2. Cancer

Reference

Cho JH, Chung WK, Kang W, et al. Manual acupuncture improved quality of life in cancer patients with radiation-induced xerostomia. *Journal of Alternative and Complementary Medicine* 2008; 14(5): 523–6.

1. Objectives

To investigate the effects of manual acupuncture on objective and subjective symptoms in cancer patients with radiation-induced xerostomia.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital (Dunsan Oriental Hospital of Daejeon), Republic of Korea.

4. Participants

Twelve (12) patients (male/female = 10/2; median age, 44 years; age range, 37–72) with head-neck cancer who received radiation therapy (minimum irradiation dose >38 Gy, >50% of the dose to the parotid gland).

5. Intervention

Arm 1: (RA group): Treatment with acupuncture for 20 min at the Jiache (ST6, 頰車), Hegu (LI4, 合谷), Zusanli (ST36, 足三里), and Sanyinjiao (SP6, 三陰交) acupuncture points twice a week for 6 weeks (n=6).

Arm 2: (SA group): Treatment with acupuncture at sham points 2 cm from the real acupuncture points (n=6).

6. Main outcome measures

Total salivary flow rate (stimulated, unstimulated), xerostomia questionnaire (XQ) score.

7. Main results

1) Both the RA and SA groups showed an increase in unstimulated salivary flow rate. Especially in the RA group, salivary flow rate was markedly increased after 6 weeks of treatment compared with the pre-treatment rate (Wilcoxon rank-sum test, $P<0.05$).
2) The RA group showed an increase in stimulated salivary flow rate, but there was no meaningful between-group difference in stimulated salivary flow rate.
3) The XQ score after 6 weeks was significantly increased in the RA group compared to the SA group (Wilcoxon rank-sum test, $P<0.05$).

8. Conclusions

Treatment (RA) significantly increases unstimulated salivary flow rate and improves the quality of life (QOL) of head-neck cancer patients with radiation-induced xerostomia.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This article verified the effectiveness of traditional acupuncture for ameliorating symptoms of radiation-induced xerostomia in 12 patients with head-neck cancer. The treatment group (RA) received acupuncture for 20 min at the acupuncture points Jiache, Hegu, Zusanli, and Sanyinjiao twice a week for 6 weeks. The control group received acupuncture at sham points 2 cm from each acupuncture point. The stimulated and unstimulated total salivary flow rate and XQ score were compared between the two groups. RA resulted in better salivary flow rate and XQ score. However, the absence of a significant between-treatment difference suggests that sham acupuncture also had an effect. As the number of patients in the study was small, it is difficult to demonstrate a significant effect of acupuncture on xerostomia. Moreover, previous studies examining the effects of acupuncture on xerostomia showed different results. Therefore, large scale clinical trials comparing acupuncture with sham acupuncture should be performed to clarify their effects on xerostomia.

11. Abstractor

Kim JS, 8 June 2010.

2. Cancer

Reference

Yoo WS, Kim JS. The effect of sweet bee venom pharmacopuncture (SBVP) on cancer-related pain: A randomized controlled trial and double blinded - pilot study. *Daehan-Yakchim-Hakhoeji* (*Journal of Pharmacopuncture*) 2008; 11(1): 2–29 (in Korean with English abstract).

1. Objectives

To investigate the effect of sweet bee venom pharmacopuncture (SBVP) on cancer-related pain.

2. Design

Double-blinded randomized controlled trial (DB-RCT).

3. Setting

One Oriental hospital (Dunsan Oriental Hospital of Daejeon), Republic of Korea.

4. Participants

Eleven patients (age, 18–70 years; male/female ratio = 8/3) with cancer-related pain over three days and mean Numeric Rating Scale (NRS) pain score greater than 3.

5. Intervention

Arm 1: SBV (preparation concentration 0.1 mg/ml) was injected daily for 5 days at the Zhong Wan (CV12, 中脘) acupuncture point using a 1-cc syringe.

Arm 2: Saline was injected according to the same schedule.

6. Main outcome measures

NRS pain scale pain score.

7. Main results

One hour after injection, the decrease in NRS score was significantly greater in Arm 1 than in Arm 2 (2.48 ± 1.52 *vs.* 0.97 ± 1.88; $P<0.05$). Also, the NRS pain scale score was significantly lower shortly after the SBV injection (pre- *vs.* post-injection: 5.13 ± 1.77 *vs.* 2.65 ± 0.67, $P<0.05$) but not significantly lower long after SBV injection (pre- *vs.* post-treatment values not significantly different).

8. Conclusions

In the control of cancer-related pain, SBVP dramatically decreases NRS pain score in the short term, but not in the long term. This result indicates that SBVP could be helpful in the control of breakthrough pain.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This purpose of the article was to verify the effectiveness of SBVP for the control of cancer-related pain in patients with different types of cancer including gastric cancer. Compared with saline injection, SBVP injection daily for 5 days at the Zhong Wan acupuncture point reduced breakthrough pain. However, the study had limitations including the small number of patients and nonspecification of target diseases related to gastralgia such as gastric cancer. The clinical study design should be changed to protect patients, and studies with larger numbers of patients should be performed.

11. Abstractor

Kim JS, 8 June 2010.

3. Blood Diseases including Anaemia

Reference

Seo SH, Park SE, Hong SH, et al. Clinical effects of Sayuktanggami-bang on cerebral vascular accident patients with normocytic normochromic anemia. *Daehan-Hanbang-Naegwa-Hakhoeji* (*Korean Journal of Oriental Internal Medicine*) 2005; 26(4): 795–805 (in Korean with English abstract).

1. Objectives

To evaluate the effects of Sayuktanggami-bang (四六湯加味方) on normocytic normochromic anemia.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital (details not mentioned), Republic of Korea.

4. Participants

Thirty-four patients who were hospitalized by stroke and had normocytic normochromic anemia (male/female ratio = 16/18).

5. Intervention

Arm 1: Treatment with Sayuktanggami-bang (四六湯加味方) (n=19).

Arm 2: Treatment with other herbs based on Li gi geo poong (理氣祛風, regulating Ki and dispelling wind), Gae gyu seong sin (開竅醒神, opening the eyes, nose, mouth, and ears, and recovering one's senses) (n=15).

6. Main outcome measures

Red blood cell (RBC) count, hematocrit (HcT), and hemoglobin (Hb) level.

