

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Lee TH, Hwang HS, Chang SY, et al. The comparison of effectiveness between bee venom and sweet bee venom therapy on low back pain with radiating pain. *Daehan-Yakchim-Hakhoeji (Journal of Pharmacopuncture)* 2007; 10(3): 85–9 (in Korean with English abstract).

1. Objectives

To compare the effect of sweet bee venom acupuncture and bee venom acupuncture on low back pain with radiating pain.

2. Design

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

3. Setting

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

4. Participants

Patients with low back pain with radiating pain (n=24).

5. Intervention

Arm 1: Sweet bee venom (SBV) acupuncture + conventional acupuncture (n=14).

Arm 2: Bee venom (BV) acupuncture + conventional acupuncture (n=10).

6. Main outcome measures

Pain self-assessed on a visual analogue scale (VAS) and functional change assessed by the straight leg raising test (SLRT).

7. Main results

Both treatments resulted in similar levels of pain relief and functional improvement.

8. Conclusions

Sweet bee venom acupuncture and bee venom acupuncture have similar efficacy for low back pain with radiating pain.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

Blinding and randomization were well maintained. However, issues including informed consent and verification of the side effects were insufficiently addressed. Initial values were thought to be close to normal, and no statistically meaningful results were obtained.

11. Abstractor and date

Kim HJ, 17 August 2010.

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Cho JH, Chung SH, Kim SS. The effect of Dong-Si acupuncture point on the meridian muscle tension of the governor vessel and bladder meridian. *Hanbang-Jaehwal-Uihakgwa-Hakhojei (Journal of Oriental Rehabilitation Medicine)* 2006; 16(3): 83–92 (in Korean with English abstract).

1. Objectives

To evaluate the effect of Dong-Si (董氏) acupuncture point stimulation on meridian muscle tension.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Healthy subjects (n=30).

5. Intervention

Arm 1: Dong-Si acupuncture at the Linggu (靈骨) and Dabai (大白) acupuncture points + standing up-right for 5 minutes (n=15).

Arm 2: Standing up-right for 5 minutes (n=15).

6. Main outcome measures

Tension of the hamstring determined by the Finger to Floor Method (FFM) and of the erector spinae determined by Back Distance Method (BDM), and muscle tension determined by meridian electromyography (MEMG).

7. Main results

Treatment significantly decreased hamstring tension ($P=0.001$) but not erector spinae tension in Arm 1 compared with Arm 2. Moreover, MEMG showed significantly decreased muscle tension in Arm 1 compared to Arm 2 ($P=0.002$ Lt, 0.003 Rt).

8. Conclusions

The Dong-Si acupuncture at the Linggu and Dabai acupuncture points decreases meridian muscle tension.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study evaluated the practical use of the Dong-Si acupuncture points (Linggu, Dabai) and was meaningful insofar as electromyography was used to evaluate the effect. Unfortunately, the finger to floor test was used for evaluating hamstring tension. Moreover, the inclusion criteria were not definite, so the number of volunteers and drop-out subjects was not mentioned. Institutional Review Board (IRB) regulations regarding inclusion of subjects should be followed.

11. Abstractor and date

Kim HJ, 17 August 2010.

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Kwon YD, Lee SG, Lee CW, et al. The short-term efficacy of acupuncture for chronic low back pain: Randomized sham controlled trial. *Hanbang-Jaehwal-Uihakgwa-Hakhoeji (Journal of Oriental Rehabilitation Medicine)* 2007; 17(2): 123–32 (in Korean with English abstract).

1. Objectives

To evaluate the efficacy of acupuncture for chronic low back pain.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with chronic low back pain over 3 months (n=50).

5. Intervention

Arm 1: Manual acupuncture (n=25).

Arm 2: Sham acupuncture (n=25).

Fourteen needles were inserted into the meridian points (Arm 1) or non-meridian points (Arm 2) and retained for 20 minutes.

6. Main outcome measures

Pain rated on a visual analogue scale (VAS), Roland Disability Questionnaire (RDQ) score, Patient Global Assessment (PGA) score, and digital temperature by thermography (DT).

7. Main results

Pain relief was significant (VAS score was significantly decreased) in Arm 1 after 2 and 4 weeks of treatment and in Arm 2 after 4 weeks of treatment ($P<0.05$). RDQ score was decreased in both arms, though not significantly. There was no significant between-group difference in VAS and RDQ and no significant between-group difference in DT and PGA score over the course of treatment.

8. Conclusions

Short-term manual acupuncture is an effective and safe treatment for chronic low back pain. Sham acupuncture appears to be equally effective and safe.

9. Safety assessment in the article

Three subjects complained of fatigue (n=1 [Arm 1], n=2 [Arm 2]). There were no serious adverse events.

10. Abstractor's comments

Several types of sham acupuncture have been developed, but the sham control used in this study is an obstacle to evaluating the effect of acupuncture. No difference between real acupuncture and sham acupuncture was found. Other studies have also reported that sham acupuncture and real acupuncture have similar effectiveness. To understand the reason for this result, a study should be conducted to determine whether this lack of a difference is due to a design problem, small number of subjects, or other variables.

11. Abstractor and date

Kim HJ, 17 August 2010.

