

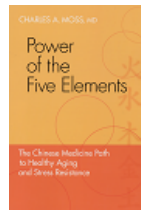
# ACTCM LIBRARY NEWSLETTER

July, 2010

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## NEWLY ACQUIRED BOOKS



***Power of the Five Elements: The Chinese Medicine Path to Healthy Aging and Stress Resistance* by Charles A. Moss; North Atlantic Books, 2010.**

Based on his thirty years of using acupuncture in an integrative medical practice, *Power of the Five Elements* presents the Five Adaptation Types, Dr. Charles Moss's modern application of the Five Elements of Chinese medicine.

This book provides you with:

- A roadmap to understanding why you react to stress the way you do and a comprehensive new approach to improving your ability to adapt
- A fascinating synthesis, presented for the first time, of the ancient wisdom of Taoist Chinese Medicine and current mind-body research
- Case histories and questionnaires to identify your Adaptation Type and specific, individualized recommendations—behavioral changes, exercises, meditations—to improve adaptation, reduce stress, and enhance healthy aging
- A clear understanding of the importance of lowering abnormal levels of cortisol, the main stress hormone associated with heart disease, diabetes, and cancer



***The Great Compendium of Acupuncture and Moxibustion: Zhen Jiu Da Cheng Vol. I* by Yang Jizhou; Translated by Sabine Wilms; The Chinese Medicine Database, 2010.**

The Great Compendium of Acupuncture and Moxibustion by Yang Jizhou is an encyclopedic Ming dynasty work on Acupuncture and Moxibustion. Volume I, translated by Sabine Wilms, offers a selection of quotations related to acupuncture and moxibustion from the Han period classics Huang Di Nei Jing (Inner Classic of the Yellow Emperor) and Nan Jing (Classic of Difficult Issues), with some explanations added by Yang Jizhou. In this first volume, Yang Jizhou lays out the fundamental theories of classical Chinese medicine that he expands on and enriches with his personal clinical experience in the subsequent volumes.

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***Acupuncture: An Aid to Differential Diagnosis* by Susanna Dowie; Churchill Livingstone, 2009.**

This work gives a comprehensive conventional and acupuncture differential diagnosis, referenced by presenting condition and by acupuncture diagnosis. Presented in an accessible format, spiral bound and with a horizontal cut on each page, it gives the practitioner and student access to a handy and portable memory aid to differential diagnosis. It will enable the practitioner to rapidly track a patient's symptoms through both the western and Chinese systems of medicine simultaneously, cross referencing as needed. Alphabetical presentation includes recommended patent herbal formulae and possible syndromes and points related to the presenting condition.

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***Micro-Acupuncture in Practice* by Yajuan Wang; Churchill Livingstone, 2009.**

The contents of this work are presented in four units. The first unit is an introduction to micro-acupuncture that provides background history and theory, techniques, methods of point selection and combination, and practice tips. The second unit is a thorough and

illustrated presentation of the various micro-acupuncture systems, organized according to 18 physiological regions, from scalp to ankle, from face to holographic. The third unit presents micro-acupuncture therapeutics, and lists over 50 common diseases and conditions, with a summary of the condition, the TCM differential diagnosis, and the clinical points and techniques for each applicable micro acupuncture therapy. A final unit on therapeutic massage includes many useful photos and descriptive exercises. Readers will find this an all-in one, user-friendly, practical manual that contains extensive information as well as comprehensive instruction that will provide a real means.

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***A Guide to Medicinal Plants: An Illustrated, Scientific and Medicinal Approach* by Koh Hwee Ling, et al; World Scientific Publishing Co, 2009.**

This book presents up-to-date information on a total of 75 native and non-native medicinal plants growing in Singapore. Comprehensive and useful information from the published literature -- including plant descriptions and origins, traditional medicinal uses, phytoconstituents, pharmacological activities, adverse reactions, toxicities, and reported drug herb interactions -- is presented in an easy-to-read manner for easy and quick reference. There is no minimum level of knowledge required to read this book, and botanical and medical glossaries are also provided for reader's convenience.

