

# Bibliography

## ADVANTAGES OF COLLABORATIVE ACUPUNCTURE OR ACUPRESSURE REGARDING THE SIDE EFFECTS OF MEDICATIONS/THERAPIES

John M. Ackerman, M.D.

### ABSTRACT

This bibliography extracted recently from the international literature should have pragmatic influence for all health professionals as well as pharmaceutical companies. So many patients terminate their use of prescription medications of all kinds because of side effects. Now, the international literature contains clinical reports with a common theme demonstrating that different forms of acupuncture are useful to minimize or even eliminate side effects of many medications. Physicians utilizing clinical wisdom (collaborating with an acupuncture colleague) to avoid masking important warning signs, now can prescribe medications knowing that many more patients will get the benefits of their prescriptions. At times, the reader will need to look at the entire article to capture the details of this theme. The articles do not focus on acupuncture as a substitute for allopathic medication but, instead, address acupuncture facilitating the use of a much smaller dose of medication and/or dealing pragmatically with side effects of the allopathics.

**KEYWORDS:** Acupuncture, acupressure, medications, side-effects

## ANALGESICS

C. R. Chapman, Y. M. Colpitts & C. Benedetti, Event-Related Potential Correlates of Analgesia; Comparison of Fentanyl, Acupuncture, and Nitrous Oxide, *Pain* **14** (1982), pp. 327-337. *This study was undertaken to determine whether different analgesic treatments result in a common change in the event-related potentials (ERP) elicited during painful dental stimulation. The effects of electrical acupuncture delivered at 2 Hz to LI-4, the opiate fentanyl 0.1 mg i.v., and the inhalation analgesia mixture of 33% nitrous oxide in oxygen were examined in volunteers undergoing painful tooth pulp stimulation. ERPs were recorded at vertex and subjects provided reports of pain intensity. Discriminant function analysis was used to determine which subset of the pain report and ERP variables could best discriminate baseline from treatment conditions without regard to specificity of treatment. Together with pain report, amplitude of the ERP positive deflection at 250 msec was a significant indicator of analgesia across the 3 treatments. Other changes specific to the individual treatments were also observed. Since the 250 msec amplitude measure was not redundant statistically with pain report, the ERP data provided significant new information about analgesia even though pain report was a very sensitive measure. Pain report alone could account for 48% of the variance across treatments while ERP measures alone accounted for 34%.*

A. L. Gejervall, E. Stener-Victorin, A. Moller, P. O. Janson, C. Werner & C. Bergh, Electro-Acupuncture Versus Conventional Analgesia: A Comparison of Pain Levels During Oocyte Aspiration and Patients' Experiences of Well-being After Surgery, *Human Reproduction* (12-17-2004).

M. Martelele, Comparative Study of the Analgesic Effect of TNS, Electroacupuncture, and Meperidine in the Treatment of Post Operative Pain, *Acupuncture Electrotherapy Research* **10** (1985), pp. 183-193. *Seventy-two patients, from 15 to 60 years old, in good physical status and submitted to surgery in the upper or lower abdominal, rectal or lumbar areas were studied. In the immediate postoperative period, they were randomly divided in three groups and each group was submitted to one of the following treatments: intravenous meperidine, transcutaneous nerve stimulation (TNS) or electroacupuncture (EA). Each treatment was divided in two phases with one hour interval between them. Each phase was constituted of 30 minutes of*

*stimulation in case of TNS and EA and fractionated administration of meperidine in all groups. The pain level was evaluated through a visual analogue scale before and after each phase of treatment. The results were compared among groups and, on each group, between the phases of treatment. In all surgery types, the postoperative pain relief presented by TNS and EA groups of patients was greater than that of meperidine treated group. But, the analgesia presented by the EA treated group of patients lasted longer and increased with the repetition of treatment. The differences of behaviour of TNS and EA analgesia suggest that their neurochemical mechanisms may not be the same. Clinical trial.*

H. Wang, A Study in the Effectiveness of Acupuncture Analgesia for Colonoscopic Examination Compared with Conventional Premedication, *American Journal of Acupuncture* **20**,3 (1992), pp. 217-221.

H. H. Wang, Y. H. Chang, D. M. Liu & Y. J. Ho, A Clinical Study on Physiological Response in Electroacupuncture Analgesia and Meperidine Analgesia for Colonoscopy, *American Journal of Chinese Medicine* **25**,1 (1997), pp. 13-20. *Fifty-nine patients underwent consecutive colonoscopic examination with premedication of electroacupuncture analgesia (EA) were compared with conventional meperidine analgesia (MA) in pain relief and changes of neurotransmitters in serum. The results showed that analgesic efficacy of both groups were the same but with less side effects in the EA group ( $p < 0.01$ ) especially in regard to dizziness. Serum concentration of beta-endorphin in both groups has a similar curve change at 4 different phases during colonoscopy. Serum concentration of epinephrine, norepinephrine, dopamine and cortisol showed no significant difference between these two groups. The analgesic effect of EA and MA during colonoscopic examination may be closely related to beta-endorphin production in serum. Department of Internal Medicine, China Medical College Hospital, Taichung, Taiwan. Reviewed in *FACT* **2**,3 (1997), pp. 106-107.*

A. R. White, Electroacupuncture May be Useful Analgesia for Colonoscopy, *FACT* **2**,3 (1997), pp. 106-107. Original article: H. H. Wang, Y. H. Chang, D. M. Liu *et al.*, A Clinical Study on Physiological Response in Electroacupuncture Analgesia and Meperidine Analgesia for Colonoscopy, *American Journal of Chinese Medicine* **25** (1997), pp. 13-20.