7. Main results

Sayuktanggami-bang treatment resulted in a statistically significant pretreatment-to-posttreatment change ($P<0.01$) in RBC count from 351.9±33.7 to 368.3±31.2 ($\times 10^4$ μl), Hb from 10.9±0.9 to 11.5±0.9 (g/dl), and Hct from 32.4±2.5 to 33.8±2.7%. However, these changes were not significantly different from those due to control treatment.

8. Conclusions

Sayuktanggami-bang improves normocytic normochromic anemia in stroke patients.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study compared the ability of Sayuktanggami-bang treatment and traditional drug treatment for stroke to elicit changes in RBC count, HcT, and Hb in 34 patients hospitalized for stroke with normocytic normochromic anemia. This study did not target the true anemias, did not specify how informed consents were obtained, did not specify how the number of patients was determined, and did not specify whether treatment assignment was random. But to consider the difficulties of the clinical trial of Oriental medicine, I just presented this clinical trial as a model case that evaluates a treatment for blood disorders.

11. Abstractor

Kim JS, 9 June 2010.

4. Metabolism and Endocrine Diseases

Reference

You WK, Lee MJ, Oh JG. The effects of auricular acupuncture for obesity on the change of hormone and energy metabolism during weight control of veteran taekwondo players. *Hanbang-Jaehwal-Uihakgwa-Hakhoeji* (*Journal of Oriental Rehabilitation Medicine*) 2000; 10(1): 133–45 (in Korean with English abstract).

1. Objectives

To evaluate the effect of auricular acupuncture on energy and hormone metabolism.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital (details not mentioned), Republic of Korea.

4. Participants

Twenty male and female national taekwondo athletes.

5. Intervention

Arm 1: Treatment with two rounds of auricular acupuncture (three days per round) (n=10).
Arm 2: Control (no treatment) (n=10).

6. Main outcome measures

1) Urine levels of electrolytes (Na, K, and Cl), cortisol, epinephrine, and norepinephrine.
2) Blood levels of glucose, total cholesterol, low density lipoprotein (LDL)-cholesterol, high density lipoprotein (HDL)-cholesterol, and leptin.

7. Main results

1) The urinary Na level was significantly lower in the treatment group than the control group, but the between-group difference in urinary K and Cl levels was not significant.
2) The urinary cortisol and epinephrine levels were increased, and urinary norepinephrine level was decreased in both groups, However, there was no significant between-group difference in these levels.
3) There were no significant between-group differences in blood glucose and lipid levels.
4) The blood leptin was significantly decreased in the treatment group.

8. Conclusions

The treatment increases urinary Na, K, Cl, cortisol, and epinephrine levels, but decreases leptin level significantly.

9. Safety assessment in the article

Several athletes complained of slight headache or insomnia after treatment.

10. Abstractor's comments

This study is about the influence of auricular acupuncture on the levels of urinary electrolytes and blood hormones in national taekwondo athletes. The treatment increased urinary levels of Na, K, Cl, cortisol, and epinephrine, but decreased leptin level significantly, so it is expected that the auricular acupuncture causes body weight loss without excessive food restriction. But to arrive at a definitive conclusion on the effectiveness of this treatment, a large long-term controlled clinical trial should be carried out.

11. Abstractor

Lee BC, 21 June 2010.

4. Metabolism and Endocrine Diseases

Reference

Lee AR, Cho YJ, Jung WS, et al., The effects of Sobi-eum (Xiaofei-yin) mesotherapy on abdominal fat distribution, *Hanbang-Jaehwal-Uihakgwa-Hakhoeji* (*Journal of Oriental Rehabilitation Medicine*) 2009; 19(2): 261–73 (in Korean with English abstract).

1. Objectives

To examine the therapeutic effect of Sobi-eum (Xiaofei-yin [消肥飮]) mesotherapy on abdominal obesity.

2. Design

Double-blinded randomized controlled trial (DB-RCT).

3. Setting

One Oriental hospital (Kyunghee University Hospital at Gangdong), Republic of Korea.

4. Participants

Forty women with abdominal obesity (age, 20–55 years old; premenopausal; body mass index [BMI] (kg/m^2), over 25; waist circumference, over 85 cm).

5. Intervention

Arm 1: Treatment group (n=20). Abdominal injection of Sobi-eum (Xiaofei-yin [消肥飮]) herbal acupuncture fluid for 6 weeks (twice a week).

Arm 2: Control group (n=20). Abdominal injection of saline for 6 weeks (twice a week).

Four subjects (2 in Arm 1, 2 in Arm 2) dropped out.

6. Main outcome measures

Waist circumference, weight, body fat mass, body fat percentage, skeletal muscle percentage, visceral fat mass, abdominal fat (on computed tomography [CT] scans).

7. Main results

1) Waist circumference, weight, body fat mass, body fat percentage, body skeletal muscle percentage, visceral fat mass, fat area, subcutaneous fat, and visceral fat were significantly decreased at the end of treatment ($P<0.01$), but there was no significant between-group difference in these measures.
2) After treatment, the decrease in total abdominal fat area paralleled that in total fat area.

8. Conclusions

Sobi-eum (Xiaofei-yin) mesotherapy reduces visceral fat in obese women. These data may provide a basis for extending the application of mesotherapy and obesity treatment in the future.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This randomized, controlled clinical trial evaluates the efficacy of Sobi-eum (Xiaofei-yin) mesotherapy in women with abdominal obesity. Its efficacy demonstrated in the treatment of visceral obesity suggests its possible efficacy in the treatment of other forms of obesity. But as the number of subjects were small and the trial period was relatively short, additional clinical trials are needed to confirm the efficacy.

11. Abstractor

Lee BC, 21 June 2010.

4. Metabolism and Endocrine Diseases

Reference

Kim SC, Jang EH, Na WM, et al. A pilot study of Sa-am acupuncture treatment used by sham acupuncture for the simple obesity. *Daehan-Chimgu-Hakhoeji* (*Journal of Korean Acupuncture & Moxibustion Society*) 2007; 24(5): 67–88 (in Korean with English abstract).

1. Objectives

To evaluate the effectiveness of Sa-am acupuncture (舍岩鍼) treatment in women with simple obesity.

2. Design

Double-blinded randomized controlled trial (DB-RCT).

3. Setting

One oriential hospital (Oriental Medical Hospital at Gwangju, Wonkwang University), Republic of Korea.

4. Participants

Sixty women with simple obesity, age 20–25 years old, body mass index (BMI) over 25.

5. Intervention

Arm 1: Real acupuncture group (n=18). Treatment with Sa-am acupuncture for 4 weeks (30 min per treatment, 3 treatments per 1 week) + the rules of health.

