hall 1

16:00-18:00 **THEMATIC SESSION 2: Korean Medicine IV**

Chairs: **Tomas Dawid** (Uruguay), **Gi Young Yang** (South Korea)

Gi Young Yang (South Korea): *Pressure levels in Cupping Therapy: A Systemic Review*

Byung-Kwan Seo (South Korea): *A study on the development and application of Korean Medical critical pathway of lumbar disc herniation in four different Medical Affiliations*

Dongwoo Nam (South Korea): *Introduction of Korean Medicine Tools*

Q&A's

Virtual Hall 2

16:00-18:00 **THEMATIC SESSION 5: Laser Acupuncture I**

Chairs: **Francisco Lozano** (Mexico), **Rosalía Amelia Díaz Rojas** (Mexico)

Speaker: **Michael Weber** (Germany)

Q&A's

Virtual Hall 3

16:00-18:00 **THEMATIC SESSION 4: Vet III**

Chairs: **Narda Robinson** (USA), **Christiane Wander** (Germany)

Narda Robinson (USA): *Medical acupuncture for problems of the head and neck in small animals*

Francesc Minguell (Spain): *Integrated clinical approach to urinary problems*

Q&A's

Plenary Hall (MC2 – Congress Venue)

17:10-18:00 **KEYNOTE LECTURES III: Evidence Based Medicine**

Chairs: **Charisios Karanikiotis** (Greece), **Hedi Luxenburger** (Germany)

Dimitrios Vasilakos (Greece): *2010-2019: The strengthening of effectiveness of acupuncture for pain. An overview of systematic Reviews of RCTs*

Dominik Irnich (Germany): *What's New in Acupuncture Research? Significant Reviews, RCTs and Basic Science Studies Published in 2020 and 2021*

Q&A's

Plenary Hall (MC2 – Congress Venue)

18:10 **Welcome Reception**

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Saturday, July 3, 2021

Plenary Hall (MC2 – Congress Venue)

08:30-09:00 **Morning Yoga Session** by **Siddharta Khanna** (India)

Plenary Hall (MC2 – Congress Venue)

09:00-10:00 **THEMATIC SESSION 6: Musculoskeletal issues**

Chairs: **Eric Nickels** (Belgium), **Ladislav Fildán** (Czech Republic)

Anselm Model (Germany): *Chronic greater trochanteric pain syndrome treated with acupuncture*

Eric Nickels (Belgium): *Place of acupuncture and "Western" treatments in the management of spinal pain with regard to evidence based medicine*

Katarína Svitková (Slovakia): *The effectiveness of the acupoint PDO absorbable thread embedding therapy for low back pain: An experimental retrospective study*

Ladislav Fildán (Czech Republic): *Simultaneous use of acupuncture and collagen injections in treatment of musculo-skeletal system*

Fatma Gülcin Ural Nazlikul (Turkey): *The effects of acupuncture versus sham acupuncture on fibromyalgia*

Q&A's

Virtual Hall 1

09:00-11:10 **THEMATIC SESSION 7: Neural Therapy and Acupuncture I**

Chair: **Tijen Acarkan** (Turkey)

Petja Piehler (Germany): *Introduction to neural therapy*

Helmut Liertzer (Austria): *Sonographic studies of acupuncture points / trigger points. Practical proceedings*

Michaela Klausner (Austria): *A practical approach to diagnosing and treating chronic cervical syndrome associated to cranio-mandibular-dysfunction (CMD)*

Hüseyin Nazlikul (Turkey): *Aspects and therapy of non-specific low back pain*

Q&A's

Virtual Hall 2

09:00-10:00 **THEMATIC SESSION 8: Acupuncture clinical practice in China**

Chair: **Hedi Luxenburger** (Germany)

Hong Zhao (China): *Acupuncture therapy for mild and moderate major depressive disorder: A clinical practice guideline*

Jianbin Zhang (China): *The effect of acupuncture on functional gastrointestinal disorders: A review of the literature*

Q&A's

Virtual Hall 3

09:00-10:00 **ORAL PRESENTATIONS 2: Case studies II**

Chairs: **Helena Zwinczewska** (Poland), **Maite Miranda Garcia** (Spain)

Maite Miranda Garcia (Spain): *Effectiveness of acupuncture and moxibustion in the spontaneous version of the fetus in breech presentation*

Koosnadi Saputra (Indonesia): *The effect of Acupuncture as anesthesia adjuvant on anesthetic requirement and postoperative outcome*

Science focuses on Medical Acupuncture

Saturday, July 3, 2021

Tanjung Subrata (Indonesia): *Sports injury on lower extremity and acupuncture*
Koosnadi Saputra (Indonesia): *Neuro endocrine approach in Acupuncture*
Helena Zwinczewska (Poland): *Hypermetropia in students treated with ear acupuncture*
Q&A's

Plenary Hall (MC2 – Congress Venue)

10:10-11:10 THEMATIC SESSION 9: Complementary Acupuncture for Medicine I

Chairs: **Carlo Moiraghi** (Italy), **Karin Stockert** (Austria)

Silvia Elenkova (Bulgaria): *Hashimoto's thyroiditis - How can acupuncture help in treating this disease?*

Carlo Moiraghi (Italy), **Paola Poli** (Italy): *Oncology acupuncture, ALMA AGOM method*

Karin Stockert (Austria): *Strategies against allergies: Prevention via TCM and probiotics*

Q&A's

Virtual Hall 2

10:10-11:10 THEMATIC SESSION 10: Yamamoto- Scalp Acupuncture

Chair: **Chin Chan** (Australia)

Gabriella Hegyi (Hungary): *Yamamoto New Scalp acupuncture workshop*

Q&A's

Virtual Hall 3

10:10-11:10 THEMATIC SESSION 4: Vet IV

Chairs: **Marco Testa** (Italy), **Eliana Amorosi** (Italy)

Marco Testa (Italy): *Treatment of back problems of the sport horse with the use of 24K pure gold implants*

Eliana Amorosi (Italy): *Acupuncture and Moxibustion in oncology: A proposal for counteracting chemotherapy-induced gastrointestinal side effects in dogs*

Q&A's

11:10-11:30 B r e a k

Plenary Hall (MC2 – Congress Venue)

11:30-12:30 KEYNOTE LECTURES IV: Dialogues on theories

Chairs: **Karin Stockert** (Austria), **Patrick Sautreuil** (France)

Jean Marc Kespi (France): *Traditional Chinese and Western medicine, two different views on medicine. Clinical and therapeutic consequences*

Nicolas Behrens (Germany): *Simple Strategies for experienced acupuncturists*

Q&A's

Virtual Hall 1

11:30-14:15 THEMATIC SESSION 7: Neural Therapy and Acupuncture II

Chair: **Michaela Klausner** (Austria)

Rainer Wander (Germany): *Neural therapy for the treatment of local and systemic inflammation*

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Hüseyin Nazlikul (Turkey): *Acupuncture application in patients with knee osteoarthritis (Gonarthrosis)*

Tijen Acarkan (Turkey): *Evaluations of the relations between lung and gut microbiota and the effect mechanism of neural therapy in treatment*

Q&A's

Virtual Hall 2

11:30-12:30 THEMATIC SESSION 11: AcuOsteo method

Chair: **Silvia Elenkova** (Bulgaria)

Umberto Mazzanti (Italy): *AcuOsteo method™: The combination of Acupuncture and Osteopathy for shoulder pain*

Q&A's

Virtual Hall 3

11:30-12:30 ORAL PRESENTATIONS 3: Case studies III

Chairs: **Peter Dorsher** (USA), **Marian Lorente** (Spain)

Helena Zwinczewska (Poland): *Congenital tear duct obstruction in newborns treated with acupuncture*

Evren Kul Panza (Turkey): *Acupuncture in Fibromyalgia Syndrome: Case Series*

Juan Antonio Vecino-Ferrer (Spain): *A successful treatment in a case of upper limb Reflex Sympathetic Dystrophy (RSD) with Neuro-functional Electro-Acupuncture*

Peter Dorsher (USA): *Pilot study: Physical examination evidence of Acupuncture principal meridian coupling*

Kelsy Arbiza (Uruguay): *Clinical case of catgut implantation at acupuncture points in a patient with Porphyria*

Q&A's

12:30-13:00 Intermission

Virtual Hall 2

12:30-14:30 THEMATIC SESSION 5: Laser Acupuncture II

Chair: **Pavlos Vlachos** (Greece)

Speaker: **Michael Weber** (Germany)

Q&A's

Plenary Hall (MC2 – Congress Venue)

13:00-14:30 ICMART GENERAL ASSEMBLY

Plenary Hall (MC2 – Congress Venue)

14:30-15:30 FORUM: Systematic Reviews and Practice Guidelines

Moderator: **Dominik Irnich** (Germany)

Discussants: **Ken Trinh** (Canada), **Dominik Irnich** (Germany), **Francisco Lozano** (Mexico), **Steve Birch** (The Netherlands), **Hedi Luxenberger** (Germany), **Mike Cummings** (UK), **Hong Zhao** (China)



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14:30-15:30 THEMATIC SESSION 7: Neural Therapy and Acupuncture III

Chair: **Petja Piehler** (Germany)

Regina Stemberger (Austria): Neuraltherapy in daily praxis

15:15-15:30 ROUND TABLE- DISCUSSION

Panel: **Regina Stemberger** (Austria), **Tijen Acarkan** (Turkey), **Hüseyin Nazlikul** (Turkey), **Rainer Wander** (Germany), **Michaela Klausner** (Austria), **Helmut Liertzer** (Austria), **Petja Piehler** (Germany)

Virtual Hall 2

14:30-15:30 THEMATIC SESSION 12: Yamamura- Scalp Acupuncture

Chair: **Rosalia Amelia Diaz Rojas** (Mexico)

Marcia Lika Yamamura (Brazil): *Rapid acupuncture for acute musculoskeletal conditions. Yamamura Acupuncture System (SYA)*

Q&A's

Virtual Hall 3

14:30-16:00 THEMATIC SESSION 4: Vet V

Chair: **Eliana Amorosi** (Italy), **Francesc Minguell** (Spain)

Narda Robinson (USA): *Facilitating recovery from spinal cord injury with medical acupuncture and related techniques: A translational medicine perspective*

Francesc Minguell (Spain): *Immunology according to TCVM*

Q&A's

15:30-16:00 B r e a k

Plenary Hall (MC2 – Congress Venue)

16:00-17:00 KEYNOTE LECTURES V: Recent Research on Acupuncture

Chairs: **Helmut Liertzer** (Austria), **Konstantina Theodoratou** (Greece)

Vitaly Napadow (USA): *Neuroimaging brain mechanisms supporting acupuncture: from somatosensation to therapeutic alliance*

Petra Bäumlner (Germany): *Acupuncture for headache – scientific evidence and most commonly used points*

Q&A's

Virtual Hall 1

16:00-17:00 THEMATIC SESSION 13: Catgut Method

Chair: **Thomas Burgoon** (USA)

Rosalia Amelia Diaz Rojas (Mexico): *Catgut Embedding for Menopause, IBD and Obesity*

Q&A's

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Virtual Hall 2

16:00-17:00 THEMATIC SESSION 14: Acupotomy

Chair: **Marcia Lika Yamamura** (Brazil)

Francisco Lozano (Mexico): *Acupotomy (Knife needle), Fire Needle and Point Injection for common musculoskeletal disorders*

Q&A's

Virtual Hall 3

16:10-18:10 THEMATIC SESSION 4: Vet VI

Chairs: **Narda Robinson** (USA), **Tim Holt** (USA)

Tim Holt (USA): *Addressing reproductive failure in livestock utilizing integrative therapies; Acupuncture, manual therapy, massage, laser and other modalities*

Narda Robinson (USA): *Medical acupuncture and related techniques for geriatric zoo animals*

Closing Remarks

Discussants: **Narda Robinson** (USA), **Francesc Minguell** (Spain)

Plenary Hall (MC2 – Congress Venue)

17:10-18:10 THEMATIC SESSION 9: Complementary Acupuncture for Medicine II

Chairs: **Hedi Luxenburger** (Germany), **Andre Wan Wen Tsai** (Brazil)

Andre Wan Wen Tsai (Brazil): *Depression and Insomnia in Chronic Low Back Pain: TCM approach*

Marcia Tanur (USA): *Oh M,A,N: Methamphetamines, Acupuncture, and Nacetyl-cysteine*

Marcus Yu Bin Pai (Brazil): *Acupuncture for Peripheral Neuropathy: Evidences and Clinical Options*

Alexandre Massao Yoshizumi (Brazil): *Psychic Armor: An Acupuncture technique for the treatment of emotional disorders in times of COVID19's Pandemic*

Q&A's

Virtual Hall 1

17:10-18:10 THEMATIC SESSION 15: Ear Acupuncture

Chair: **Paola Poli** (Italy)

Giancarlo Bazzoni (Italy): *Electrical stimulation of the auricle in chronic nociceptive pain: Neurobiological basis and clinical practice*

Q&A's



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Plenary Hall (MC2 – Congress Venue)

08:30-09:00 **Taijiquan** by **Carlo Moiraghi** (Italy)

Plenary Hall (MC2 – Congress Venue)

09:00-10:00 **THEMATIC SESSION 9: Complementary Acupuncture for Medicine III**

Chair: **Marc Martin** (France), **Patrick Sautreuil** (France)

Marc Martin (France): Narcolepsy, dreams, and creation, what place for acupuncture?

Johannes Hickelsberger (Austria): *Three pillars of Tinnitus-Therapy*

Carles Fernández (Spain): *Filiform needle acupuncture for COPD: Systematic review and meta-analysis*

Euahna Varigos (Australia): *Laser Acupuncture treatment of CRPS*

Q&A's

Virtual Hall 1

09:00-10:00 **THEMATIC SESSION 16: Acu-robot**

Chair: **Aggeliki Tsirigoti** (Greece)

Xu Tiancheng (China): *Guidance for acupuncture Robot with potentially utilizing medical robotic technologies*

Q&A's

Virtual Hall 2

09:00-10:00 **THEMATIC SESSION 17: Acupuncture and related techniques in sports medicine**

Chairs: **Winfried Banzer** (Germany), **Johannes Fleckenstein** (Germany)

Johannes Fleckenstein (Germany): *ART in sports medicine - The scientific rationale*

Winfried Banzer (Germany): *Acupuncture as a routine treatment in sports medicine*

Rafael Torres Rosas (Mexico): *The effects of acupuncture on athletes' injuries*

Uwe Günter (Germany): *Epicondylopathia - neural therapy and other injection techniques in sports medicine*

Q&A's

Virtual Hall 3

09:00-10:00 **ORAL PRESENTATIONS 4: Case studies IV**

Chairs: **Emmanouil Paterakis** (Greece), **Theodoros Gatzounis** (Greece)

Kun Hyung Kim (South Korea): *Acupuncture for patients with degenerative lumbar spinal stenosis: A parallel multi-centre pragmatic randomised controlled trial – A study protocol of the ongoing study*

Demet Erdoğan (Turkey): *Investigation of the effectiveness of acupuncture in the treatment of smoking addiction; Clinical study*

Theodoros Gatzounis (Greece): *Auricular acupuncture protocol for attention deficit hyperactivity disorder (ADHD), with two years follow up*

Mehmet Tuğrul Cabioğlu (Turkey): *Approach to evidence-based Acupuncture practice in cigarette addiction treatment*

Emmanouil Paterakis (Greece): *Anaphylactic shock cases treated with auricular acupressure and auricular acupuncture*

Q&A's

10:00-10:10 B r e a k

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10:10-11:10 THEMATIC SESSION 18: Emotional stress and Acupuncture

Chairs: **Chin Chan** (Australia), **Paola Poli** (Italy)

Marcia Lika Yamamura (Brazil): *Clinical experience in Acupuncture Department of UNIFESP, Brazil, and research findings regarding sexual health for men (premature ejaculation, sexual impotence) and female infertility, combining acupuncture with mind remodeling and emotional regulation (mental qi mobilization technique)*

Luiz Carlos Souza Sampaio (Brazil): *K-23, 24 and 25 effects on psychiatric disorders*

Q&A's

Virtual Hall 1

10:10-11:10 THEMATIC SESSION 19: Acupuncture and Addictions

Chair: **Silvia Elenkova** (Bulgaria)

Konstantina Theodoratou (Greece): *Impact of Acupuncture on addictive behaviours*

Q&A's

Virtual Hall 2

10:10-11:10 THEMATIC SESSION 20: Current thoughts on Research

Chairs: **Michael Tarabe** (Greece), **Thomas Ots** (Austria)

Peter Dorsher (USA): *Is Acupuncture signaling via fascial mechanisms? An in-depth analysis of its foundational literature*

Thomas Ots (Austria): *Outlining next steps in researching the pathways of acupuncture*

Xanthippi Paschalidou (Greece): *AcuHealing: Going deeper than the needle*

Fernando Farias (Brazil): *Making sense of experimental controls in clinical research on acupuncture*

Q&A's

Virtual Hall 3

10:10-11:10 THEMATIC SESSION 21: Taijiquan-Qigong-Tuina

Chairs: **Elisabeth Friedrichs** (Germany), **Carlo Moiraghi** (Italy)

Elisabeth Friedrichs (Germany): *On Firm Footing into Old Age – Qigong Exercises in Geriatrics*

Carlo Moiraghi (Italy): *Qigong and taijiquan yang style*

Hildebrando Sabato (Brazil): *Chinese Massage Therapy (Tuina Sou Fa) - Valuable therapeutic resource for the Acupuncturist*

Q&A's

11:10-11:30 Break

Plenary Hall (MC2 – Congress Venue)

11:30-12:30 KEYNOTE LECTURES VI: Acupuncture and Preventive Medicine

Chair: **Karin Stockert** (Austria), **Francisco Lozano** (Mexico)

Francisco Lozano (Mexico): *Clinical Integration of Acupuncture for immune system strengthening and prevention*

Thomas Burgoon (USA): *Treatment of Hypertension with Acupuncture*

Q&A's



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Virtual Hall 1

11:30-12:30 THEMATIC SESSION 22: Integrative Aesthetic Approach

Chair: **Rosalia Amelia Diaz Rojas** (Mexico)

Michael Tarabe (Greece): *Integrative Aesthetic Acupuncture and related techniques*
Q&A's

Virtual Hall 2

11:30-12:30 THEMATIC SESSION 23: Abdominal Acupuncture

Chair: **Marcia Lika Yamamura** (Brazil)

Gemma D'Angelo: *Abdominal acupuncture*
Q&A's

Virtual Hall 3

11:30-12:30 POSTER PRESENTATIONS

Chair: **Dominik Irnich** (Germany)

Presenters: **Nada Ozimec** (Croatia): *Acupuncture in treatment of chronic low back pain*

Visnja Abdovic Skrabalo (Croatia): *Acupuncture in the treatment of foot drop and scar tissue pain after traumatic leg injury*

Katarina Svitkova (Slovakia): *Blood stasis syndrome in premature ovarian failure*

Walter Viterbo (Brazil): *Use of Shu Mu points as an auxiliary technique in the treatment of stress*

Walter Viterbo (Brazil): *Posterior tibial nerve stimulation vs parasacral transcutaneous neuromodulation for overactive bladder in children*

Lyudmila Kyoseva (Bulgaria): *Acupuncture in dental practice. Why and how the disharmony manifests in the organism at focal odontogenic infection?*

Mikako Tsunematsu (Japan): *Influence of using gloves and finger stalls during operations of Acupuncture needles: Observation under an electron microscope*

Walter Viterbo (Brazil): *Acupuncture in the treatment of Hans Selye's three states of stress*

Jasmin Stadler (Austria): *Laser Acupuncture in neonates with neonatal abstinence syndrome: Secondary Analysis of the Finnegan score*

Anselm Model (Germany): *Chronic Achillodynia treated with Acupuncture. A pilot study*

Panagiotis Zogopoulos (Greece): *Medical acupuncture can affect pituitary function – A case report of altered Thyroid-Stimulating Hormone (TSH) secretion*

Kelsy Arbiza (Uruguay): *Catgut Implants in Acupuncture Points of a Patient with Porphyrria*

Panagiotis Zogopoulos (Greece): *Complete and immediate remission of pregnancy-related low back pain after a single session of auricular acupuncture – A case report*

Parva Namirianian (Iran): *The effect of an Iranian Traditional Massage (Fateh Method), compared with physiotherapy and acupuncture on pain and disability of patients with chronic low back pain; A randomized controlled clinical trial*

Marcia Lika Yamamura (Brazil): *Acupuncture emergency service in Brazilian public health system: Quantitative analysis of cases attended in a semester*

Q&A's

12:30-13:30 Intermission

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Plenary Hall (MC2 – Congress Venue)

13:30-14:30 FORUM: Acupuncture training and accreditation systems

Moderator: **Hedi Luxenburger** (Germany)

Discussants: **Silvia Elenkova** (Bulgaria), **Tomas Dawid** (Uruguay), **Chin Chan** (Australia), **Konstantina Theodoratou** (Greece)

Virtual Hall 1

13:30-14:30 THEMATIC SESSION 24: Irritable Bowel Syndrome and Acupuncture

Chair: **Rosalia Amelia Diaz Rojas** (Mexico)

Francisco Lozano (Mexico): *Irritable Bowel Syndrome integrative approach to its TCM Diagnosis and Treatment -Acupuncture and Related Techniques*

Q&A's

Virtual Hall 2

13:30-14:30 THEMATIC SESSION 25: Acupuncture for pregnancy and menopause

Chairs: **Guillermo Chaibún** (Uruguay), **Luciano Ricardo Curuci de Souza** (Brazil)

Guillermo Chaibún (Uruguay): *Hazardous acupuncture points in pregnancy. True or false. Review*

Eduardo D'Alessandro (Brazil): *Acupuncture for climateric-like symptoms related to Tamoxifen*

Luciano Ricardo Curuci de Souza (Brazil): *Acupuncture in postmenopausal vaginal atrophy*

Helena Zwinczewska (Poland): *Acupuncture in treatment of recurrent urinary tract infections in females*

Q&A's

Virtual Hall 3

13:30-14:30 THEMATIC SESSION 26: Acupuncture and PNEI

Chair: **Fernando Farias** (Brazil)

Gianluca Bianco (Italy), **Edsel Bittencourt** (USA): *Fascial Neuromodulation: Clinical application of the extraordinary meridians for stress, pain and posture*

Q&A's

14:30-14:40 B r e a k

Plenary Hall (MC2 – Congress Venue)

14:40-15:40 THEMATIC SESSION 27: Evolution of Meridians

Chairs: **Thomas Burgoon** (USA), **Nicolas Behrens** (Germany)

Nicolas Behrens (Germany): *Extra channels / Extraordinary Vessels EoV – What are they and how can we use them in practical therapy?*

Patrick Sautreuil (France): *Points and Meridians of Acupuncture by George Soulié de Morant*

Q&A's

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Virtual Hall 1

14:40-15:40 THEMATIC SESSION 28: Postoperative analgesia and acupuncture

Chairs: **Guillermo Chaibún** (Uruguay), **Ilhan Öztekin** (Turkey)

Kun Hyung Kim (South Korea): *Acupuncture combined with multimodal care for recovery after traumatic multiple rib fractures: A feasibility observational case series*

Kian Liem (The Netherlands): *Magnetic non-invasive auricular acupuncture for preterm infant comfort during eye-examination for retinopathy of prematurity: A multicentre randomised controlled trial*

Guillermo Chaibún (Uruguay): *Surgical analgesia during dental extractions*

Ilhan Öztekin (Turkey): *The effects of acupuncture on P-6 (Neiguan) point for nausea, vomiting and pain status after thyroid surgery*

Euahna Varigos (Australia): *Laser Acupuncture (PBM) in the perioperative management of surgery*

Q&A's

Virtual Hall 2

14:40-15:40 THEMATIC SESSION 29: Well-being Acupuncture

Chairs: **Fernando Farias** (Brazil), **Rosalía Amelia Díaz Rojas** (Mexico)

Fernando Farias (Brazil): *End-of-life Acupuncture: A story of science, well-being and hope*

Rosalía Amelia Díaz Rojas (Mexico): *Regulation of Gut Microbiome and Acupuncture*

Erna Wenus (USA): *Emotional Literacy: Methods for addressing stress, as developed from TCM*

Q&A's

Virtual Hall 3

14:40-15:10 THEMATIC SESSION 30: Acupuncture and Blood donation

Chair: **Paola Poli** (Italy)

Tomas Dawid (Uruguay): *Acupuncture and blood donation: The story of an unfair prejudice*

Q&A's

Virtual Hall 3

15:15-15:45 THEMATIC SESSION 31: Emergency acupuncture

Chair: **Tomas Dawid** (Uruguay)

Paola Poli (Italy): *Emergency acupuncture in the treatment of post-traumatic stress disorder in the earthquake of Kathmandu-Nepal, and Amatrice-Italy*

Q&A's

15:40-15:45 B r e a k

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Plenary Hall (MC2 – Congress Venue)

15:45-17:15 FORUM AMBASSADORS – AWARDS – CLOSING SESSION

15:45-16:15 Ambassadors Forum

Moderators: **Michael Tarabe** (Greece), **Tomas Dawid** (Uruguay)

Discussants: **ICMART Ambassadors 2021**

16:15- 17:00 ICMART Award Session

Chairs: **Konstantina Theodoratou** (Greece), **Hedi Luxenburger** (Germany), **Dominik Irnich** (Germany)

ICMART Science Award 2021 Winner

Vitaly Napadow (USA): Dynamic brain-to-brain concordance and behavioral mirroring as a mechanism of the patient-clinician interaction

Young Scientist Travel Award 2021

Jasmin Stadler (Austria): *Non-pharmacological pain prevention in term neonates: Laser acupuncture compared to oral glucose solution*

Gaerlan Inciong (Philippines): *Effect of acupuncture on musculoskeletal symptoms using balance technique*

Pedro Figueiredo (Portugal): *The importance of acupuncture/electroacupuncture (EA) in the regulation of the endocrine neuro immune system (NIE)*

Wahyuningsih Djaali (Indonesia): *Acupuncture therapy in post-radiation head-and-neck cancer with Dysgeusia Q&A's*

ICMART Poster Award 2021 (winners names to be announced)

17:00-17:15 Closing Session

Konstantina Theodoratou (Greece), **Hedi Luxenburger** (Germany), **Carlo-Maria Giovanardi** (Italy)

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BOOK OF
ABSTRACTS



KEYNOTE LECTURES

KEYNOTE LECTURES I: Ear Acupuncture Research and clinical practice

KL1.1

Auricular Anatomy and Stimulation Zones: New Horizons with Occult Neural Networks

Yusuf Ozgur Cakmak

Department of Anatomy, University of Otago, New Zealand

Numerous functional zones have been described for the human auricula in the western and eastern worlds. Auricular region of interest for the clinical practices are also structured based on these maps. In this presentation, we will be questioning the accuracy of these maps in the context of evidence-based approaches and scientific literature. We will be covering the occult and underestimated neural networks of auricular structures that can modulate multiple functions of the human body. I will also be sharing (and explaining) our published clinical improvements when the accurate region of interest is selected in the context of the detailed anatomy of the auricula. The presentation will also emphasise the inhomogeneity of auricular innervation between the individuals and how to overcome this bottleneck. We will also talk about how modern medicine uses these functional zones in multiple clinical conditions and how to incorporate these approaches into your daily clinical practice. At the end of this presentation and friendly talk, I believe you will have new horizons for your daily clinical practice.

KL1.2

Medical Auriculotherapy in daily consultation

David Alimi

University of Pittsburgh School of Medicine, France

Increasing its therapeutic tools and enriching its range of proposals to our patients, remains a challenge that every day, all doctors try to meet. Ensuring that these tools have the scientific label and offer the maximum chance of therapeutic efficacy remains the obligation of any doctor. We offer in this presentation some auriculotherapeutic strategies useful in a certain number of frequent indications in our daily consultations. We chose to treat the contribution of medical auriculotherapy in: smoking, hypertension, acne, type 2 diabetes, gastroesophageal reflux, menopausal hot flashes, anxiety, sequelae of stroke, sinusitis and asthma.

KEYNOTE LECTURES II: Oncology

KL2.1

Evidence-informed integration of acupuncture for pain management in cancer survivors

Jun Mao

Memorial Sloan Kettering Cancer Center, New York, United States

Dr. Mao will present the epidemiology of pain in cancer survivors as well as the clinical challenges of managing pain in this

population. He will then review several key past research that evaluate the effect of acupuncture in cancer survivors. Following, he will present the results from the PEACE randomized clinical trial recently published in the JAMA Oncology journal. In this trial among 360 cancer survivors with chronic musculoskeletal pain, both electro-acupuncture and auricular acupuncture significantly reduced pain, reduced pain medication, and improved quality of life as compared to usual medical care. The effects of both acuapunctures persisted at 6 month follow up. Auricular acupuncture is not as effective as electro-acupuncture and is associated with increased adverse events (mostly ear pain/discomfort). Our study provides strong evidence base for the integration of both electro-acupuncture and auricular acupuncture into comprehensive pain management for millions of cancer survivors.

KL2.2

Oncology Acupuncture: 2021

Gary Deng

Memorial Sloan Kettering Cancer Center, New York, United States

Acupuncture has been used as a non-pharmacologic intervention to reduce certain symptoms experienced by cancer patients. Efficacy against some of the symptoms, such as pain and chemotherapy-induced nausea, have been demonstrated convincingly in multiple randomized controlled trials (RCTs). Other symptoms, such as hot flashes, chemotherapy-induced peripheral neuropathy, or radiation-induced xerostomia, have been shown to respond to acupuncture in RCTs, although the evidence is not definitive. Evidence on efficacy against cancer-related fatigue is equivocal. In this presentation, Dr. Deng will summarize evidence for use of acupuncture in oncology, describe safety precautions, and discuss implementation and integration of acupuncture with routine cancer care.

KEYNOTE LECTURES III: Evidence Based Medicine

KL3.1

2010-2019: The strengthening of effectiveness of acupuncture for pain. An overview of systematic Reviews of RCTs

Dimitrios Vasilakos

Private Practice, Thessaloniki, Greece

In recent years, large RCTs and meta-analysis of the effectiveness of acupuncture have greatly advanced our knowledge of acupuncture for pain. Increasingly more patients worldwide now accept acupuncture treatment. Challenges remain in the course of establishing evidence on acupuncture, although under the guidance of EBM, acupuncture will become a standard therapeutic procedure in the modern health care system. Policy makers give credence to the findings of RCTs because they are the 'gold standard' methodology for evaluating clinical efficacy. To build robust evidence of acupuncture for pain management, high-quality RCTs are essential.

The research results by 2010-2019 will be reported. In this decade we see the evolution of knowledge at the level of large RCTs and meta-analysis of the effectiveness of acupuncture for pain.

KL3.2

What's New in Acupuncture Research? Significant Reviews, RCTs and Basic Science Studies Published in 2020 and 2021

Dominik Irnich

University of Munich, Munich, Germany

This lecture gives a short overview of the state of the art in EBM-based Acupuncture by 2020. It will be shown that there is a huge body of literature providing evidence for significant clinical effects of acupuncture in different pain and non-pain indications. The second part of the introduction will summarize the research results on physiological effects of acupuncture which more and more combine the individual pieces of the puzzle into the whole understanding of acupuncture effects.

The latest research results by 2020 and 2021 will be reported in the second part of the lecture. In the last two years some systematic reviews including Cochrane reviews have provided additional evidence. However, conflicting results have been also published and will be discussed. With regard to RCTs 21 new studies can be found using the PubMed search strategy ((acupuncture[Title]) AND (("2020"[Date - Publication] : "2021"[Date - Publication]))) AND (randomised controlled trial[Title/Abstract]) and 159 publications can be identified using the search strategy ((acupuncture[Title]) AND (("2020/01/01"[Date - Publication] : "2021/05/09"[Date - Publication]))) AND (randomised controlled trial[MeSH Terms]). However, the second research strategy includes trial protocols, systematic reviews and low quality trials. A selection process by clinical relevance, study quality and scientific impact leads to a handful of studies which will be summarized and presented. A particular attention will be placed on the acupuncture schemes and points used in these studies.

Last but not least the most significant basic research studies published in 2020 and 2021 will also be presented leading to a more comprehensive view of physiological effects of acupuncture.

KEYNOTE LECTURES IV: Dialogues on theories

KL4.1

Traditional Chinese and Western medicine, two different views on medicine. Clinical and therapeutic consequences

Jean Marc Kespi

Association Française d'Acupuncture (AFA), Paris, France

There are two possible views on light: corpuscular and vibratory. With Léon Vandermeersch, François Julien, etc., I would suggest that Western science is on the corpuscular side and therefore on the being, the organ, the cell, the atom, while the traditional Chinese science is on the vibratory side and therefore on the relationship. Thus, in traditional Chinese medicine, everything would be vibration; starting with the Qi, the meridians, but also the viscera considered from a solely "functional" angle, as we know.

We are faced with two different approaches, two views on the same life, which obviously dialogue on the condition that their originality is respected and that they are not confused. This is important at the level of the patients, the diagnosis and their

treatment. It is also important in terms of research, as the methodology of one cannot be applied to the other without distorting it. An important question. What determines the particle or vibratory optic?

After noting that “the wave/particle duality also characterizes matter”, Trinh xuan Thuan writes “depending on the type of experiment, light behaves sometimes as a particle, sometimes as a wave. The two descriptions do not exclude each other but complement each other. But when does light behave as a wave and when does it behave as a particle? It is observation that creates reality”. In other words, it is the disposition, the intention of the observer that is decisive. Do the acupuncture points, located on the skin, at the interface of the vibratory and the organic, make the link between these two sides?

Clinical observations illustrate this dialogue.

KL4.2

Simple Strategies for experienced acupuncturists

Nicolas Behrens

German Medical Association for Acupuncture (DÄGfA), Munich, Germany

Which are the basic principles, which are based on body-reading; and how specific are our points and therefore do we have to be? Or is it our attitude towards our patients, our intention, and especially the way we touch that is helpful to activate and guide Qi - Dao Qi? This shows that Acupuncture can also be understood and used as body-orientated (psycho-)therapy.

