Inside

Acupuncture Improves Working Memory and Reduces Anxiety

Clinical Therapeutic Effect of “Ji Liu Nei Xiao Pill” for Uterus Fibroid

Case Study on Management of Benign Prostatic Hypertrophy

SAR 2013 Conference

A Study on Scientific Writing: The Materials and Methods Section
Scientific Assurance

All Kan proprietary products are manufactured and tested exclusively in the United States, following current Good Manufacturing Practices. We test and validate each formula batch, assuring potency, consistency, safety and purity. Our Certificates of Analysis attest to our commitment to quality.

Extensive Product Selection

Kan Herb Company offers superior formulations by renowned leaders in the field of Chinese Herbology with the largest selection of concentrated liquid extracts available. Our tablets are potent, easily assimilated and bio-available.

Satisfaction Guaranteed

The confidence and pride that we place in our products is reflected by our Money Back Guarantee.

Practitioner Support

Kan’s licensed expert consultants stand ready to assist you during business hours with all of your herb-related questions.

Kan Herb Company Online

Kan Herb Company Online offers innovative new services including an online Distribution Center, an Expanded Product Search Tool and an easy to use Ordering Module. Certificates of Analysis for each formula batch are available for immediate download. Visit us at www.kanherb.com.
Original Research

8 Acupuncture Improves Working Memory and Reduces Anxiety: A Report of a Randomized, Clinical Trial
Jason Bussell PhD, LAc

14 Clinical Therapeutic Effect of “Ji Liu Nei Xiao Pill” for Uterus Fibroid
Tang Ling, Wang DongMei, Gu HuiXia, Liu Li, Wang XanXia, He ZhiPing Beijing University of Chinese Medicine
Translated by Doreen G.F. Chen, MD, CMD, LAc

Jennifer A. M. Stone, LAc

Case Study

22 A Case Study on the Management of Benign Prostatic Hypertrophy Using Acupuncture and Chinese Herbal Medicine
Connie L. Christie, MA, Dipl OM (NCCAOM), LAc

Perspectives

17 A Study on Scientific Writing: The Materials and Methods Section
Jennifer A. M. Stone, LAc

18 Society for Acupuncture Research 2013 Conference: Public Health Aspects
Elizabeth Sommers, PhD, MPH, LAc

Book Review

30 Evaluating the Economics of Complementary and Integrative Medicine
Reviewed by Elizabeth Sommers, PhD, MPH, LAc

3 From the Editor: Jennifer A. M. Stone, LAc
6 In Memoriam: Al Loren Stone, DAOM, LAc
7 AAAOM Board of Directors & Mission Statement
28 Index to Advertisers
29 Trudy McAlister Foundation 2013 Scholarships
Choose from over 600 Plum Flower® herbs and extract powders to create high quality formulas for your patients. Plum Flower® herbs are true, Chinese Pharmacopoeia authenticated species. 5:1 extract formulas are natural yield with no fillers, and single herb extracts contain minimal to no fillers.

- Same day service*
- Free Drop-shipping to your patients
- Barcode scanning and integrated scales ensure accuracy
- Single and/or pre-made formula extract powders in your custom formulations
- Turbula® mixer ensures uniform dosing of extract powders
- Encapsulation available**

Mayway.com offers even more convenience:
- Create custom prescriptions using our searchable herb database
- Use or modify our online templates or create your own
- Save your prescriptions online
- Modify and refill existing prescriptions

Visit our Herbal Dispensary at Mayway.com
Or, fax your prescriptions to us at 1-800-909-2828.

*for orders placed before noon PST
**allow up to 2 business days for encapsulating or powdering raw herbs.
Welcome to the summer 2013 issue of The American Acupuncturist. We are very pleased to present our new feature, the English translation of a selected Chinese research paper, previously published in the World Chinese Medicine Journal, titled “Clinical Therapeutic Effect of ‘Ji Liu Nei Xiao Pill’ for Uterus Fibroid.” In addition, we include a report, “Acupuncture Improves Working Memory and Reduces Anxiety: A Report of a Randomized, Clinical Trial,” as well as an original case study, “Management of Benign Prostatic Hypertrophy Using Acupuncture and Chinese Herbal Medicine.”

We also present a report on the 2013 Society of Acupuncture Research Conference that was held in April in Ann Arbor, Michigan. The Conference was a great success! Researchers from at least 20 different countries gathered together to present their findings and discuss current issues surrounding acupuncture research. Many editorial board members and peer reviewers who lend their services to The American Acupuncturist were in attendance. I have prepared a short summary on a few selected abstracts from the oral presentations presented at the conference that I think will interest our readers.

The Chinese research paper, “Clinical Therapeutic Effect of ‘Ji Liu Nei Xiao Pill’ for Uterus Fibroid,” was translated into English by Doreen Chen, MD, CMD, LAc. It was originally published in the World Chinese Medicine Journal and written by Tang Ling, Wang DongMei, Gu HuiXia, Liu Li, Wang XanXia, He ZhiPing from Beijing University of Chinese Medicine, Dong Zhi Men Hospital, Beijing, China. The study reports on 60 cases of uterine fibroids collected randomly and divided into two groups, half in a Chinese medicine treatment group and the other half in the Western medicine treatment group.

Jason Bussell, PhD, LAc reports on “Acupuncture Improves Working Memory and Reduces Anxiety: A Report of a Randomized, Clinical Trial,” which examines the impact of acupuncture on memory. Ninety subjects of varied ethnicity were recruited from local universities around the Chicago area and randomized into two groups. One group received an acupuncture treatment that was tailored for reduction in anxiety and improved memory. The other group received a needleless placebo. Please take a look at the full text of this article to see the amazing results.

Our case study, “Management of Benign Prostatic Hypertrophy Using Acupuncture and Chinese Herbal Medicine,” is written by Connie L. Christie, MA, Dipl OM (NCCAOM), LAc. Christie provides an interesting and informative review of prostate problems from a Western medical perspective that is a valuable resource for AOM professionals who treat prostate issues. Details on more serious prostate problems that should be ruled out are discussed.

In the spring issue of The American Acupuncturist, I wrote a short study on how to write a scientific discussion section for a scientific manuscript. In this issue, I have prepared a study on writing a methods section for this kind of paper. In future issues, I will include a short informative study on additional parts of the scientific manuscript to serve as a resource for AOM students, new authors, and new investigators. These perspectives are available to the general public in our open access issues of the journal on the AAAOM website, www.aaaomonline.org.

The book we have chosen to review in this issue is Evaluating the Economics of Complementary and Integrative Medicine by Patricia Herman, ND, PhD, reviewed by Elizabeth Sommers, PhD, MPH, LAc. Elizabeth’s expertise in public health makes her the perfect person to review this book. She provides a valuable chart that compares different types of analysis, benefits, limitation and examples. Elizabeth recommends the book as a valuable resource for AOM professionals.

Thank you authors, peer reviewers, and our translator for their contributions to this issue. We continue to welcome submission of articles at any time on research topics, case studies, literature reviews, and opinion papers by both established authors and first-time authors. When considering submission to the journal, please refer to our Author Guidelines, www.aaaomonline.org/?page=authorguidelines. If you have questions or need more information, please contact Associate Editor Lynn Eder, leder@aaaomonline.org.

Respectfully,

Jennifer A. M. Stone, LAc
Editor in Chief, The American Acupuncturist
CONSISTENT  INSTANT  AFFORDABLE

ActiveHerb™ Single Herb Extract Granules
Inspire your success!

When you put your TCM skills to test by prescribing custom formulas, you do not want any uncertainty about the quality of Chinese herbs you use. Using ActiveHerb™ single herb extracts is a great way to deliver consistent and best results.

ActiveHerb™ single herb extracts are manufactured with the finest Chinese herbs, cultivated according to Good Agricultural Practices (GAP), by a premier and internationally certified GMP company. Our proprietary extraction technology is based on the characteristics of each individual herb to ensure optimal preservation of active ingredients in full spectrum. Our vigorous quality control processes guarantee the potency, consistency and safety of our 5:1 extracts from batch to batch. Heavy metals and microbes are tested for every lot and are in compliance with FDA requirements.

www.ActiveHerbWholesale.com
The American Acupuncturist is published quarterly, providing a professional venue for both published and first time authors. We welcome articles on clinical research, case studies, translated works, legislative issues, education developments, commentaries, literature reviews, and other current topics of importance to AOM. We value your AOM perspective. Please review the Author Guidelines at http://www.aaaomonline.org/?page=authorguidelines which also includes the submissions link.
In Memoriam: Al Loren Stone, DAOM, LAc

With the untimely passing of Al Stone, DAOM, LAc on May 24th, the field of acupuncture and Oriental medicine lost a dedicated and revered pioneer, teacher, practitioner and advocate.

