NEWLY ACQUIRED BOOKS


In Chinese medicine, qi and blood are the most fundamental elements of the human body, and disorders affecting either of them can give rise to a variety of conditions. Dysfunctions or abnormalities of the channels, collaterals, and the various tissues and organs of the body are all related to changes in the qi and blood. Understanding and treating these disorders is therefore very important in clinical practice. *Atlas of Blood and Qi Disorders in Chinese Medicine* provides over a hundred vivid photographic examples of blood and qi disorders drawn from actual clinical practice along with a discussion of associated clinical manifestations, diagnostic procedures, and treatment principles and methods. Individual chapters are devoted to patterns of qi deficiency, blood deficiency, hot and cold blood, blood stasis, and bleeding as well as the tongue signs related to these disorders. The book also discusses associated eight parameter and organ theory, with many helpful summary tables at the end of each chapter.

*Qin Bo-Wei’s 56 Treatment Methods: Writing Precise Prescriptions* by Wu Bo-Ping & Jason Blalack; Eastland Press, 2012.
In the spring of 2007, Jason Blalack asked his mentor, Wu Bo-Ping, what was the most important Chinese medical text to translate into English. After a few moments of thought, Dr. Wu presented Jason with a tattered paperback copy of the original edition of Qin Bo-Wei's New Guidelines for Treatment (c. 1953), a manuscript that for all intents and purposes had been lost during the Cultural Revolution. That is the text that forms the framework of this exciting new book. Qin Bo-Wei (1901-1970) was among the most important physicians of the modern era. As a prominent clinician, educator, and scholar, he worked to integrate classical schools of thought and created one of the most coherent systems for understanding Chinese medicine during a critical time of intense turbulence in China's history. Wu Bo-Ping was one of Dr. Qin's students and is among the few who are still living today. Translated and presented to a Western audience for the first time, Qin's original work is enriched by Dr. Wu's extensive commentary, which transforms it into a hands-on guide on how to effectively practice herbal medicine. An excellent clinical manual, this book primarily teaches a method of thinking that serves as a foundation for a lifelong approach to herbal medicine. An understanding of how to use the core concepts presented here allows one to effectively treat the majority of diseases seen in the contemporary clinic. The text itself is unique in its presentation and differs from other clinical manuals in a number of ways: Organized by treatment method. Teaches a way of emulating the thought underlying a prescription without being tied to its specified ingredients or original indications, thereby reflecting the thinking of Chinese medicine's greatest clinicians. Ultimately, this approach opens up treatment possibilities that are often ignored in conventional textbooks. Small number of ingredients. Dr. Qin's prescriptions contain a small number of precisely combined ingredients, administered in small doses. Explains how to use processed medicinals. The book provides detailed explanations about how to use processed medicinals. Based on influential lineage. This text imparts a wealth of clinical knowledge rooted in the tradition of an influential Chinese medicine lineage.


The occurrence of tumours is a complex biological phenomenon, which involves multiple factors, multiple bases, multiple procedures and multiple stages. This book systematically elaborates the seven stochastic events of cancer, and the close relation between inflammation and cancer. Though the relation between inflammation and cancer is clear according to current research, the potential mechanism of inflammation's role in cancer is still unclear, and there are still many questions left unanswered. This book explores the
role of inflammation in the occurrence and development of cancers, as well as its relationship to stress, angiogenesis, cell-to-cell communication and metastasis. Especially, this book introduces the applications of Chinese herbal medicine and their compounds to cancer and inflammation, and the mechanisms, which contribute to the integration of traditional Chinese medicine and modern oncology medicine.


