

14<sup>TH</sup> -16<sup>TH</sup> OCTOBER 2022  
BOLOGNA, ITALY



Welcome to

# 35<sup>TH</sup> ICMART

## World Medical Acupuncture Congress

From Research to Clinical Practice: towards Integrative Medicine

HOSTED BY



WITH THE SUPPORT OF

Italian Ministry of Health

AND



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## WELCOME MESSAGES



**Hedi Luxenburger**  
President of ICMART

Dear Colleagues and friends,

it is our great honor, that AMAB is hosting this year's 35<sup>th</sup> ICMART World Congress in the beautiful city of Bologna with its rich history.

I want to specially thank the organisers who have taken the challenging task to organize a big international congress with all the uncertainties in those difficult times of the pandemic and now also the war in Ukraine.

And it was the right decision to meet onsite again, the response of participants was overwhelming. Everybody is looking forward to continue the tradition of ICMART congresses with meeting colleagues with similar interests from all over the world. We are all looking forward to scientific exchange, new knowledge on practical treatment options and also to meeting our friends and also finding new ones.

The topic of the congress is very up to date. There is growing evidence on the positive effects of acupuncture for many different conditions. Medical Acupuncture should be applied within an integrative medical approach in order to reach the the highest treatment standard for the patient combining the best diagnostic and treatment options from both worlds.

I wish everybody a great congress

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**Carlo Maria Giovanardi**  
Congress Chair

Dear Colleagues,

Welcome to the 35th ICMART World Medical Acupuncture Congress in Bologna, home of the Alma Mater Studiorum founded in 1088 and considered to be the oldest university in the Western world.

Its history is intertwined with that of the great names of science and literature, it is a keystone and a point of reference for European culture. Among the students and professors who over the centuries wrote the history of the University of Bologna are well-renowned anatomists of the XVI and XVII centuries, such as Andrea Vesalio, Antonio Maria Valsalva, Giovanni Battista Morgagni, Marcello Malpighi and illustrious people, such as Leon Battista Alberti, Thomas Becket, Nicolò Copernico, Dante Alighieri, Erasmo of Rotterdam, Albrecht Dürer and Paracelsus.

We are now living in a transition period from the COVID-19 pandemic back to the normal life we have 'reconquered'. Not only have these years deeply affected our lives, but they have also represented a new challenge for modern biomedicine.

The congress theme "**From Research to Clinical Practice: towards Integrative Medicine**" aims to be a contribution towards a new approach to the patient: how we can translate research evidence on acupuncture and related techniques to daily clinical practice and integrate such growing evidence with Traditional Eastern Medicine:

In response to patient complexity, and specifically I am referring to chronic patients where the effectiveness of treatment is reduced by poor adherence and iatrogenic side effects/complications, acupuncture and related techniques have proved to be effective, may represent an alternative to conventional therapy or a way towards integrated treatment.

Being non-pharmacological and cost-effective treatment, acupuncture and related techniques are sustainable treatment options since they help reduce the use of drugs and consequently, the presence of pharmaceutical metabolites in the environment.

How to respect the environment is another topic covered by 2022 ICMART to ideally follow the line successfully traced by the ICMART Congress organized by SAMAG in Athens in 2021.

Bologna is ready to welcome you: it's a town rich in tradition and culture where emotions can be experienced and shared with friends.

In a spirit of co-operation and friendship, I wish I could meet you to get new insights into latest scientific news, share knowledge, grow professionally, and enjoy three days in Bologna: in other words, starting over!

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**Umberto Mazzanti**  
Congress Co-Chair

*We moved from Montpelier to **Bologna**, and I do not think that one could find a more beautiful or more free place in all the world. ... At once both sweet and bitter, as you are well aware, it is for me to recall, amidst all these miseries, that happy time, when... I was a student there.*  
(Petrarch, XIV century, Letters of Old Age)

Dear Colleagues,

Most of us are no longer students, regrettably I would say, but we keep on studying, lecturing, researching, publishing ...in other words, we strive for knowledge.

That's what we all have in common and that's why we have decided to rise to the challenge and organize the 35th ICMART congress: an in-person event to welcome you all in Bologna.

No doubt, these are times of miseries, as Petrarch said, but where else can we find courage and support if not in enriching our lives with the latest scientific news, new professional relationships and new friends?

And how possibly can we reach this goal? The best way is to meet and talk, listen to each other's contribution, ask questions, raise and clear doubts.

That's what scientists do, that's what we do, and that's the lesson we have received from that branch of Medicine we all have chosen: all things exist as inseparable and contradictory opposites and are composed of two opposite but mutually interconnected forces, known as yin and yang.

The pandemic has created a market for doom and gloom, but we know that the seeds of renaissance are already here. For all of us, who believe in science, that special seed we need to make grow is research.

Let's meet in Bologna to widen our horizons and build our future together!

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**Roberta Pozzi**  
SIAV President



**Eliana Amorosi**  
SIAV Secretary

Dear Colleagues,

As you know every year a different nation has the honour to host the ICMART Congress.

For the year 2022, the choice fell on Italy and the A.M.A.B. is the Association in charge of the organization.

The SIAV is a Veterinary Association that organizes an annual international Congress on acupuncture and TCM.

The SIAV and A.M.A.B. have chosen the path of spreading the knowledge of TCM, acupuncture, and related techniques in Italy and abroad.

They are well known and renowned schools which have played a leading role in our beautiful country over the years.

That's why, the SIAV and A.M.A.B. have decided to join forces and hold the 35th ICMART Congress and the 23rd SIAV International Congress together, with common sessions dedicated to TCM and others more specifically focused on human or veterinary acupuncture.

Our daily practice may be different, but we all have a great source of inspiration in common: the ancient and always true wisdom of TCM.

Being together in this adventure will surely allow us to share knowledge and points of view thus enhancing both the Vets' and MDs' practice of acupuncture.

Looking forward to meeting you all in Bologna!

## ORGANISATION AND COMMITTEES

### Congress Presidents

Carlo Maria Giovanardi, Chair, AMAB  
Umberto Mazzanti, Co-Chair, AMAB  
Hedi Luxenburger, ICMART

### ICMART Board

Hedi Luxenburger, President  
Konstantina Theodoratou, General Secretary  
Chin Chan, Vice-President  
Tomas Dawid, Vice-President  
Patrick Sautreuil, Vice-President  
Petja Piehler, Treasurer  
Thomas Burgoon, Past Director  
Silvia Elenkova, Past Director  
Dominik Irnich, Past Director  
Chun-Lee Oei-Tan, Past Director  
Paola Poli, Past Director  
Siddhartha Popat, Past Director  
Karin Stockert, Past Director  
Marcia Yamamura, Past Director  
François Beyens, Honorary President

### ICMART Congress Committee

Petja Piehler, Austria  
Chin Chan, Australia  
Tomas Dawid, Uruguay  
Hedi Luxenburger, Germany  
Chun Lee Oei-Tan, Netherlands  
Konstantina Theodoratou, Greece  
Marica Yamamura, Brazil

### 2022 ICMART Congress Scientific Committee

Maria Letizia Barbanera  
Elisabetta Casaletti  
Giuseppina Maria Grazia Farella  
Carlo Maria Giovanardi  
Annunzio Matrà  
Mauro Mattarelli  
Umberto Mazzanti  
Alessandra Poini  
Sotirios Sarafianos  
Giuseppe Tallarida  
Roberto Tedeschi  
Eliana Amorosi  
Giuseppe Brambilla  
Debora Groppetti  
Gudrun Mayr Boninsegna  
Roberta Pozzi  
Narda G. Robinson  
Thomas Burgoon  
Francisco Lozano

### ICMART Scientific Committee

Dominik Irnich, Germany  
Tomas Dawid, Uruguay  
Chun-Lee Oie-Tan, Netherlands  
Paola Poli, Italy  
Konstantina Theodoratou, Greece  
Marcia Yamamura, Brazil

### ICMART Science Award Jury

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

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## DETAILED PROGRAM 14<sup>TH</sup> OCTOBER

08:30

**OPENING SPEECHES: ICMART-AMAB**

09:00

**Oncology Acupuncture: Evidence-Informed Integration**

Jun J. Mao (United States of America)

**An anatomical basis for electroacupuncture to drive anti-inflammatory neural pathways**

(Video)

Qiufu Ma (United States of America)

10:40

**OPENING CEREMONY**

Chair: Umberto Mazzanti (Italy)

Hedi Luxenburger, ICMART President (Germany)

Carlo Maria Giovanardi, AMAB President (Italy)

Roberta Pozzi, SIAM President (Italy)

Sangyoung Ahn, World Health Organization (Switzerland)

Luca Rizzo Nervo, Deputy, Bologna Council Member responsible for Wellfare (Italy)

Luigi Bagnoli, President of the Provincial Board of Medical Doctors and Dentists of Bologna (Italy)

Giuseppe Cascio, President of the Provincial Board of Veterinary Doctors of Bologna (Italy)

Rita Melotti, Director of Anesthesiology and Resuscitation Department, School of Medicine, University of Bologna (Italy)

Antonio Fiori, President of the Asia Institute, University of Bologna (Italy)

11:20

**COFFEE BREAK**

11:50

**FORUM ON MEDICAL ACUPUNCTURE AS AN IMPORTANT PART OF INTEGRATIVE MEDICINE**

Chair:

Hedi Luxenburger (Germany)

Participants:

Sangyoung Ahn, World Health Organization (Switzerland)

Thomas Burgoon (United States of America)

Joo Eui Hong (South Korea)

Francisco Lozano (Mexico)

Isabel Giral Sampedro (Spain)

Marcia Yamamura (Brazil)

**DISCUSSION**

Tomas Dawid (Uruguay) - Helmut Liertzer (Austria) - Konstantina Theodoratou (Greece)

**Benefits of acupuncture to medicine and care - knowledge and experience in the world**

Paola Poli (Italy)

13:00

**LUNCH**

[www.icmart2022.org](http://www.icmart2022.org)



# 35<sup>TH</sup> ICMART

World Medical Acupuncture Congress



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## HALL 1 (SAVOIA)

14:20  
**How Chinese Herbal Therapy can Improve Acupuncture Treatment**  
Alessandra Gullì (Italy)

15:00  
**The effect the Acupuncture needle profession on the environment and the call to reduce our profession's eco-footprint**  
(Workshop)  
John Stan (Canada)

15:40  
**Endometriosis: a clinical approach**  
Fabio Lodo (Italy)

## HALL 2 (FALCO)

14:20  
**Medical acupuncture in support of disadvantaged people and after natural disasters. Diagnosis and treatments. Field experiences of the AGOM Missions**  
Paola Poli (Italy)

15:00  
**Beyond the Acupuncture Atlas of Acupoints and Meridians: neuropathic pain in the sole of the foot**  
Patrick Sautreuil (France)

15:40  
**Acupuncture for the Knee**  
Kendra E. Unger (United States of America)

## HALL 3 (SYDNEY)

14:20  
**Education of doctors during covid-19**  
Edvin Dervisevic (Slovenia)

14:50  
**The Effectiveness of Acupuncture on Long COVID-19 Fatigue**  
Yasemin Cayir (Turkey)

15:20  
**Introduction in treating Post-Covid and Long-Covid with Chinese Herbal medicine: scientific basis**  
Josef Hummelsberger (Germany)

15:50  
**Feasibility of acupuncture and moxibustion treatment for sequelae after COVID-19 infection: a protocol for prospective case series**  
Sung-A Kim (Korea)

## HALL 4 (TUDOR)

14:20  
**Acupuncture as supportive care in oncological patients: MEDIORER (Integrative Medicine in Oncology, Emilia-Romagna Region), a feasibility study**  
Grazia Lesi (Italy)

14:50  
**Acupuncture and Moxibustion for Cancer-Related Fatigue: An Overview of Systematic Reviews and Meta-Analysis**  
Terje Alraek (Norway)

15:20  
**CIPN and acupuncture**  
Alessandra Poini (Italy)

15:50  
**Outcome-reporting bias in randomized-controlled trials of acupuncture for chemotherapy-induced nausea and vomiting**  
Silvia Deandrea (Italy)

16:20  
COFFEE BREAK

16:50  
**Pediatrics Acupuncture and Palliative Care - experience of TCM Department of Federal University of Sao Paulo, Brazil in Public Health System**  
Marcia Yamamura (Brazil)

16:50  
**Hazardous acupuncture points in pregnancy. True or false. Review**  
Guillermo Chaibun (Uruguay)

16:50  
**Acupuncture technique to support disability rehabilitation program**  
Saputra Koosnadi (Indonesia)

16:50  
**Segmental acupuncture as a profound explanatory model of traditional Chinese treatment concepts**  
Klaus Trinczek (Germany)

17:30  
**The role of Acupuncture and Moxibustion in the modern treatment of asthma**  
Thomas Burgoon (United States of America)

17:30  
**Pain assessment tools for Acupuncture clinics**  
Tomas Dawid (Uruguay)

17:20  
**The dorsal root ganglion as a target of electroacupuncture for various complicated pain syndroms**  
Olivier Cuiquet (Belgium)

17:50  
**Acupuncture as a treatment for neuropathic pain in pregnant women**  
(Video)  
Luciano Ricardo Curuci de Souza (Brazil)

17:20  
**Segmental Anatomy: What it teaches us about the depth of insertion of the acupuncture needle and about point combinations**  
(Workshop)  
Thomas Ots (Austria)

18:10  
WELCOME COCKTAIL

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## 15<sup>TH</sup> OCTOBER

### HALL 1 (SAVOIA)

09:00  
**Methodological challenges in acupuncture trials**  
(Video)  
Jianping Liu (People's Republic of China)

09:30  
**Acupuncture use in sports medicine at the Olympics**  
Kien Trinh (Canada)

10:20  
**The role of acupuncture in assessment and treatment of MSK disorders**  
Mike Cummings (United Kingdom)

### HALL 2 (FALCO)

9:00  
**Science Award Presentation**  
Dominik Irnich (Germany)

**Winners Lecture**  
**Effectiveness of Acupuncture for Pain Control After Cesarean Delivery A Randomized Clinical Trial**  
Taras Usichenko (Germany)

### HALL 3 (SYDNEY)

09:00  
**Introduction in the neural therapy**  
Petja Piehler (Germany)

09:30  
**Sonographic studies of Acupuncture Points / Trigger Points. Practical proceedings**  
Helmut Lierzer (Austria)

10:00  
**Neural Therapy For Acupuncture Non Responder – Headache**  
Rainer Wander (Germany)

10:30  
**Sacroiliac joint neural therapy injection technique and term effect on chronic sacroiliac region pain**  
Hüseyin Nazlıkul (Turkey)

### HALL 4 (TUDOR)

11:00  
COFFEE BREAK

11:30  
**The basics of Laser Acupuncture - Tradition meets modernity**  
Volkmar Kreisel (Germany)

11:30  
**ACUPUNCTURE TRAINING and ACCREDITATION SYSTEMS WORLDWIDE**

**Chair:** Konstantina Theodoratou (Greece)  
Chin Chan (Australia)  
Tomas Dawid (Uruguay)  
Carlo Maria Giovanardi (Italy)  
Francisco Lozano (Mexico)  
Hedi Luxenburger (Germany)  
Dongwoo Nam (South Korea)  
Karin Stockert (Austria)  
Katarina Svitkova (Slovakia)  
Kendra E. Unger (United States of America)  
Marcia Yamamura (Brazil)

11:30  
**NEURAL THERAPY**  
(Workshop)  
Regina Stemberger (Austria)  
Karin Serrat (Austria)  
Michaela Klausner (Austria)

12:15  
**Acupuncture a post stroke treatment option**  
Nicola Robinson (United Kingdom)

13:00

ICMART GENERAL ASSEMBLY

13:00

LUNCH

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14:20  
**SAAT (Soliman Auricular Allergy Treatment) Technique for treating allergies a new magical auricular approach**  
Nader Soliman (United States of America)

15:00  
**The proposed use of static magnets to enhance treatment effects in acupuncture therapy**  
John McDonald (Australia)

15:40  
**Cosmetic acupuncture: treatment with massage and needling for facial aging**  
*(Workshop)*  
Maria Letizia Barbanera (Italy)

14:20  
**Migraine: new recommendation in France, and after?**  
Marc Martin (France)

