

Methods (1)

Subjects :

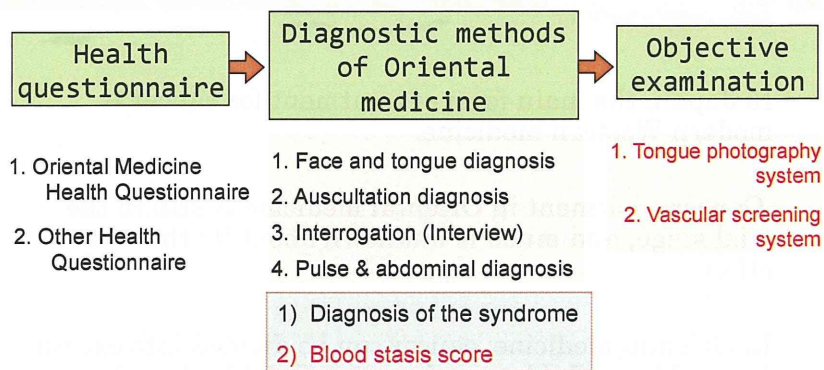
This study included patients with stagnant blood who consented to participate.

The subjects were 7 men and 2 women, with an average age of 24.7 ± 7.3 years.

Research period was

from September to December 2011.

Methods (2)



Methods (3)

The blood stasis score was used to

Diagnostic criteria of Oketsu syndrome				
	M	F	M	F
Pigmentations of orbicularis oculi	10	10		
Dark facial complexion	2	2		
Dry and rough Skin	2	5		
Dark red lips	2	2		
Dark red gingivae	10	5		
Dark red or blue tongue	10	10		
Vasodilation	5	5		
Hemorrhage under skin	2	10		
Palm erythema	2	5		
			Tenderness / Discomfort near the umbilicus / Left side of lower abdomen	
			Right side of lower abdomen	10 10
			Median lower abdomen	5 5
			in the ileocecal junction	5 2
			in the sigmoid colon	5 5
			in the hypochondrium	5 5
			Hemorrhoids	10 5
			Menstrual disorder	10

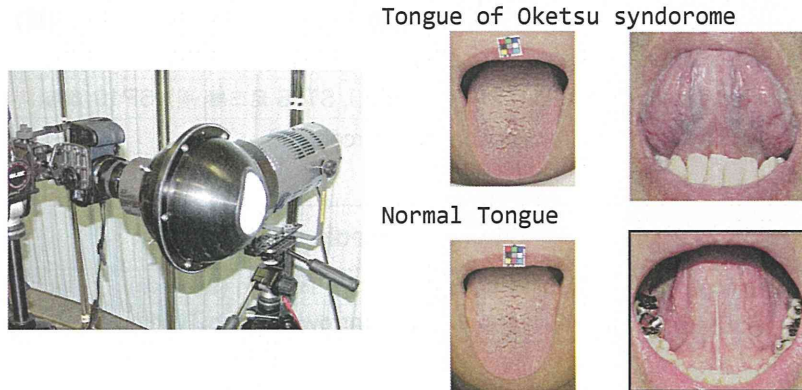
Determination: < 20 points : No Oketsu (no blood stasis)

21- 39 points : Oketsu (state of blood stasis)

≥ 40 points : Severe Oketsu (state of severe blood stasis)

Methods (4)

Subjects' tongues were photographed, and tongue color and sublingual varicosis were assessed.



