

16th National Conference of AAI

AAICON-14

Bombay Hospital (Near VT Station)

Mumbai

13-14 December, 2014

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EDITORIAL

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Editorial Board :

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AUTOIMMUNITY AND ACUPUNCTURE

Auto-immunity is a bizarre condition in which one's own tissues are subject to deleterious effects of the immune system, as autoallergy and in auto-immune diseases. It is a specific humoral or cell-mediated immune response against body's own tissues. Here, the cells and or antibodies are arising from and directed against the individual's own tissues. It is also now established that susceptibility to many autoimmune diseases is linked to specific HLA genotypes.

Various connective tissue diseases are attributed to autoimmunity viz. Rheumatoid arthritis, Systemic lupus erythematosus (SLE) and drug induced SLE, neonatal lupus, systemic sclerosis, myositis, juvenile rheumatoid arthritis, Sjogren's syndrome, dermatomyositis, Wegener's granulomatosis, systemic vasculitis, mixed connective tissue diseases etc. etc. Various antibodies like RE, ANA, Anti-ds-DNA, ENA, Anti-SSA (Anti-Ro), Anti-SSB (Anti-La), Anti-liposomerase, Anti-Jo-I, ANCA etc. have been named behind these.

But proper and safe curative treatment in absolute sense have not yet been known in modern medicine in most of these diseases. On the other hand prolonged acupuncture treatment has been found to be very satisfactorily effective in most of these diseases, if not in all. Acupuncture may not be curative in all conditions but it can well control the progress, symptoms and troubles, prevent deformity, diminish the intensity of the manifestations including inflammation of the joints and tissues, which may appear as a part of autoimmune process etc. This has been well established in many autoimmune diseases like Rheumatoid arthritis, ankylosing spondylitis etc. And this is achieved with minimal cost and without any side effect. But on the other hand most of the medicines of modern medicine in this condition result in serious and unavoidable deleterious side effects. e.g. with immunosuppressive agents.

Thus acupuncture must be tried in autoimmune diseases from the very beginning and may be combined with other effective and rational therapeutic procedures as and when necessary. Whatever degree of positive result acupuncture produces is a boon to patient from all respects.

WFAS NEWS**THE 8TH GENERAL ASSEMBLY OF WFAS AND WORLD ACADEMY
CONFERENCE ON ACUPUNCTURE**

WFAS 8th World Conference on Acupuncture opened in Sydney Convention and Exhibition Centre on November 2, 2013. The Conference was co-sponsored by World Federation of Acupuncture-Moxibustion Societies (WFAS) and China Academy of Chinese Medical Sciences (CACMS), and organized by Australian Acupuncture and Chinese Medicine Association (AACMA). This is the 3rd time that the 2 sponsors have jointly hosted an international conference, and the 2nd time in its 26 year history that WFAS has met in Australia. The theme of Conference was – From the Classical to the Modern - advancing global health and wellness through acupuncture & traditional medicine.

Ma Jianzhong, Vice Commissioner of State Administration of Traditional Chinese Medicine (SATCM) of P.R. China, attended the Opening Ceremony and delivered a welcome speech. He reviewed the progress in recent years in the field of acupuncture and moxibustion and pointed out the challenges we are faced with as well. He said, "In order to solve the major problems restraining the global development of acupuncture and moxibustion of traditional Chinese medicine, we need to learn and use as much as possible the advanced ideas and technologies in the practice of research, education as well as clinical treatment, so as to find a more effective way for development." Vice Commissioner Ma highly praised WFAS as a world leading organization on acupuncture and moxibustion for its great contribution to the medicine, and also promised that SATCM will continue to support WFAS in its work.

Hon Brett Mason, Australian senator and Parliamentary Secretary to the Minister for Foreign Affairs, sent a letter of congratulation. He was confident about the future cooperation between Australia and China in terms of Acupuncture and Chinese Medicine by stating in the letter that 'As both the Australian and the Chinese societies undergo the process of ageing, provision of affordable, quality and effective health care is becoming a paramount challenge for our governments. There is much scope for our two countries to exchange expertise and work together to create a better and healthier future ...Let us hope that this conference and other work by the Australian Acupuncture and Chinese Medicine Association will contribute to advancing health and wellness at home and abroad.'

Keynote Speakers included Dr. Zhang Qi, Coordinator of Traditional & Complementary Medicine, World Health Organization, who spoke on the background, ideas and key points of WHO Global Strategy on Traditional Medicine 2014-2023; and Prof. Liu Baoyan, the 8th WFAS President, whose topic was 'international registration research on acupuncture and moxibustion : thinking and method.'

