ORAL PRESENTATIONS
Current Opportunities and Challenges of Development of Acupuncture Studies

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Abstract: Globally application of acupuncture greatly promotes the development of acupuncture studies. During last decade, more and more studies on acupuncture and moxibustion were published and many new methods of needling emerged. However, unprecedented confusion about acupuncture theory also appeared. On one hand, we acquired high quality clinic evidences of acupuncture. For example, studies show acupuncture is effective for the treatment of chronic pain. For women with stress urinary incontinence, electro-acupuncture can inhibit urinary leakage. Acupuncture can ameliorate severe chronic functional constipation and regulate the endocrine system to treat gynecologic disease such as polycystic ovary syndrome. However, some challenges are also proposed. For example, in some studies, sham and placebo acupuncture was proved effective, raising questions about traditional acupuncture theory, including the existence of meridian and the location of acupoints.

Acupuncture is an example of somatomedicine, which can regulate the nerve-endocrine-immune system to treat disease with no side effect, attracting more people to accept acupuncture treatment. Moreover, inspired by the effects of acupuncture and stimulating vagus nerve, the National Institute of Health of American proposed SPARC project. This project aimed to stimulating peripheral activity to relieve conditions (SPARC), shedding light on the development of acupuncture.
Standardized Research Mode of TCM Technology

Yang Jinsheng

Standards and specifications are collectively called standards. There are international standards, professional standards, and company standards. National standards shall be classified into mandatory standards and voluntary standards. In the field of medicine and health in China, some normative documents that involve technical provisions and compulsory are uniformly named as "technical specification" to distinguish them from voluntary standards. Such as "Medical Device Registration Product Standards", "Standardized Manipulations of Acupuncture and Moxibustion" and so on.

Traditional Chinese medicine technology is the characteristic and advantage of Traditional Chinese Medicine. Such as acupuncture, moxibustion, Guasha, Baguan, Tuina, Bian-stone Therapy, Patching, Warming and Ironing Therapy, Medicated Bath and so on. It involves terminology specification, technical operation specification, appliance specification, etc. According to the elements of standard setting, basic experimental research and clinical verification will be carried out centering on the key technical indicators that affect the efficacy of the technology, so as to solve practical problems in operation and realize the standardization and scientification of the technical standards.

"Guasha", for example, our research team has issued a medical, health care, profession, instruments and so on, 5 standards in total, build the multi-level Guasha technical standard system. The scrapping terms were standardized by us, we also established the system of Guasha tools, media, operating positions and Guasha orders, directions, time and strength level. Meanwhile, we specified the methods for Guasha head, neck, shoulder, back, waist, chest, abdomen and limbs, including the light, heavy, fast, slow, vibrating, combing, rotating, point pressing, massaging and so on (29 kinds of manipulations in total), scope of application and contraindications of Guasha are also declared. Centering on the formulation of the standard, this paper innovatively solved the three key indexes including the relationship between Guasha and meridian points, acturc discascs or not, and the interval, and puts forward the academic view of "Guasha Therapy Along Meridian", enhanced the guiding role of TCM meridian theory on Guasha. To carry out the research on the rule of Guasha peripheral effects, observe the expression changes of skin morphology, the volume of blood flow and active substances after Guasha in rats, rabbits and human bodies, reveal the the material basis of "Guasha", determine the extent and safety of Guasha, and formulate the standards guided by science and technology. Clinical research was carried out on the key indicators such as along the channels, acturc discascs and interval in the formulation of the standard, and the suitable symptoms such as lumbago, hypertension and acne were selected. Through the verification of the instant effect and long-term effect of Guasha, and the comparison of the curative effect of scrapping and acupuncture, the practicability and scientificity of the objective evaluation standard were demonstrated.

The research on the standard specification of Guasha has established a new mode of
transformation of TCM technology and professional skills, and become a classic example of standardization research of TCM technology.
The Advantages of Laser Acupuncture in Obesity Therapy

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Objective: A previous study has shown that laser acupuncture is a useful healing method for the treatment of visceral postmenopausal obesity in combination with a low-calorie diet. However, unrealistic expectations regarding weight loss frequently result in a failure to manage weight. In our previous study, laser acupuncture has been found to exert a therapeutic effect on simple obesity by reducing both body weight and body mass index with a non-restrictive diet protocol. I investigated the advantages of laser acupuncture in obesity therapy.

Material and method: Each patient was treated three times per week with a gallium aluminum arsenide Handylaser Trion (maximal power, 150 mW; wavelength, 810 nm; area of probe, 0.03 cm²; power density, 5 W/cm²; pulsed wave at Bahr frequencies) (RJ-Laser, Reimers & Janssen GmbH, Germany). The instrument was used to deliver 0.375 J of energy to each of the following points sequentially: Stomach, Hunger, ST25, ST28, ST40, SP15, and CV9. The laser was applied to each point for 5 s. Women were maintained on a normal diet and were recommended to achieve a daily energy intake calculated by the following formula: (height in cm – 70) × 0.6 × 30 kcal. The recommended daily energy intake for men was calculated as follows: (height in cm – 80) × 0.7 × 30 kcal.

Results: The mean percent reductions in body weight and body mass index were both 3.8% after four weeks of treatment. The reduction in waistline was 1 to 3.5 in.

Conclusion: Laser acupuncture integrates the positive effects of acupuncture and low level lasers. In the hands of an experienced physician, laser acupuncture can be useful in controlling obesity. Furthermore, patients demonstrate good compliance with this comfortable and non-restrictive diet protocol. In conclusion, laser acupuncture has the advantage of being noninvasive, aseptic, painless, safe and effective in obesity therapy.

Keywords: Laser Acupuncture; Simple Obesity; Traditional Chinese Medicine
The Effectiveness of Laser Acupuncture in Treatment of Children with Attention Deficit Hyperactivity Disorder (ADHD): A Case Study

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Abstract

Attention deficit hyperactivity disorder (ADHD) is one of the most common psychiatric disorders in children aged 3-9 years characterized by inattention, hyperactivity, and impulsivity that would lead to irreparable complications, if the appropriate, on time, and early treatment is not done.

The aim of this study is to evaluate the effectiveness of laser acupuncture in the treatment of children with ADHD. Nowadays the Complementary and Alternative Medicine (CAM) has widely used as an alternative to conventional medicine, especially for developmental and behavioral disorders. This case study was conducted on four children with an average age of 6 years referred to our acupuncture clinic in 2017. Their symptoms were evaluated based on an interrogation with their parents. After obtaining the required information, they were treated with laser acupuncture and seed therapy. The relevant acupuncture points were stimulated with low-level lasers.

The results showed that laser acupuncture has a relatively good clinical effectiveness in the treatment of ADHD patients. Laser acupuncture indicated positive results in normalizing sleep, alleviating ADHD-associated symptoms, and improving the quality of life for affected children.

Key words: Attention Deficit Hyperactivity Disorder (ADHD), Children, Laser Acupuncture, Seed Therapy.

Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common psychiatric disorders among children and adolescents [9-22], characterized by a persistent pattern of inattention and/or hyperactivity-impulsivity [5] that impairs the patient’s daily functioning or development. Generally, all children may display signs of distractibility and destructiveness, but a child diagnosed with ADHD will display such behaviors more frequently and persistently than a child at the same developmental level [4].

ADHD symptoms usually appear before the age of 7, but change over time as a person ages. In recent decades, ADHD has increased among children, adolescents, and adults. The percentage of children diagnosed with ADHD increased in the United States from 7.8% in 2003 to 9.5% 2007 and to 11.0% in 2011-12 [23]. A community-based study conducted on 1077 children in elementary school level, Regensburg, Germany reported a prevalence rate of 17.8% for ADHD [1]. According to a study conducted on preschool children in Iran (2007), the prevalence of ADHD is 12.3% (95% CI: 10.3-14.2%) [7].

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) published...
by the American Psychiatric Association, ADHD is one of the most common neurobehavioral disorders among children [10]. This disorder is classified into three categories based on the DSM-IV: Predominantly Hyperactive-Impulsive type (ADHD-H), Predominantly Inattentive type (ADHD-I), and Combined type (ADHD-C) [6]. The ADHD-I type is primarily characterized by inattentive behaviors or a deficit of sustained attention, organizational problems, and poor concentration, although hyperactive/impulsive behaviors are not still present. In contrast, the ADHD-H type is characterized by persistent hyperactivity and impulsive behaviors, constant movement, and disruption. Typically, patients with this type of ADHD don’t have much trouble with inattention. Patients with ADHD-C do not display any discrete tendency towards either type, but their behaviors are associated with both hyperactivity/impulsivity and inattention. Studies conducted on ADHD indicate that boys are more likely than girls to develop ADHD, with male to female ratios ranging from 3:1 to 9:1 [10-18-20]. ADHD symptoms persist into adulthood in about 30-70% of affected children (National Institute of Mental Health, 2008). This disorder affects various aspects of children’s social, emotional, and cognitive life. If ADHD is not treated in adolescents and adults, it can affect social relationships and may lead to poor job performance and academic difficulties. Adults with persisting ADHD symptoms have an increased risk for substance abuse and potential violation of laws. According to the World Health Organization, ADHD is characterized by abnormal levels of inattention, over-activity, and restlessness that is persistent over time and pervasive across situations. These characteristics do not occur against a background of emotional disturbances or autism, and can be easily identified.

Potential Causes of ADHD
The exact etiology of this disorder is unclear, but studies have shown that genetics is the main cause of ADHD disorder; however, environmental, psychological, social, biological and nutritional factors, such as exposure to pesticides and heavy metals, different types of allergens, emotional stress, smoking during pregnancy, and low birth weight can be considered potential causes of ADHD. The most common symptoms of ADHD are as follows: inattention, hyperactivity/restlessness, impulsivity, irritability, distractibility, emotional disturbances, sleep disorders, and socially inappropriate behaviors. These children do not obey their parents, act impulsively, do not perform their homework properly at school and need more attention from parents and teachers. Boys with ADHD tend to exhibit more obvious signs of ADHD. It is typically manifested in girls as inattentiveness, and in boys as hyperactivity. In complementary medicine, laser acupuncture is an effective, relatively simple, inexpensive, and safe method with no side effects. What distinguishes laser acupuncture from other methods is that it is painless and highly effective. Due to the children's fear of needles, laser acupuncture can be a great complementary method for ADHD treatment. Different types of acupuncture, including laser acupuncture, electro-acupuncture, and auriculotherapy are widely used to treat this disorder.

Materials and Methods
This qualitative case study was conducted on four ADHD children with an average age of 6 years referring to our acupuncture clinic in Tehran, Iran, 2017. Necessary information was obtained through an interrogation with their parents. It did not matter whichever intervention (i.e. pharmacological, psychosocial therapy, etc.) was used, if there were not any improvement of ADHD symptoms for the past 2 weeks. Seed therapy and laser acupuncture were applied using a LaserPen with a power of 200 mW (808nm, infrared), frequency of 9592 Hz, and vertical angle of radiation (Dosage: 2 Jule). This protocol requires the use of the VAS, the pulse quality first discovered by Paul Nogier in 1966. The VAS is a method used for identifying “reactive” auricular points which shows a dysfunction of the body.

The patients were treated lying down (supine position), not seated. The acupuncturist took the radial pulse of the patient’s left hand with his left hand and then, auricular and acupuncture points were scanned by the laser device. Each point with the VAS response was irradiated by therapeutic laser. The laser stimulation continued until the VAS stopped.

Acupuncture points used for patients are as follows:

Generally, 10 to 15 sessions are required for the treatment of ADHD patients by low-level lasers.

All treatments were done by an acupuncturist in the clinic. A laser acupuncture device (Figure 1) was used to stimulate acupuncture points with the following characteristics:
- Lasertherapy device LaserPen Expert manufactured in 07/2017, Germany
- Type 134 Pmax 500mW / 810nm
- SN: 17134-42
- Pmax 500 mW; λ= 810 nm CW; EN 60825-1:2007
- Laser Radiation Class 3B Is Emitted From This Aperture
- Pulse duration: nanosecond, milisecond

This hand-held device uses electrical pulses to stimulate acupuncture points. It is safe and easy to use and works without piercing the skin. The LaserPen can operate either in a continuous beam mode or at any of a large number of pre-programmed frequencies, including NOGIER frequencies, BAHR frequencies, and Chakra and Meridian frequencies, depending upon the intended application.
Figure 1. The LaserPen used to stimulate acupuncture points
Ear seeds are small stainless-steel balls placed on a specific ear point and then held there by a small adhesive patch. The adhesive strips used to hold the seeds are best handled with forceps. The ear seeds are often used as the method of auricular stimulation. The seeds can be as effective as needles, are less painful, and have less chance of leading to infections. Ear seeds are left in place at reactive ear points in order to maintain the benefits of auricular acupuncture.

Figure 2. Ear seeds

Results
Patients with ADHD generally have trouble concentrating and paying attention. ADHD symptoms include having difficulty staying focused, easily getting distracted, boredom or frustration with tasks, poor working memory, acting before thinking, and moving constantly. These behaviors are generally common in children, but they occur more frequently and are more severe in those with ADHD.

Since acupuncture affects neurotransmitters, including dopamine, catecholamines, and serotonin, neurophysiological effects on ADHD are expected. Based on treatments performed on four children, it was revealed that seed therapy, laser acupuncture, and auricular laser therapy are very effective in treatment of children. Laser acupuncture is very useful for children and those who are afraid of needles. During the third to fifth sessions, significant changes were observed in the behavior of children and clinical manifestations improved. According to parents' reports, their children were much more relaxed, communicative, and focused with better behavior after laser acupuncture.
The following table shows the patient profile and treatment protocol used.

<table>
<thead>
<tr>
<th>Patient No.</th>
<th>Referral Date</th>
<th>Age</th>
<th>Course of Treatment</th>
<th>Treatment Methods</th>
<th>Clinical Manifestations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sep., 2017</td>
<td>6</td>
<td>21 sessions</td>
<td>Laser Acupuncture, Seed Therapy</td>
<td>Anxiety, Lack of Concentration, Aggression, Allergy, Poor appetite</td>
</tr>
<tr>
<td>2</td>
<td>Sep., 2017</td>
<td>4</td>
<td>12 sessions</td>
<td>Laser Acupuncture, Seed Therapy</td>
<td>Crying, Bad-temperredness, Allergy</td>
</tr>
<tr>
<td>3</td>
<td>June, 2017</td>
<td>7</td>
<td>13 sessions</td>
<td>Laser Acupuncture, Seed Therapy</td>
<td>Fear, Enuresis, Bad-temperredness</td>
</tr>
<tr>
<td>4</td>
<td>July, 2017</td>
<td>5</td>
<td>6 sessions</td>
<td>Laser Acupuncture, Seed Therapy</td>
<td>Low energy, Acid reflux, Fright</td>
</tr>
</tbody>
</table>

Table 1. Clinical profile of patients and their treatment protocol

Laser acupuncture is an excellent complementary method, as it helps the body restore balance, treats the root of the disorder, and eliminates the symptoms of ADHD. Laser acupuncture can be used effectively to alleviate hyperactivity, calm the nervous system, ease anxiety and depression, and improve sleep by establishing the body’s overall balance. It can help enhance concentration and attention, reduce fidgeting, optimize the brain activity, and improve memory and learning capacity that is impaired by ADHD. Typically ADHD-associated behaviors may interfere with the ability to function at school, at work, or at home. Laser acupuncture is one of the treatment methods that is beneficial in managing ADHD.

Discussion

Attention deficit hyperactivity disorder (ADHD) is one of the most common behavioral disorders observed in school-age children. The most effective psychotropic medications for the treatment of ADHD are methylphenidate (MPH) and its derivatives. These medications notably reduce clinical manifestations, such as loss of appetite, insomnia, restlessness, and weakness, but cause side effects and have minimal effects on poor school performance or anti-social behaviors. Many studies indicate that acupuncture positively affects memory and the ability to learn.

One of the advantages of laser acupuncture is that the occurrence of adverse effects is substantially lower than that of many drugs used for the same conditions [3]. Laser acupuncture is an effective form of acupuncture for the treatment of some conditions,
including myofascial pain, postoperative nausea, vomiting, and chronic tension headache; so it could be considered as an alternative to traditional forms of acupuncture point stimulation [2].

According to the basic theory of Traditional Chinese Medicine (TCM), ADHD is caused by 'liver yang overactive', 'effulgent gallbladder fire', 'heart-spleen qi deficiency', 'non-interaction of heart and kidney' and 'yin-yang disharmony'. Thus, ADHD in children is manifested with clinical symptoms of over-activity, restlessness, recklessness, impoliteness, and stubbornness [12].

According to TCM, ADHD is a complicated state of deficiencies. Hyperactivity often manifested by a symptom of excess is in fact due to liver yin deficiency. Activity is yang, while inhibition is yin. A lack of inhibition, a yin deficiency, especially liver yin deficiency with disturbance of the ethereal soul causes excessive motor activities and unfriendly behavior with others. Being constitutionally yin deficient and liver vulnerable, children, especially boys (who are less yin than girls), are prone to developing the hyperactive type of ADHD [13].

In addition, constitutional spleen deficiency is a common condition seen in all children that can lead to accumulation of phlegm, because deficient spleen fails to transform and transport body fluids. In Chinese medicine, the word “phlegm” implies two concepts, a mucous form related to lung conditions, and a non-substantial form that circulates in channels and can obstruct organs [14]. Phlegm, in the latter sense, can cause obstruction in the heart and mist the mind that can be manifested by unclear, clouded thinking, and mental confusion. A child with this condition is not hyperactive, but tends to be quiet. This is associated with the inattentive type of ADHD which is more prevalent in girls than boys.

The imbalanced condition of the whole body leads to impaired mental symptoms, like attention deficit, hyperactivity, and impulsivity [8]. Laser acupuncture is considered inherently safer than needle acupuncture due to the non-invasive nature of treatment. According to a study conducted by Shergis et al. (2016), it was found that there is a significant relationship between the level of anxiety during the day and insomnia at night. By balancing the storage of active ingredients in the body, acupuncture improved anxiety and sleep without having side effects of chemical drugs. Positive therapeutic results were observed in ADHD patients, as their sleep cycles became normal and levels of anxiety and depression reduced. Laser acupuncture improved sleep quality and reduced anxiety and depression by modulating melatonin [19].

As reported by Li S et al. (2011) in another study, acupuncture reduces hyperactivity by exerting regulatory effects on the nervous system [12].

According to a study conducted by Maguri et al., (2016), a significant reduction was observed in symptoms of ADHD (lack of attention and concentration, hyperactivity, and impulsivity) in the second and fourth weeks of treatment [15].

As reported by a study conducted on the effectiveness of laser acupuncture in the treatment of 7 to 9 year-old children with mild to moderate ADHD, symptoms of ADHD reduced and behavior and cognitive functions improved [13].

Another study conducted on the treatment of ADHD with non-pharmacological methods, such as laser acupuncture and herbal therapy showed that these methods reduced ADHD symptoms and improved the quality of life of patients and those around them. Younger
children respond better to laser acupuncture. The reason may be that their brain is still in the early stages of growth compared to older children or adults [15].

According to a study conducted in South Korea, it was found that the needling of HT-7 decreases morphine-induced behavioral hyperactivity [13]. A study conducted on 40 children with ADHD indicated that acupuncture increases the child’s understanding of the mathematics and general courses. A statistically significant increase was observed in students’ scores in these courses [21]. The use of electro-acupuncture together with behavioral therapy showed a significant positive therapeutic outcome compared to drug therapy [12].

The result of this study was in line with the results of other studies. In the present study, acupuncture points were stimulated using low-power laser and all patients received seed therapy, auricular laser therapy, and laser acupuncture. Patient No. 1 had symptoms of anxiety and restlessness, lack of concentration, aggressive behavior and stubbornness, allergy, and poor appetite before treatment. However, symptoms of stubbornness and restlessness decreased after the 5th session, and other ADHD symptoms were resolved in the next sessions. Patient No. 2 was diagnosed with symptoms of crying, incompatibility, disobedience to parents, and high-risk behaviors. After 4 sessions of laser acupuncture, the patient became more good-tempered and obedient. His relaxation, diet, and sleep quality improved and he became interested in watching television.

Other than common symptoms of ADHD, patient No. 3 had symptoms of enuresis and fear. Enuresis in children with ADHD can be due to a delay in the development of the central nervous system or having a harder time paying attention to bodily cues [17]. At the end of treatment, fear and enuresis resolved.

In the case of patient No. 4, the appetite and general behavior of the child improved significantly after the third session.

In laser acupuncture, acupuncture points are stimulated without pain. Nowadays, laser has been widely used as an alternative to needles and its effects has been studied and confirmed worldwide. The laser light is amplified, directional, and convergent; therefore, it has a greater penetration depth than ordinary light.

Since it was a case study and the result of the study cannot be generalized, further clinical studies are recommended to be conducted on a larger population of patients to gain more reliable results. If we have a larger population and standardize the duration and frequency of acupuncture treatment, it may be proven that laser acupuncture is even more effective than current research results. International standards need to be organized for diagnosis and rating scales of ADHD symptoms.

Acknowledgements:
I would like to thank my patients suffering from ADHD and their families who have courageously sought out a non-drug treatment for this condition. Without their support and confidence, this study would not have been possible.

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Effect of low-level laser therapy for cosmetics in Taiwan

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Objective: The use of low-level laser therapy (LLLT) for skin rejuvenation and skin disease purposes has gained popularity worldwide. It has been proven to be incredibly effective at regenerating damaged tissue and healing many skin conditions ranging from burns and scarring to severe acne and wrinkles. The purpose of this study was to investigate the effects of low-level laser therapy (LLLT), which are used in physical therapies on nasolabial wrinkles.

Material and Method: The study involved 20 women participants aged 40 to 59 years with wrinkles or fine lines in the nasolabial region and those presenting Modified Fitzpatrick Wrinkle Scale (MFWS) grade 0.5-2.5. Participants received three treatment sessions over 15 days with 660 ±10 nm broadband LLLT. The participants’ nasolabial wrinkle was observed before and after the intervention and followed up after one month.

Results: Among 20 women screened, a highly significant improvement after LLLT treatment. An average of 1.25 class (from 1.75 ± 0.573 to 1.25 ± 0.55, P < 0.01; Wilcoxon Z = 2.91) and 1.0 class (from 1.25 ± 0.55 to 1.0 ± 0.512, P < 0.01; Wilcoxon Z = 3.37) was achieved at immediately after treatment and one month follow up.

Conclusion: Based on the clinical results of this study, the application of LLLT had positive effects on the nasolabial wrinkle of adult women’s faces.

Keywords: low-level laser therapy (LLLT); nasolabial wrinkle; Modified Fitzpatrick Wrinkle Scale (MFWS)

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Laser acupuncture as an alternative treatment for amphetamine addiction: a pilot study

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Objective
Amphetamine addiction has become an important public health issue due to adverse consequences to the individual and society. The aim of this study was to investigate the clinical efficacy of laser acupuncture for the treatment of amphetamine addiction.

Material and Method
Amphetamine addicts who met inclusion criteria were referred from psychiatrists to join this trial. Participants received laser acupuncture treatment one time per week for 2 months (total 8 treatments) on selected acupoints (PC6, HT7, LI4, ST36, SP6, and LR3). The laboratory assessments included the concentration of urinary amphetamine and heroin, AST, ALT, and r-GT; the objective assessments included visual analogue scale (VAS) for amphetamine craving and refusal, Pittsburgh sleep quality index (PSQI), Beck Anxiety Inventory (BAI) and Beck Depression Inventory (BDI). All data were collected at the beginning, 1st month, and 2nd month.

Result
Ten participants who met inclusion criteria were enrolled and seven subjects completed this trial. The urinary concentration of amphetamine dropped significantly after one month follow up (-1937.7; p= 0.008). The questionnaire score of PSQI (-3.73; p<0.001 and -4.10; p <0.001) and BDI (-5.64; p= 0.01 and -8.17; p=0.001) were significantly decreased after 1st month and 2nd month follow up. However, there was no significant difference among urinary concentration of heroin, liver function tests (AST, ALT, and r-GT), VAS of craving and refusal, and BAI. Although, some addicts used amphetamine again after 2nd month follow up, there was slightly improving motivation of drug abstinence and anxiety during the course of treatment. No adverse events were reported by participants.

Conclusion
This study demonstrates that there is short term effect of amphetamine abstinence by laser acupuncture with improving sleep quality as well as alleviating depression. Further large-scale study is warranted to confirm the effectiveness of laser acupuncture.

Keywords: Drug abuse; Substance dependence; Amphetamine addiction; Laser acupuncture

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Key points of rehabilitation of patients after stroke with combined use of corporal, scalp and auricular acupuncture

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Objective. To prove the effectiveness of the combined use of corporal, auricular and scalp acupuncture in the complex treatment of patients in the stroke residual period by assessing the dynamics of motor activity and cognitive status.

Material: 55 patients, mean age 54.1±1.3 years, in the early residual period of carotid ischemic stroke. 2 group: first (main) - 27 patients received comprehensive standard treatment together with corporate, auricular and scalp acupuncture. II (control) group (28 patients) - standard treatment. In the I group, apart from the individual selection of acupuncture prescriptions according to the classical rules of traditional Oriental medicine, in the extremities with central post-stroke spasm used a brake technique and toning in opposite. At each limb, 2 brake methods - I method for yin-hand, yin-foot and GB meridians, and II brake method mainly in yang-meridians, scalp therapy heterolaterally paralyzed extremities. Auricular acupuncture is bilateral: homolateral to stroke at antitragus points and zones, lobe, posterior ear furrow, and homolaterally to paralysis - points of scapha, upper and lower legs of the antihelix. Important: During acupuncture sessions, patients were offered commands of voluntary muscle tension in the paralyzed limbs. 12-15 sessions in 1-3 days.

Methods. Clinical Neurological Examination, Harrison Muscle Strength Assessment, Bartel Index, Mini-Mental State Examination (MMSE), Frontal Assessment Battery (FAB), Clock Drawing Test (CDT) in the dynamics of treatment.

Results. Before treatment. Muscle strength: I group -3.1±0.2; II -3.2±0.3. Bartel Index; I – 56.1±1.5; II – 56.2±1.8; MMSE: I - 18.4±1.3; II – 18.5±1.4. FAB: I - 9.3±0.7; II – 9.2±0.9. CDT I-5.0±0.9 - II - 5.1±1.1.

After treatment. Muscle strength: I group 4.5±0.4; II -3.7±0.5 (P<0.05); Bartel Index: I – 67.2±1.7; II - 59.4±1.5 points, (P<0.01); MMSE: I - 24.9±1.1; II - 22.5±1.2 (P<0.01). FAB: I – 14.7±0.9; II - 12.5±0.9 (P<0.05). CDT: I - 9.5±1.1; II - 7.1±1,1 (P<0.01)

Conclusions. The combined use of corporate, auricular and scalp-acupuncture methods in complex treatment significantly increases the level of motor activity and cognitive status of patients in the stroke residual period.
Keywords: stroke, acupuncture, treatment, rehabilitation, auricular, scalp therapy, MMSE, CDT, FAB

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Ischemic Stroke (CVA) occurs when an artery is blocked and there is a lack of blood supply in a particular area of the brain (ischemia). The difference between ischemic stroke and hemorrhagic stroke (CVA) is that in the second, there is a rupture of one or more blood vessels, not clogging. The obstruction of the artery can occur by a thrombus, which is a blood clot forming on its inner wall, or by a plunger, which is nothing more than a thrombus that travels through the bloodstream until it is trapped in a blood vessel of smaller caliber. Hemiparesis is partial paralysis of one side of the body. It is usually caused by lesions of the corticospinal area that runs below the cortical neurons of the frontal lobe to the motor neurons of the spine, which is responsible for the movements of the muscles of the body and its limbs. This study aimed to demonstrate the effects of the Chinese scalp acupuncture technique in the treatment of right hemiparesis presented by a patient after a CVA. The patient was first evaluated for his motor control and later treated with the Chinese scalp acupuncture technique. The treatment initially proposed should be 20 sessions, but with only three sessions the patient was fully recovered. The final result showed that scalp acupuncture was extremely effective in treating hemiparesis of the patient.

Keywords: Cerebral Vascular Accident.;CVA.;Hemiparesis.;Scalp Acupuncture.;Neurology

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Evaluation of Patients Receiving Acupuncture Treatment for Obesity

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Aim
The ideal fat ratio should be between 20% and 30% for men and 12-18% for women.

Material method
100 obesity patients admitted to the GETAT center. Patients were administered both body and ear acupuncture with sterile disposable acupuncture needles (13 * 20 and 20 * 25mm) once a week after 2 weeks. Obesity assessment form scale was filled in patients. Weight loss was done with the device. The waist (umbilicus) and hip circumferences were measured by the same nurse.

Findings
A total of 19 male 81 female patients were included. The mean age was 44.12 ± 1.31 years. 80% of the patients were married, 14% were single, 1 was widowed, 5 were divorced. 38% of the patients were working, 62% were not working. 39% of the students were university and above, 19% were high school, 35% were primary, 4% were literate, and 3% were illiterate. In monthly income, 22 were 5000TL and over, 31% were between 3000-5000, 35% were between 1300-3000 and 12% were 1300 TL. 41% of the patients did not do any exercise, 17% were rare, 10% had 1, 19% had 3 times a week, 13% had more than 3 times a week. Of the patients, 19% were smokers, and 81% did not use alcohol, whereas 7% were alcohol. 62% of patients had an additional disease. 22% of the patients had received psychiatric treatment. 76% of the patients had previously had dietary attempts. SBP mean 116.40 ± 94, DKBort 73.30 ± 64mmHg, height mean 163.98 ± 85cm, weight 87.55 ± 1.55kg, BMI mean 32.54 ± 51, waist circumference average 98.03 ± 1.31cm, hip circumference mean 112.69 ± 1.34cm, mean metabolic age ± 55.68 ± 1.26 fat ratios were 43.02 ± 4.55, basal metabolism mean 1624.90 ± 30.70.

Results
At the end of 1 month BMI was 32.

Keywords: Obesity, acupuncture, bmi; acupuncture; bmi

*****
Using Four-Element System In Traditional Chinese Medicine And Acupuncture

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Objective: In order to use very valuable ancient information that comes from Indian Medicine into Acupuncture and Traditional Chinese Medicine (TCM), we seek and discuss applying 4-Element system on these areas.

Indian Medicine has an important role in terms of establishing the basic principles of the TCM and Acupuncture. However, while the Yellow Emperor and ancient Chinese physicians dwell on 5 Elements theory, Indian Medicine, Uyghur Medicine, ancient Anatolian and Greek Medicine are based on 4 Elements. Astrology and Feng Shui are based on 4-Element system, as well. In practice, we know that both theories/systems work as beneficial.

In their medical texts, Hippocrates and Avicenna had talked about Air, Fire, Earth and Water, which constitute nature and human. In this presentation, we will try to understand these two different approaches, while creating Traditional/Modern Medicine synthesis with the guidance of the Science. Of course, this transformation will require us to rearrange the organs, which have matched with the Elements or the Essences. Without doubt, the physical body, the biochemical body, the mental-spiritual body that forms the human are connected to these Elements or Essences, as well. While using Acupuncture and complementary methods, these connections are very important in terms of forming diagnostic and treatment algorithms.

Conclusions: We believe that by adapting and using 4-Element system in Acupuncture and TCM, we will be able to get benefits from valuable ancient information that had served very well for Indian, Uyghur, Anatolian and Greek Medicine, and Astrology. We also assume that approaching to patients by using 4-Element system may help solving diagnostic and treatment problems in some of the difficult and/or unique cases, which 5-Element system does not able to do. Therefore, converting 5-Element system to 4-Element system will be a good and necessary starting point for creating a brand new modality of Acupuncture and TCM.

Keywords: Acupuncture; Traditional Chinese Medicine; 4 Elements; 5 Elements; Indian Medicine

*****
Acupuncture Increases Human Skin Temperature, Measurable by Digital Thermometer

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Objectives: Acupuncture causes parts of the skin to exhibit red spots, which is considered to be the arrival of Qi. In order to quantitatively measure the phenomenon shown in infrared images taken after acupuncture treatment, the temperature change of the red spots on the skin were directly measured with a digital thermometer.

Materials: Compass, ruler, digital thermometer, needles.

Methods: Four centimeter diameter circles were made from paper. Two regions of interest were drawn using the circles on the skin of the middle back of the subject. One circle acted as a no-acupuncture control while the other one was treated with acupuncture for 20 minutes. The skin temperatures in the center of the two areas were measured with a digital thermometer before (baseline), during (at 0, 10, and 20 minutes), and after (at 0, 10, and 20 minutes) acupuncture treatments. The skin temperature was measured 3 times with a digital thermometer at each time point and averaged for comparison.

Results: The skin temperature increased by 0.22 °C from baseline in the control group and increased by 0.48 °C from baseline in the treatment group at 20 min during acupuncture. The skin temperature increased by 0.24 °C from baseline in the control group and increased by 0.48 °C from baseline in treatment group at 20 min after acupuncture.

Conclusions: Acupuncture increases the skin temperature, which can be directly measured by a digital thermometer. Acupuncture-induced red spots (arrival of Qi) and increased skin temperature indicates vasodilation and increased blood flow to the acupuncture-treated area.

<table>
<thead>
<tr>
<th>Time</th>
<th>Acupuncture Temperature, Average (°C)</th>
<th>Control Temperature, Average (°C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Acupuncture</td>
<td>35.30</td>
<td>35.22</td>
</tr>
<tr>
<td>During Acupuncture 0-min</td>
<td>35.48</td>
<td>35.18</td>
</tr>
<tr>
<td>During Acupuncture 10-min</td>
<td>35.69</td>
<td>35.33</td>
</tr>
<tr>
<td>During Acupuncture 20-min</td>
<td>35.78</td>
<td>35.44</td>
</tr>
<tr>
<td>After Acupuncture 0-min</td>
<td>35.80</td>
<td>35.48</td>
</tr>
<tr>
<td>After Acupuncture 10-min</td>
<td>35.74</td>
<td>35.44</td>
</tr>
</tbody>
</table>
Table 1 | Skin temperature measured by digital thermometer.

**Keywords**: Acupuncture; Skin; Temperature; Digital thermometer; Arrival of Qi

****
Acupuncture and other complementary medicine interventions to address mental health, may be critical for improving male and female fertility as well as child health.

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Objective: Depression, anxiety and emotional stress may significantly impact fertility, pregnancy and subsequent child health. Commonly prescribed pharmaceutical interventions also appear to compromise these concerns. The objective of this paper is to raise awareness of mental health factors and interventions to consider, when working with both male and female fertility clients.

Materials: Published trials and reviews from online medical databases.

Method: A literature review explores the research evaluating the effects of stress, depression and anxiety on male and female fertility, pregnancy and babies. The evidence for pharmaceutical interventions commonly prescribed for these issues, as well as complementary medicine options, is also evaluated. Recommendations for practitioners are then made, based on the evidence and clinical experience.

Results: Studies suggest pre-conception mental health status impacts the length of time to achieve pregnancy, male and female fertility, risk of ante-natal or postpartum depression and subsequent child health. The observed impact of ante-natal depression and anxiety on the baby varies between studies, depending on which outcome measures are used. However some are concerning. Commonly prescribed antidepressant drugs may negatively impact sperm quality, pregnancy and babies. There are positive findings for the use of acupuncture, cognitive behavioural therapy and a wholistic approach, for fertility clients struggling with depression, anxiety and stress.

Conclusion: Whether fertility challenges are the trigger or compromised mental health status predates failed attempts to have a baby, the findings of numerous studies suggest addressing mental health as part of fertility treatment plans may be critical for achieving positive outcomes. Many study conclusions call for more research evaluating the safety and adverse effects of related pharmaceutical use, pre-conception and during pregnancy. Other studies suggest low risk complementary interventions may be helpful. Consideration of non-pharmaceutical interventions is therefore essential when formulating treatment plans for fertility clients struggling with stress, depression or anxiety.

Keywords: mental health; neonatal health; complementary medicine; acupuncture; fertility

*****
The wrist-ankle acupuncture is a new acupuncture therapy combining the theory of traditional Chinese medicine with the theory of modern neurology in practice. The therapy divides the human body, and according to the manifestation area of the disease, the subcutaneous shallow thorn is selected according to the selected points in the wrist region to achieve the purpose of treating diseases. Meridian theory suggests that wrist-ankle acupuncture can stimulate the body's twelve skins through the gas, modern medicine believes that its mechanism of action may be related to the conduction regulation of the nervous system, although its mechanism is complex, but the clinical efficacy is exact. Since its inception, it has been used in multi-disciplinary clinical diseases, the number of its treatment has reached 83, its sprain in orthopedic diseases, cervical spondylosis, low back pain; neurological migraine, facial paralysis, stroke functional recovery and other diseases on the treatment of obvious advantages, at the same time, the treatment of ENT, gynecology, pediatrics and other diseases such as rhinitis, dysmenorrhea and pediatric enuresis has also achieved satisfactory results, moreover the wrist-ankle acupuncture are easy to operate, safe, and effective, and are suitable for clinical promotion.
“Complementary Acupuncture Points” treatment of insomnia: simple, convenient and effective

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Abstract
To aim at the key problem that acupoints selection and combinations are too difficult, and the body surface distribution of the meridians is too complex, and acupoints are too more. “The complementary acupoints” theory and acupuncture method is put forward scientifically by Zhixin Yang, Ph.D, Professor.

The complementary acupuncture acupoints refer to the acupoints that they are situation on the corresponding medial and lateral sides of the limbs or in the front and back parts of the body trunk, and adjusting the balance of Yin and Yang playing a synergistic effect by use of yin and yang interdependence, or each other aid of yin and yang. For example, PC 6(nèi guān) and SJ 5(wài guān), Quchi (LI11) and Shaohai (HT3), Yinlingquan (SP9) and Yanglingquan (GB 34), Xuanzhong (GB 39) and Sanyinjiao (SP 6), Zhaohai (KI6) and Shenmai (BL62) etc.

“The complementary acupuncture points” are point combinations of one point in yin channel and the other in yang channel and this combinations is simple, unique, and curative effect affirmation. The characteristics of “the complementary acupuncture points” is Yin and Yang interdependence, acupoints selection precision, operation simple and convenient, and significant effect. After nearly 30 years development, it gradually complete relatively the theoretical system of “the complementary acupuncture points” and they are widely used in the internal diseases and surgery, diseases of gynecology and pediatrics. Especially in treatment insomnia, cold, cough, acute or chronic rhinitis, pain diseases, heart diseases, etc. Their curative effect are quick and stable.

Insomnia was a refractory disease and hard to recover, which affects the patients’physical and mental health. The complementary acupuncture points prescription method, originated from ‘interdependence of Yin and Yang’ in Yin-Yang theory, by needling the two complementary acupoints with exterior-interior relationship, Neiguan (PC6) and Waiguan (SJ5), through regulating the balance of Yin and Yang, can improve the curative effect through the synergism of the two acupoints of Yin-Yang and provide the advantages of simple and obvious curative effect.

Keywords: the complementary acupuncture points; mutual enhancing effects of yin and yang; insomnia; acupuncture therapy
Treatment of athlete by acupuncture
or...
why doping has no place

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Member of the Education Working Committee of WFAS
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or...
why doping has no place

Further, higher, faster, better; these are the goals of modern high performance sports. Only then will victories be achieved and prizes won. Targeted training, optimized technology and sophisticated tactics, but somewhere the limits are reached. The racing bike can barely be lighter and its driving characteristics can hardly be improved, ... the spikes of the sprinter’s shoe have optimal length and shape, their material is stable and the running style of the athletes is biomechanically optimized, ... the end point of performance seems to have been achieved and must yet go on. Every year many world records are set. But the human factor sets the limits.

The limited capacity of the human factor has always had cultural aspects as well. Thus, since the Neolithic, the pain-relieving properties of the poppy known, the landscapes of the South American Andes were overcome by the natives only at a run when they chewed on the leaves of local coca (and so unknowingly, the stimulating cocaine to yourself) and so in ancient China, stimulation of a certain point on the body is said to increase the stamina of marching soldiers. The point used in the process therefore continues to bear the name "Three Villages". The application of performance-enhancing drugs to soldiers is also documented in past wars.

Doping first caused a sensation in 1960, when Danish racing cyclist Jensen died during a race and subsequently discovered that he had taken amphetamines. Although the use of the substances has been used consistently in sports since the 1930s, it was first consequently dammed in 1972 at the Olympic Games in Munich. Since Bayer’s patent for heroin in 1898 (then a "cough medicine"), the list of performance-enhancing drugs and measures expanded significantly. Examples are the blood-forming hormone erythropoietin and modern forms of gene doping. However, the basic problem remains: The performance of humans is limited, the health of the athlete endangered foreseeably. Their use is therefore quite punishable and despicable.
Now it is clear to everyone that the use of prohibited substances or processes is not a solution. But how do you go on, run faster or play better football? One possible solution, attributed to the gymnast Jahn, is the phrase "mens sana in corpore sano", which means combining the mind and the body. Going further back in history, you come across textbooks that are still the basis of Chinese medicine today. In detail to the authors, where it comes to the physical and mental performance to the highest standards and to keep it stable. They formulated it flowery as "... then the bones remain strong, the tendons supple, blood and Qi flow harmoniously ...". For the sport, which is operated for health reasons, is valid: "the one, who knows the principles, will remain strong, who does not know them is aging fast." Also for the most efficient engine is valid: to tune it optimally and to use the appropriate fuel. What is right in technology, but it should certainly be cheap for humans. Unfortunately, in many cases, the athlete's body and mind are not optimally tuned. This causes the loss of performance and the call for help. The list of causes is long, it ranges from subliminal deficiency states, defensive weakness and overtraining through to cured, but not yet healed "influenza infections" u. v. a. m..

Harmonization, i. e. the restoration of the health of the body and mind. Damage is often caused to this harmony as a high blazing flame consumes its candle prematurely, because health is not an artificially created, indeed noisy state with the aim of gaining an advantage by increasing one's own performance. As recent research has shown, acupuncture is a central process that excludes factors that harmonize body and mind, and where physical performance is at the highest possible (healthy) level. Finally, a quote from the textbook mentioned above: "If body and mind are in harmony, then the body is powerful, when it is demanded he does not tire."
Thoughts on the dominant diseases of acupuncture

Lui Weihong

To discuss the dominant diseases of acupuncture and moxibustion and its trend on later development. At present, the concept of acupuncture and moxibustion disease spectrum has curative efficacy disease spectrum and evidence-based acupuncture and moxibustion disease spectrum, and they have different dominant disease types. In accordance with the principle of evidence-based acupuncture and moxibustion disease spectrum, we searched systematic reviews and meta-analysis of acupuncture and moxibustion published in Chinese medical journals, and concluded 68 dominant diseases of acupuncture and moxibustion. Based on the result and the mechanism characteristics of acupuncture, we predicted the development trend of dominant diseases of acupuncture and moxibustion. In addition to the curative effects advantage of the diseases, acupuncture and moxibustion also have advantages in diagnosis, operation, safety and cost effective, which are not available in other medical categories.
Electro-Acupuncture at Housanli (ST36) and Shangjuxu (ST37) can Alleviate the Symptoms of Colorectal Hypersensitivity

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Abstract
Objective
This study was to investigate the effect and molecular mechanism of electro-acupuncture (EA) on regulating colorectal hypersensitivity.

Method
A mouse model by injecting zymosan transanally to induce colorectal hypersensitivity was introduced to mimic irritable bowel system (IBS) in clinic. The control mice were injected with saline. EA was applied to stimulate Housanli (ST36) and Shangjuxu (ST37). Western blot was used to detect the changes of the protein expression of transient receptor potential vanilloid1 (TRPV1) and nerve growth factor (NGF) in colon, TRPV1 and substance p (SP) in spinal ganglion and TRPV1 and protein kinase C gamma (PKCγ) in spine cord after EA stimulation.

Result
EA significantly attenuated the IBS symptoms induced by zymosan injection compared to the saline injection group. The effectiveness of acupuncture analgesia was accumulative with increased number of times of acupuncture when compared to that of a single time of acupuncture. EA treatment significantly reduced the expression of TRPV1 and NGF in colon and rectum, SP and TRPV1 in spinal ganglion and PKCγ and TRPV1 in spinal cord.

Conclusion
EA is a potential and effective therapeutic tool to treat abdominal pain or discomfort, and it may function through reducing the expression of TRPV1 in the coloretum, spinal ganglion and spinal cord as well as inhibiting the activation of NGH, SP and PKCγ in the peripheral nervous system.

Keywords:
Electro-Acupuncture (EA), TRPV1, NGF, SP, PKCγ, NF200, IB4, CGRP
The Effect on the Behavioral and Pathological changes Induced by Ovariectomized and D-gal with Moxibustion Shenshu (BL23)

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Abstract
Objective: To observe the Alzheimer’s disease-like behavioral and pathological changes of rats being ovariectomized and injected with D-gal

Methods: Female SD rats aged 12 weeks were randomly divided into normal group (Con), sham operation group (Sham) and model group (VOX+D-gal), with 10 rats in each group. The bilateral ovaries of VOX+D-gal rats were removed, and the anti-infective treatment of penicillin was performed for 3 days. On the 4th day, D-galactose was intraperitoneally injected at a dose of 150 mg/kg/d, and only the ovarian fat was removed from the rats in Sham group. On the same time, 0.9% normal saline was intraperitoneally injected at the same dose as VOX+D-gal group. After 12 weeks of modeling, the three groups of rats were subjected to behavioral tests such as Morris water maze, open field test, Sucrose preference test and ELISA to detect serum estrogen levels. The level of Aβ1-42 in hippocampus was detected by immunohistochemistry and the phosphorylation level of tau protein in hippocampus at PHF-1 was detected by western blot.

Results: The results of 7-day water maze test showed that during the 6 days of learning and detection, the latency of finding the platform in the VOX+D-gal group was significantly longer than that in the Con group and the Sham group (P<0.01), and there was no significant difference between Sham group and Con group. At the 14th day of memory detection, the first time to cross the original platform of VOX+D-gal group was significantly longer than that of the Sham group and Con group (P<0.01). In the open field test, compared with the Sham group and the Con group, the number of upper limb lifts，the movement time，the total distance and the number of crossing grids within 5 minutes decreased significantly in the VOX+D-gal group (P<0.01). In the Sucrose preference test，the saccharide preference rate of VOX+D-gal group was significantly lower than that of Sham group and Con group (P<0.01). Serum estradiol test results showed that compared with Sham group and Con group, serum estradiol levels in VOX+D-gal group were significantly decreased in 24h and 12w after surgery (P<0.01). The results of immunohistochemistry showed that the level of Aβ1-42 in hippocampus of model group was significantly higher than that of sham operation group and normal group (P<0.01). The results of western blot showed that the phosphorylation level of tau protein in model group was significantly higher than that in sham operation group and normal group (P<0.01).

Conclusion: VOX and D-gal injection rats have decreased learning and memory ability, accompanied by depressive symptoms, and the content of Aβ amyloid and
phosphorylated tau protein increased significantly, which is an ideal model of senile dementia.

**Key words:** ovariectomize, D-gal, dementia, depression, Disease Model
Efficacy and safety of acupuncture treatment of different syndrome types of chloasma: a meta-analysis

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【Abstract】Objective To systematically the efficacy and safety of acupuncture on different syndrome types of chloasma.

Methods Databases including MEDLINE (Ovid), PubMed, EMBase, Cochrane library, VIP database (VIP), Wan Fang, CNKI, CBM, published in February 2018 28 to check, English literature. By 2 researchers according to the method recommended by the Cochrane collaboration to evaluate the methodological quality of the included studies, set inclusion and exclusion standard screening and data extraction, quality evaluation. Meta-analysis funnel plot analysis and other statistical analysis by using RevMan 5.3.3 software.

Results A total of 2950 RCTs were included in the sample (1487 in the test group and 1463 in the control group). The subgroup meta-analysis was performed according to the syndrome type. The results of the analysis showed that: the rate of effective syndrome of qi stagnation and blood stasis [RR= 1.23, 95%CI(1.14, 1.32)], Stagnation of liver qi and qi stagnation [RR= 1.14, 95%CI(1.09, 1.19)], syndrome of yin deficiency of liver and kidney [RR=1.19, 95%CI(1.15,1.24)], but there was no significant difference in Spleen deficiency dampness syndrome [RR=1.12, 95%CI(0.98,1.29)].

Conclusions Acupuncture and moxibustion treatment of different types of yellowish brown have different therapeutic effects, and their curative effects are as follows: qi stagnation and blood stasis syndrome, liver qi stagnation syndrome, liver and kidney yin deficiency syndrome, and spleen deficiency and dampness-rich syndrome, among which acupuncture and moxibustion treatment of spleen deficiency wet type yellow The effect of brown spots is not obvious. Limited by the quantity and quality of the included literature, existing conclusions still need to be verified by high-quality, multi-center, large-sample randomized controlled trials.

【KEYWORDS】Acupuncture; Chloasma; Malar rash; Meta-analysis
Saç Mezoterapisi ve PRP (Platelet -Zengin Plazma)

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Saç mezoterapisi, androgenetik alopesi, alopesi areata ve telogen effluvium gibi birçok saç hastalığında kullanılan mezoterapi yöntemidir. Saç mezoterapisine “mezoplasti” veya “mesohair” de denir. İlaçların saçlı deriye direkt olarak, 2 – 3 mm derinlikte, 1-2 cm aralarla ve Enjeksiyon başına maksimum 0,01-0,05 ml olacak şekilde uygulanan minimal invazif bir tekniktir. Buflomedil, minoksidil, finasterid, dutasterid, biotin, vitaminler ve organik silisyum gibi ajanlarla lokal mikro sirkülasyonu düzenleyip arttırmak, besin girdisi sağlayarak follikülerin gelişim sürecine diğer tedavi yöntemlerinin yanında tamamlayıcı olarak katkıda bulunur, Saçın iyacına göre 1-2 haftada bir seans uygulanabilir, daha sonra da ayda bir veya 2 şeklinde devam edilebilir. Platelet-rich plasma (PRP) ise, Fibroblast proliferasyonu, migrasyonu, neovaskülarizasyon ve neokollojenezisi uyaran, saç dökülmesinde diğer saç mezoterapisi yöntemleriyle kombine veya ayrı uygulanabilir bir metotdur.

Keywords: Saç mezoterapisi;;alopesi;;platellet-zengin plazma

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Migren Tanısı Almış Hastalarda Mezoterapinin Etkinliği

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AMAÇ: Bu çalışma da migren tanısı alan hastalarda mezoterapi'nin ağrı kontrolündeki etkinliği retrospektif olarak araştırıldı.