This book covers 120 herbs in Western use. It is designed for quick access to a wealth of clinically important data, including traditional Western use, traditional Chinese use (where available), comparison with similar herbs, constituents and pharmacology, dosage and dispensing, and contraindications. At the heart of each herb chapter is a clear and useful table that brings together Chinese actions, Western actions, Western uses, and examples of herb pairs for specific disorders. Herb pairs are the basic unit of herb combination. About 700 herb pairs are listed in this book with examples of the disorders treated. In the Appendix, there is a list of herb pairs for main Western disorders. The book is enhanced by 120 attractive line illustrations that show clearly the plant parts to aid identification and give a clear visualization of the herb. All main Chinese syndromes are given with details of symptoms, pulse, and tongue, and lists of suitable herbs. This includes individual Chinese syndromes as well as common Chinese syndrome combinations.


A leading light in the field of medicinal herb cultivation, The Chinese Medicinal Herb Farm is the first cultivation guide of its kind, and presents invaluable information for growers interested in producing high-quality efficacious herbs in all climates of the US, with the historical connectedness of ancient practitioners.
It has become increasingly important—especially as the market for herbal medicine continues to grow—that we transition to local and domestic medicinal cultivation. Increasingly there are concerns in regards to not only the quality but the purity of imported herbs, and wild herbs picked for medicinal purposes are ever more endangered than in past years both at home and abroad.

Peg Schafer, longtime grower and teacher, guides readers with information on propagating, cultivating, and harvesting Chinese herbs, and presents fascinating new scientific data that reveal the age-old wisdom of nature and the traditional systems of Chinese medicine. Through 79 detailed herb profiles—all tested and trialed on Schafer’s certified organic farm—Schafer offers easy-to-follow information, suitable for both growers and practitioners, for growing efficacious wild-simulated herbs. Also included is important information on species conservation, crop integration, and how to avoid the introduction of invasive species. Sidebars on traditional medicinal uses for each herb and delicious recipes are also featured throughout.

Vegetable and CSA farmers will find this book of great interest for adding value-added crops to their repertoire, and beginner growers looking to incorporate medicinals into their gardens will find this an invaluable guide to understanding where herbal medicine comes from, and will make eating-your-medicine more accessible than ever.

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*Acupuncture for Dogs and Cats: A Pocket Atlas* by Christina Matern; Thieme, 2012.

Skillfully integrating traditional concepts of Chinese medicine with clinical experience and modern scientific research, *Acupuncture for Dogs and Cats* brings together all current information in one convenient book. Its pocket atlas format, highlighted by hundreds of full-color photographs and supporting text, makes it ideal as a quick, user-friendly reference in the clinic or training program.

**Special Features**

- A handy double-page spread designed for fast retrieval of information—on the left, concise text describes the effects, indications, localization, technique, and depth of insertion for each acupuncture point; on the right, high-quality photographs demonstrate all concepts

- Bones and muscles have been precisely drawn into each photograph, a valuable tool for localization of points

- A comprehensive discussion of all acupuncture points on all channels ensures that you have full mastery of the field
A complete introduction to the principles of traditional Chinese medicine (TCM), the channel network, TCM diagnostics, point selection, and point categories provide a strong foundation in the concepts of veterinary acupuncture.

The only book to focus solely on acupuncture for small animals, this handy, pocket-size atlas is unique in the field. It offers a wealth of practical knowledge and a pictorial reference for veterinarians, animal acupuncturists, students, and trainees whose goal is to provide the highest level of treatment to the animals in their care.

_**Xie’s Chinese Veterinary Herbology** edited by Huisheng Xie & Vanessa Preast; Blackwell Publishing, 2010._

Chinese Herbal Medicine (CHM) has been practiced for more than 4,000 years, and along with acupuncture is an important component of Traditional Chinese Veterinary Medicine. Veterinarians are increasingly using these treatment methods in a clinical setting. _Chinese Veterinary Herbology_ will serve as a clear, practical guide to the theory and application of CHM into established veterinary practices.