There were altogether 822 delegates from nearly 40 countries and regions attending the conference, including delegates and observers from approximately 100 WFAS Member Societies, as well as experts and scholars from other professional group, making this conference the largest one on traditional Chinese medicine ever held outside the East Asia.

ARTICLE - 1**HOLISTIC APPROACH OF ACUPUNCTURE IN THE
TREATMENT OF SLIP DISC WITHOUT DRUGS, SURGERY****R. F. Beramji*****Introduction**

With change of life styles, Slip Disc incidence has been increasing at an amazing pace with 25% of younger population in age group of 15-30 being attacked by slip disc.

Slip disc is number two disease after Influenza in the World. At any given time 80% of the population will suffer from Backache in their life time. More & more people are going for surgery to get quick relief as better conservative treatment is not available.

50% of the patients in the world are not satisfied by surgery & or physiotherapy alone & keep on trying pain killers & various treatments, without satisfaction.

Holistic approach of Treatment of Slip Disc with Acupuncture has shown the way forward & helped thousands of patients avoid surgery & pain killer drugs.

Aim of Study :

To determine the effectiveness of Acupuncture in avoiding pain killer & surgery.

Material Data :

The observations are as follows :

Age Group	
15-30	- 25%
30-45	- 25%
45-60	- 25%
> 60	- 25%

Sex : Male - 60% / Female - 40%

Level of Slip Disc :

Cervical : C 5-6 / C 6-7 - 60% of cases. More than one disc in 40% cases.

Lumbar : L 4-5 - 30% / L 5-S1 - 40% / Multiple level : 30%

All the patients were on pain killer drugs, with bed rest, physiotherapy without relief after

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taking treatment from 1 month to 6 months.

50% of all these patients were advised surgery. 80% of all these patients had backache. 50% had pain radiating to legs. 10% had neurological deficiency like absent reflexes, weak muscle power, diminished sensations.

80% of the patients were examined & treated by Orthopaedic & or Neurophysician with complete investigations. They were treated by me only to avoid Surgery & or drugs.

Treatment : All the patients were explained the complete Holistic approach of treatment, which besides Acupuncture included Postural Correction, Proper Physical exercises, weight reduction, Kerala Ayurvedic massage & complete training regarding what are the causes of backache & how to take care of Slip Disc.

Treatment was of 10 days duration only followed by regular clinical checkup after 15 days, 1, 2 & 3 months. Later follow up was done once in 6 months for 5 years.

The normal points used for cervical Slip disc were : Gv 14, 20/Ub11/Gb20, Tw 15, Li 4, 11 in majority of patients. Points used for Lumbar Slip disc were : Gv 3, 4/Ub 27, 31, 36, 30, 57/Gb 30, 31, 34 / K3, 5/St41, 44. During the treatment all patients were advised total avoidance of pain Killer drugs.

80% of patients were treated as out patients only. Only 20% were admitted if their pain was (a) unbearable (b) they couldnot sit, stand, walk for 10 minutes (c) Neurological deficit.

Results :

Patients were more than 80% relieved of pain in 2 weeks' time. After 3 months their level of fitness allowed them to dance, jump, play foot ball, tennis etc without any drugs or lumbosacral belts.

Results-3 months after treatment : 80% Excellent, 15% Average, 5% poor

(Excellent : Can do all activities without restrictions like a normal person.

Average : Can do most of the normal activities except 1-2 restrictions :

Poor : Still complained of 50% pain)

Clinical Safety : We have not received any side effects till today.

Discussion :

Patients taking only Acupuncture have shown 60 – 70% relief after being treated for 10 – 20 sittings. However if they were treated by the Holistic approach with Physiotherapy, Weight Reduction, Postural training, Kerala Massage etc. the results were excellent with only 10 sittings of full treatment.

Conclusion :

Acupuncture should be the First line of treatment as the results are faster without any side effects, cheap. It is also a big relief for patients who are unfit for surgery. Surgery should only be advised if patient's pain does not relieve after 1 month or there is neurological deficit of significance.

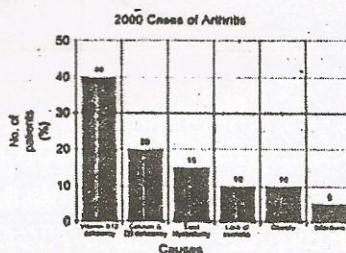
ARTICLE - 2**ACUPUNCTURE HEALING IN COLLAGEN INDUCED ARTHRITIS****Dr. Sumita Satarkar***

Chronic arthritis is one of the most challenging modern medical problems. Similarly Autoimmune diseases including Rheumatoid arthritis with collagen show every combination & gradation from one another.