Arm 2: Sham acupuncture group (n=18). Treatment (double-blinded) with intradermal acupuncture for 4 weeks (30 min per treatment, 3 treatments per week) + the rules of health.

Arm 3: Control group (n=24). Treatment with the rules of health only.

Twenty seven subjects (10 in Arm1, 5 in Arm2, 12 in Arm3) droped out.

6. Main outcome measures

1) Body weight, percent body fat.
2) Blood levels of lipids (cholesterol, triglyceride, high density lipoprotein [HDL]-cholesterol, and low density lipoprotein [LDL]-cholesterol).

7. Main results

1) The real acupuncture group showed weight loss after the treatment, but no change in body fat mass and cholesterol, triglyceride, HDL-cholesterol, and LDL-cholesterol levels.
2) The sham acupuncture group and control group showed no change in any outcome measure.
3) There were no among-group differences in any outcome measure after the end of the study.

8. Conclusions

No meaningful among-group differences were observed. Only the real acupuncture group showed body weight loss, which may be regarded as a preliminary finding.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This clinical trial evaluated the efficacy of Sa-sam acupuncture in the treatment of simple obesity. To analyze the efficacy objectively, the design was double blind, randomized, and triple arm. However, the drop-out rate was high, differences in outcome measures were insignificant, and verification of efficacy was limited. A well organized clinical trial will be needed.

11. Abstractor

Lee BC, 28 May 2010.

4. Metabolism and Endocrine Diseases

Reference

Kim SJ, Kim HJ, Ko BP, et al. Effect of Ephedra Sinica and Evodia Rutaecarpa on resting metabolic rate in obese premenopausal women during low-calorie diet: A randomized controlled clinical trial. *Hanbang-Biman-Hakhoeji* (*Journal of Korean Oriental Association for Study of Obesity*) 2004; 4(1): 45–54 (in Korean with English abstract).

1. Objectives

To evaluate the therapeutic effect of *Ephedra Sinica* (麻黃) and *Evodia Rutaecarpa* (吳茱萸) on obesity in women.

2. Design

Double-blinded randomized controlled trial (DB-RCT).

3. Setting

One Oriental hospital (Bundang-Cha Oriental Hospital), Republic of Korea.

4. Participants

Ninety premenopausal women of childbearing age over 21 years old (body mass index ≥25 kg/m^2)

5. Intervention

Arm 1: Placebo group (n=30). Treatment was a 1200-kcal per day diet and placebo for 8 weeks.

Arm 2: *Ephedra Sinica* (麻黃) group (n=30). Treatment was a 1200-kcal per day diet and 6 g of *Ephedra Sinica* for 8 weeks (twice a day).

Arm 3: *Evodia Rutaecarpa* (吳茱萸) group (n=30). Treatment was a 1200-kcal per day diet and 6 g of *Evodia Rutaecarpa* for 8 weeks (twice a day).

Fifty patients (16 in Arm1; 14 in Arm2; 20 in Arm 3) dropped out.

6. Main outcome measures

1) Resting metabolic rate measured by portable indirect calorimetry.
2) Body weight, percent body fat, body fat mass, and waist-to-hip ratio measured using a body composition analyzer.

7. Main results

1) The resting metabolic rate increased significantly in the *Ephedra Sinica* group (average score, 90.0) after 4 weeks as compared with the placebo group (average score, –82.8), but not in the *Evodia Rutaecarpa* group.
2) Body weight decreased in the *Ephedra Sinica* group after 4 weeks (average 2.6) and 8 weeks (average 3.63) compared with the placebo group but was similar in the *Evodia Rutaecarpa* and placebo groups.
3) The percent body fat was significantly decreased in the *Ephedra Sinica* group after 4 and 8 weeks, but not in the *Evodia Rutaecarpa* and placebo groups.

8. Conclusions

Ephedra Sinica treatment significantly increases the resting metabolic rate after 4 weeks and decreases body weight and percent body fat after 4 and 8 weeks.

9. Safety assessment in the article

Hypersensitivity and other adverse reactions were observed in 8 of 30 women who dropped out.

10. Abstractor's comments

This clinical trial evaluated the effect of *Ephedra Sinica* and *Evodia Rutaecarpa* on resting metabolic rate and body composition of obese women of childbearing age. Treatment was found to increase resting metabolic rate and decrease percent body fat. The design was randomized, placebo controlled, and double-blind, so the reliability of the results was high and the results could have implications for the treatment of obese women.

11. Abstractor

Lee BC, 28 May 2010.

4. Metabolism and Endocrine Diseases

Reference

Kim TK, Jung WS, Park SU, et al. Comparison of efficacy and safety between Chunghyul-dan (HH-333) and Atorvastatin (Lipitor®). *Daehan-Hanbang-Naegwa-Hakhoeji* (*Korean Journal of Oriental Internal Medicine*) 2003; 24(4): 837–45 (in Korean with English abstract).

1. Objectives

To compare the efficacy of Chunghyul-dan (清血丹) with that of atorvastatin (Lipitor®) in lowering lipid levels.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital and one Western hospital (2 hospitals) (Kyunghee University Medical Center), Republic of Korea.

4. Participants

Sixty-two hyperlipidemia patients with total cholesterol level of over 240 mg/dl or LDL-cholesterol level of over 160 mg/dl.

5. Intervention

Arm 1: Low-dose Chunghyul-dan (清血丹) treatment group (n=33). Treatment with chunghyul-dan for 8 weeks (2 capsules per day).

Arm 2: High-dose Chunghyul-dan (清血丹) treatment group (n=16). Treatment with Chunghyul-dan for 8 weeks (4 capsules per day).

Arm 3: Atorvastatin treatment group (n=13). Treatment with atorvastatin (10 mg per day).

6. Main outcome measures

1) Total cholesterol, low density lipoprotein (LDL)-cholesterol, high-density lipoprotein (HDL)-cholesterol, triglyceride, total lipid, and phospholipid levels.
2) Aspartate aminotransferase (AST), alanine aminotransferase (ALT), blood urea nitrogen (BUN), and creatinine levels.

7. Main results

1) Chunghyul-dan (both doses) and atorvastatin significantly decreased total cholesterol, LDL-cholesterol, total lipid, and phospholipid levels.
2) There were no significant between or among-group differences in total cholesterol, LDL-cholesterol, HDL-cholesterol, triglyceride, total lipid, and phospholipid at the end of the trial.
3) Low and high doses (2 and 4 capsules, respectively) of Chunghyul-dan produced similar decreases in outcome measures.