14:50  
**Acupuncture Vs. pharmacological prophylaxis of migraine**  
Carlo Maria Giovanardi (Italy)

15:10  
**Integrative headache therapy in clinical practice**  
Hedi Luxenburger (Germany)

15:40  
**Headache and migraine: clinical framework in abdominal and umbilical acupuncture**  
Gemma D'Angelo (Italy)

14:20  
**About the use in local anaesthetics in neural therapy – new research**  
Kurt Gold (Austria)

14:50  
**FMD meets acupuncture**  
Michaela Walter, Alexandra Knauer (Austria)

15:20  
**Opioid withdrawal thanks to acupuncture in a specific emergency condition**  
Eva Kynclova (Czech Republic)

15:50  
**Intraorbital Acupuncture for dry eye**  
Jana Stodulkova (Czech Republic)

14:20  
**The Mazzanti AcuOsteo method®: Treatment of the lateral ankle sprain with Acupuncture and Osteopathy**  
*(Workshop)*  
Umberto Mazzanti (Italy)  
Giuseppina M. Grazia Farella (Italy)  
Giuseppe Tallarida (Italy)

15:20  
**Functional classification and clinical approaches in sacroiliac joint dysfunction**  
*(Workshop)*  
Seonghyung Cho (South Korea)

**Group Photo (Meeting Point at the Swimming Pool)**

16:20  
**COFFEE BREAK**

16:50  
**The whole in the fragment: acupuncture microsystems and fractal theory, a road to integration between East and West**  
Lucio Sotte (Italy)

17:30  
**Update on publications by medical expert groups (Clinical Practice Guidelines, Treatment Guidelines) that make recommendations about acupuncture**  
Stephen Birch (The Netherlands)

16:50  
**Trigger point: the upper extremity (shoulder, elbow, hand)**  
*(Workshop)*  
Dominik Ferdinand Irnich (Germany)

17:50  
**Acupuncture for women's wellbeing - A practical and integral approach**  
Francisco Lozano (Mexico)

16:50  
**Supporting the effect of the acupuncture treatment by food**  
Petra Uriková (Czech Republic)

17:20  
**Acupuncture and low-carb diet: an innovative and non-invasive treatment for obesity**  
Raymond Landgraaf (Switzerland)

17:50  
**TCM combined with psychotherapy (sinosomatics) restores the cumulative birth rate of infertile women with poor prognosis to a normal level**  
Karin Meissner (Germany)

16:50  
**The importance of functional therapies for myofascial pain**  
Simma Irmgard (Austria)

17:20  
**Nogler's error? Scientific method and the construction of auricular maps**  
Giancarlo Bazzoni (Italy)

17:50  
**Acupuncture and other TCM methods in treating some cases of missed abortion, amenorrhea and infertility of unclear etiology**  
*(Video)*  
Lily Luzina-Chju (Russian Federation)

20:00  
**GALA DINNER**

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## 16<sup>th</sup> OCTOBER

### HALL 1 (SAVOIA)

9:00  
**Sham acupuncture, problems and implications: an evidence based analysis**  
Stephen Birch (The Netherlands)

09:50  
**Clinical research trends and methodological issues in acupuncture research**  
Myeong Soo Lee (South Korea)

### HALL 2 (FALCO)

09:00  
**Acupuncture performed before and after embryo transfer: 2002-2022, twenty years of IVF-ET treatments**  
Elisabetta Casaletti (Italy)

09:30  
**Acupuncture for menstrual and reproductive health: evidence-informed practice and practice-informed research**  
Sandro Graca (Ireland)

10:10  
**Effect of Acupuncture on Reproduction for Subfertile Men and Women**  
Shuli Cui (Singapore)

### HALL 3 (SYDNEY)

09:00  
**POSTER PRESENTATIONS**

1. Ang Lin
2. Castrovilli Filippo
3. Cho Whi-Sung
4. Choi Sujin
5. Chung Won-Seok
6. Cormano Andrea
7. Jeon Saerom
8. Jo Min-Gi
9. Kim Minhee
10. Kim Juyeon
11. Kim Jaisun
12. Kim Jeong Rock
13. Kim Eun-Jung
14. Kim Joo-Hee
15. Lee Su Won

### HALL 4 (TUDOR)

09:00  
**Introduction of recent trends of Korean Medicine**  
Dongwoo Nam (South Korea)

09:30  
**Acupuncture pretreatment followed by Letrozole on live birth in anovulatory women with Polycystic Ovary Syndrome: a randomized controlled trial (Video)**  
Hongxia Ma (People's Republic of China)

09:50  
**Electroacupuncture as a therapeutic method in the treatment of nerve pareses**  
Peter Olsak (Czech Republic)

10:20  
**Acupuncture and cupping in knee osteoarthritis (Video)**  
André Tsai (Brazil)

10:40  
**COFFEE BREAK**

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11:10  
**Simultaneous use of Acupuncture and collagen injections in treatment of musculoskeletal system**  
Ladislav Fildan (Czech Republic)

11:40  
**Well-being via acupuncture**  
Konstantina Theodoratou (Greece)

12:20  
**Myofascial trigger Points: a new algorithm for the diagnostic of trigger points based on a cross sectional study with multiple correspondence analyses**  
Dominik Ferdinand Imich (Germany)

11:10  
**How to treat hot flashes with acupuncture**  
Isabel Giralt Sampedro (Spain)

11:50  
**Electroacupuncture may improve burning and electric shock-like neuropathic pain: a prospective exploratory pilot study**  
Seunghoon Lee (South Korea)

12:10  
**Effect of acupuncture on 5-year survival and severe treatment-related complications in breast cancer patients: a nationwide retrospective cohort study**  
Ye-Seul Lee (South Korea)

12:40  
**Research progress of acupuncture-moxibustion in recent ten years**  
(Video)  
Baoyan Liu (People's Republic of China)

11:10  
**POSTER PRESENTATIONS**

16. Lee Seungmin
17. Lee Seungmin
18. Lee Jiwon
19. Lee Hye Won
20. Lee Seunghoon
21. Lim Jung-Hwa
22. Macedo Ines
23. Nakamura Suguru
24. Park Kyungbok
25. Seo Byung-Kwan
26. Stadler Jasmin
27. Tsunematsu Mikako
28. Yook Taehan

11:10  
**Advances on Experimental Controls in Clinical Research on Acupuncture**  
Fernando Farias (Brazil)

11:40  
**Evidence Map of Clinical Effectiveness of Acupuncture**  
Hildebrando Sabato (Brazil)

12:10  
**Synthesis of Evidence Based and Personalised Medicine in the Acupuncture Research**  
Henriette Muraközy (Germany)

12:40  
**Acupuncture in Oncology : a booklet about evidences and Clinical Practice Guidelines**  
Henri Yves Truong Tan Trung (Francia)

13:00  
**LUNCH**

**HALL 1 + HALL 2  
(SAVOIA + FALCO)**

14:00  
**AWARDS CEREMONY & CLOSING CEREMONY**

**PRESENTATION OF:  
ICMART CONGRESS 2023 THE NETHERLANDS  
ICMART CONGRESS 2024 SOUTH KOREA**

15:00 - 16:00  
**AMBASSADORS' FORUM**

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BOLOGNA, ITALY

## DETAILED VETS PROGRAM

OCTOBER 14th	OCTOBER 15th	OCTOBER 16th
08:30 <b>OPENING SPEECH: SIAV</b>	09:00 <b>Syringomyelia or Arnold-Chiari like syndrome in dogs. A successful therapeutical approach through acupuncture techniques</b> Giuliana Galassi (Italy)	08:00 <b>The role of Ancestral Sinews in Feline Myofascial pain Syndrome</b> Laura Romano (Italy)
09:30 <b>Veterinary Acupuncture for Pain Management &amp; Osteoarthritis</b> Silvia De Lucchi (Italy)	10:00 <b>Multimodal approach to Canine Idiopathic Epilepsy: Acupuncture and Neural Therapy</b> Francoisca Parisi (Italy)	10:40 <b>COFFEE BREAK</b>
<b>PLENARY SESSION (SAVOIA'S HALL)</b> 10:40 <b>OPENING CEREMONY</b> Chair: Umberto Mazzanti (Italy) Hedi Luxenburger, ICMART President (Germany) Carlo Maria Giovanardi, AMAB President (Italy) Roberta Pozzi, SIAV President (Italy) Ahn Sangyoung, World Health Organization (Switzerland) Luca Rizzo Nervo, Deputy, Bologna Council Member responsible for Welfare (Italy) Luigi Bagnoli, President of the Provincial Board of Medical Doctors and Dentists of Bologna (Italy) Giuseppe Cascio, President of the Provincial Board of Vets Doctors of Bologna (Italy) Rita Melotti, Director of Anesthesiology and Resuscitation Department, School of Medicine, University of Bologna (Italy) Antonio Fiori, President of the Asia Institute, University of Bologna (Italy)	11:00 <b>COFFEE BREAK</b>	11:10 <b>Scientific Medical Acupuncture for the Treatment of Pain in Small Animals</b> Jessica Rychel (United States of America)
11:20 <b>COFFEE BREAK</b>	11:30 <b>Use of EA in combination with pharmacological anaesthesia for surgery in dogs and cats: effects on pain control and quality of recovery</b> Eliana Amorosi (Italy)	13:00 <b>LUNCH</b>
11:30 <b>Use of EA in combination with pharmacological anaesthesia for surgery in dogs and cats: effects on pain control and quality of recovery</b> Eliana Amorosi (Italy)	12:10 <b>Acupuncture as a bovine obstetric aid</b> Christiane Wander (Germany)	<b>PLENARY SESSION (SAVOIA'S HALL)</b> 14:00 <b>AWARD CEREMONY &amp; CLOSING CEREMONY</b> <b>PRESENTATION OF:</b> <b>ICMART CONGRESS 2023 THE NETHERLANDS</b> <b>ICMART CONGRESS 2024 SOUTH KOREA</b>
13:00 <b>LUNCH</b>	13:00 <b>LUNCH</b>	
14:20 <b>Regulation of Digestion, Immune Function, and Cardiovascular Disorders with Medical Acupuncture and Related Techniques (Video)</b> Narda G. Robinson (United States of America)	14:20 <b>Dry needle acupuncture treatments in a hind limbs paralyzed cat with manic behaviour</b> Chiara Rosaini (Italy)	
15:30 <b>Herbs and Shen: how to use the European herbs according to TCVM principles</b> Gudrun Mayr (Italy)	14:50 <b>Laser Acupuncture in Veterinary Medicine (Workshop)</b> Volkmur Kreisel (Germany)	
16:20 <b>COFFEE BREAK</b>	16:20 <b>COFFEE BREAK</b>	
18:50 <b>At the origins of acupuncture: the 13 Gui Points</b> Valassina Barbera (Italy)	16:50 <b>Acupuncture approach to the treatment of canine pseudopregnancy: clinical and endocrine findings</b> Debora Groppetti (Italy)	
18:10 <b>WELCOME COCKTAIL</b>	20:00 <b>GALA DINNER</b>	

# 35<sup>TH</sup> ICMART

World Medical Acupuncture Congress



14<sup>TH</sup> - 16<sup>TH</sup> OCTOBER 2022  
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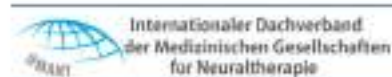
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## BOOK OF ABSTRACTS

### Acupuncture and Moxibustion for Cancer-Related Fatigue: An Overview of Systematic Reviews and Meta-Analysis

Tae-Young Choi, Lin Ang, Ji Hee Jun, Terje Alraek, Hye Won Lee and Myeong Soo Lee

#### Alraek Terje

National Research Center in Complementary and Alternative Medicine, NAFKAM.

Department of Community Medicine Faculty of Health Science UiT, The Arctic University of Norway, Tromsø, Norway.

School of Health Sciences, Kristiania University College, Oslo, Norway.

Although acupuncture (AT) is used in the treatment of CRF, the evidence from different systematic reviews (SRs) of AT has not yet been comprehensively evaluated. Moxibustion, which is a treatment method that is well established within Traditional East Asian Medicine, applies the heat of burning herbs towards or onto special points on the skin. Commonly, the herb *Artemisia vulgaris*, is used. It has been used for palliative cancer care, as well as for CRF. The aim of this overview was to evaluate the efficacy of AT and moxibustion in the management of CRF. Methods Eleven databases were searched through for studies that were published from their dates of inception to February 2022. The study selection, the data extraction, and the assessment were performed independently by two researchers. The methodological and report quality were assessed by using the Assessment of Multiple Systematic Reviews-2 (AMSTAR-2) tool. The evidence quality was evaluated by using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system. Results Fifteen SRs on AT (n = 10) and moxibustion (n = 5) treatments for CRF were included, and they include 169 randomized controlled trials and 14,392 participants. All the SRs that were evaluated by the AMSTAR-2 had more than one deficiency, and so all the SRs were rated as either low or critically low. For the GRADE, 18 outcomes were rated as very-low-quality evidence, 13 as low-quality evidence, 3 as moderate-quality evidence, and 0 as high-quality evidence. Most of the SRs reached the potential benefits of AT for CRF. No serious adverse effects were identified. Conclusions In conclusion, the evidence suggests that, despite the advantages of AT in terms of the improvement in and the safety of the treatment of CRF, the methodological quality of most of these studies is low, which limits our ability to draw definitive meanings. Further research of high quality is needed to confirm these findings.

### Cosmetic acupuncture: treatment with massage and needling for facial aging

(Workshop)

#### Barbanera Maria Letizia

MD, Professor at AMAB - Italian-Chinese School of Acupuncture

Cosmetic acupuncture is a natural way to fight the signs of aging, it allows to correct little cosmetic defects with a non-invasive method, respecting the natural beauty of the body. There are a lot of techniques typically used in cosmetic acupuncture; all with the purpose of enhancing the beauty in a gentle way without the artificial effects of aesthetic surgery. Furthermore, Chinese medicine observes the body with an holistic point of view, so it aims to treat the root of a disease and not only the clinical manifestation. This, in the cosmetic field, enables a physical aspect of health and wellness, giving the appearance of body rejuvenation. Another benefit of cosmetic acupuncture is the safety, while cosmetic surgery, in addition to the risks of the techniques itself, can give errors visible to the naked eye, if applied with no respect of natural shapes and proportions of the face. In this workshop we will focus on two simple techniques to treat facial aging and wrinkles, using the Guasha instrument and the needles. Guasha is a tool used in Chinese medicine to scratch and massage the skin; together with the needles it gives the input to the skin to stimulate the blood and lymphatic flow, enhancing the oxygen exchanges and the elimination of the toxins, and stimulates the fibroblasts to increase the production of collagen and elastin.

## Nogier's error? The scientific method and the establishment of auricular maps

### Bazzoni Giancarlo

*CERNATEC - Center for Researches in Auricular Neuromodulation and Complementary Therapy - Sassari University*  
*IANMA International Auricular Neuromodulation Academy Italy - Greece – Spain*  
*SIRAA Italian Society of Reflexotherapy, Acupuncture and Auricular Therapy - Torino*

One of the central and unavoidable problems that modern medicine has to face is to define the epistemological status of those medical disciplines that aspire to belong to it. Among these are the so-called CAM, which include Auricular Acupuncture, also called Auriculotherapy. The first auricular map was presented in 1957 and included 18 auricular areas/points. Since then, the number of areas/points has grown exponentially. The two most recent auricular maps that evolved within the French - German model, published recently by F. Bahr (300 areas/points) and D. Alimi, 180 areas/points.

In this paper we have examined the different methods used by P. Nogier and his collaborators to construct the auricular French map. The time span examined is from 1951 to 1989, since the map has remained substantially unchanged. An approach was used that integrates the historical-epistemological method with the anatomical-physiological and clinical knowledge that is currently part of all therapeutic techniques applied to the external ear. **DISCUSSION** The path that led to the construction of the current auricular maps can be divided into different periods. 1st Period, 1951 - 1956, which led to the birth of the first auricular map. Its keywords are serendipity, abductive method, spontaneous pain, pressure pain test. 2nd Period, 1957 - 1968. Provoked pain, pressure pain test and (from 1963) skin electrical resistance test. 3rd Period, 1968 - 1989. The RAC (Cardiac Auricular Reflex) also called VAS, was used in combination with the use of ampoules containing a homoeopathic preparation of a tissue whose auricular representation was to be identified.