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Kim KH, Lim HH, Hwang HS, et al. The study of effect and safety related to Dong-gi acupuncture (DGA) and complex therapy on lumbago due to blood stasis and sprain. *Daehan-Chimgu-Hakhoeji (Journal of Korean Acupuncture & Moxibustion Society)* 2002; 19(3): 107–14 (in Korean with English abstract).

1. Objectives

To evaluate the safety and efficacy of Dong-gi (動氣) acupuncture (DGA) for lumbago due to blood stasis and sprain.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with lumbago due to blood stasis and sprain (n=97).

5. Intervention

Arm 1: Active Dong-gi acupuncture (DGA) + Drug treatment + Physiotherapy (n=37).

Arm 2: Passive Dong-gi acupuncture (DGA) + Drug treatment + Physiotherapy (n=15).

Arm 3: Simple acupuncture + Drug treatment + Physiotherapy (n=45).

The low back and hip joint in DGA groups were flexed or extended actively or passively (by machine) during acupuncture treatment.

Acupuncture needles were applied to local acupuncture points in the low back area plus BL40, BL65 in Arm 3.

In all patients, herbal medicines and physical therapy were prescribed according to their symptoms.

6. Main Outcome Measures

Severity of pain and range of motion rated as either excellent, good, fair, or bad; levels of serum glutamic oxaloacetic transaminase (SGOT), serum glutamic pyruvic transaminase (SGPT), gamma-glutamyl transpeptidase (gamma-GTP), blood urea nitrogen (BUN), and serum creatinine.

7. Main Results

Active DGA, passive DGA, and simple acupuncture reduced severity of pain and increased range of motion in 97%, 87%, 89% of patients, respectively. In no case did the severity of pain increase, or the range of motion decrease, between the first and final examinations. Blood tests in 34 subjects revealed no change SGOT, SGPT, and gamma-GTP levels in 33 subjects, abnormally high SGOT, SGPT, and gamma-GTP levels at the first visit in only 1 subject, and no significant change in BUN and creatinine levels in all 34 subjects.

8. Conclusions

Combined treatment with Dong-gi acupuncture is effective and safe for lumbago due to blood stasis and sprain.

9. Safety assessment in the article

There was no adverse effect on pain, range of motion, and liver and kidney function during treatment.

10. Abstractor's comments

In this study, lumbago was limited to lumbago due to blood stasis and sprain. Moreover, the criteria, source of pain, and how range of motion was measured were not defined. Randomization is not mentioned specifically. But liver and kidney function (which is not generally evaluated in acupuncture studies) had an important role in this study.

11. Abstractor and date

Kim HJ, 17 August 2010.

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Jung MS. Effectiveness of herbal acupuncture of Carthami semen (Honghwa) vs. its cotreatment with spiral taping for the treatment of acute low back pain: A randomized controlled trial. *Daehan-Yakchim-Hakhoeji (Journal of Pharmacopuncture)* 2002; 5(2): 25–38 (in Korean with English abstract).

1. Objectives

To compare the effectiveness of Carthami semen (紅花, Honghwa) herbal acupuncture with that of Carthami semen herbal acupuncture + spiral taping for acute low back pain.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental clinic (Hwang Oriental Clinic), Republic of Korea.

4. Participants

Patients with acute low back pain and without a history of pain during the last 6 weeks (n=103).

5. Intervention

Arm 1: Carthami semen (紅花,) herbal acupuncture + spiral taping, hot pack (n=52).

Arm 2: Carthami semen (紅花,) herbal acupuncture + hot pack (n=51).

Herbal acupuncture was applied to 18 meridian points in the low back area twice a week.

Elastic Kinesio tapes were applied to the buttocks, low back, and psoas muscle.

6. Main outcome measures

Pain rated on a visual analogue scale (VAS), range of motion (ROM), Oswestry Disability Index (ODI).

7. Main results

Pain was significantly relieved (VAS score declined) by both treatments at all time points during treatment and 3 months after treatment ($P<0.05$). Both treatments significantly improved ODI (Arm 1, $P<0.001$; Arm 2, $P<0.005$). The improvement in VAS and ROM was significantly greater in Arm 1 than Arm 2 ($P<0.05$), but the improvement in ODI was similar in both groups.

8. Conclusions

Both treatments can be effective for acute low back pain, but the treatment with spiral taping is more effective.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study evaluated the effectiveness of Carthami semen herbal acupuncture treatment for acute low back pain. The study design called for an evaluation of the effect of Carthami semen herbal acupuncture + spiral taping, but only the efficacy of Carthami semen herbal acupuncture was evaluated. This study was performed in the clinic. Nevertheless statistical analysis and randomization were well performed. However, issues including informed consent were insufficiently addressed.

11. Abstractor and date

Kim HJ, 17 August 2010.

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Kim KT, Song HS. The effectiveness of bee venom acupuncture therapy on the treatment of sprain of L-spine (a randomized controlled trial; double blinding). *Daehan-Chimgu-Hakhoeji (Journal of Korean Acupuncture & Moxibustion Society)* 2005; 22(4): 113–20 (in Korean with English abstract).

1. Objectives

To evaluate the effectiveness of bee venom acupuncture therapy for pain due to sprain of the L-spine.

