

## July 2007 Newsletter

### Welcome to the newsletter

Welcome to the July edition of the Acupuncture.com.au newsletter which has now been in circulation for 19 months.

We are looking for people to contribute articles to the newsletter for publication.

Submit your articles to us via email at:

[info@acupuncture.com.au](mailto:info@acupuncture.com.au)

We hope you enjoy this edition of the newsletter.

### The 10th Functional System

**14/06/2007 - From meridians and acupoints to self-supervision and control system: a hypothesis of the 10th functional system based on anatomical studies of digitized virtual human.**

**Institute:** Department of Anatomy, 2Department of Embryology and Histology, Southern Medical University, Guangzhou 510515, China. E-mail: whmzyq@fimmu.com.

**Author(s):** Wang J, Dong WR, Wang CL, Yao DW, Zhao BL, Shen BL, Yang LL, Yuan L.

**Journal:** Nan Fang Yi Ke Da Xue Xue Bao. 2007 May;27(5):573-9.

Chinese acupuncture and

moxibustion has been widely accepted as a useful therapeutics all over the world, but its mechanism has not been fully defined. For this purpose, a reticular framework of whole-body fascia and connective tissues has been established by means of digitized virtual human technique.

The virtual acupoints represented three-dimensionally were compared with the sites for stimulation in practice of traditional Chinese medicine (TCM) acupuncture therapy. The results showed that the fascial network constituted by the connective tissues may be the anatomical basis for acupuncture therapy. We found that

the acupoints were mainly located where thick connective tissues were present. In this fascial network, sensitive nerve endings, active cells and lymphatic vessels abounded in the sites with thick connective tissue, and needling at these sites induced definite biological effects.

In light of biological phylogeny and embryo development, we believe that the connective tissue network may constitute a new functional system in the human body, the Self-supervision and control system(Fasciology), which provides a theoretical base for acupuncture therapy.



### Acupuncture to lower blood pressure.



**11/06/2007 - Randomized Trial of Acupuncture to Lower Blood Pressure.**

Arterial hypertension is a prime cause of morbidity and mortality in the general population. Pharma-

cological treatment has limitations resulting from drug side effects, costs, and patient compliance. Thus, we investigated whether traditional Chinese medicine acupuncture is able to lower blood pressure.

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### Acupuncture to lower blood pressure (continued..)

“ACUPUNCTURE SIGNIFICANTLY LOWERED MEAN 24 HOUR AMBULATORY BLOOD PRESSURES”

**METHODS AND RESULTS:** We randomized 160 outpatients (age, 58+/-8 years; 78 men) with uncomplicated arterial hypertension in a single-blind fashion to a 6-week course of active acupuncture or sham acupuncture (22 sessions of 30 minutes' duration). Seventy-eight percent were receiving antihypertensive medication, which remained unchanged. Primary outcome parameters were mean 24-hour ambulatory blood pressure levels after the treatment course and 3 and 6 months later. One hundred forty patients finished the treatment course (72 with active treatment, 68 with sham treatment). There was a significant ( $P<0.001$ ) difference

in posttreatment blood pressures adjusted for baseline values between the active and sham acupuncture groups at the end of treatment. For the primary outcome, the difference between treatment groups amounted to 6.4 mm Hg (95% CI, 3.5 to 9.2) and 3.7 mm Hg (95% CI, 1.6 to 5.8) for 24-hour systolic and diastolic blood pressures, respectively. In the active acupuncture group, mean 24-hour ambulatory systolic and diastolic blood pressures decreased significantly after treatment by 5.4 mm Hg (95% CI, 3.2 to 7.6) and 3.0 mm Hg (95% CI, 1.5 to 4.6), respectively. At 3 and 6 months, mean systolic and diastolic

blood pressures returned to pretreatment levels in the active treatment group.

**CONCLUSIONS:** Acupuncture according to traditional Chinese medicine, but not sham acupuncture, after 6 weeks of treatment significantly lowered mean 24-hour ambulatory blood pressures; the effect disappeared after cessation of acupuncture treatment.

**Institute:** Med Klinik 2.

**Author(s):** Flachkamp FA, Galasch J, Gefeller O, Gan J, Mao J, Pfahler AB, Wortmann A, Klinghammer L, Pfledere W, Daniel WG.