8. Conclusions

Treatment with Chunghyul-dan and atorvastatin can decrease levels of blood lipids. No adverse events or side effects were observed, suggesting the safety of Chunghyul-dan as treatment for hyperlipidemia.

9. Safety assessment in the article

Chunghyul-dan and atorvastatin were not associated with hepatotoxicity or nephrotoxicity. There were no significant between-group differences between the two groups in biochemical parameters including AST, ALT, BUN and creatinine.

10. Abstractor's comments

In this study, the therapeutic effect of Chunghyul-dan on serum lipids was comparable to that of the conventional hyperlipidemia drug, atorvastatin. Although this clinical trial used a Western drug control instead of a placebo control and involved comparing patients who were not randomized, it is suggested that the lipid lowering effect and safety of Chunghyul-dan was demonstrated and can be regarded as a clinical basis for using the drug to treat hyperlipidemia.

11. Abstractor

Lee BC, 28 May 2010.

4. Metabolism and Endocrine Diseases

Reference

Park SH. Effects of Yak-Sun tea prescription from Oriental medicinal herbs for serum lipid levels and oxidative stress in hyperlipidemic women. *Dongui-Saengli-Byeongli-Hakhoeji* (*Korean Journal of Oriental Physiology & Pathology*) 2006; 20(5): 1180–6 (in Korean with English abstract).

1. Objectives

To examine the effects of Yak-Sun tea (藥膳茶: Koekac, Sansa, Heshouwu, Wulong) on blood lipid levels and oxidative stress in hyperlipidemic women.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital (details not mentioned), Republic of Korea.

4. Participants

Forty career women (30–45 years old) diagnosed as having hyperlipidemia.

5. Intervention

Arm 1: Patients consumed Yak-Sun tea (藥膳茶, 10 g) twice a day for 14 days (n=20).

Arm 2: Control. Patients consumed 1000 ml of 0.02% xylitol water twice a day for 14 days (n=20).

6. Main outcome measures

1) A measure of dietary uptake.
2) Concentration of various blood lipids.
3) Units of active oxygen measured by the H_2O_2 test.

7. Main results

1) Lipid uptake and animal protein uptake were increased in Arm 1.
2) Blood glucose level was significantly higher in Arm 1 (83.2±4.4 mg/dl vs. 60.1±2.05 mg/dl). Serum homocysteine level was significantly lower in Arm 1 (8.42±1.11 μmol/L *vs.* 10.2± 1.6 μmol/L).
3) HDL-cholesterol level was significantly higher in Arm 1 (66.2 mg/dl *vs.* 51.2 mg/dl, while LDL-cholesterol level was significantly lower (96.2 mg/dl *vs.* 108.7 mg/dl).
4) Active oxygen level was significantly lower in Arm 1.

8. Conclusions

Yak-Sun tea intake significantly increases HDL-cholesterol level but decreases LDL-cholesterol homocysteine levels in women with hyperlipidemia. This objective study provides basic data and a scientific approach to the study of herbs as functional foods.

9. Safety assessment in the article

No unusual adverse effects were observed.

10. Abstractor's comments

Yak-Sun can reduce overweight, obesity, and hyperlipidemia. This study reported that Yak-Sun tea improves hyperlipidemia. Yak-Sun tea used in this study was a mixture of Koekac, Sansa, Heshouwu, and Wulong and its administration followed Monarch (jun)· Minister (chen)· Adjuvant (zou)· Guide (shi) (君臣左使) principles, so it acts by Yang gan ik sin (養肝益腎, nourishing the liver and kidney), Kang Ji Gambi (降脂減肥, lowering fat andreducing obesity), Saeng bal oh bal (生髮烏髮, promoting the growth of hair and black hair), and Yeonn yeon ik su (延年益壽, prolonging life,). There are reports that Yak-Sun tea improves hypertension, hyperlipidemia, arteriosclerosis, coronary arteriosclerosis, diabetes, obesity, and alopecia, and reverses the graying of hair and aging. The study was too short (14 days) to establish definite efficacy. The results of this study suggest that Yak-Sun tea may be a functional food and that herbal dietary supplements may have efficacy.

11. Abstractor

Lee BC, 28 May 2010.

4. Psychiatric/Behavioral Disorders

Reference

Jeong MS, Choi WJ, Lee KW, et al, The effects of acupuncture stimulation on skin conductance response of anxiety patients and normal subjects. *Dongui-Singyeongjeongsingwa-Hakhoeji* (*Journal of Oriental Neuropsychiatry*) 2009; 20(2): 101–10 (in Korean with English abstract).

1. Objectives

To evaluate the effect of acupuncture stimulation on the skin conductance response of patients with anxiety and normal subjects.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital (details not mentioned), Republic of Korea.

4. Participants

All participants signed informed consent forms from January 2007 to September 2007. There were 30 patients with anxiety who received scores of 41 (in males) or 42 (in females) on the state anxiety inventory, and 42 (in males) or 44 (in females) on the trait anxiety inventory of the Korean version of Spielberger's State-Trait Anxiety Inventory-Y form (STAI-Y form) and 15 normal subjects.

5. Intervention

Arm 1: Treatment group (n=15 anxiety patients). Acupuncture treatment at the Shenmen (H7, 神門) and Neiguan (P6, 內關) acupuncture points.

Arm 2: Control group (n=15 anxiety patients). Sham needle treatment at the Shenmen (H7, 神門) and Neiguan (P6, 內關) acupuncture points.

Arm 3: Normal group (n=15 normal subjects). Acupuncture treatment at the Shenmen (H7, 神門) and Neiguan (P6, 內關) acupuncture points.

6. Main outcome measures

Skin conductance response (SCR) and STAI score.

7. Main results

1) There was a significant decrease in the SCR of all three groups during acupuncture stimulation at the Shenmen and Neiguan acupuncture points. The decrease in SCR differed signficantly between the treatment and control groups in first 5 minutes of the second round of treatment.
2) STAI score decreased significantly in both the treatment and control groups.

8. Conclusions

Stimulation of the Shenmen and Neiguan acupuncture points can reduce the activity of the sympathetic nervous system.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study evaluated the effect of acupuncture stimulation on the sympathetic nervous system of patients with anxiety. Activity of sympathetic nervous system of patient with anxiety was more activated than normal subjects. SCR was significantly decreased in all three groups. This is due to the failure to establish an optimal control group for the effects of patient expectation, the relationship with acupuncturist, and placebo. Hence, the limitations of acupuncture control research should be studied.

11. Abstractor

Cho SH, 13 July 2010.

