



**Election of Executive Committee
Members of AAI for 2019-2021**
Last date of submission of filled up
Nomination Form-31st August, 2019
(Nomination Form and other details inside)

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what is to be done!**

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- General Secretary's Report for 2018

**7th National Symposium of AAI Lucknow, UP
30th November, 1st December, 2019**

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DR. MRIGENDRANATH GANTAIT**

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EDITORIAL

Editor:- Dr. Bhabani Prasad Sahoo

Editorial Board

Dr. M. N. Gantait, Dr. B. J. Bhattacharya, Dr. A. K. Ghanta, Dr. A. P. Nayek

POST-RECOGNITION TASKS —WHAT IS TO BE DONE!

Protracted movement of Acupuncture Association of India (AAI) and, to speak the truth, wish of all acupuncture practitioners of our country have seen the first step of fulfilment. — official order from Government of India had been issued for recognition of Acupuncture as a separate system of healthcare / therapy, on 21st February, 2019 (see the previous issue of JAAI, Vol 25, No. 1, January - April, 2019). Before that, officially Acupuncture was accepted as a Mode of therapy in India [Vide, Ministry of Health & Family Welfare Order No. R. 14015/25/96 - U & H (R) (Pt) dated 25.11.2003]. So, now onwards, Acupuncture has gained its due status as a system of therapy in our country like other systems viz modern medicine (allopathy), Homoeopathy, Ayurveda, Yunani, Yoga & Naturopathy.

But obvious in this stage, this positive Government step has opened the gate of volley of tasks for proper, prople and scientific spread and establishment of Acupuncture system of therapy in the country. For this, an Apex Committee on Acupuncture has been formed by the Ministry of Health and Family Welfare, Government of India, “for the purpose of promotion and regulation on Acupuncture as a system of Healthcare / Therapy.” National Council of Acupuncture Therapy should be formed. Rules and regulations for training of medical and non-medical persons in acupuncture, their registration and duties, opening Government Acupuncture units in different hospitals of the country, appointment of acupuncture doctors, research works, establishing acupuncture institution, exchange of knowledge with other countries, integration with other systems of therapy for optimal service in healthcare etc etc have to be done.

Already, there is West Bengal Council of Acupuncture Therapy (formed in 1997), along with its elaborate rules and regulations. It may act as the pioneer, but obviously there would be much more development, both technically and ethically. AAI, as the largest and oldest organisation of acupuncture practitioners in the country always expects unbiased, scientific and sincere approaches in this regard, so as to spread the therapy to the grass root level throughout the country, so that all citizens of India can afford and avail themselves of this therapy as and when needed. At the same time, we would expect that within few years, next to People's Republic of China, India would be a model place for acupuncture training and service and people from other countries of the world would throng in India for treatment and training. That would also fulfil the dream of Dr. Bejoy Kumar Bose (1912-1986), our founder President, and the doyen of acupuncture therapy in our country.

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NEWS

APEX COMMITTEE ON ACUPUNCTURE

At the time of “recognition of Acupuncture as a system of Healthcare / Therapy” by the Government of India (Office order No. U-11018/03/2018-HR/e office-3164145, dated 21st February, 2019 of Ministry of Health and Family Welfare, Department of Health Research, Government of India), an Apex Committee, comprising of nine members, was announced (for details see JAAI, Vol. 25, No. 1, January-April, 2019) with provision of co-option of member/expert from the relevant field, depending on requirements. Accordingly four members have been co-opted in the said committee. They are Dr. Mrigendranath Gantait (WB), Dr. Debasis Boxi (W.B.), Dr. Rumi F. Beramji (Mumbai) and Dr. (Mrs.) Sunita Kapur (New Delhi). It may be mentioned that all of them are life members of AAI also. It has also been known that, Dr. Anup Raj Gogia (New Delhi), Ex-Professor of Anaesthesiology and life member of AAI, has replaced Dr. A. Mooverithan of the original Apex Committee for the nonavailability of the latter.

OBITUARY

We are sad to know that, **Dr. Amarnath Singh**, a veteran acupuncturist of Bihar and life member of Acupuncture Association of India (AAI), has breathed his last on 5th. June, 2019, after a short illness. He played a very important role in spreading and popularising acupuncture in Bihar. He was a regular participant in conferences and symposia of AAI. We deeply condole his unexpected death.