*Chinese Veterinary Herbology* will be divided into three parts. Part I will address herbal materia medica used in treating various disorders and diseases. Part II will provide 400 herbal formulas used in treating large and small animals. Part III will discuss the clinical application of herbal treatments. Within these sections the authors will also discuss the history of each herb, the basis of formulation of herbal recipes, energetic actions, indications, and contraindications of each formula, dosage requirements for both large and small animals and information on clinical and pharmacological studies performed with herbal treatments.

*Chinese Veterinary Herbology* will serve as an invaluable reference and guide to all veterinarians looking to expand their treatment options.

All the basics and all the details you need to make a living billing your patients' insurance successfully. In this book, you will find information such as:

* How to decide whether to bill insurance or not in your practice.
* Detailed directions on how to work with over 15 major insurance companies or conglomerates.
* Samples of more than 25 forms that you may need to use in varying situations, along with complete instructions for their use.
* Details of how and when to use each type of code and which codes NOT to use!
* Access to an acupuncture-specific insurance website for downloading forms, getting industry updates, and much more!
* Best practices for planning your patients' care when insurance will be billed.
* How to actually submit and manage a claim whether you are billing private fee-for-service insurance companies, managed care, workers' comp, or personal injury cases.

ARTICLE ABSTRACTS


The Spleen and Stomach Theory (Pi Wei Lun) developed by Li Dongyuan (1180-1251) during the Jin Dynasty (1115-1234) is a significant contribution to the field. It is recognized as one of the four innovative schools of thought which arose during the Jin and Yuan dynasties, along with the fire/heat school, the removing-evil school, and the nourishing-yin school. Li Dongyuan’s acupuncture techniques are inscribed and documented in the Glorious anthology of acupuncture and Moxibustion (Zhen Jiu Da Cheng) written by Yang Jizhou. This article attempts to systematically explore the acupuncture theory and application embedded in Spleen and Stomach Theory.


Objective: To investigate the effects of staging dynamic-static acupuncture on patients with peripheral facial paralysis.

Methods: 160 patients with peripheral facial paralysis were randomly divided into a
treatment group and control group with 80 cases respectively. Patients in the treatment group were treated with the staging dynamic-static acupuncture, while the cases of the control group with the conventional acupuncture therapy. The treatment course was 3 weeks. The facial muscle function of all patients was evaluated according to Portmann’s Simple Scale before and after treatment.

**Results:** The cure rate was 81.2% in the treatment group, which was significantly higher than 62.5% in the control group (P<0.01), and there was no statistically significant difference between the efficacy rates of the two groups. The Portmann’s Simple Scale showed that the facial muscle function score was 15.40 ± 4.86 in the treatment group, which was significantly higher than 13.79 ± 4.37 in the control group (P<0.05). The Improvement Index Score of facial muscle function was 0.746 ± 0.120 in the treatment group, which was also significantly higher than 0.708 ± 0.109 in the control group (P<0.05).

**Conclusions:** The staging dynamic-static acupuncture is superior to the conventional acupuncture therapy in improving the symptoms of peripheral facial paralysis and in the cure rate. It can effectively alleviate the sequel of facial paralysis and decrease its incidence.

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This paper is a summary of clinical studies on auricular acupoint penetration needling along the skin for treatment of pain and dysfunction in recent 10 years. Auricular acupoint penetration needling along the skin was used to observe rapid analgesic effects and clinical efficacy on cervical spondylopathy, periartthritis of shoulder, pain in waist and lower extremities, migraine, and other peripheral neuropathic pain, and stroke sequels, soft tissue injury, and so on. Self-control method was used in the studies at the first stage, and clinically randomized control trial method was used for systematic comparison with other therapies at the second stage. Results indicated that the auricular acupoint penetration needling along the skin had obviously clinical effects on cervical spondylopathy, periartthritis of shoulder, pain in waist and lower extremities, migraine, soft tissue injuries and stroke sequels, with a better rapid analgesic effect as compared with ear perpendicular needling method.

