



ÖGA Österreichische Gesellschaft für  
**AKUPUNKTUR**



**ICMART**

## **ICMART 2013**

**International Medical Congress**

and

5<sup>th</sup> International Johannes Bischko Symposium

**Medical Acupuncture and  
related techniques**

**Therapeutic options during  
2<sup>nd</sup> half of life**

**ICMART 2013**

**Christmas in Vienna**

**Main program**



**Nov. 29<sup>th</sup> - Dec. 1<sup>st</sup>**  
**Billrothhaus**  
**Vienna, Austria**



**30 years**

International Council of Medical Acupuncture and Related Techniques

**60 years**

ÖGA / AAS Austrian Acupuncture Society

**Registration**

**[www.bit.ly/icmart2013](http://www.bit.ly/icmart2013)**



**NEWS and INFO**

**[www.ICMART.org](http://www.ICMART.org)**

**[www.akupunktur.at](http://www.akupunktur.at)**



## ICMART

*International Council of Medical Acupuncture and Related Techniques*

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### Greeting Address

**ICMART Congress Vienna**

**29<sup>th</sup> November – 1<sup>st</sup> December 2013**



Medical Acupuncture has made impressive inroads during the last decades. By energizing and challenging the traditions of conventional western medicine, Medical Acupuncture is now used by many physicians and requested by many patients. Medical Acupuncture is in the forefront of developing the new model of integrative medicine.

ICMART, the International Council of Medical Acupuncture and Related Techniques, is the premier worldwide spokes-organization for Medical Acupuncture. ICMART has played a special role in this process of integration. Over many years, the ICMART congresses have created a platform of dialogue and exchange in numerous important areas, including education, clinical practice and research.

All of us have been working actively on this process which is evidenced and documented by the history of ICMART. Beginning in 1983, with a group of dedicated pioneers, ICMART has developed into an international umbrella organization which now includes about 90 medical acupuncture associations worldwide.

During the last decade, ICMART has increased its prominence within the framework of CAM at the EU level. ICMART was an active partner in the successful Brussels CAM Conference in October 2012 and served as a member of the Advisory Board of the EU 7<sup>th</sup> Frame Work Research Program, CAMbrella. The contribution of Medical Acupuncture to European public health has been vital. Its prominence is closely related to the current main issues of EU health policy. These include prevention, healthy aging, chronic disease management and mental health, among others. The theme of the upcoming ICMART Congress 2013 in Vienna, 'Medical Acupuncture and related techniques, therapeutic possibilities during the second half of life' is closely connected to the problems modern societies are facing internationally and specifically to EU health policy topics.

The Austrian organizers of this congress, in cooperation with the ICMART Board and the ICMART Scientific Chapter, are preparing an interesting and informative program with clinical as well as scientific lectures, important speakers, workshops and posters – all focused on the aims and goals of Medical Acupuncture and related techniques as it refers to the 2<sup>nd</sup> half of life.

The beauty and the cultural importance of Vienna will surround the conference. Everybody will be invited to share the joyous and exciting pre-Christmas atmosphere, which will delight participants and their accompanying friends. There is no better place to meet old and new acquaintances, to exchange ideas and reinforce our commitment to our common international goals of Medical Acupuncture.

Welcome in Vienna 2013.

Prof.h.c. Walburg Marić-Oehler, MD

*General Secretary of ICMART International Council of Medical Acupuncture and Related Techniques  
Honorary President of DAEGfA German Medical Acupuncture Association*

[www.icmart.org](http://www.icmart.org)

[www.bit.ly/icmart2013](http://www.bit.ly/icmart2013)

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#### Society Headquarter

Louisenstrasse 15-17 / Loewengasse 1, 61348 Bad Homburg / Germany

#### Contact

Walburg Marić-Oehler MD / ICMART General Secretary

tel +49 6172 21038 / fax +49 6172 299800

[marie-oehler.icmart@t-online.de](mailto:marie-oehler.icmart@t-online.de) / [www.ICMART.org](http://www.ICMART.org)

Nov. 29<sup>th</sup> - Dec. 1<sup>st</sup>  
Billrothhaus, Vienna, Austria

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Dear Colleagues, dear Friends,

The acupuncture congress of ICMART will take place end of November 2013 in Vienna.

The congress venue is something very special. You can also enjoy the famous atmosphere of “Christmas in Vienna“.

Let it be a surprise for you and your companion.

Additional to this congress we will celebrate

- **30 years of ICMART** founded in 1983 in Vienna and
- **60 years of Austrian Acupuncture Society**

The title of the Congress ‘Therapy and Possibilities of Diagnoses during the 2<sup>nd</sup> Half of Life’ is promising very interesting lectures and workshops.

I gladly invite you all to this event and hope to see you in Vienna in 2013.

With best regards from Vienna



Prof. Dr. med. Helmut Nissel, MD  
*Chairman ICMART 2013*  
*President of the Austrian Acupuncture Society ÖGA*

## Registration fees:

REGISTRATION	Early (before August 30, 2013)	Late (after August 30, 2013)
Delegates	€ 450	€ 530
Members of Austrian Acupuncture Society	€ 390	€ 450
Medical Students	€ 250	
Onsite Registration	€ 550	

SOCIALS	
Galadiner per Person	€ 90
Welcome Cocktail (registration necessary)	included

## Registration fees include:

- Admission to all scientific sessions
- Congress program
- Opening and closing Ceremony and Welcome cocktail
- Refreshments and coffee breaks during official Congress breaks
- Access to the Congress exhibition

## Congress venue:

Gesellschaft der Ärzte – Billrothhouse, Frankgasse 8, 1090 Vienna

Registration: [www.bit.ly/icmart2013](http://www.bit.ly/icmart2013)

## Registration & Accommodation:

**AUSTROPA**  
INTERCONVENTION  
Austropa Interconvention  
Verkehrsbüro Kongress Management GmbH  
Mrs. Daniela Filzwieser  
Lassallestraße 3, 1020 Vienna  
Phone: +43 (0) 1 588 00-513  
Fax: +43 (0) 1 588 00-520  
E-Mail: [icmart2013@interconvention.at](mailto:icmart2013@interconvention.at)

## Exhibition Management and Sponsorship:

# MAW

MAW – Medizinische Ausstellungs- und Werbegesellschaft  
International Exhibitions & Advertising  
Mrs. Marielle Wenning  
Freyung 6/3/3, 1010 Vienna, Austria  
Phone: +43 (0) 1 536 63-85  
Fax: +43 (0) 1 536 60 16  
E-Mail: [maw@media.co.at](mailto:maw@media.co.at)

**Organization Committees – Vienna 2013**  
**ICMART Board**

<b>President:</b>	Helena Pinto Ferreira (Portugal)
<b>Immediate Past President:</b>	Chin Chan (Australia)
<b>Honorary President:</b>	François Beyens (Belgium)
<b>General Secretary:</b>	Walburg Marić-Oehler (Germany)
<b>Vice Presidents:</b>	Konstantina Theodoratou (Greece)
	Marshall Sager (USA)
	Mehmet Abut (Turkey)
<b>Treasurer:</b>	Petja Piehler (Austria)
<b>Directors-at-large:</b>	Mike Cummings (UK)
	Michael Hammes (Germany)
	Helmut Liertzner (Austria)
	Hedi Luxenburger (Germany)
	Nickolay A. Nickolaev (Latvia)
	Patrick Sautreuil (France)
	Chun-Lee Oei-Tan (Netherlands)
<b>Education Chapter:</b>	Marshall Sager (USA)
	Michael Hammes (Germany)
<b>European Chapter:</b>	Walburg Marić-Oehler (Germany)
	Hedi Luxenburger (Germany)
	Isabel Giralt (Spain)

**Congress Presidents:**

<b>ÖGA President:</b>	Helmut Nissel (Austria)
<b>ICMART President:</b>	Helena Pinto Ferreira (Portugal)

**Organizing Committee:**

<b>ÖGA Chairman:</b>	Helmut Nissel (Austria)
<b>ICMART Chairlady:</b>	Walburg Marić-Oehler (Germany)
<b>Co-Chairmen:</b>	Helmut Liertzner (Austria)
	Francois Beyens (Belgium)

**Local Scientific Committee:**

Helmut Nissel, Helmut Liertzner, Karin Stockert

**International and ICMART Scientific Committee:**

Almeida Armando	Piquemal Marc
Banzer Winfried	Pinto Ferreira Helena
Cummings Mike	Theodoratou Konstantina
Dantas Flavio	Usichenko Taras
Hammes Michael	Vas Jorge
Irnich Dominik	Vasilakos Dimitros
Joao Bosco Ferreeo	Weinschenk Stefan
Lundeberg Thomas	White Adrian

### **Congress Scientific Committee**

Abut Mehmet	Nickolaev Nickolay
Ceccherelli Francesco	Niemtzov Richard
Fossion Jean Pierre	Ortner Wolfgang
Gleditsch Jochen	Sautreuil Patrick
Liertzer Helmut	Saputra Koosnadi
Martin Francesc Miguell	

### **International Honorary ICMART Committee**

Alfredas Marushka	Mouglalis Yves
Aung Steven	Nickolaev Nickolay
Bangha Ondrej	Oei Tan Chun Lee
Ceccherelli Francesco	Omura Yoshiaki
Fildan Ladislav	Ortner Wolfgang
Filshie Jaqueline	Papathanasiou Gerasimos
Frank Bryan	Pohodenko-Chudakova I.
Fossion Jean Pierre	Reljanovic Krunoslav
Garcia i Janeras Albert	Rosted Palle
Giralt Isabel	Schwanitz Regina
Hegy Gabriella	Shimizu Noriko
Iliev Emil	Solomonidou Tatjana
Irnich Dominik	Sponzilli Osvaldo
Jovanovic Ignjatic Zlata	Stör Wolfram
Junnila Seppo	Sukarto
Karanikiotes Charisios	Tanigawa Ruy
Laegaard Elsebeth	Vassilakos Dimitros
Lilleberg Malle	Vinandy Guy
Machtelinckx Vera	Wander Rainer
Martin Francesc Minguell	Ximenes Rey
Mezei Joseph	YamamotoT.
Moldovan Cornel	Zaliunas Remigijus
Montt Hector Marino	

### **International Poster Jury**

Mike Cummings	ICMART, BMAS
Thomas Ots	DZA, DAEGFA, ÖWÄA
Karin Stockert	ÖGA

## Friday, November 29<sup>th</sup>, 2013

11:00

**Registration**

### ROOM A

13:00 – 14:45

#### **Workshop**

**GLEDITSCH J.**

Specific options for microsystem acupuncture –  
the benefit of Very-Point-Techniques

### MAIN HALL

15:00 – 16:20

#### **Menopause, Silent Inflammation**

**Chair: Borud E., Wolkenstein E.**

15:00 – 15:20

**BORUD E.**

The Acupuncture on hot flushes among menopausal women (ACU-FLASH) study, a randomized controlled trial (including observational follow-up results at 6 and 12 months)

15:20 – 15:35

**STOCKENHUBER D.**

TCM for treating menopausal hot flushes: state of the art

15:35 – 15:50

**YUN Younghee**

Effect of Facial Cosmetic Acupuncture on Facial Elasticity:  
An Open-Label

15:50 – 16:05

**WOLKENSTEIN E.**

How can TCM promote anti-aging?

16:05 – 16:30

**PAPATHANASIOU G.**

The importance of the concept of “silent inflammation”

16:30 – 16:45

**PIEHLER P.**

The role of inflammation in modern medicine and treatment  
with neural therapy

### ROOM A

15:00 – 16:45

#### **Workshop**

**IRNICH D.**

Triggerpoint Acupuncture (dry Needling)

### MAIN HALL

17:00

#### **Opening Ceremony**

**H. Pinto-Ferreira**

**H. Liertzer**

**F. Beyens**

**W. Maric-Oehler**

**H. Nissel**

Opening, Welcome Address, Music Reception

18:30

#### **Get together at the buffet**

20:00

End of the day

8:15 To wake up: Taiji/Qigong early bird with M. Bijak

## MAIN HALL

### 9:00 – 11:00 Study design

Chair: Witt C., Stockert K.

9:00 – 9:20

**GLAZOV G.**

Low dose laser acupuncture for non-specific chronic low back pain – a randomized controlled trial  
What factors affect the non-specific response in an acupuncture intervention

9:20 – 9:40

**WITT C.**

Comparative Effectiveness Research – Contributions from acupuncture studies and future implications

9:40 – 9:55

**OTS Th.**

Meridian Model of TCM outdated – Meta-Analysis of sham-controlled RCT acupuncture studies

9:55 – 10:10

**IRNICH D.**

The meaning of words in acupuncture – there is a point of no return

10:10 – 10:25

**BÄUMLER P.**

The homo- and heterosegmental effects of acupuncture assessed by Quantitative Sensory Testing – a randomized controlled trial

10:25 – 10:40

**WEINSCHENK Th.**

Effects of therapy with local anaesthetics (neural therapy) – an international prospective multi-center study

10:40 – 10:55

**FLECKENSTEIN J.**

Acuraid: an open access acupuncture research and indication database

11:00 – 11:30

**Coffee break**

### 11:30 – 13:00 Cancer

Chair: Ludwig H., Cummings M.

11:30 – 11:45

**LUDWIG H.**

Advanced sights of modern oncology

11:45 – 12:00

**FRIEDL F.**

Integration of Western Medical Oncology and TCM

12:00 – 12:15

**HUMMELSBERGER J.**

Role of Chinese Medicine in Integrative Oncology – a new approach

12:15 – 12:30

**CUMMINGS M., FILSHIE J.**

The Use of Needling and Self-Needling for Treatment of Vasomotor Symptoms in Patients with Breast Cancer and Fatigue after Chemotherapy

12:30 – 12:45

**JEANNIN Ph.**

Foot leg syndrome for cancer patients and acupuncture

## ROOM A

9:00 – 10:45

### Workshops: Tibetan medicine

**MARIC S.**

The practice of Tibetan medicine in a modern context

11:00 – 12:45

**SCHWABL H.**

Tibetan Formulas as Network Medicines

**13:00 – 14:00**

**ICMART Extraordinary General Assembly**

## ROOM B

9:00 – 13:00

### Poster session I

**(11:00 – 11:30 oral poster presentations)**

## ROOM C

9:00 – 10:45

### Workshops

**CHIN C.**

Neurophysiology for Dummies

11:00 – 12:45

**MOSCH-KANG Y.S.**

50 + Wellbeing for Senior Citizens with Korean Hand Acupuncture

**13:00 – 14:00**

**Lunch break**

## MAIN HALL

**14:00 – 18:00**

### Neurology

**Chair: Nissel H., Schmidbauer M.**

14:00 – 14:15

**SCHMIDBAUER M.**

Plasticity of the brain, chance of rehabilitation

14:15 – 14:30

**KARAVIS M.**

Rehabilitation-dependent neuronal plasticity in post-stroke patients.  
The use of acupuncture in a rehabilitation unit in Athens (The Filoktitis Research Project)

14:30 – 14:45

**SAUTREUIL P.**

Painful multiple Sclerosis, Neuroacupuncture stance and gait

14:45 – 15:00

**FOSSION J.P.**

Are Zang Fu indications of an acupoint only two synapses away from is cutaneous receptive field?

15:00 – 15:15

**KOSTNER B.**

A review of neuroprotective phytochemicals from traditional Japanese medicine

15:15 – 15:30

**DIMITRIADIS G.**

Case reports and Neural therapy from an neurological outpatient service

**15:30 – 16:00**

**Coffee break**

**Chair: Irnich D., Hammes M.**

16:00 – 16:15

**THEODORATOU K.**

An fMRI Study prior and post acupuncture treatment during the first 24 hours of smoking cessation

16:15 – 16:30

**RAITH W.**

Laseracupuncture in neonates with neonatal abstinence syndrome (NAS) due to maternal substitution therapy: first result of a randomized control trial.

## Saturday, November 30<sup>th</sup>, 2013

- 16:30 – 16:45 **CHIN C.**  
Post Herpetic Neuralgia managed with high Frequency Electro-acupuncture
- 16:45 – 17:00 **SERRAT K.**  
Synergies in related techniques – a case report of posttraumatic amputee
- 17:00 – 17:15 **NEPP J.**  
The effect of acupuncture on vegetative dysfunctions
- 17:15 – 17:30 **HAMMES M.**  
Management of psychosomatic disorders – from historic perspectives to the present situation in mainland China
- 17:30 – 18:00 **Round table (Hammes et al)**

### ROOM A Free papers

Chair: Bijak M., Kostner B.

- 14:00 – 14:20 **FOSSION R.**  
Is acupuncture quantifiable by heart rate variability (HRV)?  
A systematic review in patients with chronic pain
- 14:20 – 14:40 **MOREIRA A. (+ Video)**  
Hemithyroidectomy performed with acupuncture anesthesia:  
a case report
- 14:40 – 14:55 **LEE D.**  
Short Term Gain, Long Term Benefit
- 14:55 – 15:10 **WERNICKE Th.**  
Pediatric Acupuncture in Geriatrics – Is that possible?  
Treatment of Old Patients with Shōnishin
- 15:10 – 15:30 **CHANG Y.H.**  
History and Development of Acupuncture boom
- 15:30 – 15:45 **HEGYI G.**  
Cancer and TCM in synergy
- 15:45 – 16:00 **Coffee break**
- 16:00 – 19:00 **Workshop**  
**WITT C.**  
Appraisal and Design of effectiveness studies on acupuncture

### ROOM B Poster session II

- 14:00 – 18:00 **(15:30 – 16:00 oral poster presentations)**

## ROOM C Free papers

Chair: **Usichenko T., Chang Y.H.**

14:00 – 14:15

**KESPI J.M.**

The GV 5, from the traditional to clinical practice

14:15 – 14:30

**HARRES S.**

Effectiveness of Acupuncture as Adjunctive Therapy in Assisted Reproductive Fertilization (In Vitro Fertilization – IVF)

14:30 – 14:45

**MEISSNER F.**

Identification and therapy of areas of distortion and regulation blockades in the bodys information field (human body field)

14:45 – 15:00

**USICHENKO T.**

Verum and sham acupuncture exert distinct cerebral activation in pain processing areas: a crossover fMRI investigation in healthy volunteers.

15:00 – 15:15

**NEPP J.**

Psychotherapeutic effects of acupuncture in blepharospasm

15:15 – 15:30

**DORFER L.**

The Boels Eye-Acupuncture

15:30 – 16:00

**Coffee break**

16:00 – 17:30

## Session: Young Scientists

Chair: **Pinto-Ferreira H., Fleckenstein J.**

16:00 – 16:15

**KRAMER S.**

Development of an acupuncture treatment protocol for a clinical trial in palliative care

16:15 – 16:30

**KLAUSENITZ C.**

Auricular acupuncture reduces pre-exam anxiety in medical students – a randomized controlled trial

16:30 – 16:45

**WILKE J.**

Effects of acupuncture on symptoms and muscle function in delayed-onset muscle soreness

16:45 – 17:00

**ANDERS E.**

Development on the child needle sensation

17:00 – 17:15

**WILKE J.**

Short-term effects of acupuncture and stretching on myofascial trigger point pain of the neck: a double-blind, placebo-controlled RCT

17:15 – 17:30

Discussion

20:00

Galadiner

8:15 To wake up: Taiji/Qigong early bird with M. Bijak

## MAIN HALL

9:00 – 10:00

### Insomnia

Chair: Saletu-Zyhlarz G., Engelhardt U.

9:00 – 9:15

**STOCKERT K.**

Acupuncture and Chinese Herbal Medicine in Insomnia: an overview of published data

9:15 – 9:30

**SALETU-ZYHLARZ G.**

Placebo-controlled polysomnographic studies on the acute effect of acupuncture in primary insomnia with 10-week open follow-up.

9:30 – 9:45

**SALETU B.**

EEG mapping and psychometric investigations on the acute and chronic effects of acupuncture in primary insomnia: evidence for an improvement of vigilance, thymopsyche and noopsyche

9:45 – 10:00

**ENGELHARDT U.**

Sleeping while being awake – Qigong as an additional therapy for insomnia

10:00 – 10:30

**Coffee break**

10:30 – 12:00

### Arthritis – Arthrosis

Chair: Liertzer H., Frank B.

10:30 – 10:45

**SIEDENTOPP U.**

Integrative Nutrition in Arthrosis, Arthritis and Osteoporosis – combining western and Chinese nutritional treatment

10:45 – 11:00

**MURAKOZY H.**

DE AUREA AETATE – Medical Acupuncture as a Part of multimodal Therapeutic options in Rheumatology during the 2<sup>nd</sup> half of life

11:00 – 11:15

**ALUANI P.**

Arthrosis and Pain Syndroms – Treatment with integrative acupuncture and low level Lasertherapy

11:15 – 11:30

**ELENKOVA S.**

Pharmaacupuncture with injectable collagen – another treatment option for chronic low back pain

11:30 – 11:45

**KUBIENA G.**

Our common spices in TCM treatment of arthritis and arthrosis

11:45 – 12:00

**TILSCHER H.**

The scapulocostale Syndrom – Analysis of a maximum point in the area of the acupuncture point Bladder 44

12:00 – 12:15

**FRANK B.**

Acupuncture related techniques for cellular and functional restoration

12:15 – 12:30

**BEYENS F.**

Why and how to simplify the acupuncture treatment for functional disorders

Sunday, December 1<sup>st</sup>, 2013

## ROOM A

9:00 – 10:45

### Workshops

**OTS Th.**

The end of the meridian-model in Chinese acupuncture?