2. Design

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

3. Setting

One Oriental hospital (Kyungwon University Orineal Hospital), Republic of Korea.

4. Participants

Patients with sprain of the L-spine within 5 days of onset of pain. Patients with neurologic pain and functional lumbar disease were excluded (n=30).

5. Intervention

Arm 1: Bee venom acupuncture + acupuncture (n=13).

Arm 2: Acupuncture + saline acupuncture (n=17).

Acupuncture was applied to low back local acupuncture points 5 times over a 10-day period and retained for 20 minutes each time.

Among 30 subjects enrolled, 6 subjects (2 in Arm 1, 4 in Arm 2) dropped out.

6. Main Outcome Measures

Pain evaluated on a visual analogue scale (VAS), Oswestry Disability Index (ODI).

7. Main Results

A pre- to post-treatment comparison found significant decreases in ODI and VAS score after 5 days of treatment and after 5–10 days of treatment in both groups ($P<0.01$), and after 10 days of treatment in Arm 1 ($P<0.05$).

8. Conclusions

Bee venom acupuncture can be effective for pain due to sprain of the L-spine.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study satisfied general requirements of randomized, controlled trials such as randomization, blinding, and inclusion of a control group, and the reasons for withdrawal are given. However, the basis for exclusion of patients with functional lumbar diseases was not explained sufficiently. The improvements in ODI and quality of life index need additional explanation as the study period was short.

11. Abstractor and date

Kim HJ, 17 August 2010.

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Kim JH, Jang SH, Yoon HM, et al. The comparison of effectiveness between bee venom and sweet bee venom therapy on chronic lower back pain. *Daehan-Yakchim-Hakhoeji (Journal of Pharmacopuncture)* 2008; 11(4): 15–24 (in Korean with English abstract).

1. Objectives

To compare the efficacies of sweet bee venom acupuncture and bee venom acupuncture for chronic lower back pain.

2. Design

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

3. Setting

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

4. Participants

Patients with lower back pain lasting more than 3 months (n=39).

5. Intervention

Arm 1: Sweet bee venom (SBV) acupuncture + dry needle acupuncture (n=20).

Arm 2: Bee venom (BV) acupuncture + dry needle acupuncture (n=19).

6. Main outcome measures

Pain rated on a visual analogue scale (VAS), Oswestry Disability Index (ODI), itching rated on a VAS.

7. Main results

Treatment decreased pain (pain VAS score) and improved physical functioning (decreased ODI score) in both groups, but the decrease and improvement were significantly greater in Arm 1 than in Arm 1. The severity of itching increased with number of treatments in Arm 2, but not in Arm 1. There was a significant between-group difference in itching severity.

8. Conclusions

SBV acupuncture causes less severe allergic skin reactions such as itching, but its efficacy is lower than that of BV acupuncture.

9. Safety assessment in the article

Itching was the only adverse event mentioned.

10. Abstractor's comments

The effectiveness of BV acupuncture is well known, but its adverse effects have not been well studied. In this study, both the effectiveness of BV acupuncture was demonstrated and the adverse events of BV acupuncture and SBV acupuncture were compared. Since SBV reduces pain and is associated with less severe adverse events, it should be considered the method of choice.

11. Abstractor and date

Kim HJ, 17 August 2010.

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Song SC, Jung DU, Yeo KC, et al. A study on the effectiveness and relation of the Sacro Occipital technique blocking with acupuncture treatment. *Daehan-Chimgu-Hakhoeji (Journal of Korean Acupuncture & Moxibustion Society)* 2008; 25(2): 27–40 (in Korean with English abstract).

1. Objectives

To evaluate the effect of concurrent treatment with Sacro Occipital technique (SOT) and conventional acupuncture on lower back pain and physical functioning.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with lower back pain (n=72).

5. Intervention

Arm 1: Category 1 treatment + acupuncture (n=13).

Arm 2: Category 2 treatment + acupuncture (n=24).

Arm 3: Category 3 treatment + acupuncture (n=19).

Arm 4: Acupuncture (n=16).

The application of SOT blocks was determined from the results of posture analysis.

Category is determined according to the individual structural characteristics of the pelvis and leg length in osteopathy.

Acupuncture needle application was not described in detail.

6. Main outcome measures

Pain rated on a visual analogue scale (VAS), Oswestry Disability Index (ODI).

7. Main results

Treatments in Arm 2 and Arm 3 were more effective than in Arm 4 between the first and second sessions. The improvement in physical functioning (ODI score) was significant between the first and third sessions in Arm 2, but not in Arm 3. There were no between-group differences in pain relief (pain VAS score).

8. Conclusions

SOT blocking concomitant with acupuncture showed efficacy in patients receiving category 2 treatment.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study evaluated the effectiveness of SOT block therapy for lower back pain and physical functioning. SOT block therapy was used with categorization. The division of participants into 4 groups was complicated and the number of subjects in each group was small. Better results could be obtained if categories 2 and 3 were studied first.

11. Abstractor and date

Kim HJ, 17 August 2010.