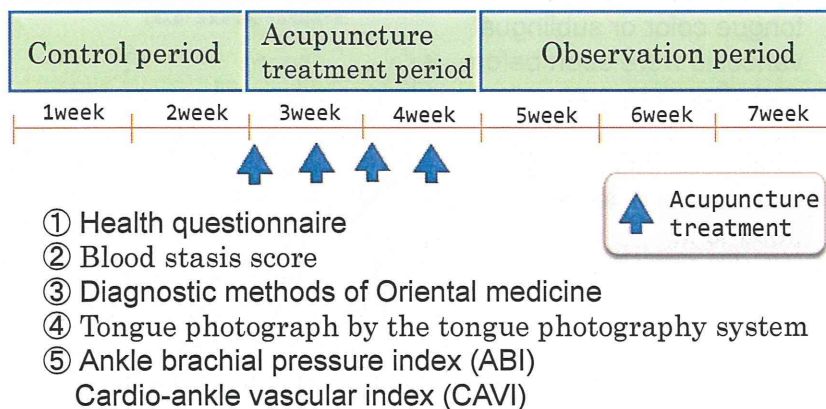
Methods (5)

Hemodynamic evaluations before and after acupuncture treatment included the ankle brachial pressure index (ABI) and the cardio-ankle vascular index (CAVI) using a vascular screening system.



The vascular screening system
(VaSera VS-1500ATN, Fukuda Denshi Co., Ltd)

Methods (6)



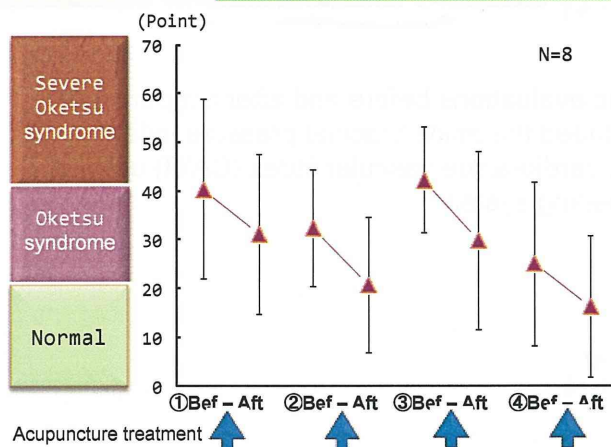
Methods (7) Acupuncture treatment

Kind of syndrome	Choice of Acupuncture point
Qi deficiency & Oketsu	CV6 氣海(補), SP6 三陰交(瀉), ST36 足三里(補)
Qi stagnation & Oketsu	LI4 合谷(瀉), LR3 太衝(瀉), SP6 三陰交(瀉)
Blood deficiency & Oketsu	SP6 三陰交(瀉), ST36 足三里(補), SP10 血海(補)

補法 : Tonification (Reinforcement)
瀉法 : Reduction

Acupuncture Methods	Filiform needle, manipulation
Tonification	0.16×30mm Retaining 7min, Twirling (9 rounds)
Reduction	0.20×40mm No retaining, Sparrow pecking, Twirling (6 rounds)

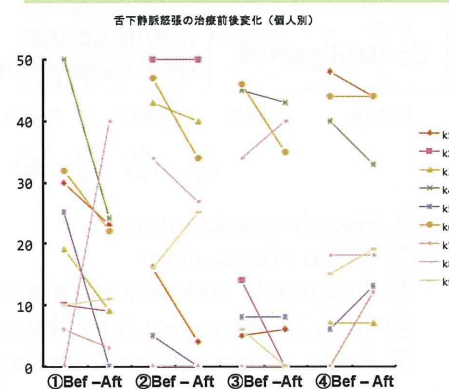
Results (1) Changes in the blood stasis score before and after acupuncture.



Results (2)

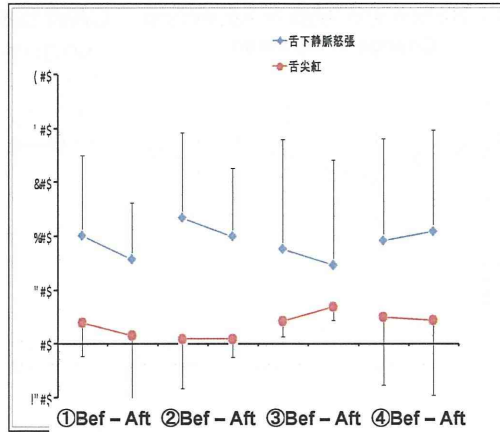
No significant changes in tongue color or sublingual varicosis were seen before and after acupuncture. However, a tendency for decreased sublingual varicosis was seen after treatment.