## ANTI-ARRHYTHMICS

J. Zhang, Frequent Ventricular Extrasystole Treated by Needling Neiguan (PC 6) plus Oral Administration of Mexiletine ? A Report of 30 Cases, *Journal of Chinese Medicine* 76 (2004), p. 61. [Abstract]

## ANTIBIOTICS

D. B. Jefferys, et al., Antibiotic Prophylaxis During Acupuncture, *Nursing Drug Alert* 8 (1984), p. 3. Reprinted from the *British Medical Journal* 287 (July 30, 1983), pp. 326-327.

## ANTI-DEPRESSANTS

A. V. Amelin, IuN Vasil'ev, IuD Ignatov & A. A. Skoromets, [The Combined Use of Acupuncture and Antidepressants for Managing the Spondylogenic Lumbosacral Pain Syndrome]. [RUSSIAN], *Farmakol Toksikol* 54,5 (1991), p. 12-13. *Abstract: The effects of antidepressants amitriptyline and pyrazidol on the analgesic action of acupuncture in patients with lumbosacral radiculitis was studied by the double blind control method. The combined use of acupuncture with antidepressants was shown to enhance the effectiveness of the treatment, to increase on the average by 5-6 hours the duration of analgesia within 24 hours after each procedure, to reduce the duration of the treatment on the average by 4-5 days, that indicates the expediency of clinical use of the proposed combination. Clinical trial.*

## ANTI-PSYCHOTICS

Tom Atwood, L.M.S.W., ALP [812 Saturn Circle, Temple, Texas 76502; FAX 254-298-7111; Telephone 254-939-2915], Acudetox as an Alternative Treatment for Symptom Management of Serious Mental Illness, presented at *Convegno Internazionale NADA-1997* (Milano, Italy).

- Z. X. Shi, Observation on the Therapeutic Effect of 120 Cases of Hallucination Treated with Auricular Acupuncture, *Journal of Traditional Chinese Medicine* **8**,4 (1988), pp. 263-264.
- Z. X. Shi & M. Z. Tan, An Analysis of the Therapeutic Effect of Acupuncture Treatment In 500 Cases of Schizophrenia, *Journal of Traditional Chinese Medicine* **6**,2 (1986), pp. 99-104.
- A. R. White, Acupuncture May Allow Reduced Doses of Antipsychotics in Treating Schizophrenia, *FACT* **3**,1 (1998), p. 9-10. Original article: G. Zhou, S. B. Jin & L. D. Zhang, Comparative Clinical Study on the Treatment of Schizophrenia with Electroacupuncture and Reduced Doses of Antipsychotic Drugs, *American Journal of Acupuncture* **25** (1997), pp. 25-31.
- F. Wu, Treatment of Schizophrenia with Acupuncture-Moxibustion and Chinese Medicine, *Journal of Traditional Chinese Medicine* **15**,2 (1995), pp. 106-109.
- X. Yang *et al.*, Clinical Observation on Needling Extrachannel Points in Treating Mental Depression, *Journal of Traditional Chinese Medicine* **14**,1 (1994), pp. 14-18.
- L. D. Zhang, S. H. Hu, Y. H. Tang & W. B. Zhu, A Comparative Study of the Treatment of Schizophrenia with Electric Acupuncture, Herbal Decoction And Chlorpromazine, *American Journal of Acupuncture* **18**,1 (1990), pp. 11-14.
- L. D. Zhang, Y. H. Tang, W. B. Zhu & S. H. Xu, Comparative Study of Schizophrenia Treatment with Electroacupuncture, Herbs and Chlorpromazine, *Chinese Medical Journal*, (Engl.) **100**,2 (February, 1987), pp. 152-157.
- G. Zhou, S. B. Jin & L. D. Zhang, Comparative Clinical Study on the Treatment of Schizophrenia with Electroacupuncture and Reduced Doses of Antipsychotic Drugs, *American Journal of Acupuncture* **25**,1 (1997), pp. 25-32. *Twenty-five of 40 patients were treated with electroacupuncture (EA) at 180 Hz for 36 sessions with points based on TCM diagnosis and compared to*

