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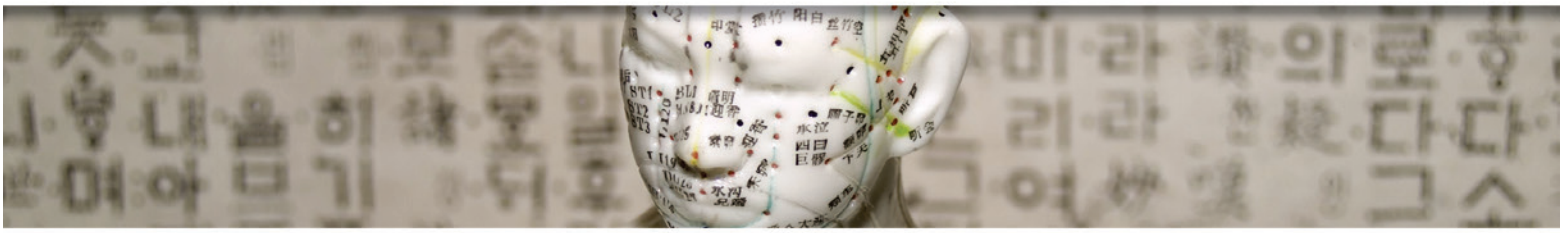

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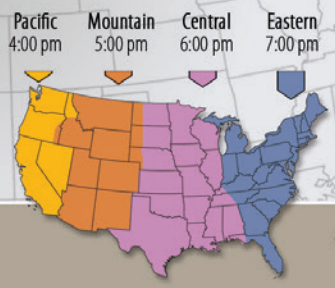

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MERIDIANS

The Journal of Acupuncture and Oriental Medicine

Letter from Editor in Chief Jennifer A. M. Stone, LAc

Welcome to Meridians: JAOM's winter issue. First, I am very pleased to present to you a special gem prepared by Yair Maimon, DOM, PhD, Ac from Israel and Bartosz Chmielnicki, MD from Poland. They have been working closely with a talented visual artist on a series about acupuncture point names and their physiologies illustrated with beautiful and informative images. This first we present is a perspective on the point HT-9.

This issue also includes three case studies, a provocative discussion about the use of sham and verum methodologies in research, clinical pearls on how to treat difficulty with swallowing, two reports on important conferences that were held last fall, and a short piece that includes helpful hints about presenting a poster at a conference. We also include a heartfelt remembrance of Robert M. Duggan, one of the most active pioneers who worked to bring acupuncture into its own in the U.S.

Sham needling used as a comparator in research is an ongoing controversial topic. This piece, "Acupuncture and RCT: A Critique of Sham and Verum Methodologies," by Ryan K. Davenport, LAc, Dipl OM (NCCAOM) examines the challenges in interpreting data generated by sham-controlled studies.

Our first case report is from Brynn Graham, LAc, Dipl Ac (NCCAOM) who writes on the "Use of Acupuncture for Symptomatic Relief of Pruritic Urticarial Papules & Plaques of Pregnancy." She discusses the successful use of acupuncture for a severe case of this debilitating condition in a patient in her third trimester of pregnancy.

Our second case report, "Using Xiao Chai Hu Tang (Minor Bupleurum Decoction) to Treat Chronic Constipation," is by Kerry Morton, DAOM, LAc. Morton evaluates the effectiveness of two different Chinese herbal medicines as an alternative to pharmaceuticals when treating a patient with chronic constipation.

The third case report is by Benjamen Clancy, LAc, Dipl Ac (NCCAOM), "Use of Chinese Medicine to Treat Recurrent Secondary Vesicoureteral Reflux Symptoms as a Result of Chronic Urinary Tract Infections." Clancy discusses the successful use of acupuncture and Chinese herbs to treat a pediatric patient with vesicoureteral reflux.

The clinical pearls we present in each issue provide personal reports of how experienced clinicians treat a specific condition. These can be a valuable resource for new practitioners. In this issue, read how two experts treat difficulty with swallowing. Our next clinical pearl topic is "How do you treat asthma in your clinic?" Information on submitting on this topic for our spring issue is on our website: www. meridiansjaom.com

Research conferences are not only for sharing ideas and presenting data; they provide a place where researchers can meet, network, and discuss potential collaborations. In this issue we present two conference reports. Karen Reynolds, RN, LAc reports on her experiences at the New Paradigms in Integrative Medicine Conference, held in San Francisco, October 8-9, 2016. This short but very valuable event was hosted by the American College of Traditional Chinese Medicine (ACTCM) at California Institute of Integral Studies (CIIS). I also reported on my experiences at the 13th International Conference of the Society of Integrative Oncology, held November 5-7, 2016, in Miami, Florida.

Meridians JAOM welcomes letters to the editor from our readership. Please send them to info@meridiansjaom.com and be sure to include your full name and any licenses and/or titles, your phone number, and email address.

Last but certainly not least, we present to you this heartfelt memorial by MJAOM editorial board member Sherman Cohn, JD, LLM. Tai Sofia founder Robert M. Duggan passed away last October after four decades of ceaseless fighting for a rational healthcare system for our nation. He was a teacher and a mentor who touched thousands. In addition to Sherman's words, I've collected links to several of the many memorial statements from Bob's family and friends.

As always, we invite our questions, feedback, submissions and letters to the editor: info@meridiansjaom.com

In health to you in this New Year,

Jennifer Stone, LAc
Editor in Chief
Meridians: JAOM

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Case Report

Use of Acupuncture for Symptomatic Relief of Pruritic Urticarial Papules & Plaques of Pregnancy

By Brynn Graham, LAc, Dipl Ac (NCCAOM)

Brynn Graham, LAc, Dipl Ac (NCCAOM) received a degree in radiologic technology from Portland Community College and a degree in anthropology from Portland State University. She worked as a hospital-based X-ray technologist for 12 years. Brynn graduated from Oregon College of Oriental Medicine (OCOM) in 2001 and is currently pursuing her DAOM degree at OCOM. Brynn has been in private practice for 14 years in Portland, Oregon, and serves as chair of the Acupuncture Advisory Committee for the Oregon Medical Board.
She can be contacted at brynngraham@mac.com.

Abstract

Pruritic urticarial papules and plaques of pregnancy is the most common of pruritic dermatoses specific to pregnancy. The etiology is unknown. There are few options available to alleviate the severe pruritus and other unpleasant, sometimes unbearable symptoms that can occur with this condition until it resolves postpartum. This is a single case report which looks at the effectiveness of acupuncture in the symptomatic relief of a severe case of this condition in a 30-year-old primigravida woman at 35 weeks gestation. After one acupuncture treatment, the patient experienced significant subjective and objective symptomatic improvement, which allowed her to discontinue prescribed steroid medications. The patient received a total of two treatments over an eight day period, which gave her continued symptomatic relief up to the birth of the fetus two weeks later.

Key Words: acupuncture, pruritic urticarial papules and plaques of pregnancy, PUPPP, polymorphic eruption of pregnancy, pruritic dermatoses of pregnancy, traditional Chinese medicine

Introduction

Pruritic urticarial papules and plaques of pregnancy, commonly referred to as PUPPP but also known as polymorphic eruption of pregnancy (PEP), is the most common of pruritic dermatoses specific to pregnancy. It occurs in approximately one in 160 to one in 300 pregnancies. It is characteristically seen in primigravida or multiple gestation women during the third trimester, typically after 34 weeks of gestation.[1]

The earliest signs of PUPPP commonly present as red, itchy bumps in the abdominal striae, which can spread to the thighs, breasts, and back. The individual bumps may get larger and form raised, red areas that look like hives. The skin lesions are polymorphous, erythematous, non-follicular papules, plaques, and sometimes small vesicles.[2] PUPPP characteristically spares the periumbilical region, leaving what may appear to be a "white halo" around the umbilicus.[1] It is unusual for PUPPP to manifest on the upper arms, hands, palms, soles, and face.[3]

Although the appearance of the rash can vary and change over time, the main concern of most women is the intense pruritus, or itching, which is the primary symptom of this condition. Usually very unpleasant and even unbearable for patients, it can interfere with their sleep and their daily activities. This occurs during a time when they are likely to already be uncomfortable and anxious as they approach the end of their pregnancy.[4] PUPPP usually goes away one week postpartum but may take up to six weeks postpartum to completely resolve.[5]

The pathogenesis of PUPPP is unclear. However, there are theories as to the causes including increases in hormones, skin distention, and various reactions of the immune system. One such theory is that the excessive abdominal distention often seen with first pregnancies and multiple gestation causes trauma to the skin triggering an inflammatory reaction and lesions. Additionally, multiple gestation is associated with higher estrogen and progesterone levels; progesterone has been shown to aggravate the inflammatory process at the tissue level, and increased progesterone receptor immunoreactivity has been detected in skin lesions of PUPPP.

Another theory is based on research showing fetal DNA in skin lesions of PUPPP. This theory suggests that fetal cells can migrate to maternal skin causing eruptions associated with peripheral blood chimerism seen during the third trimester of pregnancy. Increased abdominal stretching increases vascular permeability, which may facilitate the migration of chimeric cells into the maternal skin. Another hypothesis is that a substance produced by the placenta may induce fibroblast proliferation in maternal skin, but this has not been supported by other studies.[6]

Although there are no relevant laboratory findings specific to PUPPP, there are laboratory and clinical findings that can help to distinguish PUPPP from other potentially serious pregnancy-specific dermatoses, such as obstetric cholestasis, prurigo gestationis, and pemphigoid gestationis, which can have adverse maternal and fetal outcomes.[1] Because the rash will disappear once the baby is born, many women are advised to wait it out.[7]

Any drug taken during pregnancy may carry a risk for teratogenic effect on the fetus. Drug use later in pregnancy can result in various functional defects, growth disorders, or minor malformations of the fetus. Commonly, symptomatic treatment with antihistamines or topical steroids is advised in cases of PUPPP; however, none of the antihistamines available today have been categorized as safe during pregnancy by the FDA.[8]

In severe cases, an oral corticosteroid, such as prednisone, is an option to be considered carefully.[1] Although not contraindicated, there is consensus among healthcare providers to minimize its use during pregnancy unless there is a life-threatening situation or the potential benefits outweigh possible side effects. Although uncommon, there are maternal and fetal complications associated with its use during pregnancy.[9] If close to term, labor induction may be offered as an option.[7]

Maternal and fetal prognosis is excellent. When PUPPP resolves, there is rarely any lasting, post-inflammatory pigment change or scarring of the skin.[4] It is unclear if women who experience PUPPP with one pregnancy are at an increased risk of recurrence in future pregnancies.[1] No preventive measures for PUPPP have been identified.

The purpose of this study is to describe a case of PUPPP treated with acupuncture.

Traditional Chinese Medicine Perspective

Pruritic dermatological conditions that occur during pregnancy are known in traditional Chinese medicine (TCM) as *ren shen pi fu yang*.[10] Internal Wind is a major factor in the etiology of pruritic dermatological conditions during pregnancy. Wind arises from or combines with three main patterns: Damp-Heat generating Wind, Blood-Heat generating Wind, and Blood deficiency generating Wind.[7,10,11] (see Table 1) The chief characteristics of Wind in the skin are: intense generalized itching; skin rashes that appear suddenly and spread

Table 1. Pattern Differentiation

Pattern	Clinical Manifestations	Treatment Principles
Damp-Heat generating Wind	Red, itchy, migratory rash aggravated by heat; may have small fluid-filled vesicles	Nourish Blood
	Difficulty sleeping	Clear Heat
	Dizziness	Eliminate Dampness
	Poor appetite	Alleviate itching
	Dry mouth with no desire to drink	Expel Wind
	Yellow urine	
	Constipation	
	Tongue: pale red with slimy yellow coat; swollen tongue body	
	Pulse: rapid, bowstring	
Blood deficiency generating Wind	Itchy, pale, dry, migratory rash	Nourish Blood
	Possible scratch marks	Expel Wind
	Restless sleep at night	Alleviate itching
	Dizziness	
	Tinnitus	
	Lethargy	
	Low back &/or knee discomfort	
	Tongue: pale with thin, white coat	
	Pulse: fine, thready, or slippery	
Blood-Heat generating Wind	Red, itchy, migratory rash, sometimes severe; alleviated by cold	Expel Wind
	Difficulty sleeping	Clear Heat
	Restlessness	Harmonize Blood
	Yellow urine	Alleviate itching
	Constipation	
	Thirst	
	Tongue: red tongue body with thin, yellow coat	
	Pulse: rapid, wiry	

Sources: Flaws,[10] Betts,[7] & Yihou[11]

rapidly; and small, red papules seen especially at the upper aspect of the body.

According to Maciocia,[12] the three main pathological conditions of pregnancy can be summarized as: deficiency of Blood/*yin* and Kidneys, *qi* and Blood stagnation, and Spleen deficiency with Phlegm or Dampness. Blood/*yin* and/or Kidney deficiency usually develops in women who have a pre-existing tendency towards either or both through overwork or a hereditary Kidney weakness.

This deficiency is aggravated because much of the mother's Blood and *yin* goes to nourish the fetus and, later in the pregnancy, is transformed into breast milk. In this situation of deficient Blood and *yin*, the relative excess of *yang* can lead to Heat. Blood-Heat and Blood deficiency are two imbalances commonly seen in the later stages of pregnancy.[7] Both can lead to the generation of internal Wind which deprives the skin of moisture and nourishment, resulting in itching.[11,10]

The enlarging uterus and the obstruction created by the fetus,[12] especially in the later stages of pregnancy, can create stagnation of *qi* and Blood, which can lead to the generation of Heat.[13] This can also affect the movement of *qi* in the middle burner, which can create symptoms such as nausea, vomiting, reflux, or shortness of breath. It can also weaken the Spleen, leading to Dampness or Phlegm. *Qi* and Blood stagnation can also create symptoms such as pain, numbness, swelling, varicosities, and mental depression.

After conception occurs, Blood and fluids increase to nourish the fetus. As the pregnancy progresses, these fluids can accumulate and transform into pathogenic Dampness which, along with

existing Heat, can transform into internal Damp-Heat which can generate Wind and lead to itching. According to Flaws, Damp-Heat is the main disease mechanism of PUPPP.[10]

Because the Lung governs the skin, all dermatological conditions involve the Lung. Heat manifests as redness, swelling, burning, itching, and pain. When treating with Chinese medicine, the most important pathogenic factors to consider in acute rashes are Wind and Heat.[7] Heat at the Blood level is characterized by red lesions.[14] Papules often form as a result of Heat in the Blood; vesicles are a result of internal or external Dampness.[11]

According to Xu Yihou,[11] the pattern of Blood-Heat generating Wind is more commonly encountered in individuals with adequate or exuberant *qi* and Blood and occurs more often during the summer months when *yang qi* is predominant in nature. In these cases, itching is likely to be severe due to internal Heat mixing with external heat.