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**Objective:** To analyze the law governing the distribution of traditional Chinese medicine (TCM) syndromes of pancreatic cancer.
Methods: The authors used retrospective study to statistically analyze TCM syndromes of patients, separated complex syndromes and calculated the frequency of appearance of single syndromes.

Results: The patients mainly suffered from 4 syndromes: blood stasis syndrome, qi stagnation syndrome, qi (yang) deficiency syndrome, and phlegm dampness syndrome. The distribution of syndromes is rarely related to sex, age and morbid site of patients.

Conclusions: owing to complicated distribution of its syndromes, pancreatic cancer should be diagnosed and treated according to its characteristics of deficiency in origin and excess in superficiality.


Objective: To observe the clinical effect of electroacupuncture in treating perimenopause syndrome (PMS) and explore its possible action mechanism.

Methods: All of 110 cases with PMS were randomized into group A [Guanyuan (CV 4) and Sanyinjiao (SP 6)] and group B [Neiguan (PC 6) and Zusanli (ST 36)], 55 cases in each. After 4-week treatments, the Kupperman Menopausal Index (KMI) was adopted to evaluate the therapeutic effect. Estradiol (E2), follicle-stimulating hormone (FSH) and luteinizing hormone (LH) were assayed respectively before and after treatments.

Results: The KMI decreased by 52.6% in group A, versus 47.4% in group B. The total effective rate was 93.6% in group A, versus 85.7% in group B, and the difference was not significant (P>0.05). The content of E2 both increased in the two groups after 4-week treatments (P<0.05); the content of FSH AND dropped but without statistical difference (P>0.05).

Conclusions: Both of the two acupoints groups can significantly lower KMI, and effectively increase the contents of E2 in patients with PMS.


Objective: To observe the effect of combined acupuncture-moxibustion with psychotherapy in treating perimenopause syndrome.

Methods: Eighty patients with perimenopause syndrome were randomized into two
groups. Forty-two patients in the treatment group were intervened by acupuncture-moxibustion and psychotherapy, and the other 38 in the control group were treated by acupuncture-moxibustion only. The treatment was given once a day, 15 times constitute a treatment course. The therapeutic effects were evaluated after 3 treatment courses.

**Results:** The total effective rate and the effective rate of the emotional state were both 97.6% in the treatment group, versus 89.5% and 73.7% in the control. The comparison of the total effective rate and the effective rate of the emotional state between the two groups both showed significant difference (P<0.05).

**Conclusions:** Acupuncture-moxibustion has better effect in treating perimenopause syndrome when combined with psychotherapy.

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**Objective:** To observe the time-effect relationship of needling a single point or multiple points for pain relief in patients with severe primary dysmenorrhea.

**Methods:** A total of 20 cases with severe primary dysmenorrhea were randomly allocated into a group of single point. In each treatment, the needles retained for 30 min and 15 person times were observed in each group. The VAS (Visual Analogue Scale) values were recorded immediately before needling, 5 min, 20 min and 30 min upon insertion, and 30 min, 60 min, and 120 min upon withdrawal for statistical analysis.

**Results:** Immediate pain relief occurred following acupuncture and the pain-alleviating effect was incremented within the 30 min of needle retaining. At 20 min upon needle insertion, the pain relief from needling multiple points appeared substantially stronger than needling a single point (P<0.05) and this effect remained until 2 hrs after withdraw of the needles.

**Conclusions:** Needling a single point or multiple points can both produce remarkably immediate pain relief for patients with severe primary dysmenorrhea and share similar time-effect relationship. However, needling multiple points showed substantially better effects than needling a single point in a number of time points.

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**Objective:** To observe the clinical efficacy of acupuncture in the treatment of
dysfunctional uterine bleeding in adolescent girls.

**Methods:** one hundred and seventeen subjects were randomized into two groups, a treatment group in which 87 cases were treated by acupuncture and moxibustion, and a control group in which 30 cases were treated by western medications. The clinical efficacy was observed after treatment.