15 receiving only anti-psychotic drugs. Drug use was translated into chlorpromazine equivalents (i.e., 1.6 mgm haloperidol equals 100 mgm, etc.) DSM-III criteria were used for diagnosis with those scoring over 35 on the brief psychiatric scale rating accepted for study. Five TCM diagnostic categories were also used. The EA treated were needled at Yintrung deeply, PC 6, 7, and Taiyang (Ex-HN 5), with supplemental needles at ST 36, 40, or SP 6 depending on TCM diagnosis. EA patients used 60% less medication for an effect equivalent to the control group, with much less side effects. Calmed behavior occurred in 2 weeks in the EA group versus 4 in controls. Plasma levels of both beta-endorphin and cyclic AMP were markedly lower than normal in the patients before study and increased with symptom improvement. Yintang punctured to the nasal bridge heart zone calms and tranquilizes and helps mental equilibrium and clears "Heart Fire" as do the other main points used. Comment: An impressive study, with statistics given that can be recalculated by the purist. The randomization method is not given. The duration of diagnosis averaged 8.2 years. The exact placing of electrodes is not given, with two pairs of points used each day.

D. Y. Zhuge & J. K. Chen, Comparison Between Electro-acupuncture with Chlorpromazine and Chlorpromazine Alone in 60 Schizophrenic Patients, [Chinese]. *Chung Kuo Chung Hsi I Chieh Ho Tsa Chih* 13,7 (1993), pp. 388, 408-409. Yangzhou 2nd People's Hospital, Yangzhou. Sixty schizophrenic patients were treated with electro-acupuncture and chlorpromazine therapy alone, and their curative effects evaluated according to the brief psychiatric rating scale (BPRS). Data demonstrated that the overall "curative" effects of the two groups were similar. However, the marked effects appeared earlier in combined therapy than that of using chlorpromazine alone, less chlorpromazine was needed, hence [patients] displayed fewer side-effects.

## ANTI-THYROID MEDICATION

J. Hu, Acupuncture Alone Versus Acupuncture plus Tapazole in Treatment of Grave's Disease, *International Journal of Clinical Acupuncture* 6,4 (1995), pp. 383-388.

## BASIC SCIENCE ACUPRESSURE ARTICLES

A. Dullenkopf, A. Schmitz, G. Lamesic, M. Weiss & A. Lang, The Influence of Acupressure on the Monitoring of Acoustic Evoked Potentials in Unsedated Adult Volunteers, *Anesthesiology Analgesia* **99**,4 (2004), pp. 1147-1151.

J. B. Rose & M. F. Watcha, Postoperative Nausea and Vomiting in Paediatric Patients, *British Journal of Anaesthesia* **83**,1 (1999), pp. 104-117.

P. F. White, Are Nonpharmacologic Techniques Useful Alternatives to Antiemetic Drugs for the Prevention of Nausea and Vomiting? [editorial; comment], *Anesthesiology Analgesia* **84**,4 (1997), pp. 712-714.

## BASIC SCIENCE ACUPUNCTURE ARTICLES

D. H. Clifford, M. O. Lee & D. C. Lee, Cardiovascular Effects of Atropine on Acupuncture, Needling with Electrostimulation, at Tsu San Li (St-36) in Dogs, *American Journal of Veterinary Research* **38**,6 (1977), pp. 845-849. *Acupuncture, needling with electrostimulation, at Tsu San Li (St-36) produced (1) significant decrease in cardiac output, (2) decrease in stroke volume, (3) increase in total peripheral resistance, and (4) minimal changes in heart rate, mean arterial pressure, pulse pressure, and central venous pressure in dogs under halothane anesthesia. Atropine given alone and given before acupuncture at Tsu San Li (St-36) produced (1) early significant increase in cardiac output, (2) early significant increase in heart rate, (3) increase in mean arterial pressure, (4) decrease in total peripheral resistance, and (5) minimal changes in stroke volume, pulse pressure, and central venous pressure in anesthetized dogs. It was concluded that the effects of acupuncture at Tsu San Li (St-36) were parasympathomimetic-like and that these effects could be blocked by atropine, a parasympatholytic drug.*

D. H. Clifford, D. C. Lee & M. O. Lee, Effects of Dimethyl Sulfoxide and Acupuncture on the Cardiovascular System of Dogs, *Annals of the New York Academy Science* **411** (1983), pp. 84-93. *The intravenous administration of dimethyl sulfoxide (100 mg/kg) resulted in a significant increase in cardiac*

output, stroke volume, central venous pressure, and a significant decrease in heart rate. Acupuncture by electrocautery at Jen Chung (Go-26) produced a significant increase in cardiac output, stroke volume, heart rate, mean arterial pressure, and pulse pressure and a significant decrease in total peripheral resistance in dogs under 0.75% halothane anesthesia. Both DMSO and acupuncture elicit an analgesic effect and enhance cardiovascular function as exemplified by an increase in the cardiac output.

R. T. Skarda & W. W. Muir, III, Comparison of Electroacupuncture and Butorphanol on Respiratory and Cardiovascular Effects and Rectal Pain Threshold After Controlled Rectal Distention in Mares, *American Journal of Veterinary Research* **64**,2 (2003), pp. 137-144.