Collagen induced arthritis is mediated by anti type 2 collagen auto immunity. It is probably initiated by binding of anti bodies to the surface of intact articular cartilage.

For many people with joint pain, most of the medications commonly prescribed to relieve inflammation of joints are referred to in the literature as non steroidal anti inflammatory drugs which have been found to have serious side effects. It was very gratifying to finally see a large research study that confirms what we already know; Acupuncture decreased the pain, increased the mobility and finally heals arthritis.

We have followed 2000 patients (year 2010-2011) suffering from arthritis with different age groups and different causative factors.

**CASE OF COLLAGEN INDUCED ARTHRITIS.**

A lady aged 34 years was c/o stiffness and small joint pain since 4 years. It started post-delivery after 4 months. The Intensity of pain was very severe. She was unable to carry out any day to day work.

Lab tests : CRP + Ve, ESR- 22

PULSE DIAGNOSIS STATUS**1. By Depth :**

Superficial..... Floating

Deep sinking and slippery yang deficiency.

2. By Frequency

Slow..... sinking, empty..... St & Sp disharmony.

3. By Quality

Hesitant + wiry..... Blood stagnation, Liv & GB disharmony

Presented in the 15th National Conference of AAI, 8-9 December, 2012, New Delhi.

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ACUPUNCTURE TREATMENT

Six acupuncture points included : Quchi (LI-11) +, Waiguan (TW 5) + , Hegu (Li 4) + , Zusanli (St 36) +, Yanglingquan (GB34) + , Xuanzhong (GB 39) were used.

CLINICAL & LABORATORY ASSESSMENT

Visually the intensity of pain was remarkably decreased that is from scale 10-to 2, during 1st course only. The wrist joints and ankle joints which were like a hard wood turned into semi solid resistance. The black colour was also changed to brown. Most important reading was CRP became NEGATIVE.

SUMMARY OF THE TREATMENT

This study of methodology of Acupuncture research confines a clear cut regimen. It is a form of acupuncture therapy which is characterized by a holistic approach to the management of the disease. Therefore, the practitioner of acupuncture should approach each patient with a personalized treatment plan rather than treating all patients with routine acupuncture using a standard protocol.

(Articles 1 & 2 are directly
reprinted from the collection of abstracts of the 15th National Conference of AAI)

MINUTES OF THE 40TH ANNUAL GENERAL BODY MEETING OF A.A.I. Held at Acupuncture Seminar Room of S. N. Pandit Hospital, Kolkata-700 020 on 20.4.2014

The Meeting was presided over by Dr. Angsuman Ganguly, President of Acupuncture Association of India.

- Agenda – 1 Minutes of the 39th Annual General Body Meeting was read by Dr. B. J Battacharya and it was confirmed.
- Agenda – 2 Draft General Secretary's Report for the year 2013 was placed and it was adopted.
- Agenda – 3 Audited Accounts was placed. It was adopted.
- Agenda – 4 Mr. Subhas Chandra Raha was appointed as auditor for the next year.
- Agenda – 5 No such matter came up.
- Agenda – 6 Dr. B. Bhattacharya requested all members to attend the 16th National Conference of A.A.I. to be held on 13th to 14th December, 2014 at Mumbai.

The meeting ended with vote of thanks to the chair.

ARTICLE - 3**ACUPUNCTURE TREATMENT IN 30 PATIENTS OF HAGLUND DISEASE****Bhabani Prasad Sahoo***

Keywords : Haglund Disease, Electro Acupuncture, Moxibustion, hammering, excellent symptomatic relief, low cure rate.

Introduction : Haglund Disease or Haglund heel (Haglund Ferse) is usually managed surgically like chiselling otherwise having no satisfactory management procedure in conservative procedures. This abnormal painful swelling of the postero-superior portion of calcaneal tuberosity is often associated with tendo Achilis bursitis. Here acupuncture treatment of 30 such patients is reported. All were already treated by relevant specialists with analgesics etc. which produced no sustained relief and surgery was advised.

Material & Method – Number of patients was 30, of them females were 20 (70%) and males 10 (30%). Age of the patients varied between 45 and 65 years, of which 22 (73%) were above the age of 55 years.

All the patients were treated personally by the author in private clinic and acupuncture clinic of Government of West Bengal and Kolkata Acupuncture Medical College. Points used were Sanyinchiao (SP-6), Taixi (K-3) to Kunlun (U.B.60) through and through along with local Ahshi points (2-4) surrounding the swelling and painful area by 0.5 inch filiform needles.

