14. Genitourinary Tract Disorders (including Climacteric Disorders)

Reference

Lee SH, Lee BC. Electroacupuncture relieves pain in men with chronic prostatitis/chronic pelvic pain syndrome: Three-arm randomized trial. *Urology* 2009; 73: 1036–41.

1. Objectives

To evaluate the efficacy of electroacupuncture for chronic pelvic pain.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Thirty-six patients with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) (category III) meeting National Institutes of Health (NIH) consensus criteria, poorly responsive to general treatment such as antibiotics and antiinflammatory drugs, NIH-Chronic Prostatitis Symptom Index (NIH-CPSI) total score >15, and 3 months of persistent pain within the last 6 months.

5. Intervention

Arm 1: Advised exercise + Electroacupuncture (n=12).

Arm 2: Advised exercise + Sham electroacupuncture (n=12).

Arm 3: Advised exercise only (n=12).Electroacupuncture was performed at the left and right Zhongliao (BL33, 中髎), Ciliao (BL 32, 次髎), and Huantiao (GB30, 環跳) acupuncture points, and sham electroacupuncture was performed at non-acupuncture points 15 mm from the real acupuncture points. The sham acupuncture points were not electrostimulated, but the subjects could hear the sound of electrostimulation.

Among 36 subjects, 4 subjects withdrew because of their inability to comply with the study requirements (1 in Arm 1, 2 in Arm 2, 1 in Arm 3).

6. Main Outcome Measures

NIH-CPSI total score, NIH-CPSI subscores for pain severity, urinary symptom, and quality of life (QOL), and levels of prostaglandin E2 and β-endorphin in prostatic fluid after 3 and 6 weeks of treatment.

7. Main Results

After 3 weeks of treatment, there was a significant decrease in NIH-CPSI pain severity subscore in Arm 1 and Arm 2 but no significant among-group difference in NIH-CPSI total score. After 6 weeks of treatment, the decreases in NIH-CPSI total score and NIH-CPSI pain severity subscore were significantly greater in Arm 1 than in Arm 2 and Arm 3. There were no significant among-group differences in NIH-CPSI urinary symptom and QOL subscores. Although the mean prostaglandin E2 level in postmassage urine samples decreased in all arms of the study, it decreased significantly in Arm 1 (P= 0.023).

8. Conclusions

The electroacupuncture has therapeutic efficacy for chronic prostatitis and pelvic pain. The effect is related to prostaglandin E2 level.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study verified the efficacy of electroacupuncture for chronic prostatitis and pelvic pain. It is suggested that a similar study on electroacupuncture for chronic pelvic pain in women will be worthwhile.

11. Abstractor and date

Cho JH, 16 July 2010.

14. Genitourinary Tract Disorders (including Climacteric Disorders)

Reference

Song MK, Kang JS, Kang CH, et al. The clinical effect of Bosingunyang-tang on chronic non-bacterial prostatitis/chronic pelvic pain syndrome: randomized double-blind, placebo-controlled clinical trial. *Daehan-Hanbang-Naegwa-Hakhoeji* (*Korean Journal of Oriental Internal Medicine*) 2008; 29(3): 800–9.

1. Objectives

To evaluate the efficacy of Bosingunyang-tang (補腎健陽湯) for pain due to chronic non-bacterial prostatitis.

2. Design

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

3. Setting

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

4. Participants

Male patients (age, 18–50 years) with symptoms for 3–6 months, NIH-Chronic Prostatitis Symptom Index (NIH-CPSI) score >15, and International Prostate Symptom Score (IPSS) >8 (n=27).

5. Intervention

Arm 1: Administration of Bosingunyang-tang (補腎健陽湯) extract, 30 minutes after meals, 2.0 g t.i.d. for 6 weeks (n=14).

Arm 2: Administration of placebo, 30 minutes after meals, three times a day for 6 weeks.

6. Main Outcome Measures

Scores on the NIH-CPSI and IPAA questionnaires and prostaglandin E2 (PGE2) concentration in prostatic fluid after 3 weeks and 6 weeks of treatment.

7. Main Results

After 6 weeks of treatment, the NIH-CPSI total score was 5 points higher in Arm 1 than in Arm 2 and the decrease in NIH-CPSI pain severity subscore was three times greater in Arm 1 than in Arm 2. Patients whose NIH-CPSI pain score improved had reduced PGE2 concentration in prostatic fluid.

8. Conclusions

Treatment with Bosingunyang-tang for 6 weeks improves the clinical symptoms of chronic non-bacterial prostatitis/chronic pelvic pain syndrome by decreasing PGE2 concentration in prostatic fluid.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

NIH-CPSI total score is an important measure of disease symptom severity, but it depends on the rate patient participation. The short study period and small number of patients are limitations of this study. If more objective measures of chronic prostatitis/chronic pelvic pain syndrome severity, larger number of patients, and longer study period are applied, better results will be obtained.

11. Abstractor and date

Cho JH, 16 July 2010.

14. Genitourinary Tract Disorders (including Climacteric Disorders)

Reference

Youn HM, Kim CH, Park JH, et al. Effect of acupuncture treatment on the primary dysmenorrhea (A study of single blind, sham acupuncture, randomized, controlled clinical trial. *Daehan-Chimgu-Hakhoeji* (*Journal of Korean Acupuncture & Moxibustion Society*) 2008; 25(3): 139–54 (in Korean with English abstract).

1. Objectives

To evaluate the effect of acupuncture treatment on primary dysmenorrhea.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Eighty patients (age, 18–40 years) with dysmenorrhea, MMP score >5, limitation of daily social activity or personal relationship for more than 1 day within last 6 months. The diagnosis was by a gynecologist in all cases. No analgesics were permitted during the clinical trial.

5. Intervention

Acupuncture was applied once on each of menstruation days 7, 8, 9, and 10 of two menstrual periods (8 treatments in total). The observational period began after the 2nd treatment.