**Results:** The total effective rate was 97.7% in the treatment group and 86.7% in the control group, with better efficacy in the treatment group than in the control group (P<0.05).

**Conclusions:** Acupuncture and moxibustion is quite effective for adolescent dysfunctional uterine bleeding.


**Objective:** To compare the therapeutic effects of acupuncture combined with drug and simple drug for treatment of male osteoporosis.

**Methods:** Fifty-five cases were divided into a comprehensive therapy group (observation group, 25 cases) and a medication (control group, 30 cases) randomly. The observation group was treated with acupuncture and moxibustion at Pishu (BL 20), Shenshu (BL 23), Mingmen (GV 4), Shenque (CV 8) and so on combined with oral administration of Alendronate, while the control group was treated with oral administration of Alendronate simply. The improvement of both Integral of Clinical Symptoms (ICS) and Bone Mineral Density (BMI) of two groups were observed after 6 months treatment.

**Results:** The ICS of two groups after treatment both decreased significantly (both P<0.001), and the decreasing degree in observation group was more significant than that before treatment (P<0.01, P<0.05). The increasing degree of BMD of lumbar vertebrae in observation group after treatment was more obvious than that in control group (P<0.05). There were abdominal pain, diarrhea, nausea, vomiting, dyspepsia and other adverse reaction in control group, while the degree and occurrence rate of those in observation group alleviated and decreased obviously.

**Conclusions:** The effect of acupuncture combined with drug for male osteoporosis is good with little adverse reaction. This method is better than taking Alendronate.

**Objective:** To observe the clinical effects of acupuncture treatment for erectile dysfunction.

**Methods:** Eighty-two cases of the patients with erectile dysfunction were identified as two patterns of kidney yang deficiency and damp-heat in lower jiao and were treated with different acupoints for different patterns.

**Results:** The total curative rate was 87.6%. The curative rate was 45.0% in pattern of kidney yang deficiency and 59.1% in pattern of damp-heat in lower jiao.

**Conclusions:** The clinical effect in acupuncture treatment of erectile dysfunction was related to the age of the patients and duration of disease. The higher the age and the longer the duration, the poorer the therapeutic effects were. The curative rate was higher in the treatment of pattern of damp-heat in lower jiao than pattern of kidney yang deficiency.

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**Background:** In recent years, both the Department of Defense (DoD) and Department of Veterans Affairs (VA) have begun to turn to complementary and integrative medicine (CIM) therapies to help address chronic physical (pain) and psychological (post-traumatic stress disorder, anxiety, depression) conditions. One of the most prominent CIM therapies for these conditions is acupuncture. While there has been considerable acupuncture research performed in civilian populations, the level of research conducted within military and veteran populations is unclear.

**Objective:** The main objectives of this review were to survey the number of published acupuncture studies in military and veteran populations and to assess and summarize the quality of the included studies.

**Design:** A Rapid Evidence Assessment of the Literature (REAL©) was conducted to identify, assess, and characterize published studies of acupuncture among military and veteran populations (from inception until March 2011).

**Results:** A total of 340 citations were reviewed. Studies that met the criteria for inclusion were evaluated for study quality and bias using the Scottish Intercollegiate Guidelines Network 50 (SIGN 50) checklist for randomized controlled trials (RCTs). Only 2 RCTs that fit the inclusion criteria were found and were able to be assessed using the SIGN quality scoring tool.

**Conclusions:** This review shows that, although there have been several studies
examining acupuncture efficacy and effectiveness in a military and/or veteran population, only one of the published studies had a sound methodological design. At present, there is a paucity of acupuncture research in military and veteran populations.