C. Yi, A Study on the Release of Tritiated 5HT from Brain During Acupuncture and Morphine Analgesia, *Scientia Sinica* **20** (1977), pp. 113-124.

R. X. Zhang, L. Lao, X. Wang, K. Ren & B. B. Berman, Electroacupuncture Combined with Indomethacin Enhances Antihyperalgesia in Inflammatory Rats, *Pharmacological & Biochemical Behavior* **78**,4 (2004), pp. 793-797.

## CHEMOTHERAPY

D. Li, Acupuncture Treatment of Vomiting Caused by Chemotherapy, *Journal of Chinese Medicine* **71** (2003), p. 45. #17493 Original article in *Journal of Traditional Chinese Medicine* **20**,4 (December, 2002), pp. 272-273. [Abstract]

T. M. Beer, Acupuncture for Hot Flashes in Prostate Cancer Patients, *CRISP* (2003). Abstract online. CRISP (Computer Retrieval of Information on Scientific Projects) is a biomedical database system containing information on research projects and programs supported by the U.S. Department of Health and Human Services. Grant Number: 1R21CA098406-01A1 Institution: Oregon Health & Science University, Portland, OR 972393098 Fiscal Year: 2003 Department: Medicine Project Start: 14-JUL-2003 Project End: 30-JUN-2005 ICD: National Cancer Institute.



A. Vickers, Can Acupuncture Have Specific Effects on Health? A Systematic Review of Acupuncture Antiemesis Trials, *Journal of the Royal Society of Medicine* **89** (1997), pp. 303-311. *A search for and review of 42 articles on nausea and vomiting treated primarily with MH 6 point needling. Thirty-three articles were considered sufficient for review, with 21 studies of postoperative vomiting, 5 of chemotherapy, and 7 with pregnancy nausea. 27 showed acupuncture significantly superior to control, but 4 indicated no help when treatment was given during anesthesia. 12 studies which were randomized with placebo also supported the efficacy of acupuncture. Comment: This is one disorder for which there now can be no doubt of the efficacy of acupuncture.*

H. L. Chen & X. M. Huang, Treatment of Chemotherapy-Induced Leukocytopenia with Acupuncture and Moxibustion. [Chinese]. *Chung Hsi I Chieh Ho Tsa Chih* **11,6** (1991), pp. 325, 350-352. Department of Internal Medicine, Henan Tumor Hospital, Zhengzhou, 3055. *The effects of acupuncture and moxibustion on 376 cases of chemotherapy-induced leukocytopenia was observed in patients with malignant tumors in the intermediary and advanced stages. Findings revealed that the total effect in 121 cases (88.4%) occurred in the group treated with acupuncture and moxibustion with warming needle; while the total effect in 221 cases (90.9%) was in the group treated with moxibustion with ignited moxa cone. A comparison made between the 2 groups showed no significant difference (p greater than 0.05). The total effective rate was 38.2% when compared with the control group using batylalcohol and pentoxyl and so the difference was significant (p less than 0.01). Analysis found that with patients having higher basic WBC value, the effect would be higher. Conversely, those who had lower basic value in their WBCs, the expected effect would be lower. These findings suggest that acupuncture and moxibustion in raising the effect on the white cells were influenced by the extent to which the bone marrow was inhibited, having no relevance to the kind of disease, the chemotherapy regime, and the treatment course which the patient was in.*

R. Coleman, Acupuncture in Management of Anxiety with Adjuvant C/T for Breast Cancer and on Haematological Recovery/Immune Function, *National Research Register* (2000), Webpage: <http://www.nrr.nhs.uk/viewdocument.asp?ID=N0276045498>. *Does acupuncture reduce anxiety and aid haematological recovery during adjuvant chemotherapy. Randomized trial.*

*Women receiving adjuvant CMF chemotherapy for early breast cancer. The Cochrane Controlled Trials Register. In: The Cochrane Library 1 (2002). Oxford: Update Software. Updated quarterly.*

J. W. Dundee, R. G. Ghaly, K. T. Fitzpatrick, W. P. Abram & G. A. Lynch, Acupuncture Prophylaxis of Cancer Chemotherapy-Induced Sickness, *Journal of the Royal Society of Medicine* **82,5** (1989), pp. 268-271. Department of Anaesthetics, Queen's University of Belfast, 4123. *In a multi-facet study we evaluated the efficacy of P6 electroacupuncture (10 Hz applied for 5 min) as an antiemetic in patients receiving a variety of cancer chemotherapy drugs. The study involved 130 (15 in an open pilot study, 10 in a randomized placebo controlled crossover study and 105 in a definitive study) patients who had a history of distressing sickness after previous treatment, and who, on the basis of a previous survey, would be expected to have a 96% chance of this with subsequent therapy. Sickness was either completely absent or reduced considerably in 97% of patients and no side effects were encountered. The limited crossover study, using a 'dummy' acupuncture (ACP) point showed that the beneficial effects were limited to the P6 point. Logistic and ethical considerations excluded the possibility of carrying out a larger placebo-controlled study. While in our hands P6 ACP was an effective antiemetic in patients having cancer chemotherapy, because of the time involved and the brevity of the action (8 h) an alternative approach to electro-ACP is required before this technique is adopted clinically. Clinical trial.*

