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CONFERENCE ABSTRACTS

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Herbal Medicinal Products and Preparations for Neuropathic Pain — A Cochrane Systematic Review

Suzanne M. McDonough*, Adele Boyd, Chris Bleakley, Deirdre A. Hurley, Pamela Bell, Mary Hannon-Fletcher, Chris Gill
*Corresponding author's affiliation: School of Health Sciences, University of Ulster, Coleraine, North Ireland. s.mcdonough@ulster.ac.uk

Abstract
Evidence suggests that people suffering from neuropathic pain are likely to seek alternative modes of pain relief such as herbal medicinal products. This review was undertaken to assess the analgesic efficacy of herbal medicinal products or preparations for neuropathic pain and adverse events associated with its use. We searched CENTRAL and CDSR in The Cochrane Library, MEDLINE, EMBASE, CINAHL and AMED to May 2014. Randomized and quasi-randomized controlled trials in adults with neuropathic pain were included. We calculated risk ratio (RR), numbers needed to treat (NNT) and 95% confidence intervals (CI) for dichotomous outcomes, and mean differences and 95% CI for continuous outcomes. Cannabis, Capsaicin, Nutmeg and St John's Wort, were investigated in eight studies in comparison to placebo. None of the Cannabis (n = 5) studies reported the proportion of participants experiencing substantial pain relief, while three studies reported the proportion experiencing moderate pain relief, with a RR of 1.97 (1.33, 2.92) and NNT of 4, in favor of Cannabis, however, these studies were small and of low methodological quality. Five studies were included in a secondary analysis of pain intensity where a reduction of 9.28% (-14.89, -3.66) in favor of Cannabis was observed. Capsaicin, Nutmeg and St. Johns Wort (n = 1 each) were ineffective in relieving neuropathic pain. This review found no convincing, unbiased evidence that Cannabis, Capsaicin, Nutmeg or St John's Wort is of value in treating people with neuropathic pain. Adverse event withdrawals did not differ significantly between groups.
Keywords: Herbal Medicinal Products, Neuropathic Pain, Preparations

Ultrasound Measurement of a Single Acupuncture Point with Respect to *de qi*: An Observational Cross Sectional Study

Karen GM. Taylor*, Gillian M. Johnson
*Corresponding author's affiliation: School of Physiotherapy Clinics, University of Otago, Dunedin, New Zealand. Karen.taylor@otago.ac.nz

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Abstract
The *de qi* experience is a poorly understood phenomenon. Quantification of the exact depth of this unique acupuncture related sensation at a known acupoint will enable a better understanding of the physical properties of *de qi*. The objective of this study was to quantify the depth at which *de qi* is experienced with a single needle insertion according to acupuncturist and patient perception. This study was designed as an observational cross-sectional study; the setting was an outpatient clinic. Subjects were healthy volunteers (n = 21). Ethical consent was gained from the local human ethics committee. A fine fili form needle was inserted into the acupoint Gallbladder (GB) 34 and rotated until *de qi* was established according to usual clinical guidelines. The depth was then measured from the tip of *in situ* acupuncture needle relative to the most superficial layer of the skin using a 7.5 MHz digital ultrasound (focal depth 3.23 cm) with an out-of-plane imaging technique. The main outcome measure was depth (mm) at the point of *de qi* registration. The mean depth of *de qi* at GB 34 was 18.98 ± 3.65 mm ranging from 13.32-25.18 mm. The depth at which *de qi* is experienced is variable, though on average, more superficial than that recommended in current acupuncture texts for this particular acupoint.
Keywords: acupuncture, De Qi, GB34, tissue depth, ultrasound,

Acupuncture in Pregnancy: Safety Concerns and Evaluation of Its Usefulness in the Treatment of Pain in Pregnant Women

Barlas Panos*
*Corresponding author's affiliation: Keele University, Keele, United Kingdom. p.barlas@keele.ac.uk

