

September 2007 Newsletter

Welcome to the September edition of the Acupuncture.com.au newsletter.

We are looking for people to contribute articles to the newsletter for publication. You can submit your articles to us via email at: info@acupuncture.com.au

We hope you enjoy this edition of the newsletter.

Article: **When numbers lie?** By Alan Jansson



Peta came to clinic last week...

Originally seeing me last year for chronic and severe lower back pain (bulging discs) she presented last Saturday with a strong, persistent cough (3 weeks) that had triggered extreme and violent pain in her lower back, she ached all over her body, her sleep was shocking and she was besieged by horrendous headaches.

Totally lethargic and becoming very depressed she was on her 4th course of antibiotics and understandably fearful for her health.

Two sessions later..... cough almost gone, head and body aches gone, sleep regulated, energy improving, lower back pain 70% better.

An extraordinary medicine? Peta sure thinks so!

She was delighted as was I but her question of herself still rings clearly in my ear.

She repeated several times, 'WHY DIDN'T I COME IN EARLIER?'
A question to which I had no reply?

Traditional Acupuncture arrived in the West with an inherent set of difficulties.

The limited awareness and understanding of the scope, power and flexibility and of 'Traditional Acupuncture' both within and without the profession is the greatest challenge we face today.

Clinical efficacy using this ancient medicine is extremely dependent on the skill of the practitioner and many of the limitations accorded our medicine are of our own making.

As clinicians we need to take full responsibility and be accountable for our results.

In too many cases mediocre clinical outcomes are blamed on the medicine and we assume that the classical point indications and functions as taught to us are incorrect because we do not achieve the prescribed results.

All practitioners are equal in skill

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Article: When numbers lie? By Alan Jansson (continued)

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and ability therefore it is the medicine that varies not the hand that delivers it?

I think not!

Any research program is subject to the limitations in skill and experience of the participating practitioners.

When research programs that rely on practitioners of limited education and experience declare that this or that treatment or point is effective or ineffective the results are fundamentally flawed, no practitioner fault is found and on most occasions any inadequacies are accorded to the medicine.

In this case numbers can lie.

Be careful, very careful of becoming trussed up in the academic rodeo and falling into the mistaken belief that this medicine can be homogenized and subsequently sanitized of its inherent humanity.

Traditional Acupuncture is the ONLY modality that I practice.

After close to 50,000 treatments I feel like I have just scratched the surface of this powerful and in many cases spontaneously effective natural medicine.

In almost a quarter of a century of practice I have studied with some extraordinary teachers and learnt much from many dedicated students but it is the strength, courage, persistence, good humour and goodwill of my patients that continues to inspire me on a daily basis.

And the reality is that as a practitioner it is their welfare that ultimately counts.

Not the least because our livelihoods depend on it!

Alan Jansson
Traditional Acupuncturist

Effect of oxytocin on acupuncture analgesia in the rat.

10/08/2007

Oxytocin has been demonstrated to be involved in pain modulation. Acupuncture analgesia is a very useful clinical tool for pain relief, which has over 2500-year history in China. The present study investigated the role of oxytocin in acupuncture analgesia in the rat through oxytocin administration and measurement.

Central administration of oxytocin (intraventricular injection or intrathecal injection) enhanced acupuncture analgesia, while

central administration of anti-oxytocin serum weakened acupuncture analgesia in a dose-dependent manner. However, intravenous injection of oxytocin or anti-oxytocin serum did not influence acupuncture analgesia. Electrical acupuncture of "Zusanli" (St. 36) reduced oxytocin concentration in the hypothalamic supraoptic nucleus, and elevated oxytocin concentration in the hypothalamic supra-chiasmatic nucleus, hypothalamic ventromedial nucleus, thalamic ventral nucleus,

Effect of oxytocin on acupuncture analgesia in the rat (cont)

periaqueductal gray, raphe magnus nucleus, caudate nucleus, thoracic spinal cord and lumbar spinal cord, but did not alter oxytocin concentration in the hypothalamic paraventricular nucleus, anterior pituitary, posterior pituitary and plasma.

The data suggested that oxytocin in central nervous system

rather than in peripheral organs is involved in acupuncture analgesia.

Institute: Institute for Pharmaceuticals and Medical Science, Guangdong Bangmin Pharmaceutical Co. Ltd., Jianghai Distract, Jiangmen, Guangdong 529080, China.

Author(s): Yang J, Yang Y, Chen JM, Liu WY, Wang CH, Lin BC.

Clinical observation on acupuncture for treatment of hypertension of phlegm-stasis blocking collateral type

10/08/2007

OBJECTIVE: To explore the clinical therapeutic effect of acupuncture on hypertension of phlegm-stasis blocking collateral type and the mechanism.

METHODS: Sixty cases of hypertension were randomly divided into a treatment group and a control group, 30 cases in each group. The treatment group were treated with acupuncture at Fengchi (GB 20), Quchi (LI 11), Neiguan (PC 6), Zusanli (ST 36), Fenglong (ST 40), Taicehong (LR 3), and oral administration of Captori, and the control group only with Captoril, for 4 therapeutic courses. The changes of blood pressure, clinical symptoms, hemorheologic parameters, C-reactive protein (CRP), TC, TG, HDL and LDL levels after treatment were observed.

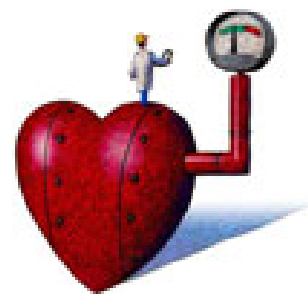
RESULTS: In the treatment group, blood pressure significantly decreased, and contents

of CRP, TC, TG and LDHD decrease, the hemorheologic parameters improved and HDL level increased. Both the cumulative scores of clinical symptoms and the therapeutic effect for each symptom were improved significantly, with very significant differences as compared with those before treatment and the control group ($P < 0.01$).