KEYNOTE LECTURES V: Recent Research on Acupuncture

KL5.1

Neuroimaging brain mechanisms supporting acupuncture: From somatosensation to therapeutic alliance

Vitaly Napadow

Martinos Center for Biomedical Imaging, Harvard Medical School, Boston, United States

Acupuncture consists of multiple components, and neuroimaging studies are beginning to tease apart potential brain-based mechanisms supporting this non-pharmacological intervention. Brain imaging in patient populations can directly link neural mechanisms with clinically-relevant outcomes, and recent studies have incorporated neuroimaging into a clinical trial framework for improved ecological validity, extending results to be more relevant for clinical practice. For instance, our fMRI research with patients suffering from carpal tunnel syndrome has suggested cortical plasticity as a mechanism supporting acupuncture analgesia. In turn, the patient/acupuncturist relationship is another important aspect of analgesia, and our recent hyperscan fMRI research has begun to explore brain-based mechanisms underlying therapeutic alliance between patient and clinician, and how this might impact acupuncture analgesia. Ultimately, neuroimaging has shown great promise in the past several decades in opening a window into brain function in order to better appreciate the mechanisms supporting acupuncture. As acupuncture likely operates via multiple distinct mechanisms of action, teasing apart the constituent aspects of acupuncture therapy in humans will be an important goal for current and future neuroimaging research.

KL5.2

Acupuncture for headache – scientific evidence and most commonly used points

Petra Bäuml

Multidisciplinary Pain Center, Department of Anaesthesiology, University Hospital LMU, Munich, Germany

High quality systematic reviews have shown that acupuncture is effective in the prevention of the most common forms of primary headache, migraine and tension type headache, with responder rates around 50%. However, effect sizes in comparison to sham acupuncture controls are often small. This discrepancy caused clinical headache guidelines to differ largely in the recommendations about the use of acupuncture. Now, the increasing evidence of past years is about to elucidate the role of acupuncture in the treatment of primary headache.

This talk provides an up to date overview about recent high quality sham controlled trials, about how acupuncture compares to pharmacological headache prophylaxis in clinical trials and in real world clinical setting and about whether there can be any role for acupuncture in the treatment of acute attacks and other more rare forms of headache. In addition, the improvement of reporting in acupuncture trials now also allows for analysis of the most commonly used point regimens. These will be presented, and there will be room for an exchange of your experiences.

KEYNOTE LECTURES VI: Acupuncture and Preventive Medicine

KL6.1

Clinical Integration of Acupuncture for immune system strengthening and prevention

Francisco Lozano

Mexican College of Acupuncture, National School of Medicine and Homeopathy, Mexico City, Mexico

Of the most frequently reported effects on acupuncture and that have served to incorporate it into clinical practice, is related to strengthening the immune system and prevention.

It is recognized that by strengthening immunity, the risk of contracting infectious contagious diseases in general can be reduced. This knowledge has served to promote its use as a preventive resource during the COVID 19 pandemic.

Furthermore, it has been emphasized that not only the immune system is strengthened, but it is also regulated or modulated, which can contribute to the control of other related conditions.

It has also been shown that acupuncture can exert a regulating and strengthening effect on various biological functions that allows it to exert a protective effect and prevent the onset or progression of many conditions.

In essence, Chinese medicine and acupuncture always propose a holistic, comprehensive treatment to regulate or balance the entire body in its physical, mental and emotional aspects. By holistically treating a patient we are always offering a potential preventive treatment.

Acupuncture can also offer other preventive benefits consisting of preventing the condition from evolving unfavorably, worsening or complicating and preventing or reducing the risks of future imbalances frequently derived from the lack of control or solution of the original problem. It has been proposed that acupuncture could prevent or delay the expression of certain genes and thus

prevent the onset of the disease, the time and severity with which it arises, and the potential complications.

Talking about prevention, then, is not only preventing a “healthy” patient from getting sick but also preventing a certain condition from getting worse or develop complications.

It is proposed the use of different therapeutic strategies with acupuncture to exert a strengthening, harmonizing, balancing and preventive effect.

Furthermore, according to the known and anticipated behavior of a condition, it is also possible to incorporate preventive maintenance schemes with acupuncture.

To the extent that the potentially vulnerable systems are strengthened and those factors that could weaken them are avoided, the possibilities of suffering the disease for which there is a certain susceptibility will not develop, other risks would be prevented, and a healthier and better life would be guaranteed.

KL6.2

Treatment of Hypertension with Acupuncture

Thomas Burgoon

American Academy of Medical Acupuncture, West Chester, United States

Acupuncture can be very effective in the assisting the control of hypertension. In this talk the pathophysiology and treatment according to principles of traditional Chinese medicine is discussed together with some case examples.

THEMATIC SESSIONS

THEMATIC SESSION 1: “Green Medicine” - SAMAG

TS1.1

Dreaming of “Green Medicine”

Konstantina Theodoratou

ICMART, Samag, Athens, Greece

The evolution of Modern medicine is one of the biggest human achievements in the last 150 years. Many problems have been solved, but at the same time many others have been created. Chronic diseases, resistance to antibiotics and opioid crisis are some of the biggest health issues today, although they can be reversed and prevented. Finally, the pandemic appeared last year and most of the health systems were unable to control it. Thus, it appears that Medicine should not only become more effective to humans, but also friendlier for the environment.

Still this is not a new idea concerning the first steps of western medicine and Hippocrates who lived from 460 BC to 370 BC in Greece. The views of Hippocrates about treatment relied on the power of Nature and were directed to the patient as a unique physical, mental and spiritual entity. He used to treat people at the Ancient Greek amphitheaters with natural self-healing techniques, like proper food, physical exercise, natural ingredients and art. “Prevent and do not harm” was the principle of Hippocratic Medicine.

That was the first concept of Green Medicine. We can define Green Medicine as a form of medicine that firstly focuses on a holistic approach and prevention, uses natural type of treatments, friendly for humans and ecosystems. Acupuncture is a natural treatment, has a balancing effect without an aggressive impact for the people and the planet. This kind of treatments should be part of Green Medicine.

TS1.2

Key Liaisons and influences of Western Medicine and Traditional Chinese Medicine

Michael Tarabe

Plastic Reconstructive Aesthetic & Laser Aesthetic Surgeon, TCM & Aesthetic Acupuncturist, Greece

The essence of traditional Chinese medicine has always been the most advanced and experienced medicine in the world. It has knowledge that can impact the direction of future medical development, yet its knowledge is simple enough to fit changing times and varied cultures. The basic structure of traditional Chinese medicine is composed of the following three parts: the part that is consistent with modern medicine, the part that is involuntarily beyond modern medicine, and the part that needs to be further evaluated or abandoned.

The part that is consistent with Modern Medicine has its roots in the 16th century, what is now known as “western medicine” was introduced to China but was not commonly used and thus had little effect. It was not until the Opium War that “western medicine” began to develop in China. Therefore, prior to that event, traditional Chinese medicine was always the leading force of medical care in China.

The key to successful medicine lies in its efficacy. A popular Chinese saying states “Excellence is from experience”. The foundation of traditional Chinese medicine is based on 5,000 years of practice and experiences.



Science focuses on Medical Acupuncture

The roots of Western medicine

Early Greece

The transition from magic to science was a gradual process that lasted for centuries, and there is little doubt that ancient Greece inherited much from Babylonia and Egypt and even from India and China.

Modern readers of the Homeric tales the Iliad and the Odyssey may well be bewildered by the narrow distinction between gods and humans among the characters and between historical fact and poetic fancy in the story. Two characters, military surgeons Podaleirius and Machaon, are said to have been sons of Asclepius, the god of medicine. The divine Asclepius may have originated in a human Asclepius who lived about 1200 BCE and is said to have performed many miracles of healing.

Asclepius was worshipped in hundreds of temples throughout Greece, the remains of which may still be seen at Epidaurus, Cos, Athens, and elsewhere.

To these resorts, or hospitals, sick persons went for the healing ritual known as incubation, or temple sleep. They lay down to sleep in the dormitory, or abaton, and were visited in their dreams by Asclepius or by one of his priests, who gave advice.

In the morning the patient often is said to have departed cured. There are at Epidaurus many inscriptions recording cures, though there is no mention of failures or deaths.

Diet, baths, and exercises played their part in the treatment, and it would appear that these temples were the prototype of modern health resorts. Situated in a peaceful spot, with gardens and fountains, each had its theatre for amusements and its stadium for athletic contests.

The cult of incubation continued far into the Christian era. In Greece, some of the Aegean islands, Sardinia, and Sicily, sick persons are still taken to spend a night in certain churches in the hope of a cure.

It was, however, the work of the early philosophers, rather than that of the priests of Asclepius, that impelled Greeks to refuse to be guided solely by supernatural influence and moved them to seek out for themselves the causes and reasons for the strange ways of nature.

The 6th-century philosopher Pythagoras, whose chief discovery was the importance of numbers, also investigated the physics of sound, and his views influenced the medical thought of his time. In the 5th century BCE Empedocles set forth the view that the universe is composed of four elements—fire, air, earth, and water—and this conception led to the doctrine of the four bodily humours: blood; phlegm; cholera, or yellow bile; and melancholy, or black bile.

The maintenance of health was held to depend upon the harmony of the four humours.

Hippocrates

Medical thought had reached this stage and had partially discarded the conceptions based upon magic and religion by 460 BCE, the year that Hippocrates is said to have been borne. Ancient writers held that Hippocrates taught and practiced medicine in Cos, the island of his birth, and in other parts of Greece, including Athens, and that he died at an advanced age. His practice is recorded in the Hippocratic Collection (Corpus Hippocraticum).

His works attributed to him mark the stage in Western medicine where disease was coming to be regarded as a natural rather than a supernatural phenomenon and doctors were encouraged to look for physical causes of illness. Some of the works, notably the Aphorismi (Aphorisms), were used as textbooks until the 19th century. The first and best-known aphorism is "Life is Short, Art long, Occasion sudden and dangerous, Experience deceitful, and Judgment difficult" (often shortened to the Latin tag "Ars longa, vita brevis"). This is followed by brief comments on diseases and symptoms, many of which remain valid.

He had an extraordinary ability to foretell the course of a malady, and he laid more stress upon the expected outcome, or prognosis, of a disease than upon its identification, or diagnosis. He had no patience with the idea that disease was a punishment sent by the gods. Writing of epilepsy, then called "the sacred disease," he said, "It is not any more sacred than other diseases, but has a natural cause, and its supposed divine origin is due to human inexperience. Every disease," he continued, "has its own nature, and arises from external causes."

Hippocrates noted the effect of food, of occupation, and especially of climate in causing disease, and one of his most interesting books, entitled *De aëre, aquis et locis* (Air, Waters and Places), would today be classed as a treatise on human ecology. Pursuing this line of thought, Hippocrates stated that "our natures are the physicians of our diseases" and advocated that this tendency

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to natural cure should be fostered. He laid much stress on diet and the use of few drugs. He knew well how to describe illness clearly and concisely and recorded failures as well as successes; he viewed disease with the eye of the naturalist and studied the entire patient in his environment.

Perhaps the greatest legacy of Hippocrates is the charter of medical conduct embodied in the so-called Hippocratic oath, which has been adopted as a pattern by physicians throughout the ages.

Not strictly an oath, it was, rather, an ethical code or ideal, an appeal for right conduct. In one or other of its many versions, it has guided the practice of medicine throughout the world for more than 2,000 years.

With the founding of a new China in 1949, western medicine in the region also began to play a large role in medical care. As modern (westernized) medicine's impact increased, it led to the development of "integrative medicine" at the end of the 1950s. Theories, therapeutic principles, technologies, and understanding of the life sciences were elaborated, and the basic structure of traditional Chinese medicine also became clearer. Most importantly, traditional Chinese medicine began to reach a common point with modern medicine.

TS1.3

Talking to modern healthcare providers about acupuncture

Thomas Burgoon

American Academy of Medical Acupuncture, West Chester, United States

Helping our colleagues in medicine understand and appreciate the value of acupuncture in modern medical practice requires a special effort of communication. Much of the everyday language concerning acupuncture practice for the acupuncture physician utilizes and understands a terminology derived from traditional Chinese medicine. However, this language is largely unintelligible to our non-acupuncture colleagues and in fact can obscure and hinder efforts to communicate the value of acupuncture to them. The common language for all modern physicians is the language of modern science. This is the language also that effectively communicates the importance and role of acupuncture in modern medical practice. The challenge is to communicate with the modern science on acupuncture in a way that accurately represents the traditions of acupuncture practice and at the same time fosters understanding of the value of acupuncture as part of modern medical care.

THEMATIC SESSION 2: Korean Medicine I

TS2.1.1

Sasang Constitutional Medicine in Korea

Byunghee Koh

Kyunghee University, Seoul, South Korea

The Sasang Constitutional Medicine (SCM) is an important part of Traditional Korean Medicine that was first presented by Lee Jema, a confucian scholar and medical practitioner who lived in 19th century Korea. It deals with the constitutional typing of a given individual into four different constitutional types (Taeyang, Taeum, Soyang, and Soeum types) and the attendant tailored therapeutics specific for each constitutional type. SCM is hereditary medicine in that it views the individual as having inherited the inherent constitutional attributes; it is psychosomatic medicine in that it understands the mind-body duality and interconnection in the human; it is constitutional medicine in that it differentiates the four constitutional types; and it is

social medicine in that it emphasizes the social interactions of humans. Constitutionally differentiated health care first begins with constitutional typing and constitutional diagnosis based on assessment of the individual's constitutional attributes. Constitutional therapy would typically consist of constitutionally differentiated acupuncture and medicational therapy that takes into consideration the constitutional traits specific for each constitutional type. Another important component of constitutional health care would be the constitutionally different regimen that includes the ways of living, behavioral modifications, exercising methods, and diets.

THEMATIC SESSION 2: Korean Medicine II

TS2.2.1

Sa-Am Acupuncture of Korea

Sanghoon Lee

Department of Medical Education, Kyung Hee University College of Korean Medicine, Seoul, South Korea

Master Saam in Korea developed Saam acupuncture in the 17th century. Its main characteristics are using five-element acupuncture points, meridian-based approach, holistic and systematic balancing, comfort, and safety.

There are 24 basic formulas consisting of tonification and sedation for each of the 12 meridians. Also, many variations are introduced in the classic Saam book. I suggest three ways to select a target treatment meridian; the meridian pathway related to lesions, five-element theory, and six-energy system. Saam acupuncture is now actively applied to a wide variety of diseases in many countries as well as in Korea. This lecture will introduce the principle of Saam acupuncture and its clinical application.

THEMATIC SESSION 2: Korean Medicine III

TS2.3.1

Introduction of Facial Acupuncture

Jae Soo Kim

Korean Acupuncture & Moxibustion Medicine society, Seoul, South Korea

Recently, interest in appearance has increased, and facial acupuncture is gaining popularity due to its few side effects and minimal invasiveness. Facial acupuncture is used not only for cosmetic purposes, but also for treatment of diseases such as facial paralysis, atypical facial pain, facial spasm, and TMJ diseases.

Facial acupuncture focuses on the basic acupoint (facial acupoint, remote acupoint) and stimulates the muscles, SMAS, fascia, motor point, and trigger point based on the anatomical theory.

Through various theories such as Saam acupuncture using the yin-yang and five phase theory, ear acupuncture and Dongssi acupuncture using reaction points, the treatment effect is enhanced by helping the whole-body regeneration and circulation.

Various types of acupuncture (acupuncture, acupotomy, thread-embedding acupuncture, pharmacopuncture etc.) can be performed on acupoint, ligaments, or muscles depending on the treatment purpose for each disease.

In this lecture, the theory and procedure manuals of facial acupuncture, the application points for each disease, and treatment methods and advantages using various acupuncture tools. will be introduced.

This lecture introduces the theory and procedure manuals of facial acupuncture, application points for each disease, and treatment methods and advantages using various types of acupuncture.

TS2.3.2

Covering the Chuna (Tuina) manual therapy in the National Health Insurance in Korea

Byungmook Lim, Byung-Cheul Shin, Jien Yu, Hyunmin Kim, Eunhye Hyun

Pusan National University School of Korean Medicine, Yangsan, South Korea

INTRODUCTION: Chuna manual therapy (CMT) is widely used in patients with musculoskeletal disorders in Korea. Pilot insurance program for CMT of the National Health Insurance was implemented in 2017, and the coverage has been expanded nationwide in 2019. This study examined how traditional therapy was established in modern health insurance system.

METHOD: We collected literatures and web documents on the insurance of CMT and interviewed with key personnels involved in the policy making process. Multiple streams model (MSM) developed by Kingdon was applied to analyze the policy agenda-setting and the roles of stakeholders.

RESULTS: The Society of Chuna Manual Medicine was established in early 1990s and promoted clinical research to accumulate the scientific evidence on the effectiveness and safety of CMT. For several years, Korean Medicine doctors' association demanded Korean government to cover CMT in the health insurance, and the government included the CMT insurance in the national health security enhancement plan in 2015. Although mainstream doctors strongly opposed it, CMT has been covered in the national health insurance based on the evidence of clinical effectiveness and the support of medical consumers' group.

CONCLUSION: Insurance coverage for CMT is a successful example of traditional medicine settling into public insurance system through rigorous procedures.

THEMATIC SESSION 2: Korean Medicine IV

TS2.4.1

Pressure levels in Cupping therapy: A Systemic Review

KuWeon Kim, Sookwang An, **Gi Young Yang**

School of Korean Medicine, Pusan National University, Yangsan-si, South Korea

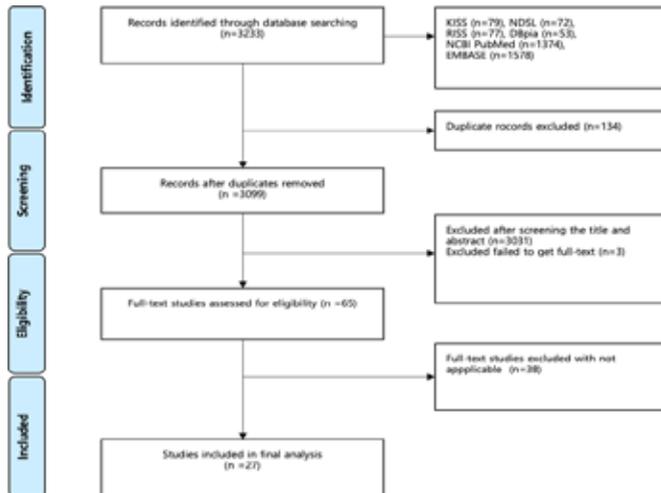
OBJECTIVE: There is a need for a systematic analysis of the clinical use of cupping therapy. This study is a descriptive review of research studies on cupping therapy.

METHOD: Four domestic databases and two foreign databases were searched for studies about cupping therapy. Studies that reported the cupping pressure used during cupping therapy were included. The researcher extracted and analysed the types of cupping, cupping site, and pressure and duration of cupping as main parameters.

RESULTS: A total of 27 studies, including 24 experimental studies were analysed. Each study was classified as either a constant negative pressure (domestic), maximum negative pressure (domestic), constant negative pressure (foreign), or maximum negative pressure (foreign) study. There were 12 constant negative pressure (domestic) studies with a range between 60 mmHg and 600 mmHg. There were five maximum negative pressure (domestic) studies, and the maximum negative pressure was 620 mmHg. Three studies used a maximum negative pressure of 600 mmHg. There were four constant negative pressure (foreign)

studies with a range between 75 mmHg and 750 mmHg. There were three maximum negative pressure (foreign) studies with a maximum pressure of 420 mmHg.

CONCLUSION: The studies differed with regards to both the materials used and the pressure values used. Many studies provided limited information. For these reasons, the generalisability of the results of our review is limited. Further experimental studies are required to establish the correlation between cupping pressure and treatment effects and build on the body of knowledge so that cupping therapy can be standardised.



TS2.4.2

A study on the development and application of Korean Medical critical pathway of lumbar disc herniation in four different Medical Affiliations

Kim Jung-Hyun¹, Bon-Hyuk Goo¹, Dongwoo Nam², Eun-Jung Kim³, Yeon-Cheol Park², Yong-Hyeon Baek², Sang-Soo Nam², **Byung-Kwan Seo²**

¹Department of Acupuncture & Moxibustion, Kyung Hee University Hospital at Gangdong, Seoul, South Korea, ²Department of Acupuncture & Moxibustion Medicine, College of Korean Medicine, Kyung Hee University, Seoul, South Korea, ³Department of Acupuncture & Moxibustion Medicine, College of Korean Medicine, Dongguk University, Gyeongju, South Korea

INTRODUCTION: A critical pathway defines the optimal care process, sequencing and timing of intervention by multi-disciplinary health care teams for a particular diagnosis and procedure. Critical pathway plays an important role as a cost-effective health care delivery system and a tool for quality control of medical and dental services by means of standardizing medical practices. The aim of this study is to investigate the satisfaction of patients and medical staff after implementation of a critical pathway for Korean medical treatment of lumbar disc herniation in integrative medical.

METHOD: Under ethical approval by Institutional Review Board in 2020, researchers have developed the draft of critical pathway with lumbar disc herniation. Initially established critical pathway is based on Korean medical clinical practice guideline with lumbar disc herniation which is renovated in 2019. Furthermore, researchers have implemented the developed critical pathway to patients in one kind of integrative medical hospital and collected relevant feedback.

RESULTS: The critical pathway implemented group included 3 patients who underwent the implementation procedure from

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October 2020. All three patients have successfully been applied critical pathways during inpatient and outpatient treatment. Additionally, medical staff members were satisfied with the usefulness of the critical pathway.

CONCLUSION: The critical pathway for the Korean medical treatment of lumbar disc herniation in integrative medical centers can highly improve the satisfaction of patients and medical staff members.

TS2.4.3

Introduction of Korean Medicine Tools

Dongwoo Nam

Department of Acupuncture & Moxibustion, College of Korean Medicine, Kyung Hee University, Seoul, South Korea

The Society of Korean Medicine is an academic research organization of Korean medicine, consisting of a total of fifty nine member societies (forty four member societies and fifteen associate member societies). The Association of Korean Oriental Medicine works to protect the rights and interests of members in policy and system's point of view. The Society of Korean Medicine performs overall academic, educational, and research activities of Korean medicine.

The Society of Korean Medicine has been putting many efforts for the globalization of Korean medicine. As the going says 'what is Korean is the most international', Korean medicine is the most suitable for globalization. Korean medicine is ready to stand parallel with western medicine not only as preventive medicine but also as treatment medicine, that is EBM (evidence-based medicine). Further academic infrastructure for Korean medicine should be well built to support the roles of Korean medicine.

Of the major researches of the society, the enactment study on technical terminology of Korean medicine is near completion of standardization. This will be globalized via the policies of WHO (World health organization). Also under study is the standardization of Korean medical treatment procedures. Standardized coding study of clinical prescriptions of Korean medicine is standardizing herbal prescriptions of Korean medicine, and many efforts are put for research for EBM (evidence-based medicine). For study on education, education of school of Korean medicine in national universities is studies to provide better educational environment, and specialized doctor system of Korean medicine is also under research.

For international academic exchange, annual Korea-China conference is held with China association of Chinese Medicine from 1994. In September, 2006, academic exchange agreement was contracted with Chinese Association of Integrative Medicine.

In February, 2004, mutual cooperative was agreed between Society of Korean medicine and Japanese Society of Acupuncture and Moxibustion. Korea-Japan EBM workshop is held annually, and in February, 2008, Japanese Society of Oriental Medicine agreed on academic exchange with Society of Korean medicine, and international conferences are held in cooperation of each other thereafter.

International exchange with Taiwan is also active, with agreement of academic exchange with Chunghwa Chinese Medicine Society in May, 2008.

The Society of Korean medicine is working to expand the international exchange now even to Europe and the United States. As for 2018, The Society of Korean medicine enrolls forty-four member societies and fifteen associate member societies, and is publishing qualified study results in national and international conferences. The society is also working in collaboration with related organizations for mutual growth. Especially in May, 2016, The Society of Korean medicine agreed on academic exchange with Korean academy of Medical sciences, Korean academy of dental sciences, and the Pharmaceutical society of Korea. Through this agreement, the four organizations actively involve in collaborated search and academic activities that leads to mutual development.

THEMATIC SESSION 3: Herbal I

TS3.1.1

Treatment of Colitis ulcerosa with Chinese Herbal Medicine (CHM)

Josef Hummelsberger

International Society for Chinese Medicine SMS, Munich, Germany

Colitis ulcerosa and other gastrointestinal inflammations are still a clinical challenge, despite great progress made in the last decades in western biomedicine.

Clinical studies with Acupuncture and Moxibustion in e.g. Crohn's disease have shown benefits. CHM can improve and enhance this clinical efficiency significantly. The great variety of CHM with numerous herbs especially working anti-inflammatory, calming the intestinal mucosa and working regulating the vegetative system are very helpful.

This workshop gives a quick and profound introduction, case reports and tips to introduce CHM in the clinical practice.

TS3.1.2

Usage of Licorice Root extract and Aloe Vera among other Nutraceuticals for the treatment of gastrointestinal disorders

Rosalia Amelia Diaz Rojas

Filasma, Mexico City, Mexico

Gastrointestinal disorders remain prevalent and difficult to manage disease conditions. The nutraceuticals have demonstrated biological effects by involving the biochemical reactions as substrates, cofactors and inhibitors of specific enzymes or receptors. There is growing interest in the use of these nutraceuticals to manage gastrointestinal disorders. Generally, nutraceuticals are considered to be safer than conventional pharmaceutical therapies, which encourages the patients to apply alternative options to alleviate symptoms of these disorders. Aloe Vera is a perennial green herb distributed in hot and dry areas of North Africa and Middle East of Asia that has been extensively used with pharmacological and cosmetic applications. It contains more than 75 different compounds with different usages which include stomatitis, submucous fibrosis, gastroesophageal reflux, gastritis, prebiotic effect and different types of cancer. Licorice root has been recently used to treat chronic fatigue from adrenal dysfunction however there are multiple investigations on its use in peptic ulcer, gastritis and inflammatory bowel disease. Fortunately, we currently have a lot of information on the use of nutraceuticals for the treatment of gastrointestinal disorders that increasingly limit the use of drug therapy such as antibiotics and proton pump inhibitors and that they have the advantage of acting directly on the microbiome that now a days we now that interferes in 90% of all the diseases that we know.

THEMATIC SESSION 3: Herbal II

TS3.2.1

Successful treatment for eczema with Traditional Chinese Medicine combined with Orthomolecular and other additional therapy advice in more than 2500 people confirmed in scientific research

Albert Van Dinteren

Dutch Medical Acupuncture Association (NAAV), Brunssum, The Netherlands

- Casuistry beginning and end of this presentation
- Eczema and TCM SCIENTIFIC RESEARCH
- Is There Evidence (Enough)?
- Eczema and TCM and different sources of differential diagnoses
- Simple herbal effects
- More information; individual herbs and formulas

THEMATIC SESSION 3: Herbal III

TS3.3.1

The quality of the phytotherapeutic practice in the Netherlands: How to reduce risk and optimise patient safety

Edwin Lipperts

De Natuurapotheek BV, Pijnacker, Netherlands

INTRODUCTION: From the experience in the NatuurApotheek the conditions for safe and effective use of phytotherapy over the past 35 years are, firstly, the excellent quality of the single herbal raw materials used, secondly, intensive collaboration with phytotherapeutic physicians and phytotherapists so that an anamnesis, diagnosis and treatment strategy are always determined before phytotherapy is used, and thirdly, a newly developed method to prevent possible clinically relevant interactions between synthetic medication and phytotherapy. This newly developed method has led to a practical guide for phytotherapy prescribers or pharmacists working with phytotherapy. The result is that every patient taking chronic synthetic medication together with phytotherapy receives tailored advice on how to deal with possible interactions.

METHOD: The tailor-made advice is derived from the advice that regular doctors and pharmacists give on clinically relevant interactions between synthetic medication. These recommendations are continuously updated by the Health Base Foundation and are set out in the book *Commentaren medicatiebewaking Medicom-Pharmacom*, one of the bases for medication monitoring in general practitioner and pharmacy information systems in NL (1). Because in the case of herbal raw materials it is often not known what the contents are, or only a few contents of the herbal raw material are known, little is known about possible clinically relevant interactions between synthetic medicines and herbs. A limited number of situations can be conceived in which a possible clinically relevant interaction between a herbal medicine and a synthetic medicine could occur. In these cases, the

addition of a phytotherapeutic may cause a potentially clinically relevant interaction, without our knowledge of the contents of the phytotherapeutic in question. And very often we don't have that knowledge or we don't have sufficient knowledge. When assessing a potentially clinically relevant interaction between synthetic medication and a phytotherapeutic, we therefore only consider the chronic synthetic medication a patient is taking. And we use the advice developed for interactions between chronic synthetic medication.

RESULTS: For the patient, the advice leads to more confidence in the phytotherapy and the phytotherapeutic practitioner, and moreover, the advice is easy to implement for the patient. At the NatuurApotheek pharmacy, at least 5-10 such advices are now given daily on the basis of the chronic synthetic medication.

CONCLUSION: In recent years there have been many positive reactions to this working method. In the near future we will start with the evaluation of the method by the prescriber and by the patient.

THEMATIC SESSION 4: Vet I

TS4.1.1

Fascial techniques in the acupuncture session for dog

Giorgia Mastrangelo

Riequilibravet Veterinary Physiatric Center for Dog and cat, Rome Italy, Roma, Italy

Fascia is connective tissue that is woven around each and every muscle, bone, nerve, artery and vein in our bodies, as well as all of our internal organs; it is a continuous structure that exist to head to toe without interruption, connecting each part of the body. Fascia creates a three-dimensional tension network, governed by laws of tensegrity, a concept in architecture and biology where isolated components in compression are inside a net of continuous tension, constantly adapting to new stresses to meet the structural demands of the organism. For these properties Fascia may be considered as a big sensory organ established in myofascial trains, through which informations are spread by the form of mechanical tension, immune, circulatory or psyconeuroendocrine messages. Comparing the T. Myers myofascial meridians and the traditional Chinese acupuncture meridians we can find some associations: The chinese energy meridians and the myofascial trains in fact were see like a network crossing all the body inside and outside. This connecting path carries energy and biochemical message between cells, relating every single part of the organism to the other, constantly communicating. Also in both Osteopathy and Acupuncture one of the most teaching is that everything is connected and the circulation is vital for the self-regulation and self-repair of every organism. Because of this, Osteopathy techniques, like myofascial release, coupled with other forms of energy techniques, like Acupuncture, will enhance your effectiveness.

Keywords: Tensegrity, Fascia, Myofascial release, myofascial trains, meridian, mechanotrasduction, acupuncture

TS4.1.2

Acupuncture as a bovine obstetric aid

Christiane Wander

German Society for Acupuncture and Neural Therapy (DGfAN), Germany

Heifers usually have difficult calving due to uterine inertia and narrow birth canals. In these cases, drug therapy generally is

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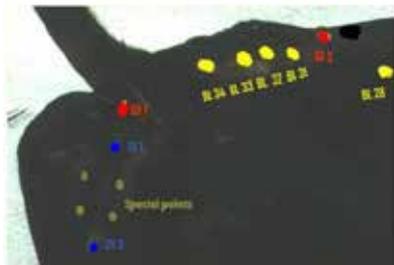
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suboptimal. The use of excessive force in bovine obstetrics is linked to birth canal injuries which later foster infections and, in the worst case, sterility.

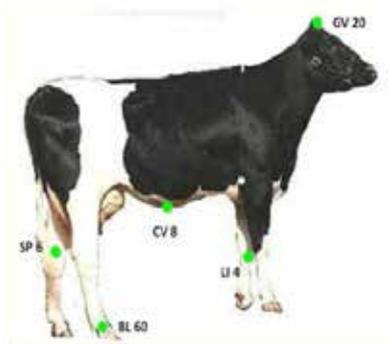
Bovine acupuncture induces lumbar muscle relaxation, reduces birth canal swelling, has an anesthetic effect, and contributes to the emotional balance of the calving cow. These positive effects help avoiding Caesarian sections, costly surgical procedures which may cause a drop in milk production and, occasionally, protracted recovery.

Acupuncture is not only economical, it is also a good way to help cows calve with less trauma and less pain.

Local Points



Distant Points



THEMATIC SESSION 4: Vet II

TS4.2.1

Pets' behaviour and its problems according to TCVM

Francesc Minguell

Private practice, Spain

Pets Behavior and its disturbances are related to Shen. Shen is a big concept that includes Vitality or Stamina, Mind and Spirit. For TCVM any ZangFu have its own emotion, its own part of Shen. Although the Shen resides in the Blood and is housed in the Heart, the different organs and viscera express changes in the behavior of the individual depending on their state of health. We know very well that fear paralyzes the Kidney, but do we know widely what changes in behavior entail an alteration in the Large Intestine, or in the Gallbladder? What is the relationship with social and family environment? How do these external factors affect the organ's imbalance?

A more in-depth study of ethology and TCVM allows addressing behavioral alterations by integrating acupuncture, moxibustion, nutrition and a good understanding of social and family situation.

THEMATIC SESSION 4: Vet III

TS4.3.1

Medical acupuncture for problems of the head and neck in small animals

Narda Robinson

Curacore VET and Curacore MED, Fort Collins, United States

Medical acupuncture and related techniques provide unparalleled opportunities to address conditions of the head and neck in a substantive, safe, and well-tolerated manner. For example, medical acupuncture for keratoconjunctivitis sicca (“dry eye”) identifies specific cranial nerves and connective tissue structures involved in the etiopathogenesis of this often-chronic condition along with neuroanatomic and myofascial treatment approaches that improve the health and proper function of the tear duct apparatus and other affected ocular structures. Similarly, addressing nasal stuffiness from sinusitis or chronic infection in cats, rabbits, and snakes calls for techniques that normalize nasal drainage through local, regional, and homeostatic acupuncture points. Treating facial nerve injury with medical acupuncture begins with knowledge of the anatomic course and myofascial destinations of the facial nerve, which then inform the point selection. Neck injury often impacts multiple neural and myofascial structures and their proper function. Corrective treatment with medical acupuncture and related techniques requires one to first identify the nature and location of the injury or disturbance and then to implement restorative inputs that alleviate the dysfunction and promote recovery. In summary, the scientific approach to medical acupuncture builds a solid foundation from which veterinary acupuncturists can tackle difficult and complex conditions and expect better results.