11:00 – 12:45

**MARIC-OEHLER W., SIEDENTOPP U.**

Food Mood

## ROOM B

9:00 – 12:00

### Poster session III

(10:00 – 10:30 oral poster presentations)

## ROOM C

9:00 – 10:30

### Workshops: Obesity

**YOO J.**

Personalized medicine in obesity treatment: therapeutic acupuncture techniques

10:30 – 12:00

**BANGRAZI S.**

TCM Etiopathogenesis of obesity and trials. How to restore the balance of Yuanqi, Weiqi, Spleen-Kidney

## MAIN HALL

13:00

### Closing session

Prize for best poster

J. Bischko Prize

Prize Young Scientists sponsored by 3B Scientific



**Austrian Acupuncture Society and  
Johannes Bischko Acupuncture Institute**  
Center of Neurology Rosenhügel-Hospital  
Riedelgasse 5  
1130 Vienna, Austria  
Phone: +43 (0) 676 510 01 01  
E-Mail: [manfred.richart@wienkav.at](mailto:manfred.richart@wienkav.at)  
Web: [www.akupunktur.at](http://www.akupunktur.at)

### Congress Venue:

Gesellschaft der Ärzte – Billrothhouse,  
Frankgasse 8, 1090 Vienna, Austria

In cooperation with



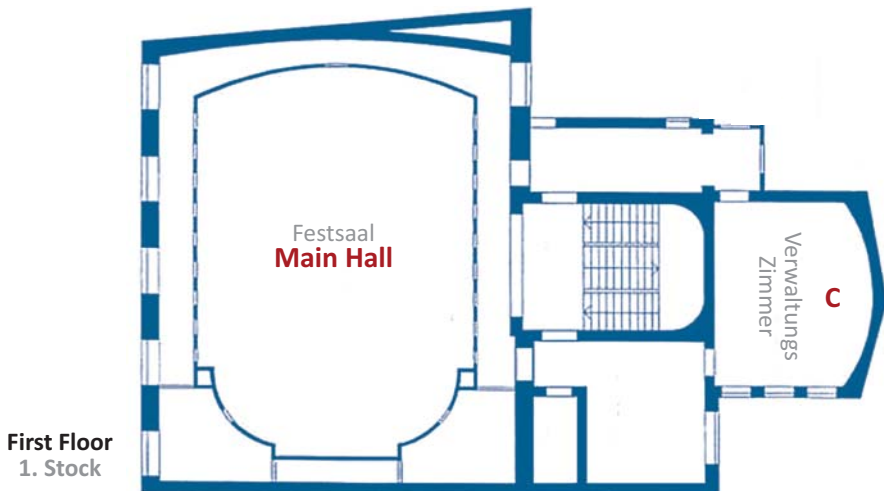
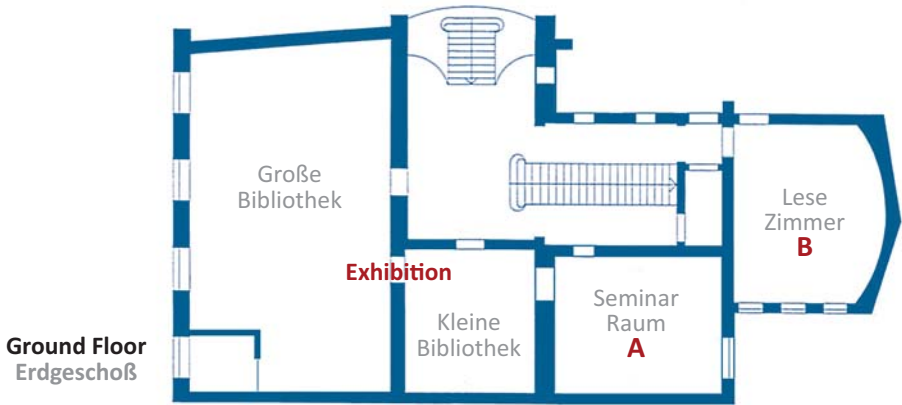
## Lecturer in alphabetical order

**ALUANI Peter**, Austria, ordination@aluani.at  
**ANDERS Eric**, Germany, Eric.Anders@uniklinikum-dresden.de  
**BANGRAZI S.**, Italy, istpar@tin.it  
**BÄUMLER Petra I.**, Germany, Petra.Baeumler@med.uni-muenchen.de  
**BEYENS Baron François**, Belgium, secretariat.abma.bvga@skynet.be  
**BORUD Einar Kristian**, Norway, einar.borud@uit.no  
**CHAN Chin, Australia**, cc@cchan.com.au  
**CHANG Yung-Hsien**, Taiwan, dr.yhchang@gmail.com  
**CUMMINGS Mike**, United Kingdom, mike.cummings@btopenworld.com  
**DIMITRIADIS Georg**, Austria, dimi.neurodoc@aon.at  
**DORFER Leopold**, Austria, dorfer@akupunkturzentrum.at  
**ELENKOVA Silvia**, Bulgaria, dr.elenkova@abv.bg  
**ENGELHARDT Ute**, Germany, u.engelhardt@tcm.edu  
**FLECKENSTEIN Johannes**, Switzerland, johannes.fleckenstein@kikom.unibe.ch  
**FRANK Bryan L.**, USA, BFrankMD@hotmail.com  
**FRIEDL Fritz**, Germany, friedl@klinik-silima.de  
**FOSSION Jean Pierre J.**, France, fossion5@netscape.net  
**FOSSION Ruben, Mexico**, ruben.fossion@gmail.com  
**GLEDITSCH Jochen**, Austria  
**GLAZOV Gregory**, Australia, glazovfam@optusnet.com.au  
**HAMMES M.**, Germany, daegfa.hammes@t-online.de  
**HARRES Silvio**, Brazil, silviosh@terra.com.br  
**HEGYI Gabriella**, Hungary, drhegyi@hu.inter.net  
**HUMMELSBERGER Josef**, Germany, praxis@hummelsberger.net  
**IRNICH Dominik, Germany**, dominik.irnich@med.uni-muenchen.de  
**JEANNIN Philippe, France**, p-jeannin@p-jeannin.net  
**KOSTNER Bernd**, Austria, kostner@gmx.at  
**KARAVIS M, Greece**, info@karavis.gr  
**KESPI J.M., France**, jm.kespi@gmail.com  
**KRAMER Sybille**, Germany, Sybille.Kramer@med.uni-muenchen.de  
**KUBIENA Gertrude**, Austria, gertrude@kubiena.at

## Lecturer in alphabetical order

**LEE David Robert**, Australia, leedrk@bigpond.net.au  
**LUDWIG H.**, Austria, heinz.ludwig@wienkav.at  
**MARIC Sonja**, Germany, sonjamalic@gmail.com  
**MARIC-OEHLER Walburg**, Germany, maric-oehler.daegfa@t-online.de  
**MEISSNER Folker**, Germany, dr-meissner@neshealth.com  
**MOSCH-KANG Y.S.**, Austria, mudokwan@inode.at  
**MOREIRA Ana P., SILVA João Bosco G.**, Brazil, jbguerreiro@gmail.com  
**MURAKOZY Henriette**, Germany, drmurakozy\_henriette@yahoo.de  
**NEPP Johannes**, Austria, Johannes.nepp@meduniwien.ac.at  
**OTS Thomas**, Austria, ots@daegfa.at  
**PAPATHANASIOU G.**, Greece, neuralththerapy.info@gmail.com  
**PIEHLER Petja**, Germany, Petja.Piebler@ro-med.de  
**RAITH Wolfgang**, Austria, wolfgang.raith@klinikum-graz.at  
**SALETU-ZYHLARZ Gerda, SALETU Bernd**, Austria, bernd.saletu@meduniwien.ac.at  
**SAUTREUIL P.**, France, patrick2sautreuil@gmail.com  
**SERRAT Karin**, Austria, botox0208@gmail.com  
**SIEDENTOPP Uwe**, Germany, drsied@gmx.de  
**SCHMIDBAUER Manfred**, Austria, manfred.schmidbauer@wienkav.at  
**SCHWABL Herbert**, Switzerland, info@ostwestmedizin.de  
**STOCKERT Karin**, Austria, karin.stockert@gmx.at  
**STOCKENHUBER Daniela**, Austria, daniela.stockenhuber@wienkav.at  
**THEODORATOU Konstantina**, Greece, info@theodoratou.gr  
**TILSCHER Hans**, Austria, hans.tilscher@extern.wienkav.at  
**WEINSCHENK Stefan**, Germany, stefan.weinschenk@biogyn.de  
**WERNICKE Thomas**, Germany, tw.therapeuticum@gmail.com  
**WILKE Jan**, Germany, Wilke@sport.uni-frankfurt.de  
**WITT Claudia M.**, Germany, claudia.witt@charite.de  
**WOLKENSTEIN Evemarie**, Austria, Evemarie.Wolkenstein@institut  
**USICHENKO Taras**, Germany, taras@uni-greifswald.de  
**YUN Younghee**, Korea, allergycosmetic@khnmc.or.kr  
**YOO Jeong-eun**, South Korea, korea\_dr\_yoo@naver.com

## Floor Plan



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# Abstracts Lectures and Workshops

**Friday, December 29<sup>th</sup>, 2013**

**ROOM A: Workshop**

**13:00 – 14:45**

## **SPECIFIC OPTIONS FOR MICROSYSTEM ACUPUNCTURE – THE BENEFIT OF VERY POINT TECHNIQUE**

**Jochen GLEDITSCH**, MD, Prof.h.c. (Fuzhou Ch.), spec.ENT and dentist

Combining points of various microsystems optimizes the effects of therapy. This applies to chronic pain conditions, paraplegias, vertigo, craniomandibular disorders and others.

Most beneficial results in these disorders can be achieved by using reflex points of the brain-stem and of the receptor-field of the neck, e.g. on the auricle, on the skull (YNSA), in the oral cavity and/or of the Seiner (lower-leg)-System. Analogous MAPS-points may be used simultaneously or in subsequent sessions. For precise locating the therapy points in question, it is advisable to use the Very-Point-Technique. In the workshop the choice of suitable points will be discussed and the exact point detection and insertion will be trained.

**Friday, November 29<sup>th</sup>, 2013**

**MAIN HALL: MENOPAUSE, SILENT INFLAMMATION (Lectures)**

**15:00 – 16:20**

## **THE ACUPUNCTURE ON HOT FLUSHES AMONG MENOPAUSAL WOMEN (ACUFLASH) STUDY, A RANDOMIZED CONTROLLED TRIAL (INCLUDING OBSERVATIONAL FOLLOW-UP RESULTS AT 6 AND 12 MONTHS)**

**Einar Kristian Borud**, MD, PhD, MPH, University of Tromsø, Norway

**Objective:** The multicenter, pragmatic, randomized, controlled ACUFLASH study compared the effectiveness of traditional Chinese medicine (TCM) acupuncture treatment plus self-care versus self-care alone on hot flashes and health-related quality of life in post-menopausal women.

**Methods:** The 267 participants were postmenopausal women experiencing, on average, 12.6 hot flashes per 24 h. The acupuncture group (n = 134) received 10 individualized acupuncture treatment sessions and advice on self-care; the control group (n = 133) received advice on self-care only. The study acupuncturists were free to diagnose and select acupuncture points for each participant. The participants registered the frequency and intensity (0-10 scale) of hot flashes in a diary. We assessed urine excretion of calcitonin gene-related peptide at baseline and after 12 weeks. The primary endpoint was change in mean hot flash frequency from baseline to 12 weeks. The secondary endpoint was change in health-related quality of life measured by the Women's Health Questionnaire (WHQ). The study also reported on observational follow-up results at six and 12 months, TCM syndrome diagnoses and acupuncture points used and their relation to the treatment response, and on treatment reactions and adverse events.

**Results:** At 12 weeks, hot flash frequency decreased by 5.8 per 24 hours in the acupuncture group (n = 134) and 3.7 per 24 hours in the control group (n = 133), a difference of 2.1 (P < 0.001). Hot flash intensity decreased by 3.2 units in the acupuncture group and 1.8 units in the control group, a difference of 1.4 (P < 0.001). The acupuncture group experienced statistically significant improvements in the vasomotor, sleep, and somatic symptoms dimensions of the WHQ compared with the control group. Urine calcitonin gene-related peptide excretion remained unchanged from baseline to week 12. From baseline to 6 months, the mean reduction in hot flash frequency per 24 hours was 5.3 in the acupuncture group and 5.0 in the control group, a non-significant difference of 0.3. At 12 months, the mean reduction in hot flash frequency was 6.0 in the acupuncture group and 5.8 in the control group, a non-significant difference of 0.2. Differences in quality-of-life scores were not statistically significant at 6 and 12 months. The acupuncturists diagnosed fifty per cent of the participants in the acupuncture group with Kidney Yin Xu as their primary TCM syndrome diagnosis. We found no statistically significant differences between the syndrome groups regarding the distribution of responders and non-responders, nor regarding the change in health-related quality of life scores. The acupuncturists used a core of common acupuncture points with no regard to the syndromes and in addition multiple idiosyncratic points. Core point selection and frequency of use did not differ between responders and non-responders. No serious adverse events were reported.

**Conclusions:** Acupuncture can contribute to a more rapid reduction in vasomotor symptoms and increase in health-related quality of life in postmenopausal women but probably has no long-term effects. Factors other than the TCM syndrome diagnoses and point selection may be of importance regarding the outcome of the treatment.

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## TCM FOR TREATING MENOPAUSAL HOT FLUSHES: STATE OF THE ART

STOCKENHUBER D., BIJAK M., STOCKERT K., Austrian Acupuncture Society

**Objectives:** To determine the effect of TCM for treating hot flushes of menopausal women.

**Methods:** Regarding our acupuncture outpatient service statistic it can be seen that there is an effect of acupuncture on hot flushes in menopausal women. (VA-Score before acupuncture 8,3, VA-Score after acupuncture 3,4, n = 26)

The purpose of this systematic review is to look for single or double blind sham controlled trials, showing a significant effect of acupuncture or Chinese herbal medicine on hot flushes.

**Results:** Acupuncture and Sham acupuncture – both show in different trials statistically significant improvement. In 8 out of 16 studies acupuncture is superior to Sham acupuncture. Chinese herbal formulas are superior to placebo in 6 out of 8 studies.

**Conclusion:** Acupuncture and Chinese herbal medicine are helpful in treating hot flushes. The possible therapeutic effect of Sham acupuncture makes it less useful as a placebo control.

# EFFECT OF FACIAL COSMETIC ACUPUNCTURE ON FACIAL ELASTICITY: AN OPEN-LABEL, SINGLE-ARM PILOT STUDY

Younghee YUN,<sup>1</sup> Sehyun Kim,<sup>2</sup> Minhee Kim,<sup>1</sup> KyuSeok Kim,<sup>1</sup> Jeong-Su Park,<sup>3,4</sup> and Inhwa Choi<sup>1</sup>

Younghee Yun, KMD/PhD candidate, is a clinical fellow at Allergic/Derma Cosmetic Clinic, Kyung Hee University Hospital at Gangdong, and also an Adjunctive Professor at Department of Dermatology of Korean Medicine, Kyung Hee University, Seoul, Republic of Korea.

1. Department of Dermatology of Korean Medicine, College of Korean Medicine, Kyung Hee University, Seoul, Republic of Korea
2. Graduate School of East-West Medical Science, Kyung Hee University, Yonginsi, Republic of Korea
3. Kyung Hee Center for Clinical Research and Drug Development, Kyung Hee University, Seoul, Republic of Korea
4. Department of Preventive Medicine, College of Korean Medicine, Kyung Hee University Graduate School, Seoul, Republic of Korea

**Purpose:** The use of acupuncture for cosmetic purposes has gained popularity worldwide. Facial cosmetic acupuncture (FCA) is applied to the head, face, and neck. However, little evidence supports the efficacy and safety of FCA. We hypothesized that FCA affects facial elasticity by restoring resting mimetic muscle tone through the insertion of needles into the muscles of the head, face, and neck. **Methods and Participants:** This open-label, single-arm pilot study was implemented at Kyung Hee University Hospital in Gangdong from August through September 2011. Participants were women aged 40 to 59 years with a Glogau photoaging scale III. Participants received five treatment sessions over three weeks. Participants were measured before and after FCA. The primary outcome was the Moire topography criteria. The secondary outcome was a patient-oriented self-assessment scale of facial elasticity.

**Results:** Among 50 women screened, 28 were eligible and 27 completed the five FCA treatment sessions. A significant improvement after FCA treatment was evident according to mean change in Moire topography criteria (from  $1.70 \pm 0.724$  to  $2.26 \pm 1.059$ ,  $P < 0.0001$ ). The most common adverse event was mild bruising at the needle site.

**Conclusions:** In this pilot study, FCA showed promising results as a therapy for facial elasticity. However, further large-scale trials with a controlled design and objective measurements are needed.

**Acknowledgments:** This study was supported by a grant from the Traditional Korean Medicine R&D Project, Ministry of Health & Welfare, Republic of Korea (B120014).

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## HOW CAN TCM PROMOTE ANTI-AGING?

E.WOLKENSTEIN, M.D., Austrian Acupuncture Society

Recent scientific studies have advanced the notion of chronic inflammation as a major risk factor underlying aging and age-related diseases. A pool of data strongly suggest that chronic dysregulation of pro-inflammatory mediators (e.g., TNF- $\alpha$ , IL-1 $\beta$ , IL-6, COX-2, iNOS) are induced during the aging process due to an age-related redox imbalance that activates many pro-inflammatory signaling pathways.

Further, the anti-inflammatory actions of aging-retarding caloric restriction and exercise are reviewed. This new view on the role of molecular inflammation as a mechanism of aging and age-related pathogenesis can provide insights into potential interventions especially with the ideas of TCM.

As the “Huang Di Nei Jing” states, the Yang Ming is full of Qi and blood, it is also endangered to generate heat due to improper life style and processed food . Heat toxins attack blood and the heart as well as the kidney and spleen. The treasure of Chinese herbal medicine that clear heat and remove toxins should be presented as well as yin tonifying herbs.

Acupuncture and its influence on oxidative stress and emotional balance as stress prevention should be discussed.

Nutritional advices pointing on the antioxidant capacity of vegetables avoiding cellular senescence should be given.

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## THE IMPORTANCE OF THE CONCEPT OF “SILENT INFLAMMATION”

**PAPATHANASIOU G.**, Athens, Greece

A human being is an open, living adaptive system which serves two objectives: First adaptation to the environment and of course survival. Fundamental to this issue is the concept of regulation which includes all necessary mechanisms to serve these objectives. Every organism must maintain through regulative processes a complex dynamic equilibrium, or homeostasis, which is constantly challenged by physical, chemical, or biological adversed agents termed stressors. Interference Fields represent potent stressors which are able, depending on the conditions, to disrupt homeostasis. More precisely interference fields may force the organism to shift to an allostatic state which reflects a response pattern in which the regulatory systems are overactive, dysregulated or both. If this situation persists pathophysiological changes and symptoms are evident. Stress is the reaction of the organism to stressors (interference fields!). The stress response is mediated by the stress system which is partly located in the CNS and partly in peripheral organs. The central components of the stress system are found in the hypothalamus and the brain stem whereas the pe-ripheral components include the peripheral limbs of hypothalamic-pituitary-adrenal (HPA) axis and the efferent sympathetic adrenomedullary system. Current research indicates that chronic stress activates processes in nervous, endocrine and immune domains. These three systems operate in an interdependent and integrated manner rather than as separated regulative systems by using a common language which consists of many chemical substances such as peptides, neurotransmitters, endocannabinoids , cytokines and other mediators. On the other hand interference fields are closely linked to the concept of chronic inflammation which in turn irritates the autonomic nervous system and inevitably the endocrine and immune system. Chronic inflammation and more precisely chronic silent inflammation (low grade inflammation, parainflammation) seems to be the common denominator of all interference fields irrespective of the nature of the stressor which transformed part of a certain tissue to an interference field. Silent inflammation shows by definition none of the five classical signs of inflammation (redness, swelling, heat, pain, im-paired function). It is a special form and modality of inflammation which is governed by different mechanisms of induction, regulation and resolution. It is today of paramount importance because it accompanies diseases such as type2 diabetes, athero-sclerosis, asthma, neurodegeneration and cancer. It is a response which takes place whenever tissue stress or malfunction is detected. The nature and degree of tissue malfunction decide if the inflammatory response is detectable using common bi-omarkers. Usually the stressors that cause parainflammation are of much lower magnitude than the classic inflammatory responses induced by infection or injury. It is also very

interesting to note that certain proinflammatory cytokines produced in the periphery by inflammatory states may trigger the whole stress system. Therefore interference fields per se may function as potent stimulators of the stress system. It is also possible to assume that every interference field possesses its own inflammatory profile which is different from patient to patient and probably even within the same patient in the course of time. Furthermore inflammation integrates highly conserved diverse mechanisms which serve embryogenesis, tissue remodeling and repair as well as aging. If a certain tissue must be repaired after an injury or infection must undergo involution or dedifferentiation just like the initial phases of embryonic development. That is possibly another reason why the information of low grade inflammation lies deep in cell memory. We should note however that the inflammatory response is the most primitive of our protective mechanisms. It is also similar to the stress response evoked by psychosocial stressors. This coupling has obvious survival advantage for an animal engaged in combat since an inflammatory response would help deal with any infectious organisms invasion during combat. The immune response evolved therefore from the inflammatory system and is closely linked to the stress response. That means that psychosocial stress (also psychic scars) may produce or aggravate inflammatory states in the periphery. This may offer an explanation for cases where psychosocial stress acts like a second blow according to Speransky. It simply raises the inflammatory profile beyond the limit of the regulatory capacities of the organism. Finally increasing amount of data suggests that inflammatory responses in the periphery may have an important role in the pathophysiology of depression. The neuraltherapeutic interventions in the periphery diminish the inflammatory load through the anti-inflammatory effects of the local anesthetics and in this way may also contribute to the treatment of certain mood disorders.

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## THE ROLE OF INFLAMMATION IN THE MODERN MEDICINE AND TREATMENT WITH NEURAL THERAPY

**Dr. med. Dr. med. univ. Petja PIEHLER**, senior consultant internal medicine Hospital Wasserburg am Inn, Germany, ÖNR

Neural therapy develops more and more to be an important partner in the integrative medicine, in the treatment of acute and chronic pain and in the complementary oncology. The method can be applied with good success both preventive and secondary. New research about the antiinflammatory effect of local anaesthetics builds the ground for further development in this area because most of the common diseases have an inflammatory background.

The different fields for use of neural therapy are shown:

Excellent possibility for treatment of pain

Matrix reset through treatment of the fields of disturbance

Improvement of the regulative ability of the body

Reduction of side effects of the anticancer therapy

Symptom control

Reducing the sympathotonus which correlates with immunological depression

Different possibilities for local and systemic use of local anaesthetics in modern medicine will be discussed

Friday, November 29<sup>th</sup>, 2013

ROOM A: Workshop

15:00 – 16:45

## TRIGGER POINT ACUPUNCTURE (DRY NEEDLING)

**Priv.-Doz. Dr. med. Dominik IRNICH**, Head of the Multidisciplinary Pain Centre, Department of Anesthesiology, University of Munich, Pettenkofenstr. 8A, 80336 München, Germany, Phone: ++49 (0) 89 5160 7508, Fax: ++49 (0) 89 5160 7507, e-mail: dominik.irnich@med.uni-muenchen.de

Pain and limited function of the locomotor system are one of the most common reasons for consulting a doctor or therapist. The muscle has a key position in this, because of its anatomical and functional properties. The importance of the muscles is frequently underestimated in practice, however, although muscular dysbalance, muscle tension and painful disorders of muscle function play a large part in both acute and chronic locomotor system symptoms, according to current knowledge. The clinical correlate is the myofascial trigger point (mTrP).

Dry needling is a functional anatomical loco regional needling technique for the treatment of myofascial symptoms. The aim of needling is to find the exact site of the mTrP and cause a local muscle twitch reaction.

There are various forms of this technique:

- Direct dry needling of the mTrP
- Dry needling of the affected muscle fascia
- Superficial dry needling

Techniques similar to dry needling have already been described in traditional Chinese acupuncture texts. It is only with recent research that the associations with function and anatomy have become known.

The effect of trigger point acupuncture can be optimised by additional needling in accordance with the criteria of traditional Chinese acupuncture and needling of microsystem points (e.g. points on the ear). In this case, the far points, chosen according to meridian theory, should be treated first. This can relieve local pain during the following trigger point needling. This effect can also be achieved by prior needling of microsystem points. Under favourable conditions far point needling alone can lead to the disappearance of the mTrP and make local treatment superfluous. For anxious patients or those with very strong local sensitivity, relief can be achieved initially through contralateral needling.

This workshop will include the presentation of systematic, but simple trigger point diagnostic, practical demonstration of different technics, and the demonstration of integrative treatment of chronic myofascial pain syndrome by case reports.

Dominik Irnich, MD, is head of the Interdisciplinary Pain Centre at the University of Munich (LMU), vicepresident and head of the educational centre of the German Medical acupuncture association (DÄGfA). The latest come out in 2013 is the English version of his successful “Leitfaden Triggerpunkte” by Elsevier. It is a comprehensive manual on trigger point called: “Myofascial Trigger Points: Comprehensive Diagnosis and Treatment” by Churchill Livingstone.

## **DOUBLE BLIND RANDOMIZED CONTROLLED CLINICAL TRIAL TO EXAMINE THE EFFICACY AND DOSE DEPENDENCE OF A 830 NM, 20 MW LASER DIODE FOR THE LASER ACUPUNCTURE TREATMENT OF CHRONIC NON- SPECIFIC LOW BACK PAIN.**

**(1) Dr Gregory GLAZOV**, General Practitioner;  
School of Primary, Aboriginal and Rural Health Care, University of Western Australia,  
Crawley, WA 6009

(2) Assoc. Professor Michael Yelland, School of Medicine, Griffith Health Institute, Griffith University, Meadowbank, Qld 4131

(3) Winthrop Professor Jon Emery, School of Primary, Aboriginal and Rural Health Care, University of Western Australia, Crawley, WA 6009

**Purpose:** The aim was to determine if infrared laser acupuncture (LA) may have a specific effect in reducing pain and disability in treatment of chronic low back pain (LBP).

**Relevance:** Non-specific chronic low back pain is very common(1) and is associated with significant disability, medical expenses and loss of productivity. It would be of great importance if a non-drug, non-invasive mono therapy was clinically effective.

