The State of the Art of Acupuncture in Integrative Medicine

Programme and Abstracts

ICMART WORLD CONGRESS ON MEDICAL ACUPUNCTURE
The Hague 13 - 15 May 2011
The Dutch Acupuncture Society for Doctors in Medicine aims for integration of acupuncture into healthcare, according to the patients wishes.

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

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

Executive Board
President:
Mrs. C.L.Oei-Tan, MD, PhD, cloei-tan@naav.nl
Secretary:
Mrs. Frederike C. Moeken, MD, fcmoeken@naav.nl
Treasurer:
Mr. S.F. Blomme, sfblomme@naav.nl
Members:
Mr. R. Einhorn, MD, rubin.naav@gmail.com
Mr. P.G.T. The, MD, pgthe@naav.nl
Mr. Daniël de Haas, Dr.Med.Dent., PhD, danhaas@hotmail.com
Mrs. Mayke Khoe-Go, Dr.Med.Dent, mayekhoe@yahoo.com
Mrs. Karen Kruthof, MD, karen.kruthof@gmail.com
Committees
Registration
Mr. W.G. Jansen, MD, wg.jansen@inter.nl.net
Mr. P. Soema, MD, dokter@soema.nl
Mr. A. Slob, MD, a.slob@hetnet.nl
Accreditation
Mr. A. de Haas, MD, alcobalko@hotmail.com
Mrs. Karen Kruthof, MD, karen.kruthof@gmail.com
Mrs. K. Tan-Lim, MD, tanlimmacderma@kpnpplanet.nl
Mrs. Frederike C. Moeken, MD, fcmoeken@naav.nl
Quality
Mr. R. Siegenthorst, M.Eng., smart@slimming-methods.org
Education
Mr. I.H. Liem, MD, liembuwa@xs4all.nl
Mrs. M. Khoe-Go, Dr.Med.Dent, mayekhoe@yahoo.com
Mr. F. Khrou, M.Eng., fckhouw@yahoo.com
Mr. T. C. Kok, MD, Phd, kok tc@planet.nl
Mr. D.J. Kopsky, MD, djkopsky@ioiob.nl
Mrs. K.A. Kruthof, MD, karen.kruthof@gmail.com
Mr. G.S.S. Khoe, MD, sing.khoe@gmail.com
Mr. H.Y. Oei, MD, PhD, oei@natuurlijkbeter.com
Mr. T. S. van den Broek, MD, suesui@onetelnet.nl
Science
Mr. S.H. Kwee, MD, swanh@planet.nl
Mr. H.G. Kho, MD, PhD, h.kho@ru.nl
Mrs. C.L. Oei-Tan, MD, PhD, oeiتان@cl@gmail.com
Mr. K.S. Tan, MD, ikstan@gmail.com
Mr. D. Kopsky, MD, djkopsky@ioiob.nl
Mrs. K.A. Kruthof, MD, karen.kruthof@gmail.com
Mrs. L. Dijkhorst-Oei, MD, PhD, lt.dijkhorst-oei@meandermc.nl
Mr. F.A.M. Jonkman, MD, fjmj@xs4all.nl
Mr. J. Lieve, MD, tampoppo@dss.nl
Mrs. W. Lo-a-Foe, vlo.a-foe@hotmail.com
Mrs. M. Groeneveld, margo.groeneveld@gmail.com
Mr. F. Nielen, fnhnielen@hetnet.nl
Mrs. M.L. Staau, MD, siau@wxs.nl
Mr. J.F.M. Smeets, Epidemiologist, josf.m smeets@ hotmail.com
Mr. J.W.G. van Gendt, MD, van_gendt_j@hotmail.com
Mrs. J. Biemans, MSc, johanneke61@hotmail.com
Mrs. M. van Vliet, MSc, marijavanvliet@gmail.com
Visitation
Mr. A Fabriek, MD, mca-bergen@hetnet.nl
Mrs. K.A. Kruthof, MD, karen.kruthof@gmail.com
Mrs. E. Wierda, MD, ewierda@worldonline.nl
Mrs. K. Tan-Lim, MD, tanlimmacderma@kpnpplanet.nl

Fytotherapy
Mr. H.H. Tan, MD, mmhtan@hotmail.com
Mr. H.C.J. Penners, MD, h.c.j.panners@hccnet.nl
Mrs. C. van de Beek, MD, Corine_naav@hotmail.com
Mr. M.C. Holshheimer, MD, m.holshheimer@planet.nl
Mrs. H. van der Bent-Schut, MD, helga@wuching.nl
Mrs. W.Z. Lin, MD, wendy@maxi.nl

Public Relations
Mr. R. Einhorn, MD, rubin.naav@gmail.com
Mr. T. Korthout, MD, info@natuurlijkbetter.com
Mr. H.Y. Oei, MD, PhD, oei@natuurlijkbetter.com

Insurance
Mr. K.S. Tan, MD, ikstan@gmail.com
Mr. A. Doorgeest, MD, ada@wanadoo.nl
Mr. H. Swart, MD, swart@brasas.speedlinq.nl
Mr. W.G. Dijks, MD, dijk3422@planet.nl

MIP
Mr. P. Hardijzer, MD, p.hardijzer@hccnet.nl
Mrs. F.C. Moeken, MD, fcmoeken@naav.nl

Counselor
Mr. P.G.T. The, MD, pgthe@naav.nl

Editorial board:
Mrs. F.C. Moeken, MD, fcmoeken@naav.nl, (managing editor)
Mr. J.P.J. Fossion, MD, fossion@netscape.net
Mrs. K.A. Kruthof, MD, karen.kruthof@gmail.com
Mr. H.Y. Oei, MD, PhD, oei@natuurlijkbetter.com

Layout:
Dieneke Scholten, www.studiodas.nl
Printed by: Simons Grafisch Totaal, www.simonsgrafischtotaal.nl

Advertising
Mr. H.Y. Oei, MD, PhD, oei@natuurlijkbetter.com, tel: 0031-6-464 331 55

Secretariat:
Nederlandse Arsten Acupunctuur Vereniging NAAV
Zuidoostersingel 13
8861 GB Harlingen
Tel: 0031-577-415231
or 0031-6-53401378
Email: info@naav.nl
Naav on the internet:
www.naav.nl
www.acupunctuur.com
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>What makes the difference?</td>
<td>4</td>
</tr>
<tr>
<td>On behalf of the ICMART Board</td>
<td>4</td>
</tr>
<tr>
<td>On behalf of the NAAV Board</td>
<td>5</td>
</tr>
<tr>
<td>Congress information</td>
<td>6</td>
</tr>
<tr>
<td>Program</td>
<td>7</td>
</tr>
<tr>
<td>Organizers</td>
<td>16</td>
</tr>
<tr>
<td>Abstracts Friday 13 May</td>
<td>17</td>
</tr>
<tr>
<td>Abstracts Saturday 14 May</td>
<td>35</td>
</tr>
<tr>
<td>Workshops</td>
<td>53</td>
</tr>
<tr>
<td>Opleidingsdata NAAV-BVGA 2011-2012</td>
<td>58</td>
</tr>
<tr>
<td>NAAV Agenda</td>
<td>58</td>
</tr>
<tr>
<td>Abstracts Sunday 15 May</td>
<td>59</td>
</tr>
<tr>
<td>Posters</td>
<td>69</td>
</tr>
<tr>
<td>Index of authors</td>
<td>78</td>
</tr>
</tbody>
</table>
WHAT MAKES THE DIFFERENCE?

Frederike C. Moeken, Secretary of the NAAV

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

During the Congress we will be networking and expanding our knowledge by the content of the presentations. We herewith stay informed of the most recent papers from around the world. This ‘Book of Abstracts’ also contains the Program of the three days to come.

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

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

ON BEHALF OF THE ICMART BOARD

Marić-Oehler W., Secretary General of the ICMART

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

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

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

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

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

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

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

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

After having hosted here the whole field of TCM in last year’s World Congress of the WFCMS, we have got an insight into and an overview of the various educational backgrounds of the acupuncturists and the herbalists. It became a highly acclaimed congress with more than 850 participants (www.2010wccm.com), who have noticed that all those different backgrounds can add significant value if there is an international normalisation of training and research in acupuncture and of the products of Chinese Medicine as a whole. Soon after this congress the WFCMS-board favourably disposed towards the proposal for NAAV-membership of their World Federation of Chinese Medicine Societies.

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

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

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

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

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

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

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

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

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

REGISTRATION DESK
The registration desk in the Bel Air Hotel will be open on:
Friday 13 May 07.30 - 18.00 hrs
Saturday 14 May 08.00 - 18.00 hrs
Sunday 15 May 08.00 - 15.00 hrs

CERTIFICATE OF ATTENDANCE
You can collect your certificate at the registration desk on Sunday 15 May after the coffee break. Please be informed: certificates may only be collected on Sunday. Certificates will not be sent anywhere after the congress.
For NAAV-members the acquired credit hours will be added automatically to their account.

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

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

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

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

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

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

Note: Only USB-sticks will be accepted. Do not forget to put your name, the day, the room and the time of your presentation.
The USB-stick should only contain the concerning presentation and no other data. If you have other forms of presentation please inform the Technician beforehand.

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

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

On behalf of the Organizing Committee

I wish you a pleasant stay in the Netherlands

Hong Yoe Oei MD, PhD
Chairman Organizing Committee
## Program

**FRIDAY 13 MAY**

### OPENING CEREMONY

<table>
<thead>
<tr>
<th>Time</th>
<th>Room</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00 – 09.30</td>
<td>A</td>
<td>Welcome address&lt;br&gt;Zhang Jinxiong, Councillor Chinese Embassy&lt;br&gt;Chan Chin, Congress President, President ICMART&lt;br&gt;Oei-Tan Chun Lee, Congress President, President NAAV&lt;br&gt;Kool Henk, Deputy Mayor Municipality of The Hague&lt;br&gt;Marič-Oehler Walburg, Secretary General ICMART</td>
</tr>
<tr>
<td>09.30 – 09.45</td>
<td>A</td>
<td>Master of ceremony: Beyens François</td>
</tr>
</tbody>
</table>

### STRENGTHS OF ACUPUNCTURE: a call for clinical evidence

<table>
<thead>
<tr>
<th>Number</th>
<th>Time</th>
<th>Room</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>09.45 – 10.15</td>
<td>A</td>
<td>Keynote Lecture 1&lt;br&gt;Irnich Dominik (Germany): Acupuncture is a key component in pain management</td>
</tr>
<tr>
<td>2</td>
<td>10.45 – 12.00</td>
<td>A</td>
<td>Sudirman Syarif (Indonesia): The role of acupuncture in pain management</td>
</tr>
<tr>
<td>3</td>
<td>10.45 – 12.00</td>
<td>A</td>
<td>Yoshizumi Alexandre Massao (Brazil): Acupuncture for acute non-specific low back pain: a randomized, controlled, double-blind, placebo trial</td>
</tr>
<tr>
<td>4</td>
<td>10.45 – 12.00</td>
<td>A</td>
<td>Varma Vinay (India): Evidence based medical acupuncture in back pain</td>
</tr>
<tr>
<td>5</td>
<td>10.45 – 12.00</td>
<td>A</td>
<td>Gleditsch Jochen (Germany): The Very-Point Technique in chronic pain</td>
</tr>
</tbody>
</table>

### STRENGTHS OF ACUPUNCTURE: a call for clinical evidence (continued)

<table>
<thead>
<tr>
<th>Number</th>
<th>Time</th>
<th>Room</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>10.45 – 12.00</td>
<td>5</td>
<td>Fossion Jean Pierre (Belgium): Diffuse noxious inhibitory control (DNIC) of Le Bars: literature review about the responsible neurological circuits of DNIC explains new additional characteristics about acupoints not included in the description of Le Bars</td>
</tr>
<tr>
<td>7</td>
<td>10.45 – 12.00</td>
<td>7</td>
<td>Leutzow Bianca (Germany): Investigation on the origin of far field short latency potentials evoked from auricular acupuncture points</td>
</tr>
<tr>
<td>8</td>
<td>10.45 – 12.00</td>
<td>7</td>
<td>Theodoratou Konstantina (Greece): Can acupoints have an additional convergent effect? – a statistical study into five basic point</td>
</tr>
<tr>
<td>9</td>
<td>10.45 – 12.00</td>
<td>7</td>
<td>Marič-Oehler Walburg (Germany): Post-traumatic Stress Disorders – an integrative east-west psychosomatic approach</td>
</tr>
<tr>
<td>10</td>
<td>10.45 – 12.00</td>
<td>7</td>
<td>Nepp Johannes (Austria): Acupuncture and psychotherapy in phobic disorders</td>
</tr>
<tr>
<td>11</td>
<td>10.45 – 12.00</td>
<td>7</td>
<td>So Wing Sze Emily (China): A randomized study comparing one session with two sessions of non-invasive acupuncture in patients undergoing frozen-thawed embryo transfer (FET)</td>
</tr>
</tbody>
</table>

### STRENGTHS OF ACUPUNCTURE: a call for clinical evidence (continued)

<table>
<thead>
<tr>
<th>Number</th>
<th>Time</th>
<th>Room</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>10.45 – 12.00</td>
<td>8</td>
<td>Muraközy Henriette (Germany): Complex „Pine“- Acupuncture as an effective part of multimodal pain management in rheumatologic disorders</td>
</tr>
<tr>
<td>13</td>
<td>10.45 – 12.00</td>
<td>8</td>
<td>Schockert Thomas (Germany): Successful application of acupuncture in emergency medicine – new case reports</td>
</tr>
<tr>
<td>14</td>
<td>10.45 – 12.00</td>
<td>8</td>
<td>Longo Francesco &amp; Gazzola Margherita (Italy): Acupuncture pain treatment in horses</td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
<td>Location</td>
<td>Chair</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------</td>
<td>------------------------</td>
</tr>
<tr>
<td>12.15 – 13.00</td>
<td>CONSENSUS PLENARY DISCUSSION 1</td>
<td>ROOM A</td>
<td>Moderator: Kopsky David</td>
</tr>
<tr>
<td>13.00 – 14.30</td>
<td>LUNCH - VISIT EXHIBITION AND POSTERS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.30 – 15.00</td>
<td>WEAKNESS OF ACUPUNCTURE</td>
<td>ROOM A</td>
<td>Chair: Nögel Rainer</td>
</tr>
<tr>
<td>15.15 – 16.30</td>
<td>CHINESE HERBAL MEDICINE</td>
<td>ROOM A</td>
<td>Chair: Nögel Rainer</td>
</tr>
<tr>
<td>15.15 – 16.30</td>
<td>METHODOLOGICAL ISSUES IN ACUPUNCTURE RESEARCH</td>
<td>ROOM 5</td>
<td>Chair: Aung Steven</td>
</tr>
<tr>
<td>15.15 – 16.30</td>
<td>ACUPUNCTURE AND POINT SPECIFICITY</td>
<td>ROOM 7</td>
<td>Chair: Liertzer Helmut</td>
</tr>
<tr>
<td>15.15 – 16.30</td>
<td>MICROSYSTEMS, LITTLE RESEARCH</td>
<td>ROOM 8</td>
<td>Chair: Gleditsch Jochen</td>
</tr>
<tr>
<td>16.30 – 17.00</td>
<td>BREAK - VISIT EXHIBITION AND POSTERS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.00 – 19.00</td>
<td>WELCOME RECEPTION IN HOTEL BEL AIR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 08.00 – 08.45 | Qi-Gong with Aung  
Meetingpoint: Hotel Lobby                                              |
| 09.00 – 09.30 | ROOM A  
Chair: Theodoratou Konstantina  
Co-chairs: Liem Hay & Saputra Koosnadi                                |
| 09.45 – 11.00 | ROOM A  
Chair: Theodoratou Konstantina  
Co-chairs: Liem Hay & Saputra Koosnadi                                |
| 09.45 – 11.00 | ROOM 5  
Chair: Sant’Ana Antonio  
Co-chair: Hammes Michael                                              |
| 09.45 – 11.00 | ROOM 7  
Chair: Chan Chin  
Co-chair: Omura Yoshiaki                                              |
| 09.45 – 11.00 | ROOM 8  
Chair: Çakmak Yusuf Ö.  
Co-chair: Giralt Yusuf Ö.                                               |
| 11.00 – 11.30 | BREAK – VISIT EXHIBITION AND POSTERS                                   |
| 11.30 – 12.30 | ROOM A  
Moderator: Fossion Jean Pierre                                         |
| 12.30 – 14.00 | LUNCH – VISIT EXHIBITION AND POSTERS                                    |
| 12.30 – 14.00 | ICMART EXTRAORDINARY GENERAL ASSEMBLY  
Private Area of Restaurant Purple                                     |

**OPPORTUNITIES OF ACUPUNCTURE** in search of public service and technical improvement

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
</table>
| 09.00 – 09.30 | ROOM A  
Chair: Theodoratou Konstantina  
Co-chairs: Liem Hay & Saputra Koosnadi                                |
| 09.45 – 11.00 | ROOM A  
Chair: Theodoratou Konstantina  
Co-chairs: Liem Hay & Saputra Koosnadi                                |
| 09.45 – 11.00 | ROOM 5  
Chair: Sant’Ana Antonio  
Co-chair: Hammes Michael                                              |
| 09.45 – 11.00 | ROOM 7  
Chair: Chan Chin  
Co-chair: Omura Yoshiaki                                              |
| 09.45 – 11.00 | ROOM 8  
Chair: Çakmak Yusuf Ö.  
Co-chair: Giralt Yusuf Ö.                                               |
| 11.00 – 11.30 | BREAK – VISIT EXHIBITION AND POSTERS                                   |
| 11.30 – 12.30 | ROOM A  
Moderator: Fossion Jean Pierre                                         |
| 12.30 – 14.00 | LUNCH – VISIT EXHIBITION AND POSTERS                                    |
| 12.30 – 14.00 | ICMART EXTRAORDINARY GENERAL ASSEMBLY  
Private Area of Restaurant Purple                                     |

**Keynote Lecture 3**

Usichenko Taras (Germany): Auricular acupuncture for the treatment of pain

**SPECIALISATIONS IN DISEASE AND ACUPUNCTURE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
</table>
| 09.00 – 09.30 | ROOM A  
Chair: Theodoratou Konstantina  
Co-chairs: Liem Hay & Saputra Koosnadi                                |
| 09.45 – 11.00 | ROOM A  
Chair: Theodoratou Konstantina  
Co-chairs: Liem Hay & Saputra Koosnadi                                |
| 09.45 – 11.00 | ROOM 5  
Chair: Sant’Ana Antonio  
Co-chair: Hammes Michael                                              |
| 09.45 – 11.00 | ROOM 7  
Chair: Chan Chin  
Co-chair: Omura Yoshiaki                                              |
| 09.45 – 11.00 | ROOM 8  
Chair: Çakmak Yusuf Ö.  
Co-chair: Giralt Yusuf Ö.                                               |
| 11.00 – 11.30 | BREAK – VISIT EXHIBITION AND POSTERS                                   |
| 11.30 – 12.30 | ROOM A  
Moderator: Fossion Jean Pierre                                         |
| 12.30 – 14.00 | LUNCH – VISIT EXHIBITION AND POSTERS                                    |
| 12.30 – 14.00 | ICMART EXTRAORDINARY GENERAL ASSEMBLY  
Private Area of Restaurant Purple                                     |

**CONTEXT, PATIENT SATISFACTION & CHRONOACUPUNCTURE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
</table>
| 09.00 – 09.30 | ROOM A  
Chair: Theodoratou Konstantina  
Co-chairs: Liem Hay & Saputra Koosnadi                                |
| 09.45 – 11.00 | ROOM A  
Chair: Theodoratou Konstantina  
Co-chairs: Liem Hay & Saputra Koosnadi                                |
| 09.45 – 11.00 | ROOM 5  
Chair: Sant’Ana Antonio  
Co-chair: Hammes Michael                                              |
| 09.45 – 11.00 | ROOM 7  
Chair: Chan Chin  
Co-chair: Omura Yoshiaki                                              |
| 09.45 – 11.00 | ROOM 8  
Chair: Çakmak Yusuf Ö.  
Co-chair: Giralt Yusuf Ö.                                               |
| 11.00 – 11.30 | BREAK – VISIT EXHIBITION AND POSTERS                                   |
| 11.30 – 12.30 | ROOM A  
Moderator: Fossion Jean Pierre                                         |
| 12.30 – 14.00 | LUNCH – VISIT EXHIBITION AND POSTERS                                    |
| 12.30 – 14.00 | ICMART EXTRAORDINARY GENERAL ASSEMBLY  
Private Area of Restaurant Purple                                     |
# Threats for Acupuncture

**Answers to Perceived Threats**

**14.00 – 14.30**  
**Room A**  
**Chair:** Pinto-Ferreira Helena  
**Co-chairs:** Nickels Eric & Machtelinckx Vera

## Keynote Lecture 4

**Fossion Jean Pierre** (Belgium): Threats for acupuncture, answers to perceived threats

**14.45 – 16.00**  
**Room A**  
**Adverse Effects in Acupuncture**  
**Chair:** Pinto-Ferreira Helena  
**Co-chairs:** Nickels Eric & Machtelinckx Vera

46. **Fossion Jean Pierre** (Belgium): Depressive states: is it possible to predict side-effects of anti-depressants with a clinical Chinese synopsis in somatic acupuncture? and which adverse effects might we expect in auriculotherapy for major depression?

