

Programme & Abstracts



36TH
ICMART
AMSTERDAM 2023

World Medical
Acupuncture Congress

AMSTERDAM 29 September - 1 October 2023

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LETTER FROM THE CONGRESS ORGANIZERS

Dear ICMART2023 delegates,

We wish you a warm welcome to Amsterdam, to the 36th ICMART World Medical Acupuncture Congress. It is amazing to see that so many colleagues, from all around the globe, travel to the Capital of the Netherlands to learn, teach, share techniques and scientific insights.

The number of abstracts we received for this year's congress is proof that Acupuncture and related techniques is alive and vibrant. The subjects of the sessions and workshops also show that Acupuncture and related techniques are pro-active and help to treat patients, suffering from 'modern' diseases.

We trust that the programme is diverse enough to serve all delegates, and are grateful for this year's faculty, hosting 2 for and 14 workshops, and presenting 22 posters and over 90 oral presentations.

This year's conference also marks the 50th birthday of NAAV and 40th birthday of ICMART. Come and celebrate during the Saturday night Gala Dinner, with some special Dutch Surprises. We wish you a very interesting Congress and a pleasant stay in Amsterdam!

The Local Organising Committee
ICMART 2023 Amsterdam

Anne-Marie van Walraven PhD, Scientific Congress Coordinator
John Lie, MD LLM, Secretary General NAAV





ON THE ICMART 道 (DAO, THE WAY)

This year, in 2023, the 36th ICMART congress will take place in Amsterdam. In the port of Amsterdam, we will take in the salted air

of the North Sea and think to its rich past of sailors and fishermen.

Our Dutch medical acupuncturist colleagues will play host to the 50th anniversary celebration of the founding of their national association (NAAV). This golden jubilee will be marked in combination with

ICMART's celebration of 40 years of International Medical Acupuncture exchanges.

So, get ready for this double celebration event! Come present the results of your research, share your experience in clinical acupuncture, network with your colleagues from all over the world, and enrich the practice of your speciality.

Follow the progress of our preparations on our website at icmart2023.org.

*Patrick Sautreuil, MD
President of ICMART*



50 YEARS OF MEDICAL ACUPUNCTURE IN THE NETHERLANDS

After centuries of practice, China shared the capabilities of acupuncture to the world around 50 years ago. This is how western medicine became acquainted with this treatment method and soon thereafter, in 1973, two Dutch doctors and one dentist decided to start a three-year long training program for doctors, dentists and veterinarians. The NAAV was born, and in 2023, we celebrate 50 years!

As an ICMART member, we are very honoured to be hosting the 36th ICMART congress, marked together with our golden jubilee celebration.



We organise this event in collaboration with the WAVAN, our Dutch ICMART member. The WAVAN is the Dutch scientific acupuncture association with which we as the NAAV have an alliance.

Amsterdam, also known as Venice of the North, will also celebrate its 750th anniversary next year, in 2024. A vibrant city with its charming old center, many historic landmarks, and world-class museums.

On behalf of the NAAV and the WAVAN, we hope to see you at our event in Amsterdam on on September 29th till October 1st 2023.

*Bram Doorgeest, DDS, NAAV president
Nadire Dogan, MD, WAVAN president*





FROM NAAV TO NAAV-WAVAN ALLIANCE

I would like to share some historical insights about the Dutch Acupuncture Association of

Medical Doctors. The association was established in 1973, but its roots can be traced back to 1971 when Prince Bernhard, the spouse of Dutch Queen Juliana, introduced the term "Acupuncture" in a Dutch newspaper. He had personal experience with acupuncture treatment, which he received from a Chinese acupuncturist in London.

Shortly after, on television, there was a notable demonstration of Acupuncture anesthesia during an operation for acute appendicitis on an American journalist who was traveling with President Nixon to China. This event further piqued the interest of medical doctors in the use of acupuncture, particularly for pain reduction.

Initially, the focus of our Medical Doctors was on studying the meridians and the location of acupuncture points. However, as time passed, we began to explore the Zang Fu theory, which delves into the physiology of the organs. This broader understanding allowed us to explain somatically unexplained symptoms and expanded the applications of acupuncture beyond just pain relief.

In 1988, our esteemed master Coen van der Molen added an addendum to his textbook, further enriching our knowledge. Then, in 1989, when I joined the German Association for medical doctors on a visit to TCM schools in Korea and Japan, I became fully aware of the vast range of indications for acupuncture beyond painkilling. The theory of organ functions opened up new possibilities in our

practice, and we continue to explore and refine our understanding of this ancient healing art.

In conclusion, the Dutch Acupuncture Association of Medical Doctors has come a long way since its inception in 1973. Our journey from focusing on pain reduction through acupuncture to embracing the broader applications of the Zang Fu theory has enriched our practice and deepened our understanding of traditional Chinese medicine. Today marks the golden jubilee of NAAV and the inception of the NAAV-WAVAN alliance. WAVAN, often considered the younger sibling to NAAV, was established following the 40th NAAV congress. The term "association" embodies unity; hence, WAVAN was conceived to unite NAAV members dedicated to science and education.

Though this subgroup, consisting of 50 NAAV scientific committee members who continued to be NAAV members, they also actively collaborated under the banner of the Scientific Association WAVAN. They partnered with the German School of DÄGfA for educational endeavors. However, with the recent formation of the NAAV-WAVAN alliance, the educational spotlight has shifted to TCM at the newly minted NAAV-WAVAN school, SAMEDA. This institution, led by Cheng Liu, also boasts educators from the previous NAAV school, SNO.

In essence, the NAAV-WAVAN alliance represents two associations of medical professionals synergizing harmoniously. Here's to wishing them continued success and prosperity for the next 50 years and beyond!

Chun Lee Oei-Tan, MD, PhD

ICMART board member and Past President NAAV



World Medical Acupuncture Congress

29th September-1st October 2023 / www.icmart2023.org

FRIDAY, 29 SEPTEMBER 2023

7:30 AM	REGISTRATION - WELCOME COFFEE						
	ROOM CALLA 1-2-3 (plenary)						
8:30 AM	PRE-OPENING with KEYNOTE SPEAKERS (Chairs: Djien Liem & Bram Doorgeest)						
8:30 AM	O-01 Gisela Hildenbrand - Images of Nature in the Methods of Qigong Yangsheng						
9:00 AM	O-02 Xiu-Min Li - Treatment for Food Allergies and Eczema with Traditional Chinese Medicine: A Research and Practice Perspective (video)						
9:30 AM	O-03 Carl-Hermann Hempten - The Origin of the Channels (meridians). Embryological Aspects and Clinical Significance						
10:00 AM	COFFEE BREAK - POSTERS - EXHIBITION ROOM 4-5-6						
10:30 AM	OPENING SESSION (Chairs: John Lie & Anne-Marie van Walraven)						
10:30 AM	Opening Ceremony with Chinese Lion Well Wishes to the Delegates						
10:45 AM	Welcome by NAAV (Bram Doorgeest), WAVAN (Nadire Dogan), ICMART (Patrick Sautreuil) and WHO (Ahn Sangyoung)						
10:50 AM	O-04 Celebration speech 50 years NAAV (Bram Doorgeest / Chun Lee Oei-Tan)						
	O-05 — ICMART 40 years Moderator: Konstantina Theodoratou						
12:00 PM	F-01 ICMART FORUM I - Acupuncture as a Part of Integrative Medicine CHAIR: Francisco Lozano, Mexico Panellists: Ahn Sangyoung, WHO; Marcia Yamamura, Brazil; Isabel Giralt, Spain; Ilhan Oztekin, Turkey; Konstantina Theodoratou, Greece						
1:00 PM	LUNCH - RESTAURANT						
	ROOM CALLA 1	ROOM CALLA 2	ROOM CALLA 3	ROOM ROSA 4-5-6	ROOM DAHLIA 7	ROOM DAHLIA 8	
2:00 PM	Joint Session 01 ICMART & WFAS CHAIR: Hedi Luxenburger & Patrick Sautreuil	Workshop 02 Herbal Medicine CHAIRS: Karin Stockert & Thomas Burgoon	Abstract Session PAIN I CHAIRS: Peter Dorsher & Hoda Azizi	POSTERS & EXHIBITION	Abstract session Pediatrics CHAIRS: Djien Liem & Mai S Elsheikh	Workshop 03 ACUPRESSURE LECTURER: Ute Engelhardt	
2:00 PM	O-98 Patrick Sautreuil (President ICMART)	O-06 Thomas Burgoon	O-10 Seoyngnyung Cho		O-15 Naoko König (video)	W-03 Acupressure & QiGong	
2:15 PM	O-99 Amir Hooman Kezemi (Vice-president WFAS)	O-07 Karin Stockert	O-11 Oskar Schmid				
2:30 PM	O-100 Liu Bao Yan (video) (President WFAS)	O-08 Francisco Lozano	O-12 Sevgi Gür				
2:45 PM	Workshop 01 Integrative Methods	O-09 Moritz Hempten	O-13 Peter Dorsher				O-16 Leonie Hafke
3:00 PM	W-01 Integrative Methods Serg Mezhov		O-14 Irmgard Simma				O-17 Jasmin Stadler
3:15 PM		Q&A	Q&A				O-18 Mai S Elsheikh
3:30 PM	TEA BREAK - POSTERS - EXHIBITION ROOM ROSA 4 / 5 / 6						
4:00 PM	Workshop 04 Traditional Chinese Medicine LECTURER: Francesco Lozano	Abstract session PSYCHO EMOTIONAL I CHAIRS: Olha Kovalenko & David Kopsky	Workshop 05 Acupuncture-Myofascie LECTURER: Peter Dorsher	POSTERS & EXHIBITION	Workshop 06 SAAM LECTURER: Jung Hwan Lee	Workshop 07 INTRINSIC NATURE LECTURER: Adriaan Slob	
4:00 PM	W-04 Chinese Herbal Medicine in 'Wind' related Pathological Conditions	O-20 Hicran Usan	W-05 Integrating Acupuncture & Myofascial Meridians in Practice		O-15 Naoko König (video)	W-06 Workshop Treatment of Psychosomatic disorders	
4:15 PM		O-21 Marcia Yamamura					
4:30 PM		O-22 Faezeh Khodaie					
4:45 PM		Q&A					
5:00 PM		Q&A	SET UP	SET UP			
5:30 PM	ICMART Ambassadors - ROOM CALLA 3 - ROSA 4 / 5 / 6						
6:00 PM	WELCOME RECEPTION IN ROOM CALLA 3 - ROSA 4 / 5 / 6						
7:30 PM	TIME TO EXPLORE AMSTERDAM						

SATURDAY, 30th SEPTEMBER 2023

	ROOM CALLA 1	ROOM CALLA 2	ROOM CALLA 3	ROOM ROSA 4-5-6	ROOM DAHLIA 7	ROOM DAHLIA 8	
8:00 AM	Starting the day with Gisela Hildenbrand -Qigong (location to be announced)						
9:00 AM	Abstract session METHODS	Abstract session RESEARCH	Abstract session: METABOLE/LIFESTYLE	POSTERS & EXHIBITION	Abstract session SYSTEMATIC REVIEW I	VETS abstract session I	
	CHAIRS: Umberto Mazzanti & Jun Sang Yu	CHAIRS: Koosnadi Saputra & Peter Dorsher	CHAIRS: Raymond Landgraaf & Peter Panhofer		CHAIRS: Patrick Sautreuil & Jean Pierre Fossion	CHAIRS: Debora Gropetti & Roberta Pozzi	
9:00 AM	O-23 Umberto Mazzanti	O-30 Peter Dorsher	O-36 Peter Panhofer		O-43 Dongwoo Nam	OV-01 Andreas Zohmann	
9:15 AM	O-24 Ramun Kapur	O-31 Geng-Hao Liu	O-37 Mohammad Hossein Ayati		O-44 Elham Hooshyarazar		
9:30 AM	O-25 Farid Mokhtari	O-32 Peter Dorsher	O-38 Peter Panhofer: BACULife		O-45 Jean Pierre Fossion	OV-02 Chiara Macchioni	
9:45 AM	O26 Ongkie Tan	Q&A	Q&A		Q&A		
10:00 AM	O-27 Newanda Mochtar	O-33 Elzbieta Skorupska	O-40 Peter Panhofer: BARBQTCM		O-46 Fernando Farias	OV-03 Laura Romano	
10:15 AM	O-28 Keong Han Kim	O-34 Peter Dorsher	O-41 Raymond Landgraaf		O-47 Chanwoo Joo		
10:30 AM	O-29 Farid Mokhtari	O-35 Hoda Azizi	O-42 Joanna Dietzel		O-49 Faezeh Kodaie	OV-04 Eliana Amorosi	
10:45 AM	Q&A	Q&A	Q&A		Q&A		
11:00 AM	COFFEE BREAK - POSTERS - EXHIBITION ROOM ROSA 4-5-6						
11:30 AM	Abstract Session MISCELLANEOUS	Abstract Session COVID-19	Abstract session PAIN II	POSTERS & EXHIBITION	Workshop 08 NEURAL THERAPY	Workshop 09 NPPE	
	CHAIRS: Nadire Dogan & Lili Luzina-Chju	CHAIRS: Ute Engelhardt & Toine Korthout	CHAIRS: Kien Trinh & Newanda Mochtar		CHAIR: Petja Piehler & Michaela Klausner	LECTURER: Hicran Usan & Levent Tekci	
11:30 AM	O-50 Lili Luzina-Chju	O-56 Toine Korthout	O-61 Koosnadi Saputra		O-67 Petja Piehler	W-09 The Neuro-Psycho-Pathogene Elimination Method Hicran Usan / Levent Tekci	
11:45 AM	O-51 Petr Fiala	O-57 Amit Kumar	O-62 Newanda Mochtar		O-68 Helmut Liertzer		
12:00 PM	O-52 Ladislav Fildan	O-58 Alexandre Yoshizumi	O-63 Elzbieta Skorupska		O-69 Christine Wibmer		
12:15 PM	O-54 Huub Moeniralam	O-59 Martin Feig	O-64 Prinsa Anca		O-70 Regina Stemberger	Workshop 10 PULSE DIAGNOSIS	
12:30 PM	O-55 Sonja Maric	O-60 Toine Korthout	O-65 Johannes Nepp		Q&A	LECTURER: Jun-sang Yu	
12:45 PM	O-104 James Hermans	Q&A	O-66 Siti Sukrisno			W-10 Prof YU Pulse Diagnosis Saam	
1:00 PM	LUNCH - RESTAURANT						
2:00 PM	POSTERS VIEWING (ROOM ROSA 4-5-6) and Q&A with Jury						
	ROOM CALLA 1	ROOM CALLA 2	ROOM CALLA 3	ROOM ROSA 4-5-6	ROOM DAHLIA 7	ROOM DAHLIA 8	
2:30 PM	Abstract session OBGYN	Abstract session PSYCHO-EMOTIONAL II	Abstract Session ONCOLOGY & NEUROPATHY	POSTERS & EXHIBITION	Workshop 11 YNSA (max. 20 participants)	Session WAFMS Guideline (treatment of major depressive disorders)	
	CHAIRS: Denis Rupa & Koosnadi Saputra	CHAIRS: Faezeh Khodaie & Huub Moeniralam	CHAIRS: Ongkie Tan & Marcia Yamamura		LECTURER: Wout Koekoek	CHAIR: Hedi Luxenburger / Hung-Rong Yen	
2:30 PM	O-71 Elham Hooshyarazar	O-75 Alexandre Yoshizumi	O-79 Fenny Yunita		W-11 Yamamoto New Scalp Acupuncture	O-85 Yu-Qing Zhang, Richard Musil & Zhao Hong	
2:45 PM	O-72 Martin Feig	O-76 Konstantina Theodoratou	O-80 Bart Devos				
3:00 PM	O-73 Merve Yigit Oguz	O-77 Jürgen Schottdorf	O-81 Herman van Wietmarschen				
3:15 PM	O-74 Koosnadi Saputra	O-78 Olha Kovalenko	O-82 Marcia Yamamura				
3:30 PM			O-83 - David Kopsky				
3:45 PM	Q&A	Q&A	O-84 -Ming-Cheng Huang			VETS abstract session II	
						CHAIRS: Kien Trinh / Andreas Zohmann	
						OV-05 Debora Gropetti	
					OV-06 Roberta Pozzi		
4:00 PM	TEA BREAK - POSTERS - EXHIBITION ROOM ROSA 4-5-6						
	ROOM CALLA 1	ROOM CALLA 2	ROOM CALLA 3	ROOM ROSA 4-5-6	ROOM DAHLIA 7 & 8		
4:30 PM	Workshop 12 Tui Na An Mo	Abstract session COSMETIC ACUPUNCTURE	Workshop 13	POSTERS & EXHIBITION	Workshop 14 Integrative headache therapy		
	LECTURER: Jose Uy	CHAIRS: Nadire Dogan & Anita Liem	LECTURER: Kien Trinh		LECTURER: Hedi Luxenburger		
4:30 PM	W-12 Workshop Traditional Chinese Massage	O-88 - Anita Liem	W-13 Sports Medicine and Acupuncture		W-14 Workshop Integrative headache therapy in clinical practice Hedi Luxenburger		
4:45 PM		O-89 - Mehmet Cabioglu					
5:00 PM		O-90 - Natalia Borodina					
5:15 PM	Preparation for Gala Diner				5:15 - 6:30 pm - ICMART General Assembly		
5:30 PM	19:00 walk in (ROOM CALLA 1 / 2 / 3 / ROSA 4 / 5 / 6)						
6:30 PM							All Congress Attendants are Welcome
7:00 PM	19:30 ICMART GALA DINER						

SUNDAY, 1st OCTOBER 2023

8:00 AM	Starting the day with Gisela Hildenbrand - QiGong (location to be announced)			
	ROOM CALLA 1 / 2 / 3		ROOM ROSA 4 / 5 / 6	
	All ASPECTS OF TCM part I		Last Day Poster Viewing	
	CHAIR: Carl-Hermann Hempen / ChunLee Oei-Tan		P-01 Elham Akhtari	P-12 Esther van Dorst
9:00 AM	O- 91 Herbalism - Thomas Burgoon - The perspective of an American internist on the role of traditional Chinese herbal medicine in modern medical practice		P-02 Songhomitra Panda-Jonss	P-13 Suguru Nakamura
9:30 AM	O-92 Tuina - Jose Uy - Peripheral Facial Paralysis Treated By Tuina and Acupuncture		P-03 Bao Duy Nhan	P-14 Dion Rukmindar
10:00 AM	O-93 Chinese Diets - Patricia Krininger - Chinese Dietary Therapy for elderly patients with Post-COVID Syndrome		P-04 Andrew Liem	P-15 Henriette Muraközy
10:30 AM	COFFEE BREAK - POSTERS - EXHIBITION ROOM 4-5-6		P-05 A Dalmau Roig	P-16 Shihui Jin
	ICMART SCIENTIFIC AWARD		P-06 Ines Espiga Macedo	P-17 Huub Moeniralam
11:00 AM	O-94 ICMART SCIENCE AWARD LECTURE <i>Introduction by Dominik Irnich, Chairman of the Scientific Chapter ICMART</i> Hung-Rong Yen - The Association Between Acupuncture Therapies and Reduced Fracture Risk in Patients with Osteoarthritis: A Nationwide Retrospective Matched Cohort Study		P-07 Junhyuk Kang	P-18 Alice Zanolini
11:45 AM	F-02 ICMART FORUM II - Governmental and Private Insurance Coverage of Acupuncture Worldwide CHAIR: Thomas Burgoon. Panelists: Tomas Dawid, Chin Chan, Hedi Luxenburger, Dongwoo Nam		P-08 Seunghoon Lee	P-19 Seunghoon Lee
12:30 PM	LUNCH		P-09 Koosnadi Saputra	P-20 Mikako Tsunematsu
	All ASPECTS OF TCM part II		P-10 Ky-Lie Tan	P-21 Seungeun Lee
	CHAIR: Carl-Hermann Hempen / ChunLee Oei-Tan		P-11 Henri Truong Tan Trung	P-22 Jehun Kim
13:15 PM	O-95 Dominik Irnich - Osteoarthritis of the Knee – An Overview of Acupuncture, Integrative Medicine and Conventional Medicine			
13:45 PM	O-96 Ute Engelhardt / Joanna Dietzel - Acupressure and Qigong for chronic fatigue postCOVID – study intervention and practical experiences from a randomized controlled trial			
	FINAL SESSION (CHAIRS: John Lie & Anne-Marie van Walraven)			
14:15 PM	POSTER AWARDS (Domink Irnich)			
14:30 PM	PRESENTATION ICMART 2024 in KOREA Do Young Choi, president <i>The Society of Korean Medicine</i>			
	Closing Ceremony Bram Doorgeest (NAAV) / Nadire Dogan (WAVAN) / Patrick Sautreuil (ICMART)			
14:45 PM	COFFEE / TEA AND SAVOURY SNACKS			

NOVOTEL Amsterdam city Congress Floor plan



Presentation index

World Medical Acupuncture Congress



NR	Presentator	Title
F-01	Panel: Ahn Sangyoung, Marcia Yamamura, Isabel Giralt, Ilhan Öztekin, Undra Kendra	Acupuncture as a part of Integrative Medicine
F-02	Panel: Tomas Dawid, Chin Chan, Hedi Luxenburger, Dongwoo Nam	Governmental and Private Insurance coverage of acupuncture worldwide
O-01	Gisela Hildenbrand	Images of nature in the methods of Qigong Yangsheng
O-02	Xiu Min Li (video)	Treatment for Food Allergies and Eczema with Traditional Chinese Medicine: A Research and Practice Perspective
O-03	Carl-Herman Hempen	The origin of the channels (meridians). Embryological aspects and clinical significance
O-04	Abraham Doorgeest & ChunLee Oei-Tan	Celebration speech, 50 years NAAV
O-05	Moderator: Konstantina Theodoratou	40 years ICMART
O-06	Thomas Burgoon	Severe acute infectious mononucleosis treated with Traditional Chinese Herbal Medicine: a case report
O-07	Karin Stockert	Chinese Herbs and their role in the treatment of a Common Cold
O-08	Franciso Lozano, Fernando Alcalá	Traditional Chinese Herbal Medicine as a Complementary Therapy in the Integrative Practice of Medical Acupuncture.
O-09	Moritz Hempen	Heart Failure and Traditional Chinese Medicine
O-10	Seoynghyung Cho	Diagnosis and treatment of shoulder instability, a common cause of shoulder pain; Placenta regeneration injection, acupuncture and manual therapy
O-100	Liu Baoyan (video)	Practice and Contribution of Acupuncture and Moxibustion to the Development of Future Medicine
O-101	Ute Engelhardt	Acupressure and QiGong
O-102	Jose Uy	Tui Na An Mo – Traditional Chinese Massage
O-104	James Hermans	Medical magnets as a treatment option for the medical acupuncturists
O-11	Oskar Schmid	Preliminary results – Clinical outcome after outpatient arthroscopic rotator-cuff-repair with and without segmental acupuncture
O-12	Sevgi Gür, <u>Seher Deniz Öztekin</u> , Ilhan Öztekin, Orhan Yalçın	The Effects Of Korean Hand Acupressure On Postoperative Pain, Nausea, Vomiting And Retching After Thyroidectomy
O-13	Peter Dorsher	Laser Acupuncture: Mechanisms and Evidence - Implications for Clinical Practice
O-14	Irmgard Simma	The importance of functional therapies for myofascial pain
O-15	Naoko König (video)	The treatment of functional abdominal pain in children and adolescents with Toyohari and Shonishin
O-16	Leonie Hafke, Marius Kopka, Dirk Reinhardt, Celine Chiu	Laser acupuncture in pediatric patients with bone cancer undergoing chemotherapy: a double blind study
O-17	Jasmin Stadler	Revolutionary leaps in acupuncture: How laser acupuncture has influenced traditional Chinese medicine in children and adolescents so far.
O-18	Mai S Elsheikh, Engy A Ashaat, A Ramadan, Nagwa H Mohamed, Nesma M Elarabt, Hazem Mohamed El-Hariri, Adel F Hashish, Never Hassan Nashaat	Efficacy of Laser Acupuncture for Children with Autism Spectrum Disorder: Clinical, Molecular and Biochemical Study.
O-20	Hicran Usan, M Levent Teckli	The Effectiveness of Acupuncture for the Treatment of PTSD in Patients Witnessing the 2023 Earthquake Disaster in Turkey: A Retrospective Study
O-21	Marcia Yamamura-Terra	Acupuncture for treating Shen Qi (Hun, Shen Yi, Po, Zhi) conditions. Mind Body integration approach
O-22	Faezeh Khodaie, Abdorezza Moghadasi, Naser Abdorezza, Amir Hooman Kazemi, Baixiao Zhao	Effectiveness of Acupuncture on Cognitive Functions in Patients with Multiple Sclerosis
O-23	Umberto Mazzanti, Giuseppe Tallarida	The Mazzanti AcuOsteo method®: Treatment of Radial Styloiditis with Acupuncture and Osteopathy
O-24	Ramun Kapur	Japanese style PNST treatment
O-25	Farid Mokhtari	Acupotomy for adhesive capsulitis
O-26	Ongkie Tan	Effective, durable, medical acupuncture, practical approach.
O-27	Newanda Mochtar, Kemas Abdurrohman, Dwi Rachma Helianthi	Effectiveness of Electroacupuncture for Management in Young Overactive Bladder Patients with one year Follow-up
O-28	Keyong Han Kim, Hae-Won Lee, Soobin Lee, Hae-Won Kim, Jin-Gu No, Hye-In Jeong, Keong-Han Kim, Chan-Yong Jun, Seong-Gyu Ko	Long-term comprehensive Korean traditional medicine treatment for a patient with papillary thyroid carcinoma and lymph node metastasis after surgery : Case Report
O-29	Farid Mokhtari	Successful treatment of plantar warts
O-30	Peter Dorsher	The Sham of Non-Penetrating or Minimally Penetrating “Needles” in Acupuncture Research
O-31	Geng-Hao Liu, Xin-Chen Zhuo, Yeh-Hsiang Huang, Hsuan-Miao Liu, Ren-Chin Wu, Chia-Jung Kuo, NingOHung Chen, Li-Pang Chuang, Shih-Wei Lin, Yen-Lung Chen, Huang-Yu Yang, Tzung-Yan Lee	Alterations in Gut Microbiota and Upregulations of VPAC2 and Intestinal Tight Junctions Correlate with Anti- Inflammatory Effects of Electroacupuncture in Colitis Mice with Sleep Fragmentation
O-32	Peter Dorsher	Neuroinflammation at Acupoints: Implications for Clinical Practice
O-33	Elzbieta Skorupski, tomasz Dubek, Michal Ruchlik, Marta Jokiel, Pawel Dobrakowski, Anna Szczerba, Daria Wotzka, Anna Jankowska	A Potential Objective Sign of Central Sensitization: Referred Pain Elicited by Manual Gluteus Minimus Muscle Exploration is Coincident with Pathological Autonomic Response Provoked by Noxious Stimulation
O-34	Peter Dorsher	Evidence for Interstitial Fascia Signaling: An In-Depth Analysis of Its Scientific Basis

NR	Presentator	Title
O-35	Hoda Azizi, Pegah Mozafari Mosannen, Seyed MR Aboutorabzadeh, Maryam Khorasanchi, Zeynabl Lotfinia, Shiva Motaghi	Is laser acupuncture effective in controlling gag reflex while taking dental impressions? A randomized double-blinded sham-controlled clinical trial
O-36	Peter Panhofer, Thomas Vlasak, Brigitte Obermayer, Steffi Rothe	Evidence Mapping of Complementary, Nutritional and Traditional (Chinese) Medicine in the field of metabolic medicine for (pre-)obesity
O-37	Mohammad Hossein Ayati	Comparative effectiveness of Hypericum perforatum, acupuncture, and lifestyle modification in the management of obesity: A randomized clinical trial
O-38	Peter Panhofer, Steffi Rothe, Thomas Vlasak, Bern Weiner, Alexander Butz, Brigitte Obermayer	BACULIFE: Preoperative Weight-loss using a standardized program with Formula Diet ± Acupuncture
O-40	Peter Panhofer, Thomas Vlasak, Christian Denecke, Brigitte Obermayer, Philipp Beckerhinn, Jörg Zehetner, Ulf Kessler, Alexander Klaus, Christoph Sperker, Stephan Kriwanek, Sonja Chiapetta, Andreas Türler, Christoph Jacobi, Philipp Nett, Massimo Fumagalli, Steffi Rothe	BARBQTCM: BARiatric Basic Questionnaire for Traditional Chinese Medicine. Interest in complementary medicine among 5613 obese patients from Austria, Switzerland and Germany
O-41	Raymond Landgraaf, Massimo Fumagalli, Michelle Bloem, Nadège Schiavi-Iods, Sorin Golcea, Marc Benninga, Fleur de Lorijn, Harry Büller, Max Nieuwdorp	Acupuncture as multi-targeted therapy for the treatment of obesity, a complex multifactorial disease
O-42	Joanna Dietzel, Kevin Hua, Mike Cummings, Miriam Bematik, Taras Usichenko, Benno Brinkhaus	The influence of auricular acupuncture on blood lipids and obesity related outcomes- systematic review and meta-analysis
O-43	Dongwoo Nam, Jeongrock Kim, Seunghjin Noh, Yehin Hong, Saerom Jeon	Physical therapy for the treatment of Unspecific Chronic Low Back Pain: a systematic review and meta-analysis of randomised controlled trials.
O-44	Elham Hooshyarazar, Hoda Azizi	Identification and definition of frequently used acupoints in treatment of uterine fibroids: a literature review
O-45	Jean Pierre Fossion, Ruben YM Fossion	Do artificial neural networks and computational neuroscience explain biological neural systems and neuromodulation by acupuncture?
O-46	Fernando Farias	Understanding Systematic Reviews in Clinical Research on Acupuncture in Light of Experimental Controls
O-47	Chanwoo Joo	Battlefield Acupuncture for Reducing Acute Pain: A Systematic Review and Meta-Analysis
O-49	Faezeh Khodaie, Naghmeh Abbasi, Amir Hooman Motlagh Kazemi, Baixiao Zhao, Abdorezo Naser Moghadasi	Acupuncture for multiple sclerosis: a literature review
O-50	Lili Luzina-Chju, Kamilla Luzina	Acupuncture and other TCM methods in treating post-operative hand and shoulder pain
O-51	Petr Fiala	(Medical) Acupuncture in the past, present and future
O-52	Ladislav Fildan	Simultaneous Use of Acupuncture and Collagen Injections in Treatment of Musculoskeletal System
O-54	Huub Moeniralam	An example of a patient in the past
O-55	Sonja Maric	Health through Balance - Prevention with Tibetan Medicine
O-56	Toine Korthout	Post-Covid-19 persisting anosmia responding to auriculotherapy: a clinical observation in 12 cases
O-57	Amit Kumar	Electroacupuncture for post-Covid proctodynia
O-58	Alexandre Yoshizumi	Psychic armor in treatment of emotional changes in post-COVID19
O-59	Martin A Feig, Joost W. Witstruck, Bianca Leutzow, Annette Wegner, Anke Hahnenkamp, Taras Usichenko	Auricular acupuncture vs. waiting list for relief of anxiety and stress due to COVID-19 pandemic in health care providers – a prospective clinical investigation
O-60	Toine Korthout	Covid-19 mRNA injection induced headache disappeared after auricular acupuncture treatment using the Corna Jab Burden Filter - case report
O-61	Koosnadi Saputra	Myofascial Acupuncture Technique to treat Muscle Pain
O-62	Newanda Mochtar, Salim Harris	Acupuncture as migraine prophylaxis in reducing frequency, duration and intensity of migraine with minimum acupoint, seen up to eight weeks from baseline: A randomized controlled trial
O-63	Elzbieta Skorupska, Daria Wotkza, Tomasz Dubek, Michal Rychlik, Jakub Matuska, Mariusz Konieczny, Przemyslaw Domaszewski, Pawel Pakosz, Pawel Dobrakowski	Abnormal autonomic phenomenon provoked by dry needling stimulation as a possible sign of mixed syndrome among chronic sciatica patients
O-64	Prinsa Raudha <u>Anca</u> , Winda Ariyani	Efficacy of acupuncture and intravenous laser blood illumination for psoriasis: a case report
O-65	Johannes Nepp, Johannes Bischo	Pain and sensation of the eye and of the whole body. About functional pain in TCM and mechanism for better treatment.
O-66	Siti Sukrisno	Holistic Treatment in Acupuncture is Related With the Modern Science
O-67	Petja Pehler	Introduction to Neural Therapy
O-68	Helmut Liertz	Sonographic studies of acupuncture points / trigger points. Practical proceedings
O-69	Christine Wibmer	Pain in the lumbar, pelvic and hip regions meets Neural therapy
O-70	Regina Stemberger	Neural therapy focusing on pain syndrome

NR	Presentator	Title
O-71	Elham Hooshyarazar, Hoda Azizi, Leyli Hafizi, Maliheh Dagarmoghaddam, Parvaneg layegh, Amir Hooman Kazema	Evaluation and comparison of the effect of Segmental Electroacupuncture, Manual Acupuncture and Sham Acupuncture on symptoms, sonographic and laboratory indices of patients with uterine fibroids: Protocol for a randomized controlled trial
O-72	Taras Usichenko, <u>Martin Feig</u> , Judith Aselmeyer, Ulrike Asteck, Mike Cummings, Anja Lange	Breastfeeding Outcomes Following Acupuncture in Mothers After Caesarean Delivery: Secondary Analysis of the Data from a Randomized Clinical Trial
O-73	Yasemin Cayir, Merve Yigit Oguz,	The Effect of Acupuncture on Pain and Quality of Life in Patients with Primary Dysmenorrhea
O-74	Koosnadi Saputra	Acupuncture for pain relief during labour
O-75	Alexandre Yoshizumi	Auricular Chromotherapy in the treatment of psychological trauma
O-76	Konstantina Theodoratou	Mental Health and Acupuncture
O-77	Jürgen Schotttdorf, Alina Lialikhina, Richard Musil	Exposition based acupuncture therapy with 5-steps for psychological trauma
O-78	Olha Kovalenko, OE Yurik, VP Gubenko, ME Rubanista, VV Abramenko	The clinical effectiveness of acupuncture in the complex rehabilitation of patients with the consequences of a closed mine-explosive head and neck injury during the war in Ukraine
O-79	Zhe Deng, Xiao-Yan Xu, Fenny Yunita, Qin Shou, Yong-Rong Wu, Yu-Xing Hu, Zhi-Qu Wang, Xue-Feu Tian	Synergistic anti-liver cancer effects of curcumin and total ginsenosides
O-80	Bart Devos	Integrative platform for the oncologic patient in Zeno-Hospital/ Knokke Belgium: pilot project involving acupuncture intramuros
O-81	Herman van Wiethmarschen, Martine Busch, Louise Mulder, Annemarie Kapteijns	A pragmatic implementation and evaluation program for acupuncture during chemotherapy (AcuChem)
O-82	Marcia Yamamura-Terra	Acupuncture in Oncology and Palliative Care. Experience of TCM Acupuncture Department of Federal University of Sao Paulo, Brasil.
O-83	David Kopsky	Acupuncture in Neuropathy
O-84	Ming-Cheng Huang	Acupuncture May Help to Prevent Chemotherapy-Induced Peripheral Neuropathy: A Randomized, Sham-Controlled, Single-Blind Study
O-85	Yu-Qing Zhang	A Symposium Acupuncture Treating Major Depressive Disorder Guideline Developed by the World Federation of Acupuncture Moxibustion Society
O-88	Anita Liem	What makes a Face Beautiful?
O-89	Mehmet Tugrul Cabioglu	Cosmetic Acupuncture + concentrated growth factors application via acupuncture points
O-90	Natalia Borodina, Helena Olearska	Pharmacupuncture Treatment for Facial Liver Spots
O-91	Thomas Burgoon	The perspective of an American internist on the role of traditional Chinese herbal medicine in modern medical practice.
O-92	Jose Uy	Peripheral Facial Paralysis Treated By Tuina and Acupuncture
O-93	Patricia Krinninger	Chinese Dietary Therapy for elderly patients with Post-COVID Syndrome
O-94	Hung-Rong Yen, Chia-Yu Huang, Mei-Yao wu, Ming-Cheng Huang, Greg Zimmerman, Lian-Yo Yang, Cheng-Li Lin, Sio-lan Tou	The Association Between Acupuncture Therapies and Reduced Fracture Risk in Patients with Osteoarthritis: A Nationwide Retrospective Matched Cohort Study.
O-95	Dominik Irnich	Osteoarthritis of the Knee – An Overview of Acupuncture, Integrative Medicine and Conventional Medicine
O-96	Ute Engelhardt & Joanna Dietzel	Acupressure and Qigong for chronic fatigue post COVID – study intervention and practical experiences from a randomized controlled trial
O-98	Patrick Sautreuil	The loop of Kidney Meridian at the ankle by George Soulié de Morant
O-99	Amir Hooman Kazemi	Acupuncture or cupping plus standard care cersus standard care on Oxygen saturation and clinical symptoms in moderate to severe COVID-19 patients: an accessor-blinded, randomized, controlled trial
O-100	Liu Baoyan (video)	Practice and Contribution of Acupuncture and Moxibustion to the Development of Future Medicine
O-101	Ute Engelhardt	Acupressure and QiGong
O-102	Jose Uy	Tui Na An Mo – Traditional Chinese Massage
O-104	James Hermans	Medical magnets as a treatment option for the medical acupuncturists
OV-01	Andreas Zohmann, Nikolaus Breschen	Elementary gold in treating inflammation and chronic pain?
OV-02	Chiara Macchioni, Eliana V Amorosi	Comparison between electroacupuncture and local anesthesia in dog dental extractions
OV-03	Laura Romano, Laura Gerli	Comparison between acupuncture and manual myofascial release in neurologic canine patients
OV-04	Eliana V Amorosi, Antonio Yuzzoline	Acupuncture for the treatment of feline herpes virus conjunctivitis in kittens: a pilot study
OV-05	Federica Brioschi, <u>Debora Gropetti</u> , Alessandro Pecile, Martina Amari, Silvia Losoni, Vanessa Rabbogliatti	Exploring the effects of electroacupuncture on perioperative immune-suppression in dogs: preliminary data
OV-06	Roberta Pozzi, Martina Negretti	Benefits of acupuncture in the recovery of the canine patient operated on a ruptured cranial cruciate ligament
P-01	Elham Akhtari; Majid Damehr; Mohammad Ayari Hossein; Sekineh Erabi.	The effect of complementary therapies in an unexplained female infertility: A case report
P-02	Songhomitra Panda-Jonas	The effect of acupuncture on the status of diabetes mellitus and general condition
P-03	Bao Duy Nhan; Ying-Chyi Song; Hung-Rong Yen	The effect of electroacupuncture on immunomodulation and gut microbia in an asthma mouse model

NR	Presentator	Title
P-04	Andrew KSE Liem	Acupuncture for Western pain treatment techniques non-responders
P-05	A Dalmau Roig; MB Nishishinya, M Fuertes, J Armengol	Evaluation of the satisfaction degree of patients treated with acupuncture in two centers of homeless people in Barcelona
P-06	Ines Espiga Macedo, Ana Cristina Moreira	From migraines to metabolic syndrome: the importance of a multimodal and whole-health approach
P-07	Junhyuk Kang, Won-Seok Chung	Bibliometric Analysis of Research Trends on Auriculotherapy from 2003-2022
P-08	Seunghoon Lee, Unhyung Lee, Jyoseung Jeon, Suji Lee	Effect of Korean Medicine Treatment in patients with postherpetic Neuralgia: a retrospective chart review
P-09	Koosnadi Saputra	Acupressure method for breastfeeding mother
P-10	Ky-Lie Tan	The link between chronic conditions and jawbone inflammation
P-11	Henri Truong Tan Trung; Pascal Celment; Marc Martin	Acupuncture for Migraine: French Guidelines on Non-Pharmacologicals Treatments
P-12	Esther van Dorst	Shang Han Lun in the west
P-13	Suguru Nakamura	How to Perceive the Back Transport Points in Meridian Therapy – Focusing on Sleep
P-14	Dion Rukmindar; Yoshua Viventius	Integrative Neuromuscular Acupoint System (INMAS) as Mono-Therapy for Lumbar Spondylosis: a Case Report
P-15	Henriette Muraközy	Acupuncture: the eternal challenge to innovations. Overview based on other and own research
P-16	Shihui Jin; Song-Yi Kim	External application of herbal medicine treatment of fractures: a scoping review
P-17	Huub Moeniralam	An example of a patient in the past
P-18	Alice Zanolini; Lucia Greco; Chiara Rimoldi; Jacopo Casiraghi; Andrea Lizio, Valeria A Sansone	Auriculotherapy for anxiety treatment and burnout prevention for healthcare workers in the NeuroMuscular Omnicentre (NEMO) in Milano: a pilot study
P-19	Seunghoon Lee, Chanwoo Joo, Jae-Dong Lee	The opioid-sparing effect of acupuncture after abdominal surgery: a systematic review and meta-analysis
P-20	Mikako Tsunematsu; Sachiko Ikemune; Ristuna Noguchi; Kenji Imai	Interview Research on the Content Required for Safe Acupuncture in Disaster-Stricken Areas
P-21	Ha-Na Kim, Jun-yeon Kim, Kyeong-Ju Park, Ji-Min Hwang, Jun-Yeong Jang, Min-Gi Jo, Min-Jung Ko, Sang-Yeup Chae, Seung-Eun Lee, Young-Ki Hong, Young-Jun Kim, Jung-Hyunl Kim, Bonhuk Goo, Yeon-Cheol Park, Yong-Hyeon Baek, Sang-Soo Nam, Byung-Kwan Seo	An Economic Evaluation of Thread Embedding Acupuncture for the Treatment of Lumbar Herniated Intervertebral Disc in a Randomized Controlled Clinical Trial
P-22	Jehun Kim	Clinical Effects of Moving Cupping Therapy Combined with Integrative Korean Medicine Treatment on Peripheral Facial Palsy: Case Series
W-01	Serg Mezhov	Selection and application of different methods in point intervention therapy
W-04	Francisco Lozano	Chinese Herbal Medicine and Acupuncture in the Integral Treatment of TCM "Wind" Related Pathological Conditions.
W-05	Peter Dorsher	Integrating Acupuncture & Myofascial Meridians in Practice
W-06	Jung-hwan Lee	Workshop Treatment of Psychosomatic disorders
W-07	Adriaan Slob	Shining, not taking. Workshop: to learn a method of how to become aware of your intrinsic nature
W-08	Petja Piehler	
W-09	Hicran Usan, Levent M Tekci	The Neuro-Psycho-Pathogene Elimination Method
W-10	Yu, Jun-Sang	Pulse Diagnosis for Saam Acupuncture Method
W-11	Wout Koekkoek	Yamamoto New Scalp Acupuncture - More than you can imagine
W-13	Kien Trinh	Treating sports medicine musculoskeletal injuries with a selection of acupuncture points based on anatomical rationales.
W-14	Hedi Luxenburger	Integrative headache therapy in clinical practice



Combo No-Limits for the Gala Diner, dr Pao-Han Tan

Oral presentations

O-01

IMAGES OF NATURE IN THE METHODS OF QIGONG YANGSHENG

TQ02 **PD Dr. med. Gisela Hildenbrand**, lecturer and board member of the Medical Society for Qigong Yangsheng e.V., collaboration in the editorial board of the Magazine for Qigong Yangsheng.

“The Wise man rejoices at the water – The kind-hearted rejoices in the mountains.” (Confucius, Analects, 6.21)

Qigong, as part of the many ways to cultivate life (yangsheng) is called today, has many roots in medicine, cosmology and philosophy, religious pursuit, and alchemical endeavors. A



recurring element of Qigong exercises is the imitation of natural phenomena. Plants and animals play an important role in this. The elements of “inanimate” nature, especially mountains and water, in all its manifestations, play an elementary role. These Images of nature shape mental postures as well as postures and movements. With their multifaceted forms, qualities, and powers they determine the fine differentiations and moods that characterize each qigong exercise. A proverb says: “The image of water never leaves you when you practice Qigong”. Water has exemplary things to offer in its various manifestations: the vastness of the sea, the tranquillity of a quiet lake, the delicacy of a snowflake, the beauty of the raindrop on a banana leaf, the flow of rivulets and streams, and the mutability of clouds. In examples, the close relationship between Qigong and the arts of music, poetry, and painting, the enjoyment and practice of which are also part of the tradition of yangsheng (nurturing, nourishing, cultivating life), is exemplified.

In this course, selected exercises from the methods of the Qigong Yangsheng teaching system of Jiao Guorui are practiced with reference to mountains and the multifold manifestations of water and explained in their context to Chinese culture. TQ02

PD Dr. med. Gisela Hildenbrand

lecturer and board member of the Medical Society for Qigong Yangsheng e.V., collaboration in the editorial board of the Magazine for Qigong Yangsheng.
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O-02

TREATMENT FOR FOOD ALLERGIES AND ECZEMA WITH TRADITIONAL CHINESE MEDICINE: A RESEARCH AND PRACTICE PERSPECTIVE

HE05 **Xiu-Min Li, MD, MS**

Background: Allergy is described as a “global pandemic of non-communicable inflammatory disease”. Food allergy has increased drastically in the past 2 decades. It is estimated that 200-400 million people may have food allergies globally. Eczema, particularly severe eczema, negatively affects individuals’ quality of life. Current approaches include avoiding triggers, using immune-suppressing corticosteroids, other medications such as antihistamine, and allergen immunotherapy. However, long term use of some of the drugs may spark resistance and undesirable adverse effects. There are no “cures” on the horizon. Natural products provide rich resources to discover and develop novel interventions for allergy and inflammation.

Objective: To summarize the recent evidence of traditional Chinese medicine (TCM) for food allergy and eczema.

Study Selections: Studies relevant to TCM for food allergy and eczema.

Presentation:

1). TCM for food allergy from a research perspective. TCM is the main component of complementary and alternative medicine in the US. Our research significantly contributed to the area of botanical medicine research relevant to allergies. Food Allergy Herbal Formula 2 (FAHF-2) (derived from classical formula Wu Mei Wan) was the first US FDA Investigational New Drug under botanical drug category. It prevented systemic food anaphylaxis in murine models and showed clinical safety and preliminary immunomodulatory effects on T cells and basophils in clinical trials. Our research further advances botanical medicine. We take the knowledge of thousands of years of observation and practice of TCM and break it down into individual molecules – to

individual peaks on a chromatograph. This allows us to simplify the complexity of mixtures of plants/herbs, with their inherent variability, by isolating the active components and testing them in preclinical and clinical models of food allergy. Nano-medicine technology breaks through another barrier to the clinical application of natural compounds, specifically the problem of poor bioavailability, resulting in reproducible, dependable, and clinically applicable botanical products. It will further advance botanical drug development from TCM.

2). Practice based evidence study. Retrospective practice-based evidence study showed that comprehensive TCM therapy effectively prevented frequent and severe food anaphylaxis triggered by skin contact or protein inhalation.

3). Develop effective botanical therapy for severe eczema. In TCM practice, Triple TCM Therapy markedly improved severe skin lesion, itching, sleep loss in patients with corticosteroid dependent, recalcitrant, or steroid withdrawn syndrome. Our

research findings are that this triple therapy improved biomarkers such as reduction of IgE and eosinophils, improved the skin barrier, and inhibited the skin *Staphylococcus aureus* colonization/overgrowth.

Conclusion: TCM has potential as a safe and effective therapy for food allergy and eczema. Further research is needed for botanical drug development and for further defining the mechanisms of actions.

HE05

Xiu-Min Li, MD, MS

Professor of Department of Pathology, Microbiology and Immunology, NYMC, NY

*Professor of Department of Otolaryngology (ENT), NYMC, NY
 Director: Center for Integrative Health and Acupuncture, Department of Otolaryngology Westchester Medical Center, NY*

O-03 THE ORIGIN OF THE CHANNELS (MERIDIANS)
 Embryological aspects and clinical significance

ML02 **Prof. Dr. Carl-Hermann Hempten**

The prenatal development of the human being displays growth in the first weeks in the form of cell proliferation and also in the production of intercellular fluid.

This is the beginning of the creation of energy pathways or vessels and, accordingly, a first step towards the development of the channels (meridians).

In the various germ layers (ectoderm, mesoderm, endoderm) different metabolic areas are formed.

This is the preliminary stage which later leads to the development of the channels.

In this process, the Eight Extraordinary Vessels (ji jing ba mo) are formed prenatally first, for good reason, (because they are of ectodermal origin and have a wealth of Xue (blood)) and later are followed by the other main channels (main meridians), which are of mesodermal origin.

The clinical significance is described in detail in the course of subsequent lessons.

The Eight Extraordinary Vessels are the Governing Vessel, (sinarteria regens, dumo) which develops first, and the Controlling Vessel (sinarteria respondens, renmo). Subsequently, the Thoroughfare Vessel (sinarteria impedimentalis, chongmo) and the Girdling Vessel (sinarteria zonalis, daimo) are formed. These are followed, after the emergence of the lower extremities (i.e. sprouting of leg buds), by the formation of the Yin Linking Vessel (sinarteria retinens yin, yin weimo) and the Yin Springing Vessel (sinarteria ascendens yin, qiaomo), and the Yang Linking Vessel (sinarteria retinens yang, yang weimo) and the Yang Springing Vessel (sinarteria ascendens yang, yang qiaomo).

The corresponding acupuncture points (foramina) that lie on these eight channels are explained in detail.

ML02

Prof. Dr. med. Carl-Hermann Hempten

www.hempten.de / ch@hempten.de

1966 – 1972, Medical studies and training



1974- 1975, Two years as Research Associate at the Institute for Statistics and Biomathematics at Ludwig-Maximilians University (LMU) Munich (Prof. Überla)

Acquisition of additional qualification in Medical Informatics 1976-1984, Training to become a Specialist in Internal Medicine in Munich

1982 Supplementary qualification in Naturopathic Medicine From 1975, Student and Associate of Prof. Dr. M. Porkert (Extraordinarius for the Theory of Chinese Medicine, LMU Munich) 1978, Founding and Vice-Presidency of the SMS (International Society for Chinese Medicine)

Head of the SMS Training School until 2012

1984, Appointment as President of the SMS (until 2002)

1984, Opening of medical practice in Munich (Leopoldstr.) offering internal medicine and naturopathy, with particular specialisation in Chinese Medicine, Acupuncture

Since 1984, range of publications on the subject of Chinese Medicine (s. Annex : Publications)

Publisher of the journal "Chinese Medicine" in collaboration with publishing house Urban und Vogel, Munich (until 2014)

Since 1978, permanent position as lecturer for Acupuncture and Chinese Medicine with at least 20 presentations per year

Numerous study trips to China

Since 2002, Expansion of the joint practice "Prof. Hempen & Colleagues"

Main emphasis: Chinese Medicine, Acupuncture

- 4 specialists in internal medicine
- 3 general practitioners
- 1 doctor for Traditional Chinese Medicine (TCM) and Tuina
- 1 nutritionist and dietician

Over a period of 25 years, the creation and ongoing development

of comprehensive software for medical practices offering Chinese Medicine "TCMSOFT" (with Daniel Hüttenberger) (Version 4 in operation since 2009)

2011, Appointment as Honorary Professor at Munich Technical University for Traditional Chinese Medicine

Oct. 2013, Launch of Europe's first Master's Degree course of studies in TCM leading to a "Master of Science MSc." for Traditional Chinese Medicine at Munich Technical University (TUM)

Head of Studies: Prof. Dr. Carl-Hermann Hempen

www.tcm.sg.tum.de

O-06

SEVERE ACUTE INFECTIOUS MONONUCLEOSIS TREATED WITH TRADITIONAL CHINESE HERBAL MEDICINE: A CASE REPORT

HE01 **Thomas Burgoon, MD**

This is a detailed example and discussion of the use of traditional Chinese botanical medicine in the setting of a modern internal medicine specialist's practice. It illustrates an effective, safe, and appropriate clinical role of traditional Chinese botanical medicine

HE01

Thomas Burgoon

Thomas Burgoon, MD is a past president of the American Academy

of Medical Acupuncture (AAMA). He is a member of the Board of Directors of ICMART (International Council on Medical Acupuncture and Related Techniques), member of Editorial Boards of the World Journal of Acupuncture and Moxibustion, and Medical Acupuncture. Since 2021 has served as a member of the Specialty committee on suboptimal health (亚健康) of the World Federation of Chinese Medicine Societies. He is a graduate of Vanderbilt University School of Medicine. He is an internal medicine physician specializing in acupuncture and Chinese medicine for 28 years.

O-07

CHINESE HERBS AND THEIR ROLE IN THE TREATMENT OF COMMON COLD

HE02 **Dr. Karin Stockert**

Common cold is primarily caused by Human rhinoviruses (RVs). Although symptoms are often mild and self-limiting, RVs may cause unpleasant recurrent infections of the airways but even more important, may trigger wheezing illness and exacerbations of asthma. Viral infections account for as many as two thirds of asthma exacerbations in children and more than half in adults. Task forces on Anti-Infectives in Asthma were initiated by Allergy Associations worldwide to investigate the potential of anti-infectives and immunomodulators in asthma and allergy but still lack anti-virals against HRV and therapies targeting the host-immunresponse, e.g. activating IFN secretion. Better therapies for acute exacerbation are desperately required.

Exactly at this point Chinese Herbal Medicine might provide solutions: Herbs like Ginger or Licorice but also formulas from the classical textbook "Shānghǎn zābǐng lùn" from 200 C.E. activate Th1 immune responses via enhanced secretion of IFN- γ and IFN- β by the host organism. Simultaneously those herbs have the capacity to reduce Th2 cytokine levels IL-4, IL -5 and IgE.