The aim was to identify auricular representations unrelated to pain. This method has been employed in the: 1970 thoracic and abdominal viscera. 1975 endocrine functions, CNS and SNP, psychic points. 1989 other localizations.

Nogier was a brilliant and rigorous researcher, but of course his studies and research methods were based on the scientific knowledge of his time. The problem arises from the fact that these maps, the result of a serious methodological error, are still used in clinical practice today. The error is therefore not to be attributed to the doctor from Lyon, but rather to his pupils and to all of us who have accepted in a fideistic and uncritical manner a teaching that is still valid and useful in clinical practice, but in some outdated aspects by the progress of medical science.

## Sham acupuncture, problems and implications: an evidence-based analysis

### Birch Stephen

*PHD, Associate professor Kristiania University College, School of Health Sciences, Oslo*

Sham acupuncture has been used in clinical trials in the West since the early 1970s. Many techniques have been used, some becoming more common in recent years. What assumptions underlie the selection of these sham techniques and are they correct? Sham acupuncture has been applied in several different trial designs, each answering different questions. Have researchers been aware of this and if not, what are the findings and implications of accidentally using the wrong design? Sham acupuncture is used in order to control for placebo effects. What steps are needed that allow an acupuncture trial to be a placebo-controlled trial? In addition to demonstrating successful blinding of treatments, the sham treatment must be either demonstrated to be biologically inert or have reliable methods for assessing and controlling for any biological effects. What plausible biological effects can be associated with sham acupuncture techniques? Have any studies successfully controlled for these or are able to control for these? If there is a problem with regards trials applying these steps correctly, what does that mean for any conclusions about placebo effects in acupuncture and the effect size of acupuncture treatments?

The author has been working on acupuncture trial design, sham acupuncture, and placebo in acupuncture for 30 years. In recent years he has collaborated with Terje Alraek, Myeong Soo Lee and Tae-Hun Kim, publishing a series of papers on sham acupuncture and the profound problems surrounding it. This lecture will present evidence to support the notion that sham acupuncture should no longer be used as a comparison treatment in clinical trials of acupuncture and that interpretation of results of trials needs to be re-examined.

## The Role of Acupuncture and Moxibustion in the Modern Treatment of Asthma

### Burgoon Thomas

*Past President, American Academy of Medical Acupuncture  
Board Member of ICMART*

Acupuncture is an effective and valuable therapy in the modern management of asthma. This talk reviews the approach and some techniques of an internal medicine specialist who has applied acupuncture and moxibustion in the therapy of asthma for more than twenty years. Also, the modern bench science supporting acupuncture's role in asthma management is reviewed.

## Acupuncture performed before and after embryo transfer: 2002-2022, twenty years of IVF-ET treatments

### Casaletti Elisabetta

*MD, Professor at AMAB - Italian-Chinese School of Acupuncture*

Infertility is on the rise, especially because many couple choose to have children later in life. One in four in developing countries is affected by infertility. In recent years, acupuncture has become increasingly popular in assisted reproduction and IVF to increase the number of chances of conception. Patients who wish to maximize their chances of conception often purchase additional treatments to augment their IVF cycle. In IVF clinics and private clinics, acupuncture for ET is the primary treatment required and performed. It has been 20 years since Wolfgang E. Paulus was published his small prospective randomized study using a standardized acupuncture protocol, full of hope. After 20 years, we discover numerous articles on it, but the findings are sometimes unreliable due to severe heterogeneity and methodological quality defects, also if the quality of clinical studies upgrades. In order to develop new clinical strategies for infertile couples, we will go through the most relevant bibliography and suggest reflections on acupoints and timing.

## The Effectiveness of Acupuncture on Long COVID-19 Fatigue

### Cayir Yasemin

*Ataturk University Faculty of Medicine Ataturk University, Research and Practice Center for Acupuncture and Complementary Therapy Modalities*

The aim of this study is to investigate the effectiveness of acupuncture on Long COVID fatigue. Material and Method: This randomized-controlled trial was carried out with 60 Long-COVID patients with fatigue in December 2021 and March 2022. Participants were randomly assigned to the Acupuncture Group (AG;) and Control Group (CG; n=30) and were followed up for 4 weeks. While AG received a total of 12 sessions of acupuncture 3 times a week for 4 weeks; no intervention was made in CG. The primary outcome measure was the mean change on Fatigue Severity Scale (FSS) at the endpoint. The secondary outcome measure was the mean change of Short Form-36 Quality of Life Scale (SF-36) scores from baseline to endpoints. The data were analyzed with SPSS and statistical significance was accepted as p0.05). While the mean score of the FSS before the study was 6.1± 0.8 in the AG; it was 5.3±1.0 in CG (p=0.002). At the end of the study, while the FSS score decreased to an average of 3.0±1.4 in AG; it decreased to 4.4±1.3 in CG (p=0.000). While there was a 50.8% decrease in the severity of fatigue compared to the baseline in AG; a decrease of 16.9% was observed in the CG. The Physical Function, Physical Role Difficulty, Energy, Mental Health, and Pain sub-dimension scores of SF-36 were significantly lower in AG compared to CG at the beginning.

## Surgical analgesia during dental extractions

### Chaibun Guillermo

*Uruguayan Acupuncture Association*

The results of using acupuncture as a unique analgesic method during dental extractions are shown. Two clinical cases. The analysis is extended to update the indications of acupuncture in dentistry. Video recording during one of the procedures is shown. We include other benefits for the patient both preoperatively and postoperatively, not only in dentistry but in surgery in general.

## Functional Classification and Clinical Approaches in Sacroiliac Joint Dysfunction

### Cho Seongyung

*Korean Pain diagnosis Society, Madi Joint & Spine Rehabilitation Clinic*

Functional movement in the Lumbo-Pelvic-Hip Complex (LPHC) and Biomechanics of the Pelvic girdle

- I will explain the relativity of biomechanics in the Pelvic girdle including the SI joint

Functional diagnosis for Sacral torsion dysfunctions and Functional coordination test for functional movement impairment in the LPHC

- I will explain functional malalignment of the Pelvic girdle including the SI joint

- I will explain structural malalignment of the SI joint

- I will explain functional movement impairment in the LPHC

Functional approaches in the SI joint and LPHC

- I will explain functional manual therapy (Osteopathy) for functional and structural malalignment of the SI joint

- I will explain functional manual therapy (Osteopathy) for functional movement impairment of the LPHC

- I will explain regenerative injection (Prolotherapy) to enhance functional movements of the LPHC

- I will explain biomechanical acupuncture (Acupuncture) to reduce biomechanical overloads in the LPHC

## Effect of Acupuncture on Reproduction for Sub fertile - Men and Women

### Cui Shuli

*MD, Singapore General Hospital*

Up to 15% of couples are infertile. The main cause of male infertility is low semen parameters semen quality, low sperm count, low sperm production, abnormal sperm function or blockages that prevent the delivery of sperm, illnesses, lifestyle choices. The most common causes of female infertility include problems with ovulation, damage to fallopian tubes or uterus, or problems with the cervix, age can contribute to infertility because as a woman ages, her fertility naturally tends to decrease and medicine. Female infertility factors contribute to approximately 50% of infertility cases, and female infertility alone accounts for approximately one-third of infertility cases. The aim of the study: To evaluate the effects of Electro-acupuncture on sub fertile men and women reproductive outcome. Methods: The group of men, 30 sessions, twice a week over a period of 15 weeks (about 3 month), 30 minutes each side, 60 minutes per sessions. Three semen samples were collected over a period of 3 months for pre-treatment analysis. Treatment samples were collected after the 10th, 20th and 30th acupuncture treatment. Post-treatment samples were collected at 1st and 2nd month after the 30th session of acupuncture. Various semen parameters, including sample volume, progressive motility, sperm concentration, normal sperm morphology was collated for comparisons. For the effect of overall wellbeing, written survey forms were conducted before, during and after treatment. Acupuncture points: Shenshu, Ciliao, Taixi, Taichong, Zusanli, Sanyunjiao, Xuehai, Baihui. Ear embedded herb seeds on ear points: Shen Men, Stomach, Zigong, Endocrine, the group of women, 60 women who were undergoing IVF were recruited and randomized to two groups, 30 participants in each group. Participants received either 1 session 20 mins acupuncture or routine conscious sedation by intravenous Pethidine and Midazolam before oocyte retrieval (OR). Outcomes included the number of pregnant, biochemical, miscarriage and liver birth,

heart rate, blood pressure, stress, nausea, vomiting and giddiness, reproductive outcomes were measured using numbers and percentage, stress, nausea, and giddy scores were measured using a scale ranging from 0 to 10. Outcome measurements were obtained at three time points: 1) 30 minutes before OR, 2) During OR, and 3) 30 minutes after OR. BMI, years of marriage, age, duration, and post procedure also were monitored between the two groups.

## The Dorsal Root Ganglion as a target of Electroacupuncture for Various Complicated Pain Syndroms

### Cuignet Olivier

*Association Belge des Médecins Acupuncteurs*

As anesthesiologists practicing acupuncture, we often treat patients with small fibers neuropathy (SFN), fibromyalgia (FM), post-herpetic (PHN), post-chemotherapy (PCN) or post-traumatic (PTN) neuropathies. Recent research points out the dysfunction of the Dorsal Root Ganglion (DRG) as the common mechanism of these syndromes. Its unique neuro-anatomic structure explains its susceptibility to inflammation, infection, auto-immunity or toxic agents. Methods: We therefore developed a standardized protocol of EA (AS Super, Harmony Medical, 100 Hz, 125 ms, 20 min) targeting the DRG to alleviate these pain syndromes: 1. Paravertebral points at the levels related to the most painful areas (e.g. Th1-C5 or S2-L4 for the upper- or lower limb, respectively) 2. General points (St36 – PC6 and auricular points in the concha) to elicit the vagal anti-inflammatory reflex Results: We present the positive results of patients with FM (5), SFN (4), PTN (A), PHN (3), PCT (3). Discussion: We go back and forth between clinical practice and basic research to better understand the mechanisms of action of EA on the DRG, especially by the parallel with the documented effects of epidural stimulation on the DRG in various pain conditions.

## The role of acupuncture in assessment and treatment of MSK disorders

### Cummings Mike

*MD, Medical Director of the British Medical Acupuncture Society (BMAS)*

Musculoskeletal (MSK) pain is the most prevalent cause of morbidity in the population.[1] The MSK system makes up the physical working parts of the body, and as such its components are under a constant cycle of wear and repair to different degrees. The sensory nervous system monitors the environment in most tissues and occasionally we are made consciously aware of the process through nociception and central augmentation.

Some of our tissues are richly innervated with sensory fibres (skin and muscle), but in others the compressive or tensile loading is too extreme for nerves to exist (inside intervertebral discs or inside tendons).

The process of aging and wear affects the human body to different degrees in different areas and the degree to which we feel it depends on our nervous system – both the degree to which we amplify signals and the degree to which we have those signals tonically inhibited.

Acupuncture is an effective modality in treating chronic pain from MSK disorders,[2] and it can work through different mechanisms depending on where the stimulus is applied in relation to the source of nociception. [3,4] Getting very close to the source allows local mechanisms to play a role. Treatment applied in the same region can work through segmental mechanisms, so both local and segmental effects can often be induced through targeted local treatment.

First, we must find the source of nociception, and we do this through a careful history and examination. As MSK physicians we use our fingers to probe tissues for tenderness and we use functional tests to detect structural weakness but also for provocation of pain that is recognized by the patient as being close in site and character to their spontaneous pain complaint.

Carefully placed needles can be an extension of the examiners fingers to apply high pressure, tissue specific loading, and can therefore add useful diagnostic information when combined with careful questioning concerning the sensations provoked.

Having determined the most likely source of pain we can plan the best protocol of treatment.[5] This presentation will include the authors favored protocols in a range of chronic MSK pain conditions as well as explaining the rationale for the approach.

## Acupuncture as a treatment for neuropathic pain in pregnant women

### Curuci De Souza Luciano

*President of CMAeSP- Colégio Médico de Acupuntura de San Paolo*

Pregnancy is a special period in a woman's life where there are numerous changes in her physiological state, especially in relation to vascular, hormonal, psychological and anatomical changes to accommodate the growing fetus.

Untreated pain during pregnancy can result in depression, anxiety and increased blood pressure in the mother.

The mass and weight gain in this gestational period and poorly distributed, added to an accumulation of fluid in the soft parts, results in a great change in the pregnant woman's body, resulting in the displacement of her gravitational center in an anterior direction. The increase in lumbar lordosis and overload of the dorsal musculature, compensated by an increase in thoracic kyphosis and head forward, occur as a compensation for the gain in abdominal mass by uterine and fetal growth.

The consequence is a significant increase in musculoskeletal disorders, with pain due to the development of new neuromuscular disorders or the exacerbation of existing, previously asymptomatic conditions.

The entrapment neuropathies are defined as compression of peripheral nerves due to known or unknown causes, requiring the physician to have a detailed knowledge of the topographic anatomy and clinical manifestations.

Among the most frequent neuropathies in pregnant women, we have Carpal Tunnel Syndrome, lumbosacral radiculopathies, sciatica due to root compression or piriformis muscle compression, Meralgia Paresthetica and neural entrapment syndrome.

Acupuncture may have a better short-term effect in reducing leg pain in patients with discogenic sciatica, with a clinically significant effect on low back pain relief maintained from 4 weeks of treatment and with improvement in lower limb pain.

Electroacupuncture has been increasingly indicated in the treatment of sciatica during pregnancy, due to the risks and limitations of drug use since 1990.

Studies have shown clinical results after acupuncture treatment, with a significant increase in grip strength on the symptomatic side and a significant decrease in Tinel's sign. Clinical improvement is reinforced by the increase in distal median motor amplitude of the palm-wrist segment, showing an improvement in symptoms, grip strength and electrophysiological function.

The use of electrostimulation with needles or electrodes has been highly indicated in the treatment of neuropathies and can be applied here, too, giving preference to low frequency currents.

Pregnancy, due to its physiological changes, increases the risk of neuropathies in the pregnancy and postpartum period, especially sciatic neuralgia, carpal tunnel syndrome and meralgia paresthetica. Acupuncture stands out among non-pharmacological treatments, promoting pain relief and safety for the maternal-fetal binomial.

## Headache and migraine: clinical framework in abdominal and umbilical acupuncture

### D'Angelo Gemma

AMADELL

ASIAA

*Professor at AMAB - Italian-Chinese School of Acupuncture*

Headaches (or, in more common terms, headaches) are a very common and widespread problem especially in women. They are classified according to the International Classification of Headache Disorders (ICHD-3) in primary, secondary and craniofacial neuralgia. All forms of primary headache (migraine, tension-type headache, cluster headache) can develop into a chronic form of headache. It suffers from 3 to 5% of the adult population: the pain is present at least 15 days for at least three months. Several factors may be involved in the chronicity of a headache, including arterial hypertension, allergies, asthma, arthritis, diabetes, obesity, hypothyroidism, sleep disturbances. But the most important factor is the very frequent use of headache medications. Method In the treatment of severe chronic diseases, the integration of abdominal acupuncture and umbilical acupuncture has proved, in recent years, to be a trump card. Both methods are the expression of a much older Traditional Chinese Medicine than that commonly taught in the National Acupuncture Schools. The pivotal structure of both methods, the abdominal and umbilical Baquò, in its congenital and acquired variants has proven to be able to deal with the most varied chronic diseases, even severe ones. The work resulting from clinical trials at the Neurological Clinic of the Polyclinic of Bari and addresses a series of chronic

headache and migraine variants framed by abdominal and umbilical acupuncture, the therapeutic schemes with relative acupoints will be highlighted. Patients were screened using Western medicine and TCM and were divided into three groups, one group received only drugs, one group only acupuncture, and the third group received acupuncture and drugs. The abdominal points fixed will be described during the course of the relationship. The preliminaries and the conclusions will be updated in the congress.

## Pain assessment tools for acupuncture clinics

### Dawid Tomas

MD, ICMART Board Member

Pain is the most frequent reason why our patients consult us in Acupuncture clinics.

Pain is a subjective sensory experience, and therefore difficult to measure or assess objectively.