Few randomized trials have specifically studied LA for treatment of chronic low back pain using a sham laser control **(2-4)** and the results have so far been inconclusive.

This new double blind sham controlled trial with a 1 year follow-up and examining dose dependence over a range commonly used in practice (0-0.8 joules per point) provided further evidence on the role of LA in this troublesome chronic condition.

**Participants and methods:** The participants were 144 adults with chronic non-specific LBP who were random-ized to receive 8 weekly treatments. Treatment was conducted by 5 medical acupuncturists at GP practices in Perth, Western Australia between 2009 and 2011. Laser pointer machines (20 mW, 840 nm diode) stimulated points in three treatment groups- Sham: 0 joules/point, Low dose: 0.2 joules/point, High dose: 0.8 joules/point. Follow-up by postal survey was performed at 1 week, 6 weeks, 6 months and 12 months post treatment. Primary outcomes were pain (Numerical Pain Rating Scale) and disability (Oswestry Disability Inventory) at 6 weeks post-treatment. Secondary outcomes included numerical rating scale for limitation of activity, global assessment of improvement, analgesic usage and adverse effects after treatment.

**Analysis and Results:** Intention to treat analysis showed no difference between sham and the laser groups at 6 weeks in pain or disability. There was a significant reduction in mean pain and disability in all groups at 6 weeks ( $p < 0.005$ )- NPRS: Sham[ -1.5 (95% confidence interval -2.1 to -0.8)], Low dose[ -1.3(-2.0 to -0.8)], High dose[ -1.1( -1.7 to -0.5)]. ODI: Sham [ -4.0,(-7.1 to -1.0)], Low dose[-4.1, (-6.7 to -1.5)], High dose[-2.6,(-5.7 to 0.5)]. All secondary outcomes also showed clinical improvement over time but with no differences between groups.

**Conclusion:** LA using this dose range in treating chronic non-specific LBP resulted in clinically meaningful improvement unrelated to laser stimulation.

**Biography of author:** Dr Gregory Glazov (MBBS, MFM, FAMAC) has used medical acupuncture for many years as part of his general practice. He is current president of the Western Australian Branch of the Australian Medical Acupuncture College, and is researching the effects of laser acupuncture in LBP as a PhD candidate at UWA.

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## WHAT FACTORS AFFECT THE NON-SPECIFIC RESPONSE TO A LASER ACUPUNCTURE INTERVENTION FOR CHRONIC LOW BACK PAIN.

**Purpose:** To determine what patient factors at baseline may predict the nonspecific improvement in pain observed after acupuncture-like treatments for chronic LBP.

**Relevance:** It is common experience that subjects tend vary in their response to acupuncture. The total effect experienced may be a combination of specific and nonspecific effects associated with the intervention. Laser acupuncture (LA) is an acupuncture-like intervention for which a sham control exists that is indistinguishable from the active treatment but lacks specific activity.

Some needle acupuncture studies have explored the effects of patient variables on outcome and few predictors have been identified. One large study<sup>1</sup> did not detect a difference in functional improvement and others<sup>2, 3</sup> found greater improvement in symptoms if they were worse at baseline and in patients not using narcotics<sup>3</sup>.

Our previous trial of LA for chronic back pain<sup>4</sup> failed to show a specific effect attributable to laser yet there was clinically significant reduction of pain across the follow up period for the whole group. Analysis<sup>5</sup> determined that higher level base line pain led to greater improvement and subjects who were on disability support for back pain, used stronger analgesia regularly, suffered headaches or had previous back surgery/spinal injections did worse. The current trial was designed to further explore predictors.

**Participants:** The participants were 144 adults with chronic non-specific LBP as described in earlier presentation. In an attempt to increase therapeutic response, subjects with negative predictors (DSP, regular opioid analgesics and previous back surgery/injections) were excluded in this study.

**Methods and analysis:** Patient characteristics were recorded at baseline including demographics, pain condition and treatment factors. Baseline disability (ODI), psychological distress (DASS21), neuropathic pain (ID-pain), Skin type (Fitzpatrick) and physical activity (IPAQ) were also recorded. The variables were dichotomized to simplify analysis. Percentage pain change from baseline (PPC) to the time points of immediate and short term follow-up was used for this analysis. Predictors were determined applying a 15% difference in pain or significance levels  $p \leq 0.05$  as a cut-off.

**Results:** Analysis showed no specific effect for the active treatment allowing the whole group to be used for the subgroup analysis. Possible adverse predictors across immediate and short term follow-up were longer duration of LBP, lesser pain or greater disability at baseline. Subjects with greater stress, depression and sleep disturbance also had less improvement in pain after treatment.

**Conclusion:** Significant improvement may occur in acupuncture-like interventions due to non-specific effects including the placebo effect, regression to the mean, Hawthorne effect and natural history of the condition. The amount of improvement in the chronic back pain patient is also modulated by many other bio-psycho-social factors.

**Biography of author:** Dr. Gregory Glazov (MBBS, MFM, FAMAC) has used medical acupuncture for many years as part of his general practice. He is current president of the Western Australian Branch of the Australian Medical Acupuncture College, and is researching the effects of laser acupuncture in LBP as a PhD candidate at UWA.

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## COMPARATIVE EFFECTIVENESS RESEARCH - CONTRIBUTIONS FROM ACUPUNCTURE STUDIES AND FUTURE IMPLICATIONS

**WITT CM**, Institute for Social Medicine, Epidemiology and Health Economics, Charité Universitätsmedizin Berlin, Luisenstr. 57, 10117 Berlin, Germany, email: claudia.witt@charite.de

To date, most clinical studies on Chinese medicine have focused on the specific effects of single treatment components, although Chinese medicine as a “whole medical systems” follows a unique diagnostics and individualized complex therapeutic approaches. Most clinical trials included highly selected patients and applied standardized treatment protocols with the aim to exclude as much bias as possible. These studies have contributed important information on the efficacy of acupuncture; however, their results are only marginally helpful to understand the value of acupuncture in a more usual care context.

The current movement to Comparative Effectiveness Research (CER) in conventional medicine fosters the generation and synthesis of evidence that compares the benefits and harms of different treatments in a more typical setting. CER has considerable potential to help health care providers as well as patients and clinicians to choose among currently available therapeutic options including acupuncture. CER compares two or more health interventions in order to determine which of these options works best for which types of patients in settings that are similar to those in which the intervention will be used in practice. This evidence, more generalizable than the evidence generated by traditional randomized controlled trials, is better suited to inform real-world care decisions. CER uses a broad spectrum of methodologies including randomized pragmatic trials. Where as in most areas of integrative medicine data on comparative effectiveness is scarce. However, available acupuncture research already contributes to CER evidence. This presentation will introduce CER, show example from acupuncture research and make suggestions for future research on Chinese medicine.

**Literature:** Witt et al. Which research is needed to support clinical decision-making on integrative medicine? Can comparative effectiveness research close the gap? *Chin J Integr Med.* 2012 Oct;18(10):723-9.

Witt CM et al; Effectiveness Guidance Documents Collaborators. Effectiveness Guidance Document (EGD) for acupuncture research - a consensus document for conducting trials. *BMC Complement Altern Med.* 2012 Sep 6;12:148

Witt et al. Building a strategic framework for comparative effectiveness research in complementary and integrative medicine. *Evid Based Complement Alternat Med.* 2012;2012:531096.

Witt C, Manheimer E, Hammerschlag R, Lüdtko R, Lao L, Tunis S, Berman B. How Well Do Randomized Trials Inform Decision Making: A Systematic Review Using Comparative Effectiveness Research Measures on Acupuncture for Back Pain. *PLoS ONE* 2012. 7(2):e32399.

# MERIDIAN-MODEL OF TCM OUTDATED META-ANALYSIS OF SHAM-CONTROLLED RCT-ACUPUNCTURE-STUDIES

Thomas OTS, Asal Kandirian, Stefan Szilagy, Andreas Sandner-Kiesling

Author details

Medical University Graz, Austria

**Background:** The German model trials on acupuncture (Modellvorhaben; GERAC, ART) between 2000 and 2006 brought forth a cluster of results that delighted the international community of acupuncture as well as it puzzled it.

Acupuncture in treating headaches showed to be equivalent to guideline oriented conventional care, in treating lumbago and gonalgia showed to be statistically significant superior to conventional care. However, placebo acupuncture proved to be almost as efficient as verum acupuncture.

The definition of placebo acupuncture in the model trials was grounded in the belief in the classical Chinese theory on acupuncture, e.g., placebo was defined as pricking a locus which was not a acupuncture point, i.e. which was off the meridian (usually about 2 cm).

Findings of sham acupuncture as being similarly effective as verum acupuncture gave nourishment to a declining belief in the specific effects of acupuncture.

However, the placebo paradigm fails to explain the high diversity of results in RCTs comparing verum and sham acupuncture: Some studies show little or no differences, other studies show statistically significant differences.

**Objectives:** Verum and sham acupuncture may share varying degrees of similar results according to the varying degrees of congruence of active constituents. We defined these common active components as the segmental structure of the human body. In our study we tested the following hypothesis:

The more verum and sham acupuncture share the same dermatomes the more identical the clinical outcome will be, and vice versa

**Methods:** Data sources and searches

Two major searches (Dec. 2009 and Dec. 2011) on RCTs that compared verum acupuncture against placebo or sham acupuncture were run focusing on all major data bases.

**Results:** Literature search and selection

The literature search determined a total of 1453 references, of which 1312 were excluded in the screening process of titles and abstracts, as they clearly did not meet the inclusion criteria. Exclusion criteria were: ear acupuncture, electroacupuncture, non-penetrating "placebo" needle, no exact locations given for sham points, The full text of the remaining 141 publications was read in full text and formally assessed for eligibility. 28 studies met the inclusion criteria. Verum and sham locations of all studies were mapped in the dermatome charts of Hansen and Schliak. Reported clinical outcome was assessed in relation of congruency of identical dermatomes between verum and sham acupuncture.

The binar logistic regression showed a highly significant outcome:  $p < 0.01$  as well as a negative regression coefficient of  $-0,062$ .

**Discussion:** The findings of this review confirm our hypothesis: The effects of verum and sham acupuncture vary according to the degree of congruency of stimulated dermatomes. High

overlap resulted in an almost identical effectivity rate, whereas decreasing stages of overlap showed increasing differences. This holds true for any organs or affected structures of the segments between C1 and S5. No such correlation could be found in studies of ailments of the head.

The dermatomes as part of the segmental structure of the body sufficiently explain the hitherto unsolved question why RCTs that compared verum and sham acupuncture proved to be indiscriminate in some and very differential in other studies. Segmental anatomy offers a neurophysiological explanation of acupuncture's major actions.

**Conclusion:** Any further randomised controlled trial that employs sham points, which are localized on identical dermatomes as the verum points, will continue to lay a smoke-screen on the understanding of acupuncture. It will also be futile to conduct further meta-analyses which include studies that were not based on the knowledge of dermatomes.

The findings of this study mark a paradigm change in the theoretical body of acupuncture and consequently for acupuncture research. The meridian theory no longer may be the major guideline for acupuncture research and practice.

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## THE MEANING OF WORDS IN ACUPUNCTURE – THERE IS A POINT OF NO RETURN

**Priv.-Doz. Dr. med. Dominik IRNICH**, Head of the Multidisciplinary Pain Centre, Department of Anesthesiology, University of Munich, Pettenkoferstr. 8A, 80336 München, Germany, Phone: ++49 (0) 89 5160 7508, Fax: ++49 (0) 89 5160 7507, e-mail: dominik.irnich@med.uni-muenchen.de

There is a huge body of literature showing that acupuncture has specific treatment effects. However, these effects depend on credibility, the interaction of therapist and patient, different setting factors and psychological influences.

Especially factors relating to patients perception of the intervention seem to play a crucial role regarding the outcome. They may have beneficial effects or opposite effects. In the study of pain it has been clearly demonstrated that delivering negative verbal suggestions are associated with negative outcomes. This phenomenon is called nocebo effect, which is opposite to the placebo effect, whereby expectation of a negative outcome may lead to the worsening of a symptom.

In general acupuncturists explain to the patients their findings. In addition, the patient is often told about the etiology of his symptoms. Talking about the prognosis and possible treatment effect is another interaction between acupuncturist and patient. From a practical point of view even the question, how to announce the potentially painful needling can have an influence on the outcome.

There is a lack of studies examining the quality of verbal interactions in acupuncture practice. However, research from invasive interventions can give useful hints about the interaction in acupuncture treatment. For example it has been shown in a study examining the simple action of taking a blood sample, that the patient suffers from more pain if the doctor foreshadows this action as painful. Recent experimental evidence in chronic pain indicate that negative verbal suggestions induce anticipatory anxiety about the impending pain increase. Findings underscore the important role of cognition in the therapeutic outcome, and suggest that

nocebo and nocebo-related effects might represent a point of vulnerability both in the course of a disease and in the response to a therapy. This should be emphasized in acupuncture treatment as well.

Therefore the acupuncturist has to attach great importance to his verbal interaction with the patient. He should avoid the use of the word “pain”, when he describes the procedure of needling. The etiology should be explained with caution, especially when life style factors are identified to play an important role and which may then guilt-trip the patient. Giving a diagnosis is also a process open for misunderstandings, which can have a negative impact on the healing process. Overoptimistic prognosis of treatment effects may cause long lasting frustration.

This lecture will take a look at the scientific background and will give practical advice to avoid these nocebo effects.

**Dominik Irnich, MD**, is head of the Interdisciplinary Pain Centre at the University of Munich (LMU), vice-president and head of the educational center of the German Medical acupuncture association (DÄGfA). He has passed his post-doctoral lecture qualification (Habilitation) at the University of Munich on the issue acupuncture.

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## THE HOMO- AND HETEROSEGMENTAL EFFECTS OF ACUPUNCTURE ASSESSED BY QUANTITATIVE SENSORY TESTING – A RANDOMIZED CONTROLLED TRIAL

**Petra I. BÄUMLER, MSc**; Dr. med. Johannes Fleckenstein; Franziska Benedikt; Julia Bader; PD Dr. med. Dominik Irnich, Multidisciplinary Pain Center, Department of Anaesthesiology, University of Munich

**Purpose:** The aim of this study was to distinguish between homo- and heterosegmental effects of electroacupuncture and manual acupuncture on sensory perception by means of a comprehensive, standardized Quantitative Sensory Testing (QST) battery.

**Relevance:** Several local, spinal and supraspinal mechanisms have been supposed to underlie the analgesic effect of acupuncture. However, only few attempts have been made to distinguish between these different effects of acupuncture on the neuronal network.

**Methods:** Seventy two healthy volunteers were randomized into three study groups (n = 24), each consisting of two study arms (n = 12). Volunteers received either manual acupuncture (MA) or electroacupuncture (EA) at SP 6, SP9, GB 39 and ST 36 at the left leg for 30 min or relaxed for 30 min (control group, CG) at two examination days (day 1 and day 2) at an interval of one week. Before and after each intervention the sensory profile in each volunteer was assessed by means of a standardized QST battery by blinded examiners. This included the assessment of 13 sensory modalities: cold and warm detection and pain threshold, thermal sensory limen, paradoxical heat sensation, mechanical detection and pain threshold, mechanical pain sensitivity, dynamic mechanical allodynia, wind-up-ratio, vibration detection threshold and pressure pain threshold (PPT). On day 1 volunteers in study arm 1 were tested at the upper limbs and on day 2 at the lower limbs - and vice-versa in study arm 2.

**Analysis:** Group comparisons of baseline and change scores (post – baseline) were performed by the Kruskal-Wallis-test (post hoc tests by pairwise comparisons of the three study groups

by the Man Whitney U-test and subsequent Bonferoni adjustment for multiple comparison). The PPT was defined as the main outcome measure and was, therefore, subjected to a confirmatory analysis requiring an Bonferoni adjustment for multiple testing (four measure sites). All other QST variables were subjected to an exploratory analysis without adjustment for multiple testing. P-values < 0.05 were considered statistically significant.

**Results:** There were no baseline differences between groups with regard to any of the QST variables. PPT change scores at the site of needling were significantly larger in the EA group than in the CG or the MA group. The mean PPT increase observed in the EA group amounted to 105.98 kPa. No further differences of change score were found between one of the acupuncture groups and the CG.

**Conclusion:** Our data confirm results of previous studies, showing an effect of electro acupuncture on the PPT. The fact that the PPT increase in the EA group was confined to the site of needling underscores the important role of spinal mechanisms such as segmental inhibition and the local release neuromodulators at the needling site. Other previously reported changes of sensory thresholds through EA or MA could not be confirmed. This suggests that such effects are small and therefore do not sustain rigorous comparison as performed in our study. Nevertheless, the role of needling parameters (point selection, strength of stimulation, etc.) and general methodological limitations of QST need to be discussed.

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## EFFECTS OF THERAPY WITH LOCAL ANAESTHETICS (NEURAL THERAPY) – AN INTERNATIONAL PROSPECTIVE MULTI-CENTER STUDY

**WEINSCHENK Stefan, Göllner Richard, Gold Kurt, Mergenthaler Caroline,  
Strowitzki Thomas,** Heidelberg University Neural Therapy Education and Research Group  
(The HUNTER Group), Heidelberg, University, Im Neuenheimer Feld 440,  
D-69120 Heidelberg, Germany

Background: Neural therapy (NT) is a common name for the therapeutic use of local anesthetics. It has been used all over the world for over 120 years. However, until today there are no systematic data available on therapeutic and adverse effects (AE) of this invasive intervention. We report on a prospective, multi-center pilot study to obtain data of immediate effects of NT.

**Patients and Methods:** Therapy of 286 consecutive patients attending ten different CAM practices in Austria, Germany, and Switzerland between March and July, 2013 was prospectively documented. All physicians were experienced therapists in NT for at least five years, all of them holding a NT examination degree. 278 patients with a variety of chronic complaints were included in the study. They underwent

411 interventions with 1567 injections at different sites ( $3.8 \pm 2.1$  per treatment). Lidocaine 1% (618 times) or procaine 1% (949 times, 60.6%).without additives were used for therapy. 220 patients were female (77.0%). Average age was  $63.3 \pm 15.9$  years, body mass index (BMI) was  $26.4 \pm 4.5$ .

Immediate effects within 15-20 minutes after therapy were described by the patient and documented by the physician on a standardized form. Effects were scaled by VAS 0-10 or by descriptive terms, if applicable. Every effect was to be documented. Documentation of

injection pain, bleeding and numbness at the injection site, the effect on circulation, signs of allergy, and severe adverse reactions were obligatory registered after every therapy. Data were analyzed by SPSS v.21 after pseudonymization.

**Results:** Frequently used injection routes were: Injections to trigger points, the palatine arch, sinuses, ganglia (stellate, pterygopalatine, hypogastric), the sacroiliac joint, to facet joints, and to the suprapubic region, among a variety of other routes. Overall injection tenderness was VAS  $1.89 \pm 1.52$ . Immediate improvement of complaints ranged from 0-10 with an average of 2.8. Bleeding of 5-14 ml occurred in 24/1567 injections (1.5%). Mild dizziness and orthostasis (VAS 1-6) was seen after 36/411 interventions (8.8%), but fully reversible within 10 minutes. In 411 interventions with 1567 injections, neither severe AE nor allergic reactions could be observed. There was no influence of patient's age, gender, BMI, or the reason to attend medical advice, on the frequency and severity of effects.

**Conclusion:** According to this multi-center pilot study, therapy with local anaesthetics (neural therapy) to treat chronic illness and pain is a safe and secure method with few adverse effects. The data suggest that the frequency of adverse events is below 0.2%. All of them are completely reversible.

Future patient's informed consent for neural therapy can refer to the AE rates reported in this survey.

**Contact:** stefan.weinschenk@med.uni-heidelberg.de

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## ACURAIID: AN OPEN ACCESS ACUPUNCTURE RESEARCH AND INDICATION DATABASE

FLECKENSTEIN J., FEICHTINGER T., Switzerland

**Purpose:** It is our aim to build a global index collecting data from daily routine acupuncture treatments. Acupuncture is a relevant therapeutic approach in a modern medical setting and is favored by an increasing amount of patients. The number of scientific studies on acupuncture augmented in the last two decades. Nevertheless, acupuncture comprises plenty of techniques and it is not always proven why some of these approaches lead to success while others do not. Currently there is no database reflecting the variety of different acupuncture treatments in respect to varying indications or their clinical effects.

**Relevance:** To determine daily routine in acupuncture it is necessary to map different needling approaches to specific indications.

**Participants:** Health professionals in the field of acupuncture are requested to participate by sharing their clinical cases by means of the academic nonprofit internet based data-base called acuraid.

**Methods:** Participating professionals enter data concerning their daily routine practice such as e.g. diagnostic procedures, techniques and used materials. On the basis of these profiles they can easily insert their clinical cases. Each case will be accessible for follow-up. Pooled anonymized data is accessible to all users and will be analyzed for scientific purpose.

**Analysis and Results:** During the alpha testing phase different kind of topics were addressed. Entered data is biometrically analyzed illustrating e.g. individual comparison of the user to the peer group, possible treatment concepts for specific indications, summary of used

acupoints or techniques. Statistic feedback can be displayed. Acuraid is now approaching open beta phase deployment.

We will introduce you to the database and demonstrate scientific highlights resulting from the first database entries.

**Conclusions:** Acuraid stands for acupuncture research and indication database and provides for the first time a global framework for acupuncture expertise, A scientifically valuable dataset allows for a computational approach to analyze the variety of acupuncture approaches pairing e.g. ICD codes with treatment and outcomes. Acuraid is set to become a valuable open resource to acupuncture research worldwide and lead the road to establish standard procedures.

**Saturday, November 30<sup>th</sup>, 2013**

**MAIN HALL: CANCER**

**11:30 – 13:00**

## **NEUE ENTWICKLUNGEN IN DER ONKOLOGIE – ADVANCED SIGHTS OF MODERN ONCOLOGY**

**Prim. Univ.-Prof. Dr. Heinz LUDWIG**, 1. Medizinische Abteilung, Wilhelminenspital, Zentrum für Onkologie, Hämatologie und Palliativmedizin, Montleartstraße 37, 1160 Wien

In den letzten Jahren ist es zu einer wesentlichen Beschleunigung des wissenschaftlichen Fortschritts in der gesamten Onkologie gekommen. So konnte unser Verständnis von den molekularen Mechanismen, die für die Entstehung bösartiger Erkrankungen verantwortlich sind, wesentlich vertieft werden. Dabei spielen wichtige ‚Driver Mutationen‘ eine wesentliche Rolle. Solche Veränderungen können heute durch die Fortschritte auf dem Gebiet der molekularbiologischen Techniken innerhalb kurzer Zeit untersucht werden. Auf dem Gebiet der bildgebenden Diagnostik kam es durch die Einführung des PET-CT zu einer Verbesserung der Darstellung von Tumormanifestationen durch die gleichzeitige Verwendung eines Markers für die Glukoseaufnahme.

Erwähnenswert ist auch die Einführung der Papillom-Virus-Impfung welche zu einer signifikanten Risikoreduktion von Cervixcarcinom aber auch von anderen durch Papillom-Viren induzierten Tumoren führen wird. Auf dem Gebiet der Therapie ist es in allen wesentlichen Disziplinen der Onkologie, nämlich in der Chirurgie, Strahlentherapie, medizinischen Onkologie und Palliativmedizin zu wesentlichen Fortschritten gekommen. So gelang es durch die Einführung der Sentinel-Lymphknotenbiopsie bei vielen Patienten mit frühem Mammacarcinom auf die oft mit Nebenwirkungen verbundene Axillen-Disektion zu verzichten.

Neue Bestrahlungstechniken (konformale Bestrahlung) erlauben die präzise Bestrahlung des Tumors bei weitgehender Schonung des normalen Gewebes. Zahlreiche neue Substanzen, meist sogenannte „small molecules“, die innerhalb der Zelle wichtige Signale der Transduktionswege hemmen, haben das Therapiespektrum wesentlich erweitert, wobei bei bestimmten Erkrankungen erstaunliche Therapieerfolge erzielt werden können.

