9. Cardiovascular Diseases

Reference

Choi YS, Kim TK, Jung WS, et al. Effects of moxibustion on the hemiplegic upper extremity after stroke. *Daehan-Hanbang-Naegwa-Hakhoeji* (*Korean Journal of Oriental Internal Medicine*) 2003; 24(2): 283–89 (in Korean with English abstract).

1. Objectives

To evaluate te effectiveness of the moxibustion in stroke patients with upper extremity hemiplegia.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with middle cerebral artery infarction, upper extremity dyspraxia, and Fugl-Meyer motor score (> 45) (n=46).

5. Intervention

Arm 1: Conservative therapy + moxibustion applied to the Hegu (LI4, 合谷), Quchi (LI11, 曲池), Zhongzhu (TE3, 中渚), Waiguan (TE5, 外關) acupuncture points until the patient had the sensation of heat, once a day for 2 weeks (n=20).

Arm 2: Conservative therapy only (n=20).

6. Main outcome measures

Fugl-Meyer motor score, Motricity Index score, and Modified Barthel Index.

7. Main results

In Arm 1, Fugl-Meyer motor score increased from 14.3±11.3 before treatment to 27.8±17.3 after treatment (score difference =13.6±7.5, P=0.038) and Motricity Index increased from 29.8±21.3 to 48.1±20.6 (score difference =18.2±10.2, P=0.002). Although these two indices indicated greater improvement in Arm 1 than Arm 2, there was no between-group difference in MBI.

8. Conclusions

Moxibustion at the affected site may relieve upper extremity dyspraxia after stroke.

9. Safety assessment in the article

No severe adverse events during the 4-week observation period.

10. Abstractor's comments

This study evaluated the effectiveness of moxibustion for upper extremity dyspraxia after stroke. However, since the number of subjects was small and the study period was short, additional studies are needed.

11. Abstractor and date

Go HY, 18 July 2010.

9. Cardiovascular Diseases

Reference

Lee SH, Kim JK, Son YH, et al. A clinical study of moxibustion therapy's effect on functional recovery in hemiplegia on stroke. *Daehan-Hanbang-Naegwa-Hakhoeji* (*Korean Journal of Oriental Internal Medicine*) 2008; 29(1): 278–84 (in Korean with English abstract).

1. Objectives

To evaluate the effectiveness of moxibustion stimulation for recovery of function in patients with hemiplegia after stroke.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Forty-two hemiplegic stroke patients with functional independence scores of 11–35 within 8 weeks since onset. The lesion were in the middle cerebral artery or basilar artery.

5. Intervention

Arm 1: Conservative therapy + moxibustion for 6 weeks applied to the Hegu (LI4, 合谷), Waiguan (TE5, 外關), Quchi (LI11, 曲池), Taichong (LR3, 太冲), Xuanzhong (GB39, 懸鐘), Zusanli (ST36, 足三里) acupuncture points (n=21).

Arm 2: Conservative therapy only (n=21).

6. Main outcome measures

Functional independence measure (FIM).

7. Main results

Decrease in FIM score was significantly greater in Arm 1 (19.3±9.9 to 44.7±12.5) than Arm 2 (19.9±10.8 to 36.5±10.7) (P=0.001).

8. Conclusions

Moxibustion may improve the functional recovery of hemiplegic patients after stroke.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study evaluated the effectiveness of moxibustion for improving the functional recovery of hemiplegic patients after stroke. It is suggested that moxibustion has efficacy in stroke patients. However, the small number of patients, the effectiveness of conservative therapy, and lack of long term treatment were limitations of the study. Therefore an additional clinical trial is needed.

11. Abstractor and date

Go HY, 18 July 2010.

9. Cardiovascular Diseases

Reference

Yun SP, Jung WS, Park SU, et al. Effects of moxibustion on the recovery of post-stroke urinary symptoms. *American Journal of Chinese Medicine* 2007; 35(6): 947–54.

1. Objectives

To evaluate the effect of moxibustion on recovery from post-stroke urinary symptoms.

2. Design

Randomized controlled trial (RCT).

3. Setting

Two Oriental hospitals (Kyunghee University Oriental Medical Center and Saint Paul's Oriental Medical Center), Republic of Korea.

4. Participants

Patients with post-stroke urinary symptoms and International Prostate Symptom Score (IPSS) more than 10 (n=39).

5. Intervention

Arm 1: Conservative therapy + moxibustion applied to the Zhongji (CV3, 中極), Guanyuan (CV4, 關元), and Qihai (CV6, 氣海) acupuncture points for 10 days (5 rounds per day).(n=20).

Arm 2: Conservative therapy only.(n=19).

6. Main outcome measures

IPSS, and Barthel Index (BI).

7. Main results

IPSS improved after the treatment in both groups. Urinary frequency, quality of life, irritative subscore, and total score were more markedly improved in Arm 1 compared to Arm 2 in patients with mild or moderately severe symptoms, but not in patients with very severe symptoms. Moreover, there was no between-group difference in BI.

8. Conclusions

Moxibustion at the Zhongji, Guanyuan, Qihai acupuncture points can improve urinary symptoms in post-stroke patients.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study showed that moxibustion was effective for post-stroke urinary symptoms. However, small number of subjects, short evaluation period, and unclear therapeutic activity of moxibustion were limitations. So additional studies are needed.

11. Abstractor and date

Go HY, 18 July 2010.

9. Cardiovascular Diseases

Reference

Na BJ, Jung JH, Choi CM, et al. Effects of Banhahubak-tang (Banxiahoupotang) on patients with poststroke depression. *Daehan-Hanbang-Naegwa-Hakhoeji* (*Korean Journal of Oriental Internal Medicine*) 2005; 26(3): 563–74 (in Korean with English abstract).