Al's accomplishments and reputation for excellence will long be felt and appreciated. Over the years, Al dedicated a significant amount of time and energy towards building the AAAOM presence, particularly in the areas of web technology and herbal medicine regulation.

To honor Al and his work, AAAOM has created the Stone Memorial Fund. Its purpose is to support a prominent and informative web presence for our field. AAAOM thanks and recognizes Al for his life’s work, dedication, and persistence in promoting our profession.

www.aaaomonline.org/StoneMemorialFund

---

Golden Flower Chinese Herbs

Safe. Effective. Quality you can trust.

Summertime Formulas for Travel and Play*

This summer prepare yourself and your patients for good health and well-being while away from home and clinic. Golden Flower recommends these formulas for anyone’s travel kit.

Wu Hua Formula (Wu Hua Tang)
Stomach Harmonizing Formula (Jia Jian Bao He Wan)
Ease Digestion Formula (Jia Wei Kang Ning Wan)
Gentiana Drain Fire (Long Dan Xie Gan Tang)

Andrographis Formula (Chuan Xin Lian Kang Yan Pian)
Persica and Cistanches Formula (Tao Ren Cong Rong Wan)
Ginseng Endurance Formula (Ren Shen Pian)
Head Relief Formula (Tou Tang Pian)

*For a complete description of these and our other formulas, give us a call or visit our website.

Find us on Facebook
www.gfcherbs.com

Toll-Free 1.800.729.8509
Email info@gfcherbs.com...Serving the OM community since 1990
2013 AAAOM Board of Directors

Executive Committee
Michael Jabbour
MS, Lac
President
michael.jabbour@gmail.com

Kimberley Benjamin
LAc
Vice President
soundacupuncture@gmail.com

Jane Yu
MAOM, Dipl OM (NCCAOM), Lac
Secretary
acupuncture@janeyu.com

John Barrett
Dipl Ac (NCCAOM), Lac
Treasurer
jbarrett@aaaomonline.org

Jeannie Kang
MS, DNBAO, DNBIM, Lac
Immediate Past President
jeannie@goodki.com

Directors-at-Large
C. Daer Reid
LAc
c dreid@aaaomonline.org

Ann Wang
CMD (China), Lac
ann@treasureofeast.com

Jennifer Minor
MA, MTCM, Dipl OM (NCCAOM), Lac
Jennifer@6harmonies.org

Joshua Saul
Student Organization
President
mrjsaul@gmail.com

Public Directors
Hannah Seoh
MPH, MS
hseoh@aaaomonline.org

Jay Sexton
AB, MBA, JD
jsexton@aaaomonline.org

2013 AAAOM Committees/Chairs

Committee
Conference
Education and Credentialing
Essential Health Benefits
Executive
Finance
Good Preparation and Dispensing
Governance
Herbal Medicine
Insurance
Inter-Professional Standards
Media and Public Education
Membership
Public Policy

Chair
Deborah Lincoln, MSN, RN, Dipl Ac (NCCAOM)

Michael Jabbour, MS, Lac

Jeannie Kang, MS, DNBAO, DNBIM, Lac

Michael Jabbour, MS, Lac

John Barrett, Dipl Ac (NCCAOM), Lac

Kevin Ergil, MA, MS, Dipl OM (NCCAOM), FNAAM, Lac

Jay Sexton, AB, MBA, JD

Eric Buckley, DOM

Mark Evans, Lac

William Hendry, DOM, Lac

Kari Auer, MA

Jane Yu, MAOM, Dipl OM (NCCAOM), Lac

Jeannie Hoyt

American Association of Acupuncture and Oriental Medicine
Mission Statement

The American Association of Acupuncture and Oriental Medicine (AAAOM) is a national membership organization of acupuncture and Oriental medicine (AOM) practitioners and supporters that serves to advance the profession and practice of AOM. The mission of the AAAOM is to support our members and the AOM community through education, occupational resources, media support, and legislative advocacy in our commitment to facilitate access to the highest quality of healthcare in the United States.
Abstract

Introduction: To investigate whether acupuncture can improve memory and reduce anxiety. Design, Setting, and Subjects: A two-group, randomized, single-blind study involving 90 undergraduate university students. Interventions: Subjects completed the State-Trait Anxiety Inventory (STAI) form Y-1 (State Anxiety, SA) and Y-2 (Trait Anxiety, TA). Then each subject laid on a treatment table for 20 minutes. The acupuncture group had needles inserted into select acupoints; control subjects did not. Subjects then completed the STAI form Y-1 again and also completed the Automated Operation Span Task (AOSPAN)—a computerized test of working memory. Main outcome measures: Performance on the AOSPAN and STAI scores. Results: Acupuncture group scored 9.5% higher than control on the AOSPAN Total Correct Score (65.39 vs. 59.90 $p=0.0134$) and committed 36% fewer math errors (2.68 vs. 4.22, $p=0.0153$). Acupuncture subjects also reported lower SA after intervention than control (26.14 vs. 29.63, $p=0.0146$). Conclusion: This acupuncture protocol improves working memory and reduces anxiety.

Keywords: acupuncture, working memory, anxiety, AOSPAN, STAI
The improvement in WM will be correlated with the reduction in anxiety. This acupuncture protocol can improve WM. This acupuncture protocol can reduce anxiety. Hypotheses

- This acupuncture protocol can reduce anxiety.
- This acupuncture protocol can improve WM.
- The improvement in WM will be correlated with the reduction in anxiety.
Full text of this article is available ONLY to AAAOM members and journal subscribers. To become an AAAOM member and receive the complete print or online journal, go to: www.aaaomonline.org

This issue contains full-text content of the following:

- Letter from the Editor in Chief p.3
- In Memoriam: Al Loren Stone, DAOM, LAc p.6
- Trudy McAlister Foundation 2013 Scholarships p.29
- A Study on Scientific Writing: The Materials and Methods Section p.17
- Society for Acupuncture Research 2013 Conference: Public Health Aspects p.18
- Book Review: Evaluating the Economics of Complementary and Integrative Medicine by Patricia Herman, ND, PhD p.30
- Index to Advertisers p.28

Subjects were randomly assigned to control groups with random.org. Each group was seen for only one appointment. At the start of the appointment, subjects had the study design partially explained to them. They were told, “You will fill out some self-evaluation questionnaires, take some computerized memory tests, and you may receive acupuncture at some point.” Then they completed demographic questionnaire and informed consent forms. All subjects completed STAI forms Y-1 and Y-2. After this, all subjects laid on a treatment table.

Subjects randomized into the acupuncture group and then received acupuncture according to clean needle technique (CNT) from an experienced, licensed acupuncturist at Sishencong (EX-HN1), Shenmen (GV24), Yintang (EX-HN3), Shenting (HT7), Neiguan (PC6), and Taiji (Kd3). All treatments were administered by the same acupuncturist. Sishencong (EX-HN1), Shenmen (GV24) and Yintang (EX-HN3) were needleed with DBC Spring needles size 15 mm long and 0.20 mm thick. Neiguan (PC6), Shenting (HT7), and Taiji (Kd3) were needleed bilaterally with DBC Spring needles size 30 mm long and 0.20 mm thick. The needles were inserted with even method to the depths specified in the Manual of Acupuncture by Peter Deadman and Mazin Al-Khadl and were retained for 20 minutes. There was no requirement for needle sensation to be obtained. After 20 minutes, the needles were removed and disposed according to CNT.

Acupoints were chosen in an effort to calm the spirit and improve cognition. According to the Manual of Acupuncture, Sishencong (EX-HN1) benefits the eyes and ears, calms the spirit, and is indicated for treating poor memory. Shenting (GV24) benefits the head and calms the spirit. Additionally, the GV channel travels to and through the brain. Yintang (EX-HN3) calms the spirit and is indicated to reduce anxiety and agitation. Shermen (HT7) calms the spirit, regulates and tonifies the Heart, and is indicated for treating fear, and fright. Additionally, the Heart organ is the house of the spirit. Neiguan (PC6) is indicated for poor memory, fear, and fright. Taixi (Kd3) was chosen because of its kidney association with the marrow and brain and because in Finnesses et al. have shown that differences in these areas can establish a placebo effect and alter outcomes. Care was taken to reduce the likelihood that control subjects would know that they were in the control group. When control subjects were presented with the AOSPAN, they were told, “Now we will have you take the first memory test.” This was intended to raise the possibility in subjects’ minds that they might still receive acupuncture and take the test again. After this variable period, all subjects completed the STAI Y-1 again (to see if subjects were more relaxed than before the intervention) and then completed the AOSPAN. To motivate subjects to use their best effort, they were told that a strong performance on the memory tests would enter them into a drawing for a cash prize.

This study protocol was approved by the Institutional Review Board of the National University of Health Sciences. Clinical Trial ID = NCT01492738.

