

Search Results

Number of records found: 2218

Can't Read in Acrobat with out chinese fontws

~~(1961). Analysis of 102 cases of shoulder bursitis treated by massage [Chinese]. Zhonghua Waike Zazhi, 9, 26-28~~

Keywords: Index Medicus, Massage, Shoulder

~~(1961). Studies on lumbar intervertebral disk displacement treated by massage [Chinese]. Zhonghua Waike Zazhi, 9, 30-31~~

Keywords: Displacement, Index Medicus, Intervertebral Disk, Intervertebral-disk, Lumbar, Massage

~~(1967). [Admission to schools of masso kinesitherapy]. [French]. Revue de l Infirmiere et de l Assistante Sociale, 17, 273-276~~

NOTHING ON INTERNET

Keywords: Article, Educational Measurement, Exercise Therapy, France, Massage, Nursing, Schools

~~(1975). Letter: Sports injuries clinics. BMJ, 3, 488-~~

NOTHING ON INTERNET

Keywords: Article, Athletic Injuries/th [Therapy], Health Facilities/sd [Supply & Distribution], Human, Injuries, Injury, Letter, Massage, Physical Therapy, Sport, Sports

~~(1978). Is a back rub hazardous to health?. JAMA, 240, 2406-~~

NOTHING ON INTERNET

Keywords: Back, Electrocardiography, Female, Health, Human, Male, Massage, Myocardial Infarction/rh [Rehabilitation], Physical Stimulation

~~(1994). AHNA certificate program in holistic nursing courses; AHNA certificate program in healing touch courses. Beginnings, 14, Suppl 2~~

Keywords: Certification, Education, Nursing, Continuing, Healing, healing touch, Holistic Health, Holistic Nursing, Massage, Nursing, Program, Touch, United States

~~(1995). AHNA certification program in holistic nursing courses; AHNA certificate program in healing touch courses. Beginnings, 15, suppl 2~~

Keywords: Certification, Education, Nursing, Continuing, Healing, healing touch, Holistic Nursing, Holistic Nursing/ed [Education], Human, Nursing, Program, Therapeutic Touch, Touch, United States

~~(1996). Certificate program in holistic nursing. Healing touch schedule. Beginnings, 16, suppl 2~~

Keywords: Alternative Medicine, Certification, Education, Nursing, Continuing, Healing, healing touch, Holistic Nursing, Holistic Nursing/ed [Education], Human, Nursing, Program, Therapeutic Touch, Touch, United States

~~(1996). Certificate program in holistic nursing. Healing touch workshops 1996. 1996 aromatherapy schedule. Beginnings, 16, Suppl 2~~

Keywords: Alternative Medicine, Aromatherapy, Certification, Education, Nursing, Continuing, Healing, healing touch, Holistic Nursing, Holistic Nursing/ed [Education], Human, Nursing, Program, Therapeutic Touch, Touch, United States

(1998). The self-care series--Part 1, getting a feel for self-massage. Positive Directions News: A Support & Information Network of People with HIV/AIDS, Their Families, Friends & Providers, 10, 14-17

Keywords: Article, HIV Seropositivity, Human, Massage, Prisoners, Self Care, Self-massage

~~(2000). Case problem: presenting conventional and complementary approaches for relieving nausea in a breast cancer patient undergoing chemotherapy. Journal of the American Dietetic Association, 100, 257-259~~

Keywords: Acupressure, Acupuncture, Adult, Agent, Antiemetics, Antiemetics/ad [Administration & Dosage], Antiemetics/tu [Therapeutic Use], Antineoplastic Agents, Antineoplastic Agents, Combined/ae [Adverse Effects], Antineoplastic Agents, Combined/tu [Therapeutic Use], Article, Breast, Breast Cancer, Breast Neoplasms/dt [Drug Therapy], Breast Neoplasms/su [Surgery], Cancer, Case Report, Chemotherapy, Adjuvant, Clinical, Complementary, Cyclophosphamide/ad [Administration & Dosage], Cyclophosphamide/ae [Adverse Effects], Doxorubicin/ad [Administration & Dosage], Doxorubicin/ae [Adverse Effects], Female, Ginger/tu [Therapeutic Use], Human, Massage, Mastectomy, Modified Radical, Nausea, Nausea/ci [Chemically Induced], Nausea/th [Therapy], Paclitaxel/ad [Administration & Dosage], Paclitaxel/ae [Adverse Effects], Patient, Prochlorperazine/ad [Administration & Dosage], Prochlorperazine/tu [Therapeutic Use], Relaxation Techniques, Vomiting/ci [Chemically Induced], Vomiting/pc [Prevention & Control]

Acolet D, Modi N, Giannakoulopoulos X, Bond C, Weg W, Clow A, Glover V (1993). Changes in plasma cortisol and catecholamine concentrations in response to massage in preterm infants. [see comments]. Archives of Disease in Childhood, 68, 29-31

Keywords: Adrenaline, Age, Article, Biochemical, Birth, Birth Weight,

Changes in plasma cortisol and catecholamine concentrations in response to massage in preterm infants

D Acolet, N Modi, X Giannakoulopoulos, C Bond, W Weg, A Clow and V Glover

Department of Paediatrics and Neonatal Medicine, Royal Postgraduate Medical School, London.

The biochemical and clinical response to massage in preterm infants was assessed. Eleven stable infants, of 29 weeks' median gestational age, median birth weight 980 g, and median postnatal age 20 days, were studied. Blood samples were obtained for the determination of adrenaline, noradrenaline, and cortisol 45 minutes before the start of massage and approximately one hour after completion of massage. Cortisol, but not catecholamine, concentrations decreased consistently after massage (median difference -35.8 nmol/l; 95% confidence interval -0.5 to -94.0, Wilcoxon matched pairs). There was a slight decrease in skin temperature (median difference -0.36 degrees C, 95% confidence interval -0.09 to -0.65) but there was no change in oxygenation or oxygen requirement. This study has shown that it is possible to detect an objective hormonal change following a supposedly 'non-therapeutic' intervention in preterm infants. The development of such methods of assessment are likely to be of particular relevance in the extremely immature or ill neonate in whom behavioural evaluation cannot play more than a limited part.

Birth-weight, Blood, Catecholamines, Catecholamines/bl [Blood], Clinical, Concentration, Cortisol, Department, Evaluation, Gestational Age, Human, Hydrocortisone, Hydrocortisone/bl [Blood], Infant, Infant, Newborn, Infant, Premature/bl [Blood], Infants, Intervention, London, Male, Massage, Medical, Medicine, Methods, Noradrenaline, Oxygen, Oxygen/tu [Therapeutic Use], Plasma, Postnatal, Preterm infants, Quality of Life, Relevance, Skin, Skin Temperature, Temperature

Acosta AM, Chan RS, Jacobs J (1998). Massage therapy for the treatment of painful peripheral neuropathy in HIV+ individuals. *Int Conf AIDS*, 1998;12, 849-

Keywords: Adult, Age, Analgesics, Diabetes, Diabetic Neuropathies/th [Therapy], Female, HIV Infections/co [Complications], HIV Infections/th [Therapy], Home, Hospital, Human, Male, Management, Massage, Massage Therapy, Medical, MEDLINE, Middle Age, Neuropathy, New York, Occupational Therapy, Pain, pain management, Patient, Patients, Peripheral, Peripheral Nervous System Diseases/et [Etiology], Peripheral Nervous System Diseases/th [Therapy], Point, Program, Quality, Range, Serotonin, Therapies, Therapy, Treatment, Treatment Outcome, Tricyclic antidepressants

~~Adamson JE (1970). Treatment of the stiff hand. *Orthopedic Clinics of North America*, 1, 467-480~~

Keywords: Article, Exercise Therapy, Finger Joint, Hand, Hand/su [Surgery], Human, Joint Diseases/su [Surgery], Joint Diseases/th [Therapy], Massage, Splints, Treatment

~~Adamson S (1994). Best feet foremost. *Health Visitor*, 67, 61~~

Keywords: Article, Community Health Nursing, Foot, Human, Massage, Medicine, Chinese Traditional

~~Adamson S, Harris E (1995). On duty. Interview by~~

Massage therapy for the treatment of painful peripheral neuropathy in HIV+ individuals.

Int Conf AIDS. 1998;12:849 (abstract no. 42376). Unique Identifier : AIDSLINE ICA12/98404360
Acosta AM; Chan RS; Jacobs J; New York Hospital, Cornell Medical Center, NY, USA.

Abstract: ISSUE: HIV+ individuals may present with complaints of painful **peripheral neuropathy** which may not adequately respond to pharmacologic therapy. PROJECT: HIV+ individuals with painful peripheral neuropathy of the feet who had partial or no improvement in pain after pharmacologic therapy (i.e. narcotic analgesics, tricyclic antidepressants and/or serotonin reuptake inhibitors) were referred to occupational therapy (OT) for pain management and treatment from 09/11/95 to 10/24/96. OT treatment consisted of 8 sessions of massage therapy and instruction on a self performed home massage program. No changes in medications were made during the duration of the project. The Brief Pain Inventory (BPI) was used to measure quality and **intensity** of pain (scale: 1-10 **points**) prior to initiating OT massage therapy and after 8 treatment sessions. RESULTS: Seven HIV+ individuals (4 males; 3 females) with an age range of 28 to 49 years (mean 39.1) received 8 OT massage therapy treatments over an average of 58 days (range 25 to 126 days). Five patients reported improvement with a mean decrease in pain of 3.2 (range: 1 to 7). The mean CD4 count in the responder group was 183 (range 17-336). One female reported no response to therapy (CD4 = 114) and one male reported worsening pain (CD4 = 247). Both non-responders were diabetic. None of the responders had diabetes. LESSONS LEARNED: OT massage therapy decreased the **intensity** of painful peripheral neuropathy of the feet in 5 of 5 non-diabetic, HIV+ individuals who had previously had little or no response to pharmacologic therapy. Two diabetic HIV+ individuals did not report improvement. OT massage therapy may be beneficial in the treatment of painful peripheral neuropathy in some HIV+ individuals.

Keywords: MEETING ABSTRACTS Adult Diabetic Neuropathies/THERAPY Female Human HIV Infections/COMPLICATIONS/*THERAPY Male *Massage Middle Age Peripheral Nervous System Diseases/ETIOLOGY/*THERAPY Treatment Outcome
981230
M98C2258

~~Renata Langford. Nursing Times, 91, 169-~~

Keywords: Foot, Holistic Nursing, Human, Interview, Massage/nu [Nursing], Writing

Adamson S (1996). Teaching baby massage to new parents. Complementary Therapies in Nursing & Midwifery, 2, 151-159

Keywords: Adult, Article, Association, Communities, Community, Experience, Families, Family, Family Health, Female, Health, Holistic Nursing/mt [Methods], Human, Infant, infant massage, Infant, Newborn, London, Male, Massage, Massage/mt [Methods], Mothers, Neonatal Nursing/mt [Methods], Parenting, Parents, patient education, Primary, Quality, Review, Running, Support, Teaching, Training, Young

Agarwal KN, Gupta A, Pushkarna R, Bhargava SK, Faridi MM, Prabhu MK (2000). Effects of massage & use of oil on growth, blood flow & sleep pattern in infants. Indian Journal of Medical Research, 112, 212-217

Keywords: Age, Arteries, Article, Blood, Blood Circulation, Blood Flow, Blood-flow, Communities, Community, Control Group, Department, effect, effects, Female, Growth, Healthy, Hospital, Human, ii, Increase, Infant, Infant, Newborn, Infants, Length, Lubrication, Male, Massage, Measurement, Medical, Medical Sciences, Methods, Oil, Oils, Protein, Proteins, Science, Serum, Sleep, Use

~~Agrawal AL, Marda SP (1985). Introduction to acupuncture : including a special chapter on acupressure treatment. () New Delhi, India: Jaypee Brothers~~

Keywords:. Acupressure, Acupuncture, Healthstar, Treatment

~~Aikins MP (1998). Alternative therapies for nausea and~~

1-3-2001 Bron: Reuters Health Oil massage credited for helping babies grow

Oil massage improves infant's growth and helps them sleep better, researchers from India report.

DELHI, Mar 01 (Reuters Health) - Oil massage is a time-tested method of infant care practiced all over the world and is known to have beneficial effects. "Traditional systems of medicine in India advocate oil massage as an integral part of infant care," Dr. K. N. Agarwal writes in a recent issue of the *Indian Journal of Medical Research*.

Agarwal and his team from the University College of Medical Sciences in Delhi studied the effect of oil massage on 125 healthy infants. The infants were approximately 6 weeks of age and were divided into five groups. Four groups received oil massage with herbal oil, sesame oil, mustard oil, and a mix of mineral oil with vitamin E, respectively. The fifth group served as "control group" and did not receive any massage.

The mothers were taught to massage the legs, back, arms, chest, abdomen, face and head in that order. Oil massage was advised for a total of 10 minutes daily and was continued for 4 weeks.

On completion of the study, the researchers observed that weight, body length, head circumference, girth of arm and leg was increased in the four groups that received oil massage. The most significant increase was seen in the group that received massage with sesame oil. The length, arm and leg girth in this group were 1 centimeter (cm), 0.9 cm and 0.7 cm more than that of the control group, respectively. A significant increase in the blood flow through the femoral artery, the main artery supplying the leg, was also seen in this group.

The investigators also observed that the infants slept better soon after the massage.

The beneficial effects on growth and sleep are probably due to increased blood flow and increase in levels of growth promoting hormones like growth hormone and insulin, the authors explained. Vegetable oils such as sesame oil are best suited for massage as they have a beneficial effect on growth and blood flow, and are better absorbed as compared to mineral oil, Agarwal and colleagues concluded.

SOURCE: *Indian Journal of Medical Research* 2000;112:212-217.

~~vomiting of pregnancy. [Review] [36 refs]. Obstetrics & Gynecology, 91, 149-155~~

Keywords: Acupressure, Alternative Medicine, Alternative Medicine/mt [Methods], Alternative Therapies, Clinical, clinical research, Clinical Trial, Clinical Trials, Complementary, Complication, Complications, Data, Data Base, Department, effect, effectiveness, effects, Efficacy, Female, Gynecology, Health, Healthstar, Human, Hypnosis, Intervention, Language, Medicine, MEDLINE, Methods, Nausea, Nausea and Vomiting, Nausea/th [Therapy], New York, Obstetrics, Physician, Physicians, Pregnancy, Pregnancy Complications, Pyridoxine/tu [Therapeutic Use], Randomized trial, Remedies, Research, Review, Support, Support, U.S. Gov't, P.H.S., Therapies, Therapy, Treatment, Trial, Trials, Use, Vomiting, Vomiting/th [Therapy], Women, Women's Health, Zingiberales/tu [Therapeutic Use]

PUB MED

Aizenberg EA, Aksenova EN, Beneson SN (1971).

[Postoperative treatment of injuries to the flexor tendon of the finger]. [Russian]. *Khirurgiia*, 47, 64-67

Keywords: Adult, Article, English Abstract, Finger Injuries/th [Therapy], Fingers/su [Surgery], Human, Immobilization, Injuries, Injury, Male, Massage, MEDLINE, Methods, Physical Therapy, Postoperative Care, Sutures, Tendon Injuries/su [Surgery], Tendon Injuries/th [Therapy], Treatment, Wrist Injuries/th [Therapy]

PUB MED

Aksenova AM (1997). A new method for deep reflex

muscular massage. [Russian]. *Voprosy Kurortologii, Fizioterapii i Lechebnoi Fizicheskoi Kultury*, , 30-32

Keywords: Acute, Article, Combination, Drug Dosages, English Abstract, Exercise, Exercises, Food, Healthstar, Herbs, Human, Management, Massage, Massage/mt [Methods], muscle, Muscle, Skeletal/ph [Physiology], Muscles, Muscular, New Method, Reflex, Reflexes, Reflexotherapy/mt [Methods], Rest, Skeletal, Skeletal-muscle

Aksenova AM, Reznikov KM, Trofimova OV (1997). Effects

of deep reflex-muscular massage and exercise on regulatory processes in the body. [Russian]. *Klinicheskaja Meditsina*, 75, 50-52

Keywords: Adult, Article, Comparative Study, effect, effects, Exercise, Healthstar, Homeostasis, Human, Massage, Middle Age, Myocardial Diseases/co [Complications], Osteochondritis/co [Complications], Osteochondritis/th [Therapy]

Aksenova AM, Reznikov KM, Andreeva VV (1997). The effect of deep massage and physical exercises on the cerebral circulation in osteochondrosis of the cervicothoracic spine. [Russian]. *Voprosy Kurortologii, Fizioterapii I Lechebnoi Fizicheskoi Kultury*, 3, 19-21

Keywords: Adult, Article, Cerebral, Cerebrovascular Circulation, Cervical Vertebrae, Circulation, Combined Modality Therapy, effect, effects, Exercise, Exercise Therapy, Exercises, Healthstar, Hemodynamics, Human, Massage, Massage/mt [Methods], Middle Age, Osteochondritis/pp [Physiopathology], Osteochondritis/rh [Rehabilitation], Physical, Spine, Spondylitis/pp [Physiopathology], Spondylitis/rh [Rehabilitation], Thoracic Vertebrae

Aksenova AM, Romanova MM (1998). [The effect of reflex muscle massage on the body regulatory processes of peptic ulcer patients with concomitant diseases]. [Russian]. *Voprosy Kurortologii, Fizioterapii I Lechebnoi Fizicheskoi Kultury*, , 24-26

Keywords: Adaptation, Physiological, Agent, Anti-Ulcer Agents/tu [Therapeutic Use], Article, Chronic Disease, Combination, Combined Modality Therapy, Comparative Study, Conventional treatment, Disease, effect, Electrocardiography/sn [Statistics & Numerical Data], Exercise, Exercise Therapy, Exercises, Gastrointestinal Diseases/pp [Physiopathology], Gastrointestinal Diseases/rh [Rehabilitation], Human, Massage, Massage/mt [Methods], muscle, Muscular, Patient, Patients, Peptic Ulcer, Peptic Ulcer/pp [Physiopathology], Peptic Ulcer/rh [Rehabilitation], Recurrence, Reflex, Reflexes, System, Treatment, Ulcer

Aksenova EN (1978). Massage technics to osteochondrosis of the cervical spine in elderly patients. [Russian]. *Meditsinskaia Sestra*, 37, 26-30

Keywords: Aged, Article, Cervical, Cervical spine, Cervical Vertebrae, Cervical-spine, elderly, Elderly patients, Healthstar, Human, Massage, Massage/mt [Methods], Osteochondritis/th [Therapy], Patient, Patients, Spinal Diseases/th [Therapy], Spine, Technic

Alandydy P, Alandydy K (1999). Using Reiki to support surgical patients. *Journal of Nursing Care Quality*, 13, 89-91

Keywords: Article, Hospital, Human, Mental Healing, New Hampshire, Nursing Service, Hospital, Pain, Postoperative/pc [Prevention & Control], Patient, Patients, Preoperative Care, Reiki, Support, Therapeutic Touch

~~Alexander FW (1930). Neurasthenia; massage and electrical treatment. , 129, 429-431~~

Keywords: Index Medicus, Massage, Neurasthenia, Treatment

Alkaissi A, Stalnert M, Kalman S (1999). Effect and placebo effect of acupressure (P6) on nausea and vomiting after outpatient gynaecological surgery. *Acta Anaesthesiologica Scandinavica*, 43, 270-274

Keywords: Acupressure, Acupuncture, Adolescence, Adult, Ambulatory Surgical Procedures, Antiemetics, Article, Care, Clinical, Clinical Trial, Controlled trial, Department, Double-blind, Double-Blind Method, effect, Female, Gynecologic Surgical Procedures, Home, Hospital, Human, In-patient, Intensive Care, Methods, Middle Age, Nausea, Nausea and Vomiting, Need, Patient, Patients, placebo, Placebo Effect, Point, Postoperative, Postoperative nausea, Postoperative Nausea and Vomiting, Postoperative Nausea and Vomiting/dt [Drug Therapy], Postoperative Nausea and Vomiting/th [Therapy], Prevention, Randomized controlled

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1: Aksenova AM, Teslenko OI, Boganskaia OA.

[Changes in the immune status of peptic ulcer patients after combined treatment including deep massage]

Vopr Kurortol Fizioter Lech Fiz Kult. 1999 Mar-Apr;(2):19-20. Russian.

PMID: 10358996 [PubMed - indexed for MEDLINE]

2: Aksenova AM, Romanova MM.

[The effect of reflex muscle massage on the body regulatory processes of peptic ulcer patients with concomitant diseases]

Vopr Kurortol Fizioter Lech Fiz Kult. 1998 Nov-Dec;(6):24-6. Russian.

PMID: 9987972 [PubMed - indexed for MEDLINE]

3: Aksenova AM.

[A new method for deep reflex muscular massage]

Vopr Kurortol Fizioter Lech Fiz Kult. 1997 Jul-Aug;(4):30-2. Russian.

PMID: 9424829 [PubMed - indexed for MEDLINE]

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[Effects of deep reflex-muscular massage and exercise on regulatory processes in the body]

Klin Med (Mosk). 1997;75(7):50-2. Russian. No abstract available.

PMID: 9411057 [PubMed - indexed for MEDLINE]

5: Aksenova AM, Reznikov KM, Andreeva VV.

[The effect of deep massage and physical exercises on the cerebral circulation in osteochondrosis of the cervicothoracic spine]

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PMID: 9334047 [PubMed - indexed for MEDLINE]

6: Aksenova EN.

[Massage technics to osteochondrosis of the cervical spine in elderly patients]

Med Sestra. 1978 Aug;37(8):26-30. Russian. No abstract available.

PMID: 250631 [PubMed - indexed for MEDLINE]

7: Alandydy P, Alandydy K.

Using Reiki to support surgical patients.

J Nurs Care Qual. 1999 Apr;13(4):89-91. No abstract available.

PMID: 10330795 [PubMed - indexed for MEDLINE]

trial, Stimulation, Surgery, Sweden, Trial, Vomiting, Women, Wrist

Aldredge RH&KMP (1940). Fractures of upper end of humerus treated by early relaxed motion ad massage. , 92, 519-524

Keywords: Fracture, Fractures, Humerus, Index Medicus, Massage, Motion

Allen DL, Kitching AJ, Nagle C (1994). P6 acupressure and nausea and vomiting after gynaecological surgery. Anaesthesia & Intensive Care, 22, 691-693

Keywords: Acupressure, Acupuncture Points, Acupuncture Therapy, Adolescence, Adult, Aged, Anaesthesia, Analgesia, Analgesia, Patient-Controlled, Department, effect, effects, England, Female, Genitalia, Female/su [Surgery], Healthstar, Hospital, Human, Incidence, Laparotomy, Laparotomy/ae [Adverse Effects], Middle Age, Morphine, Morphine/ad [Administration & Dosage], Nausea, Nausea and Vomiting, Nausea/pc [Prevention & Control], P6 acupressure, Patient, Patients, Postoperative Complications/pc [Prevention & Control], Pressure, Prochlorperazine/ad [Administration & Dosage], Prochlorperazine/tu [Therapeutic Use], Surgery, Therapies, Therapy, Vomiting, Vomiting/pc [Prevention & Control], Women, Wrist

Allison DB, Kreibich K, Heshka S, Heymsfield SB (1995). A randomised placebo-controlled clinical trial of an acupressure device for weight loss. International Journal of Obesity & Related Metabolic Disorders, 19, 653-658

Keywords: Acupressure, Acupressure/ae [Adverse Effects], Acupressure/is [Instrumentation], Adipose Tissue/ph [Physiology], Adult, Age, Aged, Article, Blood, Blood Pressure, Blood Pressure/ph [Physiology], Blood-pressure, Body Mass Index, Clinical, Clinical Trial, Controlled trial, Device, Ear, Ear, External, effect, effects, Efficacy, Female, Hospital, Human, Male, Measurement, Middle Age, New York, Obesity, Obesity/pp [Physiopathology], Obesity/th [Therapy], Physician, Physicians, placebo,

Placebo-controlled trial, Pressure, Randomized controlled trial, Research, Support, Non-U.S. Gov't, Support, U.S. Gov't, P.H.S., Treatment, Trial, Use, Weight Loss, Weight Loss/ph [Physiology], Wrist

Alquier L (1917). Light and heat as aid to massage [French]. , 7, 145-

Keywords: heat, Index Medicus, Light, Massage

Amorelli Rizzuto G (1928). Treatment by massage. , 36, 148-

Keywords: Index Medicus, Massage, Treatment

Andreenkov AI, Popova FG (1989). The use of music during the performance of massage. [Russian]. Feldsher i Akusherka, 54, 58-59

Keywords: Article, Healthstar, Human, Massage, Massage/mt [Methods], Music, Music Therapy, Performance, Use

Andrew AS (1996). China Is Eager to Export Its Traditional Medicine, but Some Chinese Scientists Urge More Skepticism. JAMA, 276, 1707-1709

Keywords: China, Chinese, Medicine, MEDLINE, Review, Traditional medicine

Andrews L, Lokuge S, Sawyer M, Lillywhite L, Kennedy D, Martin J (1998). The use of alternative therapies by children with asthma: a brief report. Journal of Paediatrics & Child Health, 34, 131-134

Keywords: Age, Aged, Alternative Medicine/ut [Utilization], Alternative Therapies, Article, Asthma, Asthma/th [Therapy], Australia, Child, Child, Preschool, Children, Diagnosis, Diet, Diet Therapy/ut [Utilization], Exercise, Exercises, Female, Healthstar, Hospital, Human, Infant, Male, Management, Massage, Medicine, Mental Healing, Naturopathy/ut [Utilization], Parents, Physical Therapy/ut [Utilization], Presence, prevalence, Questionnaire, relaxation, South Australia, Therapies, Therapy, Use, Women

Andritzky W (1995). Medical students and alternative medicine--a survey. [German]. Gesundheitswesen, 57, 345-348

Keywords: Acupuncture, Adult, Alternative Medicine, Alternative Medicine/ed [Education], Article, Attitude of Health Personnel, Chiropractic, Curriculum, Education, Medical, effect, effectiveness, effects, English Abstract, Female, German, Germany, Healing, Healthstar, Homoeopathy, Human, Hypnosis, Knowledge, Knowledge, Attitudes, Practice, Learning, Male, Massage, Medical, Medical Students, Methods, Music, Music Therapy, Oxygen, Patient, Patients, Practitioner, Practitioners, Psychotherapy, Score, Students, Students, Medical/px [Psychology], Therapies, Therapy, Thinking, Training, Use, Working

Anishchenko GI, Gruzman GB (1974). [Several features of the course of spastic torticollis]. [Russian]. Zhurnal Nevropatologii i Psikhiatrii Imeni S - S - Korsakova, 74, 1322-1328

Keywords: Adult, Aged, Amantadine/tu [Therapeutic Use], Article, Brain Diseases/co [Complications], Brain Stem, Cervical Vertebrae, Chlordiazepoxide/tu [Therapeutic Use], Disability Evaluation, Electromyography, English Abstract, Female, Human, Hyaluronoglucosaminidase/tu [Therapeutic Use], Infection, Male, Massage, MEDLINE, Middle Age, Nerve Block, Osteochondritis/co [Complications], Parasympatholytics/tu [Therapeutic Use], Paresthesia/co [Complications], Radiculitis/co [Complications], Remission, Spontaneous, Spastic, Spinal Osteophytosis/co [Complications], Torticollis/co [Complications], Torticollis/di [Diagnosis], Torticollis/dt [Drug Therapy], Torticollis/et [Etiology], Torticollis/th [Therapy], Ultrasonic Therapy

Anonymous (1974). Moisturizing and massage of patient skin is a must to prevent decubitus ulcers. Nursing Care, 7, 26-27

Keywords: Article, Baths, Decubitus Ulcer, Decubitus Ulcer/nu [Nursing], Massage, MEDLINE, Patient, Skin, Ulcer

Anonymous (1975). Massage therapy in classical Chinese physical medicine. American Journal of Chinese Medicine, 3, 83-85

Keywords: Article, Chinese, Healthstar, Human, Massage, Massage Therapy, Massage/mt [Methods], Medicine, Medicine, Chinese Traditional, Medicine, Oriental Traditional, Muscular Diseases/th [Therapy], Physical, physical medicine, Therapies, Therapy

Anonymous (1978). Is a back rub hazardous to health? [news]. JAMA, 240, 2406-

Keywords: Back, Electrocardiography, Female, Health, Healthstar, Human, Male, Massage, Myocardial Infarction/rh [Rehabilitation], Physical Stimulation

Anonymous (1980). Classic articles in colonic and rectal surgery. Stretching, massage and rhythmic percussion in the treatment of muscular contractions: Joseph-Claude-Anthelme Recamier (1774-1852). Diseases of the Colon & Rectum, 23, 362-367

Keywords: Adolescence, Adult, Anus Diseases/hi [History], Anus Diseases/th [Therapy], Article, Articles, Case Report, Colorectal Surgery/hi [History], Contractions, Dilatation, Female, Fissure in Ano/hi [History], Fissure in Ano/th [Therapy], France, Healthstar, History of Medicine, 18th Cent., History of Medicine, 19th Cent., Human, Male, Massage, Middle Age, Muscular, Percussion, Portraits, Spasm/hi [History], Spasm/th [Therapy],

Stretching, Surgery, Treatment

Anonymous (1980). Technic of therapeutic massage. [Russian]. Meditsinskaia Sestra, 39, 20-24

Keywords: Article, Healthstar, Human, Massage, Massage/mt [Methods], Technic, Therapeutic, Therapeutic massage, Vibration/tu [Therapeutic Use]

Anonymous (1985). Burford Nursing Development Unit. Therapeutic massage. Nursing Times, 80, 43-29

Keywords: Article, Education, Nursing, Continuing, Healthstar, Holistic Health, Human, Massage, Nursing, Nursing Staff, Hospital/ed [Education], Therapeutic, Therapeutic massage

Anonymous (1987). The hospital as Mother's Day vendor. Pampering mother with a rubdown. Profiles In Hospital Marketing, 28, 8-9

Keywords: Article, Female, Health Services/og [Organization & Administration], Healthstar, Holidays, Hospital, Hospital Bed Capacity, 500 and over, Hospitals, Human, Marketing of Health Services/mt [Methods], Massage, Pennsylvania, Women's Health Services/og [Organization & Administration]

Anonymous (1994). Massage for mother and baby. Modern Midwife, 4, S1-S4

Keywords: Article, Healthstar, Human, Infant, Infant, Newborn, Massage, Massage/mt [Methods], Mother-Child Relations, patient education

Anonymous (1996). DPT and local massage. Indian Pediatrics, 33, 349-350

Keywords: Article, Diphtheria-Tetanus-Pertussis Vaccine/ad [Administration & Dosage], Diphtheria-Tetanus-Pertussis Vaccine/ae [Adverse Effects], Healthstar, Human, Infant, Massage, Vaccination/mt [Methods]

Anonymous (1998). The self-care series--Part 1, getting a feel for self-massage. Posit Dir News, 1998 Jan; 10, 14-17

Keywords: Article, Articles, Environment, Hiv, HIV Seropositivity, Human, Massage, MEDLINE, Movement, Practical, Prisoners, Self Care, Self-massage, Suggestion, Treatment

Anton'ev AA, Belova LV (1985). [Therapeutic gymnastics, massage and self-massage in dermatological practice]. [Russian]. Voprosy Kurortologii, Fizioterapii I Lechebnoi Fizicheskoi Kultury, , 34-37

Keywords: Adult, Article, Child, Exercise Therapy, Gymnastic, Gymnastics, Human, Massage, Self-massage, Skin Diseases/th [Therapy]

Anton'ev AA, Belova-Rakhimova LV, Batkaev EA (1988). Combined use of acupuncture and eastern-type massage in dermatological practice. [Russian]. Vestnik Dermatologii i Venerologii, 4, 49-

Keywords: Acupuncture, Adolescence, Adult, Article, English Abstract, Healthstar, Human, Massage, Massage/mt [Methods], Medicine, Chinese Traditional, Middle Age, Practice, Skin Diseases/th [Therapy], Use

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Keywords: Article, Care, Clinical, Comfort, Consciousness, Critical Care,

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Keywords: Acupressure/ec [Economics], Acupuncture, Acupuncture/ec [Economics], Adjustment, Adult, Angina pectoris, Angina Pectoris/th [Therapy], Article, Bypass, Clinical, Coronary Artery Bypass, Cost, Cost-Benefit Analysis, Death, Denmark, effect, Female, Human, Incidence, Life Style, Lifestyle, Male, Men, Middle Age, Myocardial Infarction, Myocardial-infarction, Pain, Pain relief, Patient, Patients, Product, Randomized trial, shiatsu, Support,Non-U.S.Gov't, Treatment, Trial, Use, Women

Abstract:

Sixty-nine patients with severe angina pectoris were treated with acupuncture, Shiatsu and lifestyle adjustments, and were followed for 2 years. Forty-nine patients were candidates for coronary-artery bypass grafting (CABG), whereas bypass grafting was rejected in the remaining 20 patients. We compared our endpoint findings with those of a large prospective, randomized trial comparing CABG with percutaneous transluminal coronary angioplasty (PTCA). The incidence of death and myocardial infarction was 21% among the patients undergoing CABG, 15% among the patients undergoing PTCA and 7% among our patients. No significant difference was found concerning pain relief between the three groups. Invasive treatment was postponed in 61% of our patients due to clinical improvement, and the annual number of in-hospital days was reduced by 90%, bringing about an estimated economic saving of 12,000 US \$ for each of our patients. Despite the fact that the men in the present study, had ! significantly less positive expectations towards the outcome of the treatment, when compared to the women, there was no significant difference concerning the effect. The study suggests that the combined treatment with acupuncture, Shiatsu and lifestyle adjustment may be highly cost effective for patients with advanced angina products

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Keywords: Acupuncture, Acupuncture Points, Adult, Aged, Article, Chinese, Chinese Medicine, Clinical, Department, Duodenal Ulcer/th [Therapy], Female, Healthstar, Human, Male, Massage, Massage/mt [Methods], Medicine, Middle Age, Peptic Ulcer, Stomach Ulcer/th [Therapy], Treatment, Ulcer

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Double-Blind Method, effect, effectiveness, Emesis, Female, Follow-Up Studies, Gestational Age, Gynecology, Human, Incidence, Massage/mt [Methods], Maternal Age, Medical, Methods, Nausea, Nausea and Vomiting, Nausea/ep [Epidemiology], Nausea/th [Therapy], Obstetrics, Parity, placebo, Point, Pregnancy, Pregnancy Complications/ep [Epidemiology], Pregnancy Complications/th [Therapy], Pressure, Randomized controlled trial, Reproducibility of Results, San Francisco, Score, Severity of Illness Index, Support, Non-U.S. Gov't, Symptom, Symptoms, Treatment, Treatment Outcome, Trial, Vomiting, Vomiting/ep [Epidemiology], Vomiting/th [Therapy], Women, Wrist

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Photography/mt [Methods], Physical, Radiation, Research, Seeds, Testing, Therapeutic Touch/st [Standards], Time Factors, Touch, Water, Water/ph [Physiology], Wound Healing/ph [Physiology], Wound Healing/re [Radiation Effects]

Abstract:

We performed a series of experiments to examine the possibility that a theoretically proposed and indirectly empirically confirmed form of electromagnetic field emission from living beings appears to modify physical characteristics of water. We pursued three types of experiments. In the first one, we tried to examine whether and in what way water exposed to growing and dying spruce seedlings through a quartz test tube (therefore with no chemical contact), influences the germination of seeds and the growth of seedlings of the same species. The second type focused on the issue of whether and in what way distilled water, equally exposed to growing and dying spruce seedlings as well as to different ontogenetic phases of mealworm beetle, can be modified and this modification later on reproduced through a specially developed method of electrophotography. The third type of experiments presented here attempts to find out whether an emission from human hands can non-chemically modify the physical characteristics of distilled water. Their statistical analysis revealed the existence of two different groups of people: those capable of imprinting some form of highly reproducible radiation into water and those at most capable of imprinting only some sort of highly variable radiation. In the future this line of research could provide a scientifically based testing of the actual capabilities of the so-called biotherapists to perform this kind of unconventional healing. The present experiments also represent further indirect evidence for a form of electromagnetic emission from living beings and that such emission alters water in an as yet unknown way

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Publication URL:

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Keywords: Anuria, Diathermy, Diuretic, Index Medicus, Massage, Oliguria, physiotherapy

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Keywords: Cure, Index Medicus, physiotherapy, relaxation, Role

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Keywords: Birth Injuries/rh [Rehabilitation], Brain Diseases/rh [Rehabilitation], Child,Preschool, Children, Comparative Study, Healthstar, Human, Infant, Infant,Newborn, Infants, Manual, manual therapy, Movement Disorders/rh [Rehabilitation], Newborn, Newborn-infant, Newborn-infants, Occipital Lobe, Physical Therapy, Syndrome, Therapies, Therapy, Young

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Keywords: Activities of Daily Living, Aged, Aged,80 and over, Article, Attitude to Health, Balance, Cancer, Cancer patients, Care, Experience, Female, Health, Health Care, Health-care, Human, Massage, Massage/px [Psychology], Massage/st [Standards], Middle Age, Neoplasms/co [Complications], Nursing Methodology Research, Pain Measurement, Pain/et [Etiology], Pain/pc [Prevention & Control], Pain/px [Psychology], Patient, Patients, Phenomenology, Physical, Quality of Life, Questionnaires, Science, Sweden, Treatment Outcome, Use

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Keywords: Alternative Therapies, CD4 Lymphocyte Count, CD8-Positive T-Lymphocytes, Cells, Control Group, Counseling, effect, effects, Exercise, Flow Cytometry, Function, HIV Infections, HIV Infections/im [Immunology], HIV Infections/pp [Physiopathology], HIV Infections/px [Psychology], Human, Length, Lymphocytes, Management, Massage, Massage Therapy, MEDLINE, Methods, Michigan, Quality, Quality of Life, Range, Relaxation Techniques, stress, stress management, Therapies, Therapy, Training, Value

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Lack of effect of 12 weeks of massage therapy on immune function and quality of life in HIV-infected persons.

Int Conf AIDS. 1996 Jul 7-12;11(2):270 (abstract no. Th.B.4105). Unique Identifier : AIDSLINE MED/96924507

Birk TJ; MacArthur RD; McGrady A; Khuder S; Wayne State University, Detroit, Michigan. Fax: 313-745-9173. E-mail:; macarthur@oncgate.roc.wayne.edu.