The favorable evolution or not of our treatments requires instruments and tools that allow us to measure -in the most faithful way possible-, if the results obtained are adequate or we should adjust it for better achievements.

In this conference, we will talk about some of the best pain assessment instruments, adapted to different patient care circumstances, useful to measure our results but also to eventually draw conclusions that can be published in scientific papers.

## Outcome-reporting bias in randomized-controlled trials of acupuncture for chemotherapy-induced nausea and vomiting

### Deandrea Silvia

Centro Studi So-Wen

Outcome-reporting bias in randomized-controlled trials of acupuncture for chemotherapy-induced nausea and vomiting  
Introduction: Selective outcome-reporting bias is the selective reporting of a subset of the study findings. This problem may occur in acupuncture studies, where valid empirical studies on psychometric performances are still missing: this can lead to challenges in interpretation and integration of findings and produces an evidence base marked by outcome heterogeneity, which impairs the ability to perform meta-analyses, thereby prohibiting direct comparisons of treatment effectiveness across studies. Methods: We evaluated the risk of selective outcome reporting bias of the studies published in English included in a systematic review on acupuncture for preventing chemotherapy-induced nausea and vomiting. For each study, we searched for registry availability; if present, we assessed its validity. The registration was defined as Prospective-Valid if the date of registry submission was antecedent to the trial start; in the opposite case, the registration was defined as Retrospective - Invalid. We described each study outcome (nausea, vomit, or both) according to the following seven domains: type of outcome, domain, specific measurement, specific metric, type of data, methods of aggregation and time-point unit and time. Finally, we checked for discrepancies between registry and article for each domain. Results: Eleven studies were evaluated, published between 1987 and 2019 in English language. Nine out of the eleven studies evaluated both nausea and vomit as outcomes. As the specific metric, studies used both the endpoints, the change from the baseline and value at a specific time point to evaluate the efficacy of the proposed treatment. Only four out of the 11 studies had a registration, of which only two prospective and therefore considered as valid. Discrepancies were found in the specific measurement of the outcome in two studies and in the specific metric or measurement. In many other cases, discrepancies were not evaluable since information was missing. No study reported the complete outcomes as planned in the published protocol. Conclusion: Communication about the importance of prospective trial registration, including outcome details, should be enforced. This is of utmost importance in the acupuncture field, where the recognition of effective treatments cannot be hampered by methodological weaknesses of the studies.



## Advances on Experimental Controls in Clinical Research on Acupuncture

### Farias Fernando

*Souza Marques School of Medicine, Rio de Janeiro, Brazil*

As information derived from scientific research on acupuncture mechanisms of action and controlled clinical trials has sharply grown for decades in indexed periodicals, enriching and refining its practice, demand for scientific evidence has also increased among patients, medical community, and 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. However, experimental controls in clinical research on acupuncture is an issue troubled by its many particularities, when compared to current Western biomedicine. We analyze the advances in the methodological study of experimental controls by critically reviewing the research literature. Special attention is given to the placebo effect in acupuncture and the placebo needles, like the Streitberger, Park and Takakura devices. Such reasoning will be important asset in shaping future research on clinical acupuncture in order to generate reliable and useful data.

## Simultaneous Use of Acupuncture and Collagen Injections in Treatment of Musculoskeletal System

### Fildan Ladislav

*Czech Medical Acupuncture Society of the Czech Medical Association J.E.Purkyne, Brno, Czech Republic, EU*

**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 10 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. **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). Transport of collagen and other contained substances to their place of destination is based on an unique "collagen injectable drug delivery system". (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) The paper is not supported by a grant or any company. **Biography:** Ladislav Fildan, MD, President of the Czech Medical Acupuncture society of the J.P.Purkyne since 2005, practical experience as anaesthetist, intensive care since 1980, pain treatment since 1986, acupuncture since 1986, electroacupuncture according to Dr.Voll, homeopathy, Bach Flower Therapy, phytotherapy. Brno, Czech Republic, EU **Referencies:** 1. Milani L.: A new and refined injectable treatment for musculoskeletal disorder. Bioscaffold properties of collagen and its clinical use. *Physiological Regulating Medicine* 2010/1;3-15. 2. Tsai KS, Kao SY, Wang CY, Wang YJ, Wang JP, Hung SC.

## Acupuncture Vs. pharmacological prophylaxis of migraine

### Giovanardi Carlo Maria

*AMAB President  
FISA President  
Congress Chair*

Migraine is a chronic paroxysmal neurological disorder characterized by attacks of moderate to severe headache and reversible neurological and systemic symptoms. Treatment of migraine includes acute therapies, that aim to reduce the intensity of pain of each attack, and preventive therapies that should decrease the frequency of headache recurrence. The objective of this systematic review was to assess the efficacy and safety of acupuncture for the prophylaxis of episodic or chronic migraine in adult patients compared to pharmacological treatment. Nine randomized trials were included encompassing 1,484 patients. At the end of intervention, we found a small reduction in favor of acupuncture for the number of days with migraine per month, and for response rate. We found a moderate effect in the reduction of pain intensity in favor of acupuncture and a large reduction in favor of acupuncture in both the dropout rate due to any reason and the dropout rate due to adverse event.

## How to treat hot flashes with acupuncture

### Giralt Sampedro Isabel

*President Sociedad Española Salud y Medicina Integrativa*

In our Acupuncture clinic in Barcelona for more than 36 years, 80% of the people we usually treat are women, and most them around menopause ages. For this reason, one of the more frequent topics is hot flushes and other symptoms related to menopause. In this lecture we are going to talk about this issue, causes related according conventional and Chinese Medicine, and specially how to treat related to our experience with Acupuncture, diet and phytotherapy. Our main goal is to share our experience and knowledge in this issue and learn to other experience colleagues in an open debate, as well.

## About the use in local anaesthetics in neural therapy – new research

### Gold Kurt

*General practitioner in Vienna  
Board member of the Austrian neural therapy society*

Physicians practicing neural therapy have to perform injections with local anesthetics on a daily basis. these drugs have numerous properties that are not focused on in everyday clinical practice. However, they are important for the complex effects in the context of holistic treatment.

The lecture is intended to refresh knowledge in the handling of local anesthetics and to discuss these special effects.

## Acupuncture for menstrual and reproductive health: evidence-informed practice and practice - informed research

### Graca Sandro

*Evidence Based Acupuncture*

“Whole person health involves looking at the whole person - not just separate organs or body systems - and considering multiple factors that promote either health or disease.” ~ National Center for Complementary and Integrative Health (NCCIH).  
“Integrative medicine and health reaffirm the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing.” ~ Academic Consortium for Integrative Medicine & Health.  
These two definitions are crucial to guide acupuncturists towards a possible role in the interdisciplinary, patient-centred approach to the management of menstrual and reproductive health. Recent publications emphasise research literacy as a valuable tool for acupuncturists to use in the development of an evidence-informed practice that actively optimises the knowledge from research findings into acupuncture practice. Along with navigating towards evidence-informed acupuncture practice of whole-person and integrative medicine, it is important that acupuncturists continue to share their own clinical results and expertise in order to inform future research design that reflects real-world acupuncture practice. This presentation explores the latest research findings in acupuncture for polycystic ovary syndrome (PCOS), endometriosis, and assisted reproductive technology (IVF), focusing on discussing acupuncture point selection and rationale, treatment frequency, and other pragmatic aspects that can inform clinical practice. This knowledge will also support practitioners to communicate with confidence about acupuncture with other clinicians, the public, and healthcare policymakers.

## How Chinese Herbal Therapy can improve Acupuncture Treatment

### Gulì Alessandra

*Professor at AMAB - Italian-Chinese School of Acupuncture*

The presentation analyzes how Chinese Phytotherapy improves the effectiveness of acupuncture and put into evidence situations where this therapeutic combination is especially relevant, sometimes indispensable.  
Through the two clinical examples of abdominal masses (endometriosis, fibromyomatosis, adenomyosis, ...) and rheumatoid arthritis, it proposes ready-made formulas suitable for the clinical pictures presented. The detailed explanations clarify when to use one recipe or another one, to get the maximum benefit without any side effects.

## Treatment Post-Covid-Syndrome with Chinese Medicine

### Hummelsberger Josef

*ICMART*

*SMS (International Society of Chinese Medicine)*

*Technical University Munich*

Chronic sequelae after Covid 19 disease and also after inapparent or asymptomatic SARS-CoV-2 infections, represent an increasingly problem despite the growing number of vaccinated individuals due to significantly high infection rates in the spring-summer 2022. For sufferers of “post-Covid syndrome” Western medicine has been unable to date to offer any significant, established and effective therapy options. In this talk we present effective therapeutic concepts offered by Chinese herbal therapy for the treatment of the particularly frequent respiratory and neurological symptoms as well as for “chronic fatigue syndrome” (CFS). In this talk also the increasing evidence for CHM and Acupuncture for Post-Covid will be discussed.

## Trigger point: the upper extremity (shoulder, elbow, hand)

(Workshop)

### Irnich Ferdinand Dominik

PhD, MD, President German Medical Acupuncture Association (DÄGfA)

Head of the Multidisciplinary Pain Centre LMU University Hospital Munich Department of Anesthesiology

Pain and limited function of the locomotor system are one of the most common reasons for consulting a doctor or therapist. The muscle has a key position in this, because of its anatomical and functional properties. However, the importance of the muscles is frequently underestimated in practice, although muscular dysbalance, muscle tension and painful disorders of muscle function play a large part in both acute and chronic locomotor system symptoms, according to current knowledge. The clinical correlate is the myofascial trigger point (mTrP). Triggerpoint Acupuncture (Dry needling) is a functional anatomical locoregional needling technique for the treatment of myofascial symptoms. The aim of needling is to find the exact site of the mTrP and cause a local muscle twitch reaction. There are various forms of this technique:

- Direct dry needling of the mTrP
- Dry needling of the affected muscle fascia
- Superficial dry needling Techniques similar to dry needling have already been described in traditional Chinese acupuncture texts.

However, it is only with recent research that the associations with function and anatomy have become known. The effect of triggerpoint acupuncture can be optimised by additional needling in accordance with the criteria of traditional Chinese acupuncture and needling of microsystem points (e.g. points on the ear). This workshop will present to you the most common mTrPs of the upper extremities, their symptoms including nerve entrapment, diagnostic procedures and their comprehensive treatment. First, a simple standardized manual examination of each region of the upper extremity (shoulder, elbow, hand), which facilitates the identification of affected muscles, will be demonstrated. Then we will have to identify relevant myofascial triggerpoints located in this affected muscles according to a newly developed diagnostic algorithm. Finally, the treatment of these mTrPs will be shown including special technics and integrative treatment if the patient suffers from chronic myofascial pain syndrome. This workshop is open for specialists in triggerpoint acupuncture as we will talk about some special aspects as entrapment of plexus brachialis, N. medianus, N. radialis and N. ulnaris, but also newcomer are welcome to optimise common acupuncture approaches.

## Myofascial Trigger Points - Update and a New Algorithm for the Diagnostic of relevant Trigger Points

### Irnich Ferdinand Dominik

PhD, MD, President German Medical Acupuncture Association (DÄGfA)

Head of the Multidisciplinary Pain Centre LMU University Hospital Munich Department of Anesthesiology

Myofascial trigger points (MTrP) are understood as the morphological correlate of the myofascial pain syndrome (MPS), an acute or chronic muscular pain condition affecting a single muscle or a group of muscles. Active MTrPs are spontaneously painful while latent MTrPs are only painful upon pressure. MTrP stimulation can also cause referred pain and the characteristic local twitch response. MTrPs are thought to contribute not only to musculoskeletal disorders such as neck pain, back pain, whiplash associated disorder, osteoarthritis and temporomandibular disorder, but also to migraine and tension type headache, pelvic pain and even cancer pain. These, often chronic, pain conditions, in particular musculoskeletal disorders, are highly prevalent and cause substantial disease burden and socioeconomic costs. This lecture will provide an update regarding most important recent studies on trigger point acupuncture and related technics and it will take a closer look to the diagnostic criteria. These are still not clearly defined and there is controversy about the relevance of diagnostic criteria like taut band, palpable nodule, hypersensitive spot, referred pain, jump sign, local twitch response, muscular weakness, restricted range of motion, pain during contraction, autonomic phenomena, pain exacerbation during emotional stress. Based on a multiple correspondence analysis of cross-sectional data collected in a prospective diagnostic study including 61 patients a proposal of a diagnostic algorithm for myofascial trigger points will be presented.

## Feasibility of acupuncture and moxibustion treatment for sequelae after COVID-19 infection: a protocol for prospective case series

**Kim Sung-A**

*Department of Clinical Korean Medicine, Graduate School, Kyung Hee University, Seoul, South Korea*

As the COVID-19 pandemic continues, the demand on treatment for Long Covid is increasing worldwide. The mechanism of sequelae has not been clearly understood, so there is no established treatment, and only symptomatic treatment. It is known that fatigue, olfactory disturbance, alopecia, and arthralgia among various sequelae can be alleviated with acupuncture and moxibustion treatment. This study is a protocol for prospective case series study to evaluate the feasibility of acupuncture and moxibustion treatment for patients who have recovered from COVID-19 with sequelae. Method: From June 2021 to October 2022, we will recruit twelve patients who have continuous sequelae symptoms for at least the past 4 weeks after being cured of COVID-19 will get acupuncture or moxibustion treatment three times a week for 4 weeks, and the symptom improvement will be evaluated before treatment, after treatment and 4 weeks after treatment, respectively. Results: The primary outcome will be the feasibility of acupuncture and moxibustion treatment, its impact on common and symptom-specific outcome variables, and adverse event evaluation after treatment. Outcome measures will be collected at baseline, every weeks of the intervention, and 4 weeks after the intervention. Conclusion: Our findings will contribute to conduct a basic analysis on the applicability, safety and effect of acupuncture and moxibustion treatment for patients who have recovered from COVID-19 with sequelae. In addition, as a prospective case series study to evaluate the feasibility of future clinical studies, it is also possible to evaluate the feasibility of the study design such as the recruitment rate and drop-out rate of the subjects during the study period. Ethics and dissemination: Ethical approval of this study has been approved by the Institutional Review Board (IRB) of Kyung Hee University Korean Medicine Hospital (KOMCIRB 2022-02-001-001). The outcomes of the trial will be disseminated through peer-reviewed publications. Trial registration number: KCT0007394 Keywords: Covid-19, Sequelae, Acupuncture, Moxibustion, Case series Funding: Korea Institute of Oriental Medicine (20221041)

## Acupuncture Technique to support disability rehabilitation program

**Koosnadi Saputra**

*Acupuncture Academy of Sarabaya*

Introduction: disability is a physical or mental condition that limits a person's movements, senses or activity. And the clinical question "Is the acupuncture to support disability rehabilitation program and how does acupuncture actually work?". Method: Acupuncture involves the insertion of special needles and related technique through the specific area in the surface body to treat locomotor impairment, visual impairment, hearing impairment mental retardation, learning disabilities, osteoporotic and pain problem in some condition. Result: Based on biomedical research and clinical experience adapted acupuncture technique can improve some condition of disability. Conclusion: Acupuncture is useful a complementary therapy in medical rehabilitation program to support disability rehabilitation program.

## The Basics of Laser Acupuncture - Tradition meets Modernity

**Kreisel Volkmar**

*Clinic for Integrative Medicine*

Today many medical disciplines appreciate acupuncture as a method which is safe and poor in side effects. Traditionally, acupoints and trigger points are treated with metal needles, but they also react to an irradiation with Low Intensity Laser light. This non-invasive pain-free technique is known as Laser Acupuncture. It opens up new opportunities because of a combination of classical acupuncture effects with photobiomodulatory reactions at the cellular level. Coming from empirical medicine the mechanisms of action are now scientifically researched. Specific chromophores in biological tissues are stimulated by absorption of non-ionising electromagnetic radiation of the visible and near infrared wave spectrum. Mainly interactions with mitochondrial

cytochrome c oxidases trigger multiple reaction cascades which consecutively initiate anti-inflammatory, analgesic and regenerative processes. Among the standard continuous wave laser application pulsed modes are used for so-called laser resonance therapy which traces back to Dr. Paul Nogier, France. The modulation of the laser beam with defined pulse patterns shall improve the therapeutic results. In this context measurements of Heart Rate Variability have shown that indeed especially low-frequency pulse modes have demonstrable influence on neurons of the autonomic nervous system. The lecture gives an overview of the basics of Laser Acupuncture. It explains its photobiomodulatory tissue effects and the therapeutic use of pulse modes by the example of Nogier frequencies.