Statistical Analysis

The unpaired t-test was used to compare mean values between groups and subgroups. Regression analysis was used to examine interactions between SA, TA, and all parameters of AOSPAN performance.
Results

Ninety subjects met inclusion criteria and participated. The control group had 46 subjects (22 males, 24 females) and a mean age of 21.3 years. The acupuncture group had 44 subjects (16 males, 28 females) and a mean age of 20.5 years. There were no significant differences in gender makeup or age between the two groups.

Results are presented as Mean Value ± Standard Deviation. Results were deemed significant with a p-value < 0.05. There were no adverse effects reported by any participants. All tables are taken from the aforementioned article in the Journal of Acupuncture and Meridian Studies.

STAI

The STAI provided numeric values for: Initial State-level anxiety (SA1), Trait level anxiety (TA), and State-level anxiety after the variable period (acupuncture or rest, SA2). The difference between SA1 and SA2 was calculated and termed ∆SA. There were no significant differences in SA1 or TA between groups. The mean SA2 was significantly lower in the acupuncture group vs. the control group (26.14 ± 4.5 compared to 29.63 ± 8.2, p=0.0146).

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>Acupuncture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean SA1</td>
<td>35.98 ± 7.26</td>
<td>33.75 ± 7.14</td>
</tr>
<tr>
<td>Mean SA2</td>
<td>29.63 ± 8.2</td>
<td>26.14 ± 4.5</td>
</tr>
</tbody>
</table>

Figure 1: Mean STAI State Anxiety After Intervention

AOSPAN

The AOSPAN provided numeric values for Total Correct Score of letter memory, Absolute Score of letter memory, Total Number of Math Errors, Math Speed Errors, and Math Accuracy Errors. The highest possible Total Correct and Absolute Correct score were each 75. Subjects who received acupuncture performed better than the control group. The Total Correct Score for the acupuncture group was 9.5% higher than those in the control group (65.39 ± 7.38 compared to 59.70 ± 13.12, p=0.0134). Mean AOSPAN Absolute Score was 45.87 ± 18.36 in control group and 52.20 ± 14.28 in acupuncture group (p=0.072). For the subgroup of males, AOSPAN Absolute Score was 44.14 ± 16.73 in the control group (n=22) and 55.13 ± 15 in the acupuncture group (n=16, p=.044). The acupuncture group committed 36% fewer math errors than the control group (2.68 ± 2.3 vs. 4.22 ± 3.44, p=0.0153). The mean number of math speed errors was 1.24 ± 1.59 in the control group and 0.80 ± 1.3 in the acupuncture group (p=0.153). The mean number of math accuracy errors was 2.98 ± 2.52 in the control group and 1.89 ± 1.71 in p (p=0.0188).

Figure 2: AOSPAN Total Correct Score
Regression analysis was performed. There were no significant correlations found between: SA1 and AOSPAN performance; TA and AOSPAN performance; SA2 and AOSPAN performance; SA1 and ∆SA; nor between ∆SA and AOSPAN performance.

Other trends

* Previous research has shown that subjects with high TA perform worse on tests of WM. This study confirmed these results. Subjects with low TA outperformed subjects with high TA on all parameters of the AOSPAN; but that difference was much less pronounced in the acupuncture group.

Table 1: AOSPAN Performance by TA (Mean)

<table>
<thead>
<tr>
<th></th>
<th>Absolute Correct</th>
<th>Total Correct</th>
<th>Total Math Errors</th>
<th>Speed Errors</th>
<th>Accuracy Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA</td>
<td>(n=62)</td>
<td>50.45</td>
<td>(± 16.74)</td>
<td>63.44</td>
<td>(± 9.96)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.19</td>
<td>(± 2.09)</td>
<td>0.92</td>
<td>(± 1.26)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.27</td>
<td>(± 1.92)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HA</td>
<td>(n=28)</td>
<td>45.68</td>
<td>(± 16.45)</td>
<td>60.36</td>
<td>(± 12.99)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.07</td>
<td>(± 1.99)</td>
<td>1.25</td>
<td>(± 1.80)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.82</td>
<td>(± 1.75)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difference</td>
<td>(n=34)</td>
<td>-4.77</td>
<td>(± 9.45%)</td>
<td>+ 0.88</td>
<td>(± 2.75%)</td>
</tr>
</tbody>
</table>

Using a median split, subjects with TA below 43 were classified as Low-Anxious (LA) and those with TA of 43 or above were classified as High-Anxious (HA). LA individuals, as a whole, outperformed HA individuals on every measure, although the results are not statistically significant.

Table 2: AOSPAN Performance by TA among Control and Acupuncture Groups (Mean)

<table>
<thead>
<tr>
<th></th>
<th>Absolute Correct</th>
<th>Total Correct</th>
<th>Total Math Errors</th>
<th>Speed Errors</th>
<th>Accuracy Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA</td>
<td>(n=14)</td>
<td>47.59</td>
<td>(± 10.95)</td>
<td>61.21</td>
<td>(± 10.95)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.91</td>
<td>(± 1.94)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HA</td>
<td>(n=14)</td>
<td>44.62</td>
<td>(± 16.45)</td>
<td>57.36</td>
<td>(± 12.99)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.09</td>
<td>(± 1.80)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difference</td>
<td>(n=28)</td>
<td>-3.67</td>
<td>(± 11.53)</td>
<td>+ 0.88</td>
<td>(± 2.75%)</td>
</tr>
</tbody>
</table>

This chart compares Control Group LA subjects to Control HA and compares Acupuncture LA to Acupuncture HA. The improvement in performance observed in HA subjects compared to LA subjects was much less for the Acupuncture group than for the Control Group, although this difference was not statistically significant.

* The improvement found in the acupuncture group was more pronounced for males than for females. Taken as a whole, males performed worse than females on every measure of the AOSPAN. But when broken down into acupuncture and control groups, males who received acupuncture outperformed females on nearly every measure.
Acupuncture Improves Working Memory and Reduces Anxiety: A Report of a Randomized, Clinical Trial

Table 3: AOSPAN Gender Differences (Mean)

<table>
<thead>
<tr>
<th></th>
<th>Correct</th>
<th>Total</th>
<th>Errors</th>
<th>Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female (n=52)</td>
<td>50.54 (± 13.94)</td>
<td>55.13 (± 16.73)</td>
<td>2.31 (± 2.15)</td>
<td>0.88 (± 1.31)</td>
</tr>
<tr>
<td>Male (n=38)</td>
<td>44.14 (± 16.73)</td>
<td>58.73 (± 13.83)</td>
<td>5.5 (± 4.07)</td>
<td>1.68 (± 2.12)</td>
</tr>
</tbody>
</table>

This chart compares AOSPAN performance by gender. As a whole, females outperformed males on every measure of the AOSPAN, although not to the point of statistical significance.

The American Acupuncturist
Clinical Therapeutic Effect of "Ji Liu Nei Xiao Pill" for Uterus Fibroid

By Tang Ling, Wang DongMei, Gu HuiXia, Liu Li, Wang XanXia, He ZhiPing, Beijing University of Chinese Medicine, Dong Zhi Men Hospital, Beijing, China

Published in World Chinese Medicine, 2012,7(5)
Translated by Doreen G.F. Chen, MD, CMD, LAc

Doreen Guo-Fong Chen, MD, CMD, LAc received eight years of Western medical education in the U.S. and China. In 1960, she graduated from the advanced class for Western MDs to study CM assigned by the Chinese Ministry of Health. In 1980, Dr. Chen was a visiting scholar at the Department of Pediatric Cardiology of the New York Hospital. In 1985, Dr. Chen obtained the New York State acupuncture license and operated three clinics. Dr. Chen is a strong advocate for integrative medicine. She took the first and second term as the president of the United Alliance of NY Licensed Acupuncturists (UANYLA). She is a long-time supporter and member of AAAOM and is honorary chair of the Chinese Advisory Council of AAAOM. She is also a senior advisor to the World Federation of Chinese Medicine Societies.

Uterus fibroid (UF) is an overgrowth of the smooth muscle on the uterus, which is considered as a benign tumor. It contains fibroid tissue and becomes hard. It is a commonly seen tumor in the female reproductive system,¹ and its occurrence rate remains high². It often causes heavy menstruation and a prolonged menstrual period³ that can affect a woman’s daily life. Meantime, modern Western medicine (WM) has applied use of anti-estrogen medication or surgical removal of the uterus, but this has not resolved the root of the problem and the chances of re-occurrence. In addition, side effects of the medicine and high medical expenses are a problem. Therefore, finding an effective, reasonable, and low cost therapeutic treatment is important and practical.