6. Nervous System Diseases

Reference

Jung JC, Kim KH, Park YC, et al. The Study on the effect of acupuncture on UPDRS and heart rate variability in the patients with idiopathic Parkinson's disease. *Daehan-Chimgu-Hakhoeji* (*Journal of Korean Acupuncture & Moxibustion Society*) 2006;23(3)143–153 (in Korean with English abstract).

1. Objectives

To evaluate the effect of acupuncture stimulation of the Taichong (LR3 太沖) and Yanglingquan (GB34, 陽陵泉) acupuncture points on UPDRS and HRV parameters in patients with idiopathic Parkinson's disease.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital (Kyunghee University Medical Center), Republic of Korea.

4. Participants

Thirty-seven (37) patients with idiopathic Parkinson's disease.

5. Intervention

Arm 1: Test group (n=16). Acupuncture treatment at the Taichong (LR3, 太沖) and Yanglingquan (GB34, 陽陵泉) acupuncture points.

Arm 2: Control group (n=21). Acupuncture approximately 3 cm (1 chon, 寸) away from the Taichong (LR3, 太沖) and Xuanzhong (GB 39, 懸鐘) acupuncture points.

6. Main outcome measures

UPDRS score, HRV parameter scores (SDNN, LF, HF, LF/HF ratio).

7. Main results

1) Treatment significantly decreased UPDRS score from 38.4±18.6 to 28.0±16.8 in the test group and from 34.6±20.7 to 26.9±19.9 in the control group. The decrease was similar in both groups.
2) The SDNN score of HRV parameters improved in both the test group (from 23.7±10.7 to 25.9±17.5) and control group (from 25.8±19.1 to 22.9±9.4), but no significant between-group difference in these variables was apparent.

8. Conclusions

Acupuncture treatment at the Taichong and Yanglingquan acupuncture points provides symptomatic relief to patients with idiopathic Parkinson's disease.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This randomized, controlled clinical trial evaluated the effect of acupuncture stimulation at the Taichong and Yanglingquan acupuncture points on UPDRS and HRV parameters in patients with idiopathic Parkinson's disease. As patients with idiopathic Parkinson's disease have no clear treatment options, acupuncture treatment may have value in that it relieves Parkinson's disease symptoms. However, since there was no significant between-group differences in UPDRS and HRV parameters, it is difficult to conclude that acupuncture treatment provides symptom relief. Moreover, every patient who participated in this study had acupuncture treatment and other diseases. Thus, the placebo effect cannot be entirely excluded. Finally, as the median pathway of acupuncture points used in the test group was identical to that used in the control group, it is also possible that stimulation of the acupuncture points used in the control group had a similar effect.

11. Abstractor

Lee EJ, 26 May 2010.

6. Nervous System Diseases

Reference

Kim HB, Lee MH, Lee SY, et al. Thecomparative study on the effect of constitution-dependent acupuncture treatment for idiopathic Parkinson's disease on heart rate variability. *Daehan-Chimgu-Hakhoeji* (*Journal of Korean Acupuncture & Moxibustion Society*) 2007; 24(3): 163–74 (in Korean with English abstract).

1. Objectives

To evaluate the effect of constitution-dependent acupuncture on heart rate variability (HRV) of patients with idiopathic Parkinson's disease.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital (Kyunghee University Medical Center), Republic of Korea.

4. Participants

Fifty-six patients with idiopathic Parkinson's disease.

5. Intervention

Arm 1: Constitution-dependent acupuncture treatment group (test group, n=8).
Arm 2: Acupuncture point acupuncture treatment group (standard group, n=16).
Arm 3: Control group (n=12).
Nineteen subjects dropped out during the trial.

6. Main outcome measures

HRV parameters (standard deviation of normal to normal RR intervals [SDNN], total power [TP], low frequency [LF], high frequency [HF] norm, etc.)

7. Main results

1) In the test group, Acupuncture treatment caused a significant change in SDNN, TP, LF, and HF norm values.
2) In the standard group, acupuncture treatment caused a significant change in SDNN, TP, LF values.
3) Covariate analysis revealed a statistically significant difference in SDNN and LF values. There was a significant difference in SDNN between the test group and standard group, and between the test group and control group, and a significant difference in LF between the test group and control group.

8. Conclusions

Constitution-dependent acupuncture is very effective in patients with Parkinson's disease.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This randomized controlled trial evaluates the effect of constitution-dependent acupuncture on the heart rate variability (HRV) of patients with idiopathic Parkinson's disease. This study assessed the state of the autonomic nervous system and the effect of acupuncture on HRV parameters, which are considered to be surrogate measures of the severity of Parkinson's disease symptoms. However, the number of subjects in each group was small, and the difference in HRV parameters between constitution-dependent acupuncture and acupuncture at the Taichong (LR3, 太沖), Yanglingquan (GB34, 陽陵泉), and Zusanli (ST36, 足三里) acupuncture points was insignificant. More indepth studies of these differences in patients with Parkinson's disease treated with various acupuncture therapies are needed.

11. Abstractor

Lee EJ, 26 May 2010.

6. Nervous System Diseases

Reference

Park YC, Jang DI, Lee YH, et al. A study on the effect of acupuncture treatment in patients with idiopathic Parkinson's disease. *Daehan-Chimgu-Hakhoeji* (*Journal of Korean Acupuncture & Moxibustion Society*) 2007; 24(4): 43–54 (in Korean with English abstract).

1. Objectives

To evaluate the therapeutic effect of acupuncture point acupuncture treatment in patients with idiopathic Parkinson's disease.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital (Kyunghee University Medical Center), Republic of Korea.

4. Participants

Fifty-six patients with idiopathic Parkinson's disease.

5. Intervention

Arm 1: Constitution-dependent acupuncture treatment group (n=12).
Arm 2: Standard acupuncture point acupuncture treatment group (n=21).
Arm 3: Control group (n=13).

6. Main outcome measures

Unified Parkinson's Disease Rating Scale (UPDRS) score, modified Hoehn and Yahr (H-Y) Staging Scale score, Activities of Daily Living (ADL) index, Freezing of Gait Questionnaire (FOGQ) score.

7. Main results

1) There was a significant difference in UPDRS IV score and UPDRS total score between the constitution-dependent acupuncture and control groups and between the standard and control groups.
2) There was a significant difference in FOGQ score between the constitution-dependent acupuncture treatment group and the standard and control groups.