TS4.3.2

Integrated clinical approach to urinary problems

Francesc Minguell

Private practice, Spain

We are going to address two very frequent urinary disturbances: Feline idiopathic cystitis and Chronic Kidney Failure. Feline idiopathic cystitis aetiology is unknown but it has been demonstrated that main disturbances are not in the urinary bladder but affected cats have greater activation of the stress response system. The activation of the sympathetic nervous system causes the activation of bladder neurons that cause neurogenic inflammation leading to pain, bleeding, bladder muscles contraction and alteration of the glycosaminoglycan barrier. In summary, we could indicate that FIC should not be just controlled with diet and drugs. It should require as well an integrated treatment, which addresses: diet, control pain, possible concomitant pathologies, environmental factors, psychological factors of the patient and the collaboration of the caregiver. Chronic Kidney Failure need to be treated not only the usual treatment to increase life expectancy and improve life's quality. Our proposal is to integrate food therapy –natural food adapted to IRIS phase and yin, yang or Qi Kidney deficiency-, acupuncture –Shu points, Mu points and distal points to improve Kidney energy-, Moxibustion daily in “renal belt”, Biopuncture -to inject Homeopathic complexes remedies in Acupuncture points-, behavioral therapy –aromatherapy, Bach flowers, pheromones to improve the environment and reduce stress in patients both in hospitalization and at home-, accompaniment to the caregiver –as they become more responsible and proactive, they do not forget the follow-up control visits-.

THEMATIC SESSION 4: Vet IV

TS4.4.1

Treatment of back problems of the sport horse with the use of 24K pure gold implants

Marco Testa

Private practice, Torino, Italy

INTRODUCTION: A technique where the union of Western Medicine with Traditional Chinese Medicine is sublimated. Treatment with the use of 24 K pure gold implants in acupuncture and pain points offers 3 great advantages:

- Maximum effectiveness
- No dooping
- No collateral effect

METHOD: The procedure for gold implants involves sterilization of the part as for normal intra-articular infiltrations, general sedation of the horse, then localization of the acupuncture points and insertion in these of hypodermic needles through which the 24-point gold implants will be inserted. carats, 2-3 mm long and 1 mm wide, and perfectly positioned by means of a mandrel. The depth of the needle depends on the area to be implanted, which can be subcutaneous or very deep. The number of gold grains varies from 2 to 5, depending on how strong you want to impress the stimulus, and based on the anatomical location. The points to be treated are classic acupuncture points, therefore both near and far from the pathological area; some are deep or superficial muscle points, others are placed on the bones or joints.

RESULTS: Results after implantation

- **FIRST** is based on the direct stimulation of the acupuncture point in which we have implanted the GB24K; creating a long term stimulation and therefore effect of the acupuncture point.
- **SECOND** effect, more directly scientific, is based on the concept that the tissues around and inside a joint with osteoarthritis present a raise of electrical negative charges and a raise in the Ph (>7 Alkalosis).
- The more this situation remains, the more the Pain condition will raise. In this condition the organism is trying to react raising the number of electrical positive charges, attracting Na ions, H, and the ion more important for us, Ca.

CONCLUSION: This particular form of therapy is not limited to being only anti-inflammatory, to take away the pain. The combination of the 24K Gold Implant in the Acupuncture points leads to an improvement in the functionality of the affected joint in its entirety. From this point of view, it is possible to understand why the Gold Implants do not stop to treat only the arthritic area but are intended to cure the entire chain of muscle, bone and tendon alterations caused by the persistence of the problem. This way of seeing also allows to prevent further evolutions and to intervene before other alterations take place.

TS4.4.2

Acupuncture and Moxibustion in oncology: A proposal for counteracting chemotherapy-induced gastrointestinal side effects in dogs

Eliana Amorosi

SIAV (Società Italiana Agopuntura Veterinaria), Milano, Italy

INTRODUCTION: The scientific literature to date doesn't report evidence of clinical improvement due to regular acupuncture treatments in dogs undergoing chemotherapy for tumors. On the other side there is evidence in literature about the efficacy of acupuncture in reducing chemotherapy-induced nausea and vomiting. There are many studies about the possibility of acupuncture of counteracting other chemotherapy side effects, such as leukopenia, peripheral neuropathy, pain, cutaneous rash and fatigue. Dr. Paola Poli and Dr. Carlo Moiraghi report a good outcome in oncology human patients treated with acupuncture in association with the conventional therapy. Their method based on the use of the Extraordinary Vessels and the stimulation of Yuan Qi. An important aim in this method is to tonify the Spleen, which has the fundamental role to maintain the correct form in the body, to generate the Blood (oncologic patients are frequently anemic), to permit the assimilation of food and the functionality of the gastrointestinal tract. Another intent of their method is the depuration from toxins, that abundantly form in the oncologic patient, due to chemotherapy and to the tumor itself, considered as a Xie Qi accumulation.

The purpose of this study is to test the effects of acupuncture and moxibustion, practiced according to the ALMA-AGOM method, in dogs with tumors. We particularly evaluated the reduction of the chemotherapy-induced gastrointestinal symptoms, such as anorexia, nausea, vomiting and diarrhea.

METHOD: Ten dogs with different type of tumors treated with chemotherapy, underwent acupuncture treatment for a minimum of 4 sessions. We chose a combination of fixed points including ST36, LI11, CV12, SP4, ST40, SP3, PC6, SI3, LU7, which were alternatively used in the sessions. Other personal points were used. Moxibustion on CV8 was always applied, too. A control group was formed by dogs with chemotherapy-induced gastrointestinal symptoms non treated with acupuncture and moxibustion.

RESULTS: All the patients showed an improvement of the gastrointestinal symptoms, frequently already after the first session. The animals appeared more happy and energetic after treatment.

CONCLUSION: Acupuncture and moxibustion practiced according to the ALMA-AGOM method were an effective treatment for the chemotherapy-induced gastrointestinal problems in dogs. In this study acupuncture allowed the dogs to continue the chemotherapy with the correct dose of drug. The therapy was also effective in ameliorating patients' quality of life. Further studies with a larger sample are required to confirm these results and to evaluate the possibility of counteracting chemotherapy induced leukopenia and anemia, too.

THEMATIC SESSION 4: Vet V

TS4.5.1

Facilitating recovery from spinal cord injury with medical acupuncture and related techniques: A translational medicine perspective

Narda Robinson

Curacore VET and Curacore MED, Fort Collins, United States

BACKGROUND: For spinal-cord-injured (SCI) patients, integrative medicine approaches such as photomedicine and acupuncture can significantly raise the likelihood of regaining function and improving outcomes. Canine and human SCI share several similarities. That is, the gross and histopathologic lesions in dogs resemble those evidenced by humans with traumatic myelopathies. In both species, conventional medical approaches (i.e., pharmaceuticals and surgery) do little to address the pathophysiologic changes that ensue in the spinal cord after the initial trauma. These changes include, in the acute phase, vasospasm, spinal shock, ischemia, edema, and cell death. Subacutely, glutamatergic excitotoxicity begins to manifest along with free radical production, release of excessive amounts of nitric oxide and norepinephrine, reduced ATP availability, invasion

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of immune cells, proinflammatory cytokine production, and more. Both electroacupuncture (EA) and photobiomodulation (PBM; e.g., laser therapy) confer neuroprotection and promote tissue healing. They accomplish this through neuronal stimulation, neuromodulation, and neural regeneration. Furthermore, both approaches reduce inflammation, encourage tissue repair, and provide local and regional analgesia.

Table 1 compares the mechanisms of action by which each modality facilitates recovery. (Table 1 is extracted from the article by Dr. Narda Robinson, "Beyond the laboratory, into the clinic: What dogs with disk disease have taught us about photobiomodulation for spinal cord injury." *Photomedicine and Laser Surgery*; 2017;35(11): 589-594.)

OBJECTIVE: By understanding how EA and PBM specifically address the pathophysiology of SCI in its acute and chronic stages, medical acupuncturists can justify and implement an integrative course of treatment for human and non-human patients. Naturally occurring SCI in dogs offers unparalleled opportunities to hone treatment strategies involving PBM and EA that can then be studied across species. Clinically, research shows that dogs with SCI improve with EA and/or PBM. For example, EA combined with standard care shortened the time to recover deep pain perception and ambulation compared to standard of care alone. Another showed better neurologic outcomes after EA alone or in combination with surgery than for surgery alone. Dogs with experimental spinal cord damage that received PBM ambulated within 9–12 weeks.

CONCLUSIONS: Worldwide, 2.5 million humans live with SCI; many are younger than 30 years. The cost to society per patient over a lifetime may reach several million dollars. Insights derived from clinical trials of dogs with SCI have the potential to improve outcome and quality of life for both human and canine SCI patients.

TABLE 1. COMPARISON OF BENEFITS OF PHOTOBIMODULATION AND ACUPUNCTURE FOR PATIENTS WITH SPINAL CORD INJURY

Mechanism of action	Photobiomodulation (PBM)	Electroacupuncture (EA) and manual acupuncture (MA)
Neuronal stimulation and neuromodulation	<ul style="list-style-type: none"> • Activates photoacceptors • Upregulates ATP production • Supports cellular proliferation and cytoprotection¹⁴ 	<ul style="list-style-type: none"> • Stimulates mechanoreceptors • Neuromodulates • Improves motor control
Neuroprotection	<ul style="list-style-type: none"> • Preserves motor neurons • Supports cellular metabolism of neurons • Stimulates proliferation of astrocytes and oligodendrocytes • Promotes remyelination and axonal regeneration¹⁵ 	<ul style="list-style-type: none"> • Upregulates reparative signaling pathways²⁴ • Modulates neurotrophin expression²⁵ • Promotes remyelination
Neuronal repair and functional restoration	<ul style="list-style-type: none"> • Hastens recovery from peripheral nerve injury¹⁶ • Supports muscle tissue preservation as nerves heal¹⁷ 	<ul style="list-style-type: none"> • Improves microcirculation and neuronal morphology²⁶ • Benefits the microenvironment of the injured spinal cord • Alters genetic and protein expression in ways that facilitate locomotor functional recovery²⁷
Local and regional analgesia	<ul style="list-style-type: none"> • Reversibly blocks fast axonal flow and mitochondrial transport along nociceptive axons, blunting transmission of nociceptive impulses to the cord¹⁸ • Induces mRNA expression of the opioid precursor molecules pro-opiomelanocortin and corticotrophin releasing factor within inflammatory tissue • Increases beta-endorphin concentration at the site of damage¹⁹ 	<ul style="list-style-type: none"> • Blocks pain through several mechanisms, including opioidergic, anti-inflammatory, and modulated receptor activation²⁸
Tissue repair and preservation	<ul style="list-style-type: none"> • Stimulates fibroblast proliferation, collagen production, growth factor release, and microvascularization of injured tissue^{4,20} • Improves immune function • Alters expression of genes involved in wound healing²¹ • Fosters resolution of inflammation by modulating inducible nitric oxide synthase (iNOS) expression • Reduces edema • Speeds normalization of tissue architecture^{21,22} 	<ul style="list-style-type: none"> • Promotes mechanical signaling through connective tissue • Facilitates cytoskeletal remodeling in fibroblasts²⁹ • Supports healing of soft tissue (wound and muscular) defects
Anti-inflammatory benefits	<ul style="list-style-type: none"> • Reduces the expression of proinflammatory cytokines²³ 	<ul style="list-style-type: none"> • Reduces the expression of proinflammatory cytokines^{30,31}

TS4.5.2

Immunology according to TCVM

Francesc Minguell

Private practice, Spain

In Traditional Chinese Veterinary Medicine we could describe Immunology as an addition of concepts like Wei Qi, optimal function of ZangFu and Gut Health as TaiYang first barrier.

Wei Qi (Defensive energy), stimulation and regulation of organs responsible of its formation, distribution and control, play a role in order to stimulate immunitary system.

Zheng Qi, as correct Qi, to be created correctly it needs the optimal working of all Zang Fu.

Last years, Conventional Medicine have given more importance to Intestinal Health, returning us to Hippocrates: All pathologies begin in the Gut. The balance between Microbiota and Intestinal barrier acquires great interest. For example, 70-80% of immunitary system is in the gut, so Small Intestine (SI) the Emperor's wife is a main player in the defense of health.

Scientific publications show that Acupuncture activates defense systems, influencing specific and non-specific cellular and humoral immunity. That activates cell division, in the blood, endothelial reticulum system, traumatized cells, activates leukocytosis, antimicrobial activity, the production of antibodies, globulins, interferon, ... It modulates the hypothalamic-pituitary control of the autonomic and neuroendocrine nervous systems.

THEMATIC SESSION 4: Vet VI

TS4.6.1

Addressing reproductive failure in livestock utilizing integrative therapies; Acupuncture, manual therapy, massage, laser and other modalities

Tim Holt

Livestock Medicine and Surgery, Colorado State University Veterinary Teaching Hospital, Fort Collins, United States

This lecture is designed to help better understand the neurological approach to reproductive concerns in livestock utilizing integrative therapies. Some of the concerns to be that will be discussed; poor libido, poor semen concerns, ovulation concerns and overall reproductive health.

TS4.6.2

Medical acupuncture and related techniques for geriatric zoo animals

Narda Robinson

Curacore VET and Curacore MED, Fort Collins, United States

Animals in zoos are living longer, meaning that their needs for physiologic support as well as effective, safe pain management are growing as well. Ensuring that elderly animals experience a positive quality of life can pose challenges, however. Modern animal welfare science asserts that each individual should have some capacity to act independently, to make choices, to solve problems, and to receive rewards.

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1 Unfortunately, age-related declines may limit animals' abilities to achieve positive welfare status as a result of pain, mobility impairment, generalized discomfort (visceral or physical), and/or cognitive deterioration.

Toward this end, zoos across the globe are incorporating integrative strategies such as acupuncture, photomedicine (e.g., laser therapy), herbs, and/or massage.^{2,3} A multimodal approach that combines one or more of these treatments typically provides the most robust results, delivering benefits through myriad mechanisms.

For example, instead of addressing musculoskeletal pain with potentially harmful medications whose pharmacokinetics and pharmacodynamics can vary widely across species,⁴ one could address musculoskeletal pain more effectively and comprehensively through non-pharmacologic means.

That is, acupuncture, photomedicine, and massage each relax muscles, reduce anxiety, and improve circulation through their effects on muscles, fascia, nerves, and vessels. One way in which these physical medicine modalities work is through non-invasive neuromodulation. This settles neuropathic nerves and counters spinal cord wind-up, which cumulatively correct maladaptive neuroplastic changes resulting from chronic pain states. Connective tissue stretch and mechanoreceptor input from acupuncture and massage promote endogenous analgesia and may invoke long-lasting structural improvements as well.

Another problem of aging zoo inhabitants involves declines in overall body mass. This may arise from pain-related inappetence, alterations in digestive motility and secretions, and/or cognitive and sensory impairment. Acupuncture and certain botanical agents such as ginger assist in the recovery of appropriately orchestrated motility signaling in the digestive tract, which may in itself improve appetite. Photomedicine, acupuncture, and some forms of cannabis improve cognitive function. Certain essential oils employed as aromatherapy may also stimulate mental processes along with appetite.

These are merely a few examples of the many ways in which integrative medicine, based on rational methodologies and science-based mechanisms, promote and maintain positive welfare and health for geriatric zoo animals. Taking a highly individualized, slow, and non-aversive approach to each patient is essential, as geriatric animals may require ongoing and regular treatment. Done well, integrative medical care can and should be comfortable, relaxing, and sought by the patient.

Key words: Medical Acupuncture, Massage, Photomedicine, Integrative Medicine

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THEMATIC SESSION 5: Laser Acupuncture

TS5.1

Successful reduction of SARS-CoV-2 Viral Load by Photodynamic Therapy (PDT) Verified by QPCR - A novel approach in treating patients in Early (and Advanced) Infection Stages

Michael Weber

Head of European Laser and TCM Laser Academy, Germany

Few proven therapeutic protocols for COVID-19 do exist. – In collaboration with the University of Marburg and the Iran Medical University in Teheran the European Laser and TCM Laser Academy could demonstrate that Photo-Dynamic-Therapy (PDT) in combination with trace elements (zinc, copper) and vitamins (D3, C) can be used in early and advanced stage of COVID-19 disease for significant clinical improvement.

In March and April 2020 the European Laser Academy was the first to perform a pilot study by PDT in five critical ill patients clinically diagnosed of COVID-19 and confirmed by positive PCR.

The treatments were based on three main pillars: **FIRST:** antimicrobial Functional Medicine (aFM) including namely Vitamin C, Vitamin D3, zinc and copper; **SECOND:** antimicrobial Photo-Dynamic-Therapy (aPDT) by riboflavin / vitamin B2 and curcumin plus irradiation by UV/ blue laser-light and **THIRD:** photobiomodulation (PBM) with green and red-light laser irradiation. – All used substances are natural, non-toxic substances in the given dosage.

QPCR (real-time quantitative PCR), CRP, demand of Oxygen / oxygen saturation (before and after every treatment session), pulmonary CT before first treatment and one week after completing seven days of treatment and clinical parameters improved in all 5 critical ill patients.

In a follow up study 20 patients newly (clinically and laboratory) diagnosed for COVID-19 disease received oral mouthwash + nasal wash by riboflavin and blue light irradiation afterwards for PDT. In combination with the above mentioned trace elements and minerals non of the patients progressed to severe or critical ill status, in 15 patients the QPCR was negative after maximum of 7 treatments.

PDT plus targeted use of trace elements may be a new, non-toxic option in early treatment of COVID-19 disease.

Keywords: coronavirus, COVID-19, Vitamin C, Vitamin B2 (riboflavin), Vitamin D3, aPDT (Antimicrobial Photodynamic Therapy), PBM (Photo-Bio-Modulation), zinc, copper, aFM (antimicrobial Functional Medicine)

Competing interests: None declared. Both studies were acknowledged by ethic committee

Ethical approval: By ethic committee of Medical University of Iran

TS5.2

Successful reduction of SARS-CoV-2 Viral Load by Photodynamic Therapy (PDT) Verified by QPCR – A novel approach in treating patients in Early Infection Stages

Michael Weber

Weber Medical, Germany

The current Covid-19 pandemic is affecting the life of many people worldwide, and although the search for vaccines has made fast progress, there is at the moment no effective medication available. To help progress also in this field, we explored the usage of Riboflavin (Vitamin B2) in combination with blue and ultraviolet light, which is known to be one of the best photosensitizer for anti-viral Photodynamic Therapy (aPDT). It proposes a new treatment system with a LASER/LED treatment device combined with blue and UVA light therapy. Two studies were conducted in a hospital in Tehran, with 40 and 100 subjects respectively, who were in an early state of a Covid-19 infection. The treatment group showed dramatically reduced virus load after 5 days of treatment and less symptoms, compared to the beginning and to the control group.

THEMATIC SESSION 6: Musculoskeletal issues

TS6.1

Chronic greater trochanteric pain syndrome treated with acupuncture

Anselm Model

Hospital "Fachkliniken Sonnenhof", Section Orthopedic, Hoechenschwand, Germany

INTRODUCTION: The widespread condition of the "greater trochanteric pain syndrome" once often called "trochanteric bursitis" and frequently misdiagnosed attracts more and more attention of the medical system in recent times. The prevalence of this syndrome is estimated between 10 and 25% of the population. In our hospital that is mainly devoted to orthopedic and chronic pain conditions, about 80% of the women at the ages between 40 and 60 years suffer more or less intensely from a greater trochanteric pain syndrome. Recent research has shown that this pain is connected mostly with gluteal tendinopathies but less frequently with a bursitis as has been thought hitherto. These pain conditions may last over many years. Often, conservative therapies help only a little bit. Long-time therapies with NSAIDs and corticosteroids may have awful side effects. Therefore, we prefer acupuncture in chronic cases now. We combine needling on meridians with a sort of ashi acupuncture that is adjusted to the anatomical structures of the trochanter. Thereby is speculated that small wounds, caused by the needles in the affected insertions of the tendons, may initiate or accelerate diverse innate cascades of repairing processes.

METHODS: The patients lie in a stable side position with the affected legs above. 4 to 7 needles are inserted perpendicularly in the painful region of the trochanter to the surface of its bone; lengths of the needles to be used depend on the thickness of the soft tissue over the trochanteric bone (75 -135 mm with tubes); duration of treatment 20 minutes, minimal distance between two sessions 2 days; points punctured on meridians: Gall Bladder 31, 34, Liver 3, Stomach 36.

RESULTS: 221 patients (1 man, 120 women at the age between 40 and 60) have been treated; one woman telling her pain has worsened stopped after her first treatment. All other patients have been completely free of pain between 1 to 6 sessions. Besides small harmless hematomas no negative side effects has been seen.

CONCLUSIONS: Acupunctures on meridians combined with ashi treatments improve chronic greater trochanteric pain syndromes effectively without damaging side effects.

TS6.2

Place of acupuncture and "Western" treatments in the management of spinal pain with regard to evidence based medicine

Eric Nickels

ABMA-BVAA, Quevaucamps, Belgium

INTRODUCTION: The Westernizing scientific world often criticizes acupuncture for failing to satisfy critics of the EBM. The question can be posed in the other direction: what are the validities of our Western treatments with regard to EBM? Taking as a problem the spinal pain in the broad sense, this communication draws up a short inventory of the value of our treatments (physical, medicinal, and acupunctural) with regard to the meta-analyses of EBM identified by the Cochrane Data Base of Systematic Reviews.

METHOD: We reviewed recent meta-analyses for 15 common treatments proposed for spinal pain.

RESULTS: Paracetamol is no more effective than placebo for acute low back pain, both immediate and short term, for pain and

for quality of life or sleep. There is no identified trial for subacute or chronic low back pain. Anti-inflammatory drugs are only more effective against pain in half of the studies. Antidepressants are no more effective than placebo in chronic low back pain. Cervical manipulations can provide immediate or short-term relief, there is no data available on long-term effects. For cervical traction the current literature does not support or challenge its effectiveness. Cervical infiltrations do not have reproducible studies. For use of electrotherapy against neck pain, the evidence is inconclusive. Exercises as part of neck pain seem useful but should benefit from further study. Botulinum toxin injections have not proven to be effective. Lumbar traction has little or no effect. Lumbar manipulations are no more effective than placebo. Physical exercise is slightly effective for chronic low back pain but ineffective for acute low back pain. For infiltrations (epidural, local, facet), the methodological quality of the trials is limited and too heterogeneous: new, more targeted trials are necessary. Acupuncture is useful as a complement for chronic low back pain but there is not enough data for acute low back pain.

For neck pain there is moderate evidence of the effectiveness of acupuncture.

CONCLUSION: This overview of the EBM literature shows us that the lack of EBM evidence blamed for acupuncture is in fact just as valid for Western medicine. This does not necessarily mean that we must abandon all treatment for our patients, but that we can on the contrary try an acupunctural treatment without shame because we are no less scientific than our non-acupuncturist colleagues and that, ultimately, only the result individual obtained with the patient counts and not the statistic.

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TS6.3

The effectiveness of the acupoint PDO absorbable thread embedding therapy for low back pain: An experimental retrospective study

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OBJECTIVES: Chronic low back pain is a common problem threatened by traditional Chinese medicine and acupuncture

DESIGN: Retrospective consecutive monocentric study

SETTING: Ambulatory department of Slovak Medical University

METHODOLOGY: The study study group consisted of 30 patients suffering from CLBP in economically active age, to whom we applied biodermal sutures to acupuncture points located in the lumbosacral region, examined the intensity of pain immediately after treatment and 1 month after treatment by filling in pain questionnaires and Thomayer's test (TT). A set of 30 CLBP patients treated with physiatry and rehabilitation methods was used as a control. Using available world literature, they performed a meta-analysis of the effectiveness of non-pharmacological treatment of CLB.

RESULTS: By processing a group of 30 patients, by whom questionnaires were filled in at one month after the application of the threads to the acupuncture points of the LS spine, there was a statistically significant improvement in the overall condition of the patients in the study group in all aspects of ODI score ($p < 0.001$), DIBDA ($p < 0.001$.) as well as the Jaďuďa scale ($p < 0.001$). TT values in the control measurement were statistically significantly ($p < 0.001$) lower than at baseline. When comparing CLBP treatment with biodermal sutures with CLBP treatment results in control patients, there was a statistically significant decrease in TT values after treatment, but there was a decrease in 25 patients (83.3%) in the ODI group, compared to only in 9 patients (30%). MRI examination of 1 patient one month after yarn application did not confirm changes in musculoskeletal structures.

TS6.4

Simultaneous use of acupuncture and collagen injections in treatment of musculoskeletal system

Ladislav Fildán

Czech Medical Acupuncture Society, Brno, Czech Republic

PURPOSE: The author has been using a combination of acupuncture and following application of collagen MD-injections by GUNA Company, Italy (MD - Medical Device), in his daily practice for the last 3 years. This approach has increased the resulting effect of the therapy by 20 - 30 % based on VAS.

METHODS: In treatment of musculoskeletal system disorders, the author has been using a combination of auriculotherapy, body acupuncture and electro-stimulation of acupuncture needles in order to increase analgetic effects of acupuncture in most patients. After acupuncture is finished, collagen injection is applied in affected areas. Most frequently, the application is performed intradermally or subcutaneously in a series of about 10 punctures 0,2-0,3 ml each; intramuscular, periarticular or intra-articular application is also possible.

ANALYSIS: Collagen is the main component of ligaments, tendons, bones, cartilage, skin and extracellular matrix. Tissues of musculoskeletal system can be damaged by overuse, physiological aging processes and traumatic events. In all cases the loss of integrity of collagen fibres is the most evident result.(1)

MDs are injected locally in order to replace, strengthen, restructure and protect tissues of musculoskeletal apparatus, to improve anatomical structure and function of collagen fibres and the structure containing them and, at the same time, to provide mechanical support to areas involved.(2)

The collagen contained in MDs is type I collagen (tropocollagen) of porcine origin, 100ug in 2ml. Transport of collagen and other

contained substances to their place of destination is based on an unique “collagen injectable drug delivery system”. This is an efficient system capable of delivering the collagen to the specific areas to be treated. Each auxiliary substance has been chosen to optimize the effect of collagen and to obtain the best tropism toward the target.(1)

Neo-synthesis of collagen fibrils takes place in the damaged region, which produces significant improvement of mechanical properties of the injured tissue.

CONCLUSIONS: By restoring and reinforcing damaged anatomical structures, Collagen MDs improve mobility and functionality and act directly on the pain.(1)

In the end of the lecture, there are short videos with application of acupuncture and collagen injections shown.

The paper is not supported by a grant or any company.

TS6.5

The effects of acupuncture versus sham acupuncture on fibromyalgia

Fatma Gülcin Ural Nazlikul

Department of Physical Medicine and Rehabilitation, Yıldırım Beyazıt University Medical School, Ankara, Turkey

OBJECTIVE: The aim of this manuscript is to determine and to compare the efficacy of real acupuncture with sham acupuncture on fibromyalgia (FM) treatment.

METHODS: 50 women with FM were randomized into 2 groups to receive either true acupuncture or sham acupuncture. Subjects were evaluated with Visual Analogic Scale (VAS), SF-36, Fibromyalgia Impact Questionnaire (FIQ), Beck Depression scale (BDI), Fatigue Severity Scale (FSS) at baseline, 1 month and 2 months after the 1st session. Patients in both groups received totally 12 sessions.

RESULTS: 25 subjects with a mean age of 47.28 ± 7.86 years were enrolled in true acupuncture group and 25 subjects with a mean age of 43.60 ± 8.18 years were enrolled in sham acupuncture group. Both groups improved significantly in all parameters 1 month after the 1st session and this improvement persisted 2 months after the 1st session ($p < 0.05$). However, real acupuncture group had better scores than sham acupuncture score in terms of all VAS scores, BDI and FIQ scores either 1 or 2 months after the 1st session (all $p < 0.05$).

CONCLUSION: Acupuncture significantly improved pain and symptoms of FM. Although sham effect was important, real acupuncture treatment seems to be effective in treatment of FM.

Keywords: Fibromyalgia, Acupuncture, Sham acupuncture.

THEMATIC SESSION 7: Neural Therapy and Acupuncture I

TS7.1.1

Introduction to neural therapy

Petja Piehler

Clinic St. George, Bad Aibling, Germany

The lecture aims to promote the neural therapy as a complete system for diagnosis and therapy.

The aim of the lecture is to give a tool to the participants for an immediate use in the clinical practice. Acupuncture and neural

therapy are important partner in the integrative pain therapy. The lecture shows possibilities to use the two methods to influence pain and immunological modulation and influence the general status of the patient. Acupuncture treatment is beneficial for the energetic balance of the body. The combination with intravenous and segmental application of local anaesthetics helps to reactivate the matrix and to eliminate the neuromodulative trigger of the diseases (interference field). Practical use of the combination of the two methods in the treatment of pain will be shown.

The lecture will also focus on the importance of the internal organ as interference field, on therapy strategy, demonstration of technics and clinical examples. Reflective symptoms in case of disturbed internal organs can be investigated by palpation of the different tissue layers. Explanations of the neurophysiology of the three possible pathways of reflective signs of the internal organs and their perception by the physician will be given. The segmental treatment of internal diseases with local anaesthetics is to be explained.

Systemic therapy with procain and the importance of the neural therapy in the global anti-inflammatory concept with treatment examples will be discussed.

TS7.1.2

Sonographic studies of acupuncture points / trigger points. Practical proceedings

Helmut Liertzer

Basis of any diagnosis and therapy in the acupuncture and neural therapy are the detailed medical history, the observation of patient reactions and the palpation of superficial and deep structures. Muscular trigger points which quite often are the cause for pain radiation to distant areas are important for the diagnosis and treatment of pain syndromes of the musculoskeletal system.

Findings and descriptions of trigger points are found in scientific papers since more than 100 years. The standard work is considered to be the "Trigger Point Manual" written by J. Travell and D. Simons (1983). R. Melzack, D. Stillwell and M. Fox already in 1977 noticed that acupuncture points are corresponding with trigger points. P. T. Dorsher (2006) was able to show that more than 90% of the typical trigger points, mentioned by Travell and Simons, are related to the anatomically appropriate acupuncture points. (Although trigger points can develop also in other parts of the musculature.) More than 70% of these points showed a correlation of meridians and the myofascial pain radiation. H. Heine (1987) was the first who recognized and described that at these points neurovascular bundles perforates the superficial fascia. H. Liertzer found by sonographic studies of typical acupuncture points that neurovascular bundles also perforate the deep fascia exactly where the points are located.

Method: The following points, which are anatomically easy to reach were used: TH 15 (TP of m. trapezius) and St 36 (TP of m. tibialis ant.) These acupuncture points were located according to the guidelines. The acupuncture needles were inserted till Deqi feeling was reported. The points were marked and after removing the needle the ultrasound transducer was positioned exactly over the marked points. (We used a GE Logiq 700 PRO with a 12 Mhz transducer, later a GE Logiq S7 PRO with a ML 9-15 transducer.) The anatomical situation we found was the same for all 5 students. A thin arterial vessel can be visualized in the deep fascia. At exactly the point above which the trigger point was to be assumed due to needle localization, the vessel penetrates the fascia and was traceable into the muscle.

Hypothesis: It can be indeed possible that the stenosis of the blood flow through the hypertension of "tense" muscles leads to a local hypoxia and an edema activating the trigger points. Other activating factors such as an overload, overstretching or trauma will result in a local lesion with a partial rupture of the sarcoplasmic reticular tissue, a dysfunction of the motoric end organ releasing a permanent Ca^{2+} - ion current which will lead to the so called "rigor complex" the trigger point, which is accompanied by a hypoxia leading again to an edema. In long lasting chronic cases the permanent hypoxia will result in irreversible changes of the connective tissue and fascia. (U. Böhni R. Gautschi).

If we compare trigger points in the “Triggerpoint Manual” with the localizations of typical muscular acupuncture points, a few localizations are different. As an example, SI 11 (Tianzong, TP of m. infraspinatus) should be mentioned. In the “Triggerpoint Manual”, 3 points are marked in the M. infraspinatus, none of which is corresponding with the localization of SI 11. With the help of the presented sonographic method we could prove that there are some small vessels in the deep fascia, but only at the SI 11 a relatively strong vessel penetrates into the musculature. Thus, it can be assumed that the muscular acupuncture point localizations are anatomically more clearly defined than some triggerpoints.

Example for the daily praxis: The so called “magnificent 4” are trigger points (and acupuncture points) used for the treatment of the lower cervical syndrome with the result of an immediate release of the muscular hypertension. These points which are situated under the medial border of the scapula (B43 – Kao-huang / B44 – Shen-táng) and in the region of the crossing M. trapezius – M. levator scapulae will be discussed as a typical local acupuncture/trigger point treatment which should be completed by treating the individual distant points.

TS7.1.3

A practical approach to diagnosing and treating chronic cervical syndrome associated to cranio-mandibular-dysfunction (CMD)

Michaela Klausner

Neuraltherapy Austria, Mauerbach, Austria

This conference video aims at supporting physicians in diagnosing CMD as a contributory cause to chronic cervical syndrome. Starting at anamnesis and clinical examination theoretical explanations and practical instructions help viewers diagnosing these common symptoms. Further, treatments based upon clinical examinations and tests will be presented. Finally, all of these aspects will be demonstrated through case studies.

TS7.1.4

Aspects and therapy of non-specific low back pain

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The differential diagnostic evaluation of painful functional disorders of the lumbosacral and lumbopelvic region, i. e. the so-called “low back pain” is very extensive but is often reduced to the question of chronicity. The manual medical, neural therapy and acupunctural diagnosis can make a valuable contribution in such cases for determination of structural and functional pathology. Early application of manual medical therapies, acupuncture and neural therapy seems to be effective for peracute complaints. The mobilization and neural therapy of restrictions of the pelvic visceral attachments should be included. This is intended to facilitate the primary differential diagnostic evaluation, as well as treatment planning. The combination with neural therapy, acupuncture and manual medical methods is very profitable.

Pain between the thoracic spine and the lower line of the gluteal muscles is called “lumbago” or low back pain. Specific LBP: 45% (including all kind of degeneration!). NON-SPECIFIC LBP – 55%!

Non-specific low back pain – an unknown disease to be ignored?

Germany (appr. 80 Mill. citizens):

Direct costs 2006: 8,5 billion of Euro. Only 15% of the used monies is for diagnostics and therapies. 85% of the costs are related

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to sick leave or invalidity. LBP is the main reason for disoccupation because of sickleave or rehabilitation. LBP holds the third place regarding occupational invalidity.

Basic examination (LBP without neuropathological signs):

Inspection, Palpation of muscles, Compression on spinal processes, Mobility tests for flexion, rotation, side bending, test of Schober et Tests of the SIJ (a combination of at least three tests including a pain provocation test).

Difficulties in defining LBP-subgroups

- Neurophysiology:

- Variable size of noci-receptive fields
- Development of peripheral and/or central sensitization

- Anatomy:

- Innervations of the fascia
- Organization of the autonomous nervous system

- Psychology:

- Pain modulation

Prof. Wilfried Jänig, Physiologist: "The idea that there should be a competition or even a fight between sympathetic and parasympathetic nervous control is not logical and just ridiculous. Erection is controlled parasympathetically while ejaculation is controlled sympathetically. In case they do not collaborate perfectly we will become extinct."