## Opioid withdrawal thanks to acupuncture in a specific emergency condition

### Kynclova Eva

*Pain management centre*

*Anesthesia and ICU department in military Hospital, Brno*

In our work, cases can occur when it is necessary to discontinue opioid treatment immediately, although opioids have had reasonable indication and there is no sign of mental addiction. An unexpected pregnancy or a significant sudden weight loss are such cases. The situation is all the more difficult since it is not possible to use substitute treatment normally used in withdrawal therapy. The two following case reports are characterised by several common features: they both concern women in productive age with a severe somatic medical finding in the spine. Both have been treated by opioids for several years. In both cases, it was necessary to proceed very fast, with a very reduced substitute treatment or completely without it. The main means of withdrawal therapy has been ear acupuncture. A 36-year-old woman consulted our doctor's office because of severe low back pain and burning legs pain, 8 on VAS scale. Previous case history includes hernia surgery, radiculopathy on left L4 root on EMG. Clinical diagnosis of failed back surgery syndrome was made. Treatment was initiated with pregabalin and oxycodone. Within a month, she had an analgesic caudal block. The relief presented was a decrease on VAS 5. Necessity of rotate opioids for low effectiveness occurred. Transdermal fentanyl was administered. At this point, acupuncture was offered. Within 5 weeks of body and ear acupuncture her symptoms significantly decreased. Progressive reduction of opioids was possible. However, unexpected first pregnancy occurred. Then, after a six weeks pause, ear acupuncture started along with successful quick opioid withdrawal. A 61-year-old woman started opioid treatment 8 years back for pain resulting from severe juvenile scoliosis. VAS 9 with suicidal tendency in the beginning. Despite acupuncture treatment at the beginning, different opioids had to be administered subsequently. They brought relief in terms of months, but escalation of dose and rotation of opioids was necessary due to receptor's exhaustion. Then after a long period of relief sudden progressive loss of weight accompanied with loss of analgesia began. Patient refused methadone substitution. Ear acupuncture in combination with ketamine was administered. Opioid removal was quick without withdrawal syndrome. Both cases illustrate the potential for using acupuncture in pharmacologically limited circumstances of opioid withdrawal. We will examine the frequency, manner of needling and concomitant treatment further.

## Acupuncture and low-carb diet: an innovative and non-invasive treatment for obesity

### Landgraaf Raymond

*Sinomedica Switzerland*

*Amsterdam University Medical Center, Netherlands*

The obesity pandemic is a reality as worldwide obesity nearly tripled since 1975. Obesity rates are rising rapidly. In fact, in 2016, WHO reported that more than 1.9 billion adults were overweight (39% of world's adult population) and of these over 650 million were obese. Overall, obesity creates a substantial economic burden in both developed and developing countries. Furthermore, it represents a gateway to many diseases, especially type 2 diabetes mellitus, cardio-vascular diseases, respiratory diseases, non-alcoholic fatty liver disease (NAFLD), and some cancers. Understanding the factors that influence obesity and weight loss has therefore become an important issue. It is a multidimensional problem and obesity is the result of a complex interaction of different factors. In this regard, factors such as (epi)genetics, environment, diet or lifestyle and neurohormonal factors have been identified,

all of which being related to some extent to the weight gain in individuals. However, weight loss therapies are not always successful especially in the long run (diet), have side effects (medication) or are quite invasive (such as bariatric surgery). In recent years, acupuncture emerged as a safe and effective complementary treatment of obesity. Acupuncture is believed to induce loss of appetite, down-regulates insulin and leptin resistance, while up-regulating leptin receptor. It lowers ghrelin levels and decreases glucose levels. A review of the recent literature with these promising results from experimental studies and mounting clinical evidence will be presented. Also a “sneak preview” will be given of the results of our retrospective study where we explored the combined effect of low calory diet with acupuncture on weight reduction in over 11.000 patients with overweight or obesity. Results suggest that this combination of low caloric diet with acupuncture could be an effective (noninvasive) therapy that has long-term sustainable effects on weight. In conclusion, acupuncture may therefore be a new treatment modality to consider in obesity treatment.

## Effect of acupuncture on 5-year survival and severe treatment-related complications in breast cancer patients: a nationwide retrospective cohort study

**Lee Ye-Seul**

*Jaseng Spine and Joint Research Institute, Jaseng Medical Foundation, Seoul, Korea*

**Introduction:** Acupuncture is used for managing pain, nausea, and hot flashes in breast cancer (BC) patients. However, the associations between acupuncture and severe complications such as breast cancer-related lymphedema (BCRL), cerebrovascular and cardiovascular diseases are either unknown or controversial. The aim of this study is to analyze the impact of acupuncture on severe short-term and long-term treatment complications and the overall 5-year survival of BC patients. **Methods:** A nationwide database from Korean National Health Insurance Service database was used to identify newly diagnosed BC patients from 2011 to 2013 with records of mastectomy or lumpectomy. Survival analyses using Kaplan Meier curve and multivariable Cox proportional hazards ratio model were conducted to investigate the following: first, the effect of acupuncture during post-operative period of three to six months after surgery on the risk of BCRL; second, the effect of acupuncture during one-year post-chemotherapy period on the 5-year risk of cerebrovascular and cardiovascular diseases including coronary artery diseases (CAD), stroke, congestive heart failure (CHF), cardiomyopathy, and thromboembolism; third, the effect of acupuncture on 5-year overall survival. **Results:** A total of 44,216 patients were identified with newly diagnosed BC and records of BC surgery between 2011 and 2013 in Korea. The risk of BCRL was not influenced by acupuncture during the post-operative period (Hazard Ratio (HR)=1.015, 95% Confidence Interval (CI)=0.87–1.19). Similarly, the risk of cerebrovascular and cardiovascular diseases was not influenced by post-chemotherapy acupuncture treatment (CAD: HR=1.05, CI=0.79-0.40; stroke: HR=1.18, CI=0.77-1.80; CHF: HR=1.11, CI=0.77-1.62; and thromboembolism HR=1.09, CI=0.36-3.33). On the other hand, the overall 5-year survival of BC patients receiving acupuncture improved (HR 0.58, CI=0.34-0.99). **Conclusion:** Acupuncture was not associated with severe treatment-related complications of BC in both short-term and long-term periods. Furthermore, acupuncture improved overall survival of BC patients. Overall, acupuncture is safe and effective option for BC patients; further studies are required to investigate the underlying mechanism of acupuncture on BC survival.

## Acupuncture as supportive care in oncological patients: MEDIORER (Integrative Medicine in Oncology, Emilia-Romagna Region), a feasibility study

**Lesi Grazia**

*Project's P.I. Past - Primary Care and Family Planning Clinic Depts, Bologna Local Health Authority, Bologna, Italy*  
(Presenting author)

Despite the rising evidence that integrative therapies could be used as supportive care during cancer treatment, their integration within the Italian National Health Service is still at a very initial phase. The use of acupuncture to reduce climacteric symptoms in breast cancer women is supported by several studies. In Emilia-Romagna (Italy) we conducted a multicentric randomized clinical

trial (AcCliMaT) that showed the effectiveness of acupuncture plus enhanced self-care to reduce hot flash scores. AcCliMaT served as a base for MEDIORER a study aiming to evaluate the integration of acupuncture to manage climacteric syndromes in women with breast cancer in the oncological settings of the local health authorities of Emilia-Romagna. Secondary objectives were the assessment of acceptability and satisfaction of patients and health care staff and the exploration of enablers and barriers for integrating the treatment within the clinical pathway. Methods Six cancer centres participated in this study. The implementation of acupuncture was anticipated in all six centres by a one-year preparatory phase which included: 1 focus groups to explore needs and expectations of patients and staff and to identify enablers and barriers for integration; 2 Courses and information campaigns to all stakeholders; 3. Identification of consulting rooms, treatment personnel and referral systems. The following outcomes were considered: referral frequency; patients' compliance with treatment; patients and staff satisfaction; adequacy of the new treatment with infrastructure, organization. Quantitative and qualitative methods were used. Results During a one-year treatment phase 228 women were treated covering between 19 and 32% of all the potential beneficiaries. Patients' compliance to the treatment protocol was 77,6% and most patients (85%) stated that they would have continued the treatment. 39 health professionals participated in the referral process. In-depth interviews to patients underlined the usefulness of the treatment and focus groups show that staff considered the new treatment a good personal and professional opportunity although difficulties in the involvement of more personnel was underscored. Conclusions MEDIORER shows that the integration of acupuncture in Emilia-Romagna oncological settings was feasible and proved also to be welcomed by patients and rewarding to staff.

## Sonographic Studies of Acupuncture Points / Trigger Points. Practical Proceedings

### Liertzer Helmut

*Board member of the Austrian neural therapy society*

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.

## Methodological challenges in acupuncture trials

### Liu Jianping

*MD, PhD*

*Professor and Director, Centre for Evidence-Based Chinese Medicine, Beijing University of Chinese Medicine*

Acupuncture is a complex intervention involving contextual setting, patient-doctor relationship, patient expectation, techniques used in treatment process, dosage and frequency in clinical practice. However, majority of the acupuncture components has not



been fully incorporated in clinical trials. With increasing number of acupuncture trials published yearly, some of the challenges are still not addressed in study design. This presentation try to address some of the current methodological challenges existed and discuss strategic thinking toward how to improve acupuncture trial design in future using mixed method approaches.

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## Endometriosis: a clinical approach

### Lodo Fabio

*Centro Studi Sower, Milano*

Endometriosis is an extremely heterogeneous chronic disease both in phenotypic presentation and in clinical outcome. Despite the substantial impact of endometriosis on patients, families and the economy, public awareness is still insufficient. Endometriosis is little known among health professionals. Its diagnosis and therapy still represent a challenge today. Currently available therapies have little efficacy, are burdened by significant side effects and are often not reconcilable with the reproductive needs of patients who can therefore experience long-lasting pain and disability. It is therefore clear that the development of new treatments in this context is an absolute priority. Complementary therapeutic options such as those offered by Chinese medicine can significantly contribute to the improvement of symptoms related to endometriosis and therefore the quality of life in these patients. In particular, the combination of particular techniques of selection and stimulation of acupuncture points combined with the prescription of safe and easy-to-find herbal remedies has allowed for consistent clinical improvements. Sharing this experience may be the basis for future developments. Conflict of Interest: Presentation supported by Laodan.

## Acupuncture for Women's Wellbeing – A Practical and Integral Approach

### Lozano Francisco

*ICMART Board of Directors*

Women are the foundation of the family, society, and nations The Woman is the one who gives life and who promotes balance in all the evolutionary phases of the children and the family. The health of society must be based on always seeking the health and comprehensive well-being of women. A Healthy Woman will generate healthy children, men and women who will constitute stronger societies and nations and, in the end, a more balanced, more harmonious and Peaceful World. Chinese medicine recognizes the importance of women and the special and distinctive characteristics of health and disease that are unique. According to Chinese medicine, in addition to recognizing pathophysiological processes that are exclusive to women, stages of life are also identified in which certain pathological conditions specifically develop. Knowledge of the physiology of women and of the different critical stages of their lives, allows us to understand how certain diseases develop and behave and thus propose resources and strategies to treat and resolve them in a timely manner, as well as being able to prevent appearance and/or development, aggravation, or complications. In this way, an integrative management with acupuncture and Chinese medicine is suggested in the most critical stages, to achieve better health and the integral well-being of Women.

## Integrative headache therapy in clinical practice

### Luxenburger Hedi

*ICMART President*

In everyday pain therapy clinic primary chronic headaches are quite prevalent. Last Cochrane studies showed a positive effect of acupuncture treatment regarding migraine as well as tension type headaches. In Germany 33cupuncture treatment has entered the conventional medical guidelines for the treatment of those headaches.

As patients are often suffering from side effects if drugs, there is a great acceptance of acupuncture treatment and it should be offered within treatment concepts of course respecting all safety standards for the patient.

## Acupuncture and other TCM methods in treating some cases of missed abortion, amenorrhea and infertility of unclear etiology

**Luzina – Chju Lili**

*Centre for Chinese Medicine "Sin-Ya-Chju" Moscow*

In the contemporary medicine there are a lot of modern technologies and treatment methods, but the issue of women's health still remains very urgent. The most widely spread problems are missed abortion, amenorrhea and infertility of unclear etiology. In spite of the fact that these dysfunctions are very common among women all over the world this problem is still being widely discussed and investigated but remains unclear in some aspects. The application of various types of acupuncture and other TCM methods for the treatment of gynecologic and reproductive disorders has quite a long history and numerous studies have reported the positive effects of acupuncture as complementary treatment of these dysfunctions. Methods: We used a complex of methods for treating all these conditions: corporal acupuncture, auricular acupuncture, moxibustion and cupping in three patients with cases of missed abortion, amenorrhea and infertility of unclear etiology. In all cases we used points along Liver, Spleen, Kidney and Stomach Meridians: Cx6 (Neiguan), Sp6 (Sanyinjiao), Sp8 (Diji), Sp10 (Xuehai), Liv3 (Taichong), Gv20 (Baihui), and S29 (Guilai), ST36 (Zusanli), and Li4 (Hegu), CV 3, CV 6, ST 29 bilaterally and SP 9 bilaterally. In addition, we used auricular acupuncture at the following points: ear point 55 (Shenmen), ear point 58 (Zhigong), ear point 22 (Neifenmi), and ear point 34 (Naodian). We used this complex treatment every day during 15 days. Then we had a 15-day break and then applied two more courses. We also applied moxibustion on points: Shen-Shu V23 and Tai-Si R3. After the acupuncture and moxibustion treatment, cupping was applied. Results: The first patient suffered from amenorrhea, the leading follicle deficit and infertility. After the complex treatment the patient got pregnant and gave birth to a girl. The second patient suffered from numerous missed abortions. After the treatment she carried a healthy child and gave birth to a baby boy. The third patient couldn't get pregnant during 6 years. She suffered from unexplained infertility. After treatment she conceived successfully and delivered a healthy child.

## Acupuncture Pretreatment Followed by Letrozole on Live Birth in Anovulatory Women with Polycystic Ovary Syndrome: a Randomized Controlled Trial

**Ma Hongxia**

*The First Affiliated Hospital of Guangzhou Medical University*

Previous studies shown that acupuncture combined with clomiphene citrate for ovulation induction do not improve the live birth rate of anovulatory women with Polycystic Ovary Syndrome (PCOS), and acupuncture has a significant effect on glucose metabolism and insulin sensitivity. There were no studies investigating whether acupuncture pre-treatment followed by letrozole for ovulation induction could increase the live birth rate of these women by improving the insulin sensitivity. Method: Women with PCOS aged from 20 to 40 years who had at least one patent tube were randomly assigned (n = 192 per group) to receive acupuncture pre-treatment followed by letrozole (pre-treatment group) or letrozole alone (control group) in three hospitals in China. Acupuncture pre-treatment was given three times per week for 16 weeks, and letrozole was given 5 days per cycle for up to 4 cycles. The primary outcome was the cumulative live birth rate defined as delivery after 20 weeks of gestation. Secondary outcomes included ovulation rate, conception rate, ongoing pregnancy rate, multiple pregnancy rate, miscarriage rate, complications of pregnancy, adverse events, and homeostatic model assessment for insulin resistance (HOMA-IR). Results: The cumulative live birth rate was 79/192 (41.1%) in the pre-treatment group and 66/192 (34.4%) in the control group with no significant difference between the two groups (difference, 6.8; RR 1.2; 95% CI, -2.9 to 16.4).