8. Conclusions

Decrease in UPDRS and FOGQ scores suggest that acupuncture relieves symptoms and improves the quality of life in patients with Parkinson's disease. The effect of constitution-dependent acupuncture treatment on UPDRS IV, UPDRS total score, and FOGQ score suggest that patients with idiopathic Parkinson's disease could benefit from this treatment.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This randomized, controlled clinical trial evaluated the efficacy of constitution-dependent acupuncture treatment in patients with idiopathic Parkinson's disease. The approaches tried in this study varied and depended on the individual case. This study also found significant differences in the results of constitution-dependent acupuncture and acupuncture point acupuncture. Yet more indepth studies on the specificity of treatment and acupuncture treatment technology based on principles of traditional Korean medicine are needed.

11. Abstractor

Lee EJ, 26 May 2010.

6. Nervous System Diseases

Reference

Jung IT, Lee SH, Kim SY, et al. A clinical study of East-West pain treatment on chronic headache patients. *Daehan-Chimgu-Hakhoeji* (*Journal of Korean Acupuncture & Moxibustion Society*) 2005; 22(3): 93–104 (in Korean with English abstract).

1. Objectives

To compare the effect of clinical Oriental medical treatment and East-West combined medical treatment on chronic headache.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital and one Western hospital (Kyunghee University Medical Center), Republic of Korea.

4. Participants

Patients (age: 18–65 years) with tension headache or migraine headache with/without pre-headache symptoms according to the International Headache Society (HIS) criteria. The headaches lasted more than 4 hours a day and occurred on more than 15 days a month (n=92).

5. Intervention

Arm 1: Oriental medical treatment group. Acupuncture applied to the Baihui (GV20, 百會), Sishencong (EX-HN1, 四神聰), Touwei (ST8, 頭維), Taiyang (EX-HN5, 太陽), Yifeng (TE17, 翳風), Fengchi (GB20, 風池), Quchi (LI11, 曲池), Hegu (LI4, 合谷), Zusanli (ST36, 足三里), and Taichong (LR3, 太衝) acupoints for 20 minutes (n=43).

Arm 2: East-West combined medical treatment group. Acupuncture + Nerve block therapy (Stellate ganglion block, laryngeal nerve block, 2nd cervical nerve block)(n=49).

6. Main Outcome Measures

Pain assessed on a visual analogue scale (VAS), Brief Pain Inventory (BPI).

7. Main Results

In Arm 1, the average VAS score and BPI subscores for general activity, mood, and enjoyment of life were significantly improved after one month of treatment and BPI subscores for relations with other people and sleep were significantly improved after two months of treatment. In Arm 2, the average VAS score and all BPI subscores were significantly improved after one month of treatment. There was no between-group difference in VAS and BPI scores after 4 weeks of treatment, but the improvement in VAS score and enjoyment of life, relations with other people, and sleep subscores was significantly greater in Arm 2 after 8 weeks of treatment.

8. Conclusions

East-West combined medical treatment relieves chronic headache and improves the quality of life. East-West combined medical treatment is more effective than acupuncture only treatment.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study compared the efficacy of East treatment (acupuncture) and with that of East-West treatment (acupuncture + nerve block therapy). Through VAS and BPI score analysis, the greater effectiveness of East-West treatment for chronic headache was confirmed, but therandomization method was not mentioned. It is suggested that additional evaluations of the effectiveness are needed. It is clinically meaningful in that this study is a randomized, controlled trial of headache remedy. Reference: Acupuncture was compared to nerve block therapy in "Choi DY, Lim SB, Cha NH, et al. Effects on pain behavior in non-medicinal treatment applied to chronic headache patients. *The Korean Journal of Meridian & Acupoint* 2005; 22(1): 55–66".

11. Abstractor and date

Jang KT, 31 August 2010.

6. Nervous System Diseases

Reference

Hong KE, Park YC, Cho JH et al. Effect of Sa-am acupuncture method for chronic tension-type headache: A randomized controlled trial. *Daehan-Chimgu-Hakhoeji* (*Journal of Korean Acupuncture & Moxibustion Society*) 2007; 24(1): 13–28 (in Korean with English abstract).

1. Objectives

To examine the effects of Sa-am acupuncture (舍岩鍼) on chronic tension-type headache.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital (Dunsan Oriental Hospital), Republic of Korea.

4. Participants

Twenty-six patients with chronic tension-type headache diagnosed according to International Headache Society (IHS) second edition criteria.

5. Intervention

Arm 1: Acupuncture treatment group (n=13).

Arm 2: Control group (acupuncture points not located on the meridian; n=13).

6. Main outcome measures

Primary end point: pain score measured on a visual analogue scale (VAS).

Secondary end point: headache disability inventory (HDI) score and six-point Likert scale (SLS).

7. Main results

The difference in VAS score between the treatment and control groups before the treatment, immediately after the treatment, and 2, 4, and 24 hrs (next day) after treatment was 2.21 ± 8.53, -9.56 ± 6.47, -5.48 ± 7.58, -4.99 ± 8.29, and -4.57 ± 6.26, respectively. In both groups, acupuncture treatment tended to improve HDI score and SLS, but there was no statistically significant between-group difference in the effect.

8. Conclusions

The Sa-am acupuncture treatment relieves chronic tension-type headache and improves quality of life.

9. Safety assessment in the article

No adverse events were identified at follow-up, immediately before the end of the clinical trial.

10. Abstractor's comments

This randomized, controlled clinical trial evaluated the effect of Sa-am acupuncture on chronic tension-type headache. This study was objective and the clinical trial method and basic data can be used to investigate the clinical effectiveness of Sa-am acupuncture. Since no statistically significant between-group difference in VAS score was detected, I think it is difficult to conclude that Sa-am acupuncture treatment relieves chronic tension-type headache. Therefore, additional research on various acupuncture treatments with different treatment periods and follow-up periods are needed.

11. Abstractor

Lee EJ, 26 May 2010.

6. Nervous System Diseases

Reference

Kwak BM, Kim MJ, Kim YM, et al. Persistent effects of acupuncture on chronic tension-type headache: A randomized controlled trial. *Daehan-Chimgu-Hakhoeji* (*Journal of Korean Acupuncture & Moxibustion Society*) 2008; 25(2): 165–77 (in Korean with English abstract).

1. Objectives

To determine the persistent effects of acupuncture treatment on chronic tension-type headache.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital (Dunsan Oriental Hospital), Republic of Korea.

4. Participants

Thirty-two patients with chronic tension-type headache diagnosed according to International Headache Society (IHS) second edition criteria.

5. Intervention

Arm 1: Acupuncture treatment group (n=17).