1. Objectives

To evaluate the effectiveness of the Ban Ha Hu Bak-tang (Banxiahoupotang, 半夏厚朴湯) for post-stroke depression.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

The patients with post-stroke depression (n=38).

5. Intervention

Arm 1: Treatment with Ban Ha Hu Bak-tang (半夏厚朴湯) for 7 days (n=19).

Arm 2: Other treatments generally used for post-stroke depression for 7 days (n=19).

6. Main outcome measures

Beck Depression Inventory (BDI), Modified Barthel Index (MBI), and Ki score.

7. Main results

Based on BDI score, improvement in poststroke depression was more significant in yin syndrome patients than in yang syndrome patients. Both of the Yin-patients showed significant improvement in BDI score.

8. Conclusions

Ban Ha Hu Bak-tang has efficacy for poststroke depression in yin syndrome patients.

9. Safety assessment in the article

The adverse events of Ban Ha Hu Bak-tang were evaluated by an investigator who didn't participate in patient treatment and was blinded to group allocation.

10. Abstractor's comments

This study evaluated the efficacy of Ban Ha Hu Bak-tang in 38 patients with post-stroke depression. Ban Ha Hu Bak-tang is known to reduce Ki and improve gastrointestinal problems and neurotic symptoms. Ban Ha Hu Bak-tang improved BDI, MBI, and Ki scores (measures of depression severity) in patients with poststroke depression classified as yin syndrome. As the control treatments were not mentioned and were diverse, the control in this study was inappropriate.

11. Abstractor

Cho SH, 13 July 2010.

9. Cardiovascular Diseases

Reference

Kim MB, Chung SK, Kim SS. The influences of Chuna (shoulder traction) therapy for shoulder pain and range of movement in hemiplegic patients after stroke. *Hanbang-Jaehwal-Uihakgwa-Hakhoeji* (*Journal of Oriental Rehabilitation Medicine*) 2007; 17(2): 185–98 (in Korean with English abstract).

1. Objectives

To evaluate the effectiveness of Chuna (shoulder traction) therapy for shoulder pain in hemiplegic patients after stroke.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Stroke patients with shoulder pain (over grade 4 on a visual analogue scale [VAS]) and limited shoulder range of motion (ROM) (n=60).

5. Intervention

Arm 1: Conservative therapy + Chuna (shoulder traction, basically once a day for 2 weeks, a total of 10 treatments) (n=30).

Arm 2: Conservative therapy only (n=30).

6. Main outcome measures

Among the participants, 10 subjects dropped out during the study (4 in Arm 1, 6 in Arm 2). VAS score for elbow joint pain intensity, passive range of motion of the shoulder joint, MRC (Medical Research Council) score for muscle strength, Meridian-Electromyograph Analysis, and Shoulder Subluxation analysis.

7. Main results

The VAS score for elbow joint pain intensity was significantly decreased after two weeks of treatment in Arm 1 (4.76±2.26 *vs.* 7.75±1.83 before treatment, P=0.000), and shoulder joint ROM (including abduction, adduction, external rotation, and internal rotation) was significantly improved. At the end of treatment, the VAS scores were decreased in both groups (Arm 1=2.98±2.20, Arm 2=0.67±1.70; P=0.000).

8. Conclusions

Chuna (shoulder traction) may relieve shoulder pain in hemipletic patients after stroke.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study evaluated the effectiveness of Chuna (shoulder traction) for shoulder pain in hemiplegic patients after stroke. Insofar as Chuna improves the ROM and reduces pain, it can be helpful for the rehabilitation in stroke patients. But, as the number of patients was small and patients were not followed up after the end of treatment, additional studies are needed.

11. Abstractor and date

Go HY, 18 July 2010.

9. Cardiovascular Diseases

Reference

Kwon OG, Jang WS, Woo CH, et al. The efficacy of adjusting leg length inequality by Chuna manual treatment for post stroke hemiplegia. *Hanbang-Jaehwal-Uihakgwa-Hakhoeji* (*Journal of Oriental Rehabilitation Medicine*) 2009; 19(2): 187–202 (in Korean with English abstract).

1. Objectives

To evaluate the effectiveness of the Chuna manual treatment for hemiplegia after stroke.

2. Design

Randomized controlled trial (RCT).

3. Setting

Two Oriental hospitals (Oriental Medical Hospital of Daegu Haany University at Daegu and Gumi), Republic of Korea.

4. Participants

Stroke patients with hemiplegia more than two weeks after onset and stable vital signs (n=39).

5. Intervention

Arm 1: Conservative therapy + Chuna manual treatment (n=20).

Arm 2: Conservative therapy only (n=19).

6. Main outcome measures

Activities of daily living (ADL), Modified Barthel Index (MBI), Berg Balance Scale (BBS), and evaluation of lower extremity motor function using the Fugl-Meyer Assessment (FMA).

7. Main results

1) In Arm 1, treatment significantly improved ADL and function as measured by MBI (4.80±5.12, P=0.045), BBS (3.50±2.59, P=0.003), and FMA (2.40±2.60, P=0.020) scores. The improvement was more marked in Arm 1 than in Arm 2.
2) In patients with sub-acute disease, treatment significantly improved function as measured by BBS score (4.00±2.83, P=0.002), but improvements in the treatment and control groups were not significantly different (P=0.159).
3) In patients with chronic disease, treatment significantly improved function as measured by BBS (2.75±2.12, P=0.011) and FMA (1.63±2.39, P=0.039) scores, but this improvement was similar in both groups.