Letztlich ist es durch die Einführung besserer supportiver und umfassender palliativer Maßnahmen nicht nur gelungen Tumor- und Therapie bedingte Probleme zu verhindern bzw. besser zu therapieren, sondern auch die Lebensqualität der betroffenen Patienten substantiell zu verbessern.

## INTEGRATION OF WESTERN MEDICAL ONCOLOGY AND TCM

**Dr. med. Fritz FRIEDL**, Germany

Among Western countries, cancer is the most common cause of death. Every fourth event of death is caused by various different malignant diseases. Due to the rapid development of modern cancer treatments, the costs of such are growing tremendously. Although some kinds of cancer are considered curable, epidemiologists have proven that the outcome of modern treatments are still alarmingly poor, especially considering the fact that treatments may not actually have an impact on patients' longevity.

Since the 70ies, TCM has been gaining increasing popularity in Europe. This is the case in Germany, Munich being the origin, where groups of European naturopathic physicians, therapists and pharmacists show a steady continued interest for understanding TCM concepts while discovering its many advantages. Initially starting out as a kind of "alternative medicine" we find that it is now necessary to integrate TCM into Western medicine and vice versa.

Klinik Silima, located in Bavaria is a small hospital, which emphasizes treatment combinations of TCM and Western oncology. Both sides (treatment options?) emphasize the individual conditions of patients: therefore it is possible for a personalized oncological treatment regimen to be successfully combined with a highly individualized TCM treatment scheme. The one crucial factor to the success of such a combination therapy is that experts from both sides must be ready to find common ground. The best treatment for cancer patients is individualized tailor-made treatment. Therefore, we support conventional anticancer treatments with the use of Chinese herbs, acupuncture, tuina, qigong and Chinese-influenced food.

In our hospital, several medical conditions such as mucositis, leucopenia, appetite disorders, nausea and vomiting, bowel movement, fatigue, postradiation inflammation, polyneuropathy and mental disorders would be treated predominantly with Chinese Herbs and other TCM methods. These are conditions which often accompany a patient undergoing chemotherapy and we have seen that through this combination we are able to considerably reduce the side effects of chemotherapy while improving the patients' general condition. The combined use of TCM and oncology should be part of international research, because it shows great promise for improving life quality and increasing treatment effectiveness.

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## ROLE OF CHINESE MEDICINE IN INTEGRATIVE ONCOLOGY – A NEW APPROACH

**HUMMELSBERGER Dr. med., Josef**, Vice-President of the International Society of Chinese Medicine (SMS, Societas Medicinae Sinensis), Munich, Germany

**Institution:** Internationale Gesellschaft für Chinesische Medizin (SMS), Franz-Joseph-Str. 38, 80801 München Email: [praxis@hummelsberger.net](mailto:praxis@hummelsberger.net)

Acupuncture and Chinese Herbal Medicine (CHM) and other CAM-methods are widely used with cancer disease; some estimations run up to 70% of patients (1).

Acupuncture shows significant effects treating nausea during and after chemotherapy (2), Xerostomia (3), arthritis pain and polyneuropathic syndromes following chemotherapies (4,5). The side effects of Anti-Hormones after breast cancer are ameliorated by regular Acupuncture treatments (6). Therefore Acupuncture seems almost accepted.

This is not the case with CHM. There is evidence that CHM can help shorten the fatigue and leucopenia after chemo- and radiotherapy (7), Astragalus radix (huangqi) enhances the

efficacy of chemotherapies in lung cancer (8). On the other hand some most western oncologists fear interactions of herbal components with chemotherapeutic agents, loss of efficacy and additional side effects. Clinical expertise is needed to avoid this.

Due to legislation urgently needed RCT's in CHM are nearly impossible to start. In 2 carefully documented case reports, one with a patient with breast cancer, the other with lung cancer, the clinical integration of Acupuncture and CHM are shown, benefits and risks will be demonstrated.

**Short-CV:** Dr. Josef Hummelsberger is a trained specialist for Internal medicine. He started learning Acupuncture and TCM 1982 as a student of Jochen Gleditsch and later by the SMS and in the PR China. He contributed to several Acupuncture trials and publications (ART, ACUSAR) and co-published standard textbooks (Chinesische Rezeptur, Diabetesbehandlung mit Chinesischer Medizin u.a.). Since 2005 clinic in Munich.

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## THE USE OF NEEDLING AND SELF-NEEDLING FOR TREATMENT OF VASOMOTOR SYMPTOMS IN PATIENTS WITH BREAST CANCER AND FATIGUE AFTER CHEMOTHERAPY

**Cummings M, (Filshie J), UK**

There are numerous studies showing that acupuncture relieves vasomotor problems following the natural menopause and symptoms can be extreme in patients with breast cancer [as well as prostate cancer] on treatment. Newly found benefits of 10 years of Tamoxifen therapy for breast cancer reduce recurrence rates and mortality, but an increasing number of studies also show that >50% of patients do not adhere to even 5 years of endocrine treatment, with an associated increase in mortality. More effective treatment of side effects might significantly improve treatment compliance.

We described a protocol for treatment and self-treatment maintenance for vasomotor symptoms [Filshie et al 2005]. We included an algorithm for self-needling with "one-off" needles and semipermanent acupuncture studs which we use clinically for maintenance treatment for up to 10 years.

Acupuncture has also recently been shown to significantly reduce fatigue following chemotherapy in patients with breast cancer in an RCT. These benefits were similarly maintained by 4 further practitioner delivered treatments as well as 4 self-administered treatments at home. [Molassiotis et al 2012, 2013].

This is the first formal comparison between practitioner administered acupuncture versus self-administered 'top-up' treatments and shows equivalence. Guidelines for safe practice have been published with clear instructions for patients [Filshie & Hester 2006].

Key words: Acupuncture; Vasomotor symptoms; breast cancer; chemotherapyreated fatigue; self-needling; guidelines for safe practice.

Dr Jacqueline Filshie, Consultant in Anaesthetics and Pain Management  
The Royal Marsden Hospital NHS Foundation Trust, London and Surrey.  
jacqueline.filshie@btinternet.com, jacqueline.filshie@rmh.nhs.uk

## FOOT LEG SYNDROME FOR CANCER' PATIENTS AND ACUPUNCTURE

**Dr. Philippe JEANNIN, Dr. Pierre Regard, Dr. Patrick Sautreuil.**

**Introduction:** Foot leg syndromes are side effects more and more frequent in chemist treatment for cancer.

This sides effects appears soon after the beginning of the treatment.

It affects feet and hands. It is very painful and terribly disabling and alters quality of life.

**Purpose of Study:** Avastin, Xeloda, Gemsar, Taxol, Taxotere molecules are strongly efficient against breast, lung, gastro-intestinal, liver-gall bladder axis cancers, recurrence of cancer and metastasis.

They provoque important, early side effects: neuropathic pains, nausea, fatigue, diarrhea, cancer sores, eating disorders, hot flashes, headaches

In our experience, only acupuncture can check these complications of chemical treatments.

Acupuncture optimizes chances of remission by letting chemotherapy treatment go on instead of being stopped.

We also improve the patient's immunity using: Lu7, LI4, GB39, P2

The leucocyte count is maintained to a level near of normal in more of 65% of cases

We restore the various hepatic test back near to normal levels, Tolerance of chemo-therapy on the liver-gall bladder axis use acupoints Li2, Li3

**Number and frequency of the acupuncture sessions:** Experience has shown that it is very important to organize the acupuncture sessions in accordance with the chemotherapy' course.

First session: 2 days before the beginning of chemotherapy session and one more, immediately after the perfusion.

We optimize the effectiveness of the treatment, and the neutralization of the side effects, by repeating this protocol at each session of chemotherapy.

At the end of the chemotherapy's course, it's necessary to practice between 3 to 6 acupuncture sessions to detoxicate the organism.

**Results:** Positive in most of 90% of cases

It needs 3 series of 2 sessions of acupuncture to begin to neutralize these side effects which don't appear if we can anticipate the problem, (for example in the breast cancer)

In western medicine, no molecule can prevent or cure foot leg syndrome, no molecules have the efficiency of acupuncture.

**Conclusion:** Acupuncture plays a vital role in the efficient organization of chemotherapy for cancer by neutralizing side effects of chemical treatment as well as protecting good level of immunity.

**Authors' Information:** Dr Dr. Philippe Jeannin, Member of French School of Acupuncture, Member AAMA, Lecturer at Scientific Acupuncture, (Faculty of Medecine Paris XI), 2 rue de Civry, 75016 Paris, Phone: 0146510254, Fax: 0146513367, e-mail: pjeannin@p-jeannin.net

Saturday, November 30<sup>th</sup>, 2013  
ROOM A: Workshops – TIBETAN MEDICINE  
9:00 – 12:45

## THE PRACTICE OF TIBETAN MEDICINE IN A MODERN CONTEXT TRAINING AND PRACTICAL APPLICATION OF TIBETAN MEDICINE

**Sonja MARIC**, M.A., Institut für Ost-West Medizin Bad Homburg

Based on a holistic humeral medical theory and practice with a complex Mind Body concept, Tibetan Medicine, Sowa Rigpa, opens access to a deep understanding of specific concepts of chronic diseases and of human nature itself. For over 20 years a Tibetan medicine focused educational program for medical doctors has been available in Europe. This is a first step to make Tibetan medicine in the western world available to physicians and patients without the loss of authenticity and tradition. 20 years of medical education in Tibetan medicine are also 20 years of history of reception of Tibetan Medicine in Europe. During this time period, valuable experiences of integration possibilities of Tibetan medicine were made in the Western medical practice, a pioneering work towards an integration of Tibetan Medicine into the Western health care system. The range of its practical application in the West varies according to the individual case and the therapist e.g. from diet advice, life style advice, herbal remedies, moxibustion, horne (specific mild heating therapy), cupping to acupuncture, psychological advice and MindBody medicine. Examples of practical application will be given, e.g. detoxification use in integrative oncology.

**Keywords:** training, practical application, Tibetan medicine, MindBody concept, detoxification, integrative oncology

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## TIBETAN FORMULAS AS NETWORK MEDICINES

**Dr. Herbert SCHWABL**, Padma Inc, Switzerland

From the reductionist point of view traditional formulas often seem to have no rational explanation for their mode of action. The position is kept even today by a great part of the biomedical research community although Asian traditional medicines with their accumulated empirical knowledge can offer important therapeutic options for humankind on a global level. The approach taken here is to expand the analytical concept to cover whole formulas from traditional medicine, by the example of practical research with Tibetan medicine in Europe. The Tibetan pharmacology is a traditional science with its own repertoire of mainly herbal medicines. One of the concepts of the compounding of Tibetan medicines is the multi-compound concept. The conventional pharmacological-analytic approach to such multi-compound formulas is not sufficient: to investigate the action of each component alone, and then to add the combined knowledge.

Here a new paradigm for research has to be introduced. The formulas have to be investigated as a whole, without breaking the formula into its components. Multi-compound mixtures can be understood as a new 'man-made herb', which allows extending the scientific tools, which were developed to investigate individual herbal constituents alone, to the whole formula. This approach of "network medicines" would allow the whole formula and to enter the biomedical-scientific discourse.

**Keywords:** network medicines, Tibetan medicine, systems theory, herbal medicines, phytotherapy

Saturday, November 30<sup>th</sup>, 2013

ROOM C: Workshops

9:00 – 12:45

## NEUROPHYSIOLOGY FOR DUMMIES

**Chin CHAN**, Australia

Introduction to the basics of neurophysiology for acupuncture.

- The emphasis will be on the basic principles.
- The session will be interactive and at the end you should have a working knowledge of neurophysiology in acupuncture
- Aspects of electro acupuncture will also be discussed

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50 +

## WELLBEING FOR SENIOR CITIZENS WITH KOREAN HAND ACUPUNCTURE

**Mosch-Kang Y.S., M.D.**, Austrian Acupuncture Society

Traditional Asian Medicine puts much weight on keeping ones healthfulness. Prophylactic treatment prevents the development and aggravation of diseases and leads to a balanced wellbeing for body and soul. Korean Hand Acupuncture not only can do much regarding prevention, it is also a proved method of treating certain diseases that come along with the accumulation of years.

In this workshop the focus lies on practical methods of treatment and prevention which are provided by Korean Hand Acupuncture or similar medical systems like massage or acupressure. It is directed to all physicians who want to extend their knowledge about Traditional Asian Medicine and to become acquainted with a special Korean part of it.

Main parts are:

- Prophylaxis and therapy for senior citizens on the basis of Korean Hand Acupuncture. Basis program for keeping health and wellbeing.
- Special treating methods for geriatric diseases like for instance diseases of the musculoskeletal system, dyspepsia, attentiveness disorder, erectile dysfunction or incontinency.
- Applience of various methods of Traditional Korean Medicine (Acupuncture, Moxa treatment and others).
- Methods for self-treatment and for simple application by non-medically trained people.
- In particular: introduction of the newest method for acupuncture treatment without penetrating directly the skin – Kigam Yeokbop.

Dr. You Song Mosch-Kang has been practicing Korean Hand Acupuncture since 1988 and operates a private clinic in Vienna. She is also a member of the TAM Advisory Board of the Austrian Federal Ministry of Health.

Saturday, November 30<sup>th</sup>, 2013

MAIN HALL: NEUROLOGY

14:00 – 18:00

## PLASTICITY OF THE BRAIN, CHANCE OF REHABILITATION

**SCHMIDBAUER M**, Neurological Hospital Rosenhügel, Vienna, Austria

**Neurogenesis, dendritic, synaptic and axonal plasticity in the adult brain are the main mechanisms of functional adaptation in health and disease.**

The system of plasticity is highly sensitive to a wide range of signals such as transcription factors, paracrine signaling molecules, extracellular matrix, cell-cell contacts, neurotransmitters, growth factors, hormones (i.e. estrogen) and cytokines.

Plasticity of neural cell processes and synapses is a common feature in various areas of the adult brain and need to be clearly delineated from the less effective adult neurogenesis = growth and spread of “new” neurons since most of the brain is not permissive for adult neurogenesis (“non-neurogenic”), at least under physiological conditions.

The two “canonical” neurogenic regions are 1. the subventricular zone (SVZ) where new interneurons for the olfactory bulb and 2. the subgranular zone (SGZ) of the hippocampus where new granule cells derive from neural stem cells (NSCs).

Cell death in various pathological conditions is a trigger for neurogenesis which in turn is inhibited by elder age and stress. Activity-dependent synaptic plasticity on the other hand is operative in many brain functions i.e. learning and memory and represents an intrinsic feature of dendrites and synaptic spines. Structural changes in the axonal and dendritic arborization occur in response to damage, aberrant activity, differential experience and hormones.

**Medical relevance** of adult neurogenesis, dendritic, synaptic and axonal plasticity is outlined here in few examples:

- Loss of smell in Parkinsons´ disease might be due to the lack of dopaminergic support of adult neurogenesis.
- Disturbed adult neurogenesis leads to dysfunction of the dentate gyrus in the hippocampus which seems to be operative in dementias, age related cognitive decline, major depression and schizophrenia.
- Acute seizures in temporal lobe epilepsy stimulate “abnormal” adult hippocampal neurogenesis, thus continuing the epileptic disposition. Prolonged epilepsy in turn results in disturbance of the neurogenic pool.
- Training-induced increase of 13 % in the synapse – to – neuron ratio of pyramidal cells was found in the motor cortex, stellate neurons of the cerebellar cortex increase up to 15 %.

**Conclusion:** Reactive neurogenesis is not regenerative or restorative per se in contrast to plasticity of neuronal processes and synapses. All together, the adult brain is far less passive in response to damage than previously thought and we are at the beginning of understanding the impact of maintained plasticity on brain health.

## REHABILITATION-DEPENDENT NEURONAL PLASTICITY IN POST-STROKE PATIENTS. THE USE OF ACUPUNCTURE IN A REHABILITATION UNIT IN ATHENS (THE FILOKTITIS RESEARCH PROJECT).

**Karavis M, Korakakis V, Baliotis K, Andrikopoulos A, Vlachou E, Gializi A, Bikou M, Visarakis G.**

The philosophy behind rehabilitation programs is based on the assumption that there is a remarkable capacity of the adult brain to undergo plasticity that promotes recovery and improves the loss of functionality within stroke damage (Murphy T, 2009). As regard efforts made by the patients they could be possibly vary according the: a) limit of severity of initial damage and b) adaption and reorganization of the brain to restore the compromise functions. According to Rossini PM (2007, 2012, 2013) the events that regulate the capacity of the central nervous system, are described as plasticity phenomena. Plasticity indicates the potential for change, the adaptive capacity of our brain (Klein J, Jones T, 2008). After brain injury or stroke, neurons, dendritic spikes, synapses and large neural networks alter their functions according to a variety of internal and external stimuli, including somatic, sensory, cognitive and behavioral training.

The only known way to achieve true recovery is to increase the sensory-motor experience in the first weeks to months that follow injury. An enriched environment, full of stimuli, within a rehabilitation setting, may induces neuronal plasticity events (reshaping of cortical and subcortical somatotopy) and thus to improve recovery and rehabilitation outcomes. Evidence that this occurs, can be met only in laboratory non-human experiments. These experiments try to prove the existence of mechanisms, through which the presence or absence of activity, exercise, biofeedback, acupuncture or other rehabilitation procedures, promote plasticity.

The fundamental question in our research team was, whether electroacupuncture, TCM acupuncture or both, can be regarded as a treatment strategy that will enhance plasticity, optimize rehabilitation and improve the long-term outcome for our patients. Thus we decided to design a longterm research project, starting by translating and adapted in Greek all necessary clinical scales, in order to clinically quantify the rehabilitation efficacy and conclude with the assessment of effectiveness of acupuncture in upper, lower and overall spasticity, functional status and activities of daily living.

Given the former, in Filoktitis Rehabilitation Centre, we conducted a preliminary study regarding the effect of TCM acupuncture and electro-acupuncture, on short and long term outcome, in a cohort of 90 patients (52 men and 38 women, mean age  $\pm$  SD 41.1  $\pm$  16.6 years). The main objective of this preliminary study was to assess the effect of this additional intervention in a sample of subjects with a wide spectrum of neuro and musculoskeletal pathologies. The results of our pilot study, though not formally assessed, revealed that TCM acupuncture, electro-acupuncture or a combination of both, improve outcomes, both in short and long term. The estimated improvement was clinically significant, despite the heterogeneity of the group, depending on the condition and state of pathology of the sample. Based on the experience and data provided by our research center and the preliminary study, we aim to assess the effect of electro-acupuncture, TCM acupuncture or a combination on a bigger cohort of patients and their short and long term out-comes. The main objectives of this study were the assessment of treatment strategies concerning plasticity of the nervous system, amendment of rehabilitation and improvement of short and long term functional and physical outcomes.

The design of the present research project (The Filoktisis Research Project) is multi-dimensional. Basically in order to evaluate baseline characteristics and treatment outcomes in evidence based medicine, we had to use valid and reliable tools. The majority of the scales and questionnaires used in rehabilitation medicine are not validated in Greek language for Greek speaking patients, assessors and clinicians. One of our objectives is to formally translate, adapt and validate key scales and questionnaires in Greek language such as, UK FIM+FAM and modified Ashworth Scale. Furthermore, we aim to assess the test-retest reliability of the scales by examining the interrater and intrarater reliability. Finally, in a randomized-controlled design we aim to evaluate the effect of TCM (combined or not with electro-acupuncture) in big cohort of patients in our rehabilitation Centre.

**Contact:** info@karavis.gr, www.karavis.gr, www.acuscience.gr

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## PAINFUL MULTIPLE SCLEROSIS, NEUROACUPUNCTURE, STANCE AND GAIT

**SAUTREUIL P.<sup>1,2</sup>, Thoumie Ph.<sup>1</sup>, Paillet D.<sup>2</sup>, Missaoui B.<sup>1</sup>, Bendaya S.<sup>1</sup>**

1. Department of Neuro-orthopedic Rehabilitation, Rothschild Hospital, AP-HP, Paris

2. Centre Paris Est, Fondation Hospitalière Sainte Marie, Noisy-le-Sec

**Introduction:** Multiple sclerosis is a degenerative inflammatory disease of the central nervous system. Often remittent and then progressive, some are dominated by pains, spasticity and weakness.

**Purpose of study:** To corroborate the perception of patients who say their state has improved after neuroacupuncture (dry needling punctured on the ashi-trigger points): less pain, less weak, more flexibility, with better equilibrium (Note 1).

**Study samples:** A woman, 65 years old, paraparetic walking with one stick; a man, 60 years old, paraparetic with predominancy on left side, walking without stick. Both are able to stand on the stabilometer platform, eyes open or closed during 52 seconds.

**Methodology:** Two tests are used:

1) evaluation of the static stability, before and after acupuncture;

2) analysis of a 20 meters gait with Locometrix® (a triple gyroscope analyzer, put on the patient low back with a belt).

**Results:** Stance has improved after acupuncture: the surface of the projection of the center of pressure can be divided in four. Gait is also improved: speed increases; symmetry, regularity, rhythm and power improve in the three dimensions.

**Synthesis:** Only a few Multiple Sclerosis patients are able to stand on a platform during 52 seconds, eyes open or closed.

The subjective evaluation of the benefits of local acupuncture is confirmed and illustrated by the analysis of their stance and gait. Is it the direct efficiency linked to acupuncture needles? Is it efficient through an improvement of spasticity? How does it interact with proprioception? Further studies are necessary to answer these important questions.

**Conclusion:** Neuroacupuncture, a local acupuncture of ashi-trigger points is effective on painful Multiple Sclerosis: it improves balance and gait at well as it reduces pain. We have to confirm those results with more patients' case studies and elaborate an hypothesis about the ways it works.

**Note 1:** Previous work (6 patients, simple measure) showed an improvement of 50% of stability, eyes opened (presented at ICMART symposium in Athens 2012). For this new study, tests are realized twice in order to minimize errors of measures.

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## ARE ZANG FU INDICATIONS OF AN ACUPOINT ONLY TWO SYNAPSES AWAY FROM ITS CUTANEOUS RECEPTIVE FIELD? A TRANSSYNAPTIC TRACING PARADIGM OF RETICULAR SUBNUCLEI IN THE BRAIN STEM

**FOSSION, J.P.**

**Background:** We reviewed literature in PubMed about the influence of acupuncture on the brain-stem. Labeling of anatomical substrates, with transsynaptic tracing of acupoints or measurement of early c-Fos expression after electro acupuncture, have been performed for acupoints LI4 [6], Pc5 [4,12,13,16,21], Pc6 [3,4,7,11,12,13,16,21], He7 [11], RM12 [5], St2 [9], St25 [15], St36 [1,6,14,15], St37 [1], Spl6 [2,3,4,7], Gb39 [2], Anmian [8] and auricular point Heart [10]. The involved substrates in the brainstem were: periaqueductal gray (PAG) [1,2,3,4,7,11,16,21], parabrachial nucleus [14], Kölliker-Fuse nucleus [11,14], locus coeruleus & -subcoeruleus [11], subnucleus reticularis dorsalis [5], nucleus tracti solitarii [6,8,9,15], area postrema [14], dorsal motor nucleus N.X [14,15], distal raphe nuclei [11,14], nucleus ambiguus [11,12,13], rostral ventrolateral medulla [6,7,15,16], nucleus reticu-laris paragigantocellularis lateralis [11,14] and inferior olive [6].

**Aim:** We discuss systematically neurophysiological effects of the main constituent anatomical substrates on the level of the terminal arborizations of the secondary afferent in the brainstem [17]. We compare especially the rostral medulla with indications of the most influential acupoints, canonized by TCM [18]. Do neurons of third order in the brainstem explain the indications of the involved transsynaptically traced or electrostimulated acupoints?