Changes in sublingual varicosis before and after acupuncture.



Results (3).

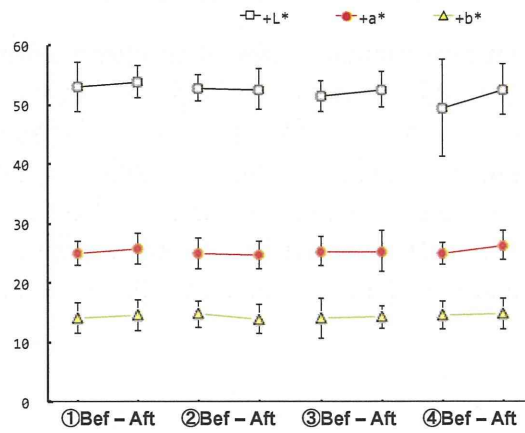
The changes in sublingual varicosis and the tip of red tongue before and after acupuncture.



Results (4)

The changes in tongue color on the before and after acupuncture.

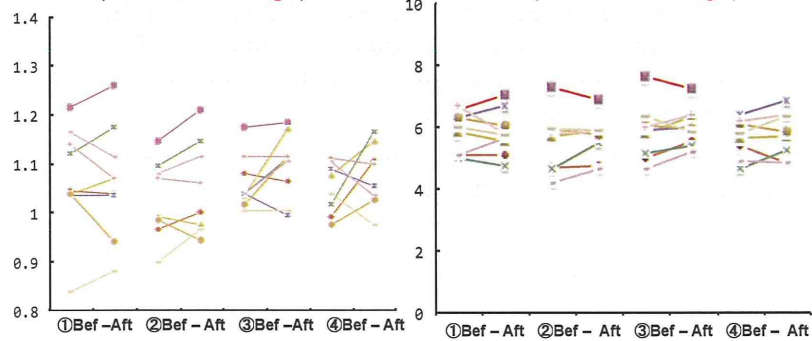
+L* value : Brightness
 +a* value : Red
 +b* value : Yellow



Results (5)

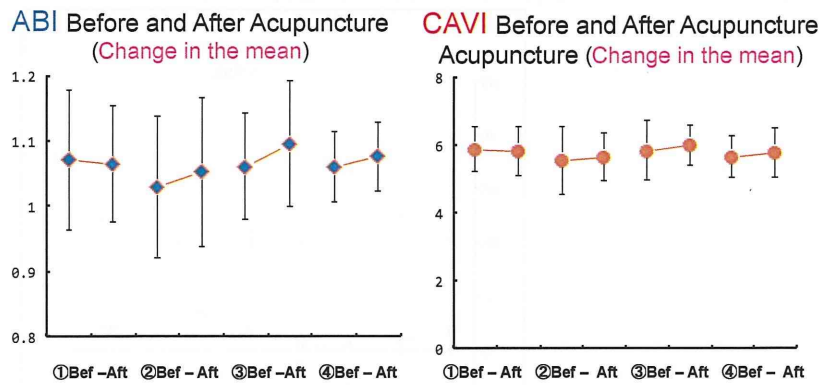
- ABI Before and After Acupuncture (Individual change)

- CAVI Before and After Acupuncture (Individual change)



Results (6)

4. The ABI rose and the CAVI did not change after acupuncture in most patients.



Discussion 1

In the terminology of modern Western medicine, “stagnant blood” indicates stagnation of blood flow. In a study by Hisamitsu, it was reported that patients with stagnant blood have decreased hemodynamics. We expected that blood flow would improve with acupuncture for stagnant blood as a model of cancer prevention.