Abstract: Objective: To assess the effects of massage therapy alone, or massage therapy combined with either exercise training or stress management counseling, on immune function and quality of life in HIV-infected persons. Methods: 42 HIV-infected persons were randomized to 1 of 4 groups: a) once weekly massage therapy; b) once weekly massage therapy and twice weekly aerobic exercise training; c) once weekly massage therapy and once weekly stress management counseling; d) no therapy (control group). Massage therapy and exercise training sessions lasted 45 minutes; stress management counseling sessions were 1 hour in length. CD4+ and CD8+ lymphocytes (number and percent), and NK cells (number and percent) were measured by flow cytometry at the beginning and end of the 12 week study. Quality of life measures were assessed by survey at the beginning and end of the study. All prescribed medications were continued throughout the study. Results: Mean CD4+ count at study entry was 355 cells/microliter (range = 60-1042 cells/microliter). The mean entry CD4+ count of the 31 persons completing the study was 437 cells/microliter compared to 169 cells/microliter for the 11 persons not completing the study (p is less than 0.005). The percentage of participants completing the study was the same across all groups. No significant differences were found among the groups on any measure comparing pre-study and post-study values. Conclusions: Short-term massage therapy alone or combined with either exercise training or stress management counseling did not have any significant effect on immune function or quality of life measures. These alternative therapies, while not harmful, should not be used as substitutes for more conventional therapies for HIV-infected persons.

Keywords: *HIV Infections/IMMUNOLOGY *HIV Infections/PHYSIOPATHOLOGY *HIV Infections/PSYCHOLOGY *Massage *Quality of Life

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with massage: a pilot study. Clinical Journal of Sport Medicine, 8, 14-17

Keywords: Adult, After-treatment, Aged, Anterior, Anterior Compartment Syndrome/th [Therapy], Article, Athletes, Australia, Chronic, Chronic Disease, Clinical, Criteria, effect, Exertion, Female, historical, History, Human, Increase, Intervention, Male, Massage, Medicine, Men, Outcome measures, Pain, Pilot Projects, Pilot Studies, Pressure, Program, Questionnaire, Sport, Sports, Sports Medicine, Standard, Stretching, Symptom, Symptoms, Syndrome, Testing, Treatment, Treatment Outcome, Work

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Keywords: Human, Letter, Therapeutic, Therapeutic Touch, Touch

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Keywords: effect, effects, Index Medicus, Massage

Bles C (1922). Estimation of effect of massage.

A close look at therapeutic touch.

Rosa L, Rosa E, Sarner L, Barrett S.

Questionable Nurse Practices Task Force, National Council Against Health Fraud Inc, Loveland, Colo, USA.

CONTEXT: Therapeutic Touch (TT) is a widely used nursing practice rooted in mysticism but alleged to have a scientific basis. Practitioners of TT claim to treat many medical conditions by using their hands to manipulate a "human energy field" perceptible above the patient's skin. OBJECTIVE: To investigate whether TT practitioners can actually perceive a "human energy field." DESIGN: Twenty-one practitioners with TT experience for from 1 to 27 years were tested under blinded conditions to determine whether they could correctly identify which of their hands was closest to the investigator's hand. Placement of the investigator's hand was determined by flipping a coin. Fourteen practitioners were tested 10 times each, and 7 practitioners were tested 20 times each. MAIN OUTCOME MEASURE: Practitioners of TT were asked to state whether the investigator's unseen hand hovered above their right hand or their left hand. To show the validity of TT theory, the practitioners should have been able to locate the investigator's hand 100% of the time. A score of 50% would be expected through chance alone. RESULTS: Practitioners of TT identified the correct hand in only 123 (44%) of 280 trials, which is close to what would be expected for random chance. There was no significant correlation between the practitioner's score and length of experience ($r=0.23$). The statistical power of this experiment was sufficient to conclude that if TT practitioners could reliably detect a human energy field, the study would have demonstrated this. CONCLUSIONS: Twenty-one experienced TT practitioners were unable to detect the investigator's "energy field." Their failure to substantiate TT's most fundamental claim is unrefuted evidence that the claims of TT are groundless and that further professional use is unjustified.

MeSH Terms:

- Human
- Research Design
- Statistics
- Therapeutic Touch*

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Letters

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A Close Look at Standards for Therapeutic Touch

To the Editor: In their response¹ to a letter by Dr Schmidt² received in response to their article,³ Ms Rosa and coauthors state that "Dr Schmidt suggests that our test subjects might not have been sufficiently skilled. That would be impossible to determine because [Therapeutic Touch (TT)] has no accepted standards of training or practice."

This statement is incorrect. Nurse Healers—Professional Associates International, Inc (NH-PAI), the official organization for TT, has had Standards of Care, Scope of Practice, and Therapeutic Touch Policy and Procedure for Health Professionals in place for a number of years. The organization was founded in 1977 and has had criteria for practice and teaching, including levels of advancement for practitioners, in place for more than 8 years.

Rebecca M. Good, MA, RNC, LPC
Nurse Healers—Professional Associates International, Inc
Philadelphia, Pa

¹. Rosa L, Sarner L, Barrett S. An even closer look at Therapeutic Touch. *JAMA*. 1998;280:1908. [MEDLINE](#)

². Freinkel A, Collins SB, Carpenter J, et al. An even closer look at Therapeutic Touch. *JAMA*. 1998;280:1905-1908. [MEDLINE](#)

³. Rosa L, Rosa E, Sarner L, Barrett S. A close look at Therapeutic Touch. *JAMA*. 1998;279:1005-1010. [MEDLINE](#)

In Reply: The existence of the documents to which Ms Good refers does not negate what we said about lack of accepted practice standards. NH-PAI's 1998 membership was 1100,¹ which we estimate to be less than 3%

of TT practitioners. *Meaningful* standards require demonstrable ability to perform a procedure. What NH-PAI refers to as standards requires no such demonstration.

To perform TT, a practitioner must detect and manipulate a "human energy field." None of the 21 practitioners we tested was able to do so. The American Holistic Nurses Association requires no such ability for "certification" in Healing Touch (a TT variant), nor do workshops offered by NH-PAI, Healing Touch International, or the Theosophical Society of America involve any objective determination of ability to practice TT after the workshop has been completed. An NH-PAI Web site even stated that "Whereas . . . energy flow can not be currently measured" . . . NH-PAI opposes certification/credentialing of TT practitioners.²

States that accept continuing education credits for such TT nursing courses as those offered by the American Nurses' Association or published in the *American Journal of Nursing* also show no concern for a TT student's actual ability to deliver therapeutic benefit. One author advises: "After reading about therapeutic touch, you may want to experiment with this modality on friends and colleagues before trying it with your patients."³ Can you imagine credentialing physicians in this way?

Linda Rosa, BSN, RN
Larry Sarnier
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Stephen Barrett, MD
Allentown, Pa

¹. Travers B. *Encyclopedia of Medical Organizations and Agencies* . 7th ed; Gale Research: Detroit, Mich: 1998; 205.

². Nurse Healers—Professional Associates International Inc. Position statement on TT certification/credentialing. Available at: <http://www.familyforum.com/nhpa/about.htm>. Accessed March 25, 1999.

³. Mackey RB. Complementary modalities, part 1: discover the healing power of therapeutic touch. *Am J Nurs*. 1995;95:26-33. [MEDLINE](#)

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Edited by Margaret A. Winker, MD, Deputy Editor, and Phil B. Fontanarosa, MD, Interim Coeditor.



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SHORT CUT:

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An Even Closer Look at Therapeutic Touch

To the Editor.—As a clinician, I am surprised that THE JOURNAL elected to address the important and controversial issue of Therapeutic Touch (TT) with such a simpleminded, methodologically flawed, and irrelevant study. The experiments described are an artificial demonstration that some number of self-described mystics were unable to “sense the field” of the primary investigator’s 9-year-old daughter.¹ This hardly demonstrates or debunks the efficacy of TT. The vaguely described recruitment method does not ensure or even suggest that the subjects being tested were actually skilled practitioners. More important, the experiments described are not relevant to the clinical issue supposedly being researched. Therapeutic Touch is not a parlor trick and should not be investigated as such. Rather, it is a therapeutic technique that may be discovered to require active involvement by a genuinely ill patient, as the authors themselves convolutedly acknowledge in their citation of Krieger’s work. Thus, to demonstrate a child’s participation in a magic trick hardly represents an investigation of a clinical phenomenon. It is not yet clear if TT will be proven to be effective and for which, if any, indications. A serious and appropriately designed clinical study is needed to determine its efficacy, not an elementary-school science project.

Andrew Freinkel, MD
Evanston, Ill

1. Rosa L, Rosa E, Sarner L, Barrett S. A close look at Therapeutic Touch. *JAMA*. 1998;279:1005-1010.

To the Editor.—Bias occurs when researchers take a holistic process, such as TT,¹ extract 1 aspect of the process, and measure it in a separate situation. When the experiment fails to prove what the researchers hypothesized, they then declare the whole process worthless. The fact that this declaration was derived from a sample size of 21 further validates bias on the part of the researchers and the editors. Furthermore, to dismiss large volumes of research, including double-blind studies, as incompetent research means the authors never thoroughly evaluated or considered the merit of the articles listed as references. Moreover, I care very little whether a practitioner can feel energetic exchange successfully in a contrived situation such as the experiment set up when I see outcomes that the TT process as a whole works. Much about the mechanisms of energetic transfer and healing is not understood. To take 1 reductionistic experiment and make sweeping statements is an irresponsible research process. Encouraging further reasonable research into some of these mechanisms would be a positive outcome to this negative experience. Finally, the authors’ statement, “The American Holistic Nursing Association offers certification in ‘healing touch,’ a TT variant” is incorrect. The certifying body is Healing Touch International, Inc, with headquarters in Lakewood, Colo. Healing Touch is a continuing education certificate program endorsed by American Holistic Nurses’ Association.

Susan B. Collins, RN, MED, MSN, CFNP, HNC
American Holistic Nurses’ Association
Flagstaff, Ariz

1. Rosa L, Rosa E, Sarner L, Barrett S. A close look at Therapeutic Touch. *JAMA*. 1998;279:1005-1010.

To the Editor.—Members of the greater Kansas City chapter of Nurse Healers—Professional Associates are disappointed in the authors’ use of a child’s fourth-grade science project to support an anti-TT crusade.¹ To describe this child’s homework as “research” is without foundation since it clearly fails to meet the criteria of randomization, control, and valid intervention. The “researcher’s” qualifications to conduct research and those of her mother are nonexistent. Flagrant violations against TT include the fact that “sensing” an energy field is not TT but rather a nonessential element in the 5-step process; inclusion of many misrepresentations of cited sources; use of inflammatory language that indicates significant author bias; and bias introduced by the child conducting the project being involved in the actual trials.

As health care professionals, we welcome healthy skepticism, as long as it is born of honesty and integrity. In fact, many

TT practitioners start as skeptics but are compelled to continue TT after observing many individuals who benefit. Some patients acknowledge pain relief. Others experience relaxation, accelerated wound healing, and emotional reintegration. Through rigorous research, which does not include elementary-school science projects, we may one day gain a more thorough understanding of TT. It is unfortunate that *JAMA* would publish articles that deliberately fragment the TT process to achieve erroneous results to further the authors' own biases. Therapeutic Touch practitioners, health care professionals, and the public deserve better.

Jacque Carpenter, MSN, ARNP

Julia Hagemaster, PhD, ARNP

Barbara Joiner, MA, BSCN

Kansas City Chapter of Nurse Healers-Professional Associates Inc

Kansas City, Mo

1. Rosa L, Rosa E, Sarner L, Barrett S. A close look at Therapeutic Touch. *JAMA*. 1998;279:1005-1010.

To the Editor.-Ms Rosa and colleagues¹ claim that "the definitive test of TT is not a clinical trial of its alleged therapeutic effects, but a test of whether practitioners can perceive HEFs [human energy fields]." The definitive test of a healing practice is whether healing takes place, not whether the practitioners have a flawless grasp of the natural forces at work.

If TT practitioners predicted their success in a study like this one, then the test shows only that the TT practitioners do not have an accurate grasp on the healing processes at work, if any. Perhaps intention of the patient matters quite a lot,

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even though this is discounted by the practitioners themselves. Perhaps a TT practitioner must intend to heal as opposed to intend to choose a left or right hand.

The authors' sweeping pronouncement that "the claims of TT are groundless and that further professional use is unjustified is not appropriate." Such is evidence of a personal and not entirely objective agenda, no doubt consistent with that of Quackwatch Inc, the Questionable Nurse Practices Task Force, the National Council Against Health Fraud, Inc, and the National Therapeutic Touch Study Group. One would expect medical professionals to be more concerned with whether real healing occurs.

Jesse Lee, JD

Dionysystems, Inc

Alexandria, Va

1. Rosa L, Rosa E, Sarner L, Barrett S. A close look at Therapeutic Touch. *JAMA*. 1998;279:1005-1010.

To the Editor.-Research design flaws in the study by Ms Rosa and colleagues¹ are disturbing given the serious nature of study results and the suggestion that TT should no longer be offered to patients. First, the authors are not neutral and unbiased, nor is the senior author representative of nurse scientists with advanced degrees currently conducting research.

Second, it is questionable whether the sampling methods provided a representative sample. "Searching advertisements" to obtain a sample is purposive and limits generalizability. In addition, the authors did not specify what is meant by "following other leads" in recruiting participants. Apparent failure of the participants to question explication of test procedures from a 9-year-old child suggests lack of sophistication. Third, no rationale is provided for conducting 2 series of tests, and the criteria that guided this design are not mentioned. Moreover, during the first testing period, there was a lack of equivalency in both the time frames used to assess practitioners and the settings in which data were collected. The impact of videotaping during the second testing period, a complaint registered by several participants, is not addressed. Fourth, the subtle demand characteristic of the procedure for testing the hypothesis that practitioners should be able to perceive the HEF of the experimenter 100% of the time was not representative of the patient-practitioner interaction and glosses over the fact

that practitioners generally use both hands to assess the HEF. In the interest of scientific exploration of the efficacy of TT and its mechanism of action and the advancement of quality patient care, which is never mentioned in the article, we should be cautious in following the recommendations of the authors to discard an intervention that many patients throughout several decades tell us "works."²

Mary Ireland, RN, PhD
Rutgers College of Nursing
Newark, NJ

1. Rosa L, Rosa E, Sarner L, Barrett S. A close look at Therapeutic Touch. *JAMA*. 1998;279:1005-1010.

2. Mulloney SS, Wells-Federman C. Therapeutic touch: a healing modality. *J Cardiovasc Nurs*. 1996;10:27-49.

To the Editor.—I critiqued the study on TT₁ and was amazed that a research study with so many flaws could be published. First, the authors list 129 references of which approximately only 50 are primary research studies. Of these studies, the majority are master's theses or dissertations from the 1980s, and only 9 references are reports of quantitative studies from the 1990s. A closer look at the methods is even more alarming. Possible confounders include the wide range of experience of the 21 practitioners, demographic characteristics of the participants, and lack of evidence of the depth of their training in TT. Although the subject was able to "center," the researcher, a young girl who simply held her hand over the upturned palm of the practitioner, violated the entire premise of TT. The procedure was conducted in different settings with no control of environmental conditions. Even though the trials were repeated, the subjects did not change, thus claims of power based on possible repetitions of error are inappropriate. The true numbers in groups are 15 and 13, thus making a type II error highly probable with a study power of less than 30%. Another concern is whether participants signed informed consent documents or at least were truly informed as to the nature of this study and that publication of its results would be sought beyond a report to the fourth-grade teacher.

Susan M. Schmidt, PhD, RN, COHN-S, CNS
Xavier University
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1. Rosa L, Rosa E, Sarner L, Barrett S. A close look at Therapeutic Touch. *JAMA*. 1998;279:1005-1010.

To the Editor.—No study, including the one on TT,₁ can prove the nonexistence of a phenomenon. The null hypothesis is a useful methodologic convention fabricated for the purpose of avoiding experimental error. Proper use of hypothesis testing contradicts this article's "unrefuted evidence that the claims of TT are groundless and that further professional use is unjustified." The only conclusion is that, under the conditions of the experiment, a possible truth had not been discovered (a type I or a error—rejecting a hypothesis that actually is true). Second, the experimental conditions did not approximate the technique of TT as it is practiced. Touch therapists repeatedly move their hands over the patient with special attention given to perceived problem regions. In this study, a static condition was evaluated, eliminating the movement component that maybe critical. Similarly, a type I hypothesis testing error would result when evaluating modern security sensors. Under static conditions, these sensors would detect human presence 0% of the time. The 100% success rate expected in this study was far too stringent. There are few, if any, conventional medical tests, evaluations, or therapeutics this successful. Unconventional therapies should be scrutinized by the same high but not untenable standards used for evaluating conventional modalities. An unreasonably strict experimental outcome practically ensures a type I error. The research recommendations should include further study, and the practice recommendations should await a preponderance of accumulated evidence.

Robert W. Jarski, PhD
Oakland University
Rochester, Mich

1. Rosa L, Rosa E, Sarner L, Barrett S. A close look at Therapeutic Touch. *JAMA*. 1998;279:1005-1010.

To the Editor.—The hypothesis tested by Ms Rosa and colleagues₁

was not directly related to the authors' conclusions, and the methods of analysis and their interpretations were not always appropriate.

First, the hypothesis tested whether the TT practitioners could detect which of their hands was being hovered over by the investigator. Because practitioners were not instructed to perform TT on the investigator, the hypothesis cannot test the effectiveness of TT. If TT works well in properly designed blinded clinical trials, then whether practitioners can detect an effect under conditions of this study does not seem relevant. Second, the study was designed using the binomial distribution. However, it was analyzed using the *t* distribution, although the data do not appear to be approximately normally distributed and are not continuous. Even so, Table 2 shows that for the initial test the alternative hypothesis that $\mu = 6.67$ was barely rejected at the .05 level of significance.

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The authors state that "the odds of getting 8 of 10 trials correct by chance alone is 45 of 1024 ($P = .04$)." This is the probability of getting exactly 8 of 10 trials correct. The probability of getting 8 or more correct answers of 10 is 56 of 1024 (5.5%). More important, if the true probability of a successful prediction were 0.67 (considered by this article to be a positive trial), then the probability of 0 to 4 successes in 10 trials would be 0.07, and the probability of 0 to 5 successes in 10 trials would be 0.21. Neither are less than 0.05. Therefore, this study is not definitive proof that the true probability of success of the practitioners is no better than 0.67.

Figure 2 in the article includes a frequency distribution of 28 TT practitioners' scores, although only 21 unique practitioners were tested. More than half the original 15 practitioners did not participate in the follow-up test, but no reason was given for their absence. The mean of the initial test was 4.67; that of the follow-up test was smaller, 4.08. The authors state that although several practitioners complained about the presence of the television crew during the follow-up test, this was irrelevant. Further research, preferably properly designed blinded clinical trials, is required to prove or disprove the effectiveness of TT.

J. Lynn Palmer, PhD
M. D. Anderson Cancer Center
Houston, Tex

1. Rose L, Rose E, Sarner L, Barrett S. A close look at Therapeutic Touch. *JAMA*. 1998;279:1005-1010.

To the Editor.—As a physician, I remain skeptical about TT as an effective technique. As a scientist, I appreciate the efforts by Ms Rosa and colleagues to ascertain the validity of some fundamental claims of TT practitioners. But as a medical historian, I think it is essential to remember that many interventions now universally regarded as useful were originally proposed at a time when their fundamental basis was not only unknown, but in some cases unknowable. To consider only a single example, when Ignaz Semmelweis proposed handwashing as an intervention to combat disease transmission in the mid-1800s, there was no consistent theory of disease causation by microorganisms, and there did not exist the technological processes necessary to demonstrate the existence of those microorganisms now considered a major cause of human disease. Nonetheless, handwashing was perceived to have an effect on human disease. Similarly, when we wish to definitively assess the efficacy of a therapeutic intervention today, we must await studies of its effectiveness (or lack thereof) in treatment, whether or not we can demonstrate a theoretical basis for its effect.

Joel D. Howell, MD, PhD
University of Michigan
Ann Arbor

1. Rosa L, Rosa E, Sarner L, Barrett S. A close look at Therapeutic Touch. *JAMA*. 1998;279:1005-1010.

To the Editor.—In describing the theoretical background of TT, Ms Rosa and colleagues note the similarity to the "animal

magnetism" healing techniques of the controversial 18th-century physician Franz Anton Mesmer. Indeed, Mesmer's mysterious and magical cures gained such notoriety in Paris that in 1784, King Louis XVI appointed a blue-ribbon panel from the prestigious French Academy of Sciences to formally evaluate this "magnetism." The panel, which included such well-known scientists as Lavoisier, Guillotin, and Benjamin Franklin, verified that some patients indeed had benefited, but they dismissed this as having something to do with the "imagination," and concluded that "magnetism" was not a real phenomenon.

Unfortunately, this prestigious panel missed the opportunity to gain further understanding of the potential of the patient-physician relationship, the power of suggestion, and recognition of the closely related power of the placebo effect.³

Ms Rosa and colleagues have elegantly refuted the original theoretical basis for TT (with its "human energy field"), but as in Mesmer's case, this does not mean TT cannot be helpful to patients. Therapeutic Touch provides a structure that many ill patients enjoy: a caring individual with positive intentions devotes exclusive attention to the patient in need. Based on the current popularity of alternative medicine therapies,⁴ TT is likely to resonate with the belief systems of many patients. Particularly if TT is practiced only on willing patients by volunteers who charge no fees, there should be no adverse effects.

If we acknowledge that the interaction between individuals can be a powerful force, then TT can offer an appropriate structure to harness its positive potential to provide some psychological comfort to ill patients.

Jon Streltzer, MD

John A. Burns School of Medicine
Honolulu, Hawaii

1. Rosa L, Rosa E, Sarnar L, Barrett S. A close look at Therapeutic Touch. *JAMA*. 1998;279:1005-1010.

2. Zweig S. *Mental Healers*. New York, NY: Frederick Ungar Publishing Co; 1962: 60-67.

3. Straus JL, Cavanaugh SA. Placebo effects. *Psychosomatics*. 1996;37:315-326.

4. Eisenberg DM, Davis RB, Ettner SL, et al. Trends in alternative medicine use in the United States, 1990-1997: results of a follow-up national survey. *JAMA*. 1998;280:1569-1575.

To the Editor.—The conclusion of Ms Rosa and colleagues¹ that "further professional use [of TT] is unjustified" should be more subtle. Despite the current vogue for evidence-based medicine, clinicians use many modalities that have not been validated in double-blind studies. Sometimes higher standards are demanded of innocuous alternative therapies than potentially dangerous but accepted conventional ones. Should treatments that have no pernicious effects (eg, TT) be expected to meet the standards demanded of potentially harmful biochemical or surgical interventions?

At the very least, TT offers the patient the full and unhurried attention of a caregiver. Such attention is rare in our health care system and may be of value even if it only works through an enhancing placebo effect. As with any unproven therapy, it is neither unreasonable nor unethical to recommend or offer TT to a patient who is informed of its limitations. Nevertheless, I agree that the study by Rosa et al makes a powerful argument against third-party reimbursement for TT and suggest that practitioners should inform the patient that its efficacy has not been established by modern scientific methods.

Arnold J. Blank, MD

Queens-Long Island Medical Group
Astoria, NY

1. Rosa L, Rosa E, Sarnar L, Barrett S. A close look at Therapeutic Touch. *JAMA*. 1998;279:1005-1010.

To the Editor.—The experiment by Ms Rosa and colleagues¹ does more than demonstrate that the practitioners of TT are unable to sense the HEF. It also shows that they genuinely believe they can. The practitioners would not have allowed themselves to be tested otherwise. Their public responses to the article indicate that they will continue to believe they can and will be wary of future critical investigators of any age. Of course, none of us can easily divorce our personal experience from our accustomed interpretation of that experience. The practitioners feel good about their practice. Their patients—those with

a healthy placebo response—say they feel better and pay practitioners for their services or have someone else pay them. The naturopathic mycologist tests for yeast, the colonic irrigator irrigates, the chelator chelates, and the therapeutic toucher “touches.” When their single method fails, so do they. Sad as this may be, it is no excuse for medical and nursing

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The authors state that “the odds of getting 8 of 10 trials correct by chance alone is 45 of 1024 ($P = .04$).” This is the probability of getting exactly 8 of 10 trials correct. The probability of getting 8 or more correct answers of 10 is 56 of 1024 (5.5%). More important, if the true probability of a successful prediction were 0.67 (considered by this article to be a positive trial), then the probability of 0 to 4 successes in 10 trials would be 0.07, and the probability of 0 to 5 successes in 10 trials would be 0.21. Neither are less than 0.05. Therefore, this study is not definitive proof that the true probability of success of the practitioners is no better than 0.67.

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J. Lynn Palmer, PhD
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To the Editor.—The conclusion of Ms Rosa and colleagues that "further professional use [of TT] is unjustified" should be more subtle. Despite the current vogue for evidence-based medicine, clinicians use many modalities that have not been validated in double-blind studies. Sometimes higher standards are demanded of innocuous alternative therapies than potentially dangerous but accepted conventional ones. Should treatments that have no pernicious effects (eg, TT) be expected to meet the standards demanded of potentially harmful biochemical or surgical interventions?

At the very least, TT offers the patient the full and unhurried attention of a caregiver. Such attention is rare in our health care system and may be of value even if it only works through an enhancing placebo effect. As with any unproven therapy, it is neither unreasonable nor unethical to recommend or offer TT to a patient who is informed of its limitations. Nevertheless, I agree that the study by Rosa et al makes a powerful argument against third-party reimbursement for TT and suggest that practitioners should inform the patient that its efficacy has not been established by modern scientific methods.

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1. Rosa L, Rosa E, Sarner L, Barrett S. A close look at Therapeutic Touch. *JAMA*. 1998;279:1005-1010.

To the Editor.—The experiment by Ms Rosa and colleagues does more than demonstrate that the practitioners of TT are unable to sense the HEF. It also shows that they genuinely believe they can. The practitioners would not have allowed themselves to be tested otherwise. Their public responses to the article indicate that they will continue to believe they can and will be wary of future critical investigators of any age. Of course, none of us can easily divorce our personal experience from our accustomed interpretation of that experience. The practitioners feel good about their practice. Their patients—those with a healthy placebo response—say they feel better and pay practitioners for their services or have someone else pay them.

The naturopathic mycologist tests for yeast, the colonic irrigator irrigates, the chelator chelates, and the therapeutic toucher "touches." When their single method fails, so do they. Sad as this may be, it is no excuse for medical and nursing

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schools to lend their imprimatur to unproved methods, unless, of course, they are under critical investigation, preferably by

9-year-old girls.
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1. Rosa L, Rosa E, Sarner L, Barrett S. A close look at Therapeutic Touch. *JAMA*. 1998;279:1005-1010.

In Reply.—Advocates of TT postulate that an HEF exists. Can such an entity be measured or perceived? Do any well designed studies show a beneficial effect against any health problem? Our article addressed all of these points. If TT practitioners could sense an HEF, they should be able to sense whether they are near an experimenter's hand. None of the tested practitioners demonstrated such ability. None objected to the study's design before they were tested. Proponents still offer no alternative testable hypothesis or protocol. Nor have any stepped forward to attempt to demonstrate the existence of an HEF, even though a million-dollar reward is available.¹ Dolores Krieger, PhD, RN, the founder of TT, has stated repeatedly that its practitioners sense an energy field. In 1987, she wrote, "In Therapeutic Touch, assessment involves the use of the hands in a sensitive search of the healee's energy field, for indications of energy imbalance. Actually, the received impression is really an extension of the sense of touch as we usually think of it."² We leave it to *JAMA* readers to decide for themselves whether it is possible to manipulate an "energy field" with their hands if they cannot tell where it is. Ms Collins asserts that 21 practitioners were too few to yield valid results. However, our power analysis showed that this number was more than adequate to test our simple hypothesis. Therapeutic Touch proponents never have objectively demonstrated that they can detect an HEF. Unless they do, it is reasonable to assume that none exists.

Dr Schmidt suggests that our test subjects might not have been sufficiently skilled. That would be impossible to determine because TT has no accepted standards of training or practice. We approached every practitioner we could identify in our (Colorado) community. Nearly all agreed to be tested, and none was reliably able to detect the location of Emily's hand.³ We see no reason to believe that they were less competent than practitioners elsewhere.

Dr. Palmer is correct that the probability of getting 8 or more correct is slightly higher than the probability of getting exactly 8 correct. However, this point does not affect the interpretation of the test data. Her discussion of the "true probability of a successful prediction" being 0.67 is disposed of by our power analysis, which she does not contradict. Moreover, TT postulates that an HEF can be sensed and manipulated for therapeutic benefit. All of our subjects claimed to do this routinely. For this to be true, the detection rate would have to be 100%. Our study centered on the performance of 28 subjects, not 280 independent trials. Since a normal distribution was expected under the null hypothesis, we believe the *t*-distribution was the appropriate analytic tool. Our final conclusion was not based solely on the hypothesis that practitioners would detect the experimenter's "energy field." It also took into account—based on our literature analysis—that TT has never been shown to "work well in properly designed trials." All 15 original participants were invited to be retested. Seven said they were unable to attend on the specific day. Only 1 said she didn't feel she could perform "on camera." No complaints were made about the presence of TV cameras before or during testing.

Dr Blank argues that TT might have merit because it is physically harmless, might exert a useful placebo effect, and offers "the full and unhurried attention of a caregiver." We believe it is inherently harmful to misrepresent placebos as effective treatment. Moreover, there are much better ways for nurses and clinicians to provide beneficial attention to patients. Dr Ireland expresses concern about discarding an intervention that many patients say works. Anecdotal evidence is not sufficient to determine whether something works. Our extensive literature search found no evidence that TT provides any health benefit. Therapeutic Touch proponents still have not

stated any grounds on which their claims may be considered valid, nor have they presented any reasonable justification for TT's continued professional use.

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Stephen Barrett, MD

Allentown, Pa

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Oncology **Nursing** Forum

The Effects of Foot Reflexology on Anxiety and Pain in Patients With Breast and Lung Cancer

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Abstract

Purpose/Objectives: To test the effects of foot reflexology on anxiety and pain in patients with breast and lung cancer.

Design: Quasi-experimental, pre/post, crossover.

Setting: A medical/oncology unit in a 314-bed hospital in the southeastern United States.

Sample: Twenty-three inpatients with breast or lung cancer. The majority of the sample were female, Caucasian, and 65 years or older; had 12 or fewer years of education and an annual income of \$20,000 or more; and were receiving regularly scheduled opioids and adjuvant medications on the control and intervention day.

Methods: Procedures included an intervention condition (foot reflexology to both feet for 30 minutes total by a certified reflexologist) and a control condition for each patient (with at least a two-day break). No changes were made in patients' regular schedule or medications.

Main Research Variables: Anxiety and pain.

Findings: Following the foot reflexology intervention, patients with breast and lung cancer experienced a significant decrease in anxiety. One of three pain measures showed that patients with breast cancer experienced a significant decrease in pain.

Conclusions: The significant decrease in anxiety observed in this sample of patients with breast and lung cancer following foot reflexology suggests that this may be a self-care approach to decrease anxiety in this patient population.

Implications for Nursing Practice: Professionals and lay people can be taught reflexology. Foot reflexology is an avenue for human touch, can be performed anywhere, requires no special equipment, is noninvasive, and does not interfere with patients' privacy.

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Key Points

1. Foot reflexology is a form of foot massage that targets points on the foot believed to correspond to parts of the body.
2. With an increased interest in complementary therapies, foot reflexology may appeal to oncology nurses because of the potential relaxation effects.
3. Study findings indicate that foot reflexology has a possible positive effect on anxiety reduction. Effects on pain reduction are less clear.
4. Nurses interested in using foot reflexology should undergo training and certification.

Many patients living with cancer experience anxiety, and 75% of patients with advanced cancer experience pain (U.S. Department of Health and Human Services, 1994). Patients must manage their anxiety and pain as chronic problems.

Patients with cancer often try alternative therapies (e.g., massage, reflexology, therapeutic touch, herbs, special diets) (Dossey, Keegan, Guzzetta, & Kolkmeier, 1995; Montbriand, 1994). However, patients often make these choices based on limited information about the efficacy of the therapies (Montbriand, 1995). Healthcare providers must conduct more research about these therapies if they are to help patients make wise choices about them (Montbriand, 1993).

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Reflexology

Reflexology is a form of foot massage designed to harmonize bodily functions and thus have a healing and relaxing effect (Tappan, 1978). Reflexology is based on the premise that "there are reflex areas in the feet and hands that correspond to all of the glands, organs, and parts of the body" (Byers, 1983, p. 11). Reflexology has been used since ancient times to promote relaxation (Booth, 1994; Byers; Dobbs, 1985). In recent years, it has been used as an alternative or complementary therapy to relieve stress and tension, improve the blood supply, and promote homeostasis (Dossey et al., 1995; Micozzi, 1996). Explanations for its effects are based on several theories. For example, the energy theory proposes that organs communicate via an electromagnetic field and reflexology assists energy to recirculate through blocked pathways. The lactic acid theory states that lactic acid is deposited as microcrystals in the feet and reflexology crushes the crystals and allows for the free flow of energy. The theory of proprioceptive nervous receptors states that a connection exists between the areas of the feet and the body organs and that reflexing the feet affects the organs. Foot reflexology produces its relaxing effect by relieving tension and stress related to physical problems. This relaxation affects the autonomic response, which, in turn, affects the endocrine, immune, and neuropeptide systems (Dossey et al.). Finally, the psychological explanation states that reflexology is simply a method of showing care and concern for patients (Dobbs). Reflexology's relaxing effect supported this study.

No research has examined reflexology as a treatment for patients with cancer, although studies have tested the effects of other nonpharmacologic interventions (e.g., massage) on patients' anxiety and pain (Barbour, McGuire, & Kirchhoff, 1986; Crowther, 1991; Ferrell, Cohen, Rhiner, & Rozek, 1991; Ferrell-Torry & Glick, 1993; Meek, 1993; Weinrich & Weinrich, 1990; Wilkie, Lovejoy, Dodd, & Tesler, 1988). Patients with cancer cited massage as a method of nonpharmacologic pain control they used (Barbour et al.). While observing patients' pain-control behaviors, researchers noted the use of more pain-control behaviors than patients reported (Wilkie et al.), which supports inclusion of participant observation in research designs examining patients with cancer who are experiencing pain. A pilot study found that male patients with cancer experienced a significant decrease in pain after a 10-minute massage (Weinrich & Weinrich). Although pain was not significantly decreased one to two hours following massage, massage was advocated as a short-term nursing intervention. Ferrell-Torry and Glick found similar results after patients with cancer received a 30-minute massage. These nine men demonstrated a decrease in physiologic indicators and improved self-reports of their perception of pain and anxiety. Meek confirmed positive results after male and female patients enrolled in hospice received a three-minute back massage. The patients' decrease in heart rate and diastolic blood pressure and increase in skin temperature were evidence of their increased relaxation.

Ferrell et al. (1991) reported that patients with cancer experienced decreased pain specifically after foot massage, but no other

research about reflexology and patients with cancer has been reported. However, reflexology treatments during an eight-week period in a randomized controlled study decreased premenstrual signs and symptoms (including anxiety) significantly more in an intervention group than in the placebo group (n = 35) (Oleson & Flocco, 1993). Omura (1994) used a procedure to map organ representation on the hands and feet of 10 subjects. Omura did not report statistical significance but claimed physiologic results based on an anatomic design. Reflexology has been used as an alternative or complementary therapy to relieve stress and tension, improve the blood supply, and promote homeostasis (Dossey et al., 1995; Micozzi, 1996). This article reports a study of the effects of reflexology on anxiety and pain in patients with cancer.

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Methods

This study was a quasi-experimental, pre/post, crossover trial, with patients serving as their own control (Daly, Bourke, & McGilvray, 1991). This design is appropriate when a treatment such as reflexology produces an immediate effect that may disappear after the treatment is removed. The patients were randomized to two groups: Group A (receiving reflexology on the first contact) and Group B (receiving reflexology on the second contact). The researcher used a coin toss to determine which patients were assigned to the control group first and which patients were assigned to the intervention group first. The researcher then alternated assignment of control and intervention for each of the patients, ensuring that every other patient was assigned to Group A or Group B. Anxiety and pain were measured prior to the intervention, at the beginning of the control time (a 30-minute time period during a day without the intervention), following the intervention, and at the end of the control time.

Setting and Sample

Patients were on an 18-bed medical/oncology unit in a large regional hospital in the southeastern United States. All patients with lung or breast cancer were included in the study during a 20-week period if they were 21 years or older, spoke English, and gave informed consent. Only patients with breast and lung cancer were chosen to limit the types of chronic cancer-related pain (somatic or visceral). Payne (1990) and Portenoy (1990) recommended limiting the types of pain. Because different cancers have different pain characteristics, limiting the types of pain makes the population more homogenous. A nurse researcher asked the patients with breast and lung cancer who met the criteria (determined through chart review) to complete a visual analogue scale (VAS) for anxiety (Herman, 1990). If patients reported any anxiety on the VAS, they were asked to participate in the study. Patients with cancer who reported no anxiety on the VAS were excluded. Patients who had surgery within the past six weeks, open skin wounds on their feet, a foot tumor or foot metastasis, or radiation treatment to the feet also were excluded.

to separate patients experiencing chronic pain from those experiencing acute pain (City of Hope National Medical Center and Beckman Research Institute, 1993). Patients who received radiation to the site of pain were excluded. Patients with dementia or peripheral neuropathy also were excluded to ensure their responses were accurate (McDonald & Bruera, 1990). In addition, patients who had recent surgery were excluded to differentiate chronic cancer-related pain from acute surgical pain (Coyle & Foley, 1987).

The oncologists required a medical consultation before the researcher was allowed to seek participation in the study from patients exhibiting any possible symptoms of deep vein thrombosis. Reflexology is not contraindicated for patients with deep vein thrombosis, but the required medical consultation was physician preference. As in other studies (Booth, 1994; Byers, 1983), patients with lower limb circulatory problems (e.g., phlebitis, gallstones, kidney stones) did not receive foot reflexology to the areas of the foot associated with the diseased areas of the body but received foot reflexology to other areas of the foot. Avoiding reflexology to the affected areas of the foot that are associated with other problem areas of the body is a safety precaution to prevent, for example, stones or possible emboli from moving and causing complications.

Most of the patients on the medical/oncology unit experienced chronic cancer-related pain for which pain medications were ordered. Twenty-four patients agreed to participate in the study; however, one patient died before the reflexology intervention, leaving a final sample of 23. Even though all of the patients experienced pain at some time during their hospitalization, they did not always experience it during the time of measurement for the study.

Intervention

The International Institute of Reflexology, which uses the Original Ingham Method, trained and certified the researcher as a reflexologist. Before patients were enrolled in the study, reflexology was described explicitly to them through a written protocol and a form that illustrated the areas that would be reflexed (i.e., areas on the foot related to a body part or organ that are stimulated by pressure of the reflexologist's thumb or forefinger).