Although a literature search by this author on the use of acupuncture specifically for PUPPP was unsuccessful, literature does exist on its use for related pruritic urticarial dermatological conditions, including urticaria, pruritus, and atopic dermatitis. Acupuncture has been shown to have a regulatory effect on serum IgE levels in patients with chronic urticaria.[15] In one systematic review, it has been shown that the antipruritic effects of acupuncture may be related to the induction of vasodilation or stimulation of inflammatory cell mediators by needle insertion and depletion of neurotransmitters through the activation of C fibers.[16]

Acupuncture has also been shown to affect areas of the brain that are related to the transmission of itchiness. Functional magnetic resonance imaging (fMRI) in patients with atopic dermatitis showed that acupuncture reduced the itch-evoked activation of parts of the brain related to itch perception, namely the insula, putamen, premotor, and prefrontal cortical areas, none of which could be altered by antihistamine or placebo acupuncture. Additionally, this same study suggests that the antipruritic effects of acupuncture are mediated by the central nervous system.[17]

Case Description

History

A 30-year-old woman presented to our clinic in September 2015 with a chief complaint of a widespread rash accompanied by severe itching. She was 35 weeks pregnant with her first child. She was 162 cm tall with a thin build and of northern European descent with fair skin. She reported to have had a modest weight gain during her pregnancy.

The patient said the rash had started nine days earlier. It had initially appeared as two small red itchy bumps near the umbilicus but then spread in the form of welts on her abdomen, anterior forearms, thighs, legs, and the dorsum of her feet—all indicative of urticaria. Over the following days the rash transitioned to reddened, intensely pruritic papules and plaques, which spread to her chest, upper back, palms, soles, and between her toes. Her skin became clammy.

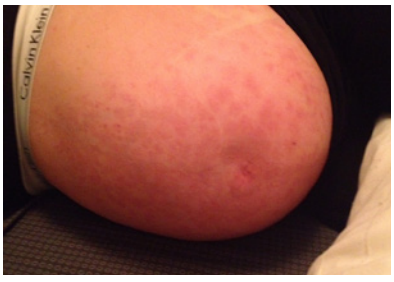
She had consulted with her obstetrician three days prior to this visit and had received a diagnosis of PUPPP. Reportedly, no lab testing was done as the obstetrician was confident this was a severe case of PUPPP. The patient was prescribed oral prednisone (20 mg daily) and a topical steroid cream for symptomatic relief, which she began taking immediately. She was instructed that this condition would completely resolve once the baby was born; the goal was to keep the symptoms manageable until that time. Her pregnancy had otherwise been uneventful.

At the time she presented to our clinic, the examination showed that the rash appeared as intensely pruritic reddened papules and plaques on her chest, abdomen, upper back, anterior forearms, thighs, legs, palms, dorsum and soles of her feet, and between her toes. She said her digestion had been good throughout the pregnancy and she had developed, as expected, mild constipation over the past two months. However, with the onset of the rash, she reported feeling slightly more constipated with a marked decrease in appetite and urination, and an increase in thirst.

She felt hot, had night sweats, was very restless and unable to relax. She had difficulty sleeping, working, and concentrating due to the intense pruritus. The pruritus was worse during daytime summer heat, but she got short-term relief by taking lukewarm oatmeal baths and using cool packs. Additionally, over the past 48 hours, she reported decreased dexterity, with periodic episodes of tingling in her hands. She was also experiencing mild low back and symphysis pubis pain.

Upon examination, the patient was found to be experiencing tachycardia with a pulse rate >100 beats per minute (bpm); the pulse quality was big overall. Her tongue body was light red with swelling of the Spleen region and had a thin coat. The extensive rash was red in color with raised reddened plaques covering large areas of her body including her abdomen, lower legs, feet, soles, anterior forearms, hands, palms, upper back, and chest (see Figure 1). Her skin felt moist and clammy; no dryness was present. Significant heat radiated from the patient's body.

Figure 1. Abdomen



Diagnosis

The TCM diagnosis was Blood-Heat generating Wind based upon the severe nature of her itching, the migratory and widespread nature of her rash, red papules and plaques, thirst, restlessness, difficulty sleeping, increased constipation, decreased urination, night sweats, clammy skin, radiating heat from her body, tongue, and pulse.

The patient was also diagnosed with *qi* and Blood stagnation of the channels, likely due to the enlarging fetus creating obstruction. This also was likely causing decreased dexterity and tingling of the hands, low back and symphysis pubis pain, and big pulse. *Qi* and Blood stagnation was also affecting her middle burner, causing Spleen *qi* deficiency with mild Damp accumulation seen with loss of appetite, and in the swollen Spleen area of her tongue. Structural changes from the pregnancy itself were also likely contributing to the low back and symphysis pubis pain she was experiencing.

Treatment

The treatment principle was to clear Heat, expel Wind, alleviate itching, cool the Blood, tonify Spleen, and move *qi* and Blood. The patient received two acupuncture treatments over an eight day period.

Treatments were done with the patient in the right lateral recumbent position. Table 2 lists the group of points used for each treatment. All points were needled bilaterally with manual stimulation until the *deqi* sensation was noted by the patient or, in the case of muscle trigger points, until a local muscle twitch response was elicited. A local twitch response is the brisk contraction of muscle fibers elicited when an acupuncture needle is inserted into a myofascial trigger point within a specific muscle.[18] The patient described *deqi* as a mild, pleasant ache. For this first treatment, all needles were retained for 40 minutes and then removed.

The patient was also given herbal therapy. The formula *ju hua* (Flos Chrysanthemi) was selected. In dermatological conditions, *ju hua* clears Heat and eliminates toxins from the exterior of the body.[19] The patient was instructed to make a tea using 3-5 flowers per cup of hot water, which she was to drink throughout the day. Lifestyle advice included having only cool or lukewarm showers and baths; avoiding hot, warming, or spicy foods; avoiding caffeine and chocolate; and using soothing topical lotions such as calendula.

Table 2. Acupuncture Treatment

Point	Function	Needle Size	Insertion Depth & Needling Method
Dazhui GV-14	Empirical point for acute urticaria	0.20 x 30 mm	15 mm - reducing method
Wangu GB-12	Clears Wind, stops itching	0.20 x 30 mm	10 mm - even method
Chize LU-5	Clears Lung-Heat	0.20 x 30 mm	10 mm - reducing method
Quchi LI-11	Cools Blood; eliminates Wind, Damp, & itching	0.20 x 30 mm	15 mm - reducing method
Yinlingquan SP-9	Resolves Damp	0.20 x 30 mm	15 mm - even method
Geshu BL-17	Cools Blood-Heat	0.20 x 30 mm	15 mm - even method
Zusanli ST-36	Tonifies *qi*, nourishes Blood & *yin*	0.20 x 30 mm	15 mm - reinforcing method
Xuehai SP-10	Cools Blood; benefits the skin; alleviates itching	0.20 x 30 mm	10 mm - even method
Dachangshu BL-25	Empirical point for chronic urticaria; local point for low back pain	0.25 x 40 mm	30 mm - reinforcing method
Yintang M-HN-3	Calms the spirit[12]	0.20 x 30 mm	5 mm - even method
Gluteus Medius Trigger Point	Local point for hip/buttock pain	0.25 x 40 mm	30 mm - twitch response
Baihui GV-20	Dissipates Wind; alleviates itching; calms the spirit	0.20 x 30 mm	5 mm - even method

Needle Types Used:

0.20 x 30 mm (Spring Ten stainless steel filiform needles, DBC brand, Korea)

0.25 x 40 mm (Spring Ten stainless steel filiform needles, DBC brand, Korea)

Needling Method

Reducing method: right/clockwise and quick rotation of the needle

Reinforcing method: left/counter-clockwise and slow rotation of the needle

Results

At her second treatment (eight days following the first treatment), the patient reported that immediately following the first treatment, she experienced significant relief from itching (60-70% improvement), body heat, and night sweats. She said she continued to improve in the days that followed. She reportedly continued taking the prescribed prednisone until two days after the first treatment, at which time she had an evaluation by her obstetrician, who, noting the improvement of symptoms, instructed her to discontinue the prescribed medications.

Her second examination showed the lesions had become light-brown in color and were dry and peeling with minimal itching. She applied coconut oil to further minimize the dryness and itching. She reported feeling warm, with moderate low back pain related to the pregnancy. She reported her sleep had improved and she felt more productive at work.

Objectively, her skin was much cooler to the touch. Her pulse rate was 90 bpm and strong overall. Her tongue body was pale red, with mild swelling of the Spleen region, and had a thin coat. The patient indicated she had been moderately compliant with the Chinese herbal therapy for three days but then discontinued it when she felt the condition was resolving. Acupuncture protocol was repeated during this second visit, with a 25 minute needle retention time.

The patient indicated by email (10/22/2015) that her skin had cleared up and that she had no further PUPPP-related symptoms before delivering a healthy baby boy two weeks following her second and final acupuncture treatment. She reported feeling warmer three days postpartum but that the application of cool packs to her body alleviated the symptoms. She stated she had no further issues.

No adverse side effects of treatment were noted.

Discussion

According to Betts,[7] the treatment of women with PUPPP with acupuncture and TCM in later pregnancy is usually straightforward and effective, providing noticeable improvement of symptoms during the treatment itself or by the same evening. The effect is usually temporary, typically lasting 3-5 days, but subsequent treatments can be done to provide symptomatic relief for the duration of the pregnancy.

This case showed unique characteristics in that this patient had an unusually severe case of PUPPP. The rash spread beyond the usual pattern, and her symptoms were such that she felt miserable and unable to work or to sleep. At the time of the patient's first treatment, the usual standard of care, which included oral prednisone, was not effectively managing her symptoms.

Her initial acupuncture treatment significantly reduced her symptoms shortly following the treatment. She continued to improve over the next eight days following the initial treatment. After her second treatment, her improved state lasted for the final two-week duration of her pregnancy. Because this patient was simultaneously taking a prescribed course of oral prednisone at the time of her first acupuncture treatment, it is not clear what role acupuncture played in reducing this patient's PUPPP symptoms. However, given the severity of this patient's presentation, the effectiveness of the acupuncture treatment and/or the combination of both acupuncture and steroids is unique—severe cases of PUPPP such as this can require continued oral steroid use, even postpartum.

Although herbal formula recommendations can be found in TCM literature for this and other pruritic dermatological conditions, herbal therapy did not play a strong role in this case. The patient had minimal intake of the ju hua tea so it's not clear what, if any, role it played in the reduction of her symptoms.

Most women experience constipation and increased urination during the third trimester of pregnancy. This patient instead experienced decreased urination and increased constipation, likely due to internal Heat aggravated externally by a period of hot summer weather.

Research has demonstrated that acupuncture can reduce both the itch and inflammatory responses in pruritic dermatological conditions and that acupuncture needle insertion itself induces antipruritic effects. All of this may have factored into this case. It is also possible that acupuncture may have augmented the effect of the prednisone and topical steroids the patient was using, particularly following her initial acupuncture treatment. As previously mentioned, the effectiveness of acupuncture treatments for PUPPP typically last 3-5 days, so the long-lasting effectiveness of these treatments (two weeks) was somewhat unusual.

The care of pruritic skin conditions specific to pregnancy can be complex. Managing symptoms is the treatment goal with PUPPP. It is important to utilize therapies that are effective with the most benign side effects possible to safeguard both mother and fetus.

Conclusion

This case study demonstrates that acupuncture may give symptomatic relief to women suffering from PUPPP during their last trimester of pregnancy. This will allow them to continue to be productive at work and in their lives in general. Reproducible randomized controlled studies are needed to validate acupuncture's effectiveness in alleviating PUPPP symptoms.

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Case Report

Using *Xiao Chai Hu Tang* (Minor Bupleurum Decoction) to Treat Chronic Constipation

By Kerry Morton, DAOM, LAc

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Abstract

Chronic constipation is a common condition that primarily affects the elderly and women. The word "constipation" has different subjective meanings. While the medical community defines this as fewer than three bowel movements in a week, patients often identify constipation as hard stool consistency, feelings of incomplete emptying, and straining with the urge to defecate. This case illustrates how Chinese herbal medicine, when prescribed in accordance with the proper methodology for pattern identification and formula selection, was an effective treatment for chronic constipation. The 56-year-old female patient was first prescribed *Ma Zi Ren Wan*, a commonly used formula for constipation symptoms. After one week of use, her symptoms worsened. She was then prescribed a second herbal formula, *Xiao Chai Hu Tang*, which was found to more closely match to her constitutional analysis. The patient responded well to the second formula and the condition resolved. This case demonstrates how the traditional methods of pattern identification and constitutional analysis may increase the efficacy of Chinese herbal medicine in the treatment of chronic constipation.

Key Words: chronic idiopathic constipation, Chinese herbal medicine, traditional Chinese medicine, *ma zi ren wan*, *xiao chai hu tang*

Introduction

Constipation affects almost one-quarter of adults.[1] How constipation is experienced by each patient is unique; it can be defined as having fewer than three bowel movements in a week or as having hard stools that require straining to complete the bowel movement. The constipated person may feel as though the bowel movement is incomplete, and they may have an urge to defecate without being able to move the bowels.

Allopathic medical professionals diagnose constipation by doing a physical exam and blood tests. If pelvic floor dysfunction is diagnosed, biofeedback may be indicated. If a dietary

component is a factor then increased fiber intake, exercise, and drinking adequate water are frequently recommended. However, if the patient does not respond to these treatments, the condition may be due to slow transit time.

If so, a stool-bulking agent such as psyllium or bran is often prescribed along with a stool softener such as lactulose or docusate. Sometimes a stimulant such as senna is recommended. If none of these remedies prove effective, chloride channel actuators or 5-HT4 agonists can be prescribed. Surgery may be indicated if anorectal blockage is caused by rectal prolapse, if there is dysfunction in the muscles of the colon or if anal fissures are severe or do not respond to other treatments.[1]

Many patients are disappointed by current conventional biomedical treatments and seek help from a traditional Chinese medicine (TCM) practitioner who may prescribe Chinese herbal medicine (CHM).[2] The Chinese medical term for constipation is *bian bi* (fecal block). This condition is characterized by the inability to easily eliminate stools from the bowels, which includes hard stools, the urge to have a bowel movement although unable to pass stool, and the need for increased effort and time for elimination to take place.

From a TCM perspective, imbalances which may lead to constipation involve the function of the Spleen, the Stomach and the Kidney.[3] Disharmonies between these organs will determine which herbal formulas are used to restore harmony and function between them.

Other pathogenic factors can be involved, such as internal Heat and dryness, which can cause a lack of fluids, disruption of the smooth flow of *qi* caused by emotional upset, or a deficiency of *qi* or Blood due to injury from stress or lack of exercise. The following are five categories for classifying constipation according to its etiology, pathogenesis, and clinical manifestations: 1) Heat constipation, 2) *qi* stagnation constipation, 3) *qi* vacuity constipation, 4) Blood vacuity constipation and 5) Cold constipation.[3]

A traditional Chinese medicine (TCM) treatment for functional constipation may include ingestion of hemp seed in pill form. Successful use of it may be dosage-dependent. One randomized, double-blind study indicated that hemp seed pill at a dosage of 7.5 g twice a day was shown to be effective and safe for patients with functional constipation or "excessive TCM syndrome" (the term used by Zhong et.al. in the study). After 8 weeks of treatment, hemp seed pill increased complete spontaneous bowel movements, relieved the severity of constipation and straining to evacuate, and effectively reduced the need for a laxative as compared with the placebo.[4]

This study suggests that the formula *ma zi ren wan*, as mentioned in the *Shang Han Lun*,[7] can be effective in treating a TCM excess pattern relating to functional constipation but that a higher dose than the one in the literature may be more effective. This brings up two points: 1) Practitioners need pay careful attention to dosage because a different dosage than the one traditionally recommended may be more effective as well as more safe, and 2) Hemp seed pill may be an appropriate formula for patients with functional constipation and with an excess TCM pattern involving this condition.