Discussion 2

In this study, stagnant blood was considered to have been improved by the acupuncture treatment if sublingual varicosis decreased or the blood stasis score improved after acupuncture.

A rising trend in the ABI, an objective index, was observed after acupuncture treatment.

Discussion 3

However, since there was no change in the CAVI, this trend was thought to be due to an effect on blood pressure. In addition, the subjects were diagnosed with stagnant blood based on an Oriental medicine assessment, but ABI and CAVI values were within the normal range. Therefore, it will be necessary to study subjects with abnormal ABI or CAVI values in the future.

Discussion 3

However, since there was no change in the CAVI, this trend was thought to be due to an effect on blood pressure. In addition, the subjects were diagnosed with stagnant blood based on an Oriental medicine assessment, but ABI and CAVI values were within the normal range. Therefore, it will be necessary to study subjects with abnormal ABI or CAVI values in the future.

Conclusion

This investigation of hemodynamics before and after acupuncture treatment in subjects with stagnant blood found:

1. No significant changes in tongue color or sublingual varicosis before and after acupuncture treatment.
2. Stagnant blood was considered to have been improved by the acupuncture treatment if sublingual varicosis decreased or the blood stasis score improved after acupuncture.
3. The ABI rose and the CAVI did not change after acupuncture in most subjects.

“Ishinpo (医心方)”

The oldest book about
984A.D. Medicine in Japan

A Japanese national treasure



Yasuyori Tamba (丹波康頼; 912-995),

Doctor of Acupuncture(鍼博士)

This year we are commemorating 1100 years since his birth, where Yasuyori lived is connected with my university.

Thank you very much
for your attention !

学会報告書

2012年9月14日～9月16日

16th International Congress of Oriental Medicine

ANALGSIC EFFECT OF ACUPUNCTURE AND MOXIBUSTION TREATMENT USING JAPANESE-STYLE MINIMAL ACUPUNCTURE IN A PALLIATIVE CARE WARD

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A. 【Objective】

The strong analgesic effect of acupuncture is gradually becoming clarified. We herein investigated the analgesic effect on cancer pain of acupuncture and moxibustion treatment based primarily on Japanese-style minimal acupuncture.

B. 【Methods】

Subjects were 35 patients (24 men, 11 women), among patients admitted to the palliative care ward of an undisclosed hospital between July 2010 and November 2011, who provided informed consent to participate in the present study following an explanation from their primary physician. Acupuncture was performed using a short needle (length, 15 mm; diameter, 0.12 mm; Seirin Corporation) on peripheral trigger points on the meridian flow near the sites of pain with additional treatments for qi stagnation, damp phlegm and blood

stasis, etc., as appropriate.

Additionally, in order to prolong the effect, 0.6-mm-long press tack needles (Pyonex) were applied for 2 days. Efficacy was assessed using the visual analogue scale (VAS), numerical rating scale (NRS), face scale (FS) subjective evaluations in nursing records, and other data.

D. 【Results and Discussion】

The outcomes immediately following acupuncture and moxibustion treatment were complete response in 16 patients (45.7%), partial response in 8 patients (22.9%), slight response in 6 patients (17.1%), and no response in 0 patients; the response was unclear in 5 patients (14.3%). The intervention was considered to have been effective for a total of 68.6% of patients. Only one adverse event was reported, specifically a case of malaise following treatment that was mild and disappeared with bed rest. The

very low rate of adverse events (3.6%) and the low severity of the one event observed indicated that the present treatment is very safe.

Furthermore, complementation of conventional palliative care with acupuncture and moxibustion treatment appeared to provide pain relief and alleviation of symptoms without the need for increased opioid dosage, and to promote mental and emotional stability. Acupuncture treatment may therefore be expected to be effective to a certain degree for alleviating symptoms in palliative care.

F. 【Conclusion】

Use of acupuncture and moxibustion treatment was found to be effective for 68.6% of patients in the palliative care ward. Acupuncture and moxibustion may therefore be an effective treatment approach in palliative care.