Arm 1: Acupuncture treatment based on tonifying method of small intestine in Sa-am acupuncture. (小腸正格: Zulinqi, GB41, 足臨泣; Houxi, SI3, 後谿; Qiangu, SI2, 前谷; Zutonggu, BL66, 足通谷) and deficiency-excess pattern identification (虛實辨證).

Arm 2: Sham acupuncture applied to non-acupuncture points.

Among 80 subjects enrolled, 47 subjects (25 in Arm 1; 22 in Arm 2) completed the study.

6. Main Outcome Measures

Scores on the Measure of Menstrual Pain (MMP) and Menstrual Symptom Severity List (MSSL) questionnaires.

7. Main Results

Treatment significantly decreased MMP and MSSL scores in Arm 1 and in Arm 2 ($P<0.001$). The changes in MMP and MSSL scores were larger in Arm 1 than in Arm 2, but not significantly larger.

8. Conclusions

Acupuncture treatment may be mildly effective for primary dysmenorrhea.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

During this clinical trial, treatment satisfaction was greater in Arm 1 than in Arm 2. Moreover, treatment efficacy was lower in Arm 1 during the 1st to 3rd measurement. Taken together, these results suggest that acupuncture treatment improves the symptoms of dysmenorrhea. Efficacy increased as treatment duration increased. Thus, continuation of the treatment and management are needed over a longer period.

11. Abstractor and date

Cho JH, 16 July 2010.

14. Genitourinary Tract Disorders (including Climacteric Disorders)

Reference

Cho JH, Kim HS, Choi DY, et al. A clinical study on the effect of aroma ceramic moxibustion for primary dysmenorrhea.*Daehan-Hanbang-BuIngwa-Hakhoeji* (*Journal of Oriental Obstetrics and Gynecology*) 2009; 22(1): 172–81 (in Korean with English abstract).

1. Objectives

To evaluate the efficacy of aroma ceramic moxibustion for primary dysmenorrhea.

2. Design

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

3. Setting

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

4. Participants

Patients (age, 18–30 years) with regular menstrual periods every 28±3 days during last 3 months, menstrual pain VAS score > 6, and analgesics taken over 3 months minimally (n=52).

5. Intervention

Moxibustion applied to 7 acupuncture points, i.e., the Qihai (CV6, 氣海), Guanyuan (CV4, 關元), Zhongji (CV3, 中極), and right and left Sanyinjiao (SP6, 三陰交) and Xuanzhong (GB39, 懸鐘) acupuncture points once a day for 8 weeks.

Arm 1: Aroma ceramic moxibustion (n=25).

Arm 2: Aroma Bambusae Caulis in Liquamen sphere (n=27).

Totally 35 subjects completed the study (dropouts: 6 in Arm 1, 11 in Arm2).

6. Main Outcome Measures

Menstrual pain intensity measured on a visual analogue scale (VAS) at the initial screening visit and 4 and 8 weeks after treatment. The body temperature measured at the Guanyuan (CV4) and Qihai (CV6) acupuncture points before and after 8 weeks of treatment using infrared thermography.

7. Main Results

Treatment significantly decreased menstrual pain in both Arm 1 and Arm 2, and increased body temperature at the Guanyuan (CV4) acupuncture point in both Arm 1 and Arm 2, but there was no significant between-group difference.

8. Conclusions

Aroma ceramic moxibustion and aroma moxibustion decrease pain due to primary dysmenorrhea, but the decrease is insignificant.

9. Safety assessment in the article

Aspartate aminotransferase (AST), alanine aminotransferase (ALT), blood urea nitrogen (BUN), and creatinine levels, complete blood count (CBC), and kidney function tests were normal in every subject before and after treatment. No adverse events were reported during the clinical trial.

10. Abstractor's comments

This study compared the efficacies of aroma ceramic moxibustion and aroma bambusae caulis in liquamen sphere for menstrual pain. Moxibustion had an efficacy for menstrual pain, and both treatments had similar efficacy. During the trial, 17 subjects withdrew because of the discomfort of daily moxibustion at 7 acupuncture points. As moxibustion was performed without supervision and in the absence of the doctor, this should be corrected to improve the accuracy of results.

11. Abstractor and date

Cho JH, 16 July 2010.

14. Genitourinary Tract Disorders (including Climacteric Disorders)

Reference

Jang JB, Yoon YJ, Park JH, et al. Therapeutic effects of chiljehyangbuhwan on primary dysmenorrhea: A randomized, double blind, placebo-controlled study. *Complementary Therapies in Medicine* 2009: 17; 123–30.

1. Objectives

To evaluate the efficacy of Chiljehyangbuhwan (七製香附丸) on primary dysmenorrhea.

2. Design

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

3. Setting

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

4. Participants

Patients (age, 14–45 years) with active menstrual pain (not due to secondary dysmenorrhea, not related to conditions causing pelvic pain outside the uterus, and not related to drug interactions) (n=100).

5. Intervention

Arm 1: Chiljehyangbuhwan (七製香附丸) treatment, 3 times a day, 30 minutes after meals, for one menstrual cycle.

Arm 2: Placebo drug treatment, 3 times a day, 30 minutes of after meals, for one menstrual cycle.

After eliminating 29 subjects who were lost to follow up and/or who showed adverse drug reactions, a total of 71 subjects (34 in the Chiljehyangbuhwan group and 37 in the placebo group) completed the study.

6. Main Outcome Measures

Menstrual pain severity evaluated on a unidimensional scales (visual analogue scale [VAS] and verbal rating scale [VRS]) and multidimensional scales(multi-dimensional VRS [MVRS]).

7. Main Results

Treatment significantly decreased pain (decreased VAS, VRS, and MVRS scores) in both arms, but the decrease was significantly greater in Arm 1. Neither treatment affected the results of blood analysis, hepatic and kidney function tests.

8. Conclusions

Chiljehyangbuhwan significantly decreases pain due to dysmenorrhea.