8. Conclusions

Chuna manual treatment may improve ADL, balance, and lower extremity function. Chuna manual treatment appears to be more effective for chronic disease.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study evaluated the effectiveness of Chuna manual treatment in the rehabilitation of patients after stroke. But the small number of subjects and the effectiveness of the conservative therapy are limitations of the study. Furthermore, the evaluation of leg length is a subjective measure with low accuracy. Therefore, it is suggested that a large scale clinical trial is needed.

11. Abstractor and date

Go HY, 18 July 2010.

9. Cardiovascular Diseases

Reference

Ryu SH, Lee KS, Kim TK, et al. Effects of electroacupuncture on the hemiplegic upper extremity after stroke. *Daehan-Hanui-Hakhoeji* (*Journal of Korean Oriental Medical Society*) 2002; 23(2): 180–9 (in Korean with English abstract).

1. Objectives

To evaluate the effectiveness of electroacupuncture for upper extremity hemiplegia after stroke.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with cerebral infarction and Fugl-Meyer motor score below 46 before treatment within two weeks of stroke onset (n=40).

5. Intervention

Arm 1: Conservative therapy + electroacupuncture (25–50 Hz) for 4 weeks, 6 rounds per week, 20 minutes per round applied to the Quchi (LI11, 曲池)- Shousanli (LI10, 手三里), Waiguan (TE5, 外關)- Hegu (LI4, 合谷) acupuncture points (n=20).

Arm 2: Conservative therapy (n=20).

6. Main outcome measures

Fugl-Meyer motor assessment, muscle strength at the shoulder and elbow joint, the subsection of the modified Barthel Index (involving drinking, feeding, dressing the upper body, and grooming).

7. Main results

Fugl-Meyer motor assessment score tended to be higher in Arm 1 than in Arm 2 (P=0.061). The improvements in muscle strength and coordination at the shoulder and elbow joint were significantly greater in Arm 1 (P=0.008 and 0.047, respectively), but the improvements in muscle strength and coordination at the hand and wrist were similar in both groups. There were no between-group differences in drinking, feeding, dressing the upper body, and grooming after treatment.

8. Conclusions

Electroacupuncture has efficacy for upper extremity paralysis after stroke.

9. Safety assessment in the article

No significant adverse events during 4 weeks of observation.

10. Abstractor's comments

This study evaluated the effectiveness of electroacupuncture for upper extremity paralysis after stroke. As the number of subjects was small and conservative therapy was used with electroacupuncture, the result is not conclusive. Moreover, the follow up period was only 4 weeks, so the long-term effect of electroacupuncture remains unclear. Thus, additional studies are needed.

11. Abstractor and date

Go HY, 18 July 2010.

9. Cardiovascular Diseases

Reference

Hong JW, Choi CM, Park YM, et al. The effect of 2 Hz *vs.* 120 Hz frequency electrical acupuncture point stimulation on motor recovery after stroke by motor evoked potential study. *Daehan-Hanbang-Naegwa-Hakhoeji* (*Korean Journal of Oriental Internal Medicine*) 2006; 27(1): 265–75 (in Korean with English abstract).

1. Objectives

To evaluate the effect of electroacupuncture at different frequencies on motor function recovery after stroke.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with cerebral infarction, and hospitalized 1 week to 1 month after onset (n=42).

5. Intervention

Stimulation at the Hegu (LI4, 合谷), Quchi (LI11, 曲池), Shousanli (LI10, 手三里), and Waiguan (TE5, 外關) acupuncture points of the upper extremity on the affected side. Stimulation at the Zusanli (ST36, 足三里), Shangjuxu (ST37, 上巨虛), Xuanzhong (GB39, 懸鐘), and Taichong (LR3, 太冲) acupuncture points of the lower extremity on the affected side.

Arm 1: Low frequency (2 Hz) electroacupuncture point stimulation for 2 weeks (n=21).

Arm 2: High frequency (120 Hz) electroacupuncture point stimulation for 2 weeks (n=21).

6. Main outcome measures

General items (personal details and hypertension, diabetes mellitus, history of present illness, biochemical tests), Motor Evoked Potential (MEP), National Institutes of Health Stroke Scale (NIHSS) score, Modified Barthel Index (MBI), Modified motor assessment scale (MMAS).

7. Main results

MEP was significantly more improved in Arm 1 than in Arm 2. Although low frequency treatment (compared to high frequency treatment) improved NIHSS, MBI, and MMAS scores, the between-group differences in these were not significant.

8. Conclusions

Low frequency electroacupuncture point stimulation is more effective for restoring motor function after stroke.

9. Safety assessment in the article

Not mentioned

10. Abstractor's comments

This study evaluated the effect of low and high frequency electroacupuncture point stimulation on motor function recovery after stroke. Low frequency stimulation had more effect on the central nervous system. However, the study period was short, and it is thought that a long-term study with a large number of patients is needed.

11. Abstractor and date

Go HY, 18 July 2010.

9. Cardiovascular Diseases

Reference

Chung WS, Kim SS. Effects of Whangryunheadoc-tang Gami-bang (Huanglianjiedu-Tan JiaWei-Fang) on acute stage stroke patients. *Hanbang-Jaehwal-Uihakgwa-Hakhoeji* (*Journal of Oriental Rehabilitation Medicine*) 2004; 14(1): 107–18 (in Korean with English abstract).

1. Objectives

To evaluate the effect of Whangryunheadoc-tang Gami-bang (Huanglianjiedu-Tan JiaWei-Fang, 黃連解毒湯加味方) on acute stage stroke.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with stroke within 3 months of onset, and carotid artery stenosis (n=23; age range 40–70).