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Yang JH, Han SC, Oh RS, et al. A clinical study of the effects of KamiWooseul-tang on low back pain and kidney function. *Daehan-Hanui-Hakhoeji (Journal of Korean Oriental Medical Society)* 2000; 21(4): 216–26 (in Korean with English abstract).

1. Objectives

To evaluate the nephrotoxicity of Kami Wooseul-tang (加味牛膝湯) and its efficacy for low back pain.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with low back pain (n=64).

5. Intervention

Arm 1: KamiWooseul-tang (加味牛膝湯) treatment (n=32).

Arm 2: OhJeokSan (五積散) treatment (n=16).

Arm 3: Dokhwalkisaeng-tang (獨活寄生湯) treatment (n=16).

Three times a day for 3 weeks.

1) Bedside rest

2) Acupuncture treatment at the Yaoyangguan (GV3, 腰陽關), Dachangshu (BL25, 大腸俞), Guanyuanshu (BL26, 闕元俞), Huantiao (GB30, 環跳), Shenshu (BL23, 腎俞), Zhishi (BL52, 志室), Weizhong (BL40, 委中), Kunlun (BL60, 崑崙), and Taixi (KI3, 太溪) acupuncture points. According to the symptoms, acupuncture points were added or subtracted, and other pain therapies (cupping therapy and venipuncture) were used simultaneously.

3) Physiotherapy: Interferential Current Stimulation therapy, ultrasound therapy, pelvic traction.

4) Injection of Western drugs: Restricted in most cases, but in others, nonsteroidal anti-inflammatory drugs were injected intramuscularly.

6. Main outcome measures

Low back pain self-assessed on a visual analog scale (VAS) and renal function (blood urea nitrogen [BUN], creatinine (Cr), urine test, blood electrolyte concentration).

7. Main results

Treatment in Arm 1 significantly reduced low back pain compared to Arm 2+Arm 3 during the entire course (1 week, 7.25±1.05 vs. 8.36±1.62; 2 weeks, 5.21±1.52 vs. 7.15±2.56; 3 weeks, 4.10±1.77 vs. 6.50±3.44; $P<0.05$).

8. Conclusions

KamiWooseul-tang is more effective than the conventional treatment methods, OhJeokSan and Dokhwalkisaeng-tang. Moreover, it is not nephrotoxic even after long term use.

9. Safety assessment in the article

No adverse events occurred. The BUN was within normal range (8–20 mg/dl) on hospitalization (14.7±4.0), after 1 week of treatment (13.6±3.9), 2 weeks of treatment (13.5±3.0), and 3 weeks of treatment (13.3±3.7) ($P<0.05$). The creatinine was within normal range (0.7–1.4 mg/dl) on hospitalization (0.76±0.19), after 1 week of treatment (0.77±0.19), 2 weeks of treatment (0.82±0.21), and 3 weeks of treatment (0.87±0.21) ($P<0.05$).

There was no abnormal change in microscopic and chemical urine analysis during 3 weeks.

10. Abstractor's comments

The conclusion of this study was that KamiWooseul-tang was more effective than conventional treatment methods for low back pain. However, because of its design, the study could not confirm the efficacy of OhJeokSan and Dokhwalkisaeng-tang. Moreover, the causes of low back pain in the subject group were heterogeneous (herniation of intervertebral disk, acute or chronic lumbar sprain, and spinal stenosis), and clinical applicability was unclear because each patient was also receiving additional treatment (i.e., acupuncture or Western medicine).

11. Abstractor and date

Kim JI, 5 July 2010.

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Ko YJ, Lee RM, Kim JG, et al. The clinical study on effects of Moxa-pellet therapy in chronic low back pain patients. *Daehan-Chimgu-Hakhoeji (Journal of Korean Acupuncture & Moxibustion Society)* 2007; 24(3): 187–96 (in Korean with English abstract).

1. Objectives

To evaluate the efficacy of moxa-pellet therapy for chronic lower back pain.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with chronic lower back pain for more than 3 months (n=61).

5. Intervention

Arm 1: Moxa-pellet.

Arm 2: Sham moxa-pellet.

Arm 3: Adhesive sheet only.

Among 61 subjects enrolled, 21 subjects dropped out of the study.

6. Main outcome measures

Pain assessed on a visual analogue scale (VAS), Short Form McGill Pain Questionnaire (SF-MPQ) score, 36-Item Short Form Health Survey (SF-36) score.

7. Main results

Treatment significantly decreased pain VAS score in Arm 1 and Arm 2 but not in Arm 3.

However, treatment significantly decreased SF-MPQ score only in Arm 1, but not Arm 2 and Arm 3.

Treatment also resulted in significantly improved scores for Physical Function (PF), Role-Emotional (RE), Mental Health (MH), and Bodily Pain (BP) in Arm 1, and for BP only in Arm 3, but not for all subscales in Arm 2. The only significant among-group difference was in physical function (PF) ($P=0.03$).

8. Conclusions

The moxa-pellet treatment relieves pain and improves quality of life in patients with chronic lower back pain.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

The moxa-pellet is not a traditional treatment in Oriental medicine clinics, but acupuncture point stimulation and delivering active ingredients are common treatment options. The randomization and grouping of subjects in this study were well described. If the success of single-blinding was assessed after treatment, the quality of this study was raised. However, the reasons for withdrawal should be stated and it should be noted that quality of life cannot be easily improved within 4 weeks of treatment.