Dear Members

Please attend 7th National Symposium of AAI, Lucknow, UP. Those presenting papers are requested to submit printed copy of their papers to General Secretary, AAI. or Editor, JAAI. for printing in JAAI.

Sorry!

We are sorry that due to some unavoidable circumstances there had been many printing mistakes in the last issue of JAAI (Vol. 25, No. 1, January-April, 2019). We shall try to minimise them as far as possible in future. Inconvenience is regretted.

—Ed. JAAI

ARTICLE 1

TREATMENT OF CELLULITE BY ACUPUNCTURE

Nilesh Patel*

INTRODUCTION

Cellulite is defined as, superficial pockets of trapped fat (lumpy, irregular fatty deposits), which cause uneven dimpling or "Orange peel" skin, around women's hips, buttocks, and thighs. About 85- 95% of women suffer from cellulite. Cellulite is a naturally occurring process that is set off in women by the estrogen hormones. According to TCM cellulite is a form of phlegm turbidity.

According to TCM it is due to Phlegm or/Dampness obstruction in skin and Qi & blood stagnation.

Classification of cellulite Classified as grade 0 to 3—

Grade 0: There is no alteration to the skin surface.

Grade 1: The skin is smooth in standing or lying position; but on pinching or during muscle contraction, it looks like mattress or orange peel.

Grade 2: The "orange peel" or "mattress" appearance is evident when standing, without the use of any manipulation (skin pinching or gluteal muscle contraction)

Grade 3: Grade II plus presence of raised and depressed areas and nodules.

MATERIALS METHOD

We have treated 1383 patients of cellulite in our clinic since Jan 2008 to December 2017 by using Body Acupuncture. Before the treatment was commenced, the following observations were carried out.—A complete history and physical examination of patient & anthropometry which include the Height, Weight, and Skin fold thickness of different parts of body.

For cellulite, we examined the patients in standing position with muscle relaxed using the pinch test, in which the skin in the area to be examined is pinched between the thumb and index finger to form a fold by skin fold plicometry.

After this measurement we selected the Acupuncture points. Generally we used Sp 9, Sp6, Sp 10, St 40, St 34, Li11, PC 6 to expel phlegm & move Qi & Blood. For the local area we applied Local needling in cellulite area. Needles are inserted in the centre & on the periphery of cellulite, the peripheral needles are going outward at 30 degree. Some other points were added according to the associated problems of patients. Few of these points are stimulated with Electro stimulator.

OBSERVATIONS We have treated 1383 women patients. Age from 21 to 55 years. Out of 1383, 871 had obesity with cellulite while 512 were simple cellulite patients. 301 patients had grade 1; 320 patients had grade 2 and 762 had grade 3 cellulite.

Presented in the 18th National Conference of AAI, Chennai, 15-16 December, 2018.

** MBBS, DGO, PGDM (Geriatric Medicine)*

G 1 Tapasya Apt., 31/3 Ganesh Colony INDORE 452004 Tel 0731 422665 INDIA

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Acupuncture gave very good results in grade 1 and 2 cellulite (69-77%) and good result in grade 3 (52%). Acupuncture treatment reduces Orange peel, Edema, Pain, Congestion and in some cases varicose veins.

DISCUSSIONS The treatment of cellulite have included many types of treatments like local application of oil, massage, light therapy etc.—someway or other which are no complete solution for cellulite. But Acupuncture proves itself more reliable as compared to other methods, because it has no side effects and long lasting results are there. During treatment we found that along with reduction of cellulite other problems like leg cramps, edema, and leg pain are simultaneously cured. We also found collagen formation along with skin tightening in these patient's feeling.

ARTICLE-2

ACUPUNCTURE IN CARPAL TUNNEL SYNDROME

A. P. Nayak*

Carpal tunnel syndrome (CTS) is a medical condition that causes numbness, tingling, or burning sensations in the thumb, index and middle fingers and radial half of the ring finger. Ache and discomfort can possibly be felt more proximally in the forearm or even the upper arm. It reduces patient's quality of life & increases the economic burden of Medical Care. Drugs like NSAIDs & corticosteroids do not appear to be useful for giving long term relief from CTS. Surgery is effective, but can take a year for recovery & chances of recurrence is more likely, which may force patient to go for repeated surgery. The objective of this study was to evaluate the efficacy of Electro Acupuncture (EA) in Carpal Tunnel Syndrome.