Mild electrical stimulation and mild hammering were done.

Treatment was done on alternate days for 10-12 times (4 weeks).

In some patients results were not satisfactory. In them local moxibustion was applied. After the first course of treatment (10-12 times), treatment was done weekly for few weeks, then fortnightly etc. But few patients are still continuing acupuncture treatment once weekly or fortnightly for last 1-2 years, as they feel that this treatment is controlling the pain in a bearable stage.

Result – After the 1st course of treatment of 10-12 sittings, general effectivity was as follows –

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26 patients (87%) got appreciable improvement as manifested by control of pain and reduction of swelling.

And of them 18 (90%) were females and 8 (80%) were males. Thus the effectivity was bit higher in females. In some of these patients result was delayed and moxibustion was not done from the beginning. In them addition of moxibustion on and around the swollen painful area produced noticeable improvement after the very first application of moxibustion.

In spite of this effectivity, during the follow up time for several weeks, it was found that excellent result was obtained in lesser number of patients, in whom there was virtual cure or total relief of pain with minimal residual swelling.

Number of patients getting this excellent result were 16 (53%). Of them 10 (62.5%) were females and 6 (37.5%) were males. Here again the response was much more in females. It was also found that of the 8 patients below the age of 55 years, 6 (75%) had not excellent result, 1 (12.5%) had poor result.

Conclusion – The first hand analysis of the outcome of acupuncture treatment, obviously shows that acupuncture can be an acceptable mode of therapy in Haglund deformity and can safely be tried before local steroid injection or surgical procedure like chiseling.

It is also found that result is better in females and poorer in advanced age. But cure rate or at least virtual cure by acupuncture is not very high.

16TH NATIONAL CONFERENCE OF ACUPUNCTURE ASSOCIATION OF INDIA (AAI)

(AAICON- 14)

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Venue

BOMBAY HOSPITAL

((Near VT Station), Mumbai

Delegate the Rs. 2000 – 2500 /-

(To be confirmed later)

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REPRINT**Observation on therapeutic effect of combined therapy mainly based on acupuncture for postherpetic neuralgia****ZHANG Yu, LIU Qian-ni, HUANG Guo-fu**

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KEY WORDS : postherpetic neuralgia: combined therapy: acupuncture.

Herpes zoster may be concurrent with neuralgia before and during and after exanthesis and after skin injuries are healed, which are all termed as herpes zoster related pains. If neuralgia is persistent after the skin injuries disappear (normally four weeks), they are all termed as postherpetic neuralgia, in other words, PHN.¹ Pains of PHN may be manifested by causalgia, jumping pain and other characteristics, or even concurrent with sleep disorders, anxiety and other symptoms. With the increase in age, the incidence rate of PHN increases, some cases may be persistent for 2-3 years and have led to tremendous pains for patients. Therefore, it has great significance for actively searching for effective therapeutic methods for PHN. Our department has been focusing on its causes and pathogenesis, efforts were made to activate meridians to stop pain and tranquilizing by nourishing the heart was utilized as the principles for treatments, the combined therapy mainly characterized by acupuncture was carried out to treat PHN, and the results were reported as below.

CLINICAL DATA**General data**

Eighty-five finally diagnosed PHN patients in the department of dermatology and our department in our hospital from March 2012 to March 2013 were selected, five patients incapable of insisting on the treatments were excluded, and the remaining 80 patients were randomly divided into the treatment group and the control group by ballot, and 40 patients were included in each group. Among the 40 patients in the treatment group, 29 patients were male and 11 patients were female; the oldest patient was 85 years old and the youngest patient was 40 years old, they were (61.9 ± 10.6) in average; the shortest disease course was 1 month and the longest was 24 months, and the average disease course was (8.7 ± 7.1) months. Among the 40 patients in the control group, 25 patients were male and 15 patients were female; the oldest patients 80 years old and the youngest patients was 41 years old, they were (63.6 ± 9.8) in average; the shortest disease course was 1 month and the longest disease course was 20 months and the

average disease course was (8.3_+ 6.2) months. After statistical analysis, the differences in age and disease course between the two groups were not statistically significant (all $P>0.05$), and the results were comparable.

Diagnostic criteria

The criteria were determined with reference to "Criteria for therapeutic effect in diagnosing symptoms in TCM" issued by State administration of TCM in 1994.² 1. People had ever suffered from herpes zoster and persistent pain for more than one month after skin injuries disappear. 2. Obvious paralgnesia and paraesthesia, local pigmentation. 3. the characteristics of pain were spontaneous cutting-like or lightning – like attack or persistent burning pain, tightening-like pains. 4. The patients suffered from sleep disorders and anxiety symptoms referred to the diagnostic criteria for insomnia and generalized anxiety disorder in Classification and Diagnostic Criteria for Mental disorders in China the third edition (CCMD-3)³.