## Oncology Acupuncture: Research Informs Patient-Centered Care

### Jun J. Mao

*Chief of the Integrative Medicine Service and the Laurance S. Rockefeller Chair in Integrative Medicine at Memorial Sloan Kettering Cancer Center*  
*Professor of Medicine at the Weill Cornell College of Medicine*

In his talk, Dr. Jun J Mao will present the definition of integrative oncology and emphasize the use of evidence-based medicine as a framework to develop research evidence and advanced patient-centered clinical care. Using a case of a woman experiencing debilitating joint pain resulted from aromatase inhibitors (Ais), a common hormonal medication for women with breast cancer, Dr. Mao will take the audience through his epidemiology research and clinical trials. Specifically, observational research can help understand the symptom burden as well as the impact of pain on drug adherence behaviors. Carefully use of phase I, II, and III clinical trials, the evidence-base of acupuncture for AI-associated joint pain was established. Comparative effectiveness research between electro and auricular acupuncture also highlights the relative benefit and harm of these two styles of acupuncture for pain management in cancer survivors. Dr. Mao will then educate the audience about the latest Society for Integrative Oncology (SIO) & American Society for Clinical Oncology (ASCO) clinical guideline of integrative medicine for pain where acupuncture has been recommended because of the growing research evidence.

Lastly, Dr. Mao will discuss how we can put research evidence in the context of patient-centered integrative oncology care.

## Migrain: new recommendation in France, and after?

### Martin Marc

*FAFORMEC*

Participate and work for a new recommendations needs time and lot of works. And after? Who knows? Guidelines need to be known by acupuncturists, but also others praticiens : neurologists, General practicers, medical students, and also by patients. This reality needs a though with right communications. French reflexions has to be share with all others countries, because we need to repeat than acupuncture is safe, secure and valid in many indications as migrains.

## The Mazzanti AcuOsteo method®: Treatment of the lateral ankle sprain with Acupuncture and Osteopathy

### Mazzanti Umberto

*MD, Acupuncturist, Osteopath DO MROI*

*AMAB Vice President*

**(Presenting author)**

The workshop consists of a long practical session to enable Acupuncture practitioners to easily apply Acupuncture and Osteopathic techniques and translate them into clinical practice.

The lateral ankle sprain is a common reason for consultation in sports clinics. Pain results from injuries of the soft tissues and joint dysfunctions.

In my experience, Acupuncture and Osteopathic Manipulative Treatment (OMT) are very effective and synergistic in treating lateral ankle sprain.

Acupuncture treatment is based on the identification of pain type and location in order to identify the Acupuncture Muscle and Connecting channels affected. The aim is to restore the local circulation of Qi and/or Blood, thus inducing an analgesic and anti-inflammatory effect and myofascial detensioning.

OMT is based on the assessment of the ankle joint dysfunctions and aims to bring joints back to their physiological position.

## The proposed use of static magnets to enhance treatment effects in acupuncture therapy

### McDonald John

Vice President for research of the Acupuncture Now Foundation  
*Neuromagnetics*

The proposed use of static magnets to enhance treatment effects in acupuncture therapy Dr John McDonald, PhD Vice President for Research, Acupuncture Now Foundation (California) Director and Chair of Research Committee, Acupuncture Now Australia Ltd Lecturer, Endeavour College Of Natural Health, Australia and Academy of Chinese Culture and Health Sciences, Oakland, California Introduction There is evidence to suggest that acupuncture may be dose dependent based on an analysis of studies on acupuncture for allergic rhinitis, depression and migraine. The typical daily treatment regimes used in China contrast with often weekly treatments in Western countries. If acupuncture is indeed found to be dose dependent for a broader range of conditions (an idea for which we are yet to find sufficient evidence), then perhaps the habit of weekly treatments might need to be reconsidered. Even with two to three treatments per week, finding ways to enhance the treatment effects with other interventions between treatments could be of clinical value. Methods There are already number of inter-treatment interventions in use such as patient-administered acupressure, static small needles, seeds or metallic balls on ear acupuncture points, as well as needles left in situ and cat-gut implanatation. Some of these modalities are not commonly used outside of China due to infection concerns. Another option is static magnets placed either on acupuncture points or target anatomical structures. Conclusions There have been a number of studies on the use of static magnets but, to date, most of the literature consists of case studies and cohort studies with few randomised controlled trials. Chronic persistent pain has , to date, attracted the most research attention. Acupuncture points have been shown to respond to multiple modes of stimulation including electrical stimulation, and given the close relationship between electromagnetic fields and electrical current, it appears to be feasible that acupuncture points may also be effectively stimulated with static magnets. Anecdotal evidence and case studies support this hypothesis, but more research in this area is needed. This speaker is sponsored by Neuromagnetics.

## TCM combined with psychotherapy (sinosomatics) restores the cumulative birth rate of infertile women with poor prognosis to a normal level

### Meissner Karin

*Coburg University of Applied Sciences*

It is well known that patients experience high levels of psychological and physiological distress after repeated assisted reproductive technology treatment failures, contributing to high dropout rates and lowering observed cumulative life birth rates (CLBRs). The aim of this study was to evaluate CLBRs in patients receiving complementary treatment with sinusomatics and Chinese herbs. Method: Database registry analysis of infertile patients with a history of at least one failed in-vitro fertilization (IVF) treatment who started complementary treatment with sinusomatics and Chinese herbs in the private practice of one of the authors (AS-A) between January 2014 and December 2016, with follow-up until May 2020. Sinosomatics combines psychotherapy with somatosensory stimulation (e.g., acupuncture, moxibustion). Fertility treatment was provided by assisted reproductive technology (ART) specialists, as needed. Data on diagnosis, history of infertility, prior ART treatments, mode of conception, and pregnancy outcome were retrieved from the registry. Results: The analysis was based on 133 patients with a history of at least one (on average 4) prior unsuccessful IVF treatments. At study entrance, participants' age was comparatively high (mean  $\pm$  SD, 36.7  $\pm$  4.4 years), with a mean duration of infertility of 4.6  $\pm$  2.7 years. As per May 2020, 108 patients (81.2%) became pregnant at least once, and 94 women (70.7%) delivered a child. CLBR including donor cycles was 74.3% (29/39) for women.

## Synthesis of Evidence Based and Personalised Medicine in the Acupuncture Research

### Murakozy Henriette

*Rheumaklinik Dr. Lauven Germany*

Aim of the study: resolving the apparent contradiction of the two mainstreams of medicine by synthesis in the acupuncture research: - Science/Evidence-based medicine (EBM) - Personalised/precision/stratified/P4 medicine (PM) Methods: bimodal strategy: parallel use of EBM und PM. Scientific background: PN(E)I/psycho-neuro-endocrino-immunology, complex holistic MeSaCoSa concept. Diagnostic: anonymised case register, multifaceted clinical assessment, personalised examination of „MHC I-opathies“: spondylarthritis disease group. Genetic/epigenetic predisposition factors, biomarker analyses, complete HLA-B-Typing, molecular mimicry principle, imaging diagnostic procedures. Therapy: Acupuncture: innovative, standardised methods: MIA, Pine Pattern, NADA Protocols, integrative medicine. Patients: 7,000 patients: 15 years (2007-2021) interval. Country: NRW / Germany. Controls from the same geographic region: a) comparison with genetics of healthy bone marrow donors b) non volunteer Patients with rheumatic disorders, without acupuncture Statistical analysis. Evaluations. Students t test Results: Acupuncture stimulates the immune system and control inflammation and so can significantly improve diagnostic and therapeutic results, progression prophylaxis, functional capacity and maintenance of work ability in the acupuncture group, in all investigated disease development phases and levels. Successful synthesis of EBM/PM in the acupuncture research/science, as well as cost reduction of the anti-rheumatic therapy measures. Conclusions: standardized acupuncture patterns are useful scientific methods for research and for practical, clinical integrative case-management by the synthesis of EBM and PM.

## Introduction of Recent Trends of Korean Medicine

### Nam Dongwoo

*Department of Acupuncture & Moxibustion, College of Korean Medicine, Kyung Hee University*

There have been many updates in the field of Korean Medicine. In recent years the Korean Government have been funding projects for developing Korean Medicine Standard Clinical Practice Guidelines for various diseases. So I will introduce to you the methods of CPG development and the contents of CPGs for various diseases. And what the recommendations concerning acupuncture treatments are. Also, during the COVID-19 period, On-line conferences and On-line learning systems have been adopted in the field of Korean Medicine. Kyung Hee University and Society of Korean Medicine have established on-line, e-learning platforms that ICMART members can attend free of charge. I will introduce the curriculum provided and how to make use of these learning systems. Also, I will introduce what Korean Medicine Doctors Practice in their clinics. Various Acupuncture Tools and methods applied in various specialized clinics such as Stroke Center, Cancer Center, Spine & Joint Center, Facial Center Weight Control Center and so on. Also examples of Korean Medicine hospitals in Korea will be introduced.

## Sacroiliac Joint Neural Therapy Injection Technique and Term Effect on Chronic Sacroiliac Region Pain

### Nazlikul Huseyn

*IFMANT President (International Federation of Medical Associations of Neural Therapy)*

The sacroiliac joint (SIJ) as a source of symptoms has been controversial; however, as knowledge about the joint increased, its role as a pain generator in patients complaining of symptoms that are often attributed to spinal pathology has become better appreciated. Clinically, the SIJ can be challenging to evaluate; however, assessing pain location, patient posture/movement, and provocative manual testing are useful in making the presumptive diagnosis of SIJ disruption. The literature reports that the SIJ is the pain origin in as many as 30% of patients presenting with low back pain. The sacroiliac joint moves 2-4°. It is innervated with nociceptive fibers. It is a common cause of low back pain (20%-40%). Approximately 90 percent of adults experience an episode

of low back pain in their lifetime. Sacroiliac joint (SIJ) dysfunction has been shown to cause approximately 15-30 percent of low back pain (LBP) in the adult population. This paper presents a literature-based from neural therapy and manuellen medicin algorithm to assist the clinician in the evaluation, diagnosis and treatment of patients with suspected SIJ dysfunction. Neural therapy is a treatment system to relieve chronic pain and illness through the injection of local anesthetics into scars, peripheral nerves, autonomic ganglia, trigger points, glands, and other tissues. Treatment is based on normalizing the dysfunctional autonomic nervous system, which initiates or propagates many chronic ailments. Key words: sacroiliac joint (SIJ), chronic pelvic pain, low back pain, neuraltherapy.

## Electroacupuncture as a therapeutic method in the treatment of nerve paresis

### Olsak Peter

*Czech medical acupuncture society*

*MUDr. Peter Olšák, MUDr. Jiří Horníček, MUDr. Petr Kolář, PhD., PhDr. Barbora Kolářová, PhD. Institute of Medical Biophysics, Palacký University in Olomouc Physiotherapy Department of the University Hospital Olomouc*

Electroacupuncture has been used in Western medicine since the second half of the 20th century. With central nerve pareses, the issue discussed so far is the effect of electroacupuncture on the functional change of the mobility of affected limbs. Aim of the study: To assess the effect of electroacupuncture (electrical stimulation of inserted acupuncture needles) for improving functional mobility of limbs with paresis. Patients and methods: For the treatment with electroacupuncture, we indicated central nerve pareses with different level of damage to the nervous system. They were patients with spinal lesion and patients after cerebrovascular accidents of different aetiology with different functional damage to the central nervous system. Overall, 414 patients have been treated with this method so far. Electroacupuncture application was performed using the stimulation of at least 2 proximal acupoints from acupuncture meridian and at least distal 2 points lasting 5-10 minutes according to the type of damage. Then electroacupuncture was applied to the points. We use of medium-frequency currents with the frequency modulation of current on the frequency of 50 Hz. The selection of acupoints is given by the type of paresis; to find them, we use the skin resistance measurement, neuromuscular irritability measurement and palpation methods. Results: In the past 6 years, using electroacupuncture, we have noticed the clinical improvement in mobility of 297 from 414 patients with pareses immediately after the first application and subsequently a long-term improvement in mobility as well; it was measured in the interval of one month from the beginning of electroacupuncture application. Video documentation of 211 patients has been made. Conclusion: Our form of electroacupuncture application is unique in case of these indications and shows a very good clinical effect, in most cases already after the first application. To make the results objective we use video documentation, surface polyelectromyography, the assessment of muscle reaction by an accelerometer and gyroscope, gait analysis and muscle test.

## Segmental Anatomy: What it teaches us about the depth of insertion of the acupuncture needle and about point combinations

### Ots Thomas

*Medical University Graz, Austria*

Over the past 30 years, segmental anatomy has achieved growing acceptance in the acupuncture community. Our study of 2020 at the Medical University of Graz was able to show that ignorance of the distribution of the segmental anatomy in randomized controlled studies contributed a lot to the disparagement of acupuncture's healing effects. (Ots T et al. 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). Our study focused on dermatomes only. In this lecture I will also go into the importance of myotomes and vasotomies as part of the segmental structures, which provides an even better basis for optimized acupuncture regimens. Methods It is basic research, mainly based on the segmental anatomy literature of the last hundred and twenty years as well as clinical experience. Results In my lecture, I will use two examples to demonstrate the necessary knowledge of segment anatomy if we want to improve the effect of our acupuncture treatments.

1. The necessary depth of insertion of acupuncture needles depends on whether the stimulus affects the musculoskeletal system or internal organs.

1.1 With disorders of the musculoskeletal system, it is sufficient to trigger the dermatome and myotome of a specific segment.

1.2 In the case of disorders of internal organs, the stimulation of sympathetic nerves that wind around the arteries becomes important. This is the case at many yuan points, e.g. Large Intestine 4, Lung 9. But also empirically important meridian points with no specific systematic assignment can be explained by segmental anatomy, e.g. Stomach 36 and Spleen 6. Thus, needling at these points necessitates longer than standard needles of 3 cm. 2. The Confluent Points of the Eight Extra Channels of classical acupuncture show a high degree of agreement with segmental anatomy, i.e., the courses of myofascial structures. The top-bottom rule and the left-right rule of acupuncture can be confirmed on the part of segment anatomy. Conclusions: Segmental anatomy gives us greater confidence and understanding of the depth of needle insertion and specific point combinations. And it results in better results. In addition, segmental anatomy supplies acupuncture with a neurophysiological basis that makes it more international. This will help to merge acupuncture and conventional medicine into an integrative medicine.

## Introduction in the Neural Therapy

### Piehler Petja

*MD, ICMART Board Member*

*Medical director of Clinicum St.Georg*

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.

## CIPN and Acupuncture

### Poini Alessandra

*Professor at AMAB - Italian-Chinese School of Acupuncture*

*Advisor of Italian Federation of Acupuncture Societies (FISA)*

Chemotherapy-induced peripheral neuropathy (CIPN) is a disabling pain condition, resulting from chemotherapy for cancer. Severe acute CIPN may require chemotherapy dose reduction or interruption.

There is no effective prevention strategy, and the treatment of established chronic CIPN is limited. CIPN prevalence was 68.1% when measured in the first month after chemotherapy, 60.0% at 3 months and 30.0% at 6 months or more. Different chemotherapy drugs were associated with differences in CIPN prevalence<sup>1</sup>.

It is a common side effect, that can affect up to 80% of breast cancer patients undergoing taxane therapy<sup>2</sup>.

The diagnosis of CIPN is mainly clinical, and based on the research of symptoms, such as sensations of tingling, numbness, pins-and-needles sensation and hyperalgesia of hands and/or feet. The severest grades of CIPN (2-3-4) may limit activities of daily living (ADLs) and even lead to chemotherapy dose reduction or cessation with a risk of life-threatening consequences.

There is no cure for CIPN and duloxetine currently has moderate evidence in treating symptoms. However, duloxetine has some limitations. Very common side effects such as nausea, dry mouth, somnolence, fatigue, constipation, decreased appetite, and hyperhidrosis<sup>3</sup>. In addition it appears to be effective mainly in oxaliplatin-induced neuropathic pain.<sup>4</sup> It's necessary search for

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strategies to treat this problem. Associazione Medici Agopuntori Bolognesi, Scuola Italo-Cinese di Agopuntura, Servizio di Terapie Integrate - UO di Chirurgia Senologica della Fondazione Policlinico Universitario, Gemelli di Roma Oncologia Medica Addarii Ospedale S.Orsola-Malpighi in 2018 conducted a multicentric pilot study to assess the feasibility, safety and preliminary effects of acupuncture on taxane-induced CIPN in breast cancer. I will show the results of this pilot study and the acupuncture protocol we used. Thanks to these results we elaborated a multicentric RCT that now is in progress.

<sup>1</sup> Seretny, Marta, et al. "Incidence, prevalence, and predictors of chemotherapy-induced peripheral neuropathy: a systematic review and meta-analysis." *PAIN®* 155.12 (2014): 2461-2470.