Keywords : acupuncture, Japanese-style minimal acupuncture, Palliative care

G. 【研究発表】

1. 論文発表
なし
2. 学会発表
WFAS. 2012

H. 【知的財産権の出願・登録状況】

1. 特許取得
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2. 実用新案登録

- なし
3. その他
なし

**16'th International Congress of Oriental
Medicine/ September 14-16, 2012 / Seoul,
Korea**

ANALGESIC EFFECT OF ACUPUNCTURE AND MOXIBUSTION TREATMENT USING JAPANESE-STYLE MINIMAL ACUPUNCTURE IN PALLIATIVE CARE WARD

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JUN Kamiyama, HIROSUMI Itoi

Introduction

Japanese-style acupuncture therapy, mainly minimal acupuncture, was performed for terminal patients in a palliative care ward in a certain hospital between July 1, 2010, and November 30, 2011, and its clinical value was investigated.

Subjects

The subjects were 35 patients (24males, 11females; average age 76 ±9.2 years). The reason for requesting intervention was pain relief in 18 cases (cancer pain 18, other 8), general malaise in 5, and intestinal/peristaltic failure in 1, Numbness in 3. The patients and their families received a full explanation of the content of this study from the attending physician, and written, informed consent was obtained from all patients.

colon cancer	4	bladder cancer	1	spleen cancer	1
breast cancer	3	pancreatic cancer	2	Hodgkin's lymphoma	1
lung cancer	4	pharyngeal cancer	5	liver cancer	1
esophageal/gastric cancer	10	renal cancer	2	malignant glioma	1

Clinical Methods: Disorders in terms of Oriental medical categories

(1)Organ disease (2)Meridian flow disease (3)Muscle meridian disease (4)Exogenous disease.

In many cases, the treatment regimen that would normally apply to the condition or findings concerned was affected by factors such as difficulty in turning over, difficulty in adopting a prone position, being bedridden, or dementia, making it impossible to fulfill the treatment's objective. In such cases, it was decided that, rather than performing procedures at sites that posed little burden on patients, as far as possible, comparatively minor stimulation would be performed for a short time to meridians and acupuncture points in areas of exposed skin such as the limbs. In particular, it was difficult for some patients to maintain a specific posture, and in these cases a single treatment was

Clinical Methods -2

【Filiform needle】毫鍼

SEIRIN J15 type No.02 (0.12mm×1.5cm)
Immersion depth: 1~4mm

For drainage purposes:

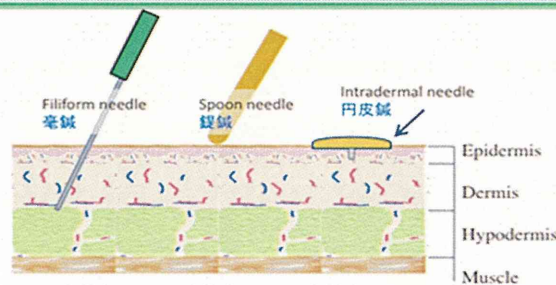
SEIRIN J50 type No.18 (0.18mm×5cm)
Inserion depth: 10~40mm



Main

Treatments were performed twice a week, excluding national holidays. Before starting treatment, matters such as changes in physical condition were confirmed, and although every effort was made to evaluate the type and level of suffering as objectively as possible, this evaluation posed

Clinical Methods -2



【Intradermal needle】皮内鍼、円皮鍼

SEIRIN PYONEX (φ0.2mm×0.6mm)

※staff pulls out Intradermal needle in 3 days

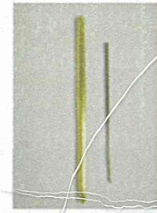
A continuous effect is done to the purpose.



【Spoon needle】鍍鍼

Treatment only of appropriating to the skin.