GEREÇ VE YÖNTEMLER: Bursa İlker Çelikcan Fizik Tedavi Hastanesi ve Bursa Çekirge Devlet Hastanesi fizik tedavi polikliniklerine başvuran migren tanısı almış 30 hastaya (12 erkek, 18 kadın) mezoterapi tedavisi uygulandı. Hastaların ortalama yası 35(25-50) idi. Mezoterapi solüsyonu olarak hazırlanan karışım (1ml %2 lidokain+1ml pentoksifilin+1ml tiyokolsikozid+1ml izotonikle çözülmüş (1/5 oranında) B vitamin kompleksi+1ml izotonikle çözülmüş (1/5 oranında) meloksikam ) 30 G 4 mm iğne ucu ile point by point ve nappaj teknikleri ile baş boyun bölgesinde belirlenmiş 11 özel noktaya enjeksiyon yapıldı. Tedavi 10 günde bir toplamda 4 kez yapıldı. Ağrı yanıtı VAS (visual Analog Skala) ölçülü ile değerlendirildi. Tedavi öncesinde ve her uygulamadan bir hafta sonra hastalara ait VAS skorları belirlendi.


SONUÇ: Mezoterapi; migren hastaların da güvenli ve etkili bir tedavi yöntemi olabilir.

Keywords: Mezoterapi;migren;ağrı

*****
Over rezervi yetersiz infertilite olgularında farklı bir uygulama ile gebelik elde etme (vaka sunumu)

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Amaç: Over rezervi yetersiz infertilite olgularında matür oosit elde ederek gebelik oluşturabilmek.


Bulgular: Bu uygulamadan 3 hafta sonra başlanan ovulasyon indüksiyon sürecinde 2 adet matür oosit elde edilmiştir. Döllenen iki adet embriyo 3.gün transfer edilmiş ve 12.gün yapılan kan analizinde gebelik (+) olduğu görülmüştür.

Sonuç: Tüp bebek şansı bile olmayan over rezervi yetersiz kadınlarda uygulanan CGF/CD34+ Otolog hücre uygulaması ile oosit elde ederek gebelik oluşturmak mümkündür.

Keywords: İnfertilite; Yetersiz over rezervi; IVF; CGF; Otolog hücre tedavisi

*****
Muskuloskeletal hastalıklarda mezoterapi ile ağrı tedavisi

Duygu Demirok

Mezoterapi Endikasyonları ve Uygulama Alanları

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Keywords: Mezoterapi; rejuvenasyon; zayıflama; ağrı

*****
Hypnotic Rework Therapy, HRT

Haluk Alan

1PsikoTera, Akupunktur&Hipnoz, DENİZLİ, Türkiye

Hypnotic Rework Therapy, HRT; it is a holistic approach, consisting of hypnotic techniques, with dual stimulation and running along the subconscious with consciousness. In this application, desensitization is obtained on the problem of bi-directional stimulation with some hypnotic techniques. Taking into account existence of an innate information processing system in the brain, it is possible to say that negative life experiences or traumas may have impaired the biochemical balance of the brain’s physical information processing system. This imbalance may prevent the information processing process from reaching a solution. Traumatic processes; this leads to deterioration of the usual adaptation mechanisms. The authors; (Shapiro, 2016) argues that this process has ceased to process information and freeze information in the original state that created anxiety (Shapiro, 2016). Since traumatic events or negative life experiences lead to blockage in the information processing system, there is a need for new processing. The process remains in its ego-dystonic state when no reprocessing is performed. The aim is to make the process compatible with the ego. In such cases, Alladin (2013) says: Relaxation and relaxation are not enough, the important part of the treatment; is to reproduce the event that is traumatic. Your anxiety level decreases when you process again. HYT can be used in the therapy of emotional disorders caused by negative life experiences, especially in anxiety disorders, phobias and traumas, and in the therapy of future-oriented negative life expectations. HYT is performed in five stages; Consultant history, evaluation, preparation, 2- The application of hypnotic self-worth with EMU, 3- Reprocessing of the target moment or image by bidirectional stimuli and hypnotic techniques, 4- Self-worthiness and bodily adaptation under PSH 5- Autohypnosis and termination. As a result HYT; It is remarkable with its quick results and easy applicability.

Keywords: HRT, hypnosis, bidirectional stimulation

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Travma Tedavilerinde Güvenli Yer Çalışması; SİĞINAK

Haluk Alan

PsikoTera, Akupunktur&Hipnoz, DENİZLİ, Türkiye

Travma tedavilerinin en önemli aşamalarından biri, güvenli yer uygulamasıdır. EMDR, HYT ve Hipnoz gibi özellikle uygulama dayalı terapilerde terapinin gidişatında yaşanabilecek olası abreactionlarda hastanın güvenli yere çekilmesi özel bir önem taşır. Bu durum hem terapist açısından hem de hasta açısından önemlidir.

Güvenli yer uygulaması sadece abreactionlar için değil aynı zamanda ego güçlendirici uygulama seansları için de kullanılabilir. Ego güçlendirici seans uygulaması için kişinin güvenli yere çekilmesi ve orada yönlendirilmiş imgelemle geçmiş yaşamda konuya özel (başarısızlığa karşı başarı, değerizliğe karşı değerilik...) olumlu bir anın canlandırılması ve bunun ipucu bir kelime ile linklenerek posthipnotik otohipnoz olarak verilmesi etkin bir uygulama olarak görülmektedir.

Hem güvenli yer uygulamasının tek başına, hem de çeşitli uygulamalarla desteklenerek çeşitlendirilmesiyle travmalarda kullanımına yönelik bu çalışmada katılımcılara birebir uygulama gösteriminde bulunulacaktır.

Keywords: HYT, ;sığınak;güvenli yer

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Akupunktur Uygulamaları İle Hipnotik Telkin Kombinasyonları Nasıl Yapılır?

Sinan Güzel

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Konu ile ilgili yetenek bilimsel araştırma verileri ve kısa örneklerle dinleyici bilgilendirilmiş hedeflenmektedir.

Keywords: Akupunktur; Hipnoz; Terapi; Kombinasyon

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Dişhekimliğinde Akupunktur

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DİŞ HEKİMLİĞİNDE AKUPUNKTUR
Dişhekim Tijen Secerli Dürer
ÖZET
Akupunktur, Uzak Doğu Tao felsefesini esas alarak ortaya çıkan bir tedavi yöntemidir ve WHO (Dünya Sağlık Örgütü) 1979'da akupunktur tedavisini bilimsel bir yöntem olarak kabul etmiştir.

Akupunkturun analjezik, homeostatik, otoimmun, sedatif, psikolojik ve motor fonksiyonları iyileştiren etkisi vardır. Akupunkturun bu özellikleri yöntemin TME disfonksiyonları, bruxizm, diş tedavisi sırasında bulantu, korku, kafa bölgesindeki sebebi bulunamayan ağrılardan, yutkunma güçlüğü, dil ağrısi, trigeminal neuraljisi, kanama bozuklukları, hiper veya hiposalivasyon gibi diş hekimliğinde rastladığımız pek çok semptomda kullanılabilmesini sağlamaktadır.

ACUPUNCTURE IN DENTISTRY
Dt. Tijen Secerli Dürer

ABSTRACT
Acupuncture is a treatment method based on Far East Tao philosophy. WHO (World Health Organization) accepted acupuncture treatment as a scientific method in 1979.

Acupuncture has a healing effect on analgesic, homeostatic, autoimmune, sedative, psychological and motor functions. These features of acupuncture allow the method to be used for many symptoms encountered in dentistry such as TMJ dysfunctions, bruxism, nausea, and fear, headaches that occur without a reason, swallowing difficulty, tongue pain, trigeminal neuralgia, bleeding disorders, hyper or hypo salivation that occur during dental treatment.

Keywords: Akupunktur, Dişhekimliğinde akupunktur, Temporomandibuler eklem hastalıklarında akupunktur

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Hirudopunktur : Tıbbi Sülüklerle Akupunktur Tedavisi

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Hirudopunktur uygulamasının önemi, eğer akupunktur noktalara hirudoterapi yapılırsa sülük hem ciltte yara açarken hem de emerken oluşturduğu ritmik titreşim ve ses dalgasıyla akupunktur noktalari üzerinde ve bu şekilde canlı akupunktur, yani hirudopunktur yapması, aynı zamanda enzimleriyle dokuları etkilemesini göz önünde bulundurarak uygulama yapılırsa tedavinin etkinliği daha da artmaktadır.

The leech application point and region can be selected differently. Applying on the patient organs, around the wound, on the graft, along vein vessels, on the swollen region, around the joint. At the same time, according to Chinese medicine, when the point application on the acupuncture meridians is made, it makes use of the enzymes of leech and creates a stimulating effect on the acupuncture point. This practice is also called ‘hirudopuncture’. I mean, to do acupuncture with a medicinal leech.

The prominence of the practice of hirudopuncture is that if the practitioner practices the acupuncture points by knowing the acupuncture points and applies them to the acupuncture points, the medical leeches both stimulate the acupuncture points with the rhythmic vibration and sound wave generated during the wounding of the skin as well as during the wounding and so on, the effectiveness of the treatment is further increased if the treatment is carried out taking into consideration the influence of the organs and tissues.

Keywords: Hirudopunktur; akupunktur; tıbbi sülük

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The use of leeches in reconstructive plastic surgery

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Purpose: The use of leeches to salvage compromised microvascular tissue transfers, replanted digits and ears, as well as after scar revision due to venous congestion.

Patients & Methods: Since 2003, the medicinal leech, Hirudo verbana is being used in the plastic surgery and orthopedic departments of 10 different hospitals in Israel (1). Overall, 111 patients (71 males and 40 females, 8-79 years old average: 35.9 years) with revascularized or amputated fingers and ears, as well as open wounds after accidents or surgical wounds and scar revision were included in the study.

Results: The patients with revascularized or replanted fingers were treated in average of 2.5 days and each finger was treated with an average of 5.7 leeches. Patients with flaps were treated in average of 3.4 days and each flap was treated with an average of 9.2 leeches. Overall, 67% of the fingers and 97% of the flaps could be saved. Patients received 1-13 units of packed blood cells (average 2.9). Adult patients were treated orally with 500 mg ciprofloxacin or trimethoprim sulfamethoxazole (800/160 mg) half an hour before beginning of hirudotherapy, while children were treated with trimethoprim sulfamethoxazole 10 mg/kg. The treatment was done only during the days of the leech therapy. Only two patients who were not properly treated prophylactically developed sepsis (2).

References:

Keywords: Hirudotherapy; Medicinal leeches; Plastic surgery; Replanted digits; tissue transfer

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Maggot debridement therapy worldwide

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Maggot debridement therapy (MDT) grew out of observations on some fly larvae (maggots) to feed on necrotic material found in human and animal wounds. The sterile maggots of the green bottle fly, *Lucilia sericata*, are widely used for this purpose. Maggots are either introduced directly on the wound using a cage-like dressing or concealed in tea-bug-like nettings (also known as biobags). The first international biotherapy conference took place in UK in 1996, when at this occasion also the International Biotherapy Society was created. Since then 10 international conferences took place, two of them in Sivas and Istanbul. In the last 10 years MDT become very popular and today this treatment modality is being used in over 40 countries. Approximately 120,000 chronic wounds of 80,000 patients (average 1.5 wounds per patient) were treated with maggots. With an average of 3-4 treatment cycles per wound these makes 360,000 to 480,000 single treatments worldwide since the early 1990’s. Since 1996, over 3,000 patient have been treated with MDT in Israel, close to 50% of them had diabetic ulcers, while additional 8% of patients were treated for their pressure sores. In over 80% of the cases a complete debridement was achieved. Today, at least 10 companies are producing sterile maggots in 7 countries, while there are close to 30 academic and other non-profit laboratories which are producing such maggots worldwide. In 2004, MDT received the permission from FDA to be used in the treatment of chronic wounds. Today, MDT is recognized by health authorities as a complementary treatment modality in many countries. Research over the past 30 years has flourished especially regarding clinical studies and biochemical and molecular investigations. Research has also focused on improved methods of application, including treatment of the biochemical extracts without the live maggot.

Keywords: Maggot debridement therapy; *Lucilia sericata*; Chronic wounds; Worldwide; Maggot production

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Normal şartlarda yara iyileşmesi, dört fizyolojik aşamadan (homeostaz, enfamasyon, proliferasyon ve yeniden şekillenme/olgunlaşmadan) geçmektedir. Ancak kronik yaralarda, iyileşme genellikle enfamatuvaraza durur ve buna bağlı olarak doku debrisi ile lokal enfeksiyon ve veya proteazlar gibi yıkıcı ürün yara yatağında uzaklaştırılamaz. Maggot debridman tedavisi (MDT) esnasında larvalar veya salgıları çeşitli mekanizmalarla kronik yaraların iyileşme aşamlarını etkileyerek kronik yaraların tedavisini olumlu yönde etkiler:  

1. Debridman: Larvalar tükürük enzimleriyle besinleri ekstrakorporal olarak sindirirler. Ölü doku, larvalarda bulunan proteolitik, glikolitik, lipolitik ve nükleaz enzimlerinin bir kombinasyonu ile doku debrisi ile uzaklaştırılırlar.


5. Anti-enflamatuar etki: L. sericata salgılarında bazı maddeler nötrofil ve monosit gibi enflamatuar hücrelerin göçünü ve işlevselliğini etkiler; kompleman aktivasyonunu ve monosit kemotaktik faktörlerin üretimini inhibe eder.

6. Anjiogenez: Larva salgılarının pro-anjiyogenik etkisi bulunuyar yanıt vasküler endotel büyüme faktörü ve bazik fibroblast büyüme faktörü üretimini artırır. Çıkartılarındaki serin proteinazlar, fibroblast ve keratinosit motogenezini artırır.

Sonuç olarak larvalar, bir yandan kronik yaralarda oluşan pro-inflamatuar immün yanıt seviyesini azaltırken, diğer yandan da patojenlerin öldürülmesinde kullanılan mekanizmaları...
etkilemeyerek immün yanıt doku onarımı lehine manipüle edebilme yeteneğine sahip mikro cerrahlardır.

Keywords: larva tedavisi;kronik yara;yara iyileşmesi

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Evidence-Based Medicine (EBM) research on TCM – traps and proposals for change

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- TCM has its own paradigm and in accordance with such should be researched scientifically.
- TCM is an academic medicine same like Western medicine, but unlike the latter, it is more about treating a human being, instead of focusing primarily on the treatment of "disease entities" of sick organs, or even on the results of laboratory or imaging tests.
- What is regarded to be a disease in Western medicine is regarded merely to be a symptom in TCM whose genuine cause is often placed somewhere else then Western disease or pain. It is well illustrated by the sentence: One symptom – many causes, one cause – many symptoms.
- TCM approach is based on own diagnosis and symptoms differentiation, officially accepted by WHO in ICD-11 document signed in May 2019.

Nowadays EBM is not owned only by Western medicine. Lack of proper understanding of TCM paradigm and not paying attention to proper methodology according to TCM is creating false results and judgments.

EBM in TCM will be reliable only if:
- research will be designed according to symptoms differentiation of TCM instead of western categorisation of diseases,
- moxibution is integral part of acupuncture research,
- sham acupuncture treated as a placebo will be excluded as a non scientific approach,
- double blinded trials in acupuncture will be excluded because are impossible to do.

Adopting a "Black box" methodology in acupuncture based on TCM symptoms differentiation (+exclusions as above) is omitting questionable and easily undermined EBM studies and focusing on the comparison of therapy results from three points of view:
- without acupuncture, only treatment according to Western medicine methods,
- therapy using methods of Western medicine in combination with acupuncture (integrative medicine but taking into account possible adverse side effects of allopathic medicine),
- only acupuncture.

Using all above specifics will allow to show the efficacy, safety and effectiveness of acupuncture to a much higher degree than nowadays.

Keywords: Evidence-Based Medicine; Acupuncture; scientific research; mistakes in EBM; ICD-11
Is Integrative Medicine (IM) the future for TCM in the Western countries?

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Integrative approach is dominated by Western Medicine (WM). TCM is an independent, academic medical system equal to WM. TCM is more save and economic than WM - it is proved by EBM.

Patients, at first, begin their treatment by means of Western Medicine. It means that TCM actually is not a competition to WM. Patients turn away from Western Medicine due to disappointment. They choose TCM consciously and wants to be treated in personalized, individual, holistic way and efficient. They search for the refunding their TCM treatment within public health insurance. Patients rights are more important than benefits of MDs, health care institutions and Big Pharma – it is their life and money.

It is worth striving for institutionalized cooperation and creating conditions in clinics and hospitals to increase mutual knowledge on various medical systems:

- without mutual understanding, education and good will of cooperation there will be no IM;
- opening the TCM wards and practices in hospitals, clinics and big medical centres.
- Institutional CPGs should be widely known (also public), respected by MDs, health care system and introduced into clinical practice within the IM.
- It is also important to respect the patient’s rights to decide on treatment methods.

Education of MDs based on reliable EBM research taking into account the specifics of TCM (including TCM diagnosis and symptoms differentiation according to TCM), would allow them to find out about the safety, efficacy and cost efficiency of TCM. Is the first and necessary step.

It is large risk of resistance from the side of Big Pharma and medical authorities of WM and their institutions, but potential chance of support from insurance companies, interested in reducing treatment costs and treatment time.

The growing awareness of patients, also disaapointed of problems created by Western Medicine system will force the state system of health care to include TCM treatment and build more friendly IM.

Keywords: Integrative Medicine;Patients rights;TCM;holistic approach;individalised treatment

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The European TCM network - Answers for the European challenges

Gerd Ohmstede

European public interest in TCM/TM/CAM is growing. The challenges are growing as well: The attempts to relegate Chinese Medicine to the so-called "pseudo-sciences" has a long history but never before have the attacks been so widespread. Cooperation amongst TCM organisations, or even CAM, - seems much more important than before. Strategies and perspectives are there, we just need to act. The steps in Spain where TCM and CAM is under governmental fire are a good of how solutions can be found and how effective they can be.
Discovering and Acupuncture Ashi Points paravertebral

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Objective
Palpation of connective tissue is a standard method of diagnosis in physical therapy in Germany (Dicke et al. 1977). Paravertebral tensioned spots can be interpreted in connection of local and neuronal pain, muscle tension or vertebra blockage (Meyer 2011). Additional using a modified version of standing flexion test for each vertebral joint. At the tensioned spots is less mobility and imbalance. Both tests are a good method to discover and to acupuncture paravertebral deep myofascial structures: the Ashi point. The modified standing flexion test makes the palpated tensioned spots visible and could help to objectify the palpation of connective tissue.

Method
Thesis: Acupuncture Ashi points vertical 0, 5 - 1 cun deep, will reduce pain, muscular and connective tissue tension and spine imbalances.
1. First testing, 2. Relaxation treatment, 3. Second testing, 4. Soft triggering the resting spots, asking for Ashi points. 5. Acupuncture Ashi points vertical 0, 5 - 1 cun deep. 6. Third test.

Result and Conclusion
Acupuncture Ashi points vertical 0, 5 - 1 cun deep, will reduce pain, muscular and connective tissue tension and spine imbalances.
Method: Case reports. Documentation and interviews, video control (Meyer 2018, youtube.com/watch?v=MYCurxqNg5A).

Literature


Keywords: Ashi Point; Palpation of connective tissue; Standing Flexion Test; Soft Triggering
Acupuncture for musculoskeletal degeneration

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Objective
Once of degeneration process of the human body is Musculoskeletal disorders that affect of the body movement or musculoskeletal system. The common of musculoskeletal degeneration problems are muscles, tendon, ligament pain disability cause of anatomical changes of bones and joints.

Material and Method
Acupuncture and other related techniques are good enough to be used of this problem and better as one of integrative therapy to restoring the function of muscles, bones, joints and also reducing pain. Varieties and style of acupuncture techniques both the traditional and modern model of practices as needling or non needling acupunctures technique can also be applied to musculoskeletal degeneration problem and respond well to acupuncture.

Result
Outcomes of acupuncture treatment model to musculoskeletal degeneration problem is pain control, improvement and recovery function status, return to activity, minimized of disability. The musculoskeletal degeneration have multiple risk factor by age, gender, obesity, smoking and other aspects of systemic diseases such rheumatoid arthritis, gout and diabetes mellitus.

Conclusion
Acupuncture are good enough as integrative therapy to treat musculoskeletal degeneration problem.

Keywords: acupuncture; musculoskeletal; degeneration

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GELENEKSEL VE GÜNCEL TIP TESİHS YÖNETMELERİ İLE KARŞILAŞTIR MALI VAŞA SUNUMU

Dr. Doğu Yıldırım-İzmir


Hipokratik Humoral Patoloji

VMT. Visseral Manuel Terapi: (Yüz Diagnozu)

Bilgisayarlı Segment Elektrografisi: Ryodoraku (Electroaccupunctur)

Biyoenerjetik Fonksiyonel Diyagnostik: Vegatest (Electrotomografi)

Konvansiyonel Tıp Teşhis Yöntemleri: (Laboratuvar- USG-Endoskopi...vs)

Autizm Spektrum Bozukluğu, Mide, Kolon, Meme... patolojileri karşılaştırılmalı vaka sunumu.

COMPARATIVE CASE STUDY BETWEEN DIAGNOSIS METHODS of TRADITIONAL and CONTEMPORARY MEDICINE

From holistic perspective, health is man’s physiological, psychological and spiritual well-being and his ability to lead a harmonious life with the society and his surroundings. Although there is no change in the definition of health as defined by Anatolian Hippocrates of Halicarnassus and Galenos of Pergamum, pioneers of modern medicine and pharmacology, there has been important improvements in the concept of illness and diagnosis methods in the last 2500 years. Especially, advancements in Quantum Physics have resulted with new perspectives in life, existence, health and medicine. Contemporary science makes the element/humoral pathology concepts more tangible which were used in physiopathology by the traditional medical schools (Anatolia, China, India).

Hippocratic Humoral Pathology

VMT - Visceral Manual Therapy: (Face Diagnosis)

Computerized Segment Electrography: Ryodoraku (Electroaccupunctur)

Bioenergetic Functional Diagnostic: Vegatest (Electrotomography)

Conventional Medical Diagnosis Methods: (Laboratory- USG-Endoscopy, etc.)

Autistic Spectrum Disorder, Stomach, Colon, Mammee... pathologies - comparative case study.
Characteristics and trends of global clinical research in acupuncture

Dr. Ramón Maria Calduch

Abstract:
Acupuncture clinical research has been evolving in the last 10 years from simple observational study cases with no control group to actual RCTs (Randomized Control Trials) with all the necessary criteria to avoid risk of bias in the study.

Adequate Allocation Concealment is separating the act of randomization from the person recruiting participants. It is important as it prevents selection bias affecting which patients are given which treatment (the bias randomization is designed to avoid). It is important because Double Blind blinding cannot be applied to acupuncture as the clinician applying acupuncture knows which treatment the patient is randomized to.

STRICTA (Standards for Reporting Interventions in Controlled Trials of Acupuncture) have been designed to improve the Standards for Reporting Interventions in Clinical Trials of Acupuncture. It has been developed in conjunction with the CONSORT Group Executive and an official extension to the CONSORT Statement. The core content of the STRICTA guidelines consists of a checklist of six key items that are useful when designing the acupuncture trial.

Tendency to include SHAM control group is important because statistical significant differences between true and SHAM acupuncture confirms that acupuncture is not a placebo.

Finally, the use of standards for acupuncture application (such as the style of acupuncture, number of acupuncture sessions and session distribution, minimum training of the acupuncturist, etc.) prevents wrong needling application and thus optimizing acupuncture effectiveness.
İki farklı osteoartrit çalışması üzerinden düşük enerjili lazer tedavisinin mitokondriye etkisi ve kronik enflamasyondaki rolünün incelenmesi.

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¹ZG Ergonomi, Ergoterapi, Fizyoterapi, İzmir, Türkiye

Amaç:
Düşük seviye lazer tedavisinin (Low Level Laser therapy, LLLT), sadece lokal uygulandığı diz osteoartriti çalışması ile uzak akupunktur noktarının da tedaviye katıldığı el osteoartriti çalışmasının sonuçlarının, lokal dokunun mitokondriyal etkilenmesinin ve kronik enflamasyondaki rolünün literatürdeki çalışmalar ışığında değerlendirilmesi.

Yöntem:

Bulgular:

Sonuç:
Her iki çalışmanın karşılıklı değerlendirilmesinde; lokal olarak 10 dakika uygulanan lazerin, lokal/uzak akupunktur noktalarına 30 saniye süre ile uygulanan lazer akupunktur tedavisine göre biraz daha etkin olduğu söylenebilir. Bu da literatürde yapılan çalışmaların öncesi lazerin lokal kullanımının mitokondrilere ve bölgenin kronik enflamasyonuna direkt etkisi ile açıklanabilir.

LLLT, özellikle kırmızı ve yakın infrared dalga boyunda uygulandığında mitokondrinin uyarılmasına neden olur. Lazer radyasyonunun foto-uyanıcı olarak işlev gördüğü mitokondrinin anahtarı fotoreseptör molekülü, elektron taşıma zincirindeki Sitocrom Oxidaz C'dir. Serbest oksijen radikalleri, Adenosine Trifosfat oluşumunda önemli bir rol oynamaktadır.

LLLT’nin mitokondriler üzerindeki etkinliği, uygulanan doz, dalga boyu, uygulama süresi gibi değişkenlere bağlı iken ortalama ATP sentezindeki artış yaklaşık 3-6 saat sonra ortaya çıkmaktadır. LLLT antienflamatuar etkisinin araştırıldığı 12 laboratuvar modelinin tamamında tutarlı olan ve 633 ila 904 nm arasındaki LLLT uygulamalarının anti-enflamatuar etkisine dair güçlü kanıtlar vardır.
Keywords: lazer ;akupunktur;mitokondri

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The growth history may be characterized by a continual transition from immaturity to maturity, or may involve a number of periods punctuated by rapid change from one stage to another.

Depending upon the life history of an organism, hormones may play different roles, the molecular pathways associated with growth, development and many of the hormones system, such as growth hormone in human represent highly derived variants from a hormone lineage that is much older.

Growth hormone is released from somato tropes of the pituitary gland and is under stimulatory control by growth hormone releasing hormone (GHRH), and under inhibitory regulation by somato station. Growth hormone release anti blood stream, exerts its effects on a number of target organs including muscle, bone, adipose and liver, physiologically bone and muscle growth by a stimulation of amino acid transport, and increased protein synthesis.

The basic research laserpuncture using 635 nm semiconductor have an effect on histological changes in adolescent rats, but statistically are not significant. the ratio epiphysial plate/chondrocyt hypentropy on GV 20 is lower than control, whereas the ratio epiphysial plate/chondrocyt hypentropy in ST 36 and GV 20 + ST 36 are higher than control. Acupuncture stimulation increasing of height based on growth line bone and muscle investigated in 55 patients with short stature. All patients were diagnosed on the basis bone growth area by radiologist examination (distal radius), and the treatment model is acupuncture stimulation in some acupuncture points, LI 4, LI 11, ST 36, KI 3, LV 3 three times a week, complete course being constituted by 12 sessions and patients was treated with two/three course with one week interval. The following parameters in body height and body weight.

Conclusion
Acupuncture is ones of the techniques to stimulate the growth of the body is gaining to height optimal, safe, inexpensive and expect effective and efficient.

Keywords: Acupuncture;Stimulation;High Growth;body

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migreni olan kadın hastaların hacamat ve venöz kan ağrı metal düzeyleri

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Yaptığımız bu çalışmada kadın migren hastalarında eş zamanda alınan hacamat kanı ve venöz kanda ağır metal düzeyleri (Hg, Mn, Co, Ni, As, Cr, Pb, Ag) ile mikroRNA (let-7b, miR-21, miR-22, miR-27-b, miR-34a-5p, miR-126-5p, miR-155-5p ve miR-382-5p) seviyeleri araştırılmıştır

Keywords: migren; ağır metal; hacamat

*****
NABIZ MUAYENESİ

Dr. Doğuş Bahadır

ÖZET


Nabızın duyulma yeri, hastanın bilek üstünde radıyal arterine basılarak doktorun parmak pulpasi ile duyulduğu bölgedir.

Yin nabız incelerken parmaklar ileri ve derine doğru hafifce itilir ve bastırılır; parmaklar geriye çekilip yüzeyde tutulursa Yang nabız hissedilir. Böyle bir ölçümle nabızlar, derinliği, ritmi, kuvveti ve şekli incelenir. Genellikle nabızlar tempo, büyüklik, kuvvet, uzunluk, dolu veya boş, sıkı veya gevşek, kayıcı veya kaçıcı oluş borusu olmak üzere 8 kategoriye ayrıılır ve 28 nabız çeşidi tanımlanmıştır.

Nabız muayenesi, sağ ve sol radıyal arter bölgesinde yapılır ve bu radıyal arter bölgeleri Gun, Guan ve Çi olarak üç parçaya ayrılır.

Nabız yeri bulunurken önce Guan noktası bulunur ve sonra diğer noktalar bu noktaya göre bulunur. Hastanın nabız hissetmek için işaret parmak, orta parmak ve yüzük parmağı kullanmalıdır. Orta parmağın pulpası radius kemiginin stiloid çıkıntısının karşısındaki noktaya konduğunda işaret parmağının pulpası Cun, yüzük parmağının pulpası ise Çi noktasına otururlar.
Akupunkturun etki mekanizması

Prof. Dr. Cemal Çevik

YNSA Micro Acupuncture Technics

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Holistic NeuroTherapist
Trainer of the YNSA and Master’s Tung Acupuncture
Developer and Trainer of the Essential Oil Acupuncture with Tongue Diagnosis

Yamamoto New Scalp Acupuncture is a special micro acupuncture system. In the Scalp zone, specified reflex areas are treated. Discovered by Dr. Yamamoto in 1960 and published in 1973 by the Ryodoraku Acupuncture Research on their 25th annual meeting, YNSA uses special somatotopic projections for treatment. The somatotopies of YNSA can only be discovered under pathologic circumstances. The treatment is applied to somatotopies determined from the energetic condition of the patient and the depth of the pathologic condition. This allows a feedback by the knowledge reflected from the skin on a polarity, fascia, meridian and cellular basis, just like in other microsystem acupuncture systems such as Su-Jok and ECIWO. Just like classic acupuncture, YNSA includes personalized treatment procedures. The stimulation or the failure to do so of the correct points can be determined during the same session. Diagnosis is very important for the right treatment in YNSA. The YNSA micro acupuncture technique can be explained by microcalcification and holographic brain theories.

Keywords: YNSA; Neuroacupuncture; Microacupuncture

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Ion Pumping Cords: Theory and Clinical Use

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Abstract
A valuable component of Japanese style acupuncture is the use of Ion pumping cords. Ion pumping cords were developed by Dr. Yoshio Manaka (1911-1989), a graduate and surgeon from the Kyoto Imperial University Medical School. Dr. Manaka began his research in acupuncture and traditional herbal Kampo medicine shortly after his graduation from medical school in the early 1935's, when the notion of using “traditional” medicine was frowned upon by Japanese authorities. Dr. Manaka continued his studies and research throughout the years leading up to the Second World War, at which time traditional medicine’s reputation began to improve.

In 1941 Dr. Manaka published a paper on Oketsu (blood stasis). This paper was his first piece written on the eastern concepts, but would be crucial to the development of the Ion pumping cords. The principles and theories behind the Ion pumping cord were first demonstrated by Dr. Manaka during World War Two, while he was serving as an army physician. Without an adequate ration of medical supplies, a desperate Dr. Manaka turned to eastern medicine to accelerate the recovery and regeneration of burn patients.

The principle behind ion pumping is that a rebalancing of the ionic content of the damaged cells and tissues will improve natural cell recovery, as an imbalanced ionic content plays a role in slowing regeneration. In clinical cases ion pumping cords are regularly used to treat burn victims, or patients that experienced whiplash - though it should be noted that this is not an exhaustive list of treatment protocols in which ion pumping cords can be used. If we review the basic principle of Eastern Medicine, the Jing/Luo Theory or Channels/Collaterals Theory, we can see the integration of the ionic pumping cords in balancing the flow within these vessels.

In our presentation, we will cover history and origination of ion pumping cords, theory behind its use, how it is used in clinical settings and how we can incorporate into our treatment protocols. Dr. Manaka’s Yin Yang Balancing technique, X-Model and extraordinary and luo vessel patterns will be discussed.

Key words: Ion Pumping Cords, Japanese Style Acupuncture, Acupuncture
NÖROBİLİMLİSEL AÇIDAN AKUPUNTUR VE BEYİN

Prof. Dr. Şükrü Torun

The Effectiveness of Acupuncture in the Absence of Placebo.

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1
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Cognition is needed to experience placebo. This raises the question of how much placebo effect is experienced by a patient with dementia where there is lack of cognition. This is a case series of 3 patients with impaired cognition (dementia) who demonstrate reliably witnessed responses to acupuncture. Given the similarity of responses, these reports provide evidence of a ‘real’ effect of acupuncture.

Case 1:
77-year-old woman with senile dementia having a 42-month history of trochanteric bursitis treated with five steroid injections over 2 years resulting in temporary relief. Dry needling at GB30 and tender point needling over the right greater trochanter was made. 3 weeks later, the husband told she was pain free. After 3 months she had another session which made her totally pain free again.

Case 2:
An 86-year-old woman having Alzheimer for 10 years with a 6-month history of numbness and weakness in her right arm and hand. Points BL10, GB21 and PC6 were selected, needled for 10 min. A week later her daughter reported that she had not experienced symptoms in her hand, After 2 more sessions, she was apparently symptom free, also for her arm.

Case 3:
74-year-old woman with senile dementia having severe bilateral osteoarthritis in her knees. Both knees were needled at SP9, SP10, ST36 and GB34 for 20 min. After 3 weeks she had been able to walk independently, and after the second session, she was even better.

Discussion: The placebo effect results in a physiological response releasing various chemicals into the central nervous system. Neuroimaging used by Pariente et al showed opioid release in brain response to expectation of effect for acupuncture. However in a patient with dementia with limited expectation, the opioid release was solely due to the active acupuncture treatment.

Including patients with dementia in formal studies may be useful to show the ‘real’ effect of acupuncture.

Keywords: placebo versus acupuncture; acupuncture in dementia; acupuncture and impaired cognition

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Effects of acupuncture on weight loss among obese patients: Clinical trail

Salih Mollahaliloğlu*, Rabia Nur Karaman*, Dilek Öztaş*, M. Enes Gökler*, Namaitijiang Maimaiti*

Abstract

Objective: aim of this study is to examine the effectiveness of acupuncture for weight loss among obesity patient.

Methods: The study was carried out among twenty-three obese patients at Traditional and Complementary Medicine Practice and Research Center of Ankara Yıldırım Beyazıt University. The study period lasted for 10 weeks, each participant underwent a total of ten sessions of manual acupuncture treatment over 10 weeks. The acupoints are used mainly Sp 6, Liv.3, LI 11, St 24, and ear acupoints for stress, hunger, stomach, mouth and liver as well as some additional points according to patient’s condition. They were assessed pre and post acupuncture measurement, body weight and body mass index were measured before treatment and 10 weeks.

Results: The results showed significant difference between pre and post BMI and weight (P=0.00). The mean body weight of the participants before the treatment was 94.30±16.17 kg and after the 10 weeks was 87.60±16.43kg. before the minimum weight was 70.50kg after 10 weeks was 66.10 kg while before the maximum weight was 136.60kg after 10 weeks was 127kg. The mean BMI before the treatment was 37.4±6.9 and after 10 weeks was 34.7±6.8. Before the treatment, the maximum BMI was 61.50 and after 10 weeks was 57.20 while before the treatment the minimum BMI was 31.30 after 28.24 while. The lowest weight loss was 1.1kg while highest weight loss was 15kg.

Conclusion: Acupuncture was effective in enhancing weight loss among obese patients.

Keyword: Acupuncture, weight loss, obese patients, clinical trail

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AURİKÜLADA LİMBİK SİSTEM PROJEKSİYONU
LİMBİC SYSTEM PROJECTION IN THE AURICLE

Dr. Ayfer KUZULUGİL
Serbest Hekim Ankara
Private Physician

Özet:

Anahtar kelimeler: Limbik sistem, Auriküla, Bellek, Emosyonlar
Comparison of Acupuncture and Nonsteroidal Antiinflammatory Drugs effect on Pain Disability Index and Visual Analogue Scale in Chronic Pelvic Pain Patients

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Abstract

Introduction: Chronic pelvic pain (CPP) is continous, noncyclical, presents for more than six months. Nonsteroidal Antiinflammatory Drugs (NSAID) have been widely used for pain treatment. Complementary medicine is considered when pain treatment is insufficient. There are present studies investigating acupuncture's effect on CPP. In this study, we aimed to compare the effectiveness of acupuncture and the NSAIDs.

Material and Methods: Patients admitted to Ankara Atatürk Research Hospital Gynaecology outpatient clinic in one year period with complaints of groin pain and abdominal pain which sustained for more than six months were evaluated. After excluding patients with possible organic pathology, acupuncture was applied to 38 patients and 30 patients received NSAIDs according to their choice. Both groups were evaluated with Visual Analogue Scale (VAS) for defining the pain level and Pain Disability Index (PDI) for defining its effect on the quality of life.

Results: Pre-treatment mean PDI value of the acupuncture group was 47,1 and was 24,9 after-treatment. Pre-treatment mean VAS score of the acupuncture group was 6,8 and became 3,7 after-treatment. Pre-treatment PDI of the NSAID group was 25,7 and was 15,5 after-treatment. Mean VAS score of the NSAID group pre-treatment was 4,4 and 2,6 after-treatment.

Conclusion: Both of the groups had significant decrement in their scores. Surprisingly, the pre-treatment scores of the acupuncture group were higher than the NSAID group. This finding may indicate that the patients in the acupuncture group could have been NSAID resistant already. Hence, acupuncture could be a choice for decreasing pain and increasing quality of life in NSAID resistant patients.
<table>
<thead>
<tr>
<th></th>
<th>PDI Before Treatment</th>
<th>PDI After Treatment</th>
<th>P value</th>
<th>VAS Before Treatment</th>
<th>VAS After Treatment</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>47,15±11,84</td>
<td>24,95±14,16</td>
<td>&lt;0,001</td>
<td>6,89±1,57</td>
<td>3,78±1,91</td>
<td>&lt;0,001</td>
</tr>
<tr>
<td>NSAID</td>
<td>25,70±12,32</td>
<td>15,53±11,17</td>
<td>&lt;0,001</td>
<td>4,40±2,44</td>
<td>2,63±2,20</td>
<td>&lt;0,001</td>
</tr>
</tbody>
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**Keywords:** Chronic pelvic pain, acupuncture, nonsteroidal antiinflammatory drugs.
Scalp Acupuncture (YNSA): Therapy in Parkinson´s disease as multimodal approach

D. ZEISE-SÜSS

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By demonstrating (out of research of the author), that prolactin with acupuncture of a single point - the ZS-point on the Yang side - was lowered measurable by laboratory tests, the evidence for dopamine-agonistic action at this point is confirmed.

Being capable of decreasing raised prolactin just as efficiently as medication with bromocriptine, a dopamine agonist, it stood to reason that the same acupuncture would yield a therapeutic effect when treating patients suffering from Parkinson.

This acupuncture can improve the numerous symptoms of Patients suffering of Parkinson. In Parkinson patients, acupuncture of the ZS-point on the cranial Yin-side brought forth symptoms, which equaled those of Dopamine overdose.

In the next practice study it has been investigated, how acupuncture (TCM and scalp) combined with structured movement can get a better effect.

In this speak I show the additional effect of a multimodal approach as acupuncture (scalp), sports, diet and phytotherapy.

Keywords: Parkinson´s Disease; Scalp Acupuncture; New Somatotope; Dopamine; Multimodal

*****
AKUPUNKTUR UYGULAMASINDA DERİN VEYA YÜZEYEL İĞLEMENİN TEDAVİ ÜZERİNDEKİ ETKİLERİ

Ayşe Banu Çayıcı Sivri

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Keywords: akupunktur;derin iğneleme;yüzeyel iğneleme

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KNOWLEDGE, ACUPUNCTURE-NEUROSCIENCE, WILL: THE PILLARS OF MEDICAL SCIENCE

L. Gan Hoo

Medical Center Umberto I”, Divisione Agopuntura, Milazzo Messina, Italy

KEYWORDS: Scientific Studies about Acupuncture;

OBJECTIVES: sharing the results of my research in the field of neuroscience, of the most recent discoveries of physio-anatomy and of the ancient Art of Acupuncture, which demonstrate a close and precise interconnection between cerebellum, brain and physical body.

METHODS: My researches and my studies have led me to understand the close and precise relationship that exists between the cerebellum, the brain and the physical body. I consider the cerebellum as the seat and the source of all the qualities and virtues inherent in human beings. This organ, if correctly stimulated, can send to the brain the information necessary to provide a "map", a "photograph" of the state of health of all the organs of the human body; the correct reading of this image can lead to the exact diagnosis and, consequently, to the remedies to be applied.

RESULTS: clinical cases:
· Amputation of a third of the left foot
· Paralysis of a child following surgery

DISCUSSION / CONCLUSIONS: the ancient Art of Acupuncture can be understood through neuroscience, which allows us to fully explore the brain, and through the most recent discoveries of physio-anatomy. My intention is to focus attention on what I consider the pillars of Medical Science: Knowledge, Acupuncture-Neuroscience, Will.

Through Knowledge and Neuroscience we can bring to light the true essence of Acupuncture as understood and practiced at its origin, then, through a correct use of the Will, we can start the healing process.

The disharmony of the human being is the consequence of a wrong energetic direction, therefore to restore the state of well-being three things are necessary: the knowledge of the real constitution of the human being in its physical, mental and spiritual dimension, to have a clear vision of acupuncture and the will to be healed.

Keywords: Scientific Studies about Acupuncture; Neuroscience; Agopuntura

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Reevaluation of Chinese Classical Meridian Therapy for a variety of diseases from orthopedic to refractory diseases. HolloSalus

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Abstract:
In contrast to modern Japanese Popular acupuncture world with multiple needlings in tendered sites, Professor Eiji Satake taught me how to treat the diseases to control the disharmony of qui stream by delicate handling minimal number of needles under prudent pulse condition diagnosis and principally indepeding upon or putting aside the affected line, but depending upon judgment of excess or deficient pattern of the meridian obtained through Chinese classical theories, including meridian direction relation, in exterior interior combination, yin- yan theory of the 5 elements, exterior–interior conjugation theory, Eight extra meridian as well as Three yin three yang theory, to retain a few needles for 10 mins. on the connecting point to drain or on the source point to supply respectively. This acupuncture method is principally depending upon Chinese classic Huandineijin written BC2300 that promoted human innate capability to recover and actually treated not only orthopedic lumbr diseases but also RA, atopic dermatitiss, asthma, diabetes, gastritis, colonic polyps, ulcerative colitis, period pain, infertility, et cancer. In combination with modern medical knowledge I treated varying 170,000 patients through the past 17 years. I designated this method as Hollosalus.

Conclusion: Refined pulse condition diagnosis and delicate manipulation of minimal number of needles depending upon Chinese classical Huandineijin gave duly effects on innate ability enough to treat varying diseases from orthopedic disease but as far as many refractory diseases as well as cancer. This Hollosalus methods revaluated retrospectively was found more effective to a wide range of diseases than we expected and should be more recommended widely to all accupunturists in the world. / 265d words
Introducing “Fateh Massage”; an Iranian Traditional Medicine Deep Tissue Release Method

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Massage is one of the most effective ways to reduce musculoskeletal-derived disability and pain to improve health and quality of life. Iranian traditional medicine is one of the ancient systems of traditional medicine with a deep and rich treasure of philosophy, science, knowledge, trials, clinical observations, and experiments.

Nowadays, authorized medical establishments like World Health Organization (WHO) emphasize the research and reuse of traditional medicine of each nation, which are valuable assets. As WHO Traditional Medicine Strategy (2014-2023) declares, many traditional medicine skills and knowledge have been transferred generation to generation orally which should be well preserved.

In this regard, Fateh massage -named after its founder, Mohammad Fateh- is to be mentioned. Fateh family are famous for passing this skill in a father to son manner for centuries, and now this method is being taught and investigated in the university. It is a kind of deep tissue massage that affects musculoskeletal, peripheral and then central nervous systems, and blood circulation by stimulating specific parts of upper and lower extremities. It is a combination of skill, technique, and patient cooperation to calm the body and reduce pressure on vertebral column and joints along with increasing body strength. The aim of this study is to present and analyze this special effective kind of massage.

Keywords: Iran; complementary and alternative medicine; massage; Fateh; musculoskeletal

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The effect and value of acupuncture on improving immune function in adjuvant therapy of lung cancer

Fan Lihong

In recent years, the incidence and mortality of lung cancer have been increasing, many patients are diagnosed with advanced stage and cannot obtain the desired curative effect. Traditional Chinese medicine therapy has good application effect in improving the quality of life, reducing the toxic and side effects after chemotherapy, improving the immune function and prolonging the survival period. Traditional Chinese medicine believes that the occurrence, development and outcome of lung cancer are closely related to emotions, thus Liver-soothing, Qi-regulating and Emotion-regulating should run through the whole process of lung cancer treatment. Acupuncture, a common form of traditional Chinese medicine, have confirmed the therapeutic effect of on lung cancer patients by clinical studies. This study aims to research the effects of multidisciplinary comprehensive treatment mode, especially the effect and value of acupuncture on improving immune function in adjuvant therapy of lung cancer. We will focus on the benign, bidirectional, and holistic treatment characteristics of acupuncture in the treatment of lung cancer. Through clinical cases, this paper discusses the physiological functions of acupuncture in regulating the physiological function of meridians and viscera channels of lung cancer patients, improving the immune function, inhibiting the growth of tumor, so as to improve the quality of life of patients with lung cancer and prolong their survival.
The Mechanism of Electroacupuncture Inhibiting Feeding to Improve Obesity with Insulin Resistance via Regulating SIRT1/FoxO1 Signaling Pathway in Hypothalamus

Liang Fengxia

Obesity is the main reason to induce insulin resistance (IR), which is the core pathological mechanism in the procedure of obesity induced type 2 Diabetes Mellitus (T2DM) and related disorders. It is necessary to intervene obesity in early stage, which can not only improve IR, but also prevent it from suffering T2DM. Hypothalamic is the central of regulating food intake, the POMC and NPY neuros in arcuate nucleus (ARC) involve in the energy homeostasis by secrete peptides and hormones. As a deacetylase, SIRT1 plays a vital part in energy homeostasis by regulating the acetylation level of FoxO1 which is the substrate of SIRT1. In our study, we use the high-fat diet induced IR and obesity rat (HIOR) as model, and investigated the effect of electroacupuncture (EA) on SIRT1 and FoxO1 of hypothalamic, observed the orexis-related peptide which is regulated by FoxO1 in different acetylation levels in HIOR. Trying to illustrate the possible central mechanism of EA on improving the IR and obesity via regulating SIRT1/FoxO1 signaling pathway, and provide experimental evidence for application on obesity and IR-related disorders by acupuncture clinically.
Health Care Point and Preventive Treatment of Disease

Wang Hua. Hubei University of Traditional Chinese Medicine, China.

Chronic diseases seriously affect human health in today’s world. How can acupuncture and moxibustion play its role in the prevention and treatment of chronic diseases? Under the guidance of the thought of preventing diseases by acupuncture and moxibustion, starting with the health-care points, this paper expounds the cognitive basis of the health-care points, puts forward the compatibility method of acupoint selection, and reports the research results of scientific experiments and clinical application. At the same time, the theoretical framework of preventive treatment, the characteristics and advantages of acupuncture and moxibustion for preventive treatment were sorted out.

This paper focuses on the relationship between health-care points and primordial qi and primitive acupoints, and expounds the function of health-care key points in solidifying and protecting congenital basis (kidney) and postnatal basis (spleen and stomach), which integrates the Biao-Ben Acupoints Combination and acupoints with searching for the primary cause of disease in treatment.

Research shows that, the key health care points ST36/Zusanli and CV4/Guanyuan have the function of improving human immunity and fatigue state. Biao-Ben Acupoints Combination have good therapeutic effect on preventing and treating major diseases such as myocardial ischemia and pre-diabetes mellitus. And for long-lasting vertigo, chronic enteritis, chronic cough, hemifacial spasm, facial muscle atrophy and infertility were also reported as cases, etc.
Moxibustion and Acupuncture Influence the Gastric Mucosa related cytokines of Chronic Atrophic Gastritis and the Changes of Metabonomics in Gastric Tissue

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ABSTRACT
Objective: This study aim to observe the protective effect of moxibustion and acupuncture treatments for chronic atrophic gastritis (CAG) rats, and the influence of gastric tissue metabolism of CAG rats by 1H NMR after treatments and to discuss the response mechanism of moxibustion and acupuncture in metabolite level.

Methods: Male SD rats were modeled CAG for 12 weeks by N-methyl-N'-nitro-N-nitrosoguanidine (MNNG), the general behavioral changes were observed and record, the histopathological changes of gastric tissue were observed by HE staining. The changes of CAG related cytokines (EGF, EGFR, ERK and p-ERK) were measured by IHC and WB. The changes of differential metabolites of gastric tissue were identified by 1H NMR.

Results: After modeling, compare with control, the CAG rats showed unhealthy mental state and weight loss, the pathological changes were observed in gastric tissue. EGF, EGFR, ERK and p-ERK increased remarkably. After treatments, the mental state of rats became better, the pathological changes of gastric tissue improved. The CAG related cytokines tended to normal. In metabonomics, differential metabolites were screened between control and model groups, a part of them in treatment groups appeared improved compare with model group.

Conclusions: Moxibustion and acupuncture can treat CAG by regulate CAG related cytokines to repair gastric mucosa, and in metabonomics, moxibustion and acupuncture can regulate part of the metabolites in key metabolic pathways to repair gastric mucosa, but the further studies are necessary to deeply explore the pathogenesis of CAG and the influence after acupuncture and moxibustion treatments, and make clear the difference between acupuncture and moxibustion.