47. **Nepp Johannes** (Austria): Danger by acupuncture in ophthalmologic diseases

48. **Raith Wolfgang** (Austria): Thermographic measurement of the skin temperature in the application of laser acupuncture in the neonate

49. **Pollmann Antonius** (Germany): Misunderstandings and errors of traditional acupuncture

50. **Bäumler Petra** (Germany): Acupuncture point localization varies clearly between acupuncturists

51. **Ahn Chang-beohm** (Korea): Practice of Sa-Ahm (Korean) Five Element Acupuncture of classical Qi model based on old philosophy

52. **Garcia i Janeras Albert** (Spain): Types of acupuncture, an attend of classification

53. **Marić Sonja** (Germany): The Mind-Body Concept of Tibetan Medicine using the example of the theory of constitution

54. **Biemans Johanna** (The Netherlands): Facts for the future: PTNS (Percutaneous Tibial Nerve Stimulation) and its introduction in conventional medicine

55. **Traum Dannie I**. (Australia): Laser acupuncture treatment relieving or controlling gynaecological problems

56. **Sujudi Yufandi** (Indonesia): Effect of Laser acupuncture for autism spectrum disorder in children

57. **Bäumler Petra** (Germany): Acupuncture point localization varies clearly between acupuncturists

58. **Saputra Koosnadi** (Indonesia): Acupuncture-Physiology-Anatomy correlation

59. **Tan King Siong** (The Netherlands): Knowledge of anatomy is a big plus

60. **Omura Yoshiaki** (USA): Mapping of the outline of normal internal organs & cancer tissue as well as exact localization of acupuncture points, their shape, diameter, & depth using Bi-Digital O-Ring Test EMF Resonance Phenomenon between 2 identical molecules or tissues"
17.30 – 18.30
ROOM 5
NEURAL THERAPY
Chair: Schwantz Regina
Co-chair: Piehler Petja

17.30 – 18.30
ROOM 7
PAIN MANAGEMENT
Chair: Frank Bryan
Co-chair: The Paul

17.30 – 18.30
ROOM 8
MISCELLANEOUS
Chair: Ahn Chang-beohm
Co-chair: Blomme Sjoerd

19.00 – 23.00
GALA – DINNER AT MADURODAM

17.30 – 18.30
ROOM 5
NEURAL THERAPY
Chair: Schwantz Regina
Co-chair: Piehler Petja

64 Ortner Wolfgang (Austria): The scientific background of neural therapy
65 Wander Rainer (Germany): Neural therapy for acupuncture non responders
66 Piehler Petja (Germany): Neural therapy in oncology

17.30 – 18.30
ROOM 7
PAIN MANAGEMENT
Chair: Frank Bryan
Co-chair: The Paul

67 Fazakis Georgios (Greece): Treatment pathways for acute and chronic pain cases in a private acupuncture clinic
68 Frank Bryan (USA): Acupuncture related techniques: beyond acupuncture for pain amelioration and tissue functional restoration
69 Sukrisno S.M. (The Netherlands): “Bi-Syndrome” cured by Chinese Electroacupuncture

17.30 – 18.30
ROOM 8
MISCELLANEOUS
Chair: Ahn Chang-beohm
Co-chair: Blomme Sjoerd

70 Weinschenk Stefan (Germany): Specific reduction of number and intensity of Neck Reflex Points as important signs of chronic disturbance fields by neural therapy
71 Ahn Chang-beohm (Korea): A study of the Sa-Ahm (Korean) Five Element Acupuncture: theory and clinic
72 Goehler Annett (Germany): Stressors, Qi and sexual energy

SUNDAY 15 MAY

08.00 – 08.45
Qi-Gong with Aung
Meetingpoint: Hotel Lobby

09.00 – 09.30
ROOM A
Chair: Çakmak Yusuf Ö.
Co-chairs: Fossion Jean Pierre & Moeken Frederike

FUTURE PERSPECTIVE OF ACUPUNCTURE
which paths to take

73 Keynote Lecture 5
Kopsky David (The Netherlands): Future directions of acupuncture in research and practice
74 Keynote Lecture 6
Çakmak Yusuf Ö. (Turkey): Overview of future directions for basic research in acupuncture

09.45 – 11.00
ROOM A
DIRECTIONS OF FUTURE RESEARCH
Chair: Çakmak Yusuf Ö.
Co-chairs: Fossion Jean Pierre & Moeken Frederike

75 Çakmak Yusuf Ö. (Turkey): Electroacupuncture for Parkinson Disease: a Parkinson model of rat study
76 Çakmak Yusuf Ö. (Turkey): Decreasing uterine artery blood flow with electroacupuncture in humans
77 Sant’Ana Antonio (Brazil): Migraine treatment follow-up: possibility of predictions with fractal EEG study
78 Weinschenk Stefan W. (Germany): Influence of Neural Therapy on the autonomic nervous system, measured by Heart Rate Variability (HRV)

09.45 – 11.00
ROOM 5
FUTURE CLINICAL IMPLICATIONS
Chair: Lambrechts Gilbert
Co-chair: Khoe Giauw Sing

79 Li Heng (China): Patients with clinical/radiological hyperplasia of mammary glands show pathological persistence of temperature of skin points
80 Bates Felipe B. (Chile): Acupuncture treatment for refractory post-traumatic pain in adults: 29 months follow-up and preliminary local experience in a trauma center
81 Theodoratou Konstantina (Greece): Is the treatment of general anxiety by acupuncture beneficial for other diseases as shoulder periarthritis and asthma?
82 Yoshizumi Alexandre Massao (Brazil): Agriculture and supply secretary acupuncture ambulatory between 2001-2008 in São Paulo, Brazil: a case study
<table>
<thead>
<tr>
<th>Time</th>
<th>Room</th>
<th>Session</th>
</tr>
</thead>
</table>
| 09.45 – 11.00 | ROOM 7 | POLITICAL STRATEGIES  
Chair: Weidenhammer Wolfgang  
Co-Chair: Kopsky David  
83 Marić-Oehler Walburg (Germany): ICMART International Council of Medical Acupuncture and Related Techniques – its role in building up an Integrative Medicine  
84 Winkler Madeleen (The Netherlands): CAMDOC Alliance  
85 Weidenhammer Wolfgang (Germany): Current situation of CAM in Europe and development of a roadmap for future CAM research – EU Project CAMbrella  
86 Ausfeld-Hafter Brigitte (Switzerland): CAM in Switzerland - A story of success |
| 09.45 – 11.00 | ROOM 8 | ACUPUNCTURE EDUCATION FOR MEDICAL STUDENTS  
Chair: Kruithof Karen  
Co-chair: Stoer Wolfram  
87 Leysen Peter (Belgium): Will acupuncture be part of evidence based recommendations by 2020?  
88 Aung Steven K.H. (Canada): The Certificate Program in Medical Acupuncture (C.P.M.A.)  
89 Saputra Koosnadi (Indonesia): Acupuncture: education and training for medical students  
90 Beyens François (Belgium): Different ways of teaching acupuncture in the world |
| 11.00 – 11.30 |        | BREAK – VISIT EXHIBITION AND POSTERS                                                                                                                                                           |
| 11.30 – 12.15 | ROOM A | CONSENSUS PLENARY DISCUSSION  
Summary by the Chairs of the four parallel sessions followed by plenary discussion  
Çakmak Yusuf Ö., Weidenhammer Wolfgang, Lambrechts Gilbert, Kruithof Karen |
| 12.15 – 12.30 | ROOM A | TAKE HOME MESSAGE  
Kopsky David (The Netherlands): The direction of acupuncture in the coming 10 years |
| 12.30 – 13.30 | ROOM A | CLOSING CEREMONY  
NAAV-BVGA Awards  
Moeken Frederike, Fossion Jean Pierre, Marić-Oehler Walburg  
Announcement ICMART World Congress 2012 in Athens  
Theodoratou Konstantina  
Concluding Remarks  
Oei-Tan Chun Lee, Chan Chin |
| 13.30 – 14.30 |        | FAREWELL LUNCH                                                                                                                                                                                  |

**POSTERS**

<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Author/Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>91</td>
<td>Dynamics of morphological changes of an injured inferior alveolar nerve during phonon-acupuncture treatment, an experimental case</td>
<td>Pohodenko-Chudakova I.O. (Russia)</td>
</tr>
<tr>
<td>92</td>
<td>DiaDENS therapy in the complex treatment of acute purulent odontogenic periostitis</td>
<td>Pohodenko-Chudakova I.O. (Russia)</td>
</tr>
<tr>
<td>93</td>
<td>Advantages of caries prophylaxis with acupuncture by data of the salivation rates</td>
<td>Pohodenko-Chudakova I.O. (Russia)</td>
</tr>
<tr>
<td>94</td>
<td>Results of the complex treatment of odontogenic abscesses of the maxillofacial area with acupuncture</td>
<td>Pohodenko-Chudakova I.O. (Russia)</td>
</tr>
<tr>
<td>95</td>
<td>Acupuncture for prophylaxis of inflammatory complications when peripheral branches of the trigeminal nerves were injured toxically: an experimental case</td>
<td>Pohodenko-Chudakova I.O. (Russia)</td>
</tr>
<tr>
<td>96</td>
<td>Treatment pathways for acute and chronic pain cases in a private acupuncture clinic</td>
<td>Fazakis Georgios (Greece)</td>
</tr>
<tr>
<td>97</td>
<td>Tongue examination of sublingual veins: intrasubject variability in four diagnostic parameters</td>
<td>Tanaka Tim H. (Japan)</td>
</tr>
<tr>
<td>98</td>
<td>Strengthening motor and psychological abilities in archers throughout the application of various techniques of Auriculotherapy: a pilot study</td>
<td>Sponzilli Osvaldo (Italy)</td>
</tr>
<tr>
<td>99</td>
<td>Treating hay fever and other acute and chronic diseases by emission of homeopathic frequencies using the Vantage Biomeridian device</td>
<td>Fazakis Georgios (Greece)</td>
</tr>
<tr>
<td>100</td>
<td>Pollmann Antonius (Germany): Misunderstandings and errors of traditional acupuncture</td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>101</td>
<td>Schockert Thomas (Germany): New floatable acupuncture needle for the treatment of pain and stroke patients in aqua aerobics with Yamamoto New Scalp Acupuncture (YNSA)</td>
<td></td>
</tr>
<tr>
<td>102</td>
<td>Chernish Greg (Canada): Irritable bowel case</td>
<td></td>
</tr>
<tr>
<td>103</td>
<td>Liem Andrew (The Netherlands): Effect of Chinese ear acupuncture on non-responders to Western pain relief techniques</td>
<td></td>
</tr>
<tr>
<td>104</td>
<td>Keppel Hesselink Jan (The Netherlands): Discovering synergies with acupuncture and other therapies</td>
<td></td>
</tr>
</tbody>
</table>

**FLOOR PLAN**

![Floor Plan Image]

**MEETING FLOOR (+1)**

**GROUND FLOOR (0)**

**BASEMENT (-1)**
<table>
<thead>
<tr>
<th>QUESTIONS REGARDING THE PROGRAM THEMES</th>
<th>David Kopsky</th>
</tr>
</thead>
</table>
| **ACUPUNCTURE IN PAIN MANAGEMENT** | • Is acupuncture effective in every type of pain? (neuropathic pain, cancer pain, Complex Regional Pain Syndrome [CRPS], skeletomuscular pain)  
• Does acupuncture have synergies with other treatments? (pharmacological treatments, supplements, herbs, other neuromodulation techniques)  
• Is it possible to learn patients techniques to alleviate their pain? (acupuncture point massage, acupuncture) |
| **WORKING MECHANISMS OF ACUPUNCTURE** | • Do several theories merge? (neurohumoral theory, morphogenetic singular theory)  
• Do meridians exist?  
• Are there more ideas for research to elucidate meridians and acupuncture points? |
| **ACUPUNCTURE FOR REDUCING STRESS AND ANXIETY** | • What is the relation between acupuncture and relaxation? In other words, does acupuncture has a link with meditation or mindfulness, and thus reducing stress mentally and pharmacologically (releasing anxiety relieving neurotransmitters).  
• Could other therapies enhance the effect of stress and anxiety relieving effect of acupuncture?  
• How could patients help themselves in relieving stress and anxiety with acupuncture knowledge? |
| **PRACTICAL IMPLICATION OF INTEGRATING ACUPUNCTURE IN MEDICINE** | • What is the place of acupuncture in Integrative medicine?  
• What other therapies (pharmacological treatments, supplements, herbs, other neuromodulation techniques) could create synergy with acupuncture?  
• What would be the practical implication of integrating acupuncture into the hospital and primary care? (consultant acupuncturist or learning specialist some acupuncture techniques) |
| **CHINESE HERBAL MEDICINE** | • How could western medicine take advantage of Chinese herbs, regarding the stringent laws on quality, safety, supported by evidence?  
• How to deal with contamination and different concentrations of herbs?  
• Should we look only to solitary herbs, or is there a place for herb combinations? (research strategies, safety and placebo issues) |
| **METHODOLOGICAL ISSUES IN ACUPUNCTURE RESEARCH** | • Do we need a placebo in acupuncture research? (or is standard care enough?)  
• What is the reason that in many studies acupuncture is as effective as placebo acupuncture? (invasive therapy, needling coincidentally on Microsystems, using an acupuncturist who performs the placebo acupuncture)  
• Are there other research strategies to validate acupuncture? (cost effectiveness, patient satisfaction) |
| **ACUPUNCTURE AND POINT SPECIFICITY** | • How important is the point specificity of acupuncture?  
• What other research can support the point specificity?  
• Is there a difference between the point specificity of TCM acupuncture and microsystem acupuncture? |
| **MICROSYSTEMS, LITTLE RESEARCH** | • How do we deal with the little research on microsystem acupuncture?  
• What would be the research strategies to explore the effectiveness of microsystem acupuncture?  
• How specific is microsystem acupuncture? |
| **SPECIALISATIONS IN DISEASE AND ACUPUNCTURE** | • Which indications lend themselves to specialization?  
• Is there more than acupuncture in specialization?  
• How can acupuncture be promoted in a certain specialization? |
| **CONTEXT, PATIENT SATISFACTION & CHRONOACUPUNCTURE** | • How important is the context?  
• How to do research on chronoaupuncture? (is there any research on chronoaupuncture, or of diseases happening on a certain time in the 24 hour clock?)  
• What is the difference between the medical doctor acupuncturist and non-medical doctors? Does it matter? |
| **NUTRITION** | • Are advices about food not merely placebo? (by intention of the acupuncturist?)  
• How can we do research on nutrition based on acupuncture theory?  
• How do we promote the findings on food? (big lobby of the milk industry) |
| **NOVEL TECHNIQUES IN ACUPUNCTURE** | • What are the most efficient research strategies to convince regular medicine of the novel acupuncture techniques?  
• How do we find out which technique is most efficient for a certain indication? (YNSA in wheelchair bound patients, gold for chronic pain only short response, laser for kids)  
• Are there other novel techniques in the world, not mentioned yet? |
| **ADVERSE EFFECTS IN ACUPUNCTURE** | • Does acupuncture has any adverse effects, other than discussed?  
• How do patients perceive acupuncture and its possible adverse effects? (pain, bruises, etc)  
• Does acupuncture has interactions with other therapies or pharmacological agents? |
| **OLD, AGED PHILOSOPHY: OBEDIENCE OR SCIENTIFIC CHALLENGE?** | • Do western acupuncturists need to know eastern philosophy?  
• How to deal with communicating eastern diagnosis? (for example, you have a liver deficiency, usually patients go to their general practitioner and tell them that their liver has a disease)  
• How could eastern philosophy be used or done research on? |
| **SPECIFIC TECHNIQUES INTO OTHER DISCIPLINES** | • Is picking out of one acupuncture technique for treating a disease a threat for the classical acupuncturist?  
• Does renaming of acupuncture techniques (electro-acupuncture in PENS or Ah Shi acupuncture in dry needling) help, or is it a threat?  
• Is it legitimate to teach non acupuncturists (nurses, physiotherapists) a technique like PTNS? |
| **ANATOMICAL LOCALISATION** | • If acupuncture point localization is so variable, is there any specificity in acupuncture?  
• Considering the many Microsystems layered on top of each other (ear, hand acupuncture, etc) is the chance of hitting a needle in a microsystem point (we even might not know now) not huge, and therefore the rule: ”hitting the needle where it hurts” gives the desired effect (because in microsystem acupuncture points get sensitive when they correspond with a diseased area in the body) and not only the TCM points?  
• Is learning the detailed and specific knowledge of the acupuncture points not merely “loading” your confidence, as an acupuncturist? |
| **DIRECTIONS OF FUTURE RESEARCH** | • Which other new research ideas can clarify the working mechanism of acupuncture?  
• In clinical studies, which measurement tools are effective (VAS, or measuring surrogate parameters such as HRV)  
• Which other indications than pain haven’t been intensively explored yet in clinical acupuncture research, though hold a promise for the future? |
| **FUTURE CLINICAL IMPLICATIONS** | • In clinical studies, which measurement tools are effective (VAS, or measuring surrogate parameters such as HRV)  
• Which other indications than pain haven’t been intensively explored yet in clinical acupuncture research, though hold a promise for the future?  
• Can acupuncture points be used as diagnostic tools? How sensitive and specific would it be? |
| **POLITICAL STRATEGIES** | • What can be achieved by influencing politics and how can politicians effectively be influenced?  
• Are there other parties to influence (such as funds and insurance companies)? What would be then the best way?  
• How can other countries learn from the successful countries like Switzerland and Germany? |
| **ACUPUNCTURE EDUCATION FOR MEDICAL STUDENTS** | • What can be achieved by influencing politics and how can politicians effectively be influenced?  
• Are there other parties to influence (such as funds and insurance companies)? What would be then the best way?  
• How can other countries learn from the successful countries like Switzerland and Germany? |
ORGANIZERS

Congress Presidents
Chin Chan (Australia) ICMART President
Chun Lee Oei-Tan (Netherlands) NAAV President

Organizing Committee
Hong Yoe Oei, Chairman
Hay Liem, Secretary
Mayke Khoe, Treasurer
Jean Pierre Fossion (Belgium)

Scientific Committee
David Kopsky (Netherlands), Chairman
Tjebbe Kok (Netherlands), Vice-Chairman
Jean Pierre Fossion (Belgium), Secretary
Thomas Ots (Austria)
Wolfgang Ortner (Austria)
Sonja Haesendonk (Belgium)

Icmart Board
Chin Chan (Australia), President
Isabel Giralt (Spain), Immediate Past President
François Beyens (Belgium), Honorary Secretary General
Walburg Marić-Oehler (Germany), Secretary General
Helena Pinto-Ferreira (Portugal), Vice President

International Honorary Committee
Chin Chan (Australia) ICMART President
Helmut Liertzer (Austria)
Helmut Nissel (Austria)
Wolfgang Ortner (Austria)
Petja Piehler (Austria)
Irma Siem Smi (Austria)
Irina Pohodenko-Chudokova (Belarus)
François Beyens (Belgium)
Jean Pierre Fossion (Belgium)
Gilbert Lambrechts (Belgium)
Vera Machtelinkx (Belgium)
Jorge Boucinhas (Brazil)
Silvio Sequeira Harres (Brazil)
Ruy Tanigawa (Brazil)
Dantas Flavio (Brazil)
Emil Iliev (Bulgaria)
Steven Aung (Canada)
Hector Merino Montt (Chile)
Tatjana Solomonidou (Cyprus)
Krunoslav Reljanovic (Croatia)
Ladislav Fildan (Czech Republic)
Elsebeth Laegaard (Denmark)
Palle Rosted (Denmark)
Malle Lilleberg (Estonia)
Seppo Junkila (Finland)
Yves Rouxelveille (France)

David Kopsky
Tjebbe Kok
Frank Khouw
Karen Kruthof

Peter Leysen (Belgium)
Flavio Dantas (Brazil)
Patrick Sautreuil (France)
Michael Hamms (Germany)
Dominik Irnich (Germany)
Claudia Witt (Germany)

Helmut Liertzer (Austria), Vice President
Bryan Frank (USA), Vice President
Konstantina Theodoratou (Greece), Treasurer
Nickolay A. Nickolaev (Latvia), Director-at-large
Jaqueline Filshie (UK), Director-at-large
Michael Hamms (Germany), Director-at-large

Patrick Sautreuil (France)
Kathuna Urushadse (Georgia)
Walburg Marić-Oehler (Germany)
Susanne Schreiber (Germany)
Wolfram Stor (Germany)
Rainer Wandel (Germany)
Hedi Luxenburger (Germany)
Charisios Karanikioti (Greece)
Miltiades Karavis (Greece)
Gerasimos Papathanasiou (Greece)
Konstatina Theodoratou (Greece)
Gabriella Hegyi (Hungary)
Diarmuid O’Connell (Ireland)
Motti Ratmansky (Israel)
Francesco Ceccherelli (Italy)
Osvaldo Sponzilli (Italy)
Riccardo Rinaldi (Italy)
Tiberiu Brenner (Italy)
Sukarto (Indonesia)
Koosnadi Saputra (Indonesia)
Noriko Shimizu (Japan)
Toshikatsu Yamamoto (Japan)
Nickolay Nickolaev (Latvia)
ESSERTA Aris (Lithuania)
Guy Vivandy (Luxemburg)

Chun Lee Oei-Tan (Netherlands)
Frederike Moeken
Chun Lee Oei-Tan

Marcus Romoli (Italy)
Nikolay Nicolayev (Latvia)
Brigitte Ausfeld-Haft (Switzerland)
Mike Cummings (UK)
Richard Niemtzow (USA)

Petja Piehler (Austria), Director-at-large
Mehmet Abut (Turkey), Director-at-large
Patrick Sautreuil (France), Director-at-large
Flavio Dantas (Brazil), Director-at-large
Marshall Sager (USA), Education Chapter
Walburg Marić-Oehler (Germany), European Chapter

Chun Lee Oei-Tan (Netherlands)
Frederike Moeken
Gayle O’Duffy (New Zealand)
Trygve Skonnord (Norway)
Piotr Wozniak (Poland)
Helena Pinto Ferrera (Portugal)
Constantin Dimitru (Romania)
Joseph Mezei (Romania)
Vasylyi Gidenko (Russia)
Oleg Zagorulko (Russia)
Zlata Jovanovic-Ignatic (Serbia)
Jozef Smirala (Slovakia)
Jadwiga Hajewska-Kosi (Slovenia)
Isabel Giralt (Spain)
Manubens Cament (Spain)
Francesco Mingellung Martin (Spain)
Christie Carlsson (Sweden)
Mehmet Fuat Abut (Turkey)
Abdulkadir Erengul (Turkey)
Taras Usichenko (Ukraine)
Jaqueline Filshie (UK)
Bryan Frank (USA)
Richard Niemtzow (USA)
Marshall Sager (USA)
Yoshiaki Omura (USA)
1 Acupuncture is a key component in pain management

Results of a 10 year multidisciplinary complementary and alternative outpatient program for chronic pain patients

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

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

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

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

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

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

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

2 The role of acupuncture in pain management

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

Pain is a part of human rights. Everybody has the right to be free of pain, free from sufferings. Pain, as defined by the International Association for Study of Pain (IASP) is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage. Pain is important problem, because most of patients seek the doctor because of their pain. The ideal pain management as recommended by IASP is pre-emptive analgesia and multi-modal analgesia. In practice, that means that doctors give analgesia before the patient feels pain or suffers from pain, and that doctors administer more than one drug with different sites of drug action.

Most of these drugs work at nearly all pain pathways, except thr modulation pathway. Acupuncture has been proven to work through the endorphinergic mechanism in the modulation pathway, to stimulate the release of either β-endorphin, met-enkephalin or dynorphin. So, the most ideal pain management is, when doctors are able to administer modalities to relieve pain through transduction, conduction, transmission, perception and modulation pathways. The only possible technique is when doctors use the combined methods, drugs (Western Medicine) and acupuncture (Eastern Medicine).
Clinical assessment, including MRI. All were pre-treatment and post-treatment in-depth conservative management and/or standard. All had already undertaken some sort of one consultation by a qualified specialist. Back-pain were selected. They had at least Rehab Institute Hubli for the treatment of patients coming to Anand Pain Relief & with MRI-findings were selected. Thirty patients whose clinical findings correlated highly selective study wherein only surgery has been advised. This is a retrospective study. This is a Design, Setting, and Participants A randomized, controlled, double-blind, placebo trial in which 80 men and women took on patients with ANLBP.

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

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

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

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

No significant side effects were observed.

**Post-Treatment MRI findings**
Disc regression was observed in 23 (76.67 %) patients. No change was observed in 6 (20 %) patients. 13 (33 %) Patient showed worsening of MRI finding in spite of clinical improvement.

**Discussion**
In the past, it was believed that once a patient acquired a herniated disc, it was permanent. However, recent research studies have documented that this is a fallacy. The natural history of lumbar disc disease generally is favorable, i.e. regression of the disc occurs over time. Use of acupuncture has widely increased in patients with chronic low back pain. However, the evidence on disc healing by acupuncture is not well documented in our country.