11. Abstractor and date

Kim HJ, 17 August 2010.

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Lee SH, Cheong BS, Yun HS, et al. Therapeutic effect of Weizhong (BL40) venepuncture on low back pain. *Daehan-Chimgu-Hakhoeji (Journal of Korean Acupuncture & Moxibustion Society)* 2002; 19(1): 65–75 (in Korean with English abstract).

1. Objectives

To evaluate the therapeutic effect of Weizhong (BL40, 委中) venepuncture on low back pain.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with low back pain who visited the hospital (n=46).

5. Intervention

Arm 1: Weizhong (BL40, 委中) venepuncture + acupuncture treatment (n=25).

Arm 2: Acupuncture treatment (n=21).

Acupuncture needles were inserted into the low back local acupuncture points once and retained for 20 minutes.

6. Main Outcome Measures

Pain rating score (PRS).

7. Main Results

PRS (as well as subscores for pain intensity, duration, frequency, and aggravation) were significantly improved by treatment in both arms, and the improvement was significantly greater in patients with an exposed vessel around the Weizhong (BL40) than patients without this exposed vessel. This result suggests that the exposed vessel around the Weizhong (BL40) may be an important indication for venepuncture.

8. Conclusions

Weizhong (BL40) venepuncture is effective for low back pain in patients with an exposed vessel around the Weizhong (BL40), i.e., in the popliteal area.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

Weizhong (BL40) venepuncture has been widely used to treat low back pain in traditional Korean medicine, but few studies have demonstrated its efficacy. This study fails to meet certain requirements of clinical trials such as randomization, and use of inclusion and exclusion criteria. Moreover, adverse events are not mentioned, though adverse events related to venepuncture are known.

11. Abstractor and date

Kim HJ, 17 August 2010.

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Choi SH, Ko KM, Kim KW, et al. The effects of spiral taping therapy—a randomisation controlled trial. *Daehan-Chimgu-Hakhoeji (Journal of Korean Acupuncture & Moxibustion Society)* 2006; 23(2): 165–72 (in Korean with English abstract).

1. Objectives

To evaluate the effect of spiral taping therapy on low back pain or neck pain.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital (Daegu Oriental Hospital of Daegu Hanny University), Republic of Korea.

4. Participants

Patients with low back pain or neck pain (n=26).

5. Intervention

Arm 1: Spiral taping treatment (n=14).

Arm 2: Acupuncture treatment (n=12).

Among 26 subjects, 5 subjects (3 in Arm 1, 2 in Arm 2) dropped out during the study.

Acupuncture was applied to low back local acupuncture points in 6 sessions, two sessions per week, for 15 minutes per session.

6. Main Outcome Measures

Pressure pain threshold, pain assessed on a visual analog scale (VAS), range of motion (ROM).

7. Main Results

There were significant between-group differences in pressure pain threshold ($P<0.01$) and pain VAS ($P=0.003$), but not in ROM. The increase in pressure pain threshold at the affected site and decrease in pain VAS were greater in Arm 1 than Arm 2.

8. Conclusions

The spiral taping therapy is effective for low back pain or neck pain.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

Many studies have evaluated the efficacy of traditional medicine for low back pain or neck pain. The evaluation in this study was limited to subjective measures (VAS, ODI). The objectiveness of this study was increased by its use of pressure pain threshold. The study used proper inclusion-exclusion criteria, methods of grouping and randomization, but failed to mention ethical considerations such as informed consent. It is hoped that more articles are published in English to communicate the results widely.

11. Abstractor and date

Kim HJ, 17 August 2010.

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Lee JW, Kim CH, Moon SH, et al. Effectiveness of spiral taping in the low back pain patients. *Daehan-Chimgu-Hakhoeji (Journal of Korean Acupuncture & Moxibustion Society)* 2006; 23(5): 1-10 (in Korean with English abstract).

1. Objectives

To evaluate the effect of spiral taping in the low back pain patients.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Low back pain patients (n=60).

5. Intervention

Arm 1: Spiral taping + moxibustion + cupping therapy + physical therapy (n=30).

Arm 2: Moxibustion + cupping therapy + physical therapy (n=30).

3X4 spiral tapes were applied at 10 points a total of 3 times during 1 week.

6. Main outcome measures

Pain rated on a visual analogue scale (VAS), Lumbar flexion angle, Oswestry Disability Index (ODI).

7. Main results

Decreases in VAS score ($P<0.0001$) and ODI score ($P<0.0001$) and increase in lumbar flexion angle ($P=0.008$) were significantly greater in Arm 1 than Arm 2 after the first and second treatments but were similar in both groups after the third treatment.

8. Conclusions

Spiral taping therapy accelerates recovery from low back pain.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study evaluated the efficacy of spiral taping for low back pain. The O-ring test was used as an inclusion criterion but its accuracy has never been sufficiently verified by scientific evidence. Moreover, the study design could have been improved by including an assessment of itch and flare in the skin.

11. Abstractor and date

Kim HJ, 17 August 2010.

