
If you wish to contribute a story or article about Acupuncture or Traditional Chinese Medicine please contact the Acupuncture.com.au team through the web.
OBJECTIVE: To investigate influence of electroacupuncture at "Zusanli" (ST 36) on pharmacokinetics after oral administration of Paracetamol in rats and explore the effect and mechanism of acupuncture combined with medicinal drugs.

METHODS: Forty-eight SD rats, in half respectively male and female, were randomly divided into 6 groups: Paracetamol groups of low, moderate, and high doses (oral dose of Paracetamol 300, 600 or 1200 mg/kg, respectively), and electroacupuncture plus Paracetamol groups of low, moderate, and high doses (electroacupuncture at "Zusanli" (ST 36) acupoint for 20 min after oral dose of Paracetamol 300, 600 or 1 200 mg/kg, respectively). Serum specimens of rats in each group were obtained at different time points to determine the concentrations of Paracetamol by RP-HPLC after oral administration of Paracetamol at different dosage, and the pharmacokinetic parameters were calculated by software 3P87, so as to observe the influence of electroacupuncture on absorption and metabolism of Paracetamol.

RESULTS: Except in electroacupuncture plus Paracetamol groups of high doses group showing a non-linear dynamics model, the pharmacokinetics parameters of Paracetamol in the other fives groups were all fitted to first order grade absorption of two-compartment open model. Compared with the Paracetamol groups of low and moderate doses, the time to peak concentration (T(max)) was advanced (P < 0.01), the peak values of plasma concentration (C(max)) were significantly higher (P < 0.01), and the absorption half-life (T1/2ka) speeded up apparently (P < 0.01), but the elimination half-life (T1/2ke) remained basically unchanged (P > 0.05), and the area under the curve (AUC) increased significantly (P < 0.01), and plasma clearance (Cl(s)) was lower (P < 0.01) in the electroacupuncture plus Paracetamol groups of low and moderate doses. Compared with the Paracetamol group of high doses, the AUC also increased significantly (P < 0.01) and the mean residence time (MRT) postponed relatively (P < 0.05) in the electroacupuncture plus Paracetamol group of high doses.

CONCLUSION: It indicates that clinical consideration must be given to the drug dosage and the possible influence of electroacupuncture on the metabolism of some

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drugs in order to avoid and reduce adverse reactions.

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**Events Calendar for October 2010**

**03**

**Brisbane - Skin Needling, Jade Roller, Gua Sha and Anti Aging Technique**  
When: 9am - 1pm, Where: White Lotus Anti Aging  
Contact: White Lotus Anti Aging on 07 3868 3856 or info@whitelotus.com.au / This is a multi-day event ending on the 03/10 /

**06**

**Gold Coast—Acupuncture Study Group**  
Where: Endeavour College, 105 Scarborough Street, Southport, Room 2  

**09**

**Southport, Gold Coast - Japanese Acupuncture for Gyneaeological Problems**  
When: 9.00am - 5.00pm, Where: Endeavor College of Natural Health 105 Scarborough Street / Contact: Helio Supply Company on (02) 9698 5555 or tchianese@heliosupply.com.au / This is a multi-day event ending on the 10/10

**23**

**Surrey Hills -Sydney - Esoteric Acupuncture - Dr. Mikio Sankey**  
When: 9.00am - 5.00pm, Where: Brunswick - Melbourne / Contact: Alison Clarke on 0422 845 105 or alison@intofreedom.com.au / This is a multi-day event ending on the 24/10

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**Brisbane - Gynaecology & Female Health in Clinical Practice Seminar**  
When: 1:30pm - 8:30pm, Where: Sofitel Brisbane, 249 Turbot Street, / Contact: Health World Limited on (07) 3117 3300 or orders@healthworld.com.au /
OBJECTIVE: To compare the therapeutic effect of electroacupuncture and western medication on blood pressure variability in young patients with hypertension.

METHODS: Sixty cases of hypertension in young patients were randomized into an electroacupuncture group and a western medication group, 30 cases in each one. In electroacupuncture group, electroacupuncture was applied on Quchi (LI 11) and Taichong (LR 3). In western medication group, Captopril was taken orally. Twenty-four hour dynamic blood pressure, blood pressure variability and day-night rhythm were observed after 14 days treatment in two groups.

RESULTS: Electroacupuncture on Quchi (LI 11) and Taichong (LR 3) reduced systolic pressure and diastolic pressure at different time phases in young patients with hypertension (all P < 0.01), which did not present significant statistical difference as compared with western medication group (all P > 0.05). Electroacupuncture on Quchi (Li, 11) and Taichong (LR 3) reduced apparently the standard deviations of systolic pressure and diastolic pressure at different time phases in young patients with hypertension, indicating significant statistical differences as compared with the deviations before the treatment (P < 0.01, P < 0.05). The statistical significance presented in 24 h systolic standard deviation (24 h SSD), 24 h diastolic standard deviation (24 h DSD), daytime SSD (dSSD), nighttime SSD (nSSD) and nighttime DSD (nDSD) between two groups (P < 0.01, P < 0.05). In comparison of the numbers of Dippers and non-Dippers in two groups, the significant statistical difference presented between two groups after treatment (P < 0.05).

CONCLUSION: Electroacupuncture on Quchi (LI 11) and Taichong (LR 3) has long-term anti-hypertensive effect and improves effectively day-night rhythm variation in young patients with hypertension. Quchi (LI 11) and Taichong (LR 3) are the effective pair points for hypertension treated with acupuncture.