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

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

**This study** should boost the moral of acupuncture practitioners to take such cases with increased confidence and give better patient satisfaction.
The Very-Point-Technique in chronic pain

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

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

It is well-tried to start the therapy by three checking steps
1. Very-point-detection at microsystem-areas and points which are correlated to the brain stem (e.g. auricle, skull-YNSA and/or retromolar enoral points), to the cranio-cervical and/or the craniomandibular and/or neck receptor fields. When precise needle touch and/or insertion has evoked very spontaneous mimical or verbal response of the patient, when ON-points are being changed to total OFF-state, this can be interpreted as an affirmation of the subconscious subcortical level. In this way the patient’s acceptance is positively integrated in the procedure.
2. Very-point-detection at microsystem-areas and points that are correlated to the pain condition in question: the most sensitive hyperactive points are to be treated by very-point-needle-insertion. After that, pre-detected but not yet treated points of other microsystem should be re-checked, whether ON-points now have changed to OFF-state, or prove significantly reduced in their sensitivity. If so, this is to be interpreted as that the cybernetic-informative autoregulating system is now being “opened”.
3. Very-point-detection and pricking of contralateral points at the precise symmetrical location to the actual pain. If in this way pain can be reduced to some remarkable percentage, this may be interpreted as that the segmental/neuronal pathways will respond further with their pain modulating mechanisms.

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

Diffuse noxious inhibitory control (DNIC) of Le Bars

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

Fassion Jean Pierre J, MD, Bruges, Belgium.

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

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

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

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

Conclusions
Our model of double contrast (heterotopic inhibition & homotopic prioritization) proposes following characteristics.
1) SRD is a common substrate that could explain DNIC analgesia in somatic, as well as in ear acupuncture, by heterotopic inhibition described by Le Bars.
2) The SRD, increasing segmental contrast, could explain the Da Qi needling sensation through homotopic facilitation (prioritization) of the receptive field as described by Almeida-Lima.
3) Since the SRD shows facial somatotopy, specificity of acupoints as defined by their precise localization regains credit, at least on facial level and for ear-acupuncture.
4) The “whole body” representation in wide dynamic range (WDR) neurons only refers to its afference, not its efferece through somatotopical allignment.
5) We consider that there is sufficient evidence to refute the absoluteness by the Le Bars-exclusion of topographic specificity of acupoints. But we consider also that the topographic “specificity” of somatic acupoints, as described by Peter Deadman, respresents a “whole lot of body representation”, reminiscent of Le Bars, but not a “total” body representation.
New: NeoAcu needle applicator

THE ELEGANT SOLUTION FOR SAFE, QUICK AND ALMOST PAINLESS NEEDLE INSERTION BY THE PUSH OF A BUTTON

- Suitable for both ear and body acupuncture.
- The applicator is equipped with an acupuncture needle cartridge.
- Cartridges are available in 3 lengths and 4 diameters.

Introduction set NeoAcu includes:
- 1 x needle applicator
- 3 x 70 needle cartridge, in various sizes.
- 2 x control guide, 20 additional control Guides standard included

Product Range

It is our objective to swiftly distribute our products, which meet and exceed your expectations including the offer of fair and competitive prices across our entire product range - to practitioners, and students.

Please contact us if you are interested in the following products:
- Acupuncture needles and related products
- Needle stimulators
- Lasers
- Books and posters
- TENS, biofeedback and ultrasound
Investigation on the origin of far field short latency potentials evoked from auricular acupuncture points

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

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

Methods
Ten healthy volunteers and 12 patients (ASA I–II) scheduled for elective low-back and extremities surgery in general anesthesia (GA) with trachea intubation were included. Stimulation was applied to triangular fossa (AA point 55), concha (AA point 101), inner side of the tragus (AA point 15) and to non-acupuncture points of the auricular helix and lobule. Stimulation consisted of 100 square impulses of 0.1 ms duration with a frequency of 0.5 Hz and an intensity of 8 mA. EEG responses were recorded from positions C4-F4 and T4-O2, with impedances below 2 kΩ, using a Nihon Kohden MEB 9400. In healthy volunteers, VSEP responses were registered before and after subcutaneous infiltration of stimulated areas with the local anesthetic lidocaine 2%. In patients, VSEP acquisitions were made before and after induction of GA, during the maximal effect of non-depolarizing muscle relaxing agent cis-atracurium 0.1 mg/kg (C-AR) and after recovery from C-AR under GA.

Results
In healthy volunteers, responses with previously described latencies could be reproduced only during stimulation of the ear areas with AA points 15, 55 and 101, but not from non-acupuncture points. These responses disappeared after administration of lidocaine. In all patients the responses could be reproduced before and after anesthesia induction. The responses completely disappeared during the C-AR action and re-appeared after recovery from C-AR under GA. In some patients a stimulation-synchronous twitching of scalp muscles was observed.

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

References
(2) Nogier PMF. Über die Akupunktur der Ohnmuschel. Dt Ztschr Akup 1957.

Can acupuncture have an additional convergent effect?
A statistical study into five basic points

Theodoratou Konstantina, MD, Athens, Greece.

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

Materials – Patients
We investigate five of the most popular acupoints. We study individually their names, properties, history, and applications. We investigate whether there is common activity when jointly applied.

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

Conclusion
It is confirmed that the combination of the 5 acupoints studied is statistically used for the treatment of a large number of different diseases, with very good therapeutic results. The simultaneous use of these points is non-specific for individual main diseases. Nevertheless, their simultaneous action has stress-relieving properties, increases the blood circulation and fortifies the immune system, thus contributing to the solution of the main problem.

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

Overseas members of BMAS enjoy a reduced membership rate, plus all the other benefits of membership.

BMAS Points Resource
a new interactive online resource showing examination, palpation and needling.

Acupuncture in Medicine
the Medline-listed journal of the BMAS. Available online and in print.

BMAS webcasts of Spring & Autumn Meetings
keeping you right up to date wherever you are in the world.

For more information and to join visit the BMAS website
www.medical-acupuncture.co.uk
**Post-traumatic stress disorders – an integrative east-west psychosomatic approach**

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

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

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

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

PTSD will be explained by concepts of Oriental Medicine, e.g. Five Phases, Zang Fu, the concept of Qi, the concept of Hun Po and the Meridian Theory. The knowledge and experience of Oriental Medicine will be connected with western understanding, ideas and concepts in medicine, psychosomatics and psychotherapy. It could be helpful to combine western psychotherapeutic diagnostic procedures with the diagnostics of Oriental Medicine. This makes it possible to combine treatment procedures of both systems not just parallel but in a specific way, different forms of psychotherapy with different forms of acupuncture and other methods of OM. In its unique nature acupuncture is able to touch the roots of the spirit. In this way patients with PTSD could get an integrative east-west psycho-somatic treatment.

**Acupuncture and psychotherapy in phobic disorders**

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

**Introduction**

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

**Patients and methods**

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

To measure subjective severity of complaints the visual analogue scale was used. All patients were treated with Acupuncture: Laser (5mW), 20 Sec at each point, 10 sessions 1/week. Point selection was individually determined, but every patient was treated at points that have influence on phobic symptoms: heart 5-7, kidney 2-8-27, UB15, 23 and the ear point “anxiety”.

Half of the patients additionally were treated with psychotherapy, the guided affective imagery (GAI). The pictures should illustrate the emotional stress and the subconscious facts of anxiety.

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

**Results**

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

The pictures showed emotional stress and facts, which influence the emotion. There was an improvement of emotion in pictures after acupuncture. The best effect was seen in GAI combined with acupuncture.

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

**Conclusion**

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

Acupuncture influences the deep nerval functions and therefore somatic complaints.

Best effect was seen after combination of both methods because of the two different mechanisms that affect the phobic disorders.
A randomized study comparing one session with two sessions of non-invasive acupuncture in patients undergoing frozen-thawed embryo transfer (FET)

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

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

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

Methods
On the day of FET, 300 patients were randomly allocated to either one session or two sessions of non-invasive acupuncture according to a computer-generated randomization list in sealed opaque envelopes. The one-session group received one session of non-invasive acupuncture for 25 minutes after the transfer, while the two-session group received two sessions of non-invasive acupuncture for 25 minutes before and after the transfer. The pregnancy outcomes and anxiety level were evaluated.

Results
No significant differences were found in any pregnancy outcome between the two groups [overall pregnancy rate (1 session group versus 2 session group): 34.0% vs 34.7%; clinical pregnancy rate (1 session group versus 2 session group): 33.3% vs 33.3%; ongoing pregnancy rate (1 session group versus 2 session group): 26.0% vs 29.3%]. Anxiety level was significantly decreased after non-invasive acupuncture in the two-sessions non-invasive acupuncture group. There was no significant difference in changes in the anxiety level between the two groups.
Conclusion
One session of non-invasive acupuncture was as effective as two sessions, in terms of overall pregnancy, clinical pregnancy and ongoing pregnancy rates. The two-session-group was associated with a significant reduction in anxiety level, when compared with the one-session-group.

References

Complex „pine“- acupuncture as an effective part of multimodal pain management in rheumatologic disorders

Muraközy Henriette, MD, Bad Oeynhausen, Germany.

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

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

Patients
3015 in-patients of both genders, F: M= 4:1 (2412 women and 603 men) aged between 18-89 years in a period of 4 years (from 1.10.2006 to 30.9.2010), treated in our clinic with rheumatoid arthritis (RA), psoriatic arthritis (PsA) and spondylarthritis (SPA) (according to the current diagnosis and therapy criteria).

Methods - Clinical assessments
• The patients were treated with a standard block of multimodal, complex pain management (acupuncture, antirheumatic drug-, physical- and movement therapy / sports / preventive and therapeutic exercises, relaxing techniques, completed with elements of international „arts in hospital“ motion, loveful treatment). They followed a diet rich in vegetables, fish and liquids.
• The acupuncture was performed in a standard point cluster (named after the shape of the „pine - Christmas tree“: a combination of classical acupoints and antidepressive auriculotherapy, every second day (5x).
• In the beginning and in the end of each acupuncture session and at the ambulant control investigations at the 6th and 12th month the pain intensity outcomes were ranked on the Pain Intensity Scale from 100% (worst pain) to 0% (no pain).
• Serum levels of inflammatory parameters, activity and mobility indexes (DAS28, CDAI, SDAI, BASDAI, and HAQ) were detected before and after complex treatment.

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

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

Successful application of acupuncture in emergency medicine – new case reports

Schöckett Thomas, MD, Lecturer for YNSA at Witten/Herdecke Private University, Nidegen, Germany.

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

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

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

Results
Acupuncture is successfully applied for indications such as asthma, acute urine retention, acute apoplectic insult, shock, loss of consciousness, allergic reactions to insect bites and stings, lip oedema, lockjaw, psychiatric conditions such as mania, restlessness and anxiety, as well as acute pain and epilepsy. The authors’ experiences are illustrated by case studies.

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

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

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

This has led to a new “biophysical” interpretation of medicine, and a fuller understanding of how the energy activity of acupoints affects organs and tissues. The surprising aspect is that the conclusions which these studies have reached “scientifically” were already known to Chinese physicians of the past. Through their professional experience and through the collection of clinical evidences, the authors point out the use of acupuncture in treating chronic and acute pain conditions in the horse.

**Materials and Methods**
This work discusses the underlying mechanisms in the application of needles, according to classical theory, and also in the use of electric stimulation and laser application. It achieves a comparison between the different techniques in solving pain, in a variety of conditions, according to the clinical results.

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

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

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

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

---

15 **Chinese Herbal Therapy – is it risky?**

Rainer Nögel, MD, Munich, Germany.

This presentation deals with the safety aspects of Chinese Herbal Therapy (CHT). It starts with a short introduction to the foundations and principles of CHT and then discusses potential risks of CHT. These risks include false therapeutic approaches, possible side effects, drugs that are obsolete nowadays, and the, much discussed and important, issue of interactions, especially with western drugs. Proposals for a safe and reasonable handling of Chinese herbs are given. First of all therapists need to be well-trained in Chinese as well as Western medicine. Furthermore it is necessary to certify the identity and the quality of the herbs, with regard to pollution with heavy metals, insecticides and pesticides.

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

---

16 **Report on the second plenary meeting of ISO/TC 249**

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

Traditional medicine practices from China have evolved and spread worldwide. The international classification project is now harmonizing data, with the aim to monitor safety and efficacy in health care.

The municipality of The Hague has again supported the TCM by hosting its international conference of the 2nd plenary ISO-meeting on the 2, 3 and 4th of May. An international platform of 70 delegates from 35 participating countries will then be in The Hague for further work on global standardization of TCM.

The creation of ISO/TC 249 was in September 2009, with the secretariat at the Shanghai Institute of TCM. Since April 2010, the Netherlands is a participating member.
with their secretariat at the Netherlands Normencommissie (NEN 330 249). They took part in the first plenary meeting in Beijing on 7 and 8 July 2010.

Its Scope:
- Standards for Training and Education
- Standards for the Working environment:
  - Universities, hospitals, clinics and institutes.
  - Standards for Quality and Safety control of natural materials, needles and other equipment.
  - Production/usage of Chinese herbal medicines and their test methods.

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

17 Plants, health and (un)belief

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

Since ancient times mankind has exploited nature for all kind of useful products and enjoyed the colors, flavors, and fragrances of flowers, food, etc. Presently, many fine chemicals are derived from plants and used as medicines, dyes, flavors, fragrances, insecticides, etc. Originally most drugs were derived from plants, however, after the first successful introduction of synthetic drugs such as aspirin about 100 years ago, gradually synthesis became the more important source for drug development. Only in case of antibiotics and antitumor compounds, nature remained a major source for new drugs. Major reason was the difficulty of finding the active compounds in crude plant extracts, assays using animal experiments for testing activity are not suited for rapid bioassay guided fractionation of extracts. The assays for the antibiotic and antitumor activity on the other hand are more suitable for this purpose, explaining the success of natural products in these fields. In the past years the development of assays on the level of molecules (receptor binding and enzyme inhibition) opened complete new perspectives for natural products as source for new drugs. High throughput screens now allow the testing of thousands of samples per day. In combination with efficient separation methods and powerful spectrometric methods for identification and structure elucidation, active compounds from natural sources can rapidly be identified.

Despite the rapid developments in drug discovery, the core of western medicine is still based on compounds from medicinal plants traditionally used in the Europe. About 120 plant derived compounds are used as such in western medicine, but also many synthetic analogues have been made such as analgesics based on morphine, and local anaesthetics based on cocaine. On the other hand presently about 80% of the world population is using medicinal plants as their major source for medication in primary health care. In most cases scientifically little is known about the activity of these medicinal plants. It is obvious that much can be learned from these traditional medicines. To explore and eventually exploit the enormous potential of the traditional knowledge different approaches can be used. The already mentioned fast screening methods with known molecular targets can be used. However, it cannot be excluded that the activity of medicinal plants is due to synergistic effects of compounds present in the plant, or even due to compounds that are formed after digesting the plant material, in the digestive tract or in the liver. The willow bark is a good example. It contains the non-active salicoside that in the body is converted to salicylic acid, which has an analgesic effect.

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

References

Nederlandse Arsenten Acupunctuur Vereniging
Het is een uniek concept en de naam spreekt voor zich:
De Natuurapotheek® (AGB-code 10040), gespecialiseerd op het gebied van receptuur ten dienste van de natuurgenese, om de zorgwaarde van de patiënten te verhogen.

De Natuurapotheek® bereikt recepten op maat:
Custums, of Westers, on elkvoôchig of samengesteld in iedere gewenste vorm en juiste hoeveelheid vanuit de filosofie: kwaliteit en veiligheid, daar waar traditie en wetenschap samengaan, in dienst en uit respect voor de patiënt.


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

In hoofdzaak bereikt men magistrale receptuur in alle hedenstaande toedieningsvorm op basis van Westen of Oosters of de traditionele en moderne natuurgeneeskundige principes.

De Natuurapotheek® lever extra-actieve (o.a. granulaten), flesbare actieve (o.a. hydrosol concentraten en tincturen), kruiden kruiden (groeveden of gemalen), capsules, tabletten, crèmes en zalen, eet- en eetdruppels, siroop etc.

De activering van de Natuurapotheek® zijn bijzonder in de Europees Fytotherapie is een verhouding 1:19 gebruikelijk, overschrijvend met de sterfte van een medisch instituut (MI).

De Natuurapotheek® hanteert echter standaard 1:5, zoals men gevonden in de Angiosatsisie wereld.

Het voordeel is duidelijk: met deze verhouding kan beter worden gedaan, het is fysieke en de effectiviteit van de behandelingen niet hoger dan noodzakelijk. Een grote groep gebruikers stelt dat zeer op prijs.

De Natuurapotheek® heeft inmiddels ook 3000 klinieken van natuurlijke 'gecontroleerde' grondstoffen, van analyseren certificat voorzien grondstoffen, op voorraad.

De analytische klinieken worden aan de monografie van de Europese Farmacopee, en anders in Europa erkende farmacopea of een monografie, die voldoen aan de laatste wetenschappelijke maatstaven.

Daarom wordt de veiligheid optimale verkozen. Insuline en ontraadelijke worden zoveel mogelijk in dezelfde flessen voor de aflevering.

De filosofie is dat de patiënt wordt geholpen met de juiste diagnose, de juiste therapie en de juiste preparaten. Kortom van 2 wereld: Natuurapotheek® en 'gewone' apotheker maakt een verfijnde vissewering tussen het reguliere veld en het additieve veld mogelijk. Trouwen 'regulier', 'additief' en 'alternatief' zijn normale begrippen; wat wij hier 'alternatief' roemen, wordt in China 'regulier' genoemd.

De Natuurapotheek® staat verder open voor advies en informatie over producten, receptuur, veiligheid of contra-indicaties, voor apothekers en tepsprofessors en wie in een efficiënte visseverwerking van de reguliere en het natuurgeneeskundige veld met elkaar op een zinvolle manier verbonden en laten communiceren en discussiëren.

De Natuurapotheek® zou een sterke vleug achter hun een pluralistisch model binnen de gezondheidszorg, waarin de onderschreven geïndiceerde zullen worden, beoordeeld en rijk aan geïntegreerde, met elkaar en met elkaar geklede, die het welzijn van de patiënt verbeteren.

Hiervoor is openheid nodig en moeten we elkaar laten zien waar we mee bezig zijn, onze twijfels, vrees en twijfels delen.
CLINICAL OBSERVATION OF ACUPUNCTURE AND MOXIBUSTION, COMBINING CHINESE HERBS, IN THE TREATMENT OF 36 CASES OF REFRACTORY PRIMARY TRIGEMINAL NEURALGIA

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

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

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

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

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

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

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

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

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

Unique in this study are:
- the formula with its modifications: multi-target,
- the use of hydrophilic concentrates,
- the cooperation of two doctors, both specialized in herbal medicine, a TCM-therapist and a pharmacist and its private set-up, the guiding of the NVF (Dutch Association for Phytotherapy) and the approval from the METOPP ethical commission.

It is remarkable that up till now, this article is still in the top-10 most-read Herbal Medicine Research studies.

Method
Between 2002 and 2004, 31 peri- and postmenopausal Dutch women were recruited to complete 12 weeks treatment with either CHM formulae (n = 10), HRT (n = 11) or placebo (n = 10) plus a 4 weeks non-treatment follow-up observation.

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

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

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

Composition
- Radix Rehmanniae Praeparata, SHU DI HUANG 40 g
- Fructus Corni, SHAN ZHU YU 20 g
- Radix Rehmanniae Praeparata, SHU DI HUANG 40 g
- Sclerotium Poriae Albae, FU LING 15 g
- Cortex Moutan Radicis, MU DAN PI 15 g
- Os Draconis Ustum, DUAN MU LI 20 g
- Cortex Moutan Radicis, MU DAN PI 15 g
- Rhizoma Alismatis, ZE XIE 20 g
- Fructus Lycii, GOU QI ZI 10 g

Main TCM indication
Kidney Yin Deficiency

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

CONCLUSION
This study proves clearly that CHM can help women with their menopausal problems. The chosen trial methodology, with its TCM differential diagnosis following the orthodox medicine diagnosis, is fully compatible with TCM practice and hence acceptable for western and Chinese medical practitioners. For acceptance in the orthodox western health care system, we need to conduct a larger trial with a more menopause specific questionnaire.
### Acupuncture for Persistent Moderate Chronic Obstructive Pulmonary Disease, a Randomised Pragmatic Controlled Trial in the Netherlands

**Smeets Jos, MD Vet, the Netherlands.**

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

COPD is characterized by an obstruction of the airways, mainly caused by chronic bronchitis or emphysema, most often in combination. The impact of COPD on patient’s life is devastating. Almost half of all COPD patients suffer from daily life impairment and have serious restrictions in their work and social engagement. COPD is preventable and treatable, although the airway limitation itself is not fully reversible. Depending on the severity of obstruction of the airway the patients are categorised according the GOLD-standard into classes from I to IV, from minor to severe.

The scientific committee of the Dutch Medical Acupuncture Association (NAAV) organises a pragmatic controlled clinical trial to investigate the additive role of acupuncture treatment in patients with mild or moderate COPD (GOLD classes I and II) treated by general practitioners (GP’s). The objective of the study is to evaluate the effectiveness and cost-effectiveness of acupuncture combined with standard care compared to standard care alone. The primary parameters are FEV1 and FVC as a measure of lung function and CCQ score as an overall measure. Secondly, costs, like visits to the GP, physiotherapist and dietician, acupuncture treatments, prescribed medication as well as over-the-counter medication, nutritional supplements, travel expenses, time lost from paid work, oxygen use, hospital admissions and hours for household assistance, will be compared. The primary parameters will be measured at start of the trial, at 6 weeks, at the end of the acupuncture treatment (12 weeks), and one and three months thereafter, in 100 patients selected by 10 GP’s and randomly divided into the trial and control group. Data will be analysed with multilevel analysis (three-level longitudinal structure, significance level of 0.05, power 90%). To reduce the effect of smoking on the data, smokers and non-smokers will be evenly distributed between the trial and control group during inclusion. Blinding is not possible during the live-phase and as this is a pragmatic trial, data analysis will be according Intention To Treat (ITT). The start of the trial is foreseen for the last quarter of 2011.

### Acupuncture Clinical Trials: A Systematic Literature Review

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

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

### Search strategy
Articles published in peer-reviewed journals were identified by search of PubMed from 1977 to June 30, 2010. Database Searches were conducted using the keywords combinations including “acupuncture”, “clinical trials” with no language restrictions. The term “acupuncture” is used in its broad sense to include traditional body needling, moxibustion, electroacupuncture, laser acupuncture, microsystem acupuncture such as ear (auricular), face, hand and scalp acupuncture, and acupuncture (the application of pressure at selected sites).