Inclusion criteria

1. People meeting with the diagnostic criteria : 2. People aging 30-85; 3. The disease course was more than 30 days (including 30d), and it was counted from the time of pain after skin pigmentation. 4. The patients had signed the informed consent.

Exclusion criteria

People meeting with any one of the items as below should be excluded: 1. Special categories belonging to herpes zoster, including herpes zoster in eyes, ears and internal organs. 2. Women in pregnancy or lactation. 3. People with hypersensitive diathesis or scar diathesis. 4. Cases complicated with severe cardiovascular diseases, hepatic diseases, renal diseases, and diseases in hematopoietic system or general failure, patients with malignant tumors or mental disorders. 5. Serious pathogenetic conditions, people incapable of generating accurate evaluations on the efficacy and safety of the treatments. 6. People had ever been administered with corticosteroid hormones or immunodepressants within one month. 7. People suffering from severe sleep disorders or anxiety symptoms before herpes zoster.

TREATMENT METHODS

The treatment group

1. Acupuncture: the acupuncture needles (Jianweishi Brand, produced by Shanghai Taicheng Scientific and Technological Development Co., Ltd) were selected, the specification was 0.30 mm x 40 mm. Jiaji (EX-B 2) and Ashi points were used as the principal points, Shenmen (HT 7), Neiguan (PC 6), Baihui (GV 20), Anmian (EX-HN 18) and other acupoints at the distal end were used as the adjunctive acupoints. EX –B2 were chosen corresponding to the position of skin injuries (nerve segments corresponded to the lesions, the upper nerve segment and the lower nerve segment, 0.5 cun besides the position below spinous process in the dorsomedian line), Ashi points were chosen from the local area nearby the herpes zoster. The acupoints can be increased according to different patterns of syndrome if necessary, for example, corresponding acupoints can be increased according to different positions of herpes zoster for people suffering from obstruction of collaterals by blood stasis, Qimen (LR 14) and Dabao (SP 21) can

be increased for herpes zoster at chest and hypochondrium; Zhangmen (LR 13) and Daimai (GB 26) can be increased for herpes zoster at waist and abdomen.⁴ During needling for EX-B 2, the needle was kept at 45° to the skin and punctured into 25-30 mm to the direction of spinal column. In contrast, encircling needling was carried out for Ashi points and the needle was pointed to the position of lesion. After deqi, LH 202 H type Han's acupoint stimulating device was connected (the stimulus parameters: continuous wave, the frequency was 2 Hz, and the intensity was 2-5 mA), and the needles were withdrawn after switching on for 30min. Conventional needling was carried out for HT 7, PC 6 and other acupoints, even method, and the needles were withdrawn after retention for 30 minutes. The treatments were carried out once a day, six days were considered as one treatment course, an interval of one day was set between two treatment course, and totally two treatment courses were carried out.

(2) Acupoint injection was carried out after the needles were withdrawn, EX-B 2 and Zusanli (ST 36) were selected. Sterile syringes (produced by Shanghai Misawa Medical Industry Co. Ltd.) were selected, and the specification was 10 ml. 2 ml vitamin B1 injection, 1 ml vitamin B12 injection and 3 ml 0.9% sodium chloride injection were taken by using a syringe, the direction and depth of acupuncture were the same to those mentioned above, blood should not be detected in pumpback after needling response, and 0.2-0.3 ml drug solution was slowly injected into each acupoint. The acupoint injection was carried out once for every two days, three times as a treatment course, and totally two treatment courses were carried out.

(3) He-Ne laser therapy : He-Ne laser therapeutic apparatus was used to irradiate local areas of skin injuries, 2-3 positions were selected once, the diameter of the spots was 2 mm. the power density was 2-6 mW/cm², and each position was irradiated for 10-20 min. The laser therapy was carried out once a day, 6 times were considered as one treatment course, an interval of two days was set up between two treatment courses and totally two treatment courses were carried out.

The control group

10 mg controlled release tablets of oxycodone, twice a day, oral administration; 0.5 mg mecobalamin tablets, three times a day, oral administration. Six days were considered as a treatment course, an interval of two days was set up between two treatment courses, and totally two treatment courses were carried out.

Observations indices

Scores for pain, sleep disorder and anxiety degree of the patients were recorded respectively before and after treatment.