5. Intervention

Arm 1: Conservative therapy + Whangryunheadoc-tang Gami-bang (Huanglianjiedu-Tan JiaWei-Fang) for 3 weeks, 3 rounds per week, oral administration one hour postprandially (n=13).

Arm 2: Conservative therapy only (n=10).

6. Main outcome measures

Measurement of cerebral blood flow change, blood lipid level change, National Institutes of Health Stroke Scale (NIHSS) score, and Modified Barthel Index.

7. Main results

Carotid stenosis (8.68±6.12% in Arm 1 *vs.* 1.18±1.55% in Arm 2; P=0.001) and blood lipid level were significantly improved in Arm 1. Treatment significantly decreased total cholesterol (–23.0±29.6) and LDL cholesterol (–12.8±25.4) levels and significantly increased HDL (5.23±7.18) level in Arm 1. NIHSS and MBI improved significantly in both Arms, but there were no between-group differences.

8. Conclusions

Whangryunheadoc-tang Gami-bang improves carotid blood flow, blood lipid level, and function in hemiplegic patients after stroke.

9. Safety assessment in the article

No hepatotoxicity and nephrotoxicity were observed during the study period.

10. Abstractor's comments

This study evaluated the effect of Whangryunheadoc-tang Gami-bang (Huanglianjiedu-Tan JiaWei-Fang) on hemiplegia after stroke. Stroke symptoms were improved and no adverse effects were observed. It is thought that Whangryunheadoc-tang Gami-bang (Huanglianjiedu-Tan JiaWei-Fang) facilitates recovery of nerve function and protects nerve function. However, as the influence of conservative therapy and external factors could not be excluded, additional studies are needed.

11. Abstractor and date

Go HY, 18 July 2010.

9. Cardiovascular Diseases

Reference

Park SU, Jung WS, Moon SK, et al. Chunghyul-dan (Qingxie-dan) improves arterial stiffness in patients with increased baPWV. *American Journal of Chinese Medicine* 2006; 34(4): 553–63.

1. Objectives

To evaluate the effect of Chunghyul-dan (清血丹, Qingxie-dan) on arterial stiffness.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with brachial-ankle pulse wave velocity (baPWV) of >1400 cm/sec (n=35).

5. Intervention

Arm 1: Chunghyul-dan (清血丹, Qingxie-dan) 500 mg, 3 times a day for 8 weeks (n=20).
Arm 2: Simple observation (n=15).

6. Main outcome measures

baPWV, blood pressure, and levels of serum lipid, aspartate aminotransferase (AST), alanine aminotransferase (ALT), blood urea nitrogen (BUN), and creatinine (Cr).

7. Main results

Treatment for 8 weeks significantly improved PWV score in Arm 1 (1736.0±271.1 [baseline] *vs.* 1599.0±301.9 [8 weeks], p=0.032), but not in Arm 2 (1668.3±116.2 [baseline] *vs.* 1653.3±184.1 [8 weeks], *P*=0.774) and significantly increased triglycerides level (156.1±51.3 [baseline] *vs.* 230.7±74.2 [8 weeks], *P*=0.007). But there were no significant changes in blood pressure and the levels of other serum lipids. .

8. Conclusions

Chunghyul-dan decreases arterial stiffness.

9. Safety assessment in the article

There were no abnormal laboratory findings (liver and renal function tests).

10. Abstractor's comments

This study evaluated the effect of Chunghyul-dan on arterial stiffness. A decrease in arterial stiffness was observed. As 8 weeks is a short period and a control treatment was not used, additional studies are needed.

11. Abstractor and date

Go HY, 18 July 2010.

10. Respiratory Diseases (including Rhinitis)

Reference

Park YC, Jo JH, Hong KE, et al. Effect of acupuncture on nasal obstruction in patients with persistent allergic rhinitis: a randomized controlled trial. *Daehan-Chimgu-Hakhoeji* (*Journal of Korean Acupuncture & Moxibustion Society*) 2005; 22(6): 229–39 (in Korean with English abstract).

1. Objectives

To evaluate the effect of acupuncture on nasal obstruction with acupuncture points specified in *Donguibogam* (東醫寶鑑, *Treasured Mirror of Eastern Medicine*).

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with persistent allergic rhinitis who visited the hospital between 1 August and 7 October 2005 (n=101).

5. Intervention

Arm 1: Acupuncture treatment at the Yingxiang (LI20, 迎香), Shangxing (GV23, 上星), and Hegu (LI4, 合谷) acupuncture points (n=50).

Arm 2: Sham acupuncture treatment at non-acupuncture points: one at the center of the Yingxiang (LI20, 迎香) and Juliao (ST3, 巨髎) acupuncture points, and the other 20 mm from the Hegu (LI4, 合谷) acupuncture point (n=51).

6. Main outcome measures

Measurement of total nasal volume (NV) and total nasal minimum cross sectional area (MCA) using acoustic rhinometry.

7. Main results

The total nasal volume and total nasal minimum cross sectional area (MCA) were significantly increased immediately after treatment in both groups ($P<0.05$) and the increases were moderately greater 15 minutes after treatment in Arm 1 compared with Arm 2.

8. Conclusions

Acupuncture treatment relieves nasal obstruction by increasing nasal volume and nasal cross sectional area in patients with persistent allergic rhinitis.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study evaluated the efficacy of acupuncture points specified in *Donguibogam* on nasal obstruction in patients with persistent allergic rhinitis. The patients were randomized to Arm 1 and Arm 2. Treatment relieved nasal obstruction by increasing nasal volume and nasal cross sectional area in Arm 1. This finding is very meaningful, as it is from a double blind, randomized, controlled trial. But the randomization method was not mentioned specifically.