KEY WORDS
Chronic atrophic gastritis; Moxibustion; Acupuncture; Metabonomics

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The Operation and Clinical Application of Needle-handle Twisting

Li Tie

Abstract: By reviewing the ancient and modern literature recording acupuncture of Fei method, comparing with techniques and analysing clinical application makes a conclusion that the main element of acupunctur Fei method is rotation. There are 4 kinds of operations: (1) The horizontal rotation motion is given priority, and after several times of rubbing the needle, releasing of the two fingers suddenly brings stimulation to increase the sensation of Qi; (2) Adding vertical force on the basis of the horizontal rotary, which turns with small angle, operates with light force and handles down with priority is known as tonifying, and which turns with big angle, operates with heavy force and handles up with priority is called elimination of evil; (3) Give the needling deep after entering; (4) Rapid rotary needle insertion is termed as “needle fly”.
Study on Clinical Experiences of Fire Needles Method Combined with Siwu Decoction in Treating Chronic Skin Diseases

Ma Jun (College of Acupuncture and Orthopedics, Hubei University of Traditional Chinese Medicine)

Summary: This article analyzes and summarizes clinical experiences of using fire needles combined with Siwu Decoction to treat chronic skin diseases in recent years, in order to improve the understanding of this type of disease and provide insights for future treatment. Chronic skin diseases with a long disease duration and recurrent feature, such as urticaria, eczema, neurodermatitis, psoriasis, etc. often are accompanied by skin itching, local redness, thickening of skin after skin lesions and other symptoms. Clinically, Western medicine typically adopts oral medication for symptomatic treatment while Acupuncture in TCM has gradually been recognized as a safe and more effective treatment alternative medical practice. According to years of clinical practice, it is proved to be a safe and effective practice to treat chronic skin diseases with fire needles together with Siwu Decoction.

Introduction:

Chronic skin diseases with a long disease duration, such as chronic urticaria, chronic eczema, neurodermatitis, psoriasis, etc., is considered to be a lingering disease. They are generally hard to be cured due to its recurrent features.

Clinical manifestations include skin hypertrophy after skin lesions and serious itching, seriously affecting people’s quality of life. Reducing skin hypertrophy and relieving unbearable itching are often urgent needs of patients. The above skin diseases may be associated with Th1 type cytokines mediated cellular immunity, cytotoxic T cell (CTL) growth and activation, macrophage activation, delayed hypersensitivity allergic reactions, family genetic history, neurological dysfunction, lack of exercise, dietary and emotional and other related factors[1]. Clinically, antihistamines and glucocorticoids are the main treatments, such as loratadine, ebastine, prednisone, etc. However, long-term use of these medications will result in drug resistance, gastrointestinal irritation, severe liver damage and adrenal cortical dysfunction, decreased immune function and other side-effect reactions[2].

Chronic skin disease patients tend to have problems of blood deficiency, therefore, Siwu Decoction is a widespread prescription in TCM for treatment of blood- insufficiency and this method can enrich blood (BuXue) and regulate blood (Tiao Xue), so that toxins in the blood can be purged. As one of the treatments for acupuncture and moxibustion, fire needles have the functions of strengthening the body resistance to eliminate pathogens in body, relieving itching, smoothing passages through which vital energy in body circulates, replenishing Qi and blood, and balancing yin and yang.[3] The clinical features of chronic skin diseases are summarized and analyzed in the following part.

1. Chinese Medicine Theory on Chronic Skin Diseases

In traditional Chinese medicine (TCM), although the etiology and pathogenesis of skin diseases is complicated, it can come down to internal or external factors. The external causes are mainly wind, dampness, heat, insects and toxins. The internal causes are mainly seven emotional factors (like emotional distress and anxieties), improper diet, and liver-kidney.
deficiency. The pathogenesis is mainly due to Qi and blood disharmony, visceral dysfunction, toxic accumulation, resulting in disharmony in body. Patients of chronic skin diseases such as chronic urticaria, chronic eczema, neurodermatitis, psoriasis, etc., due to long-term skin itching, have difficulties in sleeping, appetite loss, etc. All these will damage balance of body, result in blood deficiency and cause itchy, dry, rough skins, desquamation, peeling, hypertrophy, hyperplasia of skins. Ailments due to cold or wind (FengXie) are long-lasting diseases, and they are the leading causes of the diseases caused by external factors according to TCM theory. Therefore, chronic skin diseases are caused by the above mentioned two reasons and triggered by FengXie.

2. Modern medicine’s understanding of Chronic Skin Diseases

Chronic urticaria, chronic eczema, neurodermatitis, psoriasis and other chronic skin diseases are a kind of cellular benign hyperplasia caused by internal and external factors. The currently recognized pathogenesis of chronic urticaria is mainly the activation and degranulation of mast cells, the release of histamine, serotonin (5-HT), synthetic cytokines and inflammatory mediators. All these pathogenesis can cause dilated blood vessels and increased vascular permeability, eventually causing dermal edema. The causes of chronic eczema are caused by a variety of external and internal factors. The external factors are related to physical and chemical factors. Physical factors include the living environment, sunlight, ultraviolet, coldness, dampness, heat and other climatic conditions. Drying, scratching, friction are the stimulating factors and chemical factors mainly include contact with rayon, silk, leather and other materials, applying cosmetics, using spices and dyes, detergents, soaps and other chemical regulators; Internal factors are genetic, immune reasons related to blood circulation disorders, microbial infection, endocrine and allergens. The pathogenesis of neurodermatitis is mainly related to the local immune inflammatory response and corresponding inflammatory cells and cytokines. The exact mechanism remains to be further studied. Studies have shown that psoriasis has multiple genetic reasons, and its pathogenesis is related to many factors such as apoptosis, proliferation, immunity, inflammation of cells, and nervous media related to cells. At present, the first-line treatment for chronic skin diseases is mainly second-generation antihistamines. Glucocorticoid and immunosuppression are often used together with antihistamines. However, it is difficult to control symptoms by a single drug and therefore it is necessary to continuously increase the dosage and easy to produce drug resistance and other side-effects.

3. Fire Needle Therapy

Fire needle therapy refers to the treatment method of treating diseases by burning the needle with a fire flame, holding the needle handle with thumb and forefinger, and quickly piercing the needle tip into the local skin muscle or acupoint. In the process of clinical treatment of chronic skin diseases, doctors will select the acupoint where the itching is heavier and the rash is obvious, with dry and thickened skin. In most cases to treat skin diseases, 0.32×40mn Universal brand needle would be burned red and then quickly pierced into skin, and then the needle is quickly withdrawn. According to different condition, 2-4 parts are selected to apply fire needle piercing. Each part is punctured by 5-10 points per unit area according to the size of the lesion. Fire needle therapy has a long history in China,
and it was first recorded in "Lingshu·Official Guidebook for Acupuncture". In this book, it is emphasized that if the needle point is not red, you can’t apply it to treat disease. In another book entitled "Acupuncture and Fire Needle", it states: "The needle should not be too deep to cause injuries to the meridians, nor should it be too shallow to treat disease." That is to say, emphasis should pay attention to the depth of acupuncture and thickness of muscles in applied area as well as depth of blood vessels to determine the depth of acupuncture according to the individual differences of the patient, such as physical fitness and age, etc. The fire needle acts on the muscle surface through acupuncture, which makes the skin texture open and ailments due to cold or wind (FengXIE) can be cured and eventually itching stops. The fire needle combines warmth of needles and warmth of the fire, and special effect of warming can be enhanced. This can not only break down clots in the meridians, but also enhance Qi and blood flowing, treating all kinds of ailments caused by coldness according to TCM theory. In addition, fire helps to enhance the yang to treat various diseases of Qi deficiency and yang deficiency. A scholar named He puren believes that fire acupuncture therapy can promote the flow of blood and nutrients on the surface of the body and can strengthen the nutrition so as to ease itching. Modern medicine believes that thermal effect of fire needles can improve micro-circulation in lesion area and accelerate the absorption of inflammation and metabolic substances. Studies have shown that through the observation of local infrared thermal image of acupuncture, temperature of the lesion after treatment with fire needle is significantly improved, suggesting local blood circulation and metabolic improvement. In addition, the fire needle can also achieve the work of relieving itching by reducing the production of itching substances according to Yu Wen et al. Her study found that fire needles can also reduce abnormally elevated serum IgE levels in asthma patients and reduce both allergen damage to the human body and release of allergic substances.

4. Chinese medicine Siwu Decoction

Siwu Decoction is the basic prescription to treat blood stasis syndrome. Chronic skin diseases often have a long course of disease, which consumes more Qi and Yin, damages the spleen and stomach and cause blood stasis syndrome according to TCM theory. In clinical practice process, considering characteristics of chronic skin diseases, the classic prescription Siwu Decoction is adopted together with fire needle therapy. The main components of Siwu Decoction are as follows: Angelica (DangGui) 20g, Chuanxiong 10g, white peony 15g, rehmannia 20g. Rehmannia (Fangzhong) is the primary drug to treat disease with sweet and greasy taste which can nourish the blood; Angelica is a secondary drug whose function is to provide nutrition to liver; Chuanxiong is also a supporting drug to ease the toxic effects of main and secondary drugs, promoting blood circulation, relieving pain. This medicine is suitable to be used together with rehmannia, white peony, and angelica to enhance the effects of Siwu Decoction. If the Qi stagnation is heavier, doctors should add another medicine Bupleurum but if itching is particularly strong, doctors should add other drugs including Fangfeng and silkworm; if dampness causes spleen problems, doctors should add other two elements; if liver and kidney deficiency is serious, doctors should add another herb named Chuan niuxi. The individual differences should be taken into diagnosis process and treated with discretion to decide specific element in Siwu Decoction according to TCM.
5. Case studies

5.1 Chronic Skin Disease of Urticaria

Patient’s Family name is Wu, female, 54 years old, she first visits hospital on May 11, 2018. She develops skin itching with 20 years history. The whole body is scattered with patchy red papules. The condition gradually worsens in recent months. During previous time, oral prednisone acetate is given, and in the first stage, oral administration of 5 mg itching can alleviate itching, later doctors need to increase the dosage to 30 mg, but symptoms can be slightly relieved with recurrent symptoms. Symptoms at the time of our treatment: Legs, chest and abdomen areas with severe itching, scattered with patchy red papules, maximum size about 8 cm * 10 cm size, high local skin temperature. The patient has fine pulse but often can not sleep at night due to serious itching, suffer from anorexia, pale face, body weight loss. Western medicine diagnosis is chronic urticaria while TCM diagnosis is rash. Underlying causes type is Qi and blood blood deficiency.

The treatment plan is as follows: the local point of the fire needle is used to puncture the affected area, and fire needle is used to puncture the Zusanli, Sanyinjiao, Xuehai, Quchi, Hegu, Qihai, Guanyuan and other points. Operational procedure and method: After the needle is burned red, it will be quickly applied to skin areas, and then the needle will be quickly withdrawn. The 3-4 areas with larger papules will be selected, and 8-10 points will be punctured. After the patient returns home, the needle point is forbidden to be exposed to cold water. The remaining body needle is normal sized acupuncture needles, and the needle was kept for 30 minutes. After every 10 minutes, needles are twisted in different directions to reinforce the effects and the treatment is performed once every 3 days, 6 times for 1 course. After the first treatment, the patient’s itching relieved, and at night, she can fall into sleep intermittently. Meanwhile we advise her to gradually reduce the dosage of prednisone acetate. After one course of treatment, the itching is relieved obviously. The area of the papules becomes smaller than before, the frequency of attack reduced. Finally she stops taking prednisone acetate.

The patient after treatment reports that her appetite is better than before, and the sleeping is better. We can see the changes in the patient’s face, the tongue color. In order to consolidate the curative effect, the patient is required to continue treatment. After the four consultations, considering patient’s improved qi and blood status, the traditional Chinese medicine Siwu Decoction is used to nourish blood and promote blood circulation. After the second treatment, the patient basically no longer develops any rashes and itching is completely cured with normal tongue color and appetite.

5.2 Chronic Skin Disease of Eczema

Patient’s Family name is Zou, female, 33 years old, first diagnosed on May 24, 2019. One year ago, after traveling to Thailand, rashes are identified all over the whole body with occasional itching. The above symptoms are aggravated after six months, and there is no obvious relieving effect even after applying of topical glucocorticoids.
Symptoms at the time of our treatment: double lower limbs are scattered with rashes, local skin temperature high, itching at night unbearable, the patient cannot fall asleep normally. The patient has dark red tongue, weak pulse and normal appetite according to TCM theory. TCM diagnosis is chronic Eczema due to Qi stagnation and blood stasis. Treatment method is that we should apply body acupuncture in the areas of middle sputum, Tianshu, Qihai, Guanyuan, Fengshi, Xuehai, Zusanli, Sanyinjiao, Taichong, apply therapy twice a week, 10 times for a course of treatment, with Siwu Decoction. After the first treatment, the itching is relieved obviously. After 1 week (2 times), the rash reveals again with bright red color and high skin temperature and recurrent itching seriously affects the patient’s sleeping quality. Considering these new symptoms, we adjust the traditional Chinese medicine prescription and deal with the rashes with bloodletting puncture and cupping (1 time a week) treatment. After this adjustment, the patient reports that the sleeping quality is restored and itching is relieved. After the above treatment for 1 month, the patient's lower limbs red rash color become noticeably lighter, the skin temperature becomes normal and itching is completely cured with normal tongue color and appetite.

5.3 Chronic Skin Disease of Neurodermatitis
Patient’s Family name is Han, male, 52 years old, first diagnosed on May 21, 2019 and the patient has been living abroad in Germany for a long time. Five years ago, the skin of the right lower extremity is itchy after mosquito bites. The range of itching is large with 7cm×4cm. Itching becomes aggravated later and the patient receives intermittent treatment in the local foreign clinics using anti-allergic and anti-itching methods and other Western medicine symptomatic support treatment. After treatment, itching is slightly relieved but cannot be cured.

Symptoms at the time of our treatment: the skin is obviously thickened, accompanied by brown pigmentation, local itching of the skin lesions, appetite is normal, dark red abnormal tongue color and abnormal pulse. TCM diagnosis is neurodermatitis due to damp and heat stasis syndrome while Western medicine diagnosis is neurodermatitis. The principle of treatment is that we need to clear away heat and dampness in the body, promote blood circulation and remove blood stasis. Treatment method is that we select 4-5 parts with thick skin lesions, quickly pierce the needle after burning the red needle, reach the base of the lesion, and then quickly take out the needle. If there is bleeding, wipe it gently with a dry cotton ball. Then we press hard at lesion area and each part is punctured 6-7 points. 24 hours after treatment, the affected area is protected from water to prevent infection, and Siwu Decoction Chinese medicine is taken orally. After 2 treatments, the lesion area is reduced and the pigmentation becomes lighter. After the 4th treatment, the itching of the right lower extremity lesion is significantly relieved, the lesion range is reduced by about 20%, and the pigmentation changes from tan to light brown.

5.4 Chronic Skin Disease of Psoriasis
Patient’s Family name is Liu, male, 35 years old, first diagnosed on June 25, 2019. The patient as pharmaceutical researcher has been exposed to chemicals for a long time. He has a red rash around his lips one year ago which then spreads to the forehead, the top of the
head, the head. On the inner side of the upper limbs, the itching is serious, and during nighttime it becomes worse. The base of the skin lesion is light red color and covered with silver scales. He is diagnosed as psoriasis before our treatment in the dermatology department of Wuhan First Hospital, and his previous doctors apply hormones for external use and hospital Chinese medicine as a supplementary method. After his doctor’s treatment, itching is slightly relieved.

After stopping the drug three months ago, the lower limbs and the back area during our treatment are scattered again with rashes with severe itching. His appetite is normal with dark red abnormal tongue color and abnormal pulse. TCM diagnosis is psoriasis due to blood stasis and blood poison syndrome according to TCM theory. Our principle of treatment is that we need to clear excessive heat in his body and cool blood to detoxify spleen in his body and restore Qi. Our Treatment is that we select the area with heavier itching and thick skin lesions, use acupuncture at 5-6 points, combined with Chinese medicine Siwu Decoction. Acupoints include Zhongmu, Tianshu, Shenque, Guanyuan, Qihai, Quchi, Xuehai, Fengshi, Zusanli points. After 3 treatments, the area of the forehead lesion is reduced with relieved itching and the patient continues to receive treatment. After the complete procedures, itching is completely cured with normal tongue color and appetite.

6. Discussion
Chronic skin disease is located in the skin, the pathogenesis which is called FengXIE in TCM can compromise the immune system of people, therefore they are main cause of skin diseases. This should be the main factor to consider when treatment are applied. Chronic skin disease can persist for a long time and is prone to be recurrent. Western medicine alone can only control symptoms, but can not reduce the recurrence rate and has all kinds of side effects. On the contrary, as a traditional acupuncture method, Fire needle’s safety and effectiveness have been confirmed. It has advantages of simple operation, less treatment time, long interval between treatments and quick effect, which can better meet the patient’s requirements for easing itching. Modern medicine shows that fire needle can reduce the release of itching substances, improve local microcirculation, accelerate the absorption of inflammatory substances, thereby alleviating itching. Therefore, the recurrence rate can be reduced by addressing root causes. The fire needle treatment plan is combined with Siwu Decoction Chinese medicine. Through our many years of clinical practice, Fire needle as an traditional acupuncture treatment method with Siwu Decoction Chinese medicine, its treatment results of chronic skin diseases are affirmative, but due to limited publicity and different understanding about traditional Chinese medicine and western medicine, the public’s acceptance and recognition is limited, inheritance and development of fire needles therapy still rely on more efforts in the future.

References:
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APPLICATION OF YIN-YANG ACUPUNCTURE AND MOXIBUSTION

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BACKGROUND:
To introduce the application of Yin-Yang acupuncture therapy in mild cognitive impairment, sleep disorder, weight loss and other diseases. To verify the theory of Yang-Qi and Yin-Shaping in TCM, Yin-Yang Acupuncture and Moxibustion was used to reduce weight.

OBJECTIVE:
As a complementary and alternative therapy, acupuncture is an effective treatment for obesity. At present, electroacupuncture and embedding therapy are used more frequently while moxibustion is often ignored. In this study, we used yin-yang acupuncture and moxibustion therapy in losing weight to verify the theory of yang gasification and yin formation in traditional Chinese medicine.

METHOD:
32 volunteers coming from the outpatient and inpatient departments were recruited and randomly divided into two groups. One is ordinary acupuncture group (OA, n = 16) and the other is Yin-Yang group (YY, n = 16). Ordinary Acupuncture group used Shu-Mu matching acupoints, Yin Yang meridian body acupoints, which were almost on spleen and stomach meridian or large intestine meridian. In addition, local acupoints and dialectical acupoints were also selected. Compared with the common acupuncture group, the Yin-Yang acupuncture group also added the yin-yang moxibustion treatment. Both groups received treatment one time a week. And it lasted for 2 weeks. The curative effect and infrared thermal image were observed.

MAIN RESULTS:
The overall weight were decreased, but there was no difference between the two groups. The improvement of symptoms, sweating, shortness of breath, fatigue, cold hands and feet, phlegm, sleep, stool, irregular menstruation and so on were improved to varying degrees compared with the simple acupuncture group. For those who stayed up late and exercised less, there showed poor diet control. Infrared thermography before treatment showed that the heat source was scattered, abdominal heat source was uneven, umbilical temperature was low, spinal heat was discontinuous, and physique tended to phlegm and dampness. After treatment, the abdominal heat source was uniform, the metabolic heat of muscle fat and other tissues was obvious, the spinal heat source and umbilical temperature were obvious and continuous, the constitution tended to be calm, and the outline of the body became better.

CONCLUSIONS:
Yin Yang acupuncture and moxibustion has a better effect on weight reduction, especially in improving symptoms. However, further study will still need because of small sample size and short treatment time.

**HIGHLIGHTS:**
1. Paving moxibustion
2. Infrared thermal image detection
Acupuncture Treating Primary Dysmenorrhea

Wen Biling

Dysmenorrhea is a common and frequently-occurring disease in gynecology. The causes and pathogenesis are complicated, and easy to recurrent which makes it difficult to treat. The symptoms are characterized by periodic abdominal pain in women during or after menstruation, pain spread to the back of the ankle, and even to the thighs and feet. Modern medicine divides dysmenorrhea into primary and secondary. Primary refers to the absence of obvious abnormalities in the reproductive organs; secondary multiple organic lesions secondary to the reproductive organs. Western medicine believes that its etiology may be related to cervical stenosis, uterine dysplasia, abnormal uterine position, mental factors, genetic factors, endocrine factors, abnormal uterine contractions. However, Chinese medicine believes that primary dysmenorrhea can be caused by cold, heat, wet, emotional factors, dietary factors, physical factors and menstrual special physiology. According to the time, symptom, location and degree of pain, TCM divides primary dysmenorrhea into qi stagnation and blood stasis, Cold dampness grinds, Qi and blood deficiency, Liver and kidney deficiency. The main treatment is to regulate the palace and the red blood. When treating follow the principle of "symptomatic treatment in acute condition, radical treatment in chronic case ". Targeting blood circulation and pain relief during menstruation, while other times seek for dialectical. According to the clinical practice guidelines for primary dysmenorrhea, the acupuncture period consists of acupuncture and Shiqizhui, Diji, Sanyinjiao and Ciliao. During the interictal period, Sanyinjiao, Zigong, Zusanli and Guanyuan were the main points, and the evidence was matched with Taichong and Diji; the deficiency syndrome was matched with Xuehai and Geshu. Moxibustion treatment uses ginger moxibustion, taking Shenque, Guanyuan, and Zigong. according to the severity of dysmenorrhea determines the number of moxibustion, mild 4 strong, moderate 6 strong, severe 8 strong. The ear acupuncture takes the Shenmen, Zigong, endocrine, subcortical, sympathetic, kidney, and liver. The unilateral ear acupuncture is used for puncture and bloodletting, and the two ears alternate.
Sphenopalatine Ganglion Acupuncture Improves Nasal Ventilation and Modulates Autonomic Nervous Activity in Healthy Volunteers: A Randomized Controlled Study

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Abstract:
Objective
The study aimed to assess the effects of Sphenopalatine ganglion (SPG) acupuncture on nasal ventilation function and autonomic nervous system in health volunteers.

Study Design/Materials and Methods:
39 healthy subjects were randomly assigned to either active SPG acupuncture group (AA group) or sham-SPG acupuncture group (SA group). All subjects were assessed for self-reported nasal ventilation, nasal patency (nasal airway resistance (NAR) and nasal cavity volume (NCV), exhaled nasal nitric oxide (nNO), and neuropeptides (substance P(SP), vasoactive intestinal peptide (VIP) and neuropeptideY (NPY)) in nasal secretions at baseline, 30 minutes, 2 hours, and 24 hours after acupuncture.

Results:
Significantly more subjects in AA group reported improvements in nasal ventilation at all time points after acupuncture, compared to SA group. NAR and NCV were also significantly lower in AA group than SA group. The level of nNO in AA group was significantly decreased after 24 hours compared to SA group. The level of NPY was significantly increased in AA group at 30 minutes and 2 hours compared to baseline and SA group. The levels of SP and VIP were not significantly different in the two groups.

Conclusions:
We concluded that SPG acupuncture could help to improve nasal ventilation by increasing sympathetic nerve excitability in healthy volunteers.

Key words: Acupuncture; Sphenopalatine ganglion; Nasal ventilation; sympathetic nerve
Acupuncture Treatment of POI and international registry study ovarian indifficiency (POI) is the hotspot and difficulty for reproductive medicine. there is no effective treatment in modern medicine to improve patient’s reproductive function. However acupuncture and moxibustion has obtained certain clinical effect of POI. In order to make a clear definition of the clinical efficacy and safety of acupuncture treatment for POI, we adopt case registration study, carry out international cooperation in research of acupuncture and moxibustion treatment of POI. Mainly to report the diagnostic criteria of POI, modern clinical management, research progress and clinical experience of acupuncture and moxibustion prevention and treatment, and research progress of international case registration of acupuncture and moxibustion treatment of POI.

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The Analgesic Effects of Laser Moxibustion on Knee Osteoarthritis in Rats

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Abstract
Objective:
Chronic pain affects the quality of life of patients with osteoarthritis, low-intensity laser irradiation of corresponding acupoints was demonstrated to alleviate pain. However, the underlying mechanisms of its effects on chronic joint pain are still not completely understood. The aim of the present study was to investigate the effects of 10.6 µm laser moxibustion on a monosodium iodoacetate- (MIA-) induced knee osteoarthritis model.

Methods:
Thirty-two rats were randomly assigned to four groups: Saline, MIA, MIA + Laser and MIA + Sham Laser. The 10.6 µm laser was used to irradiate the ST35 for 10 minutes once a day for a total of seven applications. The paw withdrawal mechanical threshold (PWMT) and weight-bearing distribution were performed to evaluate the analgesic effects of laser moxibustion. At the end of the experiment on days 28, the joint histology, the levels of metalloproteinases-13 (MMP-13) in the cartilage, and TNF-α, IL-1β and IL-6 in the synovial membrane were measured to determine the chondroprotection and anti-inflammatory effect of laser moxibustion.

Results:
Compared with MIA and MIA + Sham Laser group, laser moxibustion significantly reversed the MIA-induced mechanical hyperalgesia and weight bearing difference (P < 0.001). Moreover, laser moxibustion suppressed the articular cartilage destruction (P < 0.01). Remarkably, the levels of MMP-13, TNF-α, IL-1β and IL-6 also decreased on days 28 (P < 0.05).

Conclusions:
10.6µm laser moxibustion may have long-lasting analgesic, anti-inflammatory, and chondroprotection effects, suggesting that it may emerge as a potential therapeutic strategy for the treatment of chronic pain.

Keywords: Laser moxibustion, Knee osteoarthritis, Chronic pain

FIG. 1. 10.6µm laser moxibustion device.
Clinical Application of three Needle Therapy of muscle and Bone in treatment of Encephalopathy and neck and low back pain

Wu Hanqing

Traditional Chinese medicine bones and three needle therapy is a minimally invasive acupuncture method of traditional Chinese medicine invented by Professor Wu Hanqing on the basis of traditional nine needles, combined with family-handed Taiji Longguan acupuncture method and exercise therapy, and summed up three parts of nine needles and twelve methods, which were innovated and invented by Professor Wu Hanqing. According to the main points of Longguan localization method: "Guan is the hindrance of meridians, the accumulation of bone process tendons, and the root of pain", combined with "anatomy of fascia zone of twelve meridians and Ren du two veins", the diagnosis and treatment system of "fourteen meridians and three levels of meridians" was established, which opened up the diagnosis and treatment system of "fourteen meridians and tendons", created the treatment of brain disease by du pulse meridians, filled in the blank of traditional meridians, standardized the fixed-point positioning of traditional Chinese medicine acupuncture, and opened up the first way of meridian diagnosis and treatment. The needle method is used to follow the tendons.
Observation on Therapeutic Effect of KOA Treated by Different Needling Depth at Inner and Outer XiYan Points

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Abstract: Objective: To observe the therapeutic effect of Inner and Outer XiYan points different needling depths on knee osteoarthritis (KOA).

Methods: 76 KOA patients were randomly assigned to the deep needling group and the Shallow needling group according to order of seeing doctor, with 38 patients in each group. Acupuncture method: The patient lies in the supine position with soft pillow under the knee joint, flexed by 45 degrees, the acupuncture depth of the shallow needling group is 10mm, and that of the deep needling group is 30 mm. After acupuncture, both groups are connected with electro-acupuncture (with dense wave of 2~100Hz, based on the tolerance of the patient), the needles are retained for 30 minutes, treated 6 times a week, rested for 1 day, and treated for 3 weeks. The total effective rate, as well as the scores of WOMAC and Lysholm were compared before and after the treatment in the two groups.

Results: The total effective rate of deep needling group (94.73%) was significantly higher than that of shallow needling group (78.95%) (P < 0.05), which was statistical significance. The difference of WOMAC scale score (pain, stiffness, knee joint activity) and Lysholm scale score before and after treatment between the two groups was significant (P < 0.05). WOMAC score and Lysholm score in deep needling group were significantly different from those in shallow needling group (P<0.05), which was statistical significance.

Conclusions: Electro-acupuncture at inner and outer XiYan points can obviously relieve knee joint pain of KOA patients, improve knee joint function and mobility, and deep needling is more effective than shallow needling.

Key words: Needling Depth, Inner and Outer XiYan Points, KOA, Observation of Curative Effect
Abdominal acupuncture for neck pain: a randomized controlled trial

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Abstract
Objective: To investigate the clinical efficacy of abdominal acupuncture (AA) in patients with neck pain.

Methods: A prospective, randomized, patient-assessor blind, sham-controlled clinical trial in patients with neck pain was conducted at a Chinese medicine center in Hong Kong from November 2014 to March 2016. 154 eligible participants were randomly allocated to AA (n=77) or sham control group (n=77). Participants received six standardized AA or sham AA treatments by Registered Chinese Medicine Practitioner for 2 weeks (three times a week). The primary outcome was mean changes in the Northwick Park Neck Pain Questionnaire (NPQ) score. Secondary outcomes included mean changes in visual analog scale (VAS) score for pain intensity and health-related quality of life measures (SF-36v2). All outcomes were assessed at baseline and at 2 and 6 weeks from baseline. AA group received additional follow-up assessment at 14 weeks from baseline. The study was registered at Chinese Clinical Trial Registry (ChiCTR-TRC-14004932).

Results: All outcome parameters between the two groups were comparable at baseline. AA group showed greater improvement in NPQ scores than control group at both 2 and 6 weeks from baseline (intergroup mean differences, -5.75; 95% confidence interval [CI], -9.48 to -2.03; P=0.008 and -8.65; 95% CI, -12.13 to -5.16; P<0.001, respectively). The improvement in mean NPQ scores in AA group was even more significant at 14 weeks from baseline. AA group also showed significantly greater improvements in mean VAS score and some quality of life measures than those in control group, without any serious adverse events.

Conclusion: This trial suggests that abdominal acupuncture is an effective treatment for neck pain patients.

Keywords: abdominal acupuncture, acupuncture, neck pain, randomized controlled trial
Acupuncture treatment and the risk of urinary tract infection in stroke patients: a nationwide matched cohort study

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Background: The association between acupuncture treatment and post-stroke urinary tract infection (UTI) remains incompletely understood.

Objective: To compare the long-term risks of UTI among stroke patients treated with or without acupuncture treatment.

Methods: This retrospective cohort study was based on data from the National Health Insurance Research Database in Taiwan that included hospitalized stroke patients. We identified 19,286 patients aged 30 years and older who were hospitalized for newly diagnosed stroke between 1 January 2000 and 31 December 2004. Considering immortal time bias, we compared the incidence of UTI during the follow-up period until the end of 2009 in patients with stroke who did and did not receive acupuncture. The adjusted hazard ratios (HRs) and 95% confidence intervals (CIs) of UTI associated with acupuncture were calculated with multivariate Cox proportional hazard regression analysis.

Results: Stroke patients who received acupuncture treatment experienced a lower incidence of UTI than those who were not treated with acupuncture (95.4 vs 110.0 per 1000 person-years), with an HR of 0.76 (95% CI: 0.73–0.80). The association between acupuncture treatment and UTI was significant for both sexes and for patients older than 40 years of age, particularly for patients who had no history of medical conditions.

Conclusions: In this nationwide retrospective cohort study, we raised the possibility that acupuncture treatment may be associated with a reduced risk of UTI among stroke patients. However, the protective effect associated with acupuncture treatment requires further validation using randomized clinical trials.

Keywords: acupuncture; stroke; urinary tract infection

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Modern Servicelearning Changes the Way of Traditional Chinese Medicine Orthopedics Education

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Education in Traditional Chinese medicine (TCM) has a long history of 3000 years. To meet the demands of modern society, TCM educators in this era should investigate the way to incorporate modern pedagogy into ancient courses to enhance teaching and learning efficacy. TCM Orthopedics is one of the core clinical subjects in TCM education covering management of bone and joint diseases with evidence-based practice. With a sharp increase in the prevalence of degenerative bone and joint diseases brought by the aging population, TCM Orthopedics educators have the sole responsibility to equip TCM students to resolve the clinical needs of the community.

“The great aim of education is not knowledge but action.”—Herbert Spencer (1820-1903). Service-learning sets an excellent example of the application of experiential learning in medical education. In medical education, it is important for TCM students to experience how to manage real clinical cases under supervision. Through the TCM service-learning activities, students have the opportunities to work in groups with elderly patients assigned and to investigate how to treat patients comprehensively in a patient-centered approach. The service-learning activities are designed based on the ‘flipped-classroom’ strategy, supported by a TCM Orthopedics teaching and learning database to facilitate students’ learning during the service.

The establishment of a ‘campus-community partnership’ is the key of success for service-learning. Such strong bonding between the academia and community pave the foundation in organizing multiple service-learning activities in matching patient groups with TCM students. Moreover, the service-learning activities are educationally and sociologically research-based with the aim to raise public awareness in health within the service region.

Reflection is essential in the education. Subsequent to the activity, debriefing sessions moderated by teachers are provided to students in a progressive reflective manner. Besides, students are guided to summarize and integrate the clinical information of the patients, design and report the clinical cases in a standard medical record format, express their learning feedback and justify their role in the community through submission in an e-portfolio. The e-portfolio provides a rich resource for both students and teachers to learn about achievement of important outcomes over time and make connections among the disparate parts in clinical learning. Students are able to make use of the multimedia technique to present their learning outcome which can further enrich their learning experience.

A comprehensive assessment for students should not be limited to the comments from teachers. Opinions from various stakeholders, including NGO partners, as well as patients...
(service-recipients), are also significant in providing a full picture to evaluate students’ performance. Rubrics and questionnaires are designed and completed by NGO partners and patients to invite their participation in providing valuable feedback.

A pilot study on our education design was conducted last year. The study, having received numerous positive feedback, has suggested service-learning as a good example for an enhancement on top of TCM traditional learning. In the way forward, we will share our experience and promote the scholarship of our practice to the sister institutions and will explore the opportunities for future potential collaboration.
A case study on the treatment of primary open angle glaucoma using acupuncture

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Abstract
Objective: To observe the clinical effect of acupuncture on primary open angle glaucoma.

Method: The patient underwent combination therapy using acupuncture and medication in the outpatient department. She received acupuncture treatment three times per week. During each course, she had twelve continuous treatments. The needles used were stainless steel disposable acupuncture needles and were placed according to Traditional Chinese Medicine principles. Briefly, Hegu (LI4), Jingming (BL1) and Qiuhou (Ex-HN07) were treated with needle retention. Needles were placed into Jingming, Qiuhou and Hegu for 30 min.

Result: After one course of abovementioned treatment, the patient was examined again. The intraocular pressures were R 14mmHg and L 13mmHg. Additionally, the visual field impairment was significantly improved.

Conclusion: Acupuncture combined with medication is commonly used for the treatment of severe eye conditions. The intraocular pressure is well controlled and the visual field impairment is notably improved in glaucoma patients.

Key words: Primary open angle glaucoma; Acupuncture
Spectral Characteristics and Local Acupoint’s Response on Different Moxibustion Material
腧穴对不同灸材艾灸的反应

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Keywords: Hyperspectral Imaging（高光谱成像），Moxibustion（艾灸），Acupoint（腧穴），Spectral Characteristic（光谱特征），Reflectance（反射率）

Objectives:
Evaluation of moxibustion effect based on different materials.

Methods:
All subjects were divided into four groups including 5-year moxa stick group, 1-year group, cigerate group and control group. 30 Subjects in different groups are the same people. The same subject has a 3-day interval before taking part in the next group. Moxibustion was performed for 10min with 3cm vertically above neiguanacupoint(PC6) on the left side and get rid of the burning ash into water cup every 2 min. Hyperspectral imaging, laser speckle blood flow imaging, infrared thermal imaging and oxygen saturation were recorded at pre, immediately after 10min moxibustion, 15min and 30min after moxibustion.

Results:
There is significant difference between the 5-year moxa stick group and other groups with the most obvious change; the blood volume-time and the temperature-time curve of 1-year group is in the middle; the control group almost has no change. Local oxygen saturation comparision, the 5-year moxa stick group is statistically different with other groups at all time-point with most changes; the 1-year moxa stick group and cigerate group are statistically almost the same; the control group almost has no change. Local spectrum comparision, the reflectance of 500～600nm spectral band decline especially at 580nm in 5-year moxa stick group after moxibustion within the whole wavelength. The most decline appears at immediately after moxibustion, and then rise up with the time increasing. The reflectance of 5-year moxa stick group changes most compared with control group at 580nm, then the 1-year moxa stick group, and the cigerate group is the least.

Conclusion:
The 5-year moxa can induce the most obvious reaction on acupoint, then the 1-year moxa, and the least is cigerate.
Enhancing Acupuncture and Tuina in Chinese Medicine Education by Service Learning

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Abstract
Improving the quality of education is the eternal theme in medical education. Service learning is one of the most effective methods. Hong Kong faces challenge in how to manage its ageing population aging population, bone and joint pain are very common in the elderly. Through establishing a learning and service platform in the Hong Kong community, Chinese Medical (CM) students can get more opportunities to learn and practice acupuncture and Tuina, and provide medical consultation and health care services for the elderly in a real environment. There are the obvious improvements in the professional knowledge, skills and social responsibility, and promote the health condition of the community. Acupuncture and Tuina can treat the bone and joint pain of elderly effetely, which can reduce the burden on the family and society caused by the elderly. We have established an online database of learning materials for students. The students can collect health data (medical record of history and examinations) from bone and joint in elderly according to what they have learned in the classroom, and they would make report with e-portfolio finally. We have achieved very good education results by service learning.
Lingnan Lin’s Manipulation for Plantar Fasciitis

Zhong Qiaolin

Approximately 10% of population complains suffering heel pain in lifetime; plantar fasciitis (PF) is one of the most common causes of it. PF is characterized by sharp heel pain first step in the morning. There are many causes leading to plantar fasciitis include: Flat feet, Obesity, tight calf caused by prolong sport activities etc. Common treatments for PF include formal physical therapy, night splints, Acupuncture, corticosteroid injection, fasciotomy, stretching. Recent studies suggest less-invasive techniques may provide a long-term relief. Due to the multiple causes of PF, there are not specific practice guidelines for PF treatments. Lingnan Lin’s manipulation invented by state level TCM master Prof. Lin Ying Qiang. From the holistic view of TCM, knowledge of meridian, anatomy and physiology, Lin’s manipulation treatment for PF does focus on Lumbar vertebrae, Pelvis, the tightness of gluteus medius, and calf muscles. Those are the leading causes of PF. Compared with common treatment methods which is more focusing on short term local area pain relieve, Lin’s manipulation provide a new way diagnosis and treatment for PF suffering populations.

Reference:
The Beneficial Treatments of Qing Yan Li Ge Tang Decoction in Respiratory Diseases: A retrospective study.

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1

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The purpose of this discussion is to give the reader insights of beneficial treatments of Qing Yan Li Ge Tang (QYLCT). Chinese Medicine's approach to resolve "wind invasions" is to eliminate at the earliest sign of their presence. The hallmark of an invasion of Wind-Heat is sore throat with swollen tonsils. Wind-Heat invasion is followed by runny nose with yellow phlegm, sweating, thirst, some may suffered from fever with chillness. In this case, QYLCT alleviates heat, relieves fire toxins and expels external wind-heat. Dimish heat and decrease irritability. Purges accumulations, eliminates stagnation, and reduces mucosa swollen. Disperses Wind-Heat, benefits the throat, relieves toxins and moistens the Intestines for wind-heat constipation. QYLCT is used in acid regurgitation, chronic pharyngitis, and Head and Neck Cancer. Administer QYLCT decoction, Head and Neck cancer patient avoid nasal wash; post-radiation comorbidites is improved significantly. Unresolved wind invasions which manifest as flu, and pathogen may linger deeply and causes "Latent Heat," which eventually emerges as a more serious illness. By eliminated Wind Heat symptoms, QYLCT prevent disease progression, kills pathogen effectively. Method: Recruit 3 years (2015~2018) of ICD-10 clinical cases whom has prescribed with QYLGT and compiled with data and revealed three main categories. Discussion: QYLCT inhibits wind-heat symptoms. It clears Heat, relieves fire toxins and expels external Wind-Heat. Purges accumulations, eliminates stagnation, dimish heat and reduce swelling. Conclusion: QYLCT plays an improtant role in imrpoving disease progression. Unresolved wind invasions which manifest as flu, acute symptoms and signs can linger deeply and unnoticed in the body as "Latent Heat," which eventually develope as chronic diseae or disease progression. QYLCT alleviate Head and Neck patients who suffered from post-radiation comorbidities such as dysphagia, otorrhea, and prevent inflammations significantly.

Keywords: Qing Yan Li Ge Tang ;Wind-Heat;Pharyngitis;Respiratory Tract Disease;Head and Neck Cancer, Nasopharygeal Carcinoma

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TÜRKİYE’DE ÇOCUK SAĞLIĞI VE HASTALIKLARINDA FİTOTERAPİ UYGULAMALARI

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(Uluslararası Katılımlı)
14-17 Kasım WFAS-Uluslararası Akupunktur ve GETAT Fikir Birliği – ANTALYA

ÖZET BİLDİRİ FORMU

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TÜRKİYE’DE ÇOCUK SAĞLIĞI VE HASTALIKLARINDA FİTOTERAPİ UYGULAMALARI


Amaç: Çocuklarda fitoterapi uygulamaları, kullanılan bitkilerin cinsi ve türü, fitoterapi uygulamalarının en sık kullanıldığı pediatrik hastalıklar ve kullanılan bitkiler, çocukluk çağında güvenilir olarak kullanılıbilecek bitkiler, doz ayarlarırken dikkat edilecek noktalar ve diğer ülkelerde (geleneksel çin tıbbı, ayurvedik tıp vb) kullanımıyla ilgili aradaki benzerlikler ve farklardan bahsedip; farklı hastalıklarda örnek reçetelerle sunumuumu gerçekleştirmeye çalışacağım.

Keywords: Fitoterapi; pediatri; dozaj; uygulama

*****
Environmental Factors and Mechanisms of Action that Cause Hormesis through Oxidative Stress

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ABSTRACT
A free radical is defined as an atom or molecule containing one or more unpaired electrons in the outer orbit. Many radicals are unstable and highly reactive. They can either donate an electron to or accept an electron from other molecules, therefore behaving as oxidants or reductants. The most important oxygen-containing free radicals in many disease states are hydroxyl radical, superoxide anion radical, hydrogen peroxide, oxygen singlet, hypochlorite, nitric oxide radical, and peroxynitrite radical. Free radicals are derived either from normal essential metabolic processes in the human body or from external sources such as exposure to X-rays, ozone, cigarette smoking, air pollutants, and industrial chemicals. Antioxidants are molecules that can donate an electron to a free radical without making themselves unstable. A balance between free radicals and antioxidants is necessary for proper physiological function. Oxidative stress occurs if there is an imbalance between oxidant activity and antioxidant activity and the balance is disrupted in favor of oxidants. Severe oxidative stress may lead to cellular and tissue damage of components, and is involved in different physiological states, including aging, exercise, inflammatory, cardiovascular and neurodegenerative diseases, and cancer. However, it is now well known that low doses of oxidative stresses can disturb the physiological state of an organism without inducing severe damage. This mild stress can induce adaptive responses that improve the ability to resist severe stresses and have other beneficial effects: this phenomenon is called hormesis. In this presentation, hormetic effects and mechanisms of action of oxidative stress-causing agents such as exercise, intermittent fasting, toxic metals, medical ozone therapy and phytochemicals will be discussed.

Key words: Hormesis, oxidative stress, free radicals.
Mikrobiyata Çalışmalarından Alınacak Dersler

Doç. Dr. Dilek Öztaş
Ankara Yıldırım Beyazıt Üniversitesi Tip Fakültesi Halk Sağlığı Anabilim Dalı
Geleneksel ve Tamamlayıcı Tıp Uygulama Merkezi

WHAT IS BEE VENOM PHARMACOPUNCTURE?

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Abstract
Pharmacopuncture is an acupuncture treatment combining acupuncture based on the meridian theories and herbal medicine based on Qi and flavor theories. While conventional acupuncture therapy uses the physical stimulation of acupoints, pharmacopuncture adds chemical ingredients from therapeutic herbs with pharmacological effects. Apitherapy is a type of traditional and complementary medicine that uses products that come directly from honeybees including bee venom and bee venom pharmacopuncture is a form of pharmacopuncture in which bee venom is applied. Bee venom is a very complex mixture of natural products extracted from honey bee which contains various pharmaceutical properties such as peptides, enzymes, biologically active amines and nonpeptide components some of which are anti-inflammatory and antinociceptive despite the well-known pain of a bee sting and risk of severe allergic reactions in some individuals. Thus far, bee venom pharmacopuncture demonstrates promise in the treatment of a number of musculoskeletal diseases such as osteoarthritis, rheumatoid arthritis, adhesive capsulitis, and lateral epicondylitis and also in alleviation of certain neurological conditions, including peripheral neuropathies and Parkinson’s Disease. Rigorous trials with large sample sizes and adequate design are required to define then role of Bee venom pharmacopuncture for these indications.

Key words: Apitherapy, bee venom, pharmacopuncture, anti-inflammatory, antinociceptive
KAS İSKELET SİSTEMİ HASTALIKLARINDA HOMEOPATİ

Demet Uçar

Gerçek anlamda sağlık, kişinin bütün insanı potansiyelini deneyimleme ve keşfetme kapasite ve özgürlüğüne sahip olması olarak tanımlanabilir. Sağlık üç boyutlu: fiziksel, ruhsal ve zihinsel.

Homeopati; yani "benzeri benzerle tedavi etme sanatı" bu üç boyut üzerinden çalışır ve "yaşam enerjisine" etki eder.

"Yaşam enerjisi" konsepti (prana, chi, dinamis) tüm zamanlar ve kültürler boyunca, evrensel olarak tanımlanılan ve keşfedilen birçok doğal iyileşme sisteminin ana noktasıdır.

İnşaatımızın dengeli ve bağımsız şekilde ayakta durması ve özgürlüce hareket etmemiz, kas iskelet sistemimizin sağlıklı olması ile ilişkilidir. Bu alanınak yaralanmalar, artrit, bel, boyun, diz ağruları ve yumuşak doku romatizması (fibromiyalji) en sık rastladığımız rahatsızlıklar.

Arnica akut yaralanmalarda her zaman ilk tercih edilecek olan remedi. Bellis, eklem çevresinde şişik ve kontüzyon olan akut burkulmalarda akla gelmelidir.


Servikal ve lomber radikulopatilerde Rhus tox, Hypericum, Colocynthis, Chamomilla, Phytolacca, Arsenicum sık kullanılır. Akut durumlarında Bryonia, Kalmia ve Gelsemium, kronik durumlarda ise Causticum akla gelmelidir.

Her tip diz problemlerinde Ruta, Calc flour, Silicea ve Calc phos düşük potenste birlikte kullanıldığı bir protokol oluşturulabilir. Rutanın ayrıca el bileği çevresi problemlerine affinitesi vardır.

Fibromiyaljide Phytolacca bezler üzerine etkili, Causticumun kasılma ve sertlikte etkisi
belirgindir, Cimicifuga özellikle depresyon ile ilişkili olan kas hastalıklarında etkilidir.
AMAÇ: Bu çalışmada plantar fasiit tanısı olan hastalarda proloterapi tedavisinin etkinliği retrospektif olarak araştırıldı.


SONUÇ: Proloterapi; plantar fasiit tedavisinde güvenli ve etkili bir tedavi yöntemi olabilir.

Keywords: Proloterapi; plantar fasiit; ağrı

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Grade 4 gonartrozdaki proloterapi olgu sunumu

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Özet

Giriş:
Osteoartrit, yavaş ilerleyen, ileri yaşlarda görülen, patolojik olarak eklem kıkırdaklarının fokal
dejenerasyonu, subkondral kemik kalınlaşması (osteofit), marjinal osteokondral aşırı büyüme
ve eklem deformitesi sonucu tekrarlayan ağrı dönemleri olan, hareket kısıtlılığı yaratan bir
kronik eklem hastalığıdır.
Proloterapi, Osteoartritin oluşmasında, geçirilmiş ve tam iyileşmemiş travmalar sonrası yavaş
yavaş eklem stabilitesinin ve tensgritinin bozuluşunu ve zamanla perfüzyonun bozuluşunu
iddia etmektedir.(4) Statik stabilizatörler olan ligamentlerin fonksiyonel veya anatominik
olarak görev yapamamaları sonrası eklemdede artroz gelişmektedir.

Olgu:
Ameliyat kararı verilen hastanın onamı alınarak Proloterapi uygulandı. Uygulama sonuçları,
klinik ve radyolojik olarak olarak takip edildi. Hasta aynı radyoloji uzmanı tarafından kalça ve
diz NMR ları çekildi. Proloterapi uygulaması, aynı hastanede çalışan Proloterapi eğitimini
tamamlamış olan Fizik Tedavi uzmanı tarafından uygulandı. Radyolojik ve Klinik sonuçlar Ortopedi uzmanı olan 3. bir hekim tarafından değerlendirilip,
kaleme alındı.
Klinik takip için 5 semptom puanlanarak tedavi öncesi ve tedavi sonrası karşılaştırıldı.
Tedavi sonrası son değerlendirme: . 6 seans proloterapi sonrası hasta rahat
yürüyebiliyor, gece rahat uyuyor ve merdiven inerken hafif ağrı hissediyordu.

Tartışma:
Proloterapi, grade 4 gonartrozdaki tanısal konulan, fizik tedaviden fayda görmeyen ve total diz
protezi önerilen hastalar için önemli bir mutlu kapısı ve tedavi seçeneğidir. Yan etkisi
minimaldir. Komplikasyonu yok gibidir. Hastanın yaşam kalitesini arttıran Cochonlukla
ameliyattan kurılarak bir metoddur. Ameliyata giden yol kaçınılmaz olsa bile proloterapi ile
bu seçenek ertelemekte ve hastanın daha ağırlız ve aktif bir hayat sürmesine neden
olmaktadır.

Keywords: Gonatroz; proloterapi; tedavi

*****
Hicran D. Uşan

Refleksoloji el, ayak tabanı ve kulaklarda vücudun tüm böümleri, organ ve bezleriyle ilgili yönlendirici refleks alanlarının mevcudiyeti prensibine dayanmaktadır. Bu refleks alanlara herhangi bir cihaz, malzeme, krem, losyon kullanmadan sadece el ve parmaklarla basınç uygulanır.

Refleksoloji uygulamasında, uygulama yapılan alanın bağlı olduğu organlarda ve vücud bölümlerinde, kutano-visseral refleks yolakları aracılığıyla çeşitli reaksiyonlar oluşmaktadır. Bu reaksiyonlar bedenin tekrar denge ve homeostaz haline dönüşmesine yönelik yanıtları içermektedir.


Anahtar Kelimeler: Refleksoloji, kas iskelet sistemi, ağrı
Kronik Gerilim Tipi Baş Ağrısında Kore Akupunktur Tedavisinin Klinik Etkinliğinin Araştırılması.