R. J. Erickson, Treatment of Hot Flashes in Breast Cancer Patients with Acupuncture. 2000. [Abstract] *An excellent symptom review is given in this article. 22 consecutive breast cancer patients unresponsive to other therapies and referred by an oncologist for treatment of hot flushes were treated with biweekly acupuncture for up to 7 weeks. Symptoms, often severe, are caused by abrupt ovarian estrogen loss due to radiation or chemotherapy. Hormone therapy is risky due to cancer. By TCM criteria, symptoms are caused by LR Yin deficiency, and KI water exhaustion, and HT and SP dysfunction can be involved. BL62, LR14, KI3, HT7, TE6 are given as specific points; SP6, LI11, ST36 as homeostatic points, and GV20 and LI4 as sedative points. The rationale is provided. Between 6 and 10 points were needled each session for 6 to 14 sessions; 8 being maximum without a response. The number of hot flushes declined from 13 per day and 10 per night to 1 or 2 each time period and remained low on 3 to 5 week follow up. Comment: The study, as the author*

*states, is uncontrolled and therapy by acupuncture should be further investigated. However, the results are spectacular and as previously stated, a carefully denoted series of case studies can be as effective as a controlled study.*

Y. Fan & Z. Yang, Acupuncture Treatment of Side-Effects of Chemotherapy, *International Journal of Clinical Acupuncture* **11**,1 (2000), p. 23.

G. W. Grass, Reversal of Chemotherapy-Induced Myelosuppression with Electroacupuncture, *Medical Acupuncture* **15**,1 (2003), pp. 35-39.

M. del C. Guerra, Acupuncture for Refractory cases of Chemotherapy-induced Nausea and Vomiting, *Medical Acupuncture* **16**,1 (2004), pp. 40-42.

H. Li *et al.*, Clinical Study on Acupuncture Treatment of Side Reactions of Radiotherapy and Chemotherapy for Malignant Tumor, *World Journal of Acup-Moxi* **8**,2 (1998), pp. 8-12.

S. Lida, Treatment of Hiccup by Acupuncture in 30 Cases of Malignant Tumor Patients After Chemotherapies, *World Journal of Acupuncture-Moxibustion* **9**,2 (1999), pp. 38-40. *30 patients with hiccup following chemotherapy that did not respond to sedation and antispasmodic treatment, were needled at ST 36 and PC(MH) 6. for 15-20 minutes. Hiccup disappeared after 1 treatment in 18, and after 2 to 4 in 10 (R. Erickson).*

G. O'Duffy, Acupuncture as an Adjunct to Chemotherapy—A Preventative Approach, *New Zealand Journal of Acupuncture* (1998), pp. 16-25.

Pilot Study of Acupuncture for Post-Chemotherapy Fatigue, *FACT* **9**,4 (2004), pp. 328.

G. Porzio, T. Trapasso, S. Martelli, E. Sallusti, C. Piccone, A. Mattei, C. Di Stanislao, C. Ficorella & P. Marchetti, Acupuncture in the Treatment of Menopause-Related Symptoms in Women Taking Tamoxifen, *Tumori* **88**,2 (2002), pp. 128-130.

G. W. Shen & J. S. Zhao, Effects of Acupuncture on Gastro-dynamics in Patients with Post-chemotherapeutic Vomiting (in Chinese), *Shanghai Journal*

of *Acupuncture and Moxibustion* **22,3** (2003), pp. 18-21. *Objective: To compare the effects of different acupuncture methods on gastro-dynamics in patients with post-chemotherapeutic vomiting; different acupuncture methods were employed to treat post-chemotherapeutic vomiting. Methods: Zusanli (ST 36) was treated by warm-needling, needling and moxibustion methods respectively; the spectrum, wave, frequency and amplitude of gastro-electricity were recorded. Results: Different methods had different immediate effects and lasting effects. Specifically, the immediate effects of needling were better than those of warm-needling and moxibustion. Conclusion: Early administration of acupuncture is quite effective in improving the gastro-dynamic. The lasting effects of warm-needling were better than those of needling and moxibustion* Chinese name: SHANG HAI ZHEN JIU ZA ZHI; ISSN: 1005-0957; Period: Monthly; Date of Publication: the 25th of every month; Sponsor: Shanghai Academy of TCM; Shanghai Society of Acupuncture and Moxibustion; E-mail: shzj@chinajournal.net.cn ; Tel: 86-21-64382181 (Editorial Office).