Contents: Scientific Names; Common Names; Descriptions; Origin; Phytoconstituents; Traditional Medicinal Uses; Pharmacological Activities; Dosage; Adverse Reactions; Toxicity; Contraindications; Drug Herb Interactions; Botanical Glossary; Medical Glossary.

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***Western Herbs According to Traditional Chinese Medicine: A Practitioner's Guide* by Thomas Avery Garran; Healing Arts Press, 2008.**

The first book to exclusively use Chinese medical theories and terminology to guide practitioners of Chinese medicine in the use of Western herbs

- Written entirely according to the theory, diagnosis, and treatment paradigm of

traditional Chinese medicine (TCM)

- Explains how to combine and modify the standard TCM formulas to non-Chinese herbs suitable for Western practitioners
- Includes 58 monographs of common Western healing herbs, detailing how each plant is used clinically

The ever-growing number of Chinese medicine practitioners in the West has brought about an amalgamation of many styles of Chinese medicine and various other forms of medicine from around the world. This book addresses the increasing demand for knowledge of how to integrate plants from outside the standard Chinese materia medica into the fold of Chinese medical practices in the West. It is the first in-depth guide to using Western herbs exclusively according to the theories, diagnoses, and treatments of traditional Chinese medicine that harmonizes the unique terminology and theories of TCM with other botanical medicines.

The book contains 58 monographs, illustrated with full-color photographs, of herbs commonly used by Western herbalists. Each herb is grouped by the basic categorization for medicinals in Chinese medicine, such as Herbs that Resolve the Exterior and Herbs that Regulate Blood. The monographs detail the energetic, function and indication, channels entered, dosage and preparation, and contraindications of each plant. The author also explains how to use the herbs to modify standard formulas used in everyday Chinese herbal medicine, based on his own clinical experience. An appendix of Western Analogs for Chinese Herbs further highlights 40 Chinese medicinals that have related species growing in the West.



***Chinese Veterinary Herbal Handbook* by Huisheng Xie; Chi Institute of Chinese Medicine, 2008.**

This work presents 212 of the most commonly used herbal formulas for veterinary applications. Chapter 1 provides a quick selection based on clinical conditions; Chapter 2 is sorted by zang fu syndrome. Chapter 3 addresses each formula based on functional category, and includes indications (Western and traditional), contraindications, warnings, dosage, directions for use, principles of treatment, classical antecedent, ingredients (unmeasured) and actions. Chapter 4 is a review of basic knowledge of Chinese herbal medicine. The format uses tables and outline to efficiently deliver critical information regarding each formula. This latest edition includes 42 newly developed Chinese herbal formulas, twenty new tables and five charts to help readers quickly find formulas for specific conditions, patterns, or diseases.

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***Depression – Help from Chinese Medicine* by Yun-hui Chen & Carl Stimson; People’s Medical Publishing House, 2009.**

For patients with depression, Chinese medicine can provide extraordinary results. Not only can it improve symptoms, but also it may help reduce or even eliminate the need for pharmaceuticals. This book gives

- Clear explanations of the basics of Chinese medical theory
- Step-by-step guide to what is involved in a treatment of Chinese medicine
- Lifestyle instruction to the various therapies used in Chinese medicine such as acupuncture, herbal medicine, tui na (massage), and others
- Clear writing and informative illustrations that makes it easy to grasp

## ARTICLE ABSTRACTS

**“Concurrent Use of Corticosteroids with Licorice-Containing TCM Preparations in Taiwan: A National Health Insurance Database Study”** by Hui-Ling Liao, et al; *The Journal of Alternative and Complementary Medicine*, Vol. 16(5): 539-544, 2010.

**Objectives:** This study used a nationwide population-based dataset from the 1997–2003 National Health Insurance claims to explore the prevalence, frequency, and relative risk of concurrent use of systemic corticosteroids with licorice-containing Traditional Chinese Medicine (TCM) preparations that might possibly result in drug–herb interactions.