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Amaç: Güvenilir ve etkili bir tedavi yöntemi olan Kore akupunkturunun toplumda çok sık görülen bir hastalık olan kronik gerilim tipi baş ağrısındaki etkisinin araştırılmasıdır.


VAS; tedavi öncesi, tedavi bitiminden 1 hafta ve 3 ay sonra bakıldı. Baş ağrısı şiddeti de; tedavi öncesi, 4. seans ve 8 seansta bakıldı. Kore akupunktur grubu; Tae-guek Kore Akupunktur’una göre tedavi edildi. Hastalar yapılarına göre dört gruba ayrıldı. Grupların belirlenmesinde “Mizaç ve Karakter Envanteri” (TCI: Temperament and Character Inventory ) kullanıldı. Sonuçlara göre hastalar TaeYang, TaeEum, SoYang ve SoEum olarak üzere dört yapışal gruba ayrılarak yöntemidir.akupunktur noktaları belirlendi.

Plasebo akupunktur grubu; Bu gruptaki hastalara kore akupunktur noktalarının 2 cm paralel uzaktaki bir noktaya kulak iğnesi (Hua-long press needle) uygulaması yapıldı. Müdahalesiz kontrol grubu; Bu gruptaki hastalara müdahale edildi. Tüm gruplara halen devam etekte olan medikal tedavilerini ihtiyaç halinde almalarına izin verildi. Hastaların diğer tamamlayıcı tip yöntemlerini uygulamalarına izin verildi.


Sonuç: Kore akupunkturu kronik gerilim tipi baş ağrısı tedavisinde tercih edilebilecek alternatif bir tedavi

Keywords: kronik gerilim tipi baş ağrısı;tae-guek kore akupunktur;akupunktur

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THE MANAGEMENT OF POSTOPERATIVE PAIN WITH ACUPUNCTURE.

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Postoperative pain in the entire body refers to the occurrence of pain after operation all over the body, including joints and muscles, head and limbs, accompanied by; restlessness, insomnia, sweating or lack of sweating, fatigue, poor appetite or even dysfunction of the limbs. Postoperative pain in the entire body usually occurs after a major operation. There could also be some generalised body pain prior to the operation with aggravation after the operation. This type of operation often needs complete or partial anaesthesia. Postoperative pain was shown as a major indication among the indications list of acupuncture in the consensus statement of NIH-1997, European Postoperative Acupuncture Studies and review of systemic reviews of acupuncture by John McDonald and Stephen Janz.

Postoperative pain in the entire body can be caused by disturbance of the internal Zang-Fu organs or disturbance of the channels and collaterals. Many factors can cause postoperative pain in the entire body, including:

- incomplete disappearance of External pathogenic factors,
- stagnation of Qi,
- stagnation of blood,
- accumulation of Damp-Phlegm,
- deficiency of Qi and Blood,
- deficiency of Yin and deficiency of Yang, etc.

Hereby, it will be reviewed symptoms and signs of pain modalities which all these factors can cause and also Acupuncture treatments on them. Postoperative pain management with acupuncture is to use some selected points to tonify the Qi and Blood, active Qi and Blood circulation, and balance Yin and Yang Zang-Fu organs, as well as the body structure. During postoperative pain management, acupuncture treatment is carried out in combination with moxibustion, point massage, cupping, electric stimulation, ear acupuncture, Chinese herbal medicine, etc., such treatments often being applied simultaneously.

Ear acupuncture can also be used in the treatment of body pain.

In short, acupuncture treatment for postoperative pain control accelerates patients’ recovery and brings all possible benefits without any harmful effects.
Recompilation of various researches on the underlying mechanism of acupuncture and their relation with diverse neurological areas

E.A. BLANCO

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Acupuncture is recognized as effective therapy for treatment of various neurological disorders. This presentation aims to review scientific studies during last years trying to understand the underlying mechanism of acupuncture effects. Technological advances allowed describe specific neurological areas were acupunctural stimuli may act. Functional MRI was used to investigate neural response even using distal acupoints. On the other hands, the demonstration with fluorescent nanoparticles of primo vascular system allow us speculated how the information migrate along body. Finally, several studies with biochemical and molecular techniques hypothesized that specific acupoint may influence crucial mechanisms as neurogenesis. There are subtancial variations in study protocols regarding treatment duration, acupoints selected, frecquency of acupuncture/electroacupuncture, etc. However, some general conclusion may be formulated.

Keywords: Acupuncture;Neurogenisis;Neurology

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Effect of Acupuncture in Bell’s Palsy: Case series.

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case 1: 49 year-old woman with Bell’s palsy on the left side which happened 3 weeks ago. Her left side of the face was swollen, with pain near her left ear, and stiffness on the left of her neck. She had severe anxiety, and depression. The neurologist could not complete the seroid medication because of probable Herpes İnfection. A total of 12 Electroacupuncture sessions every 2 days was done to acupuncture points: ST2, ST3, ST4, ST6, ST7, TE17, GB14, ST8 on the left side; LI20, LI4 bilaterally. After the 2nd session, the pain around the left ear, and the left side of the neck disappeared completely. After the 5th, the edema, and swelling decreased. In the end of treatment, she improved totally with no anxiety.

case 2: 58 year-old woman diagnosed as Bell’s palsy on left side two weeks ago, applied with weakness and retroauricular pain. No improvement was achieved despite medication. A total of 6 acupuncture sessions was applied as both Electro acupuncture and manual. Same points of case 1 were selected. The patient showed improvement, beginning from the third session. After 6th session, her sensation and fascial muscle strength improved a lot. Also the retro auricular pain disappeared starting from first week.

case 3: 12 year old boy, having numbness and weakness in left side fascial muscles 2 weeks ago. He was given oral corticosteroid therapy for 10 days, but no improvement. After 6 sessions of electroacupuncture applied every 2 days he was healed completely.

Discussion:
In many meta-analysis (Pinping Li, et al including 13 studies, and Kim et al respectively) the total effective response rates in the acupuncture groups were significantly higher than the controll groups, and the groups taking Corticosteroids.
In conclusion: Acupuncture is a perfect treatment for Bell’s palsy, the improvement is seen immediately, it helps for anxiety, and shortens the exposure to excessive Corticosteroids.

Keywords: Acupuncture for Bell’s Palsy; Bell’s Palsy; Acupuncture for Peripheral fascial paralysis; Electroacupuncture for Bell’s palsy; acupuncture in pediatric Bell’s palsy

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Acupuncture Approach in Migraine

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Migraine very high among disability-causing disease. Common symptoms include: only on one side of the head pain, nausea, vomiting, sensitivity to light or sound. The causes of migraines are not known. The presence of typical clinical signs and symptoms help diagnose migraines. Migraine attacks can be triggered by many factors.

The effect of acupuncture in the treatment of migraine has been well recognized in Traditional Chinese Medicine. The physiological mechanism of acupuncture treatment of migraine is unclear. Several hypotheses have been proposed that emphasize the impact of acupuncture on relieving pain, including eliciting an analgesic effect on the hypothalamic-pituitary-adrenal axis and the endogenous opioid system.

Traditional Chinese Medicine categorizes migraine as a shaoyang (temporal region) headache, a wind syndrome of the head. A few acupuncture points useful in treating migraine include: Shuaigu (GB 8), Taiyang (Extra 1) and Waiguan (SJ 5). Shuaigu (GB 8) has a local point location in the temporal region useful in treating headache due to qi stagnation. Taiyang (Extra 1) promotes the circulation of anti-pathogenic qi in the local affected region and disperses external pathogenic factors causing shaoyang syndromes. Waiguan (SJ 5) is a distal point on the limb selected to treat migraine through the affected Sanjiao channel, which runs along the side of the head in addition to the GB meridian. Auricular, or ear, acupuncture also has been found to be beneficial in the reduction of pain in migraine.

Acupuncture can effectively treat migraine through a combination of selected local scalp points combined with distal points located on the affected meridians. Treating migraine headaches with acupuncture can regulate yin and yang, strengthen qi and eliminate pathogenic factors.

Acupuncture can be used as an alternative therapy in migraine patients willing to undergo medical treatment. Acupuncture on migraine is both safe and effective, without major side adverse effects.

Keywords: Acupuncture Approach in Migraine; headache and acupuncture; acupuncture

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Motion acupuncture for musculoskeletal pain:

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[Abstract] Motion Acupuncture (MA) refers to a unique acupuncture technique where a patient performs exercises under supervision of doctors with needles inserted and retained in the points throughout the acupuncture session. It is a comprehensive acupuncture therapy that combines channels and meridians theories, tendons and sinews theories, anatomy, kinematics, and acupuncture, which is mainly for the treatment of soft tissue injuries and a variety of pain conditions. In this article, the three major procedures of MA, i.e., examination of target points, insertion of needles, and methods of exercises, were described and discussed. It is mainly used to treat pain caused by soft tissue injury. In recent years, it has been found that it can also treat many dirty diseases such as weight loss, gastrointestinal diseases, gynecological diseases, allergies (pollen rhinitis), and tinnitus etc.
A New Direction in Acupuncture Research from the East

Dr Mike Cummings
Medical Director, British Medical Acupuncture Society

The vast majority of acupuncture research is performed in China and published in Chinese. It is inaccessible to most of us in the West; however, it is increasingly being summarised in systematic reviews in the English language. The quality of clinical research published in English has been steadily improving, and in recent years there have been not only improvements in the quality of conduct and reporting of clinical trials but there has also been a subtle but dramatic change in the formulation of some research questions.

In my early days in the acupuncture field in the mid-nineties, Chinese research in acupuncture seemed to be associated with improbably good results, and it was one region of the world that only published positive trials. Consequently, it was easy to dismiss.

That is no longer the case and in the last decade we have seen the first large negative or neutral trials published in English language journals from China, and more recently still we have seen some very large trials of what to all intents and purposes are rather tight segmental electroacupuncture (EA) protocols i.e. what appears to be a research question that tests a clear Western neurophysiological mechanism rather than a more complex TCM pattern-based concept.

In this presentation I will chart the change in clinical research from China that started with ‘improbably good’ to become ‘huge and entirely believable’, and what I perceive to be the adoption of mechanism-based EA protocols.
How to practice in a city that keeps falling

A. Harding

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Objective
This presentation will explore what can happen in a city when emergencies strike, strike again and again. Earthquakes, thousands of aftershocks, flooding and a mass shooting all within 9years. It discusses how practitioners coped and treated their community in extremely hard times. It will show those attending how they can set up community clinics and work in emergency centres helping them treat a community in need and become accepted as a necessary style of medicine.

Material
The material presented is based on experience of acupuncturists living through these times often out of their homes and businesses organising community clinics and other emergency centre treatment spaces, sometimes without water, power or toilet facilities.

Method
The need to use all our Chinese Medicine tools.
Topics covered will include;
- Recognising your own needs and how to move forward.
- Establishing care for your community.
- Recognising and how to treat shock, anxiety, stress and post-traumatic stress disorder when treating in unusual circumstances.

Results
Treating victims in a manner that is comfortable to them will contribute to a transition to regular acupuncture treatment, as they continue to have a trusting supportive relationship with their practitioner which has the potential to continue well into future. Community education is also a great result from having to treat in these circumstances.

Conclusion
Those who attend this presentation can anticipate leaving with knowledge of what to expect as the result of unpredictable disasters, how they may cope and effective ways to help their communities. Attendees may also leave with ideas on how to better utilise all their Chinese Medicine skills learned in unplanned situations. They can explore concepts they had not previously considered and an understanding on how these can be effective.

Keywords: Chinese Medicine;Disasters;Community;Acupuncture

*****
The Link Between Acupuncturist Fatigue and Potential Adverse Events Whilst Practicing Acupuncture

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1
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An audit to establish if there was a link between fatigue and adverse events whilst practicing acupuncture.

The audit took place from May 2014 to August 2014. 306 treatments were carried out. There were 23 adverse events representing 7.5%. All of these 23 events were Bleeding, Bruising, Fainting and 1 ‘Forgotten needle’. 19 of these were minor bleeding following withdrawal of the acupuncture needle. 2 of these were episodes of fainting,1 was bruising in trapezius; 1 adverse incident involved a ‘forgotten needle’.

The largest single prospective observational study of the safety of acupuncture included 229,230 patients and a total of over 2 million treatments. 8.6% of patients reported at least one adverse event. 6.1% of these events were bleeding or bruising which represented 58% of all adverse events.*My results were similar with an incident rate of 7.5%. 6.2% of these events were bleeding or bruising which represented 82.6% of all adverse events.

Fatigue would appear to have a negative impact on the incidence of adverse events but despite this the incident rate of my audit was similar to the rate calculated in the German study. However the York acupuncture safety study: prospective survey of 34000 reported a combined rate of 2.1% for mild bruising (1.7%) and bleeding (0.4%) **.

The average working week in the UK is 42.7 hours. This equates to 8 hours 30 minutes a day. 7 Adverse Events took place during 8 hours 30 minutes of work at my clinic representing a similar incident rate of 2.28%.

Working beyond 8 hours 30 minutes resulted in a 328.57% (over 3¼ times) increase in this incident rate.

Awareness of the signs of fatigue and implementing measures reduced the adverse effects according to the York Acupuncture Safe Study.

In Conclusion: A positive correlation was found between Acupuncturist fatigue and increased frequency of adverse events.

Keywords: Acupuncturist fatigue;adverse events;acupuncturist's working hours

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Protecting public safety by ensuring qualified acupuncture practice

K.Y. LI

1Australian Acupuncture and Chinese Medicine Association, Practitioner, Harris Park, Australia

Acupuncture practice in Australia is regulated under the Health Practitioner Regulation National Law and has been a registered profession in Australia under the National Accreditation and Registration Scheme since 2012. This law requires acupuncture practitioners to be registered with the Chinese Medicine Board of Australia before they can commence practice, thus ensuring a safe, effective and ethical acupuncture service for the general public.

With the increased popularity of acupuncture in the Australian mainstream health system, unqualified practice using needles termed Dry Needling has emerged. We also see dry needling happening in many other countries.

It is not only damaging the reputation of the Chinese medicine profession but also posing a great risk to public safety. However, under the current legislation, the law cannot stop this so-called Dry Needling practice in Australia. The issue of Dry Needling has drawn great attention in the health sector in Australia. The Australian Acupuncture and Chinese Medicine Association (AACMA), as the leading national professional organisation in Chinese medicine, has taken the leadership in challenging the practice of Dry Needling by unqualified practitioners. We have established a united front with major Chinese medicine stakeholders to talk to the relevant government departments and agencies. We believe that the public should be aware of the differences between a registered acupuncturist and unregistered dry needleers. Therefore, AACMA has launched a media campaign which has been well received by the public. While some progress has been made, further work still has to be done in order to stop the unqualified use of needles. International co-operation between Acupuncture bodies will greatly contribute to this goal.

Keywords: acupuncture practice;a registered profession;public safety;dry needling;AACMA

*****
5-Element-Ağırmetal ilişkisi

Dr. Doğu Yıldırım

Akupunktur Beş Element işletim sistemi, bedenin anatomi ve fizyolojisini yönetir. Aynı zamanda her element belirli zihin ve duygusal nitelikinin ifadesi olduğundan, sağlık ve hastalıkla ilgili bilgi açısından çok büyük öneme sahiptir.

Günümüzde pek çok kronik ve dejeneratif hastalıkların zemininde rol oynayan, insan faaliyetleri sonucu ortaya çıkan Ağır metallerin ekolojik sistemlere ve sağlığa zararlı etkileri oldukça önemlidir.

Kadim Akupunktur bilgisi sağlığı birlikte yaşadığıımız tüm elementlerin uyum ve dengesi olarak kabul eder

O halde;
Akupunktur 5-element bilgisi ile Ağır metal sorununa yaklaşımımız nasıl olabilir?
Medikal Akupunktur Ağır Metal Şelasyon Tedavisi ile birlikte kullanabilir mi?
Pharmacupuncture In Terms Of Pharmacognosy

Murat Zor 1
1Lokman Hekim Üniversitesi Eczacılık Fakültesi, Farmakognozi Anabilim Dalı Bşk., Ankara, Türkiye

Abstract
Acupuncture is one of the oldest and most characteristic treatment methods in the history of medicine, which has been practiced in Chinese medicine for nearly four thousand years. In recent scientific studies, when the anatomical, histological and electrical properties of acupuncture points were compared with non-acupuncture points were determined differences. Capillarization and somatosensory receptors, especially nocireceptors, are densely at the acupuncture point. The various properties of the acupuncture point have led to the idea that not only the acupuncture needle, but many other substances such as phytotherapeutic agents should be injected into this point. Also, promising results were expected from this different substances.

In the past, we see that medicine which consist just one compound prepared by pharmacists and physicians are applied to some parts of the body with different methods. Pharmacupuncture studies are planned as using antiinflammatory, analgesic, antibacterial, antioxidant, antiallergic and anticarcinogenic effects of plants kind of Witheneria somniferum, Viscum album, Camellia sinensis, Epilobium sp. Curcuma longa, Salvia sp. ve Glycine max. The activities mentioned for these plants have been proven in clinical trials. In this review, we will evaluate these therapies and their outcomes from the perspective of pharmacognosy.

We will discuss that the future of pharmacupuncture and what kinds of phytotherapeutic agents are used in pharmacupuncture studies for many diseases, especially inflammatory diseases.

Key Words: Pharmacupuncture, phytotherapy, acupuncture point, inflammation, cancer, allergi

Keywords: Pharmacupuncture; phytotherapy; acupuncture point; inflammation; cancer

*****
Application of Chinese scalp acupuncture technique in the treatment of bradykinesia in patient with Parkinson's disease: Case Study

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Parkinson's disease is a neurodegenerative condition that affects the patient's movements, causing tremors, muscular rigidity, postural imbalance and bradykinesia. Bradykinesia is characterized by reduction of movement speed, which makes difficult for patients to carry out daily activities, both personal and professional. Scalp acupuncture is a method of treatment which punctures strategic areas on the head of the patient aiming to correct neuro dysfunctions. The goal of this work is to demonstrate the effect of scalp acupuncture for the treatment of symptoms of bradykinesia in patients with Parkinson's disease. The patient was first assessed by “timed up and go” tests, which can verify, through the use of a chronometer, how fast are the patient's movements as he rises from a chair and covers a 3-meter distance, and returns to the starting point. This test was chosen for combining the movements that are of highest difficulty to be done in day-to-day life, according to the patient himself. Subsequently, the patient underwent 20 sessions of scalp acupuncture, and was then submitted to the same test again, in order to verify possible results of the treatment. The final result showed that scalp acupuncture was efficient to diminish bradykinesia in the patient.

Keywords: Parkinson's disease.;Scalp acupuncture.;Bradykinesia;Acupuncture

*****
ACUPUNCTURE PROVED TO BE MORE EFFECTIVE THAN NEURAL THERAPY AND HYALURONIC ACID INJECTION FOR SHOULDER PAIN: TWO CASE SERIES

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1
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These two case series involve 9 patients with unilateral shoulder pain, having Rotator cuff Syndrome. 3 of them had subacromial Hyaluronic acid injection (HA), 6 had cervical quaddel-local and subacromial neural therapy (NT) injections, and since both groups (HA and NT) didn't improve, and continued having pain, they received Electroacupuncture therapy (EAP), and manual acupuncture (AP) which ended with satisfactory results. Points LI15, LI16, SI11, TE14, SI13, GB21, and trigger points were selected.

In the 1st case series receiving neural therapy (%2 lidocain with saline), average age of patients were 53 with duration of shoulder pain of 5 months in average. All patients had 3 sessions of neural therapy. Due to no improvement in pain relief, and function, Electroacupuncture (EAP), and manual AP was applied. After AP threatment, 2 patients reported 'excellent' improvement with a reduction of 80-90% in VAS (6, and 3 eap sessions), 1 patient reported an improvement of 70% (4 sessions), and 2 patients around 30% (3, 6, 4 sessions).

In the 2nd case series of 3 patients with an average age of 58, shoulder pain of 3 months having received subacromial HA injection, since there was no improvement, after they had EA and manual AP treatments with an average of 6 sessions. As improvement and pain relief, 1 patient stated 90% (4 sessions), 1 patient 70% (7 sessions), and the last 50% (8 sessions).

In conclusion: Acupuncture is an efficient and cost-effective treatment for patients with shoulder pain, and found to be better than neural therapy, and Hyaluronic acid.

Keywords: Electroacupuncture; Acupuncture for shoulder pain; Acupuncture compared to neural therapy; Acupuncture compared to hyaluronic acid; Subacromial injections versus acupuncture

*****
Akupunktur ile kilo kontrolünde uyku bozukluğu tedavisinin başarıya etkisi.

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Bulgular: 2,6 ve 10. haftalarda yağ kütlesi kaybı iki grup (uyku+obezite protocolü uygulanan grup ile yalnızca obezite protocolü uygulanan grup) arasında farklı bulunduğu (p<0,05) . Her iki grupta kendi içinde başlangıç değerlerine göre kilo kaybı anlamlı olarak gerçekleşti.

Sonuç: Uyku bozukluğu ile birlikte görülen obezite durumunda obezite tedavisine uyku bozukluğu tedavisinin eklenmesi hasta uyumunu ve başarıyı arttırmaktadır.

Keywords: akupunktur; obezite; uyku bozukluğu

*****
Current Situation of Japanese Traditional Acupuncture

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Key words: Japanese traditional acupuncture, needling technique, contact needles, gentle stimulation, “2011 Tokyo Declaration on Japanese Acupuncture”

Some of the unique aspects of Japanese Traditional Acupuncture (JTA) are characterized by its great diversity of therapeutic methods, palpation-based physical examination, and soft gentle treatments with superficial insertion using thin needles like hair, comparing with China and Korea. The purpose of this study is to compare and discuss the characteristics of different styles and groups of current JTA.

Acupuncture and moxibustion treatment in Japan have been imported from ancient China in the 5th or 6th century, and have been arranged and modified based on Japanese environment, culture, philosophy, sensitivity, and mind, resulting in making itself distinguished from TCM. Although JTA has repeatedly gained and weakened its position depending on the social and political background in Japan, it still has steadily evolved. The “2011 Tokyo Declaration on Japanese Acupuncture”, by the Japan Society of Acupuncture and Moxibustion (JSAM) and the Japan Traditional Acupuncture and Moxibustion Society (JTAMS), points out following 6 features of Japanese Acupuncture: 1) diagnostically palpation (touch-based diagnosis) valued, 2) development of acupuncture and moxibustion treatment along with diagnostic devise being advanced from Western medicine perspective, 3) development of acupuncture and moxibustion treatment with gentle stimulation and less invasiveness, 4) eclectic mix of different styles and methods including Western medicine based perspective, 5) frequent use of moxibustion treatment, and 6) having concept of preventive medicine. 1), 3), and 4) are also the major aspects in JTA with a wide variety of groups and styles.

This study summarizes my previous studies, “Field Survey of Acupuncture Treatment in Japanese Traditional Acupuncture” in 2015 and 2017, to present the characteristic features and theories of different styles and groups in the current JTA. The research indicates unique acupuncture techniques such as guide tube insertion, “dashin-ho” (needling with hammer,) and contact needling, as well as how Japanese practitioners use two different techniques of simple insertion and retaining needles depending on different situations.
Pharmacupuncture

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The roots of acupuncture treatment go back at least three thousand years. The popularity of this treatment is increasing day by day. Many recent studies on the acupuncture point show that the anatomical, histological and electrical properties of the acupuncture point differ from those of the body without acupuncture points. It was determined that there were histological properties such as intense of somatosensory receptors, especially nosi receptors and of microvessels and capillaries and electrical properties such as low resistance and high conductivity. We can add to this situation that acupuncture points and meridians may be related to the primovascular system. The fact that the acupuncture point has such a different feature, the relationship between the primovascular system and the acupuncture meridian, the acupuncture point, not only the acupuncture needle, but ejection of many phytotherapeutic agents and substances has led to the expectation of different results. In the literature, it is determined that pharmacupuncture is applied in rheumatic, circulatory, endocrine, urogenital, digestive, immune and respiratory diseases. In these diseases, anti-inflammatory, analgesic activity, anticancer activity, antioxidant activity, antiallergic activity, antidepressant activity have been studied. In this presentation, we will discuss which acupuncture points and phytotherapeutic agents have been used in pharmacupuncture applications in many diseases recently and how they are applied. We will talk how pharmacupuncture can contribute to today's medicine.

Keywords: pharmacupuncture; primovascular system; phytotherapeutic agents; anti-inflammatory activity; analgesic activity

*****
The Pilot Study of spectral indexes of the blood pressure waveform in patients with breast cancer receiving chemotherapy and Kuan-Sin-Yin

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²National Taiwan University of Science and Technology, Graduate Institute of Biomedical Engineering, Taipri, Taiwan R.O.C.
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Objective:
In Taiwan, breast cancer has been the fourth cause of female cancer death. But the cure rate is high if early treated. Up to now the effective treatments of western medicine for breast cancer still result in many side effects. A tumor can induce abnormalities in vessel properties and the blood flow distribution. The aim of the present study is to noninvasively determine if blood-pressure-waveform (BPW) harmonic indexes can be used to discriminate the different microcirculatory and physiological function states of breast-cancer patients with chemotherapy between receiving and not receiving Kuan-Sin-Yin (KSY) treatment.

Material:
Ten-minute bilateral radial BPW signals were obtained noninvasively in 9 breast-cancer patients receiving KSY and 5 breast-cancer patients not receiving KSY (Control). The amplitude proportion (Cn) was calculated for harmonics 1 to 10 of the BPW. The KSY effect was also noted to be accompanied with improvement of EORTC QLQ-C30 scores. These could lead to a rapid, inexpensive, and objective technique for enhancing clinical applications in quality-of-life monitoring of breast cancer therapy.

Results:
The Control group showed significant first harmonics and third harmonics, and the fifth and sixth harmonics appeared slightly more prominent. The trends were presented as falling first and then rising. Integrating with Kuan-Sin-Yin (KSY) could prevent the side effect of nausea and vomiting, appetite loss, diarrhea, decreasing WBC during Breast Cancer Chemotherapy.

Conclusion:
The differences identified the results of BPW analysis between the breast cancer receiving KSY and control groups illustrate significantly prevent side effect induced by breast cancer at stages 0–2.

Keywords: Breast Cancer; Kuan-Sin-Yin; Quality of Life; EORTC; Blood Pressure WaveForm

*****
Akupunktur Reçetesi Nasıl Hazırlanır?

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Akupunktur reçetesi, hastalık nedeninin tespiti temelinde, akupunktur tedavi kurallarına göre uygun hat ağ (meridyen), yuva (nokta), yöntem, zaman ve miktarla oluşan tedavi tasarımıdır.

1. Yuva (Nokta) Seçme Dayanağı

Yuva (nokta), akupunktur reçetesinin birinci temel faktörüdür. Yuva seçimi, Hat-Ağ (Meridyen) Öğretisi, yuva özelliği ve vücudun tepkili (hassas) noktalarına dayanır. Ayrıca, çağdaş tıp bilgileri ve yuvalar üzerindeki araştırmalar da bakılır.

Tablo-8: Özel yuvaların (noktaların) üç dilli karşılığı

<table>
<thead>
<tr>
<th>Türkçe</th>
<th>Çince</th>
<th>İngilizce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kuyu Yuva</td>
<td>井穴 [jǐng xué]</td>
<td>Well Point</td>
</tr>
<tr>
<td>Arık Yuva</td>
<td>荒穴 [xīng xué]</td>
<td>Brook Point</td>
</tr>
<tr>
<td>Dere Yuva</td>
<td>後穴 [shū xué]</td>
<td>Stream Point</td>
</tr>
<tr>
<td>Çay Yuva</td>
<td>経穴 [jīng xué]</td>
<td>River Point</td>
</tr>
<tr>
<td>İrmak Yuva</td>
<td>合穴 [hé xué]</td>
<td>Sea Point</td>
</tr>
<tr>
<td>Delik Yuva</td>
<td>郊穴 [xì xué]</td>
<td>Cleft Point</td>
</tr>
<tr>
<td>Asıl Yuva</td>
<td>原穴 [yuán xué]</td>
<td>Source Point</td>
</tr>
<tr>
<td>Ağ Yuva</td>
<td>赫穴 [luò xué]</td>
<td>Connection Point</td>
</tr>
<tr>
<td>Bağış Yuva</td>
<td>脳穴 [mù xué ]</td>
<td>Alarm Point</td>
</tr>
<tr>
<td>İzin Yuva</td>
<td>俞穴 [shū xué]</td>
<td>Back Transport Point</td>
</tr>
<tr>
<td>Öz Yuva</td>
<td>本穴 [běn xué]</td>
<td>Same Point</td>
</tr>
<tr>
<td>Ana Yuva, Takkiye Yuva</td>
<td>母穴 [mǔ xué ], 子穴 [bǔ xué]</td>
<td>Mother Point, Tonifying Point</td>
</tr>
<tr>
<td>Evlat Yuva, Tahliye Yuva</td>
<td>處穴 [zǐ xué], 冫穴 [xìe xué]</td>
<td>Child Point, Reducing Point</td>
</tr>
<tr>
<td>Sekiz Buluşma Yuva</td>
<td>八会穴 [Bā huì xué]</td>
<td>Eight Meeting Points</td>
</tr>
<tr>
<td>Kavşak Yuva</td>
<td>交會穴 [jiāo huì xué]</td>
<td>Crossing Point</td>
</tr>
<tr>
<td>Sekiz Damar Kavşak Yuva</td>
<td>八脈交會穴 [Bā mài jiao huì xué]</td>
<td>Crossing Point of Eight Vessels</td>
</tr>
</tbody>
</table>

NOT:

1. Yuvaların (noktaların) Türkçe çeviri hususundaki araştırmalar kitap sonunda eklenen “Türk Dilindeki Akupunktur Terminoloji Sorunu” başlıklıında teferruatlı anlatılmıştır.

(1) Hat-Ağ Öğretisi

Hat-ağlar, insan vücudunun bağlantı yolları, can dolaşım hatlarıdır. Geleneksel Çin Tıbbı'nın Jing Luo (Hat-ağ) Öğretisi, insan vücudundaki organ ve dokuların Hat Damar ve Ağ Damar olarak bilinen Can Damar’larıyla bütünleşğini tayyit ederek, insan vücudunu bir bütün gövde olarak kabul eden bir ilkedir. Fizyolojik faaliyet ve patolojik değişikliklerin temel teorisidir. Hastalıkları teşhis ve tedavi etmenin dayanağıdır. 
Bu öğretiye göre, bütün organ ve sistemlerin faaliyeti, bu Can (Qi) in kol ve bacaklarda eşit olarak 6 eksi, 6 artı ve ayrıca bunları tayin eden ve yönlenen onde bir eksi, arkada bir artı, toplam 14 hatta (sözde meridyenlerde) sürekli ve dengeli dolaşmasına bağlıdır. Şayet bu denge bozulursa insan hastalığa yakalanır. Akupunktur ‘un bilimsel açıklaması da işte bu Hat-Ağ Öğretisi ‘ne dayanmaktadır.

(2) Yuvaların (Noktaların) Tedavi Etkisi

Yuvalar, ait olduğu ha-ağa, bulunduğunu yere göre değişik tedavi özelliğine sahiptir. Klinikte yuva seçimini en önemli dayanak değildir. Özel etkiye sahip olan bazı yuvalar, klinikte tedavi özelliğine göre seçilir.
Değişik bölgeler ve değişik hat-ğlara ait bazı yuvalar, yeri ve hizmeti bakımından değişik niteliklere sahiptir, yani her bir hata ait yuvalar içinde ayrı özellik taşıyan önemli yuvalar vardır. Bu özel yuvaları şöyle çeşitlendirmek mümkün:

Beş Nakil Yuva 五输穴 [wǔ shù xué] Five Transport Points

**El ve Ayaktaki Eksi Hatların Beş Nakil Yuvası**

<table>
<thead>
<tr>
<th>Yuva</th>
<th>Kuyu</th>
<th>Arık</th>
<th>Dere</th>
<th>Çay</th>
<th>İrmak</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Nakil</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Eksi Organ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E - Akciğer</td>
<td>Ac-11</td>
<td>Ac-10</td>
<td>Ac-9</td>
<td>Ac-8</td>
<td>Ac-5</td>
</tr>
<tr>
<td>E - Kalp zari</td>
<td>Kz-9</td>
<td>Kz-8</td>
<td>Kz-7</td>
<td>Kz-5</td>
<td>Kz-3</td>
</tr>
<tr>
<td>E - Kalp</td>
<td>Kp-9</td>
<td>Kp-8</td>
<td>Kp-7</td>
<td>Kp-4</td>
<td>Kp-</td>
</tr>
<tr>
<td>A - Dalak</td>
<td>Dl-1</td>
<td>Dl-2</td>
<td>Dl-3</td>
<td>Dl-5</td>
<td>Dl-9</td>
</tr>
<tr>
<td>A - Karaciğer</td>
<td>Kc-1</td>
<td>Kc-2</td>
<td>Kc-3</td>
<td>Kc-4</td>
<td>Kc-8</td>
</tr>
<tr>
<td>A - Böbrek</td>
<td>Br-1</td>
<td>Br-2</td>
<td>Br-3</td>
<td>Br-7</td>
<td>Br-10</td>
</tr>
</tbody>
</table>

**El ve Ayaktaki Artı Hatların Beş Nakil Yuvası**

<table>
<thead>
<tr>
<th>Yuva</th>
<th>Kuyu</th>
<th>Arık</th>
<th>Dere</th>
<th>Çay</th>
<th>İrmak</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Nakil</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Artı Organ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E + Kalın bağırıak</td>
<td>Kb-1</td>
<td>Kb-2</td>
<td>Kb-3</td>
<td>Kb-5</td>
<td>Kb-11</td>
</tr>
</tbody>
</table>
Kuyu yuvalar: Genelde bilinçaltı olaylar, koma, ruhsal bozukluklar ve 5 Zang organın illeten taşın sendromlarında;
Arık yuvalar: Taşın, sıcak sendromlarda;
Dere yuvalar: El–ayaklarda oluşan ağırlıklarda; eklem ağrılarında ve sürekli değişen sendromlarda;
Irmak yuvalar: Beslenmeden kaynaklı mide ve bağırsak sendromlarında kullanılır.

2) Ana – evlat yuvalarına (noktalarına) Takviye ve Tahliye
Ana-Evlat (母子 Mother and Child) ilişkisi, Geleneksel Çin Tıbbı’nın Beş Madde Öğretisi’ne ait özel bir deyimdir. Beş Madde ilişkileri içinde, bir nesnenin yeniden üretildiği Evlat; yeni ürettiği ise Ana olarak kabul edilir. Her bir madde, iki yönlü ilişkiye sahiptir.


Öz hat (Günluck nöbetçi hat) üzerinde Takviye - Tahliye:

Öz hat üzerine Takviye - Tahliye, hastalık oluşan hattın 5 nakil yuvası üzerinde takviye - tahliye uygulamak demektir. Örneğin: Akciğer hattı metal nitelikli hattır. Beş Madde Öğretisine göre, topraktan metal üretiği için, akciğer hattının toprak nitelikli Ac-9 (Taiyuan) yuvası akciğer hattının ana yuvasıdır. Metal suyu ürettiği için, akciğer hattının su nitelikli Ac-5 helye olan A+ ve C+ noktaları ile takviye uygulanır.
(Chize) yuvası akciğer hattının evlat yuvasıdır. Akciğer hattında oluşan taşın sendromlarında “taşına evlat yuvaya tahliye” kuralına göre, Ac-5 (Chize) yuvasına tahliye uygulanır. Akciğer hattında oluşan yoksun sendromlarda ise “Yoksuna ana yuvaya takviye” kuralına göre, Ac-9 (Taiyuan) yuvasına takviye uygulanır.

 Diğer hat (O hat) üzerinde Takviye - Tahliye:

 Diğer hat üzerine Takviye - Tahliye, hastalık olan hattın ana hattının ana yuvasına; evlat hattının evlat yuvası üzerinde takviye - tahliye uygulamak demektir. Örneğin: Akciğer hattının ana hattı, toprak nitelikli dalak hattıdır. Dalak hattının toptak nitelikli Di-3 (Taibai) yuvası akciğer hattının ana hattının ana yuvasına. Dolayısıyla, Akciğer hattının yoksun sendromlarında, dalak hattının Di-3 (Taibai) yuvasına takviye uygulanır. Akciğer hattının evlat hattını su nitelikli böbrek hattıdır. Böbrek hattının su nitelikli Br-10 (Yingu) yuvası akciğer hattının evlat hattının evlat yuvasına. Dolayısıyla, akciğer taşın sendromlarında böbrek hattının Br-10 (Yingu) yuvasına tahliye uygulanır.

Kuyu Yuva 井穴 [jìng xué] Well Point


<table>
<thead>
<tr>
<th>6 Eksi Organ</th>
<th>Kuyu Yuva</th>
<th>6 Artı Organ</th>
<th>Kuyu Yuva</th>
</tr>
</thead>
<tbody>
<tr>
<td>E - Akciğer</td>
<td>Ac-11</td>
<td>E + Kalın bağırısk</td>
<td>Kb-1</td>
</tr>
<tr>
<td>E - Kalp</td>
<td>Kz-9</td>
<td>E + Üç odak</td>
<td>Üo-1</td>
</tr>
<tr>
<td>E - Dalak</td>
<td>Kp-9</td>
<td>E + İnce bağırısk</td>
<td>İb-1</td>
</tr>
<tr>
<td>A - Karaciğer</td>
<td>Kc-1</td>
<td>A + Safra kesesi</td>
<td>Sk-44</td>
</tr>
<tr>
<td>A - Böbrek</td>
<td>Br-1</td>
<td>A + Mesane</td>
<td>Ms-67</td>
</tr>
</tbody>
</table>

Kuyu yuvalar genelde, ruhsal bozukluklar, bayılmalar ve beş eksi organın taşın sendromlarında da kullanılır.

Arik Yuva 荥穴 [xíng xué] Brook point

**Arık yuvalar genelde taşkın sıcak sendromlarda kullanılır.**

**Dere Yuva 輸穴 [shū xué] Stream Point**
Türkiye kaynaklarında “Çay noktası”, “Shu – Stream noktası”, “3. eski su noktası”, “Sürükgen noktası” olarak değişik tarzda adlandırılan bu yuva, “Can” dolaşımının dolum yaptığı yerdir. (71)

<table>
<thead>
<tr>
<th>6 Eksi Organ</th>
<th>Dere Yuva</th>
<th>6 Artı Organ</th>
<th>Dere Yuva</th>
</tr>
</thead>
<tbody>
<tr>
<td>E - Akciğer</td>
<td>Ac-11</td>
<td>E + Kalın bağırsak</td>
<td>Kb-1</td>
</tr>
<tr>
<td>E - Kalp zari</td>
<td>Kz-4</td>
<td>E + Üç odak</td>
<td>Üo-1</td>
</tr>
<tr>
<td>E - Kalp</td>
<td>Kp-9</td>
<td>E + İnce bağırsak</td>
<td>Ib-1</td>
</tr>
<tr>
<td>A - Dalak</td>
<td>DI-1</td>
<td>A+ Mide</td>
<td>Md-45</td>
</tr>
<tr>
<td>A - Karaciğer</td>
<td>Kc-2</td>
<td>A + Safra kesesi</td>
<td>Sk-44</td>
</tr>
<tr>
<td>A - Böbrek</td>
<td>Br-1</td>
<td>A + Mesane</td>
<td>Ms-67</td>
</tr>
</tbody>
</table>

Dere yuvalar genelde el-ayaklarda rastlanan ağrı şikayetlerinde, eklem ağrılarda, sık-sık nükseden hastalıklarında kullanılır.

**Çay Yuva 经穴 [jīng xué] River Point**
Çay yuvaları genelde boğaz, gırtlak ağrıları, öksürük, nefes darlığı gibi soğuk-sıcak sendromlarda kullanılır.

**Irmak Yuva (hé xué) Sea point**


**El ve Ayaktaki Tüm Hatların Irmak Yuvaları**

<table>
<thead>
<tr>
<th>6 Eksi Organ</th>
<th>Irmak Yuva</th>
<th>6 Artı Organ</th>
<th>Irmak Yuva</th>
</tr>
</thead>
<tbody>
<tr>
<td>E - Akciğer</td>
<td>Ac-8</td>
<td>E + Kalın bağırsak</td>
<td>Kb-5</td>
</tr>
<tr>
<td>E - Kalpzarı</td>
<td>Kz-5</td>
<td>E + Üç odak</td>
<td>Üo-6</td>
</tr>
<tr>
<td>E - Dalak</td>
<td>Kl-5</td>
<td>E + İnce bağırsak</td>
<td>lb-5</td>
</tr>
<tr>
<td>A - Karaciğer</td>
<td>Kc-4</td>
<td>A + Safra kesesi</td>
<td>Sk-38</td>
</tr>
<tr>
<td>A - Böbrek</td>
<td>Br-7</td>
<td>A + Mesane</td>
<td>Ms-60</td>
</tr>
</tbody>
</table>

Irmak yuvaları genelde beslenme bozukluklarında kaynaklanan mide ve bağırsak hastalıklarında kullanılır.

**Alt Irmak Yuva (xià hé xué) Lower Sea Point**

Türkçe kaynaklarda “Alt birleşme noktaları”, “Alt confluent noktaları”, “Etkinin aşağı noktaları” olarak değişik isimlerle adlandırılan bu yuvalar, 6 Fu (Artı-organın) ayaklardaki (alt ekstremitlerdeki) Yığın yuvaları yanı alt irmak yuvalarıdır. (83)

**Alt Irmak Yuva ve Onların Dönüş Hatları**

<table>
<thead>
<tr>
<th>Altı Fu Organ</th>
<th>Alt Irmak Yuva</th>
<th>Döndüğü Hat</th>
<th>Altı Fu Organ</th>
<th>Alt Irmak Yuva</th>
<th>Döndüğü Hat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mide</td>
<td>Md-36</td>
<td>Mide hattı</td>
<td>Safra kesesi</td>
<td>Sk-34</td>
<td>Sarfa kesesi hattı</td>
</tr>
</tbody>
</table>
Kalın bağırskak  Md-37 Mesane  Ms-40 Mesane hattı
İnce bağırskak  Md-39  Üç odak  Ms-39

Alın ırırmak yuvaları genelde artı can taşıyan 6 Fu organa ait hastalıkların tedavisinde kullanılır

Asıl Yuva [yuán xué] Source Point

Türkçe kaynaklarda “Kaynak nokta”, “Yuan nokta”, “Yuan – Akıntı noktası”, “Kollektör nokta”, “Yardımcı noktası” gibi değişik isimlerle adlandırılan bu yuva, Eksi–organ (Zang) ve Artı–organ (Fu) lara ait Asıl Can’ın (Yuan Qı – 原气’ nin yani böbrekte saklanan “Can’’ nin) geçtiği ve barındığı yerdir. (72)

El ve Ayaktaki Tüm Hatların Asıl Yuvaları

<table>
<thead>
<tr>
<th>6 Eksi Organ</th>
<th>Asıl Yuva</th>
<th>6 Artı Organ</th>
<th>Asıl Yuva</th>
</tr>
</thead>
<tbody>
<tr>
<td>E – Akciğer</td>
<td>Ac-9</td>
<td>E + Kalın bağırskak</td>
<td>Kb-4</td>
</tr>
<tr>
<td>E – Kalp zari</td>
<td>Kz-7</td>
<td>E + Üç odak</td>
<td>Üo-4</td>
</tr>
<tr>
<td>E – Kalp</td>
<td>Kp-7</td>
<td>E + İnce bağırskak</td>
<td>Ib-4</td>
</tr>
<tr>
<td>A – Dalak</td>
<td>DI-3</td>
<td>A+ Mide</td>
<td>Md-42</td>
</tr>
<tr>
<td>A – Karaciğer</td>
<td>Kc-3</td>
<td>A+ Safra kesesi</td>
<td>Sk-40</td>
</tr>
<tr>
<td>A – Böbrek</td>
<td>Br-3</td>
<td>A Mesane</td>
<td>Ms-64</td>
</tr>
</tbody>
</table>

Asıl yuvalar, asıl canla sıkı ilişkilidir. 5 Zang organ hastalıklarının tanı - tedavisinde önemli rol oynar.

Ana Yuva [mǔ xué] Mother Point,  
Evlat Yuva [zǐ xué] Child Point


Tablo: Beş Nakil yuvalar içindeki Ana-Evlat ilişkili yuvalarının takviye - taliye seçimi

<table>
<thead>
<tr>
<th></th>
<th>Metal</th>
<th>Su</th>
<th>Ağaç</th>
<th>Ateş</th>
<th>Ateş</th>
<th>Topra</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ana</td>
<td>Hatlar</td>
<td>Akciğer</td>
<td>Böbrek</td>
<td>Karaciğer</td>
<td>Kalp</td>
<td>Kalpzarı</td>
</tr>
<tr>
<td>Yuva</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bu</td>
<td>Ana</td>
<td>Ac-9</td>
<td>Br-6</td>
<td>Kc-8</td>
<td>Kp-9</td>
<td>Kz-9</td>
</tr>
<tr>
<td>hattın</td>
<td>Yuva</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ana-</td>
<td>Evlat</td>
<td>Zan</td>
<td>Evlat</td>
<td>Ac-5</td>
<td>Br-1</td>
<td>Kc-2</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Yuvalar</th>
<th>metal</th>
<th>su</th>
<th>ağacı</th>
<th>ateş</th>
<th>ateş</th>
<th>toprak</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hatlar</td>
<td>Kalınbağır</td>
<td>Mesane</td>
<td>Safrakesesi</td>
<td>İncebağır</td>
<td>üç</td>
<td>odak</td>
</tr>
<tr>
<td>Fu</td>
<td>Ana Yuva</td>
<td>Kb-11</td>
<td>Ms-67</td>
<td>Sk-43</td>
<td>lb-3</td>
<td>Üo-3</td>
</tr>
<tr>
<td>Evlat Yuva</td>
<td>Kb-2</td>
<td>Ms-65</td>
<td>Sk-38</td>
<td>lb-8</td>
<td>Üo-10</td>
<td>Md-45</td>
</tr>
</tbody>
</table>

Tablo: Beş Nakil Yuvalar içindeki Ana-Evlat ilişkili yuvaların takviye ve taliye seçimi

<table>
<thead>
<tr>
<th>Yuvalar</th>
<th>metal</th>
<th>su</th>
<th>ağacı</th>
<th>ateş</th>
<th>ateş</th>
<th>toprak</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ana Hat</td>
<td>Dalak</td>
<td>Akciğer</td>
<td>Böbrek</td>
<td>Karaciğer</td>
<td>Karaciğer</td>
<td>Kalp</td>
</tr>
<tr>
<td>Ana Yuva</td>
<td>DI-3</td>
<td>Ac-8</td>
<td>Br-10</td>
<td>Kc-1</td>
<td>Kc-1</td>
<td>Kp-8</td>
</tr>
<tr>
<td>O hattın Evlat Hat</td>
<td>Böbrek</td>
<td>Karaciğer</td>
<td>Kalp</td>
<td>Dalak</td>
<td>Dalak</td>
<td>Akciğer</td>
</tr>
<tr>
<td>Ana-Evlat Zan g</td>
<td>Evlat Yuva</td>
<td>Br-10</td>
<td>Br-1</td>
<td>Kc-2</td>
<td>DI-3</td>
<td>DI-3</td>
</tr>
</tbody>
</table>

Örneğin; Çin felsefesine göre; akciğer metal nitelikli, böbrek ise su nitelikli organdır. Metalden su doğduğu için böbrek akciğerin evladi; akciğer ise böbreğin anasıdır. İşte bu Ana – Evlat ilişkisidir. (86)

Gece Yarısı Öğlen Doluş (GYÖD) yani Sap-Dal akupunktur yöntemine göre zaman koşulu altında uygulanması gereken diz ve dirsek altı kısımlarındaki beş nakil yuvaları da beş madde niteliğini taşımaktadır. Yuvaların seçimi İşte bu beş madde arasındaki birbirini doğma ve doğurma olayına göre Taşkin belirtilerde evlat yuvaya Tahliye, Yoksun belirtilerde ise ana yuvaya Takviye uygulanır. (87).

Örneğin. Akciğer Hattı (meridyeni), Xin - 辛 (S8) günü nöbet tutan, Yin - 印 (D3 vakti yani saat 3 – 5 arası) dolom yapan metal nitelikli eksi hattır. (88)

Nefes darlığı, nabız zayıflığı, şişme gibi Akciğer Yoksunluk’larında (yani kuvvetin eksikliğinde oluşan belirtilerde (Xu Zheng - 虚证 - Deficiency), Mao - 卯 (D4) vakti yani saat 5 – 7 arası), bu hattın toprak nitelikli Dolum Yuvası Taiyuan (Ac–9)’a Takviye yapılır. Çünkü
Taiyuan (Ac–9) topraktan metali doğuran Ana yuvadır. (89)

Göğüs ağrısı, öksürük, gibi Akciğer Taşkınlık’larında (yani illetin fazlalığından oluşan belirtilerde (Shi Zheng – 实证 - Excess), Yin- 脾 (D3) vakti yani saat 3 - 5 arası) bu hattın su nitelikli Yığın Yuvası Chize (Ac–5)’ye Tahliye yapılır. Çünkü Chize (Ac–5) metalden su olarak doğan Evlat yuvadır. (90)

(Diğer hat-ağların “Ana” ve “Evlat” yuvalarını uygulanan Takviye ve Tahliye ellemeleri ve vakitleri için Pratik Bilgisayarlı Akupunktur adlı eserin 72s. – 75s. Sayfalarına bakınız.) (91)

Ağ Yuva 累穴 [luò xué] Connection Point


### Eldeki Ağ Yuvalar

<table>
<thead>
<tr>
<th>Eksi Hatlar (iç)</th>
<th>Ağ Yuva</th>
<th>Artı Hatlar (dış)</th>
<th>Ağ Yuva</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eldeki (- - -) Aciğer</td>
<td>Ac-7</td>
<td>Eldeki (+++) K.bağırı eks</td>
<td>Kb-6</td>
</tr>
<tr>
<td>Eldeki (-) Kalp</td>
<td>Kp-5</td>
<td>Eldeki (+) i.bağırı eks</td>
<td>Ib-7</td>
</tr>
<tr>
<td>Eldeki (-) Kalpzaı</td>
<td>Kz-6</td>
<td>Eldeki (+) Üç odak</td>
<td>Üo-5</td>
</tr>
</tbody>
</table>

### Ayaktaki Ağ Yuvalar

<table>
<thead>
<tr>
<th>Eksi Hatlar (iç)</th>
<th>Ağ Yuva</th>
<th>Artı Hatlar (dış)</th>
<th>Ağ Yuva</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayaktaki (- - -) Dalak</td>
<td>Br-4</td>
<td>Ayaktaki (+) Mesane</td>
<td>Ms-58</td>
</tr>
<tr>
<td>Ayaktaki (-) Böbrek</td>
<td>Br-4</td>
<td>Ayaktaki (+) Mesane</td>
<td>Ms-58</td>
</tr>
<tr>
<td>Ayaktaki (-) Karaciğer</td>
<td>Kc-5</td>
<td>Ayaktaki (+) Safrakesesi</td>
<td>Sk-37</td>
</tr>
</tbody>
</table>

### Vali Damar, Bakan Damar ve Dalak Ağının Ağ Yuvaları

<table>
<thead>
<tr>
<th>Yuvalar</th>
<th>Dağılımı</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bölgeler</td>
<td>Ağlar</td>
</tr>
<tr>
<td>Vücutun önü</td>
<td>Bakan Damar Ağı</td>
</tr>
<tr>
<td>Vücutun arkası</td>
<td>Vali Damar Ağı</td>
</tr>
<tr>
<td>Vücutun yanı</td>
<td>Dalak Ağı</td>
</tr>
</tbody>
</table>

Ağ Yuvalar, ait olduğu ağ damarın yoksun ve taşın sendromlarının tedavisinde kullanılır.
Ayrıca, aynı nitelik taşıyan hatlar arasında Asıl – Ağ bağlantısı kurarak nokta ayarlamasına dayanak sağlar.