In Chinese medicine (CM), there is no such diagnostic term as “uterus fibroid,” but it belongs to the gynecological category described as “Zhen Xia” (mass in abdomen), “Tai Xi” (morbid leukorrhea), “Beng Lou” (metrostaxis), etc. Professor Xiao Chen-Zong has stated his principle and strategy of treatment using CM for UF as “Benefit the Qi; Remove the Stasis,” which is a combination strategy of nourishing and attacking, i.e., put the nourishing in the attacking, while putting the attacking on top of the nourishing. Prof. Xiao has developed a herbal formula in pill form called “Ji Liu Nei Xiao.” It has achieved a good therapeutic effect on UF and has been broadly used in China.
In our hospital research clinic, we have studied 60 cases of UF from 19 to 44 years old, averaging 40.7 yrs. The age of the WM group ranged from 19 to 44 years old, averaging 40.2 yrs. The comparison of the treatment results of the two groups was statistically significant (P<0.05). This indicated the CM treatment group has a better effective rate (see chart).

<table>
<thead>
<tr>
<th>Group</th>
<th>cases</th>
<th>cured</th>
<th>significantly effective</th>
<th>no effect</th>
<th>total effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM Treatment</td>
<td>30</td>
<td>8</td>
<td>18</td>
<td>4</td>
<td>82.67%*</td>
</tr>
<tr>
<td>WM Treatment</td>
<td>30</td>
<td>4</td>
<td>15</td>
<td>11</td>
<td>63.33%</td>
</tr>
</tbody>
</table>

*P value <0.05, x²=4.36

In the book Lin Shu ("The Origin of an Illness"), it is stated that anything accumulated at the beginning must be the body itself was weak. Therefore, any outside intruder will come to attack."

Full text of this article is available ONLY to AAAOM members and journal subscribers. To become an AAAOM member and receive the complete print or online journal, go to: www.aaaomonline.org
Full text of this article is available ONLY to AAAOM members and journal subscribers. To become an AAAOM member and receive the complete print or online journal, go to: www.aaaomonline.org

This issue contains full-text content of the following:

- Letter from the Editor in Chief p.3
- In Memoriam: Al Loren Stone, DAOM, LAc p.6
- Trudy McAlister Foundation 2013 Scholarships p.29
- A Study on Scientific Writing: The Materials and Methods Section p.17
- Society for Acupuncture Research 2013 Conference: Public Health Aspects p.18
- Book Review: Evaluating the Economics of Complementary and Integrative Medicine by Patricia Herman, ND, PhD p.30
- Index to Advertisers p.28

THE CAREER CONNECTION

Connect to the Right People and Opportunities with NYCC’S CAREER OPPORTUNITIES DATABASE... FREE!

Finger Lakes School of Acupuncture & Oriental Medicine of New York Chiropractic College Career Development Center

For more information:
PHONE: 1-315-568-3039
WEB SITE: www.nycc.edu

Send postings by:
FAX: 1-315-568-3566
E-MAIL: career@nycc.edu

References:
A Study on Scientific Writing: 
The Materials and Methods Section

By Jennifer Stone, LAc, Editor in Chief

A scientific paper is usually comprised of these sections:

- Abstract
- Introduction
- Materials and Methods
- Results
- Discussion/Conclusion
- Acknowledgments
- Literature Cited

Scientific writing is direct and orderly. The materials and methods section structure should:

- Describe in detail the materials used in the study and include all tools: needles, herbs, surveys and questionnaires. (It’s not necessary to include all questions in the questionnaire if it is a proven measure previously used in research (ex. SF-MPQ, FACIT, etc.)
- Describe the human subjects, age, eligibility criteria, demographics, etc.
- If you did a field or survey study, provide a description of the study site, including the precise location, town, state and country. If an online internet survey was used, include details on who received the surveys, inclusion/exclusion criteria, how many surveys were sent out, how many were completed and returned, how many were included in the data analysis.
- If the manuscript is a meta-analysis or review, include the search engines and scientific databases that were searched and the inclusion/exclusion criteria for the studies that were discussed in the results section.
- Explain how the materials were used in the study
- Describe the research protocol. Include how subjects were randomized (ex. numbers picked out of a hat or block randomization). Include controls, treatment, variables that were measured, etc.
- Explain how the data were collected, how measurements were made, and what calculations were performed
- State which statistical tests were done to analyze the data

The materials and methods section should always be written in past tense and in 3rd person. The description of preparations, measurements, and the protocol should be organized clearly and chronologically. Only include information relevant to the description of the materials and methods. Do not include any personal thoughts in this section; only describe what took place. Personal thoughts should be reserved for the discussion section.

A materials and methods section should clearly explain the details of the study so that another researcher can read the manuscript and replicate the study exactly.

In acupuncture research, remember to describe what brand of needle was used including: manufacturer, length and gauge, points used, how the treatment was determined, depth of insertion, style of needling, length of time needles were retained, etc.

Example: Six acupuncture needles, Seirin Corp., Shizuoka, Japan, No. 3(0.20) x 30mm were inserted bilaterally into acupoints San Yin Jiao (SP6), Zusanli (ST36), and Tai Xi (KI3) at a depth of 1.5cm and gently rotated until daqi was observed. Needles were retained for 20 minutes. Acupoints were chosen through consensus by a group of 4 TCM experts, each with over 20 years of TCM practice.

When describing an herbal formula, include the formula name if it is a patent herb formula. Also include the brand, manufacturer, dose, and each individual herb included in the formula. Some writers choose to list the indications for the herbal formula or each herb or acupoint although it is not necessary. If a writer chooses to list indications, it should not be listed in the materials and methods section. Indications should be reserved for the introduction or discussion section. Remember, the materials and methods section is a description of exactly what was done and how it was done so another researcher can duplicate the protocol exactly.

continued on page 36
As the acupuncture and Oriental medicine (AOM) profession evolves in the U.S. and internationally, so do the corresponding research paradigms. It was inspiring and gratifying to see the variety of approaches to research and evaluation presented at the April 2013 Society for Acupuncture Research International Conference held in Ann Arbor, Michigan. In addition to presentations on both clinical studies and other more advanced concepts concerning the mechanisms of acupuncture, the conference incorporated a variety of public health-related perspectives, such as studies of the economics of acupuncture, factors influencing utilization (e.g., transportation issues, sociodemographics, need for care), and comparative effectiveness research. These diverse approaches more fully inform us about the nature of acupuncture as it is practiced “on the ground” in clinical settings and in communities.

Presentations spanned the spectrum of acupuncture research—from the cellular (micro) level to the population (macro) level. This diversity of perspectives gives us a more comprehensive understanding and appreciation of acupuncture. In addition to the ongoing process of continuous improvement of treatment, these innovative approaches to understanding and describing acupuncture lend themselves to the broader medical and public health community. Going beyond the randomized clinical trial paradigm, studies on utilization can edify us about who uses acupuncture and why they seek this type of treatment.

Economic evaluations provide information for policymakers, insurers, and other third party payers. These types of studies enable health departments to better determine the cost benefits related to acupuncture. At a time when healthcare dollars are more scarce and hotly debated, evidence about cost savings associated with acupuncture is crucial.

These types of approaches have been developed through health services research, which is based on principles of public health. Although public health is sometimes misinterpreted as charity for the poor, it is more appropriately viewed as being related to improving the general health and well-being of society. The three basic tenets of public health—access, affordability, and acceptability of care—are used as the bases for determining how to best study and evaluate any treatment or intervention. Health services research examines all levels of an intervention (effectiveness, acceptance, cost) in order to provide a thorough picture of evidence that can be used by policymakers.

In his keynote speech, “The Elusive Nature of Facts and the Subtle Effects of Power: Why We Need More Than the Natural Sciences for Acupuncture Research,” Volker Scheid, PhD made an eloquent argument for appreciating the contributions of medical humanities to acupuncture research. His thesis supported the need for truly holistic and comprehensive investigation of the underlying assumptions and goals of research. In other words, just as we have learned the principles of traditional Asian medicine and how to use them in the clinical setting, we can further develop and refine our understanding by learning how to be better informed readers, consumers, and architects of research.

A panel discussion entitled “Impact of Acupuncture Research on 21st Century Health Care” included remarks...
from Kristen Huntley, PhD; Wayne Jonas, MD; Lixing Lao, PhD, MD; Volker Scheid, PhD and Claudia Witt, MD. Discussants reviewed a variety of perspectives that contribute to today’s understanding of acupuncture research. These perspectives range from federal (National Institutes of Health and National Center for Complementary and Alternative Medicine), public health, military medicine, epidemiology, and anthropology.

Although issues such as these are sometimes confined to a certain niche at AOM conferences, Society for Acupuncture Research organizers effectively and strategically integrated public health concerns into the fabric of the conference. International colleagues in Europe, Canada, and Australia provide foundations and directions for further development of them. Some of these contributions were evident at this conference, making it truly visionary for our profession.

Elizabeth Sommers, PhD, MPH, LAc is director of research and education at Pathways to Wellness in Boston, MA. She is on the faculty at Boston University School of Public Health in Health Policy and Management and co-chairs the American Public Health Association’s group on Complementary and Alternative Health Practices. She has published numerous papers on public health aspects of acupuncture. Areas of interest include acupuncture studies related to health economics, recovery from substance use, and promoting health for people living with HIV/AIDS. She was guest co-editor for the 2013 public health issue of the European Journal of Integrative Medicine.

