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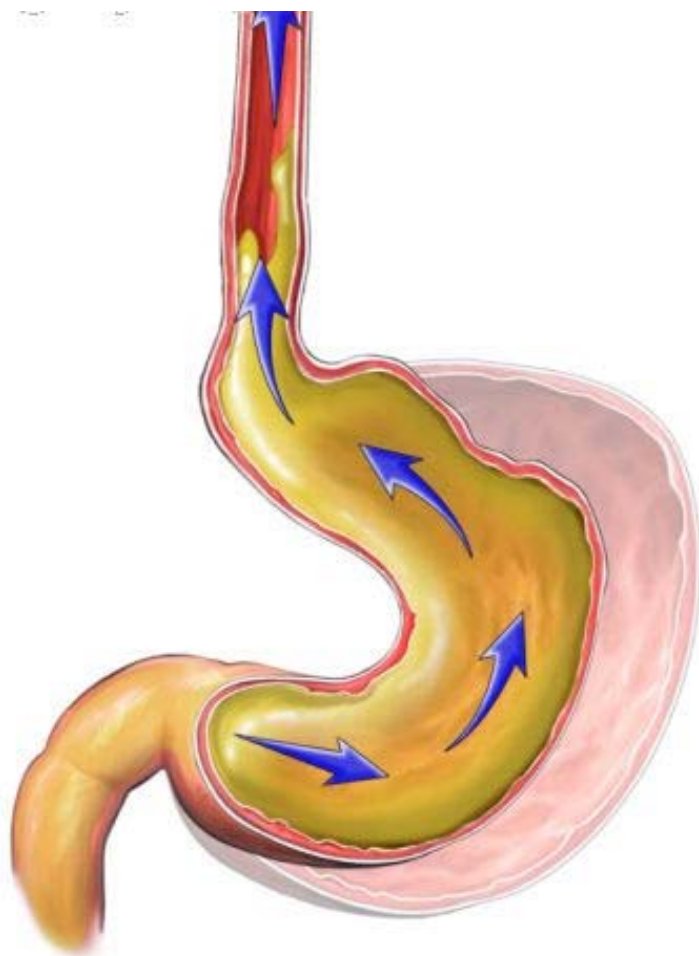
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### This month in the news..

Welcome to the September Issue of the Acupuncture.com.au monthly newsletter.

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.

## 20/08/2010 - Clinical study on the treatment of gastro-esophageal reflux by Acupuncture



**OBJECTIVE:** To explore the clinical efficacy and safety of acupuncture in treating gastroesophageal reflux (GER).

**METHODS:** Sixty patients with confirmed diagnosis of GER were randomly assigned to two groups. The 30 patients in the treatment group were treated with acupuncture at acupoints Zhongwan (CV 12), bilateral Zusanli (ST36), Sanyinjiao (SP6), and Neiguan (PC6), once a day, for 1 week as a therapeutic course, with interval of 2-3 days between courses; the 30 patients in the control group were administered orally with omeprazole 20 mg twice a day and 20 mg

mosapride thrice a day. The treatment in both group lasted 6 weeks. Patients' symptoms and times of reflux attacking were recorded, the 24-h intraesophageal acid/bile reflux were monitored, and the endoscopic feature of esophageal mucous membrane was graded and scored at three time points, i.e., pre-treatment (T0), immediately after ending the treatment course (T1) and 4 weeks after it (T2). Besides, the adverse reactions were also observed.

**RESULTS:** Compared with those detected at T0, 24-h intraesophageal pH and bile reflux, endoscopic grading score and symptom score were all decreased significantly at T1 in both groups similarly ( $P < 0.01$ ), showing insignificant difference between groups ( $P > 0.05$ ). These indices were reversed at T2 to high level in the control group ( $P < 0.05$ ), but the reversion did not

## 20/08/2010 - Clinical study on the treatment of gastro-esophageal reflux by Acupuncture

occur in the treatment group ( $P>0.05$ ). No serious adverse reaction was found during the therapeutic period.

**CONCLUSION:** Acupuncture can effectively inhibit the intraesophageal acid and bile reflux in GER patients to alleviate patients' symptoms with good safety and is well accepted by patients.

**Pubmed ID:** 20697939 / **Country:** China / **Institute:** Department of Gastroenterology, First Hospital Affiliated to Xinxiang Medical College, Henan 453100, China. nn21882001@yahoo.com.cn / **Author(s):** Zhang CX, Qin YM, Guo BR. / **Journal:** Chin J Integr Med. 2010 Aug;16(4):298-303.

## Events Calendar for September 2010

### **01** Gold Coast—Acupuncture Study Group

Where: Endeavour College, 105 Scarborough Street, Southport

When: January 1st, 6pm—9pm. Cost : Free. For more info see facebook group.

<http://www.facebook.com/event.php?eid=144463872243800>

### **11** Brisbane - Acupuncture Point Injection Therapy Level One.

Contact: Jazz Tyrril-Smart on 0421 862 550 or [info@acupuncturepointinjection.com.au](mailto:info@acupuncturepointinjection.com.au)

This is a multi-day event ending on the 11/09

## 29/08/2010 - Changes in brain FDG metabolism induced by Acupuncture in healthy volunteers.



**Background:** With the aid of newly developed functional brain imaging studies, studies are ongoing to see if acupuncture first acts on specific brain areas to induce effects on the human body.

**Purpose:** To examine if stimulation at specific acupuncture points changes brain glucose metabolism patterns, including the limbic system and specific brain areas related to the acupuncture effect in healthy volunteers using fluorodeoxyglucose positron emission tomography combined computed tomography (FDG-PET/CT).

**Material and Methods:** Twenty healthy volunteers (11 men and 9 women; mean age 49.1 $\pm$ 7.3 years, age range 35-62 years) were included.

Two sets of PET/CT scans were obtained from each volunteer, with and without stimulation by acupuncture. Two classic acupoints, LR3 (liver meridian) and ST44 (stomach meridian) were tested at the same time, using disposable sterile stainless steel needles. After initial acupuncture, the needle was kept in place without further stimulation. FDG-PET/CT scan of the brain began 45 min after FDG injection (185-222 MBq).

**Results:** After stimulation of LR3 and ST44 by acupuncture, glucose metabolism in the brain was increased in the left insula (BA 13), bilateral thalami, superior frontal region of the right frontal lobe, and the inferior frontal region of left frontal lobe compared with baseline. On the other hand, glucose metabolism was decreased after acupuncture in the cingulate and parahippocampal (BA 36) regions of the left limbic lobe.

**Conclusion:** Changes of glucose metabolism in specific brain areas following stimulation by acupuncture on LR3 and ST44 were documented using FDG-PET/CT.

**Country:** Korea / **Institute:** Department of Preventive Medicine, Chung-Ang University, College of Medicine, Seoul. / **Author(s):** Park MS, Sunwoo YY, Jang KS, Han YM, Kim MW, Maeng LS, Hong YP, O JH, Chung YA. **Journal:** Acta Radiol. 2010 Aug 25. **Pubmed ID:** 20735279