9. Safety assessment in the article

The safety of the Chiljehyangbuhwan preparation was evaluated on the basis of liver function tests, urine analysis, complete blood counts, and pelvic ultrasound. All tests were normal. Adverse reactions were recorded on observation charts, and while 8 in the Chiljehyangbuhwan group reported various forms of discomfort, most symptoms were mild and subsided within 2–3 days and none of the subjects chose to withdraw from the trial for these reasons. The 2 subjects who eventually withdrew were all from the placebo group. Therefore, the Chiljehyangbuhwan preparation showed sufficient clinical safety.

10. Abstractor's comments

In this study, the final analysis included only a small number of patients as many patients dropped out during the trial. Moreover, analysis of efficacy and safety was limited by the small number of patients, drug taking, and short observation period. As the symptoms of dysmenorrhea persist over multiple menstrual cycles, extension of treatment and the observation period as well as methods to minimize the drop-out rate should be considered. Moreover, objective rather than subjective methods for evaluating dysmenorrhea should be used and are needed.

11. Abstractor and date

Cho JH, 16 July 2010.

14. Genitourinary Tract Disorders (including Climacteric Disorders)

Reference

Cho JH. A pilot study of the difference between Gyejibongnyeong-hwan and Gyejibongnyeong-hwan combined acupuncture therapy on the primary dysmenorrhea. *Daehan-Hanbang-BuIngwa-Hakhoeji* (*Journal of Oriental Obstetrics and Gynecology*) 2007; 20(1): 161–68 (in Korean with English abstract).

1. Objectives

To compare Gyejibongnyeong-hwan with Gyejibongnyeong-hwan plus acupuncture therapy for primary dysmenorrhea.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Female patients with menstrual pain, regular menstrual periods every 28–30 days, and no functional disease (n=30).

5. Intervention

Arm 1: Gyejibongnyeong-hwan + acupuncture at the Qihai (CV6, 氣海), Guanyuan (CV4, 關元), Zhongji (CV3, 中極) and right and left Zigong (CV19, 紫宮), Sanyinjiao (SP6, 三陰交), and Xuanzhong (GB39, 懸鐘) acupuncture points, twice a week for 8 weeks, total of 16 treatments (n=15).

Arm 2: Gyejibongnyeong-hwan only (n=15).

Among 30 subjects, 20 dropped out during the study.

6. Main Outcome Measures

Menstrual pain severity measured on a 10-point visual analogue scale (VAS) before, during, and after the treatment.

7. Main Results

Treament relieved menstrual pain in both arms. The decrease in VAS score was greater in Arm 2.

8. Conclusions

Gyejibongnyeong-hwan provides marked menstrual pain relief and treatment in Arm 2 is more efficacious than treatment in Arm 1.

9. Safety assessment in the article

There was no pre- to post-treatment change in aspartate aminotransferase (AST), alanine aminotransferase (ALT), and blood urea nitrogen (BUN) levels.

10. Abstractor's comments

Unexpectedly, treatment with Gyejibongnyeong-hwan only was more effective than treatment with Gyejibongnyeong-hwan plus acupuncture. But 20 patients withdrew and only 10 patients finished the trial, so it is hard to draw a firm conclusion. An additional clinical trial with a large number of patients is needed.

11. Abstractor and date

Cho JH, 16 July 2010.

14. Genitourinary Tract Disorders (including Climacteric Disorders)

Reference

Kim KH, Kang KW, Kim DI,et al. Effects of acupuncture on hot flashes in perimenopausal and postmenopausal women—a multicenter randomized clinical trial. *The Journal of the North American Menopause Society* 2010; 11(2): 269–80.

1. Objectives

To evaluate the effect of acupuncture on hot flashes and climacteric symptoms.

2. Design

Randomized controlled trial (RCT) (multicenter).

3. Setting

Four Oriental hospitals (Dongkuk, Semyung, Dongeui, and Kyunghee University), Republic of Korea.

4. Participants

Women (age, 45–60) with daily perimenopausal and hot flash scores totalling >10 (n=175). The daily frequency of hot flashes, which ranged from 0 to 4, was used the indicator of severity (0, none; 1, mild; 2, moderate; 3, severe; 4, very severe).

5. Intervention

Arm 1: Acupuncture applied to the Zusanli (ST36, 足三里), Sanyinjiao (SP,6 三陰交), Hegu (LI4, 合谷), Neiguan (PC6, 內關), Shenmen (HT7, 神門), and Shaofu (HT8, 少府) acupuncture points 3 times per week for 4 consecutive weeks (n=116).

Arm 2: No treatment (n=59).

Of 175 subjects, 19 (8 in Arm 1, 11 in Arm 2) dropped out of the study.

6. Main Outcome Measures

Hot flash scores during 24 hours, score on Menopause Rating Scale (MR-S).

7. Main Results

Treatment for 4 weeks significantly decreased the frequency of hot flashes in Arm 1 compared to Arm 2. The mean change in the average 24-hour hot flash score was –16.57 in the treatment group (n=116) and –6.93 in the control group (n=59), a difference of 9.64 (P<0.0001).

The total Menopause Rating Scale score showed significant improvement in the acupuncture group compared with the control group (P<0.001).

8. Conclusions

Acupuncture treatment for 4 weeks can decrease the frequency of hot flashes.

9. Safety assessment in the article

Mild and transient adverse events (unrelated to treatment) were observed in 13 patients in Arm 1.

10. Abstractor's comments

This study evaluated the effect of acupuncture treatment on hot flashes (an important climacteric symptom). The study shows that acupuncture treatment is effective. Additional studies comparing the effectiveness of acupuncture with that of hormone replacement therapy for hot flashes are needed.

11. Abstractor and date

Cho JH, 16 July 2010.

14. Genitourinary Tract Disorders (including Climacteric Disorders)

Reference

Park JE, Lee MS, Jung SY, et al. Moxibustion for treating menopausal hot flashes: A randomized clinical trial. *Menopause* 2009; 16(4): 660–65.

1. Objectives

To evaluate the effect of moxibustion on hot flashes of menopausal women.