G. Towleron, J. Filshie, M. O'Brien & A. Duncan, Acupuncture in the Control of Vasomotor Symptoms Caused by Tamoxifen [letter], *Palliative Medicine* **13,5** (1999), p. 445.

A. J. Vickers, D. J. Straus, B. Fearon & B. R. Cassileth, Acupuncture for Postchemotherapy Fatigue: A Phase II Study, *Journal of Clinical Oncology* **22,9** (5-1-2004), pp. 1731-1735.

X. F. Yang, H. L. Feng & F. Yang, Clinical Observation on Treatment of Chemotherapy-induced Stubborn Leukopenia by Acupoint-injection Combined with Chinese Drugs (in Chinese), *Chinese Acupuncture & Moxibustion* **23,3** (2003), pp. 135-137. *Objective: To explore effective methods for treatment of chemotherapy-induced leukopenia. Methods: Treatment group (88 cases) were treated with injection of dexamethasone plus 654-2 injection into Zusanli (ST 36) oral administration of Chinese drugs, and the control group (43 cases) by subcutaneous injection of filgratim injection. Results: The effective rate for increase of white blood cells was 77.3% in the treatment group and 58.2% in the control group with a significant difference between the two groups ( $p < 0.05$ ); the effective rate for remission of symptoms was 92.0 % in the treatment group and 74.4 % in the control group with a very significant difference between the two groups; the effective rate for the*

patients who had been treated by stem cell colony stimulating factor with no good results was 63.5% in the treatment group and 37.5% in the control group. Conclusion: The acupoint-injection combined with Chinese drug is effective and safe for treatment of chemotherapy-induced leukopenia. Chinese Name: ZHONG GUO ZHEN JIU; ISSN: 0255-2930; Period: Monthly; Date of Publication: the 12th of every month; Sponsor: China Association of Acupuncture and Moxibustion; Institute of Acupuncture & Moxibustion, China Academy of TCM; E-mail: webmaster@cjacupuncture.com; Tel: 86-10-64014411 branch 2946 ( Editorial Office ).

F. Ye, S. Chen & X. Wang, Behaviour of T-cells Subsets and NK Cells Under Electro-acupuncture During Chemotherapy, *Interntional Journal of Clinical Acupuncture* **11**,4 (2000), pp. 301-303.

F. Ye, S. Chen & W. Liu, Effects of Electro-acupuncture on Immune Function after Chemotherapy in 28 Cases, *Journal of Traditional Chinese Medicine* **22**,1 (2002), pp. 21-23.

J. Zhou, Z. Li & P. Jin, A Clinical Study on Acupuncture for Prevention and Treatment of Toxic Side-effects During Radiotherapy and Chemotherapy, *Journal of Traditional Chinese Medicine* **19** (1999), pp. 16-21.

## HIV MEDICATIONS

E. Sommers & K. Porter, Acupuncture Cross-over Trial: Side-effect Management and Adherence to HIV-combination Therapy, *Clinical Acupuncture and Oriental Medicine* **4**,1 (2003), pp. 54-55. Abstracts for poster presentations, Society for Acupuncture Research, October 18-19, 2002, Fred Hutchinson Cancer Research Center, Seattle, WA .

## INTERFERON

M. R. Cohen, Chinese Medicine and CAM Therapies: Dealing with Side-Effects of Interferon Therapy in Hepatitis C, *Acupuncture Today* **5**,8 (2004).

## LOCAL ANESTHETICS

P. Rosted & M. Bundgaard, Can Acupuncture Reduce the Induction Time of a Local Anaesthetic? — A Pilot Study, *Acupuncture Medicine* **21,3** (2003), pp. 92-99.

L. Schwartz, Acupuncture Augmentation of Local Anesthesia with Intravenous Sedation for a Child Undergoing Awake Craniotomy, *Medical Acupuncture* **10,1** (1998), pp. 47-48.

## LOW BACK PAIN

C. F. Meng, D. Wang, J. Ngeow, L. Lao, M. Peterson & S. Paget, Acupuncture for Chronic Low Back Pain in Older Patients: A Randomized Controlled Trial, *Rheumatology* (Oxford, England) **42,12** (December, 2003), pp. 1508-1517.

G. Kittang, T. Melvaer & A. Baerheim, Acupuncture Contra Antiphlogistics in Acute Lumbago, *Tidsskrift for den Norske laegeforening*, Norway, **121,10** (April 20, 2001), pp. 1207-1210.