Case Description

The patient, a 56-year-old female, sought treatment for constipation, which began when she was 30 years old. Between the ages of 29-31, she described working at a high stress job, leaving the military, getting a divorce, and cessation of drinking and taking recreational drugs. Also during this time, she reported that her sleep became difficult. The patient reported that during this three year span she felt "a lot of grief and numbness" and that during this time, she typically ate one meal per day and had one bowel movement of hard stool every 6-7 days.

TCM intake: The patient alternated between feeling hot and cold. For example, when she first got into bed, she felt cold then eventually felt hot. She also felt hot after eating lunch. Having not sweated much previously, she began sweating on her lower back and over her nose and cheeks when at work or when it was humid. Although she did not have headaches, she said that when she was tired, her sense of balance felt "off."

The patient reported that her nose was "always draining" despite taking Zyrtec and Singulair and using a rescue inhaler (Albuterol). She frequently had a productive cough with sputum that was normally clear, although it was yellow when she was ill. She reported achiness in her muscles even with very little activity. She tended to eat even when she did not feel hungry, saying that the food felt like it was "stuck in her abdomen." Despite drinking warm or refrigerated water she was continually thirsty.

Having reported a history of infrequent bowel movements, when she presented at clinic she said she had just one bowel movement in the morning consisting of hard stool that was difficult to pass. She said it "felt incomplete." She also thought she did not urinate enough compared to the amount of water she drank, and she recently noticed that her urine had an odor.

The patient described her energy level as "sluggish" and that she felt like she did not "want to sit up straight." She awoke two or three times per night unless she ate regular meals (more than once per day). She averaged 5-6 hours of sleep. She reported feeling fairly stable emotionally since she was on hormone replacement therapy, although she indicated she was sometimes irritable at work.

Upon examination, the patient's tongue had a thick, white, dry coat, especially in the center, and a central crack, red tip, and scalloped edges. Her pulse rate was moderate-to-slow. Overall, the quality was hesitant, with the left *cun* pulse being deep and weak. Both *chi* positions were deep and weak and could be pushed through.

The TCM diagnosis was constipation due to Liver *qi* stagnation. The chronicity of this condition, combined with the severity of the symptoms at onset, led to *qi* deficiency of the Lung, Spleen and Heart as well as the creation of Phlegm and Heart Fire. Spleen *qi* deficiency signs included over-thinking, scalloped tongue, and muscle pain with little activity. The Lung *qi* stagnation with phlegm accumulation was indicated by the signs of phlegm in the lungs, productive cough, and a history of severe grief at the start of constipation. *Wei qi* deficiency signs included the subjective feeling of alternating heat and cold, with and without sweating. Liver *qi* stagnation signs and symptoms included her history of alcohol and drug abuse, her high stress job and the presence of some irritability. The Heart *qi* deficiency with Heart Fire and phlegm accumulation were indicated by a central crack in the tongue body, red tongue tip, and difficulty sleeping.[5]

The treatment goal was for the patient to achieve a daily bowel movement that was both easy to pass and occurred without straining. The first formula prescribed to treat the branch and relieve symptoms was *Si Wu Ma Zi Ren Wan* (Four Substances Cannabis Pill, Legendary Herbs, Colorado), which is designed to moisten the intestines and unblock the bowels.

Table 1. Ingredients in Modified *Si Wu Ma Zi Ren Wan* (Four Substance Cannibis Pill)

Ingredients	Dosage	Action: TCM	Action: Pharmaceutical Study
Dang-Gui (Angelicao sinensis Radix)	6 g	Activates and nourishes blood; expels pus; moistens intestines; moves blood; promotes healing and generates flesh; stops cough	analgesic, antiasthmatic, anti-inflammatory, vasodilator
Chuan Xiong (Chuanxiong Rhizoma)	3 g	Activates and nourishes blood; guides herb to Liver; moves *qi;* stops all headaches	anticoagulant, cardiotonic, vasodilator (coronary, peripheral)
Shu Di Huang (Rehmanniae Radix preparata)	6 g	Tonifies blood; nourishes yin; strongly enriches *yin*; nourishes blood and tonifies Essence	anit-aging, endocrine (adrenal), immunosuppressive
Bai-Shao (Paeoniae Radix alba)	6 g	Guides herb to Spleen; supplements blood; regulates menses; calms Liver *yang* and Liver Wind and stops pain and spasms; preserves *yin* and harmonizes *ying* and *wei* levels	analgesic, antibacterial, anti-inflammatory, vasodilator (peripheral)
Huo Ma Ren (Cannabis Semen)	9 g	Moistens the intestines; nourishes the *yin*; promotes healing of sores	antihyperlipidemic, hypotensive, laxative
Da-Huang (Rhei Radix et Rhizome)	6 g	Drains heat and purges accumulations downward; dries Dampness and promotes urination; cools the blood; invigorates blood circulation and removes Blood stasis; clears Heat and reduces Fire toxins	antibacterial, anti-inflammatory, antiviral, laxative
Xing Ren (Armeniacae Semen)	4.5 g	Stops coughing; calms wheezing; moistens intestines; unblocks bowels	antiasthmatic, antibacterial
Zhi Shi (Aurantii Fructus immaturus)	6 g	Reduces epigastric or abdominal pain and distention or indigestion with focal distention or gas; expels focal distention and fullness in chest and epigastrium; moistens intestines	antiallergic, cardiotonic, hypertensive, vasodilator (cardiac)
Hou Po (Magnolia officinalis cortex)	4.5 g	Moves *qi* and resolves stagnation; warms the center; transforms Phlegm and descends rebellious *qi*; directs *qi* downward; dissolves Phlegm; calms wheezing	antiulcer, CNS suppressant
Da Zao (Jujubae Fructus)	10 g	Tonifies Spleen and reinforces the *qi*; nourishes the blood and quiets the spirit; moderates harsh properties of other herbs	antiallergic, antioxidant, antitussive, expectorant
Suan Zao Ren (Zizyphi Spinosae Semen)	10 g	Nourishes the Heart *yin*; augments the Liver blood and quiets the spirit; prevents abnormal sweating	analgesic, antipyretic, cardiotonic, hypotensive, immunostimulant

The *Ma Zi Ren Wan* contained within this formula, minus *Shao Yao* and *Feng Mi*, is mentioned in the *Shang Han Lun* ("Treatise on Cold Damage Disorders") and states: "If urination is frequent, not only is there heat in the *yang* brightness (Stomach/Large Intestine), but the fluids have percolated into the bladder. The stomach and intestines are depleted of fluids and the stool becomes hard. Although more than ten days pass without defecation, the patient does not feel abdominal pain and discomfort. This pattern is straitened Spleen and should be treated with hemp seed pill (*Ma Zi Ren Wan*) to precipitate with moistness."[7] The primary indication for *Ma Zi Ren Wan* is profuse urination causing intestinal dryness leading to Heat constipation.

The patient stopped taking this formula after one week because some of her symptoms worsened, including headache, hot flashes, asthma, irritability, constipation, heartburn, difficulty "shutting her brain off," and fatigue. Rather than urinating frequently per this formula, she instead experienced reduced urination with inconsistent Heat signs (dry tongue coat but not a yellow coat) coupled with the worsening of her symptoms. Rather than Heat, the more important diagnostic indicators for this patient were the *qi* stagnation along with the alternating Heat/Cold symptoms. These symptoms affected her upper body as the *qi* stagnation was preventing free flow into the lower part of her body.

Table 2. Ingredients of Modified *Xiao Chai Hu Tang* (Minor Buplurum Decoction)

Ingredients	Dosage	Action: TCM	Action: Pharmaceutical Study
Chai Hu (Bupleuri Radix)	12 g	Harmonizes the exterior and interior; soothes Liver *qi* and relieves constraint; raises *yang qi*	analgesic, antibacterial, anti-inflammatory, antimutagenic, antineoplastic
Ban Xia (Pinelliae Rhizoma)	9 g	Dries Dampness; transforms Phlegm and causes rebellious *qi* to descend; stops vomiting; dissipates nodules and reduces clumps	antiemetic, antitussive, detox, expectorant
(Hong) Ren Shen (Panex Ginseng Radix)	3 g	Calms the spirit; generates body fluids	adaptogenic, antifatigue, antiulcer, cardiotonic, endocrine (adrenal)
Zhi Gan Cao (Glycyrrhizae Radix)	5 g	Tonifies Spleen; augments *qi*; moistens Lung and stops coughing; clears Heat; reduces toxicity; relieves spasm and alleviates pain; harmonizes other herbs	improves digestion, anti-aging properties, antineoplastic
Gan Jiang (Zingiberis Rhizoma)	3 g	Warms the center; expels Cold; restores *yang* and dispels interior Cold; warms the Lung and transforms Phlegm; warms the channels and stops bleeding	analgesic, antibacterial, anticoagulant, anti-inflammatory, smooth muscle relaxant
Bai Shao (Paeoniae Radix Alba)	9 g	Supplements blood and regulates menses; calms Liver *yang* and Liver Wind to stop pain and spasms; preserves the *yin* and harmonize *ying* and *wei* levels	analgesic, antibacterial, anti-inflammatory, immunostimulant
Fu Ling (Poria)	9g	Promotes urination and dries out Dampness; supplements Spleen and harmonizes the middle burner; supplements Spleen and transforms Phlegm; quiets the Heart and calms spirit	antibacterial, antineoplastic, diuretic, hepatoprotective, immunostimulant
(Ren) Gua Lou Ren (Tricosanthis Semen)	9 g	Moistens the Lung; transforms Phlegm-Heat; expands chest; lubricates intestines; promotes healing of sores	laxative
Gui Zhi (Cinnamomi Ramulus)	6 g	Releases the exterior; harmonizes *ying* and *wei;* tonifies Heart *yang*; warms and frees the *yang*; warms and frees the channels and disperses cold	analgesic, antibacterial, antiviral, vasodilator (peripheral)
Wu Wei Zi (Schisandrae Fructus)	3 g	Contains the leakage of Lung *qi* and stops cough; tonifies kidney; binds up the Essense; inhibits sweating and generates fluids; quiets the spirit while calming and containing Heart *qi*	antibacterial, antioxidant, hepatoprotective, sedative and hypnotic

The formula was then changed to a modified *Xiao Chai Hu Tang* (Minor Bupleurum Decoction),[6,9] which was selected because of her alternating Warm/Cold symptoms as well as alternating sweating and not sweating. The *Shang Han Lun* states, "fullness below the heart, no desire for food, and hard stool are…indications of an interior heat evil disturbing the *qi* dynamic, the harmony of the stomach, and the movement of fluids down into the bowel." She also had other alternating symptoms, including epigastric fullness and pain, no desire to eat, and hard stool, which suggested this formula might be more appropriate. [7]

After two weeks using this formula, the symptoms that had been aggravated by the first formula markedly improved. She continued on this second formula for three months, with continued improvement of all symptoms. Her condition, assessed using the Rome III diagnosing criteria,[8] was then checked at three month intervals.

Having taken this second formula for three months, the patient presented at her three-month checkup. She reported that when she ate meals on a consistent schedule, her bowel movements were more regular. The patient was counseled to continue to eat regularly spaced meals and to walk or do other exercise on a regular schedule. As this formula worked well for her, she continued to be evaluated every three months for a total of nine months to see if any new symptoms arose and if any previous symptoms returned.

Discussion

This case demonstrates the importance of considering pattern differentiation when prescribing herbal formulas. The original prescription was indicated for a pattern without abdominal pain or distention and with profuse urination. The patient had abdominal pain, distention and reduced urine output. These symptoms, plus the alternating sweating and no sweating and alternating heat and cold then indicated that use of the second formula was a more appropriate approach.[10]

There are multiple causes of constipation. Although several studies discuss the efficacy of *Ma Zi Ren Wan* (hemp seed pill)[2] for treating chronic constipation, this case indicates *Xiao Chai Hu Tang* (Minor Bupleurum decoction) as also effective for this condition.

Conclusion

Examination of this single case reveals a failure of the more common formula first prescribed, *Ma Zi Ren Wan*, and subsequent success with the *Xiao Chai Hu Tang* formula. More investigation of use of each of these TCM formulas is needed to be as successful as possible when treating chronic constipation.

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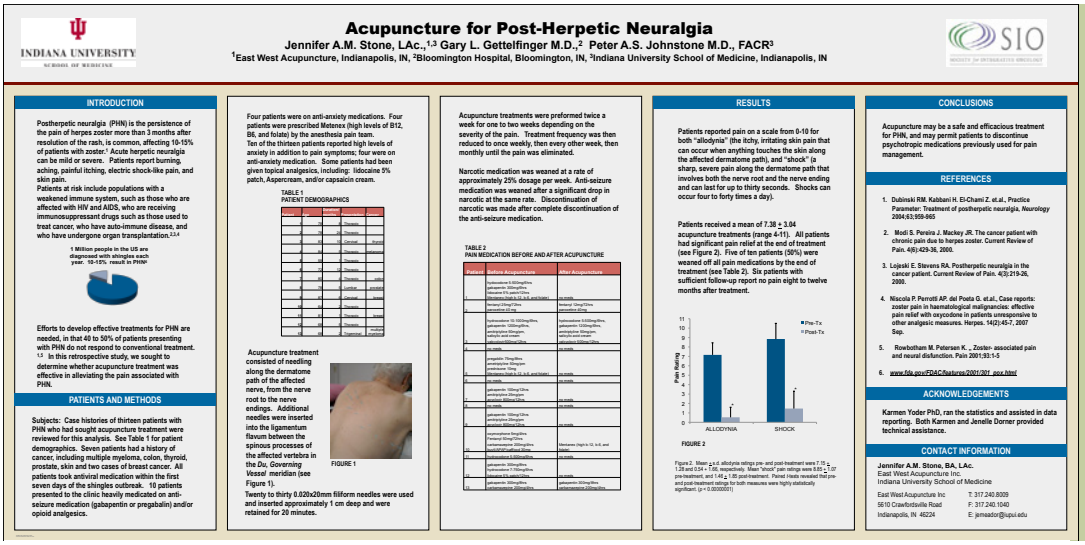
How to Prepare a Scientific Research Poster for Presentation at a Conference

By Jennifer A. M. Stone, LAc



Acupuncture for Post-Herpetic Neuralgia

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INTRODUCTION

Postherpetic neuralgia (PHN) is the persistence of the pain of herpes zoster more than 3 months after resolution of the rash, is common, affecting 10-15% of patients with zoster.[1] Acute herpetic neuralgia can be mild or severe. Patients report burning, aching, painful itching, electric shock-like pain, and skin pain.