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Kim CY, Kwon NH, Shin YJ, et al. Randomized controlled trial: Effect of master Dong's acupuncture in chronic shoulder pain patients. *Daehan-Chimgu-Hakhoeji (Journal of Korean Acupuncture & Moxibustion Society)* 2007; 24(6): 89–96 (in Korean with English abstract).

1. Objectives

To evaluate the effect of Dong's acupuncture on chronic shoulder pain.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Office workers who performed more than 3 hours of computer work a day and complained of chronic shoulder pain (n=40, age: 20–60 years).

5. Intervention

Arm 1: Dong's acupuncture (n=20).

Arm 2: No treatment (self-administered exercise only) (n=20).

Yangxi (LI15, 陽谿), Jianliao (TE14, 肩髃), and Jianjing (GB21, 肩井) on the affected side and Dong's acupuncture points Gyun-joong (肩中) and Shin-guan (腎關) on the non-affected side were used for treatment.

Among 40 subjects enrolled, 4 subjects (2 subjects in each arm) dropped out of the study

6. Main Outcome Measures

Scores on Constant Shoulder Assessment (CSA), Shoulder Pain and Disability Index (SPADI), pain evaluated on a visual analogue scale (VAS).

7. Main Results

CSA, SPADI, and VAS scores were significantly improved with treatment for 4 weeks in Arm 1 ($P<0.05$), and only the CSA score was significantly improved without treatment in Arm 2 ($P<0.05$).

The improvement in CSA and SPADI scores after 4 weeks of treatment was significantly greater in Arm 1 than Arm 2 ($P<0.05$).

8. Conclusions

Dong's acupuncture for 4 weeks improves shoulder pain and disability.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study evaluated the effect of Dong's acupuncture on chronic shoulder pain in office workers who have lots of mental stress. The randomization method and inclusion criteria were properly described, but reasons for patient withdrawal early in the trial should have been included with the description of the statistical analysis.

11. Abstractor and date

Kim HJ, 17 August 2010.

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Nam DW, Choi YS, Kim HB, et al. Randomized controlled trial of East-West collaborative medical treatment on female chronic shoulder pain patients. *Daehan-Chimgu-Hakhoeji (Journal of Korean Acupuncture & Moxibustion Society)* 2007; 24(6): 113–22 (in Korean with English abstract).

1. Objectives

To evaluate the effectiveness of combinations of Eastern-Western medical treatments for chronic shoulder pain.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with chronic shoulder pain (n=60). Patients were randomly assigned.

5. Intervention

Arm 1: (Eastern-Western combined treatment; EW): Acupuncture treatment + nerve block treatment (n=20).

Arm 2: (Eastern medical treatment only; E): Acupuncture treatment (n=20).

Arm 3: (control group; C): No treatment (n=20).

Suprascapular nerve block (steroid mixed with 1% lidocaine, 5 ml), subacromial injection, and trigger point injection (0.5–2 ml of topical anesthetic) for Western medical treatment.

Yangxi (LI15, 陽谿), Jianliao (TE14, 肩髃), Jianjing (GB21, 肩井), and Dong-si (董氏) acupuncture points (Shin-guan and Gyun-joong) twice a week for 4 weeks in the acupuncture group.

6. Main Outcome Measures

Score on the Constant Shoulder Assessment (CSA), Shoulder Pain and Disability Index (SPADI), and pain assessed on a visual analogue scale (VAS).

7. Main Results

Patients in Arm 1 and Arm 2 showed significant improvement in CSA, SPADI, and VAS ($P < 0.05$).

There was a significant difference in CSA, SPADI, and VAS between Arm 1 and Arm 3 ($P < 0.001$), and in VAS between Arm 1 and Arm 2 ($P = 0.012$).

8. Conclusions

The combined treatment for chronic shoulder pain is significantly more effective.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

The combining of Eastern and Western remedies is an active topic for discussion in medicine. In this study, the effectiveness of combined treatment for chronic shoulder pain is compared with that of Eastern medical treatment and no treatment. The overall study design, randomization, and inclusion criteria were clearly presented, but it is unfortunate that the Eastern treatment was combined with nerve block treatment (the Western treatment).

11. Abstractor and date

Kim HJ, 17 August 2010.

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Lee SY, Lim JA, Na WM, et al. The study of the Kim sham acupuncture for single blind about the acupuncture points used for treatment of the shoulder pain. *Daehan-Chimgu-Hakhoeji (Journal of Korean Acupuncture & Moxibustion Society)* 2006; 23(6): 133–43 (in Korean with English abstract).

1. Objectives

To assess the difference in subjective sensation between patients treated with real acupuncture and patients treated with sham acupuncture in a pilot study preceding clinical trials of acupuncture treatment of shoulder pain.

2. Design

Randomized controlled trial (RCT).

3. Setting

Two Oriental hospitals (Oriental Medical Hospital at Gwangju, Wonkwang University, and Public Health Center in Hwa-sun), Republic of Korea.

4. Participants

Patients who responded positively to the question “Do you agree to participate in a clinical trial comparing the feeling of real acupuncture with that of Kim sham acupuncture? If you agree, please write down your sex, age, name, and sign the form” (n=60).

5. Intervention

Arm 1: Real acupuncture (n=29).

Arm 2: Kim sham acupuncture (n=31).