THERAPY OF THE NON-SPECIFIC LBP

- After the correct diagnostic of the causes following the bio-psycho-social concept the physician has to identify and treat the specific problems of his patient
- Therefore this therapy cannot be one-dimensional, mono- causal
- For a chronic non-specific LBP it is absolutely necessary to start a multimodal therapy consisting of
 - Manipulations, mobilizations, physiotherapy
 - Therapy of behavior
 - Integration in the family, the society, the working situation
 - Neural Therapy
 - Acupuncture

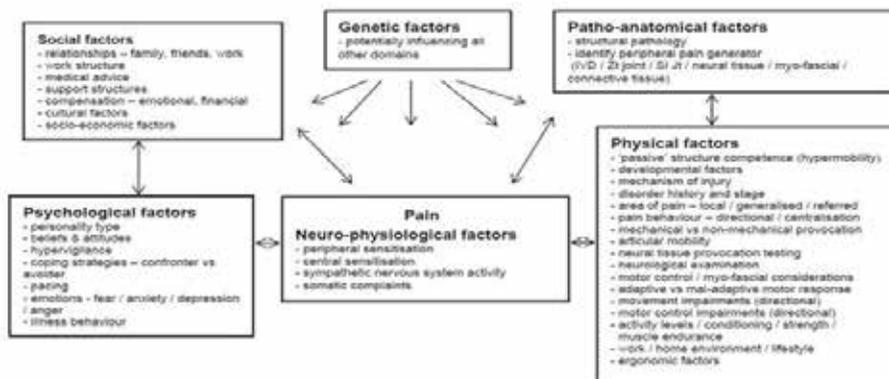
CONCLUSION: Holistic approach from the onset of low back pain, to give necessary value to the autonomic nervous system and the limbic system and to try to solve the patient by considering his/her physical problems, mental structure, social, economic and the environmental conditions is very important. Many patients with chronic low back pain are known to benefit from the neural therapy and acupunctural approach.

Injections to structures which could be responsible for the symptoms can show us the way to the source and are an example of using Neural Therapy as a diagnostic tool. The therapy of interference fields is based on setting an irritation pause in order to give the body a chance to reset its self-regulation.

Key Indexing Terms: Diagnostic Techniques, Low Back Pain, Manuele medicin, Neural Therapy, Acupuncture et interference fields



Science focuses on Medical Acupuncture



THEMATIC SESSION 7: Neural Therapy and Acupuncture II

TS7.2.1

Neural Therapy for the Treatment of Local and Systemic Inflammation

Rainer Wander

Präsident DGfAN, Germany

All inflammations stimulate the Sympathetic Nervous System which then produces either a positive or a negative stress. The sympathetic neurotransmitters adrenalin and noradrenalin also induce peripheral inflammation. Interleukins (IL1, IL6, TNF α , prostaglandin and NO) released by immune cells induce the hypothalamic production of CRH which, in turn, activates the SAM and HPA stress axes and increases peripheral inflammatory propensity. Neural Therapy with local anesthetics (preferentially with procaine) may reduce, via GPCR, the release of aforementioned interleukins and neutralize other inflammatory effects. The specific mode of action of procaine and its metabolites is discussed in the video.

Local anesthetics must, however, be injected in inflamed, often imperceptible, areas. So-called fields of interference – neuromodulating triggers—must be found and treated. Local anesthetic injection techniques are shown. Systemic administration of local anesthetics has proven to be effective for the treatment of various conditions, especially neoplasias.

TS7.2.2

Acupuncture application in patients with knee osteoarthritis (Gonarthrosis)

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INTRODUCTION: Knee osteoarthritis (Gonarthrosis); is a degenerative disease with joint pain, stiffness and limitation of movement in the knee and destruction of joint cartilage and new bone formation. Acupuncture is a treatment method used in gonarthrosis. The aim of this study was to evaluate the effect of acupuncture and exercise on pain and functionality in gonarthrosis.

MATERIALS & METHODS: Patients diagnosed as gonarthrosis according to American College of Rheumatology (ACR) classification criteria were included in the study. Thirty patients consisting of 15 women and 15 men were randomly divided into two groups as exercise and acupuncture. The first group (N: 15) received an isometric exercise program around the knee 5 days a week for 8 weeks, and the second group (N: 15) received body acupuncture once a week for 8 weeks. VAS (Visual Pain Scale) was used to assess pain before and after treatment, and Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) questionnaire was used to assess joint stiffness and functionality.

RESULTS: There was no statistically significant difference between VAS and WOMAC before and after treatment in both groups. In both groups, VAS and WOMAC values were significantly decreased with treatment (all $p < 0.001$). No side effects were observed during treatment.

CONCLUSION: We think that acupuncture and exercise are effective on pain, symptom severity and functionality in gonarthrosis, but they are not superior to each other.

Keywords: Gonarthrosis, acupuncture, izometric exercise

TS7.2.3

Evaluations of the relations between lung and gut microbiota and the effect mechanism of Neural Therapy in Treatment

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INTRODUCTION: The Covid-19 pandemic reminded humans the importance of preventive medicine and approaches such as healthy living and modulation of the immune system. The necessity of a balanced gut microbiota for healthy immune system has been accepted by studies in recent years. Microbiotas are interconnected with each other as well as with the autonomic nervous system, fascia, circulatory system and neuroendocrine pathways. In this study, the connections between gut microbiota and lung microbiota and approaches with neural therapy treatments will be evaluated in terms of immune system.

METHOD: Starting from Traditional Chinese Medicine, the relationship of the lung and gut meridian pair with the immune system and the microbiota knowledge of modern medicine have been evaluated with latest literatures. The gut microbiota matures within the first 3 years in normal and healthy conditions and up to way of birth; the formation of lung microbiota occurs through respiratory passage, aspiration and neighborhood. Until recently, the information that the lower respiratory tract is sterile has been renewed with recent studies. It is known that gastrointestinal system has richness of microbiota and content is changes throughout the system as well as the lower and upper respiratory tract flora. The mechanism of action of neural therapy, which is diagno-therapeutic approach, with neural connections of these two microbiota has been evaluated by studies.

RESULTS: The connections gut and lung microbiota are important for the immune system. Researchers suggest these axis are important against viral infections. Regulation of microbiotas may be therapeutic goal in treatment protocols. Neural therapy can be used even prophylaxis or therapy, alone or with any methods. In this review, the balanced coexistence of gut and lung microbiota was evaluated with studies on Covid 19 cases. We are of the opinion that, especially viral diseases, the microbiotas should be in balance and this is related not only to therapies but also to lifestyle.

CONCLUSION: Studies conducted during the pandemic period show that microbiota balance may be important in prevention and defense of viral diseases. However, further research is needed to answer many questions such as how to obtain and use microbiota resources, standardization of the application of microbiota regulatory-supportive products and treatments, and the role of regulation of nutrition in treatment.

THEMATIC SESSION 7: Neural Therapy and Acupuncture III

TS7.3.1

Neuraltherapy in daily praxis

Regina Stemberger

Austrian Society For Neuraltherapy, Austria

In my presentation I would like to improve the understanding and practical use of neuraltherapy by presenting cases of people I treated. I will try to take you with me on my travel of thought, how I get from the anamnesis, what and how people speak - and sometimes do not speak- about their problem and how I get from listening over palpation to a plan of action.

I will then tell you how I applied neuraltherapeutic techniques and how the patient reacted.

As I was planning to do this as a real-time workshop I do hope it will still have practical value for you.

If possible I will be happy to use this presentation as a basis for a hands-on workshop.

THEMATIC SESSION 8: Acupuncture clinical practice in China

TS8.1

Acupuncture therapy for mild and moderate major depressive disorder: A clinical practice guideline

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DESCRIPTION: The World Federation of Acupuncture Societies (WFAS) developed this guideline to present the evidence and provide clinical recommendations on acupuncture therapy for mild and moderate major depressive disorder (MDD).

METHODS: This guideline is based on published English-language and Chinese-language literature on acupuncture therapy from 1990 through May 2020 that was identified using MEDLINE, the Cochrane Library, CNKI and CBM. The outcomes evaluated for this guideline include severity of depression, response of depression, quality of life, insomnia, change in use of medication or use of other support systems, total numbers of severe adverse events (SAE), drug related adverse events, total numbers of adverse events. It grades the evidence and recommendations by using GRADE guideline grading system. The target audience is all clinicians (acupuncturists, physicians, physicians etc.), patients, health policy makers. Through discussion, we identified the following ten PICO questions:

PICO 1: For adult patients diagnosed with mild or moderate major depressive disorder(MDD), should we recommend acupuncture alone, acupuncture plus moxibustion, or psychotherapy?

PICO 2: For adult patients diagnosed with mild or moderate MDD, should we recommend acupuncture alone, acupuncture plus moxibustion, or exercise?

PICO 3: For adult patients diagnosed with mild or moderate MDD, should we recommend acupuncture alone, acupuncture plus moxibustion, or antidepressants?

PICO 4: For adult patients diagnosed with mild or moderate MDD, should we recommend acupuncture therapies or acupuncture therapy plus antidepressants?

PICO 5: For adult patients diagnosed with mild or moderate MDD, should we recommend acupuncture therapies plus

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antidepressants or antidepressants alone?

PICO 6: For adult patients diagnosed with mild or moderate MDD and will be treated with acupuncture therapies, should we recommend body acupuncture or scalp acupuncture?

PICO 7: For adult patients diagnosed with mild or moderate MDD and will be treated with acupuncture therapies, should we recommend body acupuncture or auricular acupuncture?

PICO 8: For adult patients diagnosed with mild or moderate MDD and will be treated with acupuncture therapies, should we recommend electro-acupuncture or manual acupuncture?

PICO 9: For adult patients diagnosed with mild or moderate MDD and will be treated with acupuncture therapies, should we recommend treating patients once a week or twice or more a week?

PICO 10: For adult patients diagnosed with mild or moderate MDD and will be treated with acupuncture therapies, should we recommend extended treatment duration (>4weeks) or standard treatment duration (≤ 4 weeks) ?

RESULTS: The recommendations will be performed before June.

TS8.2

The effect of acupuncture on functional gastrointestinal disorders: A review of the literature

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Functional gastrointestinal disorders, including esophageal, gastroduodenal, intestinal, centrally mediated disorders of gastrointestinal pain, gallbladder and sphincter of Oddi, and anorectal disorders, are now considered as disorders of gut-brain interaction (DGBI). At present, there are limitations in drug treatment. Moreover, many patients fail to respond to these therapies. Acupuncture may be a valuable complementary therapy in the treatment of gastrointestinal disorders. In this review, we collected data on the efficacy of acupuncture in the treatment of DGBI, including functional dyspepsia, irritable bowel syndrome, functional constipation and anorectal disorders, and explored the main mechanisms of acupuncture, including the gut-brain interaction, neuroimmune crosstalk, and hypothalamic-pituitary-adrenal axis regulation. In addition, we present our clinical experience in the use of acupuncture in the treatment of DGBI. (NeuroGastroLatam Rev. 2020;3:46-60)

Key words: Functional gastrointestinal disorders. Acupuncture. Functional dyspepsia. Irritable bowel syndrome. Functional constipation.

THEMATIC SESSION 9: Complementary Acupuncture for Medicine I

TS9.1.1

Hashimoto's thyroiditis - How can acupuncture help in treating this disease?

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INTRODUCTION: Hashimoto's thyroiditis is an autoimmune disease causing chronic, progressive inflammation of the thyroid

gland, which is the most common reason for primary hypothyroidism. The disease affects about 5% of the population, especially the young and middle-aged women. The diagnosis is based on the elevated levels of the thyroid-stimulating hormone (TSH), anti-thyroid peroxidase antibodies (anti-TPO), anti-microsomal antibodies and the anti-thyroglobulin antibodies (anti-Tg) in the serum and the usual conventional treatment is a lifelong intake of Levothyroxine. In my practice of over 25 years I every day meet patients with Hashimoto's disease seeking help for non-specific symptoms like: fatigue, unexplained weight gain, hair loss, chronic constipation, anxiety, depression, muscle weakness or pain, irregular period, infertility. How can acupuncture help in these cases? According TCM Diagnosis the most common pattern in Hashimoto's thyroiditis is KD Yang deficiency, SP & LU Qi deficiency.

METHOD: A long treatment course /at minimum 3 months/of Acupuncture and Auricular acupuncture/press needles / with frequency twice a week and duration of 30 minutes for the first month has been conducted. Next months the treatment has been continued with one session per week. The levels of TSH, anti-TPO and anti-microsomal antibodies was monitored in the beginning, at the end of the treatment course and 3 months later.

RESULTS: The control of TSH and serum antibodies at the end of acupuncture treatment as well as 3 months later showed lasting tendency towards decrease levels. The patients reported a marked improvement of the symptoms.

CONCLUSION: Acupuncture, combined with Auricular acupuncture, could be successfully applied to patients with Hashimoto's thyroiditis. With the integration of Acupuncture into conventional treatment the accompanying symptoms could be significantly improved. The intake of Levothyroxine and other medication could be reduced, which is an important step towards better life quality and Green medicine.

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TS9.1.2

Oncology acupuncture, ALMA AGOM method

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Acupuncture has proved to be effective in the treatment of certain symptoms in advanced cancer patients, such as menopausal syndrome, pain, vomiting, asthenia or weakness, hot flashes, peripheral neuropathy. Oncology Acupuncture is an important branch of acupuncture, which must be practiced by experienced physician who are at the same time experienced acupuncturist. The oncology acupuncture ALMA AGOM Method is safe, simple and give very good results on pain and quality of life, demonstrated by two observational studies. Furthermore ALMA AGOM Method doesn't imply changes in the chemo- or radiotherapy - prescribed by Western allopathic physicians. In Italy since four years exist the net of acupuncturist medical doctor who practice the ALMA AGOM oncology acupuncture method.

The ALMA AGOM Method is implemented in the use of some fundamental acupuncture pathways, first of which is the activation of the embryo vessels, qimai.

The chapter of embryo vessels is revisited and elaborate, not only in oncological therapy, but also in physiology and oncological pathogenesis. It should be added that the ALMA AGOM Method is suitable not only for chemotherapy and radiotherapy

cancer treatments but also, and perhaps above all, for recent immunotherapy cancer treatments, with which it shares various assumptions. Acupuncture treatment at our oncology outpatient clinic is added to the patients' ongoing treatment, integrating it, not replacing it. Results of integrative medicine treatment – chemo- and radio- and immune therapy plus acupuncture – in patients with neoplastic diseases.

TS9.1.3

Strategies against allergies: Prevention via TCM and probiotics

Karin Stockert

Austrian Acupuncture Society, Vienna, Austria

Estimates assume that half of the world's population will suffer from allergies in 2050, hence, allergy prevention has highest priority.

Primary prevention already starts pre-, peri- and postpartally. A decline of microbial diversity in the environment as well as at the mucosal epithelial barriers in early infancy precedes the development of allergic diseases. Mode of delivery, nutrition of both the pregnant woman and child, contact to farms and animals, type and number of childhood infections and number of antibiotic courses influence the induction of immune tolerance with the development of a Th1/Th2 balance or if inappropriate a Th2- biased allergic disease.

Recently, allergists detected mechanisms of viruses and bacteria in propagating Th2-biased immune responses via "common colds". Rhinovirus is one of the most common viruses in the human airways and as such not only risk-factor for subsequent wheezing and asthma predisposing infants to primary sensitization and development of allergic diseases but also associated with exacerbation of pre-existing allergic airway diseases, followed by enhanced secretion of IL-4 and IL-13 to respiratory tract infections but also reduced Th1 responses in atopic individuals with increasing susceptibility to further viral infections.

Therefore, Allergy Associations worldwide focus on the reduction of acute exacerbations- as secondary and tertiary prevention of respiratory allergy- and initiated task-forces to investigate the potential of anti-infectives against HRV in asthma and allergy and therapies targeting the host-immunresponse, e.g. activating IFN secretion are still lacking and desperately required.

Exactly at this point TCM might provide solutions: Herbs like Ginger or Liquorice but also formulas from the classical textbook "Shānghán zābīng lùn" from 200 C.E. activate Th1- immune responses via enhanced secretion of IFN- γ and IFN- β by the host organism. Simultaneously those herbs have the capacity to reduce Th2 cytokine levels IL-4, IL-5 and IgE.

This lecture will demonstrate how TCM herbs and probiotics might interact and possibly reconstruct a dysbalanced Th1/Th2 immune response in infants but also in allergic airway disease and encourages to further investigation.

THEMATIC SESSION 9: Complementary Acupuncture for Medicine II

TS92.1

Depression and Insomnia in Chronic Low Back Pain: TCM approach

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Chronic Low Back Pain (CLBP) is very common condition in Orthopedic field, and some mental disorders is highly associated with, as depression and insomnia. Among patients with CLBP, the prevalence of insomnia ranges from 50% to 90%, and some

researchers suggest that pain intensity is one of the most important factors related to. Insomnia affects quality of life, daily functioning, and recovery from pain in these patients. On the other hand, 50% of patients who have insomnia develop chronic pain condition. Depression and/or anxiety are also associated with sleep quality. People with insomnia are ten times more likely to suffer from clinical depression. In fact, sleep disturbance is one of the diagnostic criteria for major depressive disorder (MDD). It has been estimated that 90% of patients with depression complain of sleep disturbance. Epidemiological studies show that individuals with CLBP are at high risk to experience major depression. According to Traditional Chinese Medicine (TCM) theories pain condition is often related with "Qi Stagnation". The smooth flow of Qi through Meridians depends on several factors like emotional distress, professional overload, improper diet and external trauma, disturbing the balance between Yin and Yang. The lumbar area is related with TCM Kidney Organ (Shen), who stores Essence (Jing). Chronic conditions as CLBP, consume Qi, Blood (Xue), Yin, Yang and Essence. When Qi and Blood is not enough to nourish Viscera and Organs, your function is impaired and Deficiency Patterns will be present. Otherwise, improper diet, Qi and Blood stasis can generate Phlegm and/or Fire that injury Mind/Spirit (Shen). Here we have Excess Pattern. So, when CLBP patients develop insomnia and/or depression, we can say that their Spirit/Mind (Shen) should be calm down, either by sedation methods, removing Phlegm and/or Fire, or by supplementing the nutrients in Deficiencies patterns, bringing back the balance between Yin and Yang.

TS9.2.2

Oh M,A,N: Methamphetamines, Acupuncture, and Nacetyl-cysteine

Marcia Tanur

Harbor Homes & Wellness Center, Nashua, United States; Family Medicine Department, Boston University School of Medicine, Boston, United States

INTRODUCTION: Methamphetamines (Meth) have become the second most misused and overdose -related substance after opioids in our region of the US. Meth use and intoxication have also surged across several European countries. Unlike for opioids, there are no specific, evidence-based treatments for meth other than behavioral ones like contingency management. The meta-analyses of evaluations of pharmacological treatment of acute meth disorders (Wodarz et al, 1) and the Canadian health system's policy briefing (Clark et al., 2), offer little guidance on chronic care. Since most patients in our urban clinic are homeless and under-insured, we sought frugal, accessible treatments to help treat meth dependency. Our choices were acupuncture and N-acetylcysteine (NAC). NAC has been found to decrease cravings for meth and other drugs. (McKeith et al. 4) Results of the N-ICE trial testing the efficacy of NAC on meth dependency are expected in 2020 (4). Zeng et al.'s (3) inpatient study of electroacupuncture showed reduction of meth addicts' anxiety and depression. This project will complement standard care for meth dependency and our contingency program with acupuncture and/or daily NAC.

METHODS: Complementing our intensive case management program, we built a twice-weekly, drop-in medical acupuncture group for patients with chronic meth dependence. Acupuncture treatments are based on National Acupuncture Detox Association auricular points and Zeng et al.'s work. Since regularly scheduled visits and care continuity are unpredictable among our homeless patients, we measure effects of acupuncture with a two-question, sobriety scale before and after each visit. We are working with our center pharmacy for coverage of NAC for our meth patients. NAC consumers will be asked at sequential medical or case management meetings about effects of these two interventions with the same sobriety scale. Our initial, descriptive, meth trial, will be implemented for three months. The on-going grant-funded, contingency management will generate more than five months of outcome data. Our control group will be the patients themselves rating the effectiveness of intensive contingency management compared to those who receive that and acupuncture and those who received some of all three treatments.

ANTICIPATED RESULTS & CONCLUSIONS: We anticipate that there will be positive results from our acupuncture and NAC interventions for reduction and abstinence from meth and other stimulants like cocaine and opioids. Guided by some preliminary

acupuncture and NAC trends, we hope to develop a comprehensive, multi-disciplinary treatment plan for meth dependence.

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TS9.2.3

Acupuncture for Peripheral Neuropathy: Evidences and Clinical Options

Marcus Yu Bin Pai

Physiatrist and Pain Specialist, Sao Paulo, Brazil

Neuropathy and its associated pain pose great therapeutic challenges. Acupuncture may be effective as an adjunct therapy for peripheral neuropathy. Available literature from randomized controlled trials and systematic reviews have demonstrated that acupuncture and electroacupuncture may be beneficial for diabetic neuropathy, chemotherapy induced peripheral neuropathy, among others.

TS9.2.4

Psychic Armor: An Acupuncture technique for the treatment of emotional disorders in times of COVID19's Pandemic

Alexandre Massao Yoshizumi

INTRODUCTION: Emotional problems are important factors of illness according to the theory of Traditional Chinese Medicine - Acupuncture. As people live in constant stress and worry, the number of patients who have illnesses due to these emotional disorders, such as depression, panic syndrome, insomnia and anxiety attacks is increasing and has worsened in the last year due to the COVID19 Pandemic.

In addition, people lived this year with a lot of fear, stress, anxiety, worry, tension, sadness and even panic. Whether as a patient of COVID19 or a family member who lived with someone who did the treatment of the disease or even died. This caused a lot of emotional imbalance.

The Psychic Armor or Carapace is a technique described by the direct disciple of Professor Dr. Nguyen Van Nghi, Professor Dr. Tran Viet Dzung, who continues to this day the translation of the ancient texts of energy medicine after the death of Van Nghi in 1999.

This method is indicated for the treatment of the emotional disorders mentioned above, using a selection of Acupuncture points based on the theory of The Five Elements and The Five Shu-points.

OBJECTIVE: Describe the Psychic Armor and the origin of the point selections.

DISCUSSION: In the Psychic Armor, the SP1(Yinbai) point is indicate to circulate thoughts and decrease worry, GB40 (Qiu Xu) point to make decisions, Kid3 (Tàixì) to control fears and improve willpower, Liv4 (Zhongfeng) to reduce anger and feeling of contrariety, He3 (Shaohai) decreases anxiety and distress and Lu10 (Yúji) decreases sadness. These 6 points form the Psychic armor and if associated with the auricular points represented of each organ (Kidney, Liver, Heart, Spleen and Lung) and Shen Men point constitute the points of the Intermediate Psychic Armor.

CONCLUSION: It is of great importance to treat the emotional disorders in the prevention of illness and the relief of the symptoms already installed and the Psychic Armor technique is an important tool that every acupuncturist needs to know.

THEMATIC SESSION 9: Complementary Acupuncture for Medicine III

TS9.3.1

Narcolepsy, dreams, and creation, what place for acupuncture?

Marc Martin

Faformec, Mont-Saint-Aignan, France

INTRODUCTION: Narcolepsy is largely misunderstood, even by physicians.

METHODS & RESULTS: Recent explorations give us new way to better understand dreaming functions. There are too few studies about narcolepsy, dreams, and acupuncture.

What dreaming means in our brain? How can acupuncture improve sleep disorders?

CONCLUSION: Sleep disorders need better diagnosis to be treated.

TS9.3.2

Three pillars of Tinnitus-Therapy

Johannes Hickelsberger

OGKA, Graz, Austria

The symptom Tinnitus occurs in 25% of the population at least once in lifetime. Therapy should start as soon as possible, in order to prevent a chronic and utterly progress. According to the opinion of the author, the therapeutic outcome under therapy according to the rules of balance-acupuncture is considerable better than under therapy according to contemporary western medicine. The lecture presents a synopsis about therapy of Tinnitus with balance-acupuncture, acoustic stimulation with „binaural beats“, and TCM-pharmacotherapy.

TS9.3.3

Filiform needle acupuncture for COPD: Systematic review and meta-analysis

Carles Fernández¹, Jordi Vilaró¹, Yutong Fei², Congcong Wang², Jianping Liu², Na Huang², Ruyi Xia², Xia Tian², Ruixue Hu², Mingkun Yu², Natàlia Gómarà¹, Mireia Solà¹, Mercè Sitjà¹

¹School of Health Science Blanquerna, Ramon Llull University, Barcelona, Spain, ²Centre for Evidence-Based Chinese Medicine, Beijing University of Chinese Medicine, Beijing, China

INTRODUCTION: This is the first part of a larger spectrum systematic review which aims to identify and evaluates the effectiveness

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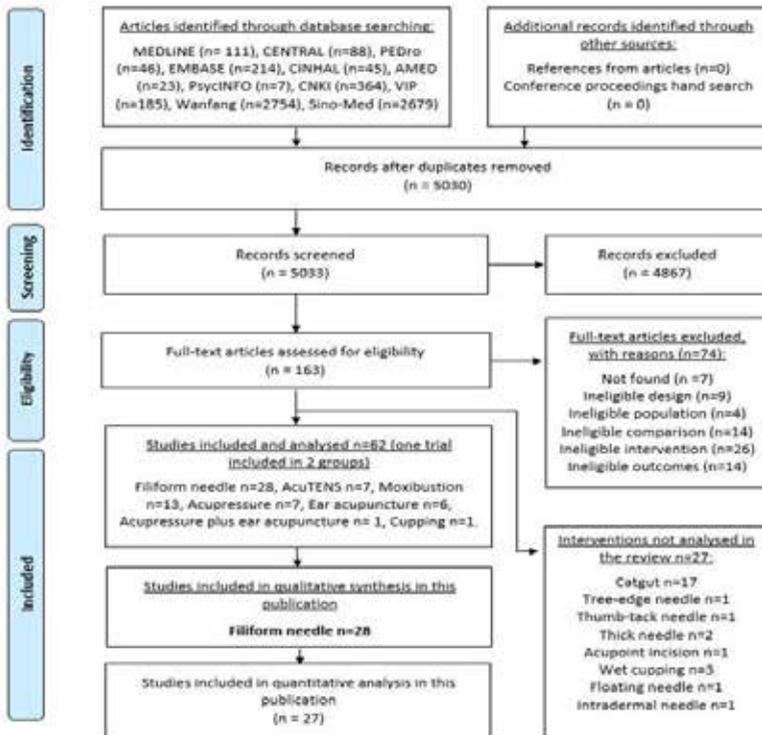
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of all different non-pharmacological acupuncture techniques used for COPD. In this first publication, we describe the results of filiform needle acupuncture.

METHODS: Randomised controlled trials up to May 2019 were searched in 11 databases. Data extraction and risk of bias assessment was conducted in pairs independently. RevMan 5.3 was used for the meta-analysis.

RESULTS: 28 trials using filiform needle alone or in combination of other techniques were included. Compared with no acupuncture, no difference was seen for dyspnoea, but statistical benefits were found on quality of life (Std. MD: -0.62, 95%CI: -0.90, -0.34), exercise capacity (stable subgroup) (6MWT MD: 33.05m, 95%CI: 19.11, 46.99) and lung function (FEV1% MD: 1.58, 95%CI: 0.51, 2.66). Compared with sham, statistical benefits were found on dyspnoea (Std. MD: -1.07, 95%CI: -1.58, -0.56), quality of life (Std. MD: -0.81, 95%CI: -1.12, -0.49), exercise capacity (6MWT MD: 76.68m, 95%CI: 39.93, 113.43) and lung function (FEV1% MD: 5.40, 95%CI: 2.90, 7.91; FEV1/FVC MD: 6.64, 95%CI: 3.44, 9.83).

CONCLUSIONS: Results show that filiform needle acupuncture might be beneficial for COPD, but due to the low quality of the studies this should be confirmed by future well-designed trials.



TS9.3.4 Laser Acupuncture treatment of CRPS

Euahna Varigos

Private Hospital, East Melbourne, Australia

This presentation will focus on the treatment of CRPS (Complex Regional Pain Syndrome) which is a nerve related pain syndrome that affects the upper or lower limb after injury (even minor), or surgery. The combination of nerve pain, an abnormal Autonomic Nervous System, oedema and associated motor dysfunction makes it a very disabling condition for patients.

It is a pain condition that is very difficult to manage even with a multimodal approach, including interventional techniques such as sympathectomy, and patients often require treatment and management at Multidisciplinary Pain Clinics.

I will discuss the clinical effect of using laser acupuncture as part of the treatment management of CRPS. This will include:

- The clinical pre and post treatment assessment of these patients
- The early intervention
- The strong responder and patient sensitivity to laser acupuncture
- The selection of useful acupuncture points I include as part of the treatment and management.

From my clinical experience I believe laser acupuncture is a safe and effective method of treating CRPS and warrants further research studies.

THEMATIC SESSION 10: Yamamoto- Scalp Acupuncture

TS10.1

Yamamoto New Scalp Acupuncture Workshop

Gabriella Hegyi

Integrative Medicine Department, Pécs University, Pécs, Hungary

INTRODUCTION: As the first European student of YNSA method in Japan, also holder the Yamamoto name for till now first European Yamamoto Institute in Budapest, after several Seminars together dr. T. Yamamoto, I dare to share again my experiences with audience. (Winner of ICMART Symposium in 1991 Munich in this topic)

METHOD: According to our previously published more articles in professional journals we have used this excellent method for after-stroke patients and handicapped children, furthermore for any kind of pain..

RESULTS: According to neurohumoral and neuroanatomical findings this method is able to elevate the quality of life of patients (Barthel index, Rivermead scale, Ritschie index, VAS)

CONCLUSION: According to indications of AP this method can significantly elevate the further life of the patients as shown. Cost effective, safe in skilled hands, quickly to learn, widely application.

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THEMATIC SESSION 11: AcuOsteo method

TS11.1

AcuOsteo method™: The combination of Acupuncture and Osteopathy for shoulder pain

Umberto Mazzanti, Giuseppina Mariagrazia Farella, Giuseppe Tallarida

A.M.A.B. (Association of Medical Acupuncturists of Bologna) - Italian Chinese Acupuncture School, Pianoro, Italy

PURPOSE: The workshop consists of a long practical session to enable Acupuncture practitioners to easily apply the Acupuncture and Osteopathic techniques in their clinic just after the course.

DESCRIPTION: Musculoskeletal Pain, Shoulder Pain in particular, is frequently reported in Acupuncture clinics. In my experience, Acupuncture and Osteopathic medicine are two effective techniques and can be combined with mutually synergistic effects in the treatment of pain: I have called my personal combination the "AcuOsteo method™". Acupuncture treatment is based on the definition of the kind of pain and its location. Therefore, it's very important to identify the Acupuncture Secondary Channels involved. The aim of Osteopathic manipulative treatment is to bring joints back to their physiological position and restore their range of motion. By doing so, pain relief is achieved.

CONTENTS:

- Joint pain in TCM and in Osteopathic medicine
- The crucial role of the Secondary Sinew and Luo Channels: functions and methods of treatment
- Principles of Osteopathic Manipulations
- Shoulder pain: diagnosis and therapy by Acupuncture and Osteopathic techniques with the "AcuOsteo method™"
- Practical session

THEMATIC SESSION 12: Yamamura- Scalp Acupuncture

TS12.1

Rapid acupuncture for acute musculoskeletal conditions. Yamamura Acupuncture System (SYA)

Marcia Lika Yamamura

Federal University of São Paulo, São Paulo, Brazil; FILASMA, Sao Paulo, Brasil; ICMART

Concerns such as which are the most common of acute conditions in an Acupuncture Health Service, how many patients to attend per day, how to elaborate a treatment plan for the patient will be discussed in this presentation.

The Yamamura System of Acupuncture (SYA) © is composed of acupuncture microsystems developed by Prof. Dr Ysao Yamamura (Brazil) and has been extensively tested for its effects in the Acupuncture Care Service of the Chinese Medicine and Acupuncture Sector of UNIFESP, Brazil over three decades. Acupuncture as quick response for acute conditions demands techniques which characteristics are fast execution and effectiveness. Some techniques of Yamamura System of Acupuncture will be presented to solve most commons Musculoskeletal conditions faced by medica acupuncturist and show that this system provide patients an

immediate relief and offers a very effective treatment.

LEARNING OBJECTIVES

- Concerns of the Acupuncture Health Service for Quick Response
- Aims of Acupuncture for Quick Response Techniques
- Presentation of Yamamura Acupuncture System techniques for frequent musculoskeletal conditions
- SYA systems to provide patients an immediate relief and offer a very effective treatment
- Show cases of Acupuncture Health Service in Brazil (Acupuncture Department of Federal University of São Paulo, UNIFESP)
- Demonstration of techniques

THEMATIC SESSION 13: Catgut Method

TS13.1

Catgut Embedding for Menopause, IBD and Obesity

Rosalía Amelia Díaz Rojas, Elías Flores Moreno

Filasma, Mexico City, Mexico

Chronic catgut is an absorbable surgical suture, made of sheep intestine and a chromium coating which is used to face tissues with a total absorption time of 18 to 21 days. Traditional Chinese medicine has been using it as a complementary technique to treat chronic conditions that affect the world's population. This complementary technique to traditional Chinese medicine consists of the insertion of this surgical suture in acupuncture points to generate a constant stimulus during the degradation period. The acupuncturist must choose the points based on the patient's syndrome differentiation, as well as a thorough analysis of the referred symptoms to obtain the desired results.

Small threads ranging from 1.5 cm to 2.5 cm of length are inserted to a depth of 3 cm avoiding areas where there might be a neurovascular compromise, the function of this implantation is to promote the correct functioning of the neuroimmunoendocrine system to carry out the metabolic regulations of chronic diseases, since their evolution requires constant stimulation. The results may vary depending on the pathology being treated but can usually be observed from day 2 to 7 of the procedure. The application can cause a little discomfort at the application site, inflammation and a feeling of heaviness, however its use is quite safe.

In this workshop, attendees will learn the technique as well as the main points to treat menopause, inflammatory bowel disease and obesity according to the most important syndromes implied in these pathologies.