## MEDICATION FOR HOT FLASHES

N. Walsh, Hot Flash Relief Associated with Use of Acupuncture, (Pilot Study), *OB/GYN News* (2003).

## MEDICATION FOR NOCTURNAL ENURESIS

N. Capozza, G. Creti, M. De Gennaro, B. Minni & P. Caione, The Treatment of Nocturnal Enuresis, A Comparative Study Between Desmopressin and Acupuncture used Alone or in Combination, [Italian], *Minerva Pediatr* **43,9** (1991), pp. 577-582. Servizio di Urologia Pediatrica, Ospedale del Bambino Gesù, Roma. 5105. *During the period from March*

to September 1989, 40 children suffering from primary nocturnal enuresis, aged between 5 and 14 years, were included in a study to assess the comparative therapeutical efficacy of DDAVP and acupuncture. Children were divided into four groups of 10: group A was treated with DDAVP, group B was treated with acupuncture, group C was treated with DDAVP and acupuncture and group D was treated with placebo (control). The trial design included 3 periods: observation (2 weeks), treatment (8 weeks) and follow-up (4 weeks). Nineteen children completed the study. The efficacy of treatment, which was expressed as a percentage of dry nights, was high in both the DDAVP and acupuncture groups, when used separately. The combined treatment of DDAVP and acupuncture appeared to be the most efficacious both in terms of the percentage of dry nights at the end of treatment and in relation to the stability of results, even after the end of the study. The paper gives a detailed analysis of correlations between type of treatment and urinary osmolality. Controlled clinical trial.

## MEDICATION FOR PROSTATITIS

Y. K. Zhang, M. X. Zhang & Q. Wu, Clinical Observations on Treatment of 80 Chronic Prostatitis Patients with Combined Acupuncture and Medicine (in Chinese), *Shanghai Journal of Acupuncture and Moxibustion* 22,6 (2003), pp. 19-20. *Purpose:* To comparatively observe the curative effect of combined acupuncture and medicine on chronic prostatitis (CP). *Methods:* The patients were randomly divided into a treatment group of 80 cases and a control group of 30 cases. The clinical effects were evaluated. *Results:* Both the cure rate and the total effective rate were higher in the treatment group than in the control group ( $p < 0.01$ ,  $p < 0.05$ ). In the treatment group there was no significant difference in curative effect between bacterial CP and nonbacterial CP ( $p > 0.05$ ). In the control group the curative effect on bacterial CP was significantly superior to that on nonbacterial CP. *Conclusion:* Treatment with combined acupuncture and medicine is a good therapy for nonbacterial CP. *Chinese name:* SHANG HAI ZHEN JIU ZA ZHI; *ISSN:* 1005-0957; *Period:* Monthly; *Date of Publication:* the 25th of every month; *Sponsor:* Shanghai Academy of TCM; Shanghai Society of Acupuncture and Moxibustion; *E-mail:* shzj@chinajournal.net.cn ; *Tel:* 86-21-64382181 (Editorial Office).

## NARCOTICS

G. N. Barashkov & A. T. Starovarov, Effect of Electroacupuncture and Electroacupuncture Combined with Narcotic Analgesics on the Summation-threshold Index in Freely Moving Rats, [RUSSIAN], *Anesteziologiya Reanimatologiya* 3 (1982), pp. 26-27.

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## NON-STEROIDAL ANTI-INFLAMMATORIES

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F. Ceccherelli, G. Manani, F. Ambrosio, A. Angel, S. Valenti, E. Facco & G. P. Giron, Influence of Acupuncture on the Postoperative Complications Following Ketamine Anesthesia. The Importance of Manual Stimulation of Point R and Shen Menn, *Acupuncture Electrotherapy Research* **6,4** (1981), pp. 255-264. *The authors have investigated the antihallucinogenic and sedative effects of auricular points R and shen menn during surgery under ketamine anesthesia. The results demonstrate that the insertion of the needle in point R is very efficient in reducing hallucinations of ketamine emergence, while the insertion of needle in auricular point shen menn causes only a brief period of sedation in the beginning of the emergence period. The acupunctural technique employed by the authors has been shown to increase considerably approbation of ketamine anesthesia.*

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X. Lin & H. H. Zhong, Acupuncture Treatment of Postoperative Abdominal Distension: A Report of 33 Cases, *International Journal of Clinical Acupuncture* **8**,1 (1997), pp. 45-48. *Abdomen surgery with peridural anesthesia was followed by distension. The following points were needled: ST 25, 36, 37, Lanwei (EX-LE 7) for post-appendectomy, LI 4, SP 6, and LU 5, with EA over ST 25 for 10 minutes after other surgeries. Treatment was once or twice daily, with 38 of 44 cured by the second needling. Two illustrative cases are given. Comment: There are several articles attesting to the good*

*services of acupuncture in relieving pain and distension following surgery. Someone would do patients a great service by running a randomized controlled study in this country; surgeons locally have chosen not to accept my wisdom, though I did have my agonized and vomiting relative up and conversing happily within an hour. He also healed twice as rapidly as his friend with the same surgery, but I can't claim that as a control.*