Methods: A total of 10 patients with Carpal Tunnel Syndrome who were treated with Acupuncture between May 2015 to Oct 2016 are included in this study. Acupuncture points were selected mainly by modern medical methods. Treatment was consisting of 4 courses of Electro Acupuncture (EA), where each course was for 15 sittings. The patients were followed up every 6 months up to 2 years with additional 5-10 sittings of EA for maintenance.

Results: Excellent in 60%, Good in 20%, Satisfactory in 10%, & Poor in 10 % of patients.

Conclusion: With recovery rate as high as 90% without relapse & adverse effects EA should be considered as a better option for the treatment of Carpal Tunnel Syndrome. Studies indicate that acupuncture not only helps recovery of carpal tunnel syndrome but also reduces the factors involved in causation of CTS. But further multicentre studies with long term follow up are necessary for strong documentation. (Abstract)

Presented in the 18th National Conference of AAI, Chennai, 15-16 December, 2018

* BHMS.

Consultant Acupuncturist, Nayak Clinic & Acupuncture Research Centre, E/2, Koel Nagar, Rourkela - 769 014

The Clinic & Acupuncture Centre, Jagda, Rourkela - 769042 Email: dr.apnayak@rediffmail.com

REPRINT

Study on the effect of acupuncture at Sishencong (EX-HN1) and Baihui (GV 20) on the serum amino acid neurotransmitters of insomnia patients

PAN Yu*, LUO Ji**, ZHANG Hong-lei*

ABSTRACT

Objective To explore the efficacy of acupuncture at Sishencong (EX-HN 1) and Baihui (GV 20) as well as the possible mechanism. **Methods** Eighty cases of insomnia patients treated in our hospital were selected, and randomly divided into a control group and a treatment group according to the random number table method. Conventional treatment was carried out in the control group by giving diazepam tablets, and acupuncture at EX-HN 1 and GV 20 was conducted in the treatment group. The sleep time and quality, PSQI score, and the level changes of blood glutamic acid (GLU), γ -aminobutyric acid (GABA), norpinephrine (NE) and dopamine (DA) were compared in the patients in each group before and after treatment. **Results** Compared with the results before treatment, the time for falling asleep of the patients in the two groups shortened (both $P < 0.05$), the levels of GLU and GABA increased (all $P < 0.05$), the sleep time was longer (both $P < 0.05$), and the levels of NE and DA, as well as the PSQI score reduced (all $P < 0.05$). Compared with the control group, the levels of NE and DA, as well as the PSQI score of patients in the treatment group reduced after treatment ($P < 0.05$), the time for falling asleep shortened ($P < 0.05$), the levels of GLU and GABA increased ($P < 0.05$), and the sleep time was longer ($P < 0.05$). **Conclusion** Acupuncture at EX-HN 1 and GV 20 can prolong the sleep time, improve the sleep quality, and the clinical efficacy is superior to that of western medicine treatment. The mechanism may be related to the synthesis and release of amino acids neurotransmitters.

KEY WORDS: Insomnia; acupuncture; Sishencong (EX-HN 1); Baihui (GV 20)

According to statistics, the incidence of insomnia in middle-aged patients increased from 17.39% in 2000 to 31.68% in 2010, which seriously affected the functions of endocrine, digestive and circulatory systems^[1-2]. The increase of excitatory neurotransmitters synthesis and decrease of inhibitory neurotransmitters synthesis of insomnia patients makes the central nervous system remain in highly nervous and excited state. Although the traditional sleep-inducing drugs possess rapid and strong efficacy, the drug resistance and addiction due to long-term administration result in not-ideal clinical treatment effect, and some patients

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** Acupuncture-Moxibustion Department, Chongqing Traditional Chinese Medicine Hospital, Chongqing 400021, China; ** Traditional Chinese Medicine Department, Fuling Center Hospital of Chongqing City*

may manifest as headache, vertigo, and lassitude etc. after waking up^[3]. Clinical trials^[4, 5] have confirmed that acupuncture at Sishencong (EX-HN 1) and Baihui (GV 20) can improve the cerebral blood flow velocity, regulate the meridians and collaterals and *qi*-blood balance, promote the absorption of amino acids in the digestive system, induce large-scale synthesis of amino acids neurotransmitters, inhibit the central nervous system excitation, calm the mind and assist sleep, dredge the meridians and collaterals, regulate *ying-wei* vessel, thus improving the sleep quality and restoring the functions to the normal levels. In this study, the effects of acupuncture at EX-HN 1 and GV 20 on the sleep time and quality, PSQI score, and the level changes of blood glutamic acid (GLU), γ -aminobutyric acid (GABA), norepinephrine (NE) and dopamine (DA) of the insomnia patients before and after treatment were explored based on the clinical research and analysis, providing scientific bases for clinical prevention and treatment of insomnia.