---

### Acupuncture Formula

<table>
<thead>
<tr>
<th>Formula</th>
<th>Composition</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/ when hyperactive Liver Yang add:</td>
<td>+ Radix Gentiaca, LONG DAN CAO 8 g + Radix Scutellariae, HUANG QIN 6 g + Fructus Gardeniae, ZHI ZI 6 g + Semen Plantaginis, CHE QIAN ZI 6 g + Radix Angelicae sinensis, DANG GUI 10 g + Radix Bupleuri, CHAI HU 9 g + Radix Angelicae sinensis, DANG GUI 10 g + Herba Leonuri, YI MU CAO 12 g + Radix Scutelariae, HUANG QIN 6 g</td>
</tr>
<tr>
<td>3/ when Heart Blood Deficiency add:</td>
<td>+ BAI ZHU 9 g + Rhizoma Atractylodis macrocephalae, FA BAN XIA 9 g + Rhizoma Zizyphi spinosae, CHUAN ZAO REN 15 g + Fructus Schizandrae, WU WEI ZI 3 g + Rhizoma Gentianae, LONG DAN CAO 8 g + Radix Salviae miltiorrhizae, DAN SHEN 6 g</td>
</tr>
<tr>
<td>4/ when Empty Spleen and Stomach add:</td>
<td>+ Semen Zipsyphi spinosae, SUAN ZAO REN 15 g + Radix Polygalae, YUAN ZHI 6 g + Fructus Schizandrae, WU WEI ZI 3 g + Radix Angelicae sinensis, DANG GUI 10 g + Semen Coicos, YI YI REN 15 g + Fructus Amomi, SHA REN 6 g + Semen Coicis, YI YI REN 15 g + Fructus Aurantii, ZHI KE 6 g</td>
</tr>
<tr>
<td>5/ when Stagnation of Phlegma add:</td>
<td>+ Rhizoma Zingiberis, GAN JIANG 6 g + Radix Glycyrrhizae, GAN CAO 3 g + Cortex Magnoliate officinalis, HOU PO 6 g + Rosulus Fructus, ZU SHU 15 g + Radix Scutelariae, HUANG QIN 6 g + Bulbus Frutillarum circrhosae, CHUAN BEI MU 8 g + Semen Zizyphi spinosae, CHUAN ZAO REN 15 g + Radix Glycyrrhizae, GAN CAO 3 g</td>
</tr>
</tbody>
</table>

---

**20**

**21**
Results
About 1800 articles with abstracts were identified. The main results are presented in charts and graphs, giving information on the therapists’ countries, the years and the languages of publication, the study designs (numbers of subjects, the tested group, the controls used), the symptoms/diseases/disorders tested, and the results obtained.

Conclusion
The results attest to the wide range of diseases and conditions that can be effectively treated with acupuncture, but most of the trials were not based on formal clinical trials conducted in a rigorous scientific manner. Unlike the evaluation of a new drug, controlled clinical trials of acupuncture are extremely difficult to conduct, particularly if they have to be blind in design and the acupuncture has to be compared with a placebo. Various “sham” or “placebo” acupuncture procedures have been designed. Another difficulty in evaluating acupuncture practice is that the therapeutic effect depends greatly on the proficiency of the acupuncturists. Therefore, it is necessary to measure heat stimulus might not be implied that heat stimulus might not be enough to generate therapeutic effects by WN currently used in a clinical setting [1]. Therefore, it is necessary to measure thermal properties on a warm needle intervention to assess its clinical usefulness.

Materials and methods
Heat characteristics in the process of WNA are acquired using a thermocouple based automatic measurement system. A stainless steel needle (0.25 x 30 mm) and cylinder shape moxa cones were employed. Location of a moxa cone on the needle handle varied three times. Temperature time courses were measured at two sites along the needle body for each location of the cylinder. In the study, the size and location of the cylinders, and needle insertion depth were considered as main factors to affect overall heat stimulus by the WNA on the human skin in TCM treatment.

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

Methods
For some investigational devices (cardiac ablation catheters, replacement heart valves, ophthalmic devices, hip replacement systems), the FDA has allowed the approval process to include single arm clinical studies where the control group has been replaced by expected standard results known as OPC without compromising the scientific integrity required by its mission of public health safety.

It is a number used as a comparator in single arm trials where randomization is impractical or impossible. OPC are presented as fixed standards. OPC are derived from endpoints in published studies. OPC should be established by a team of therapists in cooperation with statisticians, and should be followed by a detailed analysis on how it was derived in a peer-review journal. OPC must reflect the current level of care and must be periodically re-evaluated.

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

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

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

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

Purpose
Unlike the evaluation of a new drug, controlled clinical trials of acupuncture are extremely difficult to conduct, particularly if they have to be blind in design and the acupuncture has to be compared with a placebo. Another difficulty in evaluating acupuncture practice is that the therapeutic effect depends greatly on the proficiency of the acupuncturists.

Could an alternative to double blind randomization like an OPC (Objective Performance Criteria), used in FDA approval for some medical devices in the USA, be used as a valid scientific alternative to show efficacy in clinical trials in Acupuncture?

Methods
For some investigational devices (cardiac ablation catheters, replacement heart valves, ophthalmic devices, hip replacement systems), the FDA has allowed the approval process to include single arm clinical studies where the control group has been replaced by expected standard results known as OPC without compromising the scientific integrity required by its mission of public health safety.

Methods
For some investigational devices (cardiac ablation catheters, replacement heart valves, ophthalmic devices, hip replacement systems), the FDA has allowed the approval process to include single arm clinical studies where the control group has been replaced by expected standard results known as OPC without compromising the scientific integrity required by its mission of public health safety.

It is a number used as a comparator in single arm trials where randomization is impractical or impossible. OPC are presented as fixed standards. OPC are derived from endpoints in published studies. OPC should be established by a team of therapists in cooperation with statisticians, and should be followed by a detailed analysis on how it was derived in a peer-review journal. OPC must reflect the current level of care and must be periodically re-evaluated.

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

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

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

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

Purpose
Warm needle acupuncture (WNA) is a physical combination of acupuncture and moxibustion in traditional Chinese medicine. The WNA is to harness heat from a burning moxa cone installed on the needle handle via a needle that is inserted into the human body. The WNA is being used in Korea as well as other regions to treat cold related symptoms. Several clinical trials have been reported to show its efficacy. Nature of the stimulus is subject to various factors, which might affect the efficacy of the modality. However, preliminary studies implied that heat stimulus might not be enough to generate therapeutic effects by WN currently used in a clinical setting [1]. Therefore, it is necessary to measure thermal properties on a warm needle intervention to assess its clinical usefulness.

Materials and methods
Heat characteristics in the process of WNA are acquired using a thermocouple based automatic measurement system. A stainless steel needle (0.25 x 30 mm) and cylinder shape moxa cones were employed. Location of a moxa cone is to harness heat from a burning moxa cone installed on the needle handle via a needle that is inserted into the human body. The WNA is being used in Korea as well as other regions to treat cold related symptoms. Several clinical trials have been reported to show its efficacy. Nature of the stimulus is subject to various factors, which might affect the efficacy of the modality. However, preliminary studies implied that heat stimulus might not be enough to generate therapeutic effects by WN currently used in a clinical setting [1]. Therefore, it is necessary to measure thermal properties on a warm needle intervention to assess its clinical usefulness.

Materials and methods
Heat characteristics in the process of WNA are acquired using a thermocouple based automatic measurement system. A stainless steel needle (0.25 x 30 mm) and cylinder shape moxa cones were employed. Location of a moxa cone is to harness heat from a burning moxa cone installed on the needle handle via a needle that is inserted into the human body. The WNA is being used in Korea as well as other regions to treat cold related symptoms. Several clinical trials have been reported to show its efficacy. Nature of the stimulus is subject to various factors, which might affect the efficacy of the modality. However, preliminary studies implied that heat stimulus might not be enough to generate therapeutic effects by WN currently used in a clinical setting [1]. Therefore, it is necessary to measure thermal properties on a warm needle intervention to assess its clinical usefulness.

Materials and methods
Heat characteristics in the process of WNA are acquired using a thermocouple based automatic measurement system. A stainless steel needle (0.25 x 30 mm) and cylinder shape moxa cones were employed. Location of a moxa cone is to harness heat from a burning moxa cone installed on the needle handle via a needle that is inserted into the human body. The WNA is being used in Korea as well as other regions to treat cold related symptoms. Several clinical trials have been reported to show its efficacy. Nature of the stimulus is subject to various factors, which might affect the efficacy of the modality. However, preliminary studies implied that heat stimulus might not be enough to generate therapeutic effects by WN currently used in a clinical setting [1]. Therefore, it is necessary to measure thermal properties on a warm needle intervention to assess its clinical usefulness.

Materials and methods
Heat characteristics in the process of WNA are acquired using a thermocouple based automatic measurement system. A stainless steel needle (0.25 x 30 mm) and cylinder shape moxa cones were employed. Location of a moxa cone is to harness heat from a burning moxa cone installed on the needle handle via a needle that is inserted into the human body. The WNA is being used in Korea as well as other regions to treat cold related symptoms. Several clinical trials have been reported to show its efficacy. Nature of the stimulus is subject to various factors, which might affect the efficacy of the modality. However, preliminary studies implied that heat stimulus might not be enough to generate therapeutic effects by WN currently used in a clinical setting [1]. Therefore, it is necessary to measure thermal properties on a warm needle intervention to assess its clinical usefulness.

Materials and methods
Heat characteristics in the process of WNA are acquired using a thermocouple based automatic measurement system. A stainless steel needle (0.25 x 30 mm) and cylinder shape moxa cones were employed. Location of a moxa cone is to harness heat from a burning moxa cone installed on the needle handle via a needle that is inserted into the human body. The WNA is being used in Korea as well as other regions to treat cold related symptoms. Several clinical trials have been reported to show its efficacy. Nature of the stimulus is subject to various factors, which might affect the efficacy of the modality. However, preliminary studies implied that heat stimulus might not be enough to generate therapeutic effects by WN currently used in a clinical setting [1]. Therefore, it is necessary to measure thermal properties on a warm needle intervention to assess its clinical usefulness.
of the size of the moxa cylinders. The difference was decreased with an increase in the distance between a moxa cylinder and the needle root. The amount of heat delivered to the skin and the duration time of meaningful heat stimulus were also significantly decreased with the increase.

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

**CEREBRAL CIRCULATION AND KOREAN HAND ACUPUNCTURE THERAPY**

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

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

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

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

**EVIDENCE BASED KOREAN HAND ACUPUNCTURE**

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

**Introduction**
The National Center for Complementary and Alternative Medicine (NCCAM) and the World Health Organization (WHO), have been expanding the clinical application of acupuncture. Many research institutes conduct research into the mechanisms underlying acupuncture; however they have not come to an obvious solution. NIH Consensus Statement published in 1997 agrees that acupuncture has effectiveness for certain illnesses and symptoms; however more research is necessary to understand the mechanisms underlying acupuncture. In contrast, a systematic review of clinical acupuncture trials research concluded that sham acupuncture may be as efficacious as true acupuncture. It should be questioned why these conflicting results occurred, there are various issues and no clear solution to this.

It is not easy to understand the meaning of concepts in acupuncture through use of modern scientific concepts. The content of the original acupuncture texts were written in classical Chinese. Therefore it is not easy to define the meaning of concepts using modern scientific terms. It is also hard to find well translated literature to understand the concepts used in the Classics. The author showed interest in this matter since 1968; however it was extremely difficult to find solutions to these issues. Since 1982 the author exchanged ideas with TW Yoo, founder of Korean Hand Acupuncture Therapy (KHT), and started to understand the concept of acupuncture-related texts and the world of acupuncture in general. Through these opportunities and experience I have been researching how KHT can be applied to modern medicine. From 1978 to 2010 20 Korean and Japanese KHT Symposiums have been held. These provided opportunities for the author to meet many medical practitioners that are also researching into KHT. Through this and through research on KHT published by western scholars, the author realized that KHT can easily be applied in clinical practice by western medical practitioners and researchers. There are many medical practitioners who are hesitating to apply traditional acupuncture in clinical practice even though they have undergone training in it for a long time, whereas KHT is easy to...
learn and apply in clinical practice without any side effects. Traditional acupuncture and KHT are different in theory. KHT however is excellent in a clinical setting. I want to discuss problems in “how to study acupuncture objectively” with open mind as follows.

Main Subjects
There is a lot of research that puts acupuncture into practice. Its significance however has been criticized. There is variation in efficacy regarding research into acupuncture in headaches and other diseases. This highlights many issues that need a solution, in theory, diagnosis, treatment and practice methods. This is the foundation of acupuncture research.

- Issues in Acupuncture Research
- Acupuncture research methods
- Role and theories of acupuncture
- Issues in Diagnosis
- Treatment with acupuncture
- Research using Korean Hand Acupuncture

Concluding remarks
To incorporate acupuncture with a long history into modern medicine, close investigation needs to be done about how and where acupuncture has been used until now. Issues raised need to be solved by scientific methods. The principles and theories of yet unfamiliar acupuncture should be clarified. The correct research direction should be established. Thus, objective and standardized diagnosis and standardized treatment principles will be possible and effects and methods could be evaluated.

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

26 The effects of so-called “forbidden acupuncture points” in the pregnancy’s outcome of Wistar rats

Silva Joao, MD, São Paulo, Brazil

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

Methods
Forty-eight pregnant Wistar rats were randomly divided into four groups:
- total control, where the rats were left in cage without manipulation
- anesthetized control, where rats were manipulated and anesthetized but did not receive electro-acupuncture
- peripheral points and
- sacral points, where rats were anesthetized and received stimulation of four acupuncture points, respectively LI4-SP6 and BL27-BL28.

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

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

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

27 Pathophysiology expressed in advanced auricular therapy

Frank Bryan L., MD, Edmond, USA.

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

Aims
The aim of this presentation is to convey the importance of the interrelationship of pathophysiology and the multiple phases of Auricular Therapy and to emphasize the enhanced therapeutic results obtained with incorporation of treating the advanced phases.

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

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

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

Conclusion
In conclusion, treatment of advanced Phase points, when active, will lead to enhanced clinical response to treatment, rather than treating only the common Phase 1 points of the “inverted fetus” projections.
New discovered auricular reflex-point of the ciliospinal center in addiction treatment

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

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

The point was first described by Julius Budge of the department of neuro-anatomy of the University of Rostock. Mastalier discovered it experimentally. This point represents a vegetative center in the spinal medulla at the level C8 and Th2. Its efferent sympathetic pathways lead to the sympathetic chain ganglia and proximal to the cervical and peripheral ganglia. In the middle of the hypothalamus there are neurons that go to the Centrum Ciliospinale. This center is an important switching center to the superposed hypothalamic regulating centers. The hypothalamus is the central coordination and switching center of the vegetative system. The centers superposed to the hypothalamic control and regulate the main important regulative processes, like the absorption of food, the hunger and satiation centers. The superposed centers also have influence on the endocrine system, through the connections with the pituitary gland, the hypophysis. Stimulation of the Budge point must be, hypothetically speaking, “retro-active impulse information” to this superior regulating hypothalamus.

Mastalier performed a clinical study during three decades. He was able to have long-time observations during the treatment of patients with obesity, overweight, smoking addiction and alcoholism. He could confirm better therapeutic results when the Budge/Mastalier Point was used in the individual point combination. Using the point gave a more impressive and clear VAS-reaction, on the handedness corresponding auricle. The auricular localization of the point was confirmed by the multiple ear examinations with corresponding noticeable reactions in patients with addictions. This auricular reflex point only appears clearly in patients with drug dependence or all forms of addiction. Excessive food intake or sweet craving, overeating, fast food-addiction and other obesity-related problems, dependency of nicotine, smoking, alcoholism, dependency of psycho-pharmaceuticals and analgesics. The point does not show sensibility to simple pressure detection. It can only be found by approaching the +3V pole of the detector, controlling the Nogier pulse reflex answer. The choice of the metal needed for the needle is made using the electrical 3V-bipolar detector.

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

Investigation of human biofield with a polarizing filter in auriculomedicine

Stránecký Milan, MD, Czech Republic.

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

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

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

Conclusion
Taking DHB is easy and very beneficial, especially in the evaluation of the prognosis and the effects of the treatment.
Auricular acupuncture for the treatment of pain

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

Auricular acupuncture (AA) represents an excellent model to be tested, using the research methodology of Randomised Controlled Trials (RCT). The assumption of a somatotopic representation of the entire human body on the external auricle allows the easy application of necessary RCT attributes (blinding, invasive or non-invasive control conditions) in acupuncture research (1). In the last decade, this methodological phenomenon facilitated the performance of an array of RCT on the clinical effectiveness of AA for conditions mainly affecting the central nervous system (2, 3). The most common described clinical application of AA is the treatment of acute and chronic pain (4, 5). Two recent systematic reviews of studies evaluating AA for pain treatment suggested that AA may be effective for the treatment of a variety of types of pain, especially postoperative pain (5, 6). These clinical analgesic effects of AA can be explained using the neurophysiological model. The auricle receives the overlapping innervation of the cranial (trigeminal and vagal) and spinal C1–C3 nerves (7). The afferent fibres of the auricular branch of the vagal nerve terminate in the solitary and spinal trigeminal nuclei, which are involved in the transmission and processing of pain. In animal model, vagal stimulation, which produced analgesia, was mediated via the nucleus tractus solitarii and involved the system of endogenous opioids (11, 12). In chronic pain patients AA, applied for treatment of pain, was associated with increased beta-endorphine in cerebral fluid (13). There is evidence that stimulation of central regions of the external auricle produces analgesic effects, supported with the biologic mechanism of these effects.

References:

Paraplegia and acupunctural signal


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

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

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

Discussion
Spectral analysis of bio-differences of skin electrical potentials of acupoints under the level of the lesion shows that acupuncture has a regulatory effect and reduces electric skin levels. Does it mean that acupuncture reduces the functional disregulation under the level of the spine lesion? Are these phenomena a sign of hyper autonomic reflectivity?

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

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

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

I will give you a definition, a survey of causes, and then I will speak about the therapy that is used in regular therapy and in Acupuncture therapy, that I use.

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

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

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

Retinitis pigmentosa treatment

Firatli Osman, MD, Turkey.

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

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

Results
A complete amelioration of vision field tests, an increase at vision acuity, entirely amelioration of adaptation disorders are after 20 sessions ascertained. As a result of the treatment, a decisive improvement has been ascertained in Retinitis Pigmentosa complications, like macular edema, astigmatism, optic atrophy and nystagmus.

Conclusion
The results shows us clearly that we can cure Retinitis Pigmentosa and other systemic genetic diseases, Bardet- Biedl and Usher Syndrome, which are seen with Retinitis Pigmentosa, using Electro-Acupuncture Therapy.

Because of the disappointment of other treatment techniques, the electro-acupuncture treatment seems to be the only choice in genes therapy.

Acupuncture healing in dermatology: an experimental study with rats

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

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

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

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

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

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

Conclusion
Acupuncture seems to be an excellent method to treat wounds and scars; there is need for further studies to clarify this.
Acupuncture is one of the complementary medicine therapies with the greatest demand in Switzerland and many other countries in the West and in Asia. Over the past decades, the pool of scientific literature and diagnostic methods upon which acupuncture has markedly increased. The most effective and efficient acupuncture approaches come from the therapist and also from the environment. It is essential to be empowered by Mother Nature, for instance, good sunlight, trees, and other natural surroundings. The intention of the therapist plays an important role in healing. The therapist should have compassion and loving kindness in all their dealings with patients. Without compassion there is no healing, when there is no healing there is no medicine.

Clinical use of acupuncture in mental health

Acupuncture is an excellent modality for treating mental health, especially physical, mental, and spiritual imbalances. There are seven emotional conditions which are connected to every zang fu organ system. They are as follows: anxiety (heart and small intestines), worry (spleen and stomach), fear and fright (kidneys and bladder), anger (liver and gallbladder), sadness (lungs and large intestine), and depression (pericardium and triple energizer). Each organ system is associated with positive and negative types of emotions. When the organ system is healthy – they have a positive emotional factor. There are two gates of human consciousness in the upper extremities. These spiritual gates are: TE.5x2 (outer gate for emotional ventilation), PC.6x2 (inner gate for human consciousness). Other categories include: HT.7x2 (deep relaxation and sleep), BL.14x2, BL.15x2 with cupping (deep relaxation). Cupping and moxibustion on the back shu points are used for sedation and tonification of emotions of the corresponding organ system: CV.5 (sub-conscious childhood trauma), usually combined with TE.5 (to further explore childhood trauma), GV.4 (a life gate point to increase patient’s spirit), GB.41x2 (reunion of inner and outer spirits), GV.20 (the most powerful point for harmonization known as one-hundred points meet each other), and EXHN.1x4 (four wise men is for mental alignment of vital energy). One of the bladder meridians (three tsun away from the midline) is mainly used for treating psychosomatic disorders. Overall our bodies have everything that is necessary to ultimately be balanced and harmonized.

Similarities and differences between physician acupuncturists and non-physician acupuncturists in using diagnostic methods – an explorative study

Ausfeld-Haft Brigitte, MD, Nedeljkovic Marko, MSc, Switzerland.

Purpose

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

The goal of this study is to assess the use of different diagnostic methods in the acupuncture practices and to investigate similarities and differences in using these diagnostic methods between physician and non-physician acupuncturists.

Methods

44 physician acupuncturists with certificates of competence in acupuncture – traditional chinese medicine (TCM) from Association Schweizer Arztegesellschaften für Akupunktur und Chinesische Medizin (the Association of Swiss Medical Societies for Acupuncture and Chinese Medicine) and 33 non-physician acupuncturists listed in the EMR (Erfahrungsmedizinisches Register: a national register, which assigns a quality label for CAM therapists in complementary and alternative medicine) in the cantons Basel-Stadt and Basel-Land were asked to fill out a questionnaire on diagnostic methods. The responder rate was 46.8% (69.7% non-physician acupuncturists and 29.5% physician acupuncturists).

Results

The results show that both physician and non-physician acupuncturists take patients’ medical history (94%), use pulse diagnosis (89%), tongue diagnosis (83%) and palpation of body and ear acupuncture points (81%) as diagnostic methods to guide their acupuncture treatments.
De in Innovazym gericht samengestelde combinatie van natuurlijke enzymen en de uitgebalanceerde combinatie met vitaminen, mineralen en Co Q10, activeren het im- muunsysteem tot zelfgenezing. Stystemische Enzymtherapie met Innovazym is daar- mee een veilige en natuurlijke behandelvorm. De werk- ing is bovendien wetenschappelijk onderbouwd. Meer weten? Bel 0342-420714 of kijk op www.sanopharm.com

*N Bron. Medizinische Enzym-Forschungsgesellschaft - Germany
Between the two groups, there were significant differences in the diagnostic tools being used. Physician acupuncturists do examine their patients significantly more often with western medical methods (p<.05) than this is the case for non-physician acupuncturists. Non-physician acupuncturists use pulse diagnosis more often than physicians (p<.05). A highly significant difference was observed in the length of time spent with collecting patients’ medical history, where non-physician acupuncturists clearly spent more time (p<.001).

**Conclusion**
Depending on the educational background of the acupuncturist, different diagnostic methods are used for making the diagnosis. Especially the more time consuming methods like a comprehensive anamnesis and pulse diagnosis are more frequently employed by non-physician practitioners. Further studies will clarify if these results are valid for Switzerland in general, and to what extent the differing use of diagnostic methods has an impact on the diagnosis itself and on the resulting treatment methods, as well as on the treatment success and the patients’ satisfaction.

### 38 Chronoacupuncture in the Treatment of Biliary Dyskinesia

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

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

**Patients and methods**
We monitored electrodermal resistance and temperature on the acupuncture points related to the biliary tract in three groups of people, ages from 16 to 26 (with a control group of 32 healthy young people, 35 hypertonic-hyperkinetic biliary dyskinesia patients and 31 hypotonic-hypokinetic biliary dyskinesia patients). The research revealed a shift of biorhythms of both electrodermal resistance and temperature on acupuncture points in biliary dyskinesia patients.

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

**Results**
Ultrasound cholecystography has revealed that the suggested chronoacupuncture method had a positive influence on the volume of the gall-bladder and its moving function, in both hypertonic-hyperkinetic and hypotonic-hypokinetic dyskinesia patients.