2. Design

Randomized controlled trial (RCT).

3. Setting

One research institute (details not mentioned), Republic of Korea.

4. Participants

Perimenopausal and postmenopausal women (age, 45–60 years) who experienced severe hot flashes at least 5 times a day (n=51).

5. Intervention

Arm 1: Moxibustion applied to the Zhongwan (CV12, 中脘), Guanyuan (CV 4, 關元), and right and left Zusanli (ST36, 足三里) and Sanyinjiao (SP6, 三陰交) acupuncture points, 14 treatments given over a 4-week period (n=21).

Arm 2: Moxibustion applied to the Mingmen (GV4, 命門), Guanyuan (CV4, 關元), Qihai (CV6, 氣海), and right and left Shenshu (BL23, 腎俞) acupuncture points, 14 treatments given over a 4-week period (n=20).

Arm 3: No treatment (n=10).

6. Main Outcome Measures

The frequency and strength of hot flashes, and scores on the Menopausal-Specific Quality of Life Scale (MENQOL) and Menopause Rating Scale (MRS).

7. Main Results

Treatment for 4 weeks significantly reduced the frequency and strength of hot flashes in Arm 1 compared to Arm 2 and Arm 3. Moreover, treatment resulted in a significant difference in MENQOL and MRS scores between Arm 2 and the other arms of the trial.

8. Conclusions

Moxibustion can reduce the frequency and strength of hot flashes in menopausal women.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study provided an alternative method of moxibustion treatment. A similar study of the effect of this method on various diseases is needed.

11. Abstractor and date

Cho JH, 16 July 2010.

14. Genitourinary Tract Disorders (including Climacteric Disorders)

Reference

Kim HS, Yoon YJ, Lee JM, et al. A clinical study on the effect of red ginseng for postmenopausal hot flushes. *Daehan-Hanbang-BuIngwa-Hakhoeji* (*Journal of Oriental Obstetrics and Gynecology*) 2009; 22(2): 132–39 (in Korean with English abstract).

1. Objectives

To evaluate the effect of red ginseng for hot flushes in postmenopausal women.

2. Design

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

3. Setting

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

4. Participants

Women with no menstrual period with the last 6 months, complaints of hot flushes (grade >7) for a minimum one day within a 2-week period, follicle stimulating hormone (FSH) level <40 IU/L, and estradiol level >35 pg/mL. Patients who had a hormone replacement therapy within last 6 months or climacteric therapy (Vit. E or clonidine) were excluded (n=46).

5. Intervention

Arm 1: Red ginseng powder 100%, 0.3 g/capsule, t.i.d. for 8 weeks.

Arm 2: Placebo (corn starch, very small amount of red ginseng powder, natural pigment, caramel pigment), 0.3 g/capsule, t.i.d. for 8 weeks.

Finally 14 subjects in Arm 1 and 12 subjects in Arm 2 completed the study.

6. Main Outcome Measures

Daily frequency of hot flushes, face temperature measurement using Digital Infrared Thermal Imaging (DITI).

7. Main Results

Treatment for 8 weeks significantly reduced the daily frequency of hot flushes ($P<0.01$) but had no effect on face temperature in both arms.

8. Conclusions

Red ginseng (known as a heat-inducing drug) has no effect on the frequency of hot flushes.

9. Safety assessment in the article

AST/ALT was increased from 25/23 to 43/42 in one patient in Arm 1.

10. Abstractor's comments

Too many patients dropped out during the trial, so the reliability of the study is low. An additional clinical study with large number of patients is needed.

11. Abstractor and date

Cho JH, 16 July 2010.

14. Genitourinary Tract Disorders (including Climacteric Disorders)

Reference

Kim SM, Shin SM, Kim EI, et al. A clinical study on the effect of Daejo-hwan (DJH) on climacteric syndrome. *Daehan-Hanbang-BuIngwa-Hakhoeji* (*Journal of Oriental Obstetrics and Gynecology*) 2006; 19(4): 225–44 (in Korean with English abstract).

1. Objectives

To evaluate the effect of Daejo-hwan (大造丸, DJH) on climacteric syndrome, not only on common symptoms such as hot flashes, anxiety, and palpitation, but also on urogenital tract disturbances like vaginal dryness, which leads to sexual problems.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients who visited the climacteric syndrome clinic in the hospital and were diagnosed as having climacteric syndrome (severity of symptoms measured by Kupperman scoring). Those receiving alternative therapies within 3 months of their last treatment during the trial, and Eastern medications during the 8-week trial period, were excluded.

5. Intervention

Arm 1: DJH (大造丸; 2 g/pill) two pills 3 times per day, 30 minutes postprandially for 8 weeks (n=57).
Arm 2: No treatment (n=35).

6. Main Outcome Measures

Follicle-stimulating hormone (FSH), luteinizing hormone (LH), total estrogen, and estradiol (E2) levels, and scores on the Kupperman`s index, Menopausal Rating Scale (MRS), and Greene Climacteric Scale (GCS).

7. Main Results

Treatment significantly decreased scores on the GCS (17.9±8.2 [before] *vs.* 12.8±8.2 [after treatment]), MRS (13.2±8.2 *vs.* 8.3±6.3; $P<0.001$), and Kupperman`s index (48.2±26.7 *vs.* 29.8±21.2; $P<0.000$) in Arm 1 and GCS (16.5±7.2 *vs.* 15.1±6.8; $P=0.123$), MRS (10.7±6.6 *vs.* 10.6±7.2; $P=0.873$) and Kupperman's index (36.2±19.8 *vs.* 39.3±22.8; $P=0.303$) in Arm 2, but the between-group difference in these measures was not significant.

8. Conclusions

Daejo-hwan (DJH) can be useful in treating climacteric syndrome symptoms.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study evaluated the efficacy of Daejo-hwan (DJH) for climacteric syndrome. However, the randomization method is not described, and a more systematic study with randomization is needed.

11. Abstractor and date

Cho JH, 16 July 2010.