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E. Visetti & P. Costa, Auriculotherapy for Intra-Operative Hiccup in Anesthetized Patients. *American Journal of Acupuncture* **23**,2 (1995), pp. 105-108. *Forty-two cases of interoperative hiccups were treated with auricular acupuncture with initial point "diaphragm" (Oleson auricular location C14/C15), with hiccups abolished in half. Another 24% were abolished if "larynx" (C18) was added and a further 19% by adding "point 0" (H 1). Only 3 patients (7%) did not respond. A mild, but statistically significant bradycardia (average pulse 79 reduced to 70) was noted, but no other effects were seen. 15 cases were associated with GI surgery, 12 with gynecologic and 5 with orthopedic cases (with spinal anesthesia). Comment: This study demonstrates a technique that can easily be performed by the anesthesiologist. If this is to be added to the anesthesia "bag of tricks", it is critically important to have a control group in a study. Sham ear acupuncture might itself have problems due to non-specific effects of ear needling (see article by Margolin, et.al. elsewhere in this collection), but the study can be done with a non-needle control, or perhaps a "helix control" as proposed by Margolin, et.al. (Dr. Diehl).*

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*Objective: To search for a therapy for traction reflection of the viscus in operation. Methods: Acupuncture was given at Neiguan (PC 6) on one side for treatment of 2980 cases with traction reflection of the viscus operation. Results: Of the 2980 cases, 2086 cases were cured, 447 cases were markedly effective and 447 cases were effective, the total effective rate being 100.0%. Conclusion: Acupuncture at Neiguan (PC 6) can rapidly cure traction reflection of viscera during operation* Chinese name: ZHONG GUO ZHEN JIU; ISSN: 0255-2930; Period: Monthly; Date of Publication: the 12th of every month; Sponsor: China Association of Acupuncture and Moxibustion; Institute of Acupuncture & Moxibustion, China Academy of TCM; E-mail: webmaster@cjacupuncture.com ; Tel: 86-10-64014411 branch 2946 (Editorial Office).

## **RADIATION**

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H. Li *et al.*, Clinical Study on Acupuncture Treatment of Side Reactions of Radiotherapy and Chemotherapy for Malignant Tumor, *World Journal of Acupuncture-Moxibustion* **8**,2 (1998), pp. 8-12.

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## RENAL COLIC

Y. H. Lee, W. C. Lee, M. T. Chen, J. K. Huang, C. Chung & L. S. Chang, Acupuncture in The treatment of Renal Colic, *Journal of Urology* **147**,1 (January, 1992), pp. 16-18.

## SEDATIVES

X. H. Chen, Observations on the Curative Effect of Combined Acupuncture and Medicine on Insomnia (in Chinese), *Shanghai Journal of Acupuncture and Moxibustion* **22**,11 (2003), pp. 30-31. *Objective: To improve the curative effect of acupuncture on insomnia. Methods: Eighty patients with insomnia were randomly divided into a treatment group and a control group, 40 cases each. The treatment group received estazolam plus acupuncture and the control group, simple estazolam. Results: The total effective rate was 97.5% in the treatment group and significantly higher than in the control group. Statistical analysis showed a significant difference between the two groups (P < 0.01). Conclusion: Estazolam with the cooperation of acupuncture can effectively prolong sleep time, improve sleep quality and relieve accompanying symptoms so as to heighten the curative effect* Chinese name: SHANG HAI ZHEN JIU ZA ZHI; ISSN: 1005-0957; Period: Monthly; Date of Publication: the 25th of every month;



Sponsor: Shanghai Academy of TCM; Shanghai Society of Acupuncture and Moxibustion; E-mail: shzj@chinajournal.net.cn ; Tel: 86-21-64382181 (Editorial Office).

A. Stellan & T. Palmer, Acupuncture as an Alternative to Diazepam Sedation for Diagnostic Endoscopy, *Acupuncture Medicine* 17,1 (1999), pp. 2-4. 206 patients were given pharyngeal xylocaine spray, 95 chose sedation with IV Diazepam, 54 were given acupuncture, and 53 no other therapy as a control group. LI4, PC (MH)6, ST9, CV23, 24 were needled, stimulated and left in situ during the procedure. Emotional and physical distress was assessed by ordinal scale. Distress and number of endoscopic attempts were less in the sedated group. Emotional distress was less in the acupuncture than control group, just above statistical significance; there was no difference in physical distress. 8.8% of sedated patients required oxygen and respiratory attention, versus 3.8% of control group and 0% of the acupuncture group. Some bias was introduced by providing initial choice for sedation or none—more females chose sedation (R. Erickson).

## STEM CELL TRANSPLANTATION

J. Shen, N. S. Wenget, J. A. Glaspy, R. D. Hays, M. Elliott, C. Choi & P. G. Shekelle, Adjunct Antiemesis Electroacupuncture in Stem Cell Transplantation [abstract], *Proceedings of the American Society of Clinical Oncology* 148 (1997), p. 42a. Ablative chemotherapy is one of the MOST emetogenic procedures. EAP was given 20 minutes daily for 5 days at SP6 and ST36. Emesis and nausea decreased significantly and quality of life was enhanced in their patients.

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**CORRESPONDENCE:** John M. Ackerman, M.D. • 2417 Castillo Street • Santa Barbara, CA 93105 • Email: j439m@silcom.com

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