THEMATIC SESSION 14: Acupotomy

TS14.1

Acupotomy (Knife needle), Fire Needle and Point Injection for common musculoskeletal disorders

Francisco Lozano

Mexican College of Acupuncture, National School of Medicine and Homeopathy, Mexico City, Mexico

In the practice of Acupuncture, there are various treatment strategies and specialized related techniques that when chosen and

applied properly will produce a faster and better therapeutic effect. Particularly Fire needle, point injection and knife needle are indicated for muscle skeletal disorders where analgesic and anti-inflammatory effects are promptly expected. Although these techniques could be used alone, they are frequently combined, according to the therapeutic response and patient's individual needs.

Acupuncture is mainly indicated for chronic disorders where fibrosis has developed. Fire needle exerts a significant effect in acute inflammatory conditions and autoimmune disorders. Point injection, using various Chinese herbal extracts, has a strong and fast analgesic and anti-inflammatory effect, both, local and systemic.

In this workshop, Dr. Lozano will explain these treatment strategies, their main therapeutic effect and most common indications, as well as demonstrate their appropriate selection, combination and application.

THEMATIC SESSION 15: Ear Acupuncture

TS15.1

Electrical stimulation of the auricle in chronic nociceptive pain: Neurobiological basis and clinical practice

Giancarlo Bazzoni^{1,2,3}, Alessio Pirino¹, Nikos Daskalakis²

¹CERNATEC Research Centre on Auricular Neuromodulation and Complementary Therapies University of Sassari, Sassari, Italy, ²IANMA International Auricular Neuromodulation Academy - Sassari, Sassari, Italy, ³SIRAA Italian Society of Reflexotherapy, Acupuncture and Auricular Therapy, Torino, Italy

Nociceptive pain results from the activation of sensory receptors to noxious stimuli (nociceptors). Several Authors argue that the term chronic nociceptive pain should not be used only when the pain persists for some time but only when signs and symptoms of sensitization persist. Prolonged or intense exposure to these stimuli enhances the responsiveness of nociceptive nerve fibers, as in the case of exposure to chemical mediators during inflammation. This process, known as central sensitization, involves a shift in the activation threshold of nociceptors due to maladaptive plasticity of the central nervous system. Over time there is an increase action-potential firing and transmitter release in the dorsal horn of the spinal cord, where somatosensory information is processed. Dorsal horn neurons react to the rising input with heightened excitability, a process termed central sensitization. Central sensitization generates an exaggerated response to painful stimuli (hyperalgesia) and contributes to pain elicited by normally nonpainful stimuli (allodynia).

The inhibitory action of t-VNS (transcutaneous Vagus Nerve Stimulation) together with enhanced brain plasticity, as well as anti-inflammatory effects, counteract the mechanism of central sensitization.

The Auricular Neuromodulation (ANM) is a therapeutic technique based on the stimulation of the outer ear through different methods (microneedles, beads, electrical stimulation); it can be considered the modern and scientific evolution of the auricular acupuncture.

The ANM is scientifically based on the particular innervation of the ear, mainly supplied from the trigeminal and vagus nerves and from the cervical plexus. Therefore, through the ANM we can get a noninvasive auricular vagal, trigeminal and spinal stimulation-modulation, which allows to treat functional disorders or several diseases including chronic nociceptive pain.

In order to further validate the effectiveness of auricular stimulation in the treatment of chronic nociceptive pain, a study was conducted at CERNATEC Research Center on Auricular Neuromodulation and Complementary Therapies of the University of Sassari, within the period January 2017 – 2020.

Ninety (90) patients, suffering from chronic nociceptive pain in the upper limb, were divided by computerized randomization into

3 groups (A, B e C) of 30. All the participants received CEA (Continuous Ear Acupuncture) with one semi-permanent needle (SPN), positioned on a RPPP (Reflex Painful at Pressure Point) homolateral to the pain site. ATENS (Auricular Transcutaneous Electrical Nerve Stimulation) has been associated to this stimulation. ATENS has been operated in real and sham form, depending on the patient's group.

ATENS stimulation length: 20 minutes each time for 3 days a week for 2 weeks.

- 1) In the patients of the Group A the RPPP was stimulated with real ATENS;
- 2) In the patients of the control Group B the RPPP was stimulated with sham ATENS (device not working);
- 3) In the patients of the control Group C the stimulation has been practiced on an "ineffective" point on the lobe;

The pain was evaluated by utilizing the VAS (Visual Analogue Scale).

The VAS was administered before the first therapeutic session (Pressure Pain Test + CEA + ATENS) (T0) and after 7 days (T1), 14 days (T2).

Significant differences in pain score were observed at T1, T2. Pain reduction is present in both groups, but is significantly higher in the group A, treated on the effective ear point. The study confirms the efficacy of auricular stimulation in the treatment of nociceptive chronic pain, particularly on hyperalgesia and allodynia.

THEMATIC SESSION 16: Acu-robot

TS16.1

Guidance for acupuncture Robot with potentially utilizing medical robotic technologies

Tiancheng Xu¹, Youbing Xia

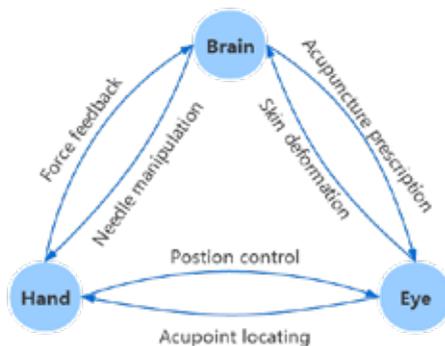
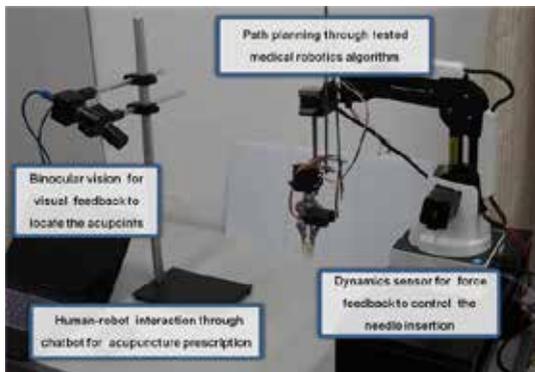
Nanjing University of Chinese Medicine, Nanjing, China

Acupuncture is gaining increasing attention and recognition all over the world. However, a lot of physical labor is paid by acupuncturists. It is natural to resort to a robot which can improve the accuracy as well as the efficacy of therapy. Several teams have separately developed real acupuncture robots or related technologies and even went to the stage of clinical trial and then achieved success commercially. A completed clinical practical acupuncture robot is not far from reach with the combination of existing mature medical robotic technologies. A hand-eye-brain coordination framework is proposed in this review to integrate the potential utilizing technologies including force feedback, binocular vision, and automatic prescription. We should take acupuncture prescription with artificial intelligence and future development trends into account and make a feasible choice in development of modern acupuncture.

The acupuncture robot offers the potential to extend the benefits of acupuncture to applications that have not previously been approachable with acupuncturists. Most of the acupuncturists need much practice to perform acupuncture painlessly. The acupuncture robot can make it a more pleasant progress by pricking the needle at a high speed effortlessly. The unpleasant pain of acupuncture prevents many potential clients of such therapy. Furthermore, the robot can implement more kinds of manipulations than electronic acupuncture devices. The widely used electroacupuncture apparatus can only lift the needle up and down, without the necessary rotation that may increase the curative effect of acupuncture. While the acupuncture robot arm with multiple degrees of freedom may perform those manipulations by receiving electric signals from the acupuncturist, it is modeled on and can record curative data for every patient to set suitable treatment mode personally.

The acupuncture robot that can achieve a comprehensive automation is still unachievable. The reason lies on three aspects: (1) the force feedback technology for clinical use is not mature enough; (2) the automatic acupuncture prescription with evidence-based medicine remains elusive; and (3) lack of a compatible platform for the integration of related technologies. It will also provide a great platform which makes communication between upstream and downstream players of the acupuncture industry

more pragmatic and effective by new products of acupuncture.



THEMATIC SESSION 17: Acupuncture and related techniques in sports medicine

TS17.1

ART in sports medicine - The scientific rationale

Johannes Fleckenstein

Goethe University, Institute for Sports Science, Germany

Acupuncture and related techniques reflect an adequate strategy to relief or prevent or relief pain and dysfunction in athletes. This lecture will focus on the anatomic and physiological basis of hands-on based techniques, highlighting the enormous role of the myofascial system. There is a broad connection between the functional state of the athlete and dysfunction of the connective tissue.

TS17.2

Acupuncture as a routine treatment in sports medicine

Winfried Banzer

Goethe University Frankfurt, Frankfurt, Germany

Acupuncture includes a variety of techniques, i.e. among others e.g. ear acupuncture, cupping, dry needling. Several experimental studies have been performed showing the individual effects of acupuncture on sports-specific functional parameters. From the point of view of a clinical sports physician, these results justify the implementation of acupuncture techniques into the clinical routine. This lecture will describe several examples and clinical scenarios where acupuncture has successfully been implemented.

TS17.3

The effects of acupuncture on athletes' injuries

Rafael Torres Rosas

Uabjo, Laboratorio De Inmunología, Oaxaca, Mexico

Many theories about the analgesic and anti-inflammatory potential of acupuncture have been investigated over the last three decades,

such as those that involve gate control, the endogenous opioid system, diffuse noxious inhibitory control, and the local release of neuromodulators and vasodilators.

This lecture aims to describe the local mechanism related to pain relief secondary to acupuncture treatment on athletes' injuries.

TS17.4

Epicondylopathy - neural therapy and other injection techniques in sports medicine

Uwe Günter

DGFAN, Berlin, Germany

At Epicondylopathy occurs in 1–3% of all people after recurring load sequences or effort.

Extracorporeal Shock wave therapy and acupuncture will be adjuvant, but like bandages and orthopedic technology as well as injections without Differentiate in guidelines. Neural therapy combines local with regional injections as well as injections potential interference fields that are not remediated can. With synovitis of the elbow joint or incomplete effect of the Neural therapy come ozone-oxygen, Own serum or plasma locoregional for Application.

THEMATIC SESSION 18: Emotional stress and Acupuncture

TS18.1

Clinical experience in Acupuncture Department of UNIFESP, Brazil, and research findings regarding sexual health for men (premature ejaculation, sexual impotence) and female infertility, combining acupuncture with mind remodeling and emotional regulation (mental qi mobilization technique)

Marcia Lika Yamamura

Federal University of Sao Paulo, São Paulo, Brazil; FILASMA; ICMART

Sexual disturbances have multifactorial etiology and, therefore, the approach should consider emotions states for conditions such as premature ejaculation, sexual impotence, infertility.

In this plenary section, the experience of Acupuncture Health Care in the public system of UNIFESP (Brazil), will be presented, introducing the Nasal Bone System of acupuncture and Cranial Sutures System, both part of SYA (Yamamura Acupuncture System) to treat sexual disorders. Emotional imbalance due to repressed emotions promotes somatization in physical body, cells, glands, etc, bringing diseases. Emotions may come since intrauterine period, so heredogram, birth sequence are risk factors for sexual

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disturbances. Acupuncture treatment combined with Mental Qi Mobilization Technique (which evokes mind remodeling and emotional regulation) will be presented.

LEARNING OBJECTIVES

- Present UNIFESP's (Brazil) experience regarding sexual health for men and female infertility.
- Discussion about main accupoints and systems used for treatment such as Yamamura Acupuncture System of Nasal Bone, Divergent and Curious accupoints.
- Introduce Mental Qi Mobilization Technique which evokes mind remodeling and emotional regulation combined with TCM.

TS18.2

K-23, 24 and 25 effects on psychiatric disorders

Luiz Carlos Souza Sampaio

Brazilian Medical Acupuncture Association (AMBA), Sao Paulo, Brazil; Brazilian Medical Acupuncture College (CMBA), Brazil

We are living in a special moment in the world. The Coronavirus pandemic has transformed behaviors and highlighted human frailty. As a consequence, symptoms related to anxiety and tension have become a constant in doctors' offices. Children, adolescents and adults are being affected and seeking psychological and psychiatric help. As a result, the use of anxiolytic and antidepressant drugs has grown exponentially, with their consequent side effects. We, acupuncturists, have an important role in this situation. We know that with acupuncture we are able to release the same neurotransmitters that are stimulated with psychiatric drugs without their adverse effects manifesting. However, not all patients respond to the use of the most common points for anxiety and depression. For these cases, I recommend the use of points K23, K24 and K25, alone or in combination. This exhibition, aims to show its application from the intrinsic knowledge of the ideograms that define them in Chinese writing: 神封 (shenfeng) K23, 靈墟 (lingxu) K24, and 神藏 (shenzang) K25. Understanding what the ideograms 神 (shen) and 靈 (ling) express, and their associations 神封 (shenfeng), 神藏 (shenzang) and 靈墟 (lingxu), opens up the possibility of a more precise use in those patients who do not have response to the puncture of the most common points of psychological and psychiatric action.

THEMATIC SESSION 19: Acupuncture and Addictions

TS19.1

Impact of Acupuncture on addictive behaviours

Konstantina Theodoratou

ICMART, Samag, Athens, Greece

Addiction is a chronic behavioral problem and today is analyzed in a multifactorial etiological model, which includes psychological, neurobiological, genetic, social and environmental factors. Substance abuse, highly caloric foods, shopping, learning, gambling, playing on the internet, exercise, all may start as a pleasurable experience and become an addictive behavior. We also know that addiction is a biological, pathological process that alters the way in which the pleasure center, as well as other parts of the brain, functions.

There are several treatments available and not all of them can fit to anyone. We will demonstrate the effects of acupuncture in different addiction stages and various physical and psychological symptoms.

THEMATIC SESSION 20: Current thoughts on Research

TS20.1

Is Acupuncture signaling via fascial mechanisms? An in-depth analysis of its foundational literature

Peter Dorsher

Mayo Clinic, Jacksonville, United States

INTRODUCTION: Since the 1990's, researchers have promulgated a model of acupuncture points and meridians as existing as an interstitial fascia network ("fascial theory" of acupuncture), in which needle manipulation in interstitial fascia of muscles produces mechanical and paracrine/autocrine signaling at extended distances from the needle to produce acupuncture's myriad beneficial effects seen in clinical practice.

METHODS: An in-depth examination of the 20+ research studies of Langevin and colleagues that serve to promulgate the fascial theory of acupuncture was undertaken to examine their conceptual bases as well as these foundational studies' experimental techniques, experimental results, and data interpretation.

RESULTS: The fascial theory of acupuncture was found to have multiple conceptual difficulties. It cannot explain the clinical efficacy of acupuncture seen with minimal, non-rotational, sham, or laser acupuncture point stimulation. The fascial theory of acupuncture cannot explain bilateral clinical effects seen with unilateral acupuncture needling, nor the clinical efficacy of acupuncture microsystems such as ear and scalp acupuncture. The fascial theory of acupuncture cannot explain how complete central nervous system lesions (stroke and spinal cord injuries) eliminate acupuncture's clinical effects when acupuncture is performed on the affected body area(s), and it cannot explain why peripheral nerve or plexus blocks eliminate acupuncture points' clinical effects in those innervated by the anesthetized nerves. Experimental errors are present in this foundational literature supporting the fascia signaling theory including fundamental major ultrasound measurement errors, use of non-physiologic mechanical needle rotation in tissues that overestimates needle tissue displacements in actual acupuncture practice, and use of semi-variogram analysis of tissue at acupuncture needle site and in surrounding tissues where needle trauma alters biochemically and mechanically the tissue being scanned. Data interpretation errors resulted from the fundamental ultrasound measurement errors and semi-variogram analyses, and other issues with other data interpretation including statistical versus clinical significance of needle pull-out force data ('needle grasp') and connective tissue impedance data.

CONCLUSIONS: Conceptual, experimental, and data interpretation issues in the foundational literature promoting the interstitial connective tissue theory of acupuncture undermine the evidence presented in these studies, and overall fail to provide valid experimental data supporting a body-wide fascial signaling network that would provide an anatomic basis of acupuncture points and meridians.

TS20.2

Outlining next steps in researching the pathways of acupuncture

Thomas Ots

Nada-Akupunktur Austria, Graz, Austria; Medical University Graz, Department of Anaesthesia, Graz, Austria

INTRODUCTION: Our recent study "The selection of dermatomes for sham (placebo) acupuncture points is relevant for the outcome of acupuncture studies: a systematic review of sham (placebo)-controlled randomized acupuncture trials" helped to solve the question why in many studies sham acupuncture points showed to be only little inferior to verum acupuncture. The effects of

sham acupuncture varied according to the dermatomes stimulated: high overlap with those stimulated by verum acupuncture resulted in almost identical efficacy, while low overlap resulted in significant differences in efficacy. Clinical outcomes were similar when verum acupuncture and sham acupuncture shared the same dermatomes ($p < 0.01$).

This result partly competes with the traditional meridian model. However, the segmental structure of the body includes dermatomes, myotomes, viscerotomes and sclerotomes. Any needling deeper than the skin will stimulate one more myotomes. E.g., deep insertion into the back-shu-points will generally irritate three different myotomes which often represent innervations from the cervical to the lumbar spine. Thus, we are striving for a follow-up-study, which will compare the influence of stimulated dermatomes as well as myotomes on the outcome of controlled studies.

METHOD: In our first study, only 34 of the 1,738 studies initially evaluated met our inclusion criteria. Our intended study must be broader. We will include more languages, esp. studies published in Chinese. Inclusion and exclusion criteria will be discussed in the presentation.

RESULTS: Our first study showed that styles of stimulation and depth of insertion of the needles were of slightly inferior importance compared with the selection of dermatomes. However, our case numbers were too small for assessing significance.

CONCLUSION: The result of the upcoming study will not only be of importance for further controlled studies which include the stimulation of sham acupuncture points. It might also have an impact on the teaching of acupuncture on stimulation methods and the depth of needle insertion. And like many previous studies, this study will raise new questions that make acupuncture more scientifically based.

TS20.3

AcuHealing: Going deeper than the needle

Xanthippi Paschalidou

AcuScience, Volos, Greece

Acuhealing is an integrative therapeutic approach based on acupuncture. The experience from my studies, work and quest in psychiatry and psychotherapy merged with acupuncture treatments, gradually developing together into a unique healing practice. In practice, while acupuncture points are used according to diagnosis, what has turned out to be particularly beneficial is the intuitive inclusion of several principles and interventions, before and during acupuncture treatment, which, together with the effect of the needles, seem to lead to positive therapeutic results. Clinical examples will enrich the presentation. Basic principles of treatment will be analysed in depth, as well as the techniques used, borrowed from existential and systemic / family psychotherapy, trauma therapy and different healing paths. Acupuncture offers us a unique therapeutic tool. Apart from body regulation in all other levels, it changes the brainwaves to alpha and theta waves, offering a receptive mindset for deep change. There, the therapist may step in, with permission, extreme care and respect, to soften dysfunctioning and restricting beliefs, reconnect the patient with their inner child, reconcile them with their body, help regain gratitude and self-acceptance. People reflect on feeling reborn, regaining control over their life, reconnecting to their lost self, feeling whole and ready to fulfil their potential. Going deeper than the needle. Deeper than basic treatment, beyond the patients perception of themselves, healing together body and soul.

TS20.4

Making sense of experimental controls in clinical research on Acupuncture

Fernando Farias

Souza Marques Medical School, Rio de Janeiro, Brazil

In the last decades, information derived from scientific research on acupuncture mechanisms of action and controlled clinical trials has become rapidly available in indexed periodicals, enriching and refining its practice. In parallel, demand for scientific evidence has increased among patients, medical community, private and public health systems. Given the critical role of experimental controls in defining how much we can trust data, stressing their importance is never enough. We will analyze methodological issues peculiar to clinical research in acupuncture, emphasizing the usage of adequate experimental controls, probably the most important challenge that research on acupuncture will face in the next years.

THEMATIC SESSION 21: Taijiquan-Qigong-Tuina

TS21.1

On Firm Footing into Old Age – Qigong Exercises in Geriatrics

Elisabeth Friedrichs

Medical Association for Qigong Yangsheng, Bonn, Germany

Getting older is a natural process. Alleged and actual physical and mental deficits as well as chronic ailments can impair the quality of life, and chronic pain is also often present. Loneliness further contributes to passivity. Other impairments can include a diminishing of hearing and vision. Some of the drugs required to treat chronic diseases also have side effects such as dry mouth or fatigue. Qigong can be an active way of creating conditions to train mobility and stability, to (re-)activate mental and physical powers and to regulate breathing. Qigong Yang-sheng exercises including self-massage can be well adapted to different physical conditions without the exercises losing their quality. These topics will be treated theoretically and practically in the workshop.

TS21.2

Qigong and taijiquan yang style

Carlo Moiraghi

Alma Lombard Association of Acupuncturist of Medical Doctors, Milan, Italy

Body techniques are ancient broad chapter of Traditional Chinese Medicine. Over the millennia of Chinese evolution, various names have been indicated, including Daoyin, managing and directing oneself, Tuna, exhaling and inhaling, Xingqi, promoting the breath. The use of the term Qigong, practicing the breath, which means practicing one's vitality, actively participating in what one is and in one's own transformation has been invaded for about half a century. It is a discipline divided into a vast millennial compendium of exercises centered on organic vitality, which lead to the achievement and maintenance of organic balance, in its different aspects, physical, energetic, emotional, mental. In the hour of the two morning workshop practices, the fundamentals of qigong (tiaoshen, harmonize the body, tiaoxi, harmonize the breath, tiaoxin, harmonize the mind) are introduced, and the basics of some disciplines of qigong, including:

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o Taijiquan, Supreme polarity of movement, is the psycho-corporeal practice of taijitu, the forged in the mutual yinyang transformation.

o Xingyiquan, discipline of form and intention. This includes animal practices.

o Baguaquan, Movement of the Eight trigrams, is the body translation of a foundation of the Chinese esoteric culture, the bagua, the Eight trigrams.

Comfortable clothing is recommended.

TS21.3

Chinese Massage Therapy (Tuina Sou Fa) - Valuable therapeutic resource for the Acupuncturist

Hildebrando Sabato

Brazilian Medical College of Acupuncture - CMBA, Belo Horizonte, Brazil

Tuina means: method of grasping and pushing with hands and Sou-Fa: method of joint manipulation. It is a valuable resource of Traditional Chinese Medicine, and consists of a set of maneuvers and their sequences, in addition to joint and vertebral manipulations. It can use acupuncture points with pressure stimulation, as well as manipulative techniques on soft tissues, with therapeutic purposes auxiliary in the treatment of Pain and of several pathologies. It can be used in association with acupuncture and other complementary techniques, such as Cupping therapy, increasing its Effectiveness and Efficacy, replacing it for patients with needle phobia, or in some cases it is configured as first-line therapy. The purpose of this Workshop is to provide a theoretical-practical introduction to the study and art of Chinese Massage Therapy, its scientific support, providing hands-on training for immediate application in the clinic.



THEMATIC SESSION 22: Integrative Aesthetic Approach

TS22.1

Integrative Aesthetic Acupuncture and related techniques

Michael Tarabe

Plastic Reconstructive Aesthetic & Laser Aesthetic Surgeon, TCM & Aesthetic Acupuncturist, Greece

Integrative Aesthetic Acupuncture and Related Techniques offer a natural anti-aging approach. During these treatments, multiple hair-thin acupuncture needles are inserted in regions of the body, face, and scalp to stimulate the body's own healing energies. This promotes the flow of Qi or vital energy to increase circulation of blood in from the deep dermis to the surface of the skin.

In turn adjunctive and related techniques (Thermal Microfractional Laser, Micro Thread Needling and Crystal light Therapy) amplify and facilitate oxygenation of cells, detoxify and carry away waste products from the tissues, while delivering vital nutrients that promote the production of collagen and elastin.

The results include a visible reduction in fine lines & wrinkles, improved complexion, profound relaxation of facial muscle tension, and tonification of sagging or atrophied muscle & skin. These treatments are even known to reduce and improve the appearance of facial scarring; the more recent the scar (few years or less), the more profound and rapid are the results. Patients are often amazed by the anti-aging effects of treatment. Detailed combined approach will be demonstrated and technique protocols explained.

THEMATIC SESSION 23: Abdominal Acupuncture

TS23.1

Abdominal acupuncture

Gemma D'Angelo

Private practice, Italy

In the last 25 years, the discovery and knowledge of acupuncture methods that referred to a Traditional Chinese Medicine, older than the one normally known, abdominal acupuncture and umbilical acupuncture, has allowed the treatment of pathologies of the osteoarticular system, pain problems and of imbalance of internal pathologies, with a vastness of results and stabilization of syndromes, never seen before. These exceptional results are due to the possibility, achieved through these methods, to rebalance two vital parameters in real time: blood circulation and energy circulation. In the treatment of severe chronic pathologies, the integration between abdominal acupuncture and umbilical acupuncture has proved, in recent years, to be successful. Both methods, combined with conventional therapies, have considerably reduced recovery times in the pathology of even severe cases such as post ictal and improved compliance of chronic patients. The training is divided into courses on several levels divided into practical and theoretical parts, which allow the student to apply the method already with the learning of the basic course.

THEMATIC SESSION 24: Irritable Bowel Syndrome and Acupuncture

TS24.1

Irritable Bowel Syndrome integrative approach to its TCM Diagnosis and Treatment -Acupuncture and Related Techniques

Francisco Lozano

Mexican College of Acupuncture, National School of Medicine and Homeopathy, Mexico City, Mexico

Irritable bowel syndrome (IBS) is a common, chronic, functional gastrointestinal disorder with a high incidence rate worldwide, and it is common among the Mexican population. The pathophysiology, etiology and pathogenesis of IBS are poorly understood. Clinically, the complexity and diversity of IBS presentation make treatment with conventional medicine difficult, and it is mainly design for symptoms reduction. However, most of the medications currently used, result in various side effects, and without significant improvement. For this reason, both, physicians and patients have search for other alternatives.

Among the alternative and complementary medicine's therapeutic modalities, acupuncture and Chinese herbal medicine are the most widely spread and accepted throughout the world.

Acupuncture, has been used to effectively treat several gastrointestinal disorders in functional and organic diseases, including IBS. In the last decade, with the incorporation of new acupuncture related techniques, acupoint catgut embedding has also become a common and effective strategy for various chronic and complex diseases, including IBS. We have been extensively using this technique in the public clinic of our School of Medicine and have also conducted various clinical research trials with satisfactory results.

TCM emphasizes in an overall, holistic, comprehensive, individualize diagnosis and treatment based in Syndrome Differentiation. Therefore, through TCM differential diagnosis, acupuncture and Chinese herbal formulas can be individually design to more accurately meet the needs of the specific patients and therefore produce better therapeutic results,

In this work, we will present how we have been clinically implementing an integrative analysis of the physiopathology, diagnosis and treatment of IBS, combining acupuncture, acupoint catgut embedding and Chinese herbal formulas to obtain a longer term beneficial effect, no adverse effects and lower recurrence rate.

THEMATIC SESSION 25: Acupuncture for pregnancy and menopause

TS25.1

Hazardous acupuncture points in pregnancy. True or false. Review

Guillermo Chaibún

Uruguayan Acupuncture Association, Montevideo, Uruguay

INTRODUCTION: The risk of altering the correct development of pregnancy by stimulating certain acupuncture points is a concept deeply rooted among acupuncturists.

The potential severity is of such a magnitude that many acupuncturists avoid treating patients who are pregnant, still without taking into account if the points to be used could be those classified as risky. The decision is usually consequence of fear, based on the information transmitted by the acupuncture texts attributing abortive capacity to certain points along with the lack of

evidence on the real scope of this assertion. The accumulated clinical experience has challenged the assertion of the classic texts, encouraging research. It is important to approach scientific certainty on this point. The importance is based on the fact that during pregnancy frequent pathologies might use acupuncture as the best therapeutic choice. For example: lumbago, sciatica and hyperemesis gravidarum triggered by pregnancy as well as the treatment of pre-existent diseases: headache, asthma, gastritis, etc. It is important to demonstrate that Acupuncture is harmless for pregnancy in order to bring scientific support in case of possible legal demands when a woman experiences dangerous situations of another ethiology.

METHOD: We will analyze the existing bibliography from the historiographical point of view as well as controlled clinical trials, retrospective cohort studies and animal experimentation in order to approach a reasoned response on the influence of the acupuncture stimulus in points traditionally considered prohibited in pregnancy.

TS25.2

Acupuncture for climateric-like symptoms related to Tamoxifen

Eduardo D'Alessandro¹, Chin An Lin², Raymundo Soares Azevedo³

¹Acupuncture out-patient clinic/Icesp/FMUSP, Sao Paulo, Brazil, ²Internal Medicine/HC-FMUSP, Sao paulo, Brazil, ³Pathology/FMUSP, Sao paulo, Brazil

INTRODUCTION: Breast Cancer is the most prevalent malignant neoplasm in women, with estimated 268.600 new cases in 2019 in the US alone. Optimal treatment encompasses a hormonal blockage phase besides surgical removal and chemotherapy. The hormonal blockage phase is meant to inhibit the growth and development of tumoral cells that may have escaped the previous two phases and should be maintained for a few years, usually 5 to 10, in order to allow a “natural” death to those occasional leftover tumoral cells. Pharmacological agents used for hormonal blockage induce a myriad of climateric-like symptoms which take a heavy toll on patients quality of life and well-being with reports of XXX and XXX leading to discontinuation in over XXX. Acupuncture has shown promising results in trials as a treatment for climateric symptoms with some evidence of its efficacy in controlling hot flashes induced by hormonal blockage. In this trial we opted to use acupuncture to treat the climateric-like symptoms cluster focusing in the mental, physical, genito-urinary and sleep disturbances through a selection of classical acupoints based on Traditional Chinese Medicine (TCM) rational.

METHODS: This study was designed as a randomized placebo controled trial with blinded data collectors. 60 subjects were randomized through an eletronic randomization tool in 3 groups, 20 in the intervention group (true acupuncture – TA), 20 in the placebo group (Sham-acupuncture – SA) and 20 in the wait-list control group (WL). Subjects filled questionaries in the first visit to the acupuncture out-patient clinic, right before the last session was applied and 10 weeks after the discontinuation of the sessions. The measurement tools chosen were the Beck Depression, Pittsburgh Sleep Quality Index and the Menopause Rating Scale. Statistical analysys method chosen was the Kruskal-Wallis.

RESULTS: The TA and SA both showed improvement in the questionaries specially in the mental and physical aspects but this was most expressive in the TA group with statistical significance.

CONCLUSION: Albeit small in subject numbers, this study shows promising results for the management of climateric-like symptoms induced by hormonal blockage in breast cancer patients.

TS25.3

Acupuncture in postmenopausal vaginal atrophy

Luciano Ricardo Curuci de Souza

Brazilian Medical Acupuncture College (CMBA), Brazil

The climacteric is characterized by the passage from the reproductive life of the woman to the non-reproductive phase. Although it is physiological, many symptoms are associated and appear from the perimenopause until the post menopause.

As women approach menopause, estrogen decline can lead to vulvovaginal atrophy. Several studies have estimated that 25–50% of postmenopausal women experience vulvovaginal atrophy, which can include vulvovaginal symptoms of burning on urination, bleeding after intercourse, painful sexual intercourse, and vaginal discharge, soreness, itching or burning sensations. While topical estrogen is effective in treating symptoms of Vulvovaginal atrophy in menopausal women hormone therapy is contraindicated in some women, such as those with a history of breast cancer, known coronary artery disease, prior venous thromboembolic event or stroke, or active liver disease.

Furthermore, potential side effects of estrogen therapy include vaginal bleeding, breast pain, and perineal pain. Some vulvovaginal symptoms can be alleviated by use of vaginal lubricants; however, emerging data suggest that lubricants may adversely affect the vaginal epithelium, lamina propria and the vaginal microbiota.

New interventions are needed to reduce vulvovaginal symptoms caused by Vulvovaginal atrophy in postmenopausal women, and the Acupuncture can be used as a single treatment form or in conjunction with all other forms of gynecological treatments. In addition to having the benefit of not having side effects or systemic effects in women.

We will evaluate the forms of acupuncture treatment, from classical systemic, electroacupuncture and proven beneficial points in the production of local estrogens in the pelvic floor that improve postmenopausal genital tropism and reduce genitourinary symptoms.

TS25.4

Acupuncture in treatment of recurrent urinary tract infections in females

Leonid Gelman¹, **Helena Zwinczewska**²

¹Dr Gelman's Clinic, Ashdod, Israel, ²The Institute of TCM and Integrative Medicine, Kraków, Poland

INTRODUCTION: Urinary tract infections (UTI) are a common cause of visits to the acupuncture clinic. Usually, they suffer from frequent and recurring UTI's treated with repeated courses of antibiotics. With each relapse, antibiotic therapy has weaker and shorter effect, so eventually patients decide to seek help different from the pharmacological treatment.

MATERIALS & METHODS: Patients included to the study underwent a full acupuncture course (10 sessions over the period of 5 weeks). Each treatment was performed evenly for 20 minutes, without additional stimulation or dispersion. The main lines of therapy included: Tai Yang (Bl 67 - Bl 1 - SI 1), The source points of these systems (Bl 65, SI 3), two bladder points which form the beginning and the end of inner meridian branch (Bl 23, Bl 40). To enhance the effect, the opening points of the Du Mai (SI 3 - Bl 62) were added when needed. After 4 sessions, to consolidate the effect, Shao Yin (Kid 1 - Kid 10 - Ren 23 - Ht 9) and its' source points (Kid 3 - Ht 7) were applied. The aim of the treatment was to strengthen bladder and kidney system functions due to their connection with urinary tract.

RESULTS: In total, 37 patients were included to our study, all of them female. In 6 cases side effects of antibiotic therapy were present (allergies and fungal infections). About half of them connected UTI's with sexual intercourse. After the full course of

treatments, 32 patients (86.5%) showed a good, stable improvement with no UIT relapses. Another 5 patients (13.5%) reported much longer periods of remission after the treatment. Follow-up took place when patients returned to the clinic due to other complaints.

CONCLUSION: The treatment of UIT with acupuncture has shown its effectiveness with the complete absence of side effects of the treatment. Further research on the matter are needed.

THEMATIC SESSION 26: Acupuncture and PNEI

TS26.1

Fascial Neuromodulation: Clinical application of the extraordinary meridians for stress, pain and posture

Gianluca Bianco, Edsel Bittencourt

Research Laboratory of posturology and neuromodulation RELPON, Italy; Istituto di formazione in agopuntura e neuromodulazione IFAN, Italy

Acupuncture has been proposed to treat chronic pain and others stress-related diseases through modulating the imbalance between sympathetic and parasympathetic activities, restoring the homeostasis: it has shown that acupuncture can induce an adaptive brain state, improving resilience, in case of chronic dysautonomia.