Enhancing the profession by—

✔ Protecting acupuncture scope of practice
✔ Increasing public and professional awareness
✔ Providing discounted CEUs on educational conferences
✔ Offering business support resources
✔ Providing discounts to AOM vendors

Since 1981, AOM practitioners have fought for what our profession has achieved today. As a member of your national professional organization, you will be supporting our continued efforts. You sacrificed a lot for your right to practice; make those sacrifices mean something—advance the profession by joining today!

Join the AAAOM today!

aaaomonline.org
1-866-455-7999

By Jennifer Stone, LAc, Editor in Chief

Approximately 200 researchers representing over 30 countries gathered to present their data at the Society for Acupuncture Research 2013 International Conference: Impact of Acupuncture Research on 21st Century Health Care held this past April in Ann Arbor, Michigan. Thirty-two oral presentations were featured, and over 100 posters were presented. The following is a sampling of the abstracts of the oral presentations.

Clinical Research Abstracts:

Acupuncture in Patients with Seasonal Allergic Rhinitis Results of a Randomized Controlled Trial, presented by Benno Brinkhaus, Institute for Social Medicine, Epidemiology, and Health Economics, Charité University Medical Center, Berlin

Brinkhaus and colleagues conducted this three group randomized, controlled trial involving 422 patients suffering from seasonal allergic rhinitis. The study interventions were acupuncture plus rescue medication (RM, Cetirizine) (n=212), sham acupuncture plus RM (n=102), or rescue medication alone (n=108). Acupuncture led to improvements in disease-specific quality of life and antihistamine intake after 8 weeks of treatment compared to sham acupuncture and rescue medication alone in the first and second year.

A Randomized Comparative Effectiveness Clinical Trial of Acupuncture as an Adjunctive Therapy in Patients with Depression, presented by Lin Lin Sun, Beijing University of Chinese Medicine, and colleagues

Dr. Sun and colleagues examined whether acupuncture plus the antidepressant paroxetine is more effective than paroxetine alone in patients with depression. Eighty-eight patients were randomized into three groups: electroacupuncture (EA), EA + paroxetine (Paxil), and paroxetine alone. The results indicated that acupuncture as an adjunctive therapy for patients with depression may be both safe and more effective than pharmaceuticals alone.


Conboy and colleagues conducted a preliminary analysis of symptom improvement in GWI veterans associated with acupuncture treatment. A preliminary analysis of symptom improvement comparing baseline scores to 6 month data collection indicates statistically significant improvements in the severity of veterans’ self reported main (p<0.01) and secondary (p<0.009) complaints.

How Acupuncturists and Physicians View the Presence of In-Patient Acupuncture Care at Beth Israel Medical Center: A Qualitative Phenomenological Study, presented by Basia Kielczynska, Beth Israel Medical Center, New York

Kielczynska and colleagues surveyed the “living experience” of acupuncturists while they provided acupuncture inpatient care and interacted with medical staff in a hospital-based acupuncture fellowship program. Researchers discovered that (1) Acupuncturists were excited about integrative practice opportunities, disappointed about limited interactions with medical staff, creative in adjusting to restrictions of hospital setting, and ambivalent about clinical research opportunities; (2) Acupuncturists considered their in-patient care limited but effective, and they expressed pride in holism of their practice; and (3) Physicians’ support for acupuncture care depended more on the clinical results and patient satisfaction than on their understanding of the philosophy behind acupuncture or acupuncture clinical research, and different departments of the hospital represented distinct “cultures,” some of which were more receptive to acupuncture than others.

Acupuncture in a Managed Care Program: Evaluating Clinical Outcomes, Member Satisfaction, and Costs of Care, presented by Elizabeth Sommers, Boston University School of Public Health

Sommers and colleagues evaluated a community health center and clinic specializing in acupuncture partnered with a large managed care organization to determine whether acupuncture treatment might influence clinical outcomes and costs of care for patients referred for the following conditions: pain, headache, menstrual or menopausal symptoms, carpal tunnel syndrome. Preliminary results indicate that offering acupuncture in a community health setting is acceptable and desirable by patients and physicians. Favorable clinical and cost of care outcomes were observed in this ongoing project.

Adjuvant Whole Systems Traditional Chinese Medicine Improved Fresh, Non Donor In Vitro Fertilization: A Retrospective Chart Review, presented by Lee Hullender Rubin, Oregon College of Oriental Medicine

Data from records of 1,069 fresh, non-donor cycles from a private infertility clinic were reviewed. The main outcome measure was live birth beyond 24 weeks gestation. In this retrospective review of records, researchers found that whole systems TCM pre-treatment prior to ET and acupuncture on the day of ET significantly improved live births in fresh, non-donor IVF cycles.
Basic Science Abstracts:

Central Mechanism of Instant Analgesia Effect of Aupoints on Shao Yang Meridians to Migraine Patients, presented by Yang Jie, Acupuncture and Tuina School, Chengdu University of Traditional Chinese Medicine

Jie and colleagues examined patients who matched the inclusion criteria and randomly divided them into 2 groups: Group A received acupuncture on the shaoyang meridian once (GB20, SJ5, GB34); Group B was a waiting list group. Positron emission tomography computed tomography (PETCT) was performed to detect the cerebral glucose metabolism among the 40 patients after the first administration of puncturing. Then the difference among them was analyzed by SPM2, which was used to discuss the central mechanism of instant analgesic effect of puncturing at acupoints. The researchers discovered that the effect of puncturing at the acupoints on the shaoyang meridian could influence the regions related with pain, including middle cingulate gyrus, posterior cingulate gyrus, insula, hippocampus, and parahippocampal gyrus.

Increased Nerve Growth Factor Signaling in Sensory Neurons of Early Diabetic Rats is Corrected by Electroacupuncture, presented by Stefania Lucia Nori, Department of Pharmaceutical and Biomedical Sciences FARMABIO MED NANOMATES, University of Salerno, Via Ponte don Melillo, 84084 Fisciano, Italy

Diabetes was induced in rats by streptozotocin (STZ). One week after STZ, EA treatments were started and continued for three weeks. NGF and NGF receptors protein and mRNA, NGF signaling pathways and the presence of NGF-regulated transient receptor potential vanilloid receptor 1 (TRPV1) were analyzed in dorsal root ganglia (DRGs). NGF receptors expression and colocalization was analyzed in spinal cord and skin. Researchers found that STZ increased NGF and NGF receptors expression, activated c-Jun N-terminal kinase (JNK) and p38 kinase and increased TRPV1 in DRG; EA in diabetic rats decreased both NGF and NGF receptors, normalized JNK and p38 activation, decreased TRPV1 and activated the transcription factor Nf-xB. Expression of p75 neurotrophin receptor was increased in diabetic skin, while receptor tyrosine kinase A was increased in the spinal cord. EA in diabetic animals counteracted both these STZ-induced deregulations.

Effects of a Topical Chinese Herbal Formula TLSJ Gel for Bone Cancer Pain in Rats, presented by Lixing Lao, University of Maryland School of Medicine

A bone cancer pain rat model was used to investigate the effects and mechanisms of the herbal analgesic gel Tong Luo San Jie (TLSJ) on bone cancer pain. The rat model was established by inoculating Walker 256 rat carcinoma cells directly into the right tibial medullary cavity of Sprague Dawley rats (150 - 170 g); PBS tibial inoculation was used as control. Cancer-bearing rats were treated twice a day with external TLSJ gel (0.5 g/cm2/day) or inert gel for 21 days (n=10/group). Mechanical threshold and paw withdrawal latency (PWL) were respectively assessed with von Frey filaments and Hargreaves’ Method. The data demonstrated that TLSJ treatment significantly restored bone cancer-induced decrease of PWL and mechanical threshold compared to inert gel. It also decreased the level of blood serum ICTP and BAP and inhibited osteoclast activities.

Doses of Caffeine Relevant to Dietary Human Intake can Inhibit the Acupuncture-Induced Analgesia, presented by Ari More, Universidade Federal de Santa Catarina, Brasil

Recently, the role of adenosine receptors in acupuncture analgesia (AA) has been shown, and caffeine, one of the world’s most commonly consumed dietary ingredients, is an antagonist of these receptors. In this study, the post-incisional pain model was used to investigate caffeine’s influence on AA. Mice were treated with acupuncture needling after administration of acute or chronic of caffeine. We found that acute pre-administration of caffeine (10 mg/kg, i.p.) completely reversed AA in both types of acupuncture. In the chronic pre administration, we used two doses that mimicked the average daily caffeine consumption in Western countries and China. Interestingly, the “Western dose” of caffeine (70 mg/kg/day) administered during eight days in the drinking water reversed AA, and the “Chinese dose” (4 mg/kg/day) administered during the same period did not. These results indicate that the use of caffeine can inhibit the analgesic effect of different forms of acupuncture. Also, our findings suggest that doses of caffeine relevant to dietary human intake levels could be a confounding factor in the context of acupuncture research.