Patients at risk include populations with a weakened immune system, such as those who are affected with HIV and AIDS, who are receiving immunosuppressant drugs such as those used to treat cancer, who have auto-immune disease, and who have undergone organ transplantation.[2,3,4]

1 Million people in the US are diagnosed with shingles each year. 10-15% result in PHN[1]

Efforts to develop effective treatments for PHN are needed, in that 40 to 50% of patients presenting with PHN do not respond to conventional treatment.[1,5] In this retrospective study, we sought to determine whether acupuncture treatment was effective in alleviating the pain associated with PHN.

PATIENTS AND METHODS

Subjects: Case histories of thirteen patients with PHN who had sought acupuncture treatment were reviewed for this analysis. See Table 1 for patient demographics. Seven patients had a history of cancer, including multiple myeloma, colon, thyroid, prostate, skin and two cases of breast cancer. All patients took antiviral medication within the first seven days of the shingles outbreak. 10 patients presented to the clinic heavily medicated on anti-seizure medication (gabapentin or pregabalin) and/or opioid analgesics.

Four patients were on anti-anxiety medications. Four patients were prescribed Metenex (high levels of B12, B6, and folate) by the anesthesia pain team.

Ten of the thirteen patients reported high levels of anxiety in addition to pain symptoms; four were on anti-anxiety medication. Some patients had been given topical analgesics, including: lidocaine 5% patch, Aspercream, and/or capsaicin cream.

TABLE 1
PATIENT DEMOGRAPHICS

Acupuncture treatment consisted of needling along the dermatome path of the affected nerve, from the nerve root to the nerve endings. Additional needles were inserted into the ligamentum flavum between the spinous processes of the affected vertebra in the *Du, Governing Vessel* meridian (see Figure 1).

FIGURE 1

Twenty to thirty 0.020x20mm filiform needles were used and inserted approximately 1 cm deep and were retained for 20 minutes.

Acupuncture treatments were preformed twice a week for one to two weeks depending on the severity of the pain. Treatment frequency was then reduced to once weekly, then every other week, then monthly until the pain was eliminated.

Narcotic medication was weaned at a rate of approximately 25% dosage per week. Anti-seizure medication was weaned after a significant drop in narcotic at the same rate. Discontinuation of narcotic was made after complete discontinuation of the anti-seizure medication.

TABLE 2
PAIN MEDICATION BEFORE AND AFTER ACUPUNCTURE

RESULTS

Patients reported pain on a scale from 0-10 for both "allodynia" (the itchy, irritating skin pain that can occur when anything touches the skin along the affected dermatome path), and "shock" (a sharp, severe pain along the dermatome path that involves both the nerve root and the nerve ending and can last for up to thirty seconds. Shocks can occur four to forty times a day).

Patients received a mean of 7.38 ± 3.04 acupuncture treatments (range 4-11). All patients had significant pain relief at the end of treatment (see Figure 2). Five of ten patients (50%) were weaned off all pain medications by the end of treatment (see Table 2). Six patients with sufficient follow-up report no pain eight to twelve months after treatment.

FIGURE 2

Figure 2 . Mean ± s.d. allodynia ratings pre- and post-treatment were 7.15 ± 1.28 and 0.54 ± 0.66, respectively. Mean "shock" pain ratings were 8.69 ± 1.07 pre-treatment, and 1.46 ± 1.85 post-treatment. Paired t-tests revealed that pre- and post-treatment ratings for both measures were highly statistically significant. ($p < 0.00000001$)

CONCLUSIONS

Acupuncture may be a safe and efficacious treatment for PHN, and may permit patients to discontinue psychotropic medications previously used for pain management.

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Common poster topics include: case reports, case series, protocol design of new study, reporting partial data of a study still recruiting, reporting data of a completed study.

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Case Report

Use of Chinese Medicine to Treat Recurrent Secondary Vesicoureteral Reflux Symptoms as a Result of Chronic Urinary Tract Infections

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Abstract

Secondary vesicoureteral reflux, i.e., the retrograde flow of urine from the bladder to the kidneys, is a common uropathy in the pediatric population. Approximately 30% of children with urinary tract infections are diagnosed with secondary vesicoureteral reflux as indicated by a cystourethrogram. The majority of children diagnosed with vesicoureteral reflux spontaneously resolve; twenty to thirty percent will continue to experience urinary tract infections. If improperly treated, renal scarring due to chronic infections can occur.

Quality of life can be challenging for these children. They commonly grapple with the wetting of their clothes and bed. They also experience social embarrassment and discomfort associated with these recurring urinary tract infections. This is a single case study of a six-year-old girl with chronic urinary tract infections; she had also been diagnosed with vesicoureteral reflux, indicating that she has suffered through multiple bouts of urinary tract infections. The child's parents sought an alternative to the use of antibiotics. Antibiotics are routinely prescribed as a prophylactic measure to reduce the recurrence of urinary tract infections. However, overuse of it has been shown to encourage the development of antibiotic-resistant bacteria.

The patient received acupuncture treatments and Chinese herbal medicine for a total of eight visits over a four week period. On the 3rd visit, she reported a complete absence of symptoms. This report suggests that Chinese herbal medicine along with acupuncture may offer an alternative effective means of prevention and treatment of vesicoureteral reflux and should be further investigated as an effective alternative means of treating this condition in children.

Key Words: vesicoureteral reflux, pediatric urinary tract infections, urinary incontinence, enuresis, acupuncture, Chinese herbal medicine

Introduction

Primary vesicoureteral reflux (VUR) is present at birth, affecting the integrity of the ureterovesical junction. Typical histological development of the ureteral bud occurs in the fifth week of gestation when the ureteral bud ascends from the Wolffian duct. The bud's distal end continues to grow until it adjoins the trigone. To avoid backflow of urine, once filled, the ureter is idly restricted via the bladder wall. During atypical histology, the ureteral bud may grow from the mesonephric duct. If this occurs, the urethral orifice may be displaced both from above and laterally, resulting in reflux due to the dysfunctional length of the submucosal ureter.[1]

Secondary VUR is described as a blockage in the urinary tract, which results in urine backflow into the ureters; bilateral reflux is often seen in these children. Urinary tract infections (UTIs) are the usual cause of secondary VUR.

Biomedical Perspective

According to National Institutes of Health "vesicoureteral reflux (VUR) is the most common uropathy," which affects the pediatric population.[1] VUR is defined as a "retrograde of urine from the bladder to upper urinary tract"[2] and occurs as a result of an incompetent vesicoureteral sphincter. As a result, urine can extravasate into the interstitium and cause an inflammatory response and fibrosis to occur.[2] Pyelonephritis and renal scarring is commonly seen in children with VUR.[3] Approximately one-third of children diagnosed with VUR experience urinary tract infections.[3]

Due to an incomplete expression of urine, VUR can contribute to bacterial infections when urine remains trapped in the urinary tract. Studies show that 30% of children and up to 70% of newborns with UTIs also have VUR.[4] VUR is found in normal children at a prevalence rate of 0.4-1.8%, and there is a strong familial association with VUR, e.g., 46% of siblings with vesicoureteral reflux also present with VUR.[1]

Patients with VUR are diagnosed as young children, often having a history of frequent UTIs. Pre-birth diagnosis can be made using ultrasonography, and, after birth, a child can be diagnosed by a voiding cystourethrogram. Most kidney damage can occur before the age of five, so prophylactic antibiotic use is recommended to prevent UTIs and thus prevent renal scarring.[5]

Determined by the degree of urine backflow, VUR is graded I-V.

- "Grade I: Urine refluxes into the ureter only
- "Grade II: Urine refluxes into the ureter and up to the kidney without dilation
- "Grade III: Urine refluxes into the ureter and kidney and causes mild dilation
- Grade IV: Urine refluxes into ureter and kidney and causes dilation without twisting of the ureter
- Grade V: Urine refluxes into ureter and kidney and causes significant dilation with a twisting of the ureter"[6]

Traditional Chinese Medicine Perspective

For the patient who chronically experiences day/night wetting and acutely experiences occasional UTIs, traditional Chinese medicine (TCM) names both conditions as lin syndromes. *Lin* syndromes describe conditions characterized by frequent, incontinent urinary discharge accompanied by pain, spasm of the lower abdomen, and umbilical pain. According to the different etiology and pathogenesis, *lin* syndrome can be divided into five types: Heat *lin*, Stone *lin*, Blood *lin*, *qi lin* and Turbid *lin*.

Acupuncture has been found useful when treating each condition. In a systematic review of over 200 studies, evidence demonstrates acupuncture can effectively treat nocturnal enuresis (OR 3.98, CI: 2.2-7.2).[7] In a study where n=12, the effectiveness of acupressure was examined concerning treatment of nocturnal enuresis compared with oxybutynin. During six months of treatment, full and partial responses were observed, e.g., 83.3% and 16.7%, respectively, in patients who received acupressure, and 58% and 33%, respectively, in the children who received oxybutynin. This study demonstrated both oxybutynin and acupressure can be effective tools in treating enuresis.[8]

TCM has also been found beneficial for the treatment and prevention of UTIs. In a study where n=30, 68.7% responded positively; the use of Chinese herbs eliminated the most significant pathogen within 10 days of initiating treatment.[9] In a randomized study of adult women, n=67 received acupuncture treatment and n=27 received no treatment, demonstrating acupuncture can be effective in preventing "uncomplicated recurrent lower UTIs," e.g., the women treated with acupuncture attained a decrease of 50% in residual urine within six months. No significant change was seen in the women of the untreated group.[10]

Escherichia coli and Klebsiella pneumonia tend to be the most common bacterial UT infections. In a study examining the effectiveness of Chinese herbal medicine, one of the herbs found in the formula *Ba Zheng San*, specifically *Hua Shi* (Talcum) was found to possess antibiotic properties. One method used by Chinese herbs against pathogens is anti-adhesion. The authors of the study mentioned a decrease in E. coli adhesion cultured in the herbal solution could be a result of several mechanisms, including filament formation or loss of fimbriae.[11]

Nocturnal enuresis has been effectively treated with use of herbal medicines. A study in Japan examined "…32 children with monosymptomatic nocturnal enuresis and nocturnal polyuria." The children were treated with "oral desmopressin tablets" and the herbal medicine *Yokukansan* (also known as TJ-54, it is composed of seven herbs; Angelica acutiloba, Atractylodes lancea, Bupleurum falcatum, Poria cocos, Glycyrrhiza uralensis, Cnidium officinale and Uncaria rhynchophylla). Of the 32 patients who received only the oral desmopressin, 14 experienced adequate relief. The remaining patients (n=18) received a combination of *Yokukansan* and desmopressin. The authors reported 12 of the 18 patients who received the combination therapy experienced relief of symptoms.[12]

There are four patterns associated with incontinence: weakness in the Lower Gate, Spleen and Lung *qi* deficiency, Damp-Heat in the Liver channel, and lingering pathogenic factors (LPFs).[13] In TCM, LPFs may be caused by any of the Six-Evils, which have moved from the acute to chronic stage. LPFs are seen in patients who have overcome their pathogenic invasion, yet have not fully expelled the pathogen. The lingering pathogen blocks the flow of *qi* and fluids, resulting in Phlegm. Also, the pathogenic factor may leave behind aspects of either pathogenic heat or cold. Also from a TCM perspective, the Seven-Emotions can also contribute to the formation of LPFs.

Weakness in the Lower Gate-Kidney *qi* governs the two lower orifices—the anus and the uretha—and has both an external and internal relationship with the bladder. The Kidney *qi* strength affects the function of the Lower Burner, which affects the ability to hold urine and fluids. Kidney *qi* deficiency also affects the kidney's ability to support Bladder *qi* and thus its function of regulating the water passages. Children with this pattern tend to be insecure; this insecurity can develop due to the child's constitutional weakness or the child's immediate environment.[13]

In Spleen and Lung *qi* deficiency, the Lungs govern the *qi* and rule the water passages, both sending fluids to the Kidneys and Bladder. The Spleen controls the transportation and transformation of fluids. When the *qi* of both organs is weak, control over fluids is lost. Coupled with the loss of lower burner strength, Kidney *qi* deficiency enuresis ensues. This pattern can result from several factors, which may deplete Lung and Spleen *qi*, e.g., repeated cough, colds, immunizations, overuse of antibiotics, or improper diet.[13]

Damp-Heat in the Liver channel can pour into the Bladder. The Dampness and Heat irritate the urethra and prevent the bladder from transforming the fluids efficiently, resulting in enuresis. In combination with this pattern, there is also a measure of Kidney *qi* deficiency. Causes of this pattern include: emotional factors that generate Heat which collects in the Liver channel; poor diet of junk food; and external invasions of Cold into the Liver channel which transforms into Heat.[13]

"Emotional imbalance may result due to the chronic restriction of *qi* flow. This imbalance can make a child less able to deal with emotional stress and result in their crying or flying into a rage at the slightest thing, both of which contribute to enuresis."

LPFs disrupt the flow of fluids in the body and give rise to Phlegm. LPFs can disturb fluid circulation, thus causing children to urinate less during the day. Enuresis may occur at night, when the energy returns to the organs. Repeated pathogen invasions in which the body is unable to fully eliminate may result in LPFs. Inappropriate medicines may drive pathogens deeper into the body and may also result in LPFs.

Emotional imbalance may result due to the chronic restriction of *qi* flow. This imbalance can make a child less able to deal with emotional stress and result in their crying or flying into a rage at the slightest thing, both of which contribute to enuresis.[13] To use an analogy, LPFs act as a valve on a pressure cooker, thus restricting the proper flow of *qi*. The nature of *qi* is to flow, so despite this restriction, the *qi* eventually must be released. The release of energy in a child suffering with this condition would be more frequent and more intense than the average release of childhood emotions.

Case History

A six-year-old female presenting with VUR was suffering continuously from incontinence and enuresis. She also experienced frequent UTIs. The patient's mother reported her daughter had these symptoms for the past three years. The child had been prescribed amoxicillin to treat the UTIs. She presented as slightly withdrawn and spoke in a weak voice.

Lab Results

The voiding cystourethrogram (VCUG) indicated there was demonstrable reflux of contrast into both collection systems with bilateral dilatation, more on the right than on the left. There was some loss of papillary impressions on the right.

Impression:

1. Right grade IV vesicoureteral reflux
2. Left grade III vesicoureteral reflux
3. Otherwise normal VCUG

Examination

Tongue: red, stiff and red points-tip and sides, greasy yellow coat

Pulses: left wrist: Guan LV/GB (wiry, slightly rapid), Chi KD/BL (absent), right wrist: Guan SP/ST (slippery, slightly rapid), Chi KD/BL (absent).

Her general symptoms included: low appetite; headaches; cough; nausea; loose stool; bruxism; pain on urination (chronic UTIs); frequent, incomplete, and urgent urination; and incontinence to bed and clothes. Family history was unremarkable.

TCM Diagnosis and Rationale

Chronic: Kidney *qi* deficiency, lingering pathogenic factors, Lung and Spleen *qi* deficiency.