Both types of acupuncture needles were applied to local points such as Jianliao (TE14, 肩髃), Jianyu (LI15, 肩髃), and distant points such as Quchi (LI11, 曲池), Zhongzhu (TE3, 中渚), Houxi (SI3, 後谿), and Hegu (LI4, 合谷) once for 30 minutes.

6. Main Outcome Measures

Assessment of the feeling difference between real acupuncture and sham acupuncture.

7. Main Results

Patients were able to distinguish real acupuncture from sham acupuncture treatment ($P<0.05$) when acupuncture points such as Jianliao (TE14), Jianyu (LI15), and Houxi (SI3) were used.

8. Conclusions

In the Kim sham acupuncture treatment, blinding of the Jianliao (TE14), Jianyu (LI15), and Houxi (SI3) acupuncture points is not possible.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

Inclusion of a placebo control group in clinical trials of acupuncture (like clinical trials of medical devices) is difficult. This study was designed to determine whether subjects could discriminate real from sham acupuncture. This findings of this study may have important implications for future clinical trials of acupuncture. In Asian people including Koreans, discrimination of real from sham acupuncture is unimportant. Stratification of subjects based on acupuncture treatment frequency is suggested.

11. Abstractor and date

Kim HJ, 17 August 2010.

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Nam DW, Kim HB, Yang DH, et al. Comparison research of clinical effect of Eastern and Western medical treatment on frozen shoulder patients. *Daehan-Chimngu-Hakhoeji (Journal of Korean Acupuncture & Moxibustion Society)* 2006; 23(5): 105–13 (in Korean with English abstract).

1. Objectives

To evaluate the efficacy of combined Eastern-Western medical treatments for frozen shoulder (凍結肩).

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with shoulder pain for 1–12 months, limited active and passive range of motion, inability to lay on the affected side, and night pain were recruited by newspaper advertisement and by Kyung Hee Oriental Hospital for 4 weeks (n=59).

5. Intervention

Arm 1: Eastern medical treatment (acupuncture) (n=22).

Arm 2: Western medical treatment (nerve block treatment) (n=17).

Arm 3: Eastern-Western combined medical treatment (acupuncture + nerve block) (n=20).

Suprascapular nerve block (steroid mixed with 1% lidocaine 5 ml), subacromial injection, and trigger point injection (0.5 – 2 ml topical anesthetic) for Western treatment.

Jianyu (LI15, 肩髃), Jianliao (TE14, 肩髎), Jianjing (GB21, 肩井), and Dong-si (董氏) acupuncture points (Shin-guan and Gyun-joong) twice a week for 4 weeks in acupuncture group.

6. Main Outcome Measures

Pain evaluated on a visual analogue scale (VAS), and range of motion (ROM) including flexion, extension, abduction, and adduction clinically assessed using a goniometer.

7. Main Results

Treatment decreased pain in all groups (5.67±2.14 in Arm 1, 7.67±1.28 in Arm 3, and 7.73±2.14 in Arm 2). There were significant improvements in abduction, adduction, and flexion, but not extension in Arm 1 and Arm 3 ($P<0.05$), and in adduction, but not abduction, flexion, and extension in Arm 2 ($P=0.018$).

8. Conclusions

All three treatments improve frozen shoulder ROM. The Eastern-Western combined treatment markedly improves abduction.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

In the clinic, pain must be reduced before frozen shoulder ROM can be improved. In this study, acupuncture and nerve block separately or jointly were used as treatment. It is very impressive that the improvement in ROM was observable within one month.

11. Abstractor and date

Kim HJ, 17 August 2010.

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Nam DW, Jung IT, Kim JH, et al. Clinical observation of Western medical treatment and acupuncture treatment on frozen shoulder patients. *Daehan-Chimgu-Hakhoeji (Journal of Korean Acupuncture & Moxibustion Society)* 2006; 23(5): 177–85 (in Korean with English abstract).

1. Objectives

To compare the efficacy of Eastern medical treatment with that of Western medical treatment for frozen shoulder.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with frozen shoulder and shoulder pain. Index cases enrolled in clinical trial (n=39, male/female=16/23).

5. Intervention

Arm 1: Eastern treatment (acupuncture) (n=22).

Arm 2: Western treatment (nerve block) (n=17).

Suprascapular nerve block (steroid mixed with 1% lidocaine 5 ml), subacromial injection, and trigger point injection (0.5 – 2 ml topical anesthetic) for Western treatment.

Jianyu (LI15, 肩髃), Jianliao (TE14, 肩髎), Jianjing (GB21, 肩井), and Dong-si (董氏) acupuncture points (Shin-guan and Gyun-joong) twice a week for 4 weeks in acupuncture group.

6. Main Outcome Measures

Scores on Constant Shoulder Assessment (CSA), Shoulder Pain and Disability Index (SPADI), and pain evaluated on a visual analogue scale (VAS).

7. Main Results

CSA and SPADI scores were significantly improved ($P<0.05$) in both groups, but these improvements were not significantly different between groups. At the end of the trial, pain (VAS) was less in Arm 1 (5.67 vs. 7.73 [Arm 2]).