(1) Score for pain : visual analogue scale/score (VAS) was used for evaluation. The ruler of 10 cm long was used, every 1 cm stood for score one, score 0 stood for painless, and score 10 stood for acute pain. The patients were required to point out the positions in the rulers that capable of representing the degree of pain at that time, the scores were obtained and the data were recorded.

(2) Score for sleep disorders : excellent, relatively good, common and poor sleep quality scored 1,2,3 and 4 respectively.

(3) Score for anxiety degree : severe anxiety, obvious anxiety, positive anxiety, possible anxiety and no symptom of anxiety scored 5, 4, 3, 2 and 1 respectively.

Criteria for therapeutic effect

The formula for calculating therapeutic effect (in other words, therapeutic indices) : therapeutic indices $n = (\text{VAS score before treatment} - \text{VAS score after treatment}) / \text{VAS score before treatment} \times 100\%$. Healed : $n = 100\%$; markedly effective : $n > 60\%$, $< 100\%$; effective : $n \geq 30\%$, $\leq 60\%$; inefficacy: $n \leq 30\%$.

Statistical analysis

SPSS 18.0 statistical software was used for the statistical analysis. The measurement data were represented by mean \pm standard deviation ($\bar{x} \pm s$), paired t-test was carried out for the with-in group comparison before and after treatment, independent sample t-test was carried out for the between-group comparison : CHI square test was carried out for the numeration data. $P < 0.05$ indicated that the difference was statistically significant.

Results

Comparison in therapeutic effect between the two groups (Table 1)

The results in Table 1 indicated that PHN can be effectively treated in both the treatment group and the control group, but the markedly effective rate of the treatment group were significantly higher than those in the control group (both $P < 0.05$), indicating that the therapeutic effect for the treatment group in treating PHN was better than that of the control group.

Table : 1 Comparison of therapeutic effect of the patients with postherpetic neuralgia between the two group;

Groups	Patients	Healed	Markedly	Effective	Ineffective	Excellence Total Effective
						rate (%) rate (%)
Treatment	40	29	5	6	0	85.0" 100.0"
Control	40	19	7	9	5	65.0 87.5

Comparison of VAS scores of the PHN patients before and after treatment between the two groups (Table 2)

Table 2 Comparison of visual analogue scale (VAS) of the patients with postherpetic neuralgia between the two groups before and after treatments ($\bar{x} \pm S$)

Groups	Patients (Case)	Before treatment	After treatment	P value
Treatment	40	6.27 ± 1.15	1.91 ± 1.31	0.00
Control	40	6.48 ± 1.03	3.05 ± 1.03	0.00
P value		0.39	0.00	

The results in Table 2 indicated that $P > 0.05$ for the comparison in VAS scores before treatment between the two groups, the difference was not statistically significant., in other words, they were comparable; the differences in the within-group comparison before and after treatment in the two groups were statistically significant (both $P < 0.01$), indicating that the pains in the PHN patients can be effectively treated in the two groups; the difference in the comparison between the treatment group and the control group

after treatment were statistically significant ($P < 0.01$), indicating that the therapeutic efficacy of the treatment group in treating the pain degree of PHN was significantly better than that of the control group.

Comparison of the score for sleep disorders and anxiety degree in the PHN patients between the two groups before and after the treatment (Table 3 and Table 4)

Table 3 Comparison of scores for sleep disorders of the patients with postherpetic neuralgia between the two groups before and after treatment ($\bar{x} \pm S$)

Groups	Patients (Case)	Before treatment	After treatment	P value
Treatment	40	3.55 ± 0.50	1.40 ± 0.48	0.00
Control	40	3.60 ± 0.49	2.48 ± 0.85	0.00
P value		0.65	0.00	

Table 4 Comparison of score for anxiety degree in the patients with postherpetic neuralgia between the two groups before and after treatment ($\bar{x} \pm S$)

Groups	Patients (Case)	Before treatment	After treatment	P value
Treatment	40	3.83 ± 0.75	1.73 ± 1.04	0.00
Control	40	3.90 ± 0.59	2.53 ± 1.24	0.00
P value		0.62	0.00	

The results in Table 3 and Table 4 indicated that $P > 0.05$ for the comparisons in the scores for sleep disorders and anxiety degree between the two groups before treatment, in other words, the two groups were comparable in treating sleep disorders and anxiety degree; the differences in the within-group comparison before and after treatment in the two groups were statistically significant (both $P < 0.01$), indicating that the two groups can both effectively alleviate sleep disorders and anxiety in the PHN patients, the differences in the two aspects as mentioned above between the treatment group and the control group after treatment were statistically significant ($P < 0.01$), indicating that the therapeutic effect of the treatment group in treating sleep disorders and anxiety degree in PHN patients was significantly better than that in the control group.