**Journal:** Circulation. 2007 Jun 4;

### Diabetic Peripheral Neuropathy

**04/06/2007 - Clinical observation on effect of acupuncture in treating diabetic peripheral neuropathy**

**OBJECTIVE:** To observe the effect of acupuncture in treating diabetic peripheral neuropathy (DPN).

**METHODS:** Sixty patients with DPN were randomly assigned to the acupuncture treated group and the control group, 30 in each group. Besides basic treatment, patients were

treated additionally with acupuncture and orally administration of Methycobal (Mecolbalamin) for 8 weeks respectively. Changes of symptoms, blood glucose, HbA1c, whole blood and plasma viscosity, the nerve conduction velocity (NCV) of sensory and motor nerves before and after treatment were observed.

**RESULTS:** Acupuncture can ameliorate symptoms and signs of the nervous system, decrease whole blood and plasma viscosity, and improve the NCV

of sensory and motor nerves in patients with DPN.

**CONCLUSION:** The effect of acupuncture in treating DPN is definite.

**Country:** China

**Institute:** Acupuncture and Massage College of Beijing University of Chinese Medicine, Beijing. dfyynfm@163.com

**Author(s):** Zhao HL, Gao X, Gao YB.

**Journal:** Zhongguo Zhong Xi Yi Jie He Za Zhi. 2007 Apr;27(4):312-4.



### Inflammatory symptoms of the breast during lactation

**05/06/2007 - A randomised-controlled trial in Sweden of acupuncture and care interventions for the relief of inflammatory symptoms of the breast during lactation.**

**Country:** Sweden

**Institute:** Department of Obstetrics and Gynaecology, Floor 2, Helsingborg Hospital, Helsingborg, SE-251 87 Sweden; Faculty of Social and Life Sciences, Karlstad University, Sweden.

**Author(s):** Kvist LJ, Louise Hall-Lord M, Rydhstroem H, Wilde Larsson B.

**Journal:** Midwifery. 2007 Jun;23(2):184-95. Epub 2006 Oct 18.

**Abstract:**

**OBJECTIVES:** to further compare acupuncture treatment and care interventions for the relief of inflammatory symptoms of the breast during lactation and to investigate the relationship between bacteria in the breast milk and clinical signs and symptoms.

**DESIGN:** randomised, non-blinded, controlled trial of acupuncture and care interventions. **SETTING:** a midwife-led breast feeding clinic in Sweden.

**PARTICIPANTS:** 205 mothers with 210 cases of inflammatory symptoms of the breast dur-

ing lactation agreed to participate. The mothers were randomly assigned to one of three treatment groups, two of which included acupuncture among the care interventions and one without acupuncture. All groups were given essential care. Protocols, which included scales for erythema, breast tension and pain, were maintained for each day of contact with the breast feeding clinic. A Severity Index (SI) for each mother and each day was created by adding together the scores on the erythema, breast tension and pain scales. The range of the SI was 0 (least severe) to 19 (most severe).

**FINDINGS:** no significant difference was found in numbers of mothers in the treatment groups, with the lowest possible score for severity of symptoms on contact days 3, 4 or 5. No statistically significant differences were found between the treatment groups for number of contact days needed until the mother felt well enough to discontinue contact with the breast feeding clinic or for number of mothers prescribed antibiotics. Significant differences were found in the mean SI scores on contact days 3 and 4 between the non-acupuncture group and the two acupuncture groups. Mothers with

less favourable outcomes (6 contact days, n=61) were, at first contact with the midwife, more often given advice on correction of the baby's attachment to the breast. An obstetrician was called to examine 20% of the mothers, and antibiotic treatment was prescribed for 15% of the study population. The presence of Group B streptococci in the breast milk was related to less favourable outcomes.

**KEY CONCLUSIONS AND IMPLICATIONS FOR PRACTICE:** if acupuncture treatment is acceptable to the mother, this, together with care interventions such as correction of breast feeding position and babies' attachment to the breast, might be a more expedient and less invasive choice of treatment than the use of oxytocin nasal spray. Midwives, nurses or medical practitioners with specialist competence in breast feeding should be the primary care providers for mothers with inflammatory symptoms of the breast during lactation. The use of antibiotics for inflammatory symptoms of the breast should be closely monitored in order to help the global community reduce resistance development among bacterial pathogens.