Arm 2: Control group (acupuncture points not located on the meridian; n=15).

6. Main outcome measures

Primary end point: pain score measured on a visual analogue scale (VAS).

Secondary end point: headache disability inventory (HDI) score, six-point Likert scale (SLS), and algometer score.

7. Main results

1) VAS score decreased signficantly at 4, 8, and 12 weeks (15.2±14.1, 16.1±14.7, and 14.4±18.5, respectively) after acupuncture treatment, and at 4 weeks (14.6±18.5) after control treatment. Although acupuncture treatment tended to reduce headache pain (i.e., decrease VAS score, HDI score, and SLS) compared with the control treatment, there was no statistically significant difference between the treatments.
2) Algometer score decreased in the treatment group and indicated a tendency to relieve pain on the right side compared to the control group, and to provide statistically significant relief of pain on the left side. Algometer score changes over time became statistically significant for both the left and right sides in both groups.

8. Conclusions

Acupuncture treatment relieves chronic tension-type headaches and temporal muscle strain.

9. Safety assessment in the article

No adverse events were identified at follow-up, immediately before the end of the clinical trial.

10. Abstractor's comments

This randomized, controlled study evaluated the persistent effects of acupuncture treatment on chronic tension-type headache. This study showed that the effects of acupuncture treatment were persistent, and that acupuncture was safe (i.e., had no side effects). However, there was no statistically significant between-group difference in the primary end point (VAS score), so I think it is difficult to conclude that acupuncture treatment reduces chronic tension-type headache. Also, the follow up period was too short, so additional research is needed.

11. Abstractor

Lee EJ, 26 May 2010.

6. Nervous System Diseases

Reference

Heo KH, Hwang HJ, Park YH, et al. Effects of pulsed electromagnetic therapy for cervicogenic headaches: Randomised clinical trial. *Hanbang-Jaehwal-Uihakgwa-Hakhoeji* (*Journal of Oriental Rehabilitation Medicine*) 2007; 17(3): 147–59 (in Korean with English abstract).

1. Objectives

To evaluate the effectiveness of pulsed electromagnetic therapy for cervicogenic headaches.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital (Dongkuk University Bundang Oriental Hospital), Republic of Korea.

4. Participants

Patients who visited the hospital between 1st November 2006 and 5th June 2007 with cervicogenic headache, VAS score over 5 (n=34).

5. Intervention

Arm 1: Acupuncture + pulsed electromagnetic therapy (n=18).

Arm 2: Acupuncture only (control treatment) (n=16).

Acupuncture was applied to the Wangu (GB12, 完骨), Fengchi (GB 20, 風池), Fengfu (GV 16 風府), Anmian (EX-HN22, 安眠), and Huatuojiaji (EX-B2, 華陀夾脊) acupoints between the 2nd and 3rd cervical vertebra.

Pulsed electromagnetic therapy (PEMT) was applied after acupuncture of the suboccipital fascia. Digitized electromagnetic 5-Hz and 10-Hz impulses were delivered for 15 minutes with frequency changing every 5 seconds using a CR-3000 (CR Technology, SungNam, Korea) equipped with a high performance microactuator.

6. Main Outcome Measures

Pain assessed on a visual analogue scale (VAS).

7. Main Results

The site of the headache was related to the severity of the neck injury. The headaches were generally on the left side or both sides and rarely on the right side. Improvement was significant throughout the treatment course in Arm 1 ($P<0.05$) but only after the 3rd treatment in Arm 2. The between-group difference in VAS was significant after ($P<0.05$) but not before treatment.

8. Conclusions

Pulsed electromagnetic therapy enhances improvement attributable to acupuncture only treatment.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study evaluated the effect of pulsed electromagnetic therapy on cervicogenic headaches. Pain intensity was more significantly reduced by pulsed electromagnetic therapy combined with acupuncture. The limitation of this study is that the randomization method was not mentioned. But it is clinically meaningful in that this study is a randomized, controlled trial of a headache remedy.

11. Abstractor and date

Jang KT, 31 August 2010.

6. Nervous System Diseases

Reference

Lee CU, Park IB, Kim SU, et al. The effect of acupuncture and Dong's acupuncture about Bell's palsy. *Daehan-Chimgu-Hakhoeji* (*Journal of Korean Acupuncture & Moxibustion Society*) 2004; 21(2): 287–300 (in Korean with English abstract).

1. Objectives

To compare the efficacy of acupuncture with that of Dong's acupuncture as treatment for Bell's palsy.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital (Oriental Medicine Hospital of Dongeui Universtiy), Republic of Korea.

4. Participants

Forty patients diagnosed with Bell's palsy by an otorhinolaryngologist within 7 days of onset. Treatment was initiated within an average of 7 days of hospitalization and lasted 4 weeks.

5. Intervention

Once a day during hospitalization, twice a week during the ambulatory period.

Arm 1: Acupuncture treatment group (n=21). Acupuncture points in the affected site include: Jiache (ST6, 頰車), Dicang (ST4, 地倉), Renzhong (GV26, 人中), Chengjiang (CV24, 承漿), Yifeng (TE17, 翳風), Sibai (ST2, 四白), Yangbai (GB14, 陽白), Hegu (LI4, 合谷), Sizhukong (TE23, 絲竹空), Cuanzhu (UB2, 攢竹), Zusanli (ST36, 足三里), and Taichong (LR3, 太沖).

Arm 2: Dong's acupuncture treatment group (n=19). Acupuncture points in the unaffected site include: Samjung Sahwa, a point to one side of Zusanli (ST36, 足三里), and a point beneath of ST36, which are considered to be Dong's acupuncture points.

6. Main outcome measures

Yanagihara's unweighted grade (on a 5-point scale).

7. Main results

The change in Yanagihara's score from pre- to posttreatment was significantly higher in Dong's acupuncture treatment group than in the acupuncture group, but the difference was statistically insignificant. Yangihara's score 2–5 weeks after treatment was significantly higher in Dong's acupuncture treatment group (20.4±7.4 *vs.* 19.3±4.3 [pretreatment]; P=0.36 and 35.6±6.6 *vs.* 29.1 ±6.2 [5 weeks post-treatment]; P= 0.001).