**Relevance:** The neuron of the dorsal horn is a sensory neuron of second order. Following a spinoreticular tract, the secondary afferent diverges into terminal arborizations in the reticular formation of the brainstem. They project either directly spinoreticularly or as collaterals of spinothalamic- or spinocerebellar pathways. Only one synapse has to be bridged by the transsynaptic tracer to reach these terminal arborizations. Therefore the target neurons in the brainstem of the third order are two synapses away from the receptive cutaneous field of the acupoint. This level can be sectioned and immunostained or determined by c-Fos activation. The apposed third order neurons explain the main indications of acupoints when hyper- or hypofunctional disbalanced and make pattern medicine feasible

**Limitations:** Although this two-synaptic-model is the most simple working hypothesis to explain sensorimotor- and neurovegetative indications of acupoints, two main properties of TCM remain unaccounted: first, how a disbalance within a configurational network can be restored by acupuncture and secondly, why some acupoints present psychiatric indications. We are interested respectively in the physiologic importance of astrocytes [20] and the affective motivational importance of the PAG in escapable- versus inescapable coping response strategies [21].

**Conclusion:** "Holistic" characteristics of acupoint indications can be explained on four levels. The neuron in the dorsal horn may be a Wide Dynamic Range (WDR) neuron which combines convergent multimodal afferences with premotor efference, accounting for segmental

indications of locoregional importance. The second level is constituted by the divergence of the spinoreticular arborizations of the secondary afferent, accounting for the heterogeneity of indications per point. The third level is the integrative function of the subnuclei of the reticular formation, combining multimodal afferent convergence with premotor preselected responses. Both these last levels account for Zang Fu indications which transcend the locoregional level. The fourth level is constituted by the PAG which generates stereotypical responses to the emotional context. The PAG encompasses all previous levels as its preselected effector sites. All higher centres, subcortical or cortical, also influence the brainstem as effector site, needing intercepting their action at the level of the brainstem.

**Author: Jean Pierre J. FOSSION** presides the education board for the general curriculum revision responding to the standards of the Chamber of Acupuncture

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## A REVIEW OF NEUROPROTECTIVE PHYTOCHEMICALS FROM TRADITIONAL JAPANESE MEDICINE

**Dr. Bernd KOSTNER** is a trustee member of the Austrian Acupuncture Association (ÖGA) and external teacher at Graz Medical University. He was formerly a research fellow at Osaka University and studied TCM in China and Japan. He is member of the organizing committee of the annual congress of the International Society of Japanese Kampo Medicine and editor of the German Journal of acupuncture

**Correspondence:** Hochstrasse 4, 1230 Wien, Tel.+4318887307, e-mail: kostner@gmx.at

Neurodegenerative and neurovascular disorders like Alzheimer's disease, Parkinsonism and stroke are major health problems of this century. These pathologies have increased due to ageing of the society in many developed countries. Japan is well known to be one of the first nations with an overaged population. Although it's health system is based on modern western standards, it had been decided to integrate traditional medicine ("Kampo") into the medical system nearly four decades ago. A number of scientific studies have demonstrated that several phytochemicals from traditionally used medicinal herbs have a strong capacity to protect nervous tissue from damage. Such chemicals include alkaloids, flavonoids, sterols, fatty acids, saponins, terpenes and other organical substances that have antiinflammatory and antioxidant effects on neuroglial cells. Some may directly affect molecular signaling and regulate receptors for inhibitory neurotransmitters. For example "tangeritin", a flavone that is found in peels of asian citrus fruits was proven to be a powerful anti-cancer agent that may also be capable to protect against Parkinson's disease. Other effective substances are ginsenoside, curcumin and epigallocatechin. However, phytochemicals can interfere with certain western drugs and should be used only by a qualified practitioner of oriental medicine. In Japanese "Kampo" medicine, insight from extensive scientific research is blended with ancient wisdom into an unique system that can effectively be integrated into a modern healthcare system.

## NEURAL THERAPY IN NEUROLOGY – NEW CASE REPORTS

**Georg DIMITRIADIS**, NT Austria, Vienna

Several Indications of Neural Therapy in Chronic Neurological Diseases (examples)

Rehabilitation and Mobilisation can be easier performed after Application of Neural Therapy

Case 1: A 68 year old man with Multiple Sclerosis for 37 years – complicated by an COPD, Pneumonia. Exacerbation of lumbar pain and bad walking – spasticity in the gluteal region, tendinopathy round the sacroiliacal joint. Several attempts of treatment with antirheumatic medication Approach with Examination Technique of Neural Therapy. Neural Therapy as a segmental treatment Pain relief, walking frame

Case 2: A 70 year old woman with an bilateral non-typical pain of the lumbar and femoral region depressive mood disorder, hypertension. Examination leads to an interference field – hysterectomy scar. Treating the scar and the sacroiliacal joint with lidocain. Pain relief, reduction of blood pressure, stabilized mood Neural Therapy as an adjuvant or causal treatment

**Author:** Born in Vienna 1962, Neurologist and General Practitioner, Neural Therapy since 1996

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## AN fMRI STUDY PRIOR AND POST ACUPUNCTURE TREATMENT DURING THE FIRST 24 HOURS OF SMOKING CESSATION.

**K. THEODORATOU, D. VERGANELAKIS, P. TOULAS**

Medical Diagnostic and Therapeutic Institute “Encephalos-Euromedica”, Athens, Greece

Substance dependence or addiction is nowadays understood in a multifactorial etiological model, which includes psychological, neurobiological, genetic, social and environmental factors. The cigarette is a very efficient and highly engineered drug delivery system. When tobacco is smoked, nicotine rapidly reaches peak levels in the bloodstream and enters the brain. Recent research has shown how nicotine acts on the brain to produce a number of effects. Of primary importance to its addictive nature is that nicotine activates reward pathways – the brain circuitry that regulates feelings of pleasure. A key brain chemical involved in mediating the desire to consume drugs is the neurotransmitter dopamine.

Nicotine withdrawal symptoms include irritability, craving, depression, anxiety, cognitive and attention deficits sleep disturbances, and increased appetite. These symptoms may begin within a few hours after the last cigarette, quickly driving people back to tobacco use. Many behavioral factors can also affect the severity of withdrawal symptoms. For some people, the feel, smell, and sight of a cigarette and the ritual of obtaining, handling, lighting, and smoking the cigarette are all associated with the pleasurable effects of smoking and can make withdrawal or craving worse.

Acupuncture has been used in the treatment of nicotine dependence.

An increase in levels of endorphin, enkephalin, epinephrine, norepinephrine, serotonin, and dopamine in the central nervous system and plasma has been reported as the most important mechanism of acupuncture.

This study will demonstrate the potential effects of acupuncture treatment for smoking cessation using the brain scanning method of fMRI to 10 heavy smokers and 5 nonsmokers. fMRI has been applied prior and post acupuncture treatment during the first 24 hours of smoking cessation.

Konstantina Theodoratou , MD, Med. Psyc., MSc in Acupuncture, Athens, Greece  
Konstantina Theodoratou after completing her medical degree in the University of Athens went to China to study acupuncture in Tianjin and Beijing Universities and finally in Guangzhou (Canton) Medical University acquiring her MSc in Acupuncture. She is also specialized in Medical Psychology and Addiction Counseling at the University of Athens. She participated in research, concerning behavior patterns in relation to acupuncture by the Academy of Athens' Biomedical Institute. In the recent years she lectures at the Greek Educational Institute of Acupuncture, Samag and Greek Veterinarian Society.

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## LASERACUPUNCTURE IN NEONATES WITH NEONATAL ABSTINENCE SYNDROME (NAS) DUE TO MATERNAL SUBSTITUTION THERAPY: FIRST RESULTS OF A RANDOMIZED CONTROL TRIAL.

**Wolfgang RAI TH, M.D.**, Research Group for Paediatric Traditional Chinese Medicine, Division of Neonatology, Department of Paediatrics, Medical University Graz, Auenbruggerplatz 30, 8036 Graz, Austria; Phone: +43 316 385 80599, Fax: +43 316 385 2678, E-mail: wolfgang.raith@klinikum-graz.at

**Purpose:** Neonatal abstinence syndrome (NAS) is experienced by infants who were exposed to opioids such as morphine, methadone, codeine, oxycodone and heroin in utero.

**Relevance:** The aim of the study was to investigate the effect of laser acupuncture therapy in neonates with NAS due to maternal substitution therapy.

**Participants:** This is a prospective, randomised, observer blinded, mono-centric study performed at the division of neonatology of the university teaching hospital, Graz. DRKS-ID: DRKS00004302

**Methods:** Laser acupuncture was performed with a III b laser: LABpen® MED 10: 675nm, 10mW(©Behounek, Graz, Austria). Laser acupuncture therapy following a standardised protocol based on the NADA-protocol: (Sympathetic, Shen men, Liver, Kidney, and Lung: time of laseracupuncture= 30 sec/each point) combined with body acupuncture (Large Intestine 4, Heart 7, Kidney 3, Liver 3: time of laseracupuncture= 60 sec/each point), bilaterally.

**Analysis:** Since the start of the pilot study (2008-4/2013) we evaluate 20 neonates with NAS due to maternal substitution therapy.

**Results:** Neonates with NAS due to maternal substitution therapy undergoing a combined laser acupuncture therapy of the ear and the body, require a statistically significant shorter oral morphine therapy than neonates with NAS without laser acupuncture therapy (**IG=28,4 days vs. CG=39,8 days, p<0,05**).

**Conclusion:** The limited data available suggests that laseracupuncture could be a safe non-pharmacologic treatment option for infants with NAS.

Our work is supported by the country of Styria/ science funds.

Wolfgang Raith is pediatrician and is working as neonatologist and intensive care specialist at the NICU of the university hospital Graz since 2001. Intensive engagement with acupuncture as a non-pharmacologic treatment option for pain reduction in term and preterm infants. He is member of the Research Group for Paediatric Traditional Chinese Medicine, TCM Research Centre Graz with the focus of acupuncture research.

## POST HERPETIC NEURALGIA MANAGED WITH HIGH FREQUENCY ELECTROACUPUNCTURE

**Chin CHAN**, Australia

**PURPOSE:** Report on 4 cases of post herpetic neuralgia of the chest treated with high frequency electro acupuncture.

**AIMS:** Studies of electro acupuncture treatment for post herpetic neuralgia yield encouraging but mixed results. 4 successful cases are presented to stimulate interest in this modality of treatment for a potentially disabling condition.

**METHODS:** 4 cases of thoracic post herpetic neuralgia were treated with high frequency low intensity electro acupuncture.

**RESULTS:** Pain reduction ranged from very good to excellent and analgesic medication was able to be discontinued in all cases.

**CONCLUSIONS:** Brief discussion of the neurophysiology. Further studies required to find the treatment parameters that produce optimum results.

**CONTACT DETAILS:** Dr Chin Chan (name: Chan, first name: Chin), email: cc@cchan.com.au

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## SYNERGIES IN RELATED TECHNIQUES – A CASE REPORT OF POSTTRAUMATIC AMPUTEE

**SERRAT K.**, M.D. Vienna, Austria

Patients with amputated extremities have various problems.

First there is a phase of wound healing and stump conditioning, when patients have stump pain. In the first period of wearing the prosthesis they may sweat a lot on the stump and have problems with skin quality. Ulcers come quiet often and hinder wearing the prosthesis.

Phantom limb feeling and phantom pain are frequent problems that occur in addition.

In this case report the patient shows all the problems mentioned above: a posttraumatic amputation of the right lower leg, osteomyelitis after injury with consecutive amputation left lower leg, healing problems on the right stump, phantom pain right, sweating left, and problems with prosthesis comfort on both stumps.

During the treatment many methods have been applicated: a new orthotic system was tested, Botulinum Toxin has been administered, acupuncture of the ear and YNSA had been done and Neuraltherapy (TLA) accelerated the healing process.

The perfusion of the peripheral skin tends to be a big problem in amputees. The muscle is not that big anymore and the vessels are not used to the effort needed.

Another problem is the length of the amputated extremity and the tissue around the bone that forms the stump-end. For this reasons, the goal is to stimulate the perfusion.

We know now that our techniques in Neural therapy and acupuncture can do this.

Botulinum Toxin is used very often for stopping hyperhidrosis of axilla. In analogy, we started to treat the skin of the stump for better skin quality many years ago.

This toxin is also known for pain therapy, for example migraine (PREEMPT I+II) and plantar fasciitis.

Phantom pain was the focus of a study conducted by Uwe Kern in 2004, who chemo enervated the very point of muscle trigger in the stump.

A similar approach was used in this case, only with little variances of the localization of injection points.

The conditions improved after the first two treatments, although continuous progression was observed the months before without treatment.

The patient is able to walk without aids and is pain free at moment. The sweating is reduced and prosthesis comfort increased. In discussion is whether surgery should be performed on the long, right stump to receive the usual stump form.

This case shows the close collaboration of many techniques of complementary medicine and conventional rehabilitation with the synergies in patient-management.

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## THE EFFECT OF ACUPUNCTURE ON VEGETATIVE DYSFUNCTIONS

**Johannes Nepp<sup>1,3</sup>, Nikolaus Hocke<sup>1,2</sup>, Manfred Bijak<sup>2</sup>, Michaela Bijak<sup>3</sup>, Alexander Meng<sup>3</sup>, Helmut Nissel<sup>3</sup>**

1. Ophthalmologic department, Medical University Vienna

2. Department of Biotechnology and clinical physic, Medical University Vienna

3. Johannes Bischof Institute of Acupuncture, Vienna (Chairman: Prof.Dr. H.Nissel)

**Introduction:** Functional disorders are common problems which are reversible and exist in all physiological systems. They are different and can be very small until extreme.

But there is a transition to diseases with morphologic and irreversible changes.

The functional system is mixture of cell function, controlled by immune, nerval and hormonal factors. Therefore disorders may be influenced by dysabilities of these systems.

Acupuncture is defined to influence the functional disorders mainly (De La Fuye).

The main target is a nerval reflex which influence neurotransmitters in the peripheral and central nerval system. Therefore a change of subjective stress and an improvement of functions is reported by the patients.

In this pilot study we tried to find out the dysfunction of the autonomous nerval system in patients with chronic conjunctivitis with dry eyes.

**Method:** 10 patients were observed by ophthalmic observations and by observation of nerval functions before and after acupuncture.

Measurements of pulse, temperature of a finger, sweating and tension of the trapezius muscle were performed. It was repeated three-times before and once after acupuncture.

Acupuncture was done with soft laser (5mW), once weekly, ten times.

The evaluation measured the change of functions of the nerval system, stress disorders, the eye disorders and the subjective problems.

**Results:** The severity score of dryness was significant worse in patients with dry eyes and there was no change in the first measurements before acupuncture. After acupuncture there was a significant decrease of dryness in all patients-subjective and objective.

The signs of vegetative dystonia were elevated compared to a control group.

The detailed calculations will be presented.

## MANAGEMENT OF PSYCHOSOMATIC DISORDERS

HAMMES M., Germany

We present a comparison of cultural conceptions regarding „Psyche“ in European and „Shen“ 神 in Chinese history. Quotations from literature in different historic periods elucidate the comprehension of mental and psychic phenomena in Chinese Medicine. The notions of Chinese medical literature are predominantly bridging the gap of dualism between body and soul with the inauguration of the superior category of „Qi“ 氣. Modern presentations of Chinese medicine however defraud the historic reality of a demon medicine.

We will discuss the development and relevance of demonological medical conceptions in the history of medicine in China until they get lost within the formation of a new Traditional Chinese Medicine. Demon medicine in its developing stages is understood as a propaedeutic of explaining mental diseases on a psychodynamic background. In turning away from these concepts Traditional Chinese Medicine has created a gap that could not be sufficiently filled by approaches from the medicine of correspondence alone.

Increased incidence of psychosomatic diseases in modern China and dissatisfying results with usual practice of traditional Chinese methods have stimulated the formation of a new field in Chinese Medicine. Under the term of traditional Chinese psychosomatics, western psychotherapy, psychotropic drugs, acupuncture, moxibustion and Chinese prescriptions of Materia medica are combined in treatment. With the current example of a clinic in China, settings are being described that allow for the multimodal integration of traditional Chinese methods with psychotherapy according to recent concepts in the West, pharmacology of psychotropic drugs and adjuvant stimulation therapies.

Saturday, November 30<sup>th</sup>, 2013

ROOM A: FREE PAPERS

14:00 – 15:45

### IS ACUPUNCTURE QUANTIFIABLE BY HEART RATE VARIABILITY (HRV)? A SYSTEMATIC REVIEW IN PATIENTS WITH CHRONIC PAIN

Ruben FOSSION<sup>1,2</sup>, Ph.D; Jean Pierre Fossion<sup>3</sup>, MD; Dolores Mino<sup>1</sup>, MD, M.Sc;  
Miguel-Angel Villasis<sup>4</sup>, MD, M.Sc

1. Instituto Nacional de Geriatria, Institutos Nacionales de Salud, México D.F., Mexico
2. Centro de Ciencias de la Complejidad, Universidad Nacional Autónoma de México, México D.F., Mexico
3. Belgian Association of Medical Acupuncture, Brussels, Belgium
4. Unidad de Investigación Médica en Inmunología, Hospital de Especialidades, Centro Médico Nacional Siglo XXI, IMSS, México

**PURPOSE:** Recently, Randomized Controlled Trials (RCT) have demonstrated the effectiveness of acupuncture treatment against chronic pain [1] and other ailments [2]. In the present contribution, we are interested in two specific topics of current research in acupuncture [3], 1) the working mechanism of acupuncture, and 2) why sham acupuncture (the placebo control) seems to achieve similar effects as verum acupuncture.

**RELEVANCE:** As a working mechanism, it has been proposed that acupuncture modulates the Autonomous Nervous System (ANS) in such a way that homeostatic equilibrium is restored [4]. The ANS is responsible for the adaptation of the heartbeat rhythm and other physiological processes to the external and internal environment. Heart Rate Variability (HRV) is a non-invasive biomarker that has been proven to quantify the state of the ANS, and to estimate the relative contributions of the antagonistic components of the Orthosympathetic (ONS) and Parasympathetic Nervous System (PNS) [5]. It has been suggested that an imbalance between the ONS and the PNS may be at the origin of many symptoms of chronic pain [6].

**METHODS & ANALYSIS:** We realized a systematic revision of the medical literature to localize RCT studies where chronic pain patients are treated with acupuncture, and where HRV is used to evaluate the outcome of the treatment. HRV is considered to be an objective outcome variable as it does not depend on the personal appreciation of the patient or practitioner [5].

**RESULTS:** In response to the current scientific questions, we find evidence that 1) acupuncture is able to modulate the ANS as seen by significant changes in HRV, and 2) HRV seems to discriminate between verum and sham acupuncture, whereas clinical and quality-of-life parameters tend to fail to do so.

**CONCLUSIONS:** Because we are dealing with a transdisciplinary research topic, on the crossroad between conventional medical science, traditional chinese medicine and time-series analysis from statistical physics, many of the studies included in the review present deficiencies in some of the fields mentioned. We conclude that there is an urgent need for a better integration between the different disciplines.

### **Acknowledgements**

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### **Biographic information on the authors**

Ruben Fossion has a Ph.D in nuclear physics. He is a researcher at the National Institute of Geriatrics, with as research topic the statistical analysis of data from continuous monitoring of physiological signals. He teaches timeseries analysis at the Universidad Nacional Autónoma de México.

Jean Pierre Fossion is a medical doctor and specialized in acupuncture. He teaches acupuncture and neuroscience, is chairman of the Scientific Committee of the ABMA-BVGA. He is in charge of the reform of the teaching program according the requirements of the ministry of health.

Dolores Mino is a medical doctor, specialized in pharmacology and with a master degree in medical science. She is a researcher at the National Institute of Geriatrics. She teaches medical methodology at the Universidad Nacional Autónoma de México.

Miguel-Angel Villasis is a medical doctor, specialized in pediatrics and with a master degree in medical science. Until recently, he was the director of education and research at the National Medical Centre Siglo XXI and is a Cochrane collaborator for Latin-America.

## HEMITHYREOIDECTOMY PERFORMED WITH ACUPUNCTURE ANESTHESIA: A CASE REPORT

**Ana P. MOREIRA, João Bosco G. Silva, João A. Padovani, Rassen Saidah**

Ana P. Moreira, MD, Anesthesiologist, acupuncturist. Department of Anesthesiology, Rio Preto Medical School (FAMERP), São Paulo, Brazil.

João Bosco G. Silva, MD, PhD, acupuncturist. Head of Acupuncture Service, Department of Medicine, Rio Preto Medical School (FAMERP), São Paulo, Brazil. Scientific Director of Brazilian Medical Acupuncture College.

João A. Padovani, MD, PhD, Department of Otorhinolaryngology, Rio Preto Medical School (FAMERP), São Paulo, Brazil.

Rassen Saidah, MD, PhD, Acupuncture Service, Rio Preto Medical School (FAMERP), São Paulo, Brazil.

**Purpose:** We relate a hemithyreoidectomy performed in the University Hospital of Rio Preto Medical School, São Paulo, Brazil, using only acupuncture anesthesia.

**Participant:** Patient GMR, female, 68 years old, thyroid nodule. Being a former acupuncture patient, she pursued the method when a surgery was indicated, and signed a consent term.

**Method:** Supine position, cardiac, blood pressure and oxymetry monitoring. The following points were needed: PC6, LI4, LI18, Yintang and Du Mai 20. Electro-acupuncture was performed in the first three pairs of points. The device was calibrated with a frequency of 5 Hertz, in the mode of continuous wave for a period of ten minutes. The intensity of the stimulus was the highest the patient could tolerate without feeling pain. After these ten minutes intensity was fully decreased and the frequency was changed to 100 Hertz, the wave to disperse-dense and intensity was increased again, now for twenty minutes. In these twenty minutes patient was released for field preparation and surgical asepsis.

To begin the surgery, the patient received only 5 ml of 2% lidocaine applied with insulin needle in the area of the incision, the only medication that the patient received in the procedure. This is necessary since the acupuncture shown to be ineffective for anesthesia of the skin.

**Result:** Surgery was performed in a conventional manner, only with careful delicacy because the method allows analgesia and not full anesthesia, and the patient may have the sense of touch and pressure.

Throughout the procedure, the patient remained awake and communicative and venous access was maintained just for an emergency. She was lightly hydrated not to produce diuresis since she had no urethral catheter.

The entire procedure took 75 minutes, 30 of analgesic induction and 45 minutes of surgery, which drew attention for its little bleeding. At the end, the patient, still awake and communicative, just reported discomfort in the operated area, mainly due to manipulation and prolonged neck extension. She received 1 g of Cefazolin, 100 mg of Ketoprofen and 1 g of Dipyron, the standard procedure of service. Immediately went to the room being released the next day.

**Conclusions:** This surgery is a part of surgical project with acupuncture anesthesia since 2001 in our college. We believe that the electrostimulation with different frequencies permits the release of several peptides, like enkephalin, endorphines and dynorphine, in many levels of Central Nervous System, producing sinergic effects and giving such result.

Comparing with the conventional surgery, which requires general anesthesia, endo-tracheal intubation, the risk of injury in the recurrent laryngeal nerve, post anesthetic recovery of 3 hours, constantly post operative pain, nausea, depression, adynamia, a lot of medication, usually 2 days of hospitalization; our method has great advantages.

As limitations, this kind of anesthesia requires a prolonged induction time and a cooperative patient who knows acupuncture and be confident in the technique. It may be an optimal option to that kind of patient, like those with hepatopathies, nephropathies, cardiopathies, or even elderly patients, who may not undergo to the conventional anesthesia.

Obs. In case of oral communication a video of the surgery will be presented.

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## “SHORT TERM GAIN, LONG TERM BENEFIT”

**Dr. David Robert LEE**, Australia

“Mens sana in corpore sano” – Sound Mind Sound Body.

Over the last 20+ years we, as medical practitioners, have been encouraging our patients to remain active and to exercise regularly as this will improve one’s health and mental abilities. Many of our patients have acted on this advice and started physical recreational activities. Some have taken this seriously by participating in organized sports, others prefer less supervised activities such as: daily walking, joining fun runs or exercising in the gymnasium.