Acute: Damp-Heat in the Bladder and Liver channels

Table 1. Symptomatic Support for TCM Diagnosis

TCM Diagnosis Signs	Symptoms
Kidney *qi* (weakness in the Lower Gate)	Frequent urination, urgent urination, incontinence, incomplete urination, clothes/bedwetting
Lingering pathogenic factor	Frequent urination, urgent urination, incontinence, incomplete urination, and clothes/bedwetting
Spleen and Lung *qi* deficiency	Poor appetite, loose stool, nausea
Damp-Heat in the Bladder and Liver channels	Headaches, nausea, loose stool, burning pain upon urination, frequent urination, urgent urination, incomplete urination

Etiology and Pathogenesis

A TCM description indicates this patient's symptoms were a result of weakness in prenatal and postnatal *qi*. The patient's chronic symptoms were therefore seen as a result of Kidney *qi* deficiency. Her acute symptoms were due to a combination of factors, including pre-existing Kidney *qi* deficiency, Spleen *qi* deficiency, Damp-Heat in the Bladder/Liver channels, and LPFs.

The tongue and pulse were exhibiting signs of excess due to the patient's acute condition. That said, the patient's underlying Lung, Spleen, and Kidney deficiencies can be observed via clinical observations. For example, the patient was observed to be withdrawn and spoke in a weak voice—both are signs of *qi* deficiency. The patient had also suffered with chronic loose stool, frequent urination and urinary incontinence, all of which are also signs of *qi* deficiency.

The patient had received several courses of prophylactic antibiotics. From a TCM perspective, antibiotics are cold in thermic nature, thus depleting both Kidney and Spleen *qi*, which results in Dampness. This Dampness settles into the Bladder and may develop into Damp-Heat. Other factors including improper diet (Damp-producing food) and unwanted emotions (stress/worry) can also contribute to *qi* stagnation and Dampness.

Treatment Principles, Rationale, and Plan

To treat the patient's chronic symptoms, the focus was on strengthening Spleen and Kidney *yang*. For her acute symptoms, the treatment focused on eliminating Damp-Heat from her Liver channel. The patient was seen weekly for a total of 8 treatments.

Acupuncture treatment was delivered with (34) 0.22 x 1 (30 mm) Mac-Pipe Needle. Hand stimulation was used to achieve *de qi* via lifting and thrusting (reinforcing method). Posterior acupuncture needles were retained for 10 minutes; anterior acupuncture needles were retained for 10 minutes. Depending on the patient's presentation during each visit, between 8 and 12 points were chosen from the following list.

Acupuncture Point Location, Method of Stimulation, and Rationale

Posterior: Shen Shu UB-23 (bilateral), needle depth .5 cun (perpendicular), reinforcing method, strengthens Kidney *yin/yang*. Pi Shu UB-20 (bilateral), needle depth .5 cun (oblique) reinforcing method, strengthens Spleen *qi*.

Anterior: Zhong Wan Ren-12, needle depth .5 cun (oblique), reinforcing method, strengthens Stomach and Spleen. He Gu LI-4 (bilateral), needle depth .5 cun (perpendicular), even method, releases exterior, tonifies qi, and stops pain. San Yin Jiao SP-6 (bilateral), needle depth .5 cun (perpendicular), reinforcing method, strengthens the Spleen and Stomach, resolves Dampness, and benefits urination. Tai Chong LV-3 (bilateral), needle depth .5 cun (perpendicular), reducing method, with He Gu LI-4, Four Gates treatment, affects the flow of *qi* and Blood in the body. Fu Liu KD-7 (bilateral), needle depth .5 *cun* (perpendicular), reinforcing method, strengthens the Kidney *yang*.

Herbal Formula Therapy

The patient took 10 drops 3 x/day of the Kan Herb formulas *Ba Zheng San* (Relieving Formula) and *Zhen Wu Tang* (True Warrior Decoction) for the first two weeks of treatment until the Kidney pulse was sufficiently improved. The patient was compliant in taking her prescription.

Herbal Ingredients of *Ba Zheng San* (Relieving Formula)

The chief ingredient *mu tong* (Caulis Akebia) clears Heat, and transforms Dampness. The deputies of the formula *hua shi* (Talcum), *che qian zi* (Semen Plantaginis), *qu mai* (Herba Dianthi), *bian xu* (Herba Polygoni Avicularis assist the chief herb via draining Damp-Heat and clearing painful urinary dysfunction. The assistant herbs include *zhi zi* (Fructus Gardeniae Jasminoidis) and *zhi da huang* (Treated Radix Rhizoma Rhei). *Zhi zi* clears Heat from all three Burners, where *zhi da huang* clears Heat via the stool. The envoys of the formula include *deng xin cao* (Medulla Junci Effusi) and *gan cao* (Radix Glycyrrhizae Uralensis). *Deng xin cao* guides Heat downward, and *gan cao* moderates the actions of the other ingredients.[18] The main functions of this formula are to expel pathogenic influences, clear Heat, drain Dampness, and rectify the Lower Burner.

Zhen Wu Tang (True Warrior Decoction)

The chief herb in this formula, *fu zi* (Radix Lateralis Aconiti Carmichaeli), warms and strengthens the Kidney *yang*. The deputies include *bai zhu* (Rhizoma Atractyloids Macrocephaelae), which dries Dampness and tonifies the Spleen, and *Fu ling* (Sclerotium Poriae Cocos), which also drains Dampness and tonifies the Spleen. *Sheng jiang* (Rhizoma Zingiberis Officinalis Recens), an assistant herb, warms and dispels pathogenic water. *Bai shaoyao* (Radix Paeoniae Lactifloraey), also an assistant herb, counteracts the drying and warming qualities of the other herbs in this formula.[14] This formula warms the *yang qi* and promotes urination. It can be used to treat external pathogenic invasions when the patient presents with a pre-existing Kidney and Spleen *yang* deficiency.

Results

Upon initial examination, the patient presented with VUR. Her general symptoms included low appetite, headaches, cough, nausea, loose stool, bruxism, pain on urination (chronic UTIs), frequent, incomplete, urgent urination, incontinence, and clothes/bedwetting. At the 3rd treatment the patient and her mother reported complete absence of urinary accidents.

Discussion

Recurrent UTIs and day/night wetting are common symptoms of patients diagnosed with VUR. The patient was experiencing an UTI at the time of the first treatment. The patient's parents reported the child would experience day/night wetting symptoms in between UTIs. The patient was seen at the clinic two times a week. Within three treatments the patient stated she had not had any subsequent urinary accidents; her mother confirmed this.

> "...Chinese herbal medicine, acupuncture, or both may offer a valuable and effective non-drug approach to reduce both the recurrence of UTIs and the risks of renal scarring."

Appointments were continued and on the 8th and final treatment, the patient/ mother reported a complete absence of urinary accidents. The patient's mother was pleased with the results and said her daughter's quality of life had improved. In a six month follow up call, the mother said the child continued to be symptom-free.

Acupuncture and Chinese herbal medicine focused treatment on the root issue of Spleen/Kidney *yang* deficiency and eliminated the LPF of Damp-Heat in her Bladder and Liver channels. The repetitive use of antibiotics had depleted her Spleen/Kidney *yang qi*, which left her more susceptible to future invasions of external and internal pathogenic factors. From a biomedical perspective the acupuncture and Chinese herbs were, via natural antimicrobial properties, able to improve kidney and bladder function and reduce the possibility of recurrent UTIs.[15,16]

Conclusion

The patient experienced notable improvement and sustained response after the acupuncture and herbal medicine treatments were given to manage the problematic symptoms associated with VUR. By eliminating the frequent urination and clothes/bedwetting, the patient's sleep and quality of life improved significantly.

Because the observation of antibiotic-resistant bacteria is worth noting, Chinese herbal medicine, acupuncture, or both may offer a valuable and effective non-drug approach to reduce both the recurrence of UTIs and the risks of renal scarring. Chinese herbal medicine with or without acupuncture should be further investigated as an effective alternative means of treating vesicoureteral reflux in children.

Prophylactic antibiotic use remains the primary choice in the treatment and prevention of future UTIs when treating life-threatening situations. Chinese herbal medicine and/or acupuncture may be beneficial in the treatment and prevention of UTIs in non-life threatening situations.

In the case discussed here, TCM treatments improved the quality of life for this patient and may be considered as a therapeutic approach. Because Chinese medicine effectively treated this particular case of VUR, additional studies are warranted regarding use of Chinese herbal medicine and/or acupuncture for prevention and treatment of VUR symptoms.

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Conference Report

New Paradigms in Integrative Medicine: Reconciling Scientific Research & Chinese Medicine

By Karen Reynolds, RN, LAc

Karen Reynolds, RN, LAc has combined her 28 years as an intensive care nurse at Kaiser Permanente with her 17 years as an acupuncturist in private practice in Corte Madera, California. This passion for medicine inspired her new book geared towards prospective parents and practitioners alike, *Baby Blueprints: Acupuncture and Genetic Testing Before You Get Pregnant, Plus Modern Option with IVF.* Please feel free to contact her at: Karen@KReynoldsAcupuncture.com.

I had the great experience of attending the New Paradigms in Integrative Medicine Conference in San Francisco held on October 8-9, 2016. The event was hosted by the American College of Traditional Chinese Medicine (ACTCM) of California Institute of Integral Studies (CIIS) and was generously sponsored by Tong Ren Tang, a more than 300-year-old Beijing-based herbal manufacturer.

For most acupuncturists, the topic, "Reconciling Scientific Research and Chinese Medicine," is ever-palpable and continuously circulates around us as we practice. Patients routinely ask me, "How does acupuncture work?" Another typical comment I hear is, "There is no research supporting the usefulness and abilities of acupuncture." This comes my way from lay and professional sources alike. The New Paradigms conference addressed these issues by featuring some of the best, brightest, and most accomplished minds in research, medicine, and clinical practice.

What is the Biofield and How is It Integral to Acupuncture?

The keynote, "Biofield Physiology: An East/West Integration of Health and Healing," by noted researcher Richard Hammerschlag, PhD focused on how intention, *yi*, or mind as we know it in Oriental medicine theory, cannot be excluded from having an impact on research's end results. Dr. Hammerschlag did add, however, that there is not a prescribed way to measure or control for this in the commonly followed research structure of a random clinical trial.

Richard Hammerschlag, PhD

As he discussed the "biofield,"Dr. Hammerschlag kindly provided reference information for many studies on this topic.* One particularly notable study referenced examination of biofield effectiveness in real world settings. It examined 66 different studies of randomized clinical trials in several countries, all of which were translated into English.

The findings were that, irrespective of differing populations and differing qualitative end points, proximally practiced (same room) techniques substantially reduced pain and anxiety for hospital in-patients. This is remarkable for two reasons in particular. First, the level of complexity in illness or pathology for in-patients is high. These are sicker populations yet there was still measurable improvement. Second, when we consider that each study had a different focus, all focuses still coalesced to reflect improvement in pain and suffering after various treatments that concentrated on measuring the biofield. This is indeed a testament to the efficacy of the 3,000-year-old modalities of Oriental medicine.

Dr. Hammerschlag also emphasized that there is a substantial amount yet to be discovered with respect to the biofield. Right now research has yielded some valuable information about it, but we still do not know its specific mechanisms of action. He said we now have a more updated way of viewing our bodies. It is not about homeostasis but about what we are coming to know as the "homeodynamic" state of human health and well-being—the one that suggests "I don't simply end here."

Are RCTs the Key?

World-renowned researcher, Lixing Lao, PhD, LAc, professor and director at the School of Chinese Medicine at the University of Hong Kong, graciously traveled to San Francisco specifically to speak to us on "Acupuncture: Ancient Healing Art and Modern Science." Whereas random clinical trials (RCTs) are considered the gold standard for conventional medicine research, there has been long term and heated professional discussion regarding RCTs not being the appropriate structure for acupuncture research. Irrespective of this, Dr. Lao illustrated that there are a substantial number of RCTs which show strong evidence for efficacy for acupuncture.

Among the many studies he referenced were those which focused not only upon pain, such as shoulder pain, pain in emergency room settings, sciatica, and persistent pain, but also hot flash complaints among women with breast cancer. As practitioners we are all too aware that Oriental medicine treats a broad spectrum of presentations unquestionably well. Being that hospitals often pare down referrals to acupuncture for cases such as chronic pain or chemotherapy related nausea, it was definitely uplifting to hear Dr. Lao's report on this current data.

Acupuncture is Effective Even in the ICU

Colin Feeney MD, FACP, who practices at Highland Hospital in Oakland, California, spoke about a first of its kind research project conducted with patients in their intensive care unit. His study, "Acupuncture for Pain and Nausea in the ICU: A Feasibility Study in a Public Safety Net Hospital," is the first hospital-based study approved by an Internal Review Board and was heavily supported by Amy Matecki (Ying Li) MD, LAc, MSTCM, Alex Feng, LAc, PhD, and Rona Ma, PhD, OMD, LAc. Dr. Matecki, Dr. Feng and Dr. Ma are owed enormous thanks for their clinical expertise that allowed them to create and focus their drive to make this landmark study take place.

Doctoral students at Highland Hospital not only actually volunteered their time to make this study happen, but they did this to help facilitate the creation of the first U.S. hospital-based traditional Chinese medicine residency program in this area. Another study created by these esteemed practitioners to be published at the end of 2016 in the *American Journal of Emergency Medicine* is entitled, "Acupuncture versus Intravenous Morphine Sulfate in the Management of Acute Pain in an Emergency Department." Our community is blessed to have the dedication and brilliance of each of these acupuncturists and medical doctors as they have made this research and residency opportunity a reality.

Left: Lixing Lao, PhD, LAc

Right: Colin Feeney, MD, FACP

Below: Amy Matecki (Ying Li), MD, LAc

Reduction of Pain Using Acupuncture in Oncology Settings

Jennifer A. M. Stone, LAc presented two separate lectures. She first discussed the evolving research projects on chemotherapy-induced peripheral neuropathy (CIPN) and concurrent use of acupuncture both for pain management and successful full-dose completion of chemotherapy courses of treatment. Her second presentation centered on proposed mechanisms of action of acupuncture in oncology settings. She shared with us her clinical experience in areas of relief of severe pain for CIPN patients through use of Chinese medicine as well the challenges of designing research studies in these areas.

Diet Modifications and Culturally Designed Tools to Help Chinese-Speaking Americans with Diabetes

Evelyn Y. Ho, PhD, from the University of California at San Francisco, discussed her work concerning the creation and testing of Chinese medicine and biomedical integrative nutritional counseling guides for Chinese Americans with type II diabetes mellitus. It is well known that Chinese Americans develop type II diabetes at a lower body mass index (BMI) than do Caucasians. Currently, diabetes screening for Chinese Americans is recommended at a BMI of 23 as opposed the more commonly-used BMI of 25 for adults.

A higher number of Chinese-speaking Americans have significant stress and anxiety regarding diabetes as well as a lower knowledge base on managing their blood sugars nutritionally. Dr. Ho's work has explored a very thorough cultural study into the decision-making processes of Chinese Americans, for example, taking into account Chinese medicine nutritional concepts such as Dampness, Cold, and Heat.

After collecting the recommendations of MDs, RNs, CNs and various health educators, she complied information from herbalists, community elders, and caregivers. The distilled result is a tool comprised of three teachable diets based upon individual constitution. These are: Clear Heat (Blue), Clear Heat/Dry Damp (Yellow), or a Damp/Weak (Red) options. Each expands upon readily available vegetables, proteins, and carbohydrates found in Chinese American communities as well as the proportional combination to support clearing Heat, drying Dampness and/or supporting deficiency. The tool presents the information in a format geared both toward the culture as well as a deeper understanding of nutritional choices for optimal health.