15. Ante/Post-partum Diseases

Reference

Hwang DS, Park MW, Chun HN, et al. Effects of Mokhyangsaenghwa-tang beverage on postpartum recovery and lactation. *Daehan-Hanbang-Bulngwa-Hakhoeji* (*Journal of Oriental Obstetrics and Gynecology*) 2006; 19(4): 216–24 (in Korean with English abstract).

1. Objectives

To evaluate the effect of Mokhyangsaenghwa-tang (木香生化湯) on postpartum recovery and lactation.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Healthy women who gave birth to full-term healthy infants (38–42 weeks) (n=65).

5. Intervention

Arm 1: Mokhyangsaenghwa-tang (木香生化湯), 3 potions per day for 40 days.
Arm 2: Placebo drug (containing citron juice), 2 potions per day for 40 days.
Totally, 35 patients dropped out, and 30 patients were completed the study (18 in Arm 1, 12 in Arm 2).

6. Main Outcome Measures

Laboratory blood analysis, body composition analysis.

7. Main Results

Fever, sweating, body weight, Body Mass Index (BMI), total body water contents, edema index, and prolactin concentration decreased significantly in both groups ($P<0.05$) but without between group differences in these measures after 20 days as well as 40 days of treatment. Pain in the lower abdomen decreased significantly after 40 days but not after 20 days in both groups ($P<0.05$). However, there was no significant between-group difference in pain reduction. There was a statistically significant between-group difference in general condition after 20 days of treatment ($P<0.05$), but not after 40 days of treatment.

8. Conclusions

Body weight, BMI, total body water contents, edema index, and prolactin concentration all decrease significantly after intake of Mokhyangsaenghwa-tang. Moreover, sweating, fever, pain in the lower abdomen, and general condition all improve significantly with time.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study evaluated the efficacy of Mokhyangsaenghwa-tang for postpartum recovery and lactation. However, administration of a beverage makes it hard to reach an effective concentration, and distinct efficacy was not shown. Therefore, additional clinical trials to establish efficacy and effective concentration are needed.

11. Abstractor and date

Cho JH, 16 July 2010.

18. Symptoms and Signs

Reference

Jang IS, Ko CN, Lee I, et al. Effect of Cardiotonic Pills® (心適丸) on chest pain and discomfort: A multi-center double-blind randomized controlled trial. *Daehan-Hanui-Hakhoeji* (*Journal of Korean Oriental Medicine*) 2005; 26(2): 95–104 (in Korean with English abstract).

1. Objectives

To evaluate the effect of Cardiotonic Pills® (心適丸) on chest pain and discomfort.

2. Design

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

3. Setting

Four Oriental hospitals (Kangnma Kyugnhee, Usuk Jeonju, Wonkwang Iksan, and Bundangcha Oriental Hospital), Republic of Korea.

4. Participants

Males and females (age, 20–70 years) presenting as outpatients between August 2003 and July 2004 with chest pain and discomfort more than once during a 2-week observation period (n=67).

5. Intervention

Arm 1: Cardiotonic Pills® (心適丸) (Sam Chun Dang Pharm. Co.,Ltd, Contents: *Salviae Miltiorrhizae Radix*, *Notoginseng Radix*, *Borneolum Syntheticum*) (n=33).

Arm 2: Placebo control (Caramel, Polyethylene Glycol 6000, Polyethylene Glycol 400, Bornel) (n=34).

Of 67 subjects, 17 subjects dropped out during the study (8 in Arm 1, 9 in Arm 2).

Course of treatment: 3 times per day, 10 pills per treatment for 8 weeks (56 days).

6. Main Outcome Measures

Score on global assessment scale (severity of illness, global improvement).

7. Main Results

During the observation period, 14 out of 81 participants were excluded. During the clinical trial, 8 patients in Arm 1 and 9 patients in Arm 2 withdrew. There was no between-group difference in age (43.3±7.5 in Arm 1 and 46.0±9.6 in Arm 2). Totally, 50 patients (25 in each arm) were included for analysis. The 8-week treatment significantly reduced the severity of illness in Arm 1 (14/25=0.56) compared to Arm 2 (7/25=0.28). Overall improvement, and improvements in total symptom score and frequency of symptoms were greater in Arm 1 than Arm 2, but the between-group differences were without significance.

8. Conclusions

Cardiotonic Pills provide significant relief of chest pain and discomfort. Therefore, this drug can be used to treat chest pain and discomfort related to cardiac diseases, or of unknown cause.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study evaluated the effect of Cardiotonic Pills on chest pain and discomfort. The global assessment score showed significant improvement in those treated with Cardiotonic Pills compared with those treated with placebo. As there are few randomized, controlled trials, this study is of great importance. However, the small number of subjects and insufficiently described mechanism of action are deficiencies of this study.

11. Abstractor and date

Jang GT, 31 August 2010.

18. Symptoms and Signs

Reference

Lee SK, Lee SW, Choi DH. Effect of acupuncture on P6 for preventing opioid-induced nausea and vomiting. *Dongui-Saengli-Byeongli-Hakhoeji* (*Korean Journal of Oriental Physiology & Pathology*) 2007; 21(6): 1637–40 (in Korean with English abstract).

1. Objectives

To evaluate acupuncture at the Neiguan (PC6, 內關) acupoint for preventing opioid-induced nausea and vomiting.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients receiving the opioid drug fentanyl and the nonsteroidal anti-inflammatory drug Ketorolac during laparoscopic surgery *via* an intravenous, patient controlled analgesia (PCA) pump (n=83).

5. Intervention

Arm1: Acupuncture at the Neiguan (PC6, 內關) acupoint and followed by low frequency electrostimulation (5 Hz) for 20 minutes (n=40).

Arm 2: No treatment (n=43).

6. Main Outcome Measures

Questionnaire (development, strength, and frequency of nausea).