Foot reflexology was chosen because most of the patients were receiving IV fluids through the hands or arms, making hand reflexology less appropriate. Of the 30-minute reflexology session, 15 minutes were spent reflexing the areas of the feet corresponding to areas of patients' self-reported pain and organs or body parts where cancer sites were located (to promote homeostasis) (Byers, 1983; D. Byers, personal communication, November 1, 1996). If patients reported no pain, the reflex areas on the feet associated with the organs or body parts where the cancer was located were reflexed. The specific areas reflexed for breast cancer and lung cancer (i.e., the balls of the feet and on top of the feet over the balls) are identical. Byers defined helper areas as areas that, when reflexed, may have a direct effect on the afflicted areas and are

used as reinforcements. These areas were reflexed to aid the specific area of the pain or cancer sites. Helper areas included the pituitary, thyroid, and adrenal glands to boost the immune response to stress (D. Byers, personal communication, November 1, 1996). If swelling was a problem, areas of the feet corresponding to the lymphatics were reflexed. The area corresponding to the solar plexus was reflexed on all patients as part of the relaxing techniques. Relaxing techniques, administered at the beginning and end of the session, comprised 10 minutes of the 30-minute reflexology session. Relaxing techniques consisted of a back-and-forth movement of the reflexologist's palms on the outer edges of the patients' metatarsals and an ankle-loosening technique in which the reflexologist's palms were used to reflex the outer edges of the patients' ankles. Five minutes were devoted to reflexing the entire area of the feet to ensure that all areas of the body were covered.

Thirty-minute foot reflexology sessions are recommended (Byers, 1983; Oleson & Flocco, 1993; Rick, 1986; Tappan, 1978) and were administered using a crossover design during one of two consecutive researcher visits with each patient, between 7 am and 7 pm. Half of the patients received reflexology first and then served as their own control. The other half of the patients served as their own control first and then received reflexology. Hospital-brand lotion was applied to the feet at the end of the session (lotion was withheld during the reflexology to prevent the reflexologist from slipping over an area). The reflexologist responded to the patients' comments or questions during the session.

No intervention was used during the 30-minute control time. The researcher was not present during this time. At least 48 hours elapsed between the reflexology intervention and the control time. The mean time between the intervention and control was 2.4 days, with a maximum interval of 7 days. Patients continued their regular routine of rest and activity during that time period.

Instruments

Two instruments were used to measure anxiety and pain. The **VAS**, the simpler of the two instruments, was used to measure anxiety and administered first so that the procedure for completing a VAS could be explained. The VAS for anxiety is a 10-cm line with verbal anchors at each end stating "not anxious at all" to "the most anxious I have ever been" (Cline, Herman, Shaw, & Morton, 1992; McGuire, 1988). The VAS score ranged from 0-100. The instrument has been standardized and is reliable (Cline et al.).

The **Short-Form McGill Pain Questionnaire (SF-MPQ)** (Melzack, 1987) was used to measure pain. It contains descriptor words representing the sensory dimension of the pain experience (throbbing, shooting, stabbing, sharp, cramping, gnawing, hot-burning, aching, heavy, tender, and splitting). Four descriptors (tiring-exhausting, sickening, fearful, and punishing-cruel) depict the affective dimension. The words are ranked according to intensity from 0-3 (none, mild, moderate, severe) (Melzack). The Present Pain Intensity (PPI) component of the SF-MPQ and a VAS measure

the pain intensity. The PPI scores range from 0-5 and are accompanied by descriptor words (no pain, mild, discomforting, distressing, horrible, and excruciating).

The SF-MPQ takes only two to five minutes to administer and correlates highly with the sensory, affective, and total indices of the longer McGill Pain Questionnaire. It is sensitive to therapies such as analgesic drugs, epidural blocks, and transcutaneous electrical nerve stimulation (Melzack, 1987). Validity and reliability of the SF-MPQ have been established with patients with chronic cancer pain (Dudgeon, Raubertas, & Rosenthal, 1993). Correlations between the long and short forms ranged from $r = 0.81-0.97$ for the descriptive words.

Demographic data collected included age, gender, race, education, and income. Other pertinent information included diagnoses (specific type of cancer, metastasis sites, and diagnoses other than cancer) and, based on a previous study (Stephenson, 1990), medications (pain and other medications) taken within the last 24 hours.

Data Analysis

Data were analyzed using the Statistical Analysis System and provided descriptive statistics, correlations, and univariate analysis. The Wilcoxon and Signed-Rank tests were used for analyses because of the highly skewed distribution of data.

Group A and Group B each were pretested and post-tested at two separate times. Medications were treated as categorical variables. Demographic data were collapsed into two categories for each variable to enhance the clarity of the data.

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Results

Of the total sample of 23 patients, 13 (56.5%) had breast cancer and 10 (43.5%) had lung cancer (see [Table 1](#)). Of the 13 patients with breast cancer, 10 had metastases. Of the 10 patients with lung cancer, 5 had metastases.

Medications given to the sample on control and intervention days were not significantly different. On the control and intervention days, 14 patients (61%) received opioids. On the control day, six patients (26%) received nonopioid analgesics, and, on the intervention day, seven patients (30%) received nonopioid analgesics.

Anxiety

Anxiety scores, used to measure the effects of foot reflexology on anxiety, were significantly lower after foot reflexology in both groups of patients and between the two groups. [Table 2](#) indicates post-test scores minus pretest scores with the reflexology intervention and the

differences between anxiety scores of the control group and following reflexology treatments.

Pain

The 13 patients with breast cancer (11 reporting pain) experienced a significant decrease in pain following foot reflexology as measured by the descriptive words of the SF-MPQ (see [Table 3](#)). Because only two patients with lung cancer reported pain, results from this group of subjects could not be calculated. The differences in pain between the groups as measured by the PPI and VAS were not significant.

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Discussion

Patients with breast and lung cancer experienced significantly decreased anxiety following reflexology. Patients with lung cancer experienced the greatest decrease in anxiety. Because the majority of these patients were male, gender was a confounder with cancer type.

In addition, patients with breast cancer experienced significantly decreased pain, as measured by the descriptive words of the SF-MPQ, following reflexology. Additional study is required to determine the effects of foot reflexology on pain as measured by the intensity sections of the SF-MPQ, the VAS, and the PPI. The fact that the mean pain score on the VAS was only 20.13 for the sample as a whole before reflexology and most patients with lung cancer reported no pain at the time of measurement may explain, in part, the nonsignificant decrease in pain in either group. Other patients were taking medications to manage their pain.

The findings of this study are consistent with the literature regarding reflexology (Oleson & Flocco, 1993; Omura, 1994). Reflexology can be used to decrease anxiety and pain in patients with cancer. Despite the fact that the patients in this study were taking drugs to manage pain, 61% reported pain at some time during the study. Reflexology also can be an avenue for increasing human touch, which is a basic human need. Reflexology can be performed anywhere, requires no special equipment, is noninvasive, and does not interfere with patients' privacy. Some patients in this study were concerned that their feet might have an odor. Washing patients' feet first and applying cornstarch if the feet are moist can remedy this concern.

Future research studies are needed to compare reflexology with other complementary/alternative therapies (e.g., massage, healing touch, relaxation response). Repetitive sessions of reflexology might be studied for a cumulative effect. Research on cost-effectiveness and gender and aging differences associated with reflexology would enhance the efficacy of practitioners' incorporation of reflexology into their practice. Research to ensure that the best nonpharmacologic

methods are matched with different types of pain will contribute to the expanding knowledge of pain.

Limitations of this study were the small sample size (considering that only two of the patients with lung cancer reported pain during the measurement) and the unusually high representation of males with lung cancer. The crossover design allowed the 23 patients to be their own control, which lessened the problem of a small sample size. Because only 11 patients with breast cancer measured pain that was reportable, future studies would benefit from a pain score minimum as part of the inclusion criteria. Replication with a larger sample of a single cancer type is necessary to limit the type of pain. Studies testing nonpharmacologic interventions for anxiety and pain continue to be a challenge but will provide vital information for healthcare providers to manage symptoms of patients with cancer.

Nurses who wish to incorporate reflexology in their practice can study it in the book *Better Health With Foot Reflexology* (Byers, 1983). Certification in reflexology through the International Institute of Reflexology involves 100 hours of study (books, study guides, videos, and seminars), 100 hours of documented practice of reflexology sessions, and a written and practical examination about the Ingham Method of Reflexology. Certification is the best way to ensure proper performance of the technique and can be obtained in a minimum of nine months. Practitioners can obtain more information about reflexology by contacting International Institute of Reflexology, 5650 1st Avenue North, St. Petersburg, FL 33710-7912 (727-343-4811; ftreflex@concentric.net, e-mail; <http://www.reflexology-usa.net/>, Web site).

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For more information:

A Reflexology Foot Chart

<http://www.ozemail.com.au/~sharonc/fchart.htm>

Reflexology

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Botting D (1997). Review of literature on the effectiveness of reflexology. [Review] [45 refs]. Complementary Therapies in Nursing & Midwifery, 3, 123-130

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Issue 37

COHEN, Chapman University School of Law, Anaheim, California 92660 USA writes that European providers of complementary medicine may be surprised by the formal strictures faced by their American counterparts.

Discussion: One major hurdle to the practice of holistic medicine in the USA is the statutory prohibition against the unlicensed practice of medicine. Because state statutes define "medicine" very broadly, this creates a legal risk for unlicensed providers of holistic health care, as well as for licensed providers whose services may be deemed to exceed their legislatively authorised scope of practice, or who cross into the diagnosis and treatment of disease.

Results: This review focuses upon the legal status of non-licensed (or "unenfranchised") providers rather than the scope of practice. For such providers the seeking of occupational licensure could provide a measure of protection against medical practice acts, as well as elevating their professional competence and prestige. Many holistic providers, however, prefer to remain outside regulatory schemes, and thus mandatory licensure, title licensure and registration offer some means of upgrading professional status and the achievement of state sanction for professional practice.

Cohen MH. Complementary medicine: legal status of the non-licensed provider in the USA.

Complement Ther Nurs Midwifery. 3(4): 100-2. Aug 1997.

RANKIN-BOX, De Montfort University, Cheshire UK writes that due to increased interest among the general public and health professionals, there appears to be an assumption that the use within the health care setting of complementary therapies such as massage, homoeopathy, aromatherapy, reflexology and acupuncture is widespread. To date, however there have been no national research studies conducted to validate this assumption. The author conducted an informal survey to assess nurses' use of complementary therapies.

Methods: The study attempted to identify the range of practices and the extent of their use by nurses who are members of the Royal College of Nursing Complementary Therapy Forum (RCNCTF) in the UK. A convenience sample was used and a semi-structured questionnaire was inserted into the group's bi-annual newsletter sent to all members of the RCNCTF (n = 1662). Only 178 nurses completed and returned the questionnaire, merely a 9.3% response rate, which was partially expected, given the informal nature of the survey and that it was in the form of an insert into a newsletter.

Results: The majority of respondents were aged between 41-50 years, contrary to expectation. The 6 main therapies practised were, in order of use): massage, aromatherapy, reflexology, relaxation, visualisation and acupuncture. The 3 most common practice areas, including both the NHS and the private sector, were: in the community, palliative care and oncology.

Complementary therapies were more commonly practised in the private sector as part of formal working practices, in contrast to nurses working in the NHS, where complementary therapies formed less than 20% of their formal nursing care, and where, when used, was often in addition to their daily nursing care.

Conclusions: These results indicate that nurses are practising complementary therapies less than generally assumed. The therapies commonly practised are a broader range than those generally presented as the primary complementary therapies, namely homoeopathy, acupuncture, herbal medicine, chiropractic and osteopathy. Because this survey was from a convenience sample focussing upon a self-selected group who were members of the RCNCTF, the findings cannot be generalised. However there is a need to identify the national use of complementary therapies within the health care setting.

Rankin-Box D. Therapies in practice: a survey assessing nurses' use of complementary therapies. *Complement Ther Nurs Midwifery* 3(4): 97-9. Aug 1997.

WEST, Warwick Hospital UK writes that the availability of acupuncture in midwifery within the National Health Service (NHS) has yet to become widespread and that Warwick was one of the first hospitals in the UK to offer acupuncture when this service it was set up in September 1993. Methods: Acupuncture is offered to patients, alongside conventional treatment, from 6 weeks into their pregnancy until 6 weeks following birth. Patients are referred by midwives, GPs or consultants, and all professionals work as a team of which the acupuncturist is a complementary part. A range of pregnancy-related conditions may be treated and is ideal for patients reluctant to take drugs during pregnancy. Diagnosis and treatment are based upon holistic principles rather than on symptoms. Because of the risks involved, extreme care is taken when treating during pregnancy and certain acupuncture points are prohibited.

Discussion: The author writes that the immediate and continued success of the acupuncture provides the hope that pregnancy and post-natal women elsewhere in the UK may have access one day to this ancient holistic treatment without having to pay for it privately.

West Z. Acupuncture within the National Health Service: a personal perspective. *Complement Ther Nurs Midwifery* 3(3): 83-6. June 1997.

BAKER, Aromatherapy Organisations Council, Leicester UK writes that although aromatherapy is used more and more alongside conventional medicine in hospitals and via GP referrals, doctors and other health professionals are concerned regarding training standards, codes of conduct and standards of practice. These concerns led to the establishment of a Working Party in 1990 whose aim is was to promote a single body for aromatherapy practice.

Discussion: The range of training courses on offer may appear to be confusing, which is compounded by aromatherapy massage courses taught by many further education colleges under the health and beauty umbrella, which claim to offer recognised qualifications in aromatherapy. This has given rise to the questions: What is a qualified aromatherapy?; What are recognised training standards for the profession? Which professional associations are recognised? Is there a self-regulating and governing body for aromatherapy and, if so, what is its remit? What is the situation with regard to Europe?

Conclusions: The author describes the role and remit of the Aromatherapy Organisations Council (AOC), who are committed to the identification of unified training standards and the maintenance of a register of training establishments.

Baker S. Formation and development of the Aromatherapy Organisations Council. *Complement Ther Nurs Midwifery* 3(3): 77-80. June 1997.

VICKERS, Research Council for Complementary Medicine, London UK writes in this review (20 references) that while there is evidence that massage and aromatherapy may have benefits, practitioners make a great number of claims regarding the clinical effects of their treatments.

Discussion: The author claims that these claims are often presented in the literature as simple statements of fact, often with no attempt to explain the basis upon which the claim is made. Even when authors do occasionally refer to the scientific literature, this is often done inadequately; in some cases the papers cited do not support the claims made. Some authors have given personal experience as the source of their knowledge; however it is difficult to generalise statements from individual experience. These many inconsistencies found in the massage and aromatherapy literature, including different properties conferred upon the same oil, further substantiate the allegation that the knowledge basis of these therapies is unreliable.

Conclusions: Practitioners must develop a critical discourse by which they can evaluate knowledge claims.

Vickers A. Yes, but how do we know it's true? Knowledge claims in massage and aromatherapy. *Complement Ther Nurs Midwifery* 3(3): 63-5. June 1997.

COMMENTS: It would appear that individuals from all sides of the complementary divide agree that there are misconceptions regarding the availability, use and efficacy of complementary therapies. Particularly crucial appears to be the need to increase the standards of training and the requirement to base claims upon actual research.

BOTTING, School of Nursing and Midwifery, University of Glamorgan, Wales UK writes that public interest regarding complementary therapies continues to grow, and that many nurses and midwives incorporate reflexology, aromatherapy and massage into their clinical practice.

Methods: There are concerns that the effectiveness of these therapies has not been fully demonstrated and the author reviews the literature (45 references) regarding the efficacy of reflexology.

Results: Anecdotal evidence is presented and concerns regarding the prevalence of personal beliefs and experiences within the literature are voiced and the requirement for research evidence advocated. Additionally, there is a critical review of published research studies, focussing upon issues relating to methodology, including the use of randomised controlled trials, to determine the efficacy of therapies such as reflexology.

Botting D. Review of literature on the effectiveness of reflexology. *Complement Ther Nurs Midwifery* 3(5): 123-30. Oct 1997.

STYLES, Paediatric Unit, St Mary's Hospital, London UK writes that aromatherapy is a valuable means of maintaining optimum health, especially when the health problem is stress-related.

Methods: Hospitalisation is a potentially stressful experience as documented by research. The author reviews (28 references) how massage and aromatherapy may be of benefit to hospitalised children, especially those infected with Human Immunodeficiency Virus (HIV).

Discussion: Nurses should encourage self-healing by "putting the patient in the best condition for nature to act". The author states that aromatherapy massage has the potential to achieve this through inducing relaxation and reducing the stress of hospitalisation and proposes the application of this skill as an extension of the nursing role.

Styles JL. The use of aromatherapy in hospitalized children with HIV disease. *Complement Ther Nurs Midwifery* 3(1): 16-20 Feb 1997.

KACPEREK, University of Central Lancashire, Preston, UK conducted a survey to determine the views of patients regarding the potential value of aromatherapy massage as an out-patient service.

Methods: A structured questionnaire was distributed to 240 patients. 71% (n = 170) of the patients responded.

Results: The majority of respondents replied that they would use an aromatherapy massage out-patient service, subject to various factors which could affect their decision. These considerations included: having a trained practitioner, reputable premises, the gender of the practitioner, cost of treatment and confidence with aromatherapy massage. Additionally the medical profession appeared to be influential, with many respondents preferring to be referred by a GP or consultant. These concerns appeared to be due to lack of knowledge and awareness of aromatherapy massage and complementary therapies in general. Also, there appeared to exist a reliance upon the medical profession to be responsible for taking health care decisions.

Kacperek L. Patients' views on the factors which would influence the use of an aromatherapy massage out-patient service. *Complement Ther Nurs Midwifery* 3(2): 51-7. Apr 1997.

COMMENTS: This is a very interesting result indeed, in particular the willingness of patients to have aromatherapy massage if referred by a GP or consultant. It isn't clear whether being referred by a GP meant that treatment would be paid for by the NHS, in which case cost could well be a factor. Probably if GPs or consultants advised aromatherapy massage, this type of treatment would be taken more seriously as a legitimate therapeutic option. Certainly there is a huge potential benefit in the incorporation of such therapies into mainstream medical treatment.

KATZ, Royal London Homoeopathic Hospital, London UK writes that although nurses and midwives may not be involved directly in the treatment of menopausal patients, they are uniquely positioned to support and advise patients regarding the menopause.

Discussion: Many women want to become informed about how to deal with symptoms and fears related to going through the menopause. The author states that homoeopathic treatment, which deals with both physical symptoms and emotional responses can be used during the menopause, either as an alternative to or alongside hormone replacement therapy (HRT).

Conclusions: In addition to exploring homoeopathic approaches to the treatment of menopausal symptoms, the author questions the current trend of promoting HRT.

Katz T. Homoeopathic treatment during the menopause. *Complement Ther Nurs Midwifery* 3(2): 46-50. Apr 1997.

COMMENTS: A reminder to Positive Health readers that full transcripts of the Complementary Therapies for the Menopause Symposium, held 25 April 1998 are available. These publish the many talks and questions and answer sessions, which included types of HRT and Oestrogens, Natural Progesterone, Herbal, Homoeopathic and Nutritional and Lifestyle approaches to the Menopause. The price including postage (in the UK) is £7.75.

MACKERETH, Biodynamic Massage, Reflexology and Therapeutic, Burnage, Manchester UK writes that he has received supervision following the completion of his biodynamic massage therapy training, in compliance with the requirement of the Code of Conduct for the Association of Holistic Biodynamic Massage Therapists.

Discussion: The author writes of the difficulties associated with arranging supervision since most of the supervisors were based in London or Cambridge and not in the North West of England.

Various types of supervision were attempted, including one-to-one supervision over the telephone, supported by 3-monthly meetings with a London-based supervisor. The author was able to obtain monthly one-to-one supervision locally four years ago and is now a member of a small supervision group who meet for 3 hours monthly. He more recently became a supervisor working with nurses working in complementary therapies and/or developing clinical supervision.

Conclusions: The author explores the concept of supervision with the intent of sharing his experiences and promoting discussion within the therapeutic nursing profession.

Mackereth P. Clinical supervision for 'potent' practice. *Complement Ther Nurs Midwifery*. 3(2): 38-41. Apr 1997.

WHITMARSH, Glasgow Homoeopathic Hospital, Scotland reported a case of migraine without aura, which was unresponsive to 5 years of conventional medical treatment.

Methods and Results: Consultation with a homoeopathic physician with extensive experience in the diagnosis and treatment of headaches, resulted in the prescription of a single homoeopathic remedy which was absolutely effective for this case.

Discussion: This report is offered as an open and retrospective study, comparing the best conventional migraine therapy with appropriate homoeopathic therapy in the same patient.

Whitmarsh TE. When conventional treatment is not enough: a case of migraine without aura responding to homeopathy. *J Altern Complement Med* 3(2): 159-62. Summer 1997.

KELNER and WELLMAN, Institute for Human Development, Life Course and Aging, University of Toronto, Ontario compared the social and health characteristics of patients from five groups of practitioners: 1) family physicians (used as baseline group); 2) chiropractors; 3) acupuncturist/traditional Chinese medicine doctors; 4) naturopaths; and 5) Reiki practitioners.

Methods: Data were gathered in a large Canadian city during 1994-1995. Face-to-face interviews were carried out with 300 patients (60 patients from each treatment group).

Results: The most evident social and health differences occurred between patients of family physicians and those of alternative practitioners. There were also significant differences between the various groups of alternative patients. Reiki patients had a higher level of education and were more likely to be employed in managerial or professional positions than patients from alternative groups.

Conclusions: The profiles presented indicate that users of alternative therapies ought not to be regarded as a homogeneous population, and that almost all patients of alternative practitioners also consult family physicians. The emerging pattern is one of multiple uses: patients choose the type of practitioner they believe can best help their particular health problem.

Kelner M and Wellman B. Who seeks alternative health care? A profile of the users of five modes of treatment. *J Altern Complement Med* 3(2): 127-40. Summer 1997.

Issue 35

KENNER, Department of Parent-Child Health Nursing, College of Nursing and Health University of Cincinnati, Ohio USA review (17 references) writes that fibromyalgia syndrome (FMS) and chronic fatigue syndrome (CFS) are not new conditions, but are the focus of more attention from research conducted in these fields. The author writes that FMS and CFS are primarily women's health problems and that in some instances there may be a genetic predisposition to these

conditions, which may have emotionally and physically devastating impacts upon sufferers' lives. The treatment plan should be holistic, interdisciplinary and include alternative therapies to enable the client and family to be truly supported and assisted to cope with such chronic conditions. Kenner C. Fibromyalgia and chronic fatigue: the holistic perspective. *Holistic Nurs Pract* 12(3): 55-63. April 1998.

FIELD T and colleagues, Touch Research Institute, University of Miami School of Medicine, Florida 33101, USA studied the therapeutic benefits of massage therapy or relaxation therapy for children with asthma.

Methods: 32 children (16 x 4-8 years old and 16 x 9-14 years old) suffering from asthma were randomly assigned to either the massage or relaxation group. The parents of the children were taught to give one therapy or the other for 20 minutes prior to bedtime every night for 30 days. Results: The younger children receiving massage demonstrated an immediate decrease in behavioural anxiety and cortisol levels following the massage. Additionally, there was an improvement over the course of the study regarding their attitude toward asthma and peak air flow and other pulmonary functions. The older children receiving massage reported lower anxiety following the massage. Their attitude toward asthma also improved over the course of the study, but there was improvement of only one measure of pulmonary function – forced expiratory flow: 25% to 75% improvement. The reason for the diminished therapeutic benefit in the older children is unknown.

Conclusions: Daily massage improves airway calibre and control of asthma in children.

Field T et al. Children with asthma have improved pulmonary functions after massage therapy. *J Pediatr*. 132(5): 854-8. May 1998.

VICKERS and colleagues, Research Council for Complementary Medicine, London UK investigated potential research bias by analysing the results of clinical trials originating in various countries.

Methods: Sources were abstracts from Medline, January 1966-June 1995. Two separate studies were conducted. The first comparing clinical outcome of subjects receiving acupuncture compared to groups receiving placebo, no treatment to a nonacupuncture intervention. The second study compared the results of randomised or controlled trials of interventions apart from acupuncture published in China, Japan, Russia/USSR or Taiwan with those published in England. Determination of inclusion, outcome and classification of trial by country of origin were performed by blinded reviewers.

Results: 252 of 1085 abstracts of acupuncture trials met the inclusion criteria. All trials which originated in China, Japan, Hong Kong and Taiwan were positive as were 10 of 11 studies published in Russia/USSR. In the nonacupuncture intervention studies, 405 of 1100 abstracts met the inclusion criteria. Compared to China (99%), Japan (89%), Russia/USSR (97%) and Taiwan (95%), where the results of the test treatment were superior to controls, only 75% of trials published in England gave the test treatment as superior to control. No trial published in China or Russia/USSR found a test treatment to be ineffective.

Conclusions: Certain countries publish an unusually high proportion of positive results, which could be the result of publication bias. Researchers undertaking systematic reviews need to consider how to manage research data from these countries.

Vickers A et al. Do certain countries produce only positive results? A systematic review of controlled trials. *Control Clin Trials* 19(2):159-66 April 1998.

HILSDEN and colleagues, Department of Community Health Sciences, University of Calgary, Alberta, Canada studied the use of complementary therapies by patients suffering from inflammatory bowel disease (IBD).

Methods: The authors conducted a cross-sectional survey of 134 patients with IBD (98 Crohn's disease; 34 ulcerative colitis and 2 indeterminate) by means of a mailed structured questionnaire. The response rate was 70%. The use of complementary medicine by the respondents was examined using logistic regression. The second phase of the study explored the beliefs and perceptions of 14 users of complementary medicine, who were interviewed.

Results: 51% of patients had used complementary therapies during the previous 2 years. 33% of patients were using complementary therapies currently, and one-half of these patients were using complementary therapies to manage their IBD. The most commonly reported therapies were the use of vitamins and herbal products. Two independent predictors of complementary medicine use

were duration of disease greater than 10 years and history of hospitalisation. The most commonly cited reasons for seeking complementary medicine were side effects and lack of effectiveness of conventional treatment. 62% of these patients told their physicians about using complementary therapies.

Conclusions: Use of complementary medicine is common in patients suffering from IBD, particularly among patients with a longer duration of disease or history of hospitalisation. Hilsden RJ et al. Complementary medicine use by patients with inflammatory bowel disease. *Am J Gastroenterol* 93(5):697-701. May 1998.

VERHOEF and PAGE, Department of Community Health Sciences, Faculty of Medicine, University of Calgary. investigated the knowledge, opinions and referral behaviour of family physicians regarding massage therapy.

Methods: The authors conducted a random, cross-sectional mailed survey of Alberta family practice physicians (n = 300). The survey was composed of questions regarding sociodemographic and practice characteristics, perceived knowledge of massage therapy, opinions regarding its usefulness, government regulations of massage therapy and referral behaviour.

Results: 161 physicians (54%) completed the questionnaire. 68% of respondents stated they had minimal or no knowledge of massage therapy; however, despite this low level of knowledge, 83% believed that massage therapy was a useful adjunct to their own practice. In fact, 71% had referred patients to massage therapists and 72% perceived an increasing demand from their patients for massage therapy. About ½ of the physicians surveyed supported government regulation of massage therapy.

Conclusions: Physicians showed a discrepancy between their knowledge of massage therapy and their opinions of, and referrals to, massage therapists. Those physicians who referred patients to massage therapists generally held more positive opinions and had greater knowledge of the discipline.

Verhoef MJ and Page SA. Physicians' perspectives on massage therapy, *Can Fam Physician* 44: 1018-20. May 1998.

WONG and colleagues, Queen's University, Kingston, Ontario, Canada studied how Chinese patients consulting family physicians in Vancouver, Canada used traditional Chinese medicine (TCM), in particular Chinese herbal medicine and acupuncture.

Methods: The authors conducted a bilingual (English and Chinese) survey among 4 family practices (932 patients or family members) with predominantly Chinese patients in Vancouver. The main outcome measures were demographic characteristics, frequency and reasons for visiting a family physician, Chinese herbalist or acupuncturist and their choice of practitioner if affected by one of 16 common conditions.

Results: The study population was mainly Chinese and immigrants to Canada. 28% of respondents used Chinese herbal medicine, with more than one visit during the last year; another 18% were past users of Chinese herbal medicine. 7% of respondents currently used acupuncture; another 8% had used acupuncture in the past. The use of Chinese herbal medicine varied significantly according to age, sex, immigrant status and ethnicity. Acupuncture use varied significantly only by age. The main reasons for consulting Chinese herbalists were infection (41%), respiratory problems (11%) and rheumatologic problems (10%), whereas acupuncturists were consulted almost exclusively for rheumatologic problems (80%).

Conclusions: The use of TCM along with consulting family physicians was very popular among this predominantly Chinese study population. Patients with acute health problems, such as influenza, consulted both their family physicians and Chinese herbalists, often in quick succession. However, those patients suffering more chronic conditions, including rheumatologic diseases, were more likely to start using TCM following repeat visits to their family physicians.

Wong LK et al. Chinese herbal medicine and acupuncture. How do patients who consult family physicians use these therapies? *Can Fam Physician* 44: 1009-15. May 1998.

ANDREWS and colleagues, Faculty of Medicine, University of Adelaide, South Australia, Australia studied the nature and prevalence of alternative therapies used by children with asthma. Methods: A questionnaire describing the use of alternative therapies was completed by the parents of 51 children with asthma aged 1-6 years in South Australia.

Results: About 55% of children used alternative therapies for asthma management. The therapies

which were most commonly used were massage, relaxation, diet and vitamin therapy. The authors did not find any significant difference in age, asthma severity, length of time since diagnosis or presence of another illness amongst children who did or did not use alternative therapies.

Conclusions: A substantial proportion of children with asthma attending paediatric clinics use alternative therapies. Paediatricians need to be aware of this and be prepared to discuss alternative therapies with parents, which may facilitate a more open doctor-patient relationship and provide better management of the children's asthma.

Andrews L et al. The use of alternative therapies by children with asthma: a brief report. *J Paediatr Child Health* 34(2): 131-4 April 1998.

Comments: It is abundantly clear from the breadth of the above reported studies, that people of all ages, from all over the world, suffering from a variety of health problems, are using a variety of alternative therapies, usually in conjunction with conventional allopathic treatment. The study by Vickers et al makes for worrying reading, in that it seems to be far too good to be true that virtually all research from China, Hong Kong, Japan, Taiwan and Russia report positive results, whereas research from the UK reports positive results in just 75% of the cases.

Issue 34

VALLANCE, Medical School Registry, Royal Free Hospital School of Medicine, London, UK reviews (149 references) the evidence for the efficacy of homeopathy. He writes that 40% of GPs in the Netherlands practise homeopathy, and that with over 100 homeopathic medical schools, homeopathy is practised in India, and that in the UK, 42% of GPs refer patients to homeopaths.

Results: Two recent meta-analyses indicated that homeopathy has added effects over those of placebo. However, despite this evidence there is a backdrop of considerable scientific scepticism, mainly due to the ultra-high dilution (UHD) of homeopathic remedies, such that there are no molecules of the original substance present in the final remedy. The author suggests how the scientific community could respond to this challenge and writes that evidence has been conducted upon a diverse range of homeopathic assays, including immunological, physiological, behavioural, biochemical and clinical. UHD effects has attracted the attention of physicists who have speculated upon their physical mechanisms. The author includes a critique of several experiments which formed the Benveniste affair, sparked off by the Nature article suggesting the existence of UHD effects of IgE upon human basophils. The author states that this is a paradigm example of how a controversial phenomenon can divide the scientific community and argues that there is as yet insufficient evidence to drive rational scientists to a consensus view regarding UHD effects, even if they possessed knowledge of all the evidence. Difficulty in publishing high-quality UHD research in mainstream conventional journals precludes a fair assessment of UHD effects. However, given that the existence of UHD effects could revolutionise science and medicine, the author argues that possible UHD effects warrant serious investigation by conventional scientists and serious attention by scientific journals.

Vallance AK. Can biological activity be maintained at ultra-high dilution? An overview of homeopathy, evidence, and Bayesian philosophy. *J Altern Complement Med* 4(1): 49-76 Spring 1998.

CARROLL and SEERS, Nuffield Department of Anaesthetics, University of Oxford, The Churchill, UK conducted a systematic review (54 references) of published randomised controlled trials regarding the effectiveness of relaxation techniques in the management of chronic pain. Methods: The authors searched MEDLINE, psychLITT, CINAHL, EMBASE and the Oxford Pain Relief Database. Only randomised controlled trials of relaxation techniques in chronic pain were included in this review. Studies investigating the effects of relaxation in combination with other interventions were not considered. 9 studies involving 414 patients met the predefined inclusion criteria and are critically appraised. Lack of quantitative data in the primary studies precluded meta-analysis. The studies involved patients suffering from a range of chronic pain conditions; the

most common pain outcome used was the McGill Pain Questionnaire.

Results: 4 studies showed a significant difference in pain outcomes in favour of relaxation for the pre- and post-treatment assessments, but there were few statistically significant differences reported in favour of relaxation with between treatment comparisons. 3 studies reported statistically significant differences in favour of relaxation compared to the other treatment groups. For rheumatoid arthritis the McGill Pain Questionnaire scores were significantly lower for patients receiving relaxation compared to those in the control group. For ulcerative colitis there were significant differences reported in 6 out of 7 pain outcome measures in favour of progressive muscle relaxation compared to the waiting list control group. In one of the two cancer pain studies, relaxation produced significantly lower pain sensation scores compared to control patients. Two studies reported significant differences for the experimental control groups rather than for relaxation.

Conclusions: There is insufficient evidence to confirm that relaxation reduces chronic pain. Many studies with both positive and negative results have suffered from methodological inadequacies, and the authors make recommendations for future research regarding the effectiveness of relaxation techniques for chronic pain.

Carroll D and Seers K. Relaxation for the relief of chronic pain: a systematic review. *J Adv Nurs* 27(3): 476-87 Mar 1998.

SEERS and CARROLL, Royal College of Nursing Institute, Radcliffe Infirmary, Oxford, UK reviewed (60 references) the effectiveness of relaxation techniques used alone for management of acute pain following surgery and during procedures.

Methods: The authors conducted a systematic review, searching MEDLINE, psychLITT, CINAHL, EMBASE and the Oxford Pain Relief Database, of randomised controlled trials (RCTs), which yielded 7 studies involving 362 patients. 150 patients received active relaxation as the sole intervention. Outcome measures were pain and psychological factors. A lack of primary data precluded meta-analysis.

Results: 3 of the 7 studies showed significantly less pain sensation and/or pain distress in patients receiving relaxation. 4 studies did not demonstrate any difference. There was weak evidence supporting the use of relaxation for acute pain; however, this evidence was inconclusive, with many of both the positive and negative studies suffering from methodological inadequacies.

Conclusions: The authors state that well designed and executed randomised controlled trials are required before the clinical use of relaxation for acute pain management can be firmly underpinned by high quality research evidence. The authors further recommend that until this evidence is obtained, that the clinical use of relaxation for acute pain settings be carefully evaluated and not used as the main treatment for the management of acute pain.

Carroll D and Seers K. Relaxation techniques for acute pain management: a systematic review. *J Adv Nurs* 27(3): 466-75 Mar 1998.

GOOSSENS and colleagues, Institute for Rehabilitation Research, Hoensbroek, The Netherlands. M.Goossens@IRV.nl. conducted a 3-year cost-effectiveness study and compared the efficacy of several types of rehabilitation programmes for chronic low back pain.

Methods: The authors compared a combined operant programme plus cognitive/relaxation programme with an operant programme plus attention-control. They then compared both programmes with a waiting-list control group and with operant rehabilitation provided by the same rehabilitation centre. 148 patients suffering from chronic low back pain were randomly assigned to the various programmes. Economic endpoints were the costs of the programme and other health care utilisation, costs for the patient, and the indirect costs associated with production losses due to low back pain.

Results: The results of this 3-year study demonstrated that the addition of a cognitive component to an operant treatment did not result in significant cost differences nor improvements to quality of life compared to the operant treatment alone. Compared to the common individual rehabilitation therapy, it was concluded that the same effects can be achieved at the same or lower costs with a shorter, more intense standardised group programme. The operant treatment alone was more effective than providing no treatment in the waiting-list control group.

Goossens ME et al. Health economic assessment of behavioural rehabilitation in chronic low back pain: a randomised clinical trial. *Health Econ* 7(1): 39-51 Feb 1998.

Comments: As the above studies demonstrate, there is a considerable amount of research focussed upon determining the efficacy of complementary therapies in many health problems, with the intent of proving or disproving many commonly-held assumptions such as the use of relaxation for pain relief, and the inclusion of a cognitive component within a back pain treatment programme.

Issue 33

WOOTTON, Richard & Hinda Rosenthal center for Complementary and Alternative Medicine, Columbia University, College of Physicians and Surgeons, New York, USA have compiled the Directory of Databases with significant holdings of primarily bibliographic references to complementary and alternative medicine published research.

Results: The Directory is accessible from the Web site of the Richard & Hinda Rosenthal Center for Complementary and Alternative Medicine at Columbia University's CPMCNet

(<http://cpmcnet.columbia.edu/dept/rosenthal/>). There is a general selection criteria, a brief description of content and access or contact details are provided for each of the 56 databases.

Thirty-six of the databases are available online over the Internet and 17 are publicly available.

Thirteen search services and a further 8 databases are available in a variety of formats.

Wootton JC. Directory of databases for research into alternative and complementary medicine: an update. *J Altern Complement Med* 3(4): 401-3. Winter 1997.

McPARTLAND and SOONS, Vermont Alternative Medicine, Middlebury USA estimated the number of alternative/holistic practitioners in Vermont.

Methods: The authors scanned advertisements in yellow pages, newspapers, magazines and brochures and performed word-of-mouth canvassing.

Results: The authors located 897 Vermonters who derived most of their income as a practitioner of at least one of 97 types of alternative medicine and therapy. The majority of practitioners were female, and most practised more than one type of healing. The most prevalent practitioners were bodyworkers, followed by chiropractors, acupuncturists, herbalists and holistic psychotherapists. On a per-capita basis, there is 1 alternative practitioner per 652 Vermonters or 153 practitioners per 100,000 population. This census almost equals that of Vermont's population of medical doctors (MDs).

Conclusions: Extrapolation of this data from Vermont to a nationwide estimate suggests that there are over 403,000 full-time alternative practitioners practising in the United States.

McPartland JM and Soons KR. Alternative medicine in Vermont – a census of practitioners: prevalence, patterns of use, and national projections. *J Altern Complement Med* 3(4): 337-42. Winter 1997.

Comments: These statistical projections are staggering, particularly since most of the practitioners are practising fairly "conventional" therapies – chiropractic, acupuncture, herbalism – i.e., professions fairly compatible with those of the medical profession.

WIRTH and CRAM, Healing Sciences Research International, Orinda, California, USA analysed three studies regarding complementary healing methods.