**Design:** This study was based on the complete datasets of Western medicine and TCM outpatient reimbursement claims from 1997 to 2003 contained in the National Health Insurance Research Database of Taiwan. According to the date and duration of prescriptions, the patients who concurrently used systemic corticosteroids with licorice-containing TCM preparations were derived for statistical analysis.

**Setting:** This study was set in Taiwan.

**Outcome measures:** Descriptive statistics were used to analyze the demographics of patients who used corticosteroids with licorice-containing TCM preparations concurrently, including age, gender, and the frequency and percentage of major diseases in *International Classification of Diseases, 9th version, Clinical Modification (ICD-9-CM)* categories. The relative risk of potential corticosteroid–herb interaction was also analyzed with respect to different characteristics of the patients (age, sexuality etc.).

**Results:** The prevalence of concurrent use of systemic corticosteroids with licorice-containing TCM preparations through prescriptions from different Chinese medicine and Western medicine physicians were 1.495%. Among the major disease categories, ICD-9-

CM codes 280–289 had the highest prevalence rate of 3.803%.

**Conclusions:** Potential risk of corticosteroid–licorice interactions may happen, even through formal medical services. In the future, such educational propagations should be reinforced. Furthermore, an alert device that includes well-recognized drug–herb interactions should be built into every hospital's computer system to remind physicians to be cautious on drug safety.

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**“Randomized Controlled Trial of Acupuncture Versus Sham Acupuncture in Autism Spectrum Disorder”** by Virginia Chun-Nei Wong & Jie-Guang Sun; *The Journal of Alternative and Complementary Medicine*, Vol. 16(5): 545-553, 2010

**Objective:** We aim to study the efficacy of acupuncture versus sham acupuncture in children with autism spectrum disorder.

**Methods:** A single-blind randomized control trial was conducted in 50 children. These children were randomly assigned to the treatment group with tongue acupuncture (40 sessions over 8 weeks) or the control group (sham tongue acupuncture to nonacupoints in the tongue).

**Results:** There was improvement in both the treatment and control groups in all assessed measures but more so in the treatment than in the control group: (1) eye–hand coordination, performance, and practical reasoning of Griffiths Mental Developmental Scale; (2) sensory-motor, social, effectual, language, and total score of Ritvo-Freeman Real Life Scale; (3) Comprehension Language age in the Reynell Language Developmental Scale; and (4) Total Score and Mental Age in Symbolic Play Test. The only statistically significant improvement in the treatment as compared to the control group was seen in self-care and cognition domains of the Functional Independence Measure for children.

**Conclusions:** We had demonstrated that a short course of acupuncture had efficacy in improving various developmental and behavioral aspects of children with autism. The long-term efficacy in functional gain needs to be further explored.

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**“Radioprotective Effect of American Ginseng on Human Lymphocytes at 90 Minutes Postirradiation: A Study of 40 Cases”** by Tung-Kwang Lee, et al; *The Journal of Alternative and Complementary Medicine*, Vol.16 (5): 561-567, 2010.

**Objective:** This study investigated the effect of a standardized North American ginseng extract (NAGE, total ginsenoside content: 11.7%) on DNA damage in human lymphocytes at 90 minutes postirradiation.

**Design:** With the application of NAGE (250–1000  $\mu\text{g mL}^{-1}$ ) at 90 minutes postirradiation (1 and 2 Gy), DNA damage in lymphocytes obtained from 40 healthy individuals was evaluated by cytokinesis-block micronucleus assay. Similar experiments were also performed in lymphocytes treated with WR-1065 (1 mmol/L or 3 mmol/L). In addition, before and after irradiation, lymphocytes obtained from 10 individuals were measured for their total antioxidant capacity (TAC) and the reactive oxygen species (ROS).

**Results:** The significant effect of NAGE against  $^{137}\text{Cs}$ -induced micronuclei (MN) in lymphocytes is concentration dependent. NAGE ( $750\ \mu\text{g mL}^{-1}$ ) reduced MN yield by 50.7% after 1 Gy and 35.9% after 2 Gy exposures, respectively; these results were comparable to that of WR-1065. Furthermore, we also found that NAGE reduces MN yield and ROS but increases TAC in lymphocytes.