CLINICAL DATA

General data

Eighty patients who were diagnosed with insomnia in our hospital from June, 2014 to June, 2015 were collected, including 47 males with the mean age of (56.1 ± 3.5) years old and 33 females with the mean age of (55.9 ± 3.3) years old, and the average course of disease was (1 ± 0.2) years. The patients were divided into a treatment group and a control group based on the random control table: 40 patients in the treatment group including 23 males and 17 females with the mean age of (55.5 ± 3.1) years old, and average course of disease of (1 ± 0.4) years; 40 patients in control group including 24 males and 16 females with the mean age of (55.7 ± 3.2) years old, and average course of disease of (1 ± 0.2) years. The general information of the patients in the two groups was similar, and the difference was not statistically significant ($P > 0.05$).

Diagnostic and exclusion criteria

(1) The diagnostic bases were established by reference to *the Guidelines for the Diagnosis and Treatment of Adult Insomnia in China*^[6]. The time for falling asleep was longer than 30 min, and the sleep quality declined; the times of awakening during night was more than 3; the total sleep time was less than 6 h; memory and attention declined in varying degrees, and the physical condition and immunity reduced; with restlessness and anxiety, depressive disorders, sleepy in the daytime; the ratio of rapid eye movement (REM) sleep declined.

(2) Exclusion criteria: with other severe cardiovascular and cerebrovascular diseases; with administration of hypnotic or sedative drugs; with severe liver and gallbladder diseases; leukemia patients; with psychological problems.

All the patients have signed the Informed Consent Forms, and this study was reviewed and approved by the Ethics Committee of our hospital.

METHODS

Therapeutic method

Diazepam tablet (Shanghai Yurui Biotechnology (Anyang) Pharmaceutical Co., Ltd., GYZZ H41020016, 2.5 mg) 5 mg per night was given to the patients in the control group by oral administration before sleep. Acupuncture at EX-HN 1 and GV 20 was conducted in the treatment group. By reference to *Science of Acupuncture and Moxibustion*^[7], GV 20 locates in the intersection of the connecting line of the two tips of ears and the median line of the head, and EX-HN 1 locate in the four points 1 *cun* away from GV 20 in the directions of front, rear, left and right. Oblique insertion was carried out by adopting 40 mm long filiform needles along the meridians and collaterals, and even reinforcing and reducing method was adopted. After needle retention for 10 min, twirling and reinforcing and reducing was performed for 1 min, and then the needles were retained for 20 min. In both two groups, treatment for 7 days was considered as one course of treatment, and the efficacy and physicochemical indices were observed after 2 consecutive courses of treatment.

Clinical efficacy observation

The indices such as time for falling asleep, total sleep time, the number of times of awakening, sleep quality, and mental state in the daytime, etc. were recorded every day, and the efficacy after treatment for 1 week and 2 weeks was evaluated by reference to the diagnostic and scoring criteria of insomnia in international PSQI.

Physicochemical indices detection

Venous blood was sampled after the patients were fasting for 8—10 hours on the day before treatment and the day after treatment, then the blood was centrifuged in the speed of 3 000 r/min for 10 min. Serum was separated from plasma, and they were placed in the refrigerator at -20°C for detection of the levels of GLU, GABA, NE and DA in plasma on the fully automatic biochemical analyzer after the experiment was completed. The experimental results in each group were analyzed and compared.

Statistical analysis

Data analysis was performed by taking SPSS 17.0 statistical software package, and measurement data were expressed as mean \pm standard deviation ($\bar{x} \pm s$). Homogeneity test for variance was conducted for the data in each group, if the variance was homogeneous, one-way analysis of variance was adopted for the comparison between groups, and *SNK-q* test was applied for the comparison between any two groups; if the variance was heterogeneous, *rank-sum* test was adopted for the comparison between groups, and Mann-Whitney method was applied for the comparison between any two groups. When $P < 0.05$, the difference was statistically significant.