This lecture (workshop) will focus on pathobiology and immunological mechanisms of viral infections and will introduce TCM herbs/formulae for primary treatment of common cold that have the potential to activate proper immune responses of the host but also to reconstruct dysbalanced Th1/Th2 immune responses.

HE02



Dr. Karin Stockert

Past-President of the Austrian Society of Acupuncture

Board member of ICMART, Chair: Herbal committee

Editorial board: Complementary Medicine

General Practitioner in private praxis since 1992

TCM Studies in Bei jing, Tian jin, Cheng du

Lecturer for Acupuncture and Chinese Herbal Medicine for the Austrian Society of Acupuncture since 1989

External Expert for acupuncture at the Post Graduate Master

Course for TCM at the Medical University Vienna

Author of the book: Allergieprävention (Springer 2020)

Publications in international journals

O-08

TRADITIONAL CHINESE HERBAL MEDICINE AS A COMPLEMENTARY THERAPY IN THE INTEGRATIVE PRACTICE OF MEDICAL ACUPUNCTURE

HE06 **Francisco Lozano MD, PhD (Mexico),
Fernando Alcala MD**

In the clinical practice of medical acupuncture, to provide an integral attention to patients and achieve better therapeutic outcomes, it is common to complement the treatment with other therapeutic resources from both modern medicine and other complementary medical systems.

Nowadays, the concept of integrative medicine has gained popularity and respect worldwide. This approach proposes the integration of modern medicine with other complementary medical systems, particularly those with a more solid structure and greater recognition, such as osteopathy, chiropractic, homeopathy, acupuncture, etc. In fact, it can be said that doctors who practice acupuncture are already practicing a model of Integrative Medicine called "Sino-Western Integrative Medicine" (Traditional Chinese Medicine/Modern Medicine).

Following these concepts, in the practice of acupuncture, since its origin in China, it has been common to combine or complement the treatment of various common ailments with other therapeutic methods from Chinese medicine itself, such as moxibustion, cupping therapy, massage, and more recently, magnets, laser, electro-stimulation, neural therapy, scalp acupuncture, auricular acupuncture, Catgut implantation in points, etc. All these therapeutic techniques have been called "Acupuncture-Related Techniques" (highlighted by ICMART) and constitute a type of "Chinese integrative medicine".

Acupuncture is a therapeutic technique that is part of traditional Chinese medicine, a system that has provided the structure for an organized, safe, and effective clinical practice. To this day, traditional Chinese acupuncture continues to be recognized for its high therapeutic value and is respected worldwide.

Herbal medicine, on the other hand, constitutes the main therapeutic resource in the practice of Chinese medicine. It is the resource that has been most extensively developed in China, Korea, and Japan, and has increasingly spread throughout the world.

In China, herbal medicine undoubtedly occupies a primary place in the practice of traditional Chinese medicine, surpassing acupuncture. Its field of action and therapeutic indications are broader than those for acupuncture.

Traditional Chinese herbal medicine is a complete and well-structured system that has a solid theoretical foundation, providing the basis for safe and effective therapeutic use. It has a classification system for products and formulas that has contributed to facilitating its clinical use and achieving better therapeutic results.

We can consider acupuncture and traditional Chinese herbal medicine as two therapeutic systems that complement each other well, as their practical use can be guided by the same traditional diagnostic and treatment principles.

Currently, both acupuncture and traditional Chinese herbal medicine have been rigorously evaluated through scientific research, which has not only validated their traditional use but also enriched their clinical utility and facilitated better results in clinical practice.

The practice of acupuncture and traditional Chinese herbal medicine continues to be guided by TCM theory and many of the principles that are essential for the proper selection and therapeutic indications of acupoints and herbal formulas. We must recognize that this system has significantly contributed to the care and health maintenance of the Chinese people for thousands of years.

Today, the mechanisms of action and therapeutic indications have been justified by modern scientific research studies. However, we must continue to choose the therapeutic strategy of acupuncture and/or Chinese herbal medicine based on traditional theories, as they are the starting point for deciding to test, validate, and confirm effectiveness through scientific research studies.

Therefore, I consider that acupuncture and Chinese herbal medicine are two systems that can and should complement each other. A good Chinese medicine practitioner should be familiar with and use both acupuncture and herbal medicine. In our experience, around 50% of patients benefit most from the integrated use of acupuncture and Chinese herbal medicine.

Furthermore, in Mexico, with its wealth of medicinal plants, we have incorporated many of them into the TCM classification structure and have seen notable therapeutic effectiveness.

At ICMART, we have recognized the importance of this therapeutic resource, and we have created a committee dedicated specifically to herbal medicine, incorporating it as one of the techniques related to acupuncture.

In this presentation, we will provide examples of the complementary and integrated use of acupuncture and herbal medicine in some of the most frequently seen conditions in acupuncture clinics. We will highlight both traditional indications and the pharmacological or biological effects of point & herbal formulas, supported or validated by modern scientific research. In this way, we reinforce and enrich their clinical utility, observing the correspondences between the traditional system and scientific research, achieving an integral and synergistic clinical practice of the two systems, obtaining safer and more effective results, which are reflected in both modern and Chinese medicine.

During the development of the presentation, the following points will be mentioned and detailed:

1. Medical Acupuncture and Integrative medicine, complementary medicine and Integral health care.
2. Traditional Chinese herbal medicine as a solid and well-structured system.

3. The importance of herbal medicine in China and why it is one of the best complementary therapies in the practice of medical acupuncture.
4. Basic principles of herbal medicine and traditional Chinese medicine and their application in acupuncture practice.
5. Main indications for integrative and complementary treatment with acupuncture/herbal medicine.
6. Correspondence of herbal products and formulas with acupoints.
7. Correspondence of pharmacological effects and scientific research on herbs and acupuncture points.
8. Examples of common conditions: 1) Irritable Bowel Syndrome, 2) Dysmenorrhea, 3) Acute respiratory tract infection, 4) Headache, 5) Insomnia.
9. Example of an integrated physiopathological pathway.
10. Correspondence between point formulas and herbs.
11. Examples of frequently used master herbal formulas: 1) Wandering Formula, 2) Rehmannia 6 Formula, 3) Bupleurum Minor Formula, 4) Painful Diarrhea Formula, 5) Supporting the Lower Qi Formula, 6) Tonifying the Center and Increasing Energy Formula, 7) Four Products with Safflower and Peach Kernel Formula, 8) Cinnamon Formula, etc.
12. Conclusions.

HE06

O-09

HEART FAILURE AND TRADITIONAL CHINESE MEDICINE

HE03 **Moritz Hempen, MD, M.Sc.**

Heart failure (HF) is a widespread condition with a prevalence of about 1-2% of the global population. Among the scope of therapeutic possibilities, Western medication is considered most important. Patients' prognoses vary depending on age, presence of symptoms, etiology of HF, and comorbidities. Approximately 30-40% of patients do not survive the first year after initial diagnosis, followed by a 10% mortality annually, despite best medical treatment.

According to the ideas of Traditional Chinese Medicine (TCM) patients who suffer from HF may have various underlying conditions such as a Kidney deficiency, attacks from the outside such as Wind, Ember, or Phlegm, or emotional affection.

In patients with HF acupuncture and Chinese herbal medicine (CHM) are being used in particular as a treatment in TCM. Although pattern diagnosis is applied to reach a targeted therapy, strengthening the Heart and the Kidney is the basic principle of treatment.

Trials and studies have been carried out to evaluate the effectiveness of both acupuncture and CHM in HF patients. So far, improvement of endpoints such as dyspnea or general physical or mental condition as well as improvement of ejection fraction (EF) of the heart have been observed. Although some studies are promising and show beneficial results employing rigorous design standards, others seem to have weaknesses concerning methodology.

Therefore, more well-designed and high-powered trials are needed to answer questions concerning survival in HF patients being treated with TCM in general and acupuncture and CHM in particular.

Keywords: Heart failure, dyspnea, TCM, acupuncture, Chinese herbal medicine

INTRODUCTION

Heart failure affects about 1-2% of the population in developed countries. It typically occurs as a consequence of a heart attack (ischemic), in conjunction with heart valve defects, the intake of certain medication such as cytostatic drugs, or as a result of infectious diseases affecting the heart muscle. Various treatment options are available in conventional medicine, primarily relying on drug therapy. Sacubitril/valsartan, spironolactone, empagliflozin, and beta-blockers are among the most important therapies,



and in individual cases, medications that strengthen the heart's inotropy, such as digitalis, are used. Despite extensive medical therapy, first-year-mortality remains at about 30-40%, followed by approximately further 10% annually. Patients with a highly reduced cardiac ejection fraction (EF) are particularly at risk.

HEART FAILURE AND TRADITIONAL CHINESE MEDICINE

In Traditional Chinese Medicine (TCM) this diagnosis, which is characterized by shortness of breath, swelling of the lower legs, and a general limitation of physical activity, is believed to be caused by pathological processes in various functional systems. Specifically, in the case of heart failure, this means:

- Heart / Pericard Qi und Yin deficiency or Phlegm with Blood stasis
- Kidney Yang deficiency Water accumulation
- Lung Qi and Yin deficiency

According to the syndrome differentiation, therapy primarily consists of acupuncture and Chinese herbal medicine (CHM). In acupuncture, basic points on the Heart, Stomach, and Pericardium channels are used, with additional points from various channels added depending on the syndrome. CHM is central to therapy: prescriptions of various plant components are boiled and then taken orally. Furthermore, dietary counselling, Tuina, and Taiji/Qigong are available as additional treatment options.

ACUPUNCTURE

Firstly, suitable channels for the treatment of the condition

should be selected. In the case of heart failure, the following main channels are primarily recommended:

- Heart channel
- Pericardium channel
- Stomach channel
- Conception vessel
- Lung channel
- Kidney channel
- Bladder channel
- Liver channel

In addition, points on these channels are generally suitable for supporting Qi, Yin, and Yang, as well as for invigorating Blood and resolving Qi stagnation. Specifically, the following points are particularly suitable for this purpose:

- Pericardium 6 (Neiguan)
- Heart 7 (Shenmen)
- Lung 5 (Chize)
- Stomach 36 (Zusanli)
- Ren 17 (Shanzhong)
- Kidney 3 (Taixi)
- Bladder 23 (Shenshu)
- Liver 3 (Taichong)

Of the mentioned points, Pericardium 6 deserves special attention as a particularly suitable point. Needling this point activates the pericardium channel, which moves and invigorates abundant Blood. This point has a direct relationship with the heart as the organ and causes a relaxing effect due to its parasympathomimetic action. This has been shown to lead to a reduction in heart rate, which is an essential therapeutic goal in the treatment of heart failure. Furthermore, as a luo point, it establishes a relationship with the Sanjiao channel and moves Blood. Through its influence on the Sanjiao channel, which is responsible for the distribution of water and fluids over all heat areas among other things, it also participates in fluid redistribution processes. Restoring disturbed water distribution is another goal in the treatment. In the frontal body area there is also the Yin Linking vessel, which tightly envelops the front body area using several staggered Linking vessels. Stagnation processes such as Blood stasis or Phlegm burdens often get stuck in the Linking vessels. Pericardium 6 can cause a Qi and, above all, Blood-flow dynamizing effect throughout the Yin Linking vessel. Thus, Blood and Phlegm stasis can be resolved and eliminated. Its influence on the Yin Linking vessel is particularly noteworthy and explains the liberating effect that patients often perceive through an improvement in shortness of breath. It is also important to appreciate Stomach 36. It strengthens Qi and thus nourishes the Middle Jiao in a very distinct way. In the case of heart failure this effect is crucial. Strengthening Qi is enhanced by Ren 17, which is characterized as the hui-meeting point of the Qi. In addition, its location is in topographic proximity to the anatomical heart.

Heart 7 contributes to the overall calming effect of acupuncture, enhances the parasympathomimetic effect of Pericardium 6, and also has effects on the anatomical heart.

In addition to having a favorable effect on the lung as the organ, Lung 5 strengthens Yin. Kidney 3 also has this effect and should be combined with Lung 5 in this context.

With Bladder 23, deep Kidney Yang can be strengthened, especially by moxibustion. If necessary, this is a very powerful method for supporting Yang.

Liver 3 is suitable for resolving Qi stagnation. It is particularly suitable as a point for accessing yuan Qi.

In summary, acupuncture strengthens Qi, Yin, and Yang, in addition to resolving Blood stasis and Qi stagnation.

CHINESE HERBAL MEDICINE (CHM)

Chinese herbal medicine is even more important and effective than acupuncture. The selection of the main herbs for individual prescriptions as well as classical formulas is based on syndrome differentiation. The following herbs and basic formulas have proven effective phytotherapy options in the treatment of heart failure:

1. Qi deficiency

Herbs	Formulas
Astragali radix (Huangqi)	Nourish the Heart Decoction (Yangxin tang)
Dioscoreae rhizoma (Baishao)	
Ginseng radix (Renshen)	

2. Yang deficiency

Herbs	Formulas
Aconiti lateralis praep. radix (Zhifuzi)	True Warrior Decoction (Zhenwu tang)
Epimedii herba (Yinyanghuo)	

3. Blood stasis

Herbs	Formulas
Angelica sinensis radix (Danggui)	Salvia Decoction (Danshen yin)
Salviae miltiorrhizae radix (Danshen)	Drive out Stasis in the Mansion of Blood Decoction (Xuefu zhuyu tang)
Persicae semen (Taoren)	

4. Phlegm

Herbs	Formulas
Trichosanthis fructus (Gualou)	Trichosanthes Fruit, Chinese Garlic, and Pinellia Decoction (Gualou xiebai banxia tang)
Pinelliae rhizoma (Banxia)	
Lepidii semen (Tinglizi)	

5. Yin deficiency

Herbs	Formulas
Ophiopogonis radix (Maimendong)	Generate the Pulse Powder (Shengmai san)
Schisandrae fructus (Wuweizi)	
Panax quinquefolii radix (Xiyangshen)	

6. Water accumulation

Herbs	Formulas
Poria (Fuling)	Powder of Five Ingredients with Poria (Wuling san)
Alismatis rhizoma (Zexie)	
Polyporus (Zhuling)	

Therapy duration varies and depends - as so often - on the intensity of the illness. In any case, the patient should be informed about a therapy duration of three to six months. Initially therapy should be more intense with weekly acupuncture sessions and daily intake of high-dose phytotherapy. After a few months, the protocol can be relaxed somewhat. In individual cases, a low-dose maintenance therapy may be continued beyond six months, depending on the intensity of the underlying illness and the course of therapy so far.

SCIENTIFIC EVIDENCE

There are several studies on acupuncture, primarily focusing on effectiveness of Pericardium 6. Consistent needling of Pericardium 6 has been shown to reduce neuroendocrine stress levels and to lead to a reduction in stress hormones, as well as to contribute to an increase of physical performance capacities [1, 2]. Studies with animals have also demonstrated improved cardiac function [3]. However, most studies have evaluated the potential positive effects of Chinese herbal medicine [4-7]. One study stands out due to its robust methodology, showing significant improvement in heart function, dyspnea, and physical performance after taking a standardized pill containing Astragali radix (Huangqi), Aconiti lateralis praep. radix (Zhifuzi), and Salviae miltiorrhizae radix (Danshen) compared to a placebo-controlled group [4]. Another one underlines the same pill's beneficial effect when combined with standard Western medication [5]. So far, there have been no studies on primary endpoints such as cardiovascular and overall mortality. Implementing a broad mortality-oriented study would be more than desirable as a next step. Injection solutions containing specifically processed phytotherapeutic extracts are not yet implemented in Europe but have been used in China for many years. For example, extracts from Astragalus radix (Huangqi), Panacis quinquefolii radix (Xiyangshen), or Ophiopogonis radix (Maimendong) are used. Although their effectiveness in treating symptoms such as dyspnea or reduced performance is convincing, the practical application of these

substances in clinical practice is still a significant challenge due to legal provisions on intravenous administration of medications [8, 9]. In the future, this dosage form could play a greater role due to its higher therapeutic potency.

CONCLUSION

To this day, conventional medicine has not been able to adequately treat the complex condition of heart failure. Traditional Chinese Medicine offers promising approaches and treatment concepts in the observation and treatment of affected patients. In particular, acupuncture and, more importantly, Chinese herbal medicine are significant treatment methods. Good results are observed both in clinical practice and in scientific studies, which may successfully be applied directly to clinical practice. HE03

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O-10

DIAGNOSIS AND TREATMENT OF SHOULDER INSTABILITY, A COMMON CAUSE OF SHOULDER PAIN; PLACENTA REGENERATION INJECTION, ACUPUNCTURE AND MANUAL THERAPY

PA01 of PA05? **Seonghyung Cho, MD, KMD, DMT**

INTRODUCTION

A common cause of shoulder pain with movement restrictions refers to frozen shoulder, but shoulder instability is more common in clinical practice. Shoulder instability causes anterior instability accompanied by posterior capsular tightness and refers to unstable structural malalignment of the shoulder. Therefore, this workshop will introduce accurate diagnosis and effective treatment of shoulder instability.

METHOD

The diagnosis of shoulder instability must identify the movement pattern during abduction, the site of pain through passive external rotation, and then check the relocation test after the apprehension test.

RESULT

When shoulder anterior instability is diagnosed, placenta regeneration injection is performed to recover from damage caused by biomechanical overload of the supraspinatus and infraspinatus muscles. In addition, acupuncture is performed to treat functional entrapment of the axillary nerve caused by posterior capsular tightness. Finally, manual therapy is performed to recover joint malalignment and motor control.

CONCLUSION

The purpose of this workshop is to learn one day and treat shoulder anterior instability tomorrow.

PA01

Seonghyung Cho, MD, KMD, DMT

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O-11

CLINICAL OUTCOME AFTER OUTPATIENT ARTHROSCOPIC ROTATOR-CUFF-REPAIR WITH AND WITHOUT SEGMENTAL ACUPUNCTURE (PRELIMINARY RESULTS)

PA06 **Oskar A. Schmid**

Introduction: Patients suffering from rotator-cuff-lesions have quite often a long-lasting pain and decreased function period. Former perioperative traditional acupuncture treatment told us possible functional benefit and reduced pain after arthroscopic shoulder-surgery. No Papers using segmental acupuncture in arthroscopic shoulder surgery were found in literature.

Method: 18 patients with outpatient arthroscopic rotator-cuff-repair were equally divided randomly to the acupuncture-group (ag) and control group (cg). The Constant-Score for shoulder-pathologies was revealed before surgery and two weeks after surgery without the pain-component of the Score (postoperative elimination of force).

Acupuncture was done once for 20 minutes before surgery considering the concepts of the segmental acupuncture concept. Therefore, the acupuncture points of the segments C5-Th1 and their connections throughout the body including the lower extremities were selected as acupuncture points of interest using the very-point-technique (Gleditsch 2007).

Surgery was performed in beach-chair-position during general anaesthesia. Additionally a block with local anaesthetic Ropivacain was applied, especially to N.suprascapularis and N.axillaris.

Results: No adverse events nor complications were recorded during the 2-week-period. The modified Constant-Score (max. 75 points) increased after surgery in the ag in the mean by 15 and in cg by 13. Reduction was mostly in Pain (+8 ag,+7 cg),

followed by Motion (+4 ag, +3 cg) and Daily-Activities (+3 ag & cg).

A slight difference in postoperative time in the postanesthesia care unit favoring the ag by 10 minutes by averaging 75 minutes for cg. The ag showed a lower VAS by -0,7 in the mean at discharge of the outpatient-ward after surgery.

Conclusion: Patients may have a better outcome by perioperative acupuncture in outpatient arthroscopic rotator-cuff-repair. The course of time and larger patient numbers may reveal interesting results. Further studies should be conducted for possible differences in acupuncture techniques as well as establishing perioperative acupuncture as a standard for outpatient surgery-procedures.

PA06

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O-12

THE EFFECTS OF KOREAN HAND ACUPRESSURE ON POSTOPERATIVE PAIN, NAUSEA, VOMITING AND RETCHING AFTER THYROIDECTOMY

PA02 **Sevgi Gür, S. Deniz Öztekin, İlhan Öztekin, Orhan Yalçın**

Introduction: The acupressure is a nursing intervention that nurses can apply in the management of postoperative pain, nausea, vomiting and retching. The study was carried out as an experimental design with a post-test-control group to determine the effect of Korean hand acupressure applied after thyroidectomy on postoperative pain, nausea, vomiting, and the number and severity of retching.

Method: The study was conducted with 42 patients (intervention group=21, control group=21) who underwent elective thyroidectomy in the general surgery wards of a hospital in Istanbul between February 2021-June 2022. The acupressure was applied to the patients in the intervention group using mung bean seeds 30 minutes before anesthesia. After the surgery, a three-minute massage was performed on the seeds every two hours, and the application was terminated at the end of the eighth hour. Pain severity, nausea, vomiting and retching (number and severity), antiemetic use and "Rhodes Nausea, Vomiting and Regurgitation Index" score were evaluated at the postoperative 2nd, 6th and 24th hours of the patients.

Results: The median pain severity in the intervention group increased to 6 at the 6th hour postoperatively ($p<0,05$). While the median pain severity in the control group was 7 at the 6th hour postoperatively and decreased to three at the 24th hour ($p<0,01$). It was determined that the number and severity of retching in the intervention group at the 6th hour postoperatively were significantly lower than the control group ($p<0,05$). It was found that the number and severity of nausea in the intervention group at the 2nd, 6th and 24th hours after the surgery, and the number and severity of vomiting and retching at the 2nd and 6th hours after the surgery were found to be clinically significant.

PA02

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O-13

LASER ACUPUNCTURE: MECHANISMS AND EVIDENCE – IMPLICATIONS FOR CLINICAL PRACTICE

LA01 **Peter T Dorsher MSc, MD**

Introduction: Low level laser (LLL) has been used therapeutically since the 1950's, but LLL acupuncture has become technically and financially viable in the last 15 years. The literature including systematic reviews demonstrate that LLL acupuncture has efficacy similar to metal needle acupuncture in short term outcomes for pain conditions, and better efficacy in longer term outcomes (6 weeks to 6 months). This lecture reviews the contemporary evidence for LLL acupuncture efficacy, and its implications for the underlying acupuncture mechanisms. LLL acupuncture does not displace fascia, and fibroblast studies document it takes at least 24 hours for red/infrared laser irradiation to produce the transformation of fibroblasts into their contractile forms, proto-myofibroblasts and myofibroblasts.

Methods: This lecture reviews LLL acupuncture literature including systematic reviews regarding LLL acupuncture's efficacy as well as fibroblast basic science studies relevant to LLL effects on nerves and fibroblasts.

Results: LLL acupuncture has similar short-term and likely better long-term efficacy in treating pain conditions than traditional metal needle acupuncture. Basic science studies regarding LLL energy effects on fibroblasts and nerves demonstrate LLL's mechanism for analgesia is mediated through neural mechanisms.

Conclusions: LLL acupuncture/therapy is a viable alternative to metal needle acupuncture for treating patients, and appears to work via peripheral nerve stimulation

LA01

Peter T Dorsher MSc, MD

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Dr. Peter Dorsher has been an AAMA member since completing the UCLA/HMI (Dr Joseph Helms') training program in 1998. After completing a master's degree in biomedical engineering at Northwestern University, he pursued a medical degree and trained in Physical Medicine and Rehabilitation at Mayo Clinic Rochester, and subsequently joined the staff there before transferring to its Florida branch, where he practiced for 25 years including serving as chairperson of his department before retiring in 2020. His primary clinical interests have been in chronic pain syndromes and neurologic disorders. He has 35 years' experience in treating myofascial pain syndrome, nearly 25 years' experience using medical acupuncture, and over 15 years' experience in use of low-level laser therapy for pain conditions. He has presented at over 200 national and international meetings on these topics; has over 85 publications including 43 peer reviewed articles in acupuncture and allopathic journals (including Journal of Pain and Nature Precedings); and has won multiple research awards

from the American Academy of Medical Acupuncture. He is now focusing on research and education, compiling 30 years of data and publications to explore acupuncture's mechanisms and its fundamental overlaps with the myofascial pain syndrome and

myofascial meridian traditions. He continues to present these findings at national and international meetings.

O-14

THE IMPORTANCE OF FUNCTIONAL THERAPIES FOR MYOFASCIAL PAIN

PA16 **Irmgard Simma-Kletschka, Nikolaus Artacker, Michael Balla, Nikolaus Oellerer, Eva Piehslinger, Cinzia Fornai**

Introduction. Myofascial pain afflicts patients by reducing the function of their stomatognathic system. Moreover, muscle tension or spasms make the clinical assessment of the stomatognathic system difficult. Therefore, initial treatment has the twofold advantage to relieve patients from pain and to favor correct diagnosis before a definitive treatment can be planned. To assess the validity of three non-pharmaceutical therapeutic approaches for initial treatment of facial myalgia and all connected symptoms, we conducted pilot studies using injection-free oral acupuncture, relaxation techniques, and the Aqualizer® splint, all appearing promising based on our previous clinical experience.

Methods. Distinct studies were conducted to test the effects of the three initial therapeutic approaches. Myofascial pain adult patients (n = 28; 20 to 65 years old) were selected following the Research Diagnostic Criteria for TMD (1994). The level of pain experienced by the patients was recorded using VAS questionnaires, and palpation of muscles (Krogh-Poulsen 0-3 score) and other trigger and acupuncture points on both sides of the face and neck and intraoral reflex areas. Moreover, function was assessed by measuring maximum mouth opening and jaw mobility. Data was collected before treatment and after and was evaluated using various parametric tests. Comparative assessment of treatments efficacy was performed using an ANOVA test.

Results. The three approaches tested here, injection-free oral acupuncture (Gleditsch J.), relaxation techniques, and the Aqualizer® splint, proved to be effective for initial treatment of facial myalgia. Depending on the treatment, a 41% to 57% reduction

of VAS pain score, 54% to 76% reduction of muscle score, 78% to 93% reduction of trigger-points score, 69% to 79% improvement of jaw mobility and increase of mouth opening between 1.8 to 4.0 mm in average.

Conclusions. Oral acupuncture, orofacial muscles relaxation, and the Aqualizer® splint, demonstrated clinical efficacy in the initial treatment of myofascial facial pain. So, all methods have statistically significant results, but the best approach is to use all these three methods together. These approaches allow reaching the therapeutic goals of relieving patients from pain and permitting accurate further diagnostics. The well-known benefits of acupuncture treatments as a pain and stress reduction, spasmolytic, muscles and lymphatic relaxation therapy activates the regulative capacity of all systems.

PA16

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Clinical oral acupuncture studies relevant to general health and orthodontics

O-15

TREATMENT OF FUNCTIONAL ABDOMINAL PAIN IN CHILDREN AND ADOLESCENTS WITH TOYOHARI AND SHONISHIN, TWO JAPANESE, NON-INVASIVE ACUPUNCTURE METHODS

PE04 **Dr. Naoko König**

Chronic abdominal pain is one of the most common problems encountered in daily clinical paediatric practice, functional abdominal pain disorders (FAPDs) being the most common cause. FAPDs include functional dyspepsia, irritable bowel syndrome, abdominal migraine, and functional abdominal pain-not otherwise specified. However, pathophysiologic mechanisms underlying FAPDs remain largely unclear. Managing FAPDs is

challenging as there is limited evidence for pharmacological therapies. Although various non-pharmacologic treatments are available, data on their efficacy and safety are scarce.

In this lecture, a case series of 8 children with functional abdominal pain treated with paediatric acupuncture as a safe and effective treatment option will be presented.

A part of the patients was treated with Toyohari and Shonishin, two Japanese acupuncture methods. They involve mostly non-invasive needle techniques to balance the body's Qi and

differ from most other forms of acupuncture in that they use more delicate treatment methods, placing greater emphasis on the use of pulse diagnosis and palpation skills. The two methods as particularly suitable treatment options for children will be introduced, and the possible physiological mechanisms of non-invasive acupuncture, also in relation to FAPDs will be discussed.

PE04

Dr. Naoko König

After studying Medicine at the Universities of Zurich and Lausanne, Dr. Naoko König has been trained as a paediatrician. She worked in Developmental Paediatrics at the Children's Hospital of Eastern Switzerland, St.Gallen from 2012 to 2019, while studying TCM acupuncture, Toyohari and Shonishin in Zurich, Amsterdam and Tokyo. She started working as acupuncturist and Toyohari practitioner in a clinic for general medicine. Since 2016 Dr. König works at the Center for Integrative Medicine of the Cantonal



Hospital St.Gallen, treating adults and children with Toyohari and Shonishin. She is co-president of the Swiss Toyohari Association and board member of the European Branch of the Toyohari Association.

O-16

LASER ACUPUNCTURE IN PEDIATRIC PATIENTS WITH BONE CANCER UNDERGOING CHEMOTHERAPY: A DOUBLE BLIND STUDY

PE02 **Leonie Hafke, Marius Kopka, Dirk Reinhardt, Celine Chiu**

Introduction: Chemotherapy induced nausea and vomiting are considered as a major adverse side effect among pediatric patients undergoing cancer treatment. Not only does the unpleasant sensation impact patients' quality of life, but it also leads to worsening in nutritional status, which significantly affects treatment outcomes. Previous studies have shown promising results regarding the effect of acupuncture treatments in reducing nausea and vomiting. This study aims to further investigate the potential of acupuncture in pediatric oncological treatment regarding the reduction of nausea, vomiting and antiemetic medication use.

Material and Methods: We performed laser acupuncture treatment on four patients between 11 and 15 years of age undergoing chemotherapy due to an underlying bone cancer disease. Our patients received either a verum laser treatment or a placebo treatment (sham-laser) on their first day of chemotherapy. We applied 2-3 Joules on each acupuncture point, treating PC6, ST36, SP6, CV12, BL21 and LI4 each session. Treatment was performed for eight months in total, while two patients received five sessions each, one patient four and one patient seven,

comparing 21 acupuncture sessions in total (13 verum and 8 sham-treatment). Primary endpoint measurement was to detect grade of nausea and episodes of vomiting during days of receiving chemotherapy and the following five days.

Results: We could see at day 1, 2, 3 and post-chemo day 1, 2 a reduced grade of nausea. On post-chemo day 3-5 intervention group showed a higher grade of nausea than placebo-group. No reduced episodes of vomiting were noted.

Conclusion: In our double-blind placebo-controlled study, we see in the majority of days a reduced emetic effect of chemotherapy following verum laser treatment. A tendency, that laser acupuncture treatment, might reduce nausea is noticeable, but it requires a larger cohort of patients to see a significant effect.

PE02

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O-17

REVOLUTIONARY LEAPS IN ACUPUNCTURE: HOW LASER ACUPUNCTURE HAS INFLUENCED TRADITIONAL CHINESE MEDICINE IN CHILDREN AND ADOLESCENTS SO FAR

PE03 **Jasmin Stadler, MD**

Introduction: Laser treatments, or so-called photobiomodulation (PBM), are concepts of a new and modern medicine. Introduced in the 1970s, laser acupuncture (LA) raised

as potential alternative to needle acupuncture. Due to its non-invasiveness, user-friendly application, easy handling and short treatment time, this holistic therapy model unites all necessities required for paediatrics. Laser acupuncture is feasible, where needle acupuncture has reached its limits, no matter what age.

Methods: This overview intends to summarize and review LA trials in paediatrics with focus on its historical course, impact on acupuncture treatments and practical relevance. Therefore, the author searched in well-known databases including PubMed, Embase, and CINAHL, as well as references in found papers or systematic reviews.

Results: The fusion of traditional health care practices with modern western medicine seems to be a new trend in the treatment of adults and children. There is a boom in laser acupuncture research, reaching from neonate to adolescent. The first study was published in 1998; however, publication numbers exploded after 2010. Since then, over 30 trials have been published in this field of area. The safety of laser application is very high, complications have barely occurred. Moreover, PBM seems to have more advantages compared to needle acupuncture, because of its wide application area not only in acupuncture but also in local effects (e.g. wound healing, pain management).

Conclusion: LA is getting more into focus in paediatric population because of its gentle, less-invasive, and simple-to-perform technique. Due to its high safety profile, LA can be recommended from the neonate to the adolescent. Used laser device and required parameters should be chosen carefully and thoughtfully. In conclusion, there are many recommendations for PBM usage in paediatrics and adolescent medicine. PEO3



Jasmin Stadler, MD

Affiliations: Research Group for Paediatric Traditional Chinese Medicine/TCM Research Centre Graz (Acupuncture Research)/Medical University of Graz, Graz, Austria.

DDr. Jasmin Stadler works as special-istin paediatrics and adolescent medicine, deepened in neonatology and paediatric intensive care, and educated at the Department of Paediatrics and Adolescent Medicine Graz, Austria.

Until 2022, DDr. Stadler studied the doctoral program for medical sciences at Medical University of Graz, Austria. She obtained, among others, the DOCmed grant of ÖAW (Austrian Academic of Science) [2017-2019], the Dr Hilarie Lindsay MBE OAM PhD (Syd) Award for best original research at the 9th International Symposium on Auriculotherapy [2017], and a funding of the German Medical Acupuncture Association (DÄGfA) [2016]. Her research field concentrates on laser acupuncture, especially in neonates. Together with Priv. Doz. Dr. Wolfgang Raith, several papers have been published in this field of area. Nevertheless, her professional trainings are widespread on several acupuncture disciplines (laser acupuncture, Shonishin, NADA, ear acupuncture), as well as traditional Chinese medicine and medical hypnosis.

0-18 EFFICACY OF LASER ACUPUNCTURE FOR CHILDREN WITH AUTISM SPECTRUM DISORDER: CLINICAL, MOLECULAR AND BIOCHEMICAL STUDY

PEO1 Mai S. Elsheikh, Engy A. Ashaat, Abeer Ramadan, Nagwa H. Mohamed, Nesma M. Elaraby, Hazem Mohmed El-Hariri, Adel F. Hashish, Neveen Hassan Nashaat

Background: Low level laser acupuncture (LLLA) biostimulation therapy could contribute to improving the core symptoms and communication abilities of children with autism spectrum disorder (ASD). Photobiomodulation might influence miR-320 expression and the serum level of brain derived neurotrophic factor (BDNF). The aim of this study was to investigate the influence of LLLA biostimulation on the severity of ASD, language abilities, miR-320, and BDNF levels in a sample of children with ASD.

Methods: The participants with ASD (N=30) were divided equally into 2 groups: Group I, who got LLLA therapy, and Group II, who did not get it. Both groups received phoniatric counselling in the form of instructions to parents on how to provide a language-stimulating environment. The intervention was performed for 12 weeks. Assessment of the severity of ASD by the childhood autism rating scale, their language abilities by the preschool language scale, miR-320 expression by (qRT-PCR) and Brain derived neurotrophic factor (BDNF) level by ELISA was performed before and after the intervention. Furthermore, comparison between ASD cases (N=30) and neurotypical children (N=15) regarding miR-320 expression was performed.

Results: The severity of ASD was reduced, and language performance was elevated in both groups. Nonetheless, the improvement in the LLLA group was significantly higher compared to the other group (p=0.002;0.03). There was a highly significant difference (P=0.000) in miR-320 expression between cases and the neurotypical group. The expression level of miR-320 in Group I showed a non-significant statistical difference before and after LLLA therapy (P=0.641). The serum BDNF level was reduced only in Group I (P<0.001).

Conclusion: The results of this study introduce LLLA therapy as a safe and promising therapeutic tool for improving core manifestations and communication abilities as well as modulating BDNF levels in children with ASD. The miR-320 showed good diagnostic value in ASD children.

Key words: ASD; laser acupuncture; language; degree of severity; miR-320; BDNF PEO1

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0-20

THE EFFECTIVENESS OF ACUPUNCTURE FOR THE TREATMENT OF PTSD IN PATIENTS WITNESSING THE 2023 EARTHQUAKE DISASTER IN TURKEY: A RETROSPECTIVE STUDY

PS05 **Hicran USAN MD, M. Levent TEKCI MD**

Introduction: The February 2023 earthquake in southeastern part of Turkey caused significant death and destruction, leaving many survivors at risk of developing Post-traumatic stress disorder (PTSD). Acupuncture has been used as an alternative therapy for PTSD and has shown promising results in improving symptoms of PTSD. This retrospective study aimed to evaluate the effectiveness of acupuncture in reducing PTSD symptoms among earthquake survivors in Turkey.

Method: A retrospective study was conducted, in which medical records of 30 earthquake survivors with diagnosed PTSD were reviewed. The patients received acupuncture treatment for 3 sessions. The acupuncture protocol used was the NeuroPsychoPathogen Elimination protocol which consists of amygdala, nucleus raphe, hippocampus and Shems points of the Tekci Diagonal Acupuncture System (TDAS) combined with Traditional Chinese Acupuncture points Yintang, Liver3 and GV20 points. Participants were assessed using the PTSD Checklist for DSM-5, the National Stressful Events Survey PTSD Short Scale (NSESSS), and Pittsburgh sleep quality index. Data were analyzed using descriptive statistics and Wilcoxon signed-rank test.

Results: The results showed a significant improvement in all outcome measures. The PTSD Checklist for DSM-5 score decreased from a mean of 55.6 to 37.0 ($p < 0.001$), the NSESSS score decreased from a mean of 3.0 to 1.8 ($p < 0.001$), the Pittsburgh Sleep Quality Index score decreased from a mean of 11.9 to 7.4 ($p < 0.001$).

Conclusion: The findings of this study suggest that acupuncture may be an effective treatment for PTSD symptoms in earthquake survivors. Further research with larger sample sizes and controlled designs is needed to confirm these results and to explore the long-term effects of acupuncture on PTSD.

PS05

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Education and qualifications

Doctor of Medicine (MD), Ankara University, Faculty of Medicine 1994-2000

Residency in Physical Medicine and Rehabilitation, Department of Physical Medicine and Rehabilitation, Medeniyet University, Faculty of Medicine, Istanbul, Turkey; 2001-2004

Memberships: Ankara Acupuncture and Complimentary Medicine Association Istanbul Medical Acupuncture and Complementary Medicine Association Master Tung Technique Acupuncture Practice and Education Association

The Turkish Society of Physical Medicine and Rehabilitation



Levent Tekci MD

President of The Acupuncture Academy Turkey; Ankara, TURKEY

Dr. Tekci studied Medicine at the State Medical University in Azerbaijan and graduated as MD in 2014. He started his acupuncture training in 2007 and since then he is using traditional treatment methods like acupuncture and herbal medicine in his daily practice. In 2009 he

developed the Tekci Diagonal Acupuncture System (TDAS) and in 2012 the Neuro Psycho Pathogene Elimination (NPPE) method. Since 2018 he is given lectures and courses on TDAS, NPPE method, Traditional Chinese Medicine, YNSA and master tung's acupuncture. He is the president of The Acupuncture Academy and Master Tung Acupuncture Association in Turkey.

O-21

ACUPUNCTURE FOR TREATING SHEN QI (HUN, SHEN YI, PO, ZHI) CONDITIONS

PS13 **Marcia Yamamura-Terra**

Introduction: The February 2023 earthquake in southeastern part of Turkey caused significant death and destruction, leaving many survivors at risk of developing Post-traumatic stress disorder (PTSD). Acupuncture has been used as an alternative therapy for PTSD and has shown promising results in improving symptoms of PTSD. This retrospective study aimed to evaluate the effectiveness of acupuncture in reducing PTSD symptoms among earthquake survivors in Turkey.

Method: A retrospective study was conducted, in which medical records of 30 earthquake survivors with diagnosed PTSD were reviewed. The patients received acupuncture treatment for 3 sessions. The acupuncture protocol used was the NeuroPsychoPathogen Elimination protocol which consists of amygdala, nucleus raphe, hippocampus and Shems points of the Tekci Diagonal Acupuncture System (TDAS) combined with Traditional Chinese Acupuncture points Yintang, Liver3 and GV20 points. Participants were assessed using the PTSD Checklist for DSM-5, the National Stressful Events Survey PTSD Short Scale (NSESSS), and Pittsburgh sleep quality index. Data were analyzed using descriptive statistics and Wilcoxon signed-rank test.

Results: The results showed a significant improvement in all outcome measures. The PTSD Checklist for DSM-5 score decreased from a mean of 55.6 to 37.0 ($p < 0.001$), the NSESSS score decreased from a mean of 3.0 to 1.8 ($p < 0.001$), the Pittsburgh Sleep Quality Index score decreased from a mean of 11.9 to 7.4 ($p < 0.001$).

Conclusion: The findings of this study suggest that acupuncture may be an effective treatment for PTSD symptoms in earthquake survivors. Further research with larger sample sizes and controlled designs is needed to confirm these results and to explore the long-term effects of acupuncture on PTSD. PS13



Marcia Lika Yamamura, M.D.

Head of Traditional Chinese Medicine and Acupuncture

Department of Federal University of Sao Paulo (UNIFESP), Brazil.

- *Supervisor of the Medical Residency Program in Acupuncture at the Federal University of São Paulo (UNIFESP), Brazil.*
- *Associate Professor of Federal University of Sao Paulo (UNIFESP), Brazil.*
- *President of Ibero Latin American Federation of Medical Acupuncture Societies (FILASMA) 2019-2021.*
- *Vice President of the Brazilian College of Medical Acupuncture (CMBA) 2018-2020.*
- *President of Center AO, Research and Study Center of Prof. Dr. Ysao Yamamura, Head of TCM Acupuncture Sector of Federal University of São Paulo (UNIFESP), Brazil. This is the first university to shelter acupuncture in the medical curriculum in Brazil.*

O-22

EFFECTIVENESS OF ACUPUNCTURE ON COGNITIVE FUNCTIONS IN PATIENTS WITH MULTIPLE SCLEROSIS

PS03 **Faezeh Khodaie, Abdorezza Moghadasi, Naser Abdorezza, Amir Hooman Kazemi, Baixiao Zhao**

Introduction: Impairment of data processing speed, memory, attention, and concentration are common complaints among people with MS. This study was designed to investigate the clinical effectiveness of acupuncture compared to sham acupuncture on cognitive functions in patients with relapsing-remitting multiple sclerosis (RRMS).

Methods: This RCT was performed on patients with RRMS, aged 18 to 55 years, and expanded disability status scale (EDSS) ≤ 5.5 . The acupuncture group received traditional Chinese acupuncture and the control group received sham acupuncture (shallow needling at non-acupuncture points) twice a week for 12 weeks. The Brief International Cognitive Assessment for Multiple Sclerosis (BICAMS) consisting of California Verbal Learning Test-2 (CVLT-2), Symbol Digit Modalities Test (SDMT), and Brief Visuospatial Memory Test-revised (BVM-T-R) was evaluated by a psychologist. The secondary outcomes were the Pittsburgh sleep quality index

(PSQI), symptom checklist 90 – revised (SCL-90-R), and fatigue severity scale (FSS).

Results: Totally, 62 participants were enrolled and randomized to acupuncture ($n=31$) and sham acupuncture ($n=31$) groups. The changes of CVLT-2 ($P=0.04$, mean difference (MD) = 4.52, 95% confidence interval (CI) = 0.21-8.82, effect size partial eta squared (η^2) = 0.08), SDMT ($P<0.01$, MD=4.75, 95% CI=1.22-8.27, $\eta^2=0.12$), and CVLT-2 delayed recall ($P=0.04$, MD=1.31, 95% CI=0.05-2.57, $\eta^2=0.08$), were significant compared to the control group. However, the changes of BVM-T-R ($P=0.92$, MD=0.16, 95% CI=-2.88 to 3.19, $\eta^2=0.00$) and its delayed recall ($P=0.70$, MD=0.27, 95% CI=-1.09 to 1.62, $\eta^2=0.00$) were not significant between the two groups. The changes of EDSS, FSS, PSQI, and SCL-90-R were significant compared to the control group (all $P<0.05$).

Conclusion: Present results demonstrated that 12 weeks of acupuncture treatment was effective on improving immediate and short-term auditory/verbal memory, attention and process-

ing speed, and reducing disability, fatigue, sleep latency, use of sleeping medication, somatization, obsessive-compulsive, depression, and paranoid disorders in patients with RRMS.

KEYWORDS: Multiple Sclerosis, Acupuncture, Cognition, Fatigue, Sleep, Depression

PS03

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Education

- Doctor of Medicine, School of Medicine, Shahid Beheshti University of Medical Sciences (SBMU), Tehran, Iran, Sep 2008-Sep 2015.

- PhD. Candidate of Acupuncture, Moxibustion and Tuina, Beijing University of Chinese Medicine, Beijing, China, Sep 2019-Sep 2023

Publications

- Khodaie F, Naser Moghadasi A, Kazemi AH, Zhao B. Effectiveness of acupuncture for fatigue in patients with relapsing-remitting multiple sclerosis: a randomized controlled trial. *Acupunct Med.*

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Professional and Public Health Experience

- Iranian Medical Council membership, Nov 2015-present.

- General physician, students' health center, Office of Student and Cultural Affairs, SBMU, Jun 2016-present.

- General physician, Research Institute of Cultural Heritage and Tourism, Aug 2016-Mar 2017.

- Research assistant, Multiple Sclerosis Research Center, Neuroscience Institute, Tehran University of Medical Sciences, Sep 2021-present.

Honors and Awards

- CSC Scholarship (Chinese government scholarship for foreign students) for PhD degree, Sep 2019-Sep 2023

- CSC Scholarship (Chinese government scholarship for foreign students) for master's degree, Sep 2017-Mar 2019

- Top Grade Point Average award, school of medicine, SBMU, Apr 2015. GPA (20.00 scale) = 18.37

0-23

THE MAZZANTI ACUOSTEO METHOD®: TREATMENT OF RADIAL STYLOIDITIS WITH ACUPUNCTURE AND OSTEOPATHY

ME03 **Dr. MD. Umberto Mazzanti, Dr. MD. Giuseppe Tallarida**

WORKSHOP/LECTURE PURPOSE:

The workshop consists of a long practical session to enable Acupuncture practitioners to easily apply Acupuncture and Osteopathic techniques and translate them into clinical practice.

WORKSHOP DESCRIPTION:

The radial styloiditis is a frequent reason for consultation. Pain results from overuse, repetitive strain injury through work or sports. In my experience, Acupuncture and Osteopathic Manipulative Treatment (OMT) are very effective and synergistic in treating radial styloiditis.

Acupuncture treatment is based on the identification of pain type and location in order to identify the Acupuncture Muscle and Connecting channels affected. The aim is to restore the local

circulation of Qi and/or Blood, thus inducing an analgesic and anti-inflammatory effect and myofascial detensioning.

OMT is based on the assessment of the wrist joint dysfunctions and aims to bring joints back to their physiological position.

WORKSHOP/LECTURE CONTENTS:

Half an hour

- Joint pain in TCM and Osteopathic medicine
- The crucial role of the Secondary Muscle and Connecting Channels

- Principles of Osteopathic Manipulation

- Radial styloiditis: diagnosis and treatment with Acupuncture and Osteopathy

Half an hour

- Practical session

Total length of the Workshop/lecture: One hour

ME03

Dr. Umberto Mazzanti, MD, Acupuncturist, Osteopath DO MROI

Specialized in Sport Medicine and Physical Medicine and Rehabilitation

Vice president of AMAB (Association Medical Acupuncturists of Bologna)

Vice director of AMAB-Italian Chinese Acupuncture School

Treasurer of FISA (Italian Federation of Acupuncture Societies)

General Secretary of PEFOTS (Pan European Federation of TCM Societies)

Council Board Member of WFCMS (World Federation of Chinese Medicine Societies)

Visiting Professor of Nanjing University of Chinese Medicine

Inventor of The AcuOsteo Method®

Dr. Giuseppe Tallarida, MD, Acupuncturist

Teacher of AMAB-Italian Chinese Acupuncture School

Calabria Region Delegate of FISA (Italian Federation of Acupuncture Societies)

O-24 JAPANESE STYLE PNST TREATMENT

ME06 **Ramun Kapur MBBS**

PNST is a new treatment method integrating oriental and western medicine to foster health using metal instrument to “prickle” areas of the body to stimulate natural healing. By “Prickle”, means, stimulate energy and blood flow, by pressing the instrument against the skin, but the tool does not penetrate into the body as an acupuncture needle would. Many points on the body used in PNST for skin stimulation are in fact traditional acupuncture points, but, PNST treats from the perspective of Western medicine’s dermatomes, not based on acupuncture meridians. A dermatome is an area of skin supplied by a single spinal or cranial nerve: the body has 30 dermatomes, including one on the face.

PNST (Prickling Neuro- stimulation technique) balances parasympathetic and sympathetic nervous systems. It encourages body to regain natural healing power. Autonomic nervous system regulates the functions of our internal organs. Through stimulation of the points on the skin in the affected “Dermatome”, PNST helps the ANS move toward a healthier balance. Along with PNST, patient should also be advised to change life style, including guidance on breathing, diet, exercise, sleeping and mental attitude.

HOW IS PNST TREATMENT PERFORMED?

1. Identify the dermatomes(s) where sympathetic harm exists. “Sympathetic harm” is the term used for the area of disorder due to stressed sympathetic nervous.
2. Basic PNST treatment- This is done on Jingwell points on fingers, Trigeminal nerve points on face and head to stimulate diencephalic- pituitary system. This basic PNST treatment induces desirable parasympathetic responses.
3. PNST treatment- Back and peripheral nerves- This treatment is done on spinal nerve root of the affected dermatome. For example , a patient comes for knee pain. The possible sympathetic harm lies in the dermatomes rom L3 to S2. Prickle the zero point at the spinal nerve root in these dermatomes. Also apply PNST treatment along the nerve pathways that control the knee. This includes treatment of pain, paralysis , numbness and dysfunction of any part or organ of body.
4. Confirmation of the effects:- Effect of PNST treatment is evaluated from the immediate response of sensation of warmth, slight sweating, salivation, lacrimation, sleepiness

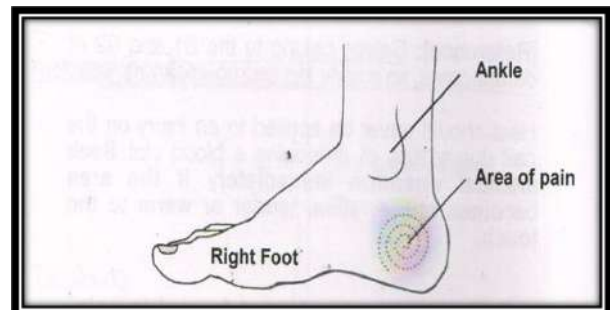
and bowel movement and immediate pain reduction and improved range of motion.

The effect of PNST is also evaluated from long term improvement of symptoms as well as improvement in blood parameters (ratio of granulocytes to lymphocytes)

5. Here are few example of using Prickling therapy (PNST) for treating painful conditions.

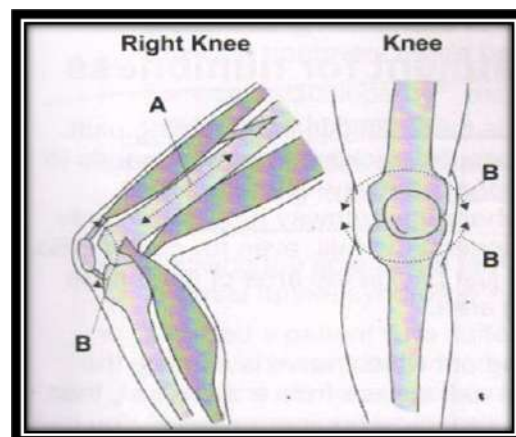
PRICKLING TREATMENT FOR ANKLE PAIN

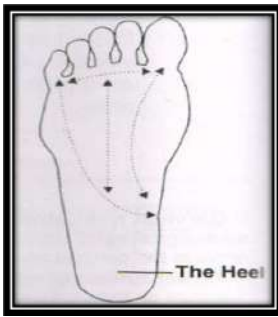
- Stimulate the painful part in a spiral pattern.
- Medial malleolus belongs to the L4 and S2 dermatomes; so, you can prickle the lumbar and sacrum parts on the back as well.



PRICKLING TREATMENT FOR KNEE PAIN

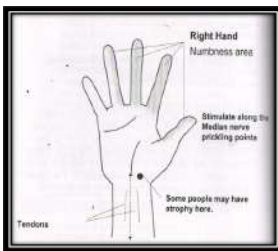
- Knees belong to L3, L4 and L5 dermatomes; so, prickle the lumbar and sacrum areas.





PRICKLING FOR SOLE NUMBNESS/PAIN

- The sole belongs to the L4,5, S1 and S2 dermatomes; so, you can prickle the lumbar and sacrum parts of the back as well.



PRICKLING FOR CARPAL TUNNEL SYNDROME

- The numb area of the palm belongs to the C6, 7, and 8 dermatomes; so, prickle the lower neck part on the spine.

Following are the case studies with PNST.

1. TRIGEMINAL NEURALGIA: Case Study of 2 patients with pnst with pain relief within 2 weeks of strting treatment.
2. STRESS/ANXIETY/PANIC ATTACKSL- 3 patients were treated with basic PNST protocol and they showed immediate improvement in their stress pattern and their panic attacks reduced considerably.
3. ALLERGIC SINUSITIS:- 3 patients were taken up suffering from allergic rhinitis, sinusitis, asthma and all of them showed good recovery with PNST.

Other clinical conditions like carpal tunnel syndrome, shoulder pain, heel pain, golfers elbow and peripheral neuropathy were also treated successfully.