8. Conclusions

Both treatments are equally effective.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

The development of standard treatment guidelines for each disease is very important. The objective of this study was to compare the efficacy of Eastern with that of Western medical treatment for frozen shoulder. Using these small clinical trials as a basis, it is thought that standard treatment guidelines will be developed in the near future.

11. Abstractor and date

Kim HJ, 17 August 2010.

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Nam DW, Lim S, Kim JI, et al. Clinical observation of acupuncture and nerve block treatment for adhesive capsulitis patients. *Daehan-Chimgu-Hakhoeji (Journal of Korean Acupuncture & Moxibustion Society) J Korean Acupuncture and Moxibustion Society* 2007; 24(4): 143–55 (in Korean with English abstract).

1. Objectives

To compare the effectiveness of acupuncture and with that of nerve block treatment for adhesive capsulitis.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with movement limitation and pain (the major symptoms of adhesive capsulitis) (n=59, male/female=24/ 35).

5. Intervention

Arm 1: Acupuncture (n=22).

Arm 2: Nerve block (n=17).

Arm 3: Acupuncture + Nerve block (n=20).

Suprascapular nerve block (steroid mixed with 1% lidocaine 5 ml), subacromial injection, and trigger point injection (0.5 – 2 ml topical anesthetic) for Western treatment.

Jianyu (LI15, 肩髃), Jianliao (TE14, 肩髎), Jianjing (GB21, 肩井), and Dong-si (董氏) acupuncture points (Shin-guan and Gyun-joong) twice a week for 4 weeks in acupuncture group.

6. Main Outcome Measures

Scores on the Constant Shoulder Assessment (CSA), Shoulder Pain and Disability Index (SPADI), ROM, and pain severity measured on a visual analogue scale (VAS). Digital Infrared Thermographic Imaging (DITI).

7. Main Results

Treatment significantly improved CSA ($P=0.005$), SPADI ($P=0.012$), and VAS scores ($P=0.007$), DITI ($P=0.007$), and adduction ($P=0.01$) and extension ($P<0.001$) ROM in Arm 1; CSA ($P=0.006$), SPADI ($P=0.037$), VAS scores ($P<0.001$), DITI ($P=0.014$), abduction ($P=0.004$) and extension ($P<0.001$) ROM in Arm 2; CSA ($P<0.001$), SPADI ($P<0.001$), and VAS ($P<0.001$) scores and abduction ($P<0.001$), adduction ($P=0.01$), and extension ($P<0.001$) ROM in Arm 3. The improvements in pain severity, CSA score ($P<0.025$), and abduction ROM were significantly greater 4 weeks after treatment in Arm 3 than in Arm 1 or Arm 2.

8. Conclusions

The efficacy of combined treatment for adhesive capsulitis is greater than that of nerve block treatment. This study may be used for treatment model development.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

The studies of Nam et al. (*Daehan-Chimgu-Hakhoeji [Journal of Korean Acupuncture & Moxibustion Society]* 2007; 24(6): 113-22 [K070018_A], 2006; 23(5): 177-85 [K060015_A]) and Koh et al. (*Daehan-Hanui-Hakhoeji [J Korean Oriental Medicine]* 2007; 28(1): 11-24) had similar clinical trial designs and objectives, and showed effectiveness of acupuncture and nerve block co-treatment. In clinics using Western medical treatment, when a concomitant therapy is found to be more effective than single drug treatment, it is widely adopted. It is expected that these co-treatments will be adopted.

11. Abstractor and date

Kim HJ, 17 August 2010.

13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

Hwang DS, Kim YS, Lee KS. Effects of Ultraviolet-B(UV-B) radiation on Calcium, Vitamin D3 andCholesterol level in postmenopausal women. *Daehan-Hanbang-BuIngwa-Hakhoeji (Journal of Oriental Obstetrics and Gynecology)* 2004; 17(4): 166–73 (in Korean with English abstract).

1. Objectives

To evaluate the effect of Ultraviolet-B (UV-B) on the prevention and course of osteoporosis.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Fifty menopausal women who had previously received treatment with steroids, parathyroid hormone, anticonvulsant medication, diuretics, and antacids (all of which could influence bone metabolism) but no treatment with postmenopausal hormone alternative remedies.

The patients were randomized to receive UV-B irradiation plus calcium and UV-B irradiation only. Healthcal (Dong Wha Pharma) was used as a calcium supplement (1500 mg per day).

5. Intervention

Arm 1: Ultraviolet irradiation and calcium supplement in parallel (n=25).

Arm 2: Ultraviolet irradiation only (n=25).

Each participant was exposed to 20 minutes of ultraviolet irradiation once a day at the same time each day.

Three patients (1 in Arm 1, 2 in Arm 2) dropped out.

6. Main outcome measures

Serum levels of calcium, vitamin D3, and total cholesterol.

7. Main results

After 2 weeks of treatment, total cholesterol was significantly decreased, and calcium and vitamin D3 levels were significantly increased in both Arm 1 and Arm 2.

8. Conclusions

Ultraviolet irradiation can help control osteoporosis.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

The application of ultraviolet irradiation was not described precisely. If the focal point of irradiation can be controlled, it might be possible to investigate differences between acupuncture points.

11. Abstractor

Cho JH, 16 July 2010.