RESULTS

Comparison of the sleep time and the time for falling asleep of the insomnia patients in the two groups

As shown in Table 1, no difference was detected between the two groups before treatment, compared with the results before treatment, the sleep time of the patients in the two groups prolonged, and the time for falling asleep shortened (both $P < 0.05$); compared with the control group, the sleep time in the treatment group was longer, and the time for falling asleep was shorter (both $P < 0.05$).

Table 1 Comparison of the sleep time and the time for falling asleep of the insomnia patients in the two groups before and after treatment

Groups	Patients	Time	Sleep time	Time for falling asleep
Treatment	40	Before treatment	4.41 ± 1.27	1.52 ± 0.25
		After treatment	$8.48 \pm 1.54^{1)2)}$	$0.39 \pm 0.18^{1)2)}$
Control	40	Before treatment	4.51 ± 1.28	1.51 ± 0.21
		After treatment	$6.28 \pm 1.04^{1)}$	$0.93 \pm 0.28^{1)}$

Notes: compared with the results before treatment in the same group, $^{1)}P < 0.05$, compared with the control group after treatment, $^{2)}P < 0.05$.

Comparison of the sleep scores of the insomnia patients in the two groups

As shown in this study, no difference was detected between the two groups before treatment, the PSQI scores of the patients in each group after treatment were improved (both $P < 0.05$); compared with the control group, the PSQI score in the treatment group was superior to that in the control group (both $P < 0.05$). The details were shown in Table 2.

Comparison of the levels of GLU and GABA of the insomnia patients in the two groups before and after treatment

As shown in Table 3, no difference was detected between the two groups before treatment, the levels of GLU and GABA of the insomnia patients in each group increased after treatment (all $P < 0.05$); compared with the control group, the levels of GLU and GABA of treatment group were higher (both $P < 0.05$).

Table 2 Comparison of the PSQI score of the insomnia patients in the two groups before and after treatment

Groups	Patients	Before treatment	Treatment for 1 week	Treatment for 2 weeks
Treatment	40	15.81 ± 2.37	$9.87 \pm 2.02^{1)}$	$6.51 \pm 1.50^{1)}$
Control	40	15.87 ± 2.57	11.28 ± 2.08	9.81 ± 1.87

Note: Compared with the control group after treatment, $^{1)}P < 0.05$.

Table 3 Comparison of the levels of GLU and GABA of the insomnia patients in the two group before and after treatment

Groups	Patients	Time	GLU	GABA
Treatment	40	Before treatment	341.33±134.77	228.80±122.81
		After treatment	491.35±159.54 ¹⁾²⁾	290.90±125.37 ¹⁾²⁾
Control	40	Before treatment	339.21±135.28	229.31±121.57
		After treatment	433.51±148.87 ¹⁾	277.68±15.51 ¹⁾

Notes: compared with the results before treatment in the same group, ¹⁾P<0.05; compared with the control group after treatment, ²⁾P<0.05.

Comparison of the levels of NE and DA of the insomnia patients in the two groups before and after treatment

As shown in Table 4, no difference was detected between the two groups before treatment, the levels of NE and DA in each group reduced after treatment (all P<0.05); compared with the control group, the levels of NE and DA of treatment group were lower (both P<0.05).

Table 4 Comparison of the levels of NE and DA of the insomnia patients in the two groups before and after treatment

Groups	Patients	Time	NE	DA
Treatment	40	Before treatment	61.57±5.45	57.98±5.82
		After treatment	41.30±3.54 ¹⁾²⁾	42.86±3.79 ¹⁾²⁾
Control	40	Before treatment	61.75±5.21	59.88±5.57
		After treatment	51.57±5.20 ¹⁾	51.34±4.27 ¹⁾

Notes: compared with the results before treatment in the same group, ¹⁾P<0.05; compared with the control group after treatment, ²⁾P<0.05.