<sup>2</sup> Hershman DL, Weimer LH, Wang A, et al. Association between patient reported outcomes and quantitative sensory tests for measuring long term neurotoxicity in breast cancer survivors treated with adjuvant paclitaxel chemotherapy. *Breast Cancer Res Treat* 2011;125:767-74

<sup>3</sup> [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2010/022516lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022516lbl.pdf)

<sup>4</sup> Hershman, Dawn L., Christina Lacchetti, and Charles L. Loprinzi. "Prevention and management of chemotherapy-induced peripheral neuropathy in survivors of adult cancers: American Society of Clinical Oncology clinical practice guideline summary." *Journal of oncology practice* 10.6 (2014): e421-e424.

## Medical acupuncture in support of disadvantaged people and after natural disasters. Diagnosis and treatments. Field experiences of the AGOM Missions.

### Poli Paola

*AGOM - Acupuncture in the world - and ALMA- Lombard Association of Medical Acupuncturist*

Agopuntura nel Mondo ("Acupuncture in the world") is an Italian NGO - Non Governative Organization, that runs voluntary acupuncture in an emergency situation. AGOM is part of Protezione Civile Italiana (Italy's official Civil Protection organization). AGOM since 2015 operate a free weekly acupuncture ambulatory for cancer patients in Milan, Italy. Objective To evaluate the effectiveness of acupuncture in the care of undernourished and defied people and in the Post-Traumatic Stress Syndrome in situations of secondary emergency due to natural disasters. The absence of pharmacological administration and side effects creates the ideal rationale for the application of acupuncture both for the treatment of undernourished people and 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 and of post traumatic pain. The diagnostics of traditional Chinese medicine allows us to investigate the interactions between macrocosm and microcosm and to treat them in an individual and specific, curative and preventive way. 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 and Discussion AGOM has been carrying out medical volunteer missions with acupuncture since 2014, also doing observational field studies that demonstrate the effectiveness of acupuncture in post-traumatic stress disorder and pain in emergency situations due to earthquakes, tsunamis and even in diseases due to extreme poverty. As of 2022, AGOM medical acupuncturists have performed 5,500 free certified acupuncture treatments, never detecting a severe or moderate side effect and only 1% of minor side effects, such as small hematomas at the needle insertion site. Acupuncture has been shown to be very effective in both mental and physical manifestations of PTSD. The positive results of the observational studies carried out by AGOM confirm and support the importance of treatment with medical acupuncture.



## Acupuncture a post stroke treatment option

### Robinson Nicola

*Emeritus Professor in TCM and Integrated health, London Southbank University, PhD*

Stroke is a leading cause of death and disability globally and the sequelae of stroke may be diverse and require long-term care and rehabilitation. Acupuncture is used for various conditions and is a potentially unique therapy for treating the heterogeneous symptom clusters found in stroke patients. Treatment can be tailored to the specific combination of symptoms accompanying the main symptom. Evidence for the effectiveness of acupuncture continues to emerge but systematic reviews only focus on one very specific symptom which is usually not necessarily stroke related. Although clinical practice and treatment guidelines increasingly mention acupuncture as a therapeutic option for post stroke care, the evidence used to underpin clinical practice guidelines varies internationally, despite access to the same research evidence. Increasingly systematic reviews suggest a role for acupuncture in stroke rehabilitation for a specific symptom. Any treatment recommendations should be based on the best available evidence and which has been quality appraised. Currently, evidence used by international guideline developers varies and this influences whether a positive or negative recommendation is made. This presentation will examine these issues as well as UK stakeholder views and perceptions about the use of acupuncture as a post stroke treatment option. Clinical decision making on acupuncture would be facilitated by an international searchable clinical practice guideline data base linked with evidence.

## Evidence Map of Clinical Effectiveness of Acupuncture

### Sabato Hildebrando

*Brazilian Acupuncture Medical Society – CMBA*

This evidence map describes acupuncture intervention research reporting health outcomes. Acupuncture is a complementary therapy that stimulates specific points through penetration of the skin with needles to correct imbalances in the body. Methods: This evidence map is based on the 3iE evidence gap map methodology. We searched three electronic databases from 2015 to November 2019 and included systematic reviews only. Systematic reviews were analyzed based on AMSTAR 2. We used Tableau to graphically display confidence level, number of reviews, outcomes, and a broad estimate of effectiveness. Results: The map is based on 170 systematic reviews. The reviews were published in the five years (2015-2019). Acupuncture was evaluated as an intervention in several health outcomes, resulting in the following confidence levels: 84 high, 20 moderate and 66 low. In total it was considered 186 outcomes. The effects on outcomes were as follows: 101 as positive, 44 as potential positive, 35 as inconclusive/mixed, 5 as no effect and 1 as potential negative. The outcomes were divided into 8 major groups: pain, metabolic and physiological indicators, chronic diseases, mental diseases, acute diseases, cancer, nutritional and metabolic diseases and vitality, well-being and quality of life. Pain was the most common outcome. Conclusions: Acupuncture has been applied in different areas and this Evidence Map provides an easy visualization of valuable information for patients, health practitioners and policymakers, to promote evidence-based complementary therapies. Keywords: Acupuncture, Evidence Map, Systematic Review, Health

## Beyond the Acupuncture Atlas of Acupoints and Meridians: neuropathic pain in the sole of the foot

### Sautreuil Patrick

*ASMAF - EFA - FAFORMEC, France*

With 3 clinical cases, similar in their clinical expression but very different in their pathophysiology, we show the need to transgress the cartography of Acupuncture Points and Meridians. At the level of the sole of the foot, there is officially only one point, yong quan (涌泉穴, in a hollow behind the second and third metatarsals). In his Atlas of Points and Meridians (Volume I, 针灸法, Zhen

Jiu Fa, "Chinese Acupuncture", 1939), George Soulié de Morant reproduces a diagram taken from the Zhen Jiu Da Cheng (针灸大成, 1601) where 5 points are aligned, including yong quan. This gives more possibilities but, for neuropathic pains, it's not enough. Our practice has led us to open the field of points to be punctured to the entire plantar sole. Method The sole of the foot is palpated using a blunt stick, centimeter by centimeter (Figure 1). It is observed that hyperalgesic points, which are punctured with fine needles (0,16 x 15 mm), are separated from spaces where the patient feels little or no pain on pressure. We describe three examples with a good response to local acupuncture: 1: plantar sole pain related to radiation sequelae of lumbar region (lymphoma 30 years before), 2: after stroke (3 years later), 3: Charcot-Marie-Tooth disease (20 years of evolution, 10 years with benefit of acupuncture). Results The benefit of this form of acupuncture is manifested during the session and is maintained for several days to several weeks. Figure 1: Centimetric palpation of the sole of the foot with a blunt instrument and placement of short needles at each hyperalgesic point (clinical case 1). Conclusion We respect the international cartography of Acupoints but in some indications like allodynic plantar sole pain, it's necessary to go beyond and puncture each painful point.

## Beyond theory – “hands on” cases

### Serrat Karin

*Medical Chief of "Gesundheitseinrichtung der BVAEB Bad Hofgastein", Bad Hofgastein, Austria*

This workshop begins with a review of case studies to introduce relevant concepts. The second part starts with a demonstration. In this practical session participants can then try to apply techniques under supervision.

## The importance of functional therapies for myofascial pain

### Simma Irmgard

*CAM in dentistry and oral health in OEGZMK*

Myofascial pain afflicts patients by reducing the function of their stomatognathic system. Moreover, muscle tension or spasms make the clinical assessment of the stomatognathic system difficult. Therefore, initial treatment has the twofold advantage to relieve patients from pain and to favor correct diagnosis before a definitive treatment can be planned. To assess the validity of three non-pharmaceutical therapeutic approaches for initial treatment of facial myalgia and all connected symptoms, we conducted pilot studies using injection-free oral acupuncture, relaxation techniques, and the Aqualizer® splint, all appearing promising based on our previous clinical experience. Methods. Distinct studies were conducted to test the effects of the three initial therapeutic approaches. Myofascial pain adult patients (n = 28; 20 to 65 years old) were selected following the Research Diagnostic Criteria for TMD (1994). The level of pain experienced by the patients was recorded using VAS questionnaires, and palpation of muscles (Krogh-Poulsen 0-3 score) and other trigger and acupuncture points on both sides of the face and neck and intraoral reflex areas. Moreover, function was assessed by measuring maximum mouth opening and jaw mobility. Data was collected before treatment and after and was evaluated using various parametric tests. Comparative assessment of treatments efficacy was performed using an ANOVA test. Results. The three approaches tested here, injection-free oral acupuncture, relaxation techniques, and the Aqualizer® splint, proved to be effective for initial treatment of facial myalgia. Depending on the treatment, a 41% to 57% reduction of VAS pain score, 54% to 76% reduction of muscle score, 78% to 93% reduction of trigger-points score, 69% to 79% improvement of jaw mobility and increase of mouth opening between 1.8 to 4.0 mm in average. Conclusions. Oral acupuncture, orofacial muscles relaxation, and the Aqualizer® splint, demonstrated clinical efficacy in the initial treatment of myofascial facial pain. So, all methods have statistically significant results, but the best approach is to use all these three methods together. These approaches allow reaching the therapeutic goals of relieving patients from pain and permitting accurate further diagnostics. The well-known benefits of acupuncture treatments as a pain and stress reduction, spasmolytic, muscles and lymphatic relaxation therapy activates the regulative capacity of all systems.

## SAAT (Soliman Auricular Allergy Treatment) Technique for Treating Allergies A New Magical Auricular Approach

### Soliman Nader

MD, Past President of the American Academy of Medical Acupuncture Member of the Editorial Board of "Medical Acupuncture Journal" President Alternative Medicine Center / Soliman Wellness Center Rockville, Maryland, USA

The acupuncture microsystem introduced Dr. Paul Nogier in 1956 has established a definitive place in acupuncture world. Many functional and psycho-emotional problems can be effectively and safely addressed through ear treatment. Treating allergies was introduced by Dr. Nogier through addressing a point designated as the "allergy point" that is found in the uppermost part of the ear on the hidden side of the body of the helix. Nogier allergy point was found to be of considerable help in addressing allergy symptoms and minimizing the intensity of allergic reactions. However, this allergy point was a generalized approach and not specific to any particular allergen. Clinically, though addressing this point did decrease many of the symptoms of the allergy reactions, long term relief was difficult to attain. Method The SAAT technique entails the identification an auricular point that is very specific to any particular allergen and needling it for a specific period of time. These specific points are unrelated to Nogier allergy point. Results SAAT technique introduced by Dr. Soliman has proved to be very specific in addressing each individual allergy regardless whether it is related to food, environmental factors, drugs, or other substances. Furthermore, the SAAT technique has given patients years of relief without recurrence even in the most difficult allergy cases. Conclusion This lecture will explain this new technique in identifying the very specific points related to any possible allergen in the newly designated area for allergy treatment known as Soliman Allergy Zone (SAZ).

## Clinical research trends and methodological issues in acupuncture research

### Myeong Soo Lee

KM Science Research Division, Korea Institute of Oriental Medicine, Daejeon, Korea  
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The recent collection of BMJ Acupuncture shows a large body of evidence for acupuncture in various conditions and discusses how to improve the evidence base. The evidence for acupuncture is changing and also impacting health policy and clinical practice, including adoption and exclusion in clinical practice guidelines. This presentation will summarize current research trends on acupuncture treatment and methodological issues in acupuncture research. We will discuss clinical trial trends and the issue of including controls, sham acupuncture, and acupuncture treatment in efficacy studies. The current limitation of verum acupuncture in placebo-controlled trials for hot flashes and oat arthritis will be discussed using a network meta-analysis. The quality of placebo control reporting will be discussed and the new guideline on placebo control reporting in acupuncture trials will be presented. This may serve as a guide for future research.

## The whole in the fragment: acupuncture microsystems and fractal theory, a road to integration between East and West

### Sotte Lucio

MD, Professor at AMAB - Italian-Chinese School of Acupuncture  
(Presenting Author)

In Chinese medicine there are many microsystems related to the various structures and functions of the entire body and each other interrelated: ad example abdominal acupuncture, scalp acupuncture. How does this relationship between micro and macrosystems take place? Is it a nervous phenomenon? Is it ionic, hormonal, electric, biochemist, magnetic, quantum phenomenon? Method To explore new hypotheses we analyze four interrelated concepts: the golden proportion, the Fibonacci sequence, the self-similarity, the fractal geometry. Many structures in nature are related to the golden proportion, the Fibonacci

sequence, the self-similarity. The self-similarity simply consists in the fact that a geometric object repeats itself in the structure in the same way on different scales. The logarithmic spiral of Fibonacci sequence and the phenomenon of self-similarity introduce us to a new aspect of physics applied to natural phenomena that goes under the name of fractal geometry. A geometry is fractal when the same structure defined by an algorithm reproduces itself similar to itself, i.e. with a self-similarity mechanism in ever smaller dimensions like it appens in nature in roman broccoli. Recently, the principle of fractalization has been recognized as the basic principle of nature's self-organization: this pattern can be seen in the divisions in the veins of a leaf, in the branching of a tree, in the bronchial division of the 1st, 2nd, 3rd, 4th and 5th and additional levels and affects the subdivision of arterial, venous, lymphatic vessels. Can we use fractal geometry to study and demonstrate how the entire human organism, through an algorithmic mechanism, reproduces itself similar to itself, with a mechanism of self-similarity, in ever smaller and microscopic dimensions that always reproduce the whole? Results A more recent interpretation of acupuncture channels and microsystems is the fractal field model of the organism structure, which describes meridians and microsystems as the final wave cycle in the coherent field of an organism with projections on the body surface at the level of the acupuncture points. Conclusions In this hypothesis, the acupuncture channels would be wave formations that transmit information about the internal environment.

## The effect the Acupuncture needle profession on the environment and the call to reduce our profession's eco-footprint.

### Stan John

*Licensed DrTCM, British Columbia, President Eastern Currents Ltd*

With meta-study after meta-study appearing on the positive effects of acupuncture needling, the practice of filiform needling has seen an increase around the world. While the benefits to the patients are well documented, the increased use of the acupuncture needle has also increased the amount of needle packaging waste generated. Also, different brands of needles, depending on the combination of metals, plastics, packaging size and sterilization methods further contribute to the size of our profession's ecological footprint. In this talk we will review the current numbers of practitioners per country performing acupuncture. Using these numbers we will present a theoretical model of needle waste generated by the profession as a whole. Using this model we will demonstrate through different inputs the degree of waste generation and the possible reductions attainable with the latest eco-friendly needle brands on the market. The modelling methods used in this paper were generated by University of British Columbia Multi-level Modelling experts in collaboration with Dr. John Stan. Participants will be able to see various environmental impacts based on inputs generated by current and projected needle usage. In addition, attending practitioners will be trained on green needling techniques currently available in the marketplace. Having this training will offer practitioners new greener choices as they continue to practice needling throughout their career.

Learning Objectives:

- Evolution of acupuncture needles, packaging methods and environmental footprint of each
- Understand the impacts of current and projected acupuncture needle usage on the environment and review current change opportunities to mitigate the negative impacts.
- Learn how to open and use a multi-needle "pouch" packs such that a clean field around the shafts for the needles is maintained, once opened.
- Learn about and practice using the industry "clipping" accessory that retains needle in the pouch and prevents needle spillage or contamination will working with an open multi-needle pouch.
- Learn about and practice using the "clipping" accessory along "clean field retaining base" when switching needle sizes and moving around the clinic.
- Learn about and practice loading and using the "soft wall" needle insertion tube.
- Learn about and practice the use of the dual tube needle delivery system for longer or thin needles.

## Neural Therapy Workshop

### Stemberger Regina

*President of the Austrian Society for Neural Therapy*

This workshop begins with a review of case studies to introduce relevant concepts. The second part starts with a demonstration. In this practical session participants can then try to apply techniques under supervision.

