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## Welcome to the year of the OX

**It's amazing how time really does fly. We are now at the beginning of another new year...**

What does the global financial crisis mean for Acupuncture? Will this be a tough year for practitioners in Australia? Chinese astrology may have some answers..

The OX year is a conservative year, one of traditions and values. This is not a year to be outrageous. A slow but steady year.

This OX year will bring stability and growth where patience and diligence pays off. This is a year of Harvest - when we reap what we have sown. Take care of business this year, do not let things slide.

# Events Calendar for February 2009

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## **Melbourne - Constitutional Facial Acupuncture**

Contact: Kylie O'Brien on or [sartorimedecine@gmail.com](mailto:sartorimedecine@gmail.com)

This is a multi-day event ending on the 22/02

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## **Adelaide - Acupuncture Treatment for Stop Smoking**

When: 10.00am - 2.00pm, Where: 245 Torrens Road

Contact: Anh Phung on 0413 353 878 or  
[ap656961@yahoo.com](mailto:ap656961@yahoo.com)

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## **Melbourne - Constitutional Facial Non-Needle**

Contact: Kylie O'Brien on or [sartorimedecine@gmail.com](mailto:sartorimedecine@gmail.com)

This is a multi-day event ending on the 01/03

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## **Adelaide - Acupunture Treatment for lost Weight**

When: 10.00am - 2.00pm, Where: 245 Torrens Road

Contact: Anh Phung on 08 83467800 or  
[ap656961@yahoo.com](mailto:ap656961@yahoo.com)



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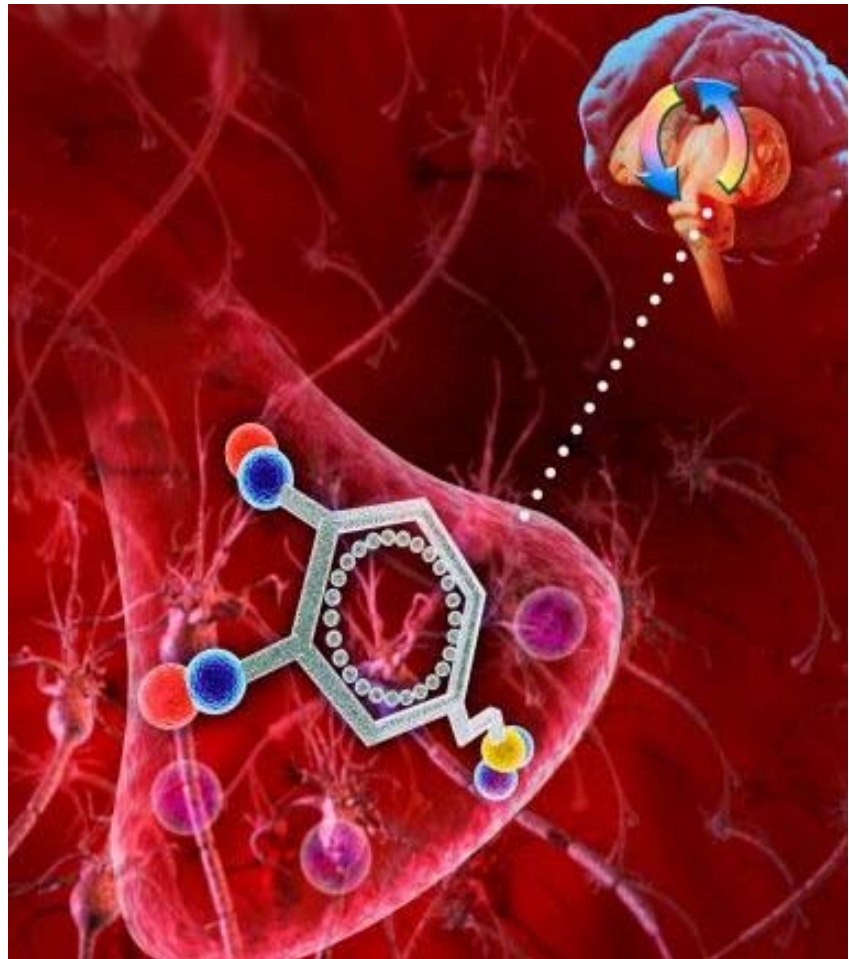
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# Acupuncture inhibits ferric iron deposition and ferritin-heavy chain reduction in an MPTP-induced parkinsonism model.

This study investigated the effect of acupuncture on iron-related oxidative damage in a mouse model designed as a 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP)-induced parkinsonism model.

To generate the chronic parkinsonism model, mice were intraperitoneally injected with MPTP (20mg/kg, one daily injection) for 30 days and acupuncture was performed at acupoints LR3 (Taichong) and GB34 (Yanglingquan) at 48h intervals.