11. Abstractor and date

Jang KT, 30 August 2010.

10. Respiratory Diseases (including Rhinitis)

Reference

Park YC. Effect of Socheongryong-tang on Punghan and Pungyeol type common cold: A double blind, placebo controlled study. *Dongui-Saengli-Byeongli-Hakhoeji* (*Korean Journal of Oriental Physiology & Pathology*) 2005; 19(2): 524–9 (in Korean with English abstract).

1. Objectives

To evaluate the effect of Socheongryong-tang (小靑龍湯) on the common cold.

2. Design

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

3. Setting

One public health center (Public Health Center in Daejeon University), Republic of Korea.

4. Participants

Patients with common cold who visited the center from 29 March to 24 April 2004 (n=98).

5. Intervention

Arm 1: Socheongryong-tang (小靑龍湯) treatment group (1.8 g t.i.d.) (n=49).

Arm 2: Placebo control group (n=49).

Three capsules per round, 3 rounds per day for 7 days.

After analysis of the first questionnaire data, 8 patients in Arm 2 and 7 patients in Arm 1 dropped out. Two patients who dropped out in Arm 1 were of the Hyeopseup (挾濕, carry-moisture) type. Finally, 81 subjects (41 in Arm 2 and 40 in Arm 1) participated in the study. There were 7 subjects of the Pungyeol (風熱, wind-heat) type in Arm 2 and 11 in Arm 1. There were also 34 subjects of the Punghan (風寒, wind-cold) type in Arm 2 and 29 in Arm 1.

6. Main outcome measures

Index of common cold severity based on a 14-item checklist of common cold symptoms (cough, throat discomfort, sputum, rhinorrhea, stuffy nose, sneezing, headache, fever, sweating, myalgia, anorexia, chilliness, bitter taste, mouth dryness, eyeball discomfort), assessed on a 5-point scale (1=very good, 2=good, 3=moderate, 4=uncomfortable, 5=very uncomfortable).

7. Main results

In the pungyeol (風熱, wind-heat) type and punghan (風寒, wind-cold) type of common cold, the between-group difference in global index was not significant before and after treatment. However, in the punghan (風寒, wind-cold) type of common cold, between-group differences in rhinorrhea, stuffy nose, and sneezing were significant ($P<0.05$).

8. Conclusions

Socheongryong-tang affects rhinorrhea and stuffy nose in the pungan type of common cold.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

In this study, common cold was classified as pungyeol type and punghan type according to the traditional Korean method of diagnosis. In Arm 1, Socheongryong-tang treatment had a significant effect on rhinorrhea and stuffy nose in punghan type colds but no effect on pungyeol type colds. This finding is very meaningful, as this is a double blind, randomized, controlled trial. However, the method of randomization was not mentioned specifically, and it is hard to draw a conclusion based on subjective index data.

11. Abstractor and date

Jang KT, 30 August 2010.

10. Respiratory Diseases (including Rhinitis)

Reference

Bae HH, Kang WC, Park YC. Effectiveness of a Yeonkyopaedok-san extract in the treatment of the common cold: Results of a community-based, double blind, randomized placebo controlled trial. *Dongui-Saengli-Byeongli-Hakhoeji* (*Korean Journal of Oriental Physiology & Pathology*) 2008; 22(1): 234–45 (in Korean with English abstract).

1. Objectives

To evaluate the effectiveness of a Yeonkyopaedok–san (連翹敗毒散) for the common cold.

2. Design

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

3. Setting

One public health center (Public Health Center in Daejeon University), Republic of Korea.

4. Participants

Male and female patients with more than one symptom of the common cold, diagnosed by a doctor of Oriental medicine, within 3 days of the appearance of subjective symptoms (n=200).

5. Intervention

Arm 1: Treatment group. Yeonkyopaedok–san (連翹敗毒散; Sam-A Pharmaceucial Co. Ltd., dry extract) (800 mg) (n=100).

Arm 2: Control group. Pyungwi-san (平胃散, Sam-A Pharmaceutical Co. Ltd., dry extract) (n=100).

First treatment: 1 pouch per round, 3 times a day for 3 days. Second treatment: 1 pouch per round, 3 times a day for 4 days

6. Main outcome measures

Index of common cold severity based on a 14-item checklist of common cold symptoms (cough, throat discomfort, sputum, rhinorrhea, stuffy nose, sneezing, headache, fever, sweating, myalgia, anorexia, chilliness, bitter taste and mouth dryness, eyeball discomfort), assessed on a 5-point scale (1=very good, 2=good, 3=moderate, 4=uncomfortable, 5=very uncomfortable).

7. Main results

Treatment had a statistically significant effect at 7 days (P=0.027), moderate effect at 3 days (P=0.081), and difference in the magnitude of the effect at 3 and 7 days was significant (P=0.039). There was a statistically significant difference in headache (P=0.029) and throat discomfort (P=0.054), and a moderate difference in sneezing (P=0.065) after 3 days of treatment, and a significant difference in headache (P=0.012), anorexia (P=0.037), eyeball discomfort (P=0.002), and moderate difference in sneezing (P=0.093), bitter taste, and mouth dryness (P=0.090), sweating (P=0.059) after 7 days of treatment. In Arm 1, there's significant difference in wind-heat (風熱) type (P=0.057), and there was no between-group difference in the disappearance of subjective symptoms (P=0.592).