ME06

Ramun Kapur MBBS

*President, India Society of Medical Acupuncturists
Chairman, National Coordination Committee
Chairman, Institute of Acupuncture & Natural Medicines
Chairman Department of Acupuncture at Sir Ganga Ram Hospital
Vice chairman, Apex Committee of acupuncture*

0-25

ACUPOTOMY FOR ADHESIVE CAPSULITIS

ME15 **Farid Mokhtari**

Adhesive capsulitis is a common condition that is characterized by pain and loss of motion in the shoulder joint. There are various treatment modalities available, of which acupuncture and acupotomy are becoming increasingly popular. This study aimed to compare the effectiveness of acupuncture and acupotomy in the treatment of adhesive capsulitis.

In this randomized controlled trial, 40 patients who had been diagnosed with adhesive capsulitis were randomly assigned to receive either acupuncture or acupotomy treatment. The acupuncture group received 10 sessions, three times per week, while the acupotomy group received four sessions, with one session every five days. The study lasted for four weeks, with follow-up assessments taken at 12 weeks.

The results showed that both acupuncture and acupotomy treatments were effective in improving pain and shoulder joint function in patients with adhesive capsulitis. However, the acupotomy group showed significantly higher improvements in pain relief and range of motion compared to the acupuncture group. The mean Visual Analog Scale (VAS) score for pain relief in the acupuncture group was 3.2, while that of the acupotomy group was 5.7. The Constant-Murley score for shoulder joint function showed a statistically significant improvement in both groups, but was higher in the acupotomy group.

Acupotomy needles have both properties of Acupuncture needles and also have properties of surgery blades for cutting and separating soft tissues, so that in acupotomy is more effective than acupuncture in conditions that we have changes in soft tissues.

ME15

0-26

EFFECTIVE, DURABLE, MEDICAL ACUPUNCTURE, PRACTICAL APPROACH

ME22 **Ongkie Tan**

More than 30 years of practical experience with a full effectiveness and quick response in combination of TCM, Auriculotherapy of dr. Nogier, YNSA of dr. Yamamoto, chinese scalp acupuncture and others reflex system.

INTRODUCTION:

Specially pain treatment using subcutaneous needle insertion in the pain area to make possible to test the part of the body to move and to release the muscle tension in combination with treatment of the Central Nervous system, actually the brains. It gives direct effect in pain reduction and release the shortened muscle, so stretching is possible. And the energy is moving on.

METHOD:

A good examination of the body, looking for hypertone muscle and shortened movement in relation with the meridians, include the auriculo, the YNSA, chinese scalp-acupuncture and other reflex system, are needed. This is actually pure holistic medical treatment, proven by self healing totally.

RESULT:

Direct result of pain reduction and more movement without restriction, makes the patient feeling good and convinced of the result/achievement. The balance in the brains, specially in the brainstem (centre of the sympatic/parasympatic system), makes balance in the whole body, mind and spirit. Self-healing is then optimum.

CONCLUSION:

Every medical acupuncturist should use this combination therapy, not only for the pain treatment, but effective treatment for the total body, mind, and spirit.

ME22

Ongkie Tan

First name: King Siong

Last Name: Tan

Profession: Medical doctor, acupuncture

Member: NAAV + ICMART

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Parlevinker 9, 1186 ZA Amstelveen, The Netherlands

Study:

- 1981 MD at Vrije Universiteit, Amsterdam, Netherlands

- Militaire service at Mathijssen Hospital Utrecht; department Radiology diagnostic

- 1985 Family Physician, working in several Verpleeghuizen Beukenhof, Loosdrecht and verpleeghuizen Zaanstreek, Zaandam, 1985 - 1989, medical revalidation.

- since January 9, 1989: independent own acupuncture clinic in Amstelveen

- teacher Qi Gong

Specialism:

treating people with the combination of TCM, Auriculo dr. Nogier, Scalp acupuncture Chinese and YNSA dr. Yamamoto and others reflect-systems.

O-27

EFFECTIVENESS OF ELECTROACUPUNCTURE FOR MANAGEMENT IN YOUNG OVERACTIVE BLADDER PATIENTS WITH ONE YEAR FOLLOW-UP

ME20 **Newanda Johni Muchtar, MD; Kemas Abdurrohim, MD and Dwi Rachma Helianthi, MD**

ABSTRACT

Overactive bladder (OAB) is defined as urgency (sudden compelling desire to pass urine with or without urge incontinence) usually associated with frequency and nocturia. 53.1% of Asian men and women suffer from OAB syndrome, and half of the women also have urinary incontinence. Overactive bladder is a chronic condition that significantly affects quality of life in patients. Acupuncture can help in the treatment of overactive bladder for certain patient who cannot take certain medication. This paper describes 32 years old a female patient who was diagnosed with overactive bladder and experienced improvement after treatment with electroacupuncture. The patient came to the department of medical acupuncture with chief complaint of frequent urination, since 15 years ago. Urinalysis was normal. Before acupuncture, bladder ultrasound showed Post-void residual volume (PVR): 53 ml, and Uroflowmetry test result showed maximum flow rate: 20.6 ml/s, average flow rate: 12.1 ml/s and voided volume: 71 ml, Overactive Bladder Symptom Score (OABSS) was 13 and King's Health Questionnaire (KHQ) was 87. After 12 sessions electroacupuncture three times a week, the bladder ultrasound showed PVR: 3 ml, and the Uroflowmetry test showed maximum flow rate: 30.5 ml/s, average flow rate: 15.3 ml/s and voided volume: 120 ml, OABSS) was 7 and King's Health Questionnaire (KHQ) was 0. From those results, we conclude that electroacupuncture therapy is effective for overactive bladder patient.

Keywords: Overactive bladder, bladder hyperactivity, urgency, incontinence, nocturia, acupuncture, electroacupuncture.

INTRODUCTION

Overactive bladder (OAB) is defined by the International Continence Society (ICS) as urgency (sudden urge to urinate with or without incontinence) usually associated with frequent frequency (more than eight times in 24 hours) and nocturia. This term can be used if there is no proven infection.¹ Seventeen percent of American men and women suffer from OAB Syndrome,

and women, about half also experience urinary incontinence.² In addition to placing a financial burden on the health system, OAB causes a significant decrease in quality of life (QoL) in patients. OAB affects mental health, work productivity and sexual health.³ It is a common and significant chronic condition faced by women and men, but women with OAB have a higher incidence of urinary incontinence. The prevalence of OAB in adults varies from 5.2% to 22% and increases with age. Due to low self-confidence and shame, some patients quietly suffer and feel shame. Many feel that OAB is part of the aging process so that the true prevalence is more than that. OAB symptoms have a negative influence on quality of life that affects health, increases social isolation and increases morbidity such as falls and fractures. OAB has a large influence on the social burden of the health system in various countries. The total cost of diagnosis and treatment of OAB in 2000 is estimated at US \$ 12.6 billion, which can be compared to the costs for osteoporosis and breast cancer.⁴ Therapeutic options for OAB include lifestyle modification, behavioral therapy, pharmacological therapy, neuromodulation, botulinum toxin therapy and surgical intervention.⁵ OABSS is a tool to measure the symptoms of OAB which includes 4 symptoms: daytime frequency (value 0-2), nocturia (value 0-3), urgency (value 0-5) and urge incontinence (encouragement 0-5). Total values represent OAB symptoms at a single assessment from 0 to 15, with larger values indicating an increase in symptom severity. King's Health Questionnaire (KHQ) is a tool for assessing quality of life which consists of 9 parts: general health perception, influence on life, role constraints, physical limitations, social barriers, personal relationships, emotions, sleep / energy and measurement of the severity of incontinence. The score for each domain is 0-100 . Which 0 shows the best results and 100 shows the worst results. The total KHQ is rated on a scale from 0 (best) to 100 (worst). The main outputs assessed are the differences between the OABSS and KHQ from the initial results to the final results.⁶

This case report presents a female patient with overactive bladder since 15 years ago and decreased her quality of life. The treatment used electroacupuncture with a very minimal point, so that the patient will feel comfortable.

CASE REPORT

A 32-year-old female patient came to the Cipto Mangunkusumo Hospital, Jakarta, Indonesia, to the acupuncture clinic on January 18th 2018 due to sudden urge to urinate usually associated with frequent frequency of approximately 12 times in 24 hours and urination while asleep at least 3 times per night so she often wakes up when she was asleep since 15 years ago.

During the time, the patient use sanitary pads the times daily because urine often comes out a little bit and on clothing. The feeling of wanting to urinate was there. Defecation is smooth and can be detained. Patients can still urinate normally and there were no complaints. Patients was said by the Urology clinic of Cipto Mangunkusumo Hospital the patient had a Bladder Ultrasound examination and Uroflowmetry examination. and was diagnosed with overactive Bladder,

A history of past illnesses such as allergies, diabetes, neurological diseases, kidney disease, recurrent urinary tract infections and sandy urine and family history of suffering from similar disorders were all rejected were all rejected. Abdominal surgery for appendicitis was carried out in 2010. G3P3A0 obstetrical history, normal delivery once and caesarian section twice. There is no history of anti-muscarinic use. The patient sleep was not enough due to complaints of frequent urination so that the patient often woke up and the quality of sleep is disturbed and cannot interact with the environment and social life. From physical examination found no abnormalities. Overall laboratory results are within normal limits.

Asepsis and antisepsis were carried out then acupuncture was performed at the bilateral BL 33 Zhongliao and BL 35 Huiyang acupoints, see figure 1. Using a 0.25 x 40mm stainless steel filiform disposable needles. The connecting cable from the electrostimulator is connected to the acupuncture needle, then activated by continuous wave, low intensity as comfortable as the patient, high frequency for 30 minutes at BL33 and BL35, the patient was scheduled for therapy three times a week. During the course of therapy, the patient did not experience pain, the patient was also given bladder diary. Before acupuncture, bladder ultrasound showed PVR: 53 ml, and Uroflowmetry test result showed maximum flow rate: 20.6 ml/s, average flow rate: 12.1 ml/s and voided volume: 71 ml. After 12 sessions, the bladder ultrasound showed PVR: 3 ml, and the Uroflowmetry test showed maximum flow rate: 30.5 ml/s, average flow rate: 15.3 ml/s and voided volume: 120 ml. By the end of the session, the complaints had completely resolved and was very satisfied with the results. Furthermore, the quality of life and patient's sleep was no longer compromised. Patients' complaints never recur until follow-up in January 2019.

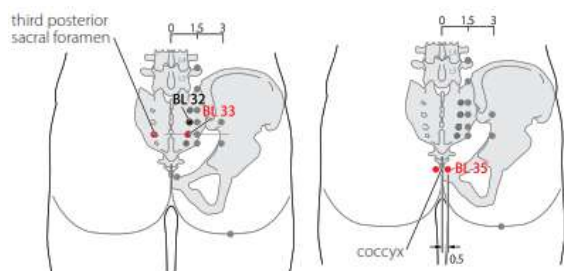


Figure 1. Locations of the BL33 and BL35 acupoints in a 32-year-old female with overactive bladder.⁷



Figure 2. Bladder Ultrasound showing Post-void residual volume before (above) and after 12 sessions of acupuncture (below)

Table 1. Evaluation

Visit	Sign and symptoms
January 2018	OABSS:13 KHQ: 87 Uroflowmetry Maximum Flow Rate: 20.6 ml/s Average Flow Rate : 12.1 ml/s Voided volume : 71 ml Bladder Ultrasound PVR: 53 ml Average urination in 24 hours: 12 times a day. Including 3 times nocturia. Sanitary pads: 3 times daily
February 2018	OABSS:17 KHQ:0 Average urination in 24 hours: 6 times a day. Including 1 times nocturia. Sanitary pads: 0
March 2018	OABSS:0 KHQ:0 Average urination in 24 hours: 6 times a day. Including 0 times nocturia. Sanitary pads: 0
April 2018	OABSS:0 KHQ:0 Uroflowmetry Maximum Flow Rate: 30.5 ml/s Average Flow Rate : 15.3 ml/s Voided volume : 116 ml Bladder Ultrasound PVR: 3 ml Average urination in 24 hours: 6 times a day. Including 0 times nocturia. Sanitary pads: 3 times daily
May 2018	OABSS:0 KHQ:0 Average urination in 24 hours: 6 times a day. Including 0 times nocturia. Sanitary pads: 0

August 2018	OABSS:0 KHQ:0 Average urination in 24 hours: 7 times a day. Including 0 times nocturia. Sanitary pads: 0
September 2018	OABSS:0 KHQ:0 Average urination in 24 hours: 6 times a day. Including 0 times nocturia. Sanitary pads: 0
October 2018	OABSS: 0 KHQ:0 Average urination in 24 hours: 6 times a day. Including 0 times nocturia. Sanitary pads: 0
November 2018	OABSS: 0 KHQ:0 Average urination in 24 hours: 6 times a day. Including 0 times nocturia. Sanitary pads: 0
December 2018	OABSS:0 KHQ:0 Average urination in 24 hours: 6 times a day. Including 0 times nocturia. Sanitary pads: 0
January 2019	OABSS:0 KHQ:0 Average urination in 24 hours: 6 times a day. Including 0 times nocturia. Sanitary pads: 0

DISCUSSION

This is a report of the use of electrocupuncture for the treatment of an overactive bladder patient. A 32-year-old woman admitted that she had been having frequent urination since 15 years ago. The patient complained of frequent urination with an unbearable and immediate feeling, and frequent urination at night so that sleep was also disturbed which was felt since 15 years ago. The patient also consulted the urology department, diagnosed with overactive bladder after being assessed on the basis of history, OABSS assessment, Uroflowmetry and bladder ultrasound by an urologist.

Meanwhile, the results of bladder ultrasound examination showed a PVR volume of 53 ml. PVR is the initial evaluation. PVR is the volume of urine residue in the bladder that is obtained immediately after voiding. Normally, this residual urine volume is very small. In adults, the normal PVR value is less than 25 ml.

From the history, it is known that the patient denies any history of diabetes mellitus. In addition, it was also found that the patient had no history of spinal cord trauma. It can be concluded that, overactive bladder in this case can be caused by lower urinary tract abnormalities, namely bladder contractility and sphincter weakness.

Research by Zhishun L et al in 2017 concerning the use of BL 33 and BL 35 cases with urinary incontinence found that the use

of BL 33 can affect the sacral nerves III and BL 35 can affect the pudendal nerves. In terms of location, BL33 is located in the sacral region, in the third posterior sacral foramen (S3). It is known that, the detrusor muscle is conserved by the sacral nerves that run from segments S2, S3, and S4 in the spinal cord, where most nerve fibers are located in S3, so that stimulation in this region results in contraction of the bladder wall and causes bladder emptying. In addition, the literature states that by stimulation of the sacral nerves, it can induce sphincter relaxation. Electrical stimulation in this sacral region is generally performed on the foramen S3.⁸

EA on BL33 with deep pricking can increase bladder capacity and suppress excessive activity of the bladder. When pricking in BL33, the tip of the needle touches the third sacral nerve root. Therefore, the mechanism underlying EA and stabbing in BL33 can be similar to stimulation of the sacral nerves. Both stimulate somatic afferents in the pudendal nerve to have an inhibitory effect.⁹

In previous studies it was said that the stabbing at BL33 can reduce the intercontraction interval (ICI, which indicates the interval between contractions), shorten the vesical mechanical time (VMT), basal pressure (BP) and increase the maximum detrusor pressure (MDP). These results explain that EA on BL33 with deep pricking can effectively reduce the excessive activity of the bladder thereby reducing the frequency of urination. Stabbing in BL33 reduces urinary rhythmic contractions and rhythmic eruptions that release the pelvic efferent nerve, without significantly altering the hypogastric efferent nerve activity. These findings indicate that rhythmic urinary contractions after acupuncture are characterized by segmental organization. The main nerve segment controlling is S1-S4. BL33 is in the anterior branch pathway of the second sacral nerve; therefore, the deep EA in BL33 can directly stimulate the second sacral nerve.¹⁰

The effect of acupuncture on bladder activity is significantly shortened when gamma-aminobutyric acid (GABA) antagonists are administered prior to the acupuncture stimulus, suggesting that acupuncture can work through mediating the GABA receptor system. The point stimulation used in this study was BL33.¹¹

Acupuncture points in the sacral area can stimulate somatic nerves, autonomic nerves and central nervous urination processes, with puncture points BL33 and BL 35 producing endorphins and serotonin which affect the central nerve which results in bladder muscle relaxation and external sphincter contractions. muscle.¹²

BL 33 Zhongliao is segmentally conserved by the 3rd sacral nerve of the Spinal Medulla. The segmental sacral nerve is the center of the ictus in the spinal cord region. Three nerve branches synergistically supply the bladder muscle wall (M. Detrusor), pelvic floor muscles, and the urethral sphincter, so the three nerves are directly related to urinary complaints. In addition to the peripheral nervous system S2-S4 associated with urination is the spinal cord nerve segments Th10-Th11 and L1-L2. The process of urination is influenced by pelvic floor muscles that are innervated by the innervation of the pudendal nerve originating from the spinal cord S2-S4. So BL33 and BL35 can have segmental affect to the bladder directly, by inhibiting parasympathetic

nerves, stimulating sympathetic nerves and stimulating the external sphincter, resulting in relaxation of the detrusor muscles, internal sphincter contractions and external sphincter contractions. Electroacupuncture can stimulate S3 through BL33 and the pudendal nerve through BL35 in the lumbosacral region. Thus, electroacupuncture can facilitate rehabilitation and strengthening of pelvic floor muscles, increasing symptoms of overactive bladder.¹³

CONCLUSION

In the present patient with overactive bladder treated with acupuncture improved the outcome, electroacupuncture can have long lasting effects and improve quality of life in OAB patients, as seen by decreasing OABSS and KHQ scores, as well as reducing PVR, and increasing the voided volume. More studies are required to affirm pain reaction factors, set up strength, and create a better personal connection to acupuncture. ME20

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0-28

LONG-TERM COMPREHENSIVE KOREAN TRADITIONAL MEDICINE TREATMENT FOR A PATIENT WITH PAPILLARY THYROID CARCINOMA AND LYMPH NODE METASTASIS AFTER SURGERY: CASE REPORT

ME19 **Hae-won Lee, Soo-bin Lee, Hae-won Kim, Jin-gu No, Hye In Jeong, Keong Han Kim, Chan-Yong Jun, Seong-Gyu Ko**

OBJECTIVE

This study conducted to find the effect of Korean medicine treatment on a thyroid papillary cancer patient who was diagnosed with local lymph node metastasis, after thyroidectomy and lymph node dissection, but did not want surgery again.

METHODS

The chart of a patient who visited a Korean traditional medicine clinic, complaining of fatigue, insomnia, coldness, and limb numbness after being diagnosed with papillary thyroid carcinoma and undergoing total thyroidectomy was reviewed retrospectively Treatment outcomes were evaluated with Brief Fatigue Inventory (Numerical Rating Scale (Insomnia Severity

Index (Functional Assessment of Cancer Therapy General (FACT G), blood test/ CT imaging results, and patient's statements

TREATMENT

The Korean traditional medicine treatment was continuously administered from April 6 2016 to August 10 2022 for a total duration of 6 years and 4 months The patient was examined every two weeks, and an average two week supply of herbal medicine was prescribed The patient made regular visits whenever possible to receive moxibustion

RESULTS

The patient's fatigue level, assessed by the BFI, improved from a severity level of 8 7 in 2016 to a mild level of 3 3 in 2022 The NRS score for limb numbness decreased from 10 in 2016 to 1 in 2022 and the NRS score for peripheral coldness improved from 10 in 2016 to 2 in 2022 The ISI, a subjective measure of insomnia,

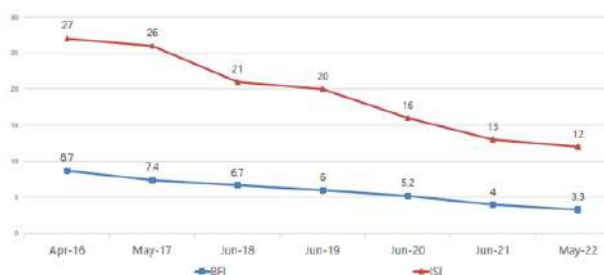


Fig 2. Change of BFI and ISI Score

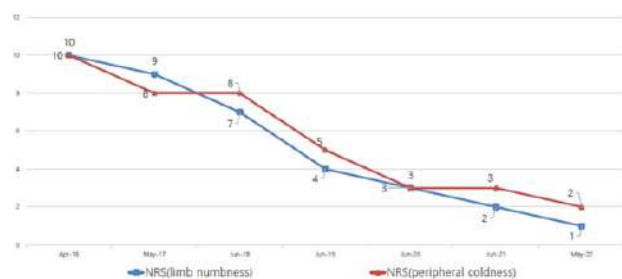


Fig 3. Change of Physical Symptoms NRS

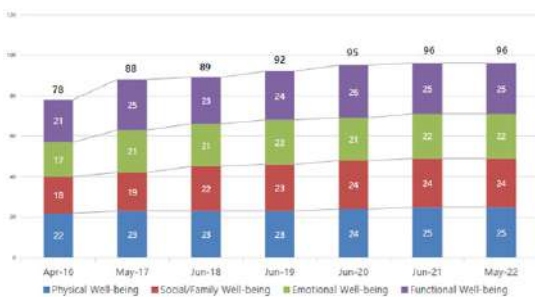


Fig 4. Change of FACT-G Score

improved from 27 in 2016 to 12 in 2022. The patient's quality of life, assessed by the FACT G score for cancer patients, improved from a total score of 78 in 2016 to 96 in 2022. Thyroid function test results showed an increase in Free T 4 levels above the normal range and a decrease in TSH and Tg levels below the normal range, which can be attributed to the general findings in patients who have undergone total thyroidectomy. Additional metastasis of the tumor was not observed in the results of the neck and chest CT scans. No significant changes were observed in the liver function and blood exam results despite long term herbal medicine consumption.

CONCLUSIONS

Korean traditional medicine treatment can potentially alleviate physical symptoms, improve quality of life, and also preventing additional metastasis that occur after thyroidectomy. Furthermore, the safety of long term herbal medicine consumption can be inferred.

ME19

Table 1. Change of Liver and Thyroid Function Exam

Classification	Apr-18	Jul-18	Jan-19	Aug-19	Jan-20	Jul-20	Jan-21	Aug-21	Feb-22	Aug-22
ALT(U/L)	19	16	25	34	17	24	8	15	22	16
AST(U/L)	20	18	26	25	21	20	16	16	18	19
TB(mg/DL)	0.5	0.56	0.57	0.87	0.54	0.72	0.8	-	0.36	0.4
ALP(U/L)	55	63	72	58	54	55	71	69	84	94
BUN(m/d/DL)	8.4	5.9	9.5	8.4	9.5	10.9	9.8	13.8	7.8	12
Creatine(mg/DL)	0.47	0.56	0.64	0.71	0.66	0.78	0.84	0.63	0.6	0.59
T3(ng/ml)	1.11	0.947	0.968	0.985	1.1	0.89	0.86	1	1.26	0.95
free T4(mg/dl)	2.14	1.8	1.94	1.48	1.87	1.73	2.17	1.78	2.15	2.31
TSH(UU/ml)	0.005	0.005	0.005	0.012	0.005	0.012	0.005	0.005	0.005	0.005
Tg(ng/ml)	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Anti-TgAb(U/ml)	141.1	124.5	134.5	138.7	91.63	74.5	92.1	83.6	77.3	61.5
Ionized calcium(Eq/L)	1.94	2.12	2.08	2.2	2.18	-	-	2.34	2.18	2.28

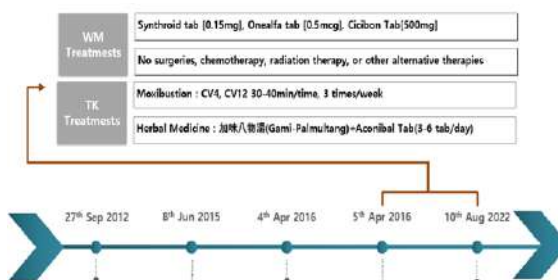


Fig 1. Process of Diagnosis and Treatment

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O-29

SUCCESSFUL TREATMENT OF PLANTAR WARTS

ME21 **Farid Mokhtari**

Plantar warts are caused by the human papillomavirus (HPV) and can be very difficult to treat. Traditional treatment methods often involve painful and invasive procedures, such as freezing or surgery. Acupuncture is a non-invasive alternative treatment method that has been used successfully to treat a variety of conditions, including skin conditions like eczema and psoriasis. However, there are limited studies on the effectiveness of acupuncture for the treatment of plantar warts. This case report aims to describe a successful treatment of plantar warts using a special method of acupuncture.

This case report describes the successful treatment of plantar warts using a special method of acupuncture. A 9-year-old female patient presented with a painful plantar wart on his left foot that had persisted for 6 years despite other treatment methods. The patient received a series of acupuncture plus moxibustion treatments over the course of several weeks, targeting specific points on the foot and lower leg. After six treatment

sessions, the patient reported a significant reduction in pain and the wart had noticeably diminished in size. By the end of the treatment course, the wart had completely resolved and the patient reported no residual discomfort.

Acupuncture treatment involved the use of a specialized needle and moxibustion on specific points. Although we use acupuncture points but also we use local point near to warts regions, the needle was inserted into the center of each wart, and a small amount of moxa-stimulation was applied to the needle for 5 minutes. The patient received twice treatments in week, with each treatment lasting approximately 30 minutes. This case report demonstrates the effectiveness of a special method of acupuncture plus moxibustion for the treatment of plantar warts. Traditional treatment methods for plantar warts can be painful, invasive, and often require multiple treatments. Acupuncture offers a non-invasive alternative that can be highly effective.

This case study suggests that acupuncture may be a safe and effective treatment option for plantar warts.

ME21

O-30

THE SHAM OF NON-PENETRATING OR MINIMALLY PENETRATING “NEEDLES” IN ACUPUNCTURE RESEARCH

RE01 **Peter T Dorsher MSc, MD**

Introduction: Large randomized controlled trials of acupuncture in treating low back pain by Haake (GERAC trial, JAMA 2007) and Cherkin (Arch Int Med 2009) unexpectedly demonstrated that their non-penetrating or minimally penetrating needling “sham” acupuncture needling interventions produced statistically and clinically significant improvements in low back pain and daily function close to those of verum acupuncture (but not statistically significantly different). These studies’ results led allopathic medicine and other acupuncture detractors to dismiss acupuncture as being no better than sham (i.e., placebo). The literature including a recent systematic review by Ots (Acupuncture in Medicine 2020) suggests the Park needle, Streitberger needle, and superficial needling are not physiologically inert interventions; and that factors including dermatomal selection of sham points have influence on “sham needling” results with those methods.

Methods: A review of relevant scientific literature regarding issues of “sham” intervention results and the physiologic effects of non- and minimally-penetrating sham acupuncture devices is performed along with relevant literature regarding acupuncture’s mechanisms that support the conclusions of the systematic review of Ots.

Results: The basic science and clinical literature suggests that the non- and minimally- penetrating sham acupuncture interventions are not physiologically inert, and that neural considerations (including segmental innervation) may explain the “false positive” results of some large acupuncture clinical trials.

Conclusions: Park, Streitberger and toothpick in guide tube “needles” as well as superficial needling have physiologic effects that explain their positive clinical effects in large clinical trials.

These effects can only be explained by neural signaling and are not compatible with an interstitial fascia signaling mechanism.

RE01

Peter T Dorsher MSc, MD

Mayo College of Medicine, Emeritus Rochester MN USA
East West Integrative Education

Dr. Peter Dorsher has been an AAMA member since completing the UCLA/HMI (Dr Joseph Helms’) training program in 1998. After completing a master’s degree in biomedical engineering at Northwestern University, he pursued a medical degree and trained in Physical Medicine and Rehabilitation at Mayo Clinic Rochester, and subsequently joined the staff there before transferring to its Florida branch, where he practiced for 25 years including serving as chairperson of his department before retiring in 2020. His primary clinical interests have been in chronic pain syndromes and neurologic disorders. He has 35 years’ experience in treating myofascial pain syndrome, nearly 25 years’ experience using medical acupuncture, and over 15 years’ experience in use of low-level laser therapy for pain conditions. He has presented at over 200 national and international meetings on these topics; has over 85 publications including 43 peer reviewed articles in acupuncture and allopathic journals (including Journal of Pain and Nature Precedings); and has won multiple research awards from the American Academy of Medical Acupuncture. He is now focusing on research and education, compiling 30 years of data and publications to explore acupuncture’s mechanisms and its fundamental overlaps with the myofascial pain syndrome and myofascial meridian traditions. He continues to present these findings at national and international meetings.

O-31

ALTERATIONS IN GUT MICROBIOTA AND UPREGULATION OF VPAC2 AND INTESTINAL TIGHT JUNCTIONS CORRELATE WITH ANTI-INFLAMMATORY EFFECTS OF ELECTROACUPUNCTURE IN COLITIS MICE WITH SLEEP FRAGMENTATION

RE31 **Geng-Hao Liu, Xin-Cheng Zhuo, Yueh-Hsiang Huang, Ning-Hung Chen, Huang-Yu Yang and Tzung-Yan Lee**

INTRODUCTION

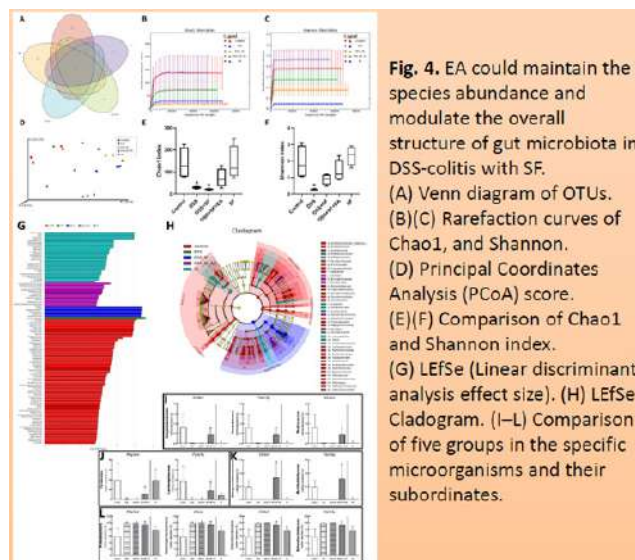
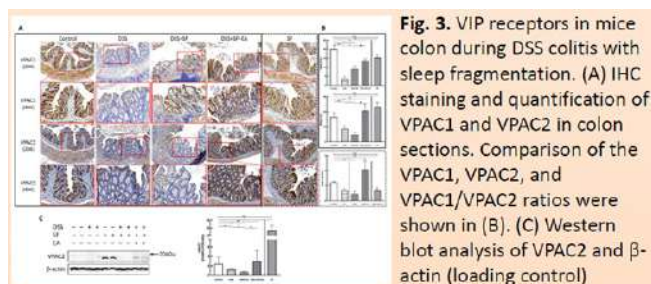
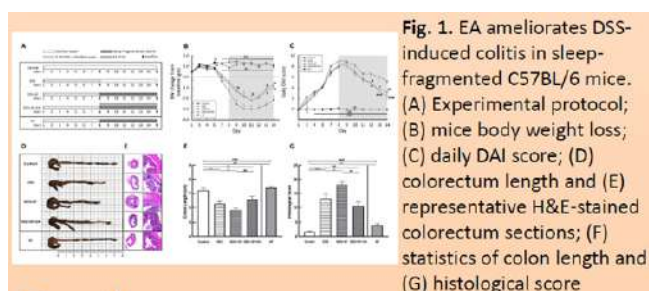
The relationship between inflammatory bowel disease and sleep disturbances is complicated and of increasing interest. However, it is still unclear whether there is a common mechanism between microbial imbalance, sleep disorder, and inflammation, or whether the three regulate each other. Hence, we aimed to understand the neuroimmunological mechanism of electroacupuncture (EA) on gut microbiota in sleep-fragmented mice with colitis.

METHODS

We divided 24 mice into four groups, namely, the (1) control group, (2) dextran sulfate sodium (DSS)- induced colitis (DSS group), (3) DSS-induced colitis combined with sleep fragmentation (DSS + SF group), and (4) DSS-induced colitis combined with sleep fragmentation and EA ST36 (DSS + SF + EA group). In addition, we set up a simple sleep fragmentation group for comparison (SF group). We investigated the inflammatory and immunological consequences of EA in sleep-deprived colitis mice.

RESULTS

DSS-induced colitis in SF mice was more severe than that in mice with normal sleep. This increase in the severity of colitis was accompanied by reduced body weight, shortened colon length, and deteriorated disease activity index (DAI). DSS with SF mice presented obvious diminished intestinal tight junction (TJ) proteins (claudin-1 and occludin), elevated proinflammatory cytokines (CRP, IFN- γ , IL-6), lowered melatonin and adiponectin



levels, downregulated vasoactive intestinal peptide (VIP) type 1 and 2 receptor (VPAC1, VPAC2) expression, and decreased diversity of gut bacteria. EA ameliorated colitis severity and preserved the performance of the epithelial tight junction proteins and VIP receptors, especially VPAC2. Meanwhile, the innate lymphoid cells-derived cytokines in both group 2 (IL-4, IL5, IL-9, IL-13) and group 3 (IL-22, GM-CSF) were elevated in mice colon tissue. Furthermore, dysbiosis was confirmed in the DSS group with and without SF, and EA could maintain the species diversity. Firmicutes could be restored, such as Lachnospiraceae, and Proteobacteria become rebalanced, mainly Enterobacteriaceae, after EA intervention. On the other hand, SF plays different roles in physiological and pathological conditions. In normal mice, interrupted sleep did not affect the expression of claudin-1 and occludin. But VPAC1, VPAC2, and gut microbiota diversity, including Burkholderiaceae and Rhodococcus, were opposite to mice in an inflamed state.

CONCLUSIONS

SF disrupted intestinal repair in mice with colitis, while EA demonstrated likely results in alleviating colon inflammation and changing the structure of the microbiota. Intestinal TJ proteins may be the key mechanism of EA in treating DSS colitis mice with SF. EA affects VIP through VPAC2 and further regulates intestinal mucosal immunity.

RE31

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O-32

NEUROINFLAMMATION AT ACUPOINTS: IMPLICATIONS FOR CLINICAL PRACTICE

RE32 **Peter T Dorsher MSc, MD**

Introduction: Over 170 contemporary scientific publications demonstrate the fundamental role of neuroinflammation in acupuncture point sensitivity (tenderness) and its relevance to acupuncture treatment outcomes. Recent acupuncture basic science data also demonstrates the overlap of innervation of visceral organs and peripheral nerves as well as the neural innervation overlaps of acupuncture's coupled acupuncture Organs/Channels (small intestine organ and heart visceral organs). The recent basic science work of Liu et al. also demonstrates the differing autonomic innervation of ST-25 and ST-36 Classical acupoints, and their studies of the optogenetic stimulation of the ST-36 acupoint with blue light also has implications for understanding acupuncture's underlying mechanisms.

Methods: This talk reviews contemporary evidence (including large systematic reviews) of the evidence of neuroinflammation's role in acupuncture point sensitivity as well as the clinical outcomes of acupuncture treatments.

Results: Based on over 170 acupuncture research studies, neuroinflammation is the basis for acupuncture point sensitivity (tenderness) and confirms the 200 year-old Huangdi Neijing principle that treating the tender points along the Primary Channels produces the best clinical outcomes for patients

Conclusions: Integrating contemporary neuroscience data confirming the presence of neuroinflammation at clinically involved acupoints with traditional acupuncture diagnosis and treatment principles likely will produce the optimal patient treatment results.

RE32

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Dr. Peter Dorsher has been an AAMA member since completing the UCLA/HMI (Dr Joseph Helms') training program in 1998. After completing a master's degree in biomedical engineering at Northwestern University, he pursued a medical degree and trained in Physical Medicine and Rehabilitation at Mayo Clinic Rochester, and subsequently joined the staff there before transferring to its Florida branch, where he practiced for 25 years including serving as chairperson of his department before retiring in 2020. His primary clinical interests have been in chronic pain syndromes and neurologic disorders. He has 35 years' experience in treating myofascial pain syndrome, nearly 25 years' experience using medical acupuncture, and over 15 years' experience in use of low-level laser therapy for pain conditions. He has presented at over 200 national and international meetings on these topics; has over 85 publications including 43 peer reviewed articles in acupuncture and allopathic journals (including Journal of Pain and Nature Precedings); and has won multiple research awards from the American Academy of Medical Acupuncture. He is now focusing on research and education, compiling 30 years of data and publications to explore acupuncture's mechanisms and its fundamental overlaps with the myofascial pain syndrome and myofascial meridian traditions. He continues to present these findings at national and international meetings.



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A POTENTIAL OBJECTIVE SIGN OF CENTRAL SENSITIZATION: REFERRED PAIN ELICITED BY MANUAL GLUTEUS MINIMUS MUSCLE EXPLORATION IS COINCIDENT WITH PATHOLOGICAL AUTONOMIC RESPONSE PROVOKED BY NOXIOUS STIMULATION

RE05 **Elzbieta Skorupski, tomasz Dubek, Michal Ruchlik, Marta Jokiel, Pawel Dobrakowski, Anna Szczerba, Daria Wotzka, Anna Jankowska**

Referred pain/sensation provoked by trigger points suits the nociplastic pain criteria. There is a debate over whether trigger points are related to a peripheral phenomenon or central sensitization (CS) processes. Referred pain is considered a possible sign of CS, which occurs probably mainly due to the abnormal activity of the immune and autonomic nervous systems. To confirm abnormal autonomic reactivity within the referred pain zone of active trigger points, a new diagnostic tool, the Skorupka Protocol® (the SP test®), was applied. The test uses noxious stimulation (10 minutes of dry needling under infrared camera control) as a diagnostic tool to confirm abnormal autonomic nervous system activity. A response to the SP test® of healthy subjects with referred pain sensations provoked by latent trigger points (LTrPs) stimulation was not explored before. The study aims at examining if LTrPs can develop an autonomic response. Methods. Two groups of healthy subjects, (i) gluteus minimus LTrPs with referred pain (n = 20) and (ii) control (n = 27), were examined using the SP test®. Results. Abnormal autonomic activity within the referred pain zone was confirmed for all analyzed LTrPs subjects. 70% of control subjects had no feature of vasodilatation and others presented minor vasomotor fluctuations. The size of vasomotor reactivity within the referred pain zone was LTrPs 11.1 + 10.96% vs. control 0.8 + 0.6% (p < 0.05). Conclusions. Noxious stimulation of latent TrPs induces abnormal autonomic nervous system activity within the referred pain zone. The observed phenomenon supports the concept

of central nervous system involvement in the referred pain pathomechanism.

RE05

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EVIDENCE FOR INTERSTITIAL FASCIA SIGNALING: AN IN-DEPTH ANALYSIS OF ITS SCIENTIFIC BASIS

RE03 **Peter T Dorsher MSc, MD**

Introduction: The interstitial fascia theory of acupuncture signaling (acupuncture mechanism) has been perhaps the most favored contemporary theory of acupuncture's mechanism. The theoretical foundations and basic science data to support the interstitial fascia theory has been published for over 2 decades, with its foundational literature based in the work of Langevin and colleagues. The interstitial fascia theory of acupuncture's mechanism continues to be promoted at national and international meetings of both acupuncture and manual medicine specialists, including the yearly Fascia Research Congress.

Methods: The foundational scientific literature supporting the interstitial fascia theory was examined in depth for its conceptual background (i.e., fibroblast physiology), literature it cited to support its theory, methodology of its foundational

basic science studies, its data presentation, and its overall conclusions.

Results: The fibroblast basic science literature, in consideration with the known nearly immediate clinical effects of acupoint stimulation, suggest acupuncture signaling is not consistent with a fascial mechanism. Further, in-depth analysis of the interstitial fascia literature shows multiple issues with its conceptual basis, data collection, data analysis, and data presentation including their published data that is not compatible with fascial signaling as acupuncture's mechanism.

Conclusions: The role of fascia in acupuncture signaling, per the literature, is most likely an indirect role via mechanical stimulation of neural structures peripherally, with interstitial fascia's literature scientific evidence failing to demonstrate the presence of fascial chain contraction(s) occurring with acupoint stimulation.

E03

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myofascial pain syndrome, nearly 25 years' experience using medical acupuncture, and over 15 years' experience in use of low-level laser therapy for pain conditions. He has presented at over 200 national and international meetings on these topics; has over 85 publications including 43 peer reviewed articles in acupuncture and allopathic journals (including Journal of Pain and Nature Precedings); and has won multiple research awards from the American Academy of Medical Acupuncture. He is now focusing on research and education, compiling 30 years of data and publications to explore acupuncture's mechanisms and its fundamental overlaps with the myofascial pain syndrome and myofascial meridian traditions. He continues to present these findings at national and international meetings.

O-35

IS LASER ACUPUNCTURE EFFECTIVE IN CONTROLLING GAG REFLEX WHILE TAKING DENTAL IMPRESSIONS? A RANDOMIZED DOUBLE-BLINDED SHAM-CONTROLLED CLINICAL TRIAL

LA04 **Hoda Azizi, Pegah Mozafari Mosannen, Seyed MR Aboutorabzadeh, Maryam Khorasanchi, Zeynabi Lotfinia, Shiva Motaghi**

Objective: The purpose of this study was to investigate the effect of laser acupuncture on controlling gag reflexes by stimulating pericardium 6 (PC6) and conception vessel 24 (CV24) acupuncture points in patients in need of taking dental impressions.

Methods: In this randomized controlled double-blinded clinical trial study, in 30 patients aged 20-60 years, alginate impressions were taken in the prosthetic and orthodontic clinic at the Dental School of Mashhad University of Medical Sciences, Mashhad, Iran. The participants were randomly divided into 2 groups. The intervention and the control group each included 15 subjects. Both groups were in the exact status of age, gender, and indexes, including the Gagging Severity Index (GSI), Subjective Severity of Gag Reflex (SSGR), Vomiting Number (VN), as well as the Improvement Index, measured. Both groups underwent alginate impressions pre-and postintervention. PC6 and CV24 acupuncture points were irradiated for 4 seconds in contact mode with a laser probe pressure on the skin that was slightly bleached without causing pain for the patient. The laser energy was 0.8 J with an energy density of 2.854 J/cm² at the surface of the probe (spot size, 0.28 cm²). The total radiation dose was 45.7 J/cm², and the power density was 714.2 w/cm².

Results: The findings showed that SSGR and VN significantly improved ($P \leq .05$) in the intervention group compared to the control group, but GSI was higher in the intervention group. In the intragroups analysis for the comparison between before and after the intervention, it was found that although the average GSI was elevated after the intervention rather than before, the difference was insignificant ($P = .083$). Also, after the intervention, the average SSGR was significantly reduced ($P < .001$), and VN was insignificantly lessened ($P = .334$). Moreover, it was observed after the intervention rather than before that GSI was significantly increased ($P < .001$), whereas SSGR significantly

declined ($P < .001$), and VN meaningfully decreased ($P = .001$). The observations demonstrated that the Improvement Index status was significantly better in the intervention group compared to the control group ($P = .002$).

Conclusion: This study found that the application of laser acupuncture on PC6 and CV24 acupuncture points might be effective in reducing the gag reflex and can be used as a noninvasive technique while taking dental impressions. LA04



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O-36

EVIDENCE MAPPING OF COMPLEMENTARY, NUTRITIONAL AND TRADITIONAL (CHINESE) MEDICINE IN THE FIELD OF METABOLIC MEDICINE FOR (PRE-)OBESITY

MB02 **Prof. Peter Panhofer, Thomas Vlasak, Brigitte Obermayer, Steffi Rothe**

Background: External evidence is one cornerstone of evidence-based medicine. Focus was set on Traditional Chinese Medicine (TCM) therapies and European Phytotherapy as well as complementary nutritional supplementation. Aim is to present a scientific review of integrative treatment strategies in the field of metabolic medicine for (pre-)obesity.

Method: A literature research on the topic of weight loss using traditional and complementary medicine was performed in PubMed and Google scholar and publications with a high quality of evidence were included.

Results: Overall, 81 Meta-Analyses and Systematic Reviews (MASR) assessed the effect of complementary medicine on treatment of (pre-)obesity: A significant BMI decrease was found in 15 of 18 MASR (83.3%) of TCM treatments such as acupuncture and herbal therapy, and a corresponding significant decrease in body weight was detectable in 12 of 17 MASR (70.6%). 36 MASR evaluated microbiome treatment (probiotics: 30 MASR; prebiotics: 6 MASR; synbiotics: 10 MASR). All MASR on prebiotic usage, half of the MASR on probiotics (15/30: 50%) and merely one fifth of the MASR on symbiotics (2/10: 20%) showed a significant decrease in body weight or BMI.

Nearly three quarters of MASR (8/11: 72.7%) from studies using black cumin, green tea (extract), green coffee extract, haricot

extract, turmeric, ginger and Ephedra as well as the herbal mixture Bofu Tsusho San confirmed significant weight loss. Furthermore, mind body therapies such as Mindfulness Based Stress Reduction, Yoga and Tai Chi presented promising effects on weight loss.

Almost three quarters of all subgroup analyzes (113/156: 72.4%) showed a statistically significant weight loss.

Conclusion: (Pre-)obesity and the psycho-social metabolic syndrome demand multimodal treatment strategies to manage the pandemic burden. Traditional, nutritional and complementary therapies have proven plausible functional mechanisms and evidence-based efficacy in the field of metabolic diseases. Therefore, they may be added to the therapeutic portfolio of modern conventional medicine.

MB02

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O-37

COMPARATIVE EFFECTIVENESS OF HYPERICUM PERFORATUM, ACUPUNCTURE, AND LIFESTYLE MODIFICATION IN THE MANAGEMENT OF OBESITY: A RANDOMIZED CLINICAL TRIAL

MB06 **Mohammad Hossein Ayati, MD, PhD, LAc et al**

INTRODUCTION:

Obesity is a burden on health, which is managed in a multidisciplinary manner with lifestyle modification (LSM) and medication. Acupuncture may be promising although uncertain. Hypericum perforatum (HP) has been used in animal but not in human studies. We aimed to investigate the integrative effect of HP, acupuncture, and LSM in obesity management.

METHODS:

In a blinded randomized trial in Iran, 88 obese or overweight participants were assigned to 4 groups: A: HP + sham acupuncture + LSM; B: placebo + acupuncture + LSM; C: placebo + sham acupuncture + LSM; D: HP + acupuncture + LSM; 6 weeks treatment, 18 weeks follow up. The primary outcome was the change in BMI at week 2, 6 and 24 compared to baseline. The statistical analyses were performed using SAS University (PROC GLIMMIX) and SPSS 18 (Chicago, IL, USA) with a 2-sided P value of less than 0.05 considered statistically significant.

RESULTS:

Of the eighty-eight enrolled participants, 82 were included in the analyses. No significant differences between the groups regarding anthropometric changes were noted. The appetite score (lower in A and B groups than C; $P = 0.037$; $P = 0.049$) and the mean (SD) serum nesfatin-1 (in A vs. C, difference of 5.5 ng/dl; 95% CI, 3.7–7.3; $P < 0.001$; and in the B vs. C, difference of 7.6 ng/dl; 95% CI, 5.1–10.2; $P < 0.001$) changed significantly.

CONCLUSIONS:

Both HP and acupuncture added to the decreasing effect of LSM on appetite in obese and overweight subjects which might be related to increasing the nesfatin-1 level.

TRIAL REGISTRATION:

Iranian Registry of Clinical Trials; Code No. IRCT201706107265N9.

MB06

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O-38

BACULIFE: PREOPERATIVE WEIGHT-LOSS USING A STANDARDIZED PROGRAM WITH FORMULA DIET ± ACUPUNCTURE

MB05 **Prof. Peter Panhofer, Steffi Rothe, Thomas Vlasak, Bernd Weiner, Alexander Butz, Brigitte Obermayer**

Background: Acupuncture is included in the therapy spectrum of Traditional Chinese Medicine and has a relevant impact on the central and autonomic nervous system. Aim of the BACULIFE study was to evaluate acupuncture in respect to Evidence-based metabolic medicine.

Method: In a retrospective precursor study 554 patients (females: 75.1%) from 2002 to 2018 with a Body Mass Index (BMI) of $44.8 \pm 6.1 \text{ kg/m}^2$ were assessed on preoperative weight change. The interim analysis of the prospective controlled BACULIFE study, randomized 99 patients to acupuncture + formula diet (Group A: 30), formula diet only (Group B: 34) and to the control (Group C: 35) for an 8-week program. The effect of the integrative treatment was assessed using objective metric & laboratory values and subjective quality of life (WHOQOL-BREF, BAROS, BARAQOL).

Results: In the precursor study significant risk factors for preoperative increase of BMI were a low BMI $< 40 \text{ kg/m}^2$ (RR: 6.81; $p=0.013$) and a prolonged preoperative time span to bariatric surgery > 6 months (RR: 1.12; $p<0.001$). A high BMI $\geq 50 \text{ kg/m}^2$, especially in men, had a positive impact on the loss of BMI (RR: 0.38; $p<0.031$).

Utmost reductions in BMI were found in group A (-2.4 kg/m^2)

compared to groups B (-2.0 kg/m^2) and C (-0.5 kg/m^2). Both intervention groups had significant BMI changes compared to the control cohort (both $p<0.001$). Nearly all parameters of the Bioelectrical Impedance Analysis (BIA) were significantly improved in the diet groups compared to the control (all $p<0.001$). Fat Liver Index (FLI) loss was most frequent in group A (94.4%) compared to groups B (77.8%) and C (47.4%). Quality of life was significantly higher in the intervention groups compared to control (all $p<0.001$).

Conclusion: Formula diet and acupuncture are feasible in a multimodal treatment strategy in the field of metabolic and bariatric medicine with special emphasis on preoperative weight loss.

MB05

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O-40

BARBQTCM: BARIATRIC BASIC QUESTIONNAIRE FOR TRADITIONAL CHINESE MEDICINE. INTEREST IN COMPLEMENTARY MEDICINE AMONG 5613 OBESE PATIENTS FROM AUSTRIA, SWITZERLAND AND GERMANY

MB04 **Univ. Prof. Dr. Peter Panhofer, MSc, MBA, Mag. Thomas Vlasak, Prof. Dr. Christian Denecke, Dr. Brigitte Obermayer, Dr. Philipp Beckerhinn, Prof. Dr. Jörg Zehetner, MB, Dr. Ulf Keszler, Prof. Dr. Alexander Klaus, Dr. Christoph Sperker, Prof. Dr. Stephan Kriwanek, Dr. Sonja Chiapetta, Prof. Dr. Andreas Türler, Prof. Dr. Christoph Jacobi, Prof. Dr. Philipp Nett, Dr. Massimo Fumagalli, Dr. med. scient. Steffi Rothe, MBA**

INTRODUCTION:

Obesity is the major multifactorial metabolic burden of the 21st century. Complementary Additive Medicine (CAM) including Traditional Chinese Medicine (TCM) add to the multidisciplinary treatment options. Aim of the study was to investigate the interest in TCM among patients from bariatric centers.

METHOD:

From April 2017 to February 2023, 5613 patients from Austria (AUT: 2589), Germany (GER: 1518), and Switzerland (SUI: 1506) answered the anonymous BARBQTCM questionnaires in the outpatient wards of 13 obesity centers. Age (median 44 years), sex (female: 73%), Body Mass Index (BMI: median 37.2 kg/m^2 [IQR: 29.7-43.9]) and prior experience with CAM (2104 patients: 37.5%) were assessed.

RESULTS:

4356 respondents (77.6%) had professional nutritional counseling, 4361 underwent diverse dietary programs (77.7%) and more than half of the cohort (had) practiced exercise/sports (3299: 58.8%). 1507 patients experienced weight loss drugs (26.8%). 2640 patients (47%) underwent bariatric surgery: gastric banding (284: 10.8%), sleeve gastrectomy (939: 35.6%), Y-Roux (1126: 42.7%) and Omega-Loop (551: 20.9%) gastric bypass. 631 respondents (23.9%) reported weight regain (> 10 kilograms) after bariatric surgery. Top-5 indications for TCM-Therapies included weight problems (3375: 60.1%), fatigue (2681: 47.8%), skeletal complaints (2527: 45%), sleep disorders (2433: 43.3%) and missing satiety (2366: 42.2%). More patients without surgery would use TCM compared to the surgical group (78.3% vs. 81.5%; $p=0.004$). That cohort would visit a TCM outpatient ward more frequently (80.9% vs. 78.6%; $p=0.03$) and would pay more often for TCM therapies (72% vs. 69.2%; $p=0.02$) compared to the control. Patients without former bariatric surgery had a significantly higher TCM-acceptance compared to the surgical group (RR: 1.17 [95% CI: 1.05-1.30]; $p=0.003$).

CONCLUSION:

TCM has developed as important option in the interest of

(pre-)obese people. Interest is high among those patients. Standardized multimodal programs have to be offered to face the therapeutic challenge of that worldwide pandemic. MB04

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O-41 ACUPUNCTURE AS MULTI-TARGETED THERAPY FOR THE TREATMENT OF OBESITY, A COMPLEX MULTIFACTORIAL DISEASE

MB41 **Raymond Landgraaf, Massimo Fumagalli, Michelle Bloem, Nadège Schiavi-Lods, Sorin Golcea, Marc Benninga, Fleur de Lorijn, Harry Büller, Max Nieuwdorp**

The prevalence of obesity has reached pandemic dimensions worldwide. This complex multifactorial disease is associated with multiple comorbidities and is becoming a clinical and public health threat. Obesity has a complex pathophysiology and interplay of various systems. A strong multi-directional interplay exists between the neuro-endocrine system, the immune system with systemic chronic low-grade inflammation, and microbiome dysbiosis that can lead to the development of obesity, which in turn can exacerbate each of these factors, hence creating a vicious cycle. The conventional treatment of obesity with lifestyle modifications such as diet, physical exercise, pharmacotherapy, and bariatric surgery does not always result in sufficient weight control thus paving the way for other strategies. As one such strategy, acupuncture is increasingly used worldwide to treat obesity and has been a subject of research over the last few decades and has emerged as a safe and effective complementary therapy.