## Intraorbital acupuncture for dry eye

### Stodulkova Jana

*ORIEM, Acupuncture Clinic, Zlin, Czech Republic*

Dry eye is a civilization disease with increasing incidence, which often does not respond enough to conventional treatment and can even cause disability. Acupuncture can be very effective even in severe cases. We have developed a new method of dry eye treatment and performed anatomical autopsy to better understand intraorbital acupuncture. Method: 22 patients with moderate to severe dry eye syndrome resistant to conventional therapy were treated by intraorbital acupuncture supported by acupuncture in 3 distant points. 4 cm long acupuncture needle was inserted into the orbit at ST1 point for two minutes. The orbital acupuncture was supported by acupuncture in three distant points KI3, LR3 and BL67 for the purpose of this study. KI3 nourishes Kidney Yin, serves for increase of production, distribution and transformation of body liquids including tears. LR3 spreads Liver Qi, provides ophthalmic analgesia. BL67 increases oxytocin concentration to alleviate the anxiety related often to eye dryness which is often part of dry eye syndrome. Sessions were repeated 10 times in weekly intervals. Results: Over 50% improvement according to Visual Analog Scale (VAS) was achieved in 19 (86.3%) out of 22 patients. 8 patients reported 100% remission with VAS 0. All successful 19 patients had a significant reduction in frequency of artificial tears applications. The remaining 3 patients also improved slightly but did not report VAS improvement over 50% so we did not consider them successfully treated. The orbital tissue resistance against needle insertion decrease was observed in 90% of patients during the treatment period. To clarify which tissue the needle passes through during intraorbital acupuncture we performed an anatomical autopsy documented by pictures with the needle showing a direct contact of needle with the inferior oblique muscle and its fascia. Discussion: We experienced an interesting phenomenon that with increasing number of acupuncture sessions the orbital tissue resistance decreases when the treatment is successful. Therefore, we hypothesize that intraorbital acupuncture relaxes orbital tissues which affects the tear system. Conclusion: Intraorbital acupuncture significantly improves dry eye even if resistant to conventional therapy. The production tears by the lacrimal gland by decompression of gland and lacrimal ducts and tear film stability are related to the RELAXATION OF THE MUSCULOFASCIAL CONE OF THE ORBIT by acupuncture.

## Well-being via acupuncture

### Theodoratou Konstantina

*ICMART General Secretary  
President of SAMAG*

Health -according to the WHO definition- is not just the absence of illness or disability but a state of physical, mental and social well-being, it is a resource that allows people to realize their aspirations, satisfy their needs and cope with the environment in order to live a long, productive, and fruitful life. According to global data we live in a world suffering from chronic diseases that could not have been created by a change in our lifestyle, from respiratory diseases associated with air pollution also from use of too many antibiotics which also have passed into our food. As a result we are more vulnerable and finally in medicine we try more to cure than to prevent the manifestation of diseases. More than ever today we need to focus on preventing all of the above and

mobilizing people to adopt a different way of life if they want to reach and maintain a level of real well-being. What can acupuncture do? We know its anti-inflammatory action even in the preclinical stage, its regulatory central action that can reduce stress levels, regulate the immune response and ultimately bring the person closer to balance, to well-being! The advantages of acupuncture on well-being will be presented in full depth.

## Segmental acupuncture as a profound explanatory model of traditional Chinese treatment concepts

### Trinczek Klaus

*German Medical Acupuncture Society (DÄGfA)*

Traditional Chinese Medicine has many theoretical concepts that show their effectiveness in clinical practice. Our knowledge of segmental anatomy is illustrating that many of these concepts have a neurophysiological basis. We will show this using the example of treatment of the lung and orthopedic disorders. Method: Basic research, mainly based on the segmental anatomy literature Results: Each section of vertebral bodies is associated with a spinal nerve that innervates different tissue structures such as dermis, subcutis, muscles, bones, arterial vessels and internal organs. They are called dermatome, subcutome, myotome, sclerotome, vasotome, viscerotome and neurotome. These interconnected structures form a functional unit. E.g., even shallow needling of the dermatome C5/6 will influence all parts of this segment. The lung channel passes primarily through the dermal segments C5 and C6. From here, the essential part of the respiratory auxiliary musculature and the diaphragm can be reached reflexively. However, in order to influence bronchial structures and the lung organ itself as well as the pharynx and the larynx it becomes necessary to irritate the autonomic sympathetic fibres. E.g., needling of Lung 9 activates the internal structures of the lungs by a deeper insertion of the needle that touches the sympathetic fibres surrounding the radial artery. The classical point concepts for influencing the respiratory function - Lung 1, 5, 7 or 9, Urinary Bladder 13 and Ren Mai 17- address the auxiliary respiratory muscles as well as the diaphragm (C5/6). Pharynx, larynx, bronchi and lungs (D2-5) are autonomously regulated. Acupuncture points for the treatment of orthopaedic diseases such as lumbago are often chosen on the corresponding Yang channels of a circuit, e.g. the combination of Small Intestine 3 and Urinary Bladder 62. SI 3 is situated in segment C8, BI 62 in segment S1. These segments meet in the lumbar area (fascia thoracolumbalis). This point combination can be used to influence therapeutically the ulnar muscles of the upper extremity and the dorsal muscles of the lower extremity as well as the lumbosacral region and the neck muscles. Conclusion: The usefulness of traditional point combinations can be confirmed by segmental anatomy: • the combination of Yuan, Back Shu and Mu points for internal diseases • the selection of points according to the yang axis concept in orthopaedic diseases.

## Acupuncture use in sports medicine at the Olympics

### Trinh Kien

MD, PhD, FCFP, FRCP

Acupuncture has been used in sports since ancient China. Professor Trinh is a sports medicine physician in Canada and the Chair of the Medical Acupuncture Program: An evidence-based Approach at McMaster University. He worked as a physician in multiple international games such as the Pan American Games, the European Games, and the Commonwealth Games. Furthermore, he attended the Olympics three times as a physician in various roles.

In this presentation, Professor Trinh recounts his experience providing acupuncture treatments to athletes and his struggles in providing acupuncture to his athletes. Over the years, the acceptance of acupuncture treatments by organization committees or national teams have evolved, from bringing his own acupuncture needles to games to now where there are plentiful choices of needles on the make and sizes at these events stocked by the organizers. All these changes occur in parallel with the emergence of scientific evidence on acupuncture treatments.

## Acupuncture in Oncology: a booklet about evidences and Clinical Practice Guidelines

### Truong Tan Trung Henri Yves

*FAFORMEC / French College of Acupuncture*

Acupuncture can be used to manage cancer-related symptoms and treatment side effects as nausea and vomiting (CINV), cancer pain, chemotherapy-induced neuropathy (CINP), arthralgia, xerostomia, hot flashes, cancer-related fatigue (CRF), anxiety and depression and increase quality of life (QoL). The use of this therapy, now classified as a Non Pharmacological Intervention (NPI) is increasingly popular with patients. It's the subject of numerous scientific publications with a high level of evidence and learned societies guidelines. The author and the French College of Acupuncture proposes a booklet gathering the evidences and international clinical practice guidelines in order to inform patients and caregivers of the interest of using acupuncture in Oncology

## Acupuncture and cupping in knee osteoarthritis

### Tsai André

*President of CMBA - Colégio Médico Brasileiro de Acupuntura*

Acupuncture and cupping in knee osteoarthritis (KOA) Knee osteoarthritis is the most common chronic joint disease worldwide. Its prevalence is higher among women over 50 years old and cause a big economic impact The main symptoms are pain and function impairment, leading to worsening quality of life, and unfortunately, there is no cure for it. All the treatment available have in its goals the pain relief and function improvement. Acupuncture is one of those treatment, with a very low side effects, but its efficacy still controversial in KOA. Some guidelines, as OARSI and NICE, do not recommend Acupuncture, but others as ACR and EULAR they do it conditionally. Regard the complexity of physiopathology of chronic pain, we must approach these patients using multimodal analgesia concept. In terms of TCM methods, it is very often associate cupping after acupuncture procedure, but until 2016 there is no study published in KOA. At Acupuncture Center of Clinics Hospital of São Paulo University, we run a protocol allocating 120 patients waiting Total Knee Replacement in 4 groups (A – Acupuncture Sham + Cupping Sham; B - Acupuncture Sham + Cupping Verum; C - Acupuncture Verum + Cupping Sham and D - Acupuncture Verum + Cupping Verum). As results, this association improves function and reduce the quantity of oral pain killer.

## Acupuncture for the Knee

### Unger E. Kendra

*West Virginia University Department of Family Medicine*

Learning Objectives:

1. Diagnose common problems that cause knee pain
2. Design acupuncture treatment plans that will help alleviate pain associated with common knee problems
3. Locate acupuncture points described in the prescribed acupuncture treatment plans
4. Execute needle placement in prescribed acupuncture points
5. Understand the anatomy that underlies and is affected by needle placements

## Supporting the effect of the acupuncture treatment by food

### Uríková Petra

*M.D., Lukov, Czech Republic*

It is a well-known fact that nutrition is important for human health. The same is true for the relationship between food and the effect of acupuncture. Adequate food can significantly increase the effect of acupuncture, while inappropriate food can suppress the effect of acupuncture. The aim of this lecture is to show the importance of the nutrition in acupuncture treatment process in different situations and introduce basic Chinese medicine nutrition rules for daily acupuncturist praxis. Methods A narrative review has been undertaken, and conclusions are drawn reflecting a current knowledge with the new observations in the field of relationship between food and effect of acupuncture. Results The available studies show that in different patient status as qi deficiency, blood deficiency, yin deficiency, yang excess and yin excess is necessary to modify the nutrition of patient to support the impact of acupuncture treatment. Inadequate nutrition during treatment process can lead to decrease of the effect of the acupuncture or create the vicious circle when on the one hand we help the patient with acupuncture and on the other hand the patient is harmed by inappropriate food. Conclusion The data and own experience show that there is no universal diet suitable for each patient and individual approach is important. Each of the above conditions requires a different diet. It is very important that acupuncture practitioners have sufficient awareness of the effect of the nutrition on acupuncture treatment. Basic knowledge of the effects of food based on experience of Traditional Chinese Medicine is essential. Literature MACIOCIA, Giovanni. Diagnostika v čínské medicíně: Obsáhlý průvodce. Olomouc: ANAG, 2015. ISBN 978-80-7263-918-2. KASTNER, Jörg. Chinese nutrition therapy: dietetics in traditional Chinese medicine (TCM). 2nd ed. New York: Thieme, c2009. ISBN 978-3-13-130962-4. WU, Qunli a Xiaochun LIANG. Food therapy and medical diet therapy of Traditional Chinese Medicine. Clinical Nutrition Experimental [online]. 2018, 18, 1-5 [cit. 2022-05-18]. ISSN 23529393. Dostupné z: doi:10.1016/j.yclnex.2018.01.001 ZHI-CHIEN, Ho. Principles of diet therapy in ancient Chinese medicine: Huang Di Nei Jing. Asia Pacific J Clin Nutr. 1993, 1993(2), 91-95.

## Neural therapy for acupuncture non responder – headache

### Wander Rainer

*President DGfAN Germany*

Whenever acupuncture and analgesics fail to control cephalgias it is worthwhile deleting peripheral over stimulation conditions with neural therapy. Peripheral stimuli are conducted through the spinal, sympathetic, parasympathetic, and vascular systems. The most frequent stimuli originate in the internal organs located within the head. These are: the paranasal sinuses, the teeth within the maxilla or the mandibula, the tonsils, and the ears. The diagnosis of the stimulation sources is based on the pressure points of the neck, the Adler-Langer-pressure points. The neural therapeutic arsenal encompasses segmental therapy, expanded segmental therapy and interference field therapy. Trigeminal stimuli can be switched off via “the crown of thorns”, in other words: the frontal and occipital neural exit points, or the temporomandibular block. Various highly effective injection patterns will be demonstrated, such as: the frontal, lateral, and posterior magical triangle, together with its neurological connections. If no positive effects are thus achieved, targeted injections within the framework of an expanded segmental therapy can cut off the control centers of the stimuli conduction. These are injections given at sympathetic and parasympathetic ganglia, as well as at accessible arteries. If, however, these local stimuli interruptions should fail, then you should look for and treat any interference fields. Approximately 70 - 90% of all fields of interference are located within the head region; this circumstance explains the high effectiveness of deleting cephalic interference fields with the appropriate injections given at the following sites: paranasal sinuses, teeth, tonsillar poles, and ears, or lower abdominal organs in men and women. Neural therapy should be combined with manual medicine. In this way you can interrupt stimuli originating in the vertebrae and irradiating into the head. This targeted stimuli reduction controls 70% of all therapeutic refractory cephalgias. All diagnostic procedures and injections will be explained and commented in the conference. The workshop will provide opportunity to practice these techniques.



## Acupuncture as a bovine obstetric aid

### Wander Christiane

*MD, board member of DGfAN*

Acupuncture as a bovine obstetric aid Heifers usually have difficult calving due to uterine inertia and narrow birth canals. In these cases, drug therapy generally is 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.

## Pediatrics Acupuncture and Paliative Care – experience of TCM Department of Federal University of Sao Paulo, Brazil in Public Health System

### Yamamura Marcia

*CMBA, AUA, ICMART Board Member*

Pediatrics Acupuncture is being developed as Ambulatory service and as interventions in hospitalized patients. We bring our experience of pediatric acupuncture in public health system in Sao Paulo, Brazil, and in paliative care inside a high complexity hospital.

## Electroacupuncture May Improve Burning and Electric Shock-Like Neuropathic Pain: A Prospective Exploratory Pilot Study

### Lee Seunghoon

*Department of Acupuncture and Moxibustion, College of Korean Medicine, Kyung Hee University, Seoul, Republic of Korea*

Objective: To test the effectiveness of electroacupuncture (EA) for managing intractable neuropathic pain (NeP) and assess the protocol for a larger confirmatory trial. Design: A prospective, multicenter, single-armed, add-on, pilot study. Settings/location: At two tertiary university-based hospitals in Seoul, Republic of Korea. Subjects: Patients with chronic peripheral NeP, who have received conventional oral medications but complained of moderate to severe pain. Interventions: Two Korean medicine doctors conducted 12 sessions of EA (2 sessions per week for 4 weeks, followed by 1 session per week for the second month) in addition to conventional treatment. Outcome measures: During the 8-week treatment period, pain intensity, pain natures such as burning, electric shock-like, temperature or mechanical hyperalgesia, and numbness, Short Form of the McGill Pain Questionnaire (SF-MPQ) and the Brief Pain Inventory (BPI-SF), the EuroQol five dimensions questionnaire, patients' satisfaction, and adverse events were evaluated. The primary endpoint was a change in pain intensity (%) at 4 weeks from the baseline. Results: Among 22 patients, 19 finished the protocol. The eight EA sessions over a month reduced pain intensity from 6.0 – 1.6 at baseline to 3.2 – 0.9 at 4 weeks, which was a 46.7% reduction.

## SCIENCE AWARD

### Effectiveness of Acupuncture for Pain Control After Cesarean Delivery: A Randomized Clinical Trial

**Usichenko Taras**

*University Medicine of Greifswald*

Pharmacological approach to pain control after cesarean delivery is often insufficient. Acupuncture is a promising method for mitigating postoperative pain. The aim was to evaluate the efficacy and effectiveness of acupuncture as an adjunctive therapy for pain control after cesarean delivery. **Methods** This single-center, placebo-controlled, patient-and assessor-blinded randomized clinical trial included women who were scheduled for elective cesarean delivery under spinal anesthesia and randomized to either the acupuncture group (n = 60) or placebo group (n = 60). Another 60 consecutive patients who met the eligibility criteria and received the standard postoperative analgesia were selected to form a nonrandomized standard care group. In addition to standard pain treatment, each patient in the acupuncture group received auricular and body acupuncture with indwelling intradermal needles, whereas patients in the placebo group were treated with nonpenetrating placebo needles. The primary outcome was pain intensity on movement. Secondary outcomes were analgesia-related adverse effects, analgesics consumption, time to mobilization and Foley catheter removal, quality of patient blinding to randomization, and patient satisfaction with treatment of pain. **Results** A total of 180 female patients were included in the intention- to-treat analysis. The mean pain intensity on movement in the acupuncture group on the first postoperative day was lower than in the placebo group (4.7 [1.8] vs 6.0 [2.0] points Cohen d, 0.73 95% CI, 0.31-1.01 P = .001) and the standard care group (6.3 [1.3] points Cohen d, 1.01 95% CI, 0.63- 1.40 P.