**Conclusions:** Our results suggest that NAGE is a relatively nontoxic natural compound that holds radioprotective potential in human lymphocytes even when applied at 90 minutes postirradiation. One of the radioprotective mechanisms may be mediated through the scavenging of free radicals and enhancement of the intracellular TAC.

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**“Effects of Ear Acupressure in Improving Visual Health in Children”** by Ching-Hsiu Chen, et al; *The American Journal of Chinese Medicine*, Vol. 38 (3): 431-439, 2010.

Myopia is a major health problem, not only because of its high prevalence in Asia but also because it contributes to visual morbidity. This study aimed to evaluate the effect of ear acupressure for visual improvement on school children in Taiwan. Participants were fifth-grade school children with visual acuity between 6/37.5 and 6/9.6 in one eye. The experimental group ( $n = 35$ ) received a 15-week ear acupressure intervention with seed embedding; the control group ( $n = 35$ ) did not. Data for demographic factors, visual acuity, refractive error, and behavior toward visual health were collected before and after the intervention. The significant differences were observed between the two groups in visual acuity ( $p = 0.02$ ), refractive error ( $p = 0.04$ ), and behaviours toward visual health ( $p = 0.045$ ). Performing ear acupressure may facilitate improved visual health for children. However, it requires more extended studies exploring its effects on elementary students in different grades. Longitudinal effects of this intervention also require further study.

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**“A Segmental Effect Involved in the Changes of Skin Blood Flow Induced by Acupuncture in Normal Health Human”** by Ya-Min Jan, Tsai-Chung Li and Ching-Liang Hsieh; *The American Journal of Chinese Medicine*, Vol. 38 (3): 441-448, 2010.

Our previous studies found that segmental effect of spinal nerve plays an important role in acupuncture stimulation (AS) on nail-fold microcirculation. Calcitonin-gene related peptide (CGRP) is a potent endogenous vasodilator. Therefore, the aim of the present study was to investigate the effect of AS on skin blood flow (SBF) and skin temperature (ST), and the involvement of spinal nerve segment and CGRP. A total of 17 healthy adult volunteers were studied, and all of them accepted three assessments as follows: (1) left Waiguan (SJ5) assessment (LW), AS applied to Waiguan acupoint of the left hand with obtaining qi; (2) right Waiguan assessment (RW), AS applied to Waiguan acupoint of the right hand with obtaining qi; (3) sham assessment, AS applied to the cutaneous portion of Waiguan acupoint of the left hand only. Each assessment was divided into before acupuncture period (BP), acupuncture period (AP) and post acupuncture period (PP). Both SBF and skin temperature (ST) were recorded simultaneously for 20 min at central dorsal part of the left hand in each period. Besides, the levels of CGRP in the blood were

measured before AS, and at 20 min after AS in the LW assessment. Results indicated that the SBF was less in the PP than that in the BP, but SBF did not significantly vary between AP and BP, and between AP and PP in the LW assessment; SBF is similar among BP, AP, and PP in the sham and RW assessments; the difference of SBF between AP and BP was greater in the LW assessment than that in the sham assessment; the difference of SBF between AP and BP, and between PP and BP was greater in the LW assessment than that in the RW assessment. The levels of CGRP in the BP were similar to that at 20 min after AS; ST was similar among BP, AP and PP in the sham, LW and RW assessments. These results suggested that a segmental effect of spinal nerve is involved in the changes of SBF induced by AS since both the cutaneous part of left Waiguan acupoint and central dorsal part of the left hand belong to the 7th segment of cervical nerve.

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**“Long Term Tai Chi Exercise Improves Physical Performance Among People with Peripheral Neuropathy”** by Li Li and Brad Manor; *American Journal of Chinese Medicine*, Vol. 38 (3): 449-459, 2010.