The evidence for the complex neuro-endocrine-immune interplay in the pathophysiology of obesity will be first presented. Furthermore, the existing experimental and clinical evidence of acupuncture as a multi-targeted therapy for obesity is explained. Moreover, the results of our retrospective chart review will be shown. The combined effect of very low carbohydrate diet with acupuncture on weight reduction has been assessed and data were collected between 2002-2021 in 7 acupuncture clinics in Switzerland. 11.233 patients with overweight or obesity were included. The results suggest that this combination of a very low carbohydrate diet with acupuncture can induce weight reduction and could be considered as an effective and noninvasive treatment option for obesity. However, due to methodological

limitations like the lack of a control group, there is a strong urge for more careful analysis and further rigorous prospective comparative research and therefore such RCT will be performed.

MB41

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THE INFLUENCE OF AURICULAR ACUPUNCTURE ON BLOOD LIPIDS AND OBESITY RELATED OUTCOMES: SYSTEMATIC REVIEW AND META-ANALYSIS

MB03 **Joanna Dietzel, Kevin Hua, Mike Cummings, Miriam Bernatik, Taras Usichenko, Benno Brinkhaus**

Background: The number of randomized controlled trials using auricular stimulation (AS) such as auricular acupuncture or acupressure or transauricular vagus nerve stimulation, in experimental and clinical settings has increased markedly over the last three decades. This systematic review focusses on effects on obesity related outcomes like blood-lipids and parameters such as weight and waist and hip circumference.

Methods and analysis: The following databases were searched: MEDLINE (PubMed), EMBASE, Cochrane Central Register of Controlled Trials (CENTRAL), ISI Web of Science, and Scopus Database. Quality and risk assessment of included studies were performed and the meta-analysis of the effect of the most frequently assessed biomarkers.

Results: 25 studies assessed obesity related parameters and could be included in meta-analysis. The effects of AS on weight was evaluated in 23 studies, on BMI in 13, Body fat in 7, waist circumference in 8, hip circumference in 6 and in 4 the ratio of waist and hip circumference. 7 trials investigated the effects on lipid-metabolism and digestive hormones, 9 studies the effect on glucose metabolism. AS was used as add-on to a dietary regimen in most RCTs. Controls received sham interventions in most trials or compared to physical exercise, or body acupuncture or wait-list. The overall quality of the studies was moderate to low mainly due to missing blinding of the applicant of AS. AS lead to significant reductions of weight, BMI, of waist and hip circumference and ratio. A significant decrease in cholesterol was calculated for the AS groups and a relevant increase of HDL, but no effects on triglycerides. AS showed to be safe throughout the trials.

Conclusion: Auricular acupuncture was safe and seems to have beneficial effects on blood lipids and obesity related outcomes. High quality randomized controlled studies are urgently needed to strengthen the evidence.

MB03

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He is an associate editor for the journal *Acupuncture in Medicine* [IF 2.267].

He is a reviewer for *Annals of Internal Medicine* and many other journals and has acted as a specialist adviser to NICE.

Publications summary:

- >100 total publications
– citations listed here: goo.gl/6XQeXv
- ~80 in peer reviewed journals
- 7 systematic reviews
- 15 textbook chapters
- 5 textbooks

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PHYSICAL THERAPY FOR THE TREATMENT OF UNSPECIFIC CHRONIC LOW BACK PAIN: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

SR01 **Dongwoo Nam, Jeongrock Kim, Seungjin Noh, Yejin Hong, Saerom Jeon**

BACKGROUND

Unspecific chronic low back pain (UCLBP) is a common disease worldwide with increasing prevalence in an aging population. Physical therapy is a treatment in which Korean medicine doctor utilizes the devices newly developed in modern times based on Korean medicine. It is used in the UCLBP to reduce pain, inflammation, or tissue restriction, and increase movement and symptom relief through vasodilation and neurostimulation. However evidence for physical therapy on UCLBP has been insufficient and indefinite. This review evaluate the effectiveness of physical therapy on UCLBP.

METHODS

Eight databases (PUBMED, CENTRAL, EMBASE, CNKI, KMBASE, KISS, NDSL, OASIS) were searched from January 2016 to September 2022. Randomized controlled trial studies using physical therapy for unspecific chronic low back pain were selected. There were restrictions according to publication status which under 18 years of age and failure to meet the criteria of unspecific chronic low back pain. Data from the selected studies were extracted using a formal extraction tool. Primary outcome measurements were Visual Analogue Scale (VAS) for pain intensity, Roland Morris Disability Questionnaire (RMDQ) and Oswestry Disability Index (ODI) for functional status. The risk of bias of each of the selected studies was assessed using the Cochrane risk of bias tool. For continuous data, standardized mean difference

was calculated with 95% confidence intervals in a random effect model. Heterogeneity between the selected studies was assessed using the forest plot and Chi-square test.

RESULTS

2764 records were verified from the searched databases. After screening the records, 28 studies were finally included in the systematic review, and 21 of them were included in meta-analysis. Physical therapy as add-on treatment, showed a significant effect on improving pain relief, and ICT also showed a significant improvement in alone treatment.

CONCLUSIONS

This systematic review suggests that physical therapy have beneficial effects as add-on treatment for unspecific chronic low back pain. However there were insignificant results of improving function in some physical therapy, which lacks the number of

studies. Therefore, large number of further well designed studies are necessary to obtain conclusive evidence that physical therapy treatment is effective in reducing pain and improving function of unspecific chronic low back pain.

Key words: Physical therapy, Unspecific Chronic Low Back pain, Pain, Function, Systematic review, Meta-analysis SR01

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O-44 IDENTIFICATION AND DEFINITION OF FREQUENTLY USED ACUPOINTS IN TREATMENT OF UTERINE FIBROIDS: A LITERATURE REVIEW

SR05 **Elham Hooshyarazar, Hoda Azizi**

Background: Uterine fibroids are non-cancerous growths of myometrium cells, commonly diagnosed during reproductive years. With various sizes, numbers and locations, they impose debilitating symptoms such as abnormal uterine bleeding and infertility. Hence, seeking for advantageous methods to alleviate these symptoms is of extreme importance. Conventional medicine approaches this condition with several surgical and hormonal prescriptions but in order to reduce probable side effects and maintain fertility, acupuncture with global reach and significant results could be a beneficial treatment method for uterine fibroids. As in clinical practice, the selection and combination of acupoints are challenging issues, we conducted a literature review to discover the most frequently used acupoints in treatment of uterine fibroids and explain the underlying principal of their usage.

Methods: Four databases (Pubmed, Cochrane, Scopus and Google Scholar) were searched for the studies on treating uterine fibroids with acupuncture, restricted to English language and available full texts or abstracts from their inception until December 31, 2022 and outcomes were extracted and analyzed.

Results: Totally, 14 acupuncture prescriptions were found and explored. 56 meridian acupoints, 3 extra points and one ear acupuncture point were used. SP6 (Sanyinjiao), CV4 (Guanyuan) and ST36 (Zusanli) were most frequently selected. Total application frequency of acupoints was 127 times. The acupoints on the Conception Vessel (CV) and spleen meridian of foot Taiyin (SP) were most frequently applied (21.25% & 18.11% respectively), while the Bladder meridian of foot Taiyang (BL) had the maximum number of prescribed acupoints (25%). Application of specific acupoints was 51.96%. The acupoints located on Yin meridians were more frequently used than those on Yang meridians (52.75% vs. 40.15%).

Conclusion: The results of this review can provide a reference of acupoint selection for future surveys. Considering the lack of adequate clinical trials on treatment of uterine fibroids with acupuncture, additional investigations are needed to increase the evidence targeting the efficacy of acupuncture for the management of uterine fibroids. SR05



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1. Evaluation and comparison of the effect of Segmental Electroacupuncture, Manual Acupuncture and Sham Acupuncture on symptoms, sonographic and laboratory indices of patients with uterine fibroids
2. Protocol for design and development of a mobile application based on self-acupressure and Chinese dietetics guide for women with menopausal hot flashes (Now accepted to be presented in First International Congress of Artificial Intelligence in Medical Sciences, May 2023, Kish, Iran)

O-45

DO ARTIFICIAL NEURAL NETWORKS AND COMPUTATIONAL NEUROSCIENCE EXPLAIN BIOLOGICAL NEURAL SYSTEMS AND NEUROMODULATION BY ACUPUNCTURE?

SR07 **Jean P.J.Fossion, Ruben Y.M.Fossion**

BACKGROUND

Acupunctural pattern medicine (Zang Fu) is ancient. Its ultimate working mechanisms however remain undisclosed. Could neural network theory shed some new light on needling as neuromodulatory technique? Networks with an encoder-decoder architecture are able to disentangle patterns, diffuse background and generate a new adaptive motif. Could biological neuron networks explain the restoration of pattern disharmony in East-Asian medicine?

METHOD

We make a survey of medical literature to establish a link between neuromorphic artificial networks, biological neuron systems and the influence of acupuncture on dysautonomy. We refer to patterns of acupunctural organ system theory (Zang Fu) with digestive functions as application.

RESULTS

We discover convergence within neural networks as a mechanism leading to disentanglement of patterns and to denoising diffusion. Systems get stuck if parameters become overdependent on a secondary component, called overfitting on a training condition. If acupuncture restores overfitting remains to be determined, but needling might act as a reparameterization trick, described in neural networks. Paradoxically, some neural networks diffuse noise more efficiently if noise is added. Needling adds a stochastic signal to the end encoder, acting as a noise diffusion incentive device, in the hope that overfitting might disappear as ordinary noise and parameters become susceptible for a reset. Reparameterization might explain the restoration of disharmony in dysautonomy. Thus needling might reharmonize a system by reparameterization of an activation function.

The dorsal vagal complex consists of a viscerosensory encoder, anatomically defined by the solitary nucleus (STN) and of a visceromotor decoder, anatomically defined by the vagal dorsal motor nucleus (DMV). The STN determines the preselection of activation functions, such as digestive processes with accommodation of the stomach, acid production by the parietal cells, bicarbonate production by the pancreas, and parallel mass movements of the colon, etc. The DMV executes the predictive value of the visceromotor activation as computed by the STN, but calculates also the residual between expected- and actual value as monitored by continuous sampling of smooth muscle tension, acidity, alkaline buffering, progress of peristaltic movement, etc.

The paraventricular nucleus (PVN) in the hypothalamus selects the feedforward conditional probability by its projecting afferents on the solitary nucleus. The PVN receives its instructions from the dorsomedial nucleus (DMN). The DMN stores and selects the appropriate scenario according to the contextual circumstances and calculates the conditional probability of the actual meal given her lifetime experiences of food intakes within a margin of error (residual). Outliers are included in previsions within the frame of food anticipatory behaviour.

SR07

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O-46

UNDERSTANDING SYSTEMATIC REVIEWS IN CLINICAL RESEARCH ON ACUPUNCTURE IN LIGHT OF EXPERIMENTAL CONTROLS

SR03 **Fernando Farias, MD, PhD**

Systematic reviews and meta-analysis have become a standard for scientific evidence in clinical research. After decades of steady growth of scientific research on acupuncture mechanisms of action and controlled clinical trials published in indexed periodicals, demand for scientific evidence has also increased among patients, medical community, and private and public health systems. The last development of this trend is the assessment of such data by means of systematic reviews to support clinical practice. Given the critical role of experimental controls in defining how much we can trust data, stressing their importance is never enough. However, experimental controls in clinical research on acupuncture are troubled by their many

particularities, when compared to current Western biomedicine. Open issues such as heterogeneous types of experimental controls employed in this field, and the extent placebo effect is balanced in individual studies can make results derived from systematic reviews on acupuncture very complicated to interpret. We analyze recent advances in the methodological study of experimental controls by critically addressing the research literature, and focusing on how they can affect the conclusions of systematic reviews. Special attention is given to the placebo effect in acupuncture and the placebo needles, like the Streitberger, Park and Takakura devices. Such reasoning will be an important asset in shaping future research on clinical acupuncture in order to generate reliable and useful data.

SR03

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O-47

BATTLEFIELD ACUPUNCTURE FOR REDUCING ACUTE PAIN: A SYSTEMATIC REVIEW AND META-ANALYSIS

PA11 Chanwoo Joo

Introduction: Effective management of acute pain is crucial in military healthcare as it can impede soldiers' performance and combat readiness. Battlefield Acupuncture (BFA), developed by the US military, is a form of auricular acupuncture inserting disposable metal needles into five acupoints located in the ear. While BFA has been recognized for its potential effectiveness in alleviating acute pain, the available evidence remains still unclear. This study aims to evaluate the effectiveness and safety of BFA for reducing acute pain.

Method: A protocol was prospectively registered in PROSPERO (CRD42022368288). Eleven databases were searched from inception to November 25, 2022. The inclusion criteria were prospective randomized controlled trials with patients under acute pain, which used BFA as a pain relief intervention compared to a control group. The primary outcome was pain intensity and secondary outcomes were pain relief response rate after treatment, the number of postoperative opioid requests/demands, the cumulative opioid dosage, psychological measurements, quality of life, adverse event (AE), and serious adverse event.

Results: Eleven studies met the inclusion criteria for systematic review and five studies were eligible for meta-analysis. BFA group

reduced acute pain intensity compared to control group (MD -1.57; 95% confidence intervals (CIs) -2.68 to -0.45; $P < 0.01$, $I^2 = 84\%$, low certainty of evidence). The cumulative opioid dosage was reduced more in BFA group compared to control group (MD -20.13; 95% CI -26.59 to -13.67; $P < 0.01$, $I^2 = 0\%$, very low certainty of evidence). The safety of BFA reported a minor AE such as discomfort on the embedded site and there was no further medical treatment for AE.

Conclusion: Despite the limited evidence for reducing acute pain, BFA could be an option for acute pain management strategy. Further well-designed BFA clinical trials are needed to clarify the effectiveness of BFA on acute pain.

PA11

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Chanwoo Joo obtained his M.S., Clinical Korean Medicine in 2022 and is currently working towards his PhD in clinical Korean medicine at Kyung Hee University. He has worked as an intern and resident at the university's medicine hospital and is currently the captain of the Medicine Clinic of the Korean Air Force.

O-49

ACUPUNCTURE FOR MULTIPLE SCLEROSIS: A LITERATURE REVIEW

SR02 Faezeh Khodaie, Naghmeh Abbasi, Amir Hooman Kazemi Motlagh, Baixiao Zhao, Abdorreza Naser Moghadasi

Background: Acupuncture as a complementary and alternative medicine (CAM) modality appears to be a helpful integrative therapy for multiple sclerosis (MS). Due to the chronicity of the disease and persistent symptoms, a large number of patients seek to use CAM for the MS treatment. Therefore, the present review aimed to determine the effectiveness of acupuncture in the treatment of multiple sclerosis. **Methods:** PUBMED database was searched for English articles (at least English abstracts) in September 2021, including all articles published since the earliest literature until September 2021. Review articles were searched for relevant data. The searched keywords in titles and abstracts included ((acupuncture) OR (electroacupuncture)) AND (multiple sclerosis). **Results:** Totally, out of 75 studied articles, 31 were included in this research. The advantages of acupuncture are

mainly reflected in regulating neuro-immune system, improving the quality of life, reducing fatigue, improving the bladder function, reducing the spasm and pain of the limbs, delaying the progression of the disease, and reducing relapses. **Conclusions:** According to the review of the recent articles, traditional Chinese acupuncture and scalp acupuncture appear to help improve the symptoms of multiple sclerosis (including fatigue, neural functional deficits, pain, gait impairments, and bladder dysfunction) and reduce relapses. Therefore, acupuncture could be used as an integrative therapy in patients with MS.

SR02

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- General physician, Research Institute of Cultural Heritage and Tourism, Aug 2016-Mar 2017.
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Honors and Awards

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- CSC Scholarship (Chinese government scholarship for foreign students) for master's degree, Sep 2017-Mar 2019
- Top Grade Point Average award, school of medicine, SBMU, Apr 2015. GPA (20.00 scale) = 18.37

0-50

ACUPUNCTURE AND OTHER TCM METHODS IN TREATING POST-OPERATIVE HAND AND SHOULDER PAIN

ME02 **Lily Luzina-Chju, M.D., Camilla Luzina, Ph.D.**

INTRODUCTION

Post-operative and posttraumatic hand and shoulder pain remain one of the most urgent issues in rehabilitation treatment. Even after a surgery the pain syndrome can persist for a long time thus inducing discomfort and poor quality of life. The basic treatment of postoperative pain is the use of opioid analgesics. However, these drugs are associated with a number of undesirable side effects. Acupuncture is most known for relieving pain but it also facilitates healing. It especially works well for treating shoulder injuries such as rotator cuff injuries, impingement syndrome, fractures of the shoulder, labrum injuries, etc.

METHOD

We used corporal, auricular, scalp acupuncture in complex with other TCM methods such as: moxibustion, cupping therapy, Su Jok therapy, physiotherapy, therapeutic exercises and others.

RESULTS

Acupuncture reduced shoulder inflammation; restored shoulder function, flexion range of motion. After treatment there was a positive trend in the triceps and supraspinatus muscles in the form of an increase in motor muscle potentials parameters. The arm and shoulder movement became unlimited, muscle volume restored. Pain disappeared.

CONCLUSION

Acupuncture can reduce shoulder inflammation; restore shoulder function, flexion range of motion. Acupuncture can help rehabilitation after rotator cuff surgery. Acupuncture appeals to the root cause of impingement syndrome reducing inflammation. If the labral tear in the shoulder does not detach it can often be treated with acupuncture alone. It also works to promote healing, strengthen the weakened muscles. Acupuncture and moxibustion can be safely used in addition to other therapies.

ME02

Lily Luzina-Chju, M.D., Camilla Luzina, Ph.D.

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She received a PhD degree from the Russian Federal State Research Centre for Recovery Medicine and Resort Studies of Roszdrav. The title of the thesis is "Chronoacupuncture for Biliary Dyskinesia: Research and Implementation."

She has worked in Moscow for the centre for Chinese medicine "Sin-Ya-Chju" since 1990.

She has 160 publications, among them articles, abstracts, reports; two tutorials.

"Acupuncture for some skin diseases", Saint-Petersburg, 2005

"Complex reflexotherapy for the patients suffering from thyroid diseases", Moscow, 2005

one monography. "The Basics of the Traditional Chinese Medicine", 2009, 660 pages, ISBN 5-225-03395-4

"Traditional Chinese Medicine", 2016, 496 pages, ISBN 978-5-9518-0689-5

She has 30 years of professional experience in acupuncture. The author has been helping people with serious health problems as a part of charity activity in Sin-Ya-Chju. Has been working as a part time acupuncture doctor for the state clinic 13 in Moscow since 1994. Dr. Lili Luzina-Chju was awarded with a certificate of gratitude for

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O-51

(MEDICAL) ACUPUNCTURE IN THE PAST, PRESENT AND FUTURE

ML05 **Petr Fiala**

THE PAST

We don't know when and how the idea to use the stimulation of acupoints for treating pain and other disorders emerged. It is believed it came to life in ancient China. However, the oldest direct evidence comes from Neolithic Central Europe. The mummy of the prehistoric man Ötzi, who lived 5,000 – 5,500 years ago, had 61 tattoos almost identical to current „Chinese“ points. The oldest Chinese original of the Neijing canon dates to the 2nd century A. D. and has been preserved in Japan. It had been written and collected after the 5th century B. C., in the golden era of Chinese philosophy and medicine. At the same time, ancient Greece experienced its own golden era of philosophy and medicine with similar ideas in medicine (4 elements etc.). There is no evidence of any contact between these civilisations and yet, it seems their „hardware“ and „software“ operated by the same principles. Chinese medicine kept developing until the Ming Dynasty (Li Shizen) and was halted when the Ming Dynasty was overthrown by the Manchurian Qing Dynasty. Later on, in the era of the Renaissance and industrial revolution, the influence of European natural science-based medicine prevailed.

THE PRESENT

Acupuncture set its roots in Europe at the turn of the 19th/20th century thanks to the French Soulié de Morant and Roger de la Fuye, despite the impressive discoveries of natural sciences (Virchow medicine). Over the 20th century, it spread to the whole Western world in spite of the mistrust and opposition from the side of „scientific“ medicine. This was no doubt thanks to the meticulous examination following the strict scientific criteria of the West. Scientists from all over the world, but mostly from Scandinavia, France, Austria and the USA between 60.–90.ies, took interest in it and acupuncture got to Western universities. Subsequently, WHO issued lists of indications (2002) for its application in clinical practice. Acupuncture complies with the requirements of evidence-based medicine in clinical research. Thus, „medical acupuncture“ was born and established as a field more or less independent of the TCM.

THE FUTURE

What will become of acupuncture in a hundred years? Has it reached its peak? Will it withstand the competition of more efficient diagnostic and treatment methods? In my opinion, there's still room for more thorough research. There have been thousands of controlled research studies (CRT) which, however

focus only on its clinical efficiency (= EBM). We still lack a full understanding of the biochemical and physiological effects of needling (neurohumoral processes etc.). For example, what is released after activating the „stress pathways“ (Selye) by needling the point LI 4? A comprehensive „Atlas of biochemistry, physiology and pathophysiology of acupoints“ is still missing. We still don't know why and how our CNS responds to peripheral or cerebral stimulation. It seems highly probably that our stimulation triggers a response in over 130 billion neurons and an infinite number of their connections when synaptic bypasses and collaterals emerge to restore the damaged functions, however, the circumstances of this process are still unknown. That's a challenge for research in the 21st century; and, of course, for our ICMART, too.

There's a saying in the Czech language: „Don't enter a pub with empty pocket“. The same goes for the acupuncture basic research. More funding and devoted researchers are necessary to continue exploring it.

ML05

Petr Fiala

Prof. MD, PhD, Prague-CZ.

O-52

SIMULTANEOUS USE OF ACUPUNCTURE AND COLLAGEN INJECTIONS IN TREATMENT OF MUSCULOSKELETAL SYSTEM

MS01 **Ladislav Fildan, MD**

PURPOSE:

The author has been using a combination of acupuncture and following application of collagen MD-injections by GUNA Company, Italy (MD - Medical Device), in his daily practice for the last 10 years. This approach has increased the resulting effect of the therapy by 20 - 30 % based on VAS.

METHODS:

In treatment of musculoskeletal system disorders, the author has been using a combination of auriculotherapy, body acupuncture and electro-stimulation of acupuncture needles in order to increase analgetic effects of acupuncture in most patients. After acupuncture is finished, collagen injection is applied in affected areas. Most frequently, the application is performed intradermally

ANALYSIS:

Collagen is the main component of ligaments, tendons, bones, cartilage, skin and extracellular matrix. Tissues of musculoskeletal system can be damaged by overuse, physiological aging processes and traumatic events. In all cases the loss of integrity of collagen fibres is the most evident result. (1)

MDs are injected locally in order to replace, strengthen, restructure and protect tissues of musculoskeletal apparatus, to improve anatomical structure and function of collagen fibres and the structure containing them and, at the same time, to provide mechanical support to areas involved. (2)

The collagen contained in MDs is type I collagen (tropocollagen). Transport of collagen and other contained substances to their

place of destination is based on a unique "collagen injectable drug delivery system". (1)

Neo-synthesis of collagen fibrils takes place in the damaged region, which produces significant improvement of mechanical properties of the injured tissue.

CONCLUSIONS:

By restoring and reinforcing damaged anatomical structures, Collagen MDs improve mobility and functionality and act directly on the pain. (1)

The paper is not supported by a grant or any company. MS01

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O-54

AN EXAMPLE OF A PATIENT IN THE PAST

O-54 ? ME12 **Huub Moeniralam**

SOME NOTES ABOUT PAIN SIMPLIFIED AND THE CEREBELLUM

Pain simplified

Because of the time, I only discuss two ascending pathways towards the brain. They carry sensory information from the periphery to central. The anterolateral system is another name for the spinothalamic tract.

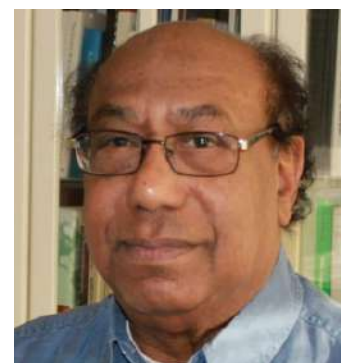
Anterior	Lateral
crude touch	pain
pressure	temperature (cold or hot)

The main fibers in the spin thal pathway carry the A-delta fibers (fast, strong myelinated) and the C-fibers (slow, poor myelinated). The last enter the spinal cord via the Rexed lamina 2 (subst. gelatinosa of Rolandi) and Rexed lamina 3 (nc propius). The A-delta fibers (neo spin thal) enter via Rexed lamina 1 (nc marginalis) and Rexed lamina 5 (nc reticularis).

After entering the spinal cord, the fibers decussate via the anterior white commissure and ascend till the VPL (Ventral Posterior Lateral nc) of the thalamus to the somatosensory cortex and there is awareness of pain.

The C-fibers (slow pain) belong to paleospinal thalamic tract. In the medulla the ant and lat spinal tract form the spinal lemniscus.

I only will discuss the C-fibers here. 85% of the C-fibers goes to the F.R. and 15% goes to the brain cortex for awareness of pain. The reticular formation is important in sending axons to the thalamus and brain cortex for awareness of pain.



The collateral pathways of the spinal thal tract are:

1. spinal tectal tract (quick response for auditory and visual stimuli);
2. spinomesencephalic tract (via sup. colliculus and parabrachial nucleus in the pons to the amygdala for fear and anger in response to pain);
3. spinothypothal tract for autonomous complaints, such as nausea and dizziness. The PAG (peri aqueductal grey matter) is for the descending of modulation of pain. There is releasing of endorfine, dynorfine and enkaphaline.
4. The spinoreticular tract; Via intralam nuclei (thalamus) information is sent to cortical structures for awareness of pain. Cingulate gyrus, anterior insular cortex and amygdala are important for the emotional aspects of pain. The spinal reticular tract ascends as well contralateral as ipsi lateral. Some descending fibers are serotonerg (nc raphemagnus) or noradrenerg (nc coeruleus) and also moderate the pain.

SOME NOTES REGARDING THE CEREBELLUM

Three lobes, anterior (spino cerebellum), posterior (cerebro cerebellum) and flocculo-nodular lobe (vestibulo cerebellum).
Function cerebellum: balance equilibrium muscle tone coordination of movements and motor learning

The cerebellum is located in the posterior cranial fossa of the skull.

- Primary fissure
- Postero lat fissure
- The grey matter is found in the folia of the cortex and in the deep cerebellar nuclei.

These are the nc dentatus, emboliform, nc globosus (= nc interpositus) and the nc fastigial. *Don't Eat Greasy Food.*

A view of the cerebellum shows functional zones and sensory homunculus.

The vermal and paravermal areas (intermedial zone) receive sensory information from the trunk, neck and parts of the head. These areas have to do with muscletone and posture. The dentate nc is in the cerebro cerebellum and coordinates muscles and plans future movements.

The vestibulocerebellum is found in the flocculonodular lobe and its function is maintenance of balance. This is related to the fastigial nc.

Regarding the internal circuitry of the cerebellum

Three layers:

- molecular layer
- purkinje layer
- granular layer

Important to know is that the cerebellum plays a role in neural sharpening.

Fine tuning of the motor response.

Climbing fibers: proprioceptive information goes from the inferior olives through the cerebellum. It is involved in motor learning

Mossy fibers are all the other fibers.

Generally, purkinje cells have an inhibitory effect.

Connection of the brainstem with the cerebellum:

We have three cerebellum peduncles :

1. SCP (superior cerebellar peduncle) with the midbrain
2. MCP (middle cerebellar peduncle) with the pons
3. ICP (inferior cerebellar peduncle) with the medulla

Connection of SCP with the pathways

Efferent fibers (out of the cerebellum):

1. nc dentatus → contralat thalamus
2. dento-rubro thalamus
3. cerebellar vestibular

- Purkinje fibers to vestibular nucleus complex
- Activates: medial longitudinal fasciculus (mlf) connects CN3, CN4 and CN 6 for eye coordination.

SCP

Ventral spinocerebellar tract carries proprioceptive information of joints tendons and ligaments. Helps in movement coordination and balance (L2 to Cox1).

Rostral cerebellar tract carries proprioceptive information of joints tendons and helps in movement and balance.

Tectocerebellar tract gives visual and auditory information to the superior and inferior colliculus for quick responses to visual and auditory stimuli.

MCP

This transmits motor plan from contra lat cortex through pontine nuclei for motor learning and future motor planning.

ICP

Dorsal spinocerebellar tract
Info for spinelevels C8-L2-L3

Proprioceptive information of muscle spindles of cervical spine and upper limbs helps movement coordination and balance.

Cuneocerebellar tract carries proprioceptive information of muscle spindles from C8 and higher to the cerebellum. Helps movement coordination and balance.

Vestibulo cerebellar tract carries information about acceleration from inner ear for balance and equilibrium. Helps with maintaining balance and equilibrium.

Olivocerebellar tract carries information about movement timing and proprioception from contra lat olives inferior to cerebellum. Become climbing fibers. This is supposed to be involved in motor learning.

Reticulo cerebellar tract carries all sensory information from the reticular information to the cerebellum.

Efferent fibers (out of the cerebellum)

Cerebelloreticular carries motor information from cerebellum to the reticular formation.

Medullary tract → flexion of muscles

Pontine tract → extension of muscles

Cerebellovestibular

Purkinje fibers → VNC (vestibular nuclear complex) sends motor fibers to extensor muscles to vestibulospinal tract. Activates contralateral medial longitudinal fasciculus (connects CN3, CN 4 en CN6 for eye coordination).

O-54 ? ME12

O-55

HEALTH THROUGH BALANCE - PREVENTION WITH TIBETAN MEDICINE

TQ7 **Sonja Maric, M.A.**

As the third Asian medical system, Tibetan medicine offers a wide range of diagnostic therapeutic approaches based on a threefold humeral theory and a specific Bodymind concept, that can be integrated into daily practice. One of the great strengths of Tibetan medicine lies in preventive medicine by promoting physical, mental and emotional wellness. Combined with a constitutional theory, Tibetan medicine also pursues a constantly individualized approach in prevention that is easy to communicate to patients. Overall, the systemic approach in dietetics, lifestyle advice, maintaining a positive mindset, use of herbal remedies and application of external therapies, offers a wide range of practices in Tibetan medicine to revitalize the body and mind to improve overall well-being in order to prevent disease and live a long, healthy and more fulfilling life. TQ7

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Sonja Maric is an Anthropologist, independent scholar and practitioner specializing in Tibetan Medicine. She is director of the Institut für Ost-West Medizin, Germany, implementing the first education program in Tibetan medicine for Medical doctors and other health professionals in Europe since more than 25 years. She is lecturing Tibetan medicine internationally and has a Tibetan medicine private practice. Since 1995 she has had the continuing honor of intensive personal study in Tibetan Medicine, and personally assisting with an international renown Tibetan doctor. She is involved in concept work for the integration of Tibetan Medicine into Western medical practice and the EU Public Health system. One of her main interests is to develop strategies to tackle an integration of Tibetan medicine into medical practice without losing its authentic approach, by analyzing the integrative processes and cooperative initiatives within the CAM field and especially within various paradigms of Asian medicine in Europe.

O-56

POST-COVID-19 PERSISTING ANOSMIA RESPONDING TO AURICULOTHERAPY: A CLINICAL OBSERVATION IN TWELVE CASES

ME10 **Toine Korthout MD**

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CASE DESCRIPTION

As a teacher in auriculotherapy the author was asked by students for any options to treat complications of Covid-19. One student who actually suffered from anosmia during more than six months after having had Covid-19 disease was particularly interested in therapeutic options to treat such anosmia. On theoretical grounds two ear acupuncture points (the master omega point and the olfactory system point) might be among the most appropriate options. These points could practically be detected in both her ears, not only by point pressure palpation, but as well with the combination of glass fibre pen detection with check for a vascular autonomous signal reaction (VAS). At her demand, both points at each auricle were stimulated by point pressure massage for 15 seconds: first point 2 (master omega) at each ear, next point 1 (olfactory system) at each ear. Previous to the check and the treatment she tested her olfactory function unsuccessfully by trying to smell and taste an apple. Immediately after the treatment she tested again. Instantaneously she could smell and taste the apple. At the next session of the course she reported that her olfactory function has remained normal. She also told that she applied this point pressure massage to a friend of hers, who likewise suffered for half a year from anosmia after previous Covid-19 disease, with the same immediate positive response to the auricular treatment. Since that experience the author reported the event at several occasions. At such occasions he has been asked several times by persons each suffering from post-Covid-19 anosmia for at least six months to check for and to treat appropriate auricle

points. In each of the 12 cases the master omega and the olfactory system points were found. In each case these points were stimulated and each person experienced instantaneous and lasting recovery of the olfactory function.



DISCUSSION

Covid-19 disease, also referred to as Coronavirus disease is an infectious disease caused by the SARS-CoV-2 virus.¹ Most people infected with this virus will experience no symptoms or just mild to moderate respiratory illness and recover without requiring special treatment. Some of them may fall seriously ill. Covid-19 disease predominantly affects the respiratory system, with symptoms such as cough, sneezing and dyspnoea. General symptoms such as fever and fatigue may be present in milder to severe cases. Extrapulmonary manifestations, such as renal, cardiac, hematologic, gastrointestinal, hepatobiliary, endocrinologic, cutaneous and neurologic manifestations, may occur. Among these neurologic manifestations of Covid-19 disease are anosmia, the loss of the ability to detect one or more smells, and ageusia, the loss of taste function. Among the possible routes by which SARS-CoV-2 can invade the central nervous system is transsynaptic transfer across infected neurons via the olfactory nerve.² Post-Covid-19 anosmia is often transient but in certain cases persistent anosmia is present. In a multicentre study Lechien e.a. reported that olfactory dysfunction is more prevalent in mild

forms of Covid-19 disease than in moderate to critical forms and that the olfactory dysfunction disappeared in 95% of patients regarding objective olfactory evaluations at 6 months.³ Taking the large number of SARS-CoV-2 infections worldwide into account, there will be a considerable number of ex Covid-19 disease patients suffering from persisting anosmia.

Impairment of olfactory function is known to affect the quality of life of those suffering from this symptom. Persons with olfactory dysfunction report decreased appetite and enjoyment of eating, challenges with maintaining personal hygiene and social relationships, fear of hazardous events or feeling less safe and depressive symptoms and loneliness.⁴

Auriculotherapy is a type of microsystem reflex zone therapy; when needles are applied to provide stimuli we speak of ear acupuncture. Among the stimuli applied in auriculotherapy are needling, application of semipermanent needles, point pressure massage, application of Vaccaria semen or magnetic ball press needle plasters, application of laser (405 nm, 780 nm and others), electrical stimulation and local cryo-application. Ear points of any clinical relevance can be detected with several techniques.⁵ Such points can be found with devices able to detect change in electrical resistance; the very same points appear to be painful to localized pressure. Experienced ear acupuncturists use specialized devices to elicit the vascular autonomous signal (VAS, originally described as reflexe auriculo-cardiaque)^{6,7} in order to find relevant ear points.

Somatotopic ear maps show ear points related to organs. Discussion of the background of such ear maps are beyond the scope of this publication. At Oleson's ear map the olfactory system finds its representation in the medial margin of the lobule near its insertion to the cheek⁸ (point nr. 1 in Figure 1). Slightly caudal, at the medial edge of the lobule a point named master omega (point nr. 2 in Figure 1) represents priming for ectodermal tissues, such as sensory and neuronal tissues, to react to auricular stimulation.

Auricle points are only detectable in case of any (at least functional) disturbance of some body part.

There is a triangular relationship between some affected area at the body, the somatosensory cortex in the brain and the corresponding point at the auricle. Bossy described that the reticular formation in the brain stem is the linking factor.⁹ Alimi verified the triangular relationship between body part, corresponding auricle point and somatosensory cortex by functional magnetic resonance imaging.¹⁰

Romoli e.a. provided preliminary evidence on the specificity of auricular acupoints.¹¹

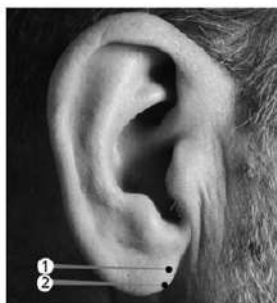


Figure 1 representation at the right auricle of the olfactory system (1) and ectodermal priming point master omega (2)



Figure 2 some auricle stimulating devices: auricle massage probe (above), glass rod (middle) and magnetic needle (bottom)

With basic understanding of auriculotherapy the choice of search for the omega ectoderm and the olfactory system points makes sense in case of smelling disorders. It is not surprising that both points can be detected in patients with post-Covid-19 anosmia. In the case with such anosmia presented these points could be detected and subsequently be treated. The treatment resulted in instantaneous and permanent recovery from the anosmia. The observation of such immediate and lasting recovery of olfactory function is very promising.

Detection of both appropriate ear points in case of post-Covid-19 persisting anosmia and treatment

by point pressure massage is very easy and can be done by any physician or therapist even in barefoot circumstances: if none of the devices shown in Figure 2 are at hand, a cotton swab, the rear end of a teaspoon, the button end of a ballpoint or a likewise (small tipped blunt) device can be used.

CONCLUSIONS

In case of post-Covid-19 anosmia the auricle points master omega and olfactory system can be detected and subsequently stimulated. This may result in instantaneous and lasting recovery of the olfactory function, as seen in the presented case. The technique can easily be performed by any health care professional in any professional or private setting, even without any experience in auricular medicine.

Further standardized study in groups of patients with post-Covid-19 persisting anosmia and follow up are required to assess the value of the intervention described as well as to assess whether the recovery of the olfactory function is temporary, lasting or permanent.

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O-57

ELECTROACUPUNCTURE FOR POST-COVID PROCTODYNIA

PA12 **Amit Kumar**

Background: Neuropathic pain as a sequelae of SARS Cov-2 infection has been reported to affect individual peripheral nerves or larger areas of the body. This 66 year old lady developed burning pain deep inside her rectal region 2 weeks following covid-19 infection. She recovered from the covid infection but the rectal pain problem remained. She agreed to undergo twice a week sessions of electroacupuncture therapy, which was done at BL31, BL32, BL33, BL34 and BL54 points on both sides, for 30-minute sessions at modulated frequencies between 4Hz and 20Hz.

Aim: Precise placement of acupuncture needles within the neural foramina was achieved using a unique ultrasound technique. The intention was to neuromodulate S2, S3 & S4 nerve roots, which contributes to the formation of pudendal nerve. **Methods:** Each sacral neural foramina was identified using an ultrasound device and the centre-point marked using a hollow acupuncture needle tube. Acupuncture needles were introduced at the skin markings to enter the neural foramen. A pair of needles were also inserted at BL54 point, angled towards the imagined anterior superior iliac spine. Stimulation was carried out pairing the electrodes between two

adjacent ipsilateral needles, up to 6mA, at frequency range of 4Hz to 20Hz for 30-minute sessions.

Results: After 3 sessions of electroacupuncture treatment, the episodes of intermittent sudden pain spasms subsided completely. These used to be intensely painful spasms lasting a few minutes during which she had to hold her breath and also had vasovagal syncope on a few occasions. Continuing with further weekly sessions of treatment improved her background ache to a 60% reduction in pain and an improvement of her sleep.

Conclusion: Electroacupuncture therapy was clearly of benefit for the neuropathic proctalgia in this patient. She appears to have reached a maximum therapeutic improvement and further treatment sessions after 6 weeks did not lead to any progressive recovery response. One may conclude that electroacupuncture produced a neuromodulation of the sacral nerve roots, thereby overriding the neuropathic pain in the area of distribution of one of the branches of the pudendal nerve, the inferior rectal nerve. Use of ultrasound device helped in precise placement of acupuncture needles to carry out the treatment.

PA12

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O-58

PSYCHIC ARMOR IN TREATMENT OF EMOTIONAL CHANGES IN POST-COVID19 PANDEMIC PATIENTS

PS08 **Alexandre Massao Yoshizumi**

Introduction: Emotional problems are important factors of illness according to the theory of Traditional Chinese Medicine - Acupuncture. As people lived in constant stress and worry during this period of the COVID19 Pandemic, the number of patients who have illnesses due to these emotional disorders is increasing. In addition, during the period of the COVID19 pandemic, in which many countries had a lockdown that generated many economic problems and emotional changes, in which everyone felt threatened with death by a new and unknown disease. Those who survived, many are suffering from anxiety, panic attacks, depression, and insomnia.

The Psychic Armor or Carapace is a technique described by the direct disciple of Professor Dr. Nguyen Van Nghi, Professor Dr. Tran Viet Dzung, who continues to this day the translation of the ancient texts of energy medicine after the death of Van Nghi in 1999. This method is indicated for the treatment of the emotional disorders mentioned above, using a selection of Acupuncture points based on the theory of The Five Elements and The Five Shu-points.

Objective: Describe Psychic Armor and the origin of the point selections.

Discussion: In Psychic Armor, the SP1(Yinbai) point is indicated to circulate thoughts and decrease worry, GB40 (Qiu Xu) point to make decisions, Kid3 (Tàixì) to control fears and improve willpower, Liv4 (Zhongfeng) to reduce anger and feeling of contrariety, He3 (Shaohai) decreases anxiety and distress and Lu10 (Yúji) helps reduce sadness.

Intermediate Psychic Armor, which produces better effects, combines the 6 Psychic armor points with auricular points representing each organ (Kidney, Liver, Heart, Spleen and Lung) and the Shen Men point.

Conclusion: It is of great importance to treat the emotional disorders in the prevention of illness and the relief of the symptoms and the Psychic Armor technique is an important tool that every acupuncturist needs to know.

PS08

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O-59

AURICULAR ACUPUNCTURE VS. WAITING LIST FOR RELIEF OF ANXIETY AND STRESS DUE TO COVID-19 PANDEMIC IN HEALTH CARE PROVIDERS – A PROSPECTIVE CLINICAL INVESTIGATION

PS09 **Martin A Feig, Joost Witstruck, Bianca Leutzow, Annette Wegner, Anke Hanenkamp, Taras Usichenko**

INTRODUCTION

Recent Coronavirus disease 2019 (COVID-19) pandemic has negatively affected the mental health of health care providers (HCP), who reported increased prevalence of anxiety, depression, and stress (1). Auricular acupuncture (AA) relieves stress and improves work productivity and well-being of HCP (2). The aim of this crossover investigation was to evaluate whether AA reduces COVID-19-induced stress and anxiety in HCP in comparison with waiting list condition.

METHODS

Local ethics commission approved the protocol of the investigation, which was registered as NCT04703907 at ClinicalTrials.gov. HCP from the University Medicine of Greifswald, who complained of stress and anxiety due to COVID-19, were recruited via announcement according to eligibility criteria. Thirty-one participants underwent 10 sessions of AA during 15 weeks without follow-up examination (Group 1). Another 31 HCP were examined during 15 weeks first (waiting list condition) and received 10 AA sessions afterwards (Group 2). AA was applied to 4 bilateral auricular points according to a previously validated method (3), using indwelling fixed needles that were retained in situ for at least 5 days. Anxiety level, measured using State-Trait Anxiety Inventory (STAI) before and after the interventions, was the primary outcome. Duration and quality of night sleep, participants' satisfaction with the treatment of stress and activity of salivary alpha-amylase (sAA) and concentration of salivary cortisol (sC) were analyzed i) in comparison with baseline in Group 1 and ii) within 2 conditions: waiting list vs. AA in Group 2 in a crossover manner. The results of multiple comparisons were Bonferroni-adjusted where appropriate.

RESULTS

In Group 1, state anxiety decreased from 45 ± 11 (mean \pm SD) to 36 ± 8 (Cohen's d 0.9; $P < 0.001$), the quality of sleep and satisfaction with the treatment increased ($P < 0.05$) after 10th AA session in comparison with baseline. In Group 2 state anxiety decreased after AA: 35 ± 8 vs. baseline 45 ± 13 and vs. waiting list 45 ± 10 (Cohen's d 1.1; $P < 0.01$) and quality of sleep improved after AA in comparison with both baseline and waiting list control ($P < 0.05$). sC concentration decreased during AA and was lower after 10th session of AA with 0.39 ± 0.2 vs. 0.51 ± 0.2 mcg/dl ($P = 0.04$) after waiting list time. The values of sAA activity were comparable over time and across the conditions in Group 2.

CONCLUSION

Auricular acupuncture decreased anxiety and improved the quality of sleep in health care providers, suffering from stress during COVID-19 pandemic, probably due to central down-regulation of sympathetic nervous system.

PS09

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O-60

COVID-19 MRNA INJECTION INDUCED HEADACHE DISAPPEARED AFTER AURICULAR ACUPUNCTURE TREATMENT USING THE CORONA JAB BURDEN FILTER – A CASE REPORT

ME12 **Toine Korthout**

CASE DESCRIPTION

Patient A – a 60-year-old female – experienced a severe throbbing headache accompanied by a sensation of gradually increasing pressure in her head, pressure at both ears and a sensation as if every hair follicle is glowing. This persistent headache disturbed her sleep, causing her to wake up at night. Her physician was unable to provide a diagnose and referred her to a neurologist. However, the neurologist's consult had not yet occurred, due to an eight-week waiting period for neurological consultations.

During the Covid-19 pandemic she received mRNA injections in an attempt to build immunity against coronavirus infection. After receiving the first, second, third and fourth doses she experienced paraesthesia on the right half of her face and a sensation of an enlarged tongue. The headache, as described earlier, occurred after the fourth dose.

This patient underwent treatment with auricular acupuncture. To identify suitable auricle points associated with the burden caused by the corona jabs which may have contributed to the patient's condition a Corona Jab Burden Filter (CJB Filter) was placed on the patient's hand. The search for appropriate auricle points was then conducted using the vascular autonomous signal. Suitable points were identified in the auricular zones HX2 and HX7, both located on the right auricle. These points were treated using Pyonex semi-permanent auricle needles. The patient experienced immediate relief from her severe headache. During a follow-up consultation four weeks later, she reported that the headache and accompanying symptoms completely disappeared shortly after the initial treatment and never recurred.

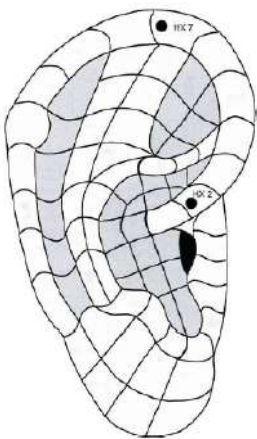


Figure 1
appropriate points found in patient A
under application of the Corona Jab
Burden Filter in zones HX2 and HX7

DISCUSSION

Billions of Covid-19 mRNA injections have been administered worldwide since late 2020 in an effort to prevent Covid-19 infections, hospitalizations, premature deaths caused by Covid-19 and to curb the spread of the virus in the population. Some side effects of the mRNA injections were reported at the time of their administration under emergency use authorization. Any side effects of these injections can be reported to various systems, including the Vaccine Adverse Event Reporting System (VAERS) in the United States, the European Medicines Agency (EMA) in the European Union and the Adverse Events Following Immunization (AEFI) in India. The complete side effects profile of the various Covid-19 mRNA injections has not yet been fully established. Considering the clear temporal relationship between receiving the injection and the onset of headache and accompanying symptoms in patient A, it is plausible that these are side effects of the jab in patient A.

Auriculotherapy is a type of microsystem reflex zone therapy. When needles are applied to provide stimulation, it is referred to as auricular acupuncture. Auricle points are only detectable in the case of any (at least functional) disturbance of some body part. There is a triangular relationship between the affected area at the body, the somatosensory cortex in the brain and the corresponding point on the auricle. Bossy described the reticular formation in the brain stem as the connecting factor.¹ Alimi verified the triangular relationship between body part, corresponding auricle point and somatosensory cortex using functional magnetic resonance imaging.² Romoli et al. provided preliminary evidence regarding the specificity of auricular acupoints.³

Auricle points that are clinically relevant can be identified using various techniques¹. Such points can be detected using devices capable of measuring changes in electrical resistance. Interestingly, the same points often exhibit tenderness when subjected to local pressure. Experienced ear acupuncturists use specialized devices to elicit the vascular autonomous signal (VAS) which was originally described as reflexe auriculo-cardiaque^{4,5}, to locate relevant auricular points.

The identification of relevant ear points through the use of the VAS can be further refined by employing filters. A filter refers to a recipient that carries subtle information⁶. Placing a filter on



Figure 2
Corona Jab Burden Filter

The CBJ Filter consists of a combination of two Lee foils: a Lee 439P foil placed on top of a Lee 414P foil. The use of these specific Lee foils for the CBJ Filter has been previously determined through the VAS method.

Proficiency in utilizing the VAS technique is necessary to effectively employ filters for identifying relevant auricle points. When the CBJ Filter is applied on the hand of a patient experiencing ailments associated with any type of Covid-19 mRNA injection, auricle points that are pertinent to the treatment of such conditions become apparent. These identified auricle points can then be stimulated through techniques such as acupuncture needle insertion, local pressure, the use of vaccaria seed or magnetic ball plasters, application of 405 nm laser, or other suitable stimuli. The observation of an immediate and lasting recovery of an intense headache and accompanying symptoms after a Covid-19 mRNA injection is remarkable.

the patient's hand results in a modification of the number and localization of detectable auricle points that are pertinent to this specific patient in relation to the information provided by the filter. Among the sources of subtle information that can be placed in the recipient are Lee filters: foils which can be single or a combination of foils with precisely defined colors or structures.

CONCLUSIONS

Many individuals experienced symptoms shortly after or some time following a Covid-19 mRNA injection. In an effort to address these symptoms the Corona Jab Burden Filter was developed. The implementation of this filter in the auricular acupuncture treatment of a patient led to a rapid and sustained alleviation of a severe headache that emerged after a Covid-19 mRNA injection. To determine the effectiveness of the CJB Filter in auricular acupuncture treatment for patients with post-Covid-19 mRNA injection ailments, further standardized studies involving groups of patients and long term follow-up are necessary.

ME12

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O-61

MYOFASCIAL ACUPUNCTURE TECHNIQUE TO TREAT MUSCLE PAIN

MS02 **Koosnadi Saputra**

INTRODUCTION

Muscle pain is caused by damage to the muscle cells and within 3 hours the damage increase starting from myofibrils into lysin, oedema and degeneration of the muscle appear after 24 hours. Acupuncture treatment will improve the system and morphology after 3 hours and recover within 24 hours. Acupuncture stimulation will cause vasodilatation and overcome relative hypoxia due to muscle spasm as well as stimulation of local endorphin secretion from neuro receptor.

ETHIOLOGY

- Physical overload
- Overwork fatigue
- Chilling

OBJECTION

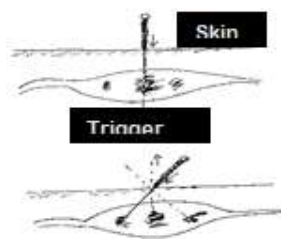
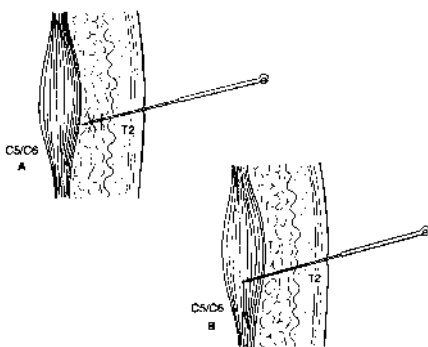
Trigger pain reveals palpable, from m muscle, a twitch response, restricted of movement both in shortening and lengthening muscle.

PRINCIPLES OF DIAGNOSTIC OF MUSCLE PAIN

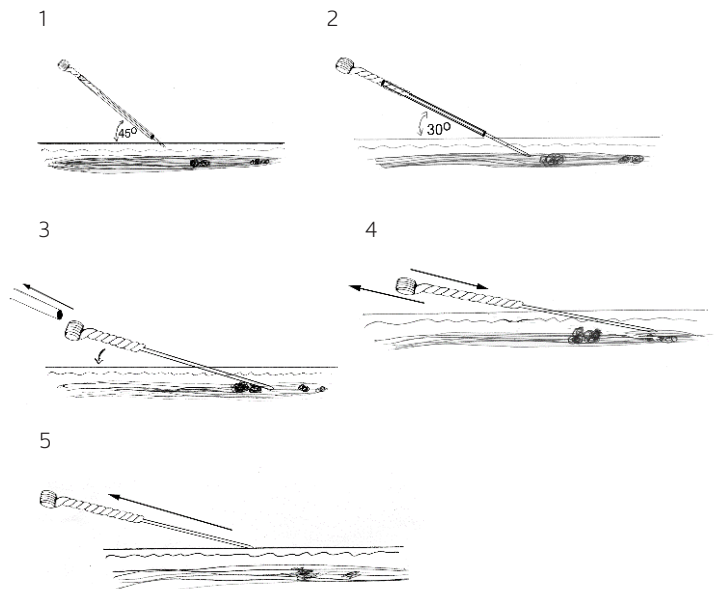
1. Layering – resistance work along that layer
2. Pacing – sensitivity
3. Body mechanics – minimal effort and tension
4. Movement – decreasing proprioception from muscle spindle and stretch receptors
5. Pain – spontaneous
6. Trajectory pain

ACUPUNCTURE TECHNIQUE

1. Perpendicular puncture if only one of most painful point



2. Oblique puncture if multiple



STIMULATION TECHNIQUE

1. Retention needle, no manipulation especially for acute phase, and muscle may quickly contract and relax, feeling local soreness and distention the needle withdraws follow light pressure on the MPP.
2. The needle puncture in the MPP and manipulation by withdraw puncture 3-4 times, follow complete withdraw from the surface of the body. The technique treating the chronic muscle pain.