A Study of Sports Participation in Australia in 2010 found:

- “An estimated 14.4 million persons aged 15 years and over, or 82.3% of the population living in occupied private dwellings, participated at least once annually in physical activity for exercise, recreation or sports”
- “The median frequency of participation in any physical activity was 2.5 times per week”
- “In terms of the top ten physical activities, the largest increase in total participation between 2001 and 2010 was aerobics/fitness, increasing steadily by 110% since 2001”
- “Walking has the highest total participation rate in both males (26.2%) and females (45.3%)”

This is a discussion paper looking into the management of patients suffering with recreational sports injuries from running and walking: the modalities of treatment used; the importance of exercise supervision; the rehabilitation after injuries.

The short-term gain and long term benefit of any medical treatment are determined by many factors. This presentation also highlights the importance of a holistic approach in management so as to achieve maximal outcome for our patients.

# PEDIATRIC ACUPUNCTURE IN GERIATRICS – IS THAT POSSIBLE? TREATMENT OF OLD PATIENTS WITH SHŌNISHIN

**WERNICKE Th.**, Germany

Experience has shown that old people and young children have much in common as regards motoric and sensory system. This similarity does also become obvious at the energetic level. Correspondingly with the decrease of the motor and sensory functions a decrease of the energetic potentials takes place. The evidence seems to suggest that with old people old energetic patterns are retrieved to an increasing extent, just like the ones activated during the first year of a baby's life. Using the example of 'feeling oneself' illustrates the close relationship between motoric, sensory and energetic.

Due to the characteristics that have to be considered with the acupuncture treatment of elderly and old people, a broad field of activity for Shōnishin, the Japanese children acupuncture, is opening up here. Unlike with the classical needle acupuncture, with Shōnishin a special instrument is used on the body surface. With this tool stroking movements, vibration treatment techniques, and tapping techniques are performed at particular reflex zones, meridians, and acupuncture points without penetrating the skin and thereby without any possible injury of the structures below.

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## HISTORY AND DEVELOPMENT OF ACUPUNCTURE BOOM

**Yung-Hsien CHANG**, China Medical University and Hospital

History refers to the human society and the actions and events of the past behavior of these events have systematically documented interpretation and research. History can provide people today with a lens to understand the past, and to act as a reference for the future. The history of acupuncture originated in China at least three thousand years ago. There is even some evidence that acupuncture may have been used by Europe Iceman "Ötzi", who have similar acupuncture points, as early as five thousand year ago. Acupuncture spread in the 6th century to Korea, Japan and Vietnam. In the 17th century it spread to the Netherlands in Europe and in the 19th century, to the United States. But in 1972 there was an acupuncture boom that spread around the world to 160 countries. In this boom, legends about acupuncture were born, but one myth will be debunked.

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## CANCER AND TCM IN SYNERGY

Author: **Dr. Gabriella HEGYI MD.PhD. Msc.**, (drhegyi@hu.inter.net)

<sup>1</sup> President of Hungarian Medical Acupuncture Association (delegate to ICMART) since 1997.  
– Head of CAM department, Pecs University, Hungary  
– Reserach-member of CAMbrella EU project

**History and purpose:** Hyperthermia is an ancient oncology method. It is the very first treatment modality for this type of disease, having 5000-year history. This natural approach is well correlating with the faraway developed medical concept in the same ancient time: the Traditional Chinese Medicine (TCM). Despite the roots are similarly natural, these concepts never met in synergy. We discuss the possible synergy based on the Western homeostatic

approach combined with the Eastern overall balancing ideas which they would like to realize in various actions of Yin-Yang equilibrium. (1)

**Relevance:** These mainly philosophical considerations had nowadays a new practical aspect: use the physiological feedback mechanisms supporting the natural homeostatic processes, and complete its control by investigation of the scaling behavior of the living system. Hyperthermia means overheating of the living object completely or partly. The fact the hyperthermia is not generally accepted as conventional therapy. The problem is its controversial performance. The controversy is originated from the complications of the deep heating and the focusing of the heat-effect. The idea of oncothermia solves the selective deep action on nearly cellular resolution. (2).

**Participants and Method:** Actual application of TCM in new form of oncothermia is discussed with results in Europe and China. (International co-operative network). We would like to demonstrate the force and perspectives of oncothermia, as a highly specialized hyperthermia in clinical oncology with cases completing with acupuncture. (3)

**Results:** Our aim was to prove the ability of onco-thermia to be a candidate to become a widely accepted modality of the standard cancer-care. We would like to show the proofs and the challenges of the oncothermia applications to provide the presently available data and summarize the knowledge in the topic.

**Discussion:** Like many early-stage therapies, oncothermia lacks adequate treatment experience and long-range, comprehensive statistics that can help us optimize its use for all indications but it is promising new method with synergy of TCM. (4).

**Keywords:** oncothermia, hyperthermia, homeostasis, Traditional Chinese Medicine, (TCM), herbal medicines, fluctuations, scaling, acupuncture

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Saturday, November 30<sup>th</sup>, 2013

ROOM A: WORKSHOP

16:00 – 19:00

## APPRAISAL AND DESIGN OF EFFECTIVENESS STUDIES ON ACUPUNCTURE

**WITT CM**, Institute for Social Medicine, Epidemiology and Health Economics, Charité Universitätsmedizin Berlin, Luisenstr. 57, 10117 Berlin, Germany, email: claudia.witt@charite.de

This workshop will provide hands-on guidance on appraisal and design of randomized studies for Comparative Effectiveness Research (CER). According to the definition of the Institute of Medicine in the USA is the generation and synthesis of evidence that compares the benefits and harms of alternative methods to prevent, diagnose, treat, and monitor a clinical condition or to improve the delivery of care. The purpose of CER is to assist consumers, clinicians, purchasers, and policy makers to make informed decisions that will improve health care at both the individual and population levels.

There will be an introduction in the main characteristics of CER, the basic aspects of the efficacy-effectiveness-continuum and existing indicator tools. Participants will appraise a recently published acupuncture trial and design in small groups own trials. The exercises will highlight the most relevant aspects and lead into a discussion.

Saturday, November 30<sup>th</sup>, 2013

ROOM C: FREE PAPERS

16:00 – 19:00

## THE GV 5, FROM THE TRADITIONAL TO CLINICAL PRACTICE

**KESPI J.M.**, France

### Traditional data

- **Name:** Xuanshu, suspension pivot.
- **Location:** below the spinous process of L1
- **The functions:** GV 5 brings up the kidney energy
- **The symptoms:** When it is blocked, there is an obstruction of Kidney qi in the pelvis, preventing it from rising to the other organs. This leads to a sense of blockage and fullness in the pelvis.

### Psychological disease

Mrs. M., age 51, was simultaneously very depressed and excited since at least 15 years, complaining that she was afraid of everything, suffered from phobias, had constant insecurity, thoracic anxiety with agitation and tachycardia, and insomnia with difficulty falling asleep and nightmares.

Physically, this woman said that since adolescence, she had periodically suffered from painful, liquid diarrhea, burning pain in the bladder with frequent urination; white vaginal discharges

without itching; some low back pain. The tip of her tongue was red. The proximal pulses (pelvis) were stronger than the distal pulses.

We note that some symptoms were pelvic. Some others were linked with Heart. The psychological symptoms arose from both categories. Pulses and symptoms suggest that there was a pelvic blockage of the Kidney qi. I treated successfully GV 5 to liberate energy from the Kidneys and VC 15 to unblock energy of Heart.

### **Conclusions**

They are doubles.

**The V.G. 5 is a pivot.** It brings up energy of Kidneys. It is disrupted in situations of helplessness among others due to fear, but not only.

Investigation of Chinese pulses are here helpful.

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## **EFFECTIVENESS OF ACUPUNCTURE AS ADJUNCTIVE THERAPY IN ASSISTED REPRODUCTIVE FERTILIZATION (IN VITRO FERTILIZATION – IVF) SERIES OF 104 CASES**

**Silvio Harres, MD; Catarina Costa, MD; Carlos Link, MD**

**Background:** Evidence on the efficacy of acupuncture as adjunctive therapy in assisted reproductive techniques (In vitro fertilization – IVF) is still uncertain.

**Objective:** To determine whether acupuncture is effective to provide greater success in IVF when compared with IVF without acupuncture

**Design:** series off 104 cases using acupuncture and IVF compared with IVF patients without acupuncture as adjunctive therapy.

**Setting:** Two outpatient clinics (an acupuncture medicine facility and an assisted reproductive facility)

**Patients:** 104 female patients with reproductive problems.

**Intervention:** 20 true acupuncture sessions and IVF over 17 weeks in all 104 patients.

**Controls:** Other patients of IVF who do not received acupuncture.

**Measurements:** Primary outcomes were the rate success of positive pregnancy. Secondary outcomes were the rate reduction of abortion during the first twelve weeks of pregnancy in which the risk is higher.

**Results:** Participants in the acupuncture group experienced a greater success: the result (49%) when compared to the group that didn't receive acupuncture during the fertilization (26%)

**Limitations:** The number of patients is small to reach the conclusions, when analyzed by different causes of infertility

**Conclusions:** Acupuncture seems to provide improvement in the rate success of assisted reproduction fertilization.

## IDENTIFICATION AND THERAPY OF AREAS OF DISTORTION AND REGULATION BLOCKAGES IN THE BODY'S INFORMATION FIELD (HUMAN BODY-FIELD)

**Folker MEISSNER**, Chairman of German Academy of Energy Medicine and Bioenergetics (DAEMBE), Koenigswinter (Germany)

**Purpose:** Areas of distortion are considered to preventing the body from healing through blocking its regulation system. In addition to modalities like controlled acupuncture technical systems were tested regarding their capacity to facilitate identification and treatment of areas of distortion.

**Relevance:** Technical assistance in identification and treatment of blockages of the body's regulation system (self healing capacity) effectively reduces time and effort of clinical examination and increases long-term cure rates.

**Participants:** Folker Meissner and his clinic team

**Methods:** In every single treatment session the patients had to undergo an absolutely non-invasive 20 seconds body-field scan using NES ProVision software and scanner plus a complete examination according to controlled acupuncture regimes as given by the German Academy of Acupuncture.

**Analysis:** The results of scanning and controlled acupuncture were documented and compared as qualitative patterns. No quantitative analysis was conducted.

**Results:** While controlled acupuncture showed areas of distortion primarily in the fields of oscillation, scars, local inflammation and presence of heavy metals, the NES scans did not only reveal these triggers, but also showed causes like the presence of fungal or bacterial infections or their scars, dysfunctional metabolism due to disturbed absorption, blockages in the central nervous system and links to emotional imbalances.

**Conclusions:** Using informational medicine devices to examine the human bodyfield for irregularities may increase the efficacy of any regulation therapy including acupuncture and provide a bigger picture of the patient and their network of causes of being ill. Due to the short examination time of only 20 seconds body-field scans can easily be integrated in the examination process and should be used as a complement to the modalities already used or may even replace more time consuming or invasive methods.

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## VERUM AND SHAM ACUPUNCTURE EXERT DISTINCT CEREBRAL ACTIVATION IN PAIN PROCESSING AREAS: A CROSSOVER FMRI INVESTIGATION IN HEALTHY VOLUNTEERS

**USICHENKO T.**, Germany

**Background:** Although acupuncture is effective for treating pain, its site-specificity is questioned. The aim was to compare the cerebral responses of needling applied to an acupuncture point to the needling of a sham point, using functional magnetic resonance imaging (fMRI).

**Methods:** Twenty-one healthy male volunteers were enrolled. Manual stimulation of the acupuncture (ST44) and sham points on the dorsum of the left foot was performed during fMRI in a crossover manner. fMRI data analysis was performed contrasting the ST44 and the sham conditions. Pain intensity, subjective discrimination of the needling site and the incidence of "Qi" sensation were additionally recorded.

**Results:** Stimulation of ST44 acupoint, in comparison to the sham procedure, was associated with an increased fMRI-activation in the primary somatosensory, the inferior parietal and the prefrontal cortex and the posterior insula. Sham needling was associated with increased activation in the anterior cingulate cortex and the anterior insula.

**Conclusion:** Verum acupuncture increased the activity of discriminative somatosensory and cognitive pain processing areas of the brain, whereas sham needling activated the areas responsible for affective processing of pain. This may explain favorable effects of verum acupuncture in clinical studies about treatment of chronic pain patients.

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## PSYCHOTHERAPEUTIC EFFECTS OF ACUPUNCTURE IN BLEPHAROSPASM

**Johannes Nepp**, Johannes Bischko Institute of Acupuncture, Vienna  
(Chairman: Prof. Dr. H. Nissel)

**Introduction/Purpose:** Blepharospasms are neurologic and ophthalmologic diseases with handicap of life by visual impairment. Treatments are performed with botulinum toxin to reduce the muscle tension. Many of those patients suffer from psychological complaints like anxiety, depression and mental coercion. Therefore psychotherapeutic treatments try to reduce spasm by relaxing methods.

Trials with acupuncture have shown an influence on psychic and muscle dysfunctions.

This study observed the difference of psychological treatment with effects of acupuncture.

**Method:** Patients (12) with blepharospasm who had no effect after treatment with Boulinum toxin have been treated with acupuncture and psychotherapy. Subjective complaints and handicap where observed by Elston score. Acupuncture was performed with needles, once a week for ten times on points with effect on psychic tension and muscle dysfunction.

Psychotherapy was performed with relaxation by Jacobson, talk-therapy (Rogers) and emotional guided imagination. We compared the effect of both methods.

**Results:** Patients who were treated with psychotherapeutic methods had the same effect on muscles like acupuncture. There was a late onset and little effect by acupuncture in the begin of therapy but a better effect on somatic dysfunctions.

After psychotherapy there was a better relaxation by active mental training, but patients had more troubles by reworking their problems. Some patients therefore had more spasm after psychotherapeutic talk. After their therapy both methods were combined and showed best results with long term effect for about 6 months.

**Conclusion:** There is a similar effect of acupuncture and psychotherapy on mental disorders with blepharospasm.

Both methods have different problems and are best to be combined.

For patients who are resistant on botulinum therapy acupuncture may be a good opportunity.

## THE BOEL'S EYE-ACUPUNCTURE

DORFER L., Austria

15 years of experience with an effective method for many hopeless patients with macula-degeneration: About 50 percent of all patients with macula-degenerations MD can benefit of the special Boel eye-acupuncture. In this lecture the systematic procedure will be presented and the modifications according to my experience are shown up to motivate more practitioners to use this effective tool in the treatment of MD

Saturday, November 30<sup>th</sup>, 2013  
ROOM C: SESSION: YOUNG SCIENTISTS  
16:00 – 17:30

### DEVELOPMENT OF AN ACUPUNCTURE TREATMENT PROTOCOL FOR A CLINICAL TRIAL IN PALLIATIVE CARE

Sybille KRAMER MD<sup>1,2,3</sup>, Dominik Irnich MD<sup>2</sup>, Stefan Lorenzl PhD<sup>1</sup>

1. Department of Palliative Medicine, Klinikum der Universität München
2. Multidisciplinary Pain Centre, Department of Anesthesiology, University Hospital, Ludwig-Maximilians-University, Munich.
3. Departments of Orthopedic Surgery, Physical Medicine and Rehabilitation, University Hospital, Ludwig-Maximilians-University, Munich.

**Purpose:** The aim of this survey was the development of an acupuncture treatment protocol for a clinical trial in palliative care. The clinical trial evaluates the effects of acupuncture on the symptoms nausea, dyspnea, itching, hypersalivation, xerostomia, depression and anxiety in comparison to sham-acupuncture and pharmacological symptom control. The semi-standardized protocol for the acupuncture treatment in this trial was designed to combine the advantage of an individual acupuncture treatment with the comparability of a standardized point protocol in clinical acupuncture trials.

**Methods:** A request was sent out to all members of the faculty of the German Medical Acupuncture Association (DÄGfA) asking them to list in order of importance essential acupuncture points for the treatment of each symptom.

**Results:** Statements from eight members were obtained. According to their chosen points, a treatment protocol was designed consisting of obligatory and optional acupuncture points for the treatment of each symptom. The obligatory points are: nausea PC 6, ST 36, CV 17; dyspnea CV 17, PC 6, LU 7; itching: HT 7, LI 11, GV 20; hypersalivation ST4, GV 26, CV 24, ST 40; xerostomia ST6, ST7, KD 3; depression HT 7, LI3, SP6, HT5; anxiety HT7; KD 3; GV20. The full treatment protocol will be presented at ICMART Young scientist Symposium.

The study was supported by Stifterverband der deutschen Wissenschaft

## AURICULAR ACUPUNCTURE REDUCES PRE-EXAM ANXIETY IN MEDICAL STUDENTS – A RANDOMIZED CONTROLLED TRIAL

**Authors:** KLAUSENITZ, Catharina<sup>1</sup>; LEUTZOW, Bianca<sup>1</sup>; KOHLMANN, Thomas<sup>2</sup>; WENDT, Michael<sup>1</sup>, USICHENKO, Taras<sup>1</sup>.

**Institutions:** <sup>1</sup>Department of Anaesthesiology and Intensive Care Medicine; <sup>2</sup>Institute of Community Medicine; University Medicine of Greifswald

**Objectives:** Auricular acupuncture (AA) is used to treat situational anxiety in clinical setting (1,2). We studied whether AA can reduce pre-exam anxiety vs. placebo and “waiting list” in a crossover trial.

**Methods:** Healthy medical students undergoing oral anatomy exams were enrolled according to eligibility criteria. Each student underwent 3 comparable exams with an interval of 1 month, receiving either verum AA, placebo or no intervention (“waiting list”); the order of interventions was randomised. AA was applied using indwelling fixed needles bilaterally at the points MA-IC1, MA-TF1, MA-SC, MA-AH7 and MA-T on the day before exam. “New Pyonex” placebo needles were used for control procedure. Anxiety level, measured using visual analogue scale 100 mm (VAS-100) before and after AA intervention and immediately before exam, was the primary outcome. State-Trait-Anxiety Inventory (STAI), duration of night sleep, blood pressure, heart rate, salivary cortisol and the quality of participants’ blinding were also measured and analysed using repeated-measures ANOVA with Bonferroni-adjustment.

**Results:** All 44 included participants finished the study. Anxiety levels (both VAS-100 and STAI) were reduced after verum and placebo interventions compared to baseline and waiting list ( $p < 0.01$ ), verum AA was better than placebo immediately after AA ( $p = 0.03$ ). Duration of sleep improved after both interventions, however without statistical significance ( $p = 0.09$ ). The participants could distinguish between verum and placebo intervention ( $p < 0.001$ ).

**Conclusion:** Both verum and placebo auricular acupuncture reduced pre-exam anxiety in medical students. The superiority of verum over placebo might be due to insufficient participants’ blinding.

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## EFFECTS OF ACUPUNCTURE ON SYMPTOMS AND MUSCLE FUNCTION IN DELAYED-ONSET MUSCLE SORENESS

**Jan WILKE, Tobias Engeroff, Daniel Niederer, Lutz Vogt, Marcus Bernhörster, Markus Hübscher, Kerstin Auerbach, Theresa Weber, Winfried Banzer,** Department of Sports Medicine, Goethe University Frankfurt, Frankfurt am Main, Germany

**Purpose:** This study was conducted to investigate the effects of standardized acupuncture treatments on symptoms and muscle function in exercise-induced delayed-onset muscle soreness (DOMS).

**Relevance:** Existing research on the effects of acupuncture to alleviate DOMS shows inconsistency 1,2. In addition, due to methodological limitations, evidence from these studies is limited.

**Methods:** A prospective, randomized, controlled, observer and subject-blinded trial was carried out. Sixty healthy subjects (♀: 38, 21.5 ± 0.37 years) were randomly assigned to

5 treatment groups (n= 12 each group). Treatment groups consisted in: acupuncture (deep needling at classic acupuncture points); sham-acupuncture (superficial needling at non-acupuncture points); laser acupuncture; placebo-laser-acupuncture, and control (no needling). DOMS of the nondominant elbow-flexors was experimentally induced through eccentric contractions until exhaustion. The outcome measures were pain perception (visual analogue scale; VAS; range: 0–10 cm), mechanical pain threshold (MPT; pressure algometer), and maximum isometric voluntary force (MIVF; force transducer). Treatment was applied immediately, 24 and 48 hours after DOMS induction. Measurements of MPT and MIVF were made prior to DOMS induction as well as after every treatment session. VAS data were acquired after DOMS induction as well as post-treatment. Final pain, MPT, and MIVF measurements were performed 72 hours after DOMS induction.

**Analysis:** Multivariate analysis of variance (MANOVA) for dependent samples were conducted to reveal between group x time differences followed by alpha-error-adjusted post-hoc testing (in case of significance).

**Results:** The mean VAS (F= 2.0), MPT (F= .4) and MIVF (F= .6) scores did not differ significantly between groups ( $p > .05$ ).

**Conclusions:** Acupuncture seems to have no effects on perceived pain, mechanical pain threshold and muscle function in delayed onset muscle soreness. Further study is warranted to reveal possible circumstances and conditions whereas acupuncture may be able to impact on DOMS.

**Acknowledgement:** The present study was funded by the German Medical Acupuncture Association (DÄGfA).

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## DEVELOPMENT OF THE CHILD NEEDLE SENSATION QUESTIONNAIRE (CNSQ)

**Authors:** Eric ANDERS, MD; Mario Rüdiger, MD; Christian Vogelberg, MD.,

Author affiliations: Department of Pediatrics (Drs. Anders, Ruediger and Vogelberg), Carl Gustav Carus Universityhospital TU, Dresden, Germany

Corresponding author: Eric Anders, MD, Department of Pediatrics, Carl Gustav Carus Universityhospital – TU Dresden, Fetscher Str. 74, 01307 Dresden, Germany, Phone: (49) 351 458 18942, e-mail: eric.anders@uniklinikum-dresden.de

**Keywords:** acupuncture, children, de qi, questionnaire, development

**Objective:** De qi sensations often occur during acupuncture treatment and are believed to be important for a successful acupuncture therapy. To quantify de qi sensations first questionnaires were mainly derived from pain questionnaires. The Southampton Needle Sensation Questionnaire (SNSQ), the most recent developed questionnaire, contains also qualitative aspects. So far there exist no questionnaires for children.

**Methods:** We created a sentence based questionnaire for children on the basis of the SNSQ. The first version contained 17 sentences and 25 items and was tested by means of a 1 to 1 connection test in 40 adults. In the second revised version of the child needling sensation questionnaire (CSNQ), the number of items was reduced to 17 and tested in 49 adults. Subsequently we applied bilateral LI 4 Pyonex needle acupuncture to 20 adults and xx school aged children and measured de qi sensations with the CSNQ. Pain was measured with a visual analogue numeric rating scale (NRS 11) 0-11.

**Results:** The second version of the CSNQ reached a mean item identification rate of over 90%. The most common de qi sensation in adults and children was spreading. Children chose fewer items than adults ( $p < 0,05$ ). Children 1,2 (SD +/- 0,83) and adults 1,2 (SD +/- 1,15) reported similar pain under bilateral LI 4 acupuncture on visual analogue NRS 11.

**Conclusion:** CSNQ could be used routinely in acupuncture trials in children to address specific and non-specific acupuncture effects related to acupuncture modalities and sites. The CSNQ should be shortened for practicability issues for clinical acupuncture research. Adults and children reported the same pain intensity.

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## SHORT-TERM EFFECTS OF ACUPUNCTURE AND STRETCHING ON MYOFASCIAL TRIGGER POINT PAIN OF THE NECK: A DOUBLE-BLIND, PLACEBO-CONTROLLED RCT

Jan WILKE<sup>1</sup>, Lutz Vogt<sup>1</sup>, Daniel Niederer<sup>1</sup>, Markus Hübscher<sup>1</sup>, Judith Rothmayr<sup>1</sup>, Danijel Ivkovic<sup>1</sup>, Marcus Rickert<sup>2</sup>, Winfried Banzer<sup>1</sup>

1. Department of Sports Medicine, Goethe University Frankfurt, Frankfurt am Main, Germany
2. Department of Spine Orthopedics, Orthopedic University Clinic Friedrichsheim, Frankfurt am Main, Germany

**Purpose:** This study was done to evaluate the short-term effectiveness of acupuncture and stretching to reduce pain and improve range of motion in patients afflicted with cervical myofascial pain syndrome.

