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CONFERENCE ABSTRACTS

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Building an evidence base for Maori Systems of Healing

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Abstract
Traditional Māori healing operates within a holistic paradigm that promotes integrated wellness across a range of dimensions; physical, mental, emotional, spiritual, social, cultural and environmental. Traditional Māori healing incorporates a range of practices, including but not limited to rongoa rākau (medicinal plants), mirimiri (massage), karakia (prayer), wairua (energy), hauwai (steam) and romiromi (manipulation). The provision of rongoā Māori within New Zealand's contemporary health system supports Māori wellbeing at two levels: providing holistic, culturally consistent assessment and treatment of individual symptoms/conditions, whilst maintaining and revitalising mātauranga, tikanga, and te reo Māori. Beyond its development as an approach to healthcare is its intrinsic value as a cultural healing tradition which has as its core the enhancement of wellbeing and community resilience. Over the past two decades an increasing amount of research has been conducted documenting and affirming the knowledge and practice of traditional Māori healing. This has been focused on improving the evidence base for and supporting the development of opportunities for traditional Maori healers. Research activities have resulted in incremental shifts in mainstream recognition and understanding of rongoā. Nonetheless, healers/rongoā practitioners continue to report limited acceptance for their practice. This presentation will outline efforts by Maori researchers to build an evidence base for Maori systems of healing so that the validity and legitimacy of traditional Māori healing might be duly recognised within the health system.
Keywords: Maori, New Zealand, research, rongoa, traditional healing

Acupuncture's Cardioascular Actions: Basic Mechanisms and Clinical Insights

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Abstract
Acupuncture is part of traditional Chinese medicine used for almost 6,000 years for a number of clinical conditions. Although most investigation has focused on pain, recent experimental studies have shown that both manual and electroacupuncture (EA) act through stimulation of group III and IV somatic afferent nerves to significantly modulate both sympathetic and

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parasympathetic outflow and hence cardiovascular function. EA evokes input in hypothalamic, midbrain and medullary regions as well as the dorsal horn and intermediolateral regions of the spinal cord and through the actions of a number of neurotransmitters, including endorphins, enkephalins, endocannabinoids, γ-aminobutryic acid and glutamate, among others, such stimulation can lower elevated and raise depressed blood pressure. Low frequency EA applied to acupoints overlying the median (pericardial meridian, P5 and P6) and deep peroneal (stomach meridian ST36 and ST37) nerves appears to be most effective. Using insights gained from experimental investigations, compared to sham stimulation of ineffective acupoints, EA at P5-P6 and ST36-ST37 has been shown to be capable of reducing systolic and diastolic blood pressures in $\sim$ 70% of patients with mild to moderate hypertension, when it is applied for 30 min once weekly for eight weeks. The onset of action is slow, requiring 4-6 weeks, but is prolonged, in part, due to the actions of enkephalin in the rostral ventrolateral medulla. Although, we now have insight into many of acupuncture's mechanisms more work is required to determine if non-responders can be converted to responders and if EA can chronically lower BP in hypertensive patients.
Keywords: acupuncture, autonomic nervous system, cardiovascular mechanisms, central nervous system, hypertension

Effects of Acupuncture on Muscle and Pressure Pain — Lessons Learnt for Clinical Practice

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Abstract
A recent review has shown that acupuncture is able to alter pressure pain thresholds (PPT) and that these changes are correlating with clinical improvements. However, the mechanism underlying these effects is unknown. To distinguish between peripheral, spinal and supraspinal mechanisms we compared homo- and hetero-segmental effects of acupuncture on PPT by means of Quantitative Sensory Testing.
Seventy two healthy volunteers were randomly assigned to receive either manual acupuncture or electroacupuncture (EA) at SP 6, SP 9, GB 39 and ST 36 at the left leg or relaxed for 30 min (control group, CG). A blinded examiner assessed 13 sensory modalities including PPT at the upper arms and lower legs before and after intervention. Choosing local, contralateral and supraspinal measuring sites allow a differentiation of possible mechanisms according to their respective changes of ppt.
PPT change scores at the lower left leg, in the same segment as the needling sites, were significantly larger in the EA group compared to the other groups with a median clinically relevant increase of 103.01 kPa.
Results indicate that PPT changes are mainly mediated by segmental inhibition in the spinal cord. This underscores the importance of segmental needling in clinical practice. Further on, results are in line with and traditional concepts of acupuncture, which emphasises segmental needling (e.g. "Shu Mu Technique") and modern concepts including acupuncture of myofascial trigger points.

Moxibustion — A Review of the Current Issues and Usage in Clinical Practice in Australia

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Abstract
Moxibustion is usually perceived as an adjunct modality to the practice of acupuncture and has a lower public profile in Australia. In recent years there has been a surge in research publications concerning moxibustion as well as the development of an international ISO standard for moxibustion devices. This presentation will explore the issues and barriers associated with the use of moxibustion as well as some of the mechanisms that may underlie its therapeutic effects often reported by patients following moxibustion treatment. Data will also be presented on the use of moxibustion within the University of Technology, Sydney outpatient clinic collected over a 16 year period between 1998-2014 which analyses the most common conditions for which moxa has been used and the type of application such as stick, direct or moxa box that are applied for the various conditions.
Keywords: clinical audit, healthcare, morbidity, moxibustion, review, safety

Acupuncture for Back and Pelvic Girdle Pain in Pregnancy: The EASE BACK Pilot Trial and Considerations for a Main Trial

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Abstract
The EASE Back pilot trial assessed the feasibility of a future large randomized controlled trial (RCT) testing the additional benefit of acupuncture to standard care (SC) for pregnancy-related back and pelvic girdle pain.
Pregnant women with back pain (+/- pelvic girdle pain) at 12 to 31 weeks gestation were recruited using 6 methods and randomized to standard care (SC), SC plus true acupuncture (TA) or SC plus non-penetrating acupuncture (NPA) through a semi-flexible protocol in 6-8 sessions over 6 weeks. Outcomes included recruitment and follow-up rates, treatment fidelity, and patients' pain and function at 8 weeks using the Oswestry Disability Index and Pelvic Girdle Questionnaire). Staff overseeing outcome data collection were blind to treatment allocation.
125 of 280 potentially eligible women (45%) were recruited in 6 months. 3 of the 6 recruitment methods were the most successful. 10% of women ($n=4$) randomized to SC alone accessed one-to-one physiotherapy and received an average of 2 treatments. The average number of treatments was 6 for both SC plus TA and SC plus NPA. Treatments were in line with protocols. Follow-up at 8 weeks was 74%. Patient-reported pain and function favored adding acupuncture to SC. The Pelvic Girdle Questionnaire was found to be an appropriate measure for a future main trial and data from the pilot have informed the sample size for a future main RCT.
With minor amendments to recruitment and retention methods, a multi-centre RCT is warranted and feasible to provide robust evidence to inform clinical practice.
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Keywords: acupuncture, pregnancy-related back pain, randomized trial, standard care