8. Conclusions

Yeonkyopaedok–san relieves common cold symptoms, and therefore can be an effective drug for the treatment of common colds.

9. Safety assessment in the article

Mild headache and digestive problems were observed in the Yeonkyopaedok–san treatment group.

10. Abstractor's comments

This study compares the effect of Yeonkyopaedok–san with that of a control drug, Pyungwi-san, on the common cold. The results are very meaningful because this trial is double blind, randomized, and controlled. Although the randomization method was not mentioned specifically, and the between-group differences were evaluated by t-test, the data from this study can be used as clinical reference data for the common cold.

11. Abstractor and date

Jang KT, 30 August 2010.

10. Respiratory Diseases (including Rhinitis)

Reference

Kim JH, Ko JM, Lee SW, et al. Clinical study on the effect of moxa-pellet treatment in allergic rhinitis patients. *Daehan-Chimgu-Hakhoeji* (*Journal of Korean Acupuncture & Moxibustion Society*) 2007; 24(1): 175–85 (in Korean with English abstract).

1. Objectives

To evaluate the efficacy of moxa-pellet treatment for allergic rhinitis.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with persistent allergic rhinitis who visited the hospital between 1 August and 31 August 2006 (n=39).

5. Intervention

Arm 1: Real moxa-pellet treatment at the Fengchi (GB20, 風池), Hegu (LI4, 合谷), Zusanli (ST36, 足三里), Lieque (LU7, 列缺), and Dazhui (GV14, 大椎) acupuncture points (n=19). Moxa-pellet is a 21mm diameter, applied adhesives on one side with 3 hemispheric solid materials attached on same side. Solid material is composed with vegetable and mineral ingredients.

Arm 2: Control group. Only adhesive sheets attached to the Fengchi (GB20, 風池), Hegu (LI4, 合谷), Zusanli (ST36, 足三里), Lieque (LU7, 列缺), and Dazhui (GV 14, 大椎) acupuncture points (n=20).

6. Main outcome measures

Nasal symptom score (NSS) for sneezing, rhinorrhea, and itchiness. Medical outcomes on a 36-item short-form health survey (SF-36).

7. Main results

Treatment significantly improveed total nasal symptom score as well as scores for sneezing, rhinorrhea, and itchiness, and SF-36 scores for role limitation-emotional, social functioning, and mental health in Arm 1 ($P<0.05$). But treatment significantly improved only the score for headache while failing to improve any SF-36 score and significantly worsened physical functioning in Arm 2.

8. Conclusions

The moxa-pellet treatment provides symptom relief and improves the quality of life of allergic rhinitis patients.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study evaluated the efficacy of moxa-pellet treatment for allergic rhinitis. This treatment significantly improved nasal symptoms and quality of life. But the randomization method was not specified and the treatment effect was only verified by nasal symptom score, which is insufficient to evaluate efficacy clearly.

11. Abstractor and date

Jang KT, 30 August 2010.

11. Diseases of the Digestive Syestem

Reference

Song MS, Heo YK, Choi KW, et al. Clinical comparison study on 40 cases of temporomandibular disorder patients with idiopathic scoliosis treated by Chuna and general Oriental method. *Daehan-Chimgu-Hakhoeji* (*Journal of Korean Acupuncture & Moxibustion Society*) 2005; 22(5): 133–40 (in Korean with English abstract).

1. Objectives

To evaluate the effect of Chuna treatment on temporomandibular disorder in patients with idiopathic scoliosis.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients who visited the hospital with temporomandibular disorder as their chief complaint and idiopathic scoliosis (n=40, male/female=18/22).

5. Intervention

Acupuncture appled to the Waiguan (TE5, 外關), Hegu (LI4, 合谷), Kunlun (UB60, 崑崙), Toulinqi (GB15, 頭臨泣), Zusanli (ST36, 足三里) acupuncture points for 20–30 minutes.

Arm 1: Acupuncture + Chuna treatment for 5 weeks, twice a week. (n=20)

Arm 2: Acupuncture only. (n=20)

6. Main outcome measures

Facial pain score, temporomandibular function score, and limitation of activity score.

7. Main results

There was significant improvement in facial pain, temporomandibular function, and temporomandibular activity in both groups. Chuna treatment significantly enhanced improvements in temporomandibular function and activity ($P<0.05$).

8. Conclusions

Combining Chuna treatment with acupuncture enhances the effect of acupuncture on temporomandibular disorder in patients with idiopathic scoliosis.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This randomized, controlled trial aimed to determine the efficacy of Chuna treatment on temporomandibular disorder concurrent with idiopathic scoliosis. When temporomandibular disorder occurs with idiopathic scoliosis, parallel use of acupuncture and Chuna treatment is more effective. The study's limitations were lack of a detailed method, small number of subjects, and incomplete blinding, randomization, and evaluation.

11. Abstractor and date

Kim JS, 12 July 2010.

11. Diseases of the Digestive Syestem

Reference

Kim TS, Kim CY, Lee KH, et al. Comparative clinical study between the acupuncture treatment and the chuna treatment on temporomandibular disorder. *Cheokchu-Singyeong-Chuna-Ui-Hakhoeji* (*The Journal of Korea Chuna Manual Medicine for Spine and Nerves*) 2006; 1(1): 55–64 (in Korean with English abstract).

1. Objectives

To compare the effectiveness of Sa-am acupuncture treatment and Chuna treatment for temporomandibular disorder.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital (Ha-na Oriental Medical Hospital), Republic of Korea.

4. Participants

Patients with temporomandibular disorder (n=31, male/female=7/24).

5. Intervention

Six rounds of treatment using a muscle relaxation method.