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

### 39 Chronic Fatigue - is Acupuncture Enough?

**Chin Chan, MD, Australia.**

The basis of chronic fatigue is energy, or more accurately, a lack of energy. This paper considers the genesis of cellular energy and how this process can go wrong. Functional pathology testing is discussed and examples are given of how this can assist diagnosis. Discussion of treatment includes acupuncture, herbs, detoxification and nutrition. This is a practice orientated paper rather than a theoretical discussion.

### 40 Dietary Treatment in Headache of Schoolchildren

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

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

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

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

**Results**
Out of 117 randomized participants 32...
(27%) suffered from lactose malabsorption. 25 patients did no longer meet the introduction criteria or broke off. There was a slightly higher, but not significant dropout rate in the self-help group. 76 of the remaining participants changed their nutritional habits. 59 (83 %) reported subjective improvement, 56 of which fulfilled the success criteria, with no statistically significant difference between the two groups. No significant difference was found between tension type headache and migraine.

**Conclusion**

Not only migraine, but also tension-type headache responded in a relevant dimension to nutritional treatment. In case of a higher migraine frequency combined with allergic comorbidity, the efficacy of the nutritional regime seems to be even more pronounced. Personal counselling shows only a trend towards better clinical results. The lacking statistical difference between the two treatment groups excludes a significant importance of personal influence as explanation of headache improvement. In daily counselling, a combination of written information and a short personal explanation seems to be a practicable procedure.

---

**FOOD AS MEDICINE**

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

**Purpose**

To emphasize the role of food in medical treatment.

**Working methods**

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

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

**Patient results**

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

**Recipe**

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

**Conclusion**

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

We will present a case history showing that, by giving Chinese Nutrition Therapy along with an acupuncture treatment, one can achieve good results. It is about a female patient of about 60 years old; her cardiologist established that her cholesterol levels were too high. After implementing the Chinese nutrition advices her cholesterol levels went down rapidly. Together with the acupuncture treatments, the levels stayed low over the last years. We will also give a recipe analysis of sweet Raisins in Gin, which are said to be effective in the home treatment of pain and swollenness in Arthritis. These Raisins in Gin can be bought in big pots in stores selling spirituals, people eating some of them in wintertime after meals. In Holland they are called Boerenjongens, farmerboys.

This recipe analysis is to show how, according to the Chinese Nutrition Therapy, each ingredient of food has energetic values of its own, determined by its thermal nature, its flavor, leading to its effectiveness on specific networks.

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

---

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

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

Our study indicated that in most serious diseases, particularly in cancer & other malignant diseases, normal cell telomere is very low. For example in cancer patients, cancer cell telomere is very high and normal cell telomere is very low, as low as 1 yg (=10^-24g).

When normal cell telomere is increased over 500 ng BDORT units or higher, up to optimally high doses, and cancer cell telomere becomes practically zero, cancer cells can no longer divide and the circulation all over the body increases. Mercury, asbestos, lead, & other toxic substances as well as bacteria, viruses, and fungi will be excreted in large amounts in the urine. If an optimally high normal cell telomere level is maintained, some of the cancer tissue begins to reduce in size. Increasing normal
cell telomere is also extremely important to staying healthy and young and to obtain longevity. General circulation (including brain & cardiovascular circulation) is often significantly improved & often wrinkles reduce, white hairs become darker, & youthful appearance can be obtained. In Alzheimer’s patients, Amyloid (1-42) in the brain, AI, asbestos, Cytomegalovirus, & Chlamydia trachomatis also markedly reduces by significant excretion into the urine, which often results in significant improvement of the condition. However, clinical symptoms show the most improvement when this is done within the first 3 years of diagnosis. Increasing normal cell telomere to excessively high amounts of 2000 ng BDORT units or higher, however, can induce malignancy.

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

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

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

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

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

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

Gold-implantation

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

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

Introduction
Since the 1970’s veterinaries have treated dogs and horses for different painful joint problems with gold implantation with excellent results. Inspired by these results, Dr. Hans Kjerkegaard started treating degenerated joint conditions and other pain conditions with this acupuncture related method in 1996. Since then, several thousands of patients have been treated successfully with this treatment method.

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

Methodology
To achieve good long-lasting results, the importance of the principals in segmental acupuncture, especially the use of the secondary segments, is emphasized, when treating with gold implantation.

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

Conclusion
As the method of gold-implantation has a high and long-lasting positive effect in chronic degenerative joint conditions, this method should be a lot more widespread.
**NEW FLOATABLE ACUPUNCTURE NEEDLE FOR THE TREATMENT OF PAIN AND STROKE PATIENTS IN AQUA AEROBICS WITH YAMAMOTO NEW SCALP ACUPUNCTURE (YNSA)**

**Schockey Thomas, MD, Germany.**

**Purpose**
The new floatable acupuncture needle (utility patent 12011 November 26) is designed to be used during water gymnastics to provide support for patients with pain and after a stroke. In therapeutic water gymnastics (aquarobics) many patients with pain and after a stroke feel more facile, easy and light, in comparison to conventional physiotherapy, because especially warm water relaxes the muscles.

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

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

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

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

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

---

**INTERSTITIAL LASERNEEDLE ACUPUNCTURE — A NEW OPTION FOR DIFFICULT PAIN SYNDROMES**

**Weber Michael, MD, Germany.**

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

Laser-needles are normally applied on the skin and only the laser beam penetrates into the tissue. We know today that the skin is a big barrier for laser light penetration and reduces the power of an infrared laser already by about 75 % after 2 mm. So relative high energies have to be applied on the skin to guarantee a sufficient penetration. A further limiting factor is the skin color, so treatment of deep areas in humans with dark skin color can be a huge problem. Blue and green lasers penetrate the skin only some mm and so cannot induce their anti inflammatory effects in deeper layers. “Interstitial laser therapy” can solve this problem. This method was already performed earlier with hard lasers to coagulate tumors or other dysplastic structures in the deep tissue layers or inner organs.

**Material and methods**
For interstitial acupuncture a thin laser fiber in a small canula is inserted into the body like a metal acupuncture needle and the low level laser beam is applied close to the spot of injury or a deep acupuncture point. This setting enables the laser light to reach the deep pain areas in a sufficient concentration. Also we combine in this method needle- with laser acupuncture, so we are using here a “true laserneedle”. A first cross-over pilot study with 25 patients was performed with treatments of chronic shoulder, knee and severe spine syndromes. All patients were treated before with laser-needles only with unsatisfying clinical improvement.

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

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

---

**THREATS FOR ACUPUNCTURE, ANSWERS TO PERCEIVED THREATS**

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

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

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

**Question**
Although criticism of old philosophies, different schools of thought within TCM, the obedience to the rule of analogy, empirical practices… are justified, the question is if these arguments could serve as prejudices
Depressive states: is it possible to predict side-effects of anti-depressants with a clinical Chinese synopsis in somatic acupuncture? And which adverse effects might we expect in auriculotherapy for major depression?

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

Clinical Chinese synopsis (somatic acupuncture)
We observe in which Chinese diagnostic cases [1] we see side-effects of anti-depressant medication. We discuss in which cases patients had shown a good response to medication and in which cases there had been side-effects. We discuss what happens generally in stagnation of Qi of the Liver, in Liver dominating the Spleen, in deficiencies of Qi and/or Yang of the Spleen and/or Kidneys, in full and deficient Fire, in deficiency of Blood and in Phlegm-Cold and Phlegm-Heat. Is acupuncture a good alternative to alleviate these side effects? Can we advise to stop antidepressants, and in which case? Can we reassure patients that medication will be beneficial, and in which cases?

Auriculotherapy
We discuss adverse effects during treatment of Major Depression in auriculotherapy. The negative symptoms of major depression can be alleviated by auriculotherapy, but we observed that underlying anxiety is reactivated in a switch from negative- (adynamia, apathia, internal cold, anorexia, anorgasmia) to positive symptomatology (psychomotor unrest, heart palpitations, hyperventilation, sleeplessness, tremor) [1].

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

References

Danger by acupuncture in ophthalmologic diseases.

Nepp Johannes, MD, Johannes Bischko Institute of Acupuncture, Medical University Vienna, Austria.

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

Methods
Our observation included literature, books and citations from courses, in coordination with medical knowledge, especially anatomy, physiology and ophthalmology. We subdivided the problems into philosophical, psychological, natural science and methodical factors, to find possible or occurring complications. Additionally, problems with our own patients are described.

Results
These main problems could be detected:
1) Methods: ignoring the anatomical situation, there were damages and perforations of the eyeball, especially by deep needle insertion.
2) Pathophysiology: there were wrong indications for acupuncture in genetic errors.
3) Psychology: there was a weak effect of acupuncture in fear of blindness or psychic diseases
4) Science: there was delayed regular treatment, because of the primary use of acupuncture, such as inhibited surgery or lack of useful medication.
5) Medical: irritations, glare and retinal risk by the use of a low level laser.
6) Problems with our own patients: they terminated the treatment themselves because of a sense of well-being.

Conclusion
Acupuncture is a wonderful method complementary to the scientific western medicine. But like for every method, wrong application is a risk for the patients. Especially when like in ophthalmology, the patients’ complaints are often mixed with psychological problems, there are many risks. These should be avoided.
Ontdek de effectieve werking van fotonen- en softlaser-therapie!

De Hyper-Photon 3D:

- stimuleert het energetische regulatiesysteem, tonifieert en reguleert Qi
- is effectief bij yin/ yang, koude/ hitte, deficiëntie/ exces en interne/ externe condities
- wordt gezien als het eigentijdse vervolg op acupunctuur en laseracupunctuur
- is toepasbaar als solotherapie én in combinatie met acupunctuur

- activeert het zelfherstellende vermogen van het lichaam
- werkt pijnreducerend, ontstekingsremmend en weefselregenererend
- verbetert de mentaal-emotionele conditie
- is effectief bij een breed scala aan gezondheidsproblemen

- is ontwikkeld op basis van 30 jaar biofotonen- en laseronderzoek
- stimuleert productie en functie lichaamseigen biofotonen
- Is eenvoudig te integreren in acupunctuur- en tandartspraktijk
- wordt al 20 jaar wereldwijd succesvol toegepast door artsen en therapeuten

Therapie met licht, dat is de toekomst!

Heeft u belangstelling? Vraag dan de brochure aan bij Medifoton
www.fotonentherapie.nl   |   0172 - 490155
Thermographic Measurement of the Skin Temperature in the Application of Laser Acupuncture in the Neonate

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

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

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

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

The pictures were taken before the start of the acupuncture application, and then after 1 minute, 5 minutes and 10 minutes, respectively. In each of these instances, the warmest point was determined and subsequently compared. During the examinations, the ambient temperature and humidity were kept constant. All the data were noted by way of a box-plot diagram. The statistical evaluation was carried out on the basis of ANOVA for repeated measurements, or the Tukey Test, respectively.

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

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

Misunderstandings and Errors of Traditional Acupuncture

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

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

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

A focal point of the functional self-regulation is the semi-autonomous segmental complex. Via the intercostal nerve-segment of the medulla spinalis - rami communicantes - sympathetic trunk ganglia - enteric nervous system and vice versa, the afferent and efferent signals are conducted. Protoopathic, epicritic, conscious and unconscious proprioception and sympathetic afferents from organs, blood vessels, smooth and striated muscles and other tissues are processed in part on the segmental level of the medulla spinalis. The nuclei intermediolaterali in the lateral horn of the spinal cord, which alike Shu-points ranging from Th1 to S2, run their dendrites into the thorax and abdomen.

On one hand, the metameric structure works like a reflex within the segments. On the other hand, the frontal, middle and dorsal circulations of the meridians represent the three functional complexes of the phylogenetic tissues. The endodermal tissue of the digestive tract has the function of digestion and metabolism.
The mesodermal tissue with vessels and muscles has the function of the motor activity and retaining. The ectodermal tissue with the central nervous system, hormonal and genetic management, includes the function of information processing and control.

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

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

### Practice of Sa-Ahm (Korean) Five Element Acupuncture of Classical Qi Model

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

**Background**

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

**Purpose**

We are in need of setting the standard of the classical Qi model acupuncture in order to gain more effective treatment, though the mechanism is scientifically thrown light on. We have to study the Qi model based on evidence-based medicine, as well as assess the neuro-model based on the Qi model.

**Methods**

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

**Results**

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

### Types of Acupuncture, an Attend of Classification

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

**Purpose**

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

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

**Method**

In different studies in international literature we can find different acupuncture practices with diverse efficiency and effectiveness. Sometimes they are not sufficiently defined and typified to be able to compare their results. We could not find any previous classification of types of acupuncture.

**Results**

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

**Conclusion**

We present a classification of the different types of acupuncture practices to be considered in scientific works.
**The mind-body concept of Tibetan medicine using the example of the theory of constitution**

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

Tibetan Medicine (TM) has made a name for itself during the last decade inside the Complementary Medicine (CAM) in Europe. The interest in TM has strongly increased. Based on a holistic humoral medical theory and practice, Tibetan Medicine, Sowa Rigpa, opens access to a deep understanding of specific concepts of chronic diseases. The threefold humoral theory of the interaction of wind (rLung), bile (tripa) and phlegm (bedken) can be only revealed by the core of Tibetan Medicine, its Mind-Body concept. This concept is based on Buddhist philosophy and psychology.

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

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

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

**Facts for the future: PTNS (Percutaneous Tibial Nerve Stimulation) and its introduction in conventional medicine**

Biemans Johanna, MSc, the Netherlands.

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

**Methods**
   Biemans J.M.A.E. MSc, Blok H.MSc, Trijffel E. Msc.
   If data are available: presentation of the results of the Dutch trial, Bladder training with or without PTNS in the treatment of OAB.
2. Explanatory mechanisms known up till now.

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

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

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

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

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

---

**Nascholing bekkenpathologie op 19 november 2011 in Hotel Postillion Bunnik**
DongBang - Excellence at Sensible Prices

DongBang Acupuncture needles

- Sterile, disposable for single use.
- Surgical stainless steel.
- Spring handle, easy glide insertion.
- Made in South Korea.

DongBang Moxa

- Excellent selection of moxa products.
- Charcoal moxa with very little smoke.
- Electrical moxa device.
- Stick-on moxa.

DongBang Cupping Sets

- Glass cupping set or non-breakable plastic cupping set.
- Replacement pistol pumps and cups available.
- Disposable cups for single use available.
- All cups with air-locking valves.

Official Provider
DongBang acupuncture products in the Benelux

To claim your FREE box of needles (EU countries only) please email: 1CMARTpromotion@naalden.biz
or for more information please visit: www.naalden.biz
Laser Acupuncture Treatment Relieving or Controlling Gynaecological Problems

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

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

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

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

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

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

Effect of Laserpuncture for Autism Spectrum Disorder in Children

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

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

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

According to Xingxingyu (child autism treatment center in South China), there are in China about 500.000 children diagnosed with autism in 2001, as published by the South China Morning Post (August 18, 2001).

Based on data from the polyclinic Child and Adolescent Mental Cipto Mangunkusumo, during January 1-December 31, 2000, there were 103 new patients with autism. Compared to the year 1998 (July 1 to December 31): only one new case recorded. That means that autism cases increased 50 to 100-fold. As a comparison, the data from one private hospital in Jakarta in 2000 (January 1-December 31) show as many as 102 cases of autism in new patients. From these data, the ratio of the number of cases of autism found in men and in women is (3:5): 1.

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

Diagnosis and treatment efforts are still colored by bias among experts, especially for simple people. Report from the Laboratory of Research and Development Services Acupuncture in Surabaya in 2000, during the 2-year deal with autism with 84 children between ages 2-6 years with Laserpuncture.

Problem
Does Laserpuncture gives effect in children with autism?

Hypothesis
Laserpuncture gives effect to children with autism.

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

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

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

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

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

Results
- 2 subjects (8.7%) obtained improvement of all variables (100%).
- 6 subjects (26.09%) obtained improvement in 13 variables (92.86%).
- 5 subjects (21.74%) obtained improvement in 12 variables (85.71%).
- 3 subjects (13.04%) obtained improvement in 11 variables (78.57%).
- 3 subjects (13.04%) obtained improvement in 10 variables (71.43%).
- 2 subjects (8.7%) obtained improvement in 9 variables (64.29%).
- 1 subject (4.35%) obtained improvements in 7 variables (50%).
- 1 subject (4.35%) obtained improvement in 6 variables (42.86%).

Conclusions
1. With a significant Chi-Square test between the case group and the control group (p = 0.000 (p < 0.05)), there is a very significant difference. It can be concluded that Laserpuncture has an effect in children with autism.
2. Mean decline in CARS scores in the case group before and after intervention (10.5 ± 3.9), whereas in the control group (5.4 ± 3.6) with p value 0.000 (p < 0.05).
3. Laserpuncture has a good effect on 7 variables in autistic children:
   - Emotional response
   - The use of object
   - Adaptation to change
   - Visual response
   - The response hearing
   - Fear or anxiety
   - Verbal Communication

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

Welkom bij VitOrtho
VitOrtho is importeur en distributeur van voedingssupplementen van het merk NOW. Daarnaast voeren wij een aantal producten onder ons eigen VitOrtho label. Al onze producten zijn van zeer hoge kwaliteit en voorzien in de behoefte van een goede orthomoleculaire suppletie. Kortom:

TOPKWALITEIT VOEDINGSUPPLEMENTEN MET EEN GEZONDE PRIJS!

Testset
VitOrtho heeft tevens een testset, waarin alle voedingssupplementen zitten. Dit zijn er bijna 200!

Informatie
Heeft u interesse in onze testset of een gratis catalogus?
Surf dan naar www.vitortho.nl.
Een e-mailtje sturen naar info@vitortho.nl of bellen naar 070-3010703 kan natuurlijk ook.
The purpose of this study is to bring information about and to discuss the way of treating diseases with vascular problems in our medicine. Surgery is the possible treatment in many cases in western medicine. Treatment with acupuncture in combination with releasing muscle tension treatment of some important localizations, sometimes can avoid surgery.

**Methods**

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

---

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

Acupuncture points have a hypothesis in anatomical explanation. In physiological research they have a clear effect when approached biomolecular and biophysical. Biophysical examination of an acupuncture point could visualize a specific electrical voltage profile after stimulation of acupuncture point ST.36 (Zusanli), SP.6 (Sanyinjiao), LI.4 (Hegu), PC.6 (Neiguan) that was similar to that after injection of technetium pertechnetate isotope.

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

- LI.4: dorsum hand between the meta-carpal bone 1-2 and on the radial side of the mid point of the second metacarpal bone, at m.lumbricales I and m. adductor pollicis.
- ST.36: on the anterolateral side of the leg, 3 cun below ST.35 (Dubí), one finger breadth from the crista anterior of the tibia anterior of the m. tibialis anterior.
- SP.6: on the medial side of the leg, 3 cun above the tip of the medial malleolus, posterior of the border of the tibia and anterior of the m. tibialis anterior.
- PC.6: on the palmar side of the forearm, on the line connecting PC.3 (Quze) and PC.7 (Daling), 2 cun from the wrist, between the tendon m.palmaris longus and medial m.flexor digitorum superficialis.

Correlation of anatomy and physiology in acupuncture is very important, in practice and in medical teaching.
in the back, which could compress or block the vessels, have to be relaxed. All hypertonic muscles, caused by overtraining, trauma or meridian blockage, will be shortened and larger in size than before, and will compress the surrounding tissues. The vessels and nervous system have many locations in the body that can be compressed or injured. Anatomical knowledge is here a big plus.

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

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

60 Mapping of the outline of normal internal organs & cancer tissue as well as exact localization of acupuncture points, their shape, diameter & depth using bi-digital O-ring test EMF resonance phenomenon between 2 identical molecules or tissues

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

Abstract
More than 20 years ago, the author succeeded in the outlining of internal organs on the body surface as well as in localizing the exact locations of cancer tissue without any electronic imaging devices using Bi-Digital O-Ring Test Electro-Magnetic Field Resonance Phenomenon between 2 identical molecules or tissues. Then, using the same method, he discovered at Showa University, Tokyo, with the late Prof. C. Takishigei, Chairman of Physiology Dept. & others, that one could localize the exact location, shape, size, & depth of an acupuncture point & the meridian to which the acupuncture point belongs. A semi-quantitative evaluation of the therapeutic effect of the pathological parameter can be accomplished in any private office without expensive equipment. Using this method, a number of meridians & their acupuncture points were studied, particularly the stomach & lung meridians & their acupuncture points were examined in the same patient repeatedly. It was found that the location of these meridians & acupuncture points can shift when they have diseases of corresponding tissue of the meridian. In addition, acupuncture points can shift significantly depending on the applied voltage & polarity. The shifting happens almost immediately after the application of an external voltage. The distance of the shift increases with the increase in the magnitude of applied voltage. The direction of the shift depends on the polarity. This shift becomes more than 1 cm with the use of an applied voltage of 1.5 volts or higher. Therefore, the determination of acupuncture points by the use of electrical measurement can sometimes be unreliable, depending on the magnitude of the applied voltage. The location of an acupuncture point found under application of an electrical field and without electrical field is almost always different. Therefore, if one wants to use an electrical device for detecting acupuncture points, the voltage should be a minimal small amount of less than 1.5 volts, particularly less than a few hundred millivolts.
**Workshops**

---

### 61 Fractal analysis in studies on aging in an animal model: the nematode C.elegans, a fragile but elegant worm

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

**Background**

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

**Aim**

Many organs of the human body have a spatial structure that consists of repetitions of similar substructures at always smaller scales (e.g. the bifurcating bronchial tubes in the lungs) [3]. This self repeating design can be described and quantified objectively with the concept of fractals (mathematical calculation in physical sciences). It has been observed that many organs loose fractality with age, as well as with disease or bad habits [4]. Many organs also produce time signals (cf.EEG, ECG) or noise that loose fractality in time under the same circumstances [5].

A detailed mathematical analysis of these time signal permits an estimation of the physical state of the organ, in a non-invasive way.

**Method**

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

**Conclusion**

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

**References**


---

### 62 Identification of different phases of electrical activity by fractal analysis of EEG

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

**Introduction**

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

**Aim**

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

**Methods**

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

**Results**

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

**Conclusions**

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

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

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

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

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

Results
There are significant differences in the fractal dimension (FD) of the different stomach points in the diverse EEG derivations, and the corresponding electrical brain activation to particular cortical regions.

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

The scientific background of Neural Therapy

Ortner Wolfgang, MD, Austria.

Ferdinand Huneke discovered the possibility to relieve pain by giving injections of local anesthetics far away from the localization of the pain. At this time, it was an empirical experience, with some hypothetic explanations of the mechanisms.

In the meantime, we are able to better understand the mechanisms of information and regulation of the body. Pain research and new insights of neuro-physiology and neuro-immunology lead to a better understanding of the pathways of information.

We have more knowledge about the neuronal connections at several levels, for instance the mechanism of the segmental intercommunication, the mechanisms of activation and inhibition at the level of the dorsal horn (the follow up of the Gate Control), the mechanism of neuronal plasticity, of wind up, as a prolonged stimulation of the dorsal horn by activation of WDR neurons, with central sensitization as the result.

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

When we discover for instance a scar as an interference field (that means it figures out that this structure is responsible for functional disorders or pain potentially also in another part of the body), we are able to normalize or improve the regulation system of the body by temporary inactivation of this causative factor. Especially in the case of scars we are facing a complexity of misinformation. Cell damage means permanent signals to the nociceptors and activation of the arachidonic acid cascade. The continuing release of pro-inflammatory substances causes the release of peptides, excitatory amino acids and neurotransmitters. The result is a decrease of the sensitivity threshold and consecutive hyperalgesia.