7. Main Results

Treatment decreased the frequency of nausea (10.0% in Arm1 *vs* 23.3% in Arm 2) and vomiting (0% in Arm1 and 11.6% in Arm 2) within 48 hours. The strength of nausea was none (n=36), weak (n=3), moderate (n=1), severe (n=0) in Arm1 and none (n=33), weak (n=5), moderate (n=2), and severe (n=3) in Arm 2.

8. Conclusions

Acupuncture at the Neiguan (PC6) acupoint and followed by electrostimulation can prevent opioid-induced nausea and vomiting. But the differences between groups lack statistical significance.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study evaluated acupuncture at the Neiguan (PC6) acupoint for preventing opioid-induced nausea and vomiting. Patients (n=83) receiving fentanyl and Ketorolac during laparoscopic surgery via a PCA device were enrolled. In the the treatment group, patients received acupuncture at the Neiguan (PC6) acupoint followed by low frequency electrostimulation (5 Hz) for 20 minutes, and in the control group, patients received no treatment. However, there was no significant between-group difference in the postoperative development, strength, and frequency of nausea. In a previous report showing that Neiguan (PC6) acupoint stimulation prevents nausea, it was suggested that a well-designed study was needed to evaluate the efficacy of this treatment.

11. Abstractor and date

Kim JS, 9 June 2010.

18. Symptoms and Signs

Reference

Kim Y, Kim CW, Kim KS. Clinical observations on postoperative vomiting treated by auricular acupuncture *American Journal of Chinese Medicine* 2003; 31(3): 475–80.

1. Objectives

To evaluate the effect of auricular acupuncture on postoperative vomiting.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Women who received hysterectomy (n=100) (average age: Arm 1=43.5, Arm 2=41.5 years,).

5. Intervention

Arm1: Preanesthetic auricular acupuncture (acupoints: sympathetic, stomach, shinmoon, and occiput).
Arm2: No treatment (control).

6. Main Outcome Measures

Assessment of nausea and vomiting 12 hours postoperatively.

7. Main Results

Treatment significantly decreased the frequency of nausea and vomiting 12 hours postoperatively in Arm 1 compared to Arm 2 (30% in Arm 1 *vs.* 68% in Arm2, $P<0.01$).

8. Conclusions

Auricular acupuncture at sympathetic, stomach, shinmoon, and occiput acupoints significantly reduces postoperative vomiting.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This randomized, controlled trial compared the effect of auricular acupuncture with that of no treatment on postoperative vomiting within 12 hours after hysterectomy. The auricular acupuncture at sympathetic, stomach, shinmoon, and occiput acupoints significantly reduced the incidence of postoperative vomiting. Although the number of patients in the control group was too small and assessment of nausea and vomiing was subjective, it is thought that this study shows that auricular acupuncture has an effect on postoperative vomiting.

11. Abstractor and date

Kim JS, 10 June 2010.

18. Symptoms and Signs

Reference

Kim SU, Lee JS, Kim SS, et al. The effect of microcurrent electrical neuromuscular stimulation on stress-related hormones. *Hanbang-Jaehwal-Uihakgwa-Hakhoeji* (*Journal of Oriental Rehabilitation Medicine*) 2003; 13(4): 1–18 (in Korean with English abstract).

1. Objectives

To evaluate the effect of microcurrent electrical neuromuscular stimulation (MENS) on emotional shock and stress condition.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Healthy volunteer male students (n=36).

5. Intervention

Arm 1: Treatment group 1. (M+S)-Stimulation of the right and left Jianjing (GB 21, 肩井) acupoints 1 cm deep and applied in 3 stages of MENS using a Microtim 400-III after a stress task. (One day before the experiment, subjects were ordered to do computer work and forbidden to sleep from 10 PM to 7 AM. On the day of the experiment, subjects were ordered to do barbell shrugs for trapezius exercise for 1 hour beginning at 3 PM.) (N=9).

Arm 2: Treatment group 2. (NM+S)-Stimulation of a non-acupoint (using the same procedure) after the same stress task. The non-acupoint was located on the virtual line connecting the inferior angle of the scapula with the spinous processes of the sacral vertebrae, away from the Urinary Bladder Meridian (足太陽膀胱經), and 4 chon (寸, about 12 cm) from of the right and left acupoints.

Arm 3: Treatment group 3. (M+NS)-Stimulation of the right and left Jianjing (GB 21, 肩井) acupoints but no stress task (N=9).

Arm 4: Treatment group 4. (NM+NS)-Stimulation of non-acupoints but no stress task (N=9).

6. Main Outcome Measures

Levels of hormones (ACTH, β-endorphin, cortisol, cathecholamine, norepinephrine, epinephrine) in blood and urine.

7. Main Results

In Arm 1 and Arm 2, ACTH level was significantly increased after stress ($P<0.01$), but significantly decreased immediately and 30 minutes after MENS ($P<0.05$), and β-endorphin level was slightly increased after stress, and decreased right after and 30 minutes after MENS, but the decrease was without significance. Cortisol significantly increased after stress ($P<0.01$ in Arm 1 and $P<0.05$ in Arm 2) but significantly decreased right after ($P<0.05$) and 30 minutes after MENS ($P<0.001$) in Arm 1, and right after MENS in Arm 2 ($P<0.05$). Norepinephrine level in all groups was significantly decreased right after MENS treatment ($P<0.01$ in Arm 1, Arm 3, and Arm 4; $P<0.05$ in Arm 2). Epinephrine level in Arm 2 was significantly increased after stress ($P<0.05$) but decreased right after MENS ($P<0.05$).

8. Conclusions

The hormonal change after MENS indicates that there is a hormonal mechanism distinct from the MENS mechanism that unites mind and body, so MENS can be used to treat pain and mental and physical disorders.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study evaluates the effect of MENS on emotional shock under stress conditions. Hormonal changes were evaluated in 4 groups divided on the basis of stress, acupuncture, and MENS application. The study is very meaningful insofar as this is a randomized, controlled trial of MENS under stress conditions. However, the effect is difficult to assess as the change in stress level in individual subjects has not been mentioned.

11. Abstractor and date

Jang GT, 31 August 2010.