DISCUSSION

Many mental symptoms may be detected in the complications for herpes zoster, some of them may accompany the PHN patient all the time, and sleep disorders and anxiety in PHN patient as mentioned by the authors were two of the complications. The clinical data indicate that 25% of the patients with herpes zoster may suffer from insomnia. 20% of them may suffer from mental suffering (helplessness, frustration, anxiety and others), while more senile patients suffer from insomnia, emotions of anxiety and depression are particularly obvious in the patients with insomnia, and more than 50% of the insomnia patients always simultaneously suffer from anxiety and depression symptoms to different extents [5].

In terms of the causes and pathogenesis of pains of PHN, some scholars believe that the remaining toxins are not completely eliminated and they retain in meridians after

the skin injuries disappeared, and the circulation of qi and blood is blocked; or the diseases are refractory and unhealed, stagnation of liver-qi is detected, circulation of qi and blood is blocked; or the patients suffer from invalidism and asthenia due to senility and physical weakness, the original qi is weak and incapable of expelling the toxins out. As documented in Case Records as Linzheng Zhinan Yian (A Guide to Clinical Practice), "Persistent pains may enter meridians, qi and blood flow in meridians, differentiation between cold and heat, deficiency and excess, even trivial amount of retained evils can lead to pains." In general, excess usually manifests as stagnation of qi and blood, while stagnation of qi and blood may bring about pain; deficiency indicates insufficient qi, which also leads to pains. Intense and intolerable pains may be persistent, which causes the patients sleepless at night and they may be anxious and upset.

Based on the causes and pathogenesis as mentioned above, the present study utilized the combined therapy mainly based on acupuncture in order to dredge meridians, eliminate pains and tranquilize spirits by nourishing the heart, and thus effectively treat the disease. Electroacupuncture can relieve pain, calm nerves and promote circulation of qi and blood, while the exciting functions of continuous waves can increase metabolism, improve histotrophic nutrition and eliminate inflammatory adhesion. Electroacupuncture can also combine acupuncture needle stimulation and physiological effects of electricity, reinforce the functions of acupuncture in order to exert better analgesic effects. EX-B 2 is located between Governor Vessel and Bladder Meridian of Foot-Taiyang, and thus EX-B 2 can regulate qi of yang meridians in Governor Vessel. Bladder Meridian and even all over the body. Yang qi is also termed as healthy qi, strong healthy qi may lead to weak evil qi, and it is the so termed support of healthy energy to eliminate evils in TCM. In terms of local anatomy, each EX-B 2 corresponds to ramus posterior nervorum spinalium distribution below corresponding vertebra, and each EX-B 2 can be selected for treating diseases in corresponding areas where nerve segments distribute. Acupuncture injection is also known as the traditional hydro-acupuncture, vitamin B1 and vitamin B12 selected in the preset study can reinforce neurotrophs, promote the recovery in injured nervous tissue and reinforce analgesic effects. Combination of injection in EX-B 2 can overlap the acupoint effects and the pharmacological actions, which can not only promote the therapeutic effects of acupuncture points in dredging meridians, but also directly inject the drugs nearby the injured nerves and exert the pharmacological effects of the drugs and further reinforce the therapeutic effect.

Acupuncture at HT 7, PC 6, GV 20, EX-HN 18, Sanyinjiao (SP 6), ST 36 and other adjunctive acupoints at the distal end can calm patients down, calm their mind, harmonize meridians, qi and blood, then balance yin and yang, improve sleep and alleviate anxiety. He-Ne laser irradiation can effectively improve local microcirculation, and it can prevent inflammations and then play adjunctive roles in killing pains. In general, the combined therapy in the present study utilizes the therapeutic principle by activating meridians to stop pain and tranquilizing by nourishing the heart, finally realize the clinical purposes to relieve pain, improve sleep and alleviate anxiety.

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ACUPUNCTURE ASSOCIATION OF INDIA GENERAL SECRETARY'S REPORT FOR THE YEAR 2013

In the occasion of 40th General Body Meeting of A.A.I. it is my pleasure to express my heartfelt thanks to all members of A.A.I., for their protracted endeavoring effort for fulfilment of the dream related to Acupuncture and participation in the meeting. It is our only platform to express our thoughts related to Acupuncture. Today we shall discuss over activities of Acupuncture Association of India in the just passed year.