SIGNIFICANT DIFFERENCES WERE FOUND IN THE MEAN SI SCORES ON CONTACT DAYS 3 AND 4 BETWEEN THE NON-ACUPUNCTURE GROUP AND THE TWO ACUPUNCTURE GROUPS.

## July 2007 Newsletter

### Acupuncture and TCM events for July 2007

**05**

**Brisbane - Are you Stepping UP in the world?**

When: 9.00am - 5.00pm, Where: 55 little edward street, Spring Hill

Contact: Hayley Gorlitz on 07 3831 2322 or [marketing\\_brisbane@dalecarnegie.com.au](mailto:marketing_brisbane@dalecarnegie.com.au)

This is a multi-day event ending on the 05/07

**07**

**Adelaide - TCM Treatment of Diabetes.**

When: All - Day, Where:

Contact: Herbal International on 1800 600 068

**13**

**Melbourne - Toyohari Basic Training - Weekend 6**

When: All - Day, Where:

Contact: Australian Shiatsu College on (03) 9419 5520

This is a multi-day event ending on the 15/07

**14**

**Brisbane - TCM Treatment on Cancer.**

When: All - Day, Where:

Contact: Herbal International on 1800 600 068

**14**

**Melbourne - Sun Ten Chinese Medicine Pearls Seminar**

When: 1pm - 5pm, Where: Building 10, Casey Plaza Lecture Theatre, 124 Latrobe Street, Melbourne

Contact: Greta Young on (03) 9842 0253 or [youngjia@bigpond.net.au](mailto:youngjia@bigpond.net.au)

**20**

**Leichhardt - Chronic Fatigue Syndrome Seminar**

When: 7.00pm - 9.00pm, Where: 92-94 Norton Street

Contact: Garry Tam on (02) 9550 9906 or [garry@sitcm.edu.au](mailto:garry@sitcm.edu.au)

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**Melbourne - TCM Treatment on Pregnancy Disorders.**

When: All - Day, Where:

Contact: Herbal International on 1800 600 068

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**Canberra - The Enteric System: Part 1**

When: All - Day, Where:

Contact: Emily Lewis on 1300 133 807 or [emily@chmrd.com](mailto:emily@chmrd.com)

For detailed information on any of these events or if you would like to add your own event to our calendar for free, visit us online at the following address.

[www.acupuncture.com.au/events](http://www.acupuncture.com.au/events)

## Posttraumatic Stress Disorder



**20/06/2007 - Acupuncture for Posttraumatic Stress Disorder: A Randomized Controlled Pilot Trial.**

**Country:** U.S.A

**Institute:** \*Department of Psychiatry and Behavioral Sciences and Family and Geriatric Medicine, University of Louisville School of Medicine, Louisville, Kentucky; †Department of Family and Community Medicine, University of New Mexico School of Medicine, Albuquerque,

**Author(s):** Hollifield M, Sinclair-Lian N, Warner TD, Hammerschlag R.

**Journal:** J Nerv Ment Dis . 2007 Jun; 195(6):504-513

The purpose of the study was to evaluate the potential efficacy and acceptability of acupuncture for posttraumatic stress disorder (PTSD).

People diagnosed with PTSD were randomized to either an empirically developed acupuncture treatment (ACU), a group cognitive-behavioral therapy (CBT), or a wait-list control (WLC). The primary outcome measure was self-reported PTSD symptoms at baseline, end treatment, and 3-month follow-up. Repeated measures MANOVA was used to detect predicted Group X Time effects in both intent-to-treat (ITT) and treatment completion models.

Compared with the WLC

condition in the ITT model, acupuncture provided large treatment effects for PTSD ( $F [1, 46] = 12.60$ ;  $p < 0.01$ ; Cohen's  $d = 1.29$ ), similar in magnitude to group CBT ( $F [1, 47] = 12.45$ ;  $p < 0.01$ ;  $d = 1.42$ ) (ACU vs. CBT,  $d = 0.29$ ). Symptom reductions at end treatment were maintained at 3-month follow-up for both interventions.

Acupuncture may be an efficacious and acceptable nonexposure treatment option for PTSD. Larger trials with additional controls and methods are warranted to replicate and extend these findings.

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