Arm 1: Acupuncture at the Damjeonggyeok (膽正格) and Wijeonggyeok (胃正格) acupuncture points selectively, followed by rotated acupuncture for 20 minutes using the Bu-Xie (捻轉補瀉) technique (n=16).

Arm 2: Chuna treatment (n=15).

6. Main outcome measures

Anamnestic dysfunction index, modified craniomandibular index, mandibular movement (MM) index, temporomandibular joint noise (TN).

7. Main results

The MM index was higher in Arm 1 than in Arm 2 and TN improvement was greater in Arm 2 than in Arm 1.

8. Conclusions

Acupuncture can improve temporomandibular function (movement), while Chuna treatment can reduce structural impediments to temporomandibular joint movement (causing joint noise).

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study compared the effectiveness of Sa-am acupuncture with that of Chuna treatment for temporomandibular disorder. Acupuncture improved temporomandibular function while Chuna improved temporomandibular structure. But the number of patients was small, and there was no randomization or blinding. Simultaneous evaluation of the two intervention methods could be a limitation of the study.

11. Abstractor and date

Kim JS, 12 July 2010.

11. Diseases of the Digestive Syestem

Reference

Park YC, Kang W, Choi SM,et al. Evaluation of manual acupuncture at classical and nondefined points for treatment of functional dyspepsia: a randomized-controlled trial. *Journal of Alternative and Complementary Medicine* 2009; 15(8): 879–84.

1. Objectives

To compare the effectiveness of acupuncture applied to classical acupuncture points with that applied to nondefined points for functional dyspepsia.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with functional dyspepsia classified according to ROME-II criteria (n=68) (male/female=14/54; median age, 32.5; age range, 20–60).

5. Intervention

Arm 1: Classical acupuncture at 11 acupuncture points including Hegu (LI4, 合谷), Taichong (LR3, 太冲), Zusanli (ST36, 足三里), Neiguan (PC6, 内關), Gongsun (SP4, 公孫), and Zhongwan (CV12, 中脘). Each sterilized needle (diameter 0.25 mm, length 30 mm) was inserted 1–2.5 cm deep for 15 minutes, 3 times a week for 2 weeks.

Arm 2: Sham acupuncture at nondefined points 1 cm from the classical acupuncture points.

6. Main outcome measures

Nepean Dyspepsia Index (NDI), Quality of life (QOL).

7. Main results

After 2 weeks of acupuncture treatment, the NDI score (an indicator of severity of functional dyspepsia) was significantly decreased in Arm 1 (59.6±22.0 [baseline] *vs.* 25.4±18.0 [2 weeks]) and Arm 2 (55.7±22.9 [baseline] *vs.* 26.4±15.7 [2weeks]); $P<0.001$) and the QOL subscore of the NDI was significantly improved (67.1±15.1 [baseline] *vs.* 88.3±7.7 [2 weeks]) in Arm 1 and (70.5±19.7 [baseline] *vs.* 86.5±9.8 [2 weeks]) in Arm 2. But there were no between-group differences.

8. Conclusions

Both treatments improve the symptoms and quality of life of patients with functional dyspepsia.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study evaluated the effect of acupuncture on functional dyspepsia. Acupuncture treatment at the Hegu, Taichong, Zusanli, Neiguan, Gongsun, and Zhongwan acupuncture points 3 times a week, 15 minutes per round, once a day, for 2 weeks was compared with treatment at nondefined points 1 cm away from these classical acupuncture points. Both treatments were effective. But insofar as improvement in functional dyspepsia can be due to a placebo effect, a clear difference between the treatment and control groups cannot be shown.

12. Abstractor and date

Kim JS, 10 June 2010.

11. Diseases of the Digestive Syestem

Reference

Kim YM, Park YC, Jo JH, et al. Effect of herb medicine treatment for functional dyspepsia: a randomized placebo-controlled and compared standard treatment trial. *Daehan-Hanbang-Naegwa-Hakhoeji* (*Korean Journal of Oriental Internal Medicine*) 2010; 31(1): 1–13 (in Korean with English abstract).

1. Objectives

To evaluate the effectiveness of herb medicine (DA-9701) for functional dyspepsia.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Functional dyspepsia patients (n=42; male/female=9/33).

5. Intervention

Three times a day, one tablet each time, for 2 weeks.

Arm 1: Herb medicine (DA-9701) treatment group. Herb medicine is composed of Sinapis Semen (白芥子) 100 mg, Corydalidis Tuber (玄胡索) 200 mg, Pharbitidis Semen (牽牛子) 200 mg, microcrystalline cellulose, lactose, starch 100 mg, a yellowish brown colored rectangular tablet.

Arm 2: Standard drug (Mosapride) treatment group. Mosapride citrate 5 mg, a gray colored rectangular tablet.

Arm 3: Placebo control group. Microcrystalline cellulose, lactose, starch 600 mg, a gray colored rectangular tablet.

6. Main outcome measures

Nepean Dyspepsia Index (NDI), Functional Dyspepsia Quality of Life (QOL) score.

7. Main results

All treatments significantly improved functional dyspepsia symptoms evaluated by comparing the Nepean Dyspepdia index and functional dyspepsia QOL score before and after treatment within each group (DA-9701, $P<0.05$; Mosapride, $P<0.01$; placebo, $P<0.001$), but there were no statistically significant differences in these measures among the three groups.