Effects of Electroacupuncture at Neiguan (PC6) on Blood Pressure in Myocardial Infarction Rats, presented by Haiping Deng, Shanghai University of Traditional Chinese Medicine, China Shanghai Research Center of Acupuncture & Meridian, China

To observe the effects of electroacupuncture at Neiguan on blood pressure in myocardial infarction rats, male SD rats (weighing 250-300g) were randomly divided into an electroacupuncture group, a model group, and a control group. In the electroacupuncture group and the model group, the myocardial infarction model was established by permanent ligation of the left anterior descending (LAD) of left coronary artery. In the electroacupuncture group, rats were treated 30 min/d for consecutive 5d with EA at both “Neiguan” after the day of the operation, 2-15 Hz, 1-4mA. ECG had been recorded before and after the operation and after the treatment. Artery catheterization method for measuring femoral arterial and right carotid arterial systolic pressure, diastolic pressure, mean arterial blood pressure, and pulse pressure was used. Results suggested that electroacupuncture at Neiguan plays a role in the improvement of systolic pressure, diastolic pressure, and mean arterial blood pressure of the right carotid artery in myocardial infarction rats.
A Case Study on the Management of Benign Prostatic Hypertrophy Using Acupuncture and Chinese Herbal Medicine

Abstract

Benign prostatic hypertrophy (BPH), otherwise known as benign prostatic hyperplasia, is an enlargement of the prostate, a condition that often occurs in aging men. In the United States alone, more than fifty percent of men over the age of sixty reportedly suffer from some symptoms of BPH, ranging from mild discomfort to intolerable pain and refractory urinary retention. This case study documents the use of acupuncture and Chinese herbal medicine to treat a 67-year-old male diagnosed with BPH and the distressing urinary symptoms of pain, straining, urgency, nocturia and impotence for two and a half years. The patient was diagnosed and treated for Liver qi stagnation and Kidney yin deficiency. The patient had positive results as documented by the “AUA Symptom Index for BHP.” This case study supports the premise that acupuncture and herbal medicine may be beneficial in reducing or alleviating these symptoms of BPH, treating both acute symptoms and the root patterns implicated in the disease. Further research is needed to investigate the role of TCM in the treatment of BPH.

Keywords: benign prostatic hypertrophy, acupuncture, Chinese herbal formulas
Full text of this article is available ONLY to AAAOM members and journal subscribers. To become an AAAOM member and receive the complete print or online journal, go to: www.aaaomonline.org

This issue contains full-text content of the following:

- Letter from the Editor in Chief p.3
- In Memoriam: Al Loren Stone, DAOM, LAc p.6
- Trudy McAlister Foundation 2013 Scholarships p.29
- A Study on Scientific Writing: The Materials and Methods Section p.17
- Society for Acupuncture Research 2013 Conference: Public Health Aspects p.18
- Book Review: Evaluating the Economics of Complementary and Integrative Medicine by Patricia Herman, ND, PhD p.30
- Index to Advertisers p.28
Full text of this article is available ONLY to AAAOM members and journal subscribers. To become an AAAOM member and receive the complete print or online journal, go to: www.aaaomonline.org.

This issue contains full-text content of the following:

-Letter from the Editor in Chief p.3
-In Memoriam: Al Loren Stone, DAOM, LAc p.6
-Trudy McAlister Foundation 2013 Scholarships p.29
-A Study on Scientific Writing: The Materials and Methods Section p.17
-Society for Acupuncture Research 2013 Conference: Public Health Aspects p.18
-Book Review: Evaluating the Economics of Complementary and Integrative Medicine by Patricia Herman, ND, PhD p.30
-Index to Advertisers p.28

Table 1. Acupuncture Treatment

<table>
<thead>
<tr>
<th>Point</th>
<th>Function</th>
<th>Depth</th>
<th>Needling method</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yintang</td>
<td>calm the shen</td>
<td>0.5 cun</td>
<td>reinforcing method</td>
<td></td>
</tr>
<tr>
<td>Hegu LI-4</td>
<td>harmonize the yin, move the qi</td>
<td>0.5 cun</td>
<td>reducing method</td>
<td></td>
</tr>
<tr>
<td>Zhongji CV-3</td>
<td>benefit circulation, stop dribbling and regulate the lower jiao</td>
<td>1.0 cun</td>
<td>reinforcing method</td>
<td>angle needle toward root of penis</td>
</tr>
<tr>
<td>Guanyuan CV-4</td>
<td>tonify the Kidneys and strengthen yin</td>
<td>1.0 cun</td>
<td>reinforcing method</td>
<td>angle needle toward root of penis</td>
</tr>
<tr>
<td>Sanjinqiao SP-6</td>
<td>tonify the Spleen, Liver and Kidney yin and move the blood</td>
<td>0.5 cun</td>
<td>reinforcing method</td>
<td></td>
</tr>
<tr>
<td>Yanshi BL-3</td>
<td>nourish Kidney yin</td>
<td>0.5 cun</td>
<td>reinforcing method</td>
<td></td>
</tr>
<tr>
<td>Taichong LV-3</td>
<td>soothe the Liver, drain the Liver channel, invigorate the blood and resolve pain</td>
<td>0.3 cun</td>
<td>reducing method</td>
<td></td>
</tr>
<tr>
<td>Ajuding Gb-41</td>
<td>promote the smooth flow of qi</td>
<td>0.3 cun</td>
<td>reducing method</td>
<td></td>
</tr>
<tr>
<td>Qianlieyanxue (extra point, prostate point)</td>
<td>empirical point for benefiting the prostate</td>
<td>1.5 cun</td>
<td>even method, angle 45° inward</td>
<td>located midway between huiyin CV-1 and the anus</td>
</tr>
</tbody>
</table>

The patient experienced occasional belching and had hemorrhoïds and occasional post-urination dribbling. He also said he was eating a balanced diet, did not consume alcohol, and drank two cups of coffee per week. Examination revealed a red tongue, no coat with a deep central groove, several horizontal branches and swollen sides. His pulse was wiry and rapid on the right and slippery on the left.

The patient stated that he was sleeping well but was waking up feeling tired and with a dry mouth. He had an energy level of 6/10 with 10 being abundant energy for the day. His urination was frequent and he had slight post-urination dribbling.

The patient appeared angry and frustrated, with a dry, withered face. His tongue was red and coated with deep cracks, frequent scanty urination and post-urination dribbling. The patient was wiry and rapid on the right and slippery on the left.

The patient weighed 153 lbs and was 5'10.” He reported no serious injuries and only one surgery, a vasectomy, 20 years prior. He did not consume alcohol, and drank two cups of coffee per week. Examination revealed a red tongue, no coat with a deep central groove, wiry pulse, stressful lifestyle, and angry mannerisms. Kidney deficiency was evident in his dry skin and stools, withered face, red and swollen tongue with deep cracks, and several horizontal branches and swollen sides. His pulse was wiry and rapid on the right and slippery on the left.

This patient’s TCM diagnosis was Liver qi stagnation and Kidney yang deficiency. Liver qi stagnation was reflected in age in general, his wiry pulse, and prostatic hypertrophy. Phlegm stagnation was manifested as enlarged prostate. In general, the etiology of this patient’s patterns was from emotional frustration and aging. Bikram yoga, performed in a room heated to approximately 105°F (40.6°C), had further depleted his energy for the day. His urination was frequent and he had slight post-urination dribbling.

Treatment principles for this patient were to soothe the Liver and tonify the Kidney yin, while invigorating the blood, resolving phlegm, softening hardness, and opening the water passages.
Full text of this article is available ONLY to AAAOM members and journal subscribers. To become an AAAOM member and receive the complete print or online journal, go to: www.aaaomonline.org.

This issue contains full-text content of the following:

- Letter from the Editor in Chief p.3
- In Memoriam: Al Loren Stone, DAOM, LAc p.6
- Trudy McAlister Foundation 2013 Scholarships p.29
- A Study on Scientific Writing: The Materials and Methods Section p.17
- Society for Acupuncture Research 2013 Conference: Public Health Aspects p.18
- Book Review: Evaluating the Economics of Complementary and Integrative Medicine by Patricia Herman, ND, PhD p.30

-Herb
-Chuan jin zi (Fructus Toosendan) 3%
-Ging qi (Pericarpium Citri Reticulatae) 6%
-Chen pi (Radix Aconiti Lateralis) 5.4%
-Hua mao xiang (Radix Anemarrhena Asphodeloidis) 5.1%
-Zhi xia (Fructus/Semen Gastrodiae) 16%
-Xue jiu (Rhizoma Dipteronis) 9.4%
-Mu dan pi (Cortex Moutan Radicis) 9.4%
-Shen ji zi (Fructus Gardenia Jasminoidis) 9.4%
-Xiao jin (Semen Paeoniae) 9.4%

-Index to Advertisers p.28

Table 2 presents this formula, modified from a formula created by Yan De-Xin for the treatment of Prostatic hyperplasia. 