**Delik Yuva [xì xué] Cleft Point**

Türkçe kaynaklarda “Akut nokta”, “Xi noktası”, “Sınır noktaları”, “Cleft (Xi) points”, “Akümülatıng noktaları”, “Birikme noktaları”, “Ağrı kesici nokta” olarak değişik isimlerle adlandırılan bu yuva, Hat-ağrıldaki canın saklandığı derin boşluklardır. (97)

**On Altı Delik Yuva**

<table>
<thead>
<tr>
<th>Eldeki Üç Eksi</th>
<th>Eldeki (-)</th>
<th>Eldeki (-)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eldeki (+++)</td>
<td>Eldeki (+)</td>
<td>Eldeki (+++)</td>
</tr>
<tr>
<td>Eldeki Üç Artı</td>
<td>Kg-7</td>
<td>Üo-7</td>
</tr>
<tr>
<td>Ayaktaki (+++)</td>
<td>Ayaktaki (+)</td>
<td>Ayaktaki (++)</td>
</tr>
<tr>
<td>Ayaktaki Üç Artı</td>
<td>Md-34</td>
<td>Sk-36</td>
</tr>
<tr>
<td>Ayaktaki (- - -)</td>
<td>Ayaktaki (- -)</td>
<td>Ayaktaki (- -)</td>
</tr>
<tr>
<td>Ayaktaki Üç Eksi</td>
<td>Dl-8</td>
<td>Kc-6</td>
</tr>
</tbody>
</table>

Delik yuvalar, akut hastalıklar tedavisinde kullanılır. Bu yuva aynı zamanda bastırma tanısının önemli yuvası.

**Sekiz (Damarın) Kavşak Yuvası 八脉交会穴 [bā mài jiāo huì xué] Confluence point of eight extraordinary meridians / channels**


Bu sekiz yuva, Renmai (Bakann damar), Dumai (Vali damar), Chongmai (Atak damar), Daimai (Kemer damar), Yinweimai (Eksi ayar damar), Yangweimai (Arti ayar damar), Yinqiaomai (Eksi zıp damar), Yangqiaomai (Arti zıp damar) gibi sekiz gayri damarın 12 ana hatla kesiştiği yerdir.

Göğüs, karın ağrılıarı ve gerilmelerinde, Gongsun (Dl-4), Neiguan (Yp-6) yuvaları seçilir. Çünkü Neiguan (Yp-6) Eksi ayar damara; Gongsun (Dl-4) ise Atak damara açılır. Bu iki özel hat-ağ, göğüs ve mide birleşir. (Tablo 9. 1)

**Tablo Sekiz Kavşak Yuva ve Sekiz Damarın kesişmesi**

<table>
<thead>
<tr>
<th>Yuva</th>
<th>Ait olduğu hat</th>
<th>Kesiştiği damarlar</th>
<th>İlişkileri</th>
<th>Tedavi alanları</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dl-4</td>
<td>Dalak, Kalp zari</td>
<td>Atak Damar</td>
<td>Eksi Ayar</td>
<td>Atalık Analık</td>
</tr>
</tbody>
</table>

**Sekiz Buluşma Yuva 八会穴 [bā huì xué]**

Türkçe kaynaklara da “Usta nokta”, “Meeting (master) nokta”, “Etkinin noktaları”, olarak bilinen bu yuva, Zang (Eksi organ) hastalıkları için Kc-13, Fu (Artı organ) hastalıkları için BD-12, Can hastalıkları için BD-17, Kan hastalıkları için Ms-17, Kıiriş ve kas hastalıkları için Sk-34, Damar hastalıklarının için Ac-9, Kemik hastalıklarının için Ms-11, İlik hastalıkları için Sk-39

İzin Yuva 俞穴 [shū xué] Back transport point 俞穴 [yú xué] olarak da telaffuz edilir.)

**Eksi ve Artı Organların 12 İzin Yuvaları**

<table>
<thead>
<tr>
<th>Organlar</th>
<th>İzin Yuvaları</th>
<th>Organlar</th>
<th>İzin Yuvaları</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akciğer</td>
<td>Ms-13</td>
<td>Mide</td>
<td>Ms-21</td>
</tr>
<tr>
<td>Kalp zarı</td>
<td>Ms-14</td>
<td>Üç odak</td>
<td>Ms-22</td>
</tr>
<tr>
<td>Kalp</td>
<td>Ms-15</td>
<td>Böbrek</td>
<td>Ms-23</td>
</tr>
<tr>
<td>Karaciğer</td>
<td>Ms-18</td>
<td>Kalın bağırsk</td>
<td>Ms-25</td>
</tr>
<tr>
<td>Safra kесesi</td>
<td>Ms-19</td>
<td>İnce bağırsk</td>
<td>Ms-27</td>
</tr>
<tr>
<td>Dalak</td>
<td>Ms-20</td>
<td>Mesane</td>
<td>Ms-28</td>
</tr>
</tbody>
</table>

İzin Yuvaları, iç organ hastalıklarının tanı – tedavisinde kullanılan önemli yuvalardır.

**Bağış Yuva [mù xué ] Alarm point**


**Eksi ve Artı Organların 12 Bağış Yuvaları**

<table>
<thead>
<tr>
<th>İki yanda</th>
<th>Ortada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organlar</td>
<td>Bağış Yuvaları</td>
</tr>
<tr>
<td>Akciğer</td>
<td>Ac-1</td>
</tr>
<tr>
<td>Karaciğer</td>
<td>Kc-14</td>
</tr>
<tr>
<td>Safra kесesi</td>
<td>Sk-24</td>
</tr>
<tr>
<td>Dalak</td>
<td>Kc-13</td>
</tr>
<tr>
<td>Böbrek</td>
<td>Sk-25</td>
</tr>
<tr>
<td>Kalın bağırsk</td>
<td>Md-25</td>
</tr>
</tbody>
</table>


**Kavşak Yuva [jiāo huì xué] Crossing point**

Türkiye kaynaklarda ‘Açar nokta’, ‘Anahtar nokta’, ‘Kardinal nokta’ olarak bilinen bu yuva, belli hat ağ’a ait bir yuvanın başka birkaç hatla kesistiği yuvalardır. (102)

Örneğin: Zhong Ji (BD-3) ve Guan Yuan (BD-4) ile Bakun Damar’a (Ren Mai) ait yuvalardır, aynı zamanda Bakun Damar ile ayaktaki üç eksi hattin kesistiği Kavşak Yuva’dır. (103)

Öz Yuva (Ben Xue 本穴 Same Point)
Günün nöbetçi hattına ait organın 5 madde niteliği ile 5 Nakil yuvasının 5 madde niteliği arasında uyum sağlanan yuvadır.

Öz Yuvalar

<table>
<thead>
<tr>
<th>12 Hat</th>
<th>Karaciğer</th>
<th>Kalp</th>
<th>Kalpazarı</th>
<th>Dala k</th>
<th>Akciğer</th>
<th>Böbrek</th>
<th>K. bağırısa k</th>
<th>Mesa ne</th>
<th>Safrakesesi</th>
<th>İ. bağırısa k</th>
<th>Üçodak</th>
<th>Mide</th>
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</thead>
<tbody>
<tr>
<td>5 Madd e</td>
<td>Ağaç</td>
<td>Ateş</td>
<td>Toprak</td>
<td>Metal</td>
<td>Metal</td>
<td>Su</td>
<td>Su</td>
<td>Ağaç</td>
<td>Ateş</td>
<td>Toprak</td>
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</tr>
<tr>
<td>5 Nakil</td>
<td>Kuyu</td>
<td>Arik</td>
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<td>Çay</td>
<td>Kuyu</td>
<td>Arik</td>
<td>Dere</td>
<td>Çay</td>
<td>Çay</td>
<td>-------</td>
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</tr>
<tr>
<td>Öz Yuva</td>
<td>Kc-1</td>
<td>Kp-8</td>
<td>Kz-8</td>
<td>DL-3</td>
<td>Ac-8</td>
<td>Br-10</td>
<td>Kb-1</td>
<td>Ms-66</td>
<td>Sk-41</td>
<td>IB-5</td>
<td>Md-36</td>
<td>Uo-6</td>
</tr>
</tbody>
</table>

Tepki Noktaları


Yuva (Nokta) Seçme Kuralı

Yuva (Nokta) seçme kuralı, yuva seçim sırasında uygulması gereken temel kuraldır.

Yakin Seçim

Yakin Seçim, hastalığın yerel bölgesinde veya o bölgeye nispeten yakın daire içindeki yuva seçimektir. Örneğin: Başın tepesi ağrılarda Vd-20 (Baihui 百会 GV20); Burun hastalıklarında Kb-20 (Yingxiang 迎香 LI20), Md-3 (Jujião 巨顳 ST3), Vd-23 (Shangxing 上星 GV23); Ms-7 (Tongtian 通天 BL7); Mide ağrısında Bd-12 (Zhongwan 中脘 CV12); Yüz

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Yükseltme Noktarı

Yuvarın (Nokta) seçim sırasında uygulaması gereken temel kuraldır.

Yakin seçim

Yakin seçim, hastalığın yerel bölgesinde veya o bölgeye nispeten yakın daire içindeki yuva seçimektir. Örneğin: Başın tepesi ağrılarda Vd-20 (Baihui 百会 GV20); Burun hastalıklarında Kb-20 (Yingxiang 迎香 LI20), Md-3 (Jujião 巨顳 ST3), Vd-23 (Shangxing 上星 GV23); Ms-7 (Tongtian 通天 BL7); Mide ağrısında Bd-12 (Zhongwan 中脘 CV12); Yüz

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Tepki Noktaları


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Yuva (Nokta) Seçme Kuralı

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felçlerinde Md-6 (Jiache 颊车 ST6), Md-4 (Dicang 地倉 ST4), İb-18 (Quanjiao 颊髎 SI18), Sk-20 (Fengchi 凤池 GB20).

Uzak Seçim
Uzak Seçim, hastalık bölgesindeki hat veya ilgili hat üzerinde, hastalık yerine nispeten uzak mesafeden yuva seçmektir.
Örneğin: Mide ağrısında Md-36 (ST36); Üst diş ağrılarında Md-44 (ST44); Alt diş ağrısında Kb-4 (LI4); Başın arkası ağrılarında İb-3 (SI13) ve Ms-62 (BL62).
Uzak seçimin çapraz seçim, ilgili seçim olarak ayrıca uygulamaları da vardır.

Çapraz Seçim: Hastalık sağ tarafta oluşmuşsa solda seçmek veya tersine solda ise sağda seçmek. Örneğin: Sol taraf migrene Sağ taraf Üo-5 (TE5);

İlgili Seçim: Esas itibariyle el ve ayaklardaki alt-üst simetrik özelliğine göre hastalık yerine ilgili yuvaları seçmektir. Örneğin: Sol parmaklar ile ayak parmakları, el bileği ile ayak bileği, dirsek eklemi ile diz eklemi, omuz eklemi ile kalça eklemi gibi. Veya bir diğer örnekte, ayak bileğinde burkulma olduğunda bilek bölgesinde ilgili yuvalar seçilebilir.

Tanılı Seçim
Hastalık özelliğine göre, hastalık nedeni ve tanısı üzerinde yorum yaparak yuva seçmektir.

a. Ateşlenme, aşırı terleme, gece terleme, halsizlik, katılma (konvülşyon), baygınlık gibi belirtiler Sergilenen vakalarda, tanımı seçim uygulanmalı. Örneğin: Böbreğin eksi (Yin) yoksunluğundan oluşan yoksun-sıcak sendromlarda Ms-23 (BL23), Br-3 (KI3); Karaciğerin artı (yang) niteliğinin alevlenmesinden oluşan konvülşyonlarda Kc-3 (LR-3), Kc-2 (LR2) yuvaları seçilir.

b. Hastalık yerini belirleden hastalıklarda tanımlı seçim, hastalığın köküne göre tedavi etme kuralının uygulanması olabilir. Örneğin: Diş ağrısını hastalık nedenine göre, rüzgar ateşinden, mide ateşinden kaynaklanmış olabilir. Rüzgar ateşinden olanlara Sk-20 (GB20); Üo-5 (TE5) yuvaları; Mide ateşinden olanlara ise Ms-44 (ST44), Kb-2 (LI2) yuvaları; Böbrek yoksunluğunda oluşan diş ağrılarda ise Br-3 (KI3), Kc-2 (LR2) yuvaları seçilir.

Belirtili (Semptomatik) Seçim
Semptomatik seçim, hastalığın özel belirtilerine göre yuva seçmektir. Bu yöntemi, yuvaların (noktaların) özel etkisi ve klinik deneyelerin akupunktur reçetesindeki somut uygulaması olarak değerlendirilecek mümkündür. Örneğin: Ceninin yanlış konumlanması (Malposition of fetus) Ms-67 (BL67), rahim kanamasında (metrorrhagia and metrostaxis) Di-1 (SP1);

Bazen, hat dişı yuvalar bazı hastalıklarda özel etki sergiler. Örneğin: Dingchuan 定喘 yuvası astma karşı çok etkilidir. Bel ağrılarda hassas noktalar; boyun tutulumlarında wailaogong (外劳宫) gibi.

NOT: Hat dişı yuva Dingchuan (定喘, 7. Boyun omurga çıkıntısından iki yana 0.5 – 1 Cun
mesafede), Kz-6 (Neiguan), BD-17 (Tanzhong) ile birlikte uygulandığında bronşit ve astma karşı daha etkilidir.

**Yuva Ayarlama Yöntemi**

Yuva Ayarlama Yöntemi, yuva seçme kuralı temeli, değişik hastalıkların tedavi ihtiyacına göre, koordinasyonu rolüne sahip iki fazla yuvarı ekleyerek gerçekleşen ayarlama yöntemidir.

**Hat’a (meridyene) göre ayarlama**

Öz hatta göre ayarlama

Belli bir organ ve hat damarda hastalık oluştuğunda, işbu organ veya hat damara ait yuvaları seçerek reçete hazırlamaktır. Örneğin: Safra kesesi hattının artı (Yang) alevlenmesinden kaynaklanan baş ağırlarında, yakın seçim olarak Sk-8 (Shuaigu GB8), Sk-20 (Fengchi GB20) yuvaları; uzak seçim olarak safra kesesi hattının arık yuvası Sk-43 (Jiaxi GB43) seçilir. Mide ateşi nelleminin yüksekmesinden kaynaklanan diş ağrılarda, yakın seçim olarak mide hattının Md-6 (Jiache ST6); uzak seçim olarak Mide hattının arık yuvası Md-44 (Neiting ST44) yuvası seçilir.

Dış ve iç hatta göre ayarlama

Belli bir organ ve hat damarda hastalık oluştuğunda, işbu hatta ve onunla iç-dış bağlantısı olan hatta ait yuvaları seçerek reçete hazırlamaktır. Örneğin: Rüzgar ve sıcak illetlerinin akciğeri istila etmesinden kaynaklanan nesle ve öksürüklerde, akciğer hattının Ac-5 (Chize LU5) yuvası ve kalın bağırskı hattının Kb-11 (Quchı LI11), Kb-4 (Hegu LI4) yuvaları seçilir. İşte bu aynı nitelik taşıyan iç-dış hatlar arasında Asıl yuva ile Ağ yuvayı ayarlaryar reçete hazırlanır.

İsimdış hatta göre ayarlama

El ve ayaklardaki isimdış hatları (Can’ın kutuplaşma derecesine göre aynı niteliğe sahip olan hatları) birbirine ayarlaryar reçete hazırlanır. Bu Yöntem “Aynı canlar geçinir” teorisine göre uygulanır. Örneğin: En Artı (Yangming) hatlardaki dengesizlikten kaynaklanan bağ ağırları, eldeki En artı can taşıyan kalın bağırskı hattının Kb-4 (Hegu LI4) yuvası ile ayaktaki En Artı can taşıyan Mide hattının Md-44 (Neiting ST44) yuvası seçilir. Boyun tutulumlarında eldeki Çok Artı (Taiyang) can taşıyan ince bağırskı hattının İb-3 (Houxi SI3) yuvası ile ayaktaki Çok Artı (Taiyang) can taşıyan mesane hattının Ms-60 (Kunlun BL60) yuvası seçilir.

**Bölgeye göre yuva ayarlama**

a. Üst- alt ayarlama

Bel bölgesinin üst kısmını veya kol (üst ekstermiteler) yuvaları ile bel bölgesinin alt kısmını veya bacak (alt ekstermiteler) yuvalarını beraber kullanarak reçete hazırlamaktır.
Örneği: mide ağrılarında, üstten Kz-6 (Neiguan PC6), alttan Md-36 (Zusanli ST36) yuvası; Rahim sarkmalarında üstten Vd-20 (Baihui GV20) yuvası, alttan DL-6 (Sanyinjiao SP6); Böbrek eksi yoksunluklarından kaynaklanan boşöl, girtltak şişmeleri ve ağrılarında üstten Kb-11 (Quchi LI11) veya Ac-10 (Yuji LU10) yuvası, alttan Br-3 (Taixi KI3) veya Br-6 (Zhaohai KI6) yuvası; Sekiz damarın kavşak yuvalarının ayarlanması işte bu yönteme aittir.

b. Ön-arka ayarlama
   Örneği: Mesane hastalıklarında, önden Md-28 (Shuidao ST28) veya Bd-3 (Zhongji CV3) yuvalar; ardından Ms-28 (Pangguangshu BL28) veya Ms-54 (chibian BL54) yuvaları; Akciğer hastalıklarında önden Bd-20 (Huagai CV20) Ac-1 (Zhongfu LU1), ardından Ms-13 (Feishu BL13) yuvası seçilir. İzin ve Bağış yuvalarının ayarlanması işte bu yönteme aittir.

c. Sağ-sol ayarlama
   Vücutun sağ ve sol tarafiındaki yuvaları ayarlayarak yuvalar arasındaki sinerjik (görevdaşlık) etkisini pekiştiren yöntemdir.
   Örneği: Sol taraf migrende, soldan Taiyang, Md-8 (Touwei ST8) ve sağ taraftan Üo-5 (Waiguan TE5), Sk-41 (Zulinqi GB41) yuvalar; Sol taraf yüz felcinde soldan Taiyang, Md-6 (Jiache ST6), Md-4 (Dicang ST4) yuvalar ve sağdan Kb-4 (Hegu LI4) yuvası seçilir.

d. Uzak-yakın ayarlama
   Hastalığın yerel bölgesi ile uzak bölgelerindeki yuvaları ayarlayarak gerçekleştirilen yöntemdir.
   Örneği: Göz hastalıklarında, Ms-1 (Qingming BL1), Kb-4 (Hegu LI4), Sk-37 (Guangming GB37) yuvalar; Mide hastalıklarında Bd-12 (Zhongwan CV12), Kz-6 (Neiguan PC6), Md-36 (Zusanli ST36) yuvaları seçilir.
Evidence Based Guidelines: good or bad thing for Acupuncture?

H. TRUONG TAN TRUNG
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Evidence Based Guidelines: good or bad thing for Acupuncture?
Evidence Based Medicine uses a hierarchy of scientific evidences that now ranks first Evidence Based Guidelines. This requires having the best and most recent scientific evidence available to provide a correct critical analysis. In the field of acupuncture, this is not always easy. Based on the example of French recommendations on the management of low back pain, the author studies the need for good quality bibliographic references and the involvement of acupuncturists and their representative societies as stakeholders in the development of Evidence Based Guidelines.

As OARSI did with 2014 guidelines for the non-surgical management of knee osteoarthritis or NICE with 2016 guideline for low back pain, the French National Authority for Health (HAS) published an Evidence Based Guideline for management of patients with a Low Back Pain and concluded that: Acupuncture, acupressure and dry needling have not been shown to be effective in the progression of low back pain. The French College of Acupuncture doesn’t agree with this conclusion:

Concerning the constitution of the expert panel.
Concerning the exhaustiveness of the data and their interpretation:
- The recommendation is not only based on scientific evidence
- The assessment of acupuncture is unfair

The development of evidence-based guidelines should be encouraged but also should respect the equality of evaluation between each evaluated therapies. It’s our role to both provide good quality references and be present in the expert panel.

Keywords: Acupuncture; EBM; Evidenced Based Guideline

*****
ACUPUNCTURE AND STRESS

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Introduction
Some randomized trials demonstrate a significant positive impact on treatment of stress-related symptoms and perceived stress. Complex social changes seem to be the cause of increased stress-related diseases but the lack of clarity about the definition of stress makes it complex to investigate. The basis of stress in Chinese Medicine is commonly rooted in the liver energy imbalance, often liver qi stagnation. Individuals can experience a wide variety of symptoms ranging from digestive disorders, such as irritable bowel syndrome and chest distension, to atrial fibrillation, immunosenescence and menstrual disharmonies. Emotional challenges including depression, anger, general agitation are frequent.

Objective
Our report aims to summarize the state of the art of the scientific literature about this topic and expose our practical experience on a large scale of patients with acupuncture treatment according to traditional Chinese medicine and modern microsystems. Victims of abuse or violence are a sub-population of clinical interest in stress and coping research due to severity of symptoms and social consequences of the problem. Aim of the study is to verify the physical and psychological efficacy of acupuncture in combination with psychological support therapy in patients undergoing maltreatment or abuse at any age who present secondary symptoms of stress or post traumatic stress disorder (PTSD).

Method
The study is a prospective non-randomized experimental study on 36 consecutive volunteer-enrolled patients. Clinical and anamnestic data were collected at the beginning of treatment and at the end of the 10 sessions according to a standard protocol.

Results
Treatment resulted in a substantial clinical improvement in all investigated symptoms with a good percentage of complete regression (headache: 60%, gastrointestinal symptoms: 40%, sleep disorders: 22%, dysmenorrhoea: 44%). Self-evaluation data related to well-being, osteomuscular pain and emotional parameters are shown in Table 1.

Conclusion
Acupuncture has proven to be highly effective in treatment of victims of abuse and violence and in stress related symptoms.

Keywords: Acupuncture; stress; abuse; well-being

*****
“Complementary Acupuncture Points” treatment of insomnia: simple, convenient and effective

M. SUN

WFAS, Academic, Beijing, China

Abstract
To aim at the key problem that acupoints selection and combinations are too difficult, and the body surface distribution of the meridians is too complex, and acupoints are too more. The complementary acupoints theory and acupuncture method is put forward scientifically by Zhixin Yang, Ph.D., Professor.

Keywords: acupuncture points; mutual enhancing effects of yin and yang; insomnia

*****
Effectiveness of Acupuncture for Trigeminal Neuralgia

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Objective: To assess the effectiveness of acupuncture in the treatment of trigeminal neuralgia

Material: Disposable needles (40mm length, 0.30mm diameter)

Method: Trigeminal neuralgia is characterized by severe episodes of pain caused by the inflammation and/or compression of the three branches of the trigeminal nerve and/or the Gasser’s ganglion. The most commonly administered drugs are often only partially effective and are accompanied by side effects. Based on the fundamental assumption of acupuncture theory that pain represents a block and/or a deceleration of the energy flow, we hypothesized that pain attacks may be relieved and/or overcome by facilitating and stimulating the energy circulation of the affected meridians. We selected a sample of 85 subjects, 78 women and 7 men aged 48 - 65 with no additional conditions. They were treated with 30-minute acupuncture sessions once a week. The needles were superficially placed in situ without any manipulation. Therapy sessions were gradually less frequent as symptoms improved, up until their complete disappearance or stabilization of the clinical overview. Meanwhile, the intake of medication was gradually reduced. The points used were B2, GB1, Th23, St3, St5, St6, St7, B60, B63, GB34, GB38, St36 and St44.

Results: 68 subjects (80%) showed no more pain attacks after 5 sessions. Clinical overview was resolved for 10 more subjects after 10 sessions. The remaining 7, 3 had no response to the treatment while 4 exhibited a residual mild paraesthesia in the areas previously involved in the pain attacks. The subjects were monitored for 12 months after the end of the treatment and showed no relapses or deterioration of the clinical overview. Complete medication weaning occurred for 65 subjects.

Conclusion: The limited size of the sample does not permit us to make scientific affirmations, however the data suggests that acupuncture is an effective tool for the treatment of trigeminal neuralgia.

Keywords: trigeminal neuralgia; pain; acupuncture; medication weaning

*****
Acupuncture and Migraine: its rightful place in Evidence Based Guidelines

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²FAFORMEC, france, mont-saint-aignan, France

Evidence Based Medicine uses a hierarchy of scientific evidences that now ranks first Evidence Based Guidelines. This requires having the best and most recent scientific evidence available to provide a correct critical analysis.

Acupuncture is a good therapeutic and preventive option in the migraine and headache management. It must be known by any health professional and it’s the aim of Evidence Based Guidelines.

Guidelines are not always up to date. We should work with authorities in order to participate to the elaboration of new recommendations.

Based on the example of French recommendations on the management of migraines, the author studies the need for good quality bibliographic references and the involvement of acupuncturists and their representative societies as stakeholders in the development of Evidence Based Guidelines.

The author is a member of the French steering committee and specifies the conditions that allow acupuncture to be taken into account at its fair value.

Keywords: migraines; acupuncture; guidelines; health authorities

*****
THE EFFECTS OF ACUPUNCTURE ON SOCIAL LIVING IN MIGRAINE

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Health Centre Terme Ptuj, Ptuj, Slovenia
General Hospital, Slovenj Gradec, Slovenia

Objectives
The acupuncture provide interoceptive signal to trigeminal-cervical system inducing change in interoceptive processing and consequently feelings related to pain and emotions. The equilibrium in social activities should be restablished through its effects. According to the biopsychosocial model, we expected improvements in social functioning after acupuncture.

Method and subjects
We conducted survey in the 28 patients with migraine (6 men, 22 women; age 46.4±7.2 years). Mostly we have used a battery of acupoints: St 2, St 6, St 8, St 15, GB 8, GB 14, Gb 20 and HN 5. The structured interview was centered to evaluate the daily living such as social activities, family life and work activity. We explored the subjective effectiveness of acupuncture. Also, the physical pain, sleep and mood were assessed after acupuncture. We detected the responses to acupuncture and analyzed the association between variables using Chi square test (SPSS).

Results
Acupuncture was effective in in 23 pts. (85.2%). The satisfaction was achieved in 20 pts. (74.1%). Physical pain was ameliorated in 21 pts. (80.8%); mood improved in 20 pts. (74.1%) and sleep in 10. pts (40.0%). Before the acupuncture, disturbances in social life was reported in all studied patients. Improvement in functioning at the work was reported 15 pts. (75.0%), in social activities 17 pts. (65.4%) and in family life 17 pts. (70.8%). The medicine intake was reduced in 19 pts. (70.4%). We found and association between immediate effect of acupuncture and work functioning (p=0.001), improvement in family life (p=0.004) and social activities (p=0.006). We found and association between effect of acupuncture and improvement in physical pain (p<0.001) and in mood as well (p=0.002). We did not find the association between effect of acupuncture and sleep improvement (p=0.094).

Conclusions
We found that acupuncture in migraine patients has significant positive effect on social living through its effectiveness, improvement in physical pain and mood.
Complementary-Alternative Medicine (CAM) In This Age

Is a Paradigm Shift Going to Happen in Health Providing Systems?

What Are the Effects of Evolution in Two Big Fields (Biotechnology & Information Technology) on Health Providing Systems in Present Time & Future?

An Important Keyword in This Digital World Is “Maximum Speed”

TCM & Other CAM Modalities Should Wear New Clothes! “Speed” Is an Important Priority in This Field?

CAM Should:
Be Very Simple
Become Less Expensive
Give Fast Results
Have Permanent Efficacy
Require Less Follow-up
Notice All Client’s Aspects

• Contemporary Society is Continuously Changing and Increasingly Complex
• Fast Changing of Social Life is a Reality
• Could CAM Adjust With New Changes of Social Life in This Age?

• CAM Users & CAM Non-Users
• What is the Health Belief Model (HBM)? Understanding Why People Use CAM?
• Are CAM Users Homogenous or Not?

Some Beliefs About CAM & Modern Medicine:
• CAM Can Quickly Cure Health Problems
• CAM Can Treat Incurable Diseases
• CAM Can Improve Health Level and Can Increase Resistance of Body Against Diseases
• Use of Conventional Medicine for Treating of Some Diseases is Unsatisfactory
• CAM is Cheaper than Conventional Methods of Treatment
• Cultural Tendencies

Which Factors Threat CAM in This Age!
Concomitant of Its Expansion in All Over the World, Both Correct & Wrong Informations About Health & CAM Methods and Indications Holds in All People.
• The Number of CAM Experts is Very Low than People Who Need CAM Services.
Most of Health Strategist & Planners Are Non-CAM Experts So They Can’t Put CAM Policies in Right Position.

Many CAM Experts Are One-Dimensional, They Don’t Have the General Information & Indications And Capabilities of the CAM Branches Different to What They Practice

The Number of Sessions Referring to Treatment in Some Branches of CAM Such as TCM is Too Much.

The Time Needed to Achieve Response in Some CAM Methods Such as Acupuncture is So Late.

Effective Outcomes in Treatment Depends on
- Technical Skills
- Non-Technical Skills

Technical Skills:
Should Be Fast & Effective, Simple, Noninvasive, Less Expensive, Require Fewer Sessions of Treatments.

Non-Technical Skills:
- Therapeutic Relationship
- Rapport

Therapeutic Relationship:
- Paternalistic Model
- Shared Decision Making Model
- Consumeric Model

Paternalistic Model
Client Is Passive and Therapist is a Technical Expert.
This Model is Good for Clients That Have Low Self-Esteem, Low Socioeconomic Level with Accepted Sick Role

Shared Decision Making Model:
Sharing in Information and Choosing Treatment Plan Between Client and Therapist
This Method is Enterprise & Collaborating Shared Decision Making Model is Most Commonly Used in This Age.

Consumeric Model:
The Practitioner is the Service Provider Rather than the Expert!
The Client Chooses The Treatment Plan!

In This Age
Shared Decision Making Model is Suggested in Many Countries.

Therapeutic Relationship Can Promote and Inhibit Effective Therapeutic Outcomes
To Achieve a Good Therapeutic Relationship the Practioner Should Knew Rapport Techniques

A Good Rapport is:
The Ability to Demonstrate Warmth, Empathy, Openness, Genuineness and Non-Judgmental Nature.

Each Practioner of Complementary & Alternative Medicine Should Be Familiar with Basics & Indications and Capabilities of Other Common CAM Methods.

Factors That Affect the Therapeutic Relationship
- Values Shift in Current Life
- Information Explodes and Cyber-Digital Space
- Increase in Rate of Chronic Illnesses and Disabilities & Agedness
- Health Care Costs Keep Rising

Some Useful Suggestions in Clinical Practice:
Because Most of the Difficult Chronic Diseases Such as MS, Asthma, Rheumatic Diseases, Cancer, ... Are Referring to CAM Clinics Every Day. So, All CAM Practioners Should Consider the Following Rules in These Cases:
- If You Are an Expert for Treating These Cases Tell This to All Patients in Your First Visit:
  - It Could Be Very Difficult to Eradicate Your Disease and Complaint Completely But I Will Help You Gain More Control on Your Complaint and Diseases and The Quality of Your Life Will Become Better.
- If You Are Not an Expert:
  Don't Accept Treatment of These Patients and Refer Them to Your Expert Colleagues in This Field
  - Notice on Underlying Personality, Emotions and Mentality of Your Clients and Treat Their Emotional Disharmonies If Needed
  - Be Serious in Establishing an Effective Therapeutic Relationship with Good Rapport
  - Educate All Your Clients to Correct Their Life Style
  - Don't Forget Empathy with All Your Clients. You Can Not Help Your Clients Just By Your Technical Skills!
“Acupuncture for pregnant women, one example: dynamic dystocia’s”

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Abstract:
"Since the last third part of the 20th century until now, the medical profession found that the less medicine we give to the pregnant women, the less risks of injuries to the fetus we have. So that, naturally, acupuncture has found a growing and undisputed place among maternity practitioners.

This place concerns both the pathologies of the first and second trimester of pregnancy that the phases of childbirth and postpartum.

We chose to present the interest of acupuncture in the prevention of dynamic dystocia and their treatment during delivery to reduce more than 20% unscheduled caesareans. About caesareans, they are almost the only delivery method in many countries, which does not take into account the negative effects of both the baby and the mother. This place concerns both the pathologies of the first and second trimester of pregnancy that the phases of childbirth and postpartum.

Dynamic dystocia is the ability of the uterus to contract to allow the descent and birth of the baby. Acupuncture recognizes two aspects to this pathology, dystocia with strong contractions painful but ineffective to allow the opening of the cervix and dystocia with contractions weak and without pain, all equally ineffective to open the cervix.

The presentation will show the preventive and curative treatments, with the points and method of puncture.
Key words: acupuncture, pregnancy, dynamic dystocia,
Chinese Medicine for male fertility issues (fighting “Spermageddon”)

Dr. Olivia Krammer-Pojer (AUT)

On average one out of 6 Austrian couples experience infertility, defined as one or two year of unsuccessful attempts of trying to conceive a baby. Due to this fact, the Austrian fertility institutes’ popularity is increasing. Talking statistically, in every Austrian classroom there is at least one pupil that was fathered with the help of assisted reproduction. Looking at the reasons of unfulfilled parenthood, 40% are female issues and 40% are male issues.

Interestingly our society as well as our medicine focus quite exclusively on treating the female part of the childless couple. Thus the percentage of male issues for infertility—the so called male factor—is the same as the female one, treating the male partner is very underrepresented. Despite the fact that the seminal quality has declined within the last 30 years by 50%, it downgraded so dramatically that the WHO had to correct and adapt the standard value for the semen analyses in 2010 to make sure that one could get non-pathological semen analyses results at all. On top of that the male factor plays an important role in early pregnancy loss and should be treated in any case to prevent abortion. In this talk I’d like to stand up for an obligatory treatment of the male factor as well, whenever an infertile couple enters the Chinese Medicine office in future.
Enhancing Fertility in Men Through Acupuncture

J. TJANDRA

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Infertility in men is that if a couple of husband and wife who have been married for more than 1 year but have not got any children with no family planning and no abnormality from the woman side.

In 10% of couples that cannot have a child, 30% - 48% are caused from the men’s side. According to modern medicine, the causes are: infection in urinary duct, endocrine abnormality, disruption in the development of the hormone gland, blockage in sperm duct, abnormality in sexual function, etc. According to Traditional Chinese Medicine, this problem is related to Kidney’s Yang Xu, Kidney’s Yin Xu, heat damp, stress, and so on. In clinical result, Xu is more apparent than Shi.

The therapies used for infertility in men are with acupuncture, moxibustion, electricity, and ear acupuncture.

With acupuncture, the therapy is classified into:
   a. Sperm is too little and thick
   b. Testicles are quite small and flabby or impotence/premature ejaculation
   c. Sperm is thin and too little
With moxibustion, the therapy is classified into:
   a. Infertility with symptoms: dizzy, tinnitus, seminal emission
   b. Infertility with symptoms of unstable Qi of Kidney
With electricity, the therapy is classified into:
   a. Infertility because of frigidity
   b. Infertility with the symptoms of feeling full in lower abdomen and frequent urination
Common acupuncture points chosen include Zhongji (CV 3), Guanyuanshu (BL 26), Shenshu (BL 23), Jinggong (1.5 cun beside Shenshu), Guanyuan (CV 4), and Zusanli (ST 36). The result obtained is satisfactory. From 39 cases, 35 cases (89.7%) were successful and 4 cases (10.3%) were failure.

Keywords: acupuncture; infertility; fertility; Traditional Chinese Medicine

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Acupuncture experiences regarding oncology and lenitherapy in Public Hospitals in Italy

F. CRACOLICI

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The report explains the state of acupuncture in oncology in Italian hospitals and it describes the studies case and the results obtained by our group in the Public Hospital of Integrated Medicine in Pitigliano and at the Hospital of Leniterapia in Grosseto.

800 patients sent us by Oncologists have been treated with the acupuncture and sometimes phytotherapy/homeopathy.

Classic points of Traditional Medicine have been used to which points connected to many microsystems techniques.

Side effects of chemotherapy and radiotherapy have been treated and at the same time we treated the ground of the cancer patient.

Classic points of Traditional Medicine have been used, to which points have been added linked to many microsystems techniques.

The side effects of chemotherapy and radiotherapy have been treated and at the same time we have been treated the cancer patient.

In this report are reported the different types of treatment with the results obtained, taking into account the constant application in patient comorbidities.

As for the end-of-life department, it will be described the network model, which includes support for the end-of-life patient, to the relative of the patient and the therapists in the department.

We will show the applications of the ancient Taoist formulas together with the innovative schemes that concern the TAO SHEN, LING points, this point are fundamental in adopting pre-established protocols and to the individual, who is always considered unique in its kind. Here too, we will discuss the classic points, together with the various techniques of microsystems.

Keywords: Acupuncture, Leniterapy, effect chemoterapy, microsystems;leniterapy;effect chemoterapy

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Multinodular goiter treatment with acupuncture

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The presentation will focus on a case study of a 61 years old female patient who suffered from a non-toxic multinodular goiter. A goiter refers to an enlarged thyroid gland. Sometimes a person can have a goiter that has multiple nodules then called a multinodular goiter. Depending on the level of thyroid hormones it can be non-toxic or toxic in case of a high level of hormones. The patient was diagnosed while examining the thyroid by ultrasound the 25th of October 2017, resulting in a non-toxic multinodular goiter on a normal hormone level. After two months of treatment with ten acupuncture sessions twice a week her thyroid ultrasound was repeated. The result showed a reduction of the thyroid gland’s size and of the multinodes to only two nodes. While analyzing the latest ultrasound results, the presentation will recapitulate the successful treatment process based on a combination of Nogier Acupuncture and Chinese Body Acupuncture.

Istanbul
August 13th, 2019
Kronik Pelvik Ağrı Sendromunda Geleneksel ve Tamamlayıcı Tip Yöntemleri ile Tedavi Yaklaşımları

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**Giriş ve Amaç:** Amerikan Jinekoloji Derneği kronik pelvik ağrı sendromunu (KPAS), 6 aydan uzun süren, anatomik pelvis, karın ön duvarı, lumbosakral bölge veya pelvis tabanına yayılan, fonksiyonel yetersizliğe yol açan ve medikal tedavi gerektiren şiddetli ağrı olarak tanımlamaktadır. KPAS, ürolojik, jinekolojik, gastrointestinal ve kas-iskelet sisteminin somatik, visceral veya somatoviseral kaynaklı disfonksiyonudur. KPAS etiyolojisi hormonal disfonksiyon, toksik yüklenme, bozuk alan, tetik nokta, kronik enfiamasyon başta olmak üzere multifaktöryeldir. Sunumun amacı KPAS olan hastalarda komplementer tıp (KT) yöntemlerinin etkinliğini göstermektir. (1,2,3)

**Yöntem ve Bulgu:** KPAS olan vakalarda zaman bağlı derin anamnez sonrası, elektroakuvoll (EAV) yöntemi ve reviquant (RQ) ile sempatik parasempatik sistem ölçümlesinin ve besin-bağırak analizinin ardından, vakalara özgü olmak üzere 5-10 seans akupunktur, nöralterapi ve beslenme ile mikrobiyota tedavisi yaptık. KPAS’a akupunktur, nöralterapi ve beslenme bağırsak aksı düzenlemesi yaptığı hastaların pelvis ve yansıyan ağrılarında segmental olarak azalma, stres ve gerginlik durumunda hızla iyileşme, uyku kaliteyle artış, dizüri ve disparonini tamamen ortadan kalkması ve psikolojik düzelmeyi gözlemledik ve kontrol testler ile takip ettik.

**Tartışma ve Sonuç:** Konvansiyonel tedavilerin kanıtlanmış etkinliği olmadığı göz önüne alındığında, birçok hasta güvenli, etkinlik ve yüksek uyum nedeniyle KT’a yönelmektedir. KPAS yaygın semptomları ile kişinin yaşam kalitesini son derece olumsuz etkilemektedir. Hastalığın tedavisi için “altın standart” yoktur. Bu sebeple uygun multimodal tedaviyi bulmak esastır. Yapılmış olduğum çalışmalar KT yöntemlerinin KPAS’a semptomları iyileştirebileceğini göstermektedir. Daha fazla çalışmayı ihtiyaç vardır. (4, 5, 6)

Keywords: Akupunktur; Komplementer tıp; Pelvikodini; Kronik pelvis ağrı sendromu; Nöralterapi

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Alternative Treatment in COPD Patients: Rectal ozone therapy

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Chronic obstructive pulmonary disease (COPD) is a chronic disease characterized by an irreversible, gradual limitation of airflow associated with an abnormal inflammatory response to harmful particles or gases. Treatment of these patients should be multidisciplinary, and alternative therapies may be added to standard therapies in the light of new etiopathogenic concepts. One of the alternative treatments is Ozonetherapy; ozone is a gaseous molecule consisting of three oxygen atoms. We used rectal treatment in our patient who presented with COPD exacerbation by taking advantage of ozone's anti-inflammatory and oxidant properties and we wanted to share the results.

MATERIAL METHOD
76 years old male patient. He was hospitalized with COPD exacerbation. At day 1.; day 4.; and day 7. of hospitalisation, rectal ozone gas was supplied from Turkozone blue S ozone generator device with respectively10 gamma 100cc, 12 gamma 100cc and 15 gamma 100 cc doses. Daily minimum and maximum saturation values were followed. Mean Platelet Volume (MPV), Hemoglobin (Hb) and Platelet (plt) values were compared on day 1., day 4., day 7. and before discharge.

RESULTS
It was determined that oxygen saturation, Plt and Hb values increased and MPV values decreased in given days.

Keywords: Ozone therapy,;rectal ozone;copd

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TİP II DİYABET VE OZONTERAPİNİN TEDAVİDEKİ ETKİNLİĞİ

Hasan Karaağaç

1DR HASAN KARAAĞAÇ ÖZEL MUAYENEHANESİ /LOKMAN HEKİM ÜNİVERSİTESİ,
GENEL CERRAHİ UZMANI-GETAT EĞİTMENİ / LHÜ GETAM, KONYA / ANKARA, Türkiye

Özet:
Ozon oksijenin triatomik kararsız bir formudur. Oksijen-ozon terapisi neredeyse 40 yıldır kullanılmaktadır. Ozon terapisi tüm dünyada kullanılmakta, kanıta dayalı tip olarak tüm ülkelerde henüz kabul edilmemiştir. Ozon, diyabetik hastalarda kronik oksidatif stres adaptasyonu kolaylaştırarak reaktif oksijen türleri tarafından oluşturulmuş hasara karşı koruyucu olabilir.

Metot:
Hastamıza Majör ve minör Ozonterapi uygulandı. Ozonterapi dozu 10 gamadan başlandı. 2 sefer uygulama sonrası verilen ozonterapi dozu 10 gama arttırılırak modüle edici doz aralığı olan 40 gamaya ulaştığında bu dozdan devam edildi. Majör ozonterapihaftada 2 kez olmak üzere Minör ozonterapi her iki majör ozonterapi uygulaması sonrasında 1 sefer (her 2 majör ozonterapiye 1 minör ozonterapi) verildi.

Hastamiza daha önce bir sağlık merkezi tarafından Tıp II DİYABET tanısı konulmuş. Aynı merkez tarafından hastamiza hem oral antidiyabetik hemde insülin başlanmış olup HbA1c sı 14.2 olarak rapor edilmiştir.

Sonuç:
Hastamızın hem takipteki AKŞ lerinde bariz bir düşüş düzelme hemde HbA1c düzeylerinde bariz bir düşüş ve düzelme gözlemdi. (5.4)

Keywords: ozonterapi;diyabet;endikasyon

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BOYUN VE BEL AĞRILARI TEDAVİSİNDE KAS İÇİ PARAVERTEBRAL OZON-OKSİJEN(O₃-O₂) İNJEKSİYONU

Doç Dr Demet Uçar

Ozon(O₃); üç oksijen atomundan oluşan kımyasal bir bileşik olup, iki atoma sahip atmosferik oksijenden (O₂) daha az stabildir ancak çok daha fazla enerji taşır. Tıpta otoimmun hastalıklar, enfeksiyonlar, kanserler, vasküler hastalıklar ve dış hekimliği gibi alanlarda etkili bir şekilde kullanılan ozon; son yıllarda artan standardize bilimsel çalışmaların da desteğiyle kas iskelet sistemi hastalıklarındaki ağrı tedavisinde de sıkça kullanılmaya başlanmıştır.

Boyun ve bel bölgesinde disk herniasyonları, radikuler kök basılar, disk dejenerasyonları, faset artrozu, spinal stenoz, kas spazmları, ligaman yaralanmaları ve myofasiyal tetik noktalar kullanım alanlarını oluşturur.

Mekanik ve antiinflamatuar özelliklerileyi çift etkili olup; bir tür "KİMYASAL AKUPUNKTUR" olarak düşünülebilir. Mekanik etkisi; herniye disk materyalinin su retansiyonunu azaltması, antiinflamatuar etkisi ise proteoglikanların ve sulfat yan zincirlerinin negatif etkilerini nötralize etmesi ile ve refleks terapi ile refleks etkisi etkisini geçerliyor.

Paravertebral alana verilen ozon interstisyal sıvıda hızlı absorbe edilir ve antioksidan etkileşime girer. Ayrıca venöz staz ve iskemi düzensizlikler, antinosiseptif analjezik mekanizmayı düzenleyerek refleks terapi ile ve anti-inflamatuar etkisi fosfolipaz A₂’yi inhibe ederek ağrıyi giderir. Bu şekilde, steroidlerin etkilerine benzer bir etki yapar ancak steroidin bilinen yan etkileri yaşanmaz.


Minimal invaziv teknikle paravertebral uygulanan bu yöntem intradiskal yöntem kadar etkili, güvenilir olup ayrıca anestezi ve özel bazı şartlar gerektirmez; daha ucuz, daha az ağırlık ve pratiktir. Üstelik intradiskal yöntemde karşılaşılabilecek ciddi adhezyonlar ve omurga yaralanması riski yoktur.

Lomber ağrılarında özellikle disk hernilerinde yapılmış uzun dönemli çalışmalar olmakla birlikte servikal bölgede uzun dönem için yeterli veri henüz yoktur. Literatürde tek bir vaka olarak servikal arterde gaz embolisi ve yine tek bir kardiyopulmoner arrest bildirilmiş olup, bu iki vaka dışında intramusculer O₃-O₂ uygulaması ile ek bir sorun yaşanmamıştır.
Biorezonans Nedir? Biorezonans ile Alerji Tedavisi

Sinan Şaban Akkurt

1. Muayenehane+ Ege Tıp Tibbi Biyokimye, Muayenehane+ Ege Tıp Tibbi Biyokimye, İzmir, Türkiye


Her biyokimyasal tepkimenin bir biyofiziksel sonucu, her biyofiziksel olayın da biyokimyasal sonucu oluşur. Vücudun tüm regulasyon mekanizmaları birbirine bağlıdır. Bu nedenlerle, Biorezonans metodu tamamlayıcı bir tıp metodu olarak modern tipa birlikte kullanılabilir.

Acil ve cerrahi müdahaleler haricinde, Biorezonansın şahıskı, ilgili tüm konularda tamamlayıcı ve entegratif olarak kullanılan bir tedavi metodudur.


Biorezonans metodu yaklaşık 40 senedir uygulanmakta ve dünyanın 89 ülkesinde ve 5 kitada başarıyla özellikle alerjik hastalıklarda kullanılmaktadır.
Keywords: biorezonans ;alerji; titreşim tibbı

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Biorezonans ile Sigara bırakma tedavisi

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Sigara, gerek bizzat kullanan gerekse içmeyen ancak sigara içilen ortamda bulunan sonucu pasif olarak soluyan insanlarda çok önemli bir hastalanma ve ölüm nedenidir. Sigara ve tütün kullanımı dünyada önlenebilir ölüm nedenlerinden en önemlisidir. Her yıl dünyada yaklaşık 5 milyon insanın sigara ve tütün kullanmasına bağlı hastalıklardan hayatını kaybettiği tahmin edilmektedir.


Biorezonans, Kuantum fiziğinin temelini oluşturan prensiplere dayanır. Her madde, yapı taşı olan atomdan, Atomun çekirdeği de kuark’tan oluşmuştur. Atom ve içindeki parçacıklar saf enerjiden oluştur. Dr. Jacques Benveniste yaşayan hücrelerde de bu elektromanyetik ışımayı tespit etti. Bu elektromanyetik ışımayı yayan biofotonlar ancak laboratuvar koşullarında ölçülebilen zayıf bir ışın yoğunluğu içindeidir, ahenk içinde ışımaktadır, her hücreye has özellikte titreşimlerdir.


Biorezonans metodunun sigara bırakmada etkinliği araştırılmıştır. Bu çalışmada elde edilen bulgulara göre, biorezonans tedavisi sigarayı bırakmada herhangi bir yan etki göstermeden klinik olarak etkiliidir.