Methods: The series of randomised, double-blind, placebo-controlled studies concerned sEMG electrode placement upon specific neuromuscular paraspinal centres (cervical C4, thoracic T6 and lumbar L3), as well as the frontalis region, as these sites correspond to chakra centres as described in Eastern texts. The hypothesis is that the sEMG assessment procedure had the potential to provide objective, quantifiable correlates for healing effects, and assess energy flow through the chakras during the healing treatment.

Results: These were the first randomised, double-blind, placebo-controlled protocols to evaluate neuromuscular paraspinal measures with differing healing interventions. Although measurement protocols were similar between experiments, the results varied and appeared to be linked to

either the meditational experience of the subjects or to the particular healer(s). These results are considered preliminary in nature, but they indicate a potentially objective scientific correlation to healing interventions.

Conclusions: More research is required to establish the sEMG assessment procedure as a reliable correlative measure for healing effects and to determine whether consistent replicative treatment effects can be demonstrated, independent of the specific population or practitioner.

Wirth DP and Cram JR. Multisite surface electromyography and complementary healing intervention: a comparative analysis. *J Altern Complement Med* 3(4): 355-64 Winter 1997.

Issue 32

BLAIS and colleagues, Groupe de recherche interdisciplinaire en santé, Université de Montréal, Quebec Canada. blaisr@ere.umontreal.ca. compared the demographic characteristics, health profile and utilisation of medical services between users and non-users of alternative medicine in the province of Quebec, Canada.

Methods: The authors linked respondents' survey replies with medical service records from the 1987 health survey. Users of alternative medicine practitioners were matched by diagnosis and area of residence with those who visited physician practitioners (non-users).

Results: There were differences in age, activity, education and income between users and non-users of alternative medicine. Following adjustments for age, education and income, both groups had similar health profile however users of alternative medicine had made fewer medical visits in the previous year.

Conclusions: Alternative medicine attracts a particular group of people and more research is required in order to understand the reasons people visit alternative rather than conventional practitioners of medicine.

Blais R et al. How different are users and non-users of alternative medicine? *Can J Public Health* 88(3): 159-62. May-Jun 1997.

Comments: There is a seemingly endless procession of research studies from countries all over the world, all directed at finding out why people wish to use non-drug, more natural treatment approaches, and what distinguishes these people from those who use conventional medicine. It seems to me quite simple and straightforward that the majority of people, given the choice, and being able to afford to pay for treatment, would prefer gentler therapies free from major side effects. Unfortunately, this is not presently an option for the majority of non-affluent people when most complementary treatments are not available on the NHS. However, times are changing, and within the next 5-10 years, therapies such as acupuncture, homoeopathy, massage, aromatherapy, nutritional and herbal therapy and osteopathy will become increasingly available through the NHS.

LANGLEY and BHATTACHARYYA, Center for Pharmaceutical Economics, College of Pharmacy, University of Arizona, Tucson USA discuss the problem of increasing costs (and decreasing returns) in the treatment of patients within health care systems.

Methods: The implications of such a situation are studied for: 1) allocation of patients to alternative drug therapies 2) the proportions of patients treated within the disease area to total patient population as a function of equilibrium conditions for maximised health care outcomes, given alternative assumptions regarding the existence of budget constraints upon resources allocated to the disease area. The authors state that the reason for considering these issues is that such a model and its driving assumptions are in marked contrast to those underlying the traditional approach to cost-effectiveness modelling.

Results: In traditional cost-effectiveness analysis, there is an assumption that costs and outcomes exhibit constant returns to scale and that the process of patient selection and characteristics of the treating population do not need to be taken into account. This analysis shows that once the assumption of constant returns is abandoned, any assessment of the net impact of therapeutic interventions may be made only within an equilibrium, or comparative static,

framework subject to budget constraints in which cost functions which drive patterns of switching between therapies are specified. Under such conditions, the traditional, clinical-trial-based notion of cost-effectiveness loses all meaning.

Langley PC and Bhattacharyya SK. Treatment costs, equilibrium, and the allocation of patients to therapy alternatives. *Clin Ther.* 19(4): 830-6. Jul-Aug 1997.

EDWARDS, University Support Centre, University of Western Australia, Australia. medwards@cyllene.usa.edu.au. writes that the Zen Buddhist tradition involves a number of meditation and instructional techniques with strong phenomenological and theoretical connections with the experience of loss and the grief process.

Results: The author utilised experiences which occurred during personal encounters with individuals – 3 of whom were disabled – in a grief counselling setting. There were several points of connections identified, including: 1) a heightened awareness of the embodied nature of experience 2) the importance and dialogue and relationship for healing and transformation 3) the focus on process as opposed to outcome 4) the importance of the process of life review 5) a confrontation with the nature of absence and emptiness and 6) being present to what is experienced rather than focusing on the need for change. The authors discuss these findings in terms of Ken Wilber's full-spectrum model of human development and enlarges upon their implications for professional and non-professional support persons for people experiencing grief. Edwards M. Being present: experiential connections between Zen Buddhist practices and the grieving process. *Disabil Rehabil.* 19 (10): 442-51. Oct 1997.

Comments: Positive Health will be publishing an article by Mr Edwards, expanding upon the connection between meditation and grieving, in Issue 35, Dec 1998.

PEREZ and SUAREZ, Catedra de Farmacologia, Facultad de Odontologia, Universidad de Buenos Aires, Argentina had previously reported the antimicrobial activity of plants used in Argentine folk medicine against a variety of micro-organisms.

Methods: The present study reported the screening of 11 of these plants against the pathogenic fungus *Candida albicans*. Aqueous extracts were checked against fungus cultures using agar-well diffusion technique.

Results: 5 of the extracts showed antifungal activity.

Perez C and Suarez C. Antifungal activity of plant extracts against *Candida albicans*. *Am J Chin Med* 25(2): 181-4. 1997.

Issue 31

NORHEIM, Institute of Community Medicine, University of Tromso Norway reviews (29 references) the adverse effects of acupuncture as recorded in papers published in journals on the Medline database during the period 1981-94. METHODS: There were a total of 125 papers which were detected by the keywords acupuncture adverse effects. The author excluded articles without case reports, leaving 78 reports which were reported in the present article. RESULTS: Over 14 years, there were a total of 194 patients reported with adverse effects of acupuncture, with the most common mechanical organ injury attributed to pneumothorax, and hepatitis the main infection. Acupuncture treatment is claimed to be responsible in the death of 3 patients, one from bilateral pneumothorax, a second from complications from endocarditis and the third from severe asthma while under acupuncture treatment. The majority of adverse effects from acupuncture seemed to be due to insufficient basic medical knowledge, low hygienic standards and inadequate acupuncture education. CONCLUSIONS: This paper confirms the adverse effects of acupuncture under certain circumstances. However, serious adverse effects are few and acupuncture can generally be considered a safe treatment.

Norheim AJ. Adverse effects of acupuncture: a study of the literature for the years 1981-1994. *J Altern Complement Med* 2(2): 291-7. Summer 1996.

COMMENTS: In an ideal world, one would hope to find no reports of adverse effects from any

given treatment. However, we all know that we don't live in an ideal world, and that if we consider any one given procedure, say giving injections, or dealing with ingrown toenails, or lancing boils, or even taking antibiotics, we have all heard of horror stories pertaining to reactions, infections or allergic drug reactions to standard medical procedures. These statistics, often representing hundreds or thousands of individuals, are regularly published in medical handbooks and occasionally in popular books or magazine articles regarding iatrogenic illness and they make sobering reading. Seen in this context, the fact that over a 14-year period the author was only able to find 125 papers representing 193 patients from all over the world reported to have experience adverse effects in Medline is quite astonishingly clear proof that acupuncture is indeed safe, provided that the practitioner is properly trained in basic medical knowledge, acupuncture and observe high standards of safety and hygiene.

SUN, Nanjing College for Population Administrators, China studied the anti-obesity effects of acupuncture and influence upon water and salt metabolism. METHODS: The author studied in 75 patients with simple obesity (12 people with oedema, 33 without oedema) the changes in symptoms and signs, obesity indices, blood sodium, blood potassium, and mOsm of plasma and urinary aldosterone prior to and following acupuncture treatment. RESULTS: The total effective rate of anti-obesity treatment for one month was 89.3%. Prior to acupuncture, blood sodium and aldosterone levels of the patients with oedema were significantly higher than in normal individuals or those patients with oedema however blood potassium and mOsm of plasma of the patients with oedema were significantly lower than normal individuals or patients without oedema. Following acupuncture treatment, concentrations of blood sodium and aldosterone decreased considerably and blood potassium and mOsm of plasma increased significantly in the patients with oedema. CONCLUSIONS: This study demonstrated that acupuncture treatment had not only a good anti-obesity effect, but that acupuncture improved water and salt metabolism of obese patients by regulation of nervous system and body fluid.

Sun F. The anti-obesity effect of acupuncture and its influence on water and salt metabolism. Chen Tzu Yen Chiu. 21 (2): 19-24. 1996.

LEVIN, colleagues and JONAS, National Institute for Healthcare Research, Rockville MD, USA summarises the deliberations of the Quantitative Methods Working Group convened by the National Institutes of Health (NIH), in support of the NIH Office of Alternative Medicine (OAM). METHODS: The working group had as its remit to identify methods of study design and data analysis applicable to empirical research regarding complementary and alternative medicine. This remit was wide-ranging and included the evaluation of alternative therapies, investigation of the basic science of the complementary medical systems, studies of health promotion, disease prevention and health services research. RESULTS: The working group produced a summary list of 7 recommended methodological guidelines regarding research on alternative medicine. Their recommendations stressed the robustness of existing research methods and analytic procedures despite the considerable unconventionality of alternative medicine. CONCLUSIONS: In contrast to the statements of researchers and practitioners of alternative medicine, established methodologies – experimental trials, observational epidemiology, social survey research – and procedures for data analysis – analysis of variance, logistic regression, multivariate modelling techniques – are satisfactory for addressing the majority of study issues related to alternative medicine, ranging from clinical research regarding therapeutic efficacy to basic scientific research regarding mechanisms of pathogenesis and recovery.

Levin JS et al and Jonas WB. Quantitative methods in research on complementary and alternative medicine. A methodological manifesto. NIH Office of Alternative Medicine. Med Care. 35 (11): 1079-94. Nov 1997.

mainstream Western medicine, known as complementary or alternative medicine (CAM) is rapidly increasing in the United States. They write that despite evidence of physician interest and willingness to refer to CAM provides, there is presently little information regarding medical education in complementary practices. The authors conducted a survey to assess the frequency and nature of alternative medicine instruction within US medical schools and family practice residency programmes. METHODS: A 16-question survey was mailed to all US medical school family medicine department chairmen and non-university-based family practice residency programme directors regarding current instruction in alternative medicine, planned instruction and programmes being considered. RESULTS: The response rate was 78% about 30% of all respondents currently teaching, 6% starting to teach and 6.3% considering teaching some form of alternative medicine. CAM instruction was most common in the Northeast and Rocky Mountain regions, and is predominantly elective (72.2%), although content and teaching methods vary widely. CONCLUSIONS: Alternative medicine is starting to establish a presence in US medical schools and family practice residency programmes, with subjects varying widely in content and format.

Carlston M et al. Alternative medicine instruction in medical schools and family practice residency programs. *Fam Med* 29(8): 559-62. Sep 1997.

HE and colleagues, Department of Preventive Medicine, University of Oslo, Norway, studied the effects of acupuncture upon smoking reduction and cessation. METHODS: 46 healthy men and women, of mean age of 39 years, smoking 20 +/- 6 cigarettes daily over a period of 23 +/- 8 years and who wished to cease smoking participated in the study. Participants were randomly assigned to two groups as follows: 1) Group I received acupuncture treatment at points used for anti-smoking (test group TG) 2) Group II received acupuncture treatment at points assumed to have no effect for smoking cessation (control group CG). Each participant replied to questionnaires regarding his or her smoking habits and attitudes prior to each treatment and following the last treatment. Concentrations of cotinine, thiocyanate, peroxides and fibrinogen were measured prior to the first and following the last acupuncture treatment. RESULTS: Daily cigarette consumption declined during the treatment period in both groups however the reduction was larger for TG than for CG. 31% of those in TG had ceased smoking compared with none in CG. In TG concentrations of cotinine and thiocyanate were significantly reduced following the treatment period, compared to the no significant reductions in CG group. The taste of tobacco worsened during the treatment period in both groups, but the effect was more pronounced for TG than CG. Desire to smoke fell significantly in both groups following treatment the reduction was larger for TG than CG. There were no significant changes in concentrations of peroxides and fibrinogen during the treatment period for either group. CONCLUSIONS: The results of this study suggests that acupuncture may help to motivate smokers to reduce or quit smoking. Different acupoints appear to have different effects for smoking cessation and reduction.

He D et al. Effects of acupuncture on smoking cessation or reduction for motivated smokers. *Prev Med* 26(2): 208-14. Mar-Apr 1997.

ERNST and PITTLER, Department of Complementary Medicine, Postgraduate Medical School, University of Exeter, Exeter UK conducted a systematic review of the literature to assess the effectiveness of acupuncture for dental pain. METHODS: Computerised literature searches were performed of Medline, Embase, CISCOP and Cochrane Library databases additionally, experts were solicited to contribute their own published and unpublished material. All studies were evaluated and rated according to a standardised criteria with particular attention to the methodological quality (Jadad score) of the research performed. RESULTS: 16 trials, mostly using acupuncture in a clinical situation, predominantly for pain relief during dental procedures, were assessed. The majority of these investigations suggested that acupuncture is more effective than control treatment only 4 trials implied the contrary. All the experimental studies were positive. Of the more recent 11 trials which were randomised, only 4 were negative. In 8 randomised trials, in which there was present some degree of blinding, only 1 was negative. In the 7 studies which were sham controlled in addition to being blinded and randomised, all but 1 were positive. In one of the studies with the highest Jadad score, with 40 volunteers receiving ear or sham acupuncture, the real acupuncture group experienced an 18% increase in their pain

threshold to experimental pain. In another study with a high Jadad score, in which electroacupuncture or sham was used while drilling, a remarkable placebo-response of 100% of patients resulted, with no differences between the acupuncture and sham groups.

CONCLUSIONS: These data from these studies suggest that acupuncture is effective for pain relief for dental operations following surgery or during experimentally induced dental pain. The mechanisms for this may relate to the blocking afferent pathways, effects upon endogenous opioids and inhibitory effects upon efferent pathways. The methodological details and heterogeneity across this literature limits the conclusions which can be made. Further research should consider optimal acupuncture technique and acupuncture's relative efficacy compared to conventional pain relief methods.

Ernst E and Pittler MH. The effectiveness of acupuncture in treating acute dental pain: a systematic review. *British Dental Journal* 184(9): 443-7. 9 May 1998.

COMMENTS: It was not very long ago that certain respected authorities were disputing and even ridiculing the notions of acupuncture meridians and the clinical efficacy of acupuncture. Regular readers of this research section will be familiar with the considerable volume of research, mainly emanating from China, regarding the application of acupuncture for many important diseases, including stroke, hypertension, diabetes, emesis and pain relief. The mechanisms for acupuncture's efficacy are being researched in earnest, so that before long, we may be understand why acupuncture works, which may help to convince extreme doubters who can not believe anything unless a rational explanation is advanced.

Issue 29

BERDEN and colleagues, BION, Institute for Bioelectromagnetics and New Biology, Ljubljana, Slovenia studied whether electromagnetic field emission from living beings could modify physical characteristics of water. **METHODS:** The authors followed three types of experiments: 1) Whether and in which way water exposed to growing and dying spruce seedlings through a quartz test tube, and hence with no chemical contact, influences germination of seeds and growth of seedlings of the same species 2) Whether and in which way distilled water equally exposed to growing and dying spruce seedlings and various stages of mealworm beetle can be modified, with this modification later reproduced via a specially developed technique of electrophotography 3) Whether an emission from human hands can modify, non-chemically, the physical characteristics of distilled water. **RESULTS:** Statistical analyses demonstrated two different groups of people: 1) those capable of imprinting some form of highly reproducible radiation into water, and 2) others at most capable of imprinting only some type of highly variable radiation. **CONCLUSIONS:** This line of research could provide a scientifically based testing of actual capabilities of so-called biotherapists performing unconventional healing. These experiments also demonstrate further indirect evidence for a form of electromagnetic emission from living beings and that such emission alters water in an as yet unknown way.

Berden M et al. A possible physical basis for the healing touch (biotherapy) evaluated by high voltage electrophotography. *Acupunct Electrother Res* 22(2): 127-46. 1997.

COMMENTS: The quest to find and prove the existence of electromagnetic emissions from living beings is one of the central tenets (holy grail) of healing and energy-based medicine. The ability of highly dilute substances to imprint or somehow alter water is of course at the centre of the controversy regarding the efficacy of homoeopathy. These questions will not go away soon.

WATSON and WATSON, University of Bradford, review the therapeutic benefits of massage and its relationship and relevant to orthodox therapies. **RESULTS:** The majority of studies regarding the effects of massage upon patients' wellbeing have been conducted by non-nursing researchers. The authors suggest that nurse-based research would make an important contribution to holistic care approach. They write that interest in and use of complementary therapies has grown over recent years and that massage appears to be of particular interest to nurses, as it involves close, intimate, contact in which nurses are often engaged as part of their daily work with patients. The benefits and problems associated with massage are explored.

Watson S and Watson S. The effect of massage: an holistic approach to care. *Nurs Stand* 11(47) 45-7. Aug 13. 1997.

BUSS and colleagues, Maastricht University, Faculty of Health Sciences, Department of Nursing Science, The Netherlands write that the prevention of pressure sores is a major concern of rehabilitation nurses. **BACKGROUND:** Over the years, a number of methods have been used to prevent pressure sores. One of the most commonly used methods is massage of bony prominences and pressure areas. However, according to the majority of contemporary clinical guidelines, massage is to be avoided. The authors review (30 references) through a search of the literature, the extent to which such guidelines are based upon research findings regarding the effectiveness of massage in preventing pressure sores. **RESULTS:** The results of the studies analysed led the authors to the conclusion that massage as therapy for preventing pressure sores in patients at risk is not recommended.

Buss IC et al. The effectiveness of massage in preventing pressure sores: a literature review. *Rehabil Nurs* 22(5): 229-34. Sep-Oct 1997.

Issue 28

LINDE and colleagues, Munchener Modell, Centre for Complementary Medicine Research, Technische Universitat/Ludwig-Maximilians-Universitat, Munchen, Germany write that homoeopathy appears to be scientifically implausible but is widely used. The authors assessed the clinical effect reported in randomised controlled trials of homoeopathic remedies compared to placebo. **METHODS:** The literature search included studies from computerised bibliographies, contracts with researchers, institutions, manufacturers, individual collectors, conference proceedings and books in all languages, double blind and/or randomised placebo-controlled trials. From 185 trials identified, 119 met the inclusion criteria and 89 had data adequate for meta-analysis. Study quality was assessed by two reviewers with two scales and extracted data for clinical outcome, homoeopathy type, dilution, "remedy" population and outcomes. **RESULTS:** The combined odds ratio for the 89 studies entered into the main meta-analysis was 2.45 in favour of homoeopathy. The odds ratio for the 26 good quality studies was 1.66 and, following correction for publication bias was 1.78. 4 studies regarding the effects of a single remedy upon seasonal allergies had a pooled odds ratio for eye symptoms at 4 weeks of 2.03. **CONCLUSIONS and DISCUSSION:** The results from this meta-analysis are not compatible with the hypothesis that clinical effects of homoeopathy are completely due to placebo. [Editor's note: How is that for a negative way of phrasing essentially a positive result?] However there was insufficient evidence to show that homoeopathy was clearly efficacious for any single clinical condition. Further research regarding homoeopathy is justified provided that it is rigorously and systematically conducted.

Linde K et al. Are the clinical effects of homeopathy placebo effects? A meta-analysis of placebo-controlled trials. *Lancet* 350 (9081): 838-43. Sep 20 1997.

WHITE, RESCH and ERNST, Department of Complementary Medicine, Postgraduate Medical School, University of Exeter UK write that information regarding GPs' use of and attitudes toward Complementary Medicine (CM) is necessary in order to progress the debate about the role of CM within mainstream medicine. Evidence shows that the use of CM is particularly high in the South-West of the UK. **METHODS:** A survey of all primary care physicians working in the health service in Devon and Cornwall was carried out via a questionnaire. **RESULTS:** Of 981 GPs contacted, 461, or 47% replied to the questionnaire. 316 GPs (68%) had been involved with CM in some way during the previous week. At least one form of CM was practised by 74 (16%) of the respondents, the two most common being homoeopathy (5.9%) and acupuncture (4.3%). 115 (25%) had referred at least one patient to a complementary therapist in the previous week and 253 (55%) had endorsed or recommended CM treatment. The three most effective therapies rated by the GPs were chiropractic, acupuncture and osteopathy and a majority of the respondents thought that these three therapies ought to be funded by the health service. 176 (38%) of respondents reported adverse effects, the most common following manipulation.

CONCLUSIONS: More than two-thirds of GPs in Devon and Cornwall, higher than the national average, who replied to this questionnaire had been involved with complementary medicine in some way during the previous week. The majority of GP respondents thought that acupuncture, chiropractic and osteopathy were effective therapies and should be funded by the NHS. White AR, Resch KL and Ernst E. Complementary medicine: use and attitudes among GPs. *Fam Pract* 14(4): 302-6. Aug 1997.

COMMENTS: Without wishing to dampen down these extremely promising figures of GPs embracing complementary medicine, it must be pedantically pointed out that merely 47% of the GPs contacted replied to the questionnaire. If the percentage of use of complementary therapies by GPs is the same for the remaining 53% of GPs who didn't respond, then we have the glowing situation whereby two thirds of GPs support at least the more mainstream therapies of complementary medicine. However, if the worst case scenario exists whereby none of these 520 other GPs endorse or use complementary medicine, then the percentage drops to 316 out of 981, or roughly one third. Probably the real figure is somewhere between one and two thirds, or one half, which is still a milestone achievement.

ALKHAWAJAH, Department of Pharmacology, College of Medicine, King Faisal University, Dammam, Saudi Arabia writes that *Juglans regia* L. bark is used as a toothbrush and a cosmetic lip colourant dye in some countries. **RESULTS:** This bark extract showed a broad spectrum antimicrobial activity in a dose-dependent manner, inhibiting the growth of several pathogenic micro-organisms, including *Staphylococcus aureus* and *Streptococcus mutans*, gram-positive bacteria, and *Escherichia coli* and *Pseudomonas aeruginosa*, gram-negative bacteria and the yeast *Candida albicans*. The bark extract had either synergistic or additive anti-microbial action when used with a wide range of antibacterial drugs. Its action also increased saliva pH. **CONCLUSIONS:** Brushing the teeth with this bark may help to improve oral hygiene, prevent plaque, cavity formation and reduce gingival and periodontal infections. Alkhawajah AM. studies on the antimicrobial activity of *Juglans regia*. *Am J Chin Med* 25(2): 175-80. 1997.

COMMENTS: As the above two studies illustrate, there is a significant research effort internationally devoted to detecting antimicrobial and antifungal activity among herbal and plant materials. In view of the growing problem of antimicrobial resistance to the widespread use of antibiotics, this type of research and these results will gain in importance as time progresses.

HOU and LI, Xinjiang Academy of Forestry Science, China have previously shown that plants exhibit functional characteristics similar to the meridian system in humans and animals, including high potential and low electrical resistance, high temperature and spontaneous sound production. In this paper the authors show the effect of acupuncture on plants. **METHODS:** 2 cultivars of *Phaseolus vulgaris* (pole bean and bush bean) were subjected to acupuncture by the insertion of 2 needles into opposite sides of the stem of the unifoliolate buds. **RESULTS:** Acupuncture strengthened the growth and development of the plants. Two repeated experiments demonstrated that, compared to the control plants under the same growing conditions, the mean net photosynthesis rate of the acupuncture-treated plants increased by about 20.5%, mean transpiration by 27.2%, growth, total internodal length by 22.5%, and total dry weight of shoots from the cotyledon to the apex by 22.9%. Additionally acupuncture-treated plants flowered 3 days earlier and produced 14.4% more fruit than untreated control plants. **CONCLUSIONS:** Acupuncture may become a viable technique for increasing agricultural yield of crop plants. Hou TZ and Li MD. Experimental evidence of a plant meridian system: IV. The effects of acupuncture on growth and metabolism of *Phaseolus vulgaris* L. beans. *Am J Chin Med* 25(2): 135-42. 1997.

COMMENTS: What astonishing research results, which, in addition to adding to the evidence of the existence of acupuncture meridians, also shows that acupuncture increases agricultural productivity in food crops such as beans!

MILLAR, Health Statistics Division, Statistics Canada, Ottawa. millway@statcan.ca. studied the use of alternative health care practitioners by Canadians aged 15 and over. METHODS: Data from 17,626 respondents from the 1994-95 National Population Health Survey were selected. Consultation with an alternative health care practitioner or chiropractor was considered to be an indicator of use of alternative health care. RESULTS: In 1994-95, some 15% of Canadians aged 15 and above (3.3 million people) used some form of alternative health care in the year preceding the survey. The most prevalent users of alternative health care were women, people aged 45-64 and among higher income groups. Use of alternative health care was associated with the number of diagnosed chronic illnesses. In people free of chronic diseases, 9% visited alternative practitioners, compared with 26% who had three or more chronic conditions. CONCLUSIONS: The projected demand for services from alternative practitioners will rise as the population ages and the proportion of people with multiple chronic illness increases. Inclusion of alternative practitioner services under existing health care plans could result in higher health care costs. Millar WJ. Use of alternative health care practitioners by Canadians. *Can J Public Health* 88(3): 154-8. May-Jun 1997.

COMMENTS: The whole idea of much of alternative and complementary therapies is that these therapies, by and large, are much less expensive than many high-tech treatments and may also help to actually treat chronic illnesses which are refractive to conventional medical approaches. For example, treatment of arthritis or back pain with dietary measures or bodywork procedures costs less than expensive cortisone or gold injections or surgery and also less likely to cause serious side effects, if at all. Perhaps these researchers ought to think again at their conclusions above!

MAA and colleagues, School of Nursing, Chang Gung College of Medicine and Technology, Taiwan, Republic of China write that acupressure, a therapy in which gentle pressure is applied with fingers at specific acupoints on the body, has been reported to relieve pain and to have other therapeutic effects. The authors investigated the value of self-administered acupressure as an adjunct to a pulmonary rehabilitation programme (PRP) for the relief of dyspnea and other symptoms associated with chronic obstructive pulmonary disease (COPD). METHODS: 31 new patients beginning a 12-week PRP were randomly assigned to one of two groups in a single-blind pretest-posttest cross-over study. Group 1 patients were taught acupressure and practised acupressure daily at home for 6 weeks, then used sham acupressure for the following 6 weeks. In group 2, the order of acupressure and sham acupressure was reversed. Throughout weeks 1, 6 and 12, patient dyspnea, symptoms associated with COPD, activity tolerance, lung function and functional exercise capacity were assessed. RESULTS: Compared with sham acupressure, real acupressure was more effective in reducing dyspnea and was minimally effective for the relief of dectathesis. Sham acupressure appeared to be more effective for reducing peripheral sensory symptoms, but the presence of these symptoms may also be an indication that the acupressure is affecting the body. CONCLUSIONS: Acupressure appears to be useful to patients with COPD as an adjunct to a PRP in reducing dyspnea. People not familiar with traditional Chinese medicine can learn and will accept self-administered acupressure as part of their self-care.

Maa SH et al. Acupressure as an adjunct to a pulmonary rehabilitation program. *J Cardiopulm Rehabil* 17(4): 268-76. Jul-Aug 1997.

SUDAN reports that extremely low frequencies ranging from 1-1.Hz, imprinted in water (imprinting was performed by successing a glass containing the water) resulted in the total abrogation (disappearance) of a facial seborrhoeic dermatitis. This has been proposed as a visible model for the theory of "memory of water". This technique provides a new perspective regarding the enigma of homoeopathy and the treatment of allergic diseases and possibly other inflammatory reactions. Sudan BJ. Total abrogation of facial seborrhoeic dermatitis with extremely low-frequency (1-1.1 Hz) "imprinted" water is not allergen or haptten dependent: a new visible model for homoeopathy. *Med Hypotheses* 48(6): 477-9. Jun 1997.

COMMENTS: The debate about homoeopathy rages on. This is certain not to be the last word on the subject.

CAWLEY, Macmillan Practice Development Unit, Institute of Cancer Research, Royal Marsden Hospital, London UK reviews (28 References) 14 research studies which have evaluated massage. The review provides a critique of the methodology used in these studies and of the issues relating to the research design, samples, measurement tools, analysis and the massage intervention, highlighting several key issues regarding the design of the studies and including recommendations for future research studies evaluating massage.

Cawley N. A critique of the methodology of research studies evaluating massage. *Eur J Cancer Care* 6(1): 23-31. Mar 1997.

FRYBACK and REINERT, Indiana University, USA write that people coping with AIDS and cancer have a sense of being out of control in dealing with their illness. Much of this feeling stems from the uncertainty regarding the accepted medical treatment for their disease. **METHODS:** The authors conducted a research study to evaluate attitudes towards dealing with AIDS and cancer. **RESULTS:** Respondents in the naturalistic research study were adamant in their belief that alternative therapies assisted to regain control over their care and therefore, enhanced their health. It is critically important that clinical nurse specialists who often act as consultants to other nurses, understand and support the therapeutic choices of their patients. Additionally, in light of the evidence supporting the benefit of stress reduction upon length of survival, advanced practice nurses can play a major role in helping patients to reduce stress and enhance quality of life and hopefully longevity.

Fryback PB and Reinert BR. Alternative therapies and control for health in cancer and AIDS. *Clin Nurse Spec* 11(2): 64-9. Mar 1997.

CASTOT and colleagues, Centre Regional de Pharmacovigilance Hopital Fernand Widai, Paris, France write that for several years, herbal medicines have been consumed increasingly by patients without prescription. Traditionally herbal medicines are innocuous; however as medicinal products they require drug surveillance in order to identify any risks. A primary concern is to confer upon them legal status, in order to evaluate their efficacy and control their safety. Published research indicates that the risk is usually due either to a contaminant, an added drug or falsification. The Regional Pharmacovigilance Centres have received, since 1985, 341 reports of undesirable effects attributed to herbal medicines. Included were 30 cases of hepatitis associated with germander which has now been withdrawn from the French market. This illustrates the role for the national system and its responsibility for collecting and evaluating adverse drug reactions due to herbal medicines.

Castot A et al. Pharmacovigilance off the beaten track: herbal surveillance or pharmacovigilance of medicinal plants. *Therapie*. 52(2): 97-103. Mar-Apr 1997.

TAUBERT, Praxis für Physikalische und Rehabilitative Medizin, Neubrandenburg, Germany writes that during times of limited funds for health care, it seems sensible to critically evaluate commonly used therapeutic techniques. The author writes that it is frequently demanded within this context to remove massage from the tariff catalogue of health insurances. **METHODS:** Therefore, the author attempted to assess massage on grounds of results to mechanisms of action, indications and contraindications. **CONCLUSIONS:** Despite certain reservations, this successful method, namely massage, should keep its place by using calculated prescription within complex treatment programmes.

Taubert K. Massages – necessary or a luxury? *Z Arztl fortbild Qualitätssich*. 91(2): 139-43. Mar 1997.

ERNST and WHITE, Department of Complementary Medicine, Postgraduate Medical School, University of Exeter UK write that although laboratory studies demonstrate that acupuncture may produce physiological effects, clinical studies of acupuncture are often inconclusive. The authors assert that randomised controlled trials are the best way to test for the specific therapeutic effectiveness of a particular treatment modality. Difficulties in clinical acupuncture research include: diversity of forms of therapy; individualised treatments; blinding; choosing a credible control procedure; selection of suitable endpoints; and traditional diagnosis. Furthermore, enthusiasm of acupuncture proponents may bias the research they are performing.

CONCLUSIONS: The authors state that none of these difficulties is insurmountable. They list examples of rigorous trials and offer suggestions in order to improve acupuncture research.

Ernst E and White AR. A review of problems in clinical acupuncture research. *Am J Chin Med.* 25(1): 3-11. 1997.

COMMENTS: As Complementary therapies become more widespread and accepted as effective and safe means of treatment, so will each therapy – massage, acupuncture, herbal medicine – become subjected to a greater degree to rigorous and critical evaluation. These evaluations and examinations will, in the end, greatly benefit the safe and effective practice of these therapies which will ultimately help patients treated.

Issue 25

SCHENK and colleagues, Department of Family medicine, Wayne State University School of Medicine, Detroit, Michigan USA write that although The Institute of Medicine has recommended basic clinical competence in Environmental Medicine (EM) for all physicians, the amount and content of such instruction in EM currently offered in US medical schools is unknown.

METHODS: The authors conducted a cross-sectional study based upon responses to a questionnaire, mailed in June 1994 concerning the EM curriculum content in US medical schools, in Association of American Medical colleges curriculum survey. RESULTS: 119 out of 126 schools (94%) responded. Of these 29 (24%) reported no required EM curriculum content. Those schools with EM content averaged 7 hours of instruction. 81 schools (68%) had faculty with environmental and occupational medicine expertise, primarily within departments of medicine, preventive, and family medicine. CONCLUSIONS: In order for medical students to acquire the knowledge and skills to prevent, diagnose and treat health problems with an environmental exposure component, there is a need for increased EM instruction within medical school curricula. In those schools with EM content in their curriculum, the required expertise to develop EM curriculum may be available within existing faculty.

Schenk M et al. Environmental medicine content in medical school curricula. *Acad Med* 71(5): 499-501. May 1996.

COMMENTS: I sincerely hope that the Institute of Medicine also decrees in the very near future that physicians ought to acquire clinical competence in Nutritional Medicine, a vitally important subject which is similarly not provided for in medical school curricula in the USA nor in the UK.

XU and colleagues, Office of Research, Ohio University College of Osteopathic Medicine, Athens 45701 USA studied the differences between osteopathic and allopathic physicians regarding factors which influenced their career choice of family practice. METHODS: Surveyed were 256 osteopathic and 717 allopathic family physicians, who had graduated in 1983 and 1984.

Comparisons were made on 19 variables which influenced physicians' decision to enter family practice and on the six factor scores derived these 19 variables. RESULTS: Osteopathic physicians' decisions to choose family practice was more influenced by financial obligations, medical school experiences and family values, whereas allopathic physicians were more influenced by personal social value. Overall, medical school experience and personal social value were the two important factors explaining the largest variances of the 19 predictors influencing physicians' decisions to enter family practice. Allopathic medical schools whose mission emphasises production of generalist physicians may be able to model approaches already in place in osteopathic medical schools. CONCLUSIONS: In light of the large influence of the personal social value factor in medical students' choice to enter family practice medicine, this factor warrants further study.

Xu G et al. A national study of factors influencing the career choice of osteopathic and allopathic family physicians. *J Am Osteopath Assoc.* 96(12): 737-42. Dec 1996.

DOXEY and PHILLIPS, Los Angeles College of Chiropractic, Whittier, California 90609-1166 USA compared US chiropractic college admissions requirements with those of allopathic, osteopathic, optometry, podiatry and dentistry. METHODS: Participants in the survey included 16 chiropractic, 17 allopathic, 16 osteopathic, 16 optometric, 7 podiatric and 15 dental colleges. Data collected from the individual schools included: 1) minimum number of undergraduate semester hours toward a bachelor's degree required on entrance; 2) actual percentage of applicants with a 4-year bachelor's degree on entrance; 3) minimum Grade Point Average (GPA) required on

entrance; and 4) actual average GPA of applicants on entrance. RESULTS: Overall, allopathic averages were highest and chiropractic averages lowest for each of the four outcome measures, with the other disciplines scoring varying points in between. CONCLUSIONS: The successful completion of preprofessional requirements may provide an indicator for success within a rigorous professional curriculum. These results reflect overall differences between health-care professions based upon several entrance criteria. Further study is required to understand the long-term consequences of these differences, as well as any economic and/or political factors which may be contributing to these data.

Doxey TT and Phillips RB. Comparison of entrance requirements for health care professions. *J Manipulative Physiol Ther* 20(2): 86-91. Feb 1997.

COMMENTS: Stripped of any interpretation, these results starkly show that among the 5 professions surveyed – allopathic medicine, osteopathy, optometry, podiatry, dentistry, and chiropractic – those students with the highest education and highest grades chose to enter allopathic medical schools and those with the least education and lowest grades (among the 5 types of colleges) chose chiropractic college. Not having seen the actual data, but only the abstract, we are not informed of the degree of difference separating these professions, nor of the order between highest to lowest. This information is of course absolutely necessary prior to making any further comments; however, common sense alone would advise that factors such as prestige, income potential and professional advancement within the USA would certainly be major factors in the motivation of the finest students to become allopathic physicians.

Issue 23

LAWSON and CALDERON, Institute for Biomedical Engineering and Rehabilitation Services, Touro College, Dix Hills, NY 11746, USA conducted two trials testing the inter examiner reliability of Applied Kinesiology manual testing. METHODS: In the first trial, 3 practitioners, each with more than 10 years' experience using muscle testing, tested 32 healthy people in order to compare their agreement regarding the strength or weakness of right and left piriformis and right and left hamstring muscles. The second study had the same 3 examiners test 53 individuals for strength or weakness of pectoralis and tensor fascia lata muscles bilaterally. RESULTS: In the first trial, although there was significant agreement between examiners for piriformis muscles, little agreement was found with the hamstring muscles. In the second trial, significant agreement occurred with pectoralis muscles, but not with the tensor fascia lata muscles.

Lawson A and Calderon L. Inter examiner agreement for applied kinesiology manual muscle testing. *Percept Mot Skills* 84(2): 539-46. Apr 1997.

COMMENTS: Reproducibility and reliability in muscle testing has always been a subject of vigorous debate and this issue needs to be resolved urgently, in light of the large number of practitioners who use muscle testing as a diagnostic tool.

PARAMORE, Project Hope Center for Health Affairs, Bethesda, Maryland 20814, USA conducted a study to update national estimates regarding the use of alternative therapies, in order to improve the quality of the estimates and to investigate differences between users and nonusers of alternative medicine. METHODS: Data were analysed from the 1994 Robert Wood Johnson Foundation National Access to Care Survey. RESULTS: Almost 10% of the US population, about 25 million people, visited a professional in 1994 for at least one of the following four therapies: chiropractic, relaxation techniques, therapeutic massage or acupuncture. Alternative therapy users made almost twice as many visits to conventional practitioners compared to nonusers, users still reported much higher levels of unmet need for medical care. CONCLUSIONS: The growing emphasis upon market-driven health care and consumer choice suggests that alternative therapies may have a larger role in the health-care system for the future.

Paramore LC. Use of alternative therapies: estimates from the 1994 Robert Wood Johnson Foundation National Access to Care Survey. *J Pain Symptom Manage* 13(2): 83-9. Feb 1997.