DISCUSSION

In recent years, insomnia has become one of the most serious diseases in the middle-elderly patients due to the increasing pressure of life. The lack of sleep time and sleep quality seriously affects the patients' daily life and work efficiency. In the early stage, there were some limitations in the understanding of insomnia. However, the complete evidence-based medicine system in diagnosis and treatment has been established based on the in-depth research of insomnia. The etiology of primary insomnia, mainly including mental pressure, and anxiety, etc., has not been clear. Secondary insomnia can be induced by underlying disease, mental disease, drug stimulation and other factors^[8]. The clinical symptoms of insomnia mainly include difficulty in falling asleep, poor sleep quality, short sleep time, decline of attention and memory during work and learning, sleepiness in the daytime, lethargy, and even flusteredness, palpitation, chest oppression and other disorders of vital signs. Oral administration of hypnotic drugs, as the traditional treatment method of insom-

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nia, may cause certain drug resistance and withdrawal syndromes due to long-term administration, and the clinical effect is often not very good although the short-term effect is rapid, and the sleep time and quality can return to the normal conditions. Clinical studies^[9-10] have shown that acupuncture at EX-HN 1 and GV 20 can promote the blood circulation in the brain, harmonize *ying-wei*, balance *yin-yang*, soothe *qi* movement, quiet the heart and calm the mind, facilitate the absorption and synthesis of amino acids, regulate the synthesis and release of neurotransmitters, thus possessing a good therapeutic effect on the insomnia induced by sympathetic nervous excitation. In addition, acupuncture has rapid and lasting effect, and satisfactory efficacy can be obtained according to the insomnia quality score after treatment. In this study, satisfactory efficacy was obtained through acupuncture at EX-HN 1 and GV 20 from the perspectives of serum amino acids neurotransmitters, sleep time and quality, and PSQI score. Plasma amino acids neurotransmitters, such as GLU and GABA, are the inhibitory neurotransmitters, which can inhibit the over discharge and excitation conduction of central nervous system^[1]. Acupuncture at EX-HN 1 and GV 20 can promote the unblocking of meridians and collaterals in the brain, accelerate *qi* and blood circulation, improve the absorption of amino acids in the spleen and stomach indirectly, ensure the normal secretion and synthesis of plasma amino acids neurotransmitters such as glutamic acid and γ -aminobutyric acid, alleviate central nervous excitation induced and aggravated due to mental stress and mood swing, so as to ensure the REM sleep time, improve the sleep quality of insomnia patients, and excellent.

It was also found in our study that acupj-at EX-HN 1 and GV 20 can inhibit the synt biological primary amines neurotransmitters the over discharge on central nervous syst the nerve conduction, and alleviate the ir symptoms of patients induced and aggravate due to restless with anxiety, tension and excitatioi been shown from studies^[12-13] that large ami norepinephrine, dopamine and releasing he are synthesized in the hypothalamus w'. human body is stimulated by stress. These biological primary amines neurotransmitters can men permeability and excitation of anterior and posterior membranes of synapse, accelerate the rele conduction of neurotransmitters, thus large of norepinephrine and dopamine are store synaptic vesicle, the neurotransmitters are around the neuronal cells through electrophys conduction, the central nervous system ex is improved, therefore, the insomnia sympt aggravated. Acupuncture at EX-HN 1 and GV 20 promote the meridian *qi* circulation in coi vessel and governor vessel and the brain, re tension and anxiety, alleviate central nervous e and local muscle tension, improve sleep the sensibility of the nerve cells to norepinephrine and dopamine, promote the blood and tiss circulation in the brain, disassimilate the excessive amount of norepinephrine and dopamine, thus well controlling the conditions of insomnia patients.

Studies^[14-15] have shown that when th body enters into REM and deep sleep from light sleep, the muscles relax, muscle tension red horizontal rapid-eye movement is found, and 1 flow to the brain increases. Long-term bio the REM sleep of the subjects can cause sleepiness in the daytime, lethargy, memory deterioration, even habitual difficulty in falling asleep, transient deep sleep and other symptoms. Acupuncture at Ex-HN I and GV 20 can promote the vascular smoot relaxation and blood flow increase in the patients. relieve the muscle tension and s shorten the time for falling asleep, reduce the number of times of

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awakening, and make the sleep qi sleep time return to normal levels. After treatment satisfactory curative effect was obtained by PSQI assessment standard, side effect caused by long-term oral administration was avoided, the clinica was improved, and recurrence rate was reduced.