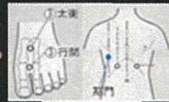
Deals according to the state of the patient



Since prior research suggested that acupuncture needle insertion might actually induce conditions such as pain and fever due to qi deficiency after treatment in patients whose general condition was gradually deteriorating, if necessary, needle-less acupuncture by skin contact alone (pressure stimulation at a level insufficient to cause pain) without insertion was performed depending on the patient's condition. Gold needles were also used for tonification, and silver



① pain: peripheral tenderness point on the same meridians related to the local pain area
TMJ pain, front of knee joint pain, front of hip joint pain, ST43内庭, ST44陷谷, GB42地五会, GB43侠溪



② quick tempered, irritable and prickly, insomnia and sleeplessness (stagnation of qi and :
LR2太衝, LR3行间, LR14期門, GV20百会: drainage purposes (reduce)



③ dullness sensation, lazy, nausea and sickness: PC6内关, SP4公孙, ST36足三里, ST40豐隆, BL20脾俞,



④ spontaneous pain, night pain, pain at the quiet (stagnation of blood): LR2太衝, SP6三陰交, 臨泣GB41



⑤ Diarrhea, constipation, intestinal/peristaltic failure
SP4, ST36, ST37

Evaluation Method

The evaluation methods used to determine the effectiveness of acupuncture therapy included the Oriental Medicine Health Questionnaire (OHQ57), a visual analogue scale (VAS), a numerical rating scale (NRS), a face scale (FS), and the M.D. Anderson Symptom Inventory. The FS was also used within the hospital, but since it was sometimes the case that people would habitually use numbers, the NRS was used as

Under normal conditions, the introduction of an evaluation method with the same standards and content would be preferable, but because of variations between patients in factors such as their condition and state of consciousness, it was not possible to standardize the evaluation. Great care was taken to ensure that evaluation would not impose a burden on patients, and for patients who were completely unable to communicate, the impressions of hospital staff, taken from medical records or nurses' records (e.g. whether the patient smiled, or did not have a suffering facial expression) were used.

With patients who were able to communicate, they were asked whether they were willing to evaluate their condition at that point using one of (1) the NRS (or FS), (2) the weekly M.D. Anderson Symptom Inventory, or (3) the OHQ57, and their condition was evaluated using the format agreed with the patient or family. As far as possible, the evaluator was not the person who provided treatment, in an effort to obtain an objective evaluation.

The Evaluation of Effectiveness

very effective	NRS score ≥ 5 , FS ≥ 3 , or obvious improvement in terms of impression before and after acupuncture therapy intervention.
effective	NRS score 2–4, FS score 2, or disappearance of suffering facial expression, improvement in psychological condition, or more frequent appearance of smiling in terms of impression before and after acupuncture therapy intervention.
somewhat effective	NRS score 1–2, FS score 1, or reduction in suffering facial expression, occasional appearance of smiling, or being able to sleep, despite very little change in terms of impression before and after acupuncture therapy intervention.
Ineffective or indeterminate	No change whatsoever in subjective or objective evaluation, or therapeutic effectiveness unclear despite the introduction of a variety of evaluation methods.

Results and Discussion 1

Immediate effect

Immediate effect	Numbers	%
very effective	16	45.7%
effective	7	20.0%
somewhat effective	6	17.1%
Ineffective or indeterminate	6	17.1%

Adverse event: We performed 470 interventions in 35 patients. Only one patient had complained of mild dullness sensation after treatment. The incidence of **adverse events was 0.2%**, Acupuncture is a very safe treatment.

In addition to these patients, there were many who were unable to sleep at night due to fear, anger, sadness, and other psychological factors due to their impending death, as well as physical changes, and 5 of 11 (45.5%) of such patients were able to sleep either while acupuncture therapy was being administered or on the night after receiving such therapy.