Acupuncture inhibited decreases in the immunoreactivities of tyrosine hydroxylase (TH) and dopamine transporter (DAT) that occurred as a result of MPTP neurotoxicity. The presence of ferric iron ( $\text{Fe}(3+)$ ), but not ferrous iron ( $\text{Fe}(2+)$ ), was strongly increased in the substantia nigra (SN) as a result of chronic loading of MPTP, whereas the ferritin-heavy chain (F-H) was significantly decreased. However, acupuncture treatment inhibited the increase in ferric iron and the decrease in the F-H that was induced by MPTP. Additionally, treatment with MPTP and acupuncture caused no changes in the presence



ence of ferrous iron and ferritin-light chain (F-L) as a result of the treatments. The mRNA of F-H was also not affected.

These results suggest that acupuncture may inhibit iron-related oxidative damage and may prevent the deleterious alteration of iron metabolism in the MPTP model.

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**Author(s):** Choi YG, Park JH, Lim S.

**Journal:** Neurosci Lett. 2008

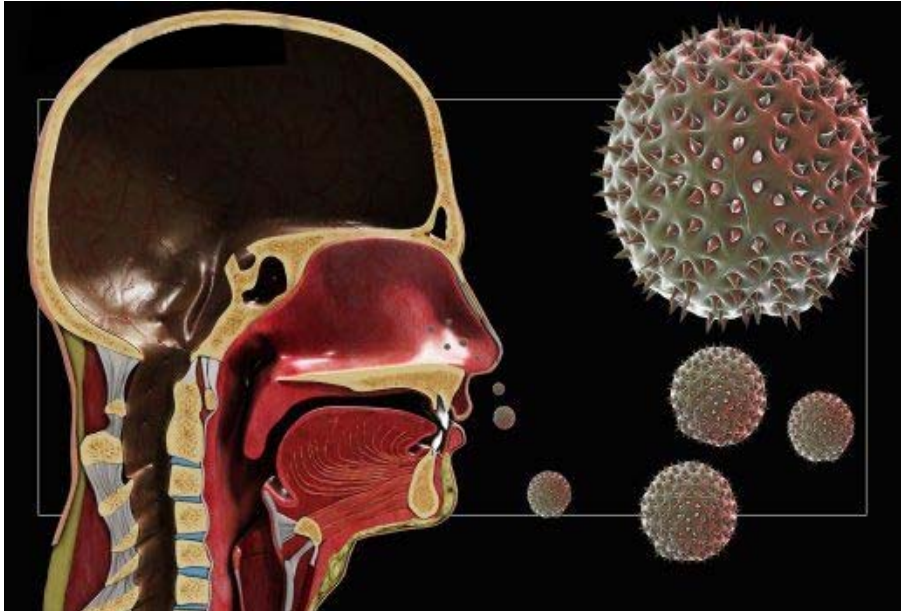
# Acupuncture in patients with allergic rhinitis: a pragmatic randomized trial.

**BACKGROUND:** Acupuncture is widely used in patients with allergic rhinitis, but the available evidence of its effectiveness is insufficient.

**OBJECTIVE:** To evaluate the effectiveness of acupuncture in addition to routine care in patients with allergic rhinitis compared with treatment with routine care alone.

**METHODS:** In a randomized controlled trial, patients with allergic rhinitis were randomly allocated to receive up to 15 acupuncture sessions during a period of 3 months or to a control group receiving no acupuncture. Patients who did not consent to random assignment received acupuncture treatment. All patients were allowed to receive usual medical care. The Rhinitis Quality of Life Questionnaire (RQLQ) and general health-related quality of life (36-Item Short-Form Health Survey) were evaluated at baseline and after 3 and 6 months.

**RESULTS:** Of 5,237 patients (mean [SD] age, 40 [12] years; 62% women), 487 were randomly assigned to acupuncture and 494 to control, and 4,256 were included in the nonrandomized acupuncture



group. At 3 months, the RQLQ improved by a mean (SE) of 1.48 (0.06) in the acupuncture group and by 0.50 (0.06) in the control group (3-month scores, 1.44 [0.06] and 2.42 [0.06], respectively; difference in improvement, 0.98 [0.08];  $P < .001$ ). Similarly, quality-of-life improvements were more pronounced in the acupuncture vs the control group ( $P < .001$ ). Six-month improvements in both acupuncture groups were lower than they had been at 3 months.

**CONCLUSIONS:** The results of this trial suggest that treating patients with allergic rhinitis in routine care with additional acupuncture leads to clinically relevant and persistent bene-

fits. In addition, it seems that physician characteristics play a minor role in the effectiveness of acupuncture treatment, although this idea needs further investigation.

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