THERAPEUTIC EFFECT

- Cure: disappearing of all symptom's complex recovery of function
- Marked effect: basic recovery of function.
- Improvement: partial relief symptom
- No effect

KEY TO SUCCESS

- Accurate diagnosis
- Accurate puncture
- Therapeutic movement approach to several muscles injured
- Communication with patient during treatment
- Training following treatment

MB03

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Research Professor from Indonesian Institute of Sciences 2013 in acupuncture area. Builder of Academy Acupuncture of Surabaya. Researches Area on Basic Science Research in Acupuncture; Acupuncture Appropriate Technology in Health Services; Acupuncture in Anatomy Physiology Correlation. Organisation Member of The National Acupuncture Union of Indonesia (PAKSI), Indonesian Association of Complementary and Alternative Medicine (PKKAI), Indonesian Pain Society (IPS) and Indonesian Association of Medical Acupuncture (HIDAMI). International Organisation Member of Academic Working Committee World Federation of Acupuncture Society (WFAS) and Member of International Council of Medical Acupuncture and Related Techniques (ICMART). Visiting professor Guangzhou University of Chinese Medicine, Guangzhou – China. Guest lecture and supervisor acupuncture research in University of Indonesia and overseas (Australia, Philippine, China, Vietnam, Netherland, UAE and USA). Within 30 years he has 200 scientific paper and 15 books on acupuncture.

0-62 ACUPUNCTURE AS MIGRAINE PROPHYLAXIS IN REDUCING FREQUENCY, DURATION AND INTENSITY OF MIGRAINE WITH MINIMUM ACUPOINT, SEEN UP TO EIGHT WEEKS FROM BASELINE: A RANDOMIZED CONTROLLED TRIAL

PA14 **Newanda Johni Muchtar, Salim Harris**

BACKGROUND:

Migraine is a primary headache attack, specific, paroxysmal, with or without aura, with subjective manifestations both before and after the attack, a chronic type of headache with symptoms of recurrence, attacks at productive age and can cause a decrease in work productivity up to 80%, so that it will affect the quality of life, economic life and education globally which leads to losses for migraine sufferers and institutions where migraine sufferers attend school, work and in the lives of sufferers' families. With the high prevalence and disability rates for migraine sufferers, on the other hand, the right treatment for migraine has not yet been obtained to the maximum, it is necessary to deepen the treatment and prevention of migraine is needed, and until now there has been no definitive cure, both for prevention and treatment, so it is necessary to develop therapies that can provide more accurate relief for migraine sufferers. The purpose of this study is to assess the success in managing migraine in reducing the frequency of attacks, reducing the intensity of attacks and reducing the duration of attacks from weeks 0, 4 to 8.

METHODS:

A randomized controlled trial with control was conducted on 34 subjects with migraine who were randomly allocated into the manual group of acupuncture (n = 17), as well as the medicine group (n = 17). The assessment of frequency, duration and intensity of migraine attacks assessed at the time before treatment, at the fourth and eight week from baseline.

RESULTS:

The results showed there were significant differences between the two groups in the mean number of frequencies (p = 0.040), duration (p = 0.012) and intensity (p = 0.003) of migraine attacks at the fourth week. There were significant differences between the two groups in the average number of frequencies (p= 0.029), duration (p=0.001) and intensity (p<0.001) of migraine attacks at the eight week.

CONCLUSION:

Manual acupuncture interventions can reduce the frequency, duration and intensity of migraine attacks better than the use of valproic acid in the fourth and eight week.

Trial Registration: ClinicalTrials.gov Identifier: NCT04509141

KEYWORDS:

migraine; acupuncture; medicine; visual analogue scale (VAS); headache; valproic acid

PA14

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O-63

ABNORMAL AUTONOMIC PHENOMENON PROVOKED BY DRY NEEDLING STIMULATION AS A POSSIBLE SIGN OF MIXED SYNDROME AMONG CHRONIC SCIATICA PATIENTS

PA07 **Elżbieta Skorupska, Daria Wotzka, Tomasz Dybek, Michał Rychlik, Jakub Matuska, Mariusz Konieczny, Przemysław Domaszewski, Paweł Pakosz, Paweł Dobrakowski**

Background: Sciatica can possibly persist due to neuropathic, nociplastic, or mixed syndrome pain pathomechanism. Referred pain suits the clinical criteria of nociplastic pain, whose objective diagnosis demands the confirmation of abnormal autonomic nervous system activity within the pain zone. To confirm abnormal autonomic reactivity within the referred pain zone of active trigger points, a new diagnostic tool that uses noxious muscle stimulation – dry needling under infrared camera control – the Skorupska Protocol® test (the SP test®) – was applied. To confirm abnormal autonomic reactivity within the referred pain zone of active trigger points, a new diagnostic tool, called the Skorupska Protocol® test (the SP test®), was applied. The SP test® uses noxious muscle stimulation, i.e., dry needling under infrared camera control, and it is considered positive if the size of the noxiously provoked amplified vasomotor response in the lower leg is bigger than 3%. The dry needling provoked phenomenon is exclusive to referred pain only. Healthy subjects who undergo the SP test® are characterized by the absence of vasomotor reactivity.

Objectives: The study aims at examining if chronic sciatica subjects with/without co-morbidity can develop an abnormal autonomic response to the SP test® spreading down to the lower leg in the sciatic pain zone.

Methods: Two groups of chronic sciatica patients: group A (with referred pain (n=20)) and group B (without referred pain (n=20)) were examined using the SP test®.

Results: The SP test® provoked an abnormal vasomotor response that covered the lower leg, sized: A 20.4 ± 19.9% vs B 3.77 ± 9.14%; p = 0.000; CI (0.347,0.348).

Conclusions: The chronic sciatica patients who present with dry needling provoked referred pain co-morbidities can be objectively distinguished by abnormal autonomic nervous system activity confirmed by the SP test®. The observed phenomenon can possibly be applied to confirm the mixed syndrome/ nociplastic pain involvement in chronic sciatica.

Keywords: nociplastic pain, central sensitization, referred pain, low back pain

PA07

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O-64

EFFICACY OF ACUPUNCTURE AND INTRAVENOUS LASER BLOOD ILLUMINATION FOR PSORIASIS: A CASE REPORT

LA05 **Prinsa Raudha Anca, Winda Ariyani**

Background: Psoriasis is an autoimmune disease with clinical hallmarks like erythema plaques or silver scaly plaques due to the chronic inflammation of the skin. Conventional therapy (topical or systemic) is associated with high side effects. It can result in only temporary remission of the physical symptom, which may affect on quality of life of the patient. Currently, acupuncture therapy has been widely applied as a useful complementary therapy for psoriasis to reduce erythema, the size, and thickness of plaques, with minimal side effects compared to conventional therapy.

Case Report: A 29-year-old woman came with erythematous plaques on her head and body. The symptoms persisted for the

last ten years. Topical therapy has been carried out, although there is no significant change. The acupuncture therapy was combined with intravenous laser blood illumination (ILBI). Acupuncture therapy is carried out using electrical stimulation (electroacupuncture) with a continuous wave, 2 Hz, exposure in 20 minutes at acupuncture points: LI11, TE5, ST36, SP6, SP10, CV17, KI3 once a week for six times. ILBI therapy is carried out once a week five times. ILBI therapy uses the method according to the ILBI procedure for psoriasis. The wavelength of 525 nm with varying power and exposure. After six times of acupuncture therapy, the Psoriasis Area and Severity Index (PASI) scores improved from 4.8 to 2.1.

Conclusion: This result indicates that the combination of acupuncture and ILBI is an effective alternative therapy for psoriasis

to reduce erythema and plaque scale, particularly when Western medical management is unsuccessful. LA05

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O-65 PAIN AND SENSATION OF THE EYE AND OF THE WHOLE BODY
About functional pain in TCM and mechanism for better treatment

PA05 **Johannes Nepp MD (Ass.Prof. emer.)**

PURPOSE:

The sensibility of the eyes is extremely high compared to other parts of the body.
Pain sensations are connected to vegetative and emotional systems
Therefore, pain often is accompanied by general and psychic problems.
We observe influence of both: pain of the eyes disturbs general body (and mind)-function as well as pain anywhere in the body may disturb the eye functions.
In this study we observed pain within eyes with whole body functions.

METHODS

Patients with ophthalmic pain were asked for general problems and diseases.
At first sensations were differentiated into:
a) pain triggered by inflammations of systems and organs nearby (like ear, nose)
b) pain caused by emotional problems (anxiety, depression)
c) pain released from the eye itself (inflammations of the eye were excluded) including strain of the ophthalmic system
d) pain because of social phobia/problems (transmission problems)
e) pain without somatic changes (strain and functional problems)
f) No pain despite inflammation or other irritation (insensitivity)

Observation included slit lamp, pain by visual analogue scale (1-10), and description of pain.

Body symptoms were described combined with ophthalmologic disabilities.

We compared a period of 3 months without acupuncture to the following period of three months with acupuncture treatment. Acupuncture was performed individually by local points, points according the 5 elements and by points with present influence (according to the Viennese school, Kubiena, Meng 1986)

RESULTS

61 patients were observed. Acupuncture effect diminished pain in 53 patients (87%), there was no negative effect.
The pain character was reduced or changed to mitigation.
Most patients felt relieved, relaxed or calmed down. There was a noticeable improvement in the general complaints combined with improvement of deep autonomic nervous function.

CONCLUSION:

Ophthalmic pain was reduced by acupuncture in most patients accompanied by ameliorations of general vegetative and mental symptoms. The study verifies the holistic approach of acupuncture by concurrently improving mind/body aspects of diseases.

PA05

Johannes Nepp MD (Ass.Prof. emer.)

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O-66 HOLISTIC TREATMENT IN ACUPUNCTURE IS RELATED WITH THE MEDICAL SCIENCE

PA09 **Siti Sukrisno MD**

In TCM, all is about the energy or the life energy, they so called 'Qi' or 'Chi'. I believe that this is the most important matter related with many complaints and why people come to the acupuncture treatment, because the classical Western Medicine is not able to treat those kind of complaints. As a medical acupuncturist, it is important to know that this life energy is related with a lot of complaints, that are characteristic for the problems of functional problems (rather than organic problems).

This presentation is to show how TCM as one of the alternative treatments is a good alternative to treat those kind of problems that are related with 'Qi' deficiency, with acupuncture.
As a medical acupuncturist with many years practicing experience in acupuncture treatment based on those kind of ideas in TCM, with a lot of success, it is for me an honor to show that the ideas of TCM about the existence of 'Qi' or life energy that are noticed by some famous doctors in China, over 500 years ago, are related with the modern medical science, i.e. with the neurophysiology and the neuroendocrinology.

In the presentation will be showed some modern techniques that could be used as an experiment to show the effect of acupuncture to treat Qi-deficiency and the relation with the cardiovascular function when the energy improves. The presentation will also show some classical acupuncture points used for the treatment of Qi-deficiency or lack of energy. How TCM notice Qi-deficiency will also be explained in the presentation. I hope that acupuncture treatment will be part of integrative medicine everywhere, which would mean an improvement in the healthcare that can add to quality of live.

PA09

Siti Sukrisno

- 1) 1976, Graduated as Medical Doctor at Chiangxi Medical University in China;
- 2) 1977 - 1978 work as Medical Doctor in provincial hospital in Chiangxi, China;
- 3) 1988, take advance course at the Academy of TCM in Beijing, for diploma acupuncture;
- 4) 1990, Graduated as Medical Doctor at the Free University in Amsterdam;

- 5) 1991 - 2003 work as Medical Doctor (Western Doctor) in Netherland;
 - 6) 2004 - 2005 take course of acupuncture study by Stichting NAAV Onderwijs (SNO*), for C-diploma;
 - 7) 2005 - 2018, member of the NAAV**;
 - 8) 2012, Publishing a book: *Chinese Electro-Acupuncture Treat Chronic Pain*.
 - 9) 2005 - 2019, work as acupuncturist and tutor for the student at Shenzhou University, CMC;
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O-67

INTRODUCTION TO NEURAL THERAPY

NT02 **Dr.med. P. Piehler**

The lecture aims to promote neural therapy as a complete system for diagnosis and therapy.

The aim of the lecture is to give a tool to the participants for an immediate use in the clinical practice. Acupuncture and neural therapy are important partner in the integrative pain therapy. The lecture shows possibilities to use the two methods to influence pain and immunological modulation and influence the general status of the patient. Acupuncture treatment is beneficial for the energetic balance of the body. The combination with intravenous and segmental application of local anaesthetics helps to reactivate the matrix and to eliminate the neuromodulative trigger of the diseases (interference field). Practical use of the combination of the two methods in the treatment of pain will be shown.

The lecture will also focus on the Importance of the internal organ as interference field, on therapy strategy, demonstration of technics and clinical examples. Reflective symptoms in case of disturbed internal organs can be investigated by palpation of the different tissue layers. Explanations of the neurophysiology of the three possible pathways of reflective signs of the internal organs and their perception by the physician will be given. The segmental treatment of internal diseases with local anaesthetics is to be explained.

Systemic therapy with procain and the importance of neural therapy in the global anti-inflammatory concept with treatment examples will be discussed.

NT02

Dr. Petja Piehler

MD, Dr. med. univ.

Dr. Petja Piehler, born in 1964 in Sofia, Bulgaria. Since 2022 medical director internal medicine, district hospital Tamsweg, Austria. She is a specialist in internal medicine with a focus on gastroenterology. As an expert in complementary medicine and naturopathic treatment recognized throughout Germany, she shapes the holistic and unique care approach As head of a state-of-the-art gastroenterology department, she establishes innovative therapy options such as microbiome transfer for chronic infections and intestinal dysregulation.

Dr. Piehler holds Board certifications in internal medicine and gastroenterology. Further qualifications include: Diabetology DDG, Special pain therapy (ÖÄK), ÖÄK diploma neural therapy, ÖÄK diploma acupuncture, advanced training diploma from the ÖÄK, additional qualification in naturopathic treatment with authorization for advanced training in naturopathic procedures. Further certifications in geriatrics and sleep medicine.

She is a Board member of ICMART (International Counsel of Medical Acupuncture and Related Techniques), IFMANT (International Federation of Medical Associations of Neural Therapy), Austrian Society for Neural Therapy. She is an active member of the Professional Association of German Internists (BDI), German Society for Gastroenterology (DGVS), German Diabetes Society (DDG), Working Group for Geriatrics in Bavaria (AfGIB), Central Association of Doctors for Naturopathic Treatment (ZÄN), Austrian Neural Therapy Society (ÖNR), German Society for Acupuncture (Dgfa).

O-68

SONOGRAPHIC STUDIES OF ACUPUNCTURE POINTS / TRIGGER POINTS. PRACTICAL PROCEEDINGS

NT01 **Helmut Liertz MD**

Basis of any diagnosis and therapy in the acupuncture and neural therapy are the detailed medical history, the observation of patient reactions and the palpation of superficial and deep structures. Muscular trigger points which quite often are the cause for pain radiation to distant areas are important for the diagnosis and treatment of pain syndromes of the musculoskeletal system. Findings and descriptions of trigger points are found in scientific papers since more than 100 years. The standard work is considered to be the "Trigger Point Manual" written by J. Travell and D. Simons (1983). R. Melzack, D. Stillwell and M. Fox already in 1977 noticed that acupuncture points are corresponding with trigger points. P. T. Dorsher (2006) was able to show that more than 90% of the typical trigger points, mentioned by Travell and Simons, are related to the anatomically appropriate acupuncture points. (Although trigger points can develop also in other parts of the musculature.) More than 70% of these points showed a correlation of meridians and the myofascial pain radiation. H. Heine (1987) was the first who recognized and described that at these points neurovascular bundles perforates the superficial fascia. H. Liertz found by sonographic studies of typical acupuncture points that neurovascular bundles also perforate the deep fascia exactly where the points are located.

Method: The following points, which are anatomically easy to reach were used: TH 15 (TP of m. trapezius) and St 36 (TP of m. tibialis ant.) These acupuncture points were located according to the guidelines. The acupuncture needles were inserted till Deqi feeling was reported. The points were marked and after removing the needle the ultrasound transducer was positioned exactly over the marked points. (We used a GE Logiq 700 PRO® with a 12 Mhz transducer, later a GE Logiq S7 PRO® with a ML 9-15 transducer.) The anatomical situation we found was the same for all 5 students. A thin arterial vessel can be visualized in the deep fascia. At exactly the point above which the trigger point was to be assumed due to needle localization, the vessel penetrates the fascia and was traceable into the muscle.

Hypothesis: It can be indeed possible that the stenosis of the blood flow through the hypertension of "tense" muscles leads to a local hypoxia and an edema activating the trigger points. Other activating factors such as an overload, overstretching or trauma

will result in a local lesion with a partial rupture of the sarco-plasmic reticular tissue, a dysfunction of the motoric end organ releasing a permanent Ca^{2+} - ion current which will lead to the so called "rigor complex" the trigger point, which is accompanied by a hypoxia leading again to an edema. In long lasting chronic cases the permanent hypoxia will result in irreversible changes of the connective tissue and fascia. (U. Böhni R. Gautschi). If we compare trigger points in the "Triggerpoint Manual" with the localizations of typical muscular acupuncture points, a few localizations are different. As an example, SI 11 (Tianzong, TP of m. infraspinatus) should be mentioned. In the "Triggerpoint Manual", 3 points are marked in the M. infraspinatus, none of which is corresponding with the localization of SI 11. With the help of the presented sonographic method we could prove that there are some small vessels in the deep fascia, but only at the SI 11 a relatively strong vessel penetrates into the musculature. Thus, it can be assumed that the muscular acupuncture point localizations are anatomically more clearly defined than some triggerpoints.

Example for the daily praxis: The so called "magnificent 4" are trigger points (and acupuncture points) used for the treatment of the lower cervical syndrome with the result of an immediate release of the muscular hypertension. These points which are situated under the medial border of the scapula (B43 – Kao-huang / B44 – Shen-táng) and in the region of the crossing M. trapezius – M. levator scapulae will be discussed as a typical local acupuncture/trigger point treatment which should be completed by treating the individual distant points.

NT01

Helmut Liertz MD

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Dr Helmut Liertz was born in 1951 and after his medical graduation and specialisation in orthopaedics in 1983 he worked as Head of the Department for Orthopaedic Pain Therapy (Herz Jesu Hospital, Vienna) till 2007. In 1983 he also became board member of the Austrian Society for Acupuncture. He received the Alfred Pischinger Scientific Award and served in various positions at the ICMART and he ÖNR (Österreichische Gesellschaft für Neuraltherapie, Austrian Society for Neural Therapy) while acting as a delegate and speaker at national and international events regarding the scientific background and praxis of Neural Therapy.

O-69

PAIN IN THE LUMBAR, PELVIC AND HIP REGION MEETS NEURAL THERAPY

NT04 **PD Dr. Christine Wibmer**

When degenerative diseases are ruled out as the main cause for pain in the lumbar, pelvic and hip region, myofascial dysfunctions seem to be the diagnosis to work with. With neural therapy we present a diagnostic method to further distinguish possible underlying pathologies for these myofascial dysfunctions. They

may be located in the same segment (e.g. disorders or scars in the gynaecological region), or present as regional or distant interference fields. Furthermore, neural therapeutic infiltrations with local anaesthetics can help the patients' regulation and resolve the functional impairment and pain. In this talk we also demonstrate safe techniques for specific infiltrations in the region.

NT04

PD Dr. Christine Wibmer*Specialist in Orthopaedics**After qualifying in medicine, specialist training at the department of Orthopaedics and Trauma, Medical University of Graz (MUG), Dr**Wibmer works in an elective orthopaedic practice specializing on conservative orthopaedics, pain management and hand surgery. She is also lecturer for the Austrian Society of Neural Therapy. Additional diplomas for: Manual Medicine, Special Pain*

O-70

NEURAL THERAPY FOCUSING ON PAIN SYNDROME**NT03 Dr. med. Regina Stemberger, Dr. med Michaela Klausner**

This workshop offers interested participants an easy and practical introduction into the principles of Neural Therapy. Using a case study approach focusing on pain syndromes and regulation disorders, these principles are presented in the context of patient cases that demonstrate the individual application along with the principles involved.

Core strengths of the techniques demonstrated are the easy and quick application for a wide range of indications. Further the different forms of application possible allow for a flexible – and inexpensive – toolkit to help patients.

As such Neuraltherapy is a powerful tool for everyday use. Participants can get an easy introduction on how to think as a neural therapist, giving them enough information to decide, if they want to integrate the techniques into their range in the future. Naturally interested participants will get information on how to get further training and how to get in touch with other neural therapists helping them along.

NT03

Dr. med.Regina Stemberger*After her graduation at the University of Vienna she works as a General Practitioner and Medical Head specialist for Physical Medicine and Rehabilitation at the Center for Rehabilitation in Innsbruck. She is also President of the Austrian Society of Neural Therapy and represents as Austrian Delegate to UEMS Section and Board PRM***Dr. med Michaela Klausner***After graduation at Vienna University as General Practitioner and Specialist in Physical Medicine and Rehabilitation she serves as Senior Doctor at Optimamed Rehabilitation Center Perchtoldsdorf, Austria and Elective Doctor Ordinations, Vienna and Mauerbach.**Additional specialisations*

- Manual Medicine
- Acupuncture
- Triggerpoint Techniques
- Special Pain Management

O-71

EVALUATION AND COMPARISON OF THE EFFECT OF SEGMENTAL ELECTROACUPUNCTURE, MANUAL ACUPUNCTURE AND SHAM ACUPUNCTURE ON SYMPTOMS, SONOGRAPHIC AND LABORATORY INDICES OF PATIENTS WITH UTERINE FIBROIDS: PROTOCOL FOR A RANDOMIZED CONTROLLED TRIAL**OG04 Elham Hooshyarazar, Hoda Azizi, Leyli Hafizi, Maliheh, Dagarmoghaddam, Parvaneg layegh, Amir Hooman Kazema**

Background: Uterine fibroids refer to benign tumors of female genital system arising from smooth muscle cells of the uterus, which is commonly prevalent among women of reproductive age. Owning a negative impact on female's private and social life, symptom relief with approved medical approaches is a significant way of managing uterine fibroids. Despite the worldwide usage and evidence-based advices on acupuncture benefits for fibroids, the evidence is limited. In this survey we will evaluate the effect of Segmental Electroacupuncture, Manual Acupuncture and Sham Acupuncture on symptoms, sonographic and laboratory indices of patients with uterine fibroids.

Methods: seventy two cases are going to enter the survey according to the inclusion criteria. Regarding the randomization

and allocation concealment, they will be divided into two intervention groups and a sham control group, with 24 cases in each group. Demographic information (age, BMI, family history of fibroids, parity,...), fibroid size, uterine arteries' volume flow, pulsatility index and diameter, IGF and VEGF levels of the participants will be compared before and immediately after the treatment and also in a two-month follow-up. The intervention groups will be given acupuncture (one group segmental electroacupuncture and the other, manual acupuncture) for eight weeks; the control group will be given sham electroacupuncture. After the treatment is completed, the data will be collected and analyzed in order to draw conclusions.

Discussion: Our goal is to compare efficacy of manual acupuncture and electroacupuncture on as less points as possible for treatment of uterine fibroids and provide a high proof evidence for acupuncture effectiveness in treatment of fibroids.

OG04

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0-72

ACUPUNCTURE MAY IMPROVE INSUFFICIENT LACTATION IN MOTHERS AFTER CAESAREAN DELIVERY: SECONDARY ANALYSIS OF THE DATA FROM A RANDOMISED CLINICAL TRIAL

OG03 **Taras Usichenko, Martin A. Feig, Judith Aselmeyer, Ulrike Steck, Mike Cummings, Anja Lange**

INTRODUCTION

Lactation insufficiency is a common finding in women following caesarean delivery (CD), usually occurring due to a delay the start of breastfeeding (1). Acupuncture may improve impaired lactation and increase milk production in women with insufficient lactation after CD (2,3). In a recent randomized controlled trial (RCT), 180 patients undergoing elective CD, received acupuncture in addition to standard therapy for postoperative pain control (4). The aim of this secondary analysis was to assess the potential influence of acupuncture on impaired lactation in this group of patients.

METHODS

We performed analysis of the parameters of lactation in 180 women from a recent RCT (4). The body weight of neonates and frequency of meconium discharge during the first days of life as well as the age of first normal defecation, additional formula milk feeding and duration of additional milk nutrition were extracted from the neonatal database of the University Medicine of Greifswald and analyzed according to group allocation from the original RCT: acupuncture (N=60), placebo acupuncture (N=60) and standard therapy alone (N=60).

RESULTS

The mean duration of additional formula milk consumption in children of mothers who received acupuncture was shorter than those of mothers in the placebo group: 1.7 days; 95% CI, 1.2–2.3 vs 2.8 days; 95% CI, 1.9–3.7 (P=0.03) and of mothers in the standard therapy group 2.9 days; 95% CI, 1.8–3.9 (P=0.05). The mean weight of the neonates dropped by 250g from baseline (P=0.01) and returned to baseline on the 4th day following CD in the acupuncture group, but not in the placebo nor standard therapy groups. Twelve neonates of mothers who received acupuncture vs 17 of those receiving placebo and 19 of those in the standard therapy group required additional formula milk. From those who required additional formula milk on the day of CD, 8 were from the acupuncture group, 13 from the placebo

group and 14 from the standard therapy group. These differences do not reach statistical significance; however, the trend supports the previous findings.

CONCLUSION

The findings from this secondary analysis suggest that acupuncture may improve insufficient lactation in women after caesarean delivery. This should be verified in a prospective randomized investigation. OG03

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O-73

THE EFFECT OF ACUPUNCTURE ON PAIN AND QUALITY OF LIFE IN PATIENTS WITH PRIMARY DYSMENORRHEA

OG08 **Yasemin Cayir, Merve Yigit Oguz**

Background: Primary dysmenorrhea is defined as pain in the lower abdominal region during menstruation without any pelvic pathology. It can seriously affect quality of life. We aimed to investigate the effectiveness of acupuncture on pain and quality of life in patients with primary dysmenorrhea.

Methods: This randomized-controlled trial was carried out with 65 patients with primary dysmenorrhea in January-May 2023. The participants were randomly assigned to the Acupuncture Group (AG; n=31) and Control Group (CG; n=34). Alongside routine recommendations, the AG received acupuncture in each menstrual cycle for a total of five sessions, repeated over three cycles. Conversely, the CG did not receive any interventions. All patients were followed up for pain and quality of life at the beginning and three months later. Pain scores (VAS) and quality of life scale scores (FEDS, SF-36) were compared 4 times before the study, on Day 30-60-90.

Results: The mean age of the participants was 27.2±3.9 years.

The descriptive and clinical features of the participants were similar at the beginning ($p>0.05$). In the AG, the mean VAS score was 8,5±0,8 at the beginning; it decreased to 5,6±1,8 on Day 30, 4,3±1,6 on Day 60, and 4,1±2,2 on Day 90. In the CG, the mean VAS score was 8,0±1,4 at the beginning; it was 7,9±1,2 on Day 30, 8,0±1,4 on Day 60, and 8,4±1,2 on Day 90 ($p<0.05$). While the mean score of the FEDS at the beginning was 59,5±7,5 in the AG and decreased to 35,4±13,8; it was 56,6±7,5 and 57,9±7,3 in CG respectively ($p<0.05$). At the end of the study, the mean scores of all sub-dimensions of SF-36 in AG increased statistically significantly ($p<0.05$).

Conclusion: These findings suggest that acupuncture can be a beneficial treatment option for patients with primary dysmenorrhea, providing pain relief and enhancing overall quality of life.

OG08

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ACUPUNCTURE FOR PAIN RELIEF DURING LABOR

OG01 **Koosnadi Saputra, Wita Saraswati, Setiawandari**

Introduction: Labor pain is the result of complex and subjective interaction of several physiological, psycho social and cultural factor. Labor pain is considering a side effect of natural process. Psychological factor that effects of labor pain include depression, anxiety and emotional instability as well as self confidence in facing the birth process.

Causes of labor pain include suppression of uterine fundus nerve ending, ischaemia of myometrium and cervix uteri. Inflammatory process of the uterine muscle and result in an increased local cytokine that stimulate of a alpha and c nerve fibres as well as sympathetic.

Acupuncture is one of the non-pharmacological methods to relieve pain, which is its pathogenesis modulator the limbic system and sub cortical systems of the brain, related to inhibitory neuro transmitter where this form the basis that acupuncture can be alternative method for reducing labor pain.

ACUPUNCTURE METHODS

There are two acupuncture method to reduce labor pain; use of **body acupuncture** and **ear acupuncture**. Early clinical research in two hospitals (Surabaya dan Makasar) on process in partum patient to see the effect of acupuncture to reduce labor pain.

THE USE OF ELECTRO ACUPUNCTURE FOR REDUCING LABOR PAIN (N=25)

Treatment group

- Needles were inserted in SP6 (Sanyinciao), ST36 (Zusanli) and LI4 (Hegu).

- The needles were fixed and connected to a stimulator adjusted at frequency 50Hz.
- The intensity was increased to reach tolerable pain threshold.
- Stimulation was carried out for 20 minutes and afterwards the needles were removed.

Reduction of pain scale was

- 3 points in 6 cases (24%)
- 2 points in 9 cases (36%)
- 1 point in 6 cases (24%)
- 0 points in 4 cases (16%) (no effect at all).

(Wita Saraswati, Koosnadi Saputra, Soehartono Ds.: Department of Obstetrics and Gynecology Airlangga University Faculty of Medicine/Dr. Soetomo Hospital)

Serial Cases (March, 2008)

Acupuncture was instituted in primipara was 3-4 cm dilated and multiparas when the cervix was 2 cm dilated.

Selection of points stimulation Fujie (SP 14), Qichong (ST 30), Ciliao (BL32)

continuous electrical stimulation for 40 minutes for 3 women.

- 29 y. G3 P2A0 gravid 31 weeks with early broken fetal membrane inpartu active phase back presentation, NRSs score 9-10, 10 minutes after stimulation later baby born (testimony patient no pain during labor)
- 19 y. G1 POA0 gravid 38 weeks inpartu I later phase open 2-3 cm, NRSs score 9-10, after stimulation 2 minute later baby born.
- 21 y. G1 POA0 gravid 41 weeks 5 days inpartu active phase I open 4 cm, NRSs score 10 after stimulation 10 minutes baby born.

(Syafrie K.A., Ade H. : Dept. of Anesthesiology and Intensive Care Faculty of Medicine Hasanudin University/Dr. Wahidin Sudirohusodo Hospital Makasar)

Normal delivery especially in primipara gravida, because of labor pain to ask to continue with Caesar insection. Therefore, it tried as simple way with ear acupuncture and it could be done in primary healthcare by midwives. The research on ear acupuncture for labor pain was carried out in 2 mother and child hospital in Surabaya in the doctoral program at Diponegoro University, Faculty of Medicine Semarang, Central of Java.

Ear acupuncture technique

Ear point : uterus point, shenmen point

Location : triangular fossa

Inervated : vagus auricular branch, auricular temporal branch of trigeminal nerve

Triangular fossa is organ reflection of intra pelvic area

Zone division of triangular fossa

T fossa 1 : pelvic girdle

T fossa 2 : shenmen (spirit gate)

T fossa 3 : thigh, constipation, antihistamine

T fossa 4 : hepar

T fossa 5 : uterus

T fossa 6 : depressing point

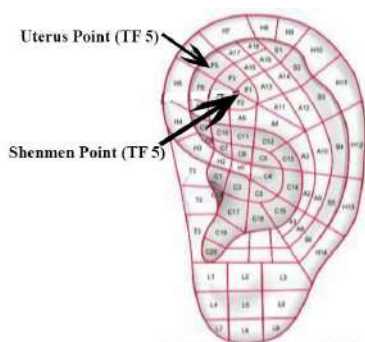


Figure 1. Ear Acupuncture Point

Trigeminal nerve is responsible for transmitting touch and nociception from the face and anterior ear area to the nuclei of trigeminal in the brain stem.

Auricular vagal nerve is responsible for neuropathology and inflammatory response also reducing pain intensity.

Shenmen point stimulation activates the anterior hypothalamus secretion beta endorphins into circulation and cerebro spinal fluid relives pain and provides calm.

Uterus point stimulation posterior hypothalamus for oxytocin production and stimulation uterine desidua for initiated prostaglandin production

METHOD OF RESEARCH

1. Measurement prostaglandin level and beta endorphen in first stage labor until the opening of the cervix is 10 cm
2. Stimulation of the auricular point shenmen and uterus with a press needle with manual techniques every 15 minutes by the husband
3. Measure labor pain with VAS
4. Measure the level of anxiety with HARS
5. Labor process observation with partograph

EAR ACUPUNCTURE RESEARCH

Stimulation ear point uterus shenmen increase level of beta endorphen and prostaglandin alpha in primigravid 1st stage labor. Also significantly reduced pain levels and accelerated 1st stage labor

(The research comparison is the method of delivery with deep breath DB)

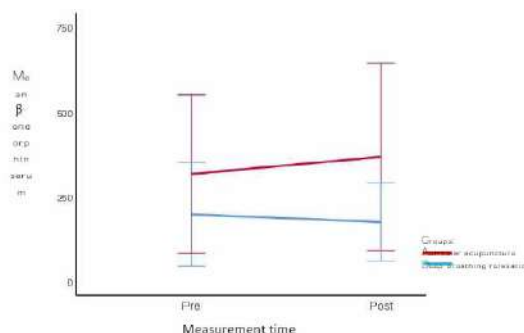


Figure 2. Changes in the serum β-endorphin levels of research subjects in the auricular acupuncture and deep-breathing relaxation groups during pre and post treatment.

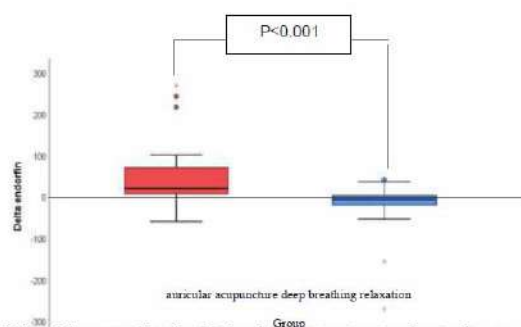


Figure 3. Delta of the serum β-endorphin levels in the treatment and control groups.

There was a significant difference between ear acupuncture and deep breathing for the process of assuring labor pain

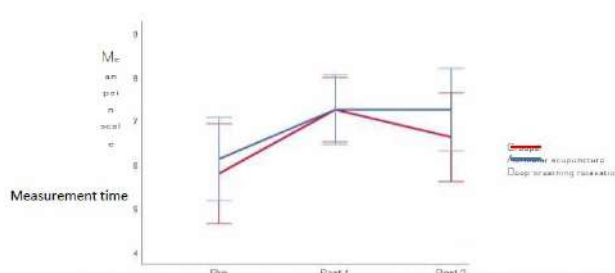


Figure 4. Changes in labor pain scale at pre, post 1, and post 2 in the auricular acupuncture and deep-breathing relaxation groups

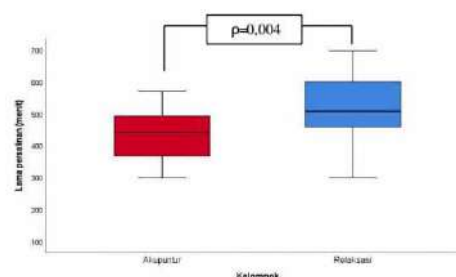


Figure 5. Duration of Labor in the Auricular Acupuncture and deep Breathing Relaxation Groups

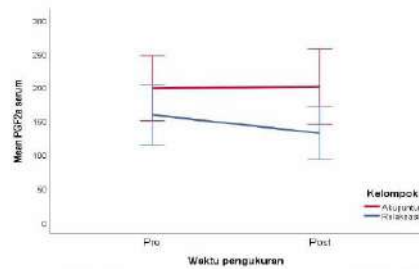


Figure 6. Changes in serum PGF_{2a} levels of study subjects in the auricular acupuncture and deep breathing relaxation groups at pre and post treatment

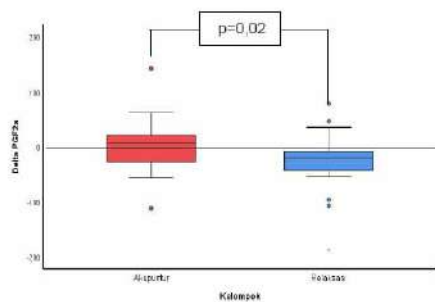


Figure 7. Serum delta PGF_{2a} levels in the auricular acupuncture and deep breathing relaxation groups

RESULT

Acupuncture treatment to reduce labor pain is quite significant both in clinical studies with body acupuncture and ear acupuncture

Ear acupuncture technique to reduce labor pain is a simply way and could be done in primary health care.

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Senior researcher from National Institute of Health of Republic Indonesia in Acupuncture Research Laboratory in Health Services. Research Professor from Indonesian Institute of Sciences 2013 in acupuncture area. Builder of Academy Acupuncture of Surabaya. Researches Area on Basic Science Research in Acupuncture; Acupuncture Appropriate Technology in Health Services; Acupuncture in Anatomy Physiology Correlation.

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Visiting professor Guangzhou University of Chinese Medicine, Guangzhou – China. Guest lecture and supervisor acupuncture research in University of Indonesia and overseas (Australia, Philippine, China, Vietnam, Netherland, UAE and USA). Within 30 years he has 200 scientific paper and 15 books on acupuncture.

0-75

AURICULAR CHROMOTHERAPY IN THE TREATMENT OF PSYCHOLOGICAL TRAUMA, PHOBIAS AND PANIC DISORDER

PS07 **Alexandre Massao Yoshizumi MD, Fabiola Luz MD, Daniel Asis MD**

ABSTRACT

Auricular chromotherapy has shown promising results in the treatment of psychological trauma and anxiety disorders, such as phobias and panic attacks. With its relatively easy and quick technical application, this procedure could be an indispensable tool for physicians. However, its mechanism of action is not yet understood completely.

Objective: To treat patients suffering from trauma, phobia, and panic attack with auricular chromotherapy.

Materials and Methods: The protocol* was applied on 160

patients (135 who experienced traumas; 15 patients with specific phobias and 10 patients with panic disorders). There were 134 women, 26 men, ages 20–60. Results: The treatment showed a 93% positive response.

Conclusion: This procedure shows the possibility of drawing a path from the external ear to traumatic memories, anxiety disorders and phobias.

KEYWORDS

Auricular Acupuncture; Auriculotherapy; Chromotherapy; Psychological Trauma; Phobia; Panic attack.

PS07

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2. Then the patient is asked to close his/her eyes and try to remember the most terrible image of the trauma (fear or panic) for at least one minute.
3. Generally, if the trauma is older than 6 months, the left ear is more painful during palpation (the opposite is true for left-handed people).
4. After that, the patient is asked to tell which emotion accompanies the image (is it anxiety or sadness?) and describe the intensity of this emotional perturbation on a scale of 0-10, which is called the SUDS Scale (Subjective Unit of Distress Scale).
5. The patient then tells which negative words or thoughts accompany the image, for example "I will never overcome his/her death" (Negative Cognition).
6. The patient is asked which body sensation is linked to the emotion (e.g. pressure in the chest).
7. The sensitive points are then detected using a pressure probe (painful points) or electronic detection.
8. Next, these points are colored with a yellow fiber pen (2 - 3 points) and the patient is asked to maintain the traumatic image in his/her mind. Facial expressions, respiration and gestures are observed.
9. It is then recommended to have the patient breathe deeply 5 times.
10. After 2 minutes the patient is asked to describe the image. Generally, the image will blur or even disappear.
11. Measure once again with the help of the SUDS scale, which should give a very low score (0 - 2).
12. The patient is then asked which Positive Cognition or Positive word accompanies the newly obscured image ("I can overcome his/her death", for example). Observe if any disturbing body sensation remains.

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THE PROTOCOL*

Afterwards, with Dr. Frederico Zarragoicochea, the following protocol was created:

1. Both lobes are palpated, in order to find the most painful points or two points that might be painful.

0-76 MENTAL HEALTH AND ACUPUNCTURE

PS10 Konstantina Theodoratou, MD MSc

Mental health is an integral component of health and well-being that underpins all expressions of our self, both physical and emotional. It exists on a complex continuum, different from one person to the next, with varying degrees of difficulty and potentially very different social and clinical outcomes. It is very common to see patients in clinics with a variety of physical problems such as unexplained aches and pains, sleeping and/or eating disorders, addictive behaviors and more, that actually, are mental health disorders. This is a wide spread condition as one out of five people will experience a mental disorder once a year. Furthermore, these disorders increase the risk for physical diseases if the proper treatment will not be applied on time.

WHO states that the need for action on mental health is indisputable and urgent. Physicians should be aware of this problem and able to identify and act on it. Most of the times patients initially visit the family doctor or any other physician and ask help for their physical symptoms as they do not recognize the mental aspect of them.

It is very crucial to assist the patients and even stop the problem at the very beginning. Acupuncture has been used for centuries to treat physical ailments but also mental disorders. We will review the literature and discuss if and how acupuncture can be a tool on the improvement and/or the treatment of such health issues.

PS10

Konstantina Theodoratou, MD MSc

Konstantina Theodoratou after completing her medical degree at the University of Athens went to China for 3 years to study acupuncture in Tianjin and Beijing Universities. She further deepened her studies in Guangzhou (Canton) University where she obtained her MSc in Chinese Medicine. She has also specialized in Medical Psychology, Addiction Counselling, Neuroscience and Psychological diseases at the University of Athens. She works at Acupuncture Private Clinic since 1996 in Athens Greece and she lectures at the Greek Institutes of Medical Acupuncture. She has received the

following awards: Honorary Diploma in Acupuncture ICMART 2007, Honorary Award at ICMART World Congress 2009, First Award at the University of Athens 2016 for her interdisciplinary experience. She was the President of ICMART the years 2014-2018 and she is the General Secretary of ICMART since 2020, President of the Scientific Association of Medical Acupuncture in Greece (SAMAG) since 2011 and also the scientific President and founder of the Interdisciplinary Acupuncture Symposium held in Athens every year since 2013.

0-77

OSTEOARTHRITIS OF THE KNEE – AN OVERVIEW OF ACUPUNCTURE, INTEGRATIVE MEDICINE AND CONVENTIONAL MEDICINE

PS11 **Schottdorf, Jürgen; Alina Lialiukhina; Musil, Richard**

Introduction: Psychological traumata may lead to conditions such as posttraumatic stress disorder as well as depression or chronic pain disorder. Evidence based treatment strategies after traumatic incidents include e.g. EMDR therapy or cognitive behavioural therapy. Yet, waiting periods for therapy are long. Thus, new approaches are warranted. The combined treatment of psychic traumata with acupuncture and exposition-based psychotherapy in one therapeutic session is a novel approach.

Method / treatment protocol: During an initial discussion the focal traumatic situation is identified, which, after a constitutional acupuncture treatment, will be repeatedly imagined by the patient in the next three steps. The upcoming physical discomfort, sentiments and emotions upon imagination will be addressed with acupuncture, leading to immediate dissolution of the physical and emotional reactions. Patients with either posttraumatic-stress disorder (PTSD), posttraumatic embitterment disorder (PTED) or postnatal depression (PD) were included in this prospective naturalistic trial and assessed before (T1) and after (T2) the treatment period and three months after the last applied session (T3).

Results: 38 patients were analyzed (mean age 41.0 yrs SD 11.3; 35 f). After a mean of 5.1 treatment sessions (2-11) trauma-associated symptomatology, measured with impact of event scale revised, dropped statistically significant from -.88 (SD 1.56) to -2.44 (SD 1.58) (T1 vs. T2: $t = 5.56$; $p < 0.001$; T1 vs. T3: $t = 1.51$; $p = 0.07$) and depressive symptoms measured with Beck depression inventory II (BDI-II) showed significant improvements in PTSD, PTED and PD groups from T1 to T2 and T3 as well.

Conclusion: The new approach of combining acupuncture with exposition-based psychotherapy was highly effective in treating patients with various traumatic backgrounds. Trauma related as well as depressive symptomatology dropped significantly and lasted over the three months post-intervention observation period. Multi-center trials with larger sample sizes are needed to verify these promising results.

KEYWORDS

Acupuncture, PTSD, posttraumatic stress disorder, psychotherapy, psychological trauma, chronic pain syndrome

PS11



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Dr. med. Jürgen Schottdorf MD. is working as general practitioner, specialist for emergency medicine, acupuncturist and osteopath in Friedberg (Bavaria), Germany. He lectures internationally in acupuncture, as at the Course "structural and palpation based acupuncture" at the Harvard Medical School in Boston MA, USA, the DÄGfA, German Association of Medical Acupuncture, and different congresses like ICMART-congress in Munich; He intensively studied and practices the different styles as Kiiko Matsumoto's Japanese acupuncture, YNSA and auricular acupuncture of Nogier and Nadja Volf. As student of David Euler, Kiiko Matsumoto, Dr. Toshikatsu Yamamoto, Prof. Nadia Volf, Dan Bensky and others. He developed new strategies for treatment of emergencies and psychological disorders like posttraumatic stress disorder (PTSD) and depression.

Additionally, he has profound education in osteopathy, chiropractic, naturopathic medicine and different methods of psychotherapy.

He is the author of the book "Japanische Akupunktur mit Palpationsdiagnostik: Ein Kompendium" – Japanese acupuncture with palpation diagnostic: a compendium.

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O-78

THE CLINICAL EFFECTIVENESS OF ACUPUNCTURE IN THE COMPLEX REHABILITATION OF PATIENTS WITH THE CONSEQUENCES OF A CLOSED MINE-EXPLOSIVE HEAD AND NECK INJURY DURING THE WAR IN UKRAINE

PS12 **O.E. Kovalenko, O.E. Yurik, V.P. Gubenko, M.E. Rubanista, V.V. Abramenko**

TOPICALITY

The war in Ukraine caused an urgent need to quickly find additional reserves to expand the possibilities of rehabilitation of victims of mine and explosive injuries.

GOAL

To study the clinical effectiveness of acupuncture in the complex rehabilitation of patients with the consequences of a closed mine-explosive head and neck injury.

MATERIAL AND METHODS

45 patients with the consequences of a mine-explosive head injury - brain contusion (41 men and 3 women, average age 32±9 years), who received classical body and auricular acupuncture as part of standard complex therapy and 30 patients (28 men, 1 woman, average age 33±8 years), who received only basic classical therapy. Clinical and neurological examination, visual analog pain scale (VAS), Spielberger anxiety scale in the dynamics of treatment,

RESULTS AND THEIR DISCUSSION

All patients of both groups had headache and neck pain, dizziness and vertigo, transient visual disturbances, decreased memory and concentration, sleep disturbances, increased anxiety etc. Objectively: disorders of statics and coordination of various degrees, syndrome of pyramidal insufficiency, autonomic dysfunction.

Acupuncture prescriptions were made individually according to classical principles, necessarily AP GB20, 39, GV20, 14, BL10,11,13,14,15,23, TE 5,6,12,21, LI4, SI 3, ST8,36, etc. 71%(35) there were 1-3 of some points microbleeds (GB20, GV20, BL10, TE 12,21, SI 3, ST8, auricular points of the tragus and posterior auricular groove), which no longer occurred at the end of the course of treatment together with improving well-being. After the course of treatment (9-10 sessions), a significant improvement in the condition of the patients was observed ($p \leq 0.01$) compared to the control: headaches disappeared in 82.2%(37) (from 6±2.1 points to 0), in 15.5% (7) decreased to 2±1 points) and became unstable, in 2.3% (1) they decreased slightly. Neck pain disappeared in 88.8%(40) (from 5±2 points to 0), in the remaining 11.2%(5) it decreased to 2±1 points and became unstable, which is reliable ($p \leq 0.01$) differed from the indicators of the control group, where neck pain decreased slightly, from 5±2 points to 3±2).

In the main group, indicators of reactive anxiety on the Spielberger scale decreased (from 48±5 to 38±4), while in the control group (from 47±4 to 45±5).

Sleep improved significantly, almost 60% no longer used sleeping pills and sedatives, 40% - sometimes. At the time when the

patients of the control group as part of complex medical therapy continued to use sleeping pills and sedatives.

Conclusion. Acupuncture is an effective tool in the complex therapy of a victim with the consequences of a military mine-explosive closed injury of the head and neck.

PS12

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She teaches neurology, rehabilitation and reflexotherapy (acupuncture and related techniques), introduces acupuncture and related techniques into the general practice - family medicine. Under her leadership, scientific research was conducted, where pain syndromes, vascular pathology of the brain, in particular the consequences of strokes, children's cerebral palsy, multiple sclerosis, and mental health were studied. Has over 450 publications of scientific and educational-methodical nature. Currently, together with a team of acupuncturists, she develops and uses methods of optimal assistance to people affected by the war in Ukraine using acupuncture and related techniques.

The experience of a medical doctor is 35 years, including the experience of acupuncture and TCM - since 1988. Professor Olha Kovalenko is the main organizer of scientific and practical conferences on reflexotherapy, acupuncture and related techniques in Ukraine.

Professor Olha Kovalenko takes an active part in the work of international scientific-practical conferences and seminars, where he has improved his qualifications and delivered reports:

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O-79

SYNERGISTIC ANTI-LIVER CANCER EFFECTS OF CURCUMIN AND TOTAL GINSENOSESIDES

ON01 **Zhe Deng, Xiao-Yan Xu, Fenny Yunita, Qing Zhou, Yong-Rong Wu, Yu-Xing Hu, Zhi-Qi Wang, Xue-Fei Tian**

BACKGROUND

Liver cancer is the sixth most frequently occurring cancer in the world and the fourth most common cause of cancer mortality. The pathogenesis of liver cancer is closely associated with inflammation and immune response in the tumor microenvironment. New therapeutic agents for liver cancer, which can control inflammation and restore cellular immunity, are required. Curcumin (Cur) is a natural anti-inflammatory drug, and total ginsenosides (TG) are a commonly used immunoregulatory drug. Of note, both Cur and TG have been shown to exert anti-liver cancer effects. AIM To determine the synergistic immunomodulatory and anti-inflammatory effects of Cur combined with TG in a mouse model of subcutaneous liver cancer.

METHODS

A subcutaneous liver cancer model was established in BALB/c mice by a subcutaneous injection of hepatoma cell line. Animals were treated with Cur (200 mg/kg per day), TG (104 mg/kg per day or 520 mg/kg per day), the combination of Cur (200 mg/kg per day) and TG (104 mg/kg per day or 520 mg/kg per day), or 5-fluorouracil combined with cisplatin as a positive control for 21 d. Tumor volume was measured and the protein expression of programmed cell death 1 and programmed cell death 1 ligand 1 (PD-L1), inflammatory indicators Toll like receptor 4 (TLR4) and nuclear factor- κ B (NF- κ B), and vascular growth-related factors nitric oxide synthases (iNOS) and matrix metalloproteinase 9 were analyzed by Western blot analysis. CD4+CD25+Foxp3+ regulatory T cells (Tregs) were counted by flow cytometry.

RESULTS

The combination therapy of Cur and TG significantly inhibited the growth of liver cancer, as compared to vehicle-treated animals, and TG showed dose dependence. Cur combined with TG-520 markedly decreased the protein expression of PD-L1 ($P < 0.0001$), while CD4+CD25+Foxp3+ Tregs regulated by the PD-L1 signaling pathway exhibited a positive correlation with PD-L1. Cur combined with TG-520 also inhibited the cascade action mediated by NF- κ B ($P < 0.0001$), thus inhibiting the TLR4/NF- κ B signalling pathway ($P = 0.0088$, $P < 0.0001$), which is associated with inflammation and acts on PD-L1. It also inhibited the NF- κ B-MMP9 signalling pathway ($P < 0.0001$), which is associated with tumor angiogenesis.

CONCLUSION

Cur combined with TG regulates immune escape through the PD-L1 pathway and inhibits liver cancer growth through NF- κ B-mediated inflammation and angiogenesis.

Link of full article: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7579727/>

ON01



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O-80

INTEGRATIVE PLATFORM FOR THE ONCOLOGIC PATIENT IN ZENO-HOSPITAL/ KNOCKE BELGIUM: PILOT PROJECT INVOLVING ACUPUNCTURE INTRAMUROS

ON02 **Bart Devos**

Acupuncture does not have the pretence to cure cancer. But needling adds to the improvement of quality of life of persons

surviving their cancer or undergo palliative care. In the struggle for survival, regular medicine is requesting party for additive care because of side effects of regular treatment (radio-, chemo- & immunotherapy, endocrine treatment).

Some indications for acupuncture are pain (e.g. bone pain from breast- or prostate cancer), nausea and vomiting, peripheral neuropathy, hand- and foot syndrome, arthralgia, hot flushes, dryness of tongue and mouth (salivary glands), lymphoedema etc. Cancer evolves mostly into a chronic remission with persisting asthenia, exercise intolerance, anxiety and restlessness, depression, insomnia, persistent small fiber neuropathy etc. In the general hospital Zeno in Knokke (seaside resort Belgium) an independent non-profit organization for integrative medicine was founded, primarily by the nursing staff of the hospital. There were 33 founding members in total, as registered by a notary. A cooperation agreement was drawn up with the management of the hospital for an integrative care platform for cancer patients.