18. Symptoms and Signs

Reference

Kim JJ, Kim EJ, Lee SH, et al. Antipyretic effect of blood-letting at the Sybsun-points on fever comparing with aspirin injection. *Daehan-Hanbang-Naegwa-Hakhoeji* (*Korean Journal of Oriental Internal Medicine*) 2003; 24(3): 675–80 (in Korean with English abstract).

1. Objectives

To evaluate the effect of venesection at the Sybsun-point (十宣穴) on fever.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Twenty-four patients hospitalized in an Oriental hospital between 1 March 2002 to 31 December 2002, with armpit body temperature over 38°C sequentially measured by mercury thermometer.

5. Intervention

Arm 1: venesection (1–2 cc) using a three-edged needle (三稜鍼) at the Sybsun-point. Allowed tepid water massage (n=13).

Arm 2: intravenous injection of aspirin lysine 250 mg. Allowed tepid water massage (n=11).

Three subjects (Arm 1) dropped out of the study.

6. Main outcome measures

Mean armpit body temperature measured twice just before treatment, and 2 and 8 hours after treatment.

7. Main results

1) All the patients showed a drop in body temperature with the passage of time, and there was no statistically significant between-group difference in temperature drop at 2 and 8 hours after treatment.
2) In Arm 2, the body temperature dropped about 1°C 2 hours after treatment and stayed the same or rose slightly 8 hours after treatment; in Arm 1, it dropped about 0.7°C 2 hours after treatment and a further 0.6°C thereafter.

8. Conclusions

Both venesection at the Sybsun-point and aspirin injection therapy lower, to a similar extent, body temperature in patients with fever.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

Although the patients were randomized to each group, the spectrum of diseases causing fever differed between the groups. Since this difference could influence the study result, the analysis should have been carried out after stratification by disease, or the effect of venesection on fever should have been evaluated for each disease. Venesection was shown to significantly reduce fever, but in-depth study is needed to determine its mechanism of action.

11. Abstractor and date

Cho JH, 16 July 2010.

18. Symptoms and Signs

Reference

Choi DY, Lim SB, Cha NH, et al. Effects on pain behavior in non-medicinal treatment applied to chronic headache patients. *Gyeonglak-Gyeonghyeol-Hakhoeji* (*The Korean Journal of Meridian & Acupoint*) 2005; 22(1): 55–66 (in Korean with English abstract).

1. Objectives

To evaluate the effect of non-medicinal treatment on pain behavior in chronic headache patients.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with chronic headache at least 4 hours a day for more than 15 days (n=86, age=20–65 years).

5. Intervention

Arm 1: Acupuncture applied to the Baihui (GV20, 百會), Sishencong (EX-HN23, 四神聰), Touwei (ST8, 頭維), Taiyang (EX-HN46, 太陽), Yingxiang (LI20, 迎香), Yifeng (TE17, 翳風), Fengchi (GB20, 風池), Quchi (LI11, 曲池), Zusanli (ST36, 足三里), Hegu (LI4, 合谷), and Taichong (LR3, 太衝) acupoints for 20 minutes using disposable needles, twice a week for 4 weeks (n=43).

Arm 2: Nerve block therapy (stellate ganglion block at the transverse process of the 6th cervical vertebra using 7–8 ml of 1% mepivacaine) (n=43)

Of 86 subjects, 35 subjects (15 in Arm 1; 20 in Arm2) dropped out.

6. Main Outcome Measures

Headache severity evaluated on a visual analogue scale (VAS), Brief Pain Inventory (BPI).

7. Main Results

Headache score was significantly decreased in both Arm 1 (Z=–4.386, P=0.000) and Arm 2 (Z=–4.036, P=0.000), suggesting that the non-medicinal treatment also relieves headaches. Treatment also significantly increased quality of life (QOL) measures including general activity, mood, enjoyment of life, personal relationships, and sleeping, suggesting that the non-medicinal treatment is effective. The degree of satisfaction also decreased in both groups, but not significantly.

8. Conclusions

Both 4-week treatments reduce headache and improve QOL. However, the superiority of one treatment over the other cannot be concluded. Acupuncture could be the effective treatment for chronic headache. Evaluation of cotreatments in further studies is suggested.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study compares the effectiveness of acupuncture and with that of stellate ganglion block treatment for chronic headache. Both treatments relieved chronic headache to a similar degree. A limitation of the study is that no randomization method was mentioned specifically. Nevertheless, this is a randomized, controlled trial on relief of headache pain. In the future, it is suggested that studies approach the problem from various points of view.

11. Abstractor and date

Jang KT, 31 August, 2010.

18. Symptoms and Signs

Reference

Kim HK, Youn HM, Ahn CB. Clinical studies on Hwangryunhaedoktang herbal-acupuncture therapy on functional headache. *Daehan-Yakchim-Hakhoeji* (*Journal of Pharmacopuncture*) 2006; 9(3): 131–38 (in Korean with English abstract).

1. Objectives

To evaluate the efficacy of Hwangryunhaedoktang (黃連解毒湯) herbal-acupuncture therapy for functional headache.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with functional headache (not organic headache) who visited the hospital between September 2006 and the end of October 2006 (n=26).

5. Intervention

Arm1: Hwangryunhaedoktang (0.6 cc) injected using a 1-cc insulin syringe with a 30 gauge 5/16" needle at both the right and left Fengchi (GB20, 風池), Jianjing (GB21, 肩井), and Hegu (LI4, 合谷) acupoints for 2 days, total 4 treatments (n=13).

Arm 2: Saline (0.6 cc) injected using a 1-cc insulin syringe with a 30 gauge 5/16" needle at both the right and left Fengchi (GB20, 風池), Jianjing (GB21, 肩井), and Hegu (LI4, 合谷) acupoints for 2 days, total 4 treatments (n=13).