There are several similitudes between the ancient concepts of Chinese medicine and the western medicine based on the psycho-neuro-endocrine-immunology: like the relationship between yin and yang, the homeostasis is a complex dynamic equilibrium in a constant adaptive response to internal or external stimuli.

The extracellular matrix ECM, in the same way of acupuncture meridians, is the bridge between the musculoskeletal system, the viscera and the brain, since meridians are located in the fascial layer of the body, together with neurovascular bundles. In my purpose the TCM description of the so-called "Biao-Li connection" between the skin and deeper structures of the whole body-mind, operated by the 15 "Luo channels" on the arms and by the extraordinary vessels along the extensive path of the body, both running in the "space between skin and muscles", is consistent with the neuroanatomical organization of the extracellular matrix ECM, including the free ending fibers linked to the interception.

While the ECM integrates neural, endocrine, cardiovascular and immune functions, the increase of the extracellular matrix, which is the first measurable alteration of the ongoing change of the body composition, is a consequence of accumulation of catabolic substances and local acidosis, that follow the hyperactivity of the stress system and that lead to formation of trigger points and chronic pain, through alteration of the sensory and autonomic fibers located in the membranous layer of the superficial fascia. While the threshold of the neuromuscular spindle is under the activity of the autonomic nervous system, an hyperactivity of the sympathetic nervous system leads to muscular tension, formation of the trigger points, especially in the upper district like trapezius and thorax muscles, altering also the biomechanical function of the diaphragm, with a negative loop on emotions and on the homeostatic balance.

The eight extraordinary meridians are considered useful to establish the homeostatic balance: on this basis I am proposing a methodology based on clinical and instrumental assessment of the autonomic nervous system, the postural chains and the extracellular matrix, finalized to choose combinations of acupoints along the extraordinary meridians.

THEMATIC SESSION 27: Evolution of Meridians

TS27.1

Extra channels / Extraordinary Vessels EoV – What are they and how can we use them in practical therapy?

Nicolas Behrens

German Medical Association for Acupuncture (DÄGfA), Munich, Germany

If you touch patients along the course of the EoV, they can experience the deeper sense of them. In difference to the meridians that can be understood as basic patterns of behaviour, they are the physical basis of basic attitudes. As vessels they can “store” successful behaviour. They are useful for the psychosomatic and spiritual development of beings.

This will be described with clinical correlation to the treatment of chronic pain.

TS27.2

Points and meridians of Acupuncture by George Soulié de Morant

Patrick Sautreuil

FAFORMEC - ICMART, Le Vesinet, France

INTRODUCTION: The mapping of Acupuncture Points and Meridians has been built over the centuries and millennium in China.

METHOD: The first work to offer a repertoire of points is the Zhen jiu jia yi jing, 3 century BC (针灸甲乙经). One of the latest forms is that of Zhen jiu da cheng (针灸大成, 1601). It is this reference that Soulié de Morant (SdeM) used to constitute his Atlas of Points and Meridians of Acupuncture integrated in the book published in 1939, “Chinese Acupuncture” (针灸法, Zhen jiu fa). Unlike Asian maps, simple lines drawn on a diagram of the human body, SdeM presents the Meridians on an “écorché” where they can be identified in relation to bones reliefs, tendons and vessels. He wrote by hand the names of every acupoints in Chinese and associated a chronologic number for each of them. This alphanumeric revolution made it easier for Western students and practitioners to learn and memorize the acupoints. This form has been used for all subsequent acupuncture atlases, in the West and in Asia. SdeM describes in his book how he worked to be as precise as possible: with a digital palpation, and/or with an instrument the size of a pencil. The points are in a hollow and the perception of the patient participates in its localization. The ideogram xue (穴) means cavern entrance. The location of the points uses the cun (寸, 寸) proportional unit linked to the patient (whatever his size). The same unit is used for the depth of the puncture.

RESULTS: Many discussions are raised about differences between maps on some segments of the meridians as Stomach, Small Intestine, Bladder, Gall bladder, Governor. Gil Berger has made an exhaustive study on these items (De la localisation des points d’acupuncture, 2012). We will discuss the location of 5 points as examples: bai hui (20DM), da bao (21Sp), shen men (7H), yong quan (1K), qi hai (6RM).

CONCLUSION: The location of acupuncture points is essential for rigorous practice, as also their different indications (future lecture). Soulié de Morant have made an amazing and huge work that permitted the introduction of modern acupuncture in France and in western Europe in the past thirties.

THEMATIC SESSION 28: Postoperative analgesia and acupuncture

TS28.1

Acupuncture combined with multimodal care for recovery after traumatic multiple rib fractures: A feasibility observational case series

Kun Hyung Kim¹, Chan Kyu Lee², Youngwoong Kim², Seon Hee Kim², Hyun Min Cho³, Soo Jin Lee⁴, Jung-Eun Kim⁵, Yu Kyung Shin⁵, Ju Hee Choi⁶, Minkyung Kim⁶

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INTRODUCTION: This study aimed to test the feasibility of acupuncture combined with standard multimodal care for recovery in patients with traumatic multiple rib fractures.

METHOD: Patients who had traumatic multiple rib fractures, defined as fractures of more than 2 ribs, admitted to the regional Trauma centre in Pusan National University Hospital were eligible in the study. Acupuncture treatments were provided at bedside in the trauma inpatient ward to manage acute pain, opioid-induced nausea and prevent paralytic ileus. Multimodal care for successful recovery after trauma and/or surgery included oral, intravenous and epidural analgesia, respiratory rehabilitation using incentive spirometry in a manner of either supervised or self-exercise with education materials and standard nursing care. Patients were followed up to 6 months after trauma.

RESULTS: Of 20 patients who enrolled the study, 17 completed the 6-month follow-up. One patient withdrew the consent during admission due to uncomfortable feelings after three sessions of acupuncture. Proportion of patients with moderate level of pain was 95% (baseline), 58% (at discharge), 47% (at 1 month from baseline), 42% (at 3 month) and 41% (at 6 month), respectively. Over 80% of respondents expressed satisfaction to the acupuncture treatments both at discharge and at 6 months. Most respondents answered that acupuncture was acceptable. Over 94% of respondents stated that they felt somewhat or much improved. Nausea and/or vomiting was occurred during admission in 32% of participants. Most patients reported at least mild level of impairment in quality of life. Six and 3 patients who completed pulmonary function test showed restrictive pattern.

CONCLUSIONS: Provision of acupuncture combined with standard care for recovery in patients with traumatic multiple rib fractures was feasible in a regional trauma centre in South Korea. Future randomised trials to investigate the role of acupuncture combined with standard care in various settings are warranted.

Study registration: KCT0002911

TS28.2

Magnetic non-invasive auricular acupuncture for preterm infant comfort during eye-examination for retinopathy of prematurity: A multicentre randomised controlled trial

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INTRODUCTION: Analgesia for uncomfortable but necessary procedures in the neonatal intensive care unit (NICU) is still not optimal. We sought to determine the effectiveness of magnetic auricular acupuncture (MAA) to alleviate prolonged stressful procedures, such as eye examinations for retinopathy of prematurity (ROP).

METHODS: Multicenter randomized controlled trial at three sites (Australia, Canada, and Malaysia). Eligibility: preterm infants >32 weeks post-conceptual age and need for ROP examination. Infants were randomized to MAA stickers or placebo (P) stickers placed on both ears by an unblinded investigator 1 hour before ROP examination. In MAA, the magnets will be applied using stickers to 4 ear acupuncture points, which is based on modified Battlefield acupuncture: Shenmen, Cingulate Gyrus, Thalamus and CN5. In P, stickers without magnet will be applied to the same points. Pain and discomfort were assessed by blinded clinical staff using standardized pain scores (Premature Infant Pain Profile = PIPP) at 1 hour before, during and 1 hour after ROP examination.

RESULTS: Hundred preterm infants were enrolled (MAA: 50, P: 50). There was no difference of gestational age (28 ± 3 vs. 28 ± 2 weeks), birth weight ($1,057 \pm 455$ vs. 952 ± 273 grams) and postnatal age (7 ± 3 vs. 7 ± 3 weeks) between MAA and P group. P group had significantly higher PIPP scores during [mean difference 1.6 points (95%CI 0.1–3.1)] and 1 h after the procedure [mean difference 1.5 points (95%CI 0.7–2.2) ($p < 0.03$)]. Heart rate was lower (173 ± 22 vs. 184 ± 18 /min) and arterial oxygen saturations were higher (93.8 ± 6.2 vs. 91.7 ± 6.1 %, $p = 0.05$) in MAA infants. No adverse effects were found.

CONCLUSION: MAA may reduce physiological pain responses in preterm infants after more prolonged stressful procedures such as ROP examination.

TS28.3

Surgical analgesia during dental extractions

Guillermo Chaibún, Margarita Varela, Gabriela Rodríguez

Outpatient Acupuncture Clinic/University Hospital, Montevideo, Uruguay

The results of using acupuncture as a unique analgesic method during dental extractions are shown.

Two clinical cases.

Video recording during one of the procedures is shown.

The analysis is extended to update the indications of acupuncture in dentistry.

We include other benefits for the patient both preoperatively and postoperatively, not only in dentistry but in surgery in general.

TS28.4

The effects of acupuncture on P-6 (Neiguan) point for nausea, vomiting and pain status after thyroid surgery

Ilhan Öztekin^{1,2}, Selman Karadayi²

¹Dep of Anesthesiology, Yeditepe University, Istanbul, Turkey, ²Dep of Anesthesiology, Trakya University, Edirne, Turkey

Nausea and vomiting may be related to many factors such as the surgical procedure and the anesthetic agents used during the surgical procedure. Postoperative nausea and vomiting after thyroid surgery may lead to bleeding, especially in the surgical field. Anesthesiologists use many different medications to prevent nausea and vomiting. These medications have some side effects. Due to these side effects different alternative methods are used. Acupuncture is one of these methods. Sham acupuncture is the acupuncture point where acupuncture needles are spotted without puncting skin to be able to demonstrate the placebo effect of acupuncture. This study was planned to investigate the effect of P-6 acupuncture point (Neiguan) stimulation on postoperative nausea / vomiting. 150 patients, including ASA I-II group, who underwent thyroid surgery, were randomly divided into 3 groups. Bilateral P-6 points of patients in group I have been stimulated with an acupuncture needle and electrostimulator device for 20 minutes just before the operation begins. For patients in group II, the same operation have been stimulated in the same way by selecting a random spot around 2 cm from the P-6 point, (SHAM Acupuncture technique). For patients in group III, no treatment or medication have been administered as a control group. All patients have received same standard general anesthesia. Nausea, vomiting and pain levels have been compared at after extubation, 5 minutes, 15 minutes, 30 minutes, 6 hours and 24 hours after extubation. The pain level has been assessed with using the VAS (visual analogue score). Immediately, 5th minutes, 15 th minutes after extubation; Nausea and vomiting at acupuncture group was significantly lower than sham group and control group ($p < 0.05$). The pain level was significantly lower in the acupuncture and sham group than in the control group. As a result; Acupuncture reduces postoperative nausea, vomiting and pain at a significant rate. Sham technique has no effect on nausea and vomiting, and can reduce the level of pain as much as the technique of acupuncture. We think that acupuncture on P-6 is an effective method that can be used as an alternative to medically used medicines to prevent nausea, vomiting and pain.

TS28.5

Laser Acupuncture (PBM) in the perioperative management of surgery

Euahna Varigos

Private Hospital, East Melbourne, Australia

Laser acupuncture (PBM) is a safe, non-invasive and easy to administer therapy. It is the application of low level red and/or near infrared light to biological tissue. Laser Acupuncture has been advocated for the improved postoperative pain and management of patients. Studies have also reported laser acupuncture can help PONV and anxiety in the surgical patient. The peri-operative period is often a difficult time for patients.

This presentation will refer to studies on outcomes of acute post-surgical pain and the development of chronic pain. Anxiety and catastrophising have been shown to be a major risk factor for increasing acute post-op pain. Certain surgical sites have been found to have a higher incidence of developing chronic pain. Post-op mortality and morbidity statistics will be highlighted. Post-operative prescribing of opioids has exponentially increased in recent years, not only has this had a significant impact on overdose deaths in the community but it has also had an influence on surgical patients morbidity and mortality, this is now recognised as The Opioid Crisis

A brief outline of treatment options will be discussed. It should be noted that there is no specific protocol, as treatments require individualisation to each patient. Several short case presentations will help illustrate the effects of the addition of PBM in the peri-operative period such as reduced anxiety, and pain. As a consequence of reduced inflammation and swelling there is a reduction in pain and opioid use and this in turn can help improved function and mobility which in part helps improve patients surgical experience and recovery.

THEMATIC SESSION 29: Well-being Acupuncture

TS29.1

End-of-life Acupuncture: A story of science, well being and hope

Fernando Farias

Souza Marques Medical School, Rio de Janeiro, Brazil

Acupuncture has been widely used as a means of treatment of a variety of medical conditions, from pain to infertility. Because of its unique role in symptoms that are common in end-of-life and palliative care – pain, nausea, fatigue etc. –, acupuncture can be invaluable at fostering well being and hope to patients sometimes intolerant to further medicalization. Symptomatic medication and standard nursery care often are not enough to dispel the hopelessness as they are readily seen as just “symptomatic”. Besides its specific effects, acupuncture fills this gap because it connects patients with a therapeutic perspective. When nothing else “can be done”, acupuncture can be a key to an effective, compassionate care. We will discuss acupuncture advantages and limits in dealing with such patients.

TS29.2

Regulation of Gut Microbiome and Acupuncture

Rosalia Amelia Diaz Rojas, Elías Flores Moreno

Filasma, Mexico City, Mexico

Microbiome is defined as the set of microorganisms that live in a specific ecosystem and the genes that they express. The human microbiota is mainly made up of bacteria, but also viruses, fungi, yeasts and protozoa. The microbiota represents approximately 2 kg of the total body weight. The gastrointestinal microbiota is classified according to its function in symbiont, commensal or pathobiont. Having a balance between these three is called eubiosis, however if there is an imbalance with a negative effect, it is called dysbiosis: dysbiosis generate inflammation. The microbiota has as one of several functions the mechanical barrier that regulates the passage of molecules into the blood circulation, however, this barrier is dynamic and permeable, it varies throughout the day and under different circumstances of daily life. There are multiple functional ways to regulate the gastrointestinal flora, however, Tradicional Chinese Medicine and specifically acupuncture plays a very important role as a modulator. We know many studies that demonstrate that acupuncture contributes directly to decrease body weight, visceral adipose tissues, also it increases insulin sensitivity, glucose homeostasis and improves lipid metabolism, but also nowadays we can find information about acupuncture and electroacupuncture as modifiers of the composition of gut microbiota, mainly by decreasing firmicutes/Bacteroidetes ratio and increasing prevotella abundance.

TS29.3

Emotional Literacy: Methods for addressing stress, as developed from TCM

Erna Wenus

N/a, San Carlos, United States

As health care practitioners, we already know a lot about how the body works, but upon closer inspection, the inner workings of emotions can also become clear. I have developed a framework for this from Traditional Chinese Medicine that I call Emotional Literacy. The framework focuses on function, because if you know the function of an emotion you are more effective in dealing

with it. What we call “bad” emotions, like fear, anger, sadness, worry and pain function as indicators that something is out of balance, and with this conceptualization, you can take action to reestablish balance. Then it also becomes clear that happiness is a result of having the Five Aspects, or Branches of Life, in balance. In this presentation, I will show how this can be a useful tool for our daily acupuncture practice.

THEMATIC SESSION 30: Acupuncture and Blood donation

TS30.1

Acupuncture and blood donation: The story of an unfair prejudice

Tomas Dawid

ICMART - Vice president; FILASMA - Ibero Latinamerican Federation of Medical Acupuncture Societies - Secretary General; Uruguayan Acupuncture Association – Secretary; Regional Maldonado Blood Bank - Administrative Director

In the proposed lecture, we analyse the status of blood donors who have previously undergone medical treatment with acupuncture, since they are often rejected for donation for a specific period of time after having received treatment. Blood donation is a medical procedure by which a person voluntarily allows his own blood extraction, which, after various studies and procedures, is injected or transfused into another person. There are requirements and limitations for donating blood, such as weight, age, blood pressure, and the existence of previous medical conditions or procedures. In several countries, it is also an impediment for blood donation, to have been treated with acupuncture in a variable previous period of time. Initially, we present a description of this situation in selected countries of different continents. We analyse the causes of these temporary deferrals and rejections in the context of other invasive or micro-invasive medical procedures, based on the alleged risks of transmission of infectious disease. Finally, we propose some actions to be taken with the aim of removing these restrictions in Blood Banks, actions that have to be agreed in meetings with several actors, including Societies in the field of Medical Acupuncture, Hemotherapy and Infectology, as well as representatives of the National Health Authorities, responsible for the regulation of the practice of Medical Acupuncture in the country.

THEMATIC SESSION 31: Emergency acupuncture

TS31.1

Emergency acupuncture in the treatment of post-traumatic stress disorder in the earthquake of Kathmandu-Nepal, and Amatrice-Italy

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BACKGROUND: Agopuntura nel Mondo (“Acupuncture in the world”) is an Italian NGO - Non Governative Organization, that runs voluntary acupuncture in an emergency situations. AGOM is part of Protezione Civile Italiana (Italy's official Civil Protection organization). AGOM has started to operate a free weekly surgery for cancer patients. This abstract presents the experiences of

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the missions that were conducted in the wake of the earthquakes in Nepal in 2015 and in Central Italy in 2016.

OBJECTIVE: To evaluate the effectiveness of acupuncture in Post-Traumatic Stress Syndrome in situations of secondary emergency. The absence of side effects and the chance to effect medical treatment with just needles creates the ideal rationale for the application of acupuncture in situations of secondary emergency, in which the main objective is the overcoming of Post-Traumatic Stress Syndrome and the rapid resumption of good quality of life.

MATERIALS:

- Disposable needles 20x15, 25x25, 25x40
- Glass cups
- Moxa cigars made with mugwort

METHODS: The acupuncture treatment was effected according to the dictates of traditional Chinese medicine:

- Diagnosis through an interview, observation of the tongue, palpation of the wrists and the shu mu points.
- Holistic treatment of the patient.
- Treatment of ben, the energetic cause of the pain, to provide benefit for biao, to the evident symptoms.
- The use of relatively few points of treatment.

RESULTS & DISCUSSION: In Nepal AGOM conducted 1170 free acupuncture treatments. In Central Italy AGOM conducted 700 free acupuncture treatments. In Nepal Post-Traumatic Stress Syndrome was more evident as a form of physical tension, while in Italy it was more evident as a form of psychological tension. The points that were mainly used were: SP6, K3, LI4, GB34, DU20, K1, SP9, SP3, ST36, SP10, LI11, UB23, EX-32, LIV3, ST34, REN4, REN 6, UB60, DU4.

Acupuncture proved to be most effective in treatment in Nepal and Italy, producing notable improvements in both mental and physical manifestations of Post-Traumatic Stress Syndrome. The improvement was generally evident by the end of the third session of treatment.

ORAL PRESENTATIONS 1: Case studies I

OP1.1

Clinical experience of acupuncture for a patient with stomach pain and feeling of fullness

Daiyu Shinohara¹, Mikako Tsunematsu^{2,3,4}, Kenji Imai^{1,2,3,4}

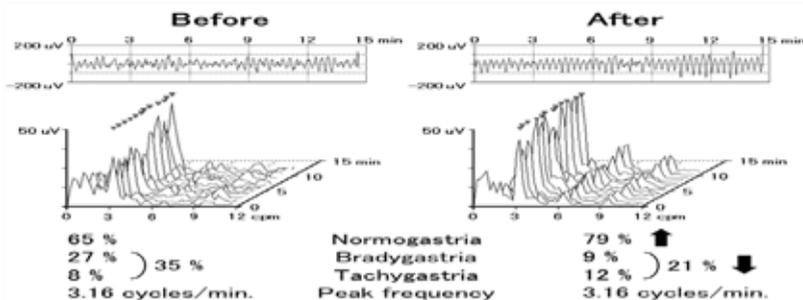
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INTRODUCTION: Acupuncture has been used in patients with functional digestive symptom. There was the clinical opportunity of acupuncture treatment for a patient with upper stomach pain and feeling of fullness who had accompanied with the unidentified complaint and chronic pains on knee, neck and shoulder. This case shows the improvement of gastric symptoms and increase of normogastria in gastric electrical activities by acupuncture treatment that have been reported as a case report.

METHOD: A patient is 73 year-old female, whose 148 cm-tall, 51 kg-weight and BMI-23.3, had complained some chronic pains and misgiving at the first medical examination. However, in the 24th treatment, the patient had complained severe stomach pain and feeling of fullness accompanied with 36 points of gastrointestinal symptom rating scale (GSRs). Therefore, the EGG was recorded at each of 15 minutes before and after the 28th treatment, as a non-invasion clinical evaluation for the gastric function, and acupuncture treatment was applied to ST36 and ST40 on the both legs for 10 minutes.

RESULTS: It had been obtained that the decrease of GSRs have shown the improvement of gastric symptoms by acupuncture treatment. After acupuncture treatment, %normogastria in EGG had been increased to 79% from 65% that had stabilized the increase of power spectra.

CONCLUSION: It has been suggested that the increase of %normogastria in EGGs were induced by somato-visceral reflex via vagal activities, that may relate to the improvement of gastric symptoms. Moreover, the patient was told about the positive changes of EGG by an acupuncturist, that may trust to the acupuncture treatment, that have been seemed to obtain the improvement of clinical symptom. It has been considered that the acupuncture treatment had contributed in a patient with stomach pain and feeling of fullness. Acupuncture treatment had induced the increase of %normogastria in EGG power and the improvement of gastric symptoms in a patient with upper stomach pain and feeling of fullness.



Changes of EGG in before and after at 30 treatment time

OP1.2

Combination of Acupuncture and Auricular Acupuncture protocol, for chronic allergic rhinitis

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INTRODUCTION: Allergic rhinitis is one of the most common medical complains, especially in spring. In chronic form it can be found at any season and be very persistent to medical treatment. Body and Auricular Acupuncture (AA) are traditional treatment methods and research has shown that they can be very effective for respiratory diseases, including rhinitis.

OBJECTIVE: The objective of this study was to evaluate the efficacy of acupuncture for treatment of chronic rhinitis (CR). Patients were treated at private clinic bases.

PATIENTS & METHODS: 5 patients suffering from CR were treated with combined acupuncture protocols. The duration of rhinitis was over three months. Medical body Acupuncture and Auricular Acupuncture protocol had been applied from Physical Medicine and Rehabilitation physician who had been specialized in the methods. 12 - 14 sessions were applied to each patient once a week.

RESULTS: Visual analogue scale (VAS) score for the symptoms (nasal congestion and facial pain) were used for evaluating the results of the study. Measures were applied at the baseline, end of treatment, and at three months after it. Statistically significant benefits of combine acupuncture treatment were found in the participants, ($p < 0.01$). The improvement also remained at Long-term evaluation (3 months).

CONCLUSION: Medical Acupuncture and Auricular Acupuncture can be effective in the treatment of CR reducing nasal congestion and facial pain.

OP1.3

Acupuncture treatment of patient with Bell's palsy and diabetic polyneuropathy: A case report

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INTRODUCTION: Bell's palsy is paralysis of facial nerve that causes temporary paralysis or weakness of the muscles of one side of the face. It can affect anyone at any age. There is no medicine for Bell's palsy and the conventional treatment options are corticosteroids and physical therapy. In a recent systematic review and meta-analysis of randomized controlled trials regarding efficacy of acupuncture as a therapy for Bell's palsy it has been shown that acupuncture seems to be an effective therapy for Bell's palsy. Acupuncture is used for the treatment of Bell's palsy throughout the world, but not much in Croatia. The cause of Bell's palsy is unknown, however, it is sometimes associated with diabetes mellitus, viral infections or different neurological disorders. Some studies suggest that recovery from Bell's palsy in diabetic patients might be delayed and they are more likely to remain with sequelae.

METHOD: We present case study of 57-years old male patient diagnosed with type 2 diabetes and diabetic polyneuropathy that affected his feet and legs, hands and arms but also his face with tingling and burning sensations. Several years after onset of diabetes and diabetic polyneuropathy, the patient developed right-sided Bell's palsy. Initially, he received corticosteroids, but the condition didn't approve. Afterwards, the patient was treated with unilateral acupuncture applied to the affected side of the face, to the following acupuncture points: GB1 (Tongziliao), GB14 (Yangbai), BL2 (Cuanzhu), TE23 (Sizhukong), ST4 (Dicang), ST6 (Jiache), ST7 (Xiaguan), LI20 (Yingxiang), GV26 (Renzhong), TB17 (Yifeng), SI18 (Quanliao) and LI4 (Hegu). Acupuncture

was administered every day for consecutive 14 days with needle retention time 30 minutes. Additionally, the patient received electroacupuncture at Yangbai (GB14)-Sizhukong (TE23) and Quanliao (SI18)-Yingxiang (LI20) points. Written informed consent has been obtained from the patient for the purpose of this case report.

RESULTS: After the acupuncture treatment, the patient fully recovered his facial nerve function. Even the diabetic polyneuropathy sensations in the area of his face reduced.

CONCLUSION: Acupuncture seems to be efficient therapy for Bell's palsy, which our case study confirmed. It might especially be recommended for patients with increased chance for delayed or incomplete recovery of mimic muscle function, such as diabetic patients. Furthermore, the best intervention time for the acupuncture treatment of Bell's palsy in diabetic patients is in acute stage, as early as possible after its occurrence.

OP1.4

Resolution of chronic testicular pain (CTP) with acupuncture

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INTRODUCTION: Chronic testicular pain (orchialgia, orchidynia) is a common and yet poorly understood condition, which significantly impacts the overall quality of life. The average patient seeks the advice of multiple practitioners with the hope of resolving such a significant and devastating pain, which can result in depression and difficulty in maintaining a healthy sex life. A significant number will end up with a neuropathic component of pain and although neuropathic medications show promise it makes the patient dependent on pharmacological agents for the rest of their lives.

METHODS: 22 men ranging from 30 to 60 years of age with testicular pain of longer than 2 years with negative testicular ultrasounds and testicular exam, whom had failed anti-inflammatory and antibiotic treatment were chosen for the study. A significant number of these patients were referred to us by other urologist and had failed traditional treatment. This group of patients were found to have low back pain and sacroiliac joint dysfunctions with at least 80% of the cases undergone Physical therapy, with no resolution of the testicular pain. 19 of 22 patients had an average of 4 treatments, ranging from 2 to 6 treatments, before resolution of testicular pain. The treatment protocol was 2 x per week the first week and weekly after that until pain resolved.

Points used throughout the treatments in the body: Ki 7, BI 59, LR 4, Pc 7, SJ 4, Ling Ku, BI-23 and EX-B6 and EX-B7. The following ear points were electrically stimulated in the office and sent home with seeds, so the patient could be stimulated as needed; Shen Men, Zero Point, Sympathetic and Genitalia.

RESULTS: The level of pain before treatment varied but more commonly averaged 4 to 6 out of 10. At the end of the treatment the pain resolved in 87% of the patients. Some of the patients were still pain free 1-2 years post treatment. All the patients were encouraged to continue with physical therapy and other treatment modalities which encouraged a healthy lumbosacral and sacroiliac joint health.

CONCLUSION: Our preliminary results indicate that the use of tandem ear and body acupuncture eliminates chronic testicular pain in 87 percent of cases. These encouraging results occur with minimal, if any, side effects.

OP1.5

Case report on application of acupuncture in children with Autism Spectrum Disorders (ASD)

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INTRODUCTION: According to the Russian statistics the number of ASD patients in 1995 comprised one in every 5000 people and in 2017 – one in every 50 people around the world. In Russia around 18000 children with ASD were registered in 2015 and in 2016 there were already 22000 children with this diagnosis. In spite of debatable opinions of experts, the ASD statistics in Russia and in the world shows that this disease is turning into a real problem of the 21st century. The issue of ASD in children is very urgent and there is a lack of methods of treating them by means of alternative medicine, especially acupuncture.

OBJECTIVES: 1) developing speaking skills, 2) improving social communicative skills 3) improving social behavior of the children (developing their ability to ask and answer questions), 4) elevating intelligence level and mental alertness, 5) helping children adjust to common life

METHODS: 5 boys and 4 girls at the age from 3 to 6 years old have been treated. They suffered from alalia, poor mental alertness and unsociality. Their development levels have been assessed according to the Childhood Autism Rating Scale (CARS).

Methods of treatment included moxibustion, corporal, auricular and scalp acupuncture in combination with psychotherapy and art therapy at childcare centers.

RESULTS: After the course of treatment, the children's memory, mental alertness, speaking and social skills have improved. All of them are attending secondary schools. All the above allows to presume that acupuncture has had a positive effect on children's speaking and behavioral skills.

CONCLUSION: Complex application of moxibustion, corporal auricular and scalp acupuncture contribute to improving mental alertness, cognition, speaking and social skills. Scalp acupuncture is proved to be used in children with ASD.

OP1.6

Thematic Presentation: Cosmetic Acupuncture

Mehmet Tuğrul Cabioğlu

Lokman Hekim Hastanesi, Ankara, Turkey

Cosmetic acupuncture has gained worldwide popularity. As it is a natural treatment method, It is used more and more. In this treatment, no external chemical substances are given to the body. We use the body's own pharmacy. First of all, body acupuncture is performed and electrical balance of the whole body is provided. The answer to microtrauma and the body's energy balance by providing; to strengthen the skin tonus and give elasticity to the skin, increases blood on the skin and balancing the electrical loads on the body.

ORAL PRESENTATIONS 2: Case studies II

OP2.1

Effectiveness of acupuncture and moxibustion in the spontaneous version of the fetus in breech presentation

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BACKGROUND: At the end of the pregnancy, the fetus is usually in a cephalic presentation in order to be in the most favorable position for the birth. However, in 4% of cases there is a non-cephalic presentation and if this situation does not correct itself it usually results in delivery via cesarean section. The recommendations of the World Health Organisation (WHO) concerning births include the aim that the number of births by cesarean section should decrease to between 10-15% of all births. Therefore, they are promoting new alternatives in prenatal care in order to reduce the number of cesareans. The use of complementary therapies, such as acupuncture and moxibustion, in pregnant women with non-cephalic presentation has been tested and the results published. Systematic reviews and meta-analysis recommend their use.

OBJECTIVE: Evaluate the effectiveness of acupuncture treatment and moxibustion together with the external cephalic version (ECV) at inducing cephalic presentation in pregnancies with non-cephalic presentation in the compared with those that only use the ECV.

SCOPE OF THE STUDY: BCNatal, Hospital de Sant Joan de Déu de Barcelona. (Encompasses the centers of Obstetrics and Gynaecology, Fetal Medicine and Neonatology).

DESIGN: The experimental (test) group: Pregnancies with non-cephalic presentation in weeks 32-35,6 of gestation that will receive acupuncture and moxibustion together with the External Cephalic Version. The control group: Pregnancies with non-cephalic presentation in the third trimester who will receive only the External Cephalic Version.

INSTRUMENTS: Data collection sheet and clinical histories of the subjects.

PRINCIPAL METRICS OF THE RESULTS: Assessment of the number and percentage of the cases that have cephalic presentation at the end of the treatment and the type of birth, for each group.

RESULTS: In the study, the test group resulted in cephalic presentation in 31 cases (60,8%) meanwhile the control group only did so in 27 cases (45%), a difference statistically significant at the level $p=0.097$. Vaginal deliveries were greater in the test group by 12,3%. Cesarean deliveries were greater in the control group by 12,35% ($p=0.189$ in the chi-squared test).

CONCLUSIONS: The application of complementary therapies of acupuncture and moxibustion together with the ECV of the current protocols may increase the rate of the fetus version to a cephalic presentation.

Key words: Breech presentation, acupuncture, moxibustion, pregnancy, obstetrics, midwifery, external Cephalic Version.

OP2.2

The effect of Acupuncture as anesthesia adjuvant on anesthetic requirement and postoperative outcome

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INTRODUCTION: Acupuncture has sedative and analgesic effects that can reduce the need of analgesic and anesthetic under general anesthesia. Acupuncture may be used as adjunct to anesthesia for lowering inflammatory response and postoperative outcome.

MATERIALS & METHODS: Conducted research RCT on 60 patients who underwent modified radical mastectomy in general anesthesia were divided into two groups of 30 people each. Acupuncture group (A) were treated 10 Hz electroacupuncture at points of LI-4, P-6, Bianco (LI-14) and Jianliao (TE-14) bilateral 30 minutes before induction of anesthesia until the operation was completed. Non-Acupuncture group (NA) were not treated electroacupuncture. In all patients, the induction of anesthesia began with the injection of fentanyl 2 mcg/kg followed by titration of propofol 1 mg/kg every 30 seconds until the eyelash reflex was negative, continued with assisted ventilation of isoflurane, N2O and O2, given muscle relaxant atracurium 0.5 mg/kg and then laryngoscopy intubation. Maintenance doses of end tidal isoflurane to achieve adequate level of anesthesia with BIS monitor on scale of 40-60, N2O:O2 = 2 L/min:2 L/min. Additional analgesic fentanyl 1 mcg / kg given when Pressure Rate Sweating Tears (PRST) score more than 4 or increased pulse rate >30 from baseline. Recording of blood pressure, pulse rate, O2 saturation, PRST score, Bispectral Index (BIS) score and end tidal isoflurane started before induction of anesthesia every 15 minutes until operation was completed. Both groups were collected their venous blood samples at 30 minutes before induction of anesthesia, 1 hour after induction and 1.5 hours after that to examine levels of β -endorphin and cortisol with ELISA. Data were analyzed with t-test, Mann Whitney and MANOVA.

RESULTS: The results showed the characteristics of groups A and NA were not significantly different. The change of group A β -endorphin level 221.7 pg/ml was higher than group NA 1027.2 pg/ml ($p = 0.000$). The change of group A cortisol level 13.8 pg/ml lower than in group NA 35.0 pg/ml ($p = 0.035$). Propofol need of group A 60.0 mg was lower than group NA 106.7 mg ($p = 0.000$). Fentanyl need of group A 122.3 μ g was lower than group NA 213.3 μ g ($p = 0.000$). The mean end tidal isoflurane of group A 1.5 vol% was lower than in group NA 1.7 vol% ($p = 0.000$).

CONCLUSION: Acupuncture as anesthesia adjuvant increase β -endorphin, lower cortisol and the need of propofol, fentanyl and also isoflurane in patient undergoing modified radical mastectomy.