Abstract
Acupuncture has been used in the treatment of low back pain and pelvic pain, nausea in the first trimester and depression in pregnant women. Despite its apparent effectiveness and the lack of serious side effects on the pregnant woman or the embryo, there is a reluctance to use acupuncture in pregnant women amongst acupuncture practitioners, particularly amongst physiotherapists who also use acupuncture. The current presentation will explore the views and beliefs of physiotherapists who use acupuncture for the treatment of low back pain and pelvic pain in pregnant women. Additional to this, a review of the literature on the effects of acupuncture upon symptoms of pregnant women will be presented, focusing on the prevalence of adverse events and challenging the notion of 'forbidden points' in pregnancy. The focus will be on unravelling the origin of the prejudice against treating pregnant women with acupuncture and asking whether safety concerns about acupuncture on pregnancy related symptoms are warranted.
Keywords: acupuncture, acupuncture forbidden points, acupuncture safety, pregnancy

Developing STRICTA t Improve the Quality of Reporting on Acupuncture

Lizhou Liu*, Margot A. Skinner, Suzanne M. McDonough, Priya Kannan, George David Baxter
*Corresponding author's affiliation: School of Physiotherapy, University of Otago, Dunedin, New Zealand. lizhou.liu@otago.ac.nz

Abstract
An international group of acupuncture researchers developed the *Standards for Reporting Interventions in Controlled Trials of Acupuncture* (STRICTA) in 2002 in order to promote reporting quality and research reliability of controlled trials using acupuncture interventions. This reporting guideline was updated in 2010, and became applicable to a broader range of acupuncture research, including uncontrolled trials and case reports. Subsequent evaluations have found that the STRICTA guideline has not improved the quality of reporting to the degree anticipated, and the description of acupuncture details remains suboptimal. Thus specific implementation strategies for the STRICTA guideline are necessary. We considered the STRICTA guideline from four different aspects (development procedure, validity assessment, endorsement and adherence, and citation situation). Based upon these findings, we made recommendations for potential approaches to enable further development of STRICTA, and improvement of reporting on acupuncture trials. STRICTA is a valid reporting guideline based on robust methodology and scientific content. However more effort including: updating the STRICTA checklist; improving the STRICTA reporting efficiency; consistency with implementing the "Instructions for authors" for journals; establishing STRICTA research centers globally; and expanding the STRICTA website, is needed for improvement in the efficacy of the STRICTA guideline. Such effort will improve the STRICTA utilization and impact, and consequently positively influence the quality of reporting on acupuncture research.
Keywords: acupuncture, implementation, reporting guidelines, reporting quality, STRICTA

Adverse Reactions to Acupuncture: The New Zealand Scene

Jillian Marie McDowell*, Gillian Margaret Johnson
*Corresponding author's affiliation: Prohealth Physiotherapy, Invercargill, New Zealand. jill@prohealthphysio.co.nz

Abstract
The consideration of the risk/benefit of any therapeutic intervention relies heavily on the accurate reporting of negative outcomes. In recognition of the importance of the reporting process the professional physiotherapy organization, Physiotherapy New Zealand (PNZ) operates a voluntary scheme for its members to report any adverse reactions to acupuncture (ARAs). Analysis of 176 ARA reports registered with the PNZ scheme over a period of 15 years showed that 81% of ARA signs and symptoms were minor in nature. In contrast, sustained needling and dry needling styles were associated with 76% and 18% of major ARAs, respectively. Dry needling, however, had a 3% greater major-to-minor reactions ARA, when compared to that of sustained needling, implying a greater relative risk associated with the technique of dry needling. Although these data are informative, under-reporting of ARAs and confusion with associated terminology have been identified as two important problems that impact on the quality of information gathered from this voluntary scheme. Recommendations are made to address these issues in a bid to improve the categorization of ARAs and in relation to the wide spectrum of needling styles now being utilized by New Zealand physiotherapy acupuncturists.
Keywords: acupuncture style, adverse reactions, dry needling, Traditional Chinese Medicine, western acupuncture