"Acupuncture is heterogeneous, meaning that it is by nature very diverse in type and content... Therefore, he suggested, there is inherent error in conducting acupuncture random clinical trials with a supposition that all acupuncture is done in the same manner or has the same outcome."

How Valid and Valuable are Double-Blind Studies?

Dr. Hammerschlag's second thought-provoking lecture presented the topic, "Recent Advances and Controversies in Acupuncture Research." His ultimate message was that when it comes to acupuncture, we need to do a wholly different type of research. He included these notable bullet points:

- We cannot double-blind acupuncture studies and we would be hard pressed to find participants willing to sign up for them. To do an acupuncture study of this type is somewhat like proposing a double-blind surgery study.
- Acupuncture is heterogeneous, meaning that it is by nature very diverse in type and content. He illustrated this concept by stating that not all drugs treat pain and there are many types of drug categories. Therefore, he suggested, there is inherent error in conducting acupuncture random clinical trials with a supposition that all acupuncture is done in the same manner or has the same outcome.
- He also pointed out that when not using an identical protocol, research trials with negative results do not cancel out the trials with positive results. Research is solid when results are reproducible, but this means as many variable as possible must be controlled, and the settings, execution, assessment, etc. must be as identical as possible. If this is not the case, we are merely comparing apples to oranges.
- Dr. Hammerschlag also discussed the fact that sham points are not identical to what we call "placebo," and sham points are not inert. Sham has a clinical effect, though it is not identical to verum (true) acupuncture treatment. He stated that too often we are asking the wrong question. Instead of asking why acupuncture is not better than sham, we instead need to delve into why, when using sham procedures, these results are almost as good as acupuncture when the results are assessed.

The Findings Regarding Tai Chi to Improve Cognition in the Elderly

Peter Wayne, PhD, from the Harvard School of Medicine, discussed *tai chi* as an ecological intervention for balance and cognition problems that are more and more taxing the elderly population. *Tai chi* is considered a gateway exercise and is ideal for deconditioned patients, such as the aged or those with mild cognitive impairment. He suggests that how humans literally move in life predicts their future risk of dementia, and that a slower gait combined with memory issues has also been found to signal higher risk for dementia later in life.

In the aging population, the fear of falling keeps people from doing tasks they are actually still capable of completing. Dr. Wayne discussed nine clinical trials in which fear of falling was decreased by 35% by doing *tai chi*. Participants in these trials felt more empowered, healthier, and had an increased sense of appreciation of being able to improve their condition by doing *tai chi*.

Can Chronic Pain be Truly Assessed and Reduced by Non-Pharmaceutical Means?

Jiang-Ti Kong, MD of Stanford University discussed "Mechanistic and Outcome Measures in Acupuncture Studies for the Treatment of Pain." Being that chronic pain is a leading indication for use of complementary and alternative medicines, she said that the National Center for Complementary and Integrative Health (NCCIH) division of the National Institutes of Health (NIH) is actively seeking proposals for non-pharmaceutical methods to treat pain and innovative approaches for establishing biological signatures for natural products.

The classic self-assessment tool for pain evaluation has to do with measurement of pain reduction. A 30% reduction was considered successful. However, these measures are both subjective and influenced by patient expectations. Dr. Kong discussed the evolving use of alternative measures, such as mechanistic measures that include quantitative sensory painful or non-painful stimuli or functional outcome measures. The mechanistic options, while more objective, also require training so the researcher learns to apply the tools consistently and accurately.

A high tech evolution of the self-assessment tool Dr. Kong discussed was the electronic Patient Reported Outcomes Measurement Information System (PROMIS). This examines a set of person-centered physical, mental, and social health in adults or children. Additionally, work from the Stanford Center for Clinical Informatics has developed and maintains a unified database in which to store research. This Collaborative Health Outcomes Information Registry (CHOIR) allows electronic surveys of patient populations and delivery of results to health care practitioners via PDFs.

All the findings and issues discussed at the conference are indeed inspiring and uplifting. I want to express many thanks to ACTCM at CIIS, Tong Ren Tang, and to these immeasurably dedicated and brilliant presenters in our field. We are truly blessed to be able to practice acupuncture and Oriental medicine, and we are even more fortunate to do so amid this widely-talented community.

***The American College of Obstetricians and Gynecologists (ACOG) defines biofields as "energy fields that purportedly surround and penetrate the human body."**

"Presentations at New Paradigms in Integrative Medicine Conference" Slide Presentations are available at: https://www.dropbox.com/sh/wb4sp5p7w19zlfx/AADtwJ7Ft_THCujLTCw5_Xuwa?dl=0

(Left) Jiang-Ti Kong, MD, moderator Lixin Huang, MS

Acupuncture and RCTs: A Critique of Sham and Verum Methodologies

By Ryan K. Davenport, LAc, Dipl OM (NCCAOM)

Ryan Davenport, LAc, Dipl OM (NCCAOM) earned his Master's Degree of Science in Traditional Oriental Medicine from Pacific College of Oriental Medicine (PCOM) in Chicago. He is an Illinois board-licensed acupuncturist and a faculty member at PCOM-Chicago and practices in the northwest suburbs of Chicago. Prior to practicing East Asian medicine, Ryan taught anthropology and performed research on healing and medical systems in Indonesia.

A preponderance of research studies have compared verum acupuncture (true acupuncture) to sham acupuncture (sham acupuncture/placebo). In many of these studies, the verum and sham results do not show a strong statistical difference between each other and actually have *similar* outcomes. By employing this comparison, these findings display as inconclusive, as verum and sham acupuncture both perform better than conventional or standard treatment.

This has led some researchers to conclude that acupuncture is simply a placebo treatment due to a lack of sufficient statistical differences. Other researchers, meanwhile, utilize the very same data to suggest that acupuncture is effective because it performs better than standard treatment and is therefore a viable clinical option.

The problem with all of this seems to relate to the design of such studies and specifically to the idea of sham as a valid negative control. However, recent recommendations from the National Center for Complementary and Integrative Health (NCCIH) and the Society for Acupuncture Research (SAR) have discouraged the utilization of sham trials as they do not employ a valid control.[1,2]

Despite these recommendations, studies utilizing sham are still undertaken and published. Potentially flawed and inaccurate information continues to be disseminated. In the attempt to assess efficacy by eliminating the impact of the placebo effect via the sham acupuncture method, researchers may be accidentally introducing a source of error, i.e., no valid control. This paper discusses these problems regarding both sham and verum interventions used specifically in research on acupuncture.

A Brief Review of the Research

Research on acupuncture interventions has been steadily increasing over the past forty years. Several systematic reviews and randomized controlled trials (RCTs) suggest that acupuncture is equally or more effective than conventional care in cases of chronic pain, such as osteoarthritis, low back pain, and migraine headaches.[3,4,5,6] Additional studies suggest

it can be effective for a range of conditions, including irritable bowel syndrome.[7]

One of the challenges with acupuncture research involves showing statistical significance. Statistical significance relies on the magnitude of effect being measured and the number of participants in each arm. RCTs on acupuncture often only see a modest effect size or a difference between the verum and sham groups. As a result, studies with larger numbers of participants are needed to ensure that there is adequate power.

In studies such as those listed above, acupuncture out-performs sham acupuncture when it has adequate "power," meaning that a sufficient number of subjects participated in the trial such that acceptable statistical significance is achieved between the experimental and control arms. In cases when verum acupuncture is compared with sham acupuncture and the studies lack sufficient "power," the magnitude of effect is minimal and the results are often inconclusive, which results in a type II error.[2] [This error means that the null hypothesis is false, but due to study design it is not rejected.] There are a number of reasons why a study may result in a type II error, including technical, execution, and design errors. This paper focuses on those aspects of design which utilize sham.

Some researchers interpret the lack of statistical significance to mean that the effect of acupuncture treatment is simply a placebo effect. To further complicate this problem, even when verum interventions perform better than sham interventions and are statistically significant, the difference is sometimes minimal.[2]

In the discussion below, several of the problems with sham as well as a number of the problems with current verum treatments in randomized controlled studies are discussed in detail. I hope to make clear that sham and current verum research methods need to be revised.

Placebo and Sham Acupuncture

When used in a randomized controlled trial, a sham acupuncture method is essentially designed to be a placebo or an inert control. However, this becomes problematic for acupuncture treatments in several ways. Despite the widespread use of a negative control in research, this method has received criticism. A placebo is designed for testing pharmaceuticals, but even in this domain its efficacy may be questionable. In pharmaceutical studies, the placebo is often an inert pill that's given to a patient and is compared to a specific pill that is being assessed for a clinical effect. There are complications with defining placebo, deciding how to use placebo, determining placebo effect, and even deciding if placebo is a valid approach.[8,9]

Additional problems also arise when placebo has been utilized in non-pharmaceutical research. Concerns arise when the placebo is not inert but active and therefore no longer a valid control. This has been the case when placebo has been utilized with research on surgery, since the placebo surgery is by definition not inert.[8,10] The same problem occurs with sham acupuncture treatments.

According to Langevin and colleagues, the therapeutic effect of sham acupuncture appears to be stronger than the therapeutic effect of other conventional placebos,[2, see also 11] The reasons for this phenomena are complex and likely involve both physiological and psychological aspects. One possibility involves a heightened focus on particular body regions that can result in specific analgesic responses.[12]

Another factor to consider is an exceptionally strong patient-practitioner interaction that occurs in many interventions.[2,13] Some studies have looked at the effect of healer intention as being an important variable[14] while other studies have tried methods to isolate and control these different variables.[11,13]

Clearly, acupuncture interventions are complex and involve a wide range of physiological and psychological elements which have yet to be completely understood. Many of these physiological and psychological factors occur in both true and sham acupuncture interventions and are very difficult to isolate at this time.

The Problem of Inertness

Acupuncture procedures vary considerably regarding depth of insertion, location of point, palpation and diagnosis. Some styles suggest deeper insertion while others, such as some Japanese styles of acupuncture, utilize shallow or no insertion. Depending on the style of acupuncture, almost any part of the body could be an acupuncture point. Therefore, there is no such thing as inert acupuncture just like there is no such thing as inert surgery.[2,8]

Acupuncture research trials often involve a verum acupuncture group, a group with conventional treatment or sometimes no treatment, and a sham group. Common sham protocols utilize such things as acupuncture points not specified for the condition, superficial needling, non-penetration, or a degree of needle insertion to name just a few.[2,8]

Ideally, the sham group should always be the inert control—meaning that it should not have an effect, but it often does have an effect. Specifically, all needle insertions cause a cascade of biochemical and bioelectric responses. A singe needle penetration can lead to a range of local inflammatory and immune responses. The fundamental problem with all of these methods is that they are "active" and therefore produce an effect that makes it useless as a comparator.

Sham and Mechanistic Studies

One of the main problems in determining how acupuncture functions from a mechanistic perspective relates to the fact that acupuncture needling is a complex phenomenon involving multiple variables. Several researchers[2] have explained that acupuncture treatments involve multiple components ranging from non-specific aspects such as time, attention, credibility, and expectation to needling components, which include location, insertion depth, stimulation, needle size as well as specific non-needling components like psychological and physiological aspects.

An additional problem with using sham acupuncture methods pertains to the limited understanding of the physiological mechanisms of acupuncture. A general, although not extensive, review of the mechanistic research on both animals and humans reveals that acupuncture modulates heart rate variability, stimulates the release of the neurotransmitter adenosine, and activates multiple regions of the brain, such as the somatosensory cortices, limbic system, basal ganglia, cerebellum and brain stem.[15,16,17,18] Another avenue of research highlights the importance of connective tissue and the related release of fibroblasts to explain how acupuncture may have such wide ranging effects on different regions of the body.[19]

Despite the growing number of intriguing studies, the mechanisms of action underlying how acupuncture functions in the body are not sufficiently understood to permit design of a suitable sham procedure.[2,8] Put simply, it is extremely difficult to design a study to control specific variables when the variables themselves are insufficiently understood by the researchers. This lack of knowledge prevents researchers from knowing what to avoid or how to avoid it when designing a sham acupuncture method.

What is the Verum Problem?

Besides the problem elucidated above regarding sham as a placebo, an additional issue relates to suboptimal verum acupuncture. Specifically, it is necessary for most RCTs to employ a standardized protocol in the study. This makes sense in biomedicine, where standard protocols are a common clinical feature, but it is worrisome in areas such as acupuncture and other East Asian medicine approaches where standardized protocols are rare.

Furthermore, there are numerous types of acupuncture styles that vary in theory, diagnosis, technique, depth of insertion, and needle type. These variables further complicate attempts at standardization.[10,20] More to point, many acupuncturists practice a specific style utilizing a particular theory and method. It seems important to identify these to accurately reflect practice. In fact, it is difficult to find research which adequately recognizes the wide variety of styles utilized in acupuncture therapy.

It is common to determine RCT protocols for acupuncture treatment by combining previous related and unrelated research, basic textbook information, and expert opinion. This results in an odd amalgamation of points and use of a study protocol that does not represent clinical acupuncture practice.[2,8] As a result, studies employing these standardized protocols are likely to have outcomes that may not reflect those expected in clinical practice. In some cases, the people performing the interventions lack experience or sufficient training. Also, the number of treatments may be limited and not reflect clinical practice.[2,8]

When we take into consideration the multiple problems with verum acupuncture protocols in RCTs, it becomes clear that verum acupuncture outcomes do not accurately reflect results obtained in clinical practice even though, in some cases, verum protocols can still result in positive outcomes. Making clear that acupuncture is not monolithic but varied seems to be an important starting place when trying to establish a quality verum acupuncture protocol.

Conclusion

Research studies focusing on acupuncture interventions that utilize sham as a control appear to have certain methodological problems. In this paper, the difficulties that concern sham acupuncture have been presented in hope of substantiating why it is not an appropriate comparator to use in acupuncture research. Specifically, a sham control lacks utility since it is not necessarily an inert control.

The mechanisms of acupuncture require further research. At this point they are insufficiently understood, which makes it difficult if not impossible to design a proper sham treatment protocol. Additional studies on the mechanisms of acupuncture are needed.

This paper has also highlighted the complexity of an acupuncture treatment. It involves multiple physiological and psychological components that should be considered when creating a research design.

Besides the multiple problems with sham, there are also problems with the verum treatments. Verum acupuncture protocols often do not reflect clinical practice, which may affect their outcomes. This is due to a number of factors including, but not limited to, a number of limitations concerning the individuals who perform the intervention as well as a lack of understanding of the established theories and methods of acupuncture. This has been shown to lead to additional sources of error and complication.

The future offers promising avenues for acupuncture research. However, the use of the sham acupuncture method in clinical trials does not, as it currently stands, appear to be a productive approach going forward. A more fruitful avenue for research

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CLINICAL PEARLS

The topic discussed in this issue is:

How Do You Treat Difficulty with Swallowing in Your Clinic?

Difficulty with swallowing refers to two problems: one occurs when the patient is aware of their problem when swallowing, but it can also mean a more general disorder involving any aspect of the swallowing mechanism. Dysphagia is the medical term for the symptom of difficulty with swallowing. Achalasia is characterized by difficulty in swallowing, regurgitation, and sometimes chest pain.