SOLLNER and colleagues, Department of Medical Psychology and Psychotherapy, Leopold Franzens University, Innsbruck Austria. wolfgang.soellner@uibk.ac.at. studied melanoma patients' attitude toward alternative therapies, compliance with conventional treatment, social

support received and their coping strategies with their illness. METHODS: Out of 236 consecutive patients in a University hospital melanoma clinic serving the Tyrol region, 215 participated in the study. Patients completed questionnaires regarding their interest in alternative therapies, their distress and social support and coping skills. RESULTS: 117 patients (54.4%) expressed an interest in nonconventional therapy and 30 patients (14%) actually used such methods, those patients more often suffering from advanced cancer. Compared with the disinterested patients, those patients interested in alternative therapy were younger, showed a more active coping style and tendencies toward religiousness and search for personal meaning in their disease. These patients' confidence in conventional medicine and compliance with suggestions from their physicians were not less than of the uninterested patients, but they believed that they received less emotional support from their physicians and expressed interest in receiving much more support. CONCLUSIONS: Melanoma patients consider non-conventional therapies to be supplementary to conventional medical treatment and as a strategy of avoiding passivity and coping with feelings of hopelessness. This does not diminish the need to educate patients regarding the lack of efficacy of unorthodox methods but stresses the importance of offering them adequate emotional support.

Sollner W et al. Attitude toward alternative therapy, compliance with standard treatment, and need for emotional support in patients with melanoma. Arch Dermatol 133(3): 316-21. March 1997.

COMMENTS: Excuse me Messrs Sollner et al, but how is it that you already know that unorthodox medical methods lack efficacy in the treatment of melanoma and hence you feel obliged to educate your patients of such a fact? How successful are conventional medical treatments, and were not the conventional medical treatments of today the unconventional or radical experimental treatments of yesterday or last year? There is a considerable published medical literature regarding inhibitory and preventive effects of a number of nutrients upon melanoma, including Vitamins A, C and E, beta-carotene, selenium and omega-3 and -6 fatty acids. These results will eventually lead to "conventional" treatments with these dietary supplements.

Issue 22

RAMPES and colleagues, Royal London Homoeopathic Hospital NHS Trust, London UK surveyed deans of British medical school to assess provision for complementary medicine in the curriculum for undergraduate medical students. The authors also questioned medical students at one medical school regarding their knowledge of and views on instruction in complementary medicine. RESULTS: Although there is little education in complementary medicine at British medical schools, this is an area of active curriculum development. Levels of knowledge vary widely between different therapies. The majority of medical students want to learn about acupuncture, hypnosis, homoeopathy and osteopathy. CONCLUSIONS: Complementary medicine instruction ought to be included in the medical undergraduate curriculum. This could be achieved without a great increase in the teaching of facts, which could serve as a vehicle to introduce broader issues, as recommended by the General Medical Council.

Rampes H et al. Introducing complementary medicine into the medical curriculum. J R Soc Med 90(1): 19-22. Jan 1997.

KAINZ and colleagues, Department of Dermatology, University of Graz, Austria write that despite the wide practical application of homoeopathy, scientifically credible placebo-controlled studies are scarce. The authors evaluated the efficacy of homoeopathy for the treatment of warts on children in a prospective, double-blind randomised trial. METHODS: Participating were 60 children aged 6-12 years with common warts on the back of the hands, who were treated either with an individually selected homoeopathic preparation (n=30) of at least a 1:1, 012 dilution or given a pure placebo in the form of saccharose (n=30) under double-blind conditions. The area occupied by the warts was measured prior to and following 8 weeks of treatment. Reduction of the wart area by at least 50% was considered to constitute a response. RESULTS: A total of 16 children responded - 9 of 30 children in the homoeopathy group and 7 of 30 children in the

placebo group. A total cure of warts occurred in 5 children in the homoeopathy group and in 1 child in the placebo group. CONCLUSIONS: There was no apparent difference between homoeopathic and placebo treatment in children with common warts in this study.

Kainz JT et al. Homoeopathic versus placebo therapy of children with warts on the hands: a randomized, double-blind clinical trial. *Dermatology* 193(4): 318-20. 1996.

ELDER and colleagues, Department of Family Medicine, Oregon Health Sciences University, Portland USA elderm@OHSU.edu write that in recent years, the use of alternative medicine has become more acknowledged in the United States. Many different therapeutic practices are encompassed by the terms alternative, unorthodox and complementary medicine and their use by the population is now being defined. Also, the number of established family practice patients using alternative medicine is not known. METHODS: The authors conducted a survey of patients from 4 family practices from a large community in the western United States regarding their use of alternative medicine. Participants attended a focus group to discuss more fully their use of alternative medicine. RESULTS: Questionnaires were completed by 113 family practice patients, of whom fifty percent (57/113) had or were using some form of alternative medicine. However, only 53% (30/57) had told their family physician about using alternative medicine. There were no significant attributions to gender, educational level, age, race or clinic attended. The main reason for using alternative medicine was the belief that it would work. Many patients who worked in combination with a family physician mentioned acceptance and control, but those patients who did not work with their physician mentioned traditional medicine's limitations and narrow-mindedness. CONCLUSIONS: Family physicians need to be aware that many of their patients may be using alternative health care. Open and nonjudgmental questioning of patients may help to increase physician knowledge of this use, which may lead to improved patient care and the working together of physicians and patients.

Elder NC et al. Use of alternative health care by family practice patients. *Arch Fam Med* 6(2): 181-4. Mar-Apr 1997.

PRACTICE AND POLICY GUIDELINES PANEL, National Institutes of Health Office of Alternative Medicine (NIHOAM) estimate that 1 out of every 3 Americans uses some form of complementary and alternative medicine (CAM) such as acupuncture, homoeopathy and herbal medicine. The NIHOAM convened in 1995 an expert panel to examine the role of clinical practice guidelines in CAM. RESULTS: The panel concluded that CAM practices are currently unsuitable for the development of evidence-based practice guidelines, partly due to lack of relevant outcomes data from well-designed clinical trials. Moreover there are challenging methodological problems when notions of standardisation and appropriateness are applied to CAM, which uses many different treatment practices and encourages highly individualised care. CAM disciplines have fundamental differences, which are even more striking when compared with those used by Western medicine, in how target conditions are defined, causes of disease, interventions and outcome measures of effectiveness. CONCLUSIONS: The panel made a series of recommendations regarding strategies to strengthen the evidence base for future guideline development in CAM and to better meet the current information needs of clinicians, patients and guideline developers seeking information regarding CAM treatments.

Clinical practice guidelines in complementary and alternative medicine. An analysis of opportunities and obstacles. Practice and Policy Guidelines Panel, National Institutes of Health Office of Alternative Medicine. *Arch Fam Med* 6(2): 149-54. Mar-Apr 1997.

CROCETTI and colleagues, UO Epidemiologia, CSPO USL 10, Firenze, Italy write that complementary medicine (CM) is widely used by cancer patients. The authors conducted a study to evaluate the knowledge of and the attitude towards CM amongst Italian allopathic oncologists. METHODS: 76 oncologists from Genoa, 80 oncologists from Naples and 100 hospital practitioners from the Province of Sondrio replied to a self-administered structured questionnaire regarding CM, including their knowledge and opinion of CM and CM therapists, their sources of information, use of CM for themselves, practice of CM and attitude to refer patients to CM.

RESULTS: 190 oncologists replied; the response from Naples oncologists was significantly lower. Twenty percent of the physicians replied that they had no knowledge of CM. Main sources of information were newspapers and TV. Twenty-five percent of physicians had personally used CM and about twenty-five percent had practised a kind of CM. the percentage of oncologists from Genoa who referred their cancer patients to CM was significantly higher than from the other

groups. The physicians thought that about 84% of their patients used CM. Oncologists from Genoa referred patients to CM at a significantly higher rate. Oncologists who had personally used CM referred patients to CM 3 times more frequently than others. CONCLUSIONS: According to their physicians, a large percentage of cancer patients used CM. The oncologists' level and quality of knowledge of CM was low. Oncologists could hardly be helpful for their patients in dealing with therapies different from conventional medicine.

Crocetti E et al. Complementary medicine and oncologists' attitudes: a survey in Italy. *Tumori* 82(6): 539-42. Nov-Dec 1996.

COMMENTS: It is obvious that the use of complementary medicine among the public has burgeoned. The reaction from the medical profession seems to fall into several categories: 1) Find out why people want to use complementary medicine and make certain that people tell their physicians that they are using complementary medicine; 2) Learn about complementary therapies from the newspapers and TV; 3) Actually study and practise complementary therapies; 4) Refer patients to complementary practitioners. It is appalling that a fifth of the Italian oncologists surveyed above had absolutely no knowledge of complementary medicine, despite their estimate that about 85% of cancer patients use these therapies. The preferred answer must lie in the setting of standards for complementary therapies, and the gradual introduction of these disciplines into the medical school curriculum, so that future generations of physicians are not ignorant of complementary medicine.

Issue 21

MELCHART and colleagues, Projekt Munchener Modell, Technische Universitat, Munich, Germany write that a scientific evaluation of complementary medical practices being used in healthcare is urgently required. They state that although randomised clinical trials are the primary tools used for such evaluation, they need not be the only tool. The authors propose that systematic clinical auditing could: 1) provide information regarding the "epidemiology" of complementary medical practices; 2) make more clearly intelligible the processes used in the daily practice of complementary methods; and 3) provide a preliminary estimation of outcomes. Systematic clinical auditing uses mainly observational studies of large cohorts of patients.

METHODS: The authors conducted a pilot study to study the feasibility of using a systematic clinical audit for traditional Chinese medicine. 1597 patients admitted to the hospital between February 1 1992 and August 31 1993 were included in the study. The patients' characteristics, diagnoses and preventive and therapeutic treatments were recorded and patients rated the intensity of their main complaints upon admission, at discharge and at 2, 6 and 12 months after admission. About two thirds of the patients had chronic pain complaints, the most common diagnosis being migraine (n=224). Most patients received acupuncture and Chinese herbal therapy, 61% received tuina massage and 16% received qigong. The mean intensity of main complaints was 7.0 upon admission, 4.6 at discharge and 5.5, 12 months after admission.

CONCLUSIONS: Systematic clinical auditing is a valuable tool for collecting basic information regarding structural characteristics, processes, and outcomes regarding complementary medicine and for the determination of representative and relevant questions for future randomised clinical trials.

Melchart D et al. Systematic clinical auditing in complementary medicine: rationale, concept, and a pilot study. *Altern Ther Health Med*. 3(1): 33-9. Jan 1997.

DIMMOCK and colleagues, Clinical Pharmacology Unit (Rheumatism Research) University of Leeds, United Kingdom examined the factors influencing the use of complementary therapies in patients suffering with fibromyalgia. METHODS: 90 patients who had attended a rheumatology out-patients clinic in West Yorkshire for their diagnosis or treatment of fibromyalgia were sent a postal questionnaire. RESULTS: 71% of patients with fibromyalgia had used or were using complementary therapies, the most popular therapy being oral supplementation. Those using complementary therapies were from a higher socio-economic group. The duration of treatment with complementary therapies ranged from 3 months to 26 years (median = 3) and the number of therapies used by each patient ranged from 1 to 10. There was an association between the

duration of fibromyalgia and the duration of complementary therapies and the number of therapies used. The most frequent source of advice (40%) for the decision to use complementary therapies was from a magazine. Patients using complementary therapies were less likely to be satisfied with their current hospital treatment and decided to try complementary therapy in order to gain relief from the symptoms of their fibromyalgia. The authors surmised that the relatively high cost and lack of information regarding complementary therapies apparently dissuaded those patients (29%) who did not use them.

Dimmock S et al. Factors predisposing to the resort of complementary therapies in patients with fibromyalgia. *Clin Rheumatol.* 15(5): 478-82. Sep 1996.

COMMENTS: It is fairly obvious from the language used in the title and throughout the article that these researchers frown on people trying to get help by using alternative methods rather than the conventional ones that don't seem to help. Would they prefer that fibromyalgia sufferers just accept the fact that they have fibromyalgia, that nothing can help them and they should suffer silently for the duration? Do the authors consider bodywork therapies such as osteopathy, soft tissue and neuromuscular techniques alternative therapies, since these therapies are frequently used in the treatment of this most distressing condition?

BENDELOW and WILLIAMS, Department of Applied Social Studies, University of Warwick, Coventry UK write that studies regarding the lay evaluation of pain-relief clinics are rare, particularly in the UK. The authors conducted a small-scale qualitative study which followed the vicissitudes of hope and despair of pain-relief attendees in London. The study demonstrates the complex interplay between peoples' pain careers, their styles of adjustment, socio-demographic characteristics, and their evaluations of medical treatment. Unfortunately for many patients, this was the end of the road, their last hope of finding relief. However, the overriding feeling was of medicine having failed these people. The paper discusses these findings and includes discussion for possible future research.

Bendelow GA and Williams SJ. The end of the road? Lay views on a pain-relief clinic. *Soc Sci Med* 43(7): 1127-36. Oct 1996.

SEERS, Royal College of Nursing Institute, Radclife Infirmary, Oxford UK reports the results of a study which investigated the experiences of 75 people with chronic non-malignant pain. The author writes that people with chronic non-malignant pain may find that traditional medical techniques do not alleviate their pain and may have to learn to live with the pain which can affect their lives in many ways. The study collected qualitative data illustrating what it meant to people to experience this chronic pain. It was shown that pain adversely affected many dimensions of sufferers' lives, which effects extended to family and friends. Having others believe that the pain was real was crucial to many patients. Health care professionals can offer these patients a great deal to help them come to terms with the way in which pain has affected both themselves and others in their lives.

Seers K. The patients' experiences of their chronic non-malignant pain. *J Adv Nurs* 24(6): 1160-8. Dec 1996.

COMMENTS: I wholeheartedly recommend to any pain sufferer the excellent book *Full Catastrophe Living: How to cope with stress, pain and illness using mindfulness meditation* by Jon Kabat-Zinn (Piatkus Books, 1996 £14.99). This book details the successful strategy employed by the Stress Reduction Clinic at the University of Massachusetts Medical Center using mindfulness meditation. This book also has about the finest description of meditation and how to use it for pain relief that I have yet to read.

GOOD, Case Western Reserve University, Frances Payne Bolton, School of Nursing, Cleveland Ohio USA writes that postoperative patients vary in their response to pain and opioid medication and that it is important that nurses can offer other options as adjuvants to medication. Relaxation and music may reduce pain by interrupting the postoperative cycle of pain, muscle tension and sympathetic activity. The author reviews (51 references), summarises and critiques studies on the effectiveness of relaxation and music used during postoperative pain. RESULTS: Relaxation and music were effective in reducing affective and observed pain in the majority studies, but were less often effective in reducing sensory pain or opioid intake. However, differences between surgical procedures, experimental techniques, activities during testing, measurement of pain and amount of practice make direct comparisons difficult. Also, the validity of the studies' conclusions are further reduced because of problems of inadequate sample size, lack of random assignment, no

assurance of pretest equivalence, delayed post-test administration and no control for opiates at the time of testing. Nevertheless, randomised controlled studies of the types of relaxation and music most helpful to postoperative patients should be explored.

Good M. Effects of relaxation and music on postoperative pain: a review. *J Adv Nurs* 24(5): 905-14. Nov 1996.

Issue 20

HENTSCHEL and colleagues, Klinik Blankenstein, Hattingen, Germany write that complementary medicine is used to varying extent in industrial nations. They write that there are incomplete data regarding the efficacy, safety and costs of such treatment, with little known regarding special features and motivation of individuals choosing complementary medicine. The authors conducted a study to ascertain any sociodemographic, disease-related, psychological and life-style differences between users of complementary and conventional medicine. **METHODS:** 419 patients, recruited from specialist internal or general medical practices were divided into 2 groups: Group 1 – conventional medicine users: 91 women, 106 men, average age 43.2 years; Group 2 – complementary medicine users: 159 women, 63 men, average age 43.2 years. The results from the standardised interview and questionnaire with 168 items was statistically analysed.

RESULTS: Compared to the conventional medicine group, patients treated with complementary medicine clearly differed with respect to sociodemographic, disease-related and psychological and life-style characteristics. The relationship between patient-doctor differed between the groups. Compared to the conventional group, those in the complementary group had a higher educational level and lower risk factors for smoking and alcohol use. Patients from both groups preferred conventional medicine for serious diseases, such as heart attack, tumour and AIDS. **CONCLUSIONS:** Patients choosing complementary medicine had a healthier life-style. As the efficacy risks and costs of complementary medicine have been inadequately investigated, research in this area should be intensified.

Hentschel C et al. Decision to use complementary medicine: fact oriented or irrational? *Dtsch Med Wochenschr* 121(50): 1553-60. Dec 13 1996.

BOURGEAULT, York Centre for Health Studies, York University, North York, Ontario, Canada ivyh@yorku.ca studied the attitudes and reactions of physicians to their patients' use of alternative cancer therapies, factors affecting these reactions and physicians' views of how the use of these therapies affected the physician-patient relationship. **METHODS:** Participants were 18 oncologists and 12 general practitioners (GPs) in Toronto. **RESULTS:** Many physicians were unfamiliar with alternative cancer therapies and indicated that their main information sources were their patients and the lay press. Although most of the physicians thought that the efficacy of alternative therapies was scientifically unproven, they respected their patients' decision to use them and encouraged them to continue with conventional treatment. Factors which influenced physicians' reactions included: the prognosis with standard treatment; exclusivity of the use of alternative therapies; and whether the alternative therapies were harmful. Although most physicians felt that the use of alternative cancer therapies did not affect the physician-patient relationship, several indicated that this caused some tension. **CONCLUSIONS:** Due to the lack of information by physicians regarding alternative cancer therapies and their clinical efficacy, physicians' attitudes toward their use by patients are influenced more by the efficacy or inefficacy of conventional treatment and the invasiveness of the alternative therapy rather than by the efficacy of the alternative therapy used. Bourgeault IL. Physicians' attitudes toward patients' use of alternative cancer therapies. *Can Med Assoc J* 155(12): 1679-85. Dec 15 1996.

PLASEK and ZVAROVA, Biofyzikalni oddeleni, Fyzikalni ustav UK pri MFF UK, Prague, Czech Republic present a critical report regarding the reliability of two clinical trials by Reilly et al (*Lancet*, 1986ii, pp 881-886 and 1994ii, pp 1601-1606), claiming that the effect of homeopathy is significantly different from placebo. The authors also review biophysical hypotheses regarding the mechanism of action of homeopathic remedies.

Plasek J and Zvarova J. Is homeopathic therapy more effective than placebos? *Cas Lek Cesk* 135(18): 575-9. Sep 18 1996.

WALACH and RIGHETTI, Abteilung Rehabilitationspsychologie, Universität Freiburg, Bundesrepublik Deutschland Germany provide a review (91 references) of homeopathy. The topics covered include: 1) the scientific foundations; 2) problems and importance of research; 3) basic and clinical research findings; 4) future strategies of evaluation. RESULTS and CONCLUSIONS: Homeopathy is a medical discipline in its own right and is quite distinct from orthodox medicine regarding basic tenets, research paradigms and practical approach to therapy, even though both methods are empirically founded and share the goal of healing the sick. Difficulties are encountered when homeopathy is pressed into a framework of research paradigm alien to its own approach. Despite these difficulties, some studies with rigorous design have demonstrated that homeopathic remedies are effective. Important research findings are discussed and future evaluation strategies are proposed by the authors.

Walach H and Righetti M. Homeopathy: principles, status of research, research design; comment. *Wien Klin Wochenschr* 108(20): 654 - 63. 1996. Comment on: *Wien Klin Wochenschr* 108(20): 631-3. 1996.

RANKIN-BOX discusses the potential for complementary therapies in Accident and Emergency (A&E) departments. RESULTS and CONCLUSIONS: While a number of therapies may be effective in emergency settings, nurses must consider the broader implications regarding their use in A&E departments. Complementary therapies will probably be used as therapeutic techniques rather than discrete therapeutic entities, due to the organisational context and the nature of acute work in A&E departments, an approach not dissimilar to the use of complementary therapies in other nursing specialities. While the use of complementary therapies as techniques may enhance therapeutic care and be beneficial in the short term, nurses need to reflect and reappraise what they are actually doing and the extent to which they can reconcile two apparently opposite paradigms of health care. There is considerable potential regarding the use of complementary therapy techniques in A&E departments; example of therapies and conditions are described.

Rankin-Box DF. Is there a place for complementary therapies in the accident and emergency department? *Accid Emerg Nurs* 4(3): 160-4 Jul 1996.

MOSER and colleagues, Department of Gastroenterology and Hepatology, University of Vienna, Austria. GABRIELE.MOSER@WIEN.AC.AT. studied the use of unconventional therapies in inflammatory bowel diseases. METHODS: The sample population consisted of 105 patients with inflammatory bowel disease (IBD), 72 with Crohn's disease and 33 with ulcerative colitis, attending a university out-patient clinic. Patients using unconventional therapies were compared with those who did not in respect to: disease-related data, sociodemographic variables, patients' disease-related concerns and their perceived level of information regarding IBD. Concerns were measured with Rating Form of IBD Patient Concerns (RFIPC), activity of inflammatory disease was assessed by physicians using the Crohn's disease activity index (CDAI) and the clinical activity index (CAI). RESULTS: Of the 97 patients (92.4%) who replied to all the questions, 33 (34%) used unconventional therapies in addition to conventional therapy. There was no difference between the groups with respect to level of knowledge regarding IBD and sociodemographic data. There was a significant difference in that the longer the disease duration, the more often patients used unconventional therapies. The most important differences between users and nonusers were: patients using unconventional therapies were more concerned about surgery, being treated as different and feeling out of control. CONCLUSIONS: There exists a relationship between the use of unconventional therapies and certain disease-related concerns, which should be addressed in clinical practice and which may help patients avoid using unproven and expensive alternative therapies.

Moser G et al. Relationship between the use of unconventional therapies and disease-related concerns: a study of patients with inflammatory bowel disease. *J Psychosom Res* 40(5): 503-9. May 1996.

COMMENTS: It is indeed touching that these physicians are so concerned to save IBD patients money for alternative therapies. It is not surprising that the longer patients had IBD, the more they tried other therapies and that they were more concerned about the effects of surgery and their disease taking control of their lives.

BEGBIE and colleagues, Department of Clinical Oncology, Royal North Shore Hospital, Sydney, NSW, Australia assessed and compared the use of alternative versus conventional medicine by cancer patients in a public hospital oncology unit. METHODS: Out of 507 patients who attended the Royal North Shore Hospital and Port Macquarie Base Oncology Outpatient Clinic, 335 (66%) completed a questionnaire survey, of which 319 (62%) were adequate for analysis. The main outcome measures were expectations of and satisfaction with conventional and alternative treatment and patient characteristics associated with this use. RESULTS: Expectations and satisfaction with both conventional and alternative treatment were very high. Alternative treatments - dietary and psychological methods being the most common - were used by 21.9% of patients. The Median annual cost for alternative treatment was \$530 and most patients reported "value for money". Young age and being married were positively associated, and satisfaction with conventional treatment was negatively associated with alternative medicine use. 40% of patients did not discuss alternative medicine with their physician. CONCLUSIONS: A significant proportion of cancer patients use one or more alternative therapies. The authors state that the use of alternative therapy may reflect on deficiencies in the current standard of care.

Begbie SD et al. Patterns of alternative medicine use by cancer patients. *Med J Aust* 165(10): 545-8. Nov 18 1996.

COMMENTS: What a pity that the authors did not conclude that perhaps cancer patients use alternative therapies and are satisfied with the results because these therapies are helpful to them, rather than their more negative appraisal that people use these therapies because of deficiencies in current conventional treatment.

ERNST, Department of Complementary Medicine, Postgraduate Medical School, University of Exeter, UK reviews (22 references) the risks posed by homoeopathy. The author writes that it is often assumed that homoeopathy, even though possibly ineffective, is free of risks. This notion is questioned in this review, where side-effects and complications associated with homoeopathic treatment have been published in the literature. The author further states that the question of whether the homoeopath is risk-free in all cases needs discussion. The attitude of certain homoeopaths towards immunisation is quoted as an example of particular concern. The author states that on the basis of these data the notion of totally risk-free homoeopathy is untenable.

Ernst E. Risk-free homeopathy? *Schweiz Med Wochenschr* 126(40): 1677-9. 5 Oct 1996.

ANDRITZKY, Institut Fur Medizinische Psychologie Der Heinrich Heine Universitat Dusseldorf, Germany investigated the spectrum of therapeutic techniques and methods used in clinics with psychotherapeutic or psychiatric activities, as well as the spectrum of therapists' qualifications. METHODS: Questionnaires were sent to 545 clinics and 314 responded. RESULTS: From the responding clinics, 127 different methods were named, with an average of 4 each. The larger the clinics, the worse the ratio of physicians and psychologists to patients became. In the clinics with less than 50 beds, there was 1 psychologist caring for 7 patients; with 51-300 beds, the number was one psychologist for 48 patients. the 6 most frequently used methods cited were: music therapy (36.9%); imagery (25.2%); dance therapy (23.2%); autogenic training (22.6%); body therapies (21.7%); and psychodrama (18.2%). In addition to physicians and psychologists, there were 38 other professional groups named. Considering the methods used by particular professional groups, an apparent trend towards a professional diversification was noted, eg only 62% of music therapy was performed by music therapists, the remainder by other professional groups. Analysis of special remarks resulted in 4 groups: discussions regarding the term alternative methods; recommendations to use unconventional methods following the clinical phase; conceptual changes of a clinic; and broader theoretical backgrounds integrating various methods, eg the psychoanalytic concept.

Andritzky W. Alternative treatment in psychiatric and psychotherapy facilities in Germany. *Gesundheitswesen*. 58(1): 21-30. Jan 1996.

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Keywords: Arm, Arm Injuries/th [Therapy], Article, English Abstract, Exercise, Exercise Therapy, Healthstar, Human, Infant, Infant, Newborn, Massage, Paralysis, Paralysis, Obstetric/th [Therapy], Physical, Therapeutic, Treatment

Bray R (1999). Massage: exploring the benefits. Elderly Care, 11, 15-16

Keywords: Aged/ph [Physiology], Aged/px [Psychology], Article, Geriatric Nursing/mt [Methods], Health Promotion, Human, Massage, Massage/mt [Methods], Massage/nu [Nursing], Massage/px [Psychology], Nurse-Patient Relations

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Keywords: Index Medicus, Massage, Massage Therapy, Rosacea, Therapies, Therapy

Brismar K (1991). [Is foot massage bath good or bad? Advice to your diabetic patient]. [Swedish]. Lakartidningen, 88, 1866-

Keywords: Article, Bath, Baths, Diabetic Angiopathies/pp [Physiopathology], Diabetic Angiopathies/th [Therapy], Foot, Foot/bs [Blood Supply], Human, Massage, Risk Factors, Skin/pa [Pathology], vibration

Brock W (1932). Vibration massage during fixation therapy of fractures [German]. Deutsche Medizinische Wochenschrift, 58, 1485-

Keywords: Fracture, Fractures, Index Medicus, Massage, Therapies, Therapy, vibration

Brocx D (1931). Value of massage and medical gymnastics [Dutch]. Nederlands Tijdschrift voor Geneeskunde, 75, 2052-2059

Keywords: Gymnastic, Gymnastics, Index Medicus, Massage, Medical, Value

Bronstein M (1996). Healing hands. Canadian Nurse, 92, 32-36

Keywords: Article, Hand, Healing, Health, Holistic Nursing, Holistic Nursing/mt [Methods], Human, Intervention, Nursing, Psychophysiology, Schools, Technology, Therapeutic, Therapeutic Touch, Therapeutic Touch/mt [Methods], Touch, Treatment, United States, United-states

Brooker DJ, Snape M, Johnson E, Ward D, Payne M (1997). Single case evaluation of the effects of aromatherapy and massage on disturbed behaviour in severe dementia. British Journal of Clinical Psychology, 36, 287-296

Keywords: Aged, Aged,80 and over, Alzheimer Disease/px [Psychology], Alzheimer Disease/th [Therapy], Aromatherapy, Article, Case Studies, Clients, Clinical, Clinical Trial, Clinical Trials, Combined Modality Therapy, Controlled trial, Dementia, Dementia/px [Psychology], Dementia/th [Therapy], effect, effects, Evaluation, Female, Health, Healthstar, Human, Increase, Intervention, Male, Massage, Mental, Mental Health, Parkinson Disease/px [Psychology], Parkinson Disease/th [Therapy], Psychological, Psychomotor Agitation/px [Psychology], Psychomotor Agitation/th [Therapy], Randomized controlled trial, Research, Research Design, Scales, Statistical Significance, Therapeutic, Treatment, Treatment Outcome, Trial

Message therapy & Dementia

This detailed research evaluates the use of "Touch-Massage" relating to the abnormal behaviour (either in connection with wandering and/or restlessness and/or shouting) of the Elderly who stay in a same place and show cognitive deficiency in connection with an Alzheimer's dementia.

In order to check the "intra personal" consequences this action may have, 4 elderly people were chosen and an experimental estimate with different levels was made with them. Two sessions a week of 30 minutes each during 6 months (51 sessions) were suggested that is to say a total of 204 sessions. The effects of this approach regarding the different abnormal behaviour are estimated on one hand from a special clinical grid which assess the different reactions, verbal or not, which occurred during the session. On the other hand the effects are observed directly fifteen minutes after the session.

The results are explained, first, for each person and compared between each other; then they are explained according to a collective way regarding the 4 old people. What emerges from all that is that for the whole sessions which were proposed, the activity was accepted at 95%. During the session, the signs showing physical relaxation (59%), sleepiness (34%), research of different manners to communicate with us (59%), stop or decrease of the abnormal behaviour (79%) prove the actual benefit the activity brings during thirty minutes. Fifteen minutes after the session, the signs showing physical relaxation (52%), sleepiness (42%), research of different manners to communicate with us (23%), stop or decrease of the abnormal behaviour (70%) are always significant. In view of the above results, we can stay this new approach using the activity of "Touch Massage" brings a further possibility of nursing care and can help to answer the question "how to take in charge every day an elderly demented patient".

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Keywords: Article, Athletic Injuries/rh [Rehabilitation], Bandages, cold, Diathermy, Exercise Therapy, heat, Human, Hydrotherapy, Massage, Medicine, MEDLINE, Physical, physical medicine, Rehabilitation, Splints, Ultrasonic Therapy

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Keywords: Alternative Medicine, Article, Cardiac Surgical Procedures/td [Trends], Hospitals, University/td [Trends], Human, Medicine, Mental Healing, New York City, Quality of Life, Relaxation Techniques, Research, Therapeutic Touch

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Keywords: Article, Clinical, Clothing, Colloids, Compression, Definition, Diagnosis, Edema, Elevation, Female, Human, Leg/ra [Radiography], Leg/ri [Radionuclide Imaging], Lymph, Lymph Nodes, lymphedema, Lymphedema/di [Diagnosis], Lymphedema/su [Surgery], Lymphedema/th [Therapy], Lymphography, Male, Management, Massage, Obstruction, Peripheral, Pneumatic, Primary, Rhenium/du [Diagnostic Use], Skin, Skin Transplantation, Skin/tr [Transplantation], Technetium Tc 99m Sulfur Colloid/du [Diagnostic Use], Treatment, Venous, Vessels

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Keywords: Acupressure, Acupuncture Therapy/is [Instrumentation], Comparative Study, effectiveness, England, Experience, Failure, Healthstar, Human, Increase, laboratory, Medical, Medicine, Motion, Motion sickness, Motion Sickness/dt [Drug Therapy], Motion Sickness/th

[Therapy], Movement, Nerve, placebo, Placebos, Population, Protection, Scopolamine/tu [Therapeutic Use], Sickness, Stimulation, Time Factors, Transcutaneous Electric Nerve Stimulation, Use, Wrist

Bryant JP (1996). Therapeutic touch in home healthcare: one nurse's experience. Home Healthcare Nurse, 14, 580-586

Keywords: Aged, Article, Care, Case Report, Comfort, Community Health Nursing/og [Organization & Administration], Cost-Benefit Analysis, Environment, Experience, Healing, Home, Home Care Services/og [Organization & Administration], Human, Intervention, Male, Nurses, Nursing, Patient, Patients, Philosophy, Nursing, Practice, Private Practice, Therapeutic, Therapeutic Touch, Therapeutic Touch/nu [Nursing], Touch, Unique, Use, Well Being, Working

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Keywords: Adolescence, Adult, Article, Asthma, Asthma/pp [Physiopathology], Asthma/rh [Rehabilitation], Blind, Bronchial, Bronchial Provocation Tests, Bronchial-asthma, Clinical, Clinical Trial, Controlled trial, Copenhagen, Denmark, Diaries, Double-Blind Method, effect, Female, Finger, Forced Expiratory Volume, Function, Histamine, Hospital, Human, Lung, Male, Massage/mt [Methods], Middle Age, Outpatients, Patient, Patients, Peak Expiratory Flow Rate, placebo, Pressure, Quality, Quality of Life, Randomized controlled trial, reflexology, Regression Analysis, Score, Sensitivity, Spirometry, Support, Non-U.S. Gov't, Symptom, Symptoms, Tests, Therapies, Therapy, Treatment, Treatment Outcome, Trial, Vital Capacity

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Keywords: Article, Human, Infant, Newborn, Infant, Newborn/ph [Physiology], Infant, Newborn/px [Psychology], Massage/mt [Methods],

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Keywords: Adolescence, Adult, Analgesia, Analgesia/mt [Methods], Analysis of Variance, Article, Clinical, Clinical Trial, Clinical Trials, cold, Cold Application, Data, effect, effects, Evaluation Studies, Exercise, Female, Human, Ice, Ice Massage, Male, Massage, Massage/mt [Methods], Neural Conduction, Normal, placebo, Placebos, Skin, Skin Temperature, Temperature, Termination, Testing, Therapeutic, Therapeutic Exercise, Time Factors, Trial

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Keywords: Acupuncture, Acupuncture Points, Adaptation, Adult, Age, Article, Back, Block, Clinical, Clinical Trial, Clinical Trials, Controlled trial, Cross-Over Studies, Double-blind, Double-Blind Method, English Abstract, Female, France, Hand, Healthstar, Healthy, Healthy-subjects, Heart, Human, Increase, Male, Massage/mt [Methods], Patterns, placebo, Point, Randomized controlled trial, Reference Values, Sleep, Sleep/ph [Physiology], Trial

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Keywords: Heart, Index Medicus, Massage, Movement, Paralysis, Spastic, Syncardial, Therapies, Therapy

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Keywords: Article, Clinical, Decubitus Ulcer/et [Etiology], Decubitus Ulcer/pc [Prevention & Control], Department, effectiveness, Guidelines, Health, Healthstar, Human, Literature, Literature Review, Massage, Massage/mt [Methods], Massage/st [Standards], Methods, Netherlands, Nurses, Nursing, Pressure, Prevention, Rehabilitation, Research, Review, Risk, Risk Factors, Science, Skin Physiology, Skin/bs [Blood Supply], Therapies, Therapy, Treatment Outcome

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Keywords: Absence, Acquired Immunodeficiency Syndrome, Aids, Article, Attitude, Attitude of Health Personnel, Attitudes, Caring, Comfort, Education, Fear, Gloves, Protective, HIV Infections/nu [Nursing], HIV Infections/tm [Transmission], Holistic Nursing, Human, In-patient, Issues, Knowledge, Attitudes, Practice, Nurses, Nursing, Nursing Practice, Outcomes, Patient, Patients, Physical, Population, Populations, Practice, Research, Review, Skin, Suggestion, Syndrome, Therapeutic, Therapeutic Touch, Therapeutics, Touch

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Keywords: Article, Human, Massage, Nonverbal Communication, Nurse-Patient Relations, Nursing Care, Terminal Care, Touch

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Keywords: Adult, Article, Blood, Blood Pressure, Blood Pressure/ph [Physiology], Blood-pressure, Control Group, Department, effectiveness, Female, Healthstar, Human, Intervention, Male, Management, Massage, Massage Therapy, Occupational Health, Pressure, stress, Stress, Psychological/pc [Prevention & Control], Stress, Psychological/th [Therapy], Stress/pc [Prevention & Control], Stress/th [Therapy], Therapies, Therapy

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Keywords: Activity, Adult, Analysis of Variance, Article, Canada, Contractions, Cycling, Department, Education, effect, effects, Exercise, Exertion/ph [Physiology], Fatigue, Healthstar, Human, Male, Massage, Muscle Contraction, Muscular, Ontario, Oxygen Consumption, Physical, Physical Education, Recovery, Regression, Rest, Science, Thigh, Time Factors, vibration, Vibratory, Vibratory Massage

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Keywords: Article, Canada, Department, Education, Exercise, Exercise/ph [Physiology], Exertion/ph [Physiology], Fatigue/pp [Physiopathology], Healthstar, Human, Massage, Massage/mt [Methods], Muscle Contraction/ph [Physiology], Ontario, Physical, Physical Education, Physical Education and Training, Recovery, Review, Role

Callaghan MJ (1993). The role of massage in the management of the athlete: a review. [Review] [30 refs]. British Journal of Sports Medicine, 27, 28-33

Keywords: Animal, Article, Blood Circulation/ph [Physiology], Culture, Department, effect, effects, Efficacy, Hospital, Human, Issues, Length, Literature, Management, Massage, Massage/mt [Methods], Mode, Movement/ph [Physiology], Muscles/ph [Physiology], Need, physiotherapy, Psychological, Review, Role, Scientific, Sport, Sports, Sports/ph [Physiology], Therapeutic, Time Factors, Treatment, Use

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Keywords: Chinese, Index Medicus, Massage, Methods, Modern

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Keywords: Article, Female, Human, Male, Massage, Nonverbal Communication, Nurse-Patient Relations, Object Attachment, Therapeutic, Therapeutic Touch, Touch

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Keywords: Index Medicus, Massage, Tendinitis, Treatment

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Keywords: Article, Bias (Epidemiology), Cancer, Data Interpretation, Statistical, Hospital, Human, Intervention, Issues, London, Massage, Massage/mt [Methods], Massage/st [Standards], Measurement, Methodology, Practice, Reproducibility of Results, Research, Research Design, Research Design/st [Standards], Review

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Keywords: Alternative Medicine, Article, Community Health Nursing, Human, Massage, Medicine

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Keywords: MEDLINE, shiatsu

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Keywords: Acupressure, Acupuncture Points, Adolescence, Adult, Child, Ear, External, Healthstar, Human, Myopia/th [Therapy], Pressure, Seeds

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Keywords: Acupuncture Points, Article, Human, Massage, Massage/mt [Methods], Music, Research, Section, Treatment, Voice, Voice Disorders/th [Therapy]