The pilot study took its first implementation under informed consent from January 2023 to be evaluated after one year. Integrative care includes acupuncture, yoga & meditation techniques, massage en wrap bandages, herbal supplementation & nutritional advice, orthomolecular- & osteopathic medicine. A multidisciplinary oncologic consult (MOC) service already existed prior to integrative platform implementation. Herbal supplementation e.g. will be integrated in this consultation committee. Quality of life will be evaluated by the scientific committee of the hospital with an intake and follow up questionnaire to form a statistical foundation for future prospects.

Ingeborg T.M.Sergeant (Eurosong 1989/ TV-channel VTM from 1990) accepted to be the PR-ambassador for the Foundation Zeno+. Financial support is provided by the Foundation King Baudouin (Be) and the Foundation against cancer (Be). ON02



Bart Devos

is Senior Physician at the Department of Anaesthesiology, Head of the Multidisciplinary Pain Center at the University of Munich (LMU), Campus Innenstadt and President of the German Medical Acupuncture Association (DÄGfA e.V.). He is a member of various committees of pain medicine, CAM and acupuncture, e.g. Cochrane low back pain group, Acupuncture Trialists Collaboration. As a scientist, he has led a BMBF funding project on acupuncture and many clinical studies, as well as two years of basic research at the Institute of Physiology of the LMU Munich.

O-81 A PRAGMATIC IMPLEMENTATION AND EVALUATION PROGRAM FOR ACUPUNCTURE DURING CHEMOTHERAPY (ACUCHEM)

ON03 **Herman van Wietmarschen, Martine Busch, Louise Mulder, Annemarie Kapteijns**

This lecture gives a short overview of the global burden of disease in the context of an aging society, the underlying pathophysiology, and a summary of evidence of complementary and conventional medicine approaches. Osteoarthritis of the knee is a common condition worldwide. Chronification results from bio-psycho-social risks factors, which should be considered in its treatment. Despite the high disease burden, conventional medicine approaches remain poorly evaluated in the long term. Most common treatment recommendation for osteoarthritis of the knee are exercise/movement therapies including classical physiotherapy, weight reduction, short-term of NSAIDs and topical analgesics. Joint lavage, debridement and injections show no or minimal effects on pain and function in clinical studies. Knee endoprosthesis needs to be evaluated against the risk for complications and lack of pain reduction and the probability of a necessary revision surgery later in life. In contrast to conventional approaches, acupuncture and TaiChi appear save, achieved clinically relevant also long-term effects in clinical trials and can be applied at reasonable costs. Furthermore, they foster the patients' self-efficiency and are thus suitable for long-term disease management. Promising evidence exists also for the application of leeches. Consequently, an integrative approach can add value to the standard treatment. With regard to acupuncture, classical local and regional acupuncture points can be complemented by the use of myofascial

triggerpoints e.g. located in the m. quadriceps femoris and/or adductor muscles as well as by specific microsystem points. Many patients with osteoarthritis suffer from co-morbidities, which can be addressed by classical acupuncture based on syndrome diagnosis. Crucial for longterm success is the motivation of patients to regularly exercise TaiChi/Qigong and or movement therapies. ON03

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Herman van Wietmarschen

is senior scientist integrative health at the Louis Bolk Instituut. His mission is to advance cooperation and integration of complementary care and conventional care. He is working with healthcare professionals towards implementation of complementary care, conducts pragmatic participatory evaluations, and studies working mechanisms. He has published

over 50 scientific papers, is editor in chief of Tijdschrift Integrale Geneeskunde, is board member of the Academy of Integrative Medicine.

O-81

ACUPUNCTURE IN ONCOLOGY AND PALLIATIVE CARE. EXPERIENCE OF TCM ACUPUNCTURE DEPARTMENT OF FEDERAL UNIVERSITY OF SAO PAULO, BRASIL

ON04 **Marcia Yamamura-Terra**

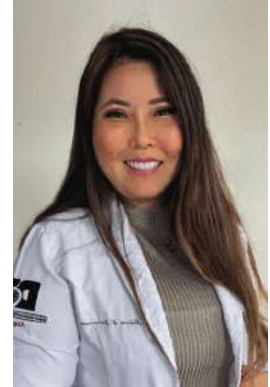
Acupuncture for the treatment of cancer patients and under palliative care has grown in the last decade. Being considered as Complementary and Integrative Traditional Medicine by the World Health Organization (WHO), Traditional Chinese Medicine and Acupuncture dialogue with contemporary and conventional medicine in the context of Integrative Medicine to treat numerous symptoms that are highly prevalent among patients, such as pain, anxiety, depression, nausea and vomiting, and, without a doubt, in the improvement of the patient's quality of life.

At Hospital São Paulo, the teaching hospital of the Federal University of São Paulo (UNIFESP), is a public institution inserted in Public Health System of Brazil. In this high complexity hospital, Acupuncture is part of the list of clinical procedures available for hospitalized patients. Palliative and oncology patients also receive follow up treatment in the Acupuncture Ambulatory and Acupuncture Urgent Care Unit in the same institution. The pioneering results show to be promising, especially in women with breast cancer, patients with head and neck tumors, intestinal cancer.

ON04

Marcia Lika Yamamura, M.D.

- Head of Traditional Chinese Medicine and Acupuncture Department of Federal University of Sao Paulo (UNIFESP), Brazil.
- Supervisor of the Medical Residency Program in Acupuncture at the Federal University of São Paulo (UNIFESP), Brazil.
- Associate Professor of Federal University of Sao Paulo (UNIFESP), Brazil.
- President of Ibero Latin American Federation of Medical Acupuncture Societies (FILASMA) 2019-2021.
- Vice President of the Brazilian College of Medical Acupuncture (CMBA) 2018-2020.
- President of Center AO, Research and Study Center of Prof. Dr. Ysao Yamamura, Head of TCM Acupuncture Sector of Federal University of São Paulo (UNIFESP), Brazil. This is the first university to shelter acupuncture in the medical curriculum in Brazil.



O-83

ACUPUNCTURE IN NEUROPATHY

PA13 **David Kopsky**

INTRODUCTION

Neuropathy can be distinguished in a peripheral cause and a central cause. The most common peripheral neuropathy is polyneuropathy, a disease of the peripheral nerve, affecting first the longest nerve up to the big toe, and gradually expanding proximally up to the knees. This is due to the fact: the longer and thinner the nerve, the more fragile. The cause of polyneuropathy is a too much or too less of substance: too much chemotherapy, plasma glucose, vitamin B6, alcohol; too less thyroid hormone, vitamin B12, B1. The older the population, the higher prevalence of polyneuropathy. When sensory nerves do not function properly, numbness occurs. In around 50% of the polyneuropathy patients besides numbness, also overactivity of the nerves is present resulting in burning, painful cold, electric shocks, tingling, pins and needles and/or itch. Besides the use of oral or topical medication for the overactivity, both numbness and overactivity could be improved with acupuncture. Schröder et al. showed

that acupuncture can alleviate the symptoms of polyneuropathy. Central neuropathic pain due to spinal cord injury can be treated with Yamamoto New Scalp Acupuncture. A pilot study showed that 30% of the treated patients had clear pain reducing effects, even lasting 3 months after the 12th treatment.

METHOD

Oral explanation of different types of medical acupuncture in daily practice for the treatment of neuropathy and neuropathic pain. Explanation of tactics in different types of neuropathy.

RESULTS

After the workshop, several types of neuropathy and neuropathic pain can be treated.

CONCLUSION

Neuropathy and neuropathic pain can be alleviated with acupuncture.

PA13

O-84

ACUPUNCTURE MAY HELP TO PREVENT CHEMOTHERAPY-INDUCED PERIPHERAL NEUROPATHY: A RANDOMIZED, SHAM-CONTROLLED, SINGLE-BLIND STUDY

RE10 **Ming-Cheng Huang**

OBJECTIVE:

This study investigated the efficacy of acupuncture in preventing chemotherapy-induced peripheral neuropathy (CIPN) in patients with colorectal cancer (CRC).

METHODS:

This single center, randomized, controlled, single-blind clinical trial randomly assigned patients with stage 3 CRC attending outpatient clinics in China Medical University Hospital to either verum or sham acupuncture treatment concurrently with chemotherapy. Primary outcomes were nerve conduction velocity (NCV) and touch thresholds of limb terminals. Secondary outcomes were total and subdomain scores on the Functional Assessment of Cancer Therapy-General (FACT-G), and scores on the FACT/GOG-Ntx subscale and the Brief Pain Inventory-Short Form (BPI-SF), at baseline, weeks 12, 36, and follow-up (week 48).

RESULTS:

Thirty-two patients met the inclusion criteria and received verum acupuncture (N = 16) or sham acupuncture (N = 16). Under the intent-to-treat principle, 26 participants were analyzed. Significant changes from baseline for questionnaire scores and sensory NCV were observed in both study groups. Sham acupuncture was associated with significant reductions from baseline in motor NCV and sensory touch thresholds; no such changes were observed with verum acupuncture. No serious adverse events were reported.

CONCLUSION:

Prophylactic acupuncture may exert neuroprotective effects on mechanical or tactile touch thresholds during chemotherapy regimens in patients with CRC, with evidence of this protectiveness persisting at 6 months' follow-up. The lack of change in motor NCV values with verum acupuncture indicates neuroprotective effects. Sensory NCV values and patient-reported outcomes did not differ significantly between the study groups.

Key words: acupuncture; chemotherapy; peripheral neuropathy; prevention; colorectal cancer; oxaliplatin. RE10

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Holder of the Honorable Mention Award of Poster Presentation, 19th International Congress of Oriental Medicine (2018), The popularity Award of Poster Presentation, 19th International Congress of Oriental Medicine (2018), First place in the "National Training Camp for Trained Physicians" of the Training Program of Physician for TCM Medical Institutions (2019), Excellent Teaching Physician of China Medical University Hospital (2020) and the Outstanding Graduate Student Award of China Medical University (2022)

He serves as Executive Director of Taichung Chinese Medical Association (2018 ~ present) and as Director of Chinese Medical Association of Acupuncture (2022 ~ present)

He is also serves as Editor-in-chief of Traditional Chinese Medical Quarterly of Taichung Chinese Medical Association (2021 ~ present), the Editor board of Journal of Chinese Medical Association of Acupuncture (2022 ~ present), member to the advisory board of Central Branch of TCM outpatient medical service review executive meeting of National Union of Chinese Medical Doctor's Associations, R.O.C. (2019 ~ present) and of the Medical consultant of Taiwan Fibromyalgia Association (2018 ~ present)
Dr Huang has published 10 scientific papers.

O-85

A SYMPOSIUM ACUPUNCTURE TREATING MAJOR DEPRESSIVE DISORDER GUIDELINE Developed by The World Federation of Acupuncture- Moxibustion Society

ME07 **Yu-Qing (Madison) Zhang, Richard Musil, Amir Qaseem, Hedi Luxenberger, Hong Zhao**

- Guang'anmen Hospital, China Academy of Chinese Medical Sciences
- Luohu District Hospital of Traditional Chinese Medicine, Shenzhen, China

1. SESSION FORMAT: SCIENTIFIC SYMPOSIUM

2. SESSION FOCUS: CLINICAL

3. TARGET AUDIENCE:

Physicians, psychiatrists, and all clinicians practicing Acupuncture or referring Acupuncture patients.

4. PARTICIPATING ORGANIZATIONS:

- McMaster University, Hamilton, Ontario, Canada
- Institute of Acupuncture and Moxibustion, China Academy of Chinese Medical Sciences, Beijing, China
- Psychiatric Clinic of University Munich (LMU), Munich, Germany
- Oberberg Fachklinik Bad Tölz, Bad Tölz, Germany;
- American College of Physicians, Philadelphia, Pennsylvania, USA
- the International Council of Medical Acupuncture and Related Techniques, Brussels, The Kingdom of Belgium

5. SESSION SUMMARY

Depressive disorder is among the most prevalent non-fatal diseases worldwide. Major depressive disorder (MDD) is the most common depressive disorder. Acupuncture is one of the most used nonpharmacological interventions, and a large body of evidence exists. A trustworthy high-quality clinical practice guideline on MDD investigating acupuncture is warranted. This symposium aims to discuss the World Federation of Acupuncture-moxibustion Societies MDD Clinical practice guidelines.

Our symposium includes a series of presentations related to the background of the Guideline, the methods, and the recommendations and its application in the clinical context. Then an open discussion with panels about the applications and implications of this Guideline.



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ACUPUNCTUURNAALDEN EN MEER!

PROPOSED TALKS AND SPEAKERS:

Speaker	Talk Title	Talk Description	Talk Duration
Hedi Luxenberger	Why do we need this Acupuncture guideline for Major Depressive Disorders?	In the past ten years, the United States, Canada, and China developed six clinical practice guidelines for MDD. These guidelines helped with some clinical questions; however, challenging clinical questions that remain unanswered. We will review the need for these guidelines and highlight the current gap in MDD management and Acupuncture therapies' roles.	5min
Yuqing (Madison) Zhang	Methodology Review	We review the state of art methodology used in the guideline production.	10min
Richard Musil	What are the good monotherapies for MDD? How do we enhance the chance of success Acupuncture alone, or combined with antidepressants?	When choosing the best monotherapy for MDD, should patients choose the most popular psychotherapy or acupuncture? What about acupuncture and antidepressants? A common clinical dilemma will be reviewed regarding how to approach monotherapy versus combination therapies—a discussion about whether to combine acupuncture with anti-depressants.	10min
Hong Zhao	What about some of the practical issues when using acupuncture therapies for MDD?	When clinicians use acupuncture to treat MDD, what are the best course of action regarding the points selection, types of acupuncture, duration, and frequency of acupuncture therapies?	15min
<p>DISCUSSION: Amir Qaseem, Hong Zhao, Richard Musil, Yuqing (Madison) Zhang, Hedi Luxenberger What about the application of the recommendations? The panel will discuss the implication of the recommendations for clinicians and patients globally and answer questions from the audience.</p>			20 minutes

BELOW IS THE GUIDELINE ABSTRACT:

Objectives: The World Federation of Acupuncture-Moxibustion Societies (WFAS) aims to provide evidence-based guidelines and recommendations for clinicians (acupuncturists, nurses, physicians, psychiatrists, etc.), patients, policymakers, and others when making treatment decisions on mild and moderate Major depressive disorder (MDD) in adults.

Methods: The WFAS organized a multidisciplinary and multinational guideline panel minimizing conflict of interest and prioritized clinical questions and outcomes informed by updated systematic reviews and meta-analyses. A team of researchers conducted systematic reviews to inform the recommendations. The systematic reviews and guidelines used the Grading of

Recommendations Assessment, Development, and Evaluation (GRADE) approach to assess the certainty of the evidence and the strength of the recommendations.

Recommendations: The Guideline formulated eight conditional recommendations covering nonpharmacological and pharmacological conventional interventions and acupuncture therapies, as well as the optimal points selection, style, duration, and frequency of acupuncture therapies.

Recommendation 1. For adults diagnosed with mild or moderate MDD, the WFAS & CAAM panel suggests using psychotherapy over acupuncture therapy (Conditional recommendation, low certainty in the estimated effects).

Recommendation 2. For adults diagnosed with mild or moderate MDD, the WFAS & CAAM panel recommends using either acupuncture therapies or antidepressants (Conditional recommendation, low certainty in the estimated effects).

Recommendation 3. For adults diagnosed with mild or moderate MDD, the WFAS & CAAM panel suggests using acupuncture therapy plus antidepressants over electro-acupuncture therapy alone. (Conditional recommendation, with low certainty evidence)

Recommendation 4. For adults diagnosed with mild or moderate MDD, the WFAS & CAAM panel suggests using acupuncture plus antidepressants over antidepressants alone for patients diagnosed with mild or moderate major depressive disorder (Conditional recommendation, low certainty in the estimated effects).

Recommendation 5. The WFAS & CAAM panel suggests using auricular or body acupuncture to treat adults diagnosed with mild or moderate major depressive disorder (Conditional recommendation, with very low certainty evidence).

Recommendation 6. The WFAS & CAAM panel suggests using electro-acupuncture or manual acupuncture to treat adults diagnosed with mild or moderate major depressive disorder (Conditional recommendation, with very low certainty evidence).

Recommendation 7. The WFAS & CAAM panel suggests using acupuncture ≥ 3 times over ≤ 2 times a week when treating adults diagnosed with mild or moderate major depressive disorder (Conditional recommendation, with very low certainty evidence).

Recommendation 8. The WFAS & CAAM panel suggests standard treatment duration (≤ 4 weeks) over extended treatment duration (> 4 weeks) to treat patients diagnosed with mild or moderate major depressive disorder (Conditional recommendation, with very low certainty evidence).

ME07

Yuqing (Madison) Zhang, M.D., MSc., PhD

Dr. Zhang is an assistant professor in the Department of Health Research Methods, Evidence, and Impact at McMaster University, visiting professor at the Chinese Academy of Medical Sciences, Beijing, China, and at the University of Nottingham Ningbo, China, GRADE center.

Dr. Zhang is also the Executive Director at CEBIM (Center for Evidence-Based Integrative Medicine)-Clarity Collaboration, Guang'anmen Hospital, China Academy of Chinese Medical Sciences, Beijing, China, and a methodology advisor to the Clinical Policy Committee at American College of Physician.

Dr. Zhang has more than 15 years of experience in Evidence-based medicine, specifically in clinical trial design, integrative medicine, health outcomes research, systematic reviews, and clinical practice guidelines (CPGs).

As a methodological chair or lead, she worked with Health Canada and multiple international medical societies (American Society of Hematology, American Thoracic Society, American Society of Clinical Oncology, American College of Cardiology, etc.) on clinical practice guideline development and evidence synthesis. Dr. Zhang has authored and co-authored over 70 publications in high impact journals including "New England Journal" (NEJM) (IF: 91), "American Respiratory and Critical Care Medicine" (ACEMED) (IF: 21), and an acupuncture collection of 9 papers on the "British Medical Journal" (BMJ) (IF: 39) and BMJ Open. Dr. Zhang offered

over 50 presentations and workshops in North America, Europe, The middle east, South America, and Asia-pacific.

Musil, Richard

Oberberg Fachklinik Bad Tölz, Bad Tölz, Germany



Dr. med. Richard Musil MD is head of department of the Oberberg Fachklinik Bad Tölz and former consultant at the Psychiatric Clinic of University of Munich (LMU). He is head of the working group "acupuncture in psychiatry" at LMU and the German Society of Acupuncture Physicians (DÄGfA), for which he also serves as regular lecturer. He is NADA-Trainer and author and co-author of > 100 peer-reviewed articles. He was part of the scientific consulting group and co-author of WFAS guideline for acupuncture in mild and moderate depression.

Presenter Name: Dr. med. Richard Musil MD.

Email ID: richard.musil@oberbergkliniken.de

Amir Qaseem, MD, PhD, MHA, MRCP (London), FACP

Dr. Qaseem is trained as a physician, health economist, methodologist, clinical epidemiologist, business administrator, and a leader. He is responsible for leading the American College of Physicians' evidence-based medicine and clinical practice guidelines program, oldest program in the United States. Dr. Qaseem also leads ACP's quality indicators and performance measures program. He directs ACP's high value care initiative and scientific medical policy evaluating and publishing the benefits, harms, and costs of various overused, misused, and underused diagnostic tests and therapeutic interventions. Dr. Qaseem's work includes development and implementation of ACP's quality improvement and educational programs. Dr. Qaseem's is also involved in clinical care and research addressing priority populations, elderly, women, multiple chronic conditions, complex health interventions, disease definitions, end of life care, genetics, and determinants of health.

Dr. Qaseem has led and participated in decisions varying from organizational level strategies to national level clinical priorities and policies in the United States. Dr. Qaseem has also been involved in multiple international collaborations to develop health policy, assess and evaluate quality of care, and develop quality improvement strategies and programs in Asia, Australia, Europe, North America, and South America. Dr. Qaseem has published extensively in peer reviewed journal, of which over a 150 papers have been published in the top 5 medical journals in the world on topics such as clinical guidelines, implementation of clinical guidelines, pandemic crisis, quality improvement, performance measures and measurement, population health, and health policy related issues. Some of the papers authored by Dr. Qaseem are in the top ten most read articles and most influential articles in the Annals of Internal Medicine. Dr. Qaseem has been invited to speak as a keynote speaker and has presented at several national

and international conferences on issues related to health policy, evidence-based medicine, guideline development, guideline and evidence grading, performance measurement, and quality of care. Dr Qaseem's H Index is 74.

Dr. Qaseem has been interviewed for his expertise by journalists from TV, Radio, and Print/Internet for many high-profile media outlets such as BBC, CNN, NBC, Reuters, the Washington Post, the New York Times, and the Wall Street Journal to name a few. Dr. Qaseem brings over 20 years of experience that includes working on different types of boards and committees, including governance

boards, of various national and international organizations. This includes World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), Cochrane, GRADE Working Group, National Quality Forum (NQF), Measures Application Partnership, Guidelines International Network (GIN), Physician Consortium for Performance Improvement (PCPI), and Health Level Seven International (HL7)/FHIR.

Please see additional authors and panel's full CV in the abstract attachments.

O-88 INTEGRATIVE PLATFORM FOR THE ONCOLOGIC PATIENT IN ZENO-HOSPITAL/ KNOCKE BELGIUM: PILOT PROJECT INVOLVING ACUPUNCTURE INTRAMUROS

ML04 **Anita A. Liem**

INTRODUCTION

The concept of facial beauty has captivated individuals across cultures and throughout history. However, the definition of what makes a face beautiful remains subjective and varies across different societies and time periods. This presentation aims to explore the multifaceted factors that contribute to facial beauty by incorporating the most current information available.

METHOD

Firstly, Dr. Liem delves into the role of facial symmetry and facial proportions from a Plastic Surgeon's point of view. She will discuss the golden ratio and its impact on perceived beauty. Secondly, she addresses the influence of facial features, including eyes, nose, lips, and jawline, on attractiveness. Furthermore, the presentation explores the impact of skin quality and complexion on facial beauty and what contributes to perceived beauty. Lastly, the presentation examines the influence of social and cultural factors on facial beauty standards.

RESULTS

Beauty ideals can differ greatly across cultures and are subject to change over time due to factors such as globalization, media influence, and societal norms. Understanding these cultural variations can provide insights into the dynamic nature of beauty perception.

CONCLUSION

Facial beauty is a complex and multifaceted concept influenced by a combination of factors, including facial symmetry, proportions, features, skin quality, and cultural preferences. By incorporating the most current information available, this presentation provides a comprehensive understanding of the elements that contribute to facial beauty, shedding light on the diverse perspectives surrounding this intriguing.

ML04

Dr. Anita A. Liem MD MRCS FRCS(Plast) –Plastic Surgeon and Acupuncturist

Dr. Liem Clinic, Rotterdam, Netherlands

Dr. Liem is a UK-qualified Plastic Surgeon, now specialized in Facial Cosmetics and Plastic Surgery. She trained in the UK and is currently in private practice in the Netherlands.

She is a Member of BAPRAS(UK) and NVPC (NL) for Plastic Surgery and a Member of NAAV as Acupuncturist. By providing the full spectrum of treatments ranging from Facelifts and Injectables to Cosmetic Acupuncture, she can offer each patient a unique personal treatment plan.

Academically, Dr. Liem holds a Research Degree in Breast Cancer Treatment and has published many papers, written book chapters and published a book on Microsurgery in Lymphoedema. She has been on the International Board of Reviewers since 2012.

As she is extremely experienced with website building and social media, she is currently helping icmart2023 with their social media. For more information: www.drliemclinic.nl or www.medischacupunctuur.nl

O-89 COSMETIC ACUPUNCTURE + CONCENTRATED GROWTH FACTOR APPLICATION VIA ACUPUNCTURE POINTS

ML01 **Prof. Dr. Mehmet Tuğrul Cabioğlu**

Cosmetic Acupuncture; strengthens skin tone, it gives elasticity to the skin, increases blood supply to the skin, eliminates small wrinkles, it balances the electrical load on the skin. Initially,

needles are inserted into acupuncture points located on various parts of the face and body. After the acupuncture application, intensive plasma injection of "Growth Factors" is made over the acupuncture points.

The entry of the acupuncture needle into the point and the

controlled micro trauma, it causes at the point cause physiological regeneration. I think that the injection of growth factor-rich, plasma right after this point accelerates and strengthens this regeneration. According to my clinical observations, I think that the injection of growth factor-rich plasma from acupuncture points is more effective than the application of acupuncture alone in cosmetic applications. ML01

Prof. Dr. Mehmet Tuğrul Cabioğlu

Ankara Mediol Universty, Medical Faculty

He graduated from the Cerrahpaşa Faculty of Medicine at the İstanbul University in the year 1983. He was trained in Acupuncture at the “China Academy of Traditional Chinese Medicine” between the years 1990-1991. Following this, he started his PhD program titled, “Weight Loss among the obese due to Acupuncture Stimulation” at the Physiology Department of the Faculty of Medicine at the Konya Selçuk University in the year 1999, completing the program in 2002. He entered the Faculty of Medicine at the Başkent University as an academician of the Physiology Department in the year 2007. The same year, he established the “Acupuncture Cure Unit” connected to the anesthesiology department of the

same university. He assumed the title of assistant professor at the Faculty of Medicine of the Başkent University in 2010, associate professor in 2011 and professor in 2017. In the year 2015, he established the “Center for Contemporary and Complementary Medical Applications” under the auspices of Başkent University Faculty of Medicine. Starting from the year 2000, he was elected as a member of the “Acupuncture Scientific Institution for the Ministry of Health” for many years and most recently to the supreme council of “Contemporary and Complementary Medical Science and Technology for the Ministry of Health” in the year 2017 where his duties still continue. He is the Vice President of Acupuncture and Complementary Medical Association of Ankara and a board member of the World Federation of Acupuncture – Moxibustion Societies (WFAS). He has participated in the organization commission of five congress and symposiums on the subjects of Acupuncture and Complementary Medical Science. He has 55 SCI, SCI Expanded and Interntaional indices. He speaks good English.

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PHARMACOPUNCTURE TREATMENT FOR FACIAL LIVER SPOTS

ME17 **Natalia Borodina, Helena Olearska**

INTRODUCTION:

Facial liver spots, or solar lentigo, are common hyperpigmentation disorders characterized by localized dark spots on the face. While various treatment modalities have been explored, they are of limited efficacy and potential adverse effects. Present study aims to investigate the effectiveness of a combined approach that integrates Chinese medical wisdom with the use of a modern immunomodulating agent.

METHOD:

The study involved a total of 9 patients aged 23-38 years complaining of liver spots on the face. The treatment protocol involved a combination of targeted acupuncture therapy based on Chinese medical principles and the use of human placenta extract (HPE) known for its positive cosmetic effects. The agent was used locally and on main facial active points. Assessments were conducted at baseline and after 4 weeks to evaluate changes in pigmentation intensity, spot size, and overall improvement in facial skin appearance.

RESULTS:

In our group, 5 patients were diagnosed with liver pathologies, and 4 with stomach pathologies according to Chinese medicine. In 3 patients, discoloration appeared after pregnancy. Our findings suggest promising outcomes in terms of reduced pigmentation intensity, diminished spot size, and overall enhancement in the appearance of facial skin. Notably, the combined treatment approach demonstrated a favorable safety profile, with no significant adverse effects reported during the study duration.

CONCLUSION:

Pharmacopuncture acupuncture treatment holds promise as an effective approach for managing facial liver spots. The combination of liver and stomach-focused interventions, along with localized application of human placenta extract, has shown promising results. Further research is needed to validate these results and investigate the underlying mechanisms of action. ME17

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Trained in Beijing University, doctor Borodina used to run an acupuncture clinic in China for over 10 years. She gained an extensive experience in addressing women's health concerns, both in aesthetic and medical aspects.

Helena Olearska, MD

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Specializing in internal medicine, the author primarily focuses on patients with metabolic and hormonal disorders. Doctor Olearska is a co-founder of the Institute of Traditional Chinese and Integrative Medicine, as well as The Academy of Cosmetic Acupuncture and Natural Rejuvenation, located in Kraków, Poland. She is promoting the integration of traditional Chinese medicine with western medical knowledge and and natural rejuvenation techniques.

O-91

THE PERSPECTIVE OF AN AMERICAN INTERNIST ON THE ROLE OF TRADITIONAL CHINESE HERBAL MEDICINE IN MODERN MEDICAL PRACTICE

HE01 **Thomas Burgoon, MD**

Acupuncture is an effective and valuable therapy in the modern management of asthma. This talk reviews the approach and some techniques of an internal medicine specialist who has applied acupuncture and moxibustion in the therapy of asthma for more than twenty years. Also, the modern bench science supporting acupuncture's role in asthma management is reviewed.

A perspective on the role of traditional Chinese herbal medicine in improving the health of our patients. Explores the important topic of identifying and addressing the subclinical stage of chronic disease. Discussion of contemporary findings in the USA regarding unintended adverse effects of modern medical practice. Includes discussion of the history of addressing safety and toxicity in traditional Chinese herbal medicine practice. HE01



Thomas Burgoon

Thomas Burgoon, MD is a past president of the American Academy of Medical Acupuncture (AAMA). He is a member of the Board of Directors of ICMART (International Council on Medical Acupuncture and Related Techniques), member of Editorial Boards of the World Journal of Acupuncture and Moxibustion, and Medical Acupuncture.

Since 2021 has served as a member of the Specialty committee on suboptimal health (亚健康) of the World Federation of Chinese Medicine Societies. He is a graduate of Vanderbilt University School of Medicine. He is an internal medicine physician specializing in acupuncture and Chinese medicine for 28 years.

O-92

PERIPHERAL FACIAL PARALYSIS TREATED BY TUINA AND ACUPUNCTURE'

TQ04 **Dr. med. Uy, José**

INTRODUCTION

Facial nerve palsy, also known as facial nerve paralysis, is characterized by the loss or dysfunction of the 7th cranial nerve, which is the facial nerve.

There is a distinction between the central type, which occurs in cases of cerebral insult or brain tumor, and the peripheral type. The meridians affected in peripheral facial paralysis are the large intestine, stomach, triple heater, bladder, gallbladder, and small intestine.

METHODS:

Acupuncture: Master points, Luo Mai points, He points, and Shu transport points (especially Jing Well points) were used. Contralateral acupuncture points are always used.

Tuina: Yizhichan Tui, Anrou, Fenfa

RESULT:

After just two sessions of Tuina and Acupuncture, once a week, the patient made a complete recovery.

CONCLUSION:

The combination therapy with Tuina and Acupuncture in facial paresis shows excellent results.

A brain CT, laboratory tests, and lumbar puncture to rule out a stroke are absolutely necessary.

In this case, time plays a significant role. Ideally, therapy should start within two weeks after the onset of the illness.



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PUBLICATIONS (SELECTION)

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2009	PATIENT WITH ALLERGIC RHINITIS ELSEVIER URBAN & FISCHER VERLAG • Dr. Michaela Bljak, Dr. med. José Uy
1995	THE FEMOROCRURAL GREAT SAPHENOUS VEIN IN SITU BYPASS SPRINGER MEDICINE PUBLISHING HOUSE • J. D. Gruss, W. Hiemer, Dr. med. José Uy
1992	TRAUMATIC AND IATROGENIC VASCULAR INJURIES - FIELD REPORT OVER A 10-YEAR PERIOD STEINKOPFF PUBLISHER DARMSTADT • W. Hiemer, Krotos, Dr. med. José Uy, Gruss

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TQ04

O-93

CHINESE DIETARY THERAPY FOR ELDERLY PATIENTS WITH POST-COVID SYNDROME

ON02 of TQ05 **Patricia Krinninger**

Post-COVID is characterized by chronic health complications following an acute infection of COVID-19. While common symptoms of Post-COVID include fatigue, shortness of breath and cognitive dysfunction over 200 different symptoms have been reported that can have an impact on everyday functioning. Chinese Dietary Therapy can play an effective role as part of a multimodal treatment approach. By daily food intake, dietetics provides a sustainable therapy that greatly contributes to successful treatment.

Foods are classified precisely based on their energetic properties and their effects in the body and are seen as mild, therapeutic remedies. Accordingly, individually tailored dietary advice can be provided depending on constitution, health condition, age, time of day and season.

Key therapeutic principles in the Chinese Dietary Therapy treatment of Post-COVID in elderly people include supplementing and harmonizing of the functional systems lung (fei), spleen (pi), and kidney (shen), transforming and eliminating dampness (shi) and pflgmem (tan), and eliminating heat (re). In addition, Chinese

Dietary Therapy can effectively treat any other functional systems and further energetic imbalances associated with Post-COVID disorders. Furthermore, clinical experience has shown that the combination of different therapies used in Chinese Medicine prove to be particularly successful.

The specifics of Chinese Dietary Therapy for elderly people in the treatment of Post-COVID will be introduced. Moreover, application possibilities and the significance of Chinese Dietetics will be explained based on case studies from clinical practice.



ON02

Patricia Krinninger

Nutritional Scientist specialized in Chinese Dietary Therapy; Ph.D. from the chair for Nutritional Medicine, Technical University of Munich, Germany; lecturer and board member of International Society for Chinese Medicine (SMS), Munich, Germany

O-94

THE ASSOCIATION BETWEEN ACUPUNCTURE THERAPIES AND REDUCED FRACTURE RISK IN PATIENTS WITH OSTEOARTHRITIS: A NATIONWIDE RETROSPECTIVE MATCHED COHORT STUDY

Chia-Yu Huang MD, Mei-Yao Wu MD PhD, Ming-Cheng Huang MD, Greg Zimmerman MS, Lian-Yo Yang PhD, Cheng-Li Lin MS, Sio-Ian Tou MD, Hung-Rong Yen MD PhD

Journal of Integrative and Complementary Medicine. 2022 May;28(5):418-426.

Acupuncture has been widely used for the treatment of various diseases worldwide. It has been practiced not only in local clinics but also used in most of the teaching hospitals and medical centers in Taiwan. The single-insurer National Health Insurance (NHI) program was established in 1995 in Taiwan, and more than 99% of the Taiwanese population was enrolled. The NHI program covers not only Western medical service but also ambulatory care of traditional Chinese medicine (TCM), including Chinese herbal medicine, acupuncture, and orthopedic traumatology. All the claims' data of the NHI program are digitally collected in the National Health Insurance Research Database (NHIRD) managed by the Data Science Center, Ministry of Health and Welfare. De-identified demographic characteristics (eg. sex, date of birth, occupation and place of residence) and clinical information (eg. diagnosis, management and treatment) were provided in the database. This nationwide database is highly reliable, reducing the potential for sampling bias 1.

Professor Hung-Rong Yen has been leading a research group to conduct nationwide population-based studies by using big-data analysis. In the field of acupuncture, his research work has

revealed real-world data on trends in the utilization of acupuncture in Taiwan (2,3), the benefits of acupuncture treatments in depression (4-6), fibromyalgia (7,8), stroke (9), rheumatoid arthritis (10,11), osteoarthritis (12,13) and so on.

This study¹² aims to investigate the association between acupuncture therapy and the risk of fracture in patients with osteoarthritis. The authors performed a 1:1 propensity score-matched cohort study to analyze patients with osteoarthritis between January 1, 1997 and December 31, 2010 through the Taiwanese NHIRD. Patients who received acupuncture therapy from the initial date of diagnosis of OA to December 31, 2010 were included in the acupuncture cohort. Patients who did not receive acupuncture during the same follow-up period were defined as the no-acupuncture cohort. A Cox regression model was used to adjust for sex, age, comorbidities, prescription, and surgical experiences. Hazard ratios (HRs) were compared between the two cohorts. A total of 3416 patients were identified after 1:1 propensity score matching. The patients had similar basic characteristics. In the final analysis, 292 patients in the acupuncture cohort (30.06 per 1000 person-years) and 431 patients in the no-acupuncture cohort (56.08 per 1000 person-years) developed fractures (adjusted HRs 0.57, 95% confidence interval 0.49-0.67). A reduced cumulative incidence of fracture was found in the acupuncture cohort (log-rank test, $p < 0.001$). The association between acupuncture and reducing the fracture incidence was independent of sex, comorbidities, drugs use, and surgical experiences. Their results revealed the association between acupuncture therapies and a reduced incidence of

fracture development in patients with OA. This finding provides noteworthy ideas for further research. Until now, there are only a few studies addressing the question of the advantages of acupuncture treatment in real-world data settings. The series of studies led by Professor Yen is novel in research methodology and shed light on scientific research for future clinical application.

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Professor Hung-Rong Yen is a physician scientist. He currently serves as the Dean of the College of Chinese Medicine at China Medical University, Taiwan. He also serves as the Director of Integration of Chinese and Western medicine in China Medical University Hospital, Taiwan. He earned his M.D. degree with a double major in Western and Chinese medicine at China Medical University, Taiwan. Afterward, he completed clinical training both in Western medicine and Chinese medicine in Chang Gung Children Hospital and Chang Gung Memorial Hospital. He also earned his Ph.D. degree in Chang Gung University, including a 3-year research fellowship in immunology at Johns Hopkins University School of Medicine, U.S.A. His research interest involves Chinese medicine and immunology. Professor Yen's academic training and research experience have provided him with a background in multiple biomedical aspects. As a physician scientist with dual clinical training in Western medicine and Chinese medicine, he has become a leading advocate of the integration of Chinese medicine into conventional care and builds bridges between doctors of all backgrounds. Professor Yen is ranked as the "World's Top 2% Scientists" through Scopus's paper influence data, including "Life-long Science Influence Rankings (1960- 2020)" and "2020 Science Impact Rankings", and continued to be listed in the "2021 Science Impact Rankings". Professor Yen is also a pioneer in innovative pedagogical practice in traditional Chinese medicine (TCM) education, including TCM-OSCE and TCM online courses.

Full list of publications of more than 120 papers are available at the following website.

Google Scholar: <http://scholar.google.com.tw/citations?user=T63L4kEAAAAJ>

Website: http://webap.cmu.edu.tw/TchEportfolio/index_1/hungrongyen

O-95

OSTEOARTHRITIS OF THE KNEE – AN OVERVIEW OF ACUPUNCTURE, INTEGRATIVE MEDICINE AND CONVENTIONAL MEDICINE

TQ06 **Dominik Irnich**

This lecture gives a short overview of the global burden of disease in the context of an aging society, the underlying pathophysiology, and a summary of evidence of complementary and conventional medicine approaches.

Osteoarthritis of the knee is a common condition worldwide. Chronification results from bio-psycho-social risks factors, which

should be considered in its treatment. Despite the high disease burden, conventional medicine approaches remain poorly evaluated in the long term. Most common treatment recommendation for osteoarthritis of the knee are exercise/movement therapies including classical physiotherapy, weight reduction, short-term of NSAIDs and topical analgesics. Joint lavage, debridement and injections show no or minimal effects on pain and function in clinical studies. Knee endoprosthesis needs to

be evaluated against the risk for complications and lack of pain reduction and the probability of a necessary revision surgery later in life. In contrast to conventional approaches, acupuncture and TaiChi appear save, achieved clinically relevant also long-term effects in clinical trials and can be applied at reasonable costs. Furthermore, they foster the patients' self-efficiency and are thus suitable for long-term disease management. Promising evidence exists also for the application of leeches. Consequently, an integrative approach can add value to the standard treatment.

With regard to acupuncture, classical local and regional acupuncture points can be complemented by the use of myofascial triggerpoints e.g. located in the m. quadriceps femoris and/or adductor muscles as well as by specific microsystem points. Many patients with osteoarthritis suffer from co-morbidities, which can be addressed by classical acupuncture based on syndrome diagnosis.

Crucial for longterm success is the motivation of patients to regularly exercise TaiChi/Qigong and or movement therapies.

TQ06

Prof. Dr. med. Dominik Irnich

is Senior Physician at the Department of Anaesthesiology, Head of the Multidisciplinary Pain Center at the University of Munich (LMU), Campus Innenstadt and President of the German Medical Acupuncture Association (DÄGfA e.V.). He is a member of various committees of pain medicine, CAM and acupuncture, e.g. Cochrane low back pain group, Acupuncture Trialists Collaboration. As a scientist, he has led a BMBF funding project on acupuncture and many clinical studies, as well as two years of basic research at the Institute of Physiology of the LMU Munich. In addition, there is a great deal of teaching at universities, over 120 invited lectures, over 95 pub med listed scientific papers, about 30 book contributions and 2 books: the Standard text book "Myofascial Trigger Points" (Churchill Livingstone) and patients adviser "Healing the back" (Irisiana, in German). His scientific work has been awarded various scientific prize e.g. Excellence in Integrative Medicine Research Award 2016 of the European Society of Integrative Medicine.

The Munich Outpatient Program in Complementary and Alternative Medicine for Chronic Pain, which was implemented in 2001, serves as model for Integrative Medicine.

O-96

ACUPRESSURE AND QIGONG FOR CHRONIC FATIGUE POSTCOVID – STUDY INTERVENTION AND PRACTICAL EXPERIENCES FROM A RANDOMIZED CONTROLLED TRIAL

TQ01 **Ute Engelhardt, Joanna Dietzel**

In this workshop I want to give insight into the practical experiences with Qigong and acupressure, which we gained during the randomized controlled trial "Self-applied acupressure and online Qigong for chronic fatigue postCOVID (ACUQiG)" (Study coordinator: Dr. Joanna Dietzel). This study was conducted by the Charité Berlin (Complementary and Integrative Medicine Research Unit in the Institute of Social Medicine, Epidemiology and Health Economics Charité - Universitätsmedizin Berlin, Germany, Head: Prof. Benno Brinkhaus) in cooperation with the International Society for Chinese Medicine – SMS. It is one of the first trials of its kind.

In this context the acupressure points selected for the study will be named and individual Qigong exercises from the study will be introduced and practiced. Physical reactions of the participants, resulting difficulties in the implementation of the exercises and positive feedback from the study participants are presented TQ01



Dr. Ute Engelhardt

Dr. Ute Engelhardt is a sinologist, vice-president of the SMS (International Society for Chinese Medicine) and editor-in-chief of the journal Chinesische Medizin. Since 1988 she is lecturer at the Department of Asian Studies, Institute for Sinology at Ludwig-Maximilians-Universität Munich, Germany.

Joanna Dietzel

Joanna qualified in medicine in 2005 and trained to be a neurologist in Greifswald and Berlin, Germany. She trained in Medical acupuncture in Beijing, China and then with the German Medical Acupuncture Society (DAGfA) from 2005 on, acquiring a certificate as acupuncturist at the German Chamber for Physicians. In 2018 she joined the research group for integrative and complementary medicine around Prof Benno Brinkhaus at the Charité Universitaetsmedizin Berlin.

She is conducting clinical trials investigating the efficacy of acupuncture in neurological disease, and received several research grants.

Publications summary:

- >20 total publications
- ~12 in peer reviewed journals
- 1 systematic review



0-98

THE LOOP OF KIDNEY MERIDIAN AT THE ANKLE BY GEORGE SOULIÉ DE MORANT

???? J-01 **Patrick Sautreuil, MD, Elisabeth Rochat de la Vallée, Sinologist**

George Soulié de Morant (1878-1955) is considered as the « Father of French acupuncture » and by extension, of the western Europe countries.

George Soulié de Morant grew up in English and French mother tongues. When he was a teenager, he studied Chinese language – speaking, writing and social rules.

He arrived for the first time in Beijing in 1901 as secretary of a French company. He soon became a translator for the French embassy. Then started his carrier as a diplomat that he finished as a vice-consult.

In parallel, he learned acupuncture in Beijing, Shanghai and practiced in Kunming, Yunnan.

He left China in 1911 and came back to France. He then started a bright carrier as a writer : 35 books about history (Soun Yat Sen, Confucius) Chinese Arts, Litterature ...

He also tried to introduce medical doctors to the acupuncture he had learned and practiced in China, but without any success. This part of chinese medicine was connoted 'charlatism' after a begining during the 19 th century.

His first article about acupuncture was published in 1929, his first book in 1934 (Précis de la Vraie Acupuncture – Book of the True Acupuncture).

In 1939, he published « Chinese Acupuncture » (鍼灸法, *Zhen Jiu Fa*, Note 1). He detailed qi - Energy, Acupuncture Points, Meridians and Circulation). Inserted with the text, George Soulié de Morant gave the first representation of acupuncture Points and Meridians on an « écorché ». Moreover and important revolution, each acupoint had its own number. That made acupuncture much more easier to learn and to practice for western medical doctors.

This clear detailed representation of the meridians and acupoints on muscles, bones, nerves is part of the interest and success of this book.

This lecture in ICMART Amsterdam congress (Note 2) concerns, page 153, a Chinese drawing copied from the *Zhen Jiu Da Cheng* (published in 1601) wich shows 5 points under the plantar sole. Soulié de Morant own drawing of the kidney meridian (page 149) shows a loop around the medial malleolus of the ankle.

E. Rochat de la Vallée, sinologist, specialist of Classical Traditional Chinese Medicine solves the enigma by returning to the original text : the Chinese illustrations (from the 10 th century to the 17th century) are not exactly representative. Only the text, well known to Chinese acupuncturists all along generations, is reliable. G. Soulié de Morant following meticulously the indications of *Zhen Jiu Da Cheng* materialized the loop of the kidney meridian which will become the reference, internationally.

Note that Nakayama, a Japanese contemporary of Soulié de Morant, proposes page 154 a direct path behind the ankle malleolus. Could it be a good alternative for this meridian ? J-01
0-98

NOTE:

Note 1: The text published in 1939 is the Tome 1 of the 1957 book (5 Tomes).

The Atlas originally inserted with the text became the subject of a second book in 1957. There are two translations of the 1957 book : Spanish / Argentina - 1983 ; English / USA - 1994.

Note 2: This lecture is prolonging previous lectures in Icmart congresses: Qi-Energy (2019, Gold Coast, Australia), Atlas of Points and Meridians (2020-2021, Athens), my answer - clinical and therapeutic - to plantar sole 5 points of zhen jiu da cheng (2022, Bologna).

0-99

ACUPUNCTURE OR CUPPING PLUS STANDARD CARE CERSUS STANDARD CARE ON OXYGEN SATURATION AND CLINICAL SYMPTOMS IN MODERATE TO SEVERE COVID-19 PATIENTS: AN ACCESSOR-BLINDED, RANDOMIZED, CONTROLLED TRIAL

J-01 0-99 **Amir Hooman Kazemi, Reihane Alipour, Mehrdad Karimi**

Background: Coronavirus disease 2019 (COVID-19) is associated with high mortality and morbidity rates. However, no treatment options with strong evidence of efficacy are available to date.

Non-pharmacological strategies can be effective in management of Covid-19, various modalities of which have been proposed by traditional medical systems. Hence, the aim of this study was to investigate the effect of cupping and acupuncture in combination with standard care on COVID-19-related symptoms among hospitalized patients.

Materials and Methods: This is a three-arm, assessor-blinded,

randomized controlled trial. A total of 139 COVID-19 patients were randomly assigned into three groups: (1) acupuncture group (ACUG), (2) cupping group (CUPG), and (3) control group (CTRG). All received conventional treatment. As adjuvant treatment, CUPG underwent warm cupping protocol of posterior thorax (retained cupping: Bladder-13 acupoint, moving cupping: para spinal and lung region, three times a day for 3-7 consecutive days), while acupuncture method (standard needling method, once daily, for 3-7 days consecutively) was performed for ACUG. The primary study endpoint included changes in respiratory signs including oxygen saturation (SpO₂) and respiratory rate (RR). The secondary endpoints were COVID-19-related hospitalization duration and serious adverse events such as

intensive care unit (ICU) admission, intubation or death, all up to day 30. Also, improvements in cough, dyspnea, chest tightness, oxygen demand, anorexia, headache, weakness, sore throat, and myalgia were evaluated.

Results: Forty-two patients in ACUG, 44 patients in CUPG, and 42 patients in CTRG completed the trial. After 3 days, SpO₂ and RR improved significantly in CUPG and ACUG compared with CTRG (effect size: 8.49 (6.4 to 10.57) and 8.51 (6.67 to 10.34), respectively; $p < 0.001$). Compared with CTRG, patients in CUPG and ACUG recovered faster (mean: 10 days vs. 3 and 4 days, mean difference: 6.58 (4.8 to 8.35) and 9.16 (7.16 to 11.15), respectively) and except for two patients in ACUG who were admitted to ICU, none of patients in ACUG or CUPG needed ICU or intubation ($p < 0.001$ in comparison to CTRG). Amelioration of clinical COVID-19 related symptoms reached a high level of statistical significance in CUPG and ACUG in comparison with CTRG ($p < 0.01$).

Conclusion: Warm cupping and acupuncture are promising safe, effective and available traditional and integrative therapies in management of critical COVID-19.

Keywords: COVID-19; Persian Medicine; Traditional Chinese Medicine; Cupping Therapy; Acupuncture.

Trial registration: Iranian Registry of Clinical Trials (IRCT) (identifier: IRCT20201127049504N1, <https://en.irct.ir/trial/52621>)

J-01 O-99

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O-102

TUI NA AN MO – TRADITIONAL CHINESE MASSAGE

W14 O102 **Joseph Uy**

Traditional Chinese Medicine (TCM) has a history of over 2000 years.

TCM consists of five pillars:

1. Tui Na An Mo
2. Acupuncture & Moxibustion
3. Herbalism
4. Dietetics
5. Qigong

Tui Na An Mo can be traced back to the Shang Dynasty (1600 - 1046 BC), where it was first documented in a medical text from that period.

Tui (推) means "push," Na (拿) means "knead," An (按) means "press," and Mo (摩) means "rub." Tui Na An Mo aims to regulate Qi (气) and blood (血) circulation, harmonize Yin and Yang, and restore balance. Analyzing the etymology of ancient Chinese characters reveals the profound meaning and structure of each word.

The word Tui (推), meaning "to push," is composed of the radical for Hand 扌 on the left side, the radical for Ren 亻 meaning "human being" in the center, and the radical for the spine 廾 on the far-right side. This explains why Tui Na An Mo predates acupuncture. Tui Na An Mo primarily works on acupuncture points or meridians.

Tui Na An Mo primarily works on acupuncture points or meridians. In ancient times, people used their hands to massage the body, particularly the vertebrae in the spine. Clinical applications of Tui Na An Mo cover a wide range of conditions, including musculoskeletal disorders, neurological conditions like stroke and facial paralysis, insomnia, digestive disorders, gynecological

and hormonal problems, respiratory ailments such as asthma, burnout, chronic fatigue syndrome, and emotional imbalance. Contraindications for Tui Na An Mo include fever, skin inflammations with open wounds, infectious diseases, acute psychiatric illness, osteoporosis, fractures, blood clotting, pregnancy, and malignant cancerous tumors. Tui Na An Mo is commonly integrated into prevention, therapy, and rehabilitation processes.

In our workshop, we will learn some basic Tui Na An Mo hand techniques:

Tui Fa (推法) · Na Fa (拿法) · An Fa (按法) Mo Fa (摩法) · Gun Fa (滚法) · Cuo Fa (搓法)

Yi Zhi Chan (一指禅) · Pai Fa (拍法) · Tan Bo Fa (弹拨法) W14 O102

O-104

MEDICAL MAGNETS AS A TREATMENT OPTION FOR THE MEDICAL ACUPUNCTURISTS

James Hermans

A) INTRODUCTION

New presentations to medical acupuncture will often have already seen multiple health practitioners. It's not uncommon for medical acupuncturists to view themselves as the physician of last resort. As a consequence, the typical patient seeking medical acupuncture might live with one or more chronic conditions. Static medical magnets are a promising emerging technology to improve clinical outcomes in complex patients.

B) METHOD

A review of a case study and subsequent case series published in Medical Acupuncture presents the early evidence to support the use of static medical magnets as a related technique treatment option for the complex patient. It is important to differentiate between medical magnets and common industrial magnets in both their design and therapeutic effects.

C) RESULTS

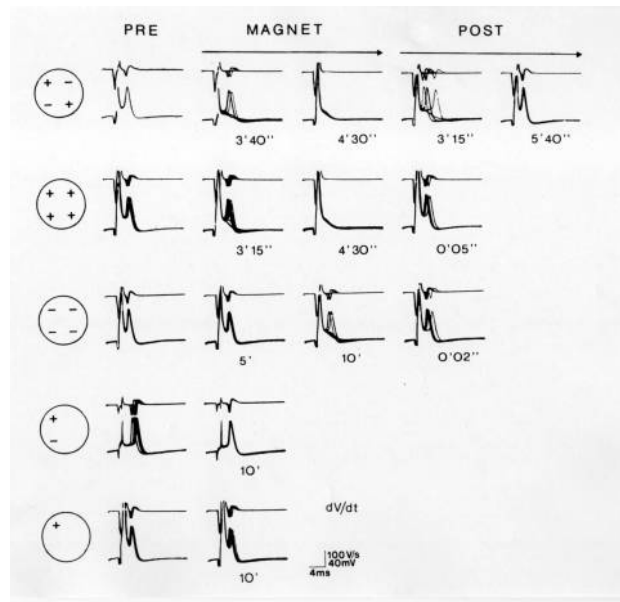
Acupuncture has been shown to have a wide therapeutic scope making it highly suitable to treat symptom clusters such as commonly occur in complex patients. Medical magnets offer another modality to stimulate acupuncture points as well as trigger points, motor points and other target tissues to simultaneously address multiple symptoms.

D) CONCLUSION

Although medical magnets, like acupuncture, are not new technologies, their integration into modern medical practice is still in the "early adopter" phase. However, early evidence shows medical magnets as a promising treatment modality to add to the physician's treatment toolbox to provide better outcomes for patients with complex conditions.

Hermans, James Francis

Managing Director; Neuromagnetics Australia Pty Ltd Developer and manufacturer of Q magnets



1986-88 University of Melbourne, B.Sc. Optometry Degree. Completed two years of four year degree, including first year physics. 1996-2012 Clinic Director of Bayside Physical Therapies. Over 20 health professionals, including medical acupuncture, servicing over 1,000 patients/week.