Neural Therapy is able to normalize all this processes due to the combination of the anti-inflammatory effect of local anesthetics with several other mechanisms.

Neural Therapy for acupuncture non responders

Wander Rainer, MD, PhD, Elsterberg, Germany.

Acupuncture activates our endogenous body inhibitory systems. If the endogenous evoked defensive action is not enough to cope with the problem, stimuli deletion processes must come in to help the body. Neural therapy deletes peripheral over excitation conditions and deletes fields of interference. Interference fields spread through neural, biochemical, and functional-muscular paths. They determine distant disorders.

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

Both therapies are shown and their most important neural therapeutic injections are practiced using a headache model as an example. Pain locations in the head are related to meridian courses. Acupuncture recognizes cephalgias related to the following meridians: bladder, gall bladder, stomach, the triple heater, and liver. According to von Wancura’s segmental anatomy postulates, thoracic organs are projected into the forehead and the temples (Yang-Ming-
Axis), while abdominal organs are projected into the temples and the parietal bone (Shao-Yang-Axis), and pelvic organs into the occiput (Tai-Yang-Axis). Neural therapy can target and block stimulating sources stemming from these meridian disturbances. Neural therapy deletes incoming stimuli from these regions and, thus, is able to silence sympathetic, parasympathetic, and vascular stimulating projections at the head meridian area.

Neural therapy in the oncology

Piehler Petja, MD, Wasserburg am Inn, Germany.

Neural therapy develops more and more as an important partner in the complementary oncology. The method can be applied with good success, both preventive and secondary after cancer. New research about the protective effect of local anaesthetics on DNA level builds the ground for further development in this area. The different fields for use of neural therapy in the oncology are:

- Excellent possibility for treatment of pain
- Matrix reset through treatment of the fields of disturbance
- Improvement of the regulative ability of the body
- Reduction of side effects of the anticancer therapy
- Symptom control
- Reducing the sympathotonus which correlates with immunological depression

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

Treatment pathways for acute and chronic pain cases in a private acupuncture clinic

Fazakis Georgios, MD, Chania, Greece.

Treatment methods

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

Main methods

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

Adjunctive methods:

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

Research

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

Results

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

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

Overall good results 260 cases 93,33%.

Conclusion

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

Acupuncture related techniques: beyond acupuncture for pain amelioration and tissue functional restoration

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

Introduction

Beyond acupuncture and Neural Therapy, Prolotherapy is an important acupuncture-related technique largely unknown and unpracticed globally, even by many medical acupuncture practitioners, while it has been taught and practiced in the USA for over 50 years. Prolotherapy may be the most important acupuncture-related technique that has largely been omitted in most medical acupuncture practices.

Aim

The aim of this presentation is to introduce Prolotherapy as a potent, viable acupuncture-related technique and to encourage its integration within medical practices.
Methods
The method presented is a review of the principals of Prolotherapy for tissue regeneration and healing, especially where acupuncture and Neural Therapy have failed.

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

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

“Bi-Syndrome” cured by Chinese electroacupuncture

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

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

“Bi-Syndrome” is a pain disorder introduced in Traditional Chinese Medicine, mainly caused by deficiency of energy and stagnation of blood. It can result the invasion of external cold and dampness. People with bad condition, especially old people or woman in postmenopausal state are susceptible for this disorder. The disorder is well known in modern western medicine as polymyalgia, fibromyalgia, bursitis, ‘Frozen Shoulder’, also some of the neck/shoulder pain. The Syndrome of Raynaud might be related with “Bi-Syndrome” too. The pain mostly is located in the arms, the shoulders, the upper part of the back, the hip or the buttocks. The pain mostly comes from the muscle. Pain from the bones (the fingers or toes etc.) can also occur. Radiating pain like neuralgia may exist, the reason for misinterpretation of the pain as from a Hernia Nuclei Pulposi. Characteristic of the “Bi-Syndrome” is the existence of trigger points (pressure sensitive pain points). Muscle knots, especially in fibromyalgia, can be found.

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

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

Specific reduction of number and intensity of Neck Reflex Points (NRPs) as important signs of chronic disturbance fields by Neural Therapy

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

Purpose
Neural therapy (NT) is the treatment of pain and chronic dysfunctions with local anesthetics. Besides local treatment, in neural therapy remote injections are performed to influence complex regulation mechanisms, similar to acupuncture. NT techniques may be helpful to eliminate chronic obstacles of healing in acupuncture by injections into remote disturbance fields (irritation zones, stoerfields). However, little is known about the nature and effects of this remote injection techniques. Moreover, there is only little empirical support for the concept of local disturbances influencing distant areas of the body, known as “stoerfields”. Therefore, we investigated the effects of “stoerfields injections” onto remote reflex areas (neck reflex points, NRP).

Patients and methods
Using a pretest-posttest design, we investigated the effect of neural therapy at specific sites of the visceral cranium (sinuses, teeth, pharyngeal region) onto the corresponding neck reflex points (NRP) at the cervical spine. NRPs have been described as reflex zones for disturbances of the head and throat. In a CAM clinic in Germany, 36 women (age: ±1 ±14 years) were examined for tenderness of 12 NRPs before and after treatment with the local anesthetic. The injections followed standard regimens of NT techniques.

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

In order to investigate specific effects on individual NRPs, a multilevel regression analysis for binary data was conducted. The analysis revealed that treatment of an
A study of the Sa-Ahm (Korean) five element acupuncture theory and clinic

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

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

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

Results
Gao-Wu, in the Chinese Ming Dynasty, used the Five Shu points for the first time, based on the creation cycle as the tonification and sedation treatment, termed the “tonification and sedation treatment of self meridian”. Since then, and for no particular reason, this method has been rarely used until Sa-Ahm’s new doctrine, which includes the concept of the destruction cycle, was asserted.

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

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

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

Stressors, Qi and sexual energy

Goehler Annett, MD, Germany.


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

Connection to Syndiastic Sexual Medicine.
### OPLEIDINGS-DATA NAAV-BVGA 2011-2012

<table>
<thead>
<tr>
<th>Vrijdag en zaterdag 16 en 17 september 2011</th>
<th>Vrijdag en zaterdag 20 en 21 januari 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vrijdag en zaterdag 7 en 8 oktober 2011</td>
<td>Vrijdag en zaterdag 10 en 11 februari 2012</td>
</tr>
<tr>
<td>Vrijdag en zaterdag 11 en 12 november 2011</td>
<td>Vrijdag en zaterdag 9 en 10 maart 2012</td>
</tr>
<tr>
<td>Vrijdag en zaterdag 16 en 17 december 2011</td>
<td>Vrijdag en zaterdag 13 en 14 april 2012</td>
</tr>
</tbody>
</table>

### NAAV AGENDA

| ALV met gratis nascholing                          | 25 juni 2011       |
| Start Opleiding NAAV-BVGA                          | 16 september 2011  |
| Nascholing bekkenpathologie                        | 19 november 2011   |
| Nascholing                                         | 21 april 2012      |
| Afscheids-Congres SNO                              | 21 september 2012  |

---

**Acufit**

**Zoekt collega’s**

Acufit* Nederland B.V. is op zoek naar enthousiaste acupuncturisten die ons team willen versterken. Acufit* is een uniek concept, waarbij mensen binnen een sportinstituut op een geheel eigenwijze aan hun vitaliteit werken. Acufit* heeft hiervoor een aantal behandelprogramma’s ontwikkeld. De programma’s richten zich op behandeling, ondersteuning en preventie met als thema fit worden en fit blijven.

Bent u op zoek naar een uitdaging en een leuke werkomgeving? Neem dan contact met ons op voor een vrijblijvend gesprek.

U kunt bellen met 088 - 6688900 of mailen naar: werk@acufit.nl

---

**Onze behandelprogramma’s**

AcuQuit, AcuSkin, AcuSlim, AcuRelax, AcuCare en AcuSport

**Meer informatie treft u op onze website:** www.acufit.nl

---

Acufit Nederland B.V.  
Zijpendaalweg 43  
6814 CC Arnhem  
The Netherlands  
T 088 - 618 08900  
F 088 - 618 0949  
E info@acufit.nl  
I www.acufit.nl
The direction of acupuncture in the coming 10 years in research and practice

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

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

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

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

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

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

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

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

Overview of future directions for basic research in acupuncture

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

Western medicine investigates new medical treatment techniques for intractable diseases. Most of those techniques that are investigated are based on electricity, like deep brain stimulations for epilepsy and depression, but also for Parkinsons disease. Can acupuncture be a less invasive technique for stimulating the same targets of those new medical applications? It is fundamental and very important for medical acupuncturists to be updated with the newest researches’ data and methodologies. Acupuncture researches can then be better designed, combining the
acupuncture knowledge and results with the newest scientific data. Latest researches demonstrated, that a functional homeostasis can be obtained, not only in the body but also in the brain, with the aid of acupuncture. Is this the same for structural homeostasis or plasticity? If so, how can we demonstrate it? We are getting closer to reveal the effects of acupuncture points with the aid of new imaging technologies, like functional MRI, EEG, MEG, but also with the newest data analyzing softwares. Further, there are newest tracers that may be the focus of meridian researches, in addition to acupuncture point effects itself. On the other hand, it is better to know that those techniques may also have limitations and may cause misinterpretations of the effects of acupuncture.

Electroacupuncture for Parkinson disease: a Parkinson model of rat study

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

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

Purpose and method
We applied electroacupuncture (EA) to P6 point which is located on the median nerve territory in the rats that will become models of PD and checked if there is any resistance in the rats for becoming a Parkinson model. The control group of rats only needed injections to become a Parkinson model.

Results
Our preliminary results were in correspondence with our theory. The rats which have EA sessions demonstrated a resistance against becoming a Parkinson model. The results of the rotation test which is the confirmation of being a Parkinson model were significantly different within control and EA group of rats. Further, we checked the dopaminergic neurons in Substantia Nigra with the tyrosine-hydroxilaze staining and compared the results with the control group in order to clarify the neuronal survival (if any) achieved by the EA.

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

<table>
<thead>
<tr>
<th>Acupuncture Needles</th>
<th>Price per Box of 100 Needles</th>
</tr>
</thead>
<tbody>
<tr>
<td>HWATO Naalden</td>
<td>€ 4.00</td>
</tr>
<tr>
<td>Tony Acupuncture Naalden</td>
<td>€ 2.70</td>
</tr>
<tr>
<td>Shuicheng Acupuncture Naalden</td>
<td>€ 2.20</td>
</tr>
</tbody>
</table>
Decreasing uterine artery blood flow with electroacupuncture in humans

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

Background
Western medical drugs can improve blood flow for all vessels simultaneously, but are not able to single out one target organ exclusively, without additional surgical intervention as arterial ligation. Electroacupuncture (EAP), on the contrary, shows a very selective action in increasing or decreasing blood flow in a target organ. Improving the blood flow of a target organ with EAP is fundamental for pathologies as myocardial infarction, stroke, but also infertility cases. Our latest publication, in the “Fertility and Sterility journal”, showed that EAP can improve blood flow to testicles in humans by using a specific frequency and acupoint combination. Further, we also clarified that the frequencies, effective in rats, may fail in humans. Decreasing blood flow for a specific organ is also a significant issue for uterine fibroids e.g.

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

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

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

Migraine treatment follow-up: possibility of predictions with fractal EEG study

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

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

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

Methods
A longitudinal study was taken, considering the particular features of auricular points of one patient when analyzed by the FD of EEG, compared before and after treatment of migraine, with data obtained during the initial treatment, after a fortnight and after ten months of treatment, and after nine months without treatment.

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

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

Influence of neural therapy on the autonomic nervous system, measured by Heart Rate Variability (HRV)

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

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

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

Results
We compared the three most commonly used HRV parameters RMSSD (square root of the mean squared differences of successive heart beat intervals), E-I Difference (difference between the highest and lowest heart rate in DBT), and mean heart rate (HR). In both groups, we found changes in all three HRV parameters, measured before and after consultation. However, the improvement of HRV parameters in the NT group was significantly higher than in the control group.
Conclusion
Neural therapy significantly improves parasympathetic activity of the autonomic nervous system. HRV is a promising tool to quantify general effects of regulation medicine methods, like neural therapy, acupuncture, and related techniques.

Patients with clinical/radiological hyperplasia of mammary glands show pathological persistence of temperature of skin points

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

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

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

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

Results
In the controls, the temperature of points close to the breasts and ovaries decreased with age. In women older than 39 years, HMG patients showed persistently high temperatures but in the lower extremities there were no differences. With a threshold for thoracic skin point KI21 of 33.2°C, sensitivity and specificity in distinguishing controls from HMGs were 96% and 52% (p=0.0001) respectively, as validated in a test set, similar to recent DITI results for breast cancer detection.

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

Acupuncture treatment for refractory post-traumatic pain in adults

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

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

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

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

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

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

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

Results
(see TABLE: DESCRIPTIVE ANALYSIS)

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

Theodoratou Konstantina, MD, Athens, Greece.

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

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

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

Patients
We studied several of the diseases most commonly appearing at an acupuncture clinic: pain - periartitis, lumbago, respiratory disorders - allergic rhinitis, asthma, skin disorders - eczema, dermatitis, gynecologic disorders - dysmenorrhea, menopause, neurologic problems - neuralgia, ischialgia, chronic patients - osteoarthritis, systemic diseases - dermatosclerosis.

There are some common anxiety symptoms even in totally different disorders. Symptoms are described by patients or conceived by physicians. These are related to weakness and anxiety created to humans by any disease: fatigue, weakness, discomfort, insomnia, i.e. anxiety symptoms in general.

We chose a few of the most common causes for which patients visit acupuncture clinics. We selected two random cases: a. Shoulder periartitis b. Asthma. We implemented two therapies: simple, common treatment, and combined treatment – adding stress-relieving therapy to the initial treatment. According to our experience this is quite common in everyday clinical practice, therefore we completed our samples using existing cases.

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

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

<table>
<thead>
<tr>
<th>DIAGNOSIS</th>
<th>Nº Patients</th>
<th>Recovery</th>
<th>Relapse</th>
<th>Recover and</th>
<th>No Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failed spinal surgery</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Phantom Limb</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>CRPS I</td>
<td>6</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Brachial plexus avulsion</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Intercostal pain.</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Post TBI and COD</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Post TBI and partial medul-</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>lary section.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post TBI</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>


Appendix 1:
Graph 1: Comparative results using acupuncture.

Mail uw suggestie voor de Nascholing op 21 april 2012 naar de onderwijscommissie
Agriculture and Supply Secretary Acupuncture Ambulatory between 2001-2008 in São Paulo, Brazil: a case study

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

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

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

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

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

ICMART International Council of Medical Acupuncture and Related Techniques – its role in building up an Integrative Medicine

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

Founded in the spirit of the young Medical Acupuncture established in the West ICMART has grown tremendously since 1983 to represent the largest umbrella organization of Medical Acupuncture worldwide. ICMART has a unique history. More than 90 member societies in Europe and in all other continents are showing the development and the success of Medical Acupuncture in the world over the last decades, the widespread use of its diagnostic and therapeutic possibilities, its integrative power to become part of the conventional medicine, to enrich it and to widen its horizon.

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

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

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

CAMDOC Alliance

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

CAMDOC alliance is the collaboration of European doctors’ associations in the field of Complementary and Alternative Medicine, representing about 130 European associations of medical doctors: European Committee on Homeopathy European Council of Doctors for Plurality in Medicine (ECPM), International Council of Medical Acupuncture and Related Techniques (ICMART), International Federation of Anthroposophic Medical Associations (IVAA).

The mission of CAMDOC is to develop and facilitate the integration of the well established and respectable CAM-methods into European Health Policies with the aim to provide the European citizens with the added value to medicine that CAM can provide.

CAMDOC tries to bring CAM on the EU agenda and lobbies for better regulation of CAM and of CAM medicinal products, including appropriate legislation and regulation of these products. Therefore
CAMDOC is responding to DG SANCO consultations, published documents related to CAM in general and the practice of CAM by medical doctors in particular, which are to find on www.camdoc.eu. You will find “Model Guidelines for the Practice of Complementary Therapies (CAM) by medical doctors in the European Union” to ensure that the associated members utilize CAM in a manner consistent with safe and responsible medicine, in view of the increasing interest in and use of CAM therapies in medical practice. “The regulatory status of Complementary and Alternative Medicine for medical doctors in Europe” gives an overview of the current legal and regulatory status of the various CAM modalities provided by medical doctors in the EU member states. CAMDOC cooperates in a political collaboration with European organisations of patients (EFHPA, EFPAM), practitioners non doctors (EFCAM) and manufacturers (ECHAMP). This EUROCAM had several meetings with DG SANCO. In the EU health information portal is now a short sentence on CAM with links to CAM organisations. In the European Research Program FP7 is included the CAMBRELLA survey on CAM in Europe. A CAM interest group of Members of the European Parliament was organised. Contributions were given in the first two meetings, about CAM medicinal products and on the contribution of CAM to healthy aging. A CAM conference for politicians on the added value of CAM is in preparation.

Current situation of CAM in Europe and development of a roadmap for future CAM research – EU project CAMbrella

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

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

Objectives
The overall goals of this 3-year coordination project are to describe the situation of CAM in the EU and, based on this, to develop a roadmap for future CAM research. The following specific issues will be addressed:
1. Develop consensus on definitions for the terminology of the major CAM interventions used in Europe.
2. Review the current legal status of CAM in EU states.
3. Explore the needs and attitudes of EU citizens with respect to CAM.
4. Create a knowledge base that allows an evaluation of the patients’ demands for CAM and the prevalence of its use in Europe.
5. Explore the providers’ perspectives on CAM treatment in Europe.
6. Map the international position and status of CAM within health care policy and relate the current EU situation to the global context.
7. Propose an appropriate research strategy for CAM taking into account issues of effectiveness, safety, costs and regulation.

Methods
CAMbrella involves a consortium of 16 appropriately skilled university based academic research institutions from 12 European member states. The project will be delivered in separate work packages corresponding to the specific aims, coordinated by a Management Board and directed by a Scientific Steering Committee with support of an Advisory Board. One work package is specifically dedicated to communication and dissemination, and another one includes all management activities.

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

CAM in Switzerland - a story of success

Ausfeld-Hafter Brigitte, MD, Switzerland.

Purpose
Since the nineties, the field of complementary and alternative medicine (CAM) in Switzerland has markedly developed. Purpose of this review is to provide an overview about the past and the present status of CAM in Switzerland. Eventually, knowing the history is a good position to explore the future.

Methods
A historical overview of the CAM situation in Switzerland will be presented by highlighting important milestones at a political level, relevant characteristics of clinical CAM-practice and CAM-research, executed by the Institute of Complementary Medicine KIKOM.
Results
Since 1996 all medical acupuncture associations are connected in one head organization (Association Schweizer Arzttgesellschaften für Akupunktur und Chinesische Medizin ASA; www.akupunktur-tcm.ch). This organization is in charge of TCM related education and certification of medical doctors. Currently, there are 778 doctors in Switzerland owning a certificate of competence in Traditional Chinese Medicine / Acupuncture.

The Institute of Complementary Medicine KIKOM at the University of Bern was founded in 1995 (www.kikom.unibe.ch). The chair was subdivided into the four most common complementary methods: 25% were assigned to TCM, Classical Homeopathy, Anthroposophic Medicine, and Neural Therapy respectively. Each discipline is provided with a part time (50%) scientific research resident. The responsibilities are medical education, research, and patient care. Since the foundation of KIKOM, university research in CAM has been established and fostered mainly by the support of third-party funds. The Institute actively contributes to medical education by providing mandatory and elective CAM courses for medical students.

Based on the popular initiative “Yes to complementary medicine” Swiss Federal Authorities decided on January 12th, 2011 to temporarily reintegrate the five medical CAM-branches (Chinese Herbal Medicine, Homeopathy, Anthroposophic Medicine, Neural Therapy and Western Phytotherapy) into the mandatory basic health insurance by January 1rst, 2012, until on to the end of 2017. During this period, CAM related research projects shall be enhanced by facilitating the access to national funding sources such as the Swiss National Science Foundation. In addition, financial support for the establishment of further CAM chairs in universities has been granted.

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

87 Will acupuncture be part of evidence based recommendations by 2020?

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

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

Methods
International guidelines from the last 10 years have been screened for the presence of recommendations about acupuncture treatments. Focused on recent and convincing evidence from systematic reviews, we examined to what extent positive results in systematic reviews lead to integration in the treatment proposals. From a tendency in this data, an estimation is made on the future integration of acupuncture treatments in ‘good medical practice’.

Results
Although acupuncture is not broadly recommended as a medical treatment in scientific guidelines, a limited tendency is seen in favour of its application. Besides the prove of its safety and effectiveness, the patients preference is called a decisive factor in an explicit way. Further integration in Western medicine might be expected.

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

88 The Certificate Program in Medical Acupuncture (C.P.M.A.)

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

The University of Alberta’s Certificate Program in Medical Acupuncture (CPMA) was designed to meet the needs of physicians, dentists, physical therapists and other qualified health care professionals for substantial instruction in the art and science of medical acupuncture. The CPMA is oriented toward teaching medical acupuncture as a safe and effective clinical procedure that is complementary to biomedical therapies, especially in the area of pain management and other systemic conditions. The program was formally initiated in June 1991, and in September 2010 it will begin its 20th annual class. The 250-hour program encompasses four modules, namely, an introduction to acupuncture, fundamental skills, microsystems and clinical practice (students diagnose and treat patients in a hospital out-patient setting). There are written and also oral/practical examinations after each module and the final exam consists of an 8-hour written section as well as a 20-minute oral/practical evaluation in the presence of a distinguished external examiner from various medical acupuncture societies/associations from countries around the world. The CPMA is a successful program, with well over 500 graduates, mostly from Canada but some from the USA and even fewer international students. It is recognized by several medical agencies, notably the College of Physicians and Surgeons/Dentistry/Physiotherapy of several Canadian provinces.

The CPMA is a viable model of what the World Health Organization (WHO) designates a focused training program for those who already have intensive medical or health care training and expertise according to their professional accreditation. Since the CPMA has been 19 years on a successful
track, we are currently planning to create a university-level Masters Program and perhaps a PhD program in conjunction with medical, dentistry and rehabilitation medicine departments. At the same time, it would be indicated to provide relevant medical acupuncture courses/training in the curriculum of medical schools, departments, hospitals, health care centres, and so on. Moreover, research should also be continued into the scientific evidence-based aspects of medical acupuncture as well as its clinical and artistic bases.

My hope is that the University of Alberta CPMA will become the first World Health Organization Collaborating Centre for international medical acupuncture training centre of North America. At the same time it would be appropriate to have medical acupuncture recognized as a specialty or sub-specialty in the field of biomedicine and health care systems within the context of proper accreditation and standardization.

89 Acupuncture: education and training for medical students

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

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

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

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

Acupuncture education and training for the medical student
The education leads to good Medical Acupuncture.

The education programm is designed for qualified physicians; they already have adequate medical knowledge and skills.

Medical Acupuncture Training: in total 2000 hours (WHO guideline on basic training and safety in acupuncture: 1500 hours + research in basic science/clinical science of acupuncture: 500 hours).