CONCLUSION: Acupuncture treatment has obvious effect of decreasing blood pressure, and reverses or delays the course of atherosclerosis, which mechanisms are possibly related with the function of protecting vascular endothelium.

Institute: Department of Acup-Moxibustion, Second TCM Hospital of Guangdong Province, Guangzhou 510095, China. suiren163@163.com

Author(s): Huang F, Yao GX, Huang XL, Liu YN.



A minimal stress model for the assessment of electroacupuncture analgesia in rats under halothane.



17/08/2007

The use of anesthetics in acupuncture analgesia is controversial. We evaluate a steady-state light anesthesia model to test whether minimal stress manipulation and reliable measurement of analgesia could be simultaneously achieved during electroacupuncture (EA) in animals.

A series of experiments were performed. Firstly, EA compliance and tail-flick latencies (TFL) were compared in rats under 0.1%, 0.3%, 0.5%, 0.7%, or 1.1% halothane for 120min. Under 0.5% halothane, TFL were then measured in groups receiving EA at intensity of 3, 10 or 20 volt (V), 1 or 2mg/kg morphine, 20V EA plus naloxone, or control. Subsequently, the effect of EA on formalin-induced hyperalgesia was tested and c-fos expression in the spinal dorsal horn was analyzed.

Rats exhibited profound irritable behaviors and highly variable TFL under 0.1% or 0.3% halothane, as well as a time-dependent increase of TFL under 0.7% or 1.1% halothane. TFL remained constant at 0.5% halothane, and needle insertion and electrical stimulation were well tolerated. Under 0.5% halothane, EA increased TFL and suppressed formalin-

induced hyperalgesia in an intensity-dependent and naloxone-reversible manner. EA of 20V prolonged TFL by 74%, suppressed formalin-induced hyperalgesia by 32.6% and decreased c-fos expression by 29.7% at the superficial and deep dorsal horn with statistically significant difference.

In conclusion, 0.5% halothane provides a steady-state anesthetic level which enables the humane application of EA stimulus with the least interference on analgesic assessment. This condition serves as a minimal stress EA model in animals devoid of stress-induced analgesia while maintaining physiological and biochemical response in the experiment.

Institute: Graduate Institute of Medical Sciences, College of Medicine, Taipei Medical University, Taipei, Taiwan; Department of Anesthesiology, Shin-Kong Wu Ho-Su Memorial Hospital, Taipei, Taiwan.

Author(s): Wen YR, Yeh GC, Shyu BC, Ling QD, Wang KC, Chen TL, Sun WZ.

Journal: Eur J Pain. 2007 Oct;11(7):733-42.

Dorsal root ganglion: the target of acupuncture in the treatment of asthma.

21/08/2007

Recently, high levels of neurotrophic factors have been found in bronchial asthma; these factors include nerve growth factor, brain-derived neurotrophic factor, and leukemia inhibitory factor, among others. Neurotrophic factors are first synthesized in bronchial epithelial cells, immune cells, and other cells in the airway; they are then taken up by the synapse and are finally transported to dorsal root ganglia (C7-T5).

Increased neurotrophic factors in dorsal root ganglia promote the synthesis and release of substance P. As a result, substance P causes a series of reactions such as contraction of airway smooth muscles, secretion of mucous fluids, seepage of capillary vessels, release of mediators of inflammation, and aggravation of airway hyperre-activity. It is interesting to note that the anatomic locations of dorsal root ganglia (C7-T5) are similar to a series of acupuncture points in traditional Chinese medicine.

These points are all situated on 2 sides of the midspinal line, and most of them belong to Back-shu acupuncture points.

In traditional Chinese medicine, Back-shu points can be used to treat patients with bronchial asthma through acupuncture

and moxibustion. Is it a coincidence, or is there a real connection?

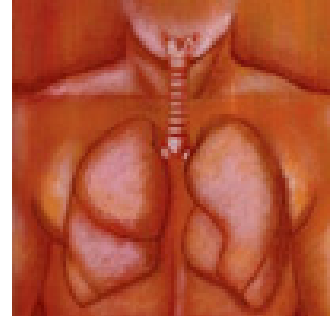
These points possess similar neurotonia, physical function, and therapeutic effects; the functional area of Back-shu is composed of these points. When these points are pricked with a needle along the lower border of the spinous process, dorsal root ganglia and spinal nerves are stimulated; this can help to regulate the synthesis and release of neurotransmitters.

It is hypothesized that dorsal root ganglia may be the targets of acupuncture in the treatment of asthma; in this process, acupuncture has an inhibitory effect on the uptake of neurotrophic factors, or it inhibits the synthesis and release of substance P in dorsal root ganglia. As a result, airway neurogenic inflammation in asthma is relieved.

Institute: Department of Respiratory Medicine, Xiangya Hospital of Central South University, Hunan, China.

Author(s): Feng JT, Hu CP, Li XZ.

Journal: 1: Adv Ther. 2007 May-Jun;24(3):598-602.



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Acupuncture and TCM events for September 2007

01

CHINA - BEIJING-Study & Experience Acupuncture

When: 8.00am - 5.00pm, Where: BEIJING

Contact: Konstantino Dimitropoulos on (07) 3103 0525 or china@portaxedale.com

This is a multi-day event ending on the 30/09

09

Canberra - The Enteric System: Part 2

When: All - Day, Where:

Contact: Emily Lewis on 1300 133 807 or emily@chmrd.com

09

Leichhardt - Auricular Acupuncture Seminar

When: 1.00pm - 5.30pm, Where: LG 92-94 Norton Street

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

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

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