2009 Established new inventive product Q magnets for pain relief and now export worldwide through own company Neuromagnetics Australia Pty Ltd. Q magnets listed as TGA Class I Medical Device. 2016 Presented at Australian Medical Acupuncture College Annual Conference on Science of Medical Magnets.

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Workshops

W-01

SELECTION AND APPLICATION OF DIFFERENT METHODS IN POINT INTERVENTION THERAPY

RE04 **Dr. Serg Mezhov**

All treatments we producing are start from diagnosing and pathology differentiation, following up by designing of treatment plan and then therapeutic methods. We know what is necessary to apply in variety of disorders and when it comes to the session, we have a lot of tools like: points selection methods and herbal combinations or techniques to use for stimulation etc. However there are" missing link" in many cases of treatment not being utilized – variation of different methods approaching of the points; needling, burning, pressure, blood releasing and positioning. This is what I want to punctuate today, what is the best to do out of Acupuncture- Zhen, Moxibustion- Jiu, Bloodletting- Fang Xie, Cupping- Ba guan, Finger pressure- Zhen fa, Setting manipulation- Zheng gu in time of therapy and how combine all above methods together.



Dr. Serg Mezhov is practising TCM for more than 35 years with intergration of manual needles and bone setting methods and combining with Tibetan medicine skills.

EFFECTIVENESS ON THE BODY SUBSTANCES

Substances Methods	Shen	Qi	Blood	Physical Body
Acupuncture	Strong or weak trail, Not effective in general	Strong effect	Strong effect	Strong stabilizing , but less lasting effect
Moxibustion	Strong or weak trail. Not effective in general	Strong effect	Strong effect	Strong mobilizing, but less lasting effect
Bloodletting	Strong or weak trail. Not effective in general	Medium effect	Strong effect	Weak, passive effect, medium lasting
Finger pressure	Neutral trail. Not effective in general	Strong effect	Medium effect	Strong effect either way, but not lasting
Setting manipulation	No effect	Medium effect	Weak effect	Most strong and lasting effect either way.
Cupping	No effect	Weak effect	Medium effect	Weak, passive effect, medium lasting

RE04

W-02

WORKSHOP HERBAL MEDICINE

See Oral Presentations O-06, O-07, O-08 and O-09

W-03

WORKSHOP ACUPRESSURE AND QI GONG

See Oral Presentation O-96

W-04

CHINESE HERBAL MEDICINE AND ACUPUNCTURE IN THE INTEGRAL TREATMENT OF TCM "WIND" RELATED PATHOLOGICAL CONDITIONS

X01 **Francisco Lozano MD, PhD., Fernando Alcalá MD.**

In the practice of medical acupuncture, the complementary and integrative use of traditional Chinese herbal medicine is a valuable resource that contributes to enhancing therapeutic responses in a wide range of diseases, particularly in chronic conditions of organic and functional nature.

This time, I will share the experience in the comprehensive treatment of diseases related to "wind" according to traditional Chinese medicine (TCM).

The concept of "wind" in TCM constitutes an important element in disease diagnosis and treatment. Two distinct forms of wind are recognized: 1) external wind, as a disease-causing factor that invades the body from the outside, and 2) internal wind, as a pathological process generated from the inside.

Conditions related to "wind" are characterized by symptoms whose characteristics and behavior resemble those of the natural wind phenomenon. In other words, they appear suddenly, tend to move upwards (ascendant), affect the upper part of the body, especially the head, changeable or migratory, cause constant and recurrent movements, etc.

"External wind" is one of the most frequent disease-causing factors that affect people, generally associated with mild and acute diseases, particularly on the body surface, head, skin, and respiratory tract. It generates pathological conditions such as

headaches, facial paralysis, conjunctivitis, dermatitis, muscle contractions, flu, fever, migratory joint pains, etc.

"Internal wind" is a pathological condition mainly associated with the dysfunction of the energetic organ system of the Liver and patterns of disharmony such as Liver and Kidney Yin Deficiency, Liver Yang Rising, Blood Deficiency, and Blood Heat. It is the result of more complex physiopathological processes leading to more chronic and persistent disorders, such as headaches, migraines, vertigo, essential tremor, chronic-migratory pain, seizures, fasciculations, hypertension, and may even lead to loss of consciousness and cerebrovascular disease.

The Integral therapeutic strategy consists of designing and combining Chinese herbal formulae and personalized acupuncture point formulae. These formulae must adhere to the corresponding fundamental therapeutic principles:

1. Release the surface and disperse external wind.
2. Extinguish internal wind, tonify Liver Yin, contain the rise of Liver Yang, cool Blood Heat, calm Shen (spirit), etc.

The therapeutic effect, whether as a primary or complementary resource, within an integrative approach, is highly satisfactory. The following effects can be achieved: hypotensive, anti-migraine, analgesic, anti-inflammatory, anti-vertigo, hemorheological, anticoagulant, sedative, calming, anxiolytic, etc. X01

W-05

INTEGRATING ACUPUNCTURE & MYOFASCIAL MERIDIANS IN PRACTICE

LA01 **Peter T Dorsher MSc, MD**

INTRODUCTION:

Acupuncture has been in continuous clinical use for thousands of years, with contemporary scientific studies demonstrating its efficacy for a variety of pain and non-pain conditions. Publications in the last 5 decades demonstrate there are fundamental overlaps of the data from Travell and Simons' "most common" trigger points with Classical acupoints both anatomically, clinically (pain and non-pain indications) and physiology (distributions of myofascial referred-pains to Primary Channels). There are also marked overlaps of the distributions of the anatomic "myofascial meridians" described by Myers to the Primary Channels. This workshop will review the scientific data demonstrating the overlaps of the acupuncture tradition to those of the contemporary myofascial pain and myofascial meridian traditions, and how to integrate these ancient and modern healing traditions to optimize patient outcomes.

METHODS:

Workshop covering scientific data as well as hands on participant demonstrations of point localization and myofascial meridian stretching techniques

RESULTS:

not applicable- workshop

CONCLUSION:

Integrating ancient and modern as well as needling and manual interventions can optimize patient outcomes for pain and non-pain conditions. LA01

Peter T Dorsher MSc, MD

Mayo College of Medicine, Emeritus Rochester MN USA
East West Integrative Education

Dr. Peter Dorsher has been an AAMA member since completing the UCLA/HMI (Dr Joseph Helms') training program in 1998. After completing a master's degree in biomedical engineering at Northwestern University, he pursued a medical degree and trained in Physical Medicine and Rehabilitation at Mayo Clinic Rochester, and subsequently joined the staff there before transferring to its Florida branch, where he practiced for 25 years including serving as chairperson of his department before retiring in 2020. His primary clinical interests have been in chronic pain syndromes and neurologic disorders. He has 35 years' experience in treating myofascial pain syndrome, nearly 25 years' experience using medical acupuncture, and over 15 years' experience in use of

low-level laser therapy for pain conditions. He has presented at over 200 national and international meetings on these topics; has over 85 publications including 43 peer reviewed articles in acupuncture and allopathic journals (including *Journal of Pain and Nature Precedings*); and has won multiple research awards from the American Academy of Medical Acupuncture. He is now

focusing on research and education, compiling 30 years of data and publications to explore acupuncture's mechanisms and its fundamental overlaps with the myofascial pain syndrome and myofascial meridian traditions. He continues to present these findings at national and international meetings.

W-06

WORKSHOP TREATMENT OF DISORDERS USING SAAM ACUPUNCTURE (MIND ACUPUNCTURE)

PS04 **Jung-hwan Lee**

A) INTRODUCTION

Saam acupuncture was developed in Korea about 400 years ago. This is a highly advanced system of the five elements acupuncture, which borrows the qi of other meridians, further enhancing the therapeutic effects. General acupuncture treatments have not yet been established to relieve some specific negative emotions that cause psychosomatic diseases. The more specialized system in psychotherapy using Saam acupuncture is called "Mind Acupuncture". Negative emotions can be relieved immediately by using Mind Acupuncture.

B) METHOD

At this workshop, I will be presenting research and clinical cases on the Mind Acupuncture, and practically demonstrating it. In Saam Acupuncture, the meridian is defined as the passages of emotions and thoughts, and emotions are the external expression of the qi of meridians. The process of Saam acupuncture is as follows. Practitioners look for specific negative emotions that cause psychosomatic disorders. Negative emotions are systematized as Yin and Yang, Five Elements, and Six Qi (3Yin3Yang) through the method of qi-transformation and metaphor-transformation. By using the Five Transport Points to control the qi of meridians, specific emotions can be controlled. Then, measure the changes before and after Saam acupuncture. Practitioners can find and expand positive desires and emotions hidden in negative emotions.

C) RESULTS

With Saam acupuncture, specific negative emotions and thoughts are immediately relieved. Psychogenic symptoms caused by negative emotions are also alleviated.

D) CONCLUSION

Saam acupuncture allows practitioners helping to relieve psychiatric or Psychosomatic disorders very quickly and effectively. As the role of acupuncture increases in the field of psychiatry, practitioners will be able to provide more effective psychiatric treatment. I hope that many practitioners will learn and treat the Mind Acupuncture, so I expect that many clinical cases of Mind acupuncture will be published and studied in various fields such as psychology and brain science.

Jung-hwan Lee

Korean Medicine doctor

Director of the hyeminseo korean medicine clinic Doctoral degree

of the oriental neuropsychiatry The society of Saam acupuncture, President

The association of mind acupuncture, President Korea EFT association, President

Major Field :

Meridian based Psychotherapy (EFT of Insomnia, anxiety & anger syndrome) Saam acupuncture (Psychotherapy, Psychosomatic disease)

1) Papers of EFT (Emotional Freedom Techniques)

A Preliminary study for the evaluation of the effects of EFT-I (EFT program for insomnia a) for insomnia in the elderly. J. of Oriental Neuropsychiatry 2011.

A Randomized Control Trial for the evaluation of the effects of EFT-Insomnia (EFT-I) for the elderly. The master's thesis. 2013.

A Comparison of Emotional Freedom Techniques- Insomnia (EFT-I) and Sleep Hygiene Education (SHE) for Insomnia in a Geriatric Population: A Randomized Controlled Trial.

Energy psychology journal. 2015.

Anxiety and Anger Symptoms in Hwabyung Patients Improved More following 4 Weeks of the Emotional Freedom Technique Program Compared to the Progressive Muscle Relaxation Program: A Randomized Controlled Trial. Evidence based Complementary and Alternative Medicine. 2015.

2) Papers of Saam acupuncture & Psychotherapy

A Qualitative Case Study Research of Application of Saam Five Element Acupuncture in Psychiatry - the Field Study of a Clinic-. J of Oriental Neuropsychiatry. 2018.

A Study on Use of Psychotherapy and Korean Medicine for Eastern Philosophy -Focus on Diagram Theory of InShimDoShim of Yulgok. J of Oriental Neuropsychiatry. 2018.

The development of Saam psychotherapy based on the Neo-Confucian psychology of Yulgok. The Dotoral Thesis. 2019.

The Development of the Korean Medicine Cognitive Process Based on Neo-Confucianism. The Journal of Saam Acupuncture 2019.

A Study on the Structuralization of Mind and Body Relationships Incorporating Neo-Confucianism and Korean Medicine. The Journal of Saam Acupuncture 2020.

A Comparative Study on the Psychology of Korean Medicine based on Neo-Confucianism and the Satir Transformational Systemic Therapy. The Journal of Saam Acupuncture 2021.

Clinical Cases in Which Images of Emotions and Thoughts Change after Saam Acupuncture - Focusing on the Projective Test and the Brain's Self-regulation Process -. The Journal of Saam Acupuncture 2022.

W-07

SHINING, NOT TAKING

Workshop: To learn a method of how to become aware of your intrinsic nature

ME13 **Adriaan Slob MD**

When we visit a conference or attend a continuing education course, we do so mainly for increasing our knowledge and logically we look at it from the point of view of: "What's in it for me?". This is how our daily mind works. It focuses on 'there' and not on 'here'. The discovery of 'Being Orientation' is that when our mind is focused on there, our mind is focused outward. By focussing outward, we do not stay in touch with ourselves, that way actually leaving ourselves, and precisely that is what causes stress and turmoil. At the same time - just to be clear - there is nothing wrong with gaining knowledge of course.

The cause of our outward orientation, and of therefore 'not being here', has to do with our history. This is what psychology teaches us, namely that we are the product of our personal history, by which is meant that all the impressions and experiences we accumulate in our lives leave an "imprint" in our psyche. The first impressions we have in childhood are especially decisive for this process. Knowledge of psychology enables us to understand ourselves so that we can, for example, understand why we react to certain events much more strongly than we would expect of ourselves. 'Being orientation', which has its roots in Buddhism and contemporary psychology, assumes that we are more than the product of our history. Indeed, the premise is that we are free already and complete to begin with. Something in us knows this, namely our intrinsic nature, which in itself is already

complete and free. It is not tainted by thoughts, feelings and assumptions about ourselves and the world.

Moreover, it is possible to make direct contact with our intrinsic nature. Why? Because it is already there and although our intrinsic nature cannot be pointed out, we do have an intuition of it.

During this workshop I would like to introduce a method to teach you how to become aware of your intrinsic nature. ME13



Adriaan Slob MD

Adriaan Slob is born in 1950. As a student he has visited India and Nepal many times and has been working as a General Practitioner, in the Occupational Medicine and in his practice for acupuncture.

W-08

WORKSHOP NEURAL THERAPY

See Oral Presentations O-67, O-78, O-69 and O-70

W-09

THE NEURO-PSYCHO-PATHOGENE ELIMINATION METHOD – WORKSHOP

ME09 **Hicran Usan MD, Levent Tekci MD**

ABSTRACT:

According to Traditional Chinese Medicine, emotions in extreme state cause pathogenicity in the meridians. NeuroPsychoPathogen Elimination (NPPE), is an acupuncture method which aims to eliminate the pathology in the channel systems by optimizing the meridians.

The NPPE method is developed by Dr Levent Tekci. It consists of a combination of Tekci Diagonal Acupuncture Systems (TDAS) and Traditional Chinese Acupuncture points. In TDAS microacupuncture system, micro and macro holographic images of the organism are projected on the head, face, nose, back, abdomen, feet, ankles, knees and thigh zones. With these somatotopic

properties, it is one of the acupuncture techniques that can holographically change all the macro and micro information of the body. Anatomical components of the prefrontal cortex, temporal, parietal, occipital lobes and the limbic system are depicted in the neurocranial zone in the medial thigh.

In NPPE method, the somatotopic points of the amygdala, nucleus raphe and hippocampus are used in combination with Traditional Chinese Acupuncture points. In this way, unwanted feelings and thoughts can be erased forever in order not to be remembered again from the memory record. Psychological Disorders and mental health problems can be effectively treated with this method. This method is also effectively used for treating Somatic symptom disorders.

The aim of the workshop is to introduce this new acupuncture method, which can be used for treating especially resistant mental and psychological disorders.

WHAT WILL THE ATTENDEES LEARN FROM THE WORKSHOP?

- The attendees will learn the application of the NPPE method.
- With using this method the attendees will be able to treat mental and psychological disorders effectively.
- The NPPE method will add a new perspective and richness to their existing acupuncture approaches.

ME09

Hicran Usan MD

Department of Physical Medicine and Rehabilitation, Yuksek Ihtisas University; Ankara, TURKEY

Hicran USAN, MD is specialist for Physical Medicine and Rehabilitation

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Education and qualifications

Doctor of Medicine (MD), Ankara University, Faculty of Medicine
1994-2000

Residency in Physical Medicine and Rehabilitation, Department of Physical Medicine and Rehabilitation, Medeniyet University, Faculty of Medicine, Istanbul, Turkey; 2001-2004 Memberships: Ankara Acupuncture and Complimentary Medicine Association Istanbul Medical Acupuncture and Complementary Medicine Association Master Tung Technique Acupuncture Practice and Education Association The Turkish Society of Physical Medicine and Rehabilitation

Levent Tekci MD

President of The Acupuncture Academy Turkey; Ankara, TURKEY

Dr. Tekci studied Medicine at the State Medical University in Azerbaijan and graduated as MD in 2014. He started his acupuncture training in 2007 and since then he is using traditional treatment methods like acupuncture and herbal medicine in his daily practice. In 2009 he developed the Tekci Diagonal Acupuncture System (TDAS) and in 2012 the Neuro Psycho Pathogene Elimination (NPPE) method. Since 2018 he is given lectures and courses on TDAS, NPPE method, Traditional Chinese Medicine, YNSA and master tung's acupuncture. He is the president of The Acupuncture Academy and Master Tung Acupuncture Association in Turkey.

W-10

PULSE DIAGNOSIS FOR SAAM ACUPUNCTURE METHOD

X02 Jun-Sang Yu

Saam acupuncture method (SAM) is one of Korea's unique acupuncture methods. It is a method of using the five elements properties of the meridian to proceed with the tonification method or use the dispersion method to treat, mainly using four needles. It consists of 12 tonification combinations and 12 dispersion combinations. SAM uses an acupuncture point called Osuhyeol [five transport points], so it can be easily treated by using the acupoints below the knee and below the elbow. Pulse diagnosis can be used as a method of determining which combination to use among 24 combinations. Pulse diagnosis is one of the four traditional diagnostic methods, but its importance is especially emphasized when acupuncture is used. Among the pulse diagnosis, it may be diagnosed using the strength or weakness considering the arrangement of the pulse areas, or it may be diagnosed using the constitutional pulse. Pulse diagnosis can be an important guide for using SAM.

사암침법은 한국의 독특한 침법 중의 하나이다. 경락의 오행 속성을 이용하여 보법을 진행하거나 사법을 이용하여 치료하는 방법으로, 주로 4개의 침을 사용한다. 12개의 보법과 12개의 사법으로 이루어져 있다. 사암침법은 오수혈이라고 하는 경혈을 이용하므로 무릎아래, 팔꿈치 아래에 있는 혈들을 이용하여 손쉽게 치료할 수 있다.

24개의 조합 중에서 어떤 조합을 사용할지를 결정하는 방법으로서 맥진을 이용할 수 있다. 맥진은 4개의 전통적인 진단법 중에 하나이지만, 특히 침을 이용할 때는 중요성이 더욱 강조된다.

맥진 중에서 장부의 배치를 고려하여 강약을 이용하여 진단할 수도 있고, 체질맥을 이용해서 진단할 수도 있다. 맥진은 사암침법을 이용하는데 중요한 인도자가 될 수 있다.

X02

Jun-Sang Yu

Professor, Specialist of Sasang constitutional medicine, Korean Medicine Doctor

Graduated from College of Korean Medicine, Sangji University in 1995

Master's degree and Doctorate degree were obtained in Sangji University in 1997, 2003

Internship and Residency was executed in Korean Medicine Hospital of Sangji University (1995.3-1998.2, 2001.5-2002.2)

Served as a military doctor (1998.3-2001.4)

Fellowship was executed in Korean Medicine Hospital of Dongguk University (2002.3-2003.2)

Worked for Dongguk University (2003.3-2003.11) as a professor

Worked for Semyung University (2003.12-2006.2) as a professor

Have been working for Sangji University (2006.3-unitl now) as a professor

Former Dean of College of Korean medicine, Sangji University
Former President of Society of Sasang constitutional medicine

Associate Editor, Journal of Sasang constitutional medicine

Associate Editor, Journal of Pharamcopuncture

W-11

MORE THAN YOU CAN IMAGINE workshop: Treating patients with YNSA (Yamamoto New Scalp Acupuncture)

ME01 **Wout Koekkoek MD**

From 1986 he has been a lecturer in several capacities, e.g.:

- Utrecht Medical University, coaching and training Anamneses techniques and lecturer Inter Cultural Medicine.
- lecturer stimulating and inhibiting neurological pathways to treat pain and dysfunctions in the abdomen.
- Counselor and lecturer of acute medical care teachers.
- Lecturer by invitation, all over the world, treatment of neurological problems especially pain and brain damage.
- Teacher YNSA in several languages.

He went many times to Toshi Yamamoto to learn, teach, and privately discuss and visit “places” with him.

He did research which showed significant ($p < 0.0001$) correlations between Chinese and Western diagnoses, symptoms and pathologies. He was able to use data from more than 4000 patients. One of the results indicated several types of DMII, all effectively treatable.

YNSA (Yamamoto New Scalp Acupuncture) is a method to treat many neurological pathologies or the effects of these pathologies, e.g. (chronic/acute) pain, stroke (brain infarction + bleeding), cerebral palsy, MS, ALS, polyneuropathy, brain damage caused by an accident, hernia nuclei pulposi, herpes zoster, tinnitus (40%), locked-in-syndrome, invasive tumors (Pancoast tumor, intestine tumors, etc.). Including problems with talking (moving the necessary muscles, but also finding words and making sentences) and problems with making coordinated complex movements (e.g. writing).

This means pain, paralysis and sensory loss are generally easily treatable. Paralysis not only of neck, trunk and limbs, but also of muscles necessary for chewing, swallowing, moving the eyes, and vegetative innervated muscles to move the diaphragm (breathing), intestines, bladder, etc. Maybe you are already surprised by the listing above. Of course it is not complete. But did you ever think about effectively treating psychiatric pathology, memory-loss, anxiety, phobias, etc.?



To be (more) effective in treating these kind of pathologies and complaints, one has to be able to find the exact points to treat. 0,2 mm beside the right spot the effect will be much less or even absent. To be so precise one has to be able to FEEL the exact points. Some people say they are easy to find, because the patient will show you by his/her reaction. That is not the case in a lot of countries. Even if the patient reacts on a spot, you still have to find the exact point.

During the workshop you will be shown a few examples of treatments, but the main thing will be practicing searching for and feeling treatable points!

ME01

W-12

TUI NA AN MO – TRADITIONAL CHINESE MASSAGE

See Oral Presentation O-102

W-13

ACUPUNCTURE IN SPORT MEDICINE

Kien Trinh, MD, PhD, FCFP, FRSS

TREATING SPORTS MEDICINE MUSCULOSKELETAL INJURIES WITH A SELECTION OF ACUPUNCTURE POINTS BASED ON ANATOMICAL RATIONALES

Professor Trinh will relate his many years of experience using acupuncture at the Olympics and international games. Dr. Trinh has attended three Olympics as a physician in different roles. Furthermore, he was the lead physician for the 2015 Pan American Games in Toronto for the Boxing Venue.

Professor Trinh will share his experience in treating sports medicine musculoskeletal injuries or disorders with a comprehensive review of the history and physical examination of the affected regions and the selection of acupuncture points based on anatomical rationales.

Kien Trinh, MD, PhD, FCFP, FRSS

Clinical Professor, Michael G. DeGroot School of Medicine, McMaster University

Dr. Trinh is a sport medicine physician in Hamilton, Ontario, Canada. He is a Professor, Clinical Track at McMaster University, Michael G. DeGroot's School of Medicine. He is the current Research Chair of the Canadian Academy of Sport Medicine. He completed two Master's degrees in Statistics and Health Research

Methodology at McMaster University. He completed a PhD from the College of Education. Dr. Trinh's PhD thesis was on the reliability and validity of the Mini-curriculum vitae for medical school admissions. Dr. Trinh was the inaugural Chair of the Multiple Mini Interviews (MMI) at McMaster University for over ten years. Dr. Trinh was one of the creators of the MMI and supervised and edited the writing of over 500 accepted MMI questions at McMaster University. He was also the Chair of M.D. Admissions for McMaster University. He and his colleagues at McMaster University have published numerous articles on the MMI.

He was a team physician for Canada for the 2003 and 2007 Pan American Games in Dominican and Rio de Janeiro. He was the Lead Medical Doctor for boxing at the 2015 Toronto Pan American Games. He was the Canadian team physician for Boxing at the 2004 Olympics in Athens, Greece; an examining physician at the 2008 Olympics in Beijing, China; and a field-of-play physician at the 2016 Olympics. Dr. Trinh is the current Medical Director for Boxing Canada.



W-14

INTEGRATIVE HEADACHE THERAPY IN CLINICAL PRACTICE

ME23 **Hedi Luxenburger**

According to WHO chronic headache belongs to the 10 conditions with most functional disabilities. Chronic headache has a high epidemiologic and socioeconomic impact. Lifetime prevalence of episodic tension type headache is around 70%, prevalence of migraine is around 15%. Studies show, that the prevalence is quite similar in different regions of the world.

In the average pain practice in Germany headache is belonging to the most frequent complaints of patients. Since several years acupuncture has found entrance to the conventional treatment guidelines of the German Society of Neurology and the German Headache and Migraine society.

We are able to offer the patient an integrative treatment option.

The workshop shows how to apply acupuncture within a conventional medical setting. Acupuncture will be applied according to the channel theories, according to Zang-Fu disorders. Trigger Points are an important aspect and also we combine acupuncture with conventional medical methods where appropriate to reach the best possible result for the patient with the minimum possible side effects.

Hedi Luxenburger

Hedi Luxenburger has been President of ICMART (International Council of Medical Acupuncture and Related Techniques) from 2018-2022, she is actually the immediate past President.

She is a MD, specialized in anesthesiology, and special pain therapy, working in her private interdisciplinary pain practice in Aachen, Germany, together with other medical specialists.

She already introduced acupuncture into her clinical work on from 1983, doing additional studies at the WHO acupuncture training centers in Nanjing and Shanghai in 1987. She has been serving as an acupuncture teacher for the German Medical Acupuncture Association, DÄGfA, for more than 20 years, giving also lectures as a guest teacher in many different countries. She is a delegate of the German Medical Chamber for acupuncture training as a medical additional qualification within conventional medicine. In addition she is representing Medical Acupuncture in political institutions at the WHO and at EU level.



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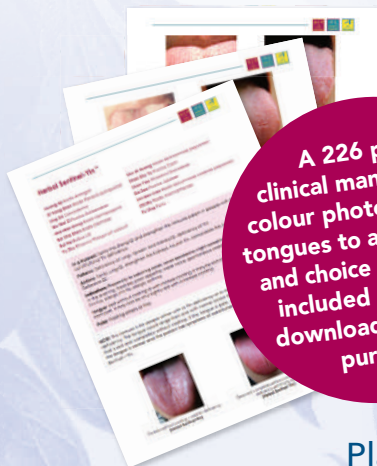


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Drain Fields™	Dampness in Middle Burner	Huo Po Xia Ling Tang
Buddha's Hand™	Qi stagnation in Middle Burner, rebellious Stomach-Qi, Dampness	Mu Xiang Shun Qi Wan
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Veterinary medicine

V-01

ELEMENTARY GOLD IN TREATING INFLAMMATION AND CHRONIC PAIN?

VET01 **Andreas Zohmann and Nikolaus Bresgen**

Dating back to the 1970s, the method of a so-called “permanent gold-acupuncture” (PGA) was developed by veterinary surgeons as intervention in the treatment of dogs suffering from epileptic seizures (G. Young) and chronic pain originating from hip dysplasia (T. Durkes). During the early 1990s physicians in Scandinavia and in German-speaking countries started to adapt the method for pain treatment in human patients especially suffering from painful gonarthrosis and back pain. Application of this method proved to be quite successful in animals as well as in human patients. For more than 25 years we (A. Zohmann, M. Kasper) use the method in the veterinarian practice, observing beneficial anti-inflammatory and analgetic effects in the treatment of chronic osteoarthritis in all joints (including mandibular joint, small toe joints) as well as spondylopathies, status post fracturam and other kinds of musculoskeletal pain. In addition, we obtained positive effects in the cure of gingivitis-stomatitis complex of the cat or in therapy-resistant conjunctivitis. This accounts for the potential use of “PGA” in treating inflammatory disease marked by moderate or the absence of pain. In my practice (A. Zohmann), I had been treating more than 1200 patients suffering from m.o.l. subacute to chronic pain, especially of the musculoskeletal system (dogs, cats, horses). Since the year 1996, together with M. Kasper DVM, we developed the so-called “Viennese kind of Gold-Implantation (GI)”, a method that follows scientific criteria of Western scientific acupuncture (as defined by Bischof and Kothbauer), but also applies our cumulated experience on neural therapy (according to Dosch and Bergsmann). Contrasting the well-developed clinical evidence, the mechanisms underlying the beneficial, curative effects of PGA are still unknown. For this reason we conducted a pilot to investigate any possible in-vitro effects of 1 mm strong and 2,5 to 4 mm long gold wires.

METHOD

Primary cultures of rat parenchymal hepatocytes as well as two human cancer cell lines (hepatoma and osteosarcoma) were used to examine cytotoxic endpoints - cell proliferation (mitosis) and cell death (apoptosis, necrotic cell death) - and mutagenic effects (micronucleus assay). Results. In primary rat hepatocytes, no cytotoxic (apoptosis, necrosis), but a significant cytostatic effect (i.e. decline of mitotic activity stimulated by epidermal growth factor EGF) was seen when the cells were treated in direct contact to the gold wires. Unexpectedly, this was accompanied by a marked genotoxic (mutagenic) effect, as evidenced by a elevated numbers of micronucleated cells indicating DNA stand-breaks. In the tumour cell lines, the gold wires did not induce any statistically significant effects.

CONCLUSIONS

Apparently, upon direct contact, the gold wires lower the

response of primary rat hepatocytes to mitogenic stimulation by EGF. Strikingly, exposure to the gold wires also caused substantial DNA damage in these cells without accompanying cell death. Hypothetically, the reduced responsiveness seen in primary hepatocytes to the growth stimulus EGF could be attributable to the DNA-damage mediated activation of the cancer-associated oncogene p53 – a transcription factor, which blocks cell proliferation in response to DNA damage. If so, the lack of an effect in the tumour cell lines could be explained by changes of p53 function that are frequently seen in tumour cells. It clearly remains a matter of future investigation to analyse these unexpected, hitherto unknown effect of gold particles in detail. These results clearly show that effects of implanted gold may not be compared with the effects of needle acupuncture but suggest possible effects similar to local anesthetics not at least in a sense of Neural therapy. Therefore this method has to be defined not as gold acupuncture “GA” but as “gold implantation” (GI)!

VET01

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V-02

COMPARISON BETWEEN ELECTROACUPUNCTURE AND LOCAL ANESTHESIA IN DOG DENTAL EXTRACTIONS

VET02 **Chiara Macchioni and Eliana Amorosi**

PURPOSE

To investigate the perioperative analgesic efficacy of electroacupuncture compared with local anesthesia in dogs undergoing dental extractions.

MATERIALS AND METHODS

Twenty client-owned dogs were randomly assigned to two groups of 10 animals each. The group AL received maxillary nerve block and/or caudal inferior nerve block unilateral and/or bilateral with lidocaine 4 mg/kg. The group EA received electroacupuncture bilateral stimulation 100 Hz at Jiache (ST6) and Touwei (ST8), and 40 Hz at Hegu (LI 4) and NeiTing (ST44) for 30 minutes. After this time, we replaced the local points with NeiGuan (PC 6) and Zu SanLi (ST 36) (40 Hz) and continued the treatment until the end of the dental procedure. The acupoints Baihui (GV20) and Lianquan (CV23) were stimulated manually every 15 minutes. Cardiovascular and respiratory parameters were recorded, for both groups, during surgery. For each dog, pain was evaluated by observer masked to the treatment, postoperatively, with the Glasgow (GCMPS) and the Colorado (CPS) pain scales.

RESULTS

The intraoperative respiratory rate was significantly lower in acupuncture treated dogs than control group. The systemic systolic pressure was significantly higher in the first 10 minutes in electroacupuncture group. Pain score did not differ among the treatments and decreases significantly over the evaluation time.

CONCLUSIONS

Electroacupuncture may help improving perioperative analgesia in dogs undergoing dental extractions. VET02

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V-03

COMPARISON BETWEEN ACUPUNCTURE AND MANUAL MYOFASCIAL RELEASE IN NEUROLOGIC CANINE PATIENTS

VET03 **Laura Romano, Laura Gerli**

INTRODUCTION

Physical rehabilitation is essential for a successful healing from neurologic disease in canine patients. The focus of this clinical evaluation was to observe the quality and timing of post surgery recovery in French Bulldogs suffering from upper motor neuron (UMN) lesions. A neurosurgical procedure involves a considerable amount of muscles dissection that cause myofascial pain (MP).

METHOD

Two groups of 10 French Bulldogs hospitalised for physical rehabilitation program after hemilaminectomy have been included in the clinical study. All dogs showed signs of myofascial pain when assessed. As part of the daily rehabilitation program, group 1 of 10 dogs received manual myofascial release and group 2 of 10 dogs received acupuncture for 7 days. The acupuncture treatment consisted in needles insertion in tonification to reach the De Qi in acupoints: Gall Bladder 27, Gall Bladder 41, Triple Heater 5, Governing Vessel 9 and Governing Vessel 14.

RESULTS

All dogs included in the clinical observation accepted well both procedures, reaching a satisfying improvement of the myofascial pain.

The group treated with acupuncture showed a faster recovery time in supporting the body weight against gravity, a better quality of the postural muscle tone and a faster improvement in locomotion function compared to the group treated by manual myofascial release.

CONCLUSION

Myofascial pain is an important condition to consider during a rehabilitation program in post neurosurgical canine patients. MP can increase the recovery time and affect the quality of the locomotion function regain if not conveniently evaluated and treated.

The acupoints have been chosen in relation with the Ancestral Sinews (AS) described in the classic Chinese medicine that were found to have a clinical response when used in patients with locomotion diseases. VET03

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Laura Romano

After graduating in Veterinary Medicine at the University of Milan in 2006, the passion for non-conventional medicine led me to start my training in them, obtaining in 2011 a first Italian certification in Veterinary Acupuncture at the Italian Society of Veterinary Acupuncture School (SIAV-ItVAS) with a scientific thesis

on the benefits of electroacupuncture during general anaesthesia of equine patients, presented the same year at the AAEP (American Association of Equine Practitioner) congress in Texas. Since then, I have nurtured my passion by increasing my active participation as a board member, speaker and lecturer at national and international conferences.

In 2016 I moved to London where I lived, worked and continued to study for 6 years, where I strengthen and focus my career exclusively on the practice of integrated veterinary medicine, thanks to the achievement of a second International Diploma in Veterinary Acupuncture IVAS (International Veterinary Acupuncture Society), a Master in Veterinary Physiotherapy for dogs and horses at the Veterinary School of the University of Nottingham and the London Vet Rehab foundation, the first mobile veterinary rehabilitation unit providing acupuncture, physiotherapy and hydrotherapy services for dogs and cats at home.

Recently returned to Italy, I continue to practice Integrative Veterinary Medicine and spread its great value in the veterinary field.

After graduating in Veterinary Medicine at the University of Milan in 2004, I cultivated the passion for neurology, achieving a residency in clinical pathology and neurology for small animals with a thesis about the importance of physiotherapy in neurological patients.

In 2007 I achieved a basic and advance Certification in Animal Physiotherapy in Italy and later on in 2012, a Master in Veterinary Sport Medicine and Animal Physiotherapy at the University of Pisa (IT).

In 2019, I obtained a GpCert in Western Acupuncture and Chronic Pain Management.

In 2010 I founded a Veterinary Rehabilitation and Physiotherapy Clinic that I still manage and direct to this day and where I also am an active member of the staff, working as a physiotherapist, with particular attention to the chronic pain management and the realisation of personalised orthopedic supports and braces.

V-04 ACUPUNCTURE FOR THE TREATMENT OF FELINE HERPES VIRUS CONJUNCTIVITIS IN KITTENS: A PILOT STUDY

VET04 **Eliana Valentina Amorosi, Antonio Iuzzolino**

INTRODUCTION

Feline herpesvirus conjunctivitis by FHV-1 is an extremely frequent species-specific disease in cats. The therapy is based on local and systemic drugs with direct antiviral action. These drugs haven't a virucidal action but only a virustatic one. The use of antibiotics is also recommended to limit the onset of secondary bacterial complications.

The aim of this study was to evaluate the efficacy of the acupuncture treatment on Feline Herpes Virus (FHV-1) conjunctivitis in kittens as an aid to conventional therapy to improve the clinical signs and accelerate the recovery.

METHOD

The study was conducted on two groups of 18 kittens aged 60-90 days, coming from feline colonies and hospitalized in the inter-municipal cattery of Desenzano del Garda-Sirmione- Montichiari. They were all affected with FHV-1 conjunctivitis. Patients were randomly assigned to two groups by tossing a coin. In the first group (C) kittens were treated with conventional therapy (topical application of ganciclovir, tobramycin and oral administration of lysine and doxycycline). Kittens of the second group (T) received acupuncture treatment in addition to the conventional therapy. In group T we used a standard protocol of 8 acupoints and we added few individual points based on the energetic diagnosis. Clinical outcomes were: conjunctival hyperemia, chemosis, mucopurulent ocular discharge, blepharospasm, symblepharus, corneal erosion. Based on these clinical signs, each subject was assigned a score from 0 to 4 according to an assessment scale of the severity of the conjunctivitis. Controls were carried out every two days until the full recovery of the cats in both groups.

RESULTS

Differences between the group treated with acupuncture (T) and the one treated only with traditional medicine (C) were highlighted. In particular, a statistically significant improvement was present after two days only in the group T.

CONCLUSION

Acupuncture treatment in addition to conventional therapy was effective in reducing the severity of conjunctivitis symptoms and to accelerate the recovery of kittens. It will be interesting to evaluate the relapses in kittens treated also with acupuncture compared with those treated only with conventional therapy.

VET04

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Graduated cum laude in Veterinary Medicine at the University of Milan in 2004

Between 2004 and 2006 she carried out training experiences abroad at the École Nationale Vétérinaire de Toulouse (6 months) and then at the Centre Hospitalier Vétérinaire Fréjús in Paris (6 months). Between 2007 and 2010 she attended the three-year Veterinary Acupuncture Course of the Italian Society of Veterinary Acupuncture (S.I.A.V.) obtaining the Veterinary Acupuncture Certificate.

Since 2012 she has been part of the S.I.A.V. Board of Directors as Coordinator of the small animals group and since 2015 as Secretary within the Board of Directors.
 Since 2012 she has been teacher in the S.I.A.V. courses (acupuncture, electroacupuncture, tuina and food therapy) and since 2018 she is Director of courses with the task of choosing teachers, supervising the scientific theses produced, assigning lessons and monitoring the contents of the courses.
 In 2017 she attended the course of the Qi Institute of Chinese Dietetics and in 2019 the course of Food Therapy of the Belgian Veterinary Acupuncture Society.
 In 2019 she attended the Seminar of Acupuncture in Oncology according to the Alma-Agom Method. In 2021-2022 she studied in deep the application of electroacupuncture in anesthesia and she was teacher in the first S.I.A.V. Veterinary Electroacupuncture course in Milano with a lesson about electroacupuncture in anesthesia.
 In 2022-2023 she attended an advanced course in "Clinical Research: how to design randomized studies and observational studies. Methods for assessing the effectiveness and safety of sanitary interventions" Invited speaker in many congresses (national and international). Author of papers on Veterinary Acupuncture and Traditional Chinese Veterinary Medicine.

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Graduated in 2004 at the Federico II University of Veterinary Medicine of Naples, in 2008 he obtained the Specialization in Physiopathology of the Reproduction of Domestic Animals at the Federico II University. In 2009 he obtained the Certificate in Veterinary Homeopathy at the AIMOV school in Naples. In 2017 he completed the training course in homeopathy and veterinary homotoxicology at AMIOT. In 2023 he obtained the Certificate in Veterinary Acupuncture at the S.I.A.V. (Italian Society of Veterinary Acupuncture). He attends training courses in Dermatology, Abdominal Ultrasound, Oncological Surgery. He is currently director of the San Benedetto veterinary clinic in Peschiera del Garda and associate of the Iuzzolino - Casella veterinary clinic in Sirmione.

V-05 EXPLORING THE EFFECTS OF ELECTROACUPUNTURE ON PERIOPERATIVE IMMUNE-SUPPRESSION IN DOGS: PRELIMINARY DATA

VET05 **Federica A. Brioschi, Debora Groppetti, Alessandro Pecile, Martina Amari, Silvia Losoni, Vanessa Rabbogliatti**

INTRODUCTION

General anesthesia and surgical stress can suppress the immunological response by acting directly on the immune system and indirectly on the hypothalamic-pituitary-adrenal axis and on the sympathetic nervous system [1]. Disturbance of the immune system during peri-operative period can cause complications such as wound-healing disorders and infections that can lead to sepsis development [1]. On the other hand, effectiveness of acupuncture in regulating immune function by increasing white blood cell and T-cell numbers and in inhibiting inflammatory response has been proven in humans [2,3]. The purpose of this study was to explore the impact of electroacupuncture (EAP) on the dynamic balance of the immune system and immune cell populations in dogs undergoing ovariectomy.

METHOD

Twelve healthy bitches undergoing elective ovariectomy were allocated either in the EAP group (n=6), or in Control group (n=6). In EAP group, acupoints (LU6, LI4, ST36, GB39, BL17, BL23) were stimulated using an electronic acupunctoscope. Surgical and anesthetic procedures were performed routinely [4]. In both groups, blood samples were taken for analysis at the time of induction in general anaesthesia, and 30 min and 2 hours thereafter. Complete and differential white blood cell count, including neutrophils, monocytes and lymphocytes were carried out and lymphocyte subsets were analyzed by flow cytometry.

Serum IgM and IgA levels were determined with specific ELISA kit. Statistical analysis was performed using Student's t test in the generalized linear model.

RESULTS

Neutrophils and monocytes increased in dogs receiving EAP (P=0.005) while T-cells decreased in Control group (P=0.03) but not in the EAP group. B-cells and cytotoxic suppressor T-cells decreased in EAP dogs (P=0.03). No differences in IgM and IgA were recorded between groups and over time.

CONCLUSION

These preliminary results suggest a modulatory effect of EAP on the immune system which is early expressed on neutrophils, monocytes and T cells.

VET05

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Federica Alessandra Brioschi graduated with honors at the Faculty of Veterinary Medicine of the University of Milan in 2010. She continued her collaboration with the University of Milan by winning a scholarship for the evaluation of anaesthesiological risk in surgery of the genital apparatus and breast in dogs and cats. In 2014 she performed a training period at the Department of Anesthesia and Emergency Critical Care at the Small Animal Hospital, University of Gainesville (Florida, USA). In 2018 she obtained the title of University Master of II level in "Anesthesia and pain therapy of companion and unconventional animals" at the Faculty of Veterinary Medicine, University of Pisa. Since 2019 she is a PhD student at the Faculty of Veterinary Medicine of the University of Milan, with a research project on pain management in dogs and cats. She is a member of Italian Society of Veterinary Anaesthesia and Analgesia (SIATAV).

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Alessandro Pecile Associate Professor of Veterinary Obstetric and Gynecological Clinic at Università degli Studi di Milano since 2017. Degree in Veterinary Medicine from the Università degli Studi di Milano in 1995. PhD in Bovine Clinic in 2000. To date: Clinical

care activity in Reproduction of Small and Large Animals at the Veterinary Teaching Hospital, Università degli Studi di Milano. Areas of interest: innovative methodologies for the surgical therapy of the genital system in dogs and horses; mammary neoplasms in the canine and feline species; condition of intersex in the canine species. Member of the Italian Society of Veterinary Endoscopic Surgery (SICEV).

Martina Amari PhD student of Veterinary and Animal Science at Università degli Studi di Milano since 2022, with a research project on pain management in horses. Degree with honors at the Faculty of Veterinary Medicine of the University of Milan in 2019. In 2020-2022 collaboration with the University of Milan performing anaesthesia and analgesia of small and large animals, unconventional, zoo and wild animals and laboratory animals. From 2020 to date freelance anaesthetist in small and large animals' private clinics. She attended at different national and international congresses and courses regarding veterinary anaesthesiology.

Silvia Losoni attending II level Master degree in anaesthesia and pain therapy at the Faculty of Veterinary Medicine University of Bologna. Degree at the Faculty of Veterinary Medicine of the University of Milan in 2019. In 2019-2020 collaboration with the University of Milan at the emergency and critical care unit. From 2019 to date freelance anaesthetist in small animals' private clinics. She attended at different national and international congresses and courses regarding veterinary anaesthesiology.

Vanessa Rabbogliatti graduated in Veterinary Medicine at the University of Milan (2014). For two years she had a professional collaboration for animal model anaesthesia at University of Milan. She discussed her PhD Thesis in Veterinary and Animal Science (2019), investigating the improvement of diagnostic imaging quality through the evolution of equine anaesthetic protocols. Since 2019 she is an anaesthesiologist at the Veterinary Teaching Hospital, University of Milan. Her interest mainly focused on small and large animal anaesthesia, equine standing sedation protocols applied in diagnostic imaging techniques, locoregional anaesthesia and equine pain management.

V-06

BENEFITS OF ACUPUNCTURE IN THE RECOVERY OF THE CANINE PATIENT OPERATED ON A RUPTURED CRANIAL CRUCIATE LIGAMENT PURPOSE

VET07 **DVM Roberta Pozzi, DVM Martina Negretti Siav**

ABSTRACT

The following work aims to demonstrate how a multimodal post-operative approach based on the use of Chinese acupuncture combined with physiotherapy (manual and instrumental), pharmacological-nutraceutical therapy and proper home management of the subject can accelerate the physiological healing process, reduce recovery time and bring our patient as close as possible to optimal clinical conditions.

MATERIALS AND METHODS

The following work was conducted on a total number of 20 dogs of various breeds and ages that underwent Tibial Plateau Leveling Osteotomy surgery between the end of 2021 and the beginning of 2023 following rupture of the cranial cruciate ligament of the stifle joint. The criteria for inclusion in the study included: a unilateral cranial cruciate ligament deficiency of the stifle joint and the absence of other injuries and neurological/orthopaedic diseases. At the time of the physiatric examination, the subjects presented with the symptom of lameness, more or less important, and were classified, from the point of view of traditional Chinese medicine, as subjects suffering from Bi

Syndrome. Once selected, the 20 patients were randomly assigned to a Group A and a Group B. The dogs in both groups were followed for a period of 60 days during which they underwent a precise multimodal protocol. The 10 subjects in group A underwent, after TPLO surgery, to massage, stretching, passive and active exercises; Under Water Treadmill; administration of nutraceuticals; Chinese Acupuncture; diet and weight control. The 10 subjects belonging to Group B, on the other hand, underwent the same protocol except for the acupuncture treatment. In order to assess whether acupuncture in the rehabilitation of patients undergoing TPLO surgery for ruptured cranial cruciate ligament of the knee could actually be a valuable aid, the following elements were considered: ROM of the knee; circumference of the thigh muscles; CBPI questionnaire addressed to the owner at three different times.

RESULTS AND DISCUSSION

For the quantitative analysis, acupuncture treatment was effective for the thigh circumference variable, less so for the limb flexion variable. The qualitative analysis obtained from the questionnaires shows great effectiveness at both T1 and T2 in terms of pain severity and in terms of pain interference in daily activities and also in overall quality of life. It is therefore inferred that between the two therapeutic options, the protocol with Chinese acupuncture, in post TPLO lameness, represents the best therapeutic approach, as it combines the analgesic and rehabilitative effect of massage, stretching, passive and active exercises, Under Water Treadmill, with the energetic rebalancing effect of acupuncture.

VETO7

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DVM Martina Negretti Siav

In 2005 she achieved the Shiatsu Therapist Diploma at Franco Bottalo's School 'Shiatsu Xin' in Milan.

She teaches Veterinary Acupuncture and Manual techniques at S.I.A.V.

She teaches and educational organizer "Technician in Physiotherapy Veterinary" Since 1992 she followed a specific educational path attending seminars and conferences both in Italy and abroad.

From 2002 to 2011 she was Coordinator of the SIAV Study Group 'Small pets acupuncturists'

2011-2014/ 2017 at now she is President SIAV

2014 -2017 is Counselor SIAV

23 June 2012 she achieved the Master of II level in 'Sport Physiology and Veterinary Physiotherapy applied to dog' at the Veterinary University of Pisa, Italy.

She is responsible for the Veterinary Physiotherapy Department at CCE of Novate Milanese since 2000.

Since April 2015 is responsible for the Veterinary Physiotherapy at Idrofisiovet- Milano

She contributes with her professional expertise in Veterinary Acupuncture, Shiatsu and Physiotherapy in various clinics and surgeries of Northern Italy.

Hobbies: she studies ballet since she was 6 years old.

She took part as lecturer in numerous cultural and scientific events (SCIVAC, SITOV, SIAV, IVAS, CHI INSTITUTE) in Italy and abroad. She published several contributions on Veterinary Acupuncture and on Veterinary Physiotherapy.

Dr.ssa Martina Negretti

Medico Veterinario

Esperta in Agopuntura Veterinaria

Martina Negretti graduated with honours from the University of Milan in October 2015. In November of the same year she obtained her professional licence to practice as a Veterinary Doctor.

In May 2023, she obtained her diploma in Veterinary Acupuncture at the Italian Veterinary Acupuncture Society S.I.A.V. (www.sia-v.org) with top marks, attending, at the same time, the didactic itinerary of Veterinary Sports Medicine to obtain the General Practitioner Certificate.

From 2015 to the present day, he has followed a training pathway by attending seminars and congresses related to Physiatics and Veterinary Sports Medicine.

He currently works as a freelance practitioner on Small Animals at various veterinary clinics in Lombardy, focusing mainly on emergency medicine and physiatics.

Forum

F-01

ACUPUNCTURE AS A PART OF INTEGRATIVE MEDICINE

Panel: Ahn Sangyoung, Marcia Yamamura, Isabel Giralt, Ilhan Öztekin, Undra Kendra.

Chair: Francisco Lozano MD, PhD.

Today, thanks to major scientific and technological advances, modern medicine (conventional, allopathic, or Western) has positioned itself as the pillar that governs and maintains medical practice, with the aim of ensuring the greatest well-being and health status of the human being.

Additionally, since ancient times, various civilizations around the world have created and developed health care systems, even forming solid and well-structured medical systems. Among the best known and recognized complementary medicines and that also have solid and well-structured programs, are traditional Chinese medicine, homeopathy, chiropractic, osteopathy, naturopathy, etc. These medical systems are accepted in society and their practice is regulated by the government.

There are other systems that are not as well-structured and their therapeutic efficacy hasn't been duly proven. In many places, although the practice of these less-structured systems is not regulated, it is tolerated by the government and accepted. Together, all medical systems, therapeutic resources, or health care models that are known, different from conventional medicine, regulated or not, have been called alternative medicines or complementary medicines.

In recent decades, a medical system, medical specialty, and/or health care model called Integrative Medicine has been established. This model proposes that, based on medical care under the guidelines of modern medicine, other medical systems, therapeutic resources, or care models of alternative or complementary medicines are integrated. In this way, it can be formed from the simple integration of modern medicine with another complementary system (acupuncture), or the integration of two or more complementary systems (acupuncture, homeopathy, chiropractic, herbal medicine, etc) or the incorporation of all known alternative systems. It can be said that doctors who practice acupuncture are already practicing Integrative Medicine. (Acupuncture-Modern Medicine).

Strictly speaking, Integrative Medicine should develop more organized structures and standards to recognize theoretical and practical programs. However, the term Integrative Medicine may not necessarily be defined in the same way or include or cover the same contents.

Recently, integrative medicine has not only received great acceptance and popularity, but it has also spread and disseminated widely so that integrative medicine societies, colleges, academic groups, journals, etc., have been formed. Courses are taught, congresses are organized, and even a specialty in integrative medicine has been created.

Let's consider the following questions:"

1. Should there be a specialty of Integrative Medicine and how should its curriculum be integrated, what fundamental subjects would it include?
2. Should the practice of integrative medicine only be done by a specialist in Integrative Medicine?
3. Should the specialist in Integrative Medicine know and master all the other complementary systems that integrate it?
4. Can any doctor who studies acupuncture or any other complementary therapeutic method be considered to practice integrative medicine?
5. Is the Allopathic Doctor who formally studies the specialty of Acupuncture the only one who can be named Medical Acupuncturist or Specialist in Medical Acupuncture?
6. Does the Medical Acupuncturist practice a type of Integrative Medicine?
7. Could a complete Integrative Care Model be offered to a patient, where various specialists in different alternatives participate in the integrative treatment?
8. Can any existing therapeutic resource, regardless of its structure, recognition, and therapeutic effectiveness, be called complementary medicine and therefore potentially be part of integrative medicine?
9. Could the combination of multiple medical systems be called integrative medicine, without necessarily integrating modern medicine?

F-02

GOVERNMENTAL AND PRIVATE INSURANCE COVERAGE OF ACUPUNCTURE WORLDWIDE

Panel: Tomas Dawid, Chin Chan, Hedi Luxenburger, Dongwoo Nam

Acupuncture as a medical treatment should be covered by

general medical insurances. Even in countries with an advanced insurance culture, acupuncture treatments are not always reimbursed. In this forum the different forms of medical insurance and options in different countries are discussed.

Poster presentations

P-01 THE EFFECT OF COMPLEMENTARY THERAPIES IN AN UNEXPLAINED FEMALE INFERTILITY: A CASE REPORT

OG07 **Majid Dadmehr, Mohammad Hossein Ayati, Sekineh Erabi, Elham Akhtari**

Background: Infertility in women of childbearing age is increasing worldwide. It has a significant impact on various aspects of women's health and performance. Although many advances have been made in medical strategies for infertile couples, treatment efforts have largely failed. A growing number of infertile patients prefer to use complementary and alternative medicine treatment methods.

Case presentation: We report a 32-year-old woman with primary infertility. She received conventional female infertility treatments. These treatment attempts were unsuccessful. Then, the patient was referred to our traditional Persian medicine outpatient clinic. She received a complex of traditional Persian medicine treatments including lifestyle advice, herbal medicine and manual therapy. Moreover, classic manual acupuncture was used. Two months after these treatments, the patient became pregnant on September 2020.