Education content
1. Acupuncture and basic science: Biomolecular, Biophysics, Anatomy, Physiology, and the correlation to Acupuncture.
3. Acupuncture in the clinical practice:
   - Major: internal medicine, paediatrics, neurology, medical rehabilitation, obstetry and gynaecology, anaesthesia.
   - Minor: dermatology, aesthetic and cosmetic medicine, psychiatry and drug abuse...
4. Research: Basic science and Clinical research

90 Different ways of teaching acupuncture in the world

Beyens François, MD, Brussels, Belgium.

Through 45 years of studying, practicing, learning, teaching, explaining and promoting medical acupuncture in the world I have noticed that the methods, topics, training and practice can differ greatly from one country to the other, or even between different associations in the same country. Some of them adhere to the so-called Chinese Tradition, some are inclined to be more scientific, or pragmatic, or theoretic, with very little practice.

Having been in contact with most of the tendencies, it could be interesting to briefly describe or analyze them. We have looked for discrepancies and contradictions, from fancy or abstract theories, from pure inventions to sectarian views.

There are several reasons to this great variety of teaching methods, and we shall mention them briefly, going even back to the historical beginnings of acupuncture. This marathon-like survey is intended to awaken the curiosity of the practitioners, to stimulate their doubts, to search for more integration into our modern medicine. The bulk of acupuncture assumptions and practice must be scrutinized, cleaned from objectionable claims or arguments, from doubtful theories, from analogical comparisons which are seldom scientific, and from useless techniques.

Vergeet niet: Vrijdag 21 september 2012
Afscheids-Congres SNO in Hotel Van der Valk te Breukelen
Sanjiao, gezondheid uit de natuur
Sanjiao levert sedert 1992 Chinese kruidenconcentraten van Kaiser Pharmaceutical; concentraten die onder strenge kwaliteitscontroles met wetenschappelijke methoden geproduceerd worden.

Sanjiao levert:

- Alle klassieke – en moderne Chinese kruidenformules
- Al uw individuele kruidensamenstellingen
- Westerse tincturen, gemmotherapeutica en spécialités
- Eciwofyto® producten
- Pearlcosmetic® kruidenformules
- Equisan®, Felisan® en Canisan® diergeneeskundige producten, (Chinese- en Westerse kruiden, gemmotherapeutica, etherische oliën, spécialités)
- Acupunctuur benodigdheden
- Vakliteratuur

Sanjiao biedt:

- Snelle levering
- Indien gewenst rechtstreekse levering aan uw cliënten
- Deskundig advies en vakinhoudelijke overlegmogelijkheid

Voor bestellingen en informatie:

- Telefonisch: 030-2545807
- Fax: 030-2523709
- E-mail: info@sanjiao.nl
- Via onze website www.sanjiao.nl
The purpose of work was to determine the
periostitis is not determined till now.

determination of acute purulent odontogenic
of DiaDENS therapy included into the
facial area was proved. But the expediency
with odontogenic abscesses of the maxillo-
ones in 6%. Postoperative acupuncture
in 95% of the examinations and chronic
4% of the cases. Acute periostitis was found
gical care, have periostitis of the jaws in 5,
10 sessions. Clinical examination and
with phonoacupuncture experimentally.

Purpose
The purpose of work was to study the mor-
phological changes of the inferior alveolar
nerve is frequently met in pathologies
of peripheral branches of the trigeminal
nerve.

Materials and method
We examined 24 rabbits, divided in two
series (12 animals in every serie). After
the model of the disease was made, all animals
had antibacterial treatment. Animals of
serie I were controls. Experimental animals
of serie II had treatment combined with
phonoacupuncture additionally, during
10 sessions. Clinical examination and
material-sampling for pathological examina-
tions were made by 3, 7, 14 days.

Results
Animals of serie I had catarrhal inflamma-
tion in 71% of cases. Animals of serie II in
25%, on the side of the nerve injury, due to
chronic injury of the lower lip by the upper
incisors, during 3 days after the model was
made. Destruction of axons was fixed on the 14
day, in the fragment of the inferior alveolar
nerve that was distal from the injury place,
in the preparations of the serie I. Demyeli-
nation parts with hydric dystrophy of
single groups of the myelinic fibers were
visible along the nerve. Sclerosis of the
perineuritis was discovered. Nerve fibers were kept in the series II,
edema was evident and columns were not
gathered, atomized hydric dystrophy in the
series II. We fixed nidus destruction
of the myelin with atomized and globular
dystrophy, proliferation of the Schwann’s
cells. Collagen fibers were fixed along the
nerve in its peripheral parts.

Dynamics of morphological changes of an injured inferior alveolar nerve
during phonoacupuncture treatment an experimental case

Pahodenko-Chudakova I.O., MD, PhD,
Nedzvedz M.K., MD, PhD, Avdeeva E.A.,
MD, Belarusian State Medical University,
Belarusian Collaborating Center of the
EACMFS, Minsk, Russia.

Traumatic injury of the inferior alveolar
nerve is frequently met in pathologies
of peripheral branches of the trigeminal
nerve.

Purpose
The purpose of work was to study the mor-
phological changes of the inferior alveolar
nerve is frequently met in pathologies
of peripheral branches of the trigeminal
nerve.

Materials and method
We examined 24 rabbits, divided in two
series (12 animals in every serie). After
the model of the disease was made, all animals
had antibacterial treatment. Animals of
serie I were controls. Experimental animals
of serie II had treatment combined with
phonoacupuncture additionally, during
10 sessions. Clinical examination and
material-sampling for pathological examina-
tions were made by 3, 7, 14 days.

Results
Animals of serie I had catarrhal inflamma-
tion in 71% of cases. Animals of serie II in
25%, on the side of the nerve injury, due to
chronic injury of the lower lip by the upper
incisors, during 3 days after the model was
made. Destruction of axons was fixed on the 14
day, in the fragment of the inferior alveolar
nerve that was distal from the injury place,
in the preparations of the serie I. Demyeli-
nation parts with hydric dystrophy of
single groups of the myelinic fibers were
visible along the nerve. Sclerosis of the
perineuritis was discovered. Nerve fibers were kept in the series II,
edema was evident and columns were not
gathered, atomized hydric dystrophy in the
series II. We fixed nidus destruction
of the myelin with atomized and globular
dystrophy, proliferation of the Schwann’s
cells. Collagen fibers were fixed along the
nerve in its peripheral parts.

Conclusion
Application of phonoacupuncture in
the treatment of traumatic injury of the
inferior alveolar nerve allows: to reduce
the number of complications in 2, 8 times
(traumatic ulcer of the experimental ani-
mal’s inferior lips) and to prevent complete
fragmentation and the death of axons,
destruction of myelin and development of
sclerotic changes.

DiaDENS therapy in the complex treatment of acute purulent odontogenic
periostitis

Pahodenko-Chudakova I.O., MD, PhD,
Kazakova Y.M., MD, Belarusian State Medical
University, Belarusian Collaborating Center of the
EACMFS, Minsk, Russia.

Patients that go to the stomatological sur-
gical care, have periostitis of the jaws in 5,
4% of the cases. Acute periostitis was found
in 95% of the examinations and chronic
ones in 6%. Postoperative acupuncture
treatment effectiveness used for patients
with odontogenic abscesses of the maxillo-
facial area was proved. But the expediency
of DiaDENS therapy included into the
treatment of acute purulent odontogenic
periostitis is not determined till now.

Purpose
The purpose of work was to determine the
expediency of the DiaDENS therapy ap-
lication in the complex treatment of acute
purulent odontogenic periostitis.

Materials and methods
We examined 48 persons with acute
purulent odontogenic periostitis of the
lower jaw. Those patients were divided into
two groups. Group I (22 patients) which
had standard course therapy postopera-
tively. It was the group of control. Group
II (26 persons) had standard treatment
combined with DiaDENS therapy, which
was performed on the skin projection of
acupoints. Treatment consisted of 7 ses-
sions. Amelioration of the patients health,
reduction of the inflammation reaction,
wound cleansing, terms of patient’s illness,
quantity of side effects and development of
allergic reactions during taking medicines,
allowed to make a conclusion about the
effectiveness level of the applied complex
treatment.

Results
Data that were received during the
examination allowed to establish that the
temperature became normal, edema and
infiltration surrounding the wound of soft
tissues reduced, granulation appeared,
pus exudation reduced and the wound
was completely cleaned from the necrotic
substance, in patients of the second group.
Furthermore, the pyoinflammatory process
was not fixed in that group, and it was
not necessary to make a second surgical
ablation of the supplicative focus.

The terms of illness of the second group

Nederlandse Artsen Acupunctuur Vereniging

Posters

91

92

Dynamics of morphological changes of an injured inferior alveolar nerve
during phonoacupuncture treatment an experimental case

DiaDENS therapy in the complex treatment of acute purulent odontogenic
periostitis

Pahodenko-Chudakova I.O., MD, PhD,
Kazakova Y.M., MD, Belarusian State Medical
University, Belarusian Collaborating Center of the
EACMFS, Minsk, Russia.

Patients that go to the stomatological sur-
gical care, have periostitis of the jaws in 5,
4% of the cases. Acute periostitis was found
in 95% of the examinations and chronic
ones in 6%. Postoperative acupuncture
treatment effectiveness used for patients
with odontogenic abscesses of the maxillo-
facial area was proved. But the expediency
of DiaDENS therapy included into the
treatment of acute purulent odontogenic
periostitis is not determined till now.

Purpose
The purpose of work was to determine the
expediency of the DiaDENS therapy ap-
lication in the complex treatment of acute
purulent odontogenic periostitis.

Materials and methods
We examined 48 persons with acute
purulent odontogenic periostitis of the
lower jaw. Those patients were divided into
two groups. Group I (22 patients) which
had standard course therapy postopera-
tively. It was the group of control. Group
II (26 persons) had standard treatment
combined with DiaDENS therapy, which
was performed on the skin projection of
acupoints. Treatment consisted of 7 ses-
sions. Amelioration of the patients health,
reduction of the inflammation reaction,
wound cleansing, terms of patient’s illness,
quantity of side effects and development of
allergic reactions during taking medicines,
allowed to make a conclusion about the
effectiveness level of the applied complex
treatment.

Conclusion
Application of phonoacupuncture in
the treatment of traumatic injury of the
inferior alveolar nerve allows: to reduce
the number of complications in 2, 8 times
(traumatic ulcer of the experimental ani-
mal’s inferior lips) and to prevent complete
fragmentation and the death of axons,
destruction of myelin and development of
sclerotic changes.

DiaDENS therapy in the complex treatment of acute purulent odontogenic
periostitis

Pahodenko-Chudakova I.O., MD, PhD,
Kazakova Y.M., MD, Belarusian State Medical
University, Belarusian Collaborating Center of the
EACMFS, Minsk, Russia.

Patients that go to the stomatological sur-
gical care, have periostitis of the jaws in 5,
4% of the cases. Acute periostitis was found
in 95% of the examinations and chronic
ones in 6%. Postoperative acupuncture
treatment effectiveness used for patients
with odontogenic abscesses of the maxillo-
facial area was proved. But the expediency
of DiaDENS therapy included into the
treatment of acute purulent odontogenic
periostitis is not determined till now.

Purpose
The purpose of work was to determine the
expediency of the DiaDENS therapy ap-
lication in the complex treatment of acute
purulent odontogenic periostitis.

Materials and methods
We examined 48 persons with acute
purulent odontogenic periostitis of the
lower jaw. Those patients were divided into
two groups. Group I (22 patients) which
had standard course therapy postopera-
tively. It was the group of control. Group
II (26 persons) had standard treatment
combined with DiaDENS therapy, which
was performed on the skin projection of
acupoints. Treatment consisted of 7 ses-
sions. Amelioration of the patients health,
reduction of the inflammation reaction,
wound cleansing, terms of patient’s illness,
quantity of side effects and development of
allergic reactions during taking medicines,
allowed to make a conclusion about the
effectiveness level of the applied complex
treatment.
patients were 3, 4±0, 05, what was authentically less than the indices of the group of control 4, 08±0, 15 (p<0, 01).

It is to mention that application of DiaDENS therapy in the complex treatment provoked allergic reactions in the form of nettle rush only in two patients. It’s 7, 7% from the total number of the patients of the second group. Any side effects were not fixed. At the same time, allergic reactions in the form of skin manifestations was fixed for 4 (18, 2%) patients of the group I and 7 (31, 8%) patients of that group had side effects in the form of dyspeptic disorders during the treatment.

Conclusion
Results that we received made us to conclude that DiaDENS therapy included into the complex treatment of acute purulent odontogenic periostitis is effective and its application should be considered as expedient.

Advantages of caries prophylaxis with acupuncture by data of the salivation rates

Pohodenko-Chudakova I.O., MD, PhD, Belarusian State Medical University, Belarusian Collaborating Center of the EACMFS, Russia.

Purpose of work was to make a comparative assessment of the influence of different prophylaxis methods for caries on the salivation rate.

Materials and methods
According to the caries intensity level (CIL) data we marked out the group of control. We made three groups of patients: group I had prophylaxis with varnish fluorine; group II had prophylaxis treatment with acupuncture; group III had complex prophylaxis of varnish fluorine and acupuncture. Every group was divided into three subgroups with low, middle and high level of CIL: A1, B1, C1, A2, B2, C2 and so on. We used the method of the oral fluid: 1) before prophylaxis, 2) after the first session, 3) five days later, 4) ten days later, 5) two weeks after prophylaxis begun, 6) one month after prophylaxis, 7) one year after prophylaxis, 8) two years later.

Results
Comparative evaluation of the salivation rate dynamics in the groups that we made, according to the types of prophylaxis, demonstrated that patients of groups A1, A2, A4 had the best results in the 7th examination, group A3 – during the 8th examination. Group A1 had indices of norm during examination. Group A2 had the same results by the 7th examination, group A3 by 4th examination, A4 by the 3rd examination. Patients of groups A1, A3, A4 achieved stable results which were confirmed during the next examinations. The salivation rate reduced and achieved 98, 92% of the standard rate for the group A2 by the 8th examination. Patients with middle level of CIL had maximal indices in groups B1, B2 during 6–7 examinations, in group B3 during 6–8 examinations, in group B4 during the 8th examination. Salivation rates of the groups B1, B2, B3 didn’t achieve the normal level, the rates of group B4 were normal by the 5th examination. We mentioned that the salivation rate reduced to 88, 2% and 96, 77% from the norm in groups B1 and B2 by the 8th examination. Persons with high CIL had the maximal rates of salivation in groups C1 and C3 by the 8e examination, in group C2 by the 3rd examination, in group C4 by the 7th examination. C2 had the normal indices during 3–5th examinations. Groups C2, C4 had the highest salivation rates by the 7th examination, equal to
Acupuncture for prophylaxis of inflammatory complications when peripheral branches of the trigeminal nerves were injured toxically - an experimental case

Kazakova Y.M., MD, Pohodenka-Chudakova I.O., MD, PhD, Vilkitzkaya K.V., Russia.

In the last decades, acupuncture is well known between doctors of different specialities and has a scientific basis for wide application in public health. But modern special literature has no experimental and clinical data confirming the expediency of acupuncture in the development of pyoinflammatory diseases. Purpose of work was to determine the possibilities of acupuncture in the prophylaxis of pyoinflammatory complications after toxic traumatic neuritis of the inferior alveolar nerve experimentally.

Materials and methods
The model of the toxic neuritis of the inferior alveolar nerve was made on 25 rabbits of Shinshilla breed. Those animals had one time an intramuscular injection of benzylpenicillin 500000 Units postoperatively. Animals were divided into two series. The first series contains 15 animals treated with antibacterial therapy. The second series contains 10 animals treated with antibacterial medicines and acupuncture. The acupoint similar to LI4 was irritated. Its puncture treatment instead of the physical rehabilitation of patients with pterygoido-mandibular and mylohyoideus abscesses of odontogenic aetiology, of acupuncture methods combined with complex treatment.

Materials and methods
We performed the complex clinico-laboratory examination of 113 patients with abscesses of odontogenic aetiology in the maxillofacial area. All patients were divided in two groups. The first group included 85 patients treated with standard treatment and was the control group. The second group included 28 patients that had acupuncture treatment instead of the physical procedures included into the treatment and rehabilitation procedures. The group of standard included 14 healthy persons of the same age.

Results
Comparative evaluation of the clinical and laboratory changes indices during the standard and complex acupuncture treatments demonstrated the advantages of the last method. We fixed changes of the following indices of the oral fluid (IgA level augmentation of 95, 6%, IgG level augmentation of 12, 6%, reduction of the acid phosphatase activity level of 54, 4%, CA2+ ions level augmentation of 18%, microcrystallisation indices augmentation of 15% and microcrystallisation level augmentation of 20%; the serum (IgA level augmentation of 33, 1%, IgG level augmentation of 83%, acid phosphatase level reduction of 34, 4%, and removal of leukocytic change of 5, 3%). Therefore, acupuncture treatment included in the standard treatment is effective and we achieved better results.

Conclusion
Acupuncture treatment should be used in the complex of treatment and rehabilitation of patients with pterygoido-mandibular and mylohyoideus abscesses of odontogenic aetiology.

Acupuncture for prophylaxis of inflammatory complications when peripheral branches of the trigeminal nerves were injured toxically - an experimental case

Kazakova Y.M., MD, Pohodenka-Chudakova I.O., MD, PhD, Vilkitzkaya K.V., Russia.

In the last decades, acupuncture is well known between doctors of different specialities and has a scientific basis for wide application in public health. But modern special literature has no experimental and clinical data confirming the expediency of acupuncture in the development of pyoinflammatory diseases. Purpose of work was to determine the possibilities of acupuncture in the prophylaxis of pyoinflammatory complications after toxic traumatic neuritis of the inferior alveolar nerve experimentally.

Materials and methods
The model of the toxic neuritis of the inferior alveolar nerve was made on 25 rabbits of Shinshilla breed. Those animals had one time an intramuscular injection of benzylpenicillin 500000 Units postoperatively. Animals were divided into two series. The first series contains 15 animals treated with antibacterial therapy. The second series contains 10 animals treated with antibacterial medicines and acupuncture. The acupoint similar to LI4 was irritated. Its localization was determined according to the pathological data. Examination of the experimental animals and their postoperative wound-state were checked and material samplings for pathological examination were made 3, 7, 14, 21 days and 1, 3, 5, 7 days. At the place of approach to the canal of the inferior alveolar nerve and the filling material injection, we fixed the cuff intumescence of the body of the mandible clinically and a subperiostal abscess was formed. The focus of destruction

Conclusion
Treatment methods that included acupuncture (75%) and 75% of the complex method had the best effects in patients with low CIL rates, according to the salivation rates.
Support the Dutch Patients Association for Acupuncture (NPVA)!

The Dutch Patient Association for Acupuncture NPVA represents the interests of acupuncture patients. We lobby with the government, health insurance, interest groups, to improve the position of patients in need of acupuncture treatment. Recent lobby issues involved the VAT leverage on acupuncture. Due to our lobby additional VAT levies have been prevented.

The NPVA realizes better acceptance and an attitude change for the better towards acupuncture by informing interest groups, professionals and the general public about acupuncture. As part of this aim NPVA publishes the magazine “Acupunctueel!” three times a year. This magazine is distributed by subscriptions and mostly available in the waiting rooms at clinics.

The Acupunctueel! relates patients’ and acupuncturists’ experiences for which we obtain interviews. Scientific reports and changes in public health insurance of acupuncture and recent developments on acupuncture are the general topics in our magazine. As a patient association it also is important to include the experience and know how of acupuncture professionals. We invite professional acupuncturists to share information. If you have any information that can be important for the patients or your fellow acupuncturists, please contact our editors: bureau@npva.nl

Acupuncture is an important therapy. Unfortunately not all patients are aware of this yet. Therefore we need all the support we can get to get the message out. For our lobby it is important to represent as many patients as possible. Therefore we need members.

The membership fee is refunded by many health insurance companies. To avoid costly marketing communications campaigns, we ask you for your support. Please approach your patients and make them aware about the NPVA, ask them to join. As a welcome gift they will receive the book “Met het oog op de naald.” free of charge.

You also can support us by subscribing for the waiting room Acupunctueel! subscription. Interested? Please contact us at bureau@npva.nl

You can help us by your own initiatives. Like an initiative from an acupuncturist in The Hague: she ordered 1,000 prints of our magazine the Acupunctueel!, and sent it to all of her patients. This way she raised awareness of acupuncture and acquired a number of new members. For the benefit of us all.

Not only for your benefit, but especially for the benefit of our patients, we’ll hope you will support us to establish our association.

Thank you for your support.
Willem van Schaik
Chairman NPVA
bureau@npva.nl
was separated by a thick connective tissue capsule and had a purulent substance of white color with a bad smell. The bone tissue structure at the place of trauma was considerably damaged and changed. Animals of the second series had no pyoinflammatory complications. At the place of trauma the defect of the bone tissue was replaced by bone tissue, without visible signs of osteomyelitis. Filling material was resolved often. The cuff thickening of the body of the mandible at the region of the trauma was not fixed. Thick cicatrally changed, and united with the periosteum, bone was found at the place of injury. Those changes were local, intumescence dimensions did not exceed 0.3-0.5 mm, there was no purulent effluent.

Conclusion
Acupuncture application postoperatively for animals with the model of traumatic toxic neuritis of the inferior alveolar nerve contributes to the reduction of the pyoinflammatory complications.

96 Treatment pathways for acute and chronic pain cases in a private acupuncture clinic

Fazakis Georgios, MD, Chania, Greece.

Treatment-methods
In most of the cases we have used a combination of treatment methods: Main methods
1) Classic acupuncture with syndrome differentiation using the divergent and sinew channels.
2) Ear acupuncture using the 3 phases of degeneration according to Nogier.
3) Electroacupuncture using special circuits especially for sciatric pain.
4) Ozone intramuscular or intra-articular injections according to the protocols of the Italian scientific association of ozone therapists (Milano Italy).
5) Laser point therapy.
6) ETPS neuropathic acupuncture.

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

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

Results
50% complete cure (130 cases)
33.33% marked effect (86 cases)
10% positive changes (26 cases)
6.77% no results (18 cases)

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

Overall good results 260 cases 93.33%.

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

97 Tongue examination of sublingual veins: intrasubject variability in four diagnostic parameters

Tanaka Tim H., MD, PhD, Toronto, Canada, Dept. of Acupuncture and Moxibustion, Tsukuba University of Technology, Japan.

Purpose
Observation of the sublingual vein (SLV) appearance is considered to be a vital component of traditional tongue diagnosis. Tongue appearance can vary due to both internal and external factors, including the fact that tongue shape and the appearance of SLVs can change, depending on the way a patient sticks out his or her tongue. However, most traditional Chinese medicine texts offer ambiguous information when it comes to SLV inspection. In order to clarify the matter, a series of digital images of the tongue at different tongue elevation angles were taken. Those images were inspected, based on four different diagnostic parameters, and evaluated for morphological and color alterations of SLVs within the subject.

Methods
142 subjects (mean age: 39.1 ± 9.6) were asked to stick out their tongues in three specific ways, using anatomical landmarks and palate diagrams. The variations were designed to create three different tongue angles (approximately 30, 45, and 80 degrees). The subjects held each tongue position for approximately 1 second in a relaxed manner while a photo was taken. An interval of about 5 seconds occurred between each of the three tongue positions.