For almost all patients, this was their first experience of acupuncture, and they reported that their general impression was that it could alleviate pain. When they actually underwent acupuncture, they discovered that not only did minor stimulation alleviate their pain and improve their complaints, but it also helped even if they had been unable to sleep for days because of worry, or stress had made them argumentative. Many patients came to look forward to their acupuncture therapy because it alleviated or improved their condition, and 7 of 11 patients (63.6%) wanted to continue therapy even after their condition deteriorated.

Results and Discussion 2

Duration of the effect

0~3hrs	4 (18.2%)	12~24hrs	5 (22.7%)
3~6hrs	1 (4.5%)	2days	4 (18.2%)
6~12hrs	4 (18.2%)	3days	2 (9%)

The fact that the duration for which the effect of acupuncture therapy was sustained was

≤1 day in 14 patients (63.6%),

≤2 days in 4 (18.2%), and

≤3 days in 2 (9%)

also implied that it would be preferable to perform acupuncture therapeutic interventions every day or on a cycle of once every two days.

Conclusions

The results of this study suggest that acupuncture therapy within conventional Western-style palliative care treatment can be expected to relieve and ameliorate cancer pain without increasing anesthetic dosage, and it may also have the potential to help with conditions such as edema, numbness, and malaise, as well as improving psychological and emotional stability. The present findings also suggest that the use of Japanese-style acupuncture therapy, a non-drug therapy that causes almost no pain during treatment, may be expected to have a consistent level of effectiveness for symptom alleviation in the area of palliative care for terminal cancer patients.

This research was performed by grants of the research expenses of the Ministry of Health, Labour and Welfare (22210901).

Thanks.

学会報告書

2012年9月14日～9月16日

16th International Congress of Oriental Medicine

JAPANESE-STYLE MINIMAL ACUPUNCTURE THERAPY FOR A CASE OF PERIPHERAL NEUROPATHY
ASSOCIATED WITH SACRAL CANCER METASTASIS

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Japan

A. 【Background & Aim】

Sustained-release tablets of morphine sulfate hydrate are used to treat peripheral neuropathy associated with sacral metastasis following renal cancer surgery. However, we performed Japanese-style acupuncture with the objective of pain relief in a patient whose ADL were severely reduced due to pain.

B. 【Materials & Methods】

The patient was a 79-year-old Japanese woman who was diagnosed with recurrent sacral metastasis following renal cancer surgery. Her cancerous pain was mitigated in the resting state when she was administered tablets of morphine et al. However, when she moved, she experienced sudden severe pain. And she had persistent severe numbness of NRS 6-8. Minimal Acupuncture was performed using points in the distal portions of the extremities. Treatment was performed

twice weekly.

C. 【Results】

As the number of acupuncture treatments increased, left-right differences and changes in the severity and sites of numbness were showing a trend toward improvement. By the 54th treatment, NRS had decreased to 2, and the symptoms were limited to the toes.

E. 【Conclusion】

This patient's cancer-caused neuropathy was mitigated by acupuncture treatments. This treatment also had the advantage that it involved only mild stimulation and thus placed no burden on the patient, such as the burden seen in the case of delivery of strong stimulation by electro-acupuncture.

Keywords : acupuncture, Japanese-style minimal acupuncture, Cancerous pain, Numbness, Palliative care

G. 【研究発表】

1. 論文発表
なし
2. 学会発表
第16回国際東洋医学会誌. 2012

H. 【知的財産権の出願・登録状況】

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CASE

【Complaint】

peripheral neuropathy associated with sacral cancer metastasis
79-year-old Japanese woman

【Medical history】

She was discovered a left sacral osteolytic lesions at the time of
preoperative examination of the lumbar spinal canal stenosis.

- 2010.12 Sacral metastasis was diagnosed with right renal cancer
recurrence using CT.
- 2011.1 Molecular target treatment was carried out Sicycle, but was
canceled due to the onset of drug-induced pneumonia.
Then became a trend relieved by steroid therapy.
Was using the Loxoprofen sodium and Pregabalin for cancer
pain. However, it was a catastrophic failure for the pain.

