NEWLY ACQUIRED BOOKS


Finding the right criteria to use when judging Complementary and Alternative Medicine (CAM) is essential if it is to stand up to criticism from those concerned about the importance of evidence-based medicine. This edited volume highlights how CAM requires different research tools and techniques from conventional medicine, and examines effective methodologies for accurately assessing CAM.

Addressing a problem which is often cited as the reason for a failure to appreciate the potential in CAM approaches to patient care, experts from a wide array of CAM modalities suggest the most effective research methodology for each particular therapy and illustrate how a lack of adherence to that methodology produces a less effective assessment. Disciplines covered include Traditional Chinese Medicine, homeopathy, herbal medicine, craniosacral therapy, qigong and yoga.

Providing direction in research and the best criteria to appropriately assess each discipline, this book highlights and responds to the issues underlying research in CAM. It will be of interest to anyone involved in CAM research, in addition to CAM practitioners and students, western medical practitioners looking to include CAM in their treatments, and anyone studying research design and methodology.
In traditional Chinese medicine, a doctor will treat syndromes, not diseases or symptoms or clinical signs, and for that reason, the objective of diagnosis is to establish the syndrome involved in each clinical case and treat it accordingly. A Chinese doctor relies very heavily on the clinical signs to identify the syndrome involved. The method of diagnosis introduced in this book may be compared to voting during an election. The syndrome that shows the highest number of votes is to be selected as the syndrome to be treated in a particular clinical case.

This book discusses hundreds of clinical cases treated by Chinese acupuncture. In most cases, there are discussions about diagnosis, selection of treatment points and rationale. All the cases are selected from famous Chinese publications, including clinical manuals and college textbooks.

As a standard textbook of Chinese herbal therapy, in each case, this text lists a symptom
or disease first, followed by a number of most frequently applicable syndromes. There are pulses, tongue conditions, symptoms and signs under each syndrome for students to consider.

*Philosophy and Metaphysics of Traditional Chinese Medicine by Henry Lu; CreateSpace Independent Publishing Platform, 2013.*

This book in Chinese medical philosophy and metaphysics provides you with access to over dozens of Chinese classics directly or indirectly related to Chinese medical philosophy and metaphysics, notably, Yi-Jing, Classics in Taoism, Classics in Confucianism, Classics in Chinese medical philosophy, etc. All key concepts contained in this book are traced back to their historical origins, and at the same time, they are also provided with modern Chinese interpretations regarding their philosophical meanings and clinical significance, notably, Qi or Energy, Yin and Yang theory, Five Elements Movements, Theory of Viscera-Bowels-Meridians, etc. The ideas and inspirations of this book are developed through the decades by way of library research and clinical experiences, notably, unique sources of information, current developments in the field of Chinese medicine, logical consistency of Chinese medical philosophy not only in clinical practice of Chinese medicine but also in other related fields of modern sciences. Original materials which are not available to Western students and practitioners of Chinese medicine in the past and at present and in the distant future, are contained in this book with the sole objective of cultivating advanced students in the field of Chinese medical philosophy and metaphysics.

*Techniques of Multiple Chinese Acupuncture Therapies with Full Illustrations by Henry Lu; CreateSpace Independent Publishing Platform, 2013.*

Chinese acupuncture consists of many branches, including body acupuncture, auricular acupuncture, scalp acupuncture, face acupuncture pricking therapy, and skin scraping therapy, etc. Each branch of acupuncture consists of many different techniques which are
fully illustrated in this text to facilitate applications. The illustrations should prove helpful to acupuncturists who want to master the techniques in their clinical practice.

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**The Core of Chinese Herbal Formulae by Henry Lu; CreateSpace Independent Publishing Platform, 2013.**

This book lists 280 most essential formulae which are classified into 20 categories, such as formulae to relax the superficial region or to induce perspiration, formulas o sedate downward, and formulas to harmonize superficial and deep region, etc. so that a student can study it systematically.

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**110 Prestigious Chinese Herbal Formulas for Traditional Chinese Medicine Clinics by Henry Lu; CreateSpace Independent Publishing Platform, 2013.**

It is common knowledge that a doctor needs to open a clinic in order to practice traditional Chinese medicine, and a clinic needs to have a herbal dispensary with herbal formulas for the patients. But what herbal formulas should be made available in the clinic? Even though it is necessary to have herbal formulas in the herbal dispensary of a clinic, there are so many herbal formulas available, but a clinic can only have a limited