**Relevance:** Myofascial pain syndrome is commonly associated with restricted range of motion and pain arising from trigger points. Recent literature indicates that acupuncture is able to alleviate the symptoms. A combination with additional stretching exercises could support therapeutic success.

**Methods:** Nineteen patients ( $\bar{x}=11$ ,  $\bar{s}=8$ ,  $33 \pm 14$  years) with myofascial neck pain were included in the double-blind crossover study. In randomized order, they received the following treatments with one week of washout in between: acupuncture and stretching, acupuncture and placebo laser acupuncture. Mechanical pain threshold (MPT), measured by means of a pressure algometer represented the primary outcome. Secondary outcomes consisted in motion-related pain (100mm visual analogue scale, VAS) and cervical mobility. Range of motion (ROM) was recorded with an ultrasonic 3D movement analysis system. Outcomes were assessed immediately prior and 5, 15 and 30 minutes post treatment.

**Analysis:** Friedman tests with post hoc bonferroni-holm correction were computed to compare differences between treatments.

**Results:** After 5 minutes, both acupuncture as well as acupuncture and stretching increased MPT by 5 respectively 11 percent. However, only acupuncture and stretching was superior to placebo ( $p < 0.05$ ). There were no significant differences between the interventions at 15 and 30 minutes post treatment. VAS did not differ between treatments at any measurement. Five minutes after application of acupuncture plus stretching, ROM was increased significantly more in the sagittal plane and in the transversal plane compared to placebo ( $p < 0.05$ ).

**Conclusions:** The combination of acupuncture and stretching could represent a suitable treatment option to improve range of motion and reduce cervical trigger point pain in the short-term. However, further well-designed studies are warranted.

**Acknowledgement:** The present study was funded by the German Society for People with Muscular Diseases (DGM).

**Jan Wilke** studied Sports Sciences in Göttingen (Germany) and Granada (Spain). After working with high level athletes of different sports he joined the Department of Sports Medicine of the Goethe University Frankfurt.

**Sunday, December 1<sup>st</sup>, 2013**

**MAIN HALL: INSOMNIA**

**9:00 – 10:00**

## **ACUPUNCTURE AND CHINESE HERBAL MEDICINE IN INSOMNIA: AN OVERVIEW OF PUBLISHED DATA**

**STOCKERT K.**, Austrian Acupuncture Society

One third of the general population worldwide suffers from insomnia, 10-15 % of the adult population from chronic insomnia, 25-35% from occasional or transient insomnia.

Besides problems in difficulty of falling and staying asleep, insomnia is very often accompanied by day time consequences like fatigue, decreased alertness and concentration, and mood disturbances.

Daytime deficits heighten the risk of absenteeism, impaired work performance and higher risk for car accidents, all of them associated with a high economic burden.

Although effective pharmacological treatments are available for short-term management, their uses are limited for long-term treatment due to concerns about long term efficacy, potential for dependence, abuse and adverse effects.

Since current available treatments have their limitation, CAM medicine has been sought to treat insomnia.

In this lecture I will summarize recent scientific research on acupuncture and Chinese Herbal Medicine for the treatment of insomnia to evaluate their efficacy and effectiveness.

Dr. Karin Stockert

General Practitioner in private praxis since 1992

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

Board member of the Austrian Society of Acupuncture since 1995

External Expert for acupuncture at the Post Graduate Master Course for TCM at the Medical University Vienna

Lecturer at the Medical University Graz (SSM-TCM)

Lecturer for TCM at University Vienna

## PLACEBO-CONTROLLED POLYSOMNOGRAPHIC STUDIES ON THE ACUTE EFFECT OF ACUPUNCTURE IN PRIMARY INSOMNIA WITH 10-WEEK OPEN FOLLOW-UP

SALETU-ZYHLARZ Gerda M<sup>1</sup>, Meng Alexander<sup>2,3</sup>, Anderer Peter<sup>1</sup>, Doll Evelyn<sup>1</sup>, Rosales-Rodriguez Sergio<sup>1</sup>, Bijak Michaela<sup>2,3</sup>, Stockenhuber Daniela<sup>2,3</sup>, Nissel Helmut<sup>2,3</sup>, Saletu Bernd<sup>1,4</sup>

1. Universitätsklinik für Psychiatrie und Psychotherapie, Medizinische Universität Wien
2. Österreichische Gesellschaft für Akupunktur, Neurologisches Zentrum Rosenhügel
3. Johannes Bischof Institut für Akupunktur, Wien
4. Schlaflabor Rudolfinerhaus, Wien

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## EEG MAPPING AND PSYCHOMETRIC INVESTIGATIONS ON THE ACUTE AND CHRONIC EFFECTS OF ACUPUNCTURE IN PRIMARY INSOMNIA: EVIDENCE FOR AN IMPROVEMENT OF VIGILANCE, THY-MOPSYCHE AND NOOPSYCHE

SALETU B., University of Vienna

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## SLEEPING WHILE BEING AWAKE – QIGONG AS AN ADDITIONAL THERAPY FOR INSOMNIA

Ute ENGELHARDT, Munich, Germany

This paper is divided into three parts and begins with exploring the significance of sleep in the practices of nourishing life (yangsheng). As early as in the text “Ten Questions” (Shiwen 十問) of the Mawangdui 馬王堆 -manuscripts (168 BC) there is a central statement of the renowned physician Wenzhi, when being asked by the King Wei of Qi about the Way (dao) “in two or three words and no more”.

He replies:

“Your Servant’s practice of the Way (dao) consists of three hundred fascicles, but sleep is foremost.”

Later there are many chapters in different handbooks of yangsheng, which devote themselves exclusively to sleep.

The second part of this presentation deals with the daoist and alchemist Chen Tuan 陳搏 (ca. 920-989), who is known to have developed sleeping-exercises (shuigong 睡功). He is said to have been able to stay in a sleep-like state of trance for several months. Twelve of his exercises have come down to us in the handbook “Marrow of the Red Phoenix” Chifengsui 赤鳳髓 of Zhou Lüjing 周履靖 of the late 16. century.

Finally, in the last part of my paper I shall discuss recent clinical studies trying to prove the effectiveness of Qigong and Taiji for insomnia and moreover I shall introduce the main features in the practice of Qigong and Taiji, which can lead to improve the quality of sleep.

Dr. Ute Engelhardt

Vicepresident of the International Society for Chinese Medicine (SMS)

Chief editor Chinesische Medizin, Lecturer at the Department of Asian Studies,

Munich University, Elisabethstr. 11, D-80796 München,  
Tel: 089/ 27 81 85 39, Fax: 089/ 273 99 657, Mail: u.engelhardt@tcm.edu

Dr. Ute Engelhardt is sinologist specialized in Chinese Medicine, dietetics as well as Taiji and Qigong. She is vice-president of the International Association of Chinese Medicine (SMS), editor-in-chief of the journal Chinesische Medizin and lecturer at the Institute of Sinology, Department of East Asian Studies, University of Munich. She has written several books on Qigong and Taiji as well as on Chinese Dietetics. Besides of her scientific research she practices and teaches Taiji, Qigong and dietetics for more than thirty years.

**Sunday, November 1<sup>st</sup>, 2013**  
**MAIN HALL: ARTHRITIS, ARTHROSIS**  
**10:30 – 12:00**

## **INTEGRATIVE NUTRITION IN ARTHROSIS, ARTHRITIS AND OSTEOPOROSIS – COMBINING WESTERN AND CHINESE NUTRITIONAL TREATMENT**

**Dr. med. Dipl. oec.troph. Uwe SIEDENTOPP, MD**

Nutrition is an important part in the prevention and treatment of arthrosis, arthritis and osteoporosis. Body mass index and weight curve, energy intake, macro- and micronutrient supply and gastrointestinal functions influence the progress and outcome of these diseases. The diagnostic assessment should include a standardized diet history, clinical information as well as specific nutritional lab data. They are necessary to create an individual nutritional concept. Evidence based guidelines of the modern western nutritional science and their realization in patient's everyday life will be discussed. Chinese Medicine is using different traditional diagnosis systems for the classification of the chronic bone diseases. We find syndromes according to the meridians, Zang-Fu organs and five elements, Ba Gang and pathogenic factors. The Chinese dietary recommendations for the treatment of Bi-syndromes, Qi deficiency of Spleen, Lung and Kidney as well as Kidney Yin-, Yang- and Jing deficiency are based on the qualitative aspects of food in TCM. The most important effects are due to temperature and flavor. Depending on the different syndrome patterns, practical counseling select hot, warm, neutral, cool or cold food with salty, sour, bitter, sweet or pungent flavors. Combining western and Chinese nutritional treatment will be demonstrated by own case reports and recipes. The integration of an individual Chinese nutritional program into western scientific medicine improves life quality and increases the motivation of our patients.

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## **DE AUREA AETATE – MEDICAL ACUPUNCTURE AS A PART OF MULTIMODAL THERAPEUTIC OPTIONS IN RHEUMATOLOGY DURING THE 2ND HALF OF LIFE**

**Dr. Med. (H) Henriette MURAKOZY**, Rheumaklinik Dr. Lauven, Bismarckstraße 7,  
32545 Bad Oeynhausen, Germany

**Purpose:** To investigate the efficiency of **Acupuncture** as a part of multimodal therapeutic options in **rheumatologic** disturbances (primary **Spondylarthritis** / secondary Spondylarthrosis) during **2<sup>nd</sup> half of life**

**Relevance:** **Clinical prospective controlled study** to evaluate of effectiveness of acupuncture as a part of a multi-modal „body & mind & soul medicine” therapy regime, in combination with antirheumatic drug-, physical- and gymnastic (preventive and therapeutic exercises) / spa / relaxing techniques, elements of UNESCO program: „arts in hospital”, during 2<sup>nd</sup> half of life.

**Participants:** 2015 indoor patients F:M= 4:1 (1612 F : 403 M) aged 50–91 years in a period of 7 years (1.10.2006 – 31.8.2013), with primary inflammatory and secondary degenerative diseases treated **with acupuncture** as a part of a multi-modal therapeutic regime.

**Control:** 2040 indoor patients F:M= 4:1 (1632 F: 4038 M) aged 50–91 years in a period of 7 years (1.10.2006 – 31.8.2013), with primary inflammatory and secondary degenerative diseases treated **without acupuncture** with a multi-modal therapeutic regime.

**Methods:** Study design - **prospective follow-up study**

Statistical analysis (Student T-probe) of pain-relief, down-regulation of inflammation and reduction of impairment of motion in both groups of the inpatients on the 1st day, 12th day of the standard block of complex multi-modal, clinical pain management and after 6th and 12th months ambulant control in a „tight control” follow-up re-evaluation.

**Clinical assessments:** Ø 5x acupuncture every second day within 12 indoor therapy days were performed in a combination of a standard 21 points cluster „pine” of classical acu-points and 2 points anti-depressive **auriculotherapy**

Ø At the beginning and at the end of each acupuncture session and at the ambulant control investigations at the 6th and 12th month the pain intensity outcomes were ranked on the Pain Intensity Scale from 100% (worst pain) to 0% (no pain).

Ø Serum levels of inflammatory parameters, activity and mobility indexes (DAS28, CDAI, SDAI, BASDAI, HAQ) were detected before, during and after complex treatment, and at the ambulant control investigations at the 6th and 12th month too

**Results:** The results showed good improvement and significant alleviation of pain, (PIS from 7-8 to 2-3) and inflammatory signs and symptoms, joint damage, with lower medicine consumption and fewer intra-articular infiltration, lasting up to 6 months after emission **6,6 Months (p< 0.05)** in the acupuncture group, less in the control group.

**Conclusions:** On the basis of these findings the conclusion of the beneficial role of complementing acupuncture treatment of primary inflammatory and secondary degenerative rheumatological disorders during 2nd half of life was drawn. Acupuncture can be recommended as a mono-therapy or as a part of complex, effective analgetic and anti-inflammatory therapy for rheumatic diseases during 2nd half of life

**Three-line biography note of the author**

**Dr. med. (H) Henriette Muraközy** \*16.02.1957, Budapest/Hungary:

„Dr. Med. Univ.” 1981 Budapest, Philosophy Diploma 1984, Rheumatologist, Physiotherapist und Balneologist 1987, clinical Immunologist, Allergist 2000, Diploma Acupuncture 1996, since 1988 in **Germany:** medical Diploma 2003 Münster, Emergency Medicine 2003 Münster, Internist/General Practitioner 2006 Dresden, Internist/Rheumatologist 2007 Berlin/Dresden. Medical Chief of Rheum clinic Dr. Lauen Bad Oeynhausen since 2006 Germany.

## ATHROSIS AND PAIN SYNDROMS – TREATMENT WITH INTEGRATIVE ACUPUNCTURE AND LOW LEVEL LASERTHERAPY

**ALUANI P.**, Austria

Prof Litscher, scientist in Graz, demonstrated in one of his studies that a combination of body acupuncture and MAP acupuncture is more effective than one system alone. Integrative is a special combination of traditional body acupuncture, ear acupuncture and a special form of the ECIWO acupuncture – the clavicular acupuncture.

In the the second part I will give an overview about the evidence of low level laser therapy in pain therapy. Most of the studies presented in the last years, showed that LLLT is equal to NSAR in treatment of acute and chronic cervical syndrome. One of these studies was published in the lancet. So LLLT should be an integral part in the treatment of pain syndromes the musculoskeletal system.

Then I will present 4 case studies in treatment of Bone Bruise. Bone Bruise is an Edema of the bone only visible in the MRT. The reason of Bone Bruise is normally traumatic. The common therapy of Bone Bruise is Iloprost i.v. (Ilomedin®). There are few drawbacks for Iloprost: It is very expensive and hospitalization is necessary due to the side effects. In this case studies I will show that the combination of intravenous laser therapy with local infrared laser irradiation is equal to the effect on the Iloprost therapy.

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## PHARMAACUPUNCTURE WITH INJECTABLE COLLAGEN – ANOTHER TREATMENT OPTION FOR CHRONIC LOW BACK PAIN

**Dr. Silvia ELENKOVA, MD**, Center of Integrative Medicine, Sofia, Bulgaria

**Joana Pozharashka**, Center of Integrative Medicine, Sofia, Bulgaria

**The problem:** The majority of adults in the Western world experience low back pain at least once in their lives. Low Back Pain (LBP) is the second most common neurological disorder after headache. According to NINDS, Americans spend at least \$50 billion each year on LBP, the most common cause of job-related disability. Men and women are equally affected, most often between ages 30 and 50, due to the aging process, sedentary lifestyle and overweight. The therapeutic approaches include: pharmacological agents – non-steroidal anti-inflammatory drugs, anticonvulsants, antidepressants, opioids, spinal manipulation, interventional therapy - injections of local anesthetics, steroids, or narcotics into affected soft tissues, stretching exercises, swimming, yoga and movement therapy. Last but not least Acupuncture is also used to treat LBP and recent clinical studies demonstrate that the analgesic effect of acupuncture is comparable to this of non-steroidal anti-inflammatory drugs.

The idea in recent years the popularity of collagen injections for treatment of back pain is steadily increasing. Collagen Medical devices (MD) are designed according to Physiological Regulating Medicine- a new therapeutic concept of restoring physiology through communicating molecules, which are at the same physiological concentration as the biological milieu. The MDs contain collagen and ancillary ingredients. Collagen has a structural function and provides a mechanical support: replace, strengthen, protect and build of all the anatomical structures made up of collagen. The ancillary substances of natural origin allow better, more targeted positioning of Collagen in certain areas. Usually the injections are periarticular, intramuscular and intradermal.

**The purpose of our study was:** Based on the principles of TCM and characteristics of acu points, to investigate and estimate the therapeutic action of pharmaacupuncture with injectable collagen in patient suffering from chronic low back pain (LBP).

The study included 37 patients with chronic LBP (21 male and 16 female) at age between 23-72 years. All kinds of medications affecting the pain were excluded during the study.

The treatment course consisted of 10 sessions of pharmaacupuncture with injectable collagen MD Lumbar (amp.2 ml). Collagen was inserted as subcutaneous injections (0,2 ml each) into the following local acupoints : Bl 23, Bl 25, Bl 26, Bl 27, Du 2, Du 3. in 3 consecutive days, continuing with frequency twice weekly.

The level of pain severity was measured by reading on a visual-analogue scale (VAS) at the beginning and in the end of the study. All patients showed pain severity more than 7 points at the beginning of the treatment.

The results obtained show significant pain decrease at the end of the course- 5 points lower compared to the initial reading. Most of the patients say that after the course they have better mobility and stability.

**Conclusions:** We find that pharmaacupuncture with injectable collagen has significant analgesic effect in patients with chronic LBP. This method is gentle, relatively inexpensive, reasonable alternative to conventional analgesic drugs.

The above mentioned data allow us to think that pharmaacupuncture with collagen can be another treatment option and a part of the complex approach to chronic LBP.

**Biography note of the authors:** Dr. Silvia Elenkova, MD, specialist on Internal Medicine and Family Medicine, Medical Director, Center of Integrative Medicine, Sofia, Bulgaria, 22 years professional experience in Acupuncture and TCM, Vicepresident of Bulgarian Acupuncture Society.

Joana Pozharashka, Medical student, 6<sup>th</sup> course, Medical University, Sofia, Assistant doctor Center of Integrative Medicine, Sofia, Bulgaria

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## Our common spices in TCM treatment of arthritis and arthrosis

### G. KUBIENA, Austria

Senior's normally are recommended to keep e diet, which is relatively tasteless and unattractive. Nevertheless especially elder people need attractions for their sense of taste because that is decreasing with aging. Spices vitalize, support appetite, digestibility and digestion. Many of our spices and kitchen herbs, which we use every day, are serious Chinese Medicine, used in various prescriptions. Cinnamon and ginger are well known. Sage – salvia flower and herb – are used in the West as spices and for a gurgling fluid. The root of red-root salvia (*Salvia miltiorhiza*) is well known by TCM-experts is a potent blood mover. It is actually great: It can even heal even huge decubitus ulcers! But, did you know, that sage – together with other aromatic herbs – was a potent remedy protecting against pest? It was used by the thieves, who robbed the houses of pest patients during the pest epidemic in the 17th century in Toulouse. Salvia and garden rue, thyme, lavender, rosemary und garlic were put into vinegar and this fluid was spread over the whole body.

Addressing salvia: *Salvia divinorum*, the „Mexican salvia“, contains the – up to now – most potent known herbal hallucinogen Salvinorin A. That is not an Alkaloid but a relative simple carbohydrate complex, a diterpene.

Are you hunting for a partner at the moment? Attract possible candidates with the fragrance

of a twig of a relative of Moxa, namely Southernwood, also called Lad's Love, Maiden's Ruin or Old Man, in Latin *Artemisia abrotanum*. The same herb will prevent you from falling asleep during long lasting sermons in the church or during a TCM-congress.

There are good reasons why we use anise and caraway in bread. And the king of spices is the curry-mixture made of curcuma and pepper: It prevents cancer, arterio-sclerosis and rheumatic complaints.

There is a good reason for the lower incidence of arteriosclerosis and coronary heart disease in Italy and France compared with the Scandinavian countries: It is not only the use of uncooked olive oil but also the combination with the wonderfully fragrant Mediterranean herbs and the moderate use of red wine.

That's what our beloved and worshipped teacher followed a live long.

The world of spices is as well colorful as fascinating. But take care. Spices are like love: They can make live sweet but as well pretty good oversalt and spoil.

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## THE SCAPULOCOSTALE SYNDROM – ANALYSIS OF A MAXIMUM POINT IN THE AREA OF THE ACUPUNCTURE POINT BLADDER 44

TILSCHER H., Austria

Spontaneous and pressure-pain persistence, both with and without radiation, are often seen in the upper body quadrants. As a result of the so-called pharaoh posture the interscapulovertebral area is enlarged and by pain palpation an area of 7.2cm paraspinous described as particularly pressure-pain persistent. Guided by two anatomical specimens this area is examined with regard to the local structures. It appears that in this area the m.serratus medialis superior resp. the m.iliiocostalis is fixed on the ribs. The m.iliiocostalis pars cervicalis in particular comes into question through the frequency of the appearance of the maximum point by radicular lesions in the area of the plexus cervicobrachialis. The statement made on the similarity between the course of the m.iliiocostalis and that of the bladder meridian is speculative but well founded, whereby particularly the point bladder 44 gives neuralgia in the shoulder area in its indications.

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## ACUPUNCTURE RELATED TECHNIQUES FOR CELLULAR AND FUNCTIONAL RESTORATION

**Bryan L. FRANK, M.D.**, ICMART President (2004–2006), AAMA President (1999–2001), Yukon, OK, USA

**Purpose:** Beyond acupuncture, a number of related techniques may lead the patient to enhanced clinical outcomes for injury and pain symptoms. While Neural Therapy is well known among ICMART physicians, Prolotherapy is an important Acupuncture Related Technique often unknown in the medical acupuncture community. Prolotherapy often leads to significant recovery of injury and pain states when acupuncture and other Acupuncture Related Techniques have failed, and should be familiar to medical acupuncture physicians.

**Relevance:** While Neural Therapy and other Acupuncture Related Techniques are indeed highly useful in the medical acupuncture clinic, Prolotherapy uniquely and often leads to cellular and functional restoration when other methods have failed.

**Participants:** Not applicable.

**Methods:** The method presented is a review of the principals of the Acupuncture Related Technique of Prolotherapy for tissue regeneration and healing, especially where acupuncture or other Acupuncture Related Techniques have failed.

**Analysis:** Not applicable.

**Results:** Acupuncture Related Techniques often restore tissue regeneration and lead to healing. Prolotherapy is a unique Acupuncture Related Technique that stimulates cellular and functional restoration of injured tissues and leads to healing in many patients who have failed acupuncture and other Acupuncture Related Techniques.

**Conclusion:** Acupuncture Related Techniques are an important contribution to the medical acupuncture practice. Uniquely, Prolotherapy is an Acupuncture Related Technique that stimulates recovery when acupuncture and other Acupuncture Related Techniques have failed. Prolotherapy is a critical therapeutic intervention that warrants serious consideration.

**Grant funding:** NONE

**Biography:** Dr. Frank is an internationally recognized in pain medicine and natural pain and sports medicine, as well as medical acupuncture, auricular therapy and acupuncture related techniques. He has served US and international medical acupuncture societies as President and other areas of leadership.

**Contact:** Bryan L. Frank, M.D., FAAMA, 705 Stone Mill Boulevard,  
Yukon, OK 73099, 405-623-7667 (Cell), BFrankMD@hotmail.com,  
President (1999–2001) American Academy of Medical Acupuncture (AAMA)  
President (2004–2006) International Council of Medical Acupuncture and Related  
Techniques (ICMART)  
Vice-President (2002–2004, 2010–2012) International Council of Medical Acupuncture and  
Related Techniques (ICMART)  
President Global Mission Partners, Inc., A Not-for-Profit Charitable Corporation  
President Re-Genesis Health, New Beginnings in Health and Wellness

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## WHY AND HOW TO SIMPLIFY THE ACUPUNCTURE TREATMENT FOR FUNCTIONAL DISORDERS

**Baron François BEYENS, MD, Honorary President of ICMART**

When dealing with functional disorders the picture is confused. The authors integrate the acupuncture approach into the TCM theory. Points are considered as having functions and indications like medicinal drugs, as if their effects could be observed and recorded in the same way. As a result the choice of points depends on the whole TCM approach and makes the situation unnecessarily complicated. It is called “herbalisation” of acupuncture, as if a point was the same as a drug.

If you look into several manuals at, for example, the points for constipation and for diarrhea, there is a common nucleus of points for all their different patterns, so it is not really essential to make a TCM diagnosis. The same goes for Lung disorders. Whether there are patterns of Excess or Deficiency, there is a group of common points, to which one adds of course a few individual points depending on the symptoms.