In this study, based on the comparison of the levels of glutamic acid, γ -aminobutyric acid, norepinephrine and dopamine, the sleep time and quality, and PSQI score of the 80 insomnia patients before and after treatment, it was confirmed that acupuncture at EX-HN 1 and GV 20 can promote the blood circulation and the unblocking of meridians and collaterals and qi-blood in the brain, facilitate the synthesis of amino acids neurotransmitters, inhibit the biological primary amines neurotransmitters conduction, thus improving clinical efficacy and avoiding side effect of drugs. During further studies, the improvement of reinforcing and reducing method in acupuncture and electroacupuncture will be analyzed and compared, making further analysis and demonstration for the clinical diagnosis, treatment and prognosis evaluation of insomnia and other neuropathic encephalopathy.

References may be supplied on request.

7TH NATIONAL SYMPOSIUM OF AAI

Venue — Hotel Hyatt, Lucknow (UP)

30th. November - 1st December, 2019

Registration Fee Rs. 4500/- (AAI & ASA Members) (Before 30th. September, 2019)
(for 10 delegates, if total registration fee is paid together, registration fee for individual delegate - Rs. 3800/-)

President of Organising Committee-- Dr. Nilesh Patel.

Secretary -- Dr. Mahesh Varma. Mobile:-9839670883

Jt. Secretary--Dr. Rajesh Varma.

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ORGANISATION

Acupuncture Association of India General Secretary's Report for the year 2018

On the occasion of 50th General Body Meeting of A.A.I. I am expressing my thanks to all members of A.A.I, for their enthusiastic participation in the meeting. It is the only platform where our members can express their thoughts related to Acupuncture. Today we shall discuss over activities of Acupuncture Association of India in the just passed year. 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 645 members all over India. We want more members. All the states must be properly represented in the member's list.

National Conference: 18th National Conference of A.A.I. was held at Blue Lagoon Beach Resort (Chennai) on 15-16 December 2018. Dr. Muthukumar was the Chairman of the Organizing Committee of the Conference. Good number of delegates participated in the Conference. AAI has introduced Dr. B. K. Basu Memorial Oration Award. Other than this free paper award was given from Odisha Branch. Dr.B.K.Basu Memorial Oration was delivered by Dr.Raman Kapur, Vice-president of AAI. This year 7th National Symposium is going to be held at Lucknow on 30th November and 1st December 2019. Dr. Mahesh Varm, Dr. Nilesh Patel and Dr. Rajesh Varma will organize it.

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. Under the above mentioned circumstances it was resolved that our members from different states will donate money for publishing one issue of the Journal individually. His or her name will be published in front page of the Journal. Few donors remitted the money. We want more volunteers.

Website of AAI: Website of AAI has come into existence,—
www.acupunctureassociationindia.com. We are circulating all important information, scientific papers and Journal of AAI through this website. It is an interactive website. We are publishing list of practising Acupuncturist members. Necessary communication from members is required in this regard. AAI has a popular face book page. All members are requested to go through it.

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. Mrigen Gantait, President of AAI is elected as a member of the executive committee of WFAS in the year 2017. Our members attend conferences and seminars organized by WFAS in different countries.

Exchange Programme with China: In the month of August 2016 a three membered teacher's delegation came from China. There was a four days exchange programme with members of AAI at Kotkata. In the month of October 2016 a team of ten senior Acupunc-

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turist members of AAI under the leadership of the President of AAI, visited China with exchange programme at Hunan University and meeting with highest body of TCM at International Centre of Traditional Chinese Medicine at Beijing.

Recognition of Acupuncture by State Governments and Central Government: In the State level Acupuncture was recognized in West Bengal and Maharashtra. It is being practised in several Government Hospitals of West Bengal so long. But now second state immersed Maharashtra. Next part of development is under process under the leadership of our E.C.member Dr. Beramji. A.A.I. has branches in different states like Delhi, Punjab, Karnataka, West Bengal and Orissa and Chennai. All branches are trying their best for recognition of Acupuncture by their respective State Government with the help of A.A.I. It can be recalled that a National Co-ordination Committee was formed.

Dr. Raman Kapur was elected convenor of the committee. This committee is well represented by A.A.I. At present the liaso is being maintained by Dr. Raman Kapur. Last year there was a meeting of Natronal Coordination Committee with Central Health Minister Honorable Sri J.P.Nadda. Good number of members of AAI were present in the meeting. His attitude towards Acupuncture was very good. Other than this, several meetings of interdepartmental committee were held last year. We are waiting for some good news regarding Central recognition.