8. Conclusions

Herb medicine (DA-9701) improves the symptoms and QOL of patients with functional dyspepsia.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This randomized, controlled trial evaluated the effect of herb medicine (DA-9701) on functional dyspepsia. The herb medicine (DA-9701) treatment significantly improved NDI and QOL scores, but there were no significant differences in these scores between Arm 2 and Arm 3. Because of its limitations (single-blinded randomization, inappropriate inclusion and exclusion criteria, lack of an equivalence and non-inferiority trial design), this study should be considered a pilot study.

11. Abstractor and date

Kim JS, 12 July 2010.

11. Diseases of the Digestive Syestem

Reference

Park JW, Yoon SW, Kim JS, et al. A clinical pilot study of Carthami-Semen herbal acupuncture treatment for chronic constipation. *Daehan-Chimgu-Hakhoeji* (*Journal of Korean Acupuncture & Moxibustion Society*) 2008; 25(5): 127–37 (in Korean with English abstract).

1. Objectives

To evaluate the effect of Carthami-Semen herbal acupuncture treatment for chronic constipation.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with functional constipation or irritable bowel syndrome with constipation (n=20; male/female=4/16).

5. Intervention

Arm 1: Carthami-Semen herbal acupuncture treatment (0.1 cc injection and 1/2-1 inch needle insertion) at 7 acupuncture points including Tianshu (ST25, 天樞), Daju (ST27, 大巨), Zhishi (UB52, 志室), and Qihai (CV6, 氣海). A total of 8 rounds treatment were provided over 4 weeks, twice a week.

Arm 2: Saline injection at the same acupuncture points using the same treatment method.

6. Main outcome measures

Scoring system for stool consistency and ease of evacuation.

7. Main results

At 1 week after the 4-week treatment, scores for stool frequency, hardness, and ease of evacuation were significantly improved in Arm 1 ($P<0.005$). But there were no significant improvements in these scores in Arm 2.

8. Conclusions

The Carthami-Semen herbal acupuncture has efficacy for chronic constipation.

9. Safety assessment in the article

Injection site bruising, moderate pain, and skin flare during injection occurred in several cases, but no severe adverse events were attributable to herbal acupuncture treatment.

10. Abstractor's comments

This study is the first randomized, controlled clinical trial to evaluate the efficacy of Carthami-Semen herbal acupuncture for chronic constipation. Patients classified as functional constipation and constipation with irritable bowel syndrome were treated with Carthami-Semen herbal acupuncture treatment on 7 acupuncture points including Tianshu, Daju, Zhishi, Qihai. Patients classified as Arm 1and Arm 2, and evaluated for stool frequency, hardness, and ease of evacuation. Compared to the control treatment, Carthami-Semen herbal acupuncture significantly improved symptoms. The study has sufficient quality inasmuch as the procedures for randomization and blinding were properly executed, but the small number of subjects and single blinding are limitations.

11. Abstractor and date

Kim JS, 13 July 2010.

11. Diseases of the Digestive Syestem

Reference

Son DH, Joh KH, Kim YS, The comparison study on the effect of bowel movement between Bo-Ryu Enema (保留灌腸, Bao-Liu Enema) and general enema in patients at the acute stage of cerebrovascular accident. *Daehan-Hanbang-Naegwa-Hakhoeji* (*Korean Journal of Oriental Internal Medicine*) 2001; 22(3): 51–62 (in Korean with English abstract).

1. Objectives

To compare the effect of the Bo-Ryu enema (Bao-Liu enema) with that of general (conventional) enema in patients with acute stroke.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital (Oriental Medical Hospital at Jeonju, Woosuk University), Republic of Korea.

4. Participants

Acute stroke patients who have gone 3 days without defecating, or less than 3 days with abdominal discomfort and satiety (n=63; male/female=34/29).

5. Intervention

Bo-Ryu enema:

Arm 1: Administration of a Finger glycerin enema 1 hour before the Bo-Ryu enema (200 cc of Daeseungkitang [大承氣湯] in two volumes of water boiled before use). One round was performed in the morning and one in the afternoon. (n=10)

Arm 2: Same as Arm 1, except only one round was performed. (n=19)

General enema:

Arm 3: Administration of a Finger-glycerin enema once in the morning and once in the afternoon. (n=16)

Arm 4: Administration of a Finger-glycerin enema once in the morning. (n=18)

6. Main outcome measures

Defecation frequency, stool volume, change in abdominal examination (level of tension in the rectus abdominis muscle, change in the abdominal strength), change in relevant symptoms (abdominal discomfort, digestion state, physical strength).

7. Main results

The Bo-Ryu enema was more effective than the general enema for increasing defecation frequency, total stool volume, corrected stool volume, abdominal strength, and physical strength. The increase in defection frequency and abdominal strength was greater in Arm 1 than Arm 2 and the increase in corrected stool volume and decrease in abdominal discomfort was greater in Arm 2 than Arm 1.

8. Conclusions

The Bo-Ryu enema is more cathartic than the general enema: it reduces the level of tension in the rectus abdominis muscle and relieves the abdominal discomfort.

9. Safety assessment in the article

The enemas had no effect on body temperature, respiratory rate, blood pressure, and pulse rate, which were remained within normal range.

10. Abstractor's comments

This randomized, controlled study compared the efficacy of the Bo-Ryu enema with that of the general enema in acute stage stroke patients. The subjects were divided into 4 groups according to enema type and frequency. The Bo-Ryu enema was more effective than the glycerin enema in increasing defecation frequency and stool volume, and in changing tension and strength of the abdominis rectus and relevant symptoms. Nonetheless, there were limitations: the method used to evaluate the level of tension in rectus abdominis muscle was insufficient, errors occurred in subject allocation, and the methods used to evaluate the main outcome measures were unclear.

11. Abstractor and date

Kim JS, 12 July 2010.