OP2.3

Sports injury on lower extremity and acupuncture

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Sports activities are cultivated by various groups from beginners to professional athletes, with age ranges from children, adolescents, adults to the elderly. In a report published by the Centers for Disease Control (CDC), there has been increased public participation in sports and approximately 30 million children and young people are involved in these activities. With these high sports activities, the risk of sports injuries is also increasing, it is estimated that there are around two million sports injury events, and around 500,000 that require medical personnel and around 30,000 who need hospital care annually. The use of acupuncture

in the treatment of sports injuries is not new, but its clinical effectiveness and potential have never been fully established. Acupuncture diagnosis and treatment principles for sports injuries are similar to those for other conditions, but it is particularly important to ascertain exactly how the injury occurred and trace the mechanical and physiological consequences. As well as treating injuries acupuncture is also used for performance enhancement in sport— an area of some controversy. Injection of the needle in myofascial trigger points (MTrPs) is known by several terms such as trigger points dry needling (TDN), intramuscular manual stimulation (IMS), intramuscular dry needling (IDN), myofascial dry needling (MDN). The technique began to be known and developed in several European and American countries since the early 80s. The author practices the injection technique in MTrPs with the Trigger point dry needling (TDN) method which is guided by techniques developed by Travell and Simons by using acupuncture needles (fine needles), especially when handling sports injuries as a combination of Traditional Chinese Medicine (TCM) acupuncture. One type of injuries that often occurs during sports activities is a hamstring injury. The Acupuncture point in the hamstring area is limited only in BL 36, BL 37, BL 38 and BL 40 points. Meanwhile, hamstring injury often involve several muscles such as Semitendinosus, Semimembranosus and Biceps Femoris muscles. Combination of injection in MTrPs and acupuncture points shows better result.

Keyword: Sport Injury, lower extremity, acupuncture, trigger points dry needling

OP2.4

Neuro endocrine approach in Acupuncture

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INTRODUCTION: The knowledge in acupuncture is based on a historically derived framework, traditional philosophies and processes of trial and error thousand years. But acupuncture as a complementary medicine informal health services need scientific explain from traditional model Yin Yang and 5 element to translate into neuro endocrine in medical terminology.

METHOD: Usage of modern scientific research procedure in acupuncture and the application of basic medical scientific neuro physiologic theories. Acupuncture technique can be done with the needle, acupressure, laser, ultrasonic or other related technique stimulate the skin at spesific area acupuncture point induces the processes transduction, transmission, modulation and perception release multi level internal pathways. The physiological research on acupuncture and its effect on organ function can be shown through an endocrinological research based on changes both morphologic and functional of organ after stimuli of certain acupoints.

RESULTS: The effect from using acupoints, meridian, target organ in clasiical acupuncture therapy based on traditional model Yin Yang and 5 element need translate into neuro endocrine in medical terminology.

CONCLUSION: Scientific investigation of acupuncture with neuroendocrine approach is very important understanding TCM theory of acupuncture to translate into conventional medicine.

OP2.5

Hypermetropia in students treated with ear acupuncture

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Hypermetropia treatment in patients who did not want to start wearing glasses. Congenital hypermetropia seems compensated in young children, since they spent more time outdoors than reading books, becomes apparent in adults.

MATERIALS & METHODS: In total, 16 male students were included to the study. A protocol of 5-6 semi-permanent needles placed in specific points on ears was used. Treatments were performed every 1 week over a period of 2 months. Four follow-up visits took place after 1st and 3rd month. Patients who wanted glasses or contact lenses as their first choice were excluded.

RESULTS: All patients had distance vision sc 0.7-0.8 and obtained 0,5 with difficulties (headaches) and 0,75 easily in Snellen test. All of them experienced bilateral complaints. The correction needed were progressive lenses which they did not want to wear. They reported improvement already after the 1st treatment, and after the 3rd it was possible to measure it objectively. At the end of the study, distance vision, Snellen test and work comfort improved - patients had no difficulties while reading or working at the computer. There was no need for prescribing them corrective lenses. Obtained results persisted in subsequent follow-up visits.

CONCLUSION: Ear acupuncture with semi-permanent needles according to the designed protocol turned out to be a promising method of treatment in patients with hypermetropia. It might reduce ocular complaints and postpone the moment of the need of glasses. However, bigger studies are needed to determine the optimal indications and long-term outcomes.

ORAL PRESENTATIONS 3: Case studies III

OP3.1

Congenital tear duct obstruction in newborns treated with acupuncture

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INTRODUCTION: Nasolacrimal duct obstruction in newborns is the congenital condition, that leads to the excess overflow of tears. It might be followed by infections and pain. Parents usually present when children are 4-5 month of age, when one eye is tearing and pus might be observed in the eye. The standard management is a 2-week observation and after confirmation of obstruction, tear duct probing is performed under local anesthesia. The child is held down by force, which is stressful both for mother and child. For 5 years, instead of probing, we have been using acupuncture with good effect.

METHODS: Two types of protocols were used in acupuncture treatment: BI-67 bilaterally once a week for 3 to 6 weeks. In case of no improvement, S.I.-1 was added. Needle stimulation lasted 1 minute. We did not use moxa, nor vacaria seeds or other prolonged stimulation. However, mothers were advised to massage BI67 at home twice a day.

RESULTS: In 2019, approximately 15 children with tear duct obstruction were treated, 3 of them with binocular complaints. No child reacted to needling with anxiety or crying. After 6 weeks, the tearing gradually disappeared in all children. There was no need to perform tear duct probing.

CONCLUSION: Although probing only lasts 3 minutes, it is associated with high stress both for mother and child. During acupuncture treatment the child is calm, and no surgical procedure is needed. It is safe and very efficient. Therefore, even though the treatment process lasts much longer, in authors opinion it should always be considered.

OP3.2

Acupuncture in Fibromyalgia Syndrome: Case Series

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INTRODUCTION: Fibromyalgia Syndrome (FS) is a multi-systemic chronic pain condition influencing the quality of life in a negative way.

AIM: The aim of this 'case series' was to demonstrate the effects of acupuncture treatment in patients with FS.

METHODS: 51 patients diagnosed with FS had acupuncture (AP) treatment. AP treatment was performed as Manual Acupuncture and Electroacupuncture and sessions lasted 20 minutes. The selected AP points were: ST36, Zonping, SP6, LR3 for central neuromodulator effect. GB20, GB21, and GV20 and trigger points as local points. Trigger points treated were in trapezius, rhomboids, dorsal, and lomber paravertebral area muscles. Segmental acupuncture was added paravertebrally. Shenmen, and anxiety points were selected in the ear. During the treatment period, patients were not allowed to take any analgesics and antienflamatory drugs. Visula Analog Scale (VAS) for pain was used as outcome measure. Pain of the patient was evaluated with VAS before and four days after the last session was completed. The percentage of decrease in VAS was calculated. A decrease in VAS of < 30% was evaluated as 'minimal/poor improvement', 30-50% as 'medium', 51-80% as 'good', and >80% as 'excellent'. Overall success rate was calculated as >50% improvement in VAS.

RESULTS: Mean age of patients was 40 (between 27-80), all patients were women. Mean duration of pain was 4.5 years (2 months-20 years). An average of 7 sessions of AP(1-18 sessions) was applied. 37% of patients had >80%decrease in VAS, 45%of patients had 51-80% decrease, 8% had 0-50% decrease. Only 10% of patients stated no decrease in pain (which corresponded to 5 patients among 51). Overall success rate was 82% (37% + 45%). As in physical examination measures, 80% of patients showed significant improvement with increase in range of motion, and loss of tenderness in trigger points. No adverse effects were seen related to AP.

CONCLUSION: Acupuncture was proved to be an effective treatment in patients with Fibromyalgia Syndrome.

OP3.3

A successful treatment in a case of upper limb Reflex Sympathetic Dystrophy (RSD) with Neuro-functional Electro-Acupuncture

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INTRODUCTION & METHODOLOGY: Patient who, after an accident at work, was surgically intervened due to a crossroads syndrome in the right wrist, releasing tendons of the 1st and 2nd extensor slider. Patient underwent 7 months of specific rehabilitation treatments for a persistent and very painful scar which lead to vasovagal syncope during physiotherapeutic treatment. The patient was also treated, at the same time, in the Pain Unit by pharmacological treatment, brachial plexus blockages and

radiofrequency of the radial nerve. There was no favorable response. After exhausting all treatment possibilities, acupuncture was considered as an analgesic treatment.

Neuro-functional Electro-Acupuncture treatment was mainly aimed at rehabilitation, of the function of the radial nerve and corresponding musculature and indirectly to the resolution of pain. Points of the large intestine channel were scored (the evolution of the treatment can be seen in the demonstration video) and electro stimulation was carried out once a week for 5 months.

RESULTS: After five months of treatment, a total recovery of functional activity and resolution of pain was achieved.

CONCLUSIONS: Neuro-functional electro-acupuncture has completely resolved a sympathetic reflex syndrome in this patient. It can be concluded that in this case it has been the decisive treatment and that electro-acupuncture treatment should be taken into account to treat cases of RSD.

OP3.4

Pilot study: Physical examination evidence of Acupuncture principal meridian coupling

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INTRODUCTION: Coupling of acupuncture meridians (e.g. SI-BL, SP-LU) are part of acupuncture physiology that is used in clinical practice. To date, there has been no experimental data demonstrating the physiologic coupling of acupuncture meridians. This pilot study of acupuncture Principal meridian coupling examined the effect of anterior tibialis (AT) muscle activation (ST meridian) on ipsilateral shoulder elevation strength (LI meridian) in open and closed kinetic chain conditions in human subjects.

METHODS: 20 healthy adults ages 20-60 without shoulder pathology were recruited from our institution to participate in this prospective pilot study designed as a before and after trial without subject blinding. All subjects consented for participation in this IRB approved minimal risk study. Average shoulder elevation break strength (in kg) with arm elevated 90 degrees from side was measured by dynamometer over 3 trials for each of 4 conditions: standing (baseline), standing with ipsilateral AT activation, seated with ipsilateral AT activation, and seated with ipsilateral gastrocsoleus (GS) activation. The main outcome measures were percent decrement in shoulder elevation strength in AT and GS conditions compared to baseline. Paired t-test with statistical significance set at 0.05 level was used.

RESULTS: A statistically and clinically significant 9-12% ($p < 0.001$) decrease in shoulder elevation strength was found with ipsilateral AT activation whether standing (closed kinetic chain) or seated (open kinetic chain). Reciprocal inhibition of the AT muscle via GS activation in the seated position produced a lesser 3-4% decrease in shoulder elevation strength from baseline.

CONCLUSIONS: This study provides for the first time quantitative physical examination (physiologic) evidence of acupuncture meridian coupling of LI-ST meridians, demonstrating a statistically and clinically significant decrement in shoulder elevation strength 9-12% with ipsilateral AT activation in open or closed kinetic chain conditions. This strength decrease was 3-fold greater than that observed with reciprocal inhibition of the AT. These findings support the acupuncture concept of meridian coupling, and other examples of acupuncture meridian coupling confirming these objective findings are forthcoming. This shoulder strength change is of a magnitude that is of clinical significance especially for higher level athletes.

OP3.5

Clinical case of catgut implantation at acupuncture points in a patient with Porphyria

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INTRODUCTION: Acute intermittent porphyria (PAI) is a disease caused by a defect in the porphobilinogen deaminase enzyme that catalyzes the third stage of heme synthesis, that cause acute dysfunction of the central nervous system (CNS) autonomous and peripheral. Acute attack results from the concomitance of the underlying genetic/enzymatic defect and hormonal precipitating factors or of other type. Acupuncture could be a complementary mechanism in the treatment of Porphyria patients due to its self-regulation mechanism.

METHOD & RESULTS: In order to evaluate the therapeutic response to Catgut implantation treatment at acupuncture points, it's presented the clinical case of a female patient 43 years old, with a personal history of hypothyroidism, that at the age 33, in the course of her second puerperium debut with PAI, presenting motor sensory polyneuropathy, wakefulness depression and hyponatremia, requiring hospitalization in intensive care. During the next 3 years, she presents an average of two annual thrusts, which require hospitalization and responds favorably to hematin treatment. Received maintenance treatment: diet rich in carbohydrates, atenolol 50 mg, folic acid, complex B, clonazepam and chlorpromazine. In 2014 she went to Acupuncture medical consultation. After evaluation and traditional diagnosis, treatment with Catgut implantation in acupuncture points is initiated. Catgut was implanted in dorsal Shu points of the sea of Qi, blood gathering, kidney, abdominal points of Ren Mai, Ren 7 (Triple Heater), Ren 12 (Liver / Spleen Gate), Kidney 7, Stomach 36 and bilateral IG 4. The procedure is repeated every 21 days, for 3 months; repeating pattern biannually for 3 years. Subsequently, annual controls are carried out until today. Since the beginning of treatment she has only had one hospitalization 6 months after the beginning.

She was given a progressive deprescription of the medication she received, significantly improving the symptomatology. In this case, lasting remission of the illness was obtained with the implantation of Catgut at acupuncture points.

CONCLUSION: Acupuncture could be considered in its comprehensive approach and especially the implementation of Catgut, for its prolonged effects, as a complementary technique in the treatment of patients with Porphyria. It has demonstrated to improve the symptomatology, decrease the frequency of crises and prolong the intercrisis period. Therefore, Acupuncture contributes to the self-regulation of the organism, improving the quality of life of people, their family, their environment and the system in which it develops.

ORAL PRESENTATIONS 4: Case studies IV

OP4.1

Acupuncture for patients with degenerative lumbar spinal stenosis: A parallel multicentre pragmatic randomised controlled trial – A study protocol of the ongoing study

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INTRODUCTION: Degenerative lumbar spinal stenosis (LSS) is a common musculoskeletal disorder that may significantly affect patients' quality of life. Acupuncture is a type of non-pharmacological treatment being regularly practiced in East Asian countries, although its evidence of effectiveness for patients with LSS remains unclear. This study aims to investigate the effectiveness, safety and cost-effectiveness of acupuncture combined with usual care compared to usual care alone in patients with degenerative LSS

METHODS: This is a parallel multi-centre pragmatic randomised trial. A total of 180 participants with degenerative LSS with moderate level of discomfort of back or leg at least 3 months ago, neurogenic claudication and radiological evidence of LSS will be recruited. Participants will be randomised into acupuncture combined with usual care group versus usual care only group via a 1:1 ratio, computer-generated randomisation scheme. Allocation concealment is being secured using opaque-sealed envelope methods. Participants and practitioners remain unblinded to group allocation results as this is an open-label pragmatic trial. Assessor-blinding will be maintained. Twelve to twenty sessions of acupuncture will be offered over 3 months in the acupuncture group. Participants in both groups are allowed to maintain their usual care. Primary outcome is a back-specific dysfunction measured by the Oswestry Disability Index at 3 months from baseline. Secondary outcomes will include ODI, back pain bothersomeness numeric rating scale (NRS), back pain intensity NRS, leg pain bothersomeness NRS, leg pain intensity NRS, EuroQol-5 dimensions, self-reported pain-free walking distance, use of medications, patient satisfaction, patient global assessment and adverse events, measured up to 1 year from baseline. Cost-effectiveness analysis will also be conducted. Data-monitoring will be performed by the independent researchers.

RESULTS & CONCLUSION: This trial is the first multicentre randomised trial comparing acupuncture plus usual care with usual care alone for patients with degenerative symptomatic LSS in South Korea. We will attempt to maintain high methodological quality (i.e., case ascertainment by both radiological and clinical criteria, computer-generated randomization and concealment of allocation sequences, blinding of outcome assessors and low attrition) throughout the study process. Limitation includes inevitable risk of performance bias due to the unblinding of participants and practitioners. The first participants were randomised on 23th October 2018. Currently (as of 19th Feb 2020), 81 participants (45%) has been recruited. The expected date of the completion of primary outcome measurement is 31th December 2020.

OP4.2

Investigation of the effectiveness of acupuncture in the treatment of smoking addiction: Clinical study

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Scientific Neuraltherapy and Regulation Society, Istanbul, Turkey

OBJECTIVE: To show the mechanism of action of acupuncture which is one of the methods of getting rid of cigarette addiction and compare with other treatments

MATERIALS & METHODS: The patients who were treated between 2008-2018 were retrospectively reviewed and 100 randomized patients with contact information and regular records were selected. Information about their latest status was received by telephone. Fifteen patients could not be reached, 85 patients (46 K / 39 E) were discussed and included in the study.

METHOD: Before the treatment with the person who wanted to stop smoking, the method was explained. He was asked to make an appointment for 1 day of his choice. They should come without smoking for at least 12 hours on the day of his appointment and that he should not smoke anymore since then, but he would be successful in this way. Acupuncture treatment was planned as 3 sessions. The first 2 sessions were 48 or 72 hours apart, and the 3rd session was performed 5-7 days later depending on

the patient's clinical condition. 1-2 additional sessions were performed for patients experiencing difficulty. The patient was confirmed by phone after 15 days and 1 month later.

RESULTS: Patients who had never smoked for 3 months, 6 months and 12 months were considered successful. Patients who were able to quit for 3 months K / E: 30 (65.2%) / 27 (69.2); Patients who were able to quit for 6 months K / E: 25 (54.2%) / 22 (56.4); Patients who were able to quit for 12 months K / E: 23 (50%) / 21 (53.8%).

CONCLUSION: The smoking cessation process is a difficult process for each patient to be evaluated individually. In this process, adequate behavioral training and acupuncture practice are successful. In this study, acupuncture treatment was performed in only 3 sessions (2 sessions in several patients). The results of many studies using pharmacological drugs are more successful and the side effects of the drug are not as little as they seem. Acupuncture treatment has been described as ineffective in many studies in our country. The results of our study suggest that acupuncture is effective in addiction.

OP4.3

Auricular acupuncture protocol for attention deficit hyperactivity disorder (ADHD), with two years follow up

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INTRODUCTION: ADHD is a common behavioral disorder that affects about 10% of school-age children. Kids with ADHD act without thinking, are hyperactive, and have trouble focusing. It affects child's ability to function socially, academically, and at home.

AIM: The purpose of this case study was to observe and evaluate the clinical effect of auricular acupuncture (AA) in a child with ADHD. Secondly, to examine the efficacy of the AA protocol and its acceptability as it was modified in order the semi-permanent seeds not to be visible in the child's ears.

METHODS: A six and a half years old boy with ADHD was treated with an AA protocol with the use of Vaccaria seeds. The sessions were weekly for the first two months and then every two weeks for additional four. The efficacy of treatment was assessed with a proper questionnaire and the reports of his family and school teachers.

RESULTS: ADHD questionnaire was used to evaluate the symptoms and child's behavior. Evaluation took place at baseline and once a month during treatment. Follow up were made every three months after treatment for two years. Significant positive differences were found in his school performance, in his attention in reading and spelling and in his behavior at home. The acceptability of AA was high as after the second session, the child was eager to come for his treatment. This was reinforced by the modification of the treatment technique, so he had no negative reactions from his classmates.

CONCLUSION: Findings of this study suggests that an AA treatment protocol can be effective and beneficial in children with ADHD as it can improve the majority of their symptoms. The results remains positive within two years follow up.

OP4.4

Approach to evidence-based Acupuncture practice in cigarette addiction treatment

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Addiction has become a very important social problem. In addition, it is tried to get results with many current medical approaches such as drug therapy and psychotherapy. Recently, there are many studies on the subject of addiction with acupuncture application, especially on cigarette addiction. Smoking for a long time causes energy changes especially in the lungs, spleen-pancreas and stomach organs and meridians. Among these, lung Qi deficiency comes to the fore. In the treatment of cigarette addiction, we use the local, neighbor, distant point, yuan-source point in the related meridian, deficiency or excess points in the relevant meridian. In addition to these points, we use researched acupuncture points related to the rewarding area of the brain. In this presentation, in the treatment of cigarette addiction, the points selected by the above-mentioned algorithm will be approached on the basis of evidence by taking into consideration the researches made.

OP4.5

Anaphylactic shock cases treated with auricular acupressure and auricular acupuncture

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INTRODUCTION: Anaphylactic, or allergic, shock is a serious allergic reaction that is rapid in onset and may cause death. Presents many different symptoms over minutes or hours with an average onset of 5 to 30 minutes if exposure is intravenous and 2 hours if from eating food. The most common areas affected include: skin (80–90%), respiratory (70%), gastrointestinal (30–45%), heart and vasculature (10–45%), and central nervous system (10–15%)[13] with usually two or more being involved. Worldwide, 0.05–2% of the population is estimated to experience anaphylaxis in their life.

OBJECTIVES: The effectiveness of auricular acupressure and acupuncture in treatment of anaphylactic shock in patients with shock the touristic area of Agia Pelagia, Crete, Greece in the summer of 2016, and differences of auricular acupuncture points between French and Greek people.

METHODS: auricular acupressure and acupuncture treatment of anaphylactic shock to 5 patients, of different ages (from 12 to 60 years old), of different allergens (poisonous fish bite, bee bite, food allergy, drug allergy, pine pollen) without use of additional common drugs.

CONCLUSION: How much safe is to treat an anaphylactic shock with auricular acupressure and acupuncture, which points and how to use them for the treatment. A method that anyone could be taught and anyone could use it for treating an anaphylactic shock, in case there is no other ways to treat it.

PP01

Acupuncture in treatment of chronic low back pain

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INTRODUCTION: Objective of this clinical case is to report the clinical treatment and efficacy of the acupuncture combined with rehabilitation in patient with the nonspecific low back pain (LBP). Nonspecific LBP can be caused by various factors. Except structural and physiological abnormalities in the lumbar region, socio-psychological factors can also be involved as a cause. Due to it, it is necessary to find out in patient's social background in anamnesis. Nonspecific LBP can be diagnosed only by clinical and radiological examination excluding serious diseases (spinal tumor, infectious spine disease, transmitted pain from the retroperitoneum or abdomen, radicular conflict). If it lasts more than three months it is called chronic. The 50-year-old man suffered from low back pain for a long time with acute pain episodes. He lives a sedentary lifestyle. On clinical examination, in standing position he presents a hyperlordotic lumbar curve. On palpation he demonstrated high tone in his erector spinae muscles and complained of tenderness over paravertebral lumbar muscles. Range of movement testing of lumbar spine and hips was terminally restricted and he reported pain in lumbar region at end of lumbar extension. Muscle testing for power and length were all within normal limits. Tests for affection of sacroiliac joints were negative. The straight leg raising test was negative too.

METHOD: Applied treatment was multimodal and it consisted of kinesiotherapy, sonotherapy, TENS (transcutaneous electrical nerve stimulation) and acupuncture treatment. Patient was in comfortable lying prone position. Needles were placed in situ for 20 minutes two times a week with a total of 5 weeks. The chosen points were SI3, BL23, DM3, GB30, BL36, BL40, BL62. Patient's education is an important part of treatment too. It consists of instruction on daily life (posture during sitting or standing position, lifting heavy objects, etc.) and education about etiology of disorder.

RESULTS: The patient responded quite well to these interventions. He reported no pain in lower back region. Paravertebral lumbar muscles were normotensive on palpation and there were no limitations in range of movement in lumbar region.

CONCLUSION: In this case report a combination of acupuncture, physical medicine procedures and rehabilitation resulted in the improved functional status of patients. Regarding literature, there is not enough evidence for efficacy of acupuncture treatment in LBP. Further investigations and prospective studies are needed to confirm the beneficial role of acupuncture in LBP treatment.

PP02

Acupuncture in the treatment of foot drop and scar tissue pain after traumatic leg injury

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INTRODUCTION: Objective of this clinical case is to report clinical efficacy of the acupuncture combined with rehabilitation for foot drop and scar tissue pain after traumatic leg injury.

CLINICAL CASE: A 27-year-old male who who suffered a traumatic injury of the right leg with common peroneal nerve transection was operatively treated by neurography with the suture of the anterior tibial muscle. Rehabilitation treatment began after wound healing with the peroneal orthosis. Five months later he was referred to us because of poor motor control while walking. On clinical examination, he suffered from numerous scars in the right anterolateral shin, had stoppage gait with right foot drop, and poor right foot dorsiflexion (manual muscle test (MMT) score 2). Scars were painful on palpation, and he had anterolateral shin hypoesthesia with the numbness of right tumb. Treatment started with electrostimulation of right peroneal nerve, sonotherapy, TENS, and kinesitherapy wich were used for 6 months. After three cycles of therapy, he had a follow-up MMT of 2+. Because of insignificant response to the treatment and the persistence of scar pain, acupuncture was initiated. The Wei Qi technique around the scar tissue was used with the non-concomitant stimulation of points GB34, DM20, and Sp6. The patient received a treatment once a week, with total of 15 weeks.

RESULTS: After the full acupuncture treatment, he is walking without ortosis, has active right foot dorsiflexion (MMT4) and feels the thumb better; each scar of the shin is paler with less pain. On his last visit he passed military performance exam and now is actively working, MMT5.

CONCLUSION: In this case report, a combination of acupuncture and conventional rehabilitation resulted in the improved motoric function of the right foot after traumatic common peroneal nerve lesion, reduced scar tissue pain, and improved sensibility. Case-control, prospective studies are needed to futher investigate the possible beneficial role of acupuncture combined with the rehabilitation in this sample of patients. Patient gave his informed consent to present his case at the conference.

Keywords: acupuncture, foot drop, scar tissue pain, wei qi, rehabilitation.

PP03

Blood stasis syndrome in premature ovarian failure

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INTRODUCTION: Premature ovarian insufficiency (POI) leads to loss of fertility, premature menopause, premature aging, increased morbidity and mortality. POI affects approximately 1% of women. The causes of POI are unknown. It is mostly idiopathic and by now there is no evidence based prevention.

OBJECTIVE: To identify linkage between Moderne Western Medicine (MWM) and Traditional Chinese Medicine (TCM) pathophysiology of Blood Stasis syndrome in premature menopause (also premature ovarian failure), by comparing and synthesizing knowledges from TCM and MWM "evidence based" medicine. Assembly of schematic model, by using TCM pathophysiology and pictures of tongue, which can also be used as an illustrative teaching aid for differential diagnosis.

RESULTS: In the modern western physiology, the basic properties of blood include viscosity and suspension stability. Alterations, such as hyper-viscosity, slows the movement of liquid, leads to microcirculatory disturbances with lowered blood perfusion of organs and tissues. This may result in local metabolic malfunction. Plasma viscosity is directly associated with platelet reactivity. A progressive increase in blood viscosity was observed in females with aging (Filatova,2015). In TCM: Qi vacuity and Qi stagnation leads to Blood stasis. Premature menopause relates to the Qi-stasis and resultant Blood Stasis. By inspecting symptoms, the patient's qi, blood circulation and quality of organ function can be assessed. Blood stasis, particularly a tongue with petechiae, was found to be associated with arterial stiffness (Hsu,2016). Thrombocyte aggregation assessment is already being used in the testing of traditional Chinese medicines for the blood circulation promoting and blood stasis removal (Wang FQ, 2014).

CONCLUSION:

- 1) The scientific MWM knowledges of premature menopause are not in contradiction with the concept of TCM.
- 2) "Qi Stasis" and "Blood Stasis" may include endothelial dysfunction and organ-vascular ischemic disease, defined by modern angiology.
- 3) Premature ovarian failure is likely associated with endothelial dysfunction, or may occur within endothelial dysfunction. Thus, it could be understood as part of organic-vascular ischemic diseases.
- 4) Integration of Traditional Chinese Medicine knowledges into modern western medicine could lead to open up a better understanding of the context as well as new prevention and treatment possibilities.

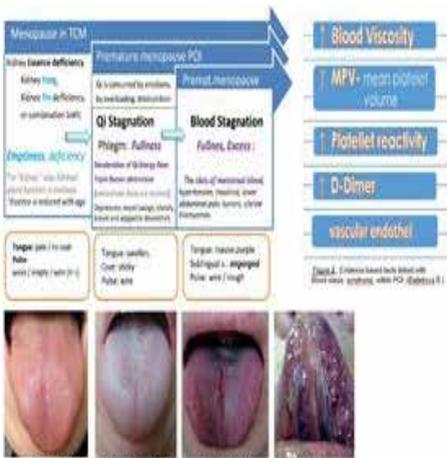


Figure 1. Model of Menopause and Premature menopause by TCM pathophysiology. (Estroff et al., 2016). Different degrees of redness and Coherence by palpation of pulse wave and with model precise to interpret diagnostics of the tongue surface and sublingual vein. Picture on the right Evidence based facts from modern western medicine, linked with blood stasis syndrome.

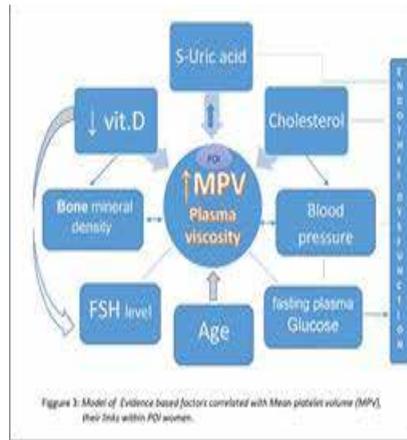


Figure 3. Model of Evidence based factors correlated with Mean platelet volume (MPV), their links within POI women.

PP04

Use of Shu Mu points as an auxiliary technique in the treatment of stress

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INTRODUCTION: Stress is a natural response of the human being to menacing stimuli which, when exacerbated or constant, causes the worsening of several pathologies, be they cardiovascular, gastrointestinal, endocrine, immunological and emotional, among others. According to the WHO, it affects more than 90% of the world population, being nothing short of an epidemic. Stress is a relevant cause of damage to the health of people, as well as companies, due to absenteeism, and increased costs with medical expenses. In Western medicine, physician Hans Selye classified stress into three successive states. The first of those states,— Sate of "Alertness", is when the individual first comes into contact with the stressing stimuli, leading to sudden agitation; the Second State, that of "Adaptation" (or Resistance) follows, as the body tries to return to its balance. The body can adapt to the problem or eliminate it, and when it fails to eliminate it, symptoms such as changes in appetite, instability and obsession with the stressor can be observed. If those stressing stimuli persist, the organism enters the Third state, leading to greater health risks, such loss of appetite, sexual difficulties, dermatological problems, insomnia, irritability, anguish and depression. When related to traditional Chinese medicine (TCM), emotions cause the following disharmony in the respective organs: anger - liver,

joy - heart, sadness - lung, worry - spleen, fear - kidney

METHOD: patients with complaints of stress were diagnosed according to the classification of the three states of Hans Selye, and the needling was directed by the Shu Mu technique, correlating with the respective states of stress, State 1: LU1, BL13, CV 14, BL15, Phase 2: adds LI 13, 14, BL18, 20 Phase 3: adds GB 25, BL 23,

RESULTS: patients classified according to the stages of stress who received the proposed treatment reported improvement after needling.

CONCLUSION: stress triggers several emotional changes, so the addition of Shu Mu technique seems to be of great value when added to conventional treatments by disharmony patterns.

PP05

Posterior tibial nerve stimulation vs parasacral transcutaneous neuromodulation for overactive bladder in children

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PURPOSE: Parasacral transcutaneous electrical nerve stimulation and posterior tibial nerve stimulation have emerged as effective methods to treat overactive bladder in children. However, to our knowledge no study has compared the 2 methods. We evaluated the results of parasacral transcutaneous electrical nerve stimulation and posterior tibial nerve stimulation in children with overactive bladder.

MATERIALS & METHODS: We prospectively studied children with overactive bladder without dysfunctional voiding. Success of treatment was evaluated by visual analogue scale and dysfunctional voiding symptom score, and by level of improvement of each specific symptom. Parasacral transcutaneous electrical nerve stimulation was performed 3 times weekly and posterior tibial nerve stimulation was performed once weekly.

RESULTS: A total of 22 consecutive patients were treated with posterior tibial nerve stimulation and 37 with parasacral transcutaneous electrical nerve stimulation. There was no difference between the 2 groups regarding demographic characteristics or types of symptoms. Concerning the evaluation by visual analogue scale, complete resolution of symptoms was seen in 70% of the group undergoing parasacral transcutaneous electrical nerve stimulation and in 9% of the group undergoing posterior tibial nerve stimulation ($p = 0.02$). When the groups were compared, there was no statistically significant difference ($p = 0.55$). The frequency of persistence of urgency and diurnal urinary incontinence was nearly double in the group undergoing posterior tibial nerve stimulation. However, this difference was not statistically significant.

CONCLUSIONS: We found that parasacral transcutaneous electrical nerve stimulation is more effective in resolving overactive bladder symptoms, which matches parental perception. However, there were no statistically significant differences in the evaluation by dysfunctional voiding symptom score, or in complete resolution of urgency or diurnal incontinence.

PP06

Acupuncture in dental practice. Why and how the disharmony manifests in the organism at focal odontogenic infection?

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INTRODUCTION: The twelve energy channels from TCM are passing through the region of teeth and every odontogenic disharmony resonates by them and creates prerequisites for damage of adjacent structures both homolateral and contralateral. The interstitium of this area, together with the blood and the lymph, participate in formation of internal environment of the whole body. It is responsible for the movement of body fluids, and by them – also for the distribution of toxins, parasites, cancer cells, until they enter the lymph. The extracellular matrix, which the acupuncture needles reach, is a set of cavities, supported by strong flexible collagen fibers. One of the functions of interstitium is to form highly specialized structures, like teeth. The transport system of tooth – the dentin fluid (derivative of blood) is moving through the dentin tubules, reaches the enamel-dentin border and comes out to the surface of enamel crystal structure as microscopic droplets. They blend with the saliva – another transport system in the body (also derivative of blood). These highly structured fluids are carriers of complex information. The saliva and the dentin fluid interact with each other, as well as with oral microbiome, naturally connected with the gastrointestinal tract's microbiome, that sustains the whole immune status.

METHOD: We used holistic approach in diagnosis and treatment of diseases applying:

1. Acupuncture, auricular acupuncture, moxibustion, cupping, sport activities and a diet.
2. Dental medicine – parodontal treatment with ultrasound scalling and curettage, teeth extraction, if impossible conservative treatment, exact re-treatment of teeth with compromised root canals. For diagnostics X-ray examination, corrosion potential test and focal infection Gelen test were also used.

RESULTS: In our daily practice we very often observe these related to each other disharmonies. We see how the organism responds much faster and adequately to the treatment, when both approaches are applied simultaneously – in treatment of neuralgia of Trigeminal nerve, Bell's palsy, Elephantiasis of the arm, Periarthritis of the shoulder, Atopic dermatitis, Psoriasis, etc. In our opinion, specific to all these diseases is that they contain the signs of intoxication syndrome.