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Keywords: Acupuncture, Acupuncture Therapy, Acupuncture Therapy/ec [Economics], Adjustment, Adult, Aged, Article, Back, Back Pain, Care, Chinese, Chronic, Clinical, Clinical Protocols, Clinical Trial, Comparative Study, Controlled trial, Cost, Cost-Benefit Analysis, Costs, Disability, Disability Evaluation, Dysfunction, Education, effect, effectiveness, effects, Exercise Therapy/ec [Economics], Follow Up, Follow-up, Follow-Up Studies, Health, Human, Low Back Pain, Low Back Pain/th [Therapy], Low-back-pain, Massage, Massage/ec [Economics], Medical, Methods, Middle Age, Pain, Patient, patient education, Patient Education/ec [Economics], Patients, Randomized controlled trial, Randomized trial, Self Care, Self Care/ec [Economics], Self Care/mt [Methods], Support, Non-U.S. Gov't, Support, U.S. Gov't, P.H.S., Symptom, Symptoms, Telephone, Therapeutic, Therapeutic massage, Treatment, Trial, Value

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Keywords: Article, effect, effects, Healthstar, Human, Massage, Mind, Nurses, Nursing, Nursing Care/mt [Methods], Nursing Evaluation Research, Nursing Practice, Practice, Professional Practice, Research, Therapeutic, Therapeutic Touch, Touch, Use

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Keywords: Blind, Index Medicus, Massage, Medical

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Keywords: Acupressure, Human, Letter, Nausea, Nausea and Vomiting, Nausea/th [Therapy], Postoperative, Postoperative Complications/th [Therapy], Postoperative nausea, Postoperative Nausea and Vomiting, Treatment, Vomiting, Vomiting/th [Therapy]

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Abstract:

There is a growing body of research that connects heart rate and massage. These variously associate massage with reduced cardiac rate, lowered blood pressure, decreased anxiety and increases in relaxation and a sense of well-being. Dunbar and Redick looked specifically at back massage following myocardial infarction and Weiss reports a correlation between touch and heart rate during tracheal suctioning. This paper describes how massage was used to restore cardiac rhythm from a state of atrial fibrillation in one patient

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Keywords: Article, Human, Joint Diseases/di [Diagnosis], Joint Diseases/th [Therapy], Knee, Manipulation, Orthopedic, Massage

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[Therapeutic Use], Home, Human, Increase, Joint, Joints, Massage, Medicine, Mental, muscle, Nature, Nutrition, Occupational Therapy, Orientation, Orthopedic Equipment, Pain, Patient, Patients, Physical, physical medicine, Physical Therapy, Physical Therapy/mt [Methods], Program, Protection, Rehabilitation, relaxation, Rest, Self Care, Splints, Status, Therapies, Therapy, Trauma, Treatment, Walkers

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Keywords: Acute, Adult, Article, Chronic, Combined Modality Therapy, Disease, effect, effects, Efficacy, English Abstract, Female, Human, In-patient, Lumbar, Lumbar Vertebrae, Male, Manipulation, Orthopedic, Manual, manual therapy, MEDLINE, Methods, Middle Age, Neurologic, Osteochondritis, Osteochondritis/th [Therapy], Pain/th [Therapy], Patient, Patients, Peripheral Nervous System Diseases/th [Therapy], Reflex, Reflex, Abnormal/th [Therapy], Reflexes, Spinal Diseases/th [Therapy], Spinal Nerve Roots, Syndrome, Syndromes, Therapeutic, Therapies, Therapy, Treatment

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Keywords: Adult, Age, Amplitude, Analysis of Variance, Article, Canada, Comparative Study, Depression, effect, effectiveness, effects, Electric Stimulation/is [Instrumentation], Electric Stimulation/mt [Methods],

Electrodes, Evaluation Studies, Female, H reflex, H-Reflex, H-Reflex/ph [Physiology], Healthy, Healthy-subjects, Human, Injuries, Injury, Light, Male, Massage, Massage/mt [Methods], Massage/sn [Statistics & Numerical Data], Mechanism, muscle, Muscles/ph [Physiology], Presence, Pressure, Quebec, Reference Values, Reflex, Reflexes, Sex Characteristics, Spinal Cord, Spinal Cord Injuries, Spinal cord injury, Support, Non-U.S.Gov't

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Keywords: Adult, Article, Balneology, Female, Health, Health Resorts, Human, Intervertebral Disk, Lumbosacral Region, Male, Massage, MEDLINE, Middle Age, Mud, Mud Therapy, Patient, Patients, Radiculitis, Radiculitis/th [Therapy], Traction, Treatment, Ukraine, Underwater

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Abstract:

Limb edema, particularly when associated with terminal cancer, has a significant effect on a patient's (pt's) quality of life. Starting in 1980, a treatment program, based on an American method to reduce limb edema in advanced cancer, was developed at Countess Mountbatten House, Southampton; modifications and improvements have resulted in the current management program which applies to all forms of obstructive limb edema found in advanced cancer involving either the lymphatic or venous system. The treatment program is designed to take 8 days. It comprises an elastic containment garment and proximal massage, followed by pneumatic compression for 2-6 hr (in 1- or 2-hr periods), interspersed with fluid mobility exercises. The program begins with assessment which will indicate the condition of the tissues. In severe edema, congestion of

lymphatic vessels usually extends beyond the limb into the trunk. About 20 min each day spent massaging the congested area will clear the proximal lymphatic channels and allow free drainage from the limb when pumping begins. Elastic containment garments are the key to successful treatment. They provide external pressure to maintain the reduction in limb volume gained during the daily compression treatment. An elastic garment is fitted at the start of treatment, and, apart from being removed for treatment and bathing, should be kept on continuously. During treatment, smaller garments should be fitted as appropriate. On completion of the treatment, the garment should be worn indefinitely. Garments can be bought ready-made. The purpose of the pneumatic pump is to provide intermittent compression and a mechanical form of massage to the affected limb, expressing the fluid from the tissues into the lymph vessels and capillaries and stimulating the flow through the veins and lymph channels. Success of the program depends on using all of its elements (with the possible exception of pneumatic compression). Currently, the British Lymphology Interest Group, formed in 1985, is working on a booklet for pts outlining the general principles of management of limb edema. (2 Refs)

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Intervention, Literature, Mechanical, Medicine, MEDLINE, Neck, Neck Pain, Neck Pain/pc [Prevention & Control], Ontario, Orthoses, Pain, Physical, physical medicine, Physical Therapy, placebo, Quality, Rehabilitation, Reports, Review, Science, Scientific, Search, Support, Testing, Therapeutic, Therapies, Therapy, Traction, Treatment, Trial, Trials, Use

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Abstract:

BACKGROUND: Despite the popularity of complementary therapies with the public, knowledge and use of these therapies among doctors appear limited. However, studies show that physicians and medical students are positive toward complementary therapies and have a high level of interest in learning about them. **METHODS:** The attitudes of medical students toward complementary therapies were examined using a questionnaire distributed to 800 first-, third-, and fifth-year medical students at two universities in Melbourne, Australia. **RESULTS:** The survey revealed that whereas Australian medical students were positive toward complementary therapies, their self-reported knowledge was low, with 56% having no knowledge of the principles of complementary therapies. Attitudes toward different therapies were found to vary widely, with students having little knowledge of chiropractic and naturopathy, the two therapies most commonly used by Australians. Students consistently scored meditation, massage, and acupuncture the highest with regard to knowledge, perceived usefulness, intended patterns of referral after graduation, and desire for education in the undergraduate degree. **CONCLUSIONS:** When the medical course included some tuition on complementary therapies, students were more positive toward them. A single lecture on complementary therapies was found to have significant impact on medical students' views. Medical students have a high level of interest in complementary therapies that is not being satisfied by their undergraduate curricula. (Abstract by: Author)

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Abstract:

OBJECTIVE: To review and critique the research on the effect of massage therapy and therapeutic touch in children, and to describe clinical implications and make suggestions for future study. **DATA SOURCES:** Studies were obtained through online computer searches of CINAHL, MEDLINE, PsychInfo, and SocioFile. Key words used were tactile, kinesthetic, massage therapy, touch, therapeutic touch, infants, and children. **STUDY SELECTION, DATA EXTRACTION, AND SYNTHESIS:** Fourteen massage therapy studies were selected because they met the following 3 criteria: investigated massage therapy in children; were published in refereed nursing, allied health, or infant and child development journals between 1969 and 1999; and were quantitative in nature. Studies were divided according to developmental age for analysis: neonates, preschool, and older children. Five therapeutic touch studies, 3 quantitative and 2 qualitative, were selected because they were the only empirical reports about the effect of therapeutic touch in children to date. In addition to critiques, the therapeutic touch studies were examined for the following 10 characteristics: study purpose/hypotheses, background/literature review, sample selection method, study design/random assignment, independent variable/length of treatment/control and confounders, dependent variables/measurements, outcomes, study limitations, and implications for future research. **CONCLUSIONS:** More research exists to support the use of massage therapy than therapeutic touch in children. A set of common findings across 2 decades of study suggests that massage therapy may be useful in the care of infants and children. Because massage therapy and therapeutic touch seem to elicit similar parasympathetic effects, therapeutic touch may be useful. There is insufficient evidence, however, to recommend its use in children without qualifications. [References: 61]

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Jaw Diseases/th [Therapy], Male, Massage/ct [Contraindications], Massage/mt [Methods], Measurement, Middle Age, Parotitis/pc [Prevention & Control], Parotitis/pp [Physiopathology], Parotitis/th [Therapy], Patient, Patients, Prevention, Remission Induction, Tissue, Treatment, Trypsin, Ultrasonic, Value, Vibration/tu [Therapeutic Use], Vibromassage

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Glucose, Hand, Heart Rate, Hospital, Human, Hydrocortisone, Hydrocortisone/bl [Blood], In-patient, Lens Implantation, Intraocular, Lymphocyte Count, Male, Massage, Medical, Methods, Middle Age, Norepinephrine, Norepinephrine/bl [Blood], Pain Measurement, Patient, Patients, Phacoemulsification, Pressure, Psychological, Pulse, Surgery

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Keywords: Article, Human, Massage, MEDLINE

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Kultury, , 13-17

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Keywords: Adolescence, Adult, Ambulatory Care/mt [Methods], Article, Biopsy, Blood, Blood Flow, Blood-flow, Chronic Disease, Clinical, Clinical Trial, Combined Modality Therapy, Comparative Study, Cryotherapy/mt [Methods], Duodenal Ulcer/di [Diagnosis], Duodenal Ulcer/pa [Pathology], Duodenal Ulcer/rh [Rehabilitation], Duodenum/pa [Pathology], Endoscopy, Gastrointestinal, Female, Healing, Human, In-patient, Intestinal Mucosa/pa [Pathology], Male, Massage/mt [Methods], Middle Age, Patient,

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Perineum/in [Injuries], Physician, Physicians, Pilot Studies, Practice, Pregnancy, Prevention, Quebec, Questionnaire, Questionnaires, Randomized controlled trial, Single-Blind Method, Standard, Support, Non-U.S.Gov't, Trauma, Trial, Women, Wounds and Injuries/pc [Prevention & Control]

Abstract:

Although the performance of perineal massage by a woman or her partner during the last weeks of pregnancy may help to prevent perineal trauma at delivery, the technique has never been evaluated rigorously. This study examined the feasibility of a randomized, controlled trial, and more specifically assessed the participation rate, the acceptability of the intervention, and whether or not an attending physician could remain blind to participants' groups. The pilot study was a single-blinded, randomized, controlled trial. Nulliparous women, 32 to 34 weeks pregnant, were recruited from June 8 to July 31, 1992, at the offices of family physicians and obstetricians who practice at the Hopital du Saint-Sacrement in Quebec City. Women assigned to the intervention group practiced daily 10-minute perineal massage and completed a diary, and those in the control group had standard care. Women and attending physicians completed a questionnaire about the aspect of blindness. Among the 174 women who delivered during the study period, 104 (59.8%) were approached by a midwife and 46 (26.4%) were randomized. Twenty (91.0%) of the 22 women in the massage group returned their perineal massage diaries. Based on the postpartum questionnaire, 20 women practiced the technique at least four times a week for three weeks or longer. No woman in the control group practiced massage. The attending physician was aware of the woman's group in only three instances (6.7%). Based on the results of this pilot study, a randomized, controlled trial to evaluate the efficacy of perineal massage in preventing perineal trauma at birth appears feasible. (Abstract by: Author)

Abstract reprinted with permission, Birth: Issues in Perinatal Care.

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Labrecque M, Eason E, Marcoux S, Lemieux F, Pinault JJ, Feldman P, Laperriere L (1999). Randomized controlled trial of prevention of perineal trauma by perineal massage during pregnancy. *American Journal of Obstetrics & Gynecology*, 180,

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Keywords: Adult, Article, Birth, Canada, Clinical, Clinical Trial, Control Group, Controlled trial, Delivery, Department, effectiveness, Experience, Experimental, Families, Family, Female, Hospital, Hospitals, Human, Incidence, Information, Labor Complications/pc [Prevention & Control], Massage, Massage/mt [Methods], Medicine, Perineal massage, Perineal trauma, Perineum, Perineum/in [Injuries], Practice, Pregnancy, Prevention, Quebec, Randomized controlled trial, Single-Blind Method, Support, Non-U.S.Gov't, Tears, Trauma, Trial, Women

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Herbs, HIV Infections/px [Psychology], HIV Infections/th [Therapy], HIV-Infected Patients, Hiv-infection, Homoeopathy, Hospital, Human, In-patient, Interview, Massage, Medical, Medicine, Medicine, Traditional, Meditation, MEDLINE, Methods, Motivation, Patient, Patient Care Team, Patients, Progression, Questionnaire, Role, Score, Sick Role, Support, Switzerland, Symptom, Symptoms, Therapies, Therapy, Traditional medicine, Use, Vitamins

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Keywords: Adnexitis/th [Therapy], Adult, Article, Combined Modality Therapy, Female, Gynecologic, Human, Immunologic Deficiency Syndromes/th [Therapy], Leiomyoma/th [Therapy], Massage, Massage/mt [Methods], Middle Age, Preoperative Care, Review, Uterine Neoplasms/th [Therapy], vibration, Vibration/tu [Therapeutic Use]

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Keywords: Article, Cerebral, Cerebral Palsy/th [Therapy], Child, Human, Massage, Massage/mt [Methods], Reflexotherapy/mt [Methods], Vibration/tu [Therapeutic Use]

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Keywords: Animal, Article, Dynamic, Experimental, Injuries, Injury, Male, Massage, muscle, Muscles, Muscles/ir [Innervation], Muscles/me [Metabolism], Rabbits, Sciatic Nerve/in [Injuries], Thigh/ir [Innervation], vibration, Vibration/tu [Therapeutic Use]

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Keywords: Adult, Article, Association, Classification, Clinical, Clinical Trial, Copenhagen, Data, Data Collection, Denmark, Department, Diagnosis, Diaries, Energy, Environment, Experience, Female, Follow Up, Follow-up, headache, Headache/th [Therapy], Human, Intervention, Interview, Interviews, Logistic Models, Male, Massage, Methods, Middle Age, Migraine, Migraine Headache, Outcome measures, Outcomes, Patient, Patients, Physician, Practitioner, Practitioners, prevalence, Problems, Prospective Studies, Questionnaire, Questionnaires, reflexology, Societies, Support, Support, Non-U.S. Gov't, Symptom, Tension, Tension Headache, Therapeutic, Treatment, Trial, Well Being

Abstract:

CONTEXT: Headache is the most frequently reported symptom among Danish adults, and studies in various European countries indicate migraine headache prevalence rates similar to those in Denmark. **OBJECTIVE:** An exploratory study of reflexological treatment for headache was conducted from 1993 to 1994 to examine which patients with headache underwent a course of reflexological treatment, why patients sought reflexological treatment, what previous experience patients had with medication for headache, and what outcomes patients experienced from reflexological treatment. **DESIGN:** Prospective and exploratory study using random sampling and the following data collection methods: headache diaries, registration schemes for practitioners, questionnaires, and qualitative interviews. **SETTING:** Denmark. **PATIENTS:** 220 patients with migraine and/or tension headache. **INTERVENTION:** Patients were treated for a maximum of 6 months by 78 reflexologists systematically drawn from the membership lists of 5 alternative therapist associations. **MAIN OUTCOME MEASURES:** A diagnosis of each patient's type of headache at the outset of treatment was made by a consulting physician according to the International Headache Society Classification (1988). **RESULTS:** At 3-month follow-up, 81% of patients reported that they were helped by the treatments or were cured of their headache problems. Nineteen percent of

those who had formerly taken drugs to control their headaches were able to stop medication support following participation in the study.

CONCLUSIONS: Reflexological treatment seems to improve patients' general well-being, energy level, ability to interpret their own body signals, and ability to understand the reasons for headache. However, these relationships may be due to other factors in the treatment environment. Additional studies are necessary to determine the proximate cause of reflexology's therapeutic benefits

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Lymph, Lymphatic System/ph [Physiology], Manual, manual lymph drainage, Massage/mt [Methods], Nurses, Nursing Assessment, patient education, Rehabilitation, Review, Scientific, Treatment

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Abstract:

The present study investigated the effect of vibrotactile stimulation on relaxation as measured by EMG recording. Forty-eight subjects from three age groups were randomly divided into 8 experimental groups: (1) simultaneous footrest vibration and back vibration (A1C1); (2) simultaneous footrest vibration and back roller (A1C2); (3) simultaneous footrest vibration, back vibration and back roller (A1C3); (4) footrest vibration alone (A1C4); (5) back vibration alone (A2C1); (6) back roller alone (A2C2); (7) simultaneous back vibration and back roller (A2C3); and (8) control group (no vibration/stimulation) (A2C4). The three major variables studied were footrest vibration (A1 and A2), pre- and post-EMG measures (B1 and B2), and back vibration (C1C2C3C4). Results showed that footrest vibration had a significant effect on relaxation. Other conditions (except the control) produced a decrease in EMG levels, but did not reach significance. Pre- and postmeasures by experimental conditions were also significantly different. Application of vibration as an aid in relaxation is discussed. (Abstract by: Author)

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Abstract:

This study examined the effects of two methods of teaching perineal massage on the rates of practice of perineal massage, of episiotomy, and of lacerations in primiparas at birth. Couples in 20 randomly selected sections of four prenatal class series received routine printed and verbal instruction and a 12-minute video demonstration of perineal massage, or only the routine printed and verbal instruction. Women reported their practice rates in daily diary records, which were mailed to the researcher weekly. Hospital records provided delivery data. Of the 83 women, 23 (28%) practiced perineal massage: 16 (35.6%) in the experimental group, 7 (18.4%) controls. Even though the rate of practice almost doubled among experimental group women, the videotape instruction method was statistically nonsignificant. Episiotomy and laceration rates were not affected by teaching method. More severe lacerations occurred among the experimental group; however, the control group had almost four times as many severe (21%) as minor (5.3%) lacerations. The experimental group had twice as many severe (28.9%) as minor (13.3%) lacerations. These results were also nonsignificant. (Abstract by: Author)

Abstract reprinted with permission, Birth: Issues in Perinatal Care.

Publication URL:

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Keywords: Adult, Article, Blood, Blood Circulation, Blood Pressure Determination, Circulation, effect, effects, Exercise, Exercise Therapy, Human, Hypertension, Hypertension/th [Therapy], Male, Massage, MEDLINE, Middle Age, Oscillometry, Patient, Patients, System, Therapies,

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Symptoms, System, Therapies, Therapy, Training, Treatment, Work

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Keywords: Age, Aged, Aged,80 and over, Analysis of Variance, Article, Body Temperature, Clinical, Clinical Trial, Controlled trial, Convenience Sample, Decubitus Ulcer/et [Etiology], Decubitus Ulcer/pc [Prevention & Control], Decubitus Ulcer/pp [Physiopathology], effect, effects, Evaluation, Hip, Hip Surgery, Human, Massage, Patient, Patients, Pressure, Prevention, Randomized controlled trial, Repeated Measures, Skin, Skin Temperature, Standard, Surgery, Temperature, Treatment, Trial, Ulcer

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Keywords: Acupuncture, Acupuncture Points, Acupuncture/mt [Methods], Adult, Age, Bi-digital o-ring test, Blood, Blood Pressure, Blood-pressure, Brain, Breast Neoplasms/th [Therapy], Case Report, chi-gong, Child, Children, Circulation, Criteria, Disease, Ear, effect, effectiveness, effects, Energy, Experimental, Female, Hand, Healthstar, Heart, Human, Knowledge, Male, Medicine, Medicine, Chinese Traditional, Medulla oblongata, Men, Meridians, Middle Age, muscle, Muscle Spasticity/th [Therapy], Muscles, New York, Normal, O-ring test, Pain, Pain/th [Therapy], Patient, Patients, Pericardium, Perineum, Physical Stimulation, Point, Pons, Practitioner, Pressure, Qi, Qi gong, qi-gong, Qigong, relaxation, Reproducibility of Results, Research, Spastic, Therapeutic, Treatment, Trial, Trials, Unique, Urinary Tract Infections/th [Therapy], Well Being

Abstract:

Changes taking place in both Qi Gong Masters and their patients during Qi Gong treatment were evaluated using the Bi-Digital O-Ring Test. During

the Qi Gong state, on the Qi-Gong Master's body, as well as the body of the patient being treated, acupuncture points CV5 (Shi Men) and CV6 (Qi Hai)-- located below the umbilicus-- show changes from +4 in the pre-Qi Gong state to between -3 and -4 during the Qi Gong state. Before and after the Qi Gong, there is a normal +4 response to the Bi-Digital O-Ring Test at these acupuncture points. Similar changes were also observed on acupuncture points CV17 (Shan Zhong), CV 22 (Tian Tu), Yin Tang (at an area just between the eyebrows: the pituitary gland representation area, colloquially known as the 'third eye') and GV20(Bai Hui), the entire pericardium meridian & triple burner meridian, their acupuncture points, the adrenal glands, testes, ovaries and perineum, as well as along the entire spinal vertebrae, particularly on and above the 12th thoracic vertebra, medulla oblongata, pons, and the intestinal representation areas of the brain located just above and behind the upper ear. Using these findings as criteria for evaluating the effectiveness of reaching the Qi Gong state, we were able to reproduce during the experimental trials similar changes in ourselves and the patient being treated with therapeutic effects comparable to those of the Qi Gong Master. Beneficial effects of external Qi Gong treatment given by a Qi Gong practitioner 1 to 3 times for 10-20 seconds each (although most Qi Gong masters take 3-20 minutes per treatment) often resulted in improvement of circulation and lowering of high blood pressure, as well as relaxation of spastic muscles, relief of pain, and enhanced general well-being, all of which resemble acupuncture effects. In order to reproduce the same procedure with others, we selected 4 children ranging between 8 and 11 years of age who had no knowledge of Qi Gong or Oriental medicine. One of these four children, the 8 year old, was able to consistently reach the same Qi Gong state after less than a half day and another child, 11, after less than 2 days. Within a week, the other two were sometimes able to reproduce the Qi Gong state but not always. Using the Qi Gong state thus obtained, it was found that this type of Qi Gong energy is directed to specific directions from the hand and can even penetrate wooden or metal doors. (ABSTRACT TRUNCATED AT 400 WORDS). (63 Refs) (Abstract by: Author)

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Publication URL:

<http://www.cognizantcommunication.com/filecabinet/Acupuncture/acu.htm>

Omura Y (1989). Connections found between each

meridian (heart, stomach, triple burner, etc.) & organ representation area of corresponding internal organs in each side of the cerebral cortex; release of common neurotransmitters and hormones unique to each meridian and corresponding acupuncture point & internal organ after acupuncture, electrical stimulation, mechanical stimulation (including shiatsu), soft laser stimulation or Qi Gong. [Review] [73 refs]. Acupuncture & Electro-Therapeutics Research, 14, 155-186

Keywords: Acetylcholine, Acid, Acupuncture, Acupuncture Points, Adolescence, Adult, Aged, Beta-endorphin, Cerebral, Cerebral Cortex, Chinese, Chinese Medicine, Concentration, Disease, Dopamine, Electrical Stimulation, Electrical-stimulation, Electroacupuncture, Estradiol, Female, Finger, Fingers, Healthstar, Heart, Hormones, Hormones/an [Analysis], Hormones/bi [Biosynthesis], Human, Internal, Internal organs, Lasers, Literature, Male, Mechanical, Medicine, Medicine, Chinese Traditional, Meridians, Middle Age, Neurotransmitters/an [Analysis], Neurotransmitters/bi [Biosynthesis], New York, Norepinephrine, O-ring test, Patterns, Physical Stimulation, Point, Qi, Qi gong, qi-gong, Range, Release, Research, Serotonin, shiatsu, Stimulation, Stomach, Toes, Unique

Abstract:

Using the 'Bi-Digital O-Ring Test Imaging Technique', the author has been able to accurately localize meridians and acupuncture points that correspond to specific internal organs and has found that most general patterns of meridians and the number of acupuncture points on each of the meridians of specific internal organs of the 12 main internal organs described in the literature of ancient Chinese medicine, are more or less correct, with the exception of some variations and inaccuracies. Each meridian of specific internal organs was found to be connected to the organ representation area in the cerebral cortex of specific internal organs. The acupuncture point has an area and occupies 3-dimensional space. It has a circular or slightly oval boundary with diameter in the range of 3 mm to 2.7 cm, although 6-12 mm are the most common diameters in human adults, with the exception of the area outside the corners of the nailbeds of the fingers and toes. Using the 'Bi-Digital O-Ring Test Molecular Identification Method', the author also found that within the boundary of most acupuncture points and meridian lines (including Heart, Stomach, and Triple Burner) were high concentrations of neurotransmitters and hormones, including Acetylcholine, Methionine-Enkephalin, Beta-Endorphin, ACTH, Secretin, Cholecystokinin, Norepinephrine, Serotonin,

and GABA. On all these meridian lines, in addition to the above neurotransmitters and hormones, Dopamine, Dynorphin 1-13, Prostaglandin E1 (PGE1) and VIP were found, but the latter do not usually exist within the boundary of the acupuncture point with the exception of the center midline of the acupuncture point where the meridian line is situated. Serotonin, Norepinephrine, and Cholecystokinin appeared in either one of the above 2 patterns, depending on the individual. Usually, no significant amounts of these neurotransmitters and hormones were found at the surrounding area outside of meridian and acupuncture points. However, the essential amino acid L-Tryptophan (which is a precursor of Serotonin), was usually found outside of the boundary of the acupuncture point and the meridian but not within the boundary of the acupuncture point and the meridian. Wherever Serotonin appeared, L-Tryptophan disappeared significantly and when the Serotonin disappeared, L-Tryptophan reappeared. In addition to the above common neurotransmitters and hormones, the Heart meridian had additional Atrial Natriuretic Peptide in both the meridian and its acupuncture points. Similarly, the Stomach meridian had additional Gastrin in both the meridian and its acupuncture points. Likewise, the Triple Burner meridian had additional Testosterone (in the male) and Estrogen (especially Estriol and Estradiol in the female. (73 Refs) (Abstract by: Author)

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Keywords: Acupuncture, Acupuncture Therapy/mt [Methods], Adult, Antibiotics, Arteries, Bacterial Infections/th [Therapy], Bi-digital o-ring test, Blood Circulation, Case Report, Circulation, Circulatory, Clinical, Clinical-application, Disease, Drug uptake, effect, effects, Electric Conductivity, Electrical Stimulation, Electrical-stimulation,

Electrophysiology, Energy, Evaluation, Female, Healthstar, Heart, Human, Increase, Infection, Lead, Lead Poisoning/th [Therapy], Male, Medical, Medical problems, Metals, Methods, Middle Age, muscle, Muscles, New York, O-ring test, Pain, Pain/th [Therapy], Pharmacokinetics, Problems, Qi, Qi gong, qi-gong, Research, Spastic, Stimulation, Strength, Therapeutic, Treatment, Vascular Diseases/th [Therapy], Vasoconstriction, Vertebral Artery, Virus Diseases/th [Therapy], Vitamins, Water

Abstract:

In the process of evaluating the effects of external Qi Gong on inanimate substances by the Bi-Digital O-Ring Test, Qi Gong energy was shown to have a polarity which the author designated for convenience sake (+) or (-), where (+) increases the strength of muscles and (-) weakens them. Depending upon how external Qi Gong is applied and from which part of the body it emanates, the polarity changes. In general, it was found that, when (+) polarity is applied to the painful area or spastic muscles or arteries in vaso-constriction it often reduced or eliminated the pain, spastic muscles or circulatory disturbances. The author succeeded in storing part of the Qi Gong energy in inanimate materials, such as papers, metals (such as a sheet of aluminum foil), glass, stone, band-aids, clothes, drugs, etc. in bi-polar (one end of the same material becomes (+) polarity and the other end of the same material becomes (-) polarity) form in one material or uni-polar, i.e., the entire material either has pure (+) polarity or (-) polarity. Water, EPA, vitamins, antibiotics and other drugs were also converted to (+) polarity. When the material has a bi-polar state, it becomes possible to eliminate one of the polarities by applying certain changing electrical fields. The effect of placing (+) polarity Qi Gong energy stored material was compared with direct application of the Qi Gong on pain, spastic muscle and spastic vertebral arteries. The therapeutic effects of these 2 methods were quite similar for the identical time duration but a more predictable effect was often obtained in the former. As our previous study indicates that acupuncture, electrical stimulation (1-3 pulses/sec.), as well as Qi Gong not only improved the microcirculatory disturbance and relaxed spastic muscles and vaso-constrictive arteries but also reduced or eliminated the pain and also selectively enhanced drug uptake to the area where drugs could not be delivered due to existing circulatory disturbances, by placing (+) Qi Gong stored material, such as a sheet of paper or aluminum foil, band-aid or clothes. Bi- Digital O-Ring Test evaluation indicated that not only did it produce all the beneficial effects of Qi Gong but also enhanced the drug uptake selectively in the area where it is necessary for the drug to be delivered for effective treatment, and reduced lead deposits in tissue. (ABSTRACT TRUNCATED AT 400 WORDS)
(Abstract by: Author)

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Omura Y, Beckman SL (1995). Application of intensified (+) Qi Gong energy, (-) electrical field, (S) magnetic field, electrical pulses (1-2 pulses/sec), strong Shiatsu massage or acupuncture on the accurate organ representation areas of the hands to improve circulation and enhance drug uptake in pathological organs: clinical applications with special emphasis on the 'Chlamydia-(Lyme)-uric acid syndrome' and 'Chlamydia-(cytomegalovirus)-uric acid syndrome'. Acupuncture & Electro-Therapeutics Research, 1995 Jan-Mar;20, 21-72

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Abstract:

Various methods of improving circulation and enhancing drug uptake which were used in treating some intractable medical problems caused by infections, and two syndromes based on the co-existence of Chlamydia trachomatis infection (mixed with either Lyme Borrelia burgdorferi or Cytomegalovirus) with increased Uric acid are described. The principal author's previous studies have indicated that there are two opposite types of Qi Gong energy, positive (+) and negative (-). Positive (+) Qi Gong energy has been used clinically to enhance circulation and drug uptake in diseased areas where there is a micro-circulatory disturbance and drug uptake is markedly diminished. (-) Qi Gong energy has completely the

opposite effect and therefore has not been used although there may be some as yet undiscovered application. Since the late 1980's the principal author has succeeded in storing (+) Qi Gong energy on a variety of substances including small sheets of paper, and recently has been able to intensify this energy by concentrating it as it passes through a cone-shaped, tapered glass or plastic object placed directly on the (+) Qi Gong energy stored paper. Application of (+) Qi Gong energy stored paper on the cardio-vascular representation area of the medulla oblongata at the occipital area of the skull often improved circulation and enhanced drug uptake. If the drug-uptake enhancement was still not sufficient for the drug to reach therapeutic levels in the diseased organ, direct application of (+) Qi Gong from the practitioner's hand often enhanced the drug uptake more significantly. However, this direct method often results in the practitioner developing intestinal micro-hemorrhage within 24 hours which may or may not be noticed as mild intestinal discomfort with soft, slightly tarry stool. For intensifying (+) Qi Gong energy one of the most efficient shapes is a cone with increased intensification occurring at an optimal height. However when the total mass and the total distance from base to peak is increased beyond an optimal limit, the power decreases. Clinical application of Intensified (+) Qi Gong stored energy was evaluated in this preliminary study which indicated that intensified (+) Qi Gong energy application on the heart representation area of the middle finger on the hands markedly improved circulation in the corresponding organ, and increased drug uptake and acetylcholine even more effectively than some of the previously used drug enhancement methods (Shiatsu massage of the organ representation areas and/or application of (+) Qi Gong energy stored paper to the occipital area above the cardiovascular representation area of the medulla oblongata). (ABSTRACT TRUNCATED AT 400 WORDS)

Abstract reprinted with permission, Acupuncture & Electro-Therapeutics Research.

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Abstract:

21 female patients suffering from chronic tension headache received 10 sessions of upper body massage consisting of deep tissue techniques in addition to softer techniques in the beginning. When found, trigger points were carefully and forcefully massaged. The range of cervical movements, surface ENMG on mm. frontalis and trapezius, visual analogue scale (VAS)

and Finnish Pain Questionnaire (FPQ), and the incidence of neck pain during a two week period before and after the treatment, and at 3 and 6 months during the follow-up period together with Beck depression inventory were taken for evaluation and follow-up. The range of movement in all directions increased, and FPQ, VAS and the number of days with neck pain decreased significantly. There was a significant change in ENMG on the frontalis muscle whereas changes in trapezius remained insignificant. Beck inventory showed an improvement after the treatment. This study confirmed clinical and physiological effects of massage. (Abstract by: Author)

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Abstract:

Therapeutic touch (TT) is believed to help promote relaxation, reduce pain, accelerate the healing process, and alleviate psychosomatic illness. Patients who undergo surgery frequently experience stressors such as anxiety and pain. Although there have been limited studies on the use of TT in the surgical arena, it is a stress-reduction method that should be explored further. This article discusses studies that examined the use of TT in reducing anxiety and pain. [References: 52]

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Abstract:

Abdominal massage is a viable alternative to laxatives and enemas in chronic constipation. Ann Richards has developed a massage programme to be taught to informal carers in the community. [References: 2]

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Postoperative, Postoperative Care, Postoperative Care/nu [Nursing], Postoperative Care/px [Psychology], Postoperative Pain, Practice, Preoperative, Preoperative Care/nu [Nursing], Preoperative Care/px [Psychology], Research, Science, Support, Non-U.S. Gov't, Surgery, Therapeutic, Therapeutic Touch, Therapeutic Touch/nu [Nursing], Therapeutic Touch/px [Psychology], Touch, Treatment, Trial, Women

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Abstract:

Electroacupuncture According to Voll (EAV) was used to monitor the effects of qigong practice on therapeutic balancing of subjects. In EAV the electrical conductance of the skin above individual acupuncture points is measured using low voltage and current. Diagnosis depends on measuring

the relative electrical conductance and its time dependence. An important diagnostic criterion of degeneration of an organ is an indicator drop which occurs during the measurement when the conductance decreases from an apparent maximum value and then levels off. Two series of EAV measurements were made before and after healthy subjects practiced qigong. Measurements were made at 24 acupuncture points at the ends of the meridians of the fingers and toes of a subject and were made by the same operator and equipment. The subjects were asked to perform a qigong exercise of their choosing. In the first series, four subjects were examined by EAV before and after qigong exercise. Qigong exercise decreased the average EAV measured values of the four subjects in the range of -19 to -31%. Qigong eliminated indicator drops for three subjects and reduced the indicator drop by 80% for the fourth subject. In the second series, each of seven subjects was examined by EAV three times in a blind protocol so that the operator did not know whether a subject had practiced qigong before the second or third examination. Qigong exercise changed the average EAV measured values in the range of -17 to -35% for four subjects and 4 to 15% for three subjects. (ABSTRACT TRUNCATED AT 250 WORDS)

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Keywords: Adult, Affect, Analysis of Variance, Article, Chicago, Combination, Experience, Factor Analysis, Female, Healthstar, Human, Illinois, Imagery, Imagery (Psychotherapy), Male, Massage, Meditation, Model, Models, muscle, Muscle Relaxation, Passive, Practitioner, Practitioners, relaxation, Relaxation Techniques, Research, Stretching, Theories, Theory, Training, Treatment, Word Association Tests, Yoga

Abstract:

Nine hundred and forty practitioners of massage, abbreviated progressive muscle relaxation (PMR), yoga stretching, breathing, imagery meditation, and various combination treatments described their technique experiences on an 82-item wordlist. Factor analysis yielded 10 interpretable relaxation categories: Joyful Affects and Appraisals (Joyful), Distant, Calm, Aware, Prayerful, Accepted, Untroubled, Limp, Silent, and Mystery The relaxation response and cognitive/somatic specificity models predict Calm and Limp, which account for only 5.5% of the variance of relaxation experience. Unlike much of previous relaxation research, we found important technique differences. PMR and massage are associated with Distant and Limp; yoga stretching, breathing, and meditation with Aware; meditation with Prayerful and all techniques except PMR with Joyful. Results are consistent with cognitive-behavioral relaxation theory and have implications for relaxation theory, treatment, training, assessment, and research. We close with a revised model of relaxation that posits three global dimensions; tension-relief, passive disengagement, and passive engagement. (Abstract by: Author)

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Abstract:

A 3-mo trial using wrist acupressure bands to control nausea and vomiting in patients (pts) undergoing cytotoxic cancer chemotherapy is described. These elasticized bands have a button positioned to apply pressure to the P6 Nei-Kuon acupuncture point. Eighteen pts were included in the study. Every pt received between one and four cytotoxic chemotherapy courses, each course taking 1-4 days every 2-4 wk. Acupressure bands were worn by all of the pts during some courses and not worn during others. Comparisons were made between the times the pts wore the bands and the times when they did not or when the bands were incorrectly positioned. When acupressure bands were used correctly, nausea remained but, in most cases, it was greatly reduced. Vomiting was reduced both in number of times and amount of emesis; some pts did not vomit at all. Antiemetic drugs were still needed, but the amount of drugs used was greatly reduced. Pts could tolerate oral antiemetics and fluids, and some were able to eat. Pts felt more in control of their own care and reported less depression and fear of returning for their chemotherapy courses. Use of the acupressure bands was cost-effective in terms of reducing the use of antiemetic drugs and laundry services, improving the effective use of nursing time, and in some cases, permitting earlier discharge because pts were less debilitated. The results of this trial suggest that further research and a randomized controlled trial are justified. (3 Refs)

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Abstract:

Pain relief mechanisms of needling to the pain-producing muscle, application of a static magnetic field or external qigong, and needling to the acupuncture point were investigated in an experimentally designed pain producing muscle of animals. Single isometric twitch height in situ was reduced gradually by 10 Hz tetanic stimulation for one hour of the gastrocnemius muscle of guinea pigs. This reduction of twitch height was recovered by injection of 0.3-1 ml saline to the artery of this muscle, or of injection of a vasodilator, isoproterenol dissolved in 0.1 ml saline. Hence, reduction of twitch height could be induced by reduction of circulation in the muscle and recovery of it could be induced by recovery of circulation. Since it is easily considered that a pain substance might be accumulated in a muscle under reduced circulation, and such an accumulated substance might be eliminated by recovery of circulation, the reduction of twitch height after tetanic stimulation could be estimated as the pain-producing muscle and recovery of twitch, as the pain relieving muscle. 1) Needling to the pain muscle, 2) application of a static magnetic field or external qigong to the muscle, and 3) needling to the acupuncture point recovered the reduced twitch height due to tetanic stimulation. Atropine abolished this

effect induced by the above 1, 2 and 3 procedures. Hence, the cholinergic vasodilator nerve might be involved in the induction of this effect. A sciatic nerve cut did not influence the effect of 1), but abolished the effect of 3). Denervation and capsaicin abolished the effect of 1). Substance P and a calcitonin gene-related peptide (CGRP) recovered the reduced twitch height, and atropine blocked the effect of CGRP, but did not block that of substance P. The effect of 2) was equivalent to that of anticholinesterase. A rostral lesion of the contralateral anterior hypothalamus did not abolish the effect of 3, but a caudal lesion of this region did. Electrical stimulation of this region produced an effect similar to that of 3). From these results, it was concluded that muscle pain relief by these procedures might be induced by recovery of circulation due to the enhanced release of acetylcholine as a result of activation of the cholinergic vasodilator nerve endings innervated to the muscle artery. However, manners of activation of the cholinergic nerve was different in effects of 1), 2) and 3). 1) might be induced by axon reflex of the CGRP nerve, 2) might be induced by inhibition of cholinesterase and 3) might be induced by a somato-autonomic reflex. The reflex center of this might be in the anterior hypothalamus

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Abstract:

OBJECTIVE: To perform an integrative research review and meta-analysis of therapeutic touch research. **DATA SOURCES:** Bibliography maintained by the Nurse Healers-Professional Associates International; MEDLINE, CINAHL, and Psylit databases; dissertations and master's theses. **STUDY SELECTION:** Thirty-eight research articles were included in the analysis. All dissertations and research articles were analyzed. **DATA EXTRACTION:** Data on 32 substantive characteristics of the sample, the therapeutic touch procedure, and the article/dissertation were extracted following Moody's method for an integrative research review. The meta-analysis used studies that reported means and standard deviations of the treatment and control groups. **DATA SYNTHESIS:** The research questions were as follows: (1) What are the substantive characteristics of the sample, the therapeutic touch practice, and the article/dissertation in research studies from 1975 to 1997? (2) What does the research demonstrate regarding the efficacy of therapeutic touch as an intervention? (3) Based on the results of the review and meta-analysis, what are the gaps, trends, and outcomes of the therapeutic touch research studies? **CONCLUSIONS:** The review demonstrated that there are many approaches to therapeutic touch research, samples are described incompletely, and the therapeutic touch practices vary in the studies. Most of the studies supported hypotheses regarding the efficacy of therapeutic touch, though a number had mixed or negative results. A meta-analysis was performed on 13 studies. The average effect size in these studies was .39, which is described as moderate. Gaps, trends, and outcomes were identified and discussed

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Touch

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Keywords: Acupuncture, Diagnosis, Differential, Drugs, Chinese Herbal, Human, Massage, Medicine, Chinese Traditional, United States

Abstract:

This article covers introductory concepts regarding Oriental medicine, its historical context, yin and yang principles, and Five-Phase theory. It discusses organ theory, patient examination, diagnosis, the meridian network system, and treatment modalities such as acupuncture and Chinese herbal medicine, giving a brief overview of the different acupuncture and Oriental medical styles practiced in the United States. Included also are helpful tables, graphs, and photographs to provide a better visual context for Oriental medicine. [References: 28]

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Abstract:

BACKGROUND: Newborns placed skin-to-skin with their mothers show an inborn sequence of behavior similar to that seen in other mammals. The purpose of this study was to make a detailed exploration of hand movements and sucking behavior in healthy term newborns who were placed skin-to-skin on their mothers' chests, and to study maternal oxytocin release in relation to these behaviors. **METHODS:** Ten vaginally delivered infants whose mothers had not been exposed to maternal analgesia were video-recorded from birth until the first breastfeeding. Video protocols were developed based on observations of the videotapes. Each infant's hand, finger, mouth, and tongue movements, positions of the hand and body, and sucking behavior were assessed every 30 seconds. Maternal blood samples were collected every 15 minutes, and oxytocin levels were analyzed by radioimmunoassay. A statistical test for establishing the relationship between maternal oxytocin levels and infants' hand movements ! or sucking behavior was developed. **RESULTS:** Infants used their hands to explore and stimulate their mother's breast in preparation for the first breastfeeding. A coordinated pattern of infant hand and sucking movements was also identified. When the infants were

sucking, the massagelike hand movements stopped and started again when the infants made a sucking pause. Periods of increased massagelike hand movements or sucking of the mother's breast were followed by an increase in maternal oxytocin levels ($p < 0.005$). **CONCLUSIONS:** The findings indicate that the newborns use their hands as well as their mouths to stimulate maternal oxytocin release after birth, which may have significance for uterine contraction, milk ejection, and mother-infant interaction

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Abstract:

CONTEXT: Acupuncture at the P6 or Neiguan point to treat nausea and vomiting has been practiced in China for many years. More recently, acupressure at P6 has been used successfully to decrease the symptoms of pregnancy sickness and with mixed results to decrease motion sickness. **OBJECTIVE:** To determine whether an Acuband, a commercially available acupressure wristband, would relieve the symptoms of motion sickness. **METHOD:** 25 healthy subjects, aged 18 to 22 years, prescreened for susceptibility to motion sickness, were tested on 3 separate occasions in a rotating optokinetic drum with the following conditions: wearing an Acuband on the wrist, wearing an Acuband on the arm, and wearing no Acuband. **MAIN OUTCOME MEASURES:** Subjective symptoms of motion sickness and abnormal gastric activity, as recorded via electrogastronomy, were obtained throughout the procedure. **RESULTS:** Subjects reported significantly fewer symptoms of motion sickness on days when wearing the Acuband on the wrist or the arm than they did on control days (when they wore no Acuband). Subjects also showed less abnormal gastric activity on the days when wearing an Acuband than they did on control days. **CONCLUSION:** An Acuband worn on the wrist or forearm decreases the symptoms of motion sickness and the gastric activity that usually accompanies motion sickness

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[Utilization], Adolescence, Adult, Aged, Aged,80 and over, Alternative Medicine, Alternative Medicine/ec [Economics], Alternative Medicine/ut [Utilization], Child, Child,Preschool, Comparative Study, Delivery of Health Care, Female, Health Care Costs, Health Maintenance Organizations/ec [Economics], Human, Infant, Insurance Coverage, Male, Massage, Massage/ec [Economics], Massage/ut [Utilization], Middle Age, Naturopathy/ec [Economics], Naturopathy/ut [Utilization], Pain, Patient Satisfaction, Preferred Provider Organizations/ec [Economics], Prospective Studies, United States, Washington

Abstract:

CONTEXT: Increasing numbers of health plans in the United States offer complementary and alternative medicine (CAM) benefits despite limited information. **OBJECTIVE:** To determine the utilization rates and costs associated with providing CAM services in 2 benefit designs, and to determine the satisfaction of patients in both plans. **DESIGN:** Two health plans were identified: a traditional indemnity plan offered through a defined preferred provider organization (PPO) of CAM providers and a health maintenance organization (HMO). Costs and utilization rates for CAM services were compared during a 1-year period of coverage beginning November 1, 1996. **SETTING AND PARTICIPANTS:** 1091 patients in both plans who used CAM services during the month of May 1997 in Washington state. **RESULTS:** Only 1% of all patients covered for CAM accessed these services during the study period. A significantly higher percentage of patients in the PPO plan (1.2%) used CAM services compared to the HMO plan (0.6%) ($P < .001$). However, the average total cost of annual CAM services (plan benefit + user contribution) was similar (\$347 in the HMO and \$376 in the PPO), and the price per member per month was nearly identical (\$0.20 in the HMO and \$0.19 in the PPO). Most users perceived these services as helpful. **CONCLUSIONS:** Utilization of CAM services and per member per month costs were lower than expected given the high interest in CAM services reported in consumer surveys. The high level of satisfaction with CAM services and self-reported decrease in the use of pain medications suggests the need for prospective studies examining the effect of CAM treatments

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Keywords: Adult, Anxiety/di [Diagnosis], Anxiety/me [Metabolism], Anxiety/pp [Physiopathology], Anxiety/th [Therapy], Blood Pressure, Clinical Nursing Research, Electromyography, Female, Galvanic Skin Response, Human, Hydrocortisone/bl [Blood], IgA,Secretary/an [Analysis], Male, Middle Age, Muscle Tonus, Pressure, Research, Saliva/ch [Chemistry], Skin Temperature, Stress,Psychological/di [Diagnosis], Stress,Psychological/me [Metabolism], Stress,Psychological/pp [Physiopathology], Stress,Psychological/th [Therapy], Support,Non-U.S.Gov't, Therapeutic Touch/mt [Methods], Therapeutic Touch/nu [Nursing], Therapeutic Touch/st [Standards], Touch

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Keywords: Feldenkrais

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ABSTRACTS

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ACUPUNCTURE & ELECTRO- THERAPEUTICS RESEARCH

ABSTRACTS

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Nitric Oxide in vPAG Mediates the Depressor Response to Acupuncture in Stress-Induced Hypertensive Rats

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The hypertensive rat model was made by chronic stress of electric foot-shocks and noises. On such hypertensive rats, when anesthetized with urethane and chloralose, the electroacupuncture (EA) to bilateral "Zusanii (st.36)" acupoints for 20 min, could result in a depressor (including both systolic and diastolic pressure) and bradycardiac response as well as an attenuation in the maximum of left ventricular pressure, end diastolic pressure and $\pm dp/dt$. In power spectrum analysis of heart rate variability aspect, EA could increase all total variance, very low frequency component, low frequency component and the ratio of low frequency component and high frequency component. When EA with microinjection of $N\omega$ -Nitro-L-Arginine, a blocker of the formation of nitric oxide, into the ventral periaqueductal gray matter (vPAG), the above effects of EA were abolished or reduced significantly. The results suggest that the depressor effect of EA on stress-induced hypertensive rats might be mediated by nitric oxide in the VPAG due to activation of sympathetic inhibitory system and by attenuated cardiac activities.

Key words: Electroacupuncture, Stress-induced hypertension, Nitric oxide, Heart rate variability, Ventral periaqueductal gray matter

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The Effects of Smiling or Crying Facial Expressions on Grip Strength, Measured With a Hand Dynamometer and the Bi-Digital O-Ring Test

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The effects of smiling or crying facial expressions on grip strength and the Bi-Digital O-Ring Test were evaluated in this study. Ten right-handed basketball players (age group 18-28) were included in the study. Grip strength was measured with a Riester hand dynamometer and the Bi-Digital O-Ring Test successively, after the players had looked at the drawing of a "crying face" for 5 seconds from a distance of 40 cm at the eye level. Immediately afterwards they were shown the drawing of a "smiling face" and were asked to grip with the same condition. Once all 10 players carried out this experiment, the order in which the drawings were shown was reversed. We then proceeded to measure the same variables, using the Bi-Digital O-Ring Test. The statistics obtained thereby were subjected to Pearsons correlation coefficient and paired t-test. Using a hand dynamometer and the Bi-Digital O-Ring Test, it was found that, in both tests, the "smiling face" drawing (first crying, then smiling face: with hand dynamometer, it increased from 8.34 ± 0.97 kg to 9.18 ± 0.9 kg; $t = 5.39$, $p = 0.0001$) increased the grip strength of the basketball players, and the "crying face" drawing (first smiling face, then crying face: with hand dynamometer it decreased from 9.35 ± 0.90 kg to 8.51 ± 0.96 kg; $t = 9.81$, $p = 0.0001$) decreased the grip strength. Exposure to the smiling face drawing increased the grip strength, and exposure to the crying face decreased it, in every subject tested in this group. Similar effects were observed with the Bi-Digital O-Ring Test (first crying, then smiling: it increased from -2.80 ± 1.13 to 2.20 ± 1.32 ; $t = 33.54$, $p = 0.0001$; first smiling then crying: it decreased from 2.40 ± 1.34 to -2.20 ± 1.62 ; $t = 15.06$, $p = 0.0001$).

Key words: Smiling facial expression; Crying facial expression; Grip strength; Hand dynamometer; Bi-Digital O-Ring Test; Witcoxon Test

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Auricular Acupuncture Increases Cell Proliferation in the Dentate Gyrus of Sprague-Dawley Rats

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In a previous study, we have reported that acupuncture increases cell proliferation in the dentate gyrus after transient global ischemia in gerbils. In the present study, the effect of auricular acupuncture (AA) on dentate cell proliferation was examined in appropriately fed and food-deprived adult Sprague-Dawley (S-D) rats. 5-Bromo-2'-deoxyuridine-5'-monophosphate (BrdU) immunohistochemistry revealed a significant increase in cell birth in the dentate gyrus of both groups after AA treatment. In addition, the effect of AA on cell proliferation in the dentate gyrus was more profound in the food-supplied group. These findings demonstrate that AA enhances cell proliferation in the dentate gyrus of adult rats.

Key words: Auricular acupuncture; Cell proliferation; Dentate gyrus; Hippocampus

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Evaluation of Acupuncture Effect to Chronic Myofascial Pain Syndrome in the Cervical and Upper Back Regions by the Concept of Meridians

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Myofascial pain syndrome (MPS) in the cervical and upper back regions is a common medical problem. The involved muscles include trapezium, multifidi, splenius cervicis, levator scapulae, supraspinatus or infraspinatus. Acupuncture is a well-known method for relief of chronic pain. In this study, we evaluated the effect of acupuncture in MPS and its durability by using the concept of meridians. Twenty-nine patients with chronic MPS in the upper back and cervical regions received acupuncture 2 times per week for 3 weeks. According to the pathways of the meridians, we chose acupuncture points by the pain regions located in which parts of meridian passing (i.e., "Where the meridian passes, where to treat the disease."). We evaluated the intensity of pain by visual analog scales (VAS) and active range of motion (ROM) of neck before and after therapy. After receiving acupuncture for 3 weeks, VAS of pain fell significantly from 9.0 ± 1.0 to 4.9 ± 2.5 and active ROM of neck significantly increased from 35.8 ± 10.2 degrees to 61.3 ± 9.4 degrees ($p < 0.05$). The onset of symptom relief was gradual and duration of symptom relief after a course of acupuncture was average 5.3 ± 1.2 days. In conclusion, acupuncture is a somewhat effective method for pain relief of patients with chronic MPS in the cervical and upper back regions. However, the effect of acupuncture with the concept of meridians on MPS is insidious and the duration of the relief is not long enough.

Key words: Myofascial pain syndrome; Acupuncture; Meridians 195

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Comparison Between Superficial and Deep Acupuncture in the Treatment of the Shoulder's Myofascial Pain: A Randomized and Controlled Study

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The principle aim of the present work is the evaluation of the importance of the variable "depth" of needle insertion in the determination of acupuncture's therapeutic results. A randomized clinical trial carried out on 44 patients belonging to two groups of 22 each, suffering from shoulder myofascial pain: group A: superficial acupuncture; group B: deep acupuncture. All of them subjected to the same model of treatment with 13 needles and the treatment of the most painful 4 trigger points (TP) found in the shoulder's area. In the group A patients, the needles were introduced in the skin at a depth of 2 mm, on the TP. In the group B patients, the needles were placed deeply both in the muscular acupuncture points and in the TP. The treatment was planned for a cycle of 8 sessions, the first 4 to be performed twice a week, the last 4 weekly. The intensity of pain was evaluated with the McGill Pain Questionnaire before beginning the therapy, at the end of the therapy, and at the follow-up after 1 and 3 months. Both techniques had efficacy in controlling pain. A statistically significant difference rose between the two needling techniques at the end of the treatment and at the follow up after one and three months. Deep acupuncture shows to be better at all times and this underlines the importance of the muscular afferences in acupunctural stimulation in the control of pain.

Key words: Acupuncture; Human; Pain; Clinical study; Randomized study; Controlled study; Methodology; Shoulder; Myofascial pain

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Effect of Manual Acupuncture and Transcutaneous Electrical Nerve Stimulation on the H-Reflex

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Several studies find that manual acupuncture and transcutaneous electrical nerve stimulation (TENS) are via different mechanisms and generate different effect on the central nervous system, therefore, the aim of the present study was to compare the effect of manual acupuncture (MA) and TENS on the spinal cord using H-reflex recordings. A total of 13 healthy adult volunteers were studied. The electrical stimuli were delivered to the posterior tibia] nerve transcutaneously at the left popliteal fossa to evoke the soleus H-reflex. MA, 2Hz TENS, 100HZ TENS, respectively, was applied to the surface of the right first dorsal interosseous muscle exactly at the Hegu acupoint (LI.4). Four assessments were performed randomly, separated by an interval of at least three days in all the subjects as follows: 1) Control assessment: a pair of electrodes placed on the surface of the right Hegu acupoint (LI.4), but no electrical stimulation was delivered throughout the test; 2) MA assessment: MA was done at the right Hegu acupoint (LI.4) for 15 minutes; 3) TENS assessment at 2Hz: electrical stimulation (40 mA in intensity) at 2Hz was applied to the surface of the right Hegu acupoint (LI.4) for 15 minutes; 4) TENS assessment at 100HZ: electrical stimulation (20 mA in intensity) at 100 Hz was applied to the surface of the right Hegu acupoint (LI.4) for 15 minutes. Each assessment was divided into three periods as follows: 1) Baseline period: H-reflexes recorded prior to MA or TENS; 2) TENS period: six H-reflex recordings after MA or TENS for a duration of 4-5 min, 9-10 min and 14-15 min, respectively; 3) Post TENS period: H-reflex recordings of 6 after TENS period 4-5 min and 9-10 min, respectively. Our results indicate that both 2Hz TENS and 100HZ TENS increased the amplitude of the H-reflex, and that these increases may be retained longer with 100 Hz TENS than with 2 Hz TENS, whereas MA could not increase the amplitude of the H-reflex. MA, TENS at 2 Hz or 100 Hz didn't change the latencies of the H-reflexes. We conclude that both 2Hz and 100Hz TENS increased the amplitude of the H-reflex, suggesting that TENS enhances the excitability of the motoneuron pool in the spinal cord, and 100 Hz TENS has a greater effect than 2 Hz TENS, whereas MA was not similar effect to TENS on spinal cord.

Key words: Manual acupuncture; Transcutaneous electrical nerve stimulation; H-reflex; 2Hz; 100Hz

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Monitoring of Muscle Fatigue During Isokinetic Exercise

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The aim of this study was to evaluate and clarify the usefulness of different spectral characteristics of myoelectrical activity in the follow-up of development of muscle fatigue. Vastus lateralis (part of quadriceps) muscle loaded in a simple isokinetic exertion test was used as a model. Twelve, well trained athletes served as study subjective to minimize the inter-individual variations. They went through one-minute test with isokinetic device at the range of 90 degrees extension and flexion at the level of their maximal force. The myoelectrical signals were registered from middle of the vastus lateralis muscle by a computerized fast Fourier transform analyzing system based on 80286 and 80287 microprocessors and using surface electrodes. Mean power frequency (MPF) was 65.6 (SE = Standard Error, 1.6) Hz, median frequency (MF) 55.8 Hz and zero crossing rate (ZCR) 92.5 (SE 1.5) during first performance. All these parameters decreased apparently linearly and significantly from the beginning of the test ($P < 0.001$). The decrease rate of ZCR was fastest and MF slowest. The area of power spectrum (PSA) was 1753 (SE 320) units during first performance, and it increased markedly with slightly accelerating rate during the test. In conclusion, for the evaluation of the muscular performance during the development of fatigue it is beneficial to monitor simultaneously MPF, MF and ZCR.

Key words: Electromyography (EMG); Power spectrum; Fatigue; Muscle

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Atlanto-Axial Subluxation Syndrome and Management of Intractable Headache, Neck Pain and Shoulder Pain With Auricular Stimulation: A Clinical Case Report

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Atlanto-axial subluxation syndrome is a condition that is easily overlooked, misdiagnosed and mismanaged. Anatomy, neurovascular involvement and description of clinical manifestations are reviewed. Bi-Digital O-Ring Test is employed to establish an accurate diagnosis and its value and accuracy described briefly. Bi-Digital O-Ring Test has been an important diagnosis confirmation method (reconfirmed by CT or MRI in over 95% of more than 850 clinical cases) in this author's practice of spinal disorder and intractable pain management. A newly described device, the KIM-STIM™ offers auricular stimulation of multiple points, using electrical microcurrent. Each unit is individually custom-molded to the patient's ear, and fitted with multiple electrodes. It was found to be very effective in managing the majority of intractable pain, especially pain requiring multiple daily treatments in order for the patient to live and function normally. The KIM-STIM™ device allows the patient to self-manage the pain by day or night, thus allowing for a reduction or elimination of medication intake and diminishing the necessity for frequent doctor visits.

Key words: Atlanto-axial subluxation; Pain; Depression; Ear; Electrical stimulation; Bi-Digital O-Ring Test; CT; MRI; Serotonin; β -Endorphins; ACTH; Cortisol

*President of the Council and Member of the Board of Trustees of the International College of Acupuncture & Electro-Therapeutics, New York, U.S.A.

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Effects of Electroacupuncture on Blood-Brain Barrier after Cerebral Ischemia-Reperfusion in Rat

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The effect of electroacupuncture (EA) on the blood-brain barrier (BBB) after cerebral ischemia-reperfusion (I-R) was investigated in rats. The dye Evans Blue (EB) was used as a tracer for assessing the disruption of BBB. Fluorescence quantification of EB was performed to explore the temporal pattern of permeability of BBB after the cerebral I-R with a fluorescence spectrophotometer (HITACHI 650-60). Furthermore, the morphology of BBB opening was detected under confocal laser scanning microscopy system. It was found that the BBB opening after cerebral I-R was biphasic. A rare scattered extravasation of EB was detected 2 hours after cerebral I-R. The EE extravasation reached its first peak at 6 h then decreased at 24 h and increased again at the time-point of 48h after cerebral I-R. EA can attenuate the disruption of BBB after cerebral I-R. EA could not only limit the area of extravasation of EB, but also reduce the concentration of extravasation of EB in the rat brain after cerebral I-R. The results indicated that one of the mechanisms of curative effect of EA on the cerebral ischemia might be due to its function of protecting the integrity of BBB.

Key words: Cerebral ischemia - reperfusion; Electroacupuncture; Blood-brain barrier; Evans Blue.

The project is supported by Key Grant (No. 39730510), National Natural Science Foundation of China.

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Thermovisual Evaluation of Acupuncture Points

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The aim of our study is to evaluate the temperature distributions around the acupuncture points and channels by visualizing the infrared emissions emanated from the human skin. Our thermal imaging system that is the most sensitive to 10 μ m long infrared wavelength allows us to recognize the actual location of acupuncture point and analyze its functional condition by examining the temperature gradient between the point and its surrounding skin area. The temperature perception of acupuncture point on extremities is especially important since its location and functional condition have a tendency to be altered if one contract disease such as immunodeficiency, arterial hypertension, and dyskinesia of biliary ducts. Also, thermovisual examinations over the acupuncture points allow us to perform the objective medical treatments by observing the transition of temperature gradients.

Key words: Acupuncture Point; Thermograph; Thermogram; Hyperthermic; Hypothermic; Isothermic; Thermovisual Diagnosis; T-cell immunodeficiency

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Transcutaneous Electrical Nerve Stimulation (Tens): The Effect of Electrode

Placement Upon Cutaneous Blood Flow and Skin Temperature

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In the current study the effect of electrode placement on cutaneous blood flow and skin temperature were assessed using laser Doppler flowmetry. Following approval from the University's ethical committee, 30 subjects were recruited (15 male: 15 female) and randomly assigned to a control or one of two treatment groups (n=10 all groups). TENS was applied either over the median nerve or to the Hegyu acupuncture point (L.I.4) for 15 minutes. Blood flow and skin temperature data were recorded during TENS and for 15 minutes post TENS. Analysis of results showed significant differences between groups for cutaneous blood flow ($p=0.0001$; repeated measures ANOVA). There was a significant increase in blood flow in the TENS median nerve group compared with the other two groups during TENS application. No significant changes in skin temperature were observed between groups. This study demonstrates that the effect of TENS upon cutaneous blood flow is dependent upon electrode placement sites.

Key words: Transcutaneous Electrical Nerve Stimulation; Cutaneous Blood Flow; Electrode Placement; Hegyu Acupuncture Point; Median Nerve; Laser Doppler flowmetry; Red cell flux; Skin Temperature.

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Preliminary studies of this research have been presented to the Royal Academy of Medicine in Ireland at Magee, Londonderry in June 1999.

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Melatonin Might be One Possible Medium of Electroacupuncture Anti-Seizures

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To explore the alteration of melatonin (MT) levels in pineal, hippocampus and serum during seizure crises and electroacupuncture (EA) anti-seizures, we established a rat seizure model by microinjecting benzylpenicillin into hippocampus. EA was performed on "Fengu" (DU 16) and "Jinsuo" (DU 8) acupoints in rats. Electroencephalogram (EEG) of rats was recorded and the relative power (RP) of 1-30 HZ band of EEG was analyzed. A capillary electrophoresis-electrochemical detection method was used to determine MT contents. Our results indicated that MT level was elevated in pineal and hippocampus, and first had no change then significantly evaluated in serum during seizure crisis. The elevation of MT level was greatly potentiated with 30 min EA treatment ($P < 0.05$). Meanwhile, the degree of seizures and the increases of EEG RP induced by seizures were significantly reduced ($P < 0.05$). Because MT was considered as an antistressor and a natural downregulator of epileptiform activity, we postulate that the elevation in MT level during seizures may be one endogenous mechanism that counteracts convulsions and seizure-induced stress. A further elevation of MT levels with EA treatment suggests that MT might be one of the possible mediums of EA anti-seizures.

Key words: Melatonin; Seizures; Capillary electrophoresis; Pineal; Hippocampus; Serum; Electroacupuncture (EA)

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Alteration of Orphanin FQ Immunoreactivity and ppOFQ MRNA by Combination of Melatonin With Electroacupuncture

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The aim of the present study was to observe the alternation of central orphanin FQ (OFQ, also known as nociceptin) system while electroacupuncture (EA) combined with melatonin (MEL). The experiments were carried out to investigate the changes of OFQ-like immunoreactivity and prepro-orphanin FQ (ppOFQ) MRNA in some certain nuclei of the rat brain. Using immunohistochemical technique we found

that the level of OFQ-like immunoreactivity was increased significantly in some pain-modulation-related nuclei, such as ventro-medial hypothalamic nucleus, raphe magnus nucleus, dorsal raphe nucleus and periaqueductal gray (PAG) after intraperitoneal (i.p.) injection of MEL 60 mg/kg, and it was further enhanced while MEL combined with EA. By using *in situ* hybridization, we found that ppOFQ mRNA expression was decreased in the same nuclei after the administration of MEL, and further decreased following the combination of EA and MEL. The results suggested that attenuating the release and synthesis of OFQ in the brain is one of the mechanisms that melatonin promotes acupuncture analgesia.

Key words: Orphanin FQ; Melatonin; Acupuncture analgesia; Prepro-orphanin FQ; Immunohistochemistry; In situ hybridization

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Antinociceptive Effects of Bee Venom Acupuncture (Apipuncture) in Rodent Animal Models: A Comparative Study of Acupoint Versus Non-Acupoint Stimulation

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From a clinical perspective, the alternative forms of acupoint stimulation including electroacupuncture, moxibustion and acupressure appear to have more potent analgesic effects than manual needle acupuncture. Bee venom (BV) injection has also been reported to produce persistent nociceptive stimulation and to cause neuronal activation in the spinal cord. In previous study, we observed that BV stimulation into acupoint, namely BV acupuncture or Apipuncture, produced more potent anti-inflammatory and antinociceptive potency in rodent arthritis model as comparing with that of non-acupoint injection. Based on previous report, we decided to further investigate that BV injection into an acupoint produces antinociception as a result of its potent chemical stimulatory effect in both abdominal stretch assay and formalin test. Different doses of BV were injected into an acupoint or a non-acupoint 30 min prior to intraplantar formalin injection or intraperitoneal acetic acid injection. Using the abdominal stretch assay, we found that the high dose of BV (1:100 diluted in 20 μ l saline) produced a potent antinociceptive effect irrespective of the site of BV injection. In contrast the antinociceptive effect observed in both the writhing and formalin tests following administration of a low dose of BV (1:1000 diluted in 20 μ l saline) was significantly different between acupoint and non-acupoint sites. BV injection into an acupoint (Zhongwan, Cv. 12) was found to produce significantly greater antinociception than non-acupoint injection (10 mm from Zhongwan, Cv. 12) in the abdominal stretch assay. Similarly, in the formalin test, acupoint (Zusanii, St. 36) injection of BV produced more potent antinociception than non-acupoint injection (gluteal muscle). In contrast, BV injection into an arbitrary non-acupoint site on the back did not produce antinociception in either the writhing or formalin test. These results indicate that BV injection directly into an acupoint can produce a potent antinociceptive effect and suggest that this alternative form of acupoint stimulation (Apipuncture) may be a promising method for the relief of pain.

Key words: Abdominal stretch assay; Acupuncture; Antinociception; Bee venom; Formalin test

ACUPUNCTURE & ELECTRO- THERAPEUTICS RESEARCH

ABSTRACTS

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Effect of Intrathecal Morphine and Electro-Acupuncture on Cellular Immune Function of Rats and Increment of μ -Opioid Receptor mRNA Expression in PAG Following Intrathecal Morphine

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The present study was to investigate the dynamic changes of cellular immune function of rats with intrathecal injection of (ith) morphine and the regulatory effect of electroacupuncture (EA) stimulation on "Zusanli" (St.36) and "Lanwei" (Extra 37) points. The results showed that ConA-induced rat spleen lymphocyte proliferation was significantly decreased on 2h, 4h, 8h, 12h, 24h, 48h after ith morphine (40 μ g/50 μ L). The proliferative response was recovered to nearly normal on 72h. EA on corresponding periods could prevent the decrease of lymphocyte proliferative response of rats induced by ith morphine. The same tendency was observed on the induction of IL-2 production. Further study continued to explore the mechanism of the potentiating effect of μ -opioid receptor in periaqueductal gray (PAG) and hippocampus on the immunosuppression induced by ith morphine at molecular level with in situ hybridization histochemistry technique. The results showed that ith morphine could increase the expression of μ -opioid receptor mRNA.

Key Words: Intrathecal-morphine; Electroacupuncture; Lymphocyte proliferation; Interleukin-2 production; μ -opioid receptor; In situ hybridization

The project was supported by the "Climbing Plan 8510-1" of State Scientific and Technological Commission

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Osteoreflexory Treatment of Alcohol Abstinence Syndrome and Craving for Alcohol in Patients with Alcoholism

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Osteoreflexotherapy is used alone as a treatment used for alcohol abstinence syndrome and for alcohol craving by intraosseal stimulation of the *processus styloideus ulnae* of the patient's left and right hands as well as the *processus spinosus* of the *seventh cervical vertebra* and the *manubrium sterni* osteoreceptors. This is done by intraosseal injection of 0.5 to 1.0 ml of 0.9% NaCl solution during a period of 3 to 5 seconds. Craving for alcohol and depressed mood, strongly manifested Alcohol Abstinence Syndrome (AAS) symptoms before osteoreflexotherapy, were reduced in a most convenient and fast manner under the influence of two sessions of osteoreceptive stimulation. The withdrawal symptoms caused by alcohol abstinence decreased markedly during the first two hours after the first osteoreflexotherapy treatment, continued to decrease in the next 24 hours and by the time the second osteoreflexotherapy session was given, the withdrawal symptoms completely disappeared in 72 hours. The most slowly and least reduced AAS symptoms were asthenia and disturbances of postural equilibrium. Based on clinical observations, it is speculated that osteoreceptive stimulations destroy ethanol dependent functional systems and restore the neurophysiological and neuromediatorial integration of the brain in alcoholism patients. Primarily because of these two cited factors, the patient can be freed of the craving for alcohol for several years, and he or she also does not suffer from depression.

Key Words: Alcohol Abstinence Syndrome; Craving for alcohol; Ethanol dependent functional systems; Osteoreceptive stimulation; Osteoreceptive sensory system; Osteoreflexotherapy

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Effect of Morphine and Electro-Acupuncture (EA) on Apoptosis of Thymocytes

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The influence of morphine and EA on the apoptosis of thymocytes were studied to investigate the possibility of its involvement in the mechanism of the morphine-induced immunosuppression and the regulatory effect of EA on it. 1h after injecting 50 mg/kg morphine subcutaneously into 3-wk old Balb/c mice continually twice a day for 5 days, thymus was collected and the apoptotic cell was detected by a method of terminal deoxynucleotidyl transferase-mediated DUTP nick end-labeling (TUNEL). The results showed that morphine significantly enhanced the percentage of TUNEL positive cells inside thymus with an appearing of apoptotic DNA ladder after 24 h incubation. Treating mice with EA of "Zusanli(St.36)" and "Lanwei(Ext.33)" for 1 h after morphine administration decreased the percentage of TUNEL positive cells. EA also showed a regulatory effect on the increased expression of CPP32 and decreased the expression of Bcl-2 by morphine. The significant enhancement of hypothalamic CRF and plasma ACTH level by morphine and the antagonize effect of EA on it suggested a possible role of Hypothalamus - pituitary - adrenal (HPA) axis played in the apoptosis of thymocytes by morphine and the regulatory effect of EA.

Key Words: Morphine; Electroacupuncture; Thymocyte; Apoptosis; TUNEL; DNA ladder; CPP32; Bcl-2; CRF; ACTH

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Effect of High or Low Frequency Electroacupuncture on the Cellular Activity of Catecholaminergic Neurons in the Brain Stem

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Although the opioid system plays a pivotal role in the analgesic effect of electroacupuncture (EA), it has been suggested that other peptidergic systems also may be involved in the therapeutic effect of EA. Among several peptides for EA-induced analgesia, catecholamine (CA) is associated with the descending pain inhibitory system. We evaluated whether the different frequencies of EA modified the cellular activity of central CA synthesizing neurons using double labeling immunohistochemistry between Fos-like immunoreactive (FLI) neurons and dopamine- β -hydroxylase (DBH)/tyrosine hydroxylase (TH)-positive neurons. We observed that different frequencies of EA increased the number of FLI neurons in catecholaminergic neurons, such as the dorsal raphe (DR), hypothalamic arcuate nucleus (Arc), locus coeruleus (LC), A5 noradrenaline cells (A5), and A7 noradrenaline cells (A7). In addition, different frequencies of EA significantly increased the ratio of colocalization between FLI neurons and TH positive neurons in Dr, LC and Arc. Only low frequency EA increased the neuronal activity in Arc. The ratio of double labeling between FLI and DBH positive neurons was also elevated at both LC and A5. These data demonstrate that different frequencies of EA increase the cellular activity of central CA synthesizing neurons, suggesting that the CA system plays an important role in EA-induced analgesia.

Key Words: Electroacupuncture, Catecholamine, C-fos; Dopamine- β -hydroxylase; Tyrosine hydroxylase; immunohistochemistry

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Regulation of Glial Cell Line-Derived Neurotrophic Factor Expression by Electroacupuncture After Transient Focal Cerebral Ischemia

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The present study was designed to investigate whether electroacupuncture (EA) is able to regulate glial cell line-derived neurotrophic factor (GDNF) expression following transient middle cerebral artery occlusion (MCAO) using reverse id transcriptase polymerase chain reaction and immunohistochemistry in rats. The results indicate that after 2 h MCAO, GDNF mRNA and immunoreactivity profoundly increased in peri-infarct cerebral cortex, with peaks at 2 h after reperfusion, then declined dramatically at 12 and 24 h after reperfusion. Although EA given immediately after MCAO couldn't elevate the peaks of GDNF expression, it obviously raised the GDNF mRNA and immunoreactivity levels at 12 h after reperfusion, delayed the declining trends of GDNF mRNA and immunoreactivity levels. These results suggest that EA could upregulate GDNF expression after ischemic insult, elongating the duration of upregulated GDNF expression. This may be one of the mechanisms of EA anti-ischemic injury by augmenting endogenous protective mechanism.

Key Words: Cerebral ischemia; Electroacupuncture; Glial cell line-derived neurotrophic factor (GDNF)

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Experimental Study on the Low-Intensity Millimeter-Wave Electro-Magnetic Stimulation of Acupuncture Points

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The aim of this study was to investigate the effects of the millimeter-wave bioresonance therapy on acute inflammation and stressful conditions in experimental models. Licking reaction in mice as a component of the hypersensitive state evoked by subcutaneous formalin (0.03 ml of 1% solution) injection into the right hind paw was monitored. Different parameters of electromagnetic stimulation (frequencies 43 GHz and 61 GHz, intensities from 2 0.1 to 7 mW/cm², the exposure time for 3 min. or 10 min.) applied to ipsilateral acupoint St.36 were studied. It was found that the millimeter-wave bioresonance therapy improved the condition of experimental animals, accompanying by diminution of licking reaction which

was registered for very 10 min. during 2 hours after the formalin test start. Effect of 10 min. irradiation was more demonstrative than 3 min. (frequency 61 GHz, intensity 0.1 mW/cm²). Stimulation with frequency of 61 GHz suppressed licking reaction more deeply than 43 GHz under equal intensities. Most beneficial effects have been observed when minimal (0.1 mW/cm²) intensity of electro-magnetic stimulation was used.

Key Words: Electro-magnetic field; Millimeter-wave bioresonance therapy; Acupuncture points; Formalin test; Licking reaction; Parameters of electromagnetic stimulation

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Electro-Acupuncture Attenuates Nitric Oxide Release From Rat Striatum After Transient Middle Cerebral Artery Occlusion

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Nitric oxide (NO) is an important diffusible neurotransmitter, which also has neurotoxicity when it is overproduced. To investigate whether electro-acupuncture (EA) could inhibit the excessive NO release during cerebral ischemia, we detected NO directly by our self-made NO sensitive electrode. The electrode was placed into rat striatum after transient middle cerebral artery occlusion. NO level was significantly increased upon the onset of ischemia and reperfusion. EA apparently antagonized the ischemia-elicited rise of NO, although it could not suppress the NO level to baseline. The results indicated that EA might inhibit directly the elevation of NO following cerebral ischemia.

Key Words: Electroacupuncture; Middle cerebral artery occlusion; Nitric oxide.