Swallowing is a complex function that affects the physical and mental health of all human beings. This action involves eating and nutrient intake but also plays a role in social interaction. On average, humans swallow 600 times per day. This process requires a coordinated effort between the mouth, pharynx, and esophagus and the opening of the stomach (cardia). Only a portion of these actions are performed with conscious effort.

In traditional Chinese medicine (TCM) the act of swallowing specifies a link between the throat, esophagus and the interior *zang-fu* organs. This TCM category is usually subsumed within the disease names of throat pain, stomach pain, or vomiting. Common factors according to TCM are invasion of external pathogenic factors or by internal disorders, such stagnation of Liver *qi*, stagnation of Blood, blockage of Phlegm and *qi*, hyperactivity of Fire of the Lung and Stomach or deficiency of *yin* of Stomach.

"A mixture of Phlegm and stagnant *qi* may block the food passage, resulting in painful swallowing."

Because diet plays an important role in Chinese medicine, overeating of pungent, sweet, or fatty food, as well as drinking too much alcohol, may cause Damp-Heat to form. This, then, may create problems in the throat, esophagus and stomach. Overeating of food that is too cold or raw, or drinking too many cold drinks may damage the *yang* of the Spleen and Stomach, leading to the formation of Cold and Damp and obstructions. Local damage may come from food that is too hard or too hot. Some additional difficulties may be caused by the intake of toxic drugs, liquids, or procedures (scopes) that damage the throat and esophagus. A good history during intake will help uncover these possibilities.

Emotions can play a role in this condition as prolonged stress and excessive anger may cause stagnation of the Liver *qi*. If this invades the Stomach, then the Stomach fails to control its opening and this can lead to difficult swallowing. Prolonged stagnation of *qi* may also cause generation of Fire, which flares up and attacks the Lung and Stomach, affecting the throat and local tissues. Excessive worrying or obsessive thinking can also cause stagnation of *qi* in the Spleen, impeding the transporting and transforming function of the Spleen so that Dampness forms. A mixture of Phlegm and stagnant *qi* may block the food passage, resulting in painful swallowing.

Congenital weakness, impairment of the defensive *qi* due to prolonged sickness, overstrain over a long period may cause consumption of *qi* and Blood. As a consequence, the throat,

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esophagus and Stomach fail to be properly nourished, the passage of food becomes difficult. A weak constitution may also result in disturbance of the water metabolism in the body. Excessive sexual activity, prolonged febrile diseases, too much singing or talking, and excessive intake of (warming) traditional medicines and drugs may all cause consumption of the yin in the Lung, Liver and Kidney. When the throat is thus not properly nourished, swallowing may become painful.

There are acupuncture points deemed to be beneficial for the throat area and helpful to the throat when it has been affected by adverse influences, such as Dampness, Phlegm, *qi* or Blood stagnation. The principle points are local, but certain distal points are used to help because the meridians on which they lie pass through the throat or because they resolve contributing factors to the issue. Massage techniques can be helpful as well in these disorders and worth looking into.

There are many herbs and herbal formulas that can benefit the throat as part of their traditional indications. The list is too long to discuss here. For more information, please read the online publication, *Treatment of Throat and Voice Disorders with Chinese Medicine*, by Subhuti Dharmananda, PhD.

When issues around swallowing arise, it is important for the patient to immediately get a professional diagnosis. Depending on the specific situation, the primary care physician will either treat the patient or refer him to a caregiver. Beyond East Asian medical care, the western medical specialists that can be referred to for these cases are dizzying in scope due to the wide range of the tissues that can be involved and the physical, vocal, and social aspects of swallowing.

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How Do You Treat Difficulty with Swallowing in Your Clinic?

By Elijah Hawken, LAc

Elijah Hawken, LAc has maintained a private clinic in Dallas, Texas, since 2005. She enjoys her non-specialized general practice as it allows her to treat all types of conditions, including achalasia. She may be reached at www.hawkenacupuncture.com.

Achalasia, a rare disorder of the esophagus in which the lower esophageal sphincter fails to open upon swallowing, manifests in symptoms including difficulty with swallowing, a feeling that food is stuck in the throat (often causing coughing), chest pain, heartburn, discomfort after eating, and regurgitation or vomiting. Because other conditions, including esophageal cancer, can cause similar symptoms, it is important to refer patients with certain symptoms to a gastroenterologist for evaluation.

"When diagnosing, look for any Cold or Heat. The throat constriction may be caused by excess Cold or the patient may have developed a Heat pattern due to Depression of *qi*, Blood, or Phlegm."

Achalasia can be correlated to the disease plum pit *qi*. Wiseman & Feng's *A Practical Dictionary of Chinese Medicine*[1] states, "The main cause is binding depression of Liver *Qi*." Some patterns may be complicated with a very severe Phlegm component (in which case dietary changes are crucial). The patients I have treated also had underlying deficiency; however, there is always an excess pattern causing the symptoms.

Address this branch pattern first, and then treat any root deficiencies you may identify. When diagnosing, look for any Cold or Heat. The throat constriction may be caused by excess Cold or the patient may have developed a Heat pattern due to Depression of *qi*, Blood, or Phlegm.

Acupuncture points to consider:

- Open the *ren* meridian with LU-7 and KI-6
- Use local *ren* points such as Ren-22 to benefit the throat and resolve Phlegm and Ren-17 to move *qi* in the chest
- Ren-14 can be directed inferiorly to treat rebellious Stomach and Heart *qi* and calm the *shen*
- Ren-12 can be used to nourish the *qi* of the middle *jiao*
- Use Ren-9 to transform Fluids and use PC-6 to harmonize Wood and Earth, calm the *shen*, image the throat (hand as head, elbow as navel) and balance the KI and ST meridians
- Choose LI-4 with LR-3 (the Four Gates), contralaterally, to circulate *qi*
- ST-40 may be used to transform Phlegm and calm the *shen*
- Ear Shenmen and Sympathetic to calm the *shen*

If one is trained in Dr. Zhu's scalp acupuncture techniques, I would suggest beginning the treatment with the patient seated on a chair. Then, using Zhu's scalp system, stimulate the upper *jiao*, middle *jiao*, head and face points, while the patient swallows some water. After doing this, I might move to distal points as listed above.

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How Do You Treat Difficulty with Swallowing in Your Clinic?

By Mitchell Harris, LAc, Dipl OM (NCCAOM)

Mitchell Harris LAc, Dipl OM (NCCAOM) practices East Asian medicine at his clinics in Rogers Park and Lakeview. Mitchell is dual chair of clinical procedure and faculty governance at Pacific College of Oriental Medicine-Chicago where he teaches eastern nutrition, Japanese acupuncture, clinical methodology and practice management. He is the creator of Herbs from East, LLC, co-founder of the integrative medical video website www.IMNEducation.com, and the clinical pearls editor for this journal.

Difficulty with swallowing is a condition that is problematic to the patient's nourishment and can also cause serious consternation regarding their emotions and *qi*. I have treated a handful of clients with this condition; the etiologies varied from patient to patient. Sometimes there is plum pit *qi* where acupuncture and *Ban Xia Hou Po Tang* can provide help. Others have Phlegm and/or *qi* or Blood stagnation mixed with vacuity patterns and are therefore more complex presentations.

Additional complications are that the patients may have experienced western medical examinations and expressed concern about possible damage done to the tissues during these inspections. These exams may be vital for care plans, but a patient can be fearful of further aggravating the condition. In addition to discussing the underlying constitution so that proper acupuncture and herbal strategies can be enacted, I want to pass along a few interesting ideas I have found useful in clinic.

Window of the Sky Points

These points have an intriguing history and are considered essentially a modern creation. The earliest reference to this group as Window of the Sky points appears to be from a Dr. Chamfrault, who named the first five from classical texts, and, together with Dr. Van Nghi, collaborated to name an additional five points. Eventually, all ten were named the Window of the Sky points. Use of these points individually ranges from local benefit of physical structures to more esoteric and spiritual concepts if they are used together.

I began to explore these particular points as a logical extension of my concern about a physical structural problem of swallowing—the throat region itself—and the emotional distress it creates. I found when I added these points in no particular order, but in groups of at least three, patients would often comment that they felt a kind of enjoyable "opening" in their throat and neck area, which seemed to give them a deep sense of calm. Whether or not this improved results for swallowing is not yet clear to me, but I do observe that the local tension feels improved and the patient's mental outlook is brighter.

"I began to explore these particular points as a logical extension of my concern about a physical structural problem of swallowing—the throat region itself—and the emotional distress it creates."

Window of the Sky Points to select from:

Ren-22, Tian Tu; Stomach-9, Ren Ying; Large Intestine-18, Fu Tu; Small Intestine-16, Tian Chuang; Small Intestine-17, Tian Rong; San Jiao-16, Tian You; Bladder-10, Tian Zhu; Du-16, Feng Fu; Lung-3, Tian Fu; Pericardium-1, Tian Chi

My method is to select three of these points in addition to other points I am using to support the patient's pattern. My most commonly used Window of the Sky points for this condition would be LI-18, Ren-22, Small Intestine-17, San Jiao-17 and Urinary Bladder-10.

Clematis-Vinegar Decoction

In some of these cases, prescribing herbal medicines may be a viable option. It is necessary to first observe if Phlegm, *qi*, or Blood stasis are involved, then choose an underlying root treatment formula for the patient. Beyond this, there are times when the patient literally feels that food

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HAWKEN CLINICAL PEARL CONTINUED FROM PAGE 34

The classic formula to treat plum pit *qi* is Ban Xia Hou Po Tang, but I have not used herbs with achalasia patients. I lean away from prescribing a formula to be taken orally for a patient that has difficulty with swallowing (and possibly reflux and vomiting). If you feel strongly about prescribing herbs for your achalasia patient, I would suggest starting with this as a base formula and modifying it according to your patient's pattern, giving her a one-day dose to test if she is able to swallow them without difficulty or adverse symptoms.

It is also important to consider psychosocial factors, such as the patient's schedule and general level of stress. One patient, whose symptoms included daily vomiting, told me in the initial intake that she had "too much on (her) plate," a telling metaphor. We discussed ways she might reduce her commitments. Another patient told me she had her most severe attack "after working insane hours" and that her symptoms were clearly and definitely correlated with her stress level. We discussed activities that might help to reduce her stress, such as walking outside, full-body stretching or yoga, meditation, *qi gong* (such as the Microcosmic Orbit or the Inner Smile), listening to music.

"Advise the patient to take the time to chew thoroughly and eat mindfully. The Chinese way of eating focuses on eating the meal with a calm demeanor rather than multitasking or engaging in charged conversations with fellow diners."

Eating smaller, more frequent meals can also be helpful. Advise the patient to take the time to chew thoroughly and eat mindfully. The Chinese way of eating focuses on eating the meal with a calm demeanor rather than multitasking or engaging in charged conversations with fellow diners. If Phlegm is present, advise the patient to avoid dairy, sweets, alcohol, and greasy fried foods. An elimination diet can be helpful to identify any food triggers. Most patients will already know some of theirs.

Because the symptoms of achalasia can range from simply annoying to severe enough to prevent the patient from being able to take in food, be conscientious and know your limitations. If your patient is underweight and, despite your treatment, continues to lose weight and her condition is affecting her ability to eat, refer her for biomedical intervention.

HARRIS CLINICAL PEARL CONTINUED FROM PAGE 35

always gets stuck in their throat when they eat. At times this can cause a severe sensation of choking but air is getting through. This causes more Liver *qi* stagnation (frustration) and the throat tightens more. Many of these patients have been advised to breathe deeply, relax, and patiently try to get this food to move down their esophagus.

If food actually does get stuck, the practitioner may consider giving the patient an herbal decoction with *Wei Ling Xian* (Chinese clematis root). I instruct the patient to brew a clematis decoction and add a small amount of brown sugar and rice vinegar. The procedure is to use 15-30 g of clematis to make a thick decoction, cooking it with vinegar and brown sugar. When this has cooled, then drink it slowly. To have it immediately available, the patient can decoct this weekly in small amounts and refrigerate it, then warm it when needed. The aim is to help dissolve accumulation of the food and open the stagnation in coordination with good breathing and underlying root care.

One caution is to watch the amount and frequency clematis root that is ingested, as extended use may result in gastrointestinal tissue damage, swelling, or ulcers in the oral cavity. Adding herbs to this formula to counter some of these issues could be useful. As previously mentioned, this decoction should be used only for very problematic moments when swallowing. An underlying formula and acupuncture treatments should also be sought out.

Hopefully, these ideas can offer support to a client who has difficulty swallowing. Difficulty with swallowing often does not completely disappear but real improvement can be made by including some of these techniques and the benefits of East Asian medicine.

Conference Report

Society of Integrative Oncology 13th International Conference: Advancing the Global Impact of Integrative Oncology

By Jennifer A. M. Stone, LAc

A 1991 graduate of the Midwest College of Oriental Medicine in Chicago, Illinois, Jennifer A. M. Stone, LAc is an adjunct clinic and research faculty member in the Indiana University School of Medicine, Department of Radiation Oncology. She is co-principal investigator of a cancer study, which is examining the impact of acupuncture on chemotherapy-induced peripheral neuropathy. She has participated in NIH-funded research on animal and human subjects. She maintains a clinic, East West Acupuncture, Inc., in Bloomington, Indiana.

Attended by nearly 400 participants representing 25 countries, participants and presenters at the 13th International Conference of the Society of Integrative Oncology (November 5-7, 2016, Miami, Florida) included medical oncologists, radiation oncologists, psychologists, naturopaths, acupuncturists, and even dance and yoga therapists. Representatives from Memorial Sloan Kettering, Columbia University, and MD Anderson as well as an impressive assortment from a variety of comprehensive cancer research centers shared research on a wide range of oncology-related topics. This event was co-sponsored by the Memorial Healthcare System and the University of Miami Health System Sylvester Comprehensive Cancer Center.

Presentations focused on evidence-based integrative therapies in the oncology setting. Original scientific research was showcased through four pre-congress workshops, three keynotes, four plenary sessions, concurrent workshops and oral abstract presentations, over 93 poster presentations, and experiential sessions, including yoga and meditation.

A highlight at the pre-conference session was the presentation, "Cannabis in Cancer Care: What We Know and What We Don't," given by Donald Abrams, MD, a cancer and integrative medicine specialist at the University of California San Francisco Medical Center. Dr. Abrams discussed his 20+ years of investigation on the use of THC and cannabinoids in the oncology setting. Most exciting was his data on the impact of cannabis on mice infected with glioblastoma. The brain tumors in mice treated with IV cannabis shrunk significantly compared to the control group.

"A highlight at the pre-conference session was the presentation, "Cannabis in Cancer Care: What We Know and What We Don't," given by Donald Abrams, MD ... Most exciting was his data on the impact of cannabis on mice infected with glioblastoma."

The conference keynote series began with Michael Irwin, MD, professor of psychology, psychoneuroimmunology and neuroscience from the University of California Los Angeles. His presentation, "Mindful Awareness Practices to Promote Sleep Health: Inflammatory Mechanisms," was a powerful report concerning data that has revealed that inadequate sleep increases inflammation in the body and that mindful awareness practices improves sleep and reduced inflammation. Inflammation is believed to contribute to cancer growth, thus reducing inflammation is a high priority in the oncology setting.