Background: Exposure to deployment and battle can induce a constellation of physical, cognitive, psychological, and behavioral symptoms, also referred to as war-related Trauma Spectrum Response (wrTSR). One prevalent cause of this response is traumatic brain injury (TBI) and its ensuing sequelae, such as pain and suffering caused by post-traumatic headache. Current pharmacologic treatment of these headaches is often inadequate and complicated by the multi-component nature of wrTSR. Acupuncture has been found to reduce pain, improve health-related quality of life, prevent migraine headaches, and reduce tension-type and chronic daily headaches.

Objective: An ongoing study is endeavoring to advance understanding of the speed and depth of healing induced by two acupuncture approaches, compared to current standard practice and with the aim of providing insights to guide future implementation of acupuncture treatment in the military.

Design: A comparative effectiveness study protocol will be used to determine if auricular acupuncture (AA) or semi-standardized traditional Chinese acupuncture (TCA) alleviates headaches and reduces associated co morbidities more effectively than usual care alone in a cohort of active duty military personnel with mild-to-moderate TBI.

Summary: Given that the study is currently underway, no results or conclusions can be reported at present. While current evidence from acupuncture research demonstrates its promising healing impact across the wrTSR, a number of unanswered questions and information gaps remain. It is hoped that the proposed study will address some of these questions and gaps.


The long wars in Iraq and Afghanistan have produced extensive and often repeated trauma to United States service members and their families. These injuries occur to the mind, the brain, the body and the soul. The current approach to management of these injuries follows the standard medical model that attempts to isolate the pathophysiological locations and processes affected by the injury and provide specialized
care for that part of the person—psychological treatment for mind injuries, neurological treatment for brain injuries, and surgical and rehabilitation approaches for body injuries. This model is overwhelmingly dominated by the use of drugs for symptom management. Yet, research has shown that, no matter where an injury is located, its impact and the healing responses to it cut across these boundaries resulting in a common symptomatic and functional spectrum. The authors of this article have called this the war-related trauma spectrum response (wrTSR) and propose a better approach to this spectrum, which is to induce whole-person healing responses not specialized to addressing the injury cause or location. Acupuncture appears to be such an approach. This article reviews the conceptual and scientific foundations of wrTSR, makes the case for managing it in a holistic manner, and reviews the evidence for using acupuncture as a treatment across the trauma response spectrum. This article then discusses the challenges to implementing of acupuncture in the military and veterans' systems and proposes direct comparative effectiveness, health services, and program evaluation approaches to providing the evidence needed to broaden acupuncture's use.


**Objectives** To determine the effect of acupuncture in treating hot flushes in perimenopausal or postmenopausal women.

**Methods** The study was a randomised single-blind sham-controlled clinical trial. Perimenopausal or postmenopausal women with moderate or severe hot flushes were randomised to receive real or sham acupuncture. Both groups underwent a 4-week run-in period before the treatment. The real acupuncture group received 11 acupuncture treatments for 7 weeks, and the control group underwent sham acupuncture on non-acupuncture points during the same period. Both groups were followed for 8 weeks after the end of treatment period. Changes from baseline in the hot flush scores at week 7, measured by multiplying the hot flush frequency and severity, were the primary outcome. Hot flush frequency, severity and menopause-related symptoms measured with the Menopause Rating Scale Questionnaire were regarded as secondary outcomes.

**Results** 54 participants were randomised into the real acupuncture group (n=27) and the sham acupuncture group (n=27). The mean change in hot flush scores was −6.4±5.2 in the real acupuncture group and −5.6±9.2 in the sham group at week 7 from values at the start of the acupuncture treatment (10.0±8.1 vs 11.7±12.6), respectively (p=0.0810). No serious adverse events were observed during the whole study period.
**Conclusions** Compared to sham acupuncture, acupuncture failed to show significantly different effects on the hot flush scores but showed partial benefits on the hot flush severity. Further consideration is needed to develop appropriate strategies for distinguishing non-specific effects from observed overall effectiveness of acupuncture for hot flushes. Whether acupuncture has point-specific effects for hot flushes should be also considered in designing future researches.

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