Conclusion: It seems that the complementary therapy in female infertility may be a useful option in the case of a failure of conventional treatment. However, more clinical studies are needed to determine the effectiveness of complementary therapies in female infertility.

OG07

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P-02 THE EFFECT OF ACUPUNCTURE ON THE STATUS OF DIABETES MELLITUS AND GENERAL CONDITION

MB07 **Songhormitra Panda-Jones**

Purpose: To report on the effect of acupuncture on the status of diabetes mellitus and general condition.

Methods: Two male identical twins, both suffering from diabetes mellitus type I and II, with diabetic polyneuropathy, adiposity, uncontrolled arterial hypertension, dyslipidemia, heart insufficiency, and chronic kidney disease, underwent acupuncture.

Results: After treatment, the blood sugar level decreased with simultaneous reduction of the insulin dose by 50%, blood pressure got controlled with reduction of the antihypertensive therapy by 50%, polyneuropathy improved, and hunger attacks improved.

Conclusions: Acupuncture performed regularly can markedly improve the general condition of multimorbid diabetic patients.

MB07

P-03 THE EFFECT OF ELECTROACUPUNCTURE ON IMMUNOMODULATION AND GUT MICROBIOTA IN AN ASTHMA MOUSE MODEL

RE11 **Nhan Bao Duy, Ying-Chyi Song, Hung-Rong Yen**

Background: Asthma, a complex inflammatory disease of the airways, is characterized by inflammation, remodelling, and airway hyperresponsiveness (AHR). The pathogenesis of asthma is closely tied to the regulation of inflammatory cytokines, while the gut microbiota plays a crucial role in controlling immune responses that impact asthma severity. Electroacupuncture (EA) has been shown to effectively modulate the immune system

and is commonly used as a treatment for asthma. However, it remains unclear how EA affects the gut microbiota and its interplay with immune responses concerning asthma regulation. The objective of this study was to investigate the effects of EA on immune responses and alterations in gut microbiota in asthmatic mice, as well as to explore the underlying mechanisms involved.

Methods: House dust mite (HDM)-sensitized and challenged Balb/c mice with asthma were treated with EA at the hindlimb Zusanli (ST36) and the upper back Feishu (BL13). To further sub-

stantiate the impact of EA on the regulation of gut microbiota-mediated immunomodulation, a fecal microbiota transplantation (FMT) experiment was carried out. AHR was quantified using unrestrained whole-body plethysmography. Lung tissue samples were obtained for histological examination.

Flow cytometry was employed to detect eosinophil cells, interleukin (IL)-4, IL-13, interferon (IFN)- γ and IL-17A in bronchoalveolar lavage fluid (BALF), lymph nodes, and spleen. ELISA was utilized for the quantification of serum concentrations of immunoglobulin E (IgE) and IgG.

Results: EA treatment effectively reduced AHR, attenuated airway inflammation as evidenced by decreased mucus secretion and eosinophil cells, and downregulated the secretion of inflammatory cytokines in HDM-induced asthma.

Concurrent EA treatment at acupoints ST36 and BL13 was found to have superior therapeutic effects compared to treatment at these acupoints individually.

Furthermore, EA treatment at the ST36 and BL13 acupoints positively modulated the gut microbiome, leading to a decrease in the severity of asthma. Additionally, FMT reduced airway inflammation, as evidenced by a reduction in pulmonary and systemic levels of IL-4, IL-13, and IgE.

Conclusions: This study indicates that administering EA treatment at the ST36 and BL13 acupoints can effectively treat asthma in mice by regulating the local immune system and modulating the gut microbiota, leading to a decrease in the severity of the condition.

Keywords: Asthma, Electroacupuncture, Gut microbiota, Airway hyperresponsiveness, ST36, BL13

RE11

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P-04

ACUPUNCTURE FOR WESTERN PAIN TREATMENT TECHNIQUES NON-RESPONDERS

PA08 **Andrew K.S.E. Liem, MD, LAc**

Acupuncture has been part of traditional Chinese medicine (TCM) for over 2000 years now. Modern medical acupuncturists trained in the West understand and use acupuncture in addition to or even as an alternative to modern therapeutic concepts. In addition to the mother country of China, acupuncture is used by millions of patients in the US and Germany, and for certain indications simply reimbursed by health insurers.

In California, USA, the provision of acupuncture for the treatment of pain and nausea has now been enacted by the federal Patient Protection and Affordable Care Act (PPACA)⁽¹⁾, also known as “Obamacare”.

The largest German acupuncture study is from 2006 (GERAC)⁽²⁾. Patients with head, shoulder, knee, and low back pain were examined. For the headache, a clear reduction was seen in patients with headaches of a few days, and no difference was found between acupuncture and drug migraine prophylaxis. There was no significant difference between verum (true acupuncture according to TCM) and sham acupuncture (imitation treatment, in which the patient actually believes to have been treated according to TCM, but this has not taken place). There is, however, a significant difference between the subgroups.

The same was found for gonarthrosis and low back pain^(3,4). Again a significant difference between acupuncture and standard therapy, but again no significant difference between verum and sham acupuncture.

After extensive discussion and analysis of the GERAC Study by the German government in the form of the G-BA, the German CVZ, it was decided in 2006 to have acupuncture reimbursed by the health insurers for certain indications (headache, gonarthrosis, low back pain).

In an Archives of Internal Medicine published individual patient data meta-analysis by Vickers, A.J., et al.⁽⁵⁾, all 82 existing RCTs related to acupuncture treatment of 1 of the 4 following indications were reviewed - non-specific back or neck pain, shoulder pain, chronic headache or osteoarthritis - where the complaints had to exist for at least 4 weeks. Of these, 31 RCTs were selected according to the Vickers protocol⁽⁶⁾ in which the ‘adequacy of blinding’ was such that the probability of bias was minimal. The blinding was checked by a questionnaire (where no differences were found between the groups) or by using the Streitberger sham device⁽⁷⁾, where the blinding was validated.

Vickers shows that acupuncture is superior to the sham and non-acupuncture control group for all 4 conditions (P<0.001) - non-specific back or neck pain, shoulder pain, chronic headache, and osteoarthritis.

Vickers, et al, conclude that by using individual patient data meta-analysis (in 29 of the 31 selected RCTs, nearly 18,000 patients were analyzed) their analysis clearly shows that acupuncture is a serious therapeutic option in the treatment of chronic pain. In addition, this meta-analysis has become a fine refinement of the publication of the World Health Organization (WHO) in 1999⁽⁸⁾, based on which a guideline was published in

2004 regarding the indication for acupuncture treatment for certain types of pain.

There are dozens of functional magnetic resonance imaging (fMRI) studies that do show a demonstrable and reproducible effect when treated with acupuncture.

The 2009 randomized study by Chae, Y., et al.⁽⁹⁾, used verum acupuncture versus placebo acupuncture with non-penetrating placebo needles (sham) in healthy volunteers. Chae showed that needle stimulation by verum acupuncture produces a significant action in the motor function-related cerebral areas (caudate nucleus, basal ganglia, cerebellum, medial frontal gyrus, cingulate gyrus, and fusiform gyrus).

However, sham acupuncture also works and is sometimes better than placebo as a few studies show^(10, 11). Like verum acupuncture, it stimulates areas in the brain, where the effects are different between sham and verum acupuncture. Verum acupuncture, unlike sham, also works in the long term and shows greater brain activity in the cognitive/evaluative (posterior dorsomedial prefrontal cortex) and the emotional/interoceptive (anterior dorsomedial prefrontal cortex) cortical areas. This makes acupuncture a significant component in the top-down modulation of the central pain sensation and a “somatosensory guided mind-body therapy”.

Ernst, E., et al.⁽¹²⁾ published a review a few years ago⁽¹³⁾ concluding that acupuncture for low back pain is better than some Western interventions.

The author is surprised that a widely known non-Western therapy such as acupuncture is still under criticism because its effect is not understood, but where Western pain therapy is totally accepted, although in the literature no better or even worse results can be found.

CONCLUSION:

There are good quality studies that provide scientifically demonstrable evidence that acupuncture does have a significant meaning for certain types of pain⁽⁵⁾. The author knows from his own practice that acupuncture does not help everyone, but in certain indications, it does lead to a reduction in medication, pain sensation, and improvement of the quality of life of our patient population suffering from chronic pain. Liem, K.S.A.E., et al.⁽¹⁴⁻¹⁵⁾, already showed in 2010 that in patients with chronic pain who had been treated according to the Western available treatment techniques with no success, 60% still showed a pain reduction after treatment with acupuncture. In 37% of the cases, there was even a pain reduction of 50% or more. 79% of the treated patients were satisfied or very satisfied with the treatment.

At present time, we often use therapies for Western chronic pain relief, such as Transcutaneous Electro Neuro Stimulation (TENS) and means that an electrical current is passed through the skin, where really hard scientific evidence is lacking^(16, 17). We prescribe TENS to our patients because we know it helps some patients without causing complications. Also with TENS, there is no clear scientifically demonstrable method, but it has been shown through fMRI that, just like with acupuncture, this affects certain parts of the brain.

A large number of fMRIs and blood tests have been done that show that acupuncture leads to changes in certain brain regions and also increases concentrations of endogenous opioids. These facts reproducible with an acupuncture treatment cannot be explained by assuming that it is only a placebo effect. In addition, individual patient data meta-analysis clearly demonstrated that acupuncture is superior to the sham and non-acupuncture control group for non-specific back or neck pain, shoulder pain, chronic headache, and osteoarthritis⁽⁵⁾.

Acupuncture has been around for many years longer than Western civilization. It is a treatment that has endured this time for a reason. The author believes that acupuncture is an addition to our Western pain relief treatment techniques^(14, 15). PA08

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As an anesthesiologist, specialized in pain management and pain acupuncture, Dr. Liem has made several contributions to the acu-

puncture acceptance in the world of Western pain management. With his abstract he would like to emphasize the importance of acupuncture in the pain management of patient with chronic pain non-responding to Western pain treatments. In May 2009 he received the 'Pruimebloesem' award from the Dutch Patient Association for Acupuncture for his contributions to the development of acupuncture for patients in The Netherlands and has made appearances involving acupuncture in several international conferences. Since December 1st 2017 he works as an anesthesiologist at the Gelre Hospital in Apeldoorn, The Netherlands. Since June 7th 2008 he is a certified Acupuncturist MD. He has a private acupuncture pain practice in Apeldoorn, The Netherlands.

P-05

EVALUATION OF THE SATISFACTION DEGREE OF PATIENTS TREATED WITH ACUPUNCTURE IN TWO CENTERS OF HOMELESS PEOPLE IN BARCELONA

ML03 **A Dalmau, MB Nishishinya, M Fuertes, J Armengol**

INTRODUCTION

Acupuntura Para el Mundo (APM) is a non-profit organization formed by a group of accredited acupuncturists from Barcelona, with clinical and teaching experience, enthusiasm and spirit of service. Since 2014, APM offers free acupuncture treatments to homeless people in two centers in Barcelona: Llar de Pau and Obra Social Santa Lluïsa de Marillac. Our accredited physicians provide acupuncture sessions in each center every 15 days. The average attendance is approx. 5-9 patients per evening.

METHODS

As our organization has been performing acupuncture treatment in these two centers since 2014, we aimed to know the patients' satisfaction degree.

We designed a satisfaction survey and asked 10 patients of each center to fill it out.

Objectives

1. To know the patients' satisfaction with the received acupuncture sessions
2. To analyze the most frequent reasons for consultation in these two centers
3. To know the different energy diagnoses of the treated patients
4. To determine the safety of our acupuncture intervention

RESULTS

- The clinical response was mainly Good and Very Good (90% =18/20). There were two "Regular" clinical responses.
- The most common reason for consultation was pain, followed by anxiety, insomnia and neurological symptoms.
- The most frequent energy diagnose was Qi/Xue deficiency.
- Only one woman complained of temporary local tingling as an adverse effect.

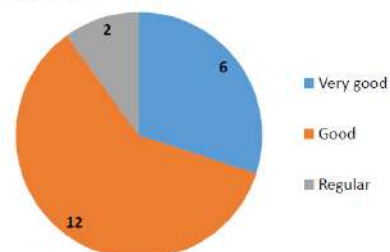
CONCLUSIONS

- Patients were very grateful and asked for more frequent sessions.
- As it is a survey with very few patients (pilot sample), we cannot make conclusions but we will continue with the work looking for them.

ML03

	Llar de Pau	Santa Lluïsa de Marillac
Sex	Women = 10	Men = 10
Average Age (SD)	46.8 (±10.6) years	56.6 (±8,7) years
Work	None	None
Educational Training	Primary studies=7 High school=3	No education=3 Primary studies=4 High school=3
Acupuncture Sessions (SD)	Average 6.3 (±2.5) Range 4-10	Average 10.4 (±7.9) Range 3-30
Nationality	Spain=5 Morocco=1 Latin America (Argentina, Brazil, Ecuador, Honduras)=4	Spain=3 Serbia=3 Portugal=1 Poland=1 Africa (Cameroon, Senegal)=2

CLINICAL RESPONSE



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P-06

FROM MIGRAINES TO METABOLIC SYNDROME: THE IMPORTANCE OF A MULTIMODAL AND WHOLE-HEALTH APPROACH

MB09 **Inês Espiga Macedo MD**

Introduction: Sir William Osler stated that “To know the patient who has the disease is more important than to know the disease that the patient has”. Nowadays, the concept of whole person health has gained increased importance in our daily practice as well as in the research field. The complexity of chronic diseases frequently leads to other conditions as depression and is commonly associated with family and professional problems. Concurrently, the daily chronic stress people live in also provides a perfect foundation for chronic diseases to develop. Acupuncture with its holistic approach should be considered as part of a whole person health approach.

Methods: Oral presentation about a protocol of integrative medicine approach to cases of migraine, depression, irritable bowel syndrome and metabolic syndrome. The protocol includes the use of acupuncture adjusted to the symptoms associated to Nutraceuticals or herbs support, Dietary therapy counseling, physiotherapy when needed, Cognitive behavioral techniques, namely Grief Recovery Method, exercise prescription according to individual preference or possibilities. Mindfulness techniques

including meditation were also taught or prescribed as part of the treatment.

Results: Patients aged 22 to 60 years old went through whole-person health approach treatments using acupuncture, and showed a significant recovery from their main complaints after the third to fourth treatment. Follow-up is maintained with treatments every 2 to 4 weeks time according to symptoms.

Conclusion: More than just treating the disease per se, the importance of being aware of the person as a whole, their habits, and family context is essential to help patients achieve a state of health and wellbeing. This protocol is an example of a novel whole-person health approach which can lead to added exponential effects to the usual acupuncture approach. MB09

Inês Espiga Macedo MD

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P-07

BIBLIOMETRIC ANALYSIS OF RESEARCH TRENDS ON AURICULOTHERAPY FROM 2003 TO 2022

SR04 **Junhyuk Kang, Hyeung-Jin Jang, Won-Seok Chung**

Background: Auriculotherapy(AT) has been used for the treatment of various diseases for decades in many countries around the world. AT has been studied in various fields of complementary and alternative medicine because it has the advantages of few side effects and convenience of implementation. However, there are no studies on the overall trend of AT. We aim to analyze and visualize the current status and research trends of AT over the past 20 years, and to suggest new ideas for future research directions.

Methods: To investigate the studies related to AT, we searched for relevant studies in the Web of Science collection from January 10, 2003 to December 31, 2022. A bibliometric analysis was performed using VOSviewer for annual publications and journals, countries, institutions, authors, and keywords.

Results: A total of 800 studies were used in the bibliometric analysis, which showed a steady increase over the 20-year period. Integrative Complementary Medicine was the most researched field, with the most articles published in the journal "Evidence Based Complementary and Alternative Medicine." China was the country with the most published research, and Guangzhou university of Chinese medicine in China was the most active organization. The most productive author was Yeh Mei-ling, who reported on the effects of AT on dysmenorrhea

and smoking cessation. Keyword analysis revealed four clusters: Pain, psychiatry, obesity, smoking cessation.

Conclusion: This study analyzes and summarizes the research progress over the past 20 years through network analysis of AT and suggests future research directions. The overall collaborative network needs to be strengthened in order to continuously improve the quality of research in this field. SR04

Junhyuk Kang, Hyeung-Jin Jang, Won-Seok Chung

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Effect of Korean Medicine Treatment in Patients with Postherpetic Neuralgia : A Retrospective Chart Review

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Background

Postherpetic neuralgia (PHN) is a neuropathic pain disease that seriously affects the quality of life of patients along with anxiety, depression, insomnia, and fatigue as well as pain.

There is considerable clinical evidence that Korean medicine treatment (KMT), including acupuncture, pharmacopuncture, and herbal medicine, improves chronic pain. Integrative KMT is frequently used to treat complex symptoms of PHN in a clinical setting in Korea. This study aimed to identify the effect of integrative KMT on patients with PHN by retrospectively reviewing electronic medical records.

Methods

1) Approval This study was approved by the Institutional Review Board of Kyung Hee University Korean Medicine Hospital (KOMCIRB 2022-07-003).

2) Patients We retrospectively analyzed the electronic medical records of PHN patients receiving KMT at Kyung Hee University Korean Medicine Hospital between August 2021 and July 2022.

3) Outcome The primary outcome was measured by Numerical Rating Scale (NRS) for worst and average pain over the past 7 days. The secondary outcomes were measured by Short Form-McGill Pain Questionnaire (SF-MPQ) for sensory and affective dimension of pain, Hospital Anxiety and Depression Scale-Anxiety (HADS-A) for anxiety, Hospital Anxiety and Depression Scale-Depression (HADS-D) for depression, Daily Sleep Interference Scale (DSIS) for sleep disorder, Fatigue severity scale (FSS) for fatigue, and EuroQol-5D (EQ-5D) for quality of life.

4) Subgroup analysis The subgroups were analyzed by dividing into the group affected on the trunk and the group affected on the face. Also, according to the session of treatment for the first 4 weeks, it was analyzed by dividing into the group receiving treatment more than twice a week and the group receiving treatment below twice a week.

Results

1) Description of studies Thirteen patients with PHN were included in the study.

2) Primary and secondary outcome

The NRS for worst pain decreased from 6.54 ± 0.64 at baseline to 3.85 ± 0.63 at 8 weeks ($p < 0.01$). The NRS for average pain decreased from 4.93 ± 0.67 at baseline to 3.08 ± 0.46 at 8 weeks ($p < 0.01$). From baseline to 8 weeks, there was a decrease from 33.85 ± 10.18 to 26.08 ± 8.15 in SF-MPQ ($p < 0.01$), 8 ± 6.42 to 2.62 ± 2.22 in HADS-A ($p < 0.01$), 7.77 ± 5.36 to 5.54 ± 3.2 in HADS-D ($p > 0.05$), 3.38 ± 2.72 to 2 ± 2.13 in DSIS ($p > 0.05$), 3.7 ± 1.63 to 2.16 ± 1.38 in FSS ($p < 0.01$), and 5.31 ± 3.1 to 3.15 ± 1.72 in EQ-5D ($p < 0.05$).

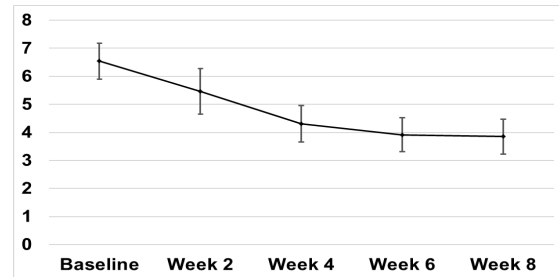


Figure 1. Changes in the pain scores during Korean Medicine treatment. The score of worst pain (NRS-W)

3) Subgroup analysis

After 8 weeks of KMT, pain reduction tended to be great in the group affected on the trunk than the group affected on the face.

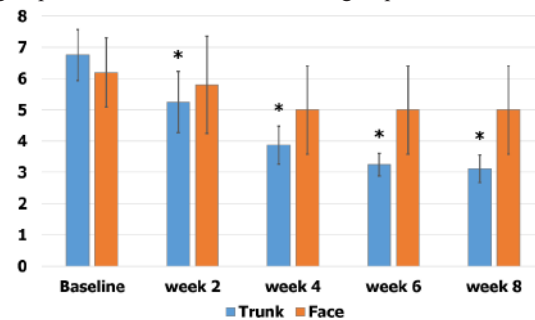


Figure 2. Comparison of pain according to the region of the rash. The score of worst pain (NRS-W)

In the group receiving KMT more than twice a week for the first 4 weeks, pain reduction tended to be great than in the group receiving KMT below twice a week.

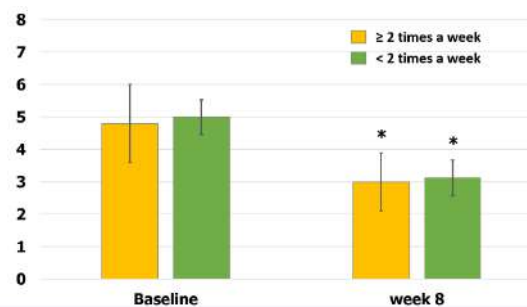


Figure 3. Comparison of pain according to the session of treatment. The score of worst pain (NRS-W)

4) Adverse effect

During this period, no adverse events related to KMT were reported.

Conclusion

KMT might be an effective and safe therapy to reduce pain and improve anxiety, depression, sleep disorder, fatigue, and quality of life in patients with PHN.

P-09

ACUPRESSURE METHOD FOR BREAST FEEDING MOTHER

OG02 **Koosnadi Saputra, Lestari KW, Poerwani SK.**

INTRODUCTION

The traditional way of doing manage while breast feeding in rural area in Indonesia especially on the island of Jawa. A study was carried out using the acupressure method on certain points and meridian in lactating mothers to Prue can increase in the hormone prolactin in correlation with milk production.

RESEARCH LOCATION

2 mothers and child hospital in Surabaya with treatment group of 20 people and control group of 10 people.

INTERVENTION METHOD

Manual pressure in stomach meridian at point ST16, ST17, ST18, ST36, LI4 and CV17. The pressure activity 2 times a day for 11 days.

LABORATORY EXAMINATION

Prolactin hormone with radio immune assay (RIA) in pre and post serial manual pressure intervention. Compare to change prolactin hormone level in the treatment group and the control group also the result of increased baby weight.

RESULT

1. There was a significant change in the level of the prolactin hormone which was high in the treatment group compared the control group.
2. There was a higher compare baby weight gain in the treatment group to the control group

CONCLUSION

Javanese traditional acupuncture methods to increase breast milk production as appropriately to support the exclusive breast-feeding program.

OG02

DATA SOURCE

Research on the effect of acupressure on lactating mother on prolactin levels, baby weight and protein content of breast milk. Lestari KW, SK Poerwani, Koosnadi Saputra. Health Services Research and Development centre. Institute of Health of Republic Indonesia.

Koosnadi Saputra

Health Services Research and Development centre. Institute of Health of Republic Indonesia

P-10

THE LINK BETWEEN CHRONIC CONDITIONS AND JAWBONE INFLAMMATION

ML06 **MSc. Ky-Lie Tan**

INTRODUCTION

Systemic, chronic, non-communicable diseases (NCDs), such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are the leading cause of death worldwide. NCDs are complex diseases of which the etiology is still widely researched. There is now scientific evidence that one of the major inflammatory mediators present in NCDs, called RANTES/CCL5, is present in high concentration in chronic jawbone inflammationⁱⁱⁱ. For example, increased signalling pathways of RANTES/CCL5 in jawbone inflammation have been found in patients with (breast) cancerⁱⁱⁱⁱ. Chronic jawbone, often called 'silent' inflammation is currently referred to as "fatty degenerative osteonecrosis in the medullary spaces of the jawbone" (FDOJ). FDOJs can for example occur after unsuccessful healing of tooth extractions, root canal treatments and dental traumas, which results in residual infections. Next to this physiological link of inflammatory mediators such as RANTES/CCL5 between the body and the mouth infections, there is also the energetic link. This is well-known in traditional Chinese Medicine, as the meridians also pass through the teeth. Therefore, meridians can be blocked by FDOJs. This cohort study investigated the underlying physiological etiology between NCDs and FDOJs and the effect of a special device placed in the teeth to remove meridian blockages.

METHODS

For the diagnostic phase, electro-acupuncture according to Dr Voll (EAV) diagnostics was used that can measure FDOJ disturbances by electromagnetic conduction of the inner proteoglycans of the Heine cylinders (meridians) in the extracellular matrix (ECM).

Two different sets of EAV measurements are done. The first set of measurements to measure one's general health are made on the tips of the Control Measurement Points (C.M.P.) described by Dr. Voll in the fingers and toes. Each C.M.P. represents an organ (lung, colon, small intestine, heart, spleen, liver, stomach, gallbladder, kidney, bladder) or hormone connection (pituitary, thyroid, pancreas, adrenal, ovarian, testes).

The second set of measurements to measure one's oral health were taken on the facial skin surface near the apex of the teeth. The hypothesis is that a disrupted tooth can also disrupt the corresponding organ or hormone connection which can lead to chronic iseases. This allowed assessing whether an FDOJ was related to one's general health. In 2022, the teeth and body meridians of 112 patients involving meridian blockage were investigated and were measured using EAV. In some cases, FDOJ tissue was sent to the laboratories for investigation. These results were compared with regular dental diagnostics, including oral examinations and radiographs.

In the treatment phase, a special device placed in the teeth was placed designed to remove meridian blockages. After placement of this device, the meridian blockage was measured again with EAV.

CONCLUSION

The results showed that EAV is able to diagnose inflammations such as FDOJs when compared with to radiographs and other diagnostic tools. It strengthens the hypothesis that FDOJs is the first site where the disease process starts. If the primary metastasis of the chronic disease started as a jawbone inflammation, removing a jawbone inflammation may be part of an effective treatment of chronic diseases. With the explanation of the underlying mechanism between NCDs and FDOJs, it is possible to systemically diagnose, better prevent and possibly cure these diseases. This is relevant for fields such as oncology. Moreover, the meridian blockages were in most cases dissolved after placement of the special device. More research should be performed on how to diagnose and treat FDOJs effectively. ML06

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P-11

ACUPUNCTURE FOR MIGRAINE : FRENCH GUIDELINES ON NON-PHARMACOLOGICAL TREATMENTS

PA10 **Pascal Clement, MD**, French College of Acupuncture (CFA-MTC) **Marc Martin, MD**, French Acupuncture Federation For Research and Medical Care (FAFORMEC) President **Henri Yves Truong Tan Trung, MD**, French College of Acupuncture (CFA-MTC) President

SUMMARY

Migraines are a frequent reason for consultations in general medicine, are responsible for a large number of days off work, and cause significant deterioration in the quality of life of patients suffering from them. Recent recommendations take into account non-pharmacological approaches to the management of migraines, including acupuncture. The authors describe how to draw up recommendations for good practice in this field

Treatment of migraines in 2021

The French Headache Society (Société Française d'Etudes des Migraines et Céphalées: SFEMC) published in 2021 the Revised Guidelines for the Diagnosis and Management of Migraine in Adults on

- Diagnosis and Assessment
- Pharmacological Treatment
- Non-Pharmacological Treatment

FOCUS ON NON-PHARMACOLOGICAL TREATMENTS

The French Headache Society wished to take into account and evaluate some Non-Pharmacological Treatments including Non-Pharmacological Interventions (NPI), Medical Devices and Surgery.

The development process consisted in five stages: 1) literature review within each writing sub-groups (writing group members and invited experts); 2) draft update within each sub-groups; 3) review of the whole draft by the writing group; 4) review by the reading group; 5) final editing by the writing group in the light of all comments.

WHICH NPI?

The questions asked regarding NPI were:

- Is physical exercise effective for migraine prophylaxis?
- What is the evidence concerning dietary supplements and plants?
- What is the evidence concerning diets?
- What neuromodulation therapies are effective in migraine?
- What is the efficacy of acupuncture for migraine prophylaxis?
- What is the efficacy of behavioral interventions and mindfulness therapy for migraine prophylaxis?

RECOMMENDATION FOR ACUPUNCTURE

Strength of Recommendation = Strong : In patients with episodic migraine asking for nonpharmacological treatments or achieving insufficient efficacy with pharmacological treatments, propose acupuncture as an alternative or a supplement to pharmacological prophylaxis.

ACUPUNCTURE FOR MIGRAINE: OTHER CPGs

Acupuncture for migraine management is recommended in several Clinical Practice

Guidelines (CPG) :

- Duodecim EBM Guidelines (Finland) 2022
- Istituto Superiore di Sanità (ISS, Italy) 2022
- Taiwan Headache Society (THS, Taiwan) 2022
- Committee for Clinical Practice Guideline for the Management of Chronic Pain (Japan) 2021
- Japanese Society of Neurology, Japanese Headache Society, Japanese Society of Neurological Therapeutics (Japan) 2021
- Australian and New Zealand College of Anaesthetists (ANZA) 2020
- Ministry of Public Health of Qatar (MOPH, Qatar) 2020
- Brazilian Headache Society (Brazil) 2019
- National Institute for Health and Clinical Excellence (NICE, UK) 2019

- Société Suisse pour l'étude des Céphalées (SSC, Switzerland) 2019
- COCHRANE LIBRARY 2016

TAKE-HOME MESSAGE

- Integration into a multidisciplinary approach
- Strong recommendation for migraine prevention
- Interest for comorbidities management (sleep disorders, addictions, anxiety, associated osteoarticular issues)
- Reduce drugs use
- Safety
- Respect of patient (and practitioner) values

PA10

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P-12 SHANG HAN LUN IN THE WEST LIU JING LAI ZI BA GANG

ME14 Esther van Dorst

LINEAGES

There are 41 lineages stemming from Zhang Zhong Jing, from which 3 are present in the West:

- Dr. Hu Shi Xu lineage, based on the clinical presentation, tongue and pulse
- Huang Huang lineage; dr Huang Huang is teaching in NanJing university
- Tian family lineage, based mainly on the pulse picture

SYSTEMATIC APPROACH

It is a very systematized way of working, which is reproducible. However you need to dedicate yourself to this system and the classics to learn it by heart. This can easily take 10 years or so. A good teacher and mentoring during this proces makes it more easy and more fun.

This system teaches about the location of the disease, it helps seeing the origin of the problem. It teaches about the pathophysiology of the body in a classical way. The treatment approach becomes more structured. And results are very interesting.

from: <https://chinesemedicinetraveller.com/>

During the Eastern Han dynasty, between 40 and 200 AD, Zhang Zhong Jing recorded out of clinical experiences, handed out during generations before him, the Shan Han Za Bing Lun (Treatise of Cold Complicated Diseases). This book was later edited and separated into the Shang Han Lun (Treatise of Cold Damage) ,



My teacher dr. Suzanne Robidoux learned from dr. Feng Shi Lun, who learned from Prof. Hu Shi Xu. This approach is called Jing Fang. Information is taken from www.chinesemedicinetraveller.com/?article=six-syndrome-system-of-the-shang-han-lun-with-permission.

the YinGui Yao Luo (Prescriptions from the Golden Cabinet) and the JinGui Yuhuan Jing.

These classics link a group of symptoms with certain formulas. They also suggest modifications according to the change of the disease.

It is a system working for more then 1000 years. Formulas are not based on one symptom. It is a very effective diagnostic system.

This is a different way of seeing health and disease. Classical Chinese Medicine thinks different as the TCM Zang Fu approach. Shang Han Lun does not use zang fu or channel theory, but it uses the concept of the six syndromes descending from the 8 principles. Liu Jing Lai Zi Ba Gang
The SHL is based on the 8 principles syndrome differentiation and the six syndrome identification and the formula pattern identification. These 3 methods can be used to treat any disease.

The symptoms are used to differentiate the syndrome and the formula pattern.

At first we identify the disease through the 8 principles:

- Is there a yin or a yang syndrome?

- Is there a hot or cold disease or a mixture of both?
- Is there an external or internal or an half internal and half external disease?
- Is there an excess or a deficiency pattern or an half excess or half deficiency pattern?

Then we must identify which layers or channels have been affected according to the six channels pattern identification. The six syndrome differentiation explains the location of the disease in a layer and has no relation with the acupuncture channels. This will lead us to the formula pattern and guide us to the appropriate formula. Finally we are able to make modifications and we make adjustments in the dosages according to the symptoms.

ME14

P-13

HOW TO PERCEIVE THE BACK TRANSPORT POINTS IN MERIDIAN THERAPY -FOCUSING ON SLEEP-

ME18 **Suguru Nakamura**

Meridian therapy is a form of treatment that was developed in postwar Japan by systematically compiling and editing the techniques of various schools scattered throughout Japan and has since been practiced in accordance with the constitution and culture of the Japanese people.

The main classics that form the basis of this treatment are the Yellow Emperor's Classic of Medicine (Su-Wen and Ling-Shu) and the Nan-jing. The main characteristics of this treatment are its emphasis on pulse diagnosis and the use of thin needles to complete the treatment with shallow stabbing.

In particular, meridian therapy emphasizes not only the properties of the acupoints but also the flow of the meridians, so the

back transport points are sometimes used not only to consider the properties of the acupoints but also to circulate qi and blood throughout the body.

In this study, based on the background of the literature, we present the results of our evaluation of the use of back transport points in clinical practice and the results obtained from the perspective of sleep.

In classical medicine, there are 38 descriptions related to sleep in the Su-wen and 34 in the Ling-Shu, indicating its high importance. Of these, the most important are the defense qi, Eyes, Bloods, and Yin-Yang heel vessels. Since all of these are strongly related to stimulation of the back transport points, this study reports on the effects of stimulation of the back transport points on sleep.

P-14

INTEGRATIVE NEUROMUSCULAR ACUPOINT SYSTEM (INMAS) AS MONO-THERAPY FOR LUMBAR SPONDYLOSIS: A CASE REPORT

ME11 **Dion Rukmindar MD**

Background: Low back pain is a chronic problem in the musculoskeletal system that is growing globally, about 60-85% of adults experience this symptom at some time in their lives. Low back pain can be caused by various disease factors, one of which is lumbar spondylosis. Acupuncture therapy can be an option as a non-pharmacological therapy in the treatment of low back pain considering that conventional therapy has many side effects if consumed regularly in the long term.

Case presentation: A 52 year old woman had lower back pain for more than a year with plain radiographs of lumbar spondylosis. The pain that is caused is felt to be more and more burdensome so that it interferes with the patient's work and quality of life. A pain score of 6 was measured by the Numeric Rating Scale (NRS) and a quality of life score of 30 by the Oswestry Disability Index (ODI). Acupuncture therapy uses the Integrative Neuro-

muscular Acupoint System (INMAS) method which is carried out 2 times per week for 8 therapy sessions.

Result: After 8 times of acupuncture therapy, there was a reduction in pain from NRS 6 to NRS 0 and an increase in quality of life from ODI 30 to ODI 1. These results lasted until the end of follow-up at week 12.

Conclusion: Acupuncture with the INMAS method can be used to reduce low back pain and improve quality of life due to lumbar spondylosis in this case report.

Keywords: Acupuncture, INMAS, lumbar spondylosis, low back pain

ME11

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P-15

ACUPUNCTURE: THE ETERNAL CHALLENGE TO INNOVATIONS

Overview based on other and own research

ME15 **Dr Henriette Muraközy**

Introduction: Acupuncture, a constantly developing & spreading science undergoes perpetual change according to the basic theses of philosophy “ceasing to preserve”: the basis of its „viability“, survival & popularity: an overview of its history & distribution. The acupuncturist’s natural urge a) to use the learned methods unchanged (to maintain the traditions), b) to adapt acupuncture according to current needs & situations, so possibly change it.

Methods: General section - how this method spread throughout the world, and changed in space and in form.

Special section - own innovations and scientific research of the last 27 years

- long time prospective studies:

Holistic MeSaCoSa concept; Preventative, Antidepressive Acupuncture & auriculotherapy against painchronification - multicentric prospective study; Acupuncture in the treatment of emergency medicine for training of paramedics; MIA; „pine pattern“: specially for musculoskeletal disorders; Combination of different acupuncture methods during the same treatment; Crux medicorum - connecting BMS: The crucial role of TCM & acupuncture 2015; The gold standard to provide what’s missing by MAPS in chronic pain syndromes; Against pain chroni-

fication in BMS; Remission induction in rheumatic disorders; Integration of combined acupuncture methods in the “pain-free hospitals” movement; Synopsis of EBM & PM within the same session 2021; Coping with negative Stress & related chronic Pain Syndromes, for healthy living in modern life, & during the 2nd half of life...

Diagnostic: anonymised, multifaceted clinical assessment, multiple factoranalyses, imaging diagnostics.
Therapy: innovative, standardised methods: MIA, Pine Pattern, NADA Protocols, CAM.

Patients: 7,500. 2006-2022. Germany. Controls.
Statistical analysis. Evaluations. Students t test. Significant positive results.

Results: Acupuncture can significant improve diagnostic and therapeutic results, pain reduction, progression prophylaxis, functional capacity and maintenance of work ability. Successful synthesis of methods, cost reduction

Conclusions: standardized acupuncture patterns are effective scientific methods a) research b) practical, integrative case-management c) synthesis of therapies.

ME15

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P-16

EXTERNAL APPLICATION OF HERBAL MEDICINE TREATMENT OF FRACTURES: A SCOPING REVIEW

HE07 **Shi-hui Jin, Song-Yi Kim**

Introduction: Fracture treatment presents challenges such as surgical complications, delayed bone union, and nonunion. Traditional Asian medicine (TAM) has emerged as a potential solution to these issues. This study aimed to review the current state of research on external herbal medicine (EHM) in fracture treatment, analyze clinical evidence, and suggest future research directions.

Method: A comprehensive literature search was conducted through eight databases until July 2022, resulting in the inclusion of 78 randomized controlled trials (RCTs) that exclusively used EHM for fractures.

Results: The total number of EHM prescriptions was 63, of which 15 were un-named. The most used prescription in the study was “Sihuangsan” (n = 4), followed by “Jiegusan”, “Huayujiegusan”, “Jinhuang(ruan)gao” (n = 3, each). The herbs included in the prescriptions were mainly aim to dispel blood stasis, reduce swelling and alleviate pain, and reunite of fractured tendons and bones. Key herbal ingredients in the prescriptions included Safflower (n=42), Rhei Rhizoma (n=32), Frankincense (n=28),

Angelica Sinensis (n=25), or Drynariae Rhizoma (n=25). EHMs were formulated in various dosage forms, with “Cream” (n=30) and “Paste” (n=22) being the most common.

Conclusion: The type of herb used in EHM depends on the bone healing process, and the composition and formulation of the prescription may also affect treatment effectiveness. This scoping review highlights the need to explore less clinically considered TAM approaches, such as EHM for fractures, and encourages further investigation. This scoping review highlights the need to explore less clinically considered TAM approaches, such as EHM for fractures, and encourages further investigation.

HE07

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P-17

AN EXAMPLE OF A PATIENT IN THE PAST

See Oral Presentation O-54

P-18

AURICULOTHERAPY FOR ANXIETY TREATMENT AND BURNOUT PREVENTION FOR HEALTHCARE WORKERS IN THE NEUROMUSCULAR OMNICENTRE (NEMO) IN MILANO: A PILOT STUDY

PE05 **Alice Zanolini, Lucia Greco, Chiara Rimoldi, Jacopo Casiraghi, Andrea Lizio, Valeria A. Sansone**

1. BACKGROUND

The relationship between patients and healthcare workers (medical doctors, nurses, physiotherapists) is a key component in the pathway of care, as empathy is fundamental. When treating diseases with high grade of disability or poor prognosis such as ALS and progressive muscular dystrophies, personal emotional balance and empathy are essential to face these progressive conditions together with patients.

As a downside, this relationship can in many cases lead healthcare workers to develop stress, anxiety physical disturbances and burnout, disrupting communication with patients and the quality of the work itself. In the healthcare system over the 60% of medical doctors and 40% of nurses experience burnout (a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress) during their career (1, 2), hence is important to act to prevent this condition and improve operators' quality of life (3).

Auricular acupuncture is a safe and minimal invasive practice, fast and easy to apply, with known efficacy for several physical and psychological disturbances, such as stress and anxiety, in different subjects (4,5,6,7). To improve easiness, fixed points protocols developed by experts' consensus conferences can be applied (i.e. the well known NADA protocol for drug withdrawal) (8). There are few studies that used this technique as a support for healthcare workers (9, 10). In 2014 Dr. Karen Charlesworth (Northern College of Acupuncture, York, UK) created a new scheme of 5 points to treat anxiety and pain, called APPA (Auricular Protocol for Pain and Anxiety (11), applied in a 2017 study to healthcare workers in a hospital in San Paolo, Brazil (12), reducing anxiety after 10 sessions therapy.

2. OBJECTIVES

The aim of this pilot study is to evaluate the efficacy of the APPA protocol for anxiety and pain in the healthcare workers (physicians, nurses, physiotherapists) of the NeMO Centre in Milan, to improve their quality of life reducing work-related stress and the burnout risk.

3. METHODS

Questionnaires to reveal anxiety (State Trait Anxiety Inventory – STAI), depression (Beck Depression Inventory - BDI), burnout (Maslach Burnout Inventory – MBI), stress related physical symptoms (Symptom Checklist 90 – SCL-90) and quality of life (SF-36) will be administered to workers that have a contact with patients in the NeMO Centre. Subjects with pathological score at the STAI questionnaire (> 40 points) will be included in the

treatment; others questionnaires will be used to describe the cohort; data will be anonymized, analyzed and presented in aggregated form.

As a pilot study, at least 45 subjects will be included (18-80 years of age). Pregnant or lactating women will be excluded, and also workers with ear infections, severe illnesses such as heart diseases (to avoid the risk of bacterial endocarditis), and who is not able to comprehend instructions and/or give informed consent. Workers in antidepressant/anxiolytic therapy will be also included and invited to continue their therapy.

Subjects will be invited to sign an informed consent and to participate to a weekly session of ear acupuncture consisting in positioning of 5 sterile semipermanent needles ("Pyonex" 0.20mm x 1.2mm, Seirin Corp., Japan) on the dominant ear following the APPA protocol, for 6 weeks. These 10 minutes sessions will be held during pauses from work, in the hospital setting, and needles will be placed by a medical doctor with degree in acupuncture according to the Italian law. The needles will be removed by participants after 48h of stimulation. After 6 weeks questionnaires will be administered again (STAI, BDI, MBI, SCL-90, SF-36) to verify efficacy of the treatment.

Statistical analysis will be performed on data to describe our healthcare workers population in terms of anxiety, stress, physical symptoms and burnout before treatment and a comparison will be done with the post-treatment tests to individuate the delta considering a significant p-value of < 0.05.

4. RESULTS

According to literature we are expecting an effect of ear acupuncture on anxiety of workers, and also a reduction of physical symptoms related to stress. Data will be analyzed to individuate if there will be also a positive effect on burnout.

If the ear acupuncture practice with the APPA protocol will be well tolerated, safe, and effective on reducing work related stress and anxiety on the NeMO health workers population then the practice will be proposed as a support therapy for the staff of the centre.

PE05

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THE OPIOID-SPARING EFFECT OF ACUPUNCTURE AFTER ABDOMINAL SURGERY: A SYSTEMATIC REVIEW AND META-ANALYSIS

SR06 **Seunghoon Lee, Chanwoo Joo, Jae-Dong Lee**

OBJECTIVES

In the era of the opioid epidemic, various interventions were developed to reduce opioid overuse. One of the non-pharmacological interventions, acupuncture, has been researched for pain management after a surgical procedure. Especially some researches reported that acupuncture had an opioid-sparing effect, reducing opioid consumption and side effects. The objective of the systematic review is to evaluate the effectiveness of acupuncture on opioid-sparing effect and the safety of acupuncture after abdominal surgery.

METHODS:

Protocol and registration. This present study was registered online at PROSPERO (CRD42022311155).

Datasources. We searched eleven databases, including English-language databases (Ovid, CENTRAL, EMBASE, CINAHL), Korean databases, Chinese databases, and Japanese databases from inception to November 28, 2021.

Study Selection. We included randomized controlled trials with patients undergoing abdominal surgery, which reported a cumulative opioid consumption and used acupuncture as an intervention compared to no treatment, sham acupuncture, and conventional treatments. Additionally, the number of cumulative opioid analgesia demands/requests, the time to initial opioid analgesic usage, postoperative pain, opioid-related side effects, and adverse events were analyzed for secondary outcomes.

RESULTS

Out of 1387 studies screened, 14 studies were included. Hysterectomy was performed in three studies, a cesarean section in one, nephrectomy in one, inguinal hernia repair in one, and mixed

surgeries types in eight. Included studies were determined to have a low to moderate risk of bias.

1 Opioid consumption. Acupuncture reduced cumulative opioid consumption for 24 hours compared to sham (mean difference (MD): 7.74mg; 95% confidence interval (CI) 9.54 to 5.93; $P < 0.01$, $I^2 = 24\%$, moderate certainty of evidence) and non-sham groups respectively (MD: 8.87mg; 95% CI 12.13 to 5.60; $P < 0.01$, $I^2 = 76\%$, low certainty of evidence). Similarly, acupuncture reduced cumulative opioid consumption compared to sham acupuncture and non-sham groups for 8 hours.

2 Postoperative pain. Acupuncture reduced postoperative pain at 24 hours compared to sham (MD: 8.75; 95% CI 15.02 to 2.48; $P < 0.05$, $I^2 = 58\%$, low certainty of evidence) and non-sham groups (MD: 13.14; 95% CI 20.78 to 5.50; $P < 0.05$, $I^2 = 82\%$, very low certainty of evidence).

3 Other outcomes. Furthermore, the meta-analysis results for the number of cumulative opioid analgesia demands/requests and the opioid-related side effects in 24 hours showed significant differences compared to the sham acupuncture and non-sham groups, respectively. Subgroup analysis was conducted according to several factors. Only one study reported skin irritation as an adverse event of acupuncture.

CONCLUSION

As acupuncture showed an opioid-sparing effect with a low risk of AEs, acupuncture could be a multimodal opioid-sparing strategy in the perioperative period with effective

P-20

INTERVIEW RESEARCH ON THE CONTENT REQUIRED FOR SAFE ACUPUNCTURE IN DISASTER-STRICKEN AREAS

RE07 **Mikako Tsunematsu, Sachiko Ikemune, Ritsuna Noguchi, Kenji Imai**

INTRODUCTION

Acupuncture is used in disaster-stricken areas to care for disaster victims. Acupuncture in disaster-stricken areas differs from treatment in a clinic, and may require advance preparations and measures. The aim is to identify the preparations and measures required for safe acupuncture in disaster-stricken areas through interviews with acupuncturists who have experience in treating patients in those areas.

METHOD

The subjects were three acupuncturists with experience in disaster-stricken areas. We asked the subjects about safety considerations they thought should be considered when performing acupuncture in a disaster-stricken area. The interviews were recorded and the content transcribed. Interview statements were analyzed qualitatively and categorized according to their content.

RESULTS

Interview statements were grouped into 17 subcategories. Furthermore, the subcategories were grouped into eight categories advanced information sharing with local communities, information sharing with local staff, treatment appropriate to the situation, measures to prevent incidents in treatment procedures, improvement of the treatment environment, consideration for victims, advance preparation of treatment tools and educated personnel, and safety and health management of practitioners).

CONCLUSION

In the case of acupuncture in disaster-stricken areas, it is necessary to make prior arrangements with on-site staff and follow the rules of the field, while communicating with other professionals on site. Also, preparation of the equipment necessary for acupuncture in advance is important to ensure the quality of treatment is the same as in standard clinics. Furthermore, the education of acupuncturists who can deal with cases specific to disaster-stricken areas will also be required in advance.

RE07

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P-21

AN ECONOMIC EVALUATION OF THREAD EMBEDDING ACUPUNCTURE FOR THE TREATMENT OF LUMBAR HERNIATED INTERVERTEBRAL DISC IN A RANDOMIZED CONTROLLED CLINICAL TRIAL

PA03 **Ha-Na Kim, Jun-Yeon Kim, Kyeong-Ju Park, Ji-Min Hwang, Jun-Yeong Jang, Min-Gi Jo, Min-Jung Ko, Sang-Yeup Chae, Seung-Eun Lee, Young-Ki Hong, Young-Jun Kim, Jung-Hyun Kim, Bonhyuk Goo, Yeon-Cheol Park, Yong-Hyeon Baek, Sang-Soo Nam, Byung-Kwan Seo***

Background: Lumbar herniated intervertebral disc (LHIVD) is a frequently presented condition/disease in Korean medical institutions. In this study, the economics of thread embedding acupuncture (TEA) was evaluated in a randomized controlled trial comparing TEA with sham TEA (STEA).

Methods: This economic evaluation was analyzed from a limited social perspective, and the per-protocol set was from a basic analysis perspective. The cost-effectiveness analysis was based on the change in visual analog scale score, and the cost-utility analysis was based on the quality-adjusted life years. The final results were expressed as the average cost-effectiveness ratio

and incremental cost-effectiveness ratio, and furthermore sensitivity analysis was performed to confirm the robustness of the results observed.

Results: The cost-effectiveness analysis showed that TEA was 9,908 won lower than STEA, while the decrease in 100 mm visual analog scale score was 8.5 mm greater in the TEA group compared with the STEA group ($p > 0.05$). The cost-utility analysis showed that TEA was 9,908 won lower than STEA, while the quality-adjusted life years of TEA was 0.0026 years higher than STEA ($p > 0.05$). These results were robust in the sensitivity analysis, but were not statistically significant.

Conclusion: In treating LHIVD, TEA appeared to have cost-effectiveness and cost-utility compared with STEA. However, there were no significant differences between the groups in terms of cost, effectiveness, and utility indicators. Therefore, results must be interpreted prudently; this study was the 1st to conduct an economic evaluation of TEA for LHIVD.

PA03

P-22

CLINICAL EFFECTS OF MOVING CUPPING THERAPY COMBINED WITH INTEGRATIVE KOREAN MEDICINE TREATMENT ON PERIPHERAL FACIAL PALSY: CASE SERIES

P-23 **Jehun Kim**

Background: Recently, Korean Medicine treatment with pharmacopuncture therapy (PPT) has been increasingly used in clinical practice to improve symptoms in patients with lumbar spinal stenosis (LSS). The aim of this study is to evaluate the effectiveness and safety of PPT in addition to conventional Korean Medicine treatment (CKMT) for the treatment of patients with LSS, compared with CKMT alone.

Methods: This study is designed as a pragmatic, randomized, two-armed, parallel, stratified (by sex), controlled pilot trial. Forty patients diagnosed with LSS will be randomly allocated to the PPT + CKMT group or the CKMT group. Patients in the two groups will receive treatment two times weekly for 5 weeks. The primary outcome will be the mean change in the 100-mm visual analog scale score from the baseline to the end of treatment (week 5). The secondary outcomes will include the clinically important difference, Zurich Claudication Questionnaire score, self-reported walking capacity, Modified-Modified Schober test, EuroQol 5-dimension 5-level questionnaire, and Patients' Global Impression of Change. Adverse events will be assessed at each visit.

Discussion: The results of this study will provide meaningful data to evaluate the add-on effect and safety of PPT in the medical care of patients with LSS.


P-23

Jehun Kim


Resident Jihun Kim is currently a medical student specializing in Korean Medicine at Pusan National University School of Korean Medicine, Republic of Korea, and is pursuing a master's degree in Korean Medicine.

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Neural Therapy

Petja Pihler MD

Neural therapy is the diagnostic and therapeutic use of local anesthetics on specific places of the body. In contrast to the well-defined and short-time use for analgesia in surgery, the neural therapy approach aims the long-term relief of pain and functional disorders.

There is enough good research data for the scientific and clinical evidence, indications and methods of application of the neural therapy.

The available clinical studies and case reports show effectiveness in acute and chronic pain, functional disorders, vegetative diseases and chronic inflammation.

There are different administration methods : local, segmental, regional, systemic application, as well as injections into the so called "stoerfeld" (interference field, neuromodulative trigger). The long-term effects of LA, which are useful in therapy, have been known since the discovery of LA in 1884 by Sigmund Freud and Carl Koller. Local anesthetics have been used for therapy for over 120 years, which suggests that this therapy may be important, effective and efficient.

There are multiple interrelationships between neural therapy and acupuncture. Both are minimally invasive, both have knowledge of distant phenomena, and both have few side effects. They are both forms of regulatory therapy and aim to influence the whole organism by following a holistic approach.

The neural therapy is an excellent tool for the treatment of non responders in the acupuncture through the elimination of different neuromodulative trigger in the body, including scars, which can block the Qi flood and the effect of acupuncture.

NEURALTHERAPIE WISSENSCHAFTLICHE EVIDENZ 2019

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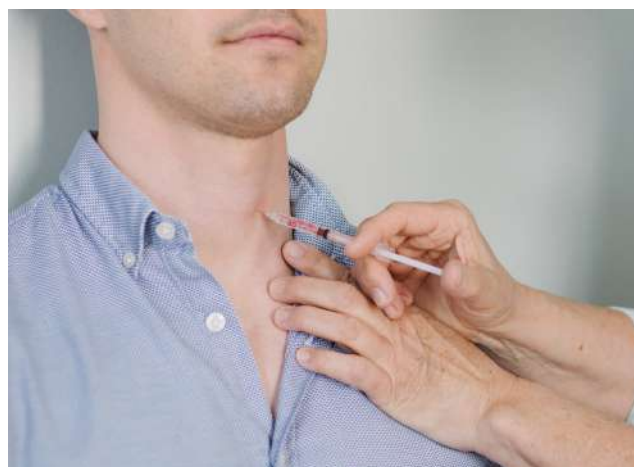
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