Table 3. Formula Two (focus on root treatment)

This patient has a Liver constitution and yin deficiency is known to be the root cause of BPH because it results in the failure to transform and transport fluids in the lower jiao. Furthermore, the deficient heat cooks and thickens the fluids making it increasing difficult to transform and eliminate them thereby leading to stagnation of dampness and phlegm enlarging the prostate. 11 Along with his age, this stagnation had generated heat and contributed to consuming his yin. Kidney deficiency is prone to Liver qi stagnation. Liver qi stagnation accumulates heat and contributed to consuming his yin. Kidney deficiency is prone to Liver qi stagnation. Liver qi stagnation accumulates heat and contributed to consuming his yin. Kidney deficiency is prone to Liver qi stagnation. Liver qi stagnation accumulates heat and contributed to consuming his yin.

After six weeks on Formula One, the patient’s herbal prescription was then changed. A second formula, Formula Two, a modified version of zhi bai di huang tang (Anemarrhena, Phellodendron, Glycyrrhiza), was prescribed to treat the patient’s root disharmony by nourishing the kidney yin and soothing the Liver. 16 This patient has a Liver constitution and yin deficiency is known to be the root cause of BPH because it results in the failure to transform and transport fluids in the lower jiao. Furthermore, the deficient heat cooks and thickens the fluids making it increasing difficult to transform and eliminate them thereby leading to stagnation of dampness and phlegm enlarging the prostate.
This case study presents further optimistic results for treating BPH with acupuncture and Chinese herbal formulas and could be used as a reference for other practitioners treating BPH. The patient achieved significant resolution of urinary symptoms and restoration of his erectile function. Further research is recommended to investigate and document the role of Chinese medicine in the treatment of benign prostatic hypertrophy.
Appendix 1

The AUA Symptom Index for BHP and the Disease-Specific Quality-of-Life Question


Patient name: __________________________________ DOB: _______________ ID: _______________ Date of assessment: _____________________

Initial Assessment ( ) Monitor during: ___________________ Therapy ( ) after: ___________________ Therapy/surgery ( ) ______________________

AUA BPH Symptom Score

<table>
<thead>
<tr>
<th>Not Less than</th>
<th>Less than</th>
<th>About half</th>
<th>More than</th>
<th>Almost at all</th>
<th>Time</th>
<th>Half the time</th>
<th>the time</th>
<th>Half the time</th>
<th>always</th>
</tr>
</thead>
</table>
1. Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating? | 0 | 1 | 2 | 3 | 4 | 5 |
2. Over the past month, how often have you had to urinate again less than 2 hours after you finished urinating? | 0 | 1 | 2 | 3 | 4 | 5 |
3. Over the past month, how often have you found you stopped and started again several times when you urinated? | 0 | 1 | 2 | 3 | 4 | 5 |
4. Over the past month, how often have you found it difficult to postpone urination? | 0 | 1 | 2 | 3 | 4 | 5 |
5. Over the past month, how often have you had a weak urinary stream? | 0 | 1 | 2 | 3 | 4 | 5 |
6. Over the past month, how often have you had to push or strain to begin urination? | 0 | 1 | 2 | 3 | 4 | 5 |
7. Over the past month, how many times did you typically get up to urinate from the time you went to bed at night until the time you got up in the morning? | 0 | 1 | 2 | 3 | 4 | 5 |

Total Symptom Score: ____________________

IPSS Score:

0-7: Mild symptoms
8-19: Moderate symptoms
20-35: Severe symptoms

The Disease-Specific Quality-of-Life Question (bother score):

“If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?”

Delighted (0); Pleased (1); Mostly satisfied (2); Mixed (3); Mostly disappointed (4); Unhappy (5); Terrible (6)

Treatment Decisions:

IPSS ≤ 7, or no bothersome symptoms: watchful waiting
IPSS ≥ 8: discuss treatment options; consider referral to Urology for further testing

Full text of this article is available ONLY to AAAOM members and journal subscribers.

To become an AAAOM member and receive the complete print or online journal, go to:

www.aaaomonline.org

This issue contains full-text content of the following:

- Letter from the Editor in Chief p.3
- In Memoriam: Al Loren Stone, DAOM, LAc p.6
- Trudy McAlister Foundation 2013 Scholarships p.29
- A Study on Scientific Writing: The Materials and Methods Section p.17
- Society for Acupuncture Research 2013 Conference: Public Health Aspects p.18
- Book Review: Evaluating the Economics of Complementary and Integrative Medicine by Patricia Herman, ND, PhD p.30
- Index to Advertisers p.28
Trudy McAlister Foundation Announces
Four Scholarships in 2013 Awards

Trudy McAlister Foundation 2013 Scholarship Recipients

Carrie Lovemark
Katie Ngan
Elaina Stover
Joanne White

The Trudy McAlister Foundation (TMF) is pleased to announce the recipients the Trudy McAlister Foundation scholarships. Two scholarships for $3000 each and two scholarships for $2000 each were awarded.

The recipients of the 2013 TMF Scholarships are: Carrie Lovemark, Five Branches University; Katie Ngan, Southern California University of Health Sciences; Elaina Stover, AOMA Graduate School of Integrative Medicine; Joanne White, New England School of Acupuncture.

A goal of the foundation is to provide generous assistance to deserving students of Oriental medicine and, at the same time, grow and preserve funds for future scholarships. Each year the Foundation Board announces the scholarships in national publications and requests that the Council of Colleges for Acupuncture and Oriental Medicine notify colleges about these scholarships.

As the Foundation is determined to continue to provide an increasing number of scholarships, we ask the support of individuals, vendors, and national organizations to help us make the opportunity of an Oriental medicine education available to deserving, committed students. The Board and Advisors for the Foundation are Gene Bruno, OMD, LAc; William B. Pettis, MS, DOM, LAc; Roni Wilbur, MSOM, LAc; Pamela Lee, PhD; and William Prensky, MD, OMD.

Remember, the nonprofit Foundation has 501(c)(3) status and contributions from suppliers, manufacturers, individuals, colleges, vendors and organizations can be made directly to the Trudy McAlister Foundation and via the website. All who contribute are recognized on our website.

More information is available at www.trudymcalisterfoundation.org
BOOK REVIEW

Evaluating the Economics of Complementary and Integrative Medicine

by Patricia Herman, ND, PhD

Reviewed by Elizabeth Sommers, PhD, MPH, LAc

ISBN: 978-1479390359
2012
Paperback, 100 pages
$15.95
Available at Amazon and www.SamueliInstitute.org

"Sham procedures frequently result in small, non-negligible effects. Thus, by comparing a relatively larger effect (due to true acupuncture) with a smaller effect (related to the sham comparison), study results often fail to achieve significance from a statistical perspective."

The value of Herman’s book lies not only in describing principles of health economics but also in its visionary approach to conceptualizing future research on acupuncture and Asian medicine. By incorporating and appreciating the importance of economic evaluation, researchers can reach beyond the limited paradigm of the randomized clinical trial that relies on sham or placebo comparators. A critical point against sham or placebo-controlled trials is that economic analyses are most appropriately conducted by comparing an intervention to the current standard of care, not to a placebo. Just as this is relevant for all types of health-related studies of biomedical interventions, I expect we’ll be seeing this manifest in acupuncture studies as well.

Furthermore, recent studies have indicated that sham or placebo comparators may indeed have physiological effects and thus are not inert. Imaging studies using magnetic resonance or other scanning approaches have recorded effects associated with sham procedures. Biomarkers and hemodynamic indicators such as blood pressure also provide evidence of physiological changes, which become evident following sham procedures. Sham procedures frequently result in small, non-negligible effects. Thus, by comparing a relatively larger effect (due to true acupuncture) with a smaller effect (related to the sham comparison), study results often fail to achieve significance from a statistical perspective. Although clinicians and patients may observe favorable health-related outcomes, the final results may not show a difference that achieves a large enough difference between true and sham procedures, thus leading to the false conclusion that true acupuncture procedures are no better than comparison or placebo procedures.

Herman’s book offers insight into the world of health economics. Like our own science of Asian medicine, health economics offer a holistic, comprehensive and inclusive approach to understanding the ramifications of our medicine. More importantly, for society and the public’s health, economic analyses represent additional

Acupuncturists in the U.S. are faced with economic realities related to patients’ challenges with out-of-pocket payment for services, insurers’ requirements for documentation, and demands from research funders. The need to upgrade our understanding of economics has never been more salient. The new handbook by Patricia Herman ND, PhD, *Evaluating the Economics of Complementary and Integrative Medicine,* is a valuable resource as both a text and a reference. Her descriptions and examples effectively demystify health economics and offer valuable insight into understanding how to design or interpret cost-related studies.