Branches: A.A.I. has five state branches. These are in West Bengal, Karnataka, Orissa, Punjab, Delhi and Chennai. AAI also has Lucknow Branch. 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 also an audiovisual presentation on life and works of Dr. B. K. Basu was presented by Dr. M. N. Gantait, President of AAI. with participation of patients, doctors and well-wishers. The day was observed all over India by different branches and individual members.

In Addition: There is a good news--Central Government has given recognition to Acupuncture as an independent system of therapy by an order issued from Ministry of health and Family Welfare, Govt of India on 21.02.2019. AAI was all along with Central Coordination Committee in the protracted movement of long years. We hope the process of standardization of Acupuncture will start now by formation of Nodal Institutes in different parts of India.

Dr. B. Bhattacharya (Gen Secretary AAI)

Vol 25, No.2; May-August, 2019

Minutes of the 50th General Body Meeting of Acupuncutre Association of India (AAI)

Held on 4th May, 2019, at 4 pm at Dr. B. K. Basu Memorial Research & Training Institute of Acupuncture; 188/87, Prince Anwar Shah Road, Kolkata 700045.

D. M. N. Gantait, President of AAI, presided over the meeting.

- Agenda 1 :** Dr. B. Bhattacharya read the minutes of the Extraordinary General Body Meeting of AAI held on 16th December, 2018, at Blue Lagoon Beach Resort, Chennai. It was confirmed.
- Agenda 2 :** Dr. B. Bhattacharya read the draft General Secretary's report for the year 2018. It was confirmed.
- Agenda 3 :** Audited accounts of AAI for the year 2018 was submitted by Dr. H. Samanta. It was accepted.
- Agenda 4 :** The General Body decided that Sri S. C. Raha (Chartered Accountant) will remain as auditor for the next year.
- Agenda 5 :** Dr. B. Bhattacharya reported that the venue of the 7th National Symposium of AAI is settled to be held at Lucknow (UP) on 30th November – 1st December, 2019. Dr. Mahesh Verma will organise the symposium with the help of Dr. Nilesh Patel and Dr. Rajesh Verma.
- Agenda 6 :** Dr. B. Bhattacharya reported that acupuncture has been recognised as independent system of Healthcare Therapy by Government of India on 21st February, 2019. He also informed that Dr. M. N. Gantait, President of AAI, Dr. Rumi F. Beramji, Dr. Debasis Baxi and Dr. Sunita Kapur (Senior life members of AAI) have been coopted in the Apex Committee of Acupuncutre. Members expressed their aspirations regarding functioning of this Apex Committee.
- The meeting ended with vote of thanks to the Chair.

NOTICE

ELECTION OF EXECUTIVE COMMITTEE MEMBERS OF AAI FOR 2019-2021

Dear Member,

The election of 31 members to the Executive Committee of the Association for the period 2019-2021 will be held by postal ballot. Please find herewith the enclosed Nomination Form.

Nomination form (printed with this issue) completed in all respects should reach the undersigned not later than August 31st 2019.

Last day for withdrawal of the Nomination by the Nominee, if any, is September 7th 2019. In case there are more than 31 nominations, there will be postal ballot.

It may please be noted that members who do not clear their dues upto 2018 by June 30th 2019 will not be eligible to participate in the election. The associate members are not eligible to take part in the election.

Kolkata-June 15th 2019

Encl: 1) Nomination Form

Ajoy Banik
Returning Officer, AAI

Acupuncture Association of India
188/87, Prince Anwar Shah Road, Kolkata- 700 045

**NOMINATION FORM
FOR
ELECTION TO EXECUTIVE COMMITTEE 2019-21**

Name.....
(in block letters)

Address (with PIN, Phone and email).....
.....
.....

Proposed By.....
(Member) (Name) (Proposer's Signature & Date)

Seconded by.....
(Member) (Name) (Seconder's Signature & Date)

I hereby agree to be a member of the Executive Committee of AAI.

Place..... Signature of
Nominee.....

Date..... Name.....

Note: Nomination forms completed in all respects should reach Mr. Ajoy Banik,
Returning Officer, AAI, 188/87 Prince Anwar Shah Road, Kolkata-700 045, on or
before 31.08.2019.

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