Subjects’ tongue images were captured using a digital SLR camera with a macro lens and twin flash system. Focal length (70mm), aperture (F19), color temperature (5500 K), and other settings remained consistent throughout the examinations. The acquired images were transferred to a PC. The morphological and color characteristics of the SLVs were then evaluated via 4 commonly used parameters: the length, thickness, tortuosity (including varicosis...
Hay fever, also called allergic rhinitis, causes cold-like signs and symptoms such as a runny nose, congestion, sneezing and sinus pressure. But unlike a cold, hay fever isn’t caused by a virus. Hay fever is caused by an allergic response to outdoor or indoor allergens, such as pollen, dust mites or pet dander. Hay fever is common—it affects more than 1 in 5 people. Some people have symptoms all the year round. For others, hay fever symptoms get worse at certain times of the year, usually in the spring, summer or fall.

Symptoms of hay fever can include:
- Sneezing, often with a runny or clogged nose
- Coughing and postnasal drip
- Itching eyes, nose and throat
- Dark circles under the eyes

In traditional Chinese medicine, it is generally considered to reflect a disease pattern of blood stasis. In the present study, notable alterations in SLV appearance were observed in multiple cases, depending on the tongue angle. These findings suggest the vital importance of developing standardized SLV inspection procedures to minimize intra-subject variability and enhance the reproducibility of this widely used tradition.

Discussion and Conclusion

It has been stated that abnormal SLV appearance may be suggestive of conditions including hepatitis, coronary heart disease, and hypertension. In traditional Chinese medicine, it is generally considered to reflect a disease pattern of blood stasis.

Results

The best performance was obtained at T1 in the category of beginners (3 male, 5 female; average age 13.3) with an improvement of 31.6%. In the second ranking we find the category of regular practitioners (4 male, 6 female; average age 14.3) with an improvement of 7.6%. In both categories only 2 subjects showed a lower score. Only limited improvement, but close to significance (p<0.0523), was observed in the expert and advanced categories at T1. Grouping these archers together and comparing the score of the third series of shots (T2) with the score at T0, we obtain a significant difference (p<0.05).

Conclusions

The results of this pilot study calls for experimenting further sets of points and different kinds of auricular stimulation.
We follow a certain protocol of homeopathic drugs for hay fever treatment (see figure left).
For the full homeopathic evaluation in hay fever cases see figure right.

We use Vantage Biomeridian device (the Vantage™ equipment measures and profiles 20 primary meridians through the hands and feet that relate to the body’s organs and organ systems. (No needles are used! The Biomeridian™ Vantage™ system provides painless, accurate and repeatable results that exceed FDA gold standards). This device can emit the homeopathic drugs in certain dilutions according to the patient (in frequencies).

The patient sits in front of the computer-machine for 20 minutes (everyday for 4-6 weeks) each time or we can pass the information to the water through an ancillary device which is an extra antenna that broadcasts the signal of our results to a bottle of distilled water and alcohol or water-aloe vera or mineral water.

We also add the results of the toxicity test that we have done with the same device (the protocol is based also on homeopathic dilutions and the response of the patient to the galvanic current according to Voll.). Homeopaths believe that it is the energy or vibrational pattern of the remedy rather than the chemical content that stimulates the healing by activating what Hahneman called the vital force. Vital force is the healing power or energy that exists within us all. It fuels the mind, body and emotions. It keeps us healthy and balanced. Today we explain the action of homeopathic drugs with quantum physics, where the electromagnetic energy of these medicines may interact with the body. Researchers have proposed the memory of water theory, whereby the structure of the water-alcohol solution is altered by the medicine during the process of dilution and retains this structure even after none of the actual substance remains. (Jacques Benveniste in 1980s published the first article in Nature magazine). When emitting a balance protocol with the Vantage biomeridian device it is like giving the body little pictures of what it needs and utilises-almost like a placebo. This is exactly what the body needs, but may have forgotten how to use. So the emitting protocol creates a pathway into the cells, like saying that here is the key and here is the path within the electromagnetic carrier.

We have used this method not only for hay fever but for other diseases, acute and chronic, with excellent results. We can stop the evolution of the catarrh in hay fever if we use this method in the first 2 days from the beginning of symptoms. The device also gives back the patient’s lost homeostasis and also gives the patient the plan of how to be cured naturally.

Conclusion
The Vantage Biomeridian device is a promising device in the bio-energetic medicine field, that gives doctors the opportunity to face serious diseases without drugs and their serious side effects and to give the lost balance to their patients.

Further reading:
100 MISUNDERSTANDINGS AND ERRORS OF TRADITIONAL ACUPUNCTURE

Pollmann Antonius, MD, Hamburg, Germany.

On the basis of modern medicine, medical acupuncture can be explained in the superposition of segmental innervation, fascial trains and phylogenetic functional complexes. The poster also give proof of some inaccuracies and misinterpretations in the understanding of TCM. In this way the acupuncture points are located exactly according anatomically topographic structures. In this concept, the treatment regularly produces effects nearly immediately. This model of medical acupuncture offers the structure for a system of functional medicine and creates the bridge to modern medicine.

101 NEW FLOATABLE ACUPUNCTURE NEEDLE FOR THE TREATMENT OF PAIN AND STROKE PATIENTS IN AQUA AEROBICS WITH YAMAMOTO NEW SCALP ACUPUNCTURE (YNSA)

Schockert Thomas, MD, Germany.

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

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

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

Conclusion
The new floatable acupuncture needle is an enrichment for the treatment and rehabilitation of pain and stroke patients. Physiotherapy in water is easy to perform, because the muscles slacken off more than in air. Especially stroke patients in water are not afraid of falling down or tripping over something. The new floatable acupuncture needle enables acupuncturists to combine acupuncture and water gymnastics.

102 IRRITABLE BOWEL CASE

Chernish Greg, MD, Winnipeg, Canada.

A 49 year old woman presented with a history of 3 years of suffering from neck pain and abdominal bloating, requiring the use of maternity clothing. All medical tests, including endoscopy, abdominal and pelvic ultrasounds and MRI’s, screening for celiac disease and inflammatory bowel disease were negative. Hysterectomy, dietary changes did not alter the clinical course.

The bloating and neck pain resolved during the first 30 minutes of acupuncture treatment, without eructation or passing of gas. Gallbladder meridian was treated. Symptoms recurred but disappeared after a course of 6 acupuncture treatments. Before and after photographs were taken. Patient is able to wear normal clothes again. The literature regarding the use of acupuncture for treatment of IBS is reviewed and possible mechanisms of action are explored.

Thanks!

103 THE EFFECT OF CHINESE EAR ACUPUNCTURE ON NON-RESPONDERS TO WESTERN PAIN RELIEF TECHNIQUES

Liem Andrew K.S.E., MD, Heijmans Paco F.J.M., MD, Bijkek Michiel, MD, Backus John M.V.G., MD, Department of Anaesthesiology, Doetinchem, The Netherlands.

Introduction
Since June 2008 ear-acupuncture has been performed in the department of pain management at the Slingeland Hospital (Doetinchem, The Netherlands) on patients who did not respond to the common Western pain relief techniques and who have asked for acupuncture treatment. The board of directors and all medical specialists of our hospital have officially approved acupuncture for pain management at the beginning of 2009. Between June 25th 2008 and December 23rd 2009 a total of 326 ear-acupuncture treatments were performed on 158 different patients. This abstract presents the results of these ear-acupuncture treatments.
Method & Materials
First disinfection and electrical pre-stimulation (Pointer Plus® electro stimulator) of the organ specific ear-acupuncture-pain-points was performed. Then, sterile ASP acupuncture needles (3 mm, Sedatelec®, Irigny, France) were placed in the corresponding acupuncture ear points. Small drappings were placed over the needles. Patients were asked to stimulate these points by giving local pressure, at least once every 12 hours. After 2 weeks the needles were removed and 2 weeks after that the following ear-acupuncture treatment was performed. If the patient did not noted any improvement within a maximum of 3 treatments, following treatments were abandoned. In that case, the patient did not seem to respond to treatment with (ear)acupuncture and was sent back to the general practitioner for further guidance. In January 2010 all patients were evaluated retrospectively by an unbiased pain-nurse by collecting the VAS (Visual Analogue Scale) score and the grade of satisfaction.

Conclusion
27% of the treated patients were male (Mean: 61 year, range 21-87) and 73% was female (Mean: 61 year, range 25-89). Of these patients, 47% responded to our retrospective screening, of which 60% showed a pain reduction (Fig. 1). A pain reduction of 50% or more was shown by 37% (Fig. 2). When we look at the grade of satisfaction: 79% scored satisfied to very satisfied (Fig. 3).

Traditional Chinese Medicine shows that ear-acupuncture performed on patients who did not respond to the common Western pain relief techniques, still show a marked pain relief in 37% of the cases, with a very high grade of satisfaction of 79%.

Discovering synergies with acupuncture and other therapies
Keppel Hesselink Jan, MD, PhD, Soest, the Netherlands.

In clinical acupuncture research the most investigated indication is chronic pain. In our Institute for the treatment of Neuropathic Pain we have gained experience combining various types of acupuncture, especially Yamamoto New Scalp Acupuncture and wrist ankle acupuncture, and in addition to that, Percutaneous Electrical Nerve Stimulation (PENS) with pharmacotherapy. This has been proven to be of great use, because finding appropriate and effective treatment options for chronic pain syndromes is a challenging task.

Multimodal treatment approach is recently gaining acceptance for chronic pain. Combining treatments however, such as acupuncture with rational pharmacology, is still in its infancy. The essence of acupuncture is its efficacy combined with a low adverse effect profile. We searched for molecules that are analgesic, and that have a low adverse effect profile too. We identified two compounds, both related to the mechanism of action of acupuncture and creating synergistic effects. Acupuncture influences the opioid and cannabinoid system, through releasing endogenous receptor ligands. The body’s own natural endo-cannabinoid palmitoylethanolamide has been launched in the Netherlands as diet food for medical purposes, under the name Normast. It has been proven to be analgesic in a great variety of pain conditions, no interactions and low propensity for adverse effects, and safe in the elderly. Furthermore, Low Dose Naltrexone (LDN) also acts on both these systems, and up-regulates the opioid and cannabinoid receptors. Both compounds boost in our hands the analgesic effects of acupuncture and are helping decreasing pain scores and augmenting patient compliance with our therapy.

Vertel uw collega’s over de nieuwe twee-jarige opleiding tot acupunctuurarts bij NAAV-BVGA
# INDEX OF AUTHORS

<table>
<thead>
<tr>
<th>Authors</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ahn Chang-beohm</td>
<td>46, 57</td>
</tr>
<tr>
<td>Aung Steven K.H.</td>
<td>37, 66</td>
</tr>
<tr>
<td>Ausfeld-Haftner Brigitte</td>
<td>37, 65</td>
</tr>
<tr>
<td>Avdeeva E.A.</td>
<td>69</td>
</tr>
<tr>
<td>Baak Jan P.</td>
<td>62</td>
</tr>
<tr>
<td>Backus John M.V.G.</td>
<td>76</td>
</tr>
<tr>
<td>Baptista Andréia Salvador</td>
<td>18</td>
</tr>
<tr>
<td>Bates Felipe B.</td>
<td>62</td>
</tr>
<tr>
<td>Bäumler Petra I.</td>
<td>51</td>
</tr>
<tr>
<td>Bendaya S.</td>
<td>35</td>
</tr>
<tr>
<td>Beymans François</td>
<td>67</td>
</tr>
<tr>
<td>Biemans Johanna</td>
<td>47</td>
</tr>
<tr>
<td>Bijkerk Michiel</td>
<td>76</td>
</tr>
<tr>
<td>Brignol Tuy Nga</td>
<td>30, 31</td>
</tr>
<tr>
<td>Çakmak Yusuf Özgür</td>
<td>59, 60, 61</td>
</tr>
<tr>
<td>Cherin Greg</td>
<td>76</td>
</tr>
<tr>
<td>Chin Han</td>
<td>39</td>
</tr>
<tr>
<td>Chung Ho Pak</td>
<td>24</td>
</tr>
<tr>
<td>Dantas de Oliveira Flávio José</td>
<td>64</td>
</tr>
<tr>
<td>da Penha Costa Vasconcellos Maria</td>
<td>64</td>
</tr>
<tr>
<td>Ernst Moritz Arndt</td>
<td>21</td>
</tr>
<tr>
<td>Fazakis Georgios</td>
<td>55, 73, 74</td>
</tr>
<tr>
<td>Feltrin Elder Narciso</td>
<td>36</td>
</tr>
<tr>
<td>Firatli Osman</td>
<td>36</td>
</tr>
<tr>
<td>Florencia Tabosa Angela Maria</td>
<td>64</td>
</tr>
<tr>
<td>Fossion J.</td>
<td>53, 54, 61</td>
</tr>
<tr>
<td>Fossion Jean Pierre J.</td>
<td>19, 42, 43, 66</td>
</tr>
<tr>
<td>Fossion Ruben</td>
<td>36</td>
</tr>
<tr>
<td>Francisco Alves Rosangela</td>
<td>36</td>
</tr>
<tr>
<td>Frank Bryan L.</td>
<td>33, 55</td>
</tr>
<tr>
<td>Furukawa Aline</td>
<td>36</td>
</tr>
<tr>
<td>García i Janeras Albert</td>
<td>46</td>
</tr>
<tr>
<td>Gazzola Margherita</td>
<td>26</td>
</tr>
<tr>
<td>Gibb Andreas</td>
<td>21</td>
</tr>
<tr>
<td>Gleditsch Jochen</td>
<td>19</td>
</tr>
<tr>
<td>Goehler Annett</td>
<td>57</td>
</tr>
<tr>
<td>Göllner Richard</td>
<td>61</td>
</tr>
<tr>
<td>Hasegawa Tatiana Molinas</td>
<td>18</td>
</tr>
<tr>
<td>Heijmans Paco F.J.M.</td>
<td>76</td>
</tr>
<tr>
<td>Henrich Katharina</td>
<td>61</td>
</tr>
<tr>
<td>Hudynamo T.</td>
<td>51</td>
</tr>
<tr>
<td>Hung Yu Ng Ernest</td>
<td>24</td>
</tr>
<tr>
<td>Irnich Dominik</td>
<td>17, 51</td>
</tr>
<tr>
<td>Jang K.J.</td>
<td>46</td>
</tr>
<tr>
<td>Kazakova Y.M.</td>
<td>69, 71</td>
</tr>
<tr>
<td>Keppel Hesselink Jan</td>
<td>77</td>
</tr>
<tr>
<td>Kim C.H.</td>
<td>46</td>
</tr>
<tr>
<td>Kjerkegaard Hans</td>
<td>41</td>
</tr>
<tr>
<td>Kopsky David J.</td>
<td>59</td>
</tr>
<tr>
<td>Kramer Sybille</td>
<td>51</td>
</tr>
<tr>
<td>Kutschera Jörg</td>
<td>45</td>
</tr>
<tr>
<td>Kwée S.H.</td>
<td>29</td>
</tr>
<tr>
<td>Lago Bonato Jane</td>
<td>36</td>
</tr>
<tr>
<td>Lange Joern</td>
<td>21</td>
</tr>
<tr>
<td>Leutzow Bianca</td>
<td>21</td>
</tr>
<tr>
<td>Leysen Peter</td>
<td>66</td>
</tr>
<tr>
<td>Liem Andrew K.S.E.</td>
<td>76</td>
</tr>
<tr>
<td>Li Heng</td>
<td>62</td>
</tr>
<tr>
<td>Lindwer-Kruithof Anneke</td>
<td>40</td>
</tr>
<tr>
<td>Litscher Gerhard</td>
<td>45</td>
</tr>
<tr>
<td>Liu Cheng</td>
<td>26</td>
</tr>
<tr>
<td>Longo Francesco</td>
<td>26</td>
</tr>
<tr>
<td>Luzina Camilla</td>
<td>39</td>
</tr>
<tr>
<td>Luzina-Chju Lily</td>
<td>39</td>
</tr>
<tr>
<td>Marić-Oehler W</td>
<td>4</td>
</tr>
<tr>
<td>Marić-Oehler Walburg</td>
<td>23, 64</td>
</tr>
<tr>
<td>Marić Sonja</td>
<td>47</td>
</tr>
<tr>
<td>Marques Fernandes Yoshizumi Ana Paula</td>
<td>64</td>
</tr>
<tr>
<td>Mastalier Oskar</td>
<td>34</td>
</tr>
<tr>
<td>Mendes Tavares Carlos</td>
<td>64</td>
</tr>
<tr>
<td>Mendoča Erminiana Damiana</td>
<td>36</td>
</tr>
<tr>
<td>Missaoui B.</td>
<td>35</td>
</tr>
<tr>
<td>Moeken Frederike C.</td>
<td>4</td>
</tr>
<tr>
<td>Müller Wilhelm</td>
<td>45</td>
</tr>
<tr>
<td>Murákozy Henriette</td>
<td>25</td>
</tr>
<tr>
<td>Natour Jamil</td>
<td>18</td>
</tr>
<tr>
<td>Nedzvedz M.K.</td>
<td>69</td>
</tr>
<tr>
<td>Nepp Johannes</td>
<td>23, 43</td>
</tr>
<tr>
<td>Oei Hong Yoe</td>
<td>6</td>
</tr>
<tr>
<td>Oei-Tan Chun Lee</td>
<td>5, 26</td>
</tr>
<tr>
<td>Omura Yoshiaki</td>
<td>40, 52</td>
</tr>
<tr>
<td>Ortner Wolfgang</td>
<td>54</td>
</tr>
<tr>
<td>Padula N.</td>
<td>53, 54, 61</td>
</tr>
<tr>
<td>Park Hyun Kyu</td>
<td>32</td>
</tr>
<tr>
<td>Piehler Petja</td>
<td>55</td>
</tr>
<tr>
<td>Piquemal M.</td>
<td>35</td>
</tr>
<tr>
<td>Pohodenko-Chudakova I.O.</td>
<td>69, 70</td>
</tr>
<tr>
<td>Pollmann Antonius</td>
<td>45, 76</td>
</tr>
<tr>
<td>Poethmann Raymund</td>
<td>39</td>
</tr>
<tr>
<td>Rainer Nogel</td>
<td>26</td>
</tr>
<tr>
<td>Raith Wolfgang</td>
<td>45</td>
</tr>
<tr>
<td>Ribeiro K.</td>
<td>53, 54, 61</td>
</tr>
<tr>
<td>Salvador Fábia</td>
<td>36</td>
</tr>
<tr>
<td>Sant’Ana Antonio</td>
<td>53, 54, 61</td>
</tr>
<tr>
<td>Sapetschnig Iris</td>
<td>45</td>
</tr>
<tr>
<td>Saputra Koosnadi</td>
<td>51, 67</td>
</tr>
<tr>
<td>Sautreuil Patrick</td>
<td>35</td>
</tr>
<tr>
<td>Schockert Thomas</td>
<td>25, 42, 76</td>
</tr>
<tr>
<td>Schroeder Henry</td>
<td>21</td>
</tr>
<tr>
<td>Sciarone-Lauw Bie Eng</td>
<td>40</td>
</tr>
<tr>
<td>Shu Biu Yeung William</td>
<td>24</td>
</tr>
<tr>
<td>Silva Joao</td>
<td>33</td>
</tr>
<tr>
<td>Smeets Jos</td>
<td>30</td>
</tr>
<tr>
<td>Song C.H.</td>
<td>46</td>
</tr>
<tr>
<td>So Wing Sze Emily</td>
<td>24</td>
</tr>
<tr>
<td>Sponzilli Osvaldo</td>
<td>74</td>
</tr>
<tr>
<td>Stränecky Milan</td>
<td>34</td>
</tr>
<tr>
<td>Strowitzki Thomas</td>
<td>61</td>
</tr>
<tr>
<td>Sudirman Syarif</td>
<td>17</td>
</tr>
<tr>
<td>Sujudi Yufandi</td>
<td>49</td>
</tr>
<tr>
<td>Sukrinos S.M.</td>
<td>56</td>
</tr>
<tr>
<td>Tanaka Tim H.</td>
<td>73</td>
</tr>
<tr>
<td>Tan H.H.</td>
<td>29</td>
</tr>
<tr>
<td>Tan King Siong</td>
<td>51</td>
</tr>
<tr>
<td>Theodoratou Konstantina</td>
<td>21, 63</td>
</tr>
<tr>
<td>Thoumie P.</td>
<td>35</td>
</tr>
<tr>
<td>Topbas Nura F.</td>
<td>61</td>
</tr>
<tr>
<td>Traum Daniell J.</td>
<td>49</td>
</tr>
<tr>
<td>Urlesberger Berndt</td>
<td>45</td>
</tr>
<tr>
<td>Usichenko Taras I.</td>
<td>21, 35</td>
</tr>
<tr>
<td>Varma Vinay</td>
<td>18</td>
</tr>
<tr>
<td>Verpoorte R</td>
<td>27</td>
</tr>
<tr>
<td>Verta Patrick</td>
<td>30, 31</td>
</tr>
<tr>
<td>Wander Rainer</td>
<td>54</td>
</tr>
<tr>
<td>Wang Zhu Xing</td>
<td>29</td>
</tr>
<tr>
<td>Wauters C.</td>
<td>29</td>
</tr>
<tr>
<td>Weber Michael</td>
<td>42</td>
</tr>
<tr>
<td>Weidenhammer Wolfgang</td>
<td>65</td>
</tr>
<tr>
<td>Weinschenk Stefan W.</td>
<td>56, 61</td>
</tr>
<tr>
<td>Wendt Michael</td>
<td>21</td>
</tr>
<tr>
<td>Winkler Madeleen</td>
<td>12, 64</td>
</tr>
<tr>
<td>Wong Chung Ruud E.</td>
<td>36</td>
</tr>
<tr>
<td>Xueyong Shen</td>
<td>62</td>
</tr>
<tr>
<td>Xieyu Wang</td>
<td>24</td>
</tr>
<tr>
<td>Yeung Yu</td>
<td>24</td>
</tr>
<tr>
<td>Yi Seung-Ho</td>
<td>31</td>
</tr>
<tr>
<td>Yoon H.M.</td>
<td>46</td>
</tr>
<tr>
<td>Yoshizumi Alexandre Massao</td>
<td>18, 64</td>
</tr>
<tr>
<td>Ziehenberger Evelynne</td>
<td>45</td>
</tr>
</tbody>
</table>
“The new 3B LASER NEEDLE is one of the most attractive innovations in the field of low-level laser therapy. It impressively demonstrates that modern technology and holistic care for the patient are not mutually exclusive. Traditional Chinese medicine is being continuously advanced by such outstanding innovations and contributes increasingly to public health.”

Dr. Michael Weber
President of the European TCM Laser Academy

Are you interested in modern laser therapy?
For more information see:

www.3b-laser.com

or contact
3B Scientific GmbH
Rudorffweg 8
21031 Hamburg, Germany
Phone: +49(0)40-73966-222 Fax: +49(0)40-73966-100
stefan.baudis@3bscientific.com
AcupunctuurDirect.nl & SanoPharm.com

Synergie in de praktijk

SanoPharm Nederland is leverancier van de beste merken voor integrale behandelmethode

- Emulsan
- Forrest Herbs
- Horfervit
- Klein
- BioProgress
- InnovaVital enzymtherapie
- SanoPharm Vitaminen & Mineralen
- Padma
- Pascoe
- Petrasch & Co.
- SanoConcept

AcupunctuurDirect.nl is de webwinkel voor uw acupunctuur- of auriculobenodigheden

- Naalden
- Elektrostimulatie
- Lasers
- Moxa
- Magneten
- Modellen
- Kaarten
- Literatuur

L’Univers is officieel distributeur van Seirin Corporation Japan!

Bezoek onze websites voor actuele informatie