Herman’s book is replete with relevant examples and illustrations of economic principles and is useful for both students and practitioners. Using a variety of studies of interest to the community of complementary and integrative health proponents, she provides definitions and de-constructs concepts and terminology. Although the book contains references to studies of chiropractic, massage, naturopathic care, Alexander technique, homeopathy, and music therapy, there are substantial references related to a number of aspects of Chinese and Asian medicine, including acupuncture, moxibustion, and *Tai Qi.*

The book begins with an overview of the fundamentals of economic analysis. One of these is the perspective from which an evaluation is done. Perspectives encompass the spectrum of those affected by health costs—individual consumers, health insurers, employers, hospital and health care providers, and society itself. Consideration of costs will include direct medical costs (including costs of any of the following: medication or outpatient visits, hospital stay, lab or diagnostic tests, emergency room visits); direct non-medical costs (intervention-related costs such as transportation, patient’s time, childcare); or indirect costs (usually from a broad societal perspective including changes in work-related productivity or an individual’s ability to contribute to society).

All these factors are taken into consideration in determining the type of economic evaluation to conduct. The major four types of complete economic evaluation are cost effectiveness analysis, cost utility analysis, cost benefit analysis, and cost consequence analysis. Costs, in whatever forms we decide to measure them, become the numerator in each of these approaches. The denominators represent a variety of impacts to health, as illustrated in the table on the following page.

...
and innovative frameworks for evaluating and improving care and treatment. I highly recommend *Evaluating the Economics of Complementary and Integrative Medicine* as a guide and resource for continuing to explore our dynamic field of Asian medicine.

### References


### Table: Types of Economic Evaluation

<table>
<thead>
<tr>
<th>Type of Analysis</th>
<th>Health Impact Measured</th>
<th>Advantages</th>
<th>Limitations</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost effectiveness analysis (CEA)</td>
<td>Standardized unit of health outcome (e.g., years of life saved, changes in hemoglobin A1c)</td>
<td>Can directly use units of health outcome as determined by effectiveness trials; if health outcome is widely accepted metric for a particular disorder, CEA can use that outcome to directly compare results across a number of therapeutic interventions</td>
<td>Does not allow direct cost comparisons over a variety of interventions available for different disorders; although intervention may favorably impact a number of health parameters for a given disorder, CEA could not accommodate multiple outcomes</td>
<td>Cost per reduction in breech birth presentations following moxibustion of BL67²¹</td>
</tr>
<tr>
<td>Cost utility analysis (CUA)</td>
<td>Global health status (broad measures of health) “Utility” defined as strength of individual’s health preferences in the context of uncertainty</td>
<td>By incorporating a broad measure of health, allows direct comparisons across a number of different therapeutic approaches; integrates measurements related to quality of life</td>
<td>Challenge of actually defining and interpreting “utility”</td>
<td>Studies of acupuncture for a variety of conditions (osteoarthritis, rhinitis)²³¹</td>
</tr>
<tr>
<td>Cost benefit analysis (CBA)</td>
<td>All benefits measured in monetary terms</td>
<td>Costs can be directly subtracted from benefits to give net monetary benefit of one intervention versus another intervention; allows for comparisons to be conducted across different therapies; can incorporate benefits that are not health-related per se (e.g., patient empowerment)</td>
<td>Requires monetary value to be placed on health states</td>
<td>Use of naturopathic care for low back pain⁴</td>
</tr>
<tr>
<td>Cost consequence analysis (CCA)</td>
<td>Method for reporting results of a comprehensive economic evaluation</td>
<td>Based on inclusive list of cost components and associated outcomes for multiple therapies; can include specific health outcomes as well as quality of life measures</td>
<td>Full information may not be available for each intervention being considered</td>
<td>Comparison of acupuncture, manual therapy, injections, and other pain management techniques for back pain and knee injury⁵</td>
</tr>
</tbody>
</table>
Acupuncture Improves Working Memory: continued from page 31

One limitation of this study design is that subjects in the control group did not know that they were in the control group, but subjects in the acupuncture group did know that they were in the active group. To reduce the potential effect of this difference, future research may incorporate a placebo-pair for the control group. By doing so, the active treatment will be considered the treatment of interest, and the null effect can be assumed to be due to the acupuncture treatment. This study and further study may also investigate the effects of the acupuncture points and combination methods. The results found in this study may be specific to acupuncture points and combination methods. Due to this reason, it would also be beneficial to reproduce this exact study using a larger number of subjects. Future study should also examine subjects of different ages as there is no reason to assume that these benefits are limited to individuals aged 18-30.

Conclusion
This study shows that acupuncture does improve working memory and does reduce anxiety. However, those effects were found to be unrelated. This technique may be helpful for those who suffer with anxiety and those who wish to improve their memory.

References
Formulas to Support a Healthy Menstrual Cycle and Fertility

Jade Woman HERBALS

Jade Man

17 Formulas for Women
3 Formulas for Men

Formulated by Jane Lyttleton

Jane Lyttleton, BSc (Hons) (NZ), M Phil (UK), Dip TCM (Aus), Cert AcupHerbal Med (China) is an internationally acclaimed author and practitioner. Her more than 20 years of experience with Chinese herbs are reflected in this innovative and exceptional range of formulas.
AOMA's regionally accredited DAOM program affords students the highest level of academic and professional recognition in the field. Prepare to take a leadership role in the national advancement of TCM.

Modular format for professionals
Specialty in pain & associated psychosocial phenomena
Apply online at aoma.edu/doctoral-program

4701 West Gate Blvd. Austin, TX 78745
800.824.9987

AOMA’s regionally accredited DAOM program affords students the highest level of academic and professional recognition in the field. Prepare to take a leadership role in the national advancement of TCM.

Community Clinics are About Affordable Care for Everyone

So Are We

www.tempobalance.com
800.487.9296
A Study on Scientific Writing continued from page 17

Example: Traditionals, Zizyphus Sleep Formula, Suan Zao Ren Tang, distributed by Kan Herb Company, Scotts Valley, CA. Lot 0610-07, was used in this study. The dose given to the subjects was: 2 tablets, 3 times a day for 5 days on an empty stomach (1 hour before/2 hours after eating). Herbs include: Sour jujube seed (dry fried) (Suan Zao Ren (chao)), Sichuan lovage rhizome (Chuan xiong), Poria (Fu ling), Anemarrhena rhizome (Zhi mu), Chinese Licorice root (Gan cao).

When preparing to write a scientific paper, refer to these guidelines but before you begin, PLEASE search for more information online. There are so many fantastic resources for people writing scientific papers. Many of these resources are on the websites of major research institutions and universities.

Here are a few:

How to Write the Methods Section of a Research Paper by Richard H Kallet, MSc, RRT, FAARC

Scientific Writing Booklet
http://cbc.arizona.edu/sites/default/files/marc/Sci-Writing.pdf
http://abacus.bates.edu/~ganderso/biology/resources/writing/HTWsections.html#methodstructure

Are You Looking for Protection?
Affordable, reliable malpractice insurance has been the mission of the American Acupuncture Council for over 30 years. Over the decades, our focus has always been the same — your protection. No one expects a problem, but if one occurs, you want a team of defense experts ready to protect you from the spurious claims of those claiming injury when there is none. Our experience andtrack record are unmatched. Malpractice exposure is a real threat to you and your practice. At American Acupuncture Council we focus on protection so you can focus on healing.

Call today to join the thousands of acupuncturists around the country who find peace of mind knowing they are protected by acupuncture’s toughest, most vigilant defense team.

Call for a FREE quote! 800-838-0383
My choice is SEIRIN, What’s Yours?

For painless acupuncture treatments I always trust Seirin J-Type. New patients are surprised by its comfort, and my regular clients ask for it by name.

The Professional’s Choice

SEIRIN J-Type acupuncture needles are now available in bulk-packaging that folds into a functional needle dispenser, keeping needles sterile and accessible during treatment.
Breathe easy this summer!
with Same Day Shipping on your favorite herbal formulas

FREE SHIPPING when you include $50 worth of herbal formulas in your order.

Golden Flower Chinese Herbs | Health Concerns | Kan Herbs | Mayway

One Stop Shopping for Needles, Herbs and More

NEED PRODUCT FAST? Place an order by 5 PM ET Monday - Friday and we will ship it to you the same day (excluding holidays), for products that are in stock in our warehouse.

Great Products, Great Prices, Dependable Service.

1-800-722-8775 | www.LhasaOMS.com

PRICE GUARANTEE - Lhasa OMS will match all competitive pricing.