Keywords: biorezonans; sigara bağımlılığı; titreşim tıbbi
MİKROBIOTA VE METABOLİK DENGЕ

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Keywords: Metabolik Denge; detoks; disbiyozis; Mikrobiyata
TOKSİK METAL ŞALASYONUNDA HACAMATIN (WET CUPPING) YERİ

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Keywords: Toksik maddeler; yaş kupa; kuru kupa

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Optic Nephropathy and Multiple Sclerosis: Role of Acupuncture in Prognosis and Live Quality Improvement

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Objective: —the effect of acupuncture on the quality of life of individuals with optic Neuropathy and multiple sclerosis and provide preliminary evidence regarding the safety of this intervention for this population of acupuncture combine using tongue acupuncture in both optic Neuropathy and multiple sclerosis

Material: Twelve participants with secondary progressive multiple sclerosis combine with optic defect . and twenty-two optic neuropathy received acupuncture treatments

Method: long term follow -up above 3 years. Multiple Sclerosis Impact Scale 29, were measured pre and post intervention. Adverse events and other responses during treatment were recorded prospectively. Optical function results from medical center and clinic questionnaire.

Results: No recurrence in all MS and 95% improvement in all optical neuropathy patients. No major adverse events were noted.

Conclusion: under the concept of spiritual pivot and renying-cunkou pulse ratio manipulation. The nervous system is inter-communicating between system and peripheral. The treatment of acupuncture combining tongue acupuncture in the nervous system play a beneficial and safety effect in combining traditional medicine treatment without side effect. The prognosis and patient compliance rate is over 95%.

Keywords: multiple sclerosis, optic Neuropathy; tongue acupuncture; concept of spiritual pivot; renying-cunkou pulse ratio manipulation

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Akupresürün Laparoskopik Kolesistektomi Sonrası Gastrointestinal Fonksiyonlara Etkisi

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Amaç: Bu araştırma laparoskopik kolesistektomi sonrası uygulanan akupresürün gastrointestinal fonksiyonlara etkisini incelemek amacıyla uygulandı.

Yöntem: Randomize kontrollü deneyel tipe olan araştırma, Eylül 2018-Şubat 2019 tarihleri arasında İstanbul’da bulunan bir üniversitesi hastanesinin genel cerrahi servislerinde elektif laparoskopik kolesistektomi uygulanan ve araştırma kriterlerine uyun 60 hasta (deney:30, kontrol: 30) ile gerçekleştirildi. Deney grubunda yer alan hastaların, sırasıyla CV-12, Liv-3 ve ST-36 noktalarına, 5 saniye süreyle 1-1.5 cm derinlikte 3-5 kg'lık basınç uygulandı, 2 saniye ara verildi ve akupresür uygulaması her bir noktada 3 dakika süreyle devam edildi. Akupresür deney grubunda yer alan hastalara ameliyat sonrası 1., 2., 3. ve 4. saatlerde olmak üzere toplam 4 kez uygulandı. Kontrol grubunda yer alan hastalara ise rutin ameliyat sonrası tedavi ve bakım girişimleri yapıldı. Gruplarda yer alan hastaların her akupresür uygulaması öncesi ve ameliyat sonrası 24. saatte bağırsak sesleri dinlendi, gaz ve gaita çıkışları olanaktan kadar da takip edildi. Verilerin analizinde anlamalılık p<0.05 düzeyinde değerlendirildi. Araştırmaya başlamadan önce etik kurul ve kurum izni, yazılı ve sözlü olarak hasta onamları alınır.

Bulgular: Deney grubunda kontrol grubuna göre ameliyat sonrası bağırsak hareketi sıklık ortalamalarının, 2. saatte istatistiksel olarak anlamalı derecede (p<0.05) daha fazla olduğu, 3., 4. ve 24. saatlerde istatistiksel olarak çok ileri derecede anlamalı (p<0.001) daha fazla olduğunu bulundu. Deney grubunda yer alan hastaların ameliyat sonrası ilk gaz çıkarma zamanının kontrol grubuna göre istatistiksel olarak çok ileri derecede anlamalı (p<0.001) daha kısa olduğu saptandı. Ayrıca, deney grubunda ameliyat sonrası ilk gaita çıkma zamanı ortalamasının 39.67±15.72 (saat), kontrol grubunda 47.80±18,99 (saat) olduğu; deney grubunda ilk gaita çıkma zamanının daha kısa olduğu ancak aralarındaki farkın istatistiksel olarak anlamalı olmadığı belirlendi (p=0.07; p>0.05).

Sonuç: Laparoskopik kolesistektomi sonrası uygulanan akupresür bağırsak hareketlerini hızlandırmada, ameliyat sonrası erken dönemde gaz ve gaita çıkışının gerçekleşmesinde güvenli bir hemşirelik uygulamasıdır.

Anahtar Kelimeler: Akupresür, laparoskopik kolesistektomi, gastrointestinal fonksiyon

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The Course Of Cognitive Functions In Geriatric Patients With Musculoskeletal Pain Receiving Acupuncture Therapy

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Introduction: During the ageing process, degenerative changes occur in the musculoskeletal system which can cause pain. Pain is related to decline in the cognitive functions, behavioral problems, depression, decline in the functional capacity and polypharmacy. In our study, we evaluated the effect of acupuncture on the Visual Analogue Scale (VAS), Mini Mental State Examination (MMSE), Cohen Mansfield Agitation Inventory (CMAI), Geriatric Depression Scale (GDS), Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL) in geriatric patients with chronic musculoskeletal pain.

Material and Methods: We performed the study at Ankara Atatürk Teaching and Research Hospital geriatrics outpatient clinic between October 2017 and October 2018. Comprehensive geriatric assessment was performed to patients with complaints of pain and forgetfulness. Eligible patients were recruited into the study according to their willingness.

Results: Twenty-three geriatric patients were included in the study. 78,3% were female and 21,7% were male. Mean age of the patients were 73,39±6,47 and mean number of the acupuncture sessions were 9,48±1,95. Mean Visual Analogue Scale (VAS) before treatment was 7,65±1,82 which decreased significantly to 4,36±2,24 after treatment (p<0,001). MMSE mean score before treatment was 23,26±5,50 and increased significantly after treatment reaching 25,45±3,98 (p<0,001). Mean GDS score was 11,65±8,83 before treatment and reduced significantly to 8,45±6,83 after (p<0,001). CMAI mean score before treatment was 40,87±10,21 which decreased significantly to 35,86±8,45 after treatment (p<0,001). ADL mean score before treatment was 5,35±0,71 and significantly increased to 5,77±0,43 afterwards (p=0,002). IADL mean score before treatment was 6,70±2,08 which did not change significantly and was 6,73±2,07 after treatment (p=0,317).

Conclusion: Using acupuncture as an analgesic method for geriatric patients with chronic musculoskeletal pain could have a positive impact on cognitive functions and behavioral problems due to decreased cognitive functions. Acupuncture could effect geriatric depression positively and could improve ADL. 10 sessions of acupuncture did not make a difference on the IADL. To specify acupuncture’s effect on cognitive function, depression, behavioral problems; long-term studies which include more number of participants should be designed.
Key words: Acupuncture, chronic pain, cognitive functions, behavioral problems, geriatric problems.
Phytotherapy in Non-Communicable Diseases

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Abstract: In the last century, researches indicate that using medicinal plants are one of the most important factors affecting human health. Studies have shown that it is possible to protect the health with medicinal plant and reduce the risk of various diseases and prevent the formation of some chronic diseases. In addition, adequate and balanced nutrition, which forms the basis of health, is important in order for the body to grow and develop, work efficiently, and be resistant to external factors and diseases. The education and awareness raising of individuals about healthy nutrition is of great importance throughout the life cycle. In this chapter, many studies conducted in recent years will provide information on the potential effects of nutrient or medicinal plant resources containing bioactive components on human health, and in particular on the mechanisms of action in noncommunicable diseases (NCDs).

Key words: Medicinal plants, plant components, NCDs

Medicinal plants, their secondary metabolites and clinical studies for NCDs

Linum usitatissimum L. (Linaceae) (Keten, Şağrek, Sevelek, Siyelek; Flax, Linen)

Parts Used: Seeds

Traditional Usage in Turkey: As a laxative herbal drug made from the plant, including the seeds, in the form of infusion as protective against inflammation and irritation of the digestive system; externally used as a poultice softener and pain relief. In addition, the oil obtained from the seeds of the plant known as “linseed oil” is used externally for the treatment of wounds and burns.

Chemical Composition: The seeds contain 3-9% of mucilage polysaccharides composed mainly of galacturonic acid, xylose, galactose and rhamnose units. 30-45% of fixed oil mainly consisting of triglycerides of α-linolenic (40-60%), linolenic and oleic acids.

Medicinal Properties: Seeds are effective in the treatment of constipation and irritable colon syndrome. Internally, in the short-term symptomatic treatment of irritated colon, diverticulitis, gastritis and enteritis as whole seeds (seeds should be slightly cracked); In the treatment of
bladder inflammation, inflammation and gastritis, it is used in the form of decoction. Externally, it is used topically for painful skin inflammations.

_Side Effects:_ No side effects are known at therapeutic doses. However, laxative ingestion of the herbal drug with small amounts of water may lead to ileus.

It may cause atonic and obstructive abdominal pain with gastrointestinal system and esophageal narrowing in acute inflammatory diseases of the stomach, esophagus and intestine.

If flax seed is to be used for inflammatory bowel syndrome, it should be allowed to swell with 10 times its own weight before use. Otherwise, bezoar formation and intestinal obstruction may occur. Since flaxseed contains approximately 470 kcal / 100 g calories, it is recommended to take it as a whole, not crushed by people suffering from obesity.

**Clinical studies for NCDs**

_Effect on blood glucose level:_ In a study of non-insulin-dependent diabetes patients, it was shown that certain types of fibers added to the diets of 8 patients reduced postprandial hyperglycemia. Thus, it was stated that an improvement in the control of blood-glucose concentration could be expected.

_Effect on cholesterol and lipid metabolism:_ Fiber-rich muffins containing partially defatted flaxseed (approximately 50 and 20 g, two groups per day) to 7 postmenopausal women and 22 men with hyperlipidemia followed by diet in the National Cholesterol Education Program (NCEP) were given. Flaxseed decreased total cholesterol by 4.6%, apolipoprotein B by 5.4%, LDL cholesterol by 7.6% and apolipoprotein A-1 by 5.8%, but no effect on serum lipoprotein rates. Lipoprotein A, an indicator of cardiovascular disease, is significantly reduced by flaxseed. It has been reported that the effect may be due to linoleic and α-linolenic acids in the seed.

**Camellia sinensis (L.) Kuntze** (Theaceae) (Çay; Tea)

*Parts Used:* Terminal bud and 2-3 leaves near the tip

*Traditional Usage in Turkey:* After waiting for a while decoction of dried leaves is used externally in order to resolve the treatment of inflammatory eye diseases It is consumed as
strengthening, antioxidant, stimulant, fat loss enhancing, metabolism accelerator, hunger-thirst feeling, diuretic and constipating.

**Chemical Composition:** Buds and leaves, (−) - epigallocatechin 3-gallate (EGCG is the highest amount of tea catechins), (−) - epigallocatechin (EGC), (−) - epicatechin 3-gallate (ECG) and epicatechin (ECG) (30-42%). Tea leaves contain flavonoids such as quercetin, mirsetin, kaempherol, apigenin, luteolin, phenolic acids; chlorogenic acid, gallic acid, and purine bases (caffeine, 2.5-4.2%; theobromine, 0.15-0.2%; theophylline, 0.02-0.04%). The plant also contains some amino acids, teavflavins, triterpenes, polysaccharides, proanthocyanidins, vitamins, organic acids and various minerals.

**Medicinal Properties:** It is used as antioxidant, anti-inflammatory and antimicrobial in the form of infusion and decoction of dried leaves. Externally, the aqueous extract of the leaves is used for wound healing and protection of skin integrity by wrapping on the skin.

**Side Effects:** Erythema, pain, ulcers, edema due to local use are very common; loss of deciduous teeth, bleeding, swelling, and discoloration of the skin, dryness, fissure, wound, nodule, dermatitis, hypersensitivity, local necrosis have been reported rarely.

It is recommended to be used with caution in patients with diabetes, high blood pressure and liver disease. Green and black tea consumption was associated with an increased risk of lung cancer.

Green tea contains vitamin K. Therefore, warfarin has been reported to reduce the anticoagulant effect and may reduce clotting time depending on the amount of use. Green tea polyphenols have been reported to inhibit the anticancer activity of bortezomib and other boronic acid containing protease inhibitors.

**Clinical studies for NCDs**

**Anticancer effect:** In a study conducted with 1160 women in various stages of breast cancer in Japan, women were followed up between 1990 and 1997 and the relationship between the consumption of green tea at different stages of cancer and the risk of disease occurrence and
recurrence was investigated. In patients in stage 1, it was stated that the risk limit for the risk of breast cancer recurrence decreased significantly in those who consumed 3 or more cups of green tea a day, and those who consumed large amounts of green tea had less breast cancer. In a study conducted with epithelial ovarian cancer patients in China, 254 patients were followed for 3 years to consume at least one cup of green tea per day. The survival of these women was significantly higher than that of non-smokers, and 81 of 104 patients drinking tea survived during this follow-up. In another study on 133 gastric cancer and 166 chronic gastritis patients, a negative correlation between green tea consumption and chronic gastritis (Relative risk ratio: 0.49) and gastric cancer risks (Relative risk ratio: 0.52) was shown. Tea polyphenols are known to have protective properties against heterocyclic aromatic amines known to be capable of performing colorectal cancer mutagenesis. These compounds in both green and black tea have been shown to inhibit the proliferation of cancer cells without inhibiting normal cell growth. EGCG has been reported to inhibit the growth of prostate, breast, skin, stomach, colon and lung tumors, while teaflavins inhibit lung and esophageal cancer formation.

The relationship between tea consumption and some types of cancer is presented in the table below.

<table>
<thead>
<tr>
<th>Cancer Formation Area</th>
<th>Type of tea</th>
<th>Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth</td>
<td>Green</td>
<td>37.9% partial reduction in lesions after 6 months of administration</td>
</tr>
<tr>
<td>Esophagus</td>
<td>Green/Black</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Lung</td>
<td>Green</td>
<td>Reduced risk of lung cancer in women (non-smokers) consuming 500-1500 g of green tea per year for 5 years</td>
</tr>
<tr>
<td>Stomach</td>
<td>Green/Black</td>
<td>Up to 31% reduction in cancer risk in people who drink 7 cups or more of green tea a day</td>
</tr>
<tr>
<td>Pancreas</td>
<td>Green</td>
<td>12% risk of cancer in men consuming up to 200 g / month, 53% in women; 43% decrease in men and 47% decrease in women consuming more than 200 g / month</td>
</tr>
<tr>
<td>Colorectal</td>
<td>Black</td>
<td>4% reduction in colon cancer risk, 44% reduction in rectal cancer risk and 21% reduction in colorectum in patients who consume 2 or more cups of tea a day</td>
</tr>
<tr>
<td>Prostate</td>
<td>Green/Black</td>
<td>30% reduction in cancer risk in patients consuming more than 2 cups / day of tea</td>
</tr>
<tr>
<td>Bladder</td>
<td>Green</td>
<td>50% reduction in cancer risk in women</td>
</tr>
</tbody>
</table>

Effect on obesity: 70 male patients aged 40-69 years were administered twice a day (400 mg total catechin) from caffeine-free capsules containing decaffeinated green tea extract. In another study conducted in Japan, 123 out of 240 cases were selected as catechin group and 117 as
placebo group and followed for 12 weeks. In the catechin group, a significant decrease was observed in body weight, body mass index, body fat and visceral fat compared to the placebo group.

Hypotensive effect: A significant decrease in tea consumption and systolic and diastolic blood pressure has been reported in the evaluation of the effects of green or black tea consumption on blood pressure levels in prehypertensive and hypertensive individuals. Therefore, green tea extracts have been shown to accelerate metabolism and aid in fat destruction.

*Curcuma longa* L. (Zingiberaceae) (Zerdeçal, zerdeçöp, Hint safranı; Turmeric, Indian saffron, Yellow ginger)

*Parts Used:* Rhizomes

*Traditional Usage in Turkey:* There are no records about the usage of this species in Anatolian folk medicine. However, traditionally registered usage in ulcers, digestive problems, diarrhea, pain, menstruation, rheumatism, epilepsy and skin diseases had been reported in China, India, Vietnam and Fiji.

*Chemical Composition:* The main components are mixtures of curcumin and its derivatives known as curcuminoids (3-5%). It also contains sesquiterpenes such as zingiberene, curcumol, tumeronol A, monoterpenes, potassium, carotenoids, vitamin C and polysaccharides.

*Medicinal Properties:* It is used for internal peptic ulcer, loss of appetite, diarrhea, dyspepsia, dysmenorrhea (painful menstruation), amenorrhea (menstruation), pain, rheumatism, rheumatoid arthritis, epilepsy and skin diseases. As well as it is used for moderate digestive system disorders and bile in the relief of symptoms due to secretion deficiencies; supportive treatment to prevent cancer and jaundice, cold and fever. Externally, it is used in skin infections, parasitic skin diseases, eczema, healing of infected wounds, diabetic wounds, insect bites, eye infections, oral mucosa inflammations and skin wrinkles.

*Adverse effects:* Following oral administration, it has been reported that movement of the intestines and dissatisfaction with the stomach are rarely observed. It should not be used in cases of bile duct obstruction, in the presence of gallstones other than the doctor's recommendation, in patients with gastric ulcers and hypercaridity. Long-term use of high doses
(15 g / day) in combination with anticoagulant drugs is not recommended. Considering its use as a natural hair removal, it has been recorded that it may cause undesirable and amount of hair loss.

**Clinical studies for NCDs**

*Effect on diabetes and diabetes complications:* In a study, the effects of plants on postmeal plasma glucose, insulin level and glycemic index was investigated and 14 healthy volunteers underwent oral glucose tolerance test with placebo or *Curcuma longa* capsule. And, blood samples were taken at the 15, 30, 45, 60, 90 and 120th minutes. While no effect of 6 g *C. longa* on plasma glucose response and glycemic index was detected, it was observed that after plant consumption, postprandial serum insulin levels were higher at 30th and 60th minutes. In another study involving 40 patients with diabetic nephropathy, the effect of curcumin on nephropathy-related parameters was evaluated. In studies conducted for 3 months, statistically significant reductions in transformative growth factor β (TGF-β), IL-8 and urinary protein excretion were recorded in patients receiving 500 mg *C. longa* (containing 22.1 mg curcumin) 3 times a day.

*Hypolipidemic effect:* In a study investigating the effect of curcuminoids on blood lipids, 100 patients diagnosed with metabolic syndrome according to NCEP-ATPIII criteria received curcuminoid mixture (1000 mg / day) or placebo for 8 weeks. It is given in combination with piperine at a ratio of 100: 1 to increase oral bioavailability of curcuminoids. At the end of the study, it was observed that curcuminoids cause a significant decrease in serum total cholesterol, triglyceride, lipoprotein (a) levels compared to placebo.

*Effect on Alzheimer's disease:* 36 individuals with mild or moderate Alzheimer's disease were grouped to receive 2 or 4 g of curcumin for 24 weeks, and no significant effect was reported on the cognitive subscale (ADAS-Cog).

*Effect on cancer:* Preliminary clinical trials have shown that curcuminoids do not cause any unexpected effects when administered in amounts up to 8 grams per day, but have low absorption in the body when administered orally. Clinical trials have been conducted on advanced pancreatic cancer patients to determine how effective it can be when administered orally. In a USA, University of Texas, an open-label clinical trial at the M.D. Anderson Cancer Center, 25 subjects (13 males and 12 females) aged between 43 and 77 years diagnosed with
pancreatic cancer were used. In order to evaluate the application results, the initial cytokine levels of the volunteers were measured before the application of the curcuminoid drug; each patient was given a capsule containing a total of 8 grams of curcuminoid mixture per day. Each capsule content was adjusted to contain 1 gram of curcuminoid mixture (900 mg of curcumin, 80 mg of desmethylocurcumin and 20 mg of bisdezmetoxicurcin); chemotherapy or radiotherapy was not allowed during the application, but supportive care was allowed. In order to follow the results of the application, changes in cytokine, carcinoembryogenic antigen concentrations and peripheral blood mononuclear cell expression (NF-kB and COX-2) were examined in the blood samples taken at 4 and 8 weeks as well as physical examination in the patients. It was observed that the blood levels of curcumin were low and that the curcumin was not absorbed sufficiently. However, two patients responded positively to curcumin treatment, one pancreatic cancer remained unimpaired for 18 months, the other showed a 73% reduction in tumor progression and a marked increase in cytokine levels in blood serum. As a result, it is seen that curcuminoids, which are the effective components of turmeric, are administered in doses up to 8 grams per day for 18 months in humans and no intolerance problems are encountered and positive results can be obtained in some pancreatic cancer patients. However, the problem of absorption of curcuminoids when used orally prevents it from possibly demonstrating its full efficacy. In another study, it was stated that there should be no less than 8 g or more than 8 g in order to fully observe the effect.

Conclusion

Because of the difficulties in managing NCDs as the 21st century pandemic, a balanced diet and / or rational, and evidence-based medical practices are required to ensure both short-term and cost-effective treatment. In this sense, medicinal plants / nutrients can be used in the appropriate pharmaceutical forms with conventional and complementary effects in the treatment of such chronic conditions. However, the uncontrolled use or overused of plants with the mistake of “There is no harmful effect with natural products” can lead to failure of the current treatment or life-threatening situations if these plants interact with medicinal drugs when the people do not inform their physicians about their use.

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History and Acceptance of Chinese Medicine in Iran

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ABSTRACT

Iran and China as two large empires have always had wide trade, political, cultural, religious and scientific ties in the course of history. The Silk Road that connected China to Iran and the west has had a very important role in creating and developing such relationships. Upon development of ties between the two countries, medical and herbal ties of the two countries also increased concurrently in a manner that trade of herbal medicines between the two countries was considered as one of the most common trade and commercial works. Medical relationships of the two countries can be easily found in analysis of historical and mythical texts and books of the two countries, traditional medical books of the two countries and available travel logs and discovery of historical works and tablets in particular in the Silk Road. Of course, since three important historical events, that is the attack of Alexander, the attack of the Arabs and the attack of the Mongols to Iran and demolition of public premises and libraries and burning them down have led to destruction of many historical texts and books in Iran, therefore, much evidence related to medical relationships of Iran and China is lost. But, since such events occurred less in China, analysis of Chinese texts that are not translated into other languages can definitely give us more information on the history of medical relationships of the two countries.
In this study which consists of three parts, analysis of texts, interviewing experienced practitioners of Chinese Medicine in Iran and receipt of data through questionnaires compiled by general population and western physicians for analysis of their viewpoints in the area of Chinese medicine, attempt has been made to use all sources and texts available in Persian in the area of medical relationships of the two countries.

The most important factors that have influenced medical relationships of the two countries and on the other hand signify presence of such relationships and are precisely analyzed in this study are:

1. Historical texts of Iran and China
2. Historical works discovered in China, Iran and Silk Road
3. Exchange of herbal medicines between China and Iran
4. Immigration of physicians and other scientists from Iran to China or from China to Iran
5. Similarity of application of herbal medicines among Iranian and Chinese physicians
6. Role of policy of Mongol Government in development of medical relationships of the two countries and translation of Chinese medical texts into Persian language

Medical relationships of the two countries commenced from close to 2,500 years ago according to available evidence and gradually developed. The peak of medical relationships of the two countries was in the era of governance of Iran by the Mongols which era coincides with Yuan dynasty in China.

Medical relationships of the two countries are so much that certain traditional medical principles of the two countries are reflected in the text of the other country based on available evidence and also the names of many Chinese herbal medicines are mentioned in Iranian medical books.

Medical prescriptions and medical herbs assigned a large part of tradesmen’s goods to themselves among goods exported from Iran to China or vice versa from China to Iran according to evidence and documents available.

Medical cooperation of the two countries started from Hun dynasty (206.BC-220 AD) in China and reached its climax in Tang (618-907 AD), Song (950-1279AD) and Yuan (1271-1368 AD) dynasties and the relationship of the two traditional Chinese and Iranian medicines was established and developed through translation of books, exchange of medical herbs, exchange of physicians and therapeutic methods in a manner that Chinese traditional medicine and Iranian traditional medicine currently have many similarities. Dampness, dryness, coldness and warmth in human body and also hot and cold nature of foods and medicinal herbs in traditional medicines of the two countries can be mentioned from among them. And, they have relatively similar concepts in Chinese and Iranian traditional medicine in this area.

The most recognized medical relationships of the two countries can be witnessed in “Vaghfname Robe Rashidi” and Tangsooghnameh book which is a translation from the book
Mai jue by Rashidedin Hamedani from Chinese into Persian. Above book is about pulse in Chinese medicine and its relationship with different diseases.

In this part of the study which was done by 2 separate questionnaires specified for western physicians and patients in Shahid Hasheminejad hospital, a lot of information was earned.

Most western physicians were not familiar with acupuncture as a method of treatment but most of them believe that acupuncture is an effective method of treatment beside western medicine.

Therefore, more than half of participant physician refer their patients to receive acupuncture when it is indicated.

They believe that the most important diseases can be treated by acupuncture are pain, musculoskeletal diseases, Psychological diseases and obesity.

In this study only the small number of patients has received acupuncture for treatment of their disease.

The most important diseases that patients have received acupuncture treatment for them were pain disorders, musculoskeletal disorders, neurologic disorders and obesity. More than half of patients who received acupuncture were satisfied from their treatment. On the other hand, one of the most important reasons that unsatisfied patients believe as a reason of failure treatment is that acupuncturist had not enough experience.

Generally, most of participant patients did not believe in efficacy of acupuncture as a method of treatment.

The most patients when decide to get acupuncture they do not know where to go.

The most important diseases that patients believe acupuncture is effective for treatment of them are various kinds of pain, musculoskeletal disorders and obesity.

Key Words: Acupuncture, Chinese Medicine, History, Iran, Tangsooghnameh.

Abbreviation

AD = Anno Domini
BC = Before Christ
BD = Before Domini
1. Introduction

Relationships of India, Greece and Rome with Iran are completely recognized due to large political, governmental and war relations they had with Iran and have been paid attention to by different researchers. But, relationships of Iran and China in particular in the area of medicine have been less paid attention to and analyzed. Because, researchers assumed there was no remarkable medical and scientific relationships between Iran and China. But, considering that in the bygone times, China has been part of the territory of Iran and on the other hand since the Silk road has led to development of relationships of the two countries as the most important political and trade road of Iran and China in the course of history, it is expected that medical relationships of the two country also concurrently existed and developed along with other relationships due to presence of the silk road. The silk road is accounted for as a commercial road for exchange of goods between the two countries by merchants. But, it was not only merchants who travelled this path, different Iranian and Chinese religious preachers, philosophers and scientists also travelled this path for knowledge and acquaintance with viewpoints of each other. Such cultural, scientific and religious exchanges had large influences on the culture and religion of the two countries in a manner that beliefs of Buddhism, Islam, Zoroastrianism, Judaism and Christianity also found their way to China through the Silk road and found their own specific followers. [4]

In the ancient times, the science of medicine was construed as part of natural sciences and principally philosophers dealt with it and that’s why most ancient philosophers were aware of medicine and treated patients. As an example, the bases of Chinese Medicine is founded on the philosophical principles governing the nature. [3]

Therefore, considering presence of cultural, religious and philosophical ties available between the two countries, it is expected that wide medical ties also existed in the course of history
between the two countries.

After 1971 in the wake of the trip of Nixon, the President of the United States of America to
China and preparation of a report about Chinese medicine by an American Journalist, this
knowledge was gradually recognized and developed in the west. For this reason, history of
Chinese Medicine is very important in different countries prior to 1971 from a historical
viewpoint.

This study concentrates on medical relationships of China and Iran prior to 1971.

2. History of Chinese Medicine in Iran before 1971

Medical Relationships between Iran and China Reflected in Mythical Books of the two
countries, Iran and China are always recognized as two large civilizations and empires in the
world. The territory of China was a part of the Iranian territory based on historical evidence
and was ruled by Pishdadi kings, namely Feridoon Shah. [3, 6]

Fereidoon Shah Pishdadi was skilled in medicine and making opium. Fereidoon Shah divided
the land ruled by him among his three children. He assigned Rome and the west to his child,
Salam, the east land including Turk cities, China and India to Toor and Iran Shahr which was
at the center of the earth and on the equator and among the most important regions of that
time including Khorasan, Iraq, Kerman, Ahvaz, Gorgan, Tabarestan, Sham and Fars to Iran.

Laters, because of some differences between his children, China land was separated from Iran
land. And, China is in fact a Persian word and is derived from Chinestan word which was
popularized in the 13th century by Marco Polo in Europe [3, 6, 7, 8, 9, 10]. The name “China”
in Persian language is also derived from the Sanskrit word “China”. [11, 12]

There are many books in Iran that refer to Iran and China relationships in mythical eras. But,
the most important book that dealt with mythical history of Iran is Ferdosi’s book, Shahnameh
in which there are numerous mentions of cultural and mythical commonalities of Iran and
China and the name of China and Kanghah [general name for Chinese kings] are repeated
many times in Shahnameh. Development of relationships of the two countries goes so far that
the trade of Iranian myths can be seen in myths and rituals of ancient China. [13]

Ferdosi’s Shahnameh, authored by Abolghasem Ferdosi Toosi is the title of a book that has
dealt with the history of historical Iranian kings and Iranian epics. [14, 15]

This book is a recognized book throughout the world. A counterpart can be found for this
book on the other side of Asia that is China. Fang-Shen-Yen-I versification or the story of
angels and gods which can be cited as a sort of Chinese Shahnameh. It rarely happens in the
history of world literature that two epic and national works owned by two different nations
have mythical characters and symbols that have so much commonality. Great similarity of
Fang-Shen-Yen-I with Ferdosi’s Shahnameh is very surprising in all areas of the story, characterization of heroes and sometimes even similarity in the name of characters. [16] Such similarities in myths and epics of the two countries signal large influence of the two countries on each other.

Fang-Shen-Yen-I was written in Ming dynasty between 1368 to 1644. There is difference of opinions about the name of the writer of this book. Certain researchers of history and culture of China believed Xu Zhang Lin or Lu Se Sin to have compiled this book in poetry form. [17] Even though certain other historians believe this book to have been written by a number of anonymous Chinese poets and philosophers. [17, 18, 19]

This historical book is about revolutions and transformations of Chou dynasty and its fights against Shang dynasty in 8th-11th centuries BC which is fused with spiritual and celestial adventures and is conveyed between people from generation to generation.

The final theory about the time of entry of Iranian myths into China or vice versa is very difficult. Because, works discovered by archaeologists during time on the Silk road dates the age of the relationships of the two countries back to many further years. According to historical Scythian evidence during the centuries they ruled middle Asia, they undoubtedly had deep influence on the way of thinking and distribution of mythical stories of different races. Such factors have led to similarity between Iranian and Chinese myths as believed by certain historians.

The important point that Ferdosi observed in writing Shahnameh is that almost in all stories whose similar sample is present in Fang-Shen-Yen-I, Ferdosi has used the name of China in those couplets to prevent mistaking them for Iranian myths and Ferdosi’s smartness makes it possible that he may have heard or read the similar Chinese stories.

Ferdosi’s Shahnameh and Fang-Shen-Yen-I versification are completely recognized among the nations of Iran and China as books of literature and mythical history that speak in political, social, cultural, religious and geographic areas. But, the considerable and important point is presence of medical topics and teachings in both books which is paid less attention to by researchers. Of course, many researchers have worked on Ferdosi’s Shahnameh and medical and therapeutic aspects of that work. But, there isn’t remarkable research about similarity of therapeutic and medical issues between Ferdosi’s Shahnameh and the Chinese Shahnameh. The aim of writing this part is analysis of therapeutic and medical similarities between the two Shahnamehs and consequently establishing a medical relationship between the two countries of Iran and China.

Some samples of similarities of medical aspects in Ferdosi’s Shahnameh and the Chinese Shahnameh are mentioned in the following:

1. Search for finding eternity herb

In Ferdosi’s Shahnameh it is mentioned that Khosro Anooshirvan (501-579 AD) commands Borzooyeh, the physician who was one of the physicians at Jondishapoor hospital to research for finding the eternity herb. Borzooyeh after searching the mountains of India for finding the eternity herb finally went to a wise and educated old man for solving his problem and he said
to Borzooyeh that the eternity herb is the same as wisdom. 
A similar sample about finding eternity herb also exists in the Chinese Shahnameh. The emperor Wu Ti (206 BC – 2020 AD) from Han dynasty commands a scholar, named Han Fu or Shu Fu to travel for finding the life-bearing fruit. The interesting point is the similar fate of both physicians on the path of searching for the plant and both of them present the same ideas for enjoying the eternity herb to their kings.

2. The story of the white goblin and Rostam

In this story, Rostam after overcoming the white goblin takes out its liver from its abdomen and gives Kavoos the ability to see again by dropping its blood in his eye. In Taoism theological texts, a part of six internal organs constitutes the human psyche or shen. The liver Shen is named Lung Yen and this Shen is named as Hun Ming that is a person that has light in his jaws. Therefore, liver blood has light and is good for eyesight in Taoism belief. Also, in Chinese medicine, liver and in particular liver blood is presented for treatment of blindness as a therapeutic method. But, no justification is cited for this treatment and it is only said that this is a therapeutic method of a wise physician. But, this treatment method as it was mentioned has a therapeutic justification in Taoism medical teachings and also in Chinese medicine and the fact that a treatment method in Ferdosi’s Shahnameh has a therapeutic and medical justification in China is a considerable point and can express the medical relationships of Iran and China in many bygone years.

3. The story of Rostam and Sohrab and the story of Li Ching and Li Ne Cha

In the Chinese Shahnameh, Li Ching is placed instead of Rostam and his son, Li Ne Cha instead of Rostam’s son, that is Sohrab. In both Shahnamehs, the major parts of the story are completely similar and even moral characteristics of the characters are the same. The only difference of these two stories is the happy ending in Li Ching and Li Ne Cha’s story. In Rostam and Sohrab’s story in Ferdosi’s Shahnameh, Rostam at the command of Kavoos goes to fight Sohrab whom he doesn’t know is his own son and after overcoming him realized that he was Sohrab, his son from his bangle and asks Kavoos for Panacea herb. But, Kavoos doesn’t give Rostam the Panacea in time and Sohrab dies. In Li Ching and Li Ne Cha’s story also, Li Ching at the order of the king, Chou Wang (1123-1154 BC) goes to fight his son, Li Ne Cha and after overcoming him and becoming aware that Necha is his son asks his Taoism master, Tai Yi Zhan Ren or Jan Tao Teng Jan who is a skilled physician for help and he saves Necha from death with his knowledge.

The equivalent of Panacea in Ferdosi’s Shahnameh is the eternal mushroom plans in Fang-Shen-Yen-I. Of course, there is no mentioned of this mushroom in Rostam and Sohrab’s story. But, therapeutic characteristics of this eternal mushroom are exactly the same as that of Panacea. Both medicines can save man from death [20, 21].

4. The story of Rostam and Esfandiar

Mention of plants and their therapeutic properties in historical texts expresses that medicines were obtained from plants in ancient medicine. And, names of medicinal herbs in literary texts show the significance of knowledge and popularity of medicinal herbs in Iran and China.
Significance of medicinal herbs in treatment is referred to at the beginning of Ferdosi’s Shahnameh.

We see mention of therapeutic properties of plants in Rostam and Esfandiar’s story in Ferdosi’s Shahnameh. A number of them are similar to plants that are also witnessed in Chinese literature. Cassia plant, spruce, pine and eternity herb have a great position in Chinese literature.

Plants that lead to health and increased lifetime are mentioned in both Ferdosi’s and Chinese Shahnameh’s.

“Tamarisk Ritual” is mentioned in Ferdosi’s Shahnameh and “Cassia Ritual” is mentioned in the Chinese Shahnameh. Cassia tree and Tamarisk grow in heights. Phoenix is mentioned as the symbol of physician and treatment in Ferdosi’s Shahnameh that has its nest on heights. Crane is also mentioned in the Chinese Shahnameh as the symbol of physician and treatment that has its nest on heights in mountains on Cassia tree. The fruits of Tamarisk and Cassia tree both have therapeutic properties and lead to return of life.

A bird, named the face bird is mentioned in certain historical Chinese books. Some people deem it as the equivalent of the phoenix and some other deem crane as the equivalent of the phoenix. The face bird is a bird that has dual nature. It is sometimes a bird and sometimes a pious and treating old man, named Jan Deng Dao Jen. The name of the face bird is mentioned a lot of times in historical, literary and even medical Iranian texts.

5. Birth of Rostam and Zal

One of the important points in Ferdosi’s Shahnameh is the mention of names of diseases and sometimes method of their treatment. For example, Albinism disease is mentioned in Ferdosi’s Shahnameh and also the method childbirth using Cesarian-section method. The birth of Zal with white hair (Albinism) is mentioned in Ferdosi’s Shahnameh and in the Chinese Hau Ki myth, the son of the family is born with white hair. In both myths, the children are left alone with white hair to die. But, both are saved by the phoenix and the crane.

Rostam’s birth using Cesarian-section method is mentioned in Ferdosi’s Shahnameh and the birth of the most important character of the history of China that is Lao Tezo, the founder of Tao using Cesarian-section method is mentioned in the Chinese Shahnameh. Lao Tezo remains in his mother’s uterine for 72 years in this story and then is born after Cesarian-section surgery while having white hair [22, 16].

6. The Fates of Siavash and Yin Kiao

Another Fang-Shen-Yen-I myth that is very similar to Siavash’s story in Ferdosi’s Shahnameh is the story of Yin Kiao. In Ferdosi’s Shahnameh, a plant, named Siavash’s blood plant grows where Siavash’s blood pours onto the ground. This plant always grows again after being cut. Siavash’s blood plant is an actual plant that is still used in treatment and is one of the plants that were exported to China and the name of this medicine is seen in medical and herbal texts of the Chinese.
The story trend is the same in the Chinese myth and the place where Yin Kiao’s blood is shed becomes green with medicinal herbs.

As it was said, one of the important factors that had a role in conveyance of myths of the two countries is the Scythians or Iranian immigrant tribes. They were in constant contact with China and Iran in the course of history and led to conveyance of the sciences among different races and countries in a manner that certain Chinese kings dealt well with the Scythians due to interest in and acquaintance with the sciences of other countries. Even though, history shows that Scythians were sometimes considered as a danger for both countries, but, they were still an important factor in conveyance of culture.

Another important factor in conveyances of sciences between China and Iran is the large number of immigrations and travels in particular in Yuan dynasty. A large number of scientists, physicians, men of letters, astrologists and tradesmen went from Iran to China and led the people of China to get acquainted with the myths and culture of Iran. Therefore, it can be concluded that conveyance of different cultures and sciences that commenced in ancient eras in the silk road continues so long as mythical stories are popular from generation to generation among the people of the two countries. Similarities of the two Shahnameh and the same trend of stories were discussed in summary in perception of mythical commonalities in medical subjects. But, their relationships with non-medical subjects of the two countries demands further discussion and analysis and it is hoped that more research is conducted in this area.

3. Analysis of Medical Relationships of China and Iran in Different Eras of the Histories of the Two Countries

For further acquaintance with medical relationships of the countries, it is necessary that remaining historical books of the countries in different eras of histories of the two countries be referred to.

Medicine in Achaemenid era (4-6 BD) was completely rule-governed. And considering that the territory of the government of Iran in the Achaemenid era was developed as far as the land of China, it is improbable that these two countries didn’t have medical relationships in this era. But, unfortunately, sufficient information in the area of medical relationships of the countries in this era isn’t accessible after the attack of Alexander of Macedonia to Iran and the end of Achaemenid dynasty and burning of all libraries available in Iran by Alexander of Macedonia.

Iran advanced a long in the area of medicine in Samanian era based on remaining historical texts of Iran and became a medical pole in the world. The first faculty of medicine in the world named Gondishapoor faculty of medicine and Gondishapoor hospital were established in this era in the era of 1st Shapoor (272-241 BD) and it was later developed in this same era
by the next kings. Large libraries containing several thousands of volumes were created in different cultural, religious, scientific and medical areas. These libraries were also burned unfortunately after the attack of Arabs to Iran and many historical books were lost.

A large number of Greek, Indian, Chinese, Egyptian, Jew and Syriac physicians gathered in Gondishapoor Faculty of Medicine and taught medicine. Medical botany was mainly popular there [23, 24]. The first international medical conference in the world in Christian year 550 in Khosro Anooshirvan’s time was one of the important events that happened in Gondishapoor Faculty of Medicine. Different physicians were invited from different countries in this conference and translated, research and exchanged medical and scientific viewpoints in this conference together [24, 25, 26, 27]. Medical exchanges of Iran and China in this era were so much that its significance is deemed as equivalent to significance of medical relationships of Iran and Greece based on the remaining civilization [28].

Many physicians from different countries studies, taught and practiced medicine in this era. And, names of some of these physicians are mentioned in history books. Considering wide relationships of China and Iran in this era, it is improbable that Chinese physicians didn’t have course teaching in Gondishapoor faculty and this needs further analysis in historical Chinese books.

An honest physician named Kharad Barzin in this era and at the time of kingdom of Khosro Parviz was once sent to the Roman king and once to the Chinese king as the king’s ambassador. It is mentioned in certain historical books of Iran that Kharad Barzin went to China at the request of the Chinese emperor from Khosro Parviz for treatment of the disease of the Chinese emperor’s daughter who Chinese physicians were unable to treat and treated the emperor’s daughter with medicinal herbs [8, 25, 29].

The peak of medical progress in ancient Iran was in Ale Booye and Samanian dynasties in a manner that the most well-known physicians of Iran, namely Ebnesina and Zakaria Razi lived in Ale Booye dynasty in the 10th century. Development of the relationships of Iran and China in this era (9-10 AD) was so much that the popular language of a number of cities on Silk Road was Persian language. It is said that Zakaria Razi studied the works of Hippocrates and Galen as well as other scientists of Greece, Rome, India, China, Egypt and Syria and this theory isn’t improbable considering that Zakaria Razi taught a Chinese student. Meanwhile, it is mentioned that Ali Ebne Abbas Ahvazi, Ali Abne Tabari, Hassan Ebne Nooh Ghamari, Abosahl Masili and Akhaveini Bokhari, reputable physicians of this era used medical references of Greece, Arabia, China and India [30].

Abooreihan Birooni has named close to 1116 herbs in his Mofradeh book and has mentioned the names of these medicinal herbs in Arabic, Persian, Greek, Syriac, Indian and Chinese [31]. One of the most reputable books authored in this area era is the book “Hedyatalmotealemin Fi Teb” which is authored by Akhaveini. In this book has repeatedly referred to Chinese medicinal herbs including cinnamon. Therapeutic effects of cinnamon in treatment of epilepsy are referred to for example in this book.

Ali Ebne Abbas Ahvazi also in his book has referred to Chinese medicines and treatment with these medicines [32]. Jorjani is another reputable physician who has numerously named
Chinese medicinal herbs in his works. Some consider him the founder of Iranian medicine and application of some of these medicines is similar to their application by Chinese physicians [33].

In the wake of murder of a number of Chinese tradesmen who were traveling on behalf of Genghis Khan on the silk road and on the other hand lack of attention by Sultan Mohammad Kharazmshah (1098-1219 AD), the king of Iran to this subject, Genghis Khan, the Mongol attacked Iran and rued Iran and burned down many important Iranian libraries together with public slaughter of many people. All Mongol rulers had an active role in exchange of medical and astrology knowledge between Iran and China in the Mongol or Ilkhanian era in Iran and paid a lot of attention to this subject. As an example, Ghazan Khan (1271-1304), a Mongol ruler in Iran was very eager to learn the science of medicine. Many herbs were brought to Iran in his era from Turkistan, eastern China and India and sold at an expensive price.

One of the famous and important physicians of the Ilkhanian dynasty who did valuable service to the culture of Iranian medicine is Khajerashidedin Fazlollah Hamedani. He became a minister in Ghazan Khan’s era and was punished by death in Sultan Mohammad Khodabandeh’s era. Rashidedin constructed schools, hospitals, libraries and necessary buildings for treatment and education of people in his ministerial period. “Robe Rashidi” grand neighborhood in Sorkhab alley in Tabriz – Iran is a very important building that he built in his ministerial period. There were numerous theology schools, medical and herbal centers, hospital and houses of professors and gardens special for cultivation of medicinal herbs and also numerous other centers related to non-medical industries which centers had rules and regulations according to “Vaghfnaameh Robe Rashidi” the remaining book of Rashidedin which were applied by Rashidedin [5]. Meanwhile, a collection, named “Mokatebat Rashidedin” is collected from letters of Rashidedin to his children and other individuals. 10 letters from 50 letters remaining from him are related to medicine. Orders about purchasing specific amounts of different herbs from different countries including China are mentioned in these letters. He was also very interested in farming medicinal herbs and had assigned certain gardens to farming medicinal herbs alongside Robe Rashidi Compound and embarked on procurement of rare herbs and their cultivation from different regions, ruled by the Mongols, China and India. There were more than 1,000 special Chinese herb boxes in Robe Rashidi pharmacies according to available deeds. Names of Chinese herbs were written on them [24, 25]. Radhidedin believing one must get acquainted with sciences of other countries and mustn’t deem acquaintance with text of Galen and Hippocrates sufficient is among reasons why medical relationships of Iran and China developed in the ministerial period of Rashidedin. The science of medicine in his opinion was recessed in Greek texts and it was time he got acquainted with medical methods of other countries. And, for this same reasons, he issued orders for procurement of books of different sciences in particular medical books from other countries, such as China. It is mentioned in one of his letters that he requested 50 physicians from China, India and Rome. And, each of the physicians were obliged to teach 10 students for 5 years. 60000 books from different sciences of India, China, Greece and other countries were collected from Robe Rashidi Compound [33, 36].

Translation of important Chinese medical texts into Persian language is among Rashidedin’s important works. One of the books remaining from him is Tangsooghnameh Ilkhani in
Chinese sciences. The contents of this book that are related to pulse science in Chinese medicine shows that the knowledge of Chinese and Iranian physicians in pulse taking and knowledge of pulse is close to each other. The book, Tangsooghnameh is translated from a Chinese poetry book, named Mai Jue. This book is attributed to a Chinese physician, Wang Shu He, by mistake. While, researchers today deem the author of this book to be a Chinese physician, named Gao Yang Sheng who was famous in pulse science [37, 38].

The result of translation of these Chinese medical texts wasn’t only introduction of Chinese sciences to Iranians, but Rashidedin also made Iranian physicians acquainted with the philosophical thoughts of Chinese physicians with this work [37].

Iranian students and physicians who travelled to China brought books of Chinese sciences in particular about medicine along with themselves to Iran according to request of Rashiddin according to available evidence. Many books were translated to Persian in this period according to these evidences. But, a part of Tangsooghnameh remains from among them.

Chinese researches also believed other books were also translated to Persian in this period [39]. The significance of Robe Rashidi in having experienced Chinese physicians is so much that when Muslim physicians couldn’t treat the eye pain of Ghazan Khan, he went to Tabriz and Robe Rashidi and underwent treatment by Chinese physicians according to historical evidences.

The policy of Rashidedin was such that the best Chinese physicians were collected in Robe Rashidi. The people of Tabriz wouldn’t go to a doctor for treatment according to available travel logs and physicians were idle in this city. Because, the number of people who were aware of the science of medicine and herbal knowledge was very large and there were a lot of medicinal herbs in this city [40].

Rashidedin authored many other books too. His most famous book is “Javameatavarikh” which is about history of different countries of the world including the history of China. His other books include: Tozihat Rashidieh, Bayanolhaghaegh, Mafatoholnefasir, Vaghfnameh Rashidi and Adviehe Mofrade Khataei book(Chinese herbs book).

Adviehe Mofrade Khataei is a book about knowledge of individual Chinese herbs plants. This book isn’t unfortunately available now. But, this book is mentioned in Tozihat Rashidieh book.

Tangsooghnameh book is a book that was written in lunar year 713 at the order of Khajerashidedin Fazlollah Hamedani. Rashidedin was one of the famous ministers of the Mongol period and authored above book upon recommendation of Ghazan Khan based on collection of sciences of other countries in Iran. This book is the translation of a book, titled Mai Jue, authored by famous Chinese physician, Cao Yang Sheng which is related to knowledge of pulse in Chinese medicine and its relationship with different diseases.

The printed copy of Mai Jue book is in the Russian Sciences Academy Museum and the original Tanghsooghnameh book is also a manuscript penned by “Ghavam Kermani” and it is maintained in Ayasophia library in Istanbul, Turkey under item No. 3596.
Tangsoogh is a word in Mongol language and it means a valuable thing that is given to grand people and kings. And, Rashidedin donated this book as a precious gift to Ghazan Khan king.

Review of Tangsooghnameh Book as one of the most Important Historical Document for Medical Relationships of Iran and China:

According to introduction of Tangsooghnameh book in Iran after that in Abbasid period a number of Indian, Syriac and Greek books were translated into Arabic language, except for a few books that were collected and translated by Abooreihan Birooni, considerable other books of the sciences of other countries weren’t translated to Persian or Arabic language and also after the attack of Mongols to Iran only Khajenasiredin Toosi authored several books due to learning astrology and jewelry knowledge from scientists of the Mongol race. One of the most important of them is a book, named Tangsooghnameh Ilkhani which is in the area of jewelry knowledge. Khajenasiredin in the era of Holako Khan requested a Chinese physician who came to Iran in his company from Mongolia to give him information about astrology and Khajenasiredin incorporated information obtained from him in his book.

Rashidedin in the introduction of his book Tangsooghnameh say Ghazan Khan always encouraged me to open the gate for acquaintance with different sciences of above countries by translation of different books from other countries so that people of the country can enjoy benefits of those sciences. Just like before in the era of Haroonorashid many books were brought from Greece to Iran and medicine was popularized in Iran by translating them and research and inquiry of different Greek sciences including medicine.

Ghazan Khan in the wake of this introduction says to Rashidedin that considering that you always attempted to popularize different sciences in Iran so that people can always enjoy the benefits of these sciences and on the other hand many books were translated in Iran from Greece, Rome and India in the past, but no book arrived in Iran from China and countries affiliated to China or no one translated them if any arrived, therefore, attempt at bringing Chinese medical sciences to Iran by translating Chinese books. Rashidedin in the following of the introduction of the book says since the land of China is far from Iran and health issues and problems are naturally different in China and Iran due to differences in climates and physics of the people of Iran and China. And, they might have reached different sciences for solving their problems for this same reason which differ from sciences here. Accordingly, Rashidedin translated a numbers of books in the area of different sciences from China into Persian language and emphasized that the Chinese have complete skills in all sciences and if there are differences with popular sciences in Iran in the area of translations, it shall not mean that theories of the Chinese or theories of Iranians are false. But, it is due to difficulty of translation of Chinese texts or lack of complete knowledge of above scientific text by translators.