A fairly precise TCM diagnosis is necessary when you treat with plants, and it requires a solid knowledge of the theory. This process can be avoided when using acupuncture.

We propose a simpler method based on a pragmatic approach, on the observation of many practitioners 'ways of treating', on logical thinking and, of course, on our own experience and treating protocols. This method has to be refined, and adapted to each practitioner.

We start with the usual medical and gather the different kinds of symptoms. These points towards one or several disturbed functions. List of symptoms for each function are a help and good indicators. It is not necessary to make a TCM precise diagnosis (contrary to herbal therapy). Once the functions determined, through precon-structed tables it is easy to choose the relevant points to needle, with a certain latitude depending on the individual pathological profiles.

In this approach western medical knowledge is essential to determine the limits of the treatment possibilities and to strengthen the efficiency of the results. We shall give a few examples to illustrate our position.

**Sunday, November 1<sup>st</sup>, 2013**

**ROOM A: WORKSHOPS**

**9:00 – 12:45**

## **THE END OF THE MERIDIAN-MODEL IN CHINESE ACUPUNCTURE? TREATING INTERNAL DISORDERS ON THE BASIS OF SEGMENTAL ANATOMY**

**OTS Th., Austria**

A big portion of acupuncture may today be explained in modern neurophysiological terms, i.e., by segmental anatomy. This refers – generally spoken – to those organs, which receive their nerval input from the spine between C1 and S5. Segmental anatomy cannot yet explain the functional modalities behind acupuncture points like Liver 3. Treating ailments of the head cannot be delineated from segmental anatomy.

In this workshop I will demonstrate simple approaches to the treatment of internal organs – based on segmental anatomy. All organs with identical nerval organization may treated more or less identically. Thus, there are no big differences between the treatment of the bladder, the uterus or the ovaries.

You will also get to know some secrets: Lung 1 [zhongfu] as mu-point of the lung has nothing to do with the lung. However, it is a very useful point for all ailments of the lung which include the diaphragm. Why? Come and get to know!

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## **FOOD-MOOD INTERACTIONS OF PSYCHOLOGICAL AND NUTRITIONAL ASPECTS IN CHINESE MEDICINE**

**Dr. med. Walburg MARIC-OEHLER, MD**

**Dr. med. Dipl. oec.troph. Uwe SIEDENTOPP, MD**

Medical research increasingly discovers connections between the human mind and food.

There are many positive influences of certain nutrients and foods on stress and emotions like anxiety, fear, sorrow, sadness, depression and aggression – mood-food connection. According to the Chinese concept of ‘Five Phases’ nutrients and emotions have specific relations to specific organ-systems (Zangfu). Eating is not only just in-take of nutrients and energy, but it has social and communicative aspects as well.

Eating rituals have a great influence on our health and wellbeing characterized by our personal life experience, age and social circumstances (i.e. fast food meals vs. home cooked meals prepared in a social setting).

In this workshop the fundamentals and personal experiences of two food/mood experts will be presented alternately and complementary, from the side of nutrition as well as from the psychic/mental point of view, focused on the concepts of the Five Phases, inner and outer pathogenic factors as well as nurturing life (Yangsheng).

We will discuss specific cases, give recommendations for action as well as psycho-therapeutic and nutritional therapeutic advices.

**Sunday, November 1<sup>st</sup>, 2013**  
**ROOM C: WORKSHOPS: OBESITY**  
**9:00 – 12:00**

## **PERSONALIZED MEDICINE IN OBESITY TREATMENT: THERAPEUTIC ACUPUNCTURE TECHNIQUES**

**Jeong-eun YOO**, KMD, PhD, Clinical fellow, Obesity Clinic, Korean Medicine Hospital, Pusan National University, South Korea

Overweight and obesity result to global burden of type 2 diabetes mellitus, ischemic heart disease, and certain cancers, so obesity treatments need to be both efficacious and cost effective. Current conventional therapies cannot achieve adequate weight control in all patients. However, Korean medicine developed new therapeutic acupuncture techniques to deal with these problems in a personalized way. This review presents pharmaacupuncture, lipolysis acupuncture, and thread embedding acupuncture as a dynamic approach to obesity management and treatment for individuals. This study was conducted by using 5 major databases in Korea and pub-med. First, we review the principle, method, and effectiveness of acupuncture techniques. Second, we present what acupuncture technique would be suitable for each case and how to combine these techniques to maximize the effectiveness of treatment. Third, we show how these techniques can be applied in the clinical setting with different therapies (ie, diet, physical exercise, and herbal medicine), creating a synergy effect. Finally, we discuss the need for additional experimental and clinical research that can enhance the practice of personalized medicine in obesity. In conclusion, therapeutic acupuncture techniques are effective treatments in obesity to achieve adequate weight control for patients.

**Biography:** Graduated from Dae-jeon University Graduate School of Korean Medicine (Dept. of Obstetrics & Gyneocology)  
KMD, PhD, Clinical fellow of Pusan National University Korean Medicine Hospital.

## TCM ETIOPATHOGENESIS OF OBESITY AND TRIALS. HOW TO RESTORE THE BALANCE OF YUANQI, WEIQI, SPLEEN-KIDNEY

**BANGRAZI S.**, Italy, **Liguori A.**, Director, Paracelso Institute, Italian Centre of Non-Conventional Medicines, Rome, Italy; Coordinator and professor of Postgraduate Acupuncture and TCM Master, "Sapienza" State University, School of Medicine, Rome, Italy

The two most important traditional medicines, Traditional Chinese Medicine (TCM) and Homeopathy, are able to give a fairly exhaustive response to the disorder that causes weight excess and obesity, thanks to their particular view of human physiopathology. In fact they consider the patient as an integrated functional entity and therefore define any pathological outline by observing the unbalances that alter the relations among the many functions and systems that maintain the human being alive.

### **The obese suffers from nutritional deficiency**

According to TCM, the obese is, fundamentally, a person weakened by a deficiency in the process of absorption of nutritional supplies.

Consequently, in order to absorb a sufficient quantity of nutrients, obese people are forced to eat larger quantities of food, which produce larger quantities of waste. The result is a metabolic imbalance and a deficiency in getting rid of waste, which accumulate as fat.

Therefore, the obese needs to receive an optimal nutritional supply, consisting of wastefree easily absorbable nutrients that primarily strengthen the whole functional activity of the digestive system.

This favors a quick removal of excess fat while the lean mass is preserved, promotes the regularization of metabolism with lasting results and improves general health conditions.

### **Aids of Protocol**

The TCM-CAO protocol is based on a set of integrated therapies, which altogether develop a synergic action for the causal treatment of obesity and weight excess:

- **A nutritional formula** made of ingredients that are selected according to TCM principles on the basis of their highly nutritious energizing values, able to supply a balanced, complete, readily assimilable diet.
- **Auricular therapy**, a TCM method which acts on the inhibition of the sensation of hunger and restores the functional balance of the digestive system, acts on the endocrine glands' incretion (insulin, glucagon, etc.) and brings about a general tonic action on both the central and peripheral nervous systems.

**Homeopathic medicine**, which helps the deep modifications produced by weight loss to develop harmoniously, and contributes to stable results.



## **Abstracts Poster Session**

Saturday, November 30<sup>th</sup>, 2013

Room B

9:00 – 13:00

Poster session I

(11:00 – 11:30 Oral poster presentations)

## ACUPUNCTURE IN HOSPICE

**Laegaard, E. MD**, acupuncturist, president of the Danish Medical Acupuncture Society,

**Contact:** el@svanholm.dk

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## ELECTROACUPUNCTURE TREATMENT IN OSTEOARTHRITIS PAIN OF THE KNEE FOR GERIATRIC PATIENTS

**Koosnadi Saputra, MD, PhD, Thomas Cahyono Sutrisno, MD**

**Contact:** Koosnadi@sby.dnet.net.id

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## FACIAL PALSY: AN ALTERNATIVE APPROACH BASED ON THE TCM

**Lily Luzina-Chju, Centre of Chinese Medicine, Moscow, Contact:** sin-ya-chju@yandex.ru

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## A CASE SERIES REPORT ON 11 PATIENTS OF PRIMARY PALMAR/PLANTAR HYPERHIDROSIS IN CHILDREN AND ADOLESCENTS TREATED WITH HOSPITALIZATION PROGRAM OF A HYPERHIDROSIS CLINIC

**Kwan-il Kim, Hee-beom Lee, Eui-Keun Park, Sung-ki Jung, Hee-jae Jung.**

Division of Allergy, Immune & Respiratory System, Dept. of Internal Medicine,

College of Oriental Medicine, Kyung-Hee University, **Contact:** aum@tistory.com

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## RISK FACTORS OF IHD IN A TWENTY FIVE YEAR FOLLOW UP AND DEATH RATE DUE TO CARDIOVASCULAR DISEASES

**MUDr. František Filípek**, Medical alternative s.r.o., Junácká 26, General Practice, 747 05 Opava, The Czech Republic, **Contact:** mudr.filipek@centrum.cz

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## FRACTAL'S NATURE OF ACUPUNCTURE CHANNELS – BRIDGE BETWEEN EASTERN AND WESTERN MEDICINE

**Dr. Encho Enev**, CEO and Founder of ENDO-MED, Plovdiv, Bulgaria,

**Contact:** dr.enev@gmail.com, Cell phone: +359 89 9863477

## EVALUATION OF THE PATIENT CONDITION IN TERMS OF TRADITIONAL CHINESE MEDICINE DURING THE PROCEDURE OF ACUPUNCTURE

**Natalia S.Kirgizova**, Russian National Research Medical University named after N.I.Pirogov(Moscow, Russia) **Contact:** Kirgizova\_07@mail.ru

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## PERSPECTIVES OF MATHEMATICAL MODELING IN ELECTROACUPUNCTURE

**M.Gotovskiy**, Center of Intellectual medical systems “IMEDIS”, Moscow, Russia  
**Contact:** gm@imedis.ru

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## DILATATION AND PERMEABILITY OF THE MERIDIANS

**N. Sieber**, Germany

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## LIGATURE IMPLANTATION IN TCM AND TRP /MUSCULAR TRIGGER POINTS /IN PATIENTS WITH MUSCULOSKELETAL DISEASE OF METABOLIC ORIGIN

**Marina Kovalenko** M. D. Hungary, **Contact:** info@kovalenkoklinika.hu

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## STUDY ON EFFECT OF MOXIBUSTION TREATMENT BY THE NONINVASIVE TEMPERATURE MEASUREMENT USING MRI

**Suguru Nakamura**<sup>1</sup>, Masamichi Nakamura<sup>2</sup>, Eiichi Maeda<sup>3</sup> and Yoshiho Nikawa<sup>1</sup>  
**Contact:** sugurunakamura@hotmail.co.jp

Saturday, November 30<sup>th</sup>, 2013

Room B

14:00 – 18:00

Poster session II

(15:30 – 16:00 Oral poster presentations)

## COSMETIC ACUPUNCTURE

**Laegaard, E. MD**, acupuncturist, president of the Danish Medical Acupuncture Society,

**Contact:** el@svanholm.dk

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## IMPEDANCE MAPS OF ACUPUNCTURE POINTS

**Michal Teplan<sup>1,5</sup>**, Marek Kukučka<sup>2,5</sup>, Alena Ondrejková<sup>3</sup>, Boris Ivanič<sup>4,5</sup>,

**Contact:** michal.teplan@savba.sk

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## IMPACT OF ICMART: ACUPUNCTURE IS A MEDICAL SPECIALTY IN SLOVAKIA

**Ondrej Bangha, MUDr.**, assistant professor, Head of the Chair of acupuncture, Institute of Traditional Chinese Medicine , Faculty of Medicine , Slovak Medical University , Bratislava, Slovak Republic., **Contact:** ondrej.bangha@szu.sk

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## TEACHING ACUPUNCTURE TO MEDICAL STUDENTS: THE EXPERIENCE OF RIO PRETO MEDICAL SCHOOL (FAMERP), BRAZIL

**Joao Bscó G. Silva**, Brazil, **Contact:** jbguerreiro@gmmail.com

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## XIAO XU MING TANG FOR HEMIPLEGIA DUE TO STROKE THE PRACTICE OF OBJECTIVE STRUCTURE CLINICAL EXAMINATION FOR ACUPUNCTURE AND TRADITIONAL CHINESE MEDICINE HOW DO PEOPLE THINK ABOUT ACUPUNCTURE? – AN EXPLORE OF INTERNET BEHAVIOR

**Yu-Ching Chang**, Mark C. Hou, Yi-Jung Tung, Shun-Chang Chang, Ying-Ling Chen,  
Department of Traditional Chinese Medicine, Changhua Christian Hospital, Taiwan,  
**Contact:** 162530cch@gmail.com

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## INTRODUCTION TO A NEW APPROACH IN ACUPUNCTURE RESEARCH: BUILDING AN OPENACCESS DATABASE

**Torsten Feichtinger** and Johannes Fleckenstein, University of Bern, Bern, Switzerland,  
**Contact:** torsten.feichtinger@kikom.unibe.ch

## WISH FOR A CHILD: INCREASED PROLACTIN VALUES CAN BE LABORATORY VERIFIABLE REDUCED BY ACUPUNCTURE.

**Dr. Dorothea Zeise-Süss**, General practitioner, naturopathic treatment and acupuncture – medical practice – Remchingen-Singen – Germany, **Contact:** zeisesuess@aol.com

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## AWARENESS OF CHINESE NUTRITION – WHAT DIFFERENCE DOES IT MAKE IN PHYSICIANS LIFESTYLE? AN INTERROGATIVE TRIAL

**Dr. Michaela Bijak**, Austrian Acupuncture Society, **Contact:** michaela.bijak@wienkav.at

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## A CASE OF LOCALIZED SCLERODERMA WITH SYSTEMIC SYMPTOMS SUCCESSFULLY TREATED WITH COMPLEX KOREAN MEDICAL INTERVENTIONS

**Hye Yoon Lee, Soyeon Kim**, Department of Korean Internal Medicine, Pusan National University Korean Medicine Hospital, Yangsan City, Republic of Korea, **Contact:** omdksy@gmail.com

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Sunday, December 1<sup>st</sup>, 2013

Room B

Poster session III

9:00 – 12:00

(10:00 – 10:30 Oral poster presentations)

## METHOD OF PREVENTION OF TOXIC REACTIONS TO LOCAL ANESTHETICS IN DENTISTRY REHABILITATION OF PATIENTS WITH TOXIC DAMAGE OF INFERIOR ALVEOLAR NERVE USING ELECTROREFLEXOTHERAPY EFFICIENCY OF DiaDENS THERAPY FOR THE PREVENTION OF INFLAMMATORY COMPLICATIONS IN ORAL CAVITY SURGERIES

**Prof. I.O. Pohodenko-Chudakova** MD, PhD, DDS; Dr. E.V. Maksimovitch MD, Belarusian State Medical University, Belarusian Collaborating Center for European Association for Cranio-Maxillofacial Surgery, Minsk, Belarus, **Contact:** ip-c@yandex.ru

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## THE RELATIONSHIP BETWEEN EYE ACUPUNCTURE AND MERIDIANS

**Wan-Ling, Lin**, Department of Traditional Chinese Medicine, Taipei Medical University Hospital, Taipei, Taiwan, **Contact:** teresalin@hotmail.com

## SAFETY CULTURE IN ACUPUNCTURE PRACTICE IN A TERTIARY HOSPITAL-THE SINGAPORE GENERAL HOSPITAL EXPERIENCE

Cui Shu Li, Singapore, **Contact:** cui.shu.li@sgh.com.sg

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## TREATMENT OF GENETIC EYE DISEASES WITH ELECTRO-ACUPUNCTURE

Osman FIRATLI M.D. FIRATLI CLINIC ISTANBUL Istanbul/Turkey,  
**Contact:** firatliosman@hotmail.com

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## EQUINE GERIATRIC ACUPUNCTURE MANUAL TECHNIQUES (TUINA) IN HORSE GERIATRICS

Margherita Gazzola , Francesco Longo, Italian Veterinary Acupuncture Clinical Centre –  
Italian Veterinary Acupuncture Society, **Contact:** marghegaz@yahoo.com

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## MODERN ACUPUNCTURE TREATMENT METHODS IN LOCAL ANESTHESIA SAFETY IN STOMATOLOGY

Dr. E.V. Maksimovitch MD, Belarusian State Medical University, Belarusian Collaborating  
Center for European Association for Cranio-Maxillofacial Surgery, Minsk, Belarus,  
**Contact:** ip-c@yandex.ru

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## LESS KNOWN FACTS ABOUT THE HISTORY OF EAR-ACUPUNCTURE

Ots Th., Graz Austria, **Contact:** ots@daegfa.de

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## THE MYSTICAL AGARTHA HAS ITS ACUPUNCTURE REFLECTIONS ON THE HUMAN HEAD, IN THE AREA OF OS TEMPORALE AND THE EAR

Dr. A. Iliev Kayadzhiev, Plovdiv City, Bulgaria, **Contact:** angelkajadziej@yahoo.com

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## HISTORY OF ACUPUNCTURE BOOM INTERESTING HISTORY OF CHINA HISTORY OF ACUPUNCTURE IN AUSTRIA

CHANG Yungshien, Taiwan, LI Yongming, USA, MENG A., Austria

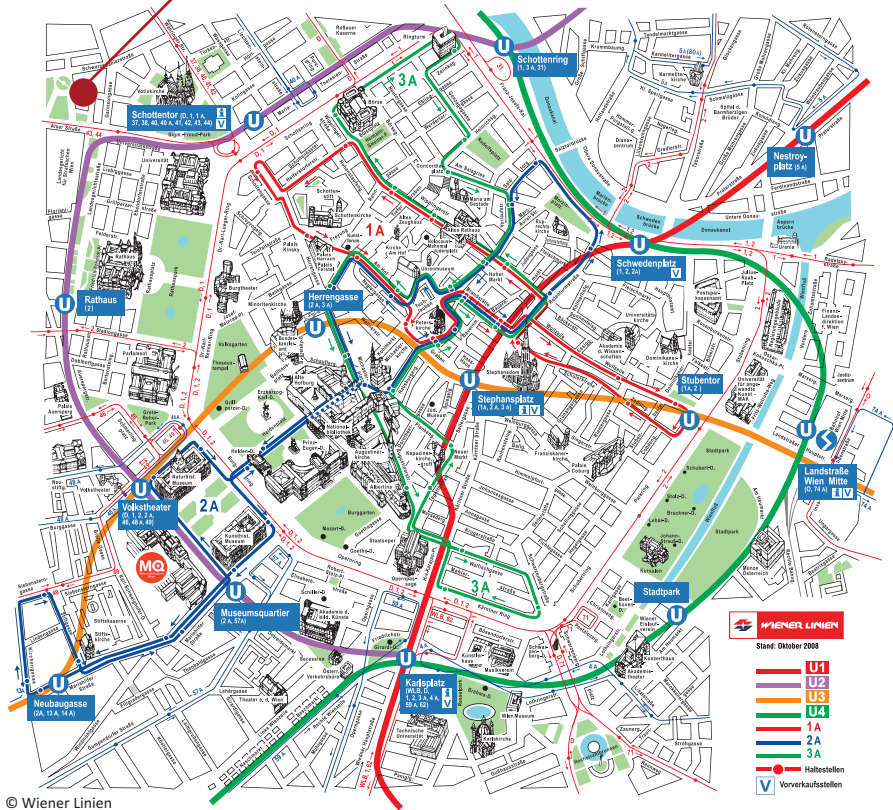
# General Information

## Venue

Gesellschaft der Ärzte – Billrothhaus  
Frankgasse 8, 1090 Vienna, Austria

## Subway Lines

Billrothhaus (Congress venue)



**XVI. World Congress on Medical Acupuncture,  
Istanbul - Turkey, June 6 - 8, 2014  
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# Schmerztherapie mit Xyloneural®

... zum Quaddeln und Infiltrieren



GPB.XN 120301

**Xyloneural-Ampullen/Xyloneural-Durchstechflasche. Zusammensetzung:** 1 ml Injektionslösung enthält als Wirkstoff 10 mg Lidocainhydrochlorid. Sonstige Bestandteile: Natriumchlorid, Natriumhydroxid (zur pH-Wert-Einstellung), Wasser für Injektionszwecke, bei Durchstechflaschen zusätzlich 1 mg/ml Hydroxybenzoesäuremethylester (Konservierungsmittel). **Anwendungsgebiete:** Xyloneural eignet sich für die Anwendungsverfahren der Neuraltherapie. Die Anwendung sollte nur durch Ärzte erfolgen, die in diesen Verfahren entsprechend ausgebildet sind. **Erkrankungen der Wirbelsäule:** HWS-Syndrom, BWS-Syndrom, LWS-Syndrom, Lumbago, Ischialgie. **Erkrankungen der Extremitäten:** Schulter-Arm-Syndrom, Epikondylitis, Koxarthrose, Gonarthrose. **Beschwerden im Kopf- bzw. HNO-Bereich:** Kopfschmerzen verschiedener Genese, bei Migräne als Adjuvans, Tinnitus. **Andere Anwendungen der Neuraltherapie:** Psychovegetative Organbeschwerden (z.B. Reizblase), Tendomyopathien (z.B. Fibromyalgie, Myogelosen); Triggerpunktbehandlungen, Neuritiden, Neuralgien als Adjuvans, Narbenschmerzen. **Therapieformen:** Injektion am Locus dolendi (Lokaltherapie); Segmenttherapie: Segmentale Behandlung über das zugehörige Metamer (Dermatom, Myotom u.a.). Xyloneural eignet sich für Verfahren der Störfeldsuche und -therapie (z.B. über Narben, Zähne, Tonsillen): Probatorische und therapeutische Injektion an das Störfeld. **Gegenanzeigen:** Xyloneural darf nicht angewendet werden bei: Überempfindlichkeit gegen den Wirkstoff oder einen der sonstigen Bestandteile (bei Allergie gegen p-Hydroxybenzoesäureester sind Xyloneural-Ampullen zu verwenden, da diese im Gegensatz zu den Xyloneural-Durchstechflaschen kein Konservierungsmittel enthalten), Überempfindlichkeit gegenüber anderen Lokalanästhetika vom Amid-Typ, hochgradigen Formen von Bradykardie, AV-Block II. und III. Grades und anderen Überleitungsstörungen, manifester Herzmuskelsuffizienz, schwerer Hypotonie, kardiogenem oder hypovolämischem Schock. Weitere Gegenanzeigen für die lokalanästhetische Anwendung von Lidocain, auch wenn Xyloneural dafür nicht vorgesehen ist: Parazervikalblockade in der Geburtshilfe, in der Geburtshilfe dürfen Xyloneural-Durchstechflaschen wegen des Konservierungsmittels nicht angewendet werden, bei einer drohenden oder bereits bestehenden Blutung ist die Epiduralanästhesie mit Lidocain kontraindiziert. **Pharmakotherapeutische Gruppe:** Pharmakotherapeutische Gruppe: Lokalanästhetika, Amide. ATC-Code: N01B02. **Abgabe:** Rezept- und apothekenpflichtig. **Packungsgrößen:** 5 bzw. 50 Ampullen zu 5 ml, 1 Durchstechflasche zu 50 ml. **Kassenstatus:** 5 Ampullen: Green Box, 50 Ampullen: No Box, Durchstechflaschen: No Box. **Zulassungsinhaber:** Gebro Pharma GmbH, 6391 Fieberbrunn **Stand der Fachkurzinformation:** Oktober 2009. Weitere Angaben zu Warnhinweisen und Vorsichtsmaßnahmen für die Anwendung, Wechselwirkungen mit anderen Arzneimitteln und sonstigen Wechselwirkungen, Schwangerschaft und Stillzeit und Nebenwirkungen sowie Gewöhnungseffekten entnehmen Sie bitte der veröffentlichten Fachinformation.



 Gebro Pharma



\* 5 Ampullen zu 5 ml