This study examined the effects of a 24-week Tai Chi intervention on physical function in individuals with peripheral neuropathy. Twenty-five women and men with peripheral neuropathy were recruited. Plantar pressure detection threshold was assessed with a 5.07 gauge monofilament. Functional gait was assessed by the 6-min walk and timed up-and-go tests. Isokinetic leg strength and standing balance was also assessed. Twenty-four consecutive weeks of modified, group-based Tai Chi practice was completed, with testing repeated every six weeks throughout. No adverse events were observed and attendance was  $17 \pm 4$  sessions per 6 weeks. After 6 weeks of Tai Chi, participants increased 6-min walk ( $P < 0.0001$ ), timed up-and-go ( $P < 0.0001$ ), and leg strength ( $P < 0.01$ ) performance. Continued improvement was observed in the timed up-and-go. Plantar sensation improved ( $P = 0.003$ ) following the Tai Chi intervention. Group-based Tai Chi is a safe, plausible, and effective intervention for those with PN.

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**“Effects of Tai Chi Rehabilitation on Heart Rate Responses in Patients with Coronary Artery Disease”** by Rei-Yeuh Chang, et al; *American Journal of Chinese Medicine*, Vol. 38 (3): 461-472, 2010.

The objective of the present study was to evaluate the effect of a six-month Tai Chi (TC) exercise cardiac rehabilitation program on two prognostic factors of cardiac events, rate-pressure product and rate-pressure product reserve, in patients with coronary artery disease (CAD). Patients ( $N = 54$ ) with CAD were recruited from the clinics of cardiology and cardiovascular surgery at a regional hospital in Taiwan. Twenty-two of them enrolled in the TC rehabilitation program which consisted of weekly 90-min sessions of Yang's style TC for six months in addition to receiving usual care. The remaining 32 patients received usual care only. Modified Bruce treadmill exercise test was performed to evaluate their exercise test responses at baseline and at six months. The change over time was significantly different between the TC and control group in peak rate-pressure

product (RPP) (interaction between group and time,  $p = 0.029$ ) and in RPP reserve (interaction between group and time  $p = 0.009$ ) over the six-month period, there was a decrease in peak RPP of  $32.0 \text{ mmHg} \times \text{bpm} \times 10^{-2}$  and in RPP reserve of  $37.4 \text{ mmHg} \times \text{bpm} \times 10^{-2}$  in the TC group. In conclusion, participating in a six-month TC exercise-based cardiac rehabilitation program was associated with improved peak RPP and RPP reserve during exercise testing in patients with CAD. TC exercise program may lead to a better prognosis for cardiac events in patients with CAD.

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**“Exploration of the Clinical Regularity of Acupuncture and Moxibustion Treatment for Insomnia”** by Qin-feng Huang; Journal of Acupuncture and Tuina, Vol. 8(1): 12-16, 2010.

**Objective:** To review year 1956 ~ 2007 literature and explore the regularity of points selection and methods for acupuncture –moxibustion treatment of insomnia. Methods: A comprehensive analysis was made by a methods of metrological review according to the data from “China Modern Acupuncture-moxibustion Information Databank”. Results: It is indicated that points Sanyinjiao (SP 6) and Shenmen (HT 7) were most frequently used. Acupuncture was the main treatment. Conclusion: It is suggested that Baihui (GV 20), Sishencong (Ex-HN 1), Sanyinjiao (SP 6) and Shenmen (HT 7) were used as basic points for acupuncture-moxibustion treatment of insomnia, which is combined with point selection based on syndrome differentiation.

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***DVD’s from Society for Acupuncture Research 2010 Conference***

- Progress in research on CAM by **Josephine Briggs**
- Assessing acupuncture effectiveness in the real world by **Hammerschlag, et al**
- Acupuncture under attack by **MacPherson, Davis, et al**
- Whole systems research by **Richard Hammerschlag**
- Clinical research presentations by **Misha Cohen**
- Clinical research presentations by Chair: **Ryan J. Milley**
- Bridging basic science & effectiveness trials by **Kaptchuk, Sherman, et al**
- Introduction to systematic reviews by **Wieland, Manheimer, Liu**
- From mechanisms to outcomes: understanding effects by **Stener-Victorin, et al**
- Lessons learned from acupuncturist trials in Germany by **Claudia M. Witt**
- What is transitional research by **Daniel Clauw**
- A field guide to transitional tools by **Robert Davis**

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