Rashidedin tried to make his utmost effort in translating Chinese books to have the least
mistakes in the translation of the book since he knew in the future people who read the translated Chinese books may not deem the contents of these books important and not accept them because of facing alien terminology and also witnessing theories that are completely different with Iranian philosophers. Rashidedin says in this area:

“I chose a smart and artist youth, named Safiedin who had mastered medical sciences and philosophy from among educated people and I placed him beside a Chinese physician, named Siuseh(Si Wang Shi). On the other hand, I added the child of an Iranian physician whose father had previously immigrated to China and was born in China and had mastered Persian and Chinese languages and their writing systems to the group of translators. And, my first condition for Safiedin was that he should learn Chinese language and writing so have sufficient and correct supervision in translation of the book. Therefore, the group of translators comprised a scholar, Si Wang Shi, Safiedin and an Iranian translator residing in China supervised by Rashidedin for translating Chinese books.

In the following of the introduction of the book, Rashidedin has talked of other issued of land and culture of China. Remarks about Chinese writing, printing techniques, state currency and musical notes can be mentioned from among them. He says about Chinese writing that Chinese writing is a pictorial and international writing in which letters of the alphabet are not used and pictures available in Chinese writing are in a manner that anybody looking understands the concept of these pictures or he say about printing technique that China is the first country that used printing industry. He says about Chinese currency that the popular money in China is Cao which is a kind of paper or leather money which is sealed and used for exchange or he says about musical notes that musical notes in China are pictures that are drawn on the paper that any performer, producer and singer understands the type of the music by looking at these pictures.

After this overall introduction, Rashidedin described about Mai Jue book, its division and chaptering and after it the main book translation starts. The writing of this translation by Ghavam Kermani is done and Rashidedin names this book, Tangsooghnameh Ilkhan dar Oloome Khataei(Tangsooghnameh Ilkhan in Chinese sciences). Rashidedin deems this book as comprising four book volumes based on the introduction of above book.

The first book is about Chinese medicine rules and method of pulse taking and explaining body organs based on Chinese medicine. The name of the first book whose original is in poetry form was chosen Wang Shu He. It seems that the book that is available at the present named Tanghsooghnameh and maintained in Ayasophia library is this same first Tangsooghnameh Ilkhan book in Chinese sciences. Rashidedin says that he writes Chinese poems available in Mai Jue book in the same form but in Persian writing and explain and interpret that poem in Persian language.

The second book is about 12 channels and energy and blood pathways in the body and also quality of pulse and needling the body and warming the body in different diseases. He named this book Tang Ren.

The third book in the beginning consists of an introduction of principles of combining herbs and asking medical questions by old Chinese kings and their ministers’ responses. Then, it
includes a translation of a Chinese book about single herbs and Chinese herb combinations which describes properties of each herb and formula. Rashidedin adds a separate part to in this section that is about herbs that are used by Iranian and Greek physicians to this third book.

The fourth book is a book that is about Chinese kings and their relationships and government systems and also diseases that these kings suffered. This fourth book includes two parts. One is about introduction of individuals that stood to the right and the left of rulers and the second which is named Tai He Lu Ling is about diseases, health and issues of this kind.

So, the original Tangsooghnameh Ilkhan book in Chinese sciences includes four books. Each has a specific name and probably had different writers. Each one is related to translation of a Chinese medical book. Three volumes from these four books are destroyed and only the first book, named Wang Shu He is remaining. The first book from Tanghsooghnameh series includes 12 chapters. And, each chapter itself includes different parts. The five elements, 12-fold pulses, positions of pulses on the right and left hands and appurtenance of each of the positions to five main organs, lung, spleen, kidney, heart and liver and also seven-fold pulses, nine-fold pulses, Yin and Yang theory, number of Qi and blood circulation in 24 hours of the day and night are talked about in chapters one to ten of the book.

Chapter eleven of the book dealt with different diseases and their treatment. And, women’s diseases, pregnancy and embryo are discussed in chapter twelve.

Based on Chinese texts and also an interview with Dr. Shiguang, professor of Beijing University of Literature who translated the book, Tangsookhnameh from Persian into Chinese language, it was made clear that the first Tangsookhnameh book, named Wang Shu He was the translation of the book Mai Jue whose author is Gao Yang Sheng and Rashidedin named the first book Wang Shu He with respect for Wang Shu He, the most famous ancient Chinese physician in description of pulse in Chinese medicine and the author of the classic book, pulse. The second Tangsookhnameh book is the translation of the book Tong Ren which is authored by Wang Wei Yi. The third book consists of two parts. The first part is the translation of the book, Yu Chu Cang Shu whose other name may be Yu Yao Yuan Fang and which is authored by Xu Guo Zhen. The second part is the translation of the book Ben Cao whose complete name is Zhi Yuan Zeng Xi Ben Cao which is unavailable at present and is authored in Jin dynasty. The fourth Tangsooghnameh book is the translation of the book, Tai He Lu Ling which was compiled in Jin dynasty and isn’t available today and whose author is unknown.

4. History of Chinese Medicine in Iran after 1971

Analysis of Status of Chinese Medicine in Iran was mainly done based on Interview with a Number of Old Iranian Physicians who treat Patients with Chinese Medicine.
This part of the issue is prepared in the wake of interview in person with Dr. Iraj Roeindej, Dr. Reza Heshmat, Dr. Eskandari and Mr. Nadali Esmaeili and my personal information.

A number of Iranian physicians sporadically and based on their personal interest have passed acupuncture courses in European countries, in particular England, France, Germany and China in the 70s and the 80s and prepared the primary core for popularization of acupuncture in Iran. Dr. Forozin, Dr. Rezvani Ohadi, Dr. Parviz Amirkamali, Dr. Eskandari, Dr. Roeindej, Dr. Sepehri, Dr. Mirmozafari, Dr. Shayestehmehr, Dr. Shahgerdian and Dr. Ketabchi can be mentioned from among these physicians. Acupuncture wasn’t approved by the Ministry of Health in Iran in this period and above physicians used acupuncture in a very limited manner for treatment of their patients. [45]

The first official entrance of acupuncture to Iran happened in 1974 upon invitation of a group of Chinese people to Iran on behalf of the Pahlavi Foundation. This news was published in Keyhan newspaper. [47]

One of the most effective individuals who led to development of acupuncture in the contemporary era in Iran was an individual, named Seyed Aliasghar Ghafelehbashi, also known as Seyedein. He was a successful and rich merchant who was the agent for machineries of USSR in Iran and also had trades with America and Europe. His child was suffering from a very hard disease and goes to Spain for treatment and Spanish physicians advise acupuncture and finally Mr. Seyedein takes his child to China and in the wake of treatment with acupuncture, the disease of his child is completely healed and in the wake of this event, Mr. Seyedein is largely attracted to acupuncture and promises to himself to popularize acupuncture in Iran. He decides to start up an acupuncture educational academy in Iran at his own cost after his return to Iran. For this purpose, he finds a few physicians who are acquainted with acupuncture and proposes the subject to them and even considers a proper building for the concerned academy. But, in spite of vast effort and several years, he doesn’t succeed in performing this task due to different reasons the most important of which was the opposition by the Ministry of Health. [47,48]

But, finally, Mr. Seyedein with cooperation of Dr. Forozin proposes this subject to Pahlavi Foundation which is chaired by Fatemeh Pahlavi. Pahlavi Foundation in 1974 officially invites a Chinese group for performing and training acupuncture in Iran and this group engage in treating patients with acupuncture for close to six months in Tajrish hospital of Tehran, Karaj and the north of Iran. It is warmly welcomed by patients. The family of the king of Iran, in particular Ashraf Pahlavi, the sister of Mohammadreza king were attracted to acupuncture at this time and decided to employ this group of Chinese people as the royal physicians. It is opposed by the Chinese group and the Chinese group leaves Iran in the wake of disputes that arise in this area. [47]

The entrance of the Chinese group to Iran and its reflection in newspapers leads to further acquaintance of Iranian physicians with acupuncture and a larger number of physicians travel to China after that at personal cost or as government agent for training in acupuncture. [47]

And, educated acupuncture physicians gradually increase in the country and on the other hand, USSR has a hospital in Tehran prior to revolution of Iran that embarked on treating Iranian and USSR patients for free. A neurosurgeon, named Papof worked in this hospital that
had mastered acupuncture and used treatment with acupuncture only for USSR patients. Mr. Nadali Esmaeili who was an influential individual in development of acupuncture in Iran sporadically was trained by this Russian physician several years.[48] Considering the large interest Mr. Seyedein had in development and teaching of acupuncture in Iran, he collected close to 10 physicians acquainted with acupuncture and negotiated with them about development of acupuncture in Iran and personally accepted all financial costs of this project and even prepared acupuncture journals including American Journal of Acupuncture from the United State of America for this group and started monthly meetings in form of scientific conferences about acupuncture in Dr. Roeindej’s office in Tehran upon cooperation with Dr. Roeindej. A number of physicians that participated in these monthly scientific seminars were: Dr. Roeindej, Dr. Eskandari, Dr. Mirmozafari, Dr.Sepehri, Dr. Shahgerdian, Dr. Shayestehmehr, Mr. Nadali Esmaeili, Dr. Farhad Sabri, Dr. Heidarnia and Dr. Sharifi.[45,47,48]

These physicians had numerous communications with the Ministry of Health in this duration in the company of Mr. Seyedein and made many efforts for official invitation of Chinese physicians for teaching acupuncture in Iran and establishing acupuncture educational academy which were unfortunately unsuccessful due to rejection of acupuncture by the Ministry of Health and on the other hand, undesirable political ties of the Iranian government with the government of China. The first acupuncture book in Iran, named “General Acupuncture” was authored by Dr. Rezvani Ohadi in this duration. And, many efforts were made by Dr. Roeindej and his other colleagues for establishment of acupuncture association officially. They were again unsuccessful due to available problems. [45]

Two important events happened then. One was that Dr. Roeindej invited two of his Iranian friends, one of them Dr. Shahrokh Seraj, who were acupuncture professors in the Imperial College in United States of America to come to Iran and taught 25 Iranian physicians theoretically and practically for three months and granted certificates from the Imperial College on them. Dr. Amir Azar was among physicians who participated in this three-month course. [45] And, the second event was that Mr. Nadali Esmaeili who was very interested in this field and had commenced acupuncture educational courses by Dr. Papof and went to Paili University in Beijing for pursuit of studies commenced many efforts for development of acupuncture and teaching it in Iran in a manner that he brought Chinese Journals of Acupuncture to Iran. He has translated and authored several books and in particular his major activity is about quitting addiction and cigarette smoking with acupuncture. And, this led scientific and university assemblies and the ministry of health to get further acquaintance with acupuncture. He opened addiction quitting centers in Tehran and Sari. And, he organized the first acupuncture seminar in Babol city with cooperation of Sari University of Medical Sciences. Close to 700 people participated in this seminar. Of course, it faced many oppositions by the ministry of health and he established Acupuncture Studies Center in 1994 with permit from Mazandaran University of Medical Sciences and officially embarked on teaching acupuncture in Iran and made many physicians and non-physicians acquainted with this medicine. And, he made this institute a member of Academy of Natural Sciences of Russia and the Global Acupuncture Organization in China. [48]
Another important event that attracted the trust of the medical society in Iran to acupuncture was that anesthesiologists didn’t give permission for general anesthesia to a patient suffering from brain tumor due to clinical problems and an anesthesiologist who had passed acupuncture courses in Japan announced his readiness for anesthesia and unconsciousness with acupuncture for performing this surgical operation and the surgery was performed successfully by a neurosurgeon, named Dr. Ketabchi and the reflection of this news in newspapers seriously stimulated curiosity of physicians for acquaintance with acupuncture. And, the way was so paved for establishment of acupuncture association. [48]

Dr. Reza Heshmat who studied osteopathy in France and got acquainted with acupuncture there and has gone to Shanghai University for pursuit of studies about acupuncture for six months, after returning to Iran tried to establish Iran acupuncture association officially and accordingly, Dr. Heshmat, Dr. Tabesh, Dr. Katayoon Ghorbani, Dr. Jamei and Dr. Hatami who all had been educated in acupuncture academies in western countries and China after three years effort managed to establish Iran scientific acupuncture association in 2009. Dr. Heshmat, Dr. Roeindej, Dr. Sabri, Dr. Heidarnia and Dr. Tabesh were elected as members of the board of directors in the first elections of the acupuncture association and Dr. Heshmat was selected as chairman of acupuncture association. [46]

The first group of Iranian physicians was dispatched on behalf of Mashhad University of Medical Sciences for PhD program in Chinese Medicine to Beijing University of Chinese Medicine in 2008 and the main goal of this dispatch was growing physicians who after graduation could assist development of this field in Iran. Names of a number of these physicians are: Dr. Bahrami, Dr. Kazemi, Dr. Ayati, Dr. Golchian, Dr. Mojtabavi, Dr. Alesheikh, Dr. Bidoiei and … [49]

The second group dispatched included 19 physicians including me. They were dispatched in 2016 for passing master’s program to Beijing University of Chinese Medicine. And, the third dispatched group included 9 physicians who were dispatched to Beijing University of Chinese Medicine in 2017 for passing master's program. [49]

Iran Acupuncture Association currently has 400 members. 120 of them are official members of the association. They are mainly academically education in the field of Chinese medicine. And, the remainder is non-official members of acupuncture association and includes physicians who are active in the area of acupuncture. But, they don’t have history of academic education in this field. And, they are mainly acquainted with this field by participating in short-term acupuncture educational courses in Iran or outside of Iran. More than a thousand non-doctors were made acquainted with acupuncture in different ways based on non-official statistics and are illegally treating patients with acupuncture. Only physicians are entitled to intervene in treating patients based on rules of the ministry of health in Iran. [46]

Concurrent with increase in number of physicians who embark on treating with acupuncture, admission of patients and their inclination to receive acupuncture services has also gradually increased. On the other hand, physicians who are inclined to learn this field are also increased and the fans of this field participate in workshops organized by Iranian masters including Dr. Kazemi (Professor of Beijing University of Chinese Medicine), Dr. Tabatabaei (Professor of Beijing Chinese Medical Sciences Cultural Center) and other masters. On the other hand, a
large number of international professors including Dr. Weber, Dr. Nogie, and Dr. Bahr are invited annually for organizing educational seminars to Iran. These workshops only meet a small part of the need for acupuncture teaching in the country and as believed by all experts in this field, the only principle way of teaching acupuncture in Iran is establishment of university educational centers in Iran which hasn’t been so far possible. However, unsuccessful attempt has been made in this area during the past years. [49]

5. A Research for Analysis of Iranian People View Points about Acupuncture

In third part of this study for investigations of viewpoints of Iranian western physicians and patients’ relation to acupuncture 2 questionnaires have been designed. One of them related to western physicians and the other related to patients.

Since no such study has been still done in Iran, on the other hand with earned information from studied groups regarding Chinese medicine and acupuncture we can plan more exact programs about acupuncture training to Iranian physicians, increasing level of general population information about acupuncture, and something like these. So it seems more accumulation of information about the subject can lead to more development of acupuncture in Iran.

In this part of study, aimed groups were selected from admitted patients and western physicians in one of the big general hospital of Tehran, Shahid Hasheminejad hospital.

Objectives

Investigations of viewpoints of Iranian western physicians and patients about acupuncture

Participants

A number of 100 patients admitted from fifth of March 2018 to fifth of April 2018, and also a number of 50 western physicians who were working in the Shahid Hashemi Nejad hospital were selected. Criteria for selection was only admitted patients and also present physicians in the days of the study.

Outcome Measures
Questions of two questionnaires were designed after consultation to some physicians, students, statistics and some health system managers.

First questionnaire which is related to western physicians including 8 questions and second questionnaire which is related to patients including 24 questions:

Statistical Analysis

Statistical analysis was performed by using the software program Statistical Package for the Social sciences (SPSS, Chicago, IL, USA) version 2.

4.5. Results

4.5.1. Viewpoints of Iranian western physicians about Acupuncture

Table a1. Specialty of Practitioner in the Study

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>General practitioner</td>
<td>4</td>
<td>8.2</td>
</tr>
<tr>
<td>Psychologist</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Surgeon</td>
<td>8</td>
<td>16.3</td>
</tr>
<tr>
<td>Orthopedist</td>
<td>8</td>
<td>16.3</td>
</tr>
<tr>
<td>Anesthesiologist</td>
<td>17</td>
<td>34.7</td>
</tr>
<tr>
<td>others</td>
<td>12</td>
<td>24.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
The most number of practitioners who participated in the study were anesthesiologist (34.7%) and the others including surgeons (16.3%), orthopedists (16.3%), general practitioners (8.2%), psychologist (2%), and other specialties (24%).

Table a2. Rate of practitioners familiar to acupuncture

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>somewhat</td>
<td>30</td>
<td>60.0</td>
</tr>
<tr>
<td>Yes</td>
<td>9</td>
<td>18.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Figure a2. Rate of practitioners familiar to acupuncture

18% of practitioners were familiar with acupuncture and its mechanisms, 22% were not familiar with acupuncture and 60% of them had some information about acupuncture.

Table a3. Method of earning information about acupuncture

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture books study</td>
<td>8</td>
<td>16.7</td>
</tr>
<tr>
<td>Description</td>
<td>Count</td>
<td>Percentage</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>Not academic workshops</td>
<td>8</td>
<td>16.7</td>
</tr>
<tr>
<td>Academic education (university or standard academy)</td>
<td>4</td>
<td>8.3</td>
</tr>
<tr>
<td>From patients who have had experience of acupuncture</td>
<td>5</td>
<td>10.4</td>
</tr>
<tr>
<td>Public mediums</td>
<td>19</td>
<td>39.6</td>
</tr>
<tr>
<td>Acupuncture books study &amp; Public mediums</td>
<td>1</td>
<td>2.1</td>
</tr>
<tr>
<td>Not academic workshops &amp; Public mediums</td>
<td>1</td>
<td>2.1</td>
</tr>
<tr>
<td>From patients who have had experience of acupuncture &amp; Public mediums</td>
<td>2</td>
<td>4.2</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing System</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>
Figure a3. Method of earning information about acupuncture

The most of practitioners have earned their information about acupuncture by public mediums (48%), and the others by studying acupuncture books (18.8%), nonacademic workshops (18.8%), their patient (14.6%), and academic education in university (8.3%)

Table a4. Acceptance of acupuncture as an effective method of treatment

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

www.wfasturkey2019.com
69.4% of participants accept acupuncture as an effective method of treatment and 30.6% of them do not.

Table a5. the reasons of non-acceptance of acupuncture as a method of treatment

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don’t have any information about acupuncture</td>
<td>4</td>
</tr>
</tbody>
</table>
There is no evidenced base documents for its efficacy. 6 40.0

Acupuncture mechanisms aren’t clear. 3 20.0

According to opinions of 2 patients who have got acupuncture. 13.3

Total 15 100.0

<table>
<thead>
<tr>
<th>Missing</th>
<th>System</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>35</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50</td>
</tr>
</tbody>
</table>

40% of participants who did not accept acupuncture as an effective method of treatment said the reason is that there are no evidenced base documents for efficacy of acupuncture, and the reasons of other were absence of their information about acupuncture (26.7%), not clearing of acupuncture mechanisms (20%), and 13.3% of them did not accept because they knew patients who got acupuncture with no efficacy.

Figure a5. the reasons of non-acceptance of acupuncture as a method of treatment

Table a6. believing to apply acupuncture and western medicine together
85.7% of practitioners who answer this question said that we can use acupuncture and western medicine together and 14.3% of them that we cannot use them together and 2% of all did not have an idea.

Table a7. referring of patients to acupuncturist for treatment

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
</tr>
<tr>
<td>yes</td>
<td>25</td>
</tr>
<tr>
<td>no</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
</tr>
</tbody>
</table>
51% of practitioners who answered this question refer patients to acupuncturists for treatment and 49% of them do not refer and 2% did not answer to this question.

Table a8. Efficacy of acupuncture to treat different diseases

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Psychological disease</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Gynecologic disease</td>
<td>1</td>
</tr>
<tr>
<td>Obesities &amp; Pain Control</td>
<td>Count</td>
<td>Rating</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-------</td>
<td>--------</td>
</tr>
<tr>
<td>Obese</td>
<td>1</td>
<td>2.2</td>
</tr>
<tr>
<td>Pain control</td>
<td>9</td>
<td>20.0</td>
</tr>
<tr>
<td>Obese &amp; pain control</td>
<td>3</td>
<td>6.7</td>
</tr>
<tr>
<td>Pain control &amp; Musculoskeletal diseases</td>
<td>8</td>
<td>17.8</td>
</tr>
<tr>
<td>Obese &amp; pain control &amp; Musculoskeletal diseases</td>
<td>3</td>
<td>6.7</td>
</tr>
<tr>
<td>Psychological disease &amp; pain control</td>
<td>2</td>
<td>4.4</td>
</tr>
<tr>
<td>Respiratory diseases &amp; pain control</td>
<td>1</td>
<td>2.2</td>
</tr>
<tr>
<td>Psychological disease &amp; obesity &amp; pain control &amp; Neurologic diseases &amp; Musculoskeletal diseases</td>
<td>1</td>
<td>2.2</td>
</tr>
<tr>
<td>Psychological disease &amp; pain control &amp; Musculoskeletal diseases</td>
<td>2</td>
<td>4.4</td>
</tr>
<tr>
<td>Psychological disease &amp; Digestive diseases &amp; obesity &amp; pain control &amp; Musculoskeletal</td>
<td>1</td>
<td>2.2</td>
</tr>
<tr>
<td>Digestive &amp; Gynecologic disease &amp; obesity &amp; pain control &amp; Neurologic diseases &amp; Musculoskeletal diseases</td>
<td>1</td>
<td>2.2</td>
</tr>
<tr>
<td>Psychological disease &amp; Digestive</td>
<td>1</td>
<td>2.2</td>
</tr>
<tr>
<td>Digestive &amp; obesity &amp; pain control &amp; Neurologic diseases</td>
<td>1</td>
<td>2.2</td>
</tr>
<tr>
<td>Psychological disease &amp; Respiratory diseases &amp; Digestive diseases &amp; Gynecologic disease &amp; Obesity &amp; Pain control &amp; Neurologic diseases &amp; Musculoskeletal diseases</td>
<td>3</td>
<td>6.7</td>
</tr>
<tr>
<td>Psychological disease &amp; pain control &amp; Neurologic diseases &amp; Musculoskeletal diseases</td>
<td>2</td>
<td>4.4</td>
</tr>
<tr>
<td>Psychological disease &amp; Gynecologic disease &amp; obesity &amp; pain control &amp; Neurologic diseases &amp; Musculoskeletal diseases</td>
<td>1</td>
<td>2.2</td>
</tr>
<tr>
<td>pain control &amp; Neurologic diseases &amp; Musculoskeletal diseases</td>
<td>1</td>
<td>2.2</td>
</tr>
<tr>
<td>Psychological disease &amp; Digestive diseases &amp; pain control &amp; Musculoskeletal diseases</td>
<td>1</td>
<td>2.2</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing System</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

88.7% of practitioners who answer this question said acupuncture is effective in pain control, 44.4% of them said musculoskeletal diseases, 35.3% of them said Psychological diseases, 31.1% of them said obesity, 13.3% of them said gynecologic diseases, 22.1% of them said neurologic diseases, 8.9% of them said respiratory diseases, and 10% of all participants said that none of above diseases can be cured by acupuncture.
Psychological disease

Gynecologic disease

Obesity

Pain control

Obesity & pain control

pain control & Musculoskeletal diseases

Obesity & pain control & Musculoskeletal diseases

Psychological disease & pain control

Respiratory diseases & pain control
6. Discussion

Discussion of Part 1: Before 1970

Based on old and historical texts of China and Iran and also discovered historical works and evidences, in particular in the cities on Silk Road, it can be concluded that all linking factors of these two old civilizations including trade, political, religions and scientific ties including mathematics, astrology and philosophy, tourism and travelling relationships and other relationships available between the two countries that all commenced and developed through the silk road played an important role in establishing medical and medicinal relationships between Iran and China in ancient period.

Different factories that has a role in creating a deep and wide herbal relationship between China and Iran are reviewed in this part of the research:

5.1.1. Significance of old Chinese and Iranian texts in history of medical relationships of the two countries

Common courtesy of Iranians, boundary limits of Iran, clothing style, religious ceremonies, agricultural products, medicinal products, therapeutic methods and mythical stories of different eras of the history of Iran, names of kings, Iranian capitals in different eras and important days of Iran are mentioned in ancient books of China and Ancient Chinese calendars. For example, the old copy of detailed note of Tai Ping era which is written in Song dynasty is mentioned in chapter 28 of the book. A number of pharmacies were created by (Iranian) Muslim physicians in Xian city. A large number of people of the city attended these pharmacies every day. Therefore, analysis of ancient Chinese texts can give us a lot of information about medical relationships of the two countries in different historical eras.

5.1.2. Significance of Evidence of Archaeological Works in the Depth of Medical Relationships of the Two Countries

Remaining ancient evidences and works point to the breadth of the history of medical relationships of the two countries in the course of history. Ancient works and evidences discovered in Silk Road, ancient Iranian and Chinese cities including medicinal vases, prescriptions carved on rocks and scientific and religious copies discovered in Huang cave in China and also ships sunk in Fujian province coasts show that medical relationships of the two countries were present in the course of history in a continuous and constant manner.

Dis discovery of operated skull in the Burnt city in Iran and the surgery of Huato, the well-known Chinese physician on the skull of the emperor, Tsao makes it probable that Huato was in contact with Iranian surgeons as the greatest ancient Chinese surgeon. And, such type of communications was normally exchanged between Chinese and Iranian scientists due to caravans of the two countries.

5.1.3. Effect of Plant Medicines Exchange in the History of the Relationships of the Two Countries

More than 100 different types of plant herbs were exchanged between Iran and China according to available evidences. It expresses significance of trade of plant herbs in medical
relationships of the two countries.

5.1.4. Role of Immigration of Physicians and Scientists in the History of Medical Relationships of the Two Countries

Iran witnessed immigration of scientists, physicians, tradesmen and monks to China in several periods. The first immigration of Iranians to China was after conclusion of the contract of Mehrdad, the second with the Chinese emperor and establishment of security in silk road. In The Sassanid dynasty due to breadth of political and trade ties of the two countries and in the following attack of Arabs to Iran and destruction of the Sassanid dynasty and also the well-known quotation of the prophet of Islam, based on the necessity of learning science even in China, immigration of Iranians to China increase in Tang dynasty. The policy of the Tang empire and the possibility of provision of proper welfare conditions for immigrants led China to become a scientific and international pole in this period and scientists of different sciences including medicine and pharmacy immigrated to China a lot according to available evidences. This subject increased medical relationships of the two countries. In historical texts of Iran, physicians that travelled from China to Iran or from Iran to China were mentioned a lot of times.

A skilled physician from Gondishapoor Hospital, named Kharad Barzin who is known by the name Barshen in Chinese texts travels for treatment of the emperor’s daughter to China at the Chinese emperor’s request based on a written document. The first documented presence of Chinese physicians in Iran can be witnessed in the 4th century at the time of the well-known Iranian physicians, Zakaria Razi. A young Chinese physician was the student of Zakaria Razi according to available evidence. When returning to China he asks Zakaria Razi to read a book from Galen for him so that he translated this book in Chinese alphabet and after translation, Zakaria Razi asks the Chinese physician to re-read the translated text to correct any mistakes. This story is expressed in historical texts of China too. And, the Chinese attribute their acquaintance with Galen’s book and other medical works of Greece to a young Chinese physician who was the student of Zakaria Razi for a duration. Meanwhile, we witness presence of many Iranian physicians in China or vice versa in Ilkhanid dynasty in Iran which coincided with Yuan dynasty in China.

5.1.5. Significance of Similarity of Medicinal Plants in History of Medical Relationships of the Two Countries

Analysis of medicinal texts of Iran and China shows that Iranian and Chinese physicians were aware of each other’s views in using many medicinal plants and has the same functions for some herbs. For example, using musk for stimulating the heart and inducing anesthesia, using ginger as a medicine for alleviating pain and using cinnamon for treatment of diseases arising from coldness of digestive organs were the same among physicians of the two countries.

5.1.6. The Role of Policy of the Mongol Rule in Integration of All Sciences in the History of Medical Relationships of the Two Countries

Genghis Khan was the founder of integration of knowledge in all areas, in particular astrology and medicine in the entire Asia and led the trend of exchange of different sciences, in
particular medicine and astrology to increase between Iran and China. Ilkhanid rulers in Iran and rulers of Yuan dynasty in China continuously invited scientists and physicians of Iran and China to their land and asked them to bring along their medical texts. For example, when Ghazan Khan wanted to come to Iran, he brought to Iran a delegation of Chinese scientists including physician, pharmacist and astrologist and asked them to convey their knowledge to Iranians.

One of the most important Yuan dynasty eras coincided with Kublai Khan’s rule in Iran. This period is named the golden era in China. Because, Kublai Khan made huge effort for developing knowledge of medicine, pharmacy, astrology, mathematics and geography. An important part from the commandments of Kublai Khan was related to provision of proper conditions for development of exchange of medical and astrological knowledge between Iran and China. Many governmental orders were issued in his era for establishment of medical and medicinal centers. It granted the right to manage those centers to Iranian physicians. One of his most important works was an official order based on cooperation of Chinese and Iranian physicians in these centers. A Chinese physician must be present alongside each Iranian physician according to this order. And, according to governmental order, Iranian and Chinese physicians had to work together in one location and treated patients. And, they had to teach their disease diagnostic and therapeutic methods to each other and made each other aware of the medical texts of their countries. Iranian and Chinese physicians learned each other’s writing and language very well in these medical exchanges and studied each other’s books. And, accordingly, many therapeutic methods of Iranian physicians including cauterization of ear with Avicenna’s method, cataract surgery, surgeries related to fractures, hernia and using Iranian medicinal herbs were conveyed to Chinese physicians and on the other hand, therapeutic methods of Chinese physicians including moxibustion, acupuncture and Chinese medicinal herbs were conveyed to Iranian physicians. And, the skill of Iranian physicians in orthopedics led Iranian orthopedics to develop a lot in China and Chinese medicine.

Rashidedin Hamedani was an important physician of Ilkhanid dynasty who became the minister of Ilkhanid rulers had a very important role in development of medical and herbal relationships of the two countries. He constantly asked for establishment of ties with Chinese physicians and medical and herbal prescriptions and intended to translate the best texts of Chinese medicine into Persian language. Other than Tangsooghnameh, other books translated from Chinese language by him are destroyed. Vaghname Robe Rashidi as one of the most important historic al evidence of this period shows that Chinese physicians also were present in Robe Rashidi center and each of these Chinese physicians had to teach two Iranian students. It is mentioned in historical deeds that there were more than 60000 scientific texts from different countries including China in Robe Rashidi library. Today, the only translated text of Chinese medicine that has remained is Tangsooghnameh. Rashidedin invited the best Chinese physicians to this center and according to a historical Iranian document, Ghazan Khan went to Robe Rashidi for treating his eye’s disease and was treated by a Chinese physician. Rashidedin also in his term in office as minister attempted to send Iranian youth who were eager to learn language and different sciences of China to China.

According to historical texts of China, many medical books were translated from Chinese language into Persian. According to these evidences, the book “Medical Copies of A
Thousand Gold Coins”, authored by Sun Si Miao including thirty volumes was translated into Persian. But, this translation isn’t witnessed in historical documents of Iran.

According to documents and evidences presented in this research, development of medical relationships of Iran and China from ancient era onwards was so much that evidences of presence of medical relationships of the old era of Iran and China can be found in all eras of history. Medical relationships of Iran and China in the Mongol era developed due to rule of Mongol kings over both Iran and China. Medical relationships of the two countries in this era were so much that 9 medical and therapeutic centers commenced their activity in Yuan city in China in 1339. None of these centers were Chinese. And, all these centers dealt with treating patients and making medicine by Iranian Muslim physicians. Names of some of these centers are: Guang Hui Si, Yao Ju, Xiyu Yi Yao Si, Jing Shi Yi Yao Yuan and Tia Yi Yuan.

Rashidedin had communication with some of these centers, in particular Guang Hui Si center and used that center for ordering Chinese herbs according to available evidences.

In summary, breadth of medical relationships of Iran and China is as much as breadth of trade, political, war, social, cultural and scientific ties of the two countries. According to historical and mythical texts and remaining historical and ancient works and available historical travel logs, medical relationships of the two countries commenced from 2500 years ago and gradually developed. And, the climax of these medical relationships is in Tang and Yuan dynasties in China which coincide with the attack of Mongols to Iran. But, three important historical events in Iran including the attack of Alexander, attack of Arabs and attack of Mongols to Iran and it the following, the burning down of all important libraries and cultural centers by them led to destruction of a large volume of evidences and information available about medical relationships of the two countries. For this reason, there isn’t more precise information about effect of Chinese medicine on Iranian medicine in ancient Iranian texts. But, considering that such destructive events happened less in China, historical documents available in China suggest large influences of Iranian medicine on Chinese medicine. For example, the four element theory which is the foundation of Iranian medicine can be seen in books attributed to Sun Si Miao, the well-known Chinese physician. It is hoped that we witness further analysis of Chinese texts for making medical relationships of Iran and China more evident by researchers in the future.

Discussion of Part 2: After 1970

With the attention of long period medical relationship between Iran and China we expect Iran to be one of the most famous country that Chinese medicine is popular in it, and a lot of physicians treat their patients by acupuncture, but unfortunately according to information has been earned from interview of experienced and old acupuncturists in Iran, it shows that the numbers of new generation of acupuncturist is very low relation to population. At the present time there are only 400-500 acupuncturists in Iran and they are formally treating their patients by acupuncture.

With regarding the absence of any university and educational academy for teaching Chinese
medicine to a large number of interesting students in Iran, it seems the only way for more development of Chinese medicine in Iran is that government try to open some Chinese medicine university or at least regular academies for training Chinese medicine.

Discussion of part 3

Although this statistic study is a small study with the small samples, but it can be a general outlook of acupuncture situation in Iran and it can reflect the general view of medical society and general population relation to this method of treatment.

In this study with the regard of different questions a lot of information has been achieved which can help Iranian health organization managers to make a better decision for future programs regarding acupuncture and its development in the country.

The part of study related to western physicians represents that the most physicians under this study are familiar with concepts of Chinese medicine and acupuncture (78%). This represents that acupuncture is a known medicine between Iranian physicians and it can be potentially useful for treating patients, although most of participant were familiar with the concepts of acupuncture but a few of them (18%) had exact information about acupuncture and its mechanisms, so it is necessary to teach western physicians more and more. The most of practitioners have earned their information about acupuncture by public mediums (48%), this shows the importance of public mediums and its efficacy on the subject, so the government can have more attention in this regard. On the other hand, only 8% of practitioners had academic educations in university, with the regard that in Iran according to governmental rules only physicians can participate in treatment affairs, these amounts of professional acupuncturist are not enough for the society, therefore establishment of Chinese medicine university in the country is necessary.

Since most physicians under the study (70%) have accepted acupuncture as an effective method of treatment, this can represent a positive status of acupuncture between Iranian physicians, so most of them (85%) believe they can use acupuncture in addition to western medicine as a complementary medicine. And more than half of physicians under the study refer their patients to acupuncture centers if necessary.

In this study physicians believe that the most common diseases curable by acupuncture are pain and musculoskeletal disorders which is compatible with true nature of acupuncture.

If we can generalize the information of this study to all medical society of Iran, we can conclude that acupuncture is a well-known medicine in Iran and it has been completely accepted by Iranian physicians. So with more exact programeing and more academic teaching systems of acupuncture, it can be converted to the most popular complementary medicine in Iran.

Earned information from the part of study related to patients represents that small percent (8%) of patients have been gone under acupuncture treatment, the reason may be the small
number of acupuncture centers, because more than half of the patients do not know where to go for getting acupuncture and the another reason is that the most of patients (77.8%) do not believe to acupuncture as an effective method of treatment. It seems the knowledge of general population about acupuncture and its efficacy on treatment of various diseases in not enough, so we should have a widespread national programs for increasing information about acupuncture in the level of the country. Interestingly most of patients (62.5%) which have been taken acupuncture were satisfied from results of the treatment.

Most of patients who got acupuncture earned their information about acupuncture from internet and the less of them from their western doctors, it shows that if western doctors have more information about acupuncture we will have more patients who are interested to get acupuncture for treating of their diseases.

Obesity is the most important condition that patients believed could be treated by acupuncture, but we know very other more important diseases can be treated by acupuncture, so this idea must be changed in general population.

Near the 80% of participants believed that acupuncture is not an effective method of treatment and this means that there is no good information about acupuncture in the society, and we must have a good program in this case.

The most important reason that the patients did not follow their treatment and so they did not get good results is that they had not belief to acupuncture as an effective method of treatment (60%), on the other hand the most important reason of following treatment by patients was their improving pattern during treatment period (66.7%) which represent that acupuncture is an effective method of treatment.

Advantages

This research is the first comprehensive research about Chinese medicine and acupuncture history in Iran and has a high historical significance.

This study can give a general outlook of acupuncture situation in Iran and it can reflect the general viewpoint of medical society and general population to this method of treatment. Results of this study can help Iranian health organization managers to have better programming for development of acupuncture in health policies.

Limitations and Suggestions
Though great attempt has been made to use all sources and texts available in Persian in the area of medical relationships of the two countries, due to lack of access to Chinese resources some data may have been missed. We suggest deep investigation in Chinese literature for future studies.

The sample size of this study was not large enough and we recommend future studies have larger sample size to make the results of the study more powerful and reliable.

7. Conclusion

Medical relationship between Iran and China according to several documents dates back to at least 2500 years ago in Hun dynasty and the new progression of Chinese medicine in Iran has started from 1974.

Results of this study can show that most physicians in Iran are familiar to some extent with concepts of Chinese medicine and acupuncture and have accepted acupuncture as an effective method of treatment especially for pain and musculoskeletal disorders.

In addition, it can be concluded that although few patients in Iran have received acupuncture as a method of treatment, significant number of them believe that acupuncture can be an effective treatment and most patients who have undergone this treatment are satisfied by the results.

Despite the high interest in acupuncture, the numbers of new generation of acupuncturist in Iran is very low (400-500) which seems mainly is due to absence of academic education for Chinese Medicine in Iran.

8. Acknowledgements

Special thanks to the supervisors, Professor Bai xinghua and Dr. Amirhooman Kazemi who assisted me in all stages of fulfillment of this study and with appreciation for efforts made by Ms.Ahansazan, Dr.Eskandari, Dr. Roeindej , Dr. Heshmat, Dr. Gholcian , Dr. Tabatabaei, Dr. Rezvani, Dr. Ghorbanloo , Dr. Ghazale Soleimani , and Mr.Nadali Esmaeili with regard to this study.

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[47] Interview with Dr. Eskandari, 2018, Tehran.

[48] Interview with Mr. Nadali Esmaeili, 2018, Sari.

Bel Ağırlı Hastalarda Akupunktur Tedavisinin Uzun Dönem Sonuçları

AMAÇ:
Akupunktur, beş bin yılın üzerinde geçmişi olan kadim bir tedavi modalitesidir. Tamamlayıcı tip yöntemleri arasında kanıta dayalı tip açısından en çok çalışılması olan bu yöntem, kas iskelet sistemi hastalıklarında da yüz güldürücü sonuçlar vermektedir. Özellikle bel ağrılı gibi, uzun soluklu tedavilerde hekim ve hasta için yan etkisiz etkili bir seçenektir.

Bu çalışmada kronik bel ağrılı hastalarında uygulanmış olan akupunktur tedavisinin uzun dönem etkilerini gözden geçirmeyi amaçladık.

GEREÇ- YÖNTEM:
Bu çalışma retrospektif bir çalışma. Hastalar bel ağrılsı olan 40 hasta çalışmaya alınmıştır. Beraberinde dekompanse sistemik hastalığı olan, fizik tedavi ve rehabilitasyon programına devam eden ve analjezik-antienflamatuar amaçlı medikal tedavi alan hastalar çalışma dışı bırakılmıştır.

Tedavi, önceden belirlenmiş akupunktur naktalarına DU4, DU5, DB57, UB40, UB57, UB60, Li4 0,25x25 mm lik iğneler, tetik noktalara ahşı noktası cilt altı iğneleme kullanılarak haftada 2 gün 12 seans olarak uygulanmıştır. Hastalar tedavi öncesi, tedavi sonunda 3., 6, ve 12. ay sonundaki faydalanıları; ağrı ve hareket kısıtlılıkları, genel sağlık profilleri esas alınarak telefonla aranarak sorgulandı. Visuel analog skala (VAS), Oswestry Dizabilite İndeksi (ODİ) değerlendirmeleri yapıldı.

BULGULAR: bel ağrısı olan 40 hasta çalışmaya dahil oldu (12 E, 28 K, ortalama yaş 52.4 ± 11.33).

Akupunktur tedavisinin VAS-ağırı tedavi öncesi, 1. ay, 3. ay ve 6. ay ağrı halindeki VAS değerlerine göre grup içi istatistiksel olarak anlamli bir farklılık bulundu (p<0,05). Grup içi 3. ay ve 6. ay VAS ağrı değerinde görülen anlamli farklılık bulundu.

Oswestry Dizabilite İndeksi başlangıç, 1. ay, 3. ay ve 6. ay ODİ değerlerine göre grup içi istatistiksel olarak anlamli bir farklılık bulundu (p<0,05). Grup içi 3. ay ve 6. ay grup içi değerinde görülen anlamli farklılık bulundu.

SONUÇ: Bel ağrılı hastalarda akupunktur etkin bir tedavi yöntemidir. fizik tedavi ve rehabilitasyon programı, medikal tedaviye rağmen cevap alınamayan hastalarda anlamli iyileşme gözlenmiştir. Akapunktur uygun bir tedavi yöntemi saymaktadır.

Anahtar kelimeler: Akupunktur, bel ağrısı, VAS, Oswestry Dizabilite İndeksi
Bel Ağrılı Hastalarda Akupunktur Tedavisinin Uzun Dönem Sonuçları

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Amaç: Akupunktur beş bin yılın üzerinde geçmiş olan kadim bir tedavi modalitesidir. Tamamlayıcı tip yöntemleri arasında kanıta dayalı tip açısından en çok çalışılmış olan bu yöntem, kas iskelet sistemi hastalıklarında da yüz güldürücü sonuçlar vermektedir. Özellikle bel ağrılı gibi, uzun soluklu tedavilerde hekim ve hasta için yan etkisiz etkili bir seçenektir.

Bu çalışmada bel ağrılı hastalarında uygulanmış olan akupunktur tedavisinin uzun dönem etkilerini gözden geçirmeyi amaçladık.


Bulgular: Bel ağrısı olan 40 hasta çalışmaya dahil edildi (12 E, 28 K, ortalama yaş 52.4 ± 11.33).

Akupunktur tedavisinin VAS-ağrı tedavi önesi, 1. ay, 3. ay ve 6. ay ağrı halindeki VAS değerlerine göre grup içi istatistiksel olarak anlamlı bir farklılık bulunmadı (p<0.05). Grup içi 3. ay ve 6. ay VAS ağrı değerinde görülen anlamlı farklılık bulundu.

Oswestry Dizabiliteli Indeksi tedavi önesi, 1. ay, 3. ay ve 6. ay ODİ değerlerine göre grup içi istatistiksel olarak anlamlı bir farklılık bulundu (p<0.05). Grup içi 3. ay ve 6. ay grup içi değerlendirme göre anlamlı farklılık bulundu.

Sonuç: Bel ağrılı hastalarda akupunktur tedavisinin uzun dönem sonuçları anlamlı iyileşme göstermiştir. Bel ağrılı hastalarda akupunktur uygun bir tedavi yöntemi sayılabilir.

Anahtar Kelimeler: Akupunktur, bel ağrısi, Visuel analog skala (VAS), Oswestry Dizabiliteli İndeksi (ODİ)
POSTER PRESENTATIONS
Kronik ağrılı bir hasta için Akupunktur tedavisi

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Herhangi bir ilaç tedavisi kabul etmeyen hasta için akupunktur tedavisi planlandı. Hastaya Du20, Yintang, Ren6, Ren12, Ren17, Stomach (St)25, St36, Spleen (Sp)6, Sp9, Gallbladder (Gb)34, Liver (Liv)3, Bladder (Bl)23, BL24, BL25 bilateral olarak uygulandı. Du 20, Yintang ve St36 noktaları uyku kalitesini arttırmak ve anksiyeti azaltmak amacıyla seçildi. Ren17 Çi’yi düzenleyici etkisi nedeniyle, Ren12 mideye ve depresyona olan olumlu etkisi nedeniyle, Ren6 karın alt bölgesine yayılan ağrıısı nedeniyle seçildi. Gb34, kas ve tendon üzerindeki etkisi için seçildi. Sp6 genel bir rejeneratif noktadır. SP6 ve 9 ödemi azaltır. BL23, BL24 ve BL25 noktaları bel bölgesini lokal olarak etkilerken BL24 ve BL25’in ayrıca lumbosakral pleksus boyunca segmental düzeyde bir etkisi vardır.

Haftada bir kez 6 seans Akupunktur uygulaması sonunda hastanın ağrısında VAS 2’ye kadar gerileme ve uyku kalitesinde artış sağlanmıştır. Akupunktur kronik ağrılı hastalarda uygulanabilecek etkin tedavi yöntemlerinden biridir.

Keywords: Kronik ağrı; Akupunktur; Fibromiyalji
Lökopenide akupunktur tedavisi

Ayse Kasımay

1Bağcılar eğitim ve araştırma, getat, istanbul, Türkiye

Giriş:

Yöntem-analiz:

Akupunktur tedavisi 0,20X13mm lik iğnelerle on beş seans uygulandı, ilk sekiz seansını haftada iki olarak ayarlanıp devamındaki seanslar haftada bir olarak yapıldı. Seanslarda immün-modülatör noktalar kullanıldı, vücuttan Sp 6-9-10, Li4-11, St 36, Du20, Ren 17, ve kulaktan interferon noktası her seansta uygulandı. Hemogram kontrolleri 1.Seans öncesi, 8.seans ve 15.seans sonrası kontrol edilmiştir, değerler; 3,120/mm3, sonra 4,080/mm3 ve seans sonunda 4,280/mm3 olarak yükseldiği kaydedildi.

Sonuç:
Yapılan klinik incelemelerde lökositopeni diye değerlendirilmiş hastamızın hemogram değerlerinin düzelmeye başladığı kaydetmek evvelinde yapılan bir çok çalışmada benzer sonuçlara ulaşan hekimlere katılmamızı sağlamasıyla, bir sonraki çalışmamızı daha yüksek sayıda hastalarla daha az sayıda noktalar bir klinik araştırma yapılabileceğimizi kanatine varmamızı sağlamıştır.

Keywords: lökopeni;akupunktur;immün-modülátör
Şiddetli Kaşıntı Ve Döküntü İle Seyreden Bir Hastada Homeopatik Yaklaşım

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Homeopati 18 yüzyılda doktor ve eczacı Samuel Hahnemann tarafından geliştirilmiş, 'benzer benzeri tedavi eder' prensibine dayanılarak uygulanan bir tedavi sistemidir. Sağlıklı kişide belirli bulgulara sebep olan bir madde, söz konusu bulguları taşıyan hastaya verildiğinde iyileşme cevabı oluşturması beklenir.


Ayrıntılı anamnezi alınan hasta sifilitik miazma kabul edilerek Mercurius sulu doz C30 başlandı. Kaşıntı şikayeti ertesi gün geçti, yeni lezyon oluşmadı ve döküntüleri 3 hafta içerisinde tamamen iyileşti. 4. Hafta sonunda homeopatik remediyi kesen hastanın döküntü ve kaşıntısı tekrar başladı. Mercurius C30 sulu doz remedi tedavisi tekrarlandı. 4 haftanın sonunda şikayetleri tekrarlayan hastaya Mercurius C200 başlandı. 4 aydır tedavi alan hastanın zaman zaman çok hafif düzeyde kaşıntısı olsa da tüm döküntüleri iyileşti ve hiç yeni lezyonu yok.

Keywords: Kaşıntı;Döküntü;Sifilitik Miazma;Mercurius;Homeopati
GETAT Uygulamalarının Aile Hekimliği Uzmanlığına Entegrasyonu

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GİRİŞ

GETAT birimine başvuran hasta profillerinden örnekler inceleyelim;


Türkiye’dede fibromiyalji tanısı her geçen gün giderek artmaktadır(3). Hastalar, çok kez tanı tetik aşamalarında üçüncü basamak sağlık kurumlarına başvurmaktadır ve semptomatik, uzun süreli ilaç kullanımları söz konusudur. Yapılan çalışmada akupunkturun fibromiyalji ağrısında oldukça önemli boya alta alma sağladığı kanıtlanmıştır(4). Birinci basamakta prediabetik olduğu düşünülen ve yaşam tarzi değişikliği önerilen hastaya ek olarak akupunktur tedavisinin önerilmesiyle hastanın glukoz değerlerinin düzene girmesi, hastanın diyabete bağlı semptomları, sonrasında gelişebilecek komplikasyonları da engellemiş olacaktır. Yapılan bir çalışmanın sonuçlarına göre; akupunktur, prediabetik hastalarda kilo kaybını indükleyebileceğini, insülin ve leptin direncini azaltabileceği sonucuna varılmıştır(5).

SONUÇ
Hastaya dokunmak, ayrıntılı anamnez ve fizik muayene ile doğru tanı ve tedaviye karar vermek, hastaya bütüncül ve kapsamlı yaklaşmak; hem birinci basamak hem GETAT felsefesinin olmazsa olmaz yaklaşımlandırandır. Bu iki bilimin entegre edilmesi, birçok hastalığın önlenmesi ve tedavi edilmesinde çok kıymetli olacaktır.
Application of Objective Structured Clinical Examination (OSCE) in Assessing Clinical Performance of Undergraduates of Chinese Medicine

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Abstract—This study aims at investigating the impact of implementing OSCE in a Chinese Medicine undergraduate program. A total of 41 fifth-year undergraduate students of Chinese Medicine of Tzuchi university underwent OSCE before (i.e., pre-test, May 2016) and after (i.e., post-test April 2017) their Chinese Medicine internship. The average mean score of post-test was significantly higher than that of pre-test (72.15 ± 8.11 and 67.60 ± 8.88, p=0.002). The total average scores of the participants in their first three undergraduate years in the six disciplines of Chinese Medicine were positively associated with their performance in OSCE pre-test in those disciplines (r=0.0451, p=0.003). The total average scores of the students during their internship (i.e., fifth year) in the six disciplines were also positively related to their scores at OSCE post-test (r=0.361, p=0.020).