6. Main Outcome Measures

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

7. Main Results

The control treatment over time significantly reduced VAS score ($P<0.05$) and improved the Mood subscore of the BPI but not subscores for General activity, Enjoyment of life, Relations with other people, and sleep. Hwangryunhaedoktang herbal-acupuncture significantly reduced VAS score ($P<0.05$) and improved BPI subscores for General activity, Mood, Enjoyment of life, Relations with other people, and sleep. There were significant between-group differences in VAS and BPI scores after the fourth but not after the first, second, and third rounds of treatment.

8. Conclusions

Hwangryunhaedoktang herbal-acupuncture is more effective than control treatment for functional headache.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study evaluated the effectiveness of Hwangryunhaedoktang herbal-acupuncture for functional headache. The subjects were divided into control and treatment groups, and after fourth round of treatment, VAS and BPI scores were significantly improved. However, insofar as the control group also showed improvement, it is thought that additional evaluation of the effectiveness is needed. This study has a meaning since there are not so many randomized, controlled trial of the herbal-acupuncture treatment for headache. Additional study with other evaluation standards to verify the specific effect of the Hwangryunhaedoktang herbal-acupuncture treatment for functional headache is needed.

11. Abstractor and date

Jang KT, 31 August 2010.

18. Symptoms and Signs

Reference

Jung IT, Kim SY, Kim KS, et al. A clinical study of aroma acupuncture on chronic headache patients. *Daehan-Chimgu-Hakhoeji* (*Journal of Korean Acupuncture & Moxibustion Society*) 2004; 21(5): 123–36 (in Korean with English abstract).

1. Objectives

To compare the effectiveness of general and aroma acupuncture as treatment for chronic headache.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients with chronic headache who visited the hospital between February and July 2004.

The headache lasted more than 4 hours a day, and occurred on more than 15 days a month (n=38).

5. Intervention

Arm 1: Aroma acupuncture (twice a week for 8 weeks) (n=15).

Arm 2: General acupuncture (twice a week for 8 weeks)(n= 23).

In both groups, acupuncture was applied to the Baihui (GV20, 百會), Sishencong (EX-HN23, 四神聰), Touwei (ST8, 頭維), Taiyang (EX-HN46, 太陽), Yingxiang (LI20, 迎香), Yifeng (TE17, 翳風), Fengchi (GB20, 風池), Quchi (LI11, 曲池), Zusanli (ST36, 足三里), Hegu (LI4, 合谷), and Taichong (LR3, 太衝) acupoints for 20 minutes.

6. Main Outcome Measures

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

7. Main Results

In Arm 2, there was significant improvement in VAS score after 4 and 8 weeks of treatment and in BPI subscores for mood and relations with other people ($P<0.05$) but not for general activity, enjoyment of life, and sleep. In Arm 1, there was significant improvement in VAS score after 4 and 8 weeks of treatment and in BPI subscores for general activity, mood, enjoyment of life, relations with other people, and sleep ($P<0.05$). The decrease in VAS score was significantly greater in Arm 1 than Arm 2 ($P<0.05$). There were no between-group differences in subscores for general activity, mood, and relations with other people, but the improvement in subscores for enjoyment of life and sleep were significantly greater in Arm 1 than Arm 2.

8. Conclusions

Aroma acupuncture was more effective than general acupuncture for relieving chronic headache pain and improving quality of life.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study compares the efficacy of general acupuncture with that of aroma acupuncture for chronic headache. Through VAS and BPI score analysis, both treatments were shown to be effective, and the greater efficacy of aroma acupuncture was confirmed objectively. However, the lack of a description of the randomization method and aroma method used in this study are limitations.

11. Abstractor and date

Jang KT, 31 August 2010.

18. Symptoms and Signs

Reference

Kim SH, Park HJ, Park HA, et al. The clinical study on the effect of SAAM acupuncture treatment for patients with fatigue. *Daehan-Chimgu-Hakhoeji* (*Journal of Korean Acupuncture & Moxibustion Society*) 2007; 23(6): 149–57 (in Korean with English abstract).

1. Objectives

To evaluate the effect of SAAM acupuncture treatment for patients with fatigue.

2. Design

Randomized controlled trial (RCT).

3. Setting

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

4. Participants

Patients without present organic and mental disorders or a history of them who visited the hospital's fatigue clinic between 1st April 2007 and 30th September (n=56).

5. Intervention

Arm 1: Treatment group. Acupuncture at the Jingqu (LU8, 經渠), Taibai (SP3, 太白), Shaofu (HT8, 少府), Qihai (CV6, 氣海), and Xinshu (BL15, 心俞) acupoints (n=28).

Arm 2: Control group. Acupuncture at non-acupoints located on same contour line with the above-mentioned real acupoints and on a virtual line between the real acupoints and adjacent acupoints.

Acupuncture was carried out twice a week for 4 weeks, 8 treatments in total using disposable acupuncture needles. Needle insertion was for 15 minutes. During the acupuncture, directional supplementation and draining (迎隨補瀉) and twirling supplementation and draining (捻轉補瀉) were basically in operation.

6. Main Outcome Measures

Reconstructed Jang See Jin's 19-item questionnaire of Multidimensional Fatigue Scale (MFS) based on the Fatigue Assessment Inventory.

7. Main Results

The reduction in MFS was significantly different between Arm 1 and Arm 2 after 2 weeks of treatment ($P<0.05$). The decrease in MFS score was significant in Arm 1 after 1 week of treatment, and in Arm 2 after 2 weeks of treatment.

8. Conclusions

SAAM acupuncture is more effective for the treatment of fatigue than is acupuncture at non-acupoints.

9. Safety assessment in the article

Not mentioned.

10. Abstractor's comments

This study evaluated SAAM acupuncture for with the treatment of fatigue. This study is meaningful insofar as it is one of only a few randomized, controlled trials of acupuncture for fatigue amelioration. Although the between-group difference was significant, significant improvement was also noted after 2 weeks of control treatment. Additional efficacy evaluation comparing placebo control, general acupuncture, and SAAM acupuncture is suggested.

11. Abstractor and date

Jang KT, 31 August 2010.