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Analgesic Effects of Acupuncture on Pain After Mandibular Wisdom Tooth Extraction

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We evaluated the analgesic effects of acupuncture on postoperative pain by comparing patients who underwent routine tooth extraction alone (control group) and those who underwent tooth extraction in combination with acupuncture (experimental group) by the random allocation method. As teeth easy to extract, requiring no gingival incision (grade A) or those difficult to extract, requiring gingival incision or bone cutting (grade B). As local anesthesia, 1.8 ml or 3.6 ml of 2% xylocaine was used. The LI.4, Hegu on both sides and ST.7, Xiaguan and ST.6, Jische on the affected side were selected. Low frequency electrical acupuncture was performed. When acupuncture was used in combination with tooth extraction, 3 of 22 patients did not develop postoperative pain. In patients with wisdom teeth difficult to extract (grade B), acupuncture used in combination with local anesthesia decreased postoperative pain.

Key Words: Acupuncture; Pain after tooth extraction; Mandibular wisdom tooth; Analgesic effect; Low frequency electrical acupuncture

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Anticonvulsion Effect of Acupuncture Might be Related to the Decrease of Neuronal and Inducible Nitric Oxide Synthases

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To measure the levels of hippocampal nitricoxide synthase isoforms in penicillin induced epilepsy and to test the effect of electroacupuncture (EA) on changes of these levels during epilepsy, we injected

penicillin into rat hippocampus to make an epilepsy model and performed electroacupuncture treatment on "Feng Fu" (DU 16) and "Jin Suo" (DU 8) points in Wistar rats. Nitric Oxide synthase (NOS) mRNA levels of rat hippocampus were determined by reverse transcription-polymerase chain reaction (RT-PCR). The neuronal nitric oxide synthase (nNOS) mRNA markedly increased ($P < 0.01$) and inducible nitric oxide synthase (iNOS) mRNA significantly emerged during epilepsy, whereas no significant change in epithelial nitric oxide synthase (eNOS) mRNA was observed. EA inhibited the epilepsy and decreased nNOS ($P < 0.01$) and iNOS ($P < 0.01$) correspondingly but had no effect on the amount of eNOS mRNA. The data suggest that penicillin-induced epilepsy caused an increase in nNOS and iNOS, and the EA anticonvulsant effect might be related to the decrease of these nitric oxide synthases.

Key Words: Nitric oxide synthase (NOS); Epilepsy; Electroacupuncture (EA); Hippocampus; RT-PCR

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The Central Mechanism of the Depressor-Bradycardia Effect of "Tinggong(SI 19)-Quchi (LI. 11)" 2Hz-Electroacupuncture

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Roles of central adrenergic receptors and opioid receptors in the depressor-bradycardia effect of 3V, 2Hz "Tinggong-Quchi" electroacupuncture (the EA-DpB, i.e., the depressor bradycardia induced by electroacupuncture) were studied by intracerebroventricula (icv) injection of prazosin, yohimbin or propranol, naloxone or by intra-arachnoid (ith) injection of nalaxone. Voltage-dependent depressor effects were induced by 2Hz "Tinggong-Quchi" acupuncture. The depressor effect of 3V, 2Hz "Tinggong-Quchi" acupuncture was attenuated by icv injection of a b-receptor antagonist-propranalol, but was not blocked by the icv injection of an α_1 -or (α_2 -receptor antagonist prazosin or yohimbin. Icv injected naloxone but not ith injected naloxone blocked or reversed the EA-DpB. Results suggest that central P-receptors or opioid receptors in the brain are selectively involved in the Ea-DpB.

Key Words: The depressor-bradycardia effect; Electroacupuncture; Naloxone; Prazosin; Yohimbin; Propranol

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Tolosa Hunt Syndrome - Intractable Pain Treatment With Acupuncture?

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The Tolosa Hunt Syndrome (THS) is a painful granular inflammation of the cerebral vessels followed by pain and disorders of the extrabulbar muscles. The therapy consists of corticosteroids and analgetics. There was a 70 year old woman who suffered from painful paresis of the abducent and oculomotor nerves following an infection with *Borrelia Burgdorferi* - but without ocular symptoms. The treatment with corticosteroids reduced the palsy but she complained of excessively painful attacks in the region of the first branch of the trigeminal nerve. Opioid analgesic therapy did not bring about any relief. Acupuncture is an irritative method with a physical effect on the nervous system: its pain-reducing effect is caused by the activation of transmitters like endorphins in thalamus and brain stem. Knowing this effect, the THS patient, after informed consent, was treated with acupuncture. To measure the extent of pain, a visual analog scale (0: no pain - 10: maximum pain) was used. Acupuncture was performed according to the empirical rules of the Traditional Chinese Medicine (TCM), during a period of 10 weeks and 12 weeks. There was a significant pain relief after acupuncture from VAS 10 to VAS 5. The effect vanished during the next four months. After a second series of 12 sessions pain reduction was reported from VAS 10 to 4. One year after the last Tolosa Hunt Syndrome - intractable pain pain strength ranged between VAS 4 - 6. Therefore acupuncture seems to be a good additional method for reduction of intractable pain.

Key Words: Tolosa Hunt Syndrome (THS); Pain; Visual Analog Scale (VAS); Acupuncture

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Preliminary Results of a New Method for Locating Auricular Acupuncture Points

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Auricular acupuncture is widely used for the treatment of cocaine addiction, and there is an urgent need to conduct controlled clinical research of this intervention. One impediment to this endeavor is the lack of an objective and reliable method for identifying the hypothesized active and control points. In order to address this issue, we conducted two studies employing a constant current electrical device and a novel probing technique. In the first study, we assessed the reliability of our technique for measuring electrical skin resistance points (acupuncture or non-acupuncture) on the body and auricles. In the second study, we analyzed and compared the measurements of skin resistance of auricular acupuncture and control zones in a group of cocaine abusing patients. Findings suggest that our measurement method produced reliable measurements, and that active acupuncture zones revealed a significantly different pattern of electrical skin resistance readings compared to control zones. This method may be useful for locating active and control points in controlled clinical trials of auricular acupuncture.

Key Words: Acupuncture; Addiction; Electrical resistance; Cocaine; Methadone

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ACUPUNCTURE & ELECTRO- THERAPEUTICS RESEARCH

ABSTRACTS

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Electroacupuncture Reduces Rat's Neuronal Ischemic Injury and Enhances the Expression of Basic Fibroblast Growth Factor

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The present study was designed to investigate whether the Electroacupuncture (EA) is beneficial to extenuate cerebral injuries following transient Middle Cerebral Artery Occlusion (MCAO), as well as to observe the effect of EA on expression of Basic Fibroblast Growth Factor (bFGF)-like Immunoreactivity (IR) in rat brains. The results indicate that gross neuronal damages include infarction, swelling and neuron loss, accompanied by increased bFGF-like TR expression following MCAO. In peri-infarct striatum, bFGF-like TR was mainly located in astrocytes except some neurons also showed an upregulation of the TR; in frontoparietal cortex, strong induction of bFGF-like TR was mostly seen in neurons. Both the EA applied during ischemia and reperfusion could evidently alleviate cerebral lesion extent, notably upregulate the expression of bFGF-like TR in striatum and cortex, but there was no significant difference between the effects of EA applied during ischemia and reperfusion, except EA applied during reperfusion seems to be more effective in reducing the cerebral swelling. The results implied that, in striatum, astrocytes might play an important role in the protection of neuron via the expression of bFGF; whereas in cortex, neurons may exert autoprotection through secreting bFGF themselves. One possible protective effect of EA lies in regulating the endogenous expression of bFGF.

Key Words: Focal cerebral ischemia; Electroacupuncture; Neuronal injury; Basic fibroblast growth

factor (bFGF); Protective effect

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Instrumental Measurements of Different Homeopathic Dilutions of Potassium Iodide in Water

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Although more than 200 years have elapsed since the beginning of homeopathy and in spite of numerous confirmatory scientific experiments, the so-called memory of water is still a highly disputable and controversial theme in scientific circles. To make a contribution to solving this riddle, our research group tried to examine memory properties of water by the method of differential corona Kirlian electrophotography of water-drop pairs. The method is based on a modified form of Kirlian photography with a subsequent thorough computer picture analysis. The potassium iodide (KI) mother solution (0.1M) was diluted in the standard way (without potentiation) or with potentiation (succussion by hand - by striking the vial 60 times against a large book as used traditionally) to $10^{-3}M$, $10^{-6}M$, $10^{-10}M$, $10^{-16}M$, $10^{-17}M$, and $10^{-24}M$ KI Solutions. In electrophotography method a drop of KI solution was compared with a drop of control water. To get a dependable system of results we compared homeopathic dilutions with ordinary distilled water, sham-potentiated distilled water and non-potentiated (standard) solutions. The results were analyzed by the Chi-square Goodness-of-fit test and the Sign test. They showed repeatable and statistically significant effects of concentration of KI dilutions as well as potentiation on the corona discharge process (from $p < 0.05$ to $p < 0.001$). This indicates that there is some physical basis of molecular (ionic) information imprinted into water.

Key Words: Corona discharge; Kirlian electrophotography; Potassium iodide; Ultra-high dilution; Homeopathy

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Acupuncture Inhibits the Decrease in Brain Catecholamine Contents and the Impairment of Passive Avoidance Task in Ovariectomized Mice

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The effects of acupuncture on the disorders elicited by abnormalities of endocrine system were investigated in ovariectomized mice. Female mice (strain; C57BL/6) were ovariectomized (OVX) and acupuncture points, Shenshu BL23) on both sides of the back were continuously stimulated by subcutaneous needles for 20 days. After completion of experimental sessions, animals were sacrificed and specific brain regions were assayed for catecholamine contents by high performance liquid chromatography with electro chemical detector (ECD-HPLC). The mitogenic activities of splenic lymphocytes were measured by using 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyl tetrazolium bromide (MTS) assay and alkaline phosphatase (ALP) assay. Furthermore, the effects of needle stimulation on learning and memory ability were studied by the step-through type passive avoidance test. Norepinephrine and dopamine contents in the frontoparietal cerebral cortex, ventral hippocampus and olfactory bulb were decreased in the OVX group, and both MTS activity and ALP activity were decreased 20 days after ovariectomy. The mean latent period was also shortened in the passive avoidance test in the OVX group. However, applying needle stimulation increased norepinephrine and dopamine contents in the brain regions, and enhanced mitogenic activities of splenic lymphocytes. The stimulation also improved memory-related behavior. It was concluded from this study that after mice were stimulated by subcutaneous needle insertion, overall changes were observed in central nervous system (including retention of memory) and immune functions. The study suggests that acupuncture improves the memory loss and decrease of immune responses accompanying aging and/or menopause, and that it may have an important role in medical care for the elderly.

Key Words: Acupuncture; Aging; Brain; Catecholamines; Immune system; Memory; Menopause; Mitogenic activity; Ovariectomy; Passive avoidance task

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Role of Dopamine Receptors and the Changes of the Tyrosine Hydroxylase mRNA in Acupuncture Analgesia in Rats

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Previous studies have shown that dopamine (DA) is involved in electroacupuncture analgesia (EAA). L-tetrahydropalmatine (*l*-THP), a DA receptor antagonist was proved to potentiate EAA in both laboratory research and clinical practice. In the present study SK&F-38393 and quinpirole (Qui), selective agonists of D₁ or D₂ receptors respectively were injected into nucleus (N.) accumbens of rats to investigate the roles of D₁ and D₂ receptors in the potentiation of EAA induced by *l*-THP. The injection of D₁ agonist SK&F-38393 (5µg or 10µg) attenuated the entiation of EAA induced by *l*-THP, 10 µg SK&F-38393 attenuated EAA as pot well, while the injection of D₂ agonist Qui (10µg or 20 µg) had no effect on EAA and the potentiation of EAA induced by *l*-THP. DA release was shown to increase in EAA in previous work, however, whether the synthesis of DA was influenced is still unknown. In the present study, dot blot technique was applied to observe the effect of noxious stimulation or electroacupuntuire on the level of tyrosine hydroxylase (TH) mRNA in rat brain. Noxious electric stimulation was found to elevate the TH mRNA level in substantia nigra (SN) and hypothalamus, while electro-acupunture attenuated the effect of noxious stimulation on TH mRNA. The results indicate that D₁ but not D₂ receptor in N. accumbens plays an important role in EAA. EA might regulate the biosynthesis of DA by altering the TH gene transcription.

Key Words: Electroacupuncture; Analgesia; Nucleus accumbens; Dopamine receptors; L-tetrahydropalmatine; Tyrosine hydroxylase mRNA; Dot blot

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A Review of Current Research in Microwave Resonance Therapy: Novel Opportunities in Medical Treatment

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Microwave Resonance Therapy (MRT) is a novel medical treatment, which represents a synthesis of the ancient Chinese traditional knowledge in medicine (acupuncture) and recent breakthroughs in biophysics. By affecting the appropriate acupuncture points by the generation of high frequency microwaves (52-78 GHz), remarkable clinical results are being achieved in surgery, orthopedic and traumatology, cardiovascular disorders, urology, gynecology, dermatology, gastroenterology, pulmology, upper respiratory tract, cardiology, neurology, and oncology during the last decade - the MRT being contraindicated only in the cases of acute pain in the abdomen demanding an operation, pregnancy, and menstruation cycle. In this paper the quantum-like macroscopic biophysical basis of the MRT and its technical details are elaborated too, offering a new insight in the mechanisms of the assembling gap junction hemichannels upon the internal microwave (MW) electromagnetic field spatio-temporal maximums at the temporary position of the acupuncture system, and, hence, the very biophysical nature of the temporary psychosomatic health or disease. The quantum-like coherent characteristics of the MRT (sharply-resonant sensory response of the disordered organism, extremely low-intensity and low-energy non-thermal biologically efficient MW radiation, and negligible MW energy losses down acupuncture meridians) might be viewed as a consequence of the existence of biological nonlocal selfconsistent macroscopic quantum potentials, which can give rise to nonlinear coherent EM MW long-range maser-like excitations of biological nonlinear absorption medium with the cells as active centers - with acupuncture meridians related to eigenfrequencies and spatio-temporal eigenwaves distributions of every individual biological quantum system. This suggests that a healthy condition might be considered as an absolute minimum (ground state) of the nonlocal selfconsistent macroscopic quantum potential of the organism. Some disorders of an acupuncture system correspond to higher minimums of the (spatio-temporally changeable) potential hypersurface in energy-configuration space, which possibly explains the higher sensory responses of the more excited (more disordered) acupuncture system and the poor MRT sensory response of the healthy acupuncture system being already in the ground state. Such a picture also supports the EM/ionic "optical" ultra-low frequency modulated MW quantum holographic neural network-like function of the acupuncture system (similar to complex-valued oscillatory holographic Hopfield-like neural networks), and its essential relation to consciousness, as strongly suggested from biophysical modeling of altered states of consciousness. Finally, the ionic aspects of the acupuncture system are considered, too, as well as the relation of ultradian (~ 2-hour) nasal rhythm recognized in Indian swara yoga and circadian (~ 24-hour) acupuncture rhythm recognized in Chinese traditional medicine, and their significance for maintaining the ionic balance within acupuncture system, as related to overall health.

Key Words: Acupuncture; Microwave Resonance Therapy (MRT); Biophysical basis; Technical details; Indications and contraindications; Clinical effects

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Effects of Acupuncture on Peripheral T Lymphocyte Subpopulation and Amounts of Cerebral Catecholamines in Mice

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The aim of this study was to investigate the effects of acupuncture on peripheral lymphocyte subpopulations and cerebral catecholamines. In order to examine the effects of acupuncture, two experiments were performed. Experiment 1: Eighteen female mice (strain; C57BL/6) at the age of 7 weeks were divided three groups, (a) sham operated (control; n=6), (b) ovariectomized (OVX; n=6), and (c) ovariectomized and stimulated by subcutaneous needles on acupuncture point, Shenshu (BL23) at the both sides of the back for 20 days (OVX+Acu; n=6). These animals were sacrificed at 20 days after needle insertion, and the splenic lymphoid cells were examined by two-color flow cytometry, using monoclonal antibodies (mAb) to the cell surface antigens, CD3, CD4, CD8a and NK1.1 (CD56). In the ovariectomized (OVX) group, the peripheral CD4/CD8 ratio was significantly increased and the ratio of natural killer (NK) cells (CD3- NK1.1+; CD3 negative, NK1.1 positive) to Tlymphocytes was decreased compared to the sham control group. In the ovariectomized with needle insertion (OVX+Acu) group, the CD4/CD8 ratio was reduced, but the NK cells ratio was not changed compared to the OVX group. Experiment 2: To investigate the acute effects of subcutaneous needle insertion, male C57BL/6 mice (7 weeks old) were used (n=6, each group). The acupuncture points Shen-shu (BL23) on the backs of the male mice were also stimulated by subcutaneous needles for 3 and 7 days. As a result, the CD4/CD8 ratio was significantly decreased at day 3 and day 7, compared to the control group. On the other hand the NK cells ratio and activated T-cells were increased at day 7. The mitogenic activities in the splenic lymphocytes were also increased by acupuncture stimulation at day 3. Catecholamine contents in the hippocampus were measured by high performance liquid chromatography with the electrochemical detector (ECD-HPLC) method. No significant change was observed in either dopamine contents or norepinephrine; however, dopamine metabolite, homovanilic acid (HVA) and DOPAC(3,4-dihydroxyphenylacetic acid) were increased at day 3. The study suggests that acupuncture has effects on

peripheral lymphocyte subpopulations and may modulate mitogenic activity. In addition, acupuncture may stimulate dopamine turnover.

Key Words: Acupuncture; CD4/CD8; NK cell; Activated T cell; Flow cytometry; Mitogenic activity

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Anticonvulsion Effect of Acupuncture Might Be Related to the Decrease of Neuronal and Inducible Nitric Oxide Synthases

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To measure the levels of hippocampal nitric oxide synthase isoforms in penicillin induced epilepsy and to test the effect of electroacupuncture (EA) on changes of these levels during epilepsy, we injected penicillin into rat hippocampus to make an epilepsy model and performed electroacupuncture treatment on "Feng Fu" (DU of 16) and "Jin Suo" (DU 8) points in Wistar rats. Nitric oxide synthase (NOS) mRNA levels of rat hippocampus were determined by reverse transcription-polymerase chain reaction (RT-PCR). The neuronal nitric oxide synthase (nNOS) mRNA markedly increased ($p < 0.01$) and inducible nitric oxide synthase (iNOS) mRNA significantly emerged during epilepsy, whereas no significant change in epithelial nitric oxide synthase (eNOS) mRNA was observed. EA inhibited the epilepsy and decreased nNOS ($p < 0.01$) and iNOS ($p < 0.01$) correspondingly but had no effect on the amount of eNOS mRNA. The data suggest that penicillin-induced epilepsy caused an increase in nNOS and iNOS, and the EA anticonvulsant effect might be related to the decrease of these nitric oxide synthases.

Key Words: Nitric oxide synthase (NOS); Epilepsy; Electroacupuncture (EA); Hippocampus; RT-PCR

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Different Analgesic Effects of Manual and Electrical Acupuncture Stimulation of Real and Sham Auricular Points: A Blind Controlled Study with Rats

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Stimulation of the auricle is considered to be an effective analgesic technique. The aim of the present study is to establish whether there is a correspondence between somatic inflammation and the appearance of lower resistance points, and moreover, whether the stimulation of such points has an analgesic effect. The study has been conducted on 57 male Sprague-Dawley rats weighing between 120-140 g; 7 of them have been used to determine whether inflammation in the paw leads to the formation of lower resistance points on the auricle. The 50 remaining animals have been divided into 5 groups: Group 1 [12 animals], control were subjected to all manipulations with the exception of the auricle stimulation; Group 2 [12] was stimulated with manual acupuncture in the area corresponding to that observed in the above-mentioned first group of 7 animals; Group 3 [12] was stimulated with 5Hz and 5 mA; electroacupuncture (EAP) Group 4 [8] and group 5 [6] were treated with acupuncture and with EAP respectively on points believed to be inactive in areas diametrically opposite to the ones observed in the first group. After acupuncture, 100 µg capsaicin in 50µL of physiological solution were injected subcutis in the dorsal surface of the paw. Edema response was monitored for two hours, with measurement taken every 5 minutes.

The results show a reduction in the edema response, only in the group treated with EAP on the appropriate points compared to the control group; no variation was observed in the sham groups. To conclude, the hypothesis of a somatotopic division would seem to be probable, and it would seem that the stimulation of the appropriate areas and the use of an appropriate intensity constitute the two main variables influencing the result.

Key Words: Acupuncture; Analgesia; Animal; Auricle; Blind study; Controlled study; Ear acupuncture; Electroacupuncture; Neurogenic inflammation

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The Influence of Acupuncture on the Impedance Measured by Four Electrodes on Meridians

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The impedance on the pericardium meridian near Quze (P3) and control points in 12 cases was measured by a four electrodes impedance instrument. The amplitude of impedance was recorded before, during and after needling the Neiguan. The result showed that the mean impedance on the meridian and control points before the needling were 52.8 ± 11.0 (Ω) and 61.7 ± 10.3 (Ω) respectively which had significant difference ($P < 0.05$). During the needling, impedance decreased significantly on the meridian by 9.2 ± 5.6 (Ω) ($P < 0.001$) while impedance decreased by only 0.12 ± 2.4 (Ω) on control points without significance ($P > 0.05$). The impedance changed back to 51.1 ± 11.3 (Ω) and 59.9 ± 11.0 (Ω) on the meridian and control points respectively during the 5-10 minutes after withdrawing the needling. In some cases, impedance changed intermittently during the needling. The experiment implies that interstitial fluid increases during the needling by axon reflection and blood capillary expanding which may be one of the mechanisms of acupuncture regulation.

Key Words: Electrical impedance; Meridian; Acupuncture

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Clinical Management of Needle-Phobia Patients Requiring Acupuncture Therapy

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Both acupuncture and hypnosis have their distinct applications in the health profession, but combining acupuncture therapy with hypnosis has rarely been done for the purpose of therapeutic treatment, perhaps because few clinicians have proper training in both disciplines. For needle phobic patients, acupuncture treatment can be a dreadful experience, as multiple needles are usually used. It is stressful for both clinicians and patients when the patients are put in an extremely apprehensive state. Our research for combining both acupuncture and hypnosis has revealed that synergy does exist in both, and that hypnosis does augment the effect of acupuncture, resulting in better treatment outcomes. Since many acupuncture patients who are needle phobic do not return for further treatment even though acupuncture has rendered good therapeutic results for them, stress reduction with hypnosis is, therefore, a welcome complimentary adjunct that would enable them to return for further needed acupuncture treatment if and when the factor of fear of the needle is removed.

Key Words: Needle-phobic; Acupuncture; Hypnosis; Trance; Eye-roll test; Corah scores; Trigeminal Neuralgia; Migraine; TMJ; TMD; Tension headache

ACUPUNCTURE & ELECTRO- THERAPEUTICS RESEARCH

ABSTRACTS

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Modulation of Orphanin FQ or Electroacupuncture (EA) on Immune Function of Traumatic Rats

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Orphanin FQ (OFQ) is a recently discovered 17-amino acid neuropeptide[1-2]. In present paper, influence of intracerebroventricular (ICV) administration of OFQ or electroacupuncture (EA) on the surgical trauma-induced inhibition of the splenic natural killer (NK) cell activity in rat was observed. The results showed that administration of 0.1 μ g (0.0055 nmol) and 1 μ g (0.055 nmol) OFQ had no effect on the NK cell activity, while 5 μ g (2.75 nmol) OFQ reduced the NK cell activity in normal rats. However, 0.1 μ g, 1 μ g or 5 μ g OFQ were found to antagonize the immune function depression caused by surgical trauma. The NK cell activity was reduced in normal rats after repeated ICV treatment with antisense oligonucleotide (ASO) complementary to bases of translated region of rat OFQ receptor mRNA to block the translation of OFQ receptor mRNA into protein. EA stimulation of Zusanli (St. 36) and Lanwei (Extra. 37) points also obviously improved the immunosuppression produced by trauma. OFQ combined with EA showed antagonism on the suppression, but there was no significant difference compared with OFQ (ICV) or EA alone. When blocking the translation of OFQ receptor mRNA with the ASO, the OFQ induced anti-immunosuppression effect was completely reversed, but EA still improved the inhibition on NK cell activity. The results suggested that the OFQ played a role in the regulation of immunosuppression. EA could modulate the suppression of NK cell activity induced by surgical trauma. The mechanisms of the modulation of OFQ or EA on the immunosuppression induced by surgical trauma

need further study.

Key Words: Orphanin FQ (OFQ); Electroacupuncture; Surgical trauma; Natural killer (NK) cell activity

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Ambulatory Device for Surface EMG Recording

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The principles of electromyographic (EMG) analysis can be divided into the following groups: signal or motor unit shape analysis, amplitude analysis, multi-channel or successive time difference analysis, signal frequency composition analysis, change of frequency time based analysis based on simultaneous amplitude or frequency based analysis or concentric and excentric work based shape and amplitude ratio analysis. The aim of this paper is to present an ambulatory portable device for surface EMG analyzing both for integrated EMG and for spectral analysis. The reliability of surface EMG recordings have established. The recent new technology gets a possibility to measure by reliable way surface EMG on-line during exercise, rehabilitation or occupational conditions. Portable EMG measurement unit and analyzing program seems to be suitable for documentation of the response of rehabilitation programs, effects of physiotherapy, analyzing the muscle balance and activity of sportsman and for documentation of occupational health problems. Automatic interpretation and wide data base for patient data makes the system useful in daily practice.

Key Words: Electromyography (EMG); Muscle; Rehabilitation; Muscle fatigue

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Acupuncture for Pain Relief During Childbirth

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Background: There are few studies on acupuncture in childbirth despite the generally established analgesic effect of acupuncture treatment

Methods: The analgesic effect of acupuncture during childbirth was assessed by comparing the need for other pain treatments (epidural analgesia using bupivacaine, pudendal nerve block, intramuscular meperidine, nitrous oxide/oxygen, intracutaneous sterile water injections) in 90 women given acupuncture (acupuncture group) with that in 90 women not given acupuncture (control group).

Results: 52 women (58%) in the acupuncture group and 13 (14%) in the control group managed their deliveries without further pain treatment ($p < 0.001$). The groups were similar with respect to age, parity, duration of delivery, use of oxytocine and incidence of Caesarean section. Acupuncture treatment was found to have no major side effects, and 85 women (94%) given acupuncture reported that they would reconsider acupuncture in future deliveries.

Conclusion: Acupuncture reduces the need for other methods of analgesia in childbirth.

Key Words: Acupuncture; Pain; Analgesia; Childbirth; Delivery; Labor; Obstetrics

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Postural Equilibrium: Functional System and its Stabilization by Means of Osteoreflexotherapy

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Our investigation have confirmed that the osteoreceptive sensory system participates in the polysensoric regulation of animal and human posture. Experiments with animals have demonstrated that the irritation of osteoreceptors by electric pulses leads to osteoreceptive response potentials of the same parts of the brain (Deiter's nuclei, cerebellum, caudate nucleus, cortical motor centre, etc.) which participate in the regulation of animal and human posture and other motion acts. Close functional relations have been established between the skin, bone, vestibular and muscle sensory systems in the brain structures where the osteoreceptive excitation converges. The studies of osteoreceptive sensory system have served as a theoretical base for new techniques of posture stabilization. These are based on osteoreceptive irritations caused by electrical pulses or by intraosseal pressure increase at injections of the physiological solution. It has been found that each bone has its own specific role in posture regulation. In all cases of bone irritation the posture stabilization of various degrees has been confirmed. However, it has been demonstrated that the most effective results have been obtained by affecting the *processus spinosus* of seventh cervical *vertebra* and the lower extremity bones, especially those of *tibiae* and *calcaneus*.

Key Words: Postural equilibrium; Osteoreceptive sensory system; Osteoreceptors; Osteoreception; Osteoreceptive excitation; Osteoreflexotherapy; Electroosteostimulation

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Effects of Electroacupuncture on Acute Cerebral Infarction

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The present paper is to study the effects of electroacupuncture (EA) on acute ischemic stroke patient and acute cerebral ischemic rat. IN clinic, 42 acute ischemic stroke patients were randomly divided into 2 therapeutic groups: drug group and EA+drug group. Neurological deficits of patients were evaluated before and after the treatment by Chinese Stroke Scale. The results showed that the acute ischemic stroke patients treated by drug or EA+drug were all partially recovered, but the clinical functional recovery in EA+drug group was significantly better than in the drug group ($P < 0.01$). In laboratory, the model of reversible middle cerebral artery occlusion (MCAO) was used in rats. The somatosensory evoked potential (SEP) was recorded before and after MCAO. EA was applied one hour after cerebral ischemia

and once a day after reperfusion for 7 days in EA+MCAO group. It was shown that the amplitude of P1-N1 wave of SEP before MCAO was 100%. After MCAO 30 min the P1-N1 wave of SEP on the ipsilateral side of MCAO was decreased to $2.2 \pm 3\%$ (MCAO group), $1.9 \pm 2\%$ (MCAO+EA group); and then recovered to $25.5 \pm 14.1\%$ (MCAO group), $58.6 \pm 27.2\%$ (MCAO+EA group) after 7 days of reperfusion following MCAO 2 hours. The above results indicated that EA could promote the recovery of neurological function in acute ischemic stroke patients and SEP on MCAO rats.

Key Words: Acupuncture; Acute cerebral infarction; Clinical efficacy; Middle cerebral artery occlusion (MCAO); Somatosensory evoked potential (SEP)

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Effects of Deep vs. Superficial Stimulation of Acupuncture on Capsaicin-Induced Edema. A Blind Controlled Study in Rats

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The modality of needle stimulation in acupuncture is part of the concept of the *intensity* of the stimulation, a variable indicating the *dosage* of the treatment administered. In this study we intend to compare the effect of superficial and deep needle insertion in the leg ipsilateral or contralateral to the paw treated with capsaicin. Testing was carried out on 100 male Sprague-Dawley rats weighing 120-140 g, divided into 5 groups according to the treatment received. Group 1 (20 animals) was kept as control; Group 2 (20) received ipsilateral deep acupuncture stimulation; Group 3 (20) received ipsilateral superficial acupuncture stimulation; Group 4 (20) received contralateral deep acupuncture stimulation; Group 5 (20) received superficial contralateral acupuncture stimulation. Results show that both acupuncture modalities are efficient when administered ipsilaterally to the paw where capsaicin is injected, while contralaterally only deep stimulation shows a certain efficiency. It is possible to conclude that deep insertion has a greater efficiency, probably because it affects a greater number of receptors; stimulation is therefore of an intensity greater than that seen in superficial insertion.

Key Words: Acupuncture; Pain; Neurogenic inflammation; Intensity of stimulation; Deep; Superficial; Control study; Methodology; Animal; Rat

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Use of Alternative Therapies By a Low Income Population

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Patients in a family health center clinic were surveyed about their use of alternative/complementary medicine. These were mostly low-income individuals on Medicaid. The aim was to estimate prevalence and patterns of use of medically unconventional therapies such as chiropractic, homeopathy, and acupuncture in this population. Nearly two hundred patients (N=199) filled out questionnaires inquiring about medical conditions and illnesses, personal health habits (physical activity, tobacco smoking, alcohol intake, etc.), and use of preventive measures or therapies that are neither taught widely in US medical schools nor generally available in US hospitals, and which we refer to as 'alternative' therapies (ATs). The term 'alternative' is not intended to imply that ATs are necessarily chosen to replace, rather than to be used in combination with standard treatments, although that may indeed be so in specific cases. Twenty-nine percent of respondents (58/199) reported using at least one type of AT, as defined for the purposes of this survey. Frequency of use varied somewhat, with greatest AT use reported by those over 29 years of age with more education and higher incomes ($p < 0.10$, defined as X^2 sup tests at $p < 0.10$). While no significant differences were found between AT users and nonusers with respect to exercise participation, alcohol intake or smoking, there was a difference with respect to the reporting of at least one medical condition ($p < 0.01$). Among those who have used ATs, 90% reported more than one medical condition. Of those reporting no AT use, 70% indicated only a single medical condition for which they had sought treatment. In conclusion, use of alternative therapy (AT) appears to be common in all socio-economic groups, although AT use is apparently slightly less among low-income persons than in the general population. It is therefore important for physicians and other medical providers to be aware that their patients may be using ATs. Obviously, such practices should be taken into account in case management.

Key Words: Acupuncture; Alternative Medicine; Complementary medicine

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Effect of Electroacupuncture on the Activities of Tyrosine Protein Kinase in Subcellular Fractions of Activated T Lymphocytes from the Traumatized Rats

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The present study was to observe the dynamic changes of tyrosine protein kinase (TPK) activity in subcellular fractions in the early stage of activation of T lymphocytes from normal and traumatized rats, and the regulatory effect of electroacupuncture (EA) stimulation on it. The results showed that the activities of TPK in membranous and cytosolic fractions of activated T lymphocytes were increased on second 5, and the peak was on second 45 after ConA stimulation. Then it was decreased gradually. Comparing with the control group, the activities of TPK in membranous and cytosolic fractions of activated T lymphocytes from the traumatized rats were inhibited in various degrees especially in membrane. EA of "Zusanli"(ST-36) and "Lanwei"(Extra 33) points could enhance the activity of TYPK in subcellular fractions of activated T lymphocytes from the traumatized rats. The results indicated that EA stimulation could prevent the inhibition of activation of TPK induced by trauma stress, and contribute to transmembrane signal transduction of T lymphocytes.

Key Words: Electroacupuncture; Signal transduction; T lymphocyte; Trauma stress; Tyrosine protein kinase

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Analgesic Effect of Subcutaneous Administration of Oxygen-Ozone. A Blind Study in the Rat on the Modulation of the Capsaicin-Induced Edema

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The Authors have explored a new complementary approach, employed in the last 40 years for, among other uses, medical purposes: oxygen-ozone therapy. Anecdotal works have highlighted interesting results obtained in disk herniation with infiltration of paravertebral muscles with oxygen-ozone. To verify the existence of a nociceptive effect and investigate a possible mechanism of action, an experimental model of edema induction by subcutaneous capsaicin injection in the rat paw was employed. Oxygen-ozone, in different concentrations (10 µg/ml, 20 µg/ml and 30 µg/ml) has been injected both ipsi- and contralaterally to the paw 30 minutes before the administration of 50 µg capsaicin in 50 µl of physiological solution. Results show that the contralateral injection of the O₂-O₃ mixture modulates the edema response in the paw. Statistical significance, for the 20 µg/ml mixture, lasts as far as 45 minutes after administration of the capsaicin. No efficacy has been found for the 10 and 30 µg/ml concentrations. An injection of the same quantity of gas in the ipsilateral paw to the capsaicin-induced edema determines a worse edema than that observed in the control group, as if the ozone mixture added its irritative effect to that of capsaicin. It is interesting to note that the administration of oxygen alone cause a greater edema than the oxygen-ozone mixture.

Key Words: Ozone; Oxygen; Therapy; Pain; Counterirritation; Acupuncture; Rat; Animal; Hyperstimulation; Basic research; Pain threshold; Neurogenic Inflammation

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Estimation of the Amount of Telomere Molecules in Different Human Age Groups and the Telomere Increasing Effect of Acupuncture and Shiatsu on St.36, Using Synthesized Basic Units of the Human Telomere Molecules as

Reference Control Substances for the Bi-Digital O-Ring Test Resonance Phenomenon

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It is well established that the telomeres at the ends of chromosomes are composed of long arrays of $(TTAGGG)_n \cdot (CCCTAA)_n$ that form a nucleoprotein complex required for the replication and protection of chromosome ends. Throughout the cell cycle, telomeres also contain a protein component related to the proto-oncogene Myb that is known as TRFI (telomere TTAGGO repeat binding factor 1) that binds to the duplex array of TTAGGG repeats in the telomere. Previous studies have shown that TRF I appears to play a role in controlling the length of telomeres by acting as an inhibitor of telomerase. The amount of each of the TRFI(C-19) & TRFI(N-19) was identical to the amount of telomere of the same organ of the same apparently normal individual. Using synthesized basic unit of TTAGGG, as well as CCCTAA, as separate reference control substances for the Bi-Digital O-Ring Test of Resonance Phenomenon between 2 identical substances, we were able to non-invasively measure the approximate amount of TTAGGG and CCCTAA units, in both normal and cancerous human cells. We examined about 30 apparently normal subjects (both Asian and Caucasian in both sex). The subjects' ages ranged from infancy to 76 years. Each subject was first examined using TTAGGG as a control substance and then examined using CCC7AA as a control substance. The amount of telomere in various cancer tissues are almost always higher than that of normal tissue of the same organ. The measured amounts of both TTAGGG and CCCTAA were found to be in an average of 1500-1600 ng for human fetus or infancy and decreased with the advance of age in both sex with the exception of the heart, brain, eyes (retina), testes, and ovaries, which usually remain at the level of the infant, or reduced very little. Individuals in the same age group had a similar range of amounts of both TTAGGG and CCCTAA in the same organ of the same individual, (except for those with unusually low telomeres often had chronic degenerative diseases, and those who had exceptionally high telomere levels often had excellent physical conditions or mental acumen). The amounts of measured TTAGGG and CCCTAA molecules before and after acupuncture on St.36 in adenocarcinomas and small cell carcinoma coexisting in the lung of a 54-yr.-old Asian male were: telomere in adenocarcinoma decreased from 950 ng to 750 ng and telomere in small cell carcinoma

decreased from 770 ng to 600 ng. When the cancer treatment is effective, the amount of telomere is reduced towards the value of the normal internal organ. We found that acupuncture on St.36 on apparently normal subjects increased the telomere levels up to a maximum of more than 2 times their telomere levels prior to the treatment, depending on the method of treatment, but frequently increases were between 60% to 100%. Strong Shiatsu performed on St.36 produced a somewhat lesser effect than acupuncture. We also determined the amounts of TTAGGG and CCCTAA molecules non-invasively in 3 mummified Egyptian sisters from the 8th Century BC on exhibit at the Museo Egizio in Turin, Italy in order to estimate their approximate ages (at the time of death). The amounts of body telomere were 500 ng, 550 ng, and 750 ng. For the prehistoric Iceman (about 3350 B.C. to 3310 B.C) discovered in 1991 in the Italian Otzal Alps at about 3,200 meters altitude, estimated body telomere was about 400 ng and telomere in brain and heart was 1600 ng, similar to that of a contemporary human being. Although these studies are preliminary, the findings may have potential applications not only in anti-aging, cancer treatments, and pathophysiology of brain and heart, but also for the estimation of the difference in the ages of cadavers studied in archeology and forensic medicine.

Key Words: Telomere; Telomerase; TRFI; Aging; Anti-Aging; Acupuncture; Shiatsu; Human; Heart; Brain; Cancer; Archaeology; Prehistoric Iceman; Forensic medicine

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