Plenary: Integrative Mid-Body Interventions for Regulating Health Outcomes (at podium - Suzanne Lechner, PhD, Assoc. Prof., Dept. of Psychiatry and Psychology, Sylvester Comprehensive Cancer Ctr., Univ. of Miami; seated - David Victorson, PhD, Assoc. Prof., Dept. of Medical Social Sciences, Northwestern Univ. Feinberg School of Medicine, Assoc. Dir. of Research, Osher Ctr. for Integrative Medicine, Northwestern Medicine; seated far right - Michael Antoni, PhD, Sylvester Prof. of Psychology and Psychiatry and Behavioral Sciences, Univ. of Miami; Dir., Ctr. for Psycho-oncology Research, Survivorship Theme Leader, Cancer Control Program, Sylvester Comprehensive Cancer Ctr.) *Reprinted with permission from the Society for Integrative Oncology.*

The second keynote, "Translational Pharmacology in Traditional Chinese Herbal Medicine," was presented by Professor of Pharmacology Yung-Chi Cheng, PhD, Yale University. Dr. Cheng discussed development of new paradigms unfolding in medicine, including the necessity of creating of consistency in the production and manufacturing of Chinese herbal medicines.

The third keynote was a delightful, thoughtful presentation by Vinjar Fonnebø, MD, PhD, director of the National Research Center in Complementary and Alternative Medicine, University of Tromsø, Norway, entitled, "Does the Provider or the Patient Define the Goal of Evidence-Based Practice, and Does it Matter?" Dr. Fonnebø described a heart-wrenching story about an asymptomatic cancer patient whose treatment greatly reduced her life expectancy. His story challenged clinicians to examine when it's appropriate to treat the cancer and when it's appropriate to forego cancer treatment and focus treatment on the patient.

Plenary sessions began with panel on the topic, "Integrative Oncology Health Policy and Practices around the Globe." Panelists Jun Mao, MD (U.S.), Yufei Yang, MD (China), and Gustof Dobos, MD (Germany) each discussed the status, challenges, and opportunities for integrative medicine in their countries.

Plenary 2 focused on "Natural Products and Nutrition Intervention in Cancer Care" and included panelists from Texas A&M, the Moffitt Cancer Center, and the University of Texas Health Science Center at San Antonio. These panelists discussed the role of estrogens in the colon, the role of phytoestrogens in chronic inflammation, the current research on inflammation in oncology, and culinary anti-inflammatories.

The third plenary session, "Caring, Culture and Integrative Oncology: Global Perspectives," featured speakers from both the Memorial Healthcare System at the University of Calgary and the University of Miami. Discussion topics included resilience, compassion, burnout, and fatigue experienced when caring for cancer patients.

Workshops were presented on:

- Strengthening international collaborations on integrative cancer rehabilitation
- Broad-spectrum design for cancer treatment, including phytochemicals and lifestyle interventions
- Integrating Chinese and western treatments in symptom management and
- Integrative medicine for adolescents and young adults with cancer.

Oral abstract research reports included topics such as mind-body medicine, integrative oncology care delivery, implementation and dissemination of research findings, and traditional integrative medicine. The last one presented compelling reports of relevant data in this area by researchers from China, Korea, and Hong Kong who are completing post-doctoral fellowships at the Memorial Sloan Kettering Cancer Center. Topics included Chinese botanical isolates and injectables in cancer treatment; efficacy and safety of Juango—a traditional Chinese medical ointment for the preven-

tion of radiation burn; *yin*-Cold or *yang*-Heat syndrome associated with the efficacy of EGFR-TKIs in non-small cell lung cancer; and factors related to willingness to use traditional Chinese medicine in survivorship care among Chinese cancer survivors.

The take-home message from this year's conference was the impact that inflammation has on cancer. Inflammation feeds cancer. Anti-inflammatory drugs such as NSAIDS can actually prevent colon cancer. Many presentations focused on reducing inflammation with diet, herbs and supplements, pharmaceutical drugs and cannabinoids, mind-body therapies including acupuncture, yoga, mindful meditation, dance therapy and more.

A remarkable observation I noticed at this year's conference was the unmistakable ease that MDs exhibited when discussing cannabis, THC, and cannabinoids. Though research on cannabinoids has been presented for many years at various conferences I have attended, this year the topic was forefront in a number of presentations. Additionally, two exhibitors advertised pharmaceutical grade cannabis preparations.

The 2017 SIO conference will be held November 11-13 in Chicago, Illinois. Acupuncturists and other integrative medicine practitioners and researchers will find it worth their while to learn more about what is unfolding in this broad, evolving field of oncology research.

Ht – 9 少衝 *Shao Chong*/Lesser Surge

By Maimon Yair, DOM, PhD, Ac and Chmielnicki Bartosz, MD

Please see bios at end of the article.

Ht-9, *Shao Chong* is a Wood and a *jing-well* point. Both aspects are shown in this picture. Being a Wood point, Ht-9 is used for invigorating the Heart, bringing a strong movement into *shaoyin*. This is why the monk is performing meditation in movement, known as *qigong*. On one hand, it results in peace and joy, which shows an action of calming the *shen*; on the other hand, it is very strong movement.

On a psycho-emotional level this point may be understood as a point of communication with the Heart. This is shown in the picture as a small thoroughfare leading to and from the Heart that has been cut onto a tree. As a Wood point it may influence the Fire and be used for clearing Heat. That function is depicted in the form of an extinguished bonfire. As a *jing-well* point, Ht-9 strongly influences the other end of a channel—that is why it is used to clear Heat, especially from the eyes (main and *luo* channels), throat (*luo* channel), and tongue (divergent channel). The monk has open eyes and a red collar to remind us of those functions.*

Characters of the Name:

少 – *Shao* The character shows something small (*xiao* 小) divided even smaller and means little, few, or lesser.

衝 – *Chong* The character is composed of the following two parts: the character *chong* 重 (repeat or weight) is put between two parts of the character 行 *xing* (walk). Together they mean repeated action taken with great effort, to rush forward, highway (where one can travel fast), main, central place (where all the highways meet or begin). It also brings forth a meaning of power—of moving with great power.

*This picture is part of a project called the "Gates of life," portraying the nature, action and *qi* transformation of acupuncture channels and points made by the CAM team (Ayal, Chmielnicki , Maimon).

Meaning of the Name:

Lesser Surge

This name refers to the surge of warm Blood animated by *shen*, from the depth of *shaoyin* division, through the whole body, outwards, towards the skin. It is related with the Wood quality and dynamic movement characterizing this point.

Other Names:

As with most acupuncture points, they may have are additional names which can help to understand the nature of the point. One of the names of this point is 經始– *JingShi*, "Channel's beginning." This name refers to the origin of the Heart channel internally in the Small Intestine. It is also connected to one of Chinese medicine schools that teaches that the whole meridian system begins at this point.

Location

Shao Chong is located on the radial side of the small finger near the corner of the nail.

Action and Indication:

Jing-well point

Revive consciousness: The *jing-well* points cause strong changes and are very dynamic in nature. Ht-9, like many of *jing-well* points, revives consciousness. This function is empowered by the Wood quality of Ht-9. Moreover, the Heart is the organ housing the *shen*; therefore, Ht-9 is one of the strongest points influencing consciousness and awareness on many levels. Its powerful action was demonstrated in ancient times by the custom of biting the little fingers of corpses before burial to avoid burying someone who was in coma.

Wood point

Palpitations: Being a Wood point on Fire channel, Ht-9 strongly strengthens Heart *qi* and is indicated in case of palpitations resulting from Heart *qi* deficiency.

Moving Liver Stagnation and balancing Gall Bladder: Ht-9 is located on Fire channel and has the quality of Wood. It is also a stem point related to *yin* Wood Great Movement. Those characteristics make this point very effective in treating any stagnation in Wood phase, Liver, or Gall Bladder. This action is used in treatment of Gall Bladder-type headaches. It also helps to ensure the clarity of speech and communication with love rather than anger or judging. When Gall Bladder is stagnant, it doesn't feed the Heart, so one feels anger instead of love.

Affecting the other end of the channel

Pain at the root of the tongue, swollen tongue, tongue thrusting: The Heart divergent and *luo* channels go through the throat and tongue, moreover the Heart opens to the tongue, so Ht-9 as a *jing/ting* point has very strong effect on tongue, especially moving stagnation (Wood quality) and removing Heat (*jing/ting*)

Affecting tendomuscular meridian

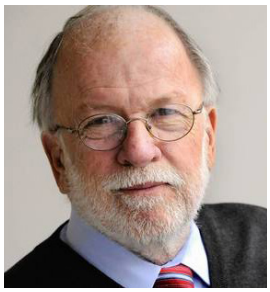
Pain of the palm that radiates to the elbow, armpit and chest: Ht-9 is a *jing/ting* point, the beginning of the tendomuscular channel. For that reason, it is used in treatment of all pains and strains alongside this channel.

Shen-transformation of emotions

As a Wood point, *Shao Chong* is very tonifying point for the Heart. That is why it is used in cases of depression along with feeling of being lonely or separated from love. People in that situation are unable to experience joy and have difficulties with communication. Ht-9 is also indicated in treatment of different pains in the body due to its moving quality and ability to restore connection with *shen*.

Yair Maimon, DOM, PhD, Ac
Dr. Maimon heads the Tal Center at the Integrative Cancer Research Center, Institute Of Oncology-Sheba Academic Hospital, Tel Hashomer, Israel. He has served as chairman of the International Congress of Chinese Medicine in Israel (ICCM) and the head of the Refuot Integrative Medical Center. With over 30 years of clinical, academic, and research experience in the field of integrative and Chinese medicine, Dr. Yair combines scientific research with inspiration from a deep understanding of Chinese medicine. He has been a keynote speaker for numerous congresses and TCM postgraduate courses. Email: yair@tcm.org.il

Bartosz Chmielnicki, MD
Bartosz Chmielnicki is a medical doctor, practicing and teaching acupuncture since 2004. In 2008 he established the Compleo–TCM clinic in Katowice, Poland, and soon after he opened an Academy of Acupuncture there. Dr. Chmielnicki teaches at many international conferences as well as in schools in Poland, Germany, the Czech Republic, and Israel. For the past five years, he has been working on a project with artist Rani Ayal and Yair Maimon, PhD to visually present acupuncture point names and physiology together.



Robert M. Duggan (1939-2016)

By Sherman L. Cohn, JD, LLM

Our world has lost a giant of a human being. Robert M. Duggan passed away last October after four decades of ceaseless fighting for a rational healthcare system for our nation. He was a teacher to many, a mentor to thousands, and a passionate advocate for all in which he believed. Above all, Bob believed in health and healing for any and everyone.

Bob and I came to know each other in the early 1970s, when he and his wife Dianne Connelly had recently returned from studying with J. R. Worsley in England. As passionate students of the Worsley style, Bob and Dianne were committed to starting their practice. Since Maryland was the only state on the east coast that permitted the practice of acupuncture, they decided to settle in Columbia, Maryland, where in 1974 they established their clinic, The Centre for Traditional Acupuncture.

At that time, acupuncture as a profession in the United States hardly existed outside of the practices of Chinese and Japanese immigrants and their descendants. As Bob and Dianne began to teach their methods, their Centre evolved to become the school called The Traditional Acupuncture Institute. When the study of western herbs was added to the curriculum around 1978, its name was changed to the Tai Sophia Institute. "Tai" means "great" in Chinese and "Sophia" means "wisdom" in Greek—hence east and west together.

In October 1981, Bob convened a national conference on acupuncture. To the surprise of many, some 400 people attended, including representatives of small and weak acupuncture schools that had subsequently begun to teach this eastern medicine. At that conference, a conversation began about creating a national organization by and for practitioners. This initial conversation engendered formation of the Council of Colleges of Acupuncture and Oriental Medicine, which then spun off an accreditation commission—a necessary requirement of the American education system. At its inception, Bob was elected to serve on this commission, and, with Bob abstaining, The Traditional Acupuncture Institute became the nation's first accredited school of acupuncture in 1985.

As the years passed, national conference followed upon national conference. Bob was always a leader, reaching out to all segments of his profession. He always insisted on high quality and standards regarding every aspect of health and wellness. Naturally, Bob did not agree with those who, in his vision, were willing to settle for less.

This sometimes led to conflict, but Bob stood firm for what he believed to be right. Without his blessing, his own school, the Tai Sophia Institute, began widening its focus and changed its name to the Maryland University of Integrative Health. There is, however, no doubt that Bob's vision and his fight for what he believed to be right built the foundation of what is today's largest school of its kind in the eastern United States.

Yes, Bob continually fought for what he believed. Many folks disagreed with him and went their own way. But the acupuncture and Oriental medicine profession in the United States would greatly lack in quality and reputation had it not been for Bob's unflinching and dedicated commitment to this cause.

Bob Duggan, a tremendous role model for so many, has been our teacher, our leader, our inspiration. John Weeks summarized it well: Bob "became arguably the most influential educator, mentor, and sometimes curmudgeonly prodder in [the] field." We would all be greatly diminished without his teachings and personal examples of what it took to do it right. Those of us who had the honor of knowing and working with Bob are, and always will be, in his debt.

Additional memorials about Robert M. Duggan:

http://villagewellness.net/blog/the-upset-is-optional-in-loving-memory-of-bob-duggan

http://www.wisdomwell.info/our-family/robert-duggan/

http://www.integrativepractitioner.com/whats-new/news-and-commentary/impactful-life-acupuncture-wellbeing-pioneer-bob-duggan-passes-away/

http://www.muih.edu/recent-passing-bob-duggan-founder-and-president-emeritus

ACUPUNCTURE AND RCTS: A CRITIQUE OF SHAM AND VERUM METHODOLOGIES CONTINUED FROM PAGE 31

would involve studies that employ standard or conventional treatments to the comparator in controlled trials on acupuncture. These types of studies may better elucidate the areas where acupuncture interventions can be utilized in healthcare settings.

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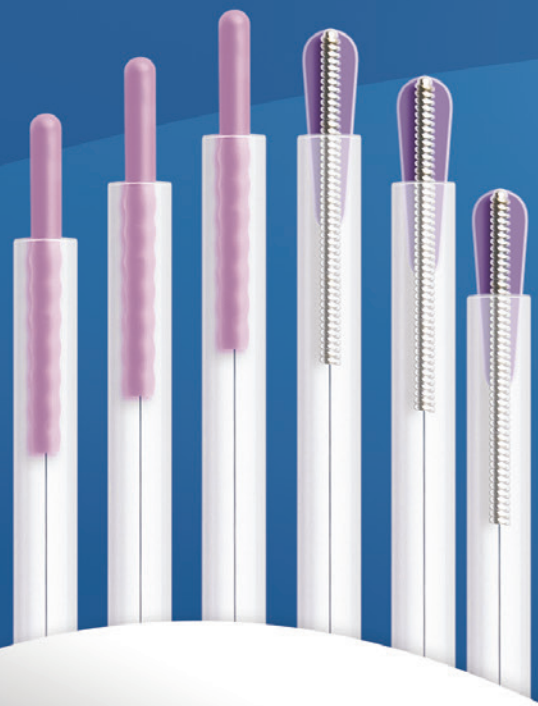

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