All of our members are very busy with activities of day to day life. Still we come to participate. Because we love Acupuncture. We love our association. Today we express our humble gratitude to Dr. Bijoy Kumar Basu, pioneer of Acupuncture in India and founder President of A.A.I.

Membership and Organization - We have 569 members all over India. We want more members. All the states must be properly represented in member's list. In the year 2013 we hold election of new Executive Committee. After that new office bearers were elected.

National Conference - 16th National Conference of A.A.I. will be held at prestigious Bombay Hospital, Mumbai on 13-14th December 2014. There will be Pre-Conference workshop also. Dr. Romi Barhamji will be the chairman of the Organizing Committee of the Conference. Good number of delegates is expected to participate in the Conference from National and International level. From last conference we have introduced Dr. B. K. Bassu Memorial Oration Award. Other than this free paper awards will be given. These awards will inspire our Acupuncturist friends to devote in more and more research works on Acupuncture.

Journal and Publications of A.A.I. - We publish three issues of Journal every year. These journals are published and circulated to all of our members. The total expense is born by A.A.I. This gives pressure to the fund of A.A.I. We demand few advertisements from our members to meet some portion of the expense. We are sending Journals to all of our members. But cannot get response from a good number of members. English book "Dr. Bijoy Kumar Basu and Acupuncture in India" written by Dr. Mrigendranath Gantait, Vice-President of A.A.I. is published by A.A.I.

Training Course - At present mother body of A.A.I. is not running any training course of its own. But different State Branches are running their own courses.

WFAS - A.A.I. maintains regular contact with WFAS. It is the World body of Acupuncture and Moxibustion. A.A.I. is one of the founder members of WFAS. Dr. Nirmalendu Basu Ex-President of A.A.I. is an Executive Member of WFAS and Member of Editorial Committee of World Journal of Acupuncture & Moxibustion published by WFAS, Beijing. Our members participate in conference and seminars organized by WFAS in different countries.

Recognition of Acupuncture by State Governments and Central Government - In the State level Acupuncture is recognized only in West Bengal. It is being practised in several Government Hospitals of West Bengal. A.A.I. has branches in different states like Delhi, Punjab, Karnataka, West Bengal and Orissa. All branches are trying their best for recognition of Acupuncture by their respective State Government with the help of A.A.I. Regarding activities of Central Government in this regard we have not received any further more positive development till date. Central Government allowed only qualified medical practitioners to practise Acupuncture after getting required training.

It can be recalled that a National Co-ordination Committee was formed. Dr. Raman Kapur was elected convener of the committee. This committee is well represented by A.A.I. A deputation was given to the high power Committee of ICMR headed by Dr. B. M. Katoz, Director General of ICMR by the steering committee of the Co-ordination Committee in the month of May 2012. No positive attitude is observed from the Government's side. Dr. B.M. Katoz inaugurated 15th National Conference of A.A.I. held at Delhi in December 2012. He could not give any assurance of recognition of Acupuncture by Central Government.

Branches - A.A.I. has five state branches. These are in West Bengal, Karnataka, Orissa, Punjab and Delhi. Other than these branches we have members all over India. Branches are working in their own way. All of them are not functioning properly. Some lack in communication with the branches is being observed. We are trying to maintain communication with the branches through Journal of A.A.I. and personally. We feel our integrity more in different programmes like conferences and symposiums.

National Acupuncture Day - First March is the birthday of Dr. Bijoy Kumar Basu, pioneer of Acupuncture in India. This year this day was celebrated as National Acupuncture day. Mother body organized a road rally and a seminar with participation of patients, doctors and well-wishers. The day was observed all over India by different branches and individual members. It was decided that every year A.A.I. will observe the day as National Acupuncture Day.

Some thought - At present there is no Central Council. So uniform development of Acupuncture is not being observed in different parts of the Country, even amongst our members. A.A.I. is not in a position to play the ideal role for standardization of Acupuncture. We hope like other pathies it will get a standard methodology to be practised in different parts of the country.

Goal - The goal is long away. Now a days people are more interested in holistic methods of treatment. Irrational uses of drugs are bringing some unwanted side effects. So methods like Acupuncture getting more and more acceptance. We must extend all our efforts for development of Acupuncture and to spread it to every nook and corner of the country. Our diligent devotion will lead us to achieve the goal in near future.

DEAR MEMBERS

Please attend
16TH NATIONAL CONFERENCE OF AAI
(AAICON-2014), Bombay Hospital, Mumbai
13-14 December, 2014
with your paper, experience & active help.

Registration Fee Rs. 2500/-
on or before 31st October 2014
and
after that Rs. 3000/-