8. Conclusions

Dong's acupuncture is more effective than acupuncture in the treatment of Bell's palsy.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

The effectiveness of acupuncture was compared with that of Dong's acupuncture. Several effective treatments have been reported for Bell's palsy. This article is the first to compare the efficacies of these treatments for Bell's palsy. Forty-six hospitalized patients were randomly assigned to either the acupuncture group or Dong's acupuncture group. Subjects failing to meet the criteria for inclusion were excluded. The limitations of this study were the small number of subjects and the persistence of sequelae complicating the comparative analysis. Comparative study with long-term follow up (more than 2 months) and a large number of patients is needed.

11. Abstractor

Lee EJ, 26 May 2010.

6. Nervous System Diseases

Reference

Lee CW, Kim HG, Heo SW, et al. The clinical study about Hominis placenta herbal acupuncture on Bell's palsy. *Daehan-Yakchim-Hakhoeji* (*Journal of Pharmacopuncture*) 2005; 8(3): 87–97 (in Korean with English abstract).

1. Objectives

To evaluate the efficacy of Hominis placenta herbal acupuncture in the treatment of Bell's palsy.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital (Oriental Medicine Hospital of Dongeui Universtiy), Republic of Korea.

4. Participants

Patients with Ramsey-Hunt syndrome were excluded. Forty-four patients diagnosed with Bell's palsy by a otolaryngologist and treated with Western medicine. The patients received their first medical examination within 7 days of the disease onset, were hospitalized 7–10 days, and then received 4 weeks of ambulatory care.

5. Intervention

Injections (0.03 cc) were given 3 times per week during hospitalization and two times per week during ambulatory care. Affected facial acupuncture points included: Yangbai (GB14, 陽白), Quanliao (SI18, 顴髎), Dicang (ST4, 地倉), Jiache (ST6, 頰車), Yifeng (TE17, 翳風), and Sizhukong (TE23, 絲竹空).

Arm 1: Hominis placenta herbal acupuncture treatment group (n=23).

Arm 2: Saline acupuncture treatment group (n=21).

6. Main outcome measures

Yanagihara's unweighted grade.

7. Main results

1) Yanagihara's unweighted grade increased between pre-treatment and 3 weeks after treatment, but the increase was nonsignificantly greater in Arm 1 than in Arm 2. The difference (which was not significant before treatment; 17.4±4.1 [Arm 1] *vs.* 16.4±3.97 [Arm 2]; P=0.532) but became significant 5 weeks after treatment (33.7±5.7 [Arm 1] *vs.* 28.7±7.5 [Arm 2]; P=0.032).
2) The most frequently occurring symptom was stress-induced hypertension, and the initial symptom was postauricular pain.

8. Conclusions

The efficacy of hominis placenta Herbal acupuncture is greater in late treatment period than in early treatment period. In the early treatment period, most of the efficacy is attributable to Geo pung tong gi (祛風通氣, expelling wind and promoting the circulation of Ki). It is thought that hominis placenta Herbal acupuncture is more effective in older patients, patients with wasting diseases, and in cases where the treatment course is slow.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This article examined the efficacy of hominis placenta herbal acupuncture in the treatment of Bell's palsy. Compared to previous papers, this article was more objective, using saline as a placebo. The limitations of the study are the small number of patients and short follow-up period, which was too short (5 weeks) to demonstrate complete recovery. A new trial with more patients and follow-up longer than 2 months is needed. Moreover, the use of Western treatment and physical therapy simultaneously complicates the interpretation of these hominis placenta herbal acupuncture findings.

11. Abstractor

Lee EJ, 26 May 2010.

6. Nervous System Diseases

Reference

Kim MS, Kim HJ, Park YJ, et al. The clinical research of the efficacy of bee venom aqua-acupuncture on peripheral facial paralysis.*Daehan-Chimgu-Hakhoeji* (*Journal of Korean Acupuncture & Moxibustion Society*) 2004; 21(4): 251–62 (in Korean with English abstract).

1. Objectives

To determine the clinical efficacy of bee venom aqua-acupuncture for the treatment of peripheral facial paralysis.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital (Semyung University Oriental Medicine Hospital), Republic of Korea.

4. Participants

Thirty patients who visited the hospital where peripheral facial paralysis was diagnosed by physical examination.

5. Intervention

Bee venom aqua-acupuncture (0.03 cc injected per acupuncture point on an average of twice a week) at facial acupuncture points at the affected site including Yangbai (GB14, 陽白), Quanliao (SI18, 顴髎), Dicang (ST4, 地倉), Jiache (ST6, 頰車), and Yifeng (TE17, 翳風).

Arm 1: General traditional Korean medicine treatment only group (n=15).

Arm 2: General traditional Korean medicine treatment plus bee venom aqua-acupuncture treatment (more than 6 times) group (n=15).

6. Main outcome measures

Yanagihara's unweighted grade. Change in paralysis score from pre- to posttreatment, used as an improvement index.

Improvement Index (%) = (Score before treatment – Score after treatment)/Score after treatment*100.

7. Main results

1) Yanagihara's unweighted grade was higher 1–2 weeks after treatment in Arm 2 and higher 3–4 weeks after treatment in Arm 1, but the difference before treatment (9.93±8.42 [Arm 1] *vs.* 15.9 ±9.21 [Arm 2]; *P*=0.067) and 4 weeks after treatment (35.7±5.2 [Arm 1] *vs.* 32.4±7.2 [Arm 2]; *P*=0.185) was insignificant.
2) Improvement index was higher in Arm 1 than Arm 2 1–4 weeks after treatment. At 3–4 weeks, the index was significantly higher in Arm 1 (71.5±24.1 *vs.* 51.2±28.3 [at 4 weeks]; *P*=0.044).

8. Conclusions

Addition of bee venom aqua-acupuncture to general traditional Korean Medicine treatment improves the outcomes of patients with peripheral facial paralysis.

9. Safety assessment in the article

Side effects such as local pain, swelling, and itching after the bee venom aqua-acupuncture were exhibited by some patients (who withdrew from treatment). These are described in the discussion section of the original article.

10. Abstractor's comments

This article describes the efficacy of bee venom aqua-acupuncture in the treatment of peripheral facial paralysis. This is the first study to compare bee venom aqua-acupuncture with conventional general traditional Korean medicine. Thirty patients were selected and randomized into two groups, and one group was treated with six rounds of bee venom aqua-acupuncture. The severity of facial muscle paralysis was evaluated using the Yanagihara's unweighted grading system. The improvement index calculated from Yanagihara's unweighted grades was compared between the two groups. Bee venom aqua-acupuncture enhanced the efficacy of general traditional Korean medicine. The number of subjects was small. As the follow up period was limited to 4 weeks, the required time for recovery could not be calculated.

11. Abstractor

Lee EJ, 26 May 2010.