【Previous history】 ? : Left patella fracture
1999 : Right kidney cancer
2010 : Sacral metastasis

【Medication】

Pregabalin 225mg
Morphine hydrochloride 160mg
Acetaminophen 800mg
Etodolac 800mg



【Condition】

Severe pain from the sacral area between
peripheral when operating. However, the pain is
reduced by an effect of the medicine than before.

After the onset of numbness from the toes is
sacral metastasis. (Left→Right)
Feel that wearing thin socks, and cold.

Opinion

【Tongue diagnosis】 pale tongue, white coating, sublingual vein

【Pulse diagnosis】 wiry pulse, little sunken pulse

【Interrogation】

Aching pain (Sacral area), Sensitive to heat, Spontaneous sweating, Prefer the cold ones, mouth dryness, Dysuria associated with pelvic metastasis(1time/2hours), Constipation, sweating at night(4times change clothes at one night), Trembling hands(sometimes), She said "eating between meals is not" (when I go to the hospital, she was eating something.), Numbness of the feet, and cold feet.

【Inspection · pulse-taking】

Skin is white, and dry, stomach meridian heat,
Left:gallbladder meridian, tonus/ SP6 sanyinjiao, tonus · tender point/ LR5 ligou tender point

Method of treatment

- **【Eight-principle syndrome differentiation】**
interior heat syndrome · pattern of deficiency-excess complex
→ Heat, like a cold drink, tendency toward constipation
- **【zang-fu organ syndrome differentiation】**
Liver blood deficiency syndrome
→ Numbness of the feet, Hand tremor
Kidney yin deficiency syndrome
→ Dry mouth, Constipation, night sweat
- **【qi-blood & body fluid syndrome differentiation】**
Syndrome of both qi and blood deficiency
→ Shortness of breath easily, A small voice, Numbness, Get tired easily, spontaneous sweating
(blood stasis syndrome → sublingual vein)

Method of treatment

【Therapeutic principle】

Tonify qi and produce blood
promote flow of qi

【point combination】

Tonify qi

K13 taixi (R K11 youquan,
(L14 hegu)

**Tonify blood · (blood-activating
and stasis-resolving)**

LR5 ligou (SP6 sanyinjiao)

Alleviation pain and Numbness

BL64 jinggu~BL65 shugu (R BL66
zutongsu)

Clear heat of stomach meridian

GB43 xiayi, ST44 neiting,
soto neiting

【Acupuncture】

Filliform needle 0.12φ × 10mm

Impale depth: 4~10mm, 10min

(SP6 is 10mm)

【Time and the number】

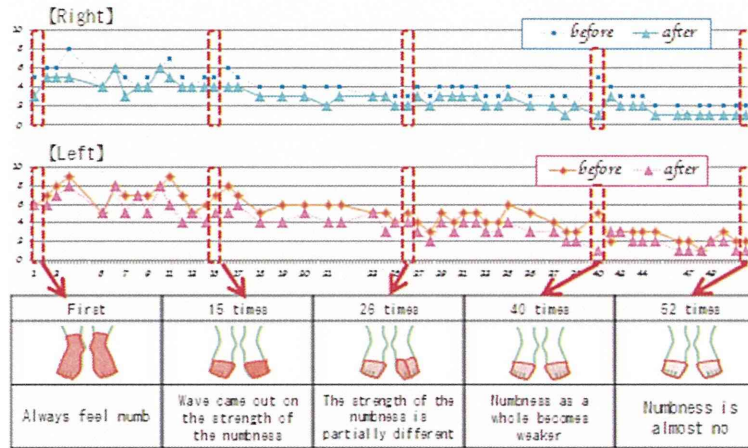
A treatment time of one times
: 10~15min

April to November : total 52times

【Evaluation method】

Numerical Rating Scale

Results



This research was performed by grants of the research expenses of the Ministry of Health, Labour and Welfare (22210901)