Keywords: objective structured clinical examination (OSCE), Chinese medicine

Keywords: objective structured clinical examination (OSCE), Chinese medicine, Education
Effects of Noninvasive Mechanical Skin Stimulation to the Cavum Concha by Microcones on Autonomic Nervous Activity during Mental Arithmetic Task

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Suppressed vagal activity by mental stress is known to be associated with various diseases, e.g., cardiovascular diseases or major depressive disorder. Direct electrical vagus nerve stimulation improves the manifestations of these diseases. However, the technique needs invasive treatment, so noninvasive, simple methods are required. Transcutaneous vagus nerve stimulation is one of the methods and is reported to increase heart rate variability (HRV) and decrease sympathetic nerve activity. Recently, noninvasive mechanical skin stimulation is known to affect rat autonomic response (Hotta et al. 2012). Objective: The aim of this study was to examine the effect of noninvasive mechanical skin stimulation on the cavum concha of both ears by microcones on autonomic nerve activity during mental stress task. Methods: 20 university male students kept rest in supine posture for 5 minutes and then performed mental arithmetic tasks during 10 minutes. This trial was repeated under three conditions: a tool with microcones (S), without microcones (P), and no tool (N). The tool was applied to the cavum concha of both ears before the task. The electrocardiogram, the blood pressure, and the subjective fatigue feeling by Visual Analogue Scale (VAS) were measured. By R-R intervals (RRI) from electrocardiogram, time domain, frequency domain, and nonlinear data of HRV were calculated. Results & Discussion: RRI’s immediately after mental arithmetic task were significantly decrease compared to those at rest at each condition (p<0.001). But the difference in RRI from before to after the task were no significantly difference among three conditions [S: -135.0 (-190.8 – -91.5) ms, P: -111.0 (-169.4 – -59.9) ms, N: -103.4 (-208.2 – -59.3) ms, median (25 – 75% quartile)]. HRV parameters and VAS were similar with those results. Then, these results suggested that noninvasive mechanical skin stimulation on the cavum concha by microcones may not reduce mental stress.

Keywords: noninvasive mechanical skin stimulation;mental arithmetic task;autonomic nervous activity;acupuncture
Changes in brain trace substances by tactile stimulation to Acupuncture point.

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Life in a stress environment is known to cause various diseases such as psychosomatic disorders.
It is known that tactile stimulation has psychopsychological effects such as reducing the various symptoms such as anxiety, as well as acting on autonomic functions such as heart rate and blood pressure reduction.
Therefore, we examined the effect of tactile stimulation using changes in trace substances in the brain as indicators.
The subject of the experiment is male Wistar rats.
Rats were divided into two groups: the stimulation group (Group A) with tactile stimulation applied to the site equivalent to the [Zusanli](ST-36) and the non-stimulation group (Group C) with no stimulation.
For tactile stimulation, we used a soft elastomeric microcone that does not invade the skin.
Evaluation was performed using HPLC by extracting trace substances in the brain of the dopamine nervous system by microdialysis.
Statistics were Dunnet's multiple comparison test after Student's t test or ANOVA.
As a result of the experiment, dopamine release in group C showed no tendency to increase or decrease over time, and no statistically significant difference was observed. On the other hand, in group A, dopamine release increased by an average of 14.3% compared to baseline 20 minutes after tactile stimulation, and a statistically significant difference ($p = 0.022$) was observed.
These results suggest that tactile stimulation to rats may affect the dopamine nervous system in the brain.

Keywords: tactile stimulation, non-invasive skin stimulation, microcone, dopamine, acupuncture point
Sebebi bilinmeyen bir Lökopenide akupunktur tedavisiyle düzelve kaydedilen hastanın vaka sunumu

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lökopenide akupunktur tedavisi:

Giriş:

Yöntem-analiz:
A.K evli ve üç çocuk annesi elli altı yaşında bayan hastanın poliklinliğimize başvurmasını sebebi genel bir halsizlik ve bağışlık problemleri olduğunu anlattı. İki yıl önce oğlunun Myasthenia Gravis hastalığını öğrendiği dönemde bir fenalaşma sonucunda systolik tansiyonun 25mmHg ye yükselmesi ile hastaneye başvuruyor, yapılan muayene ve tetkiklerde hastanın lökopenisi olduğu saptamış. Hastanın herhangi bir kronik hastalığı bulunmamaktadır. Detaylı anamnez ve Fizik muayenede her hangi bir bulguya rastlanmadı. Tetkik sonuçlarında lökosit değerlerinin total sayısının normal alt seviyenin altında 3.180/mm3 dir. Görüntüleme sonuçlarımızda herhangi bir kitleyeye rastlanmamıştır. Kemik ilği incelemelerinde, Granülosit matürasyon ve fonksiyon bozukluklarına rastlanmamış, ilgienin istilasına neden olabilecek infiltratif hastalıklara, enfeksiyon ve ilaça bağlı durumlar ekarte edip "idiyopatik lökopeni”tanısına karar verildi.

Akupunktur tedavisi 0,20X13mm lik iğnelerle on beş seans uygulandı, ilk sekiz seansını haftada iki olarak ayarlamıp devamındakileri haftada bir olarak yapıldı. Seanslarda immün-modülatör noktalar kullanıldı, vücuttan Sp 6-9-10, Li4-11, St 36, Du20, Ren 17, ve kulaktan interferon noktası her seansta uygulandı. Hemogram kontrolleri 1.seans öncesi, 8.seans ve 15.seans sonrası kontrol edilmiştir, değerler; 3,120/mm3, sonra 4,080/mm3 ve seans sonunda 4,280/mm3 olarak yükseldiği kaydedildi.

Sonuç:
Yapılan klinik incelemelerde lökositopeni diye değerlendirilmiş hastamızın hemogram değerlerinin düzelve başladığı kavrayarak evvelinde yapılan bir çok çalışmada benzer sonuçlar ulaşılan hekimlere katılmamızı sağlamasıyla, bir sonraki çalışmamızı daha yüksek sayıda hastalarla daha az sayıda noktalar bir klinik araştırma yapılabileceğini kanatine varmamızı sağlamıştır.
Keywords: lökopeni; akupunktur; immünmodülatör
Study of the effectiveness of the direct moxibustion for breech presentation

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「Objective」

Most of the treatments for breech presentation reported in the world were performed with stick moxibustion. On the other hand, direct moxibustion has been performed besides moxa stick moxibustion in Japan. Therefore, we examined the correction rate of the pregnant women with breech presentation who were performed by the direct moxibustion to BL67, and comparing of the correction rate depending on the presence or absence of the birth experience by case accumulation at the common Acupuncture and Moxibustion Clinic in Japan.

「Subjects and Methods」

We treated 1,500 women with breech presentation who were treated by direct moxibustion on BL67 during 16 years, from March 2000 to May 2016. The treatment methods are basically direct moxibustion to BL67 and needle retention to SP6, and treated on several acupuncture points according to the minor trouble that pregnant women complained. The survey was conducted by phone and envelope from March to October 2017. As a result, of 1,500 women, 43 moved, 46 unrecovered, and 72 were took external cephalic version. So we excluded them from researching, and the number of subjects of this research is 1339 cases.

The survey items were the history of delivery and the number of cephalic presentation.

「Result」

The average age of 1339 women was 34 ±4.0 years old, average height 159 ± 5.2cm, average weight 61.2 ± 7.5kg, pre-pregnancy weight 54.6 ± 7.2kg. Of total 1,339 women, the number of cephalic presentation was 867(64.7%). 502 (58.2%) of 863 Primipara women became cephalic version, and 365(76.7%) of 476 Multipara women did. (P=0.0014)

「Conclusion」

The correction rate by direct moxibustion was almost the same as the report by stick moxibustion which has been done up to now. In addition, the correction rate of the multipara was significantly higher than the primipara.

Keywords: Direct moxibustion ; Breech presentation ; Pregnant women ; BL67
The effects of acupuncture on blood pressure, heart rate, and heart rate variability in patients with mild hypertension.

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Objectives The present study aimed to determine whether acupuncture affects blood pressure (BP), heart rate (HR), and heart rate variability (HRV) in patients with mild hypertension.

Methods We measured blood pressure (BP), heart rate (HR) and heart rate variability (HRV) in seven male patients with systolic (SBP) or diastolic (DBP) BP of 130 - 159 or 85 - 99 mmHg, respectively, before, during and after acupuncture. A control group comprised eight age-matched males with normal BP. After 10 min of rest in the supine position, acupuncture at PC6, LI4, ST36, LR3, GV20 was applied for 15 min, with recovery then monitored over a 20-min period. This study was approved by the Human Investigation Committee of the Kansai University of Health Sciences (approval no.17-31).

Results The SBP, DBP and HR were significantly decreased in the patients during and after acupuncture compared with baseline (p < 0.05). Whereas SBP significantly differed between the groups (p < 0.05), DBP and HR did not. The low- (LF) and high (HF) frequency components of HRV significantly increased after acupuncture in both groups (p < 0.05), and HF significantly differed (p < 0.05) whereas LF/HF did not significantly change in either group.

Conclusions Acupuncture might lower blood pressure in individuals with mild hypertension. Based on HRV indices, this depressor effect of acupuncture on mild hypertension might be associated with enhanced cardiac vagal activity.

Keywords: Hypertension; Blood pressure; Heart rate variability; Cardiac vagal activity
BENEFICIAL OF ACUPUNCTURE THERAPY IN CHRONIC LOW BACK PAIN WITH AND WITHOUT RADICULOPATHY

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Background; the aim of this retrospective study of 50 patients, with chronic low back pain for more than 2 years, with acute pain more than 2 times a year, cured in Pain therapy ambulances at two different medical institutions, was to proof the efficiency of acupuncture therapy.

Material and methods; the including criteria were; low back pain more than 2 years, acute pain more than two times a year, orthopedics and neurosurgeons evaluation, suggested operation therapy in the case of insignificant pain. Different diagnosis-DH, spinal stenosis, traumatological, failed back surgery. Before all used different therapies, without good effect. Consumed analgetics - NSAID's, light and weight opioids. The study included the patients from the 1. st of June 2012 till the 1. st. 2017. We used the Traditional Chinese Acupuncture, good anamnesis, status TCK and individual of acupuncture points. Ten times, every second day, the control visit after 3 months (1), and longterm visit after 1 year (2). Noticed pain at the begin of therapy, on control visit visits, patients satisfaction (very good, good, no change), consumption of analgetics (NSAIDS, weak and strong opioids), the immediately difficulties at the beginning and at the end of observation (no pain, out of working, others).

Results; in the study were included 35 women, 15 men, aged from 47-76 years. Dates were statistically analysed with SSP, using tool ANOVA and others needed. The results show good effect in more than 50% of patients, which was connected with the diagnosis. The detailed results will be present at the congress. 2 of our patients were operated in the time between 1. and 2. Visit (spinal stenosis and discus hernia).

Conclusion; The low back pain is very common and patient's suffering condition. They are several guidelines, but not all include the acupuncture therapy. The results confirm the efficiency of acupuncture therapy in all observed diagnosis.

Keywords: back pain, acupuncture, successful; Chronic low back pain, acupuncture, successful; back pain, acupuncture,
THE STATE, STATUS AND EDUCATION IN THE FIELD OF ACUPUNCTURE IN SLOVENIA AFTER 40 YEARS

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OBJECTIVE; 1978 was the crucial year for Slovenian an Yugoslavien, our common state till 1991, acupuncture.

MATERIAL; Written documents of arhiv of SAA.SLOVENJ GRADEC -

DECLARATION 1978 ACUPUNCTURE is usefull for the people of Yugoslavia. It is urgent to be the part of official medicine.. Must be the associations for acupuncture. Must be oportunity the medical doctors to educate them in acupuncture in Jugoslav. Must be oportunity to have some literature, rewies in Jugoslav for acupuncture. It was organised Chinese complete education from traditional acupuncture in Zagreb 1979-participating 4 doctors from each Yugoslavien Republik, from Slovenia (Turk, Godina, Medved, Cesar Komar ). From the year 1979 is acupuncture therapy also payabel by medical ensurance company. DISCUSSION; Further educations from acupuncture was under the Slovenian Association for Acupuncture part of SMA, establesed 1980. Frekvently separate courses with different TCA experts from different parts of Europe . Traying to have some fragments of school , with cooperation with Chinese school with traveling to China. Till the year 2017 it was not the complete Slovenian school of acupuncture. We began with 1st SLOVENIAN SCHOOL FOR ACUPUNCTURE in Sept 2016. Take place 2,5 years on weekends. Lecturers are our slovenian experts for acupuncture with finised original CTA school, and some teachers, from Austria and Srbia. Contains 160 hours of theoretical lectures, 100 hours practical work, 40 hours seminars. Final exame and certificate. Medical chamber of Slovenia aprowed the programe, with kredit points for each modul of lectures. The Ministry of health Republik of Slovenia, have patronat on our school. Competeting for the special knowledge – ACUPUNCTURE. We wish to have some hours in the programe of the Medical Fakulty. The acupuncture is used in Slovenia in great part for pain therapy in ambulances and clinics, som

Keywords: acupuncture, beginning, education, status off acupuncture in Slovenia; Insurance cowering of acupuncture therapy, useful of acupuncture, pain ambulances, spas; state of acupuncture
THE EFFECTS OF ACUPUNCTURE ON SOCIAL LIVING IN MIGRAINE

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Objectives
The acupuncture provide interoceptive signal to trigeminal-cervical system inducing change in interoceptive processing and consequently feelings related to pain and emotions. The equilibrium in social activities should be restablished through its effects. According to the biopsychosocial model, we expected improvements in social functioning after acupuncture.

Method and subjects
We conducted survey in the 28 patients with migraine (6 men, 22 women; age 46.4±7.2 years). Mostly we have used a battery of acupoints: St 2, St 6, St 8, St 15, GB 8, GB 14, Gb 20 and HN 5. The structured interview was centered to evaluate the daily living such as social activities, family life and work activity. We explored the subjective effectiveness of acupuncture. The physical pain, sleep and mood were assessed after acupuncture. We detected the responses to acupuncture and analyzed the association between variables using Chi square test (SPSS).

Results
Acupuncture was effective in in 23 pts. (85.2%). The satisfaction was achieved in 20 pts. (74.1%). Physical pain was ameliorated in 21 pts. (80.8%); mood improved in 20 pts. (74.1%) and sleep in 10. pts (40.0%). Before the acupuncture, disturbances in social life was reported in all studied patients. Improvement in functioning at the work was reported 15 pts. (75.0%), in social activities 17 pts. (65.4%) and in family life 17 pts. (70.8%). The medicine intake was reduced in 19 pts. (70.4%). We found and association between immediate effect of acupuncture and work functioning (p=0.001), improvement in family life (p=0.004) and social activities (p=0.006). We found and association between effect of acupuncture and improvement in physical pain (p<0.001) and in mood as well (p=0.002). We did not find the association between effect of acupuncture and sleep improvement (p=0.094).

Conclusions
We found that acupuncture in migraine patients has significant positive effect on social living through its effectiveness, improvement in physical pain and mood.

Keywords: Acupuncture; Migraine; Social functioning
The Effect of Foot Reflexology Massage on Burn-Specific Pain Anxiety and Sleep Condition of Patients Hospitalized in the Burn Intensive Care Unit (ICU)

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Background: Burn-specific pain anxiety and sleep disorders are psychological factors in burn wards that affect wound healing process, as well as the severity of burn pain. This study aimed to investigate the effect of foot reflexology massage on burn-specific pain anxiety and sleep condition of patients hospitalized in the burn ICU.

Method: In this randomized controlled clinical trial, 52 patients were randomly assigned to the intervention (n = 26) and control (n = 26) groups. Those in the intervention group received 20 minutes of foot reflexology massage on their third, fourth and fifth days of hospitalization, as well as 15 minutes before changing wound dressings. Patients in the control group merely received routine care. The Burn-Specific Pain Anxiety Scale (BSPAS) was completed for three consecutive days before and after changing wound dressings, and St. Mary’s Hospital Sleep Questionnaire (SMHSQ) was filled out for four consecutive days before changing wound dressings for patients in both groups. Data were analyzed by independent t, Chi-square, Friedman, and Mann-Whitney tests using SPSS 25.

Findings: No significant difference was found between the two groups in terms of the pain anxiety before the intervention. Friedman test results showed that there were significant differences between patients in the two groups in terms of the pain anxiety levels ($p = 0.000$), duration of last night’s sleep ($p = 0.000$), duration of last day’s sleep ($p = 0.000$), and satisfaction with last night’s sleep ($p = 0.000$). In addition, Mann-Whitney test results showed that there were significant differences between the two groups at different times in terms of the above variables ($p < 0.05$).

Conclusion: Based on the results, foot reflexology massage can effectively reduce pain anxiety levels and improve sleep condition of patients with burn injuries; therefore, this non-pharmacological therapeutic method is recommended to be used in the burn ICUs.

Keywords: Foot reflexology massage; pain anxiety; sleep condition; burn; ICU
Kondromalazi Patella Tanılı Hastanın Ağrı Kontrolünde Proloterapi Yöntemi Olgu Sunumu

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Proloterapi yöntemi kas iskelet sistemi ağrılarının tedavisinde; ağrıya sebep olan temel hasarın iyileşmesini sağlayan bir tedavi metodudur. Bu yöntemde hasarlanmış, ligament, tendon ve eklemlere proliferan solüsyonların enjeksiyonu ile yara iyileşme mekanizmalarının reaktivasyonu ile hasarlı alanın kendini tamir etmesi, zayıflamış olan tendon ve ligamentlerin stabil hale gelmesi amaçlanmaktadır.

Bu sunum kapsamında araştırılan 33 yaşındaki sağ dizinde ağrı, şişlik, çömelmede güçlük, merdiven inerken dizinde güçsüzlük hissi gibi şikayetleri olan MR görüntülemesi sonucu grade 2 kondromalazi patella tanısı alan 10 seans fizik tedavi sonrası şikayetlerinde azalma olmayan erkek hasta ağrı ve diğer yakınımlarının kontrolünde proloterapi yöntemi uygulanarak izlemiştir. Hastaya 1 er ay ara ile toplamda 5 seans proloterapi uygulamıştır. Her seansta %10 dextroz + %0.02 lidokain karışımı her noktaya 1 cc olmak üzere dize en fazla 10 cc uygulama yapılmıştır. Tedavi sürecinde hastanın eklem stabilitesini destekleyici fiziksel egzersizler yapması sağlanmıştır.


Proloterapi kondromalazi patella tanısında hastalı belirtilerini iyileştirmekte ve fiziksel becerileri geliştirmektedir. Bu yöntemi ağrı kontrolü dışında hasarlı dokunun iyileşmesi sağlayarak tedavi edici iyileşme sağlamaktadır.

Keywords: proloterapi; ağrı; patellar kondromalazi
Effects of Stimulating Dadun (LR1, well point) for Gastric Complaints — Comparison between Press Tack Needles and Sham Acupuncture Needles —

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Objective: To study effect on Chengman (ST20) of applying press tack needles and sham at Dadun (LR1, Well Point).

Material: PTN (press tack needles): 0.20-mm diameter, 0.30-mm length (Pyonex, Seirin Corporation, Japan). Sham: Same dimensions as PTN, but no needle point.

Method: Subjects had gastric bloating, discomfort, pain, etc. PTN group: 14 patients (42±13.8 years, mean±S.D.), Sham group: 14 patients (42±15.1 years). PPT (pressure pain threshold) measured by perpendicular pressure with the algesiometer at ST20 (left/right); tenderness evaluated by VAS (Visual Analog Scale). PTN applied at LR1 (left/right) 5 minutes. After removing, the algesiometer applied at ST20 to same pain level felt before PTN; pains evaluated by VAS. PPT remeasured (algesiometer pressure reapplied). Same measurements with sham. Changes in epigastric complaints elicited by interview. Statistical tests: Paired t-test for PPT; Wilcoxon rank sum test and Mann-Whitney U-test for VAS.

Results: PTN group: PPT increased left/right (p<0.01), VAS decreased (p<0.01). Sham group: PPT increased (p<0.05); VAS decreased (p<0.05). Interviews: Postoperative gastric complaints improved in 10 PTN cases (71%) and 12 sham acupuncture cases (86%).

Conclusion: PPT, VAS, and gastric complaints improved in PTN and Sham groups with application at LR1. Sham affected the stomach without the needle point at LR1 because the toenail edge is the hypersensitive meridian point. We surmised the 4.00 mm-diameter circular hard plastic attached to sham provided stimulation like spoon needles. This suggested the pressure-point stimulation effect without needles. Classics say Well Point governs fullness below the heart (Nanjing, Chapter 68). This suggested that together with interview outcomes, Dadun (LR1, Well Point) is effective for gastric complaints, supporting part of classical theory. In modern medical terms, we surmised lower limb stimulation excited vagus nerve via upper spinal reflex and accelerated gastric peristalsis (somatic–autonomic reflex).

Acknowledgment: This work is supported by International Relation Division of Japan Traditional Acupuncture and Moxibustion Society.

Keywords: Press tack needle; Sham acupuncture; Pressure pain threshold; Visual Analog Scale
Acupuncture in the treatment of HTLV-I-Associated Myelopathy / Tropical Spastic Paraparesis

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Objective: HTLV-I-associated myelopathy/tropical spastic paraparesis (HAM/TSP) is a neurological disorder characterized by a myelopathic syndrome of progressive spastic paraparesis. Currently, there is no proven curative treatment for HAM/TSP. In this clinical trial, we investigate the possible effects of acupuncture on the improvement of neurological problems in HAM/TSP disease.

Material, Methods: Twenty patients with HAM/TSP were studied in this pilot pre- and post-test clinical trial. HAM/TSP was diagnosed based on the WHO diagnostic criteria. Patients underwent 12 sessions of general body acupuncture. International consultation on incontinence questionnaire - short form (ICIQ-SF), Osame's motor disability score (OMDS), and modified Ashworth scale (MAS) were used to evaluate urinary incontinence, global motor disability and spasticity respectively, before, one month, and three-month after the intervention.). Our trial was registered in the Iranian Registry of Clinical Trials (IRCT) website (www.irct.ir; IRCT code: IRCT2016031327036N1).

Results: Statistical analyses of ICIQ-SF demonstrated significant reduction of urinary symptoms one month after acupuncture (P=0.023). Friedman's test showed that the mean rank of MAS at the upper extremity joints was significantly decreased from the baseline, three-month after intervention (X\textsuperscript{2}=10.33, P=0.006). In the lower extremity, the mean value of MAS of the soleus muscle was significantly decreased from 2.3 at baseline to 1.9 at three-month after treatment (X\textsuperscript{2}=7.75, P=0.021). Reduction of pain (based on VAS scale) was also significant one and three months after acupuncture (P=0.012 and 0.018, respectively).

Conclusion: This study suggests that body acupuncture can be used as a complementary treatment to improve neurological symptoms of HAM/TSP. Further trials with a longer period of acupuncture and more extensive follow up period are needed to confirm these potential effects.

Keywords: HAM/TSP; Acupuncture; Pain; Spasticity
Sporcularda bel, kalça ve kasık ağrılarında geleneksel ve tamamlayıcı tıp yöntemlerinin kullanım

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Keywords: spor hekimliği; getat; spor yaralanmaları; kalça problemleri; kasık problemleri
EFFECT OF ACUPRESSURE ON POSTOPERATIVE PAIN: A SYSTEMATIC REVIEW

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INTRODUCTION
The lack of effective management of postoperative pain can cause many complications. The risk of increasing the adverse effects of pharmacological methods used for the therapy of pain increases the importance of integrative therapies for postoperative pain management. Depending on the studies in the literature, acupressure used to regress postoperative pain is as remarkable as acupuncture. Acupressure used for management of postoperative pain requiring a interdisciplinary team work is a non-invasive and integrative therapy method that can be administered by nurses.

OBJECTIVE
The objective of this study is to systematically review clinical studies evaluating the effectiveness of acupressure in postoperative pain management.

MATERIAL AND METHOD
6890 (PubMed: 56, Scopus: 120, Cochrane Library: 54, ScienceDirect: 745, ULAKBIM: 325, Google Scholar: 5344, Proquest: 245, Yök-Tez: 1) studies with publication languages of Turkish and English were found in the “PubMed, Scopus, Cochrane Library, ScienceDirect, ULAKBIM, Google Scholar, Proquest, Yök-Tez” data bases using the English and Turkish key words “acupressure, postoperative pain”. Studies compatible with the inclusion and non-inclusion criteria and having complete texts were included in the study.

FINDINGS
It was found that the sample group of the studies consisted of patients who underwent surgical procedures such as spinal, heart, orthopedic, abdominal surgery. It was found that P6, LI4, ST36 and the stimulation sites in the ear were mostly chosen as the application sites to investigate the effect of acupressure on the postoperative pain. It was found that acupressure accepted a satisfactory method in most of the studies to use for postoperative pain relief and for reducing the need for analgesics in operated patients. In the literature, there were studies reporting different results regarding the effectiveness of acupressure on postoperative pain.

CONCLUSION
This different results are considered to be related to the low sample number of the studies. In this context, the studies in the literature were not sufficient to reach a definite result and to establish a level of evidence. Planning and administering well designed nursing studies with large sample numbers and high quality and similar methods can be suggested in order to assess the effectiveness of acupressure in postoperative pain management.
Keywords: Acupressure; postoperative pain; integrative therapy
One session acupuncture treatment for smoking addiction

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Aim: Smoking is one of the most important known causes of mortality and morbidity. The aim here is to discuss a case who consulted to us with a diagnosis of smoking addiction and who quit smoking addiction with the help of acupuncture.

Method and Results: A 58 year-old male patient, who had been smoking a packet/day for about 40 years. The patient, who did not have a systemic disease, consulted voluntary to quit smoking. Before the treatment, he was asked to come to the first session following a 24-hour period without smoking. The patient had a systemic examination, tongue, pulse, VAS (vascular autonomic singular), laterality examinations and ear detection. Firstly, between the Darwin and Cervical-1 point needled using four gold, one steel and two silver needles for 30 minutes. Agression and Cranial parasympathetic points in the same ear were needled with silver needles and other basic points were needled using steel needles. And after, Zero, Pharynx, Posterior hypothalamus, Amygdala, Aggression, Antidepresant and Shenkman points in the dominant ear were needed with magnetic needles. In the other ear, the Prefrontal region was needled. Then the patient was given some recommendations and he was seen first a week later and after a mont and a year later. During this process, the patient, who did not smoke or have any cravings for smoking was followed.

Conclusions: Attempts to quit smoking in tobacco addiction, which is one of the most important health problems all over the world. Especially, the homeostatic, immunity increasing and sedative effects of acupuncture are utilized in addiction treatment. As seen in our case, the patient was helped to quit smoking addiction in a controlled way through acupuncture treatment.

Keywords: acupuncture; smoking; addiction
The relation between the diagnosis in oriental medicine and facial cosmetic trouble.

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Objective
Cosmetic acupuncture has been established as a field of acupuncture. It is well known that for cosmetic troubles, acupuncture on the body is necessary as well as on the face. However, there are little evidence to care the body for facial trouble. In this study, we examined the relationship between the five organs in oriental medicine and the trouble of beauty using the Five Score®.

Method
The five-score® and the questionnaire about facial cosmetic trouble have been set up online answering system (the Google form), and asked women who agreed to the survey in November 2017 to answer. There are nine items on the face of the beauty of the face: rough skin, acne, acne scars, dry skin, stickiness, dark circles under the eyes, swelling, dullness, pores that stand out.

Result
243 answers were collected. No significant correlation was found between cosmetic troubles of the face and evidence of the disease of the five organs. On the other hand, a certain correlation was observed between lung and swelling (0.215), dryness (0.225), dullness (0.23) and pores (0.206) between cosmetic troubles of the face and the total score of each organ.

Discussion
In the current survey, there were no direct relationships between facial cosmetic troubles and the 5th disease certificate. It might be because most people have more than one complaint about their face. The fact that many lungs were related was thought to have been affected by the season (November).

Conclusion
In this study, there are no significant relationship between facial trouble and diagnosis by oriental medicine. However some troubles tend to relate with lung. In the future, we would like to try in other seasons and different age groups and investigate again.

Keywords: diagnosis in oriental medicine; facial cosmetic troubles; cosmetic acupuncture
Auriculotherapy in the treatment of fibromyalgia: evaluation of the consumption of analgesics and anti-inflammatory drugs

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Abstract:
Context: Fibromyalgia is one of the Non-Transmissible Chronic Diseases (NTCD). Its treatment deserves special attention, finding in Complementary Alternative Medicine (CAM) a qualified support. Auriculotherapy is one of the practices that can be used in public health system, because it is easy and cheap to implement. Thus, it is very important to evaluate the efficiency of this CAM in the public health system routine. Objective: To evaluate the analgesic effect of auriculotherapy for the treatment of fibromyalgia, and the consumption of analgesics and anti-inflammatory drugs. Method: Thirteen women, aged between 38 and 64 years, clinically diagnosed with fibromyalgia were selected. They agreed to try to discontinue analgesic and anti-inflammatory drugs under medical supervision. Patients received Vaccaria seeds in one auriculotherapy session a week, for eight weeks. The auricular points selected were: shen men, kidney, autonomic nervous system, analgesia, muscle relaxation, sub-cortex and local pain points. The pain was evaluated by the Visual Analogue Scale (VAS) and the McGill Pain Questionnaire. The return of medication use was registered by the outpatient health team. Results: The use of analgesic/anti-inflammatory drugs was 76.81% lower when compared to the same period without auriculotherapy. Accordingly, VAS was reduced by 39.2% and the McGill Pain Questionnaire showed a decrease of 48.62%. Conclusion: The decrease of drug use among the subjects treated with auriculotherapy was remarkable. However, the reduction of pain perception by the VAS scale was not so expressive. Auriculotherapy is an easy-to-apply and effective CAM method, capable of reducing the cost of fibromyalgia treatment in the public health system.

Key words: auriculotherapy, medication, complementary alternative medicine (CAM), fibromyalgia, public health system.
Energy profile with ryodoraku electrodiagnosis of acupuncture in patients with spinal cord injury.

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Context: Spinal cord injury (SCI) is a major concern and challenge for the professionals involved, patient, family and the state. As much as modern science has evolved in recent years, the SCI patient still suffers from the limitations imposed by the losses, some of them irreparable. Acupuncture has been occupying space in the neurological area, however with great need for research and understanding. Ryodoraku is a contemporary resource for evaluating meridians. Objective: To describe the energy profile of the meridians of patients with SCI. Methodology: 21 individuals with spastic paraplegia aged 18 to 58 years (mean ± 41.57 years); 57% men and 43% women. recruited at the University Hospital of the State University of Londrina (Brazil). They were evaluated by the ryodoraku technique, with NKL electrodiagnostic equipment, OMNIPAX model, before the usual physiotherapy sessions. Demographic data, history of each patient were used directly from the hospital database. Results: The average bioimpedance of the sample was 26 Ω. The 86% of the population presented energy imbalances. Of which 74% of these imbalances was characteristic of energy deficiency pattern. There were also alterations in ryodoraku cartography traces, typical “high-low” imbalances in 67% of the sample. The meridians that most appeared altered were gallbladder (GB), bladder (BL), spleen (SP) and kidney (KI).The sum of the imbalances in these meridians make up 50% of all imbalances. Conclusion: Energy imbalance due to deficiency, preferentially affecting meridians BL, GB, KI and SP. Key words: ryodoraku electrodiagnosis, acupuncture, spinal cord injury.
A Stereological Study of the Growth Plate Volume in Adolescent Rats Stimulated by Laser Acupuncture

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Objectives. Previous studies have demonstrated that laser acupuncture (LA) has positive effect on longitudinal bone growth by changing the histological growth plates. The aim of the study was stereologically to assess the growth plate volume in adolescent rats stimulated by LA.

Methods. Forty male wistar rats, aged 3 weeks weighing more than 40 g were divided randomly into two groups, A and B, each receiving LA for 10 days and 15 days, respectively. There were four subgroups in each group: control (C), GV20, ST36 and GV20+ST36. The rats were stimulated by LA using the KX Laser GX-2000B (Kangxing), a semiconductor-based low-level laser therapy (LLLT) device emitting a cold red laser (635–680 nm/5 mW) for 60 seconds (0.3 J/cm²). After treatment, the rats were sacrificed and tibia were removed from other tissue. The proximal tibia was taken, soaked in the formalin and decalcified. Then, it was dehydrated in graded alcohols and embedded in paraffin blocks. The paraffin blocks were sectioned longitudinally using a Leica microtome (RM2125, Germany) at a thickness (t) of 3 μm. For stereological analysis, we used light microscop with scanner (Olympus BX61VS) and software from Visiopharm Denmark. The growth plate volume was assessed by measuring surface area with nucleator method. The data were statistically analyzed by ANOVA.

Results. All of the growth plate volume in the treatment groups were more than C and the highest volume was ST36 subgroup, in both 10 days and 15 days. ANOVA showed that there were not differences between subgroups significantly.

Conclusion. Laser acupuncture on GV20, ST36 and both GV20+S36 increased growth plate volume in adolescent rats, however the increasing did not differ significantly.

KEY WORDS: laserpuncture, growth plate volume, adolescent rat, stereology.
The Evaluation of Acupuncture on Reproductive Outcome on the Oocyte Retrieval in IVF

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Objective:
Evaluate the effects of electro-acupuncture on the reproductive outcome in IVF compared to standard conscious sedation.

Material and Method
60 women were recruited and randomized into two groups, either group A (Electro-acupuncture) or S (routine conscious sedation by intravenous Pethidine and Midazolam). Patient’s age, body mass index (BMI), years of marriage, duration of procedure and recovery time were obtained. Outcomes included the number of pregnant, biochemical, miscarriage and liver birth, heart rate, blood pressure. Outcome measurements were obtained at three time points: 30 minutes before OR (Oocyte Retrieval), during OR, and 30 minutes after OR. Data was analyzed using Mann-Whitney U and Chi-Square Test.

Acupuncture points: Hegu, Neiguan, Luanchao, Qihai, Guanyuan, Shenshu, Ciliao.

Result
28 of 30 women received electro-acupuncture, 2 women withdrew. 30 women underwent routine conscious sedation. Total number of pregnant women in group A is 15/28 (54%), in S is 11/30 (37%); live birth in A is 12/28 (43%), and 08/30 (27%) in S; Biochemical in A is 2 and 3 in S; 1 Miscarriage in A and non in group S. The Blood Pressure and Heart Rate of women in group A maintained throughout the procedure (BP systolic p = 0.280, diastolic p = 0.589, HR: p=0.001) while those women in group S experienced a drop significantly (BP systolic p < 0.001, diastolic p = 0.001, HR: p < 0.001). Group A no need recovery time but Group S need 60-120 mins after procedure. There was no significant difference in age, BMI, year’s marriage, duration of procedure between both groups.

Conclusions
The study shows on the reproductive outcome, the women in acupuncture group are better result in pregnant and live birth amount than sedation group, but there are no significant difference, P = 0.152 and P=0.154 . Maybe it is due to the small simple size.

Keywords: reproduction; electro-acupuncture; conscious sedation; OR(Oocyte Retrieval); IVF
The effects of sacral acupuncture stimulation about cyclophosphamide (CYP)-induced frequent urination model rat.

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[Purpose]
To investigate the effects of sacral acupuncture on cyclophosphamide (CYP) induced urinary frequency in conscious rats.

[Method]
A total of thirteen female Sprague-Dawley rats (246.2 ± 18.5 g) were used. CYP (150 mg/kg) was administered intraperitoneally 48 hours before cystometrography (CMG) to induce urinary frequency. The animals divided into two groups. The group that urinated ≥4 times without intervention was the control group, and those that urinated ≥4 times after intervention with sacral acupuncture was the ACP(acupuncture) group. CMG was measured by injecting saline into the bladder (0.04 ml/min) without anesthesia. Four CMG parameters were measured as follows: the intercontraction interval (sec) and the threshold pressure, basal pressure, and maximum pressure (cmH₂O). All data are expressed as the mean ± standard error. T-test was used to compare the CMG parameters between the two groups. P-values of less than 0.05 were considered significant.

[Result]
There was no difference in intercontraction interval, threshold pressure, maximum pressure, and basal pressure between the groups before intervention. The intercontraction interval did not change in the control group (285.4±52.1 to 302.1±38.4sec, p = 0.7), whereas in the ACP group, a significant increase of the intercontraction interval was observed (248.0±22.2 to 577.5±81.9sec, p = 0.004). The threshold pressure decreased significantly in the control group (14.8±2.6 to 12.5±1.9 cmH₂O, p = 0.04), but no difference in the ACP group (13.9±1.6 to 13.4±1.6 cmH₂O, p = 0.4). Basal pressure did not change in the control group (12.3±2.4 to 10.5±1.9 cmH₂O, p = 0.1) but significantly decreased in the ACP group (11.8±1.6 to 9.4±1.5 cmH₂O, p = 0.03).

[Discussion and Conclusion]
This study results that sacral acupuncture stimulation increased intercontraction interval on CYP induced urinary frequency rats.

Keywords: cyclophosphamide (CYP);urinary frequency;rat;acupuncture
Evaluation of acupuncture for obstructive sleep apnea: A literature review

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Objectives: This study aims to determine the validity and clinical effect of acupuncture as an alternative treatment of obstructive sleep apnea.

Methods: A systematic literature search was conducted in six databases including PubMed, ClinicalKey, Cochrane, DynaMed Plus, CJTD, and CNKI. For English databases, we used search terms as (“sleep apnea, obstructive” or “sleep hypopnea” or “upper airway resistance sleep apnea syndrome”) and (“acupuncture” or “acupoint” or “acupressure” or “acustimulation”) and/or “quality of life”; for Chinese databases we took [“zhenjiou” or “zhen ci”] and [“shuimian” and (“huxizanting” or “ditongqi” or “zuse” or “han zheng”). Clinical articles between 2003 and 2019 where acupuncture was the main intervention for obstructive sleep apnea were included. Uncontrolled clinical trials and animal studies were excluded. Primary outcomes were the statistical difference of Apnoea-Hypopnoea Index (AHI), O2 saturation (SaO2), the Epworth Sleepiness Scale (ESS) and the Pittsburgh Sleep Quality Index (PSQI) before and after treatment. The secondary outcome was the effective rates of different treatments.

Results: Of the retrieved 138 clinical articles, 46 meet the requirement. Continuous positive airway pressure (nCPAP) had a prominent immediate effect on reducing AHI and improving SaO2 (p<0.001), but cannot maintain the clinical effect without the device. Both manual acupuncture (MA) and electroacupuncture (EA) had a statistically significant effect on reducing AHI and improving SaO2 (p<0.05), although with a lesser extent when compared to nCPAP regarding the immediate effect. The long-term improvement in obstructive sleep apnea parameters favoured acupuncture, which presented reduced AHI at the 2-month follow-up. The effective rate of nCPAP, acupuncture (including MA and EA), and auricular acupuncture was 90.91%, 76.36%, and 56.70% respectively. No adverse events associated with acupuncture was documented.

Conclusions: These findings indicate that combining acupuncture to current guideline treatment may potential benefit of in the long-run for managing obstructive sleep apnea.

Keywords: Acupuncture; Sleep apnea, Sleep hypopnea; Alternative, Complementary treatment
THE EFFECT OF LIGHT COLOR ON THE BEHAVIOR OF MEDICAL LEECH (Hirudo medicinalis) DURING HIRUDOTHERAPY

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Introduction: The color and light intensity has important effect on saliva secretion and biting in leeches. Environmental lights could have remarkable effect on hirudotherapy process in patients. The aim of present study was to evaluation different light colors on behavioral performance in medicinal leech.

Materials and methods: A total of 100 mature medicinal leech (Hirudo medicinalis) was selected. The leeches were randomly distributed between 4 treatments (blue, red, yellow and green lights). The light was met by 60 W LED lamps with 20 and 40 lux. 10 patients suffered from varicose veins were selected and the leeches’ behavior in different light colors was recorded by camera (This experiment was conducted in Fidar Koroosh Farahan, International Company.

Results: The results showed the leeches treated with blue light and 20 lux had more saliva secretion than other treatments and lowest saliva secretion was belong to leeches treated with red light. The biting behavior was lowest in green light and was highest in red and yellow light. The saliva secretion in 40 lux intensity was more in green and blue light and lowest saliva secretion was observed in yellow and red light. The biting behavior in blue light was high and in yellow and green light was low. As a conclusion the obtained results showed that light color and intensity had direct effect on improvement of hirudotherpy.

Keywords: Leech medicinal, Light, Color, Intensity, Bite, Saliva.
Overviewing Cochrane Database of Systematic Reviews for recent trend of acupuncture research

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Objective: The aim of this study was to investigate the recent trend of clinical acupuncture research in worldwide by reviewing Cochrane Database of Systematic Reviews (CRs).

Method: We extracted CRs from the database using the keyword “acupuncture” in April, 2018, then selected CRs which investigated clinical effects of acupuncture. The types of diseases were classified by International Classification of Diseases (ICD-10). We surveyed the number of Randomized Controlled Trials (RCTs) evaluated in each CR, the number of patients, the effectiveness and its quality of the evidence. Moreover, we confirmed the countries where every evaluated RCTs were conducted.

Results: 149 CRs were extracted by the keyword, and we selected 45 CRs of acupuncture clinical trials. 10 CRs investigated the effectiveness of acupuncture for patients in pain condition. The number of RCTs evaluated by 45 CRs was 664 and the number of patients was 75,809. 45 diseases were classified into: Mental and Behavioural disorders (7), Diseases of the nervous system (7), Diseases of the musculoskeletal system and connective tissue (6), Diseases of the genitourinary system (6) and other (19). It was confirmed that 36 countries conducted acupuncture RCTs in total. Chinese RCTs were most evaluated (317 RCTs out of 661), followed by American (64), English (38), German (35), Taiwanese (29). Acupuncture was effective with high quality of the evidence for chronic low back pain. Acupuncture was effective with moderate quality of the evidence for smoke cessation, schizophrenia, migraine, tension type headache, stroke, and fibromyalgia.

Discussion: CRs of acupuncture were mostly conducted in certain types of diseases. It seemed acupuncture was effective with higher quality of the evidence for pain condition than other. It was suggested that lack of well-designed RCTs of acupuncture lead quality of the evidence of its effectiveness lower.

Keywords: Cochrane Review; Acupuncture; Randomized controlled trial; ICD-10; quality of the evidence
Traditional Chinese Medical differentiated therapy on Opportunistic Fungal Infection of 59 Patients with immuno-compromised syndrome

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Object To acquire a better therapeutic prescription against opportunistic mycoses for patients with immuno-deficient / -inhibitory diseases, the analysis on etiological fungi purified from the skin- mucous membrane lesions of diagnosed 59 patients with mycoses and then the effective study of Traditional Medical (TCM) differentiated treatment including acupuncture-moxibustion (acu-Mox.) and herbs on them were made.

Methods It included the purifying- test of fungal species from diagnosed 59 patients’ sample (lesions, serum -cerebral-spinal fluid and excretion) in the laboratory, the compared relationship between etiological fungi and initial disorders that caused the secondary mycoses, TCM differentiated diagnoses and prescribed acupuncture-Mox., and herbal treatment on them, and finally statistical analysis of the pre- and post- treatment (See Tab.1, Tab.2, Fig.1, Fig. 2, Fig.3 and Fig.4).

Results The statistical analysis of the results between pre- and post- TCM differentiated therapy on each group of 59 patients with opportunistic mycoses showed that the effective cure percent of 15 cases with malignant tumour was 95.03±0.53%, of 21 cases who took long-term corticosteroid and antibiotics medication 96.05±1.32%, of 5 cases with Kwashiorkor disease- like malnutrition 93.02±0.52%, of 3 cases with HIV infection 98.05±1.37% and of 15 cases with type 2- Diabetes mellitus 91.07±1.22%, and all groups acquired significant improvement of their health state after finished the ant-fungal treatment including antifungal chemical and TCM differentiated therapies (See Tab.3).

Conclusion The results suggested that TCM differentiated therapy worked on not only eradicating external and internal pathogenic factors of antifungal treatment, but also improvement of physical (anti-pathogenic-Qi) righteousness-related systemic health. So it may be a reasonable choice for clinically anti-opportunistic fungal alternative-therapy on those with secondary mycoses that were based on TCM diagnoses such as Fatigue syndrome, Deficiencies of blood-qì immunity, Imbalance between yin and yang biodiversity and dysfunction of zang-fu organs.

Key words Mycoses, TCM differentiated therapy, Acupuncture-Mox, Herb.

Keywords: Opportunistic Fungal Infection; TCM differentiated therapy; Acupuncture-Moxibustion; Herbal medicine
Clinical Study on Relationship between Fading Change of Cutaneous Hyperemia-erythema after Cupping on Back-shu Acupuncture Points and Serum Cholesterol /HDL-C Ratio level

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Object To observe the relationship between fading of Traditional Chinese medical (TCM) cupping-led cutaneous hyperemia-erythema (CHE) on the acupuncture points (acu-points) of back-shu zone and serum cholesterol / high-density lipoprotein-C ratio (SCR), and to confirm the reciprocity among CHE, SCR and TCM tests, and the investigation on the earlier formation of arteriosclerosis in cutaneous micro-artery web resulted from high SCR.

Methods 61 patients took cupping on the spinal vertebra acu-points, BL13, BL43, BL15, BL17, BL20, BL18, BL23, BL25, BL52, EX-B1, etc. All patients had to take the serum exam of cholesterol and high-density lipoprotein-C (HDL-C) and complexion, tongue and pulse before cupping, and the patients divided into two groups, normal health (SCR<6.0) and Cardiac-vascular diseases-focused risk (CVDR) (SCR>6.0), and the fading percent and score of CHE were statistically analysed with $\chi^2$ test between groups for significant difference (p<0.05). See Table 1 and Table 2.

Results The fading percent and score of CHE in each duration and total record were showed as below: in normal health (SCR<6.0), 86.03±1.08% in 3rd day, 98.05±0.53% in 7th day (1st week) and totally meant for 98.26±1.25%, and in CVDR group (CVDR>6.0), 42.06±3.05% in 3rd day, 68.12±0.62% in 7th day and totally meant 63.04±2.05%, and statistical significant difference (p<0.05) and relative index (R) =0.92. See Table 3, Fig. 1, Fig.2, Fig. 3 and Fig. 4.

Discussion The results of observation suggested that those with higher SCR will surf from TCM syndrome, severe Qi-blood stagnation in richer meridian such as food Taiyang bladder, and the specific cupping-led reaction may be a novel examination way for earlier formation of cutaneous Atherosclerosis, vascular sclerosis and even internal artery in important organs.

Keywords: Serum cholesterol, Qi-blood stagnation; Blood stasis; Cupping; TCM test
Acupuncture Treatment Of Severe Jaw Pain In Ehlers-Danlos Syndrome

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Objective: Ehlers-Danlos syndrome (EDS) is a disorder of connective tissue due to mutations in the gene coding for collagen. Affected individuals suffer from hypomobility and hyperextensibility of joints and connective tissues. A 29-year old male patient with clinical diagnosis of EDS and severe bilateral jaw dislocation, as determined by previous imaging study, reported to my clinic with associated jaw pain (pain scale “6-8”/10) for the past five years. He also complained of low back pain (pain scale “3-5”/10), with tinnitus, vivid dreams, night sweat, right lateral leg numbness and right-sided headache. He had been suggested Vicodin and surgery, but had refused both. This study tested the hypothesis that acupuncture relieves jaw pain associated with severe jaw dislocation in EDS.

Material: Acupuncture needles.

Method: Patient was treated twice a week for the first four weeks using distal acupuncture. The face area of Foot-Yangming Stomach channel was targeted with points below knees and elbows of: Hand-Yangming Large Intestine, Foot-Jueyin Liver, Foot-Taiyin Spleen, and Foot-Yangming Stomach channels. Points in Hand-Shaoyang Sanjiao, Foot-Shaoyang Gallbladder, Foot-Shaoyin Kidney, and “lateral Stomach” (between Stomach and Gallbladder) channels were also identified by palpation. Needles were retained for 15 min, followed by back treatment targeting the Back-Shu points of Foot-Taiyang Urinary Bladder channel. Treatment frequency was reduced over the next three months to once a week, then to once every two weeks.

Results: Patient reported complete relief of jaw pain (“0”/10) after 6th session (Day 21 into treatment), as did reduced headache. Thereafter, relief of jaw pain continued to be complete (“0”/10) after every session from 7th to 19th (Day 25 to 126 into treatment). Flare up between sessions also decreased from “5-7”/10 before to “0-4”/10 after 6th session.

Conclusion: Acupuncture relieves pain associated with severe jaw dislocation in EDS.

Keywords: Ehlers-Danlos syndrome (EDS); jaw dislocation; pain; acupuncture
A Comparative Study of Needle Force in Acupuncture training Model

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Objectives: In this study, we quantitatively evaluated the needle forces using needle insertion-measurement system and compared the needle sensation of each acupuncture practical model.

Methods: After inserting acupuncture with a sensor to six models, a lifting-thrusting motion was implemented using the needle insertion-measurement system. The needle force was measured repeatedly, and the measurement was analyzed based on the modified Karnopp friction model for a comparison of friction coefficients. After the insertion, practitioners did lifting-thrusting manipulations. They quantified the similarity of needle sensation with VAS (Visual Analogue Scale).

Results: When friction force and coefficients of friction in five different models were compared with a porcine shank model, all five models were significantly different from a porcine shank model, cotton and apple showing the closest frictional values to that of a porcine shank model. In the C_p and C_n values of cotton and in the C_p values of IM injection pad, there was no statistically significant difference. The similarity of the needle sensation between the porcine shank and five models was the highest in the apple, and overlapping papers was the lowest.

Conclusions: This study quantitatively compared the physical forces in the practical model when implementing lifting-thrusting manipulations, using a needle insertion-measurement system. We suggest that a reproducible exercise model that reflects the characteristics of various human tissues, such as viscoelasticity or strength, needs to be further developed. This will contribute to establishing standardized acupuncture practice training.

Key words: acupuncture practical model, quantifying measurement, needle force, needle sensation