CONCLUSION: The human body is arranged as complete and unique system with huge potential for self-regulation, self-control and self-recovery, based on the unity of psycho-neuro-endocrine-immune levels.

PP07

Influence of using gloves and finger stalls during operations of Acupuncture needles: Observation under an electron microscope

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BACKGROUND: It is important to keep acupuncture needles clean during acupuncture procedures. Therefore, using gloves and finger stalls during acupuncture procedures is recommended in recent years. Especially in Japan, becoming an acupuncturist is an important job for visually impaired people. Thus, the procedure for keeping acupuncture needles clean regardless of eyesight is important. However, there are few reports on its effectiveness in the acupuncture field. This study aims to evaluate by a scanning electron microscope (SEM) whether using medical gloves and finger stalls can prevent foreign bodies adhering to the acupuncture needles from the fingers of the acupuncturists or not.

MATERIALS & METHODS: The subjects were 20 acupuncturists: 10 were sighted acupuncturists and 10 were visually impaired acupuncturists. The acupuncturists put their thumbs and index fingers in sodium bicarbonate (NaHCO₃) from a clean sheet to act

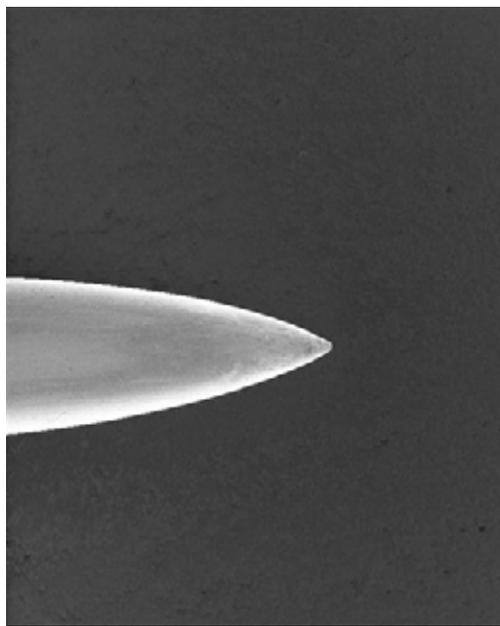
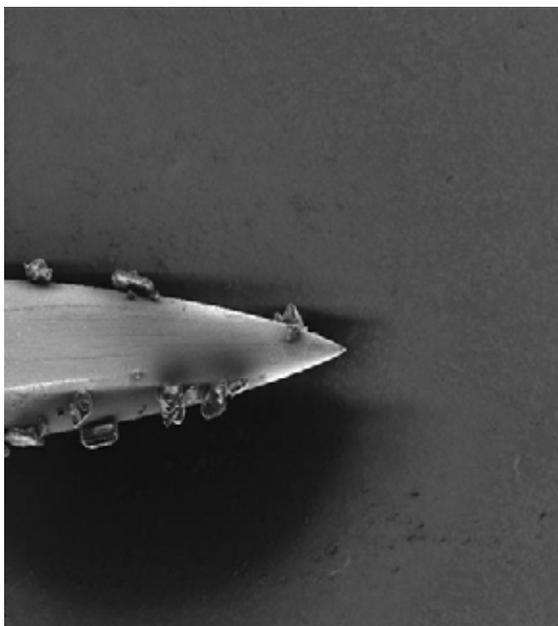
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as a model of foreign bodies, and then rubbed their fingers together to get any excess NaHCO_3 off. Next, they touched acupuncture needles with their fingers. After attaching the NaHCO_3 , the acupuncturists ran their fingers over acupuncture needles made of stainless steel 5 times from the base to tip with their fingers under two conditions: bare hands and using powder-free nitrile gloves. After touching the needles, the acupuncture needles were observed by an SEM at a magnification of 100 x.

RESULTS: After touching the acupuncture needles with bare hands, we observed that there was adhesion of foreign bodies to the surfaces of all of the 20 acupuncture needles. After touching the acupuncture needles using powder-free nitrile gloves, we did not observe that there was any adhesion of foreign bodies to the surface of any of the acupuncture needles.

DISCUSSION & CONCLUSIONS: Under conditions that the acupuncture needles were touched with bare hands, foreign bodies adhered to the surfaces of the acupuncture needles; they were assumed to be NaHCO_3 from the hands of the acupuncturists that had adhered to the acupuncture needles. Using clean gloves prevents foreign bodies from adhering to the acupuncture needles from the fingers of the acupuncturists regardless of eyesight.



PP08

Acupuncture in the treatment of Hans Selye's three states of stress

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INTRODUCTION: Austrian medical researcher Hans Selye was the first to introduce the term "Stress" to medicine, as the conceptualization of an adaptation effort by the body to face situations that it considers to be threatening for its life and internal balance. Selye classified the stressful experience in three successive states: "Alarm State," "Resistance (or Adaptation) State" and "Exhaustion State". The main symptoms of each of those states can be directly correlated to typical patterns of disharmony

described by Chinese medicine.

METHODS: The typical symptoms of each state of stress were put in comparison to the common patterns of disharmony observed by Chinese Medicine, and based on this, according points were proposed as treatment.

RESULTS: Phase 1, "Alertness" is characterized by anxiety, insomnia, and tachycardia correlated to Yin Def in the heart, (H6,7, Pc6, GV4,14,15) and Qi Def in the heart (HT8, PC6, BL17,18, GV6,17). If stressful stimuli is maintained, Phase 1 symptoms are intensified, and are joined by symptoms of Phase 2, "Resistance (or Adaptation)", such as muscular pain, sweating, difficulty to concentrate, emotional instability, Heart: Def of Xue, (HT8, PC6, GV4,14,15, BL17,20). Fire agitation, (HT 5,7,8, GV12, SP6 Fire phlegm, (HT9, PC8, BL15, 20, ST40, CV26, GV12). Liver: Flame of fire in ascendance: (Taiyang, LV2,3, ST36, LI4, PC6, TE5, GB20, HT7, CV20). Liver: Ascendency of yang. (LV2,3,8, CV20, SP6,10, KI6, TE5, GB8,20) Spleen: Def of Qi. (ST36, SP6, BL:20, 21, GV12) Spleen: def of Qi. (ST36, BP6, BL20, 21, GV12) Stomach: Def of yin. (KI3, GV12, ST21,36,44 BL20,21, PC6, SP6). If maintained the stressful stimuli without treatment, the individual goes through a great risk to their health, such as depression, social isolation, aggravation of pain symptoms, gastro-intestinal alterations. These characterize Phase 3, "Exhaustion": Liver: def of xue, (SP:6,9,10, ST36, BL17,18,20,21, CV20) Kidney: Def of yin (KI2,3,6,7, BL23, SP6, GV4,6, C7) Kidney: Def of yang (KI3,7, BL23, SP9, GV4,6, CV4) Stomach: Rebellion of ascending Qi (GV10,13, PC6, SP4, ST19,21) Large Intestine: dampness, heat. (SP6,9,10 GV3,6, BL22,25, ST25,27,37, LI11, GV12, BL20) Gallbladder: heat, dampness (GB24,34, LI14, GV12, CV9, BL19,20, LI11, TE6, ST19)

CONCLUSION: The correlation between western medicine concepts of stress and the patterns of disharmony described by Chinese Medicine, result in the development of a new and efficient technique in the treatment of stress.

PP09

Laser Acupuncture in neonates with neonatal abstinence syndrome: Secondary Analysis of the Finnegan score

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BACKGROUND: The neonatal abstinence syndrome (NAS) is still a present disease in neonates born to mothers with drug dependence. We conducted a randomized controlled trial in 2015 that showed a significant benefit of laser acupuncture in the postnatal morphine therapy. Neonates, who received standard therapy combined with laser acupuncture (Intervention Group = IG), had less days of therapy compared to those without acupuncture (Control Group = CG) [IG 28 (22 to 33) vs CG 39 (32 to 48) days, $p = .019$]. This secondary analysis gives a closer look and evaluation of the Finnegan score during study course. The Finnegan score is an evaluation method of several symptoms of the neonate to determine an adequate dosage during substitution treatment.

METHODS: Twenty-eight neonates were included in the main study. Finnegan score was determined 3 times per day during study course. In total, over 2500 score values were analysed descriptively.

RESULTS: Highest Finnegan score was statistically not different between IG and CG and was measured in both groups on the 4th day of therapy. The measurement of the Finnegan scores took 31 (IQR: 21 – 36) days in IC compared to 38 (IQR: 33 – 53) days in CG ($p = .027$). Nevertheless, the courses of individual symptoms of Finnegan score were different through the studied population.

CONCLUSION: This secondary analysis showed that laser acupuncture lead to an earlier completion of Finnegan score measurements through study course. However, it could not show a difference in highest measured score or individual symptoms between groups.

This study was funded by NADA-acupuncture Austria.

PP10

Chronic Achillodynia treated with Acupuncture: A pilot study

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INTRODUCTION: Achillodynia is a widespread painful often chronic condition in the fields of orthopedic and sports medicine. Overuse in sports, excessive heel varus or valgus deformity of the feet, increasing age, muscle imbalance with tight gastrocnemius and soleus muscles, but also hormonal disorders and rheumatoid arthritis are factors that contribute to this condition. Conservative treatments include alteration of training, stretching of heel-cord, eccentric calf muscle training, appropriate shoes, heel lift and anti-inflammatory medications. The therapeutic situation becomes difficult if all these conservative interventions fail. Further applications of cortisone may lead to rupture of the tendon. Therefore, we have begun to treat chronic cases with acupuncture. A combination of classical treatment on meridians with a sort of ashi acupuncture adjusted to the anatomical structures of the tendon and its surrounding has been chosen. There has been the hope that little wounds near the affected tissues caused by needling may initiate or accelerate diverse cascades of the innate healing processes in the tendons scarcely supplied with blood vessels.

METHOD: The patients lie prone. Their feet overhang the table. 2-4 needles are inserted into the insertions of the tendons on the heel; further 5-12 needles (adjusted to the length of the tendons) are plainly inserted about 5 mm as medial as lateral under the tendons at distances of 1- 1/12 cm. Points punctured on meridians: Gall Bladder 34; Urinary Bladder 57, 58, 62; Kidney 6. Duration of application has been 20 minutes. The minimal distance between two applications has been two days.

RESULTS: Until now, 17 patients have been treated in chronic achillodynia (4 women, 13 men). 2 women suffer from hypothyroidism, 1 man suffers from rheumatoid arthritis. All patients have been free of pain between 1 -5 sessions. Besides small harmless hematomas, no adverse effects have been seen.

CONCLUSIONS: Acupuncture on meridians combined with an accommodated form of ashi treatment seems to be very effective in treating chronic achillodynia in a relatively short time without producing harmful adverse effects. Further trials should be done. Transferring this method to other forms of tendinosis of the lower limb for instance to posterior tibial tendon dysfunction, may be tried.

PP11

Medical acupuncture can affect pituitary function: A case report of altered Thyroid-Stimulating Hormone (TSH) secretion

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INTRODUCTION: We present an interesting case of a 56-year-old lady who presented to our acupuncture clinic due to reported stress/anxiety. Her medical history included an autoimmune thyroiditis (Hashimoto's disease) diagnosed a year ago with abnormal blood tests (elevated TSH: 5.5µIU/ml) and abnormal ultrasound findings (diffusely heterogeneous thyroid gland). Her TSH levels had recently risen further reaching 7.5µIU/ml (a finding that stressed her even more).

METHODS: The patient received a treatment with 8 sessions of medical acupuncture (within a 40-day period), using acupuncture points (both at the body and ears) with established anxiolytic/anti-stress effects, as well as effects on the pituitary gland

function. All blood tests were performed at the same laboratory, using always the same method and equipment. The patient was constantly under the consultation of an endocrinologist and did not receive (at any point during her acupuncture treatment and post-treatment observation) thyroid hormones replacement therapy (since FT3 & FT4 values were always within normal range).

RESULTS: Right after the completion of the 8th acupuncture session a repeat TSH blood test revealed a decreased value of 5.89 μ IU/ml. The decreased TSH value was sustained over the following 2 years (ranging between 4.80 μ IU/ml and 5.23 μ IU/ml on repeat blood tests). Three years later a new rise of the TSH value was observed (7.78 μ IU/ml), so another set of 5 acupuncture sessions were performed. Immediate post-treatment TSH levels were decreased again reaching 4.89 μ IU/ml.

CONCLUSION: Medical acupuncture has an established anxiolytic effect, which is, at least in part, mediated through the alteration of function of specific CNS structures (such as the brainstem, hypothalamus and pituitary gland). Stress is a well-known factor that can deteriorate thyroid function, therefore the anti-stress effects of acupuncture could protect the thyroid gland from disorders such as autoimmune thyroiditis. Moreover, a direct effect, especially of the auricular acupuncture, on the hypothalamic and pituitary function could also restore the balance of TRH-TSH-thyroid hormones secretion.

PP12

Catgut implants in Acupuncture points of a patient with Porphyria

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INTRODUCTION: Acute intermittent porphyria (PAI) is a disease caused by a defect in the porphobilinogen deaminase enzyme that catalyzes the third stage of heme synthesis, that cause acute dysfunction of the central nervous system (CNS) autonomous and peripheral. Acupuncture could be a complementary mechanism in the treatment of Porphyria patients due to its self-regulation mechanism.

METHOD & RESULTS: In order to evaluate the therapeutic response to Catgut implantation treatment at acupuncture points, it's presented the clinical case of a female patient 43 years old, with a personal history of hypothyroidism, that at the age 33, in the course of her second puerperium debut with PAI, presenting motor sensory polyneuropathy, wakefulness depression and hyponatremia, requiring hospitalization in intensive care. During the next 3 years, she presents an average of two annual thrusts, which require hospitalization and responds favorably to hematin treatment. In 2014 she went to Acupuncture medical consultation. After evaluation and traditional diagnosis, treatment with Catgut implantation in acupuncture points is initiated. Since the beginning of treatment she has only had one hospitalization 6 months after the beginning. She was given a progressive deprescription of the medication she received, significantly improving the symptomatology. In this case, lasting remission of the could be obtained with the implantation of Catgut at acupuncture points.

CONCLUSION: Acupuncture could be considered in its comprehensive approach and especially the implementation of Catgut, for its prolonged effects, as a complementary technique in the treatment of patients with Porphyria. It has demonstrated to improve the symptomatology, decrease the frequency of crises and prolong the inter crisis period. Therefore, Acupuncture contributes to the self-regulation of the organism, improving the quality of life of people, their family, their environment and the system in which it develops.

PP13

Complete and immediate remission of pregnancy-related low back pain after a single session of auricular acupuncture – A case report

Panagiotis Zogopoulos¹, Vasileios Gkorgkolis², Artemisia Dimostheni³, Georgios Vretakos¹, Dimitrios Rologis¹

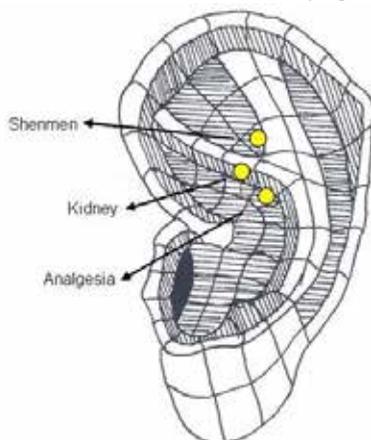
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INTRODUCTION: We present an interesting case of a 36-year-old lady, at the 13th week of pregnancy, who presented to our acupuncture clinic suffering from acute and debilitating low back pain of a week's onset (Visual Analogue Scale score: 10/10). The pain gradually spread to the right lower extremity down to the knee, without accompanying numbness. Oral paracetamol did not lead to any pain relief. She had a medical history of ulcerative colitis, so, she did not want to try anti-inflammatory drugs.

METHODS: Despite the fact that the lady had just entered the second trimester of pregnancy and low back acupuncture points (BL27-BL34) could be safely used, she felt so intense back pain that she was bending forward and could not lie down (neither face down nor sideways). Therefore, we decided to perform auricular acupuncture with semi-permanent needles. Based on the results of a previous randomized controlled clinical trial conducted on pregnant women at the Yale New Haven Hospital (Connecticut, USA), we chose 3 auricular acupoints (Shenmen, Kidney and Analgesia) bilaterally. The patient was instructed to observe the intensity of her low back pain and to immediately remove any semi-permanent needle should it cause her any local irritation or discomfort. A follow-up re-examination was scheduled for a week later.

RESULTS: On week-1 follow-up the patient reported a complete remission of the low back pain, that took place within the first day of auricular acupuncture treatment. Semi-permanent needles were removed (to check for possible skin irritation/inflammation) and new semi-permanent needles were placed at the exact same auricular acupoints. On week-2 follow-up the lady was still pain-free, so the semi-permanent needles were completely removed and back pain did not re-appear thereafter.

CONCLUSION: Extensive investigations have been performed over the last years regarding safety of acupuncture treatment during pregnancy. Pregnancy-related low back pain is a common symptom (during the first trimester due to hormonal changes and, more frequently, during the third trimester, due to weight-gain). Despite the fact that most of acupuncture points used to treat low back pain have an established safety profile during the entire pregnancy, auricular acupuncture with semi-permanent needles can also be effectively and safely used as a stand-alone treatment in pregnant women.



PP14

The effect of an Iranian Traditional Massage (Fateh Method), compared with physiotherapy and acupuncture on pain and disability of patients with chronic low back pain; A randomized controlled clinical trial

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INTRODUCTION: Low back pain (LBP) is currently the foremost reason of disability worldwide. Therapeutic massage is one of the most popular non-pharmacological methods of managing chronic LBP (CLBP) and Fateh method is one of them which is based on Iranian Traditional Medicine. The current study aimed to investigate the effect of Fateh method on pain and disability of patients with CLBP and two groups of physiotherapy and acupuncture were used as control.

METHODS: Eighty-four patients with CLBP were included in three groups of Fateh massage, acupuncture and physiotherapy. Each group had twenty-eight randomly assigned patients who completed ten sessions of therapy. Visual Analogue Scale (VAS) scores and Roland-Morris disability scores were evaluated at baseline, after finishing ten sessions of each method and then four weeks later. Findings were analyzed with SPSS software.

RESULTS: The baseline VAS and Roland Morris scores of the three study groups did not have a significant difference ($p < 0.05$). Analysis of results showed that there were significant pre-post improvements in both scores in all three groups (p -value < 0.05). At the end of treatment sessions, there was no significant difference in decrease of pain intensity and disability score among groups ($p > 0.05$). Regarding the change of disability and VAS scores between the first and third timepoints, the disability and pain improvement was significant in all three groups ($p < 0.001$ in each group). In addition, it was observed that the results of massage, physiotherapy, and acupuncture groups were not significantly different ($p < 0.05$). No adverse event occurred in patients and Massage had the lowest costs.

CONCLUSION: Fateh Method of massage can be considered as an efficient and safe technique to reduce pain and disability in patients with CLBP.

Fig. 1. Study flowchart. / Fig. 2. a. Mean VAS score of study groups at baseline, after treatment and at follow-up evaluations. b. Mean disability scores (Roland-Morris) of study groups at baseline, after treatment and at follow-up evaluations.

Fig. 1

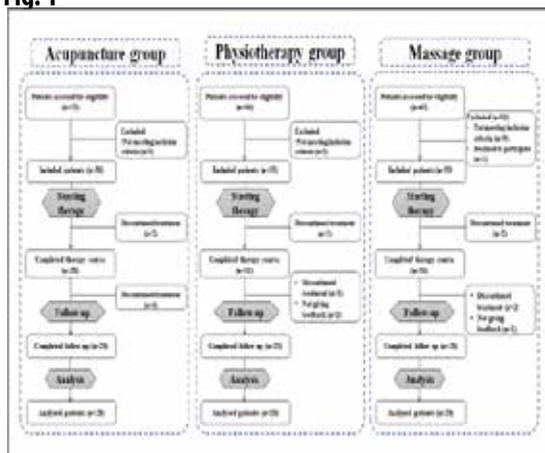
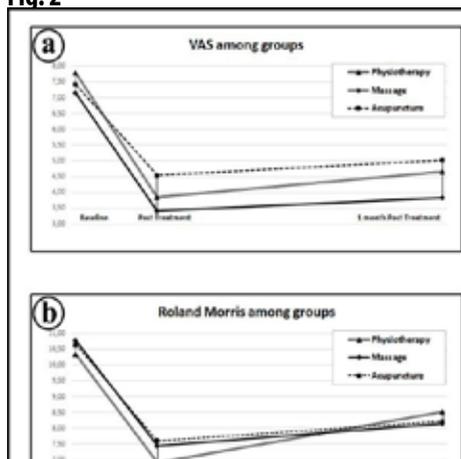


Fig. 2



PP15

Acupuncture emergency service in Brazilian public health system: Quantitative analysis of cases attended in a semester

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BACKGROUND: Acupuncture is an effective technique for pain relief and is usually practiced in outpatient clinic setting. It can also be applied in emergency setting focusing on pain relief from non-life threatening diseases.

OBJECTIVES: This quantitative, retrospective and descriptive study aimed to demonstrate the dynamics of the Acupuncture Emergency Service at Hospital São Paulo (AES-HSP), linked to the Paulista School de Medicine of the Federal University of São Paulo (Escola Paulista de Medicina - EPM / UNIFESP), which provides free care for the population since 1998.

METHODS: Data were collected from the care records of the second half of 2019, assessing gender, age group, complaint, technique (s) used, percentage of improvement reported by the patient and Visual Analogue Scale before (VASb) and after treatment (VASa).

RESULTS: We identified 7647 visits, of which 78.3% (n = 5986) were female; the mean age was 60.8 ± 14.3 years-old; the most common complaints were low back pain (26.4%), followed by shoulder pain (17.5%) and knee pain (14.8%); systemic acupuncture was used in a total of 7032 cases, only acupuncture microsystems were used in 615 cases, microsystems and systemic acupuncture were combined in 1815 cases; VASb average was 6.29 ± 2.17 , while VASa average was 1.44 ± 1.42 ; in 21.4% of 6423 visits properly registered, patients reported 100% improvement and 72.2% reported more than 50% improvement.

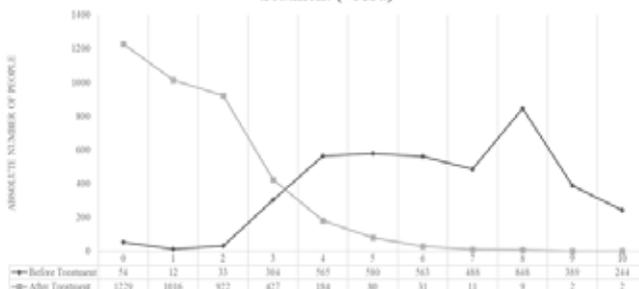
CONCLUSION: Our service provides effective pain relief, allowing to receive a great demand from patients with fast execution in an emergency setting, reducing the use of pain killers and its side effects.

Keywords: Acupuncture analgesia. Traditional Chinese Medicine. Public health. Pain Control.

Figure 1 - Yamamura Acupuncture System of Nasal Bone



Graph 1: Continuous comparison of pain level before treatment (VASb) and after treatment (VASa)



ICMART Science Award 2021

Dynamic brain-to-brain concordance and behavioral mirroring as a mechanism of the patient-clinician interaction

Vitaly Napadow

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The patient-clinician interaction can powerfully shape treatment outcomes such as pain but is often considered an intangible “art of medicine” and has largely eluded scientific inquiry. Although brain correlates of social processes such as empathy and theory of mind have been studied using single-subject designs, specific behavioral and neural mechanisms underpinning the patient-clinician interaction are unknown. Using a two-person interactive design, we simultaneously recorded functional magnetic resonance imaging (hyperscanning) in patient-clinician dyads, who interacted via live video, while clinicians treated evoked pain in patients with chronic pain. Our results show that patient analgesia is mediated by patient-clinician nonverbal behavioral mirroring and brain-to-brain concordance in circuitry implicated in theory of mind and social mirroring. Dyad-based analyses showed extensive dynamic coupling of these brain nodes with the partners’ brain activity, yet only in dyads with pre-established clinical rapport. These findings introduce a putatively key brain-behavioral mechanism for therapeutic alliance and psychosocial analgesia.

ICMART Young Scientist Travel Award 2021

YSA1

Non-pharmacological pain prevention in term neonates: Laser acupuncture compared to oral glucose solution

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INTRODUCTION: Non-pharmacological pain prevention is preferred in minor painful procedures in neonates, such as heel lances. Actual standard of care represents oral administered sweet solutions. Laser acupuncture (LA) seems to be a promising new therapy option, because it is non-invasive and easy to handle. Therefore, we conducted this study to investigate, whether LA is non-inferior to glucose solution in pain prevention during heel lance.

METHODS In total 96 healthy term newborns received either intervention with LA 10mW at Large Intestine 4 for 1 minute both sides (acupuncture group = AG) or orally administered 30%-glucose solution (glucose group = GG). Painful procedure was a heel lance in Median (IQR) on 3rd (3-4) day after birth for the newborn screening program for inherited metabolic and endocrine disorders. We evaluated PIPP (premature infant pain profile) observer-blinded for primary outcome. Secondary outcomes were heart rate changes (HR) and crying time. We performed statistical analysis with a non-inferiority concept (margin: <1.0).

RESULTS: Primary outcome PIPP presented with medians (IQR) of 12 (10-14) in AG and 12 (9-14) in GG [$p=0.981$, 95%CI of location shift: $-1.000006 - 1.000059$]. HR changes were significantly different between groups after intervention ($p=0.048$) and after heel lance ($p=0.015$), respectively, with higher HR in GG and lower HR in AG. Crying time was shorter in GG [92.5 sec (58.5 – 173.5)] compared to AG [102.0 sec (58.0 – 159.0)], but the difference was not significant ($p=0.890$).

CONCLUSION: The predefined margin of the confidence interval of location shift in PIPP was slightly higher than 1.0, wherefore laser acupuncture could not be stated non-inferior to glucose solution. Reason was a high variability within the studied sample. However, in secondary outcomes, we found decreased HR in AG and increased HR in GG, which might be interpreted as clinically relevant. All findings should be considered as hypothesis generating, due to high variability in PIPP scores. Further studies are required.

YSA2

Effect of acupuncture on musculoskeletal symptoms using balance technique

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INTRODUCTION: Pain has been a worldwide problem. In the US, 1/3 of the Americans. The following were the top most source was of chronic pain: low back pain. Acupuncture is effective in treating acute pain than injection with pain killers. Acupuncture works thru stimulation of acupuncture point and sent feedback to the spinal cord for deactivation of the pain centers in the brain. Balance technique was used to establish harmony in the flow of Qi. Pain resulted from obstruction Qi in specific meridian or due to insufficient Qi flow in a body region. Using balance technique, harmonized Qi flow will be achieved and hence established balance in Yin and Yang or smooth Qi flow in different meridians. The study aims to determine the pain relieving effect of balance acupuncture technique; to determine common TCM patterns among the participants with musculoskeletal pain and to enumerate the other effects of acupuncture as expressed by the participants.

METHODS: The study was descriptive cross-sectional study and was conducted at DRM. There were 129 participants recruited with pain and consented for acupuncture procedure. Participants were walk in clients, employees and interns. Consent was obtained from each participants. The following points: Li7 and St40; PC6 and SP2; Yin tang were used; with SP6, St36, GB34 for participants with headache and Du20.

RESULTS: The mean age of the participants was 37.26 years old, with female of 66.67%. Common symptoms were upper back (56%) and lower back (47%). 49% were single. The tongue appearance was purple (46%), reddish (14%) and pale (13%). The pulses were wiry (62%) and weak (30%). TCM patterns were Liver stagnation (34%) and followed by Qi deficiency (24%) and 10% for Yang excess, Xue deficiency and Bi Syndrome. The participants moderately agreed to experience the following: 34.11% experienced warmth in their body; 27.13% able to sleep; 24% having feeling of numbness; 27.91% having tingling sensation; 25.58% having relaxing effect and 37.21% immediate pain relief. The participants strongly agreed to experienced 45.74% having overall relaxing effect. The participants had median pre-VAS of 5 and median post VAS of 3 (2.14 SD) with MAD of 2, hence there is significant reduction in pain, $W=6328$, $p=0.0000182$. Data was analyzed using JASP/IBM SPSS.

CONCLUSIONS: The balance acupuncture technique provided a significant reduction in pain among participants with liver stagnation as the most predominant TCM patterns.

The paper must be awarded. This will be the first time in our institution that acupuncture was documented its effect in pain relief and diagnosing cases using TCM patterns of harmony. This will enticed medical community to refer their patients for a cost effective and less side effects in treating patients with acute or chronic pain. It will be the first time that such endeavor will be presented internationally and to be known to other countries that we Filipinos are at par in doing acupuncture.

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YSA3

The importance of acupuncture/electroacupuncture (EA) in the regulation of the endocrine neuro immune system (NIE)

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INTRODUCTION: The regulation of the NIE, through acupuncture/EA, is performed to achieve homeostasis in organisms. Through optical research (genomics, proteomics and metabolomics), molecules and respective membrane receptors involved in the chemical signals that establish the chemical signaling between the NIE axis systems, produced/secreted after acupuncture/EA, were identified. The integration of acupuncture/EA in the conventional treatments of diseases, constitutes a milestone in therapy and assumes the individual as an integrated system in which health and disease are a bidirectional movement.

OBJECTIVE: To develop a protocol for acupuncture/EA regulating the NIE axis to be integrated into conventional treatment schemes.

METHOD: A literature review was carried out, using some databases: PubMed, Medline, UpToDate, PEDro, Hindawi, Nature, Elsevier, Frontiers, Science Direct, Interchopen, Europepmc, Autonomic Neuroscience: Basic and Clinical - Official publication of The International Society for Autonomic Neuroscience and Google scholar. The following were defined as keywords: Regulation of the NIE combined with homeostasis, acupuncture/EA, genomics, proteomics, metabolomics, somato-autonomic reflex. The results were consulted retrospectively until the year 2020 and considered only review articles. The articles identified in the initial research were evaluated considering the inclusion criteria: the age of the individuals in the sample (adults, aged between 18 and 100 years); Interventions (description of the effects of acupuncture/EA on NIE modulation; anti-inflammatory and analgesic effects of acupuncture/EA in the pathology; description of mediators, receptors and signaling pathways involved in the anti-inflammatory and analgesic effects of acupuncture/EA) ; Outcome (Identification of regulatory molecules and membrane receptors involved in signaling between NIE axis systems after acupuncture/EA). All articles where these inclusion criteria were not indicated were excluded.

RESULTS: From the bibliographic analysis carried out, a protocol of common acupuncture points (international nomenclature) was elaborated, aimed at stimulating the NIE axis and involving: Head: Gv-20, EX-HN3, EX-HN5; Ear shell. Ventral region: Lv-17, Lv-15, Lv-12, Lv-6, Lv-14, Lv-3, St-25, St-36, Sp-6, Li-4, Li-11, Pc-6 ; Dorsal region: Gb-20, Bl-10, Bl-14, Bl-18, Bl-20, Bl-22, Bl-23, Bl-52, Bl-37 and Bl-57. All points are scored bilaterally, with the exception of those belonging to the midline.

CONCLUSIONS: The acupuncture/EA protocol can be considered a neuro-modulatory therapy regulating the NIE axis, by stimulating the somato-autonomic reflex. This therapeutic protocol requires further studies for scientific validation and study of its application in different populations.

Keywords: Neuroimmune-endocrine (NIE), homeostasis, acupuncture, electroacupuncture (EA), Traditional Chinese Medicine, Zheng, network, omic, genomics, proteomics, metabolomics, systems biology, autonomic nervous system (SNA), hypothalamus-pituitary-adrenal axis (HPA).

The therapeutic protocol presented should be taken into account in stroke. The protocol of acupuncture/E.A. studied is accepted as a regulator

of the NIE axis to be integrated in conventional treatment schemes. This therapeutic protocol requires further studies for scientific validation and study of its application in different populations.

YSA4

Acupuncture therapy in post-radiation head-and-neck cancer with Dysgeusia

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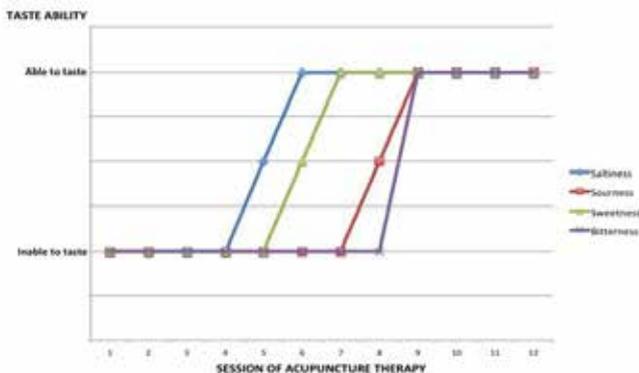
BACKGROUND: Radiation therapy for head-and-neck cancer can cause side-effects, including pain, nausea, vomiting, sensory disorders such as anosmia and dysgeusia, dysphagia, xerostomia, hot flashes, fatigue, sleep disorders, and even anxiety and depression disorders. Therapies using acupuncture are now being adopted at cancer therapy centers. Acupuncture has been clinically proven to reduce the side-effects of cancer therapies, thus, resulting in better quality of life.

CASE: A 65-year-old man was diagnosed with stage I laryngeal squamous-cell carcinoma (SCC), and had missing taste and pain on swallowing (visual analogue scale [VAS]: 4) after undergoing 30 sessions of radiation therapy for head-and-neck cancer with a total radiation dose of 60 Gy. He received acupuncture at: body points (LI 4 Hegu, LR 3 Taichong, ST 36 Zusanli, SP 6 Sanyinjiao, and ST 40 Fenglong); the Battlefield Acupuncture points of the ear (Cingulate Gyrus, Thalamus, Zero Point, Shen Men, and Omega 2); and on the wrist area (according to a balance method). Acupuncture therapy was given 2 times a week, for 45-minute sessions.

RESULTS: After 12 acupuncture sessions, he had improvement in taste function and pain reduction from VAS 4 to VAS 1. This improvement likely occurred due to acupuncture's anti-inflammatory effects through anti-inflammatory mediator secretion, an antipain effect through β -endorphin secretion, and nerve-cell regeneration through neurotropic factors' secretion.

CONCLUSIONS: Routine acupuncture therapy can reduce dysgeusia and pain in postradiated patients with head-and-neck cancer. Acupuncture can be a therapeutic choice for patients with post-radiation head-and-neck cancer toxicity.

Keywords: acupuncture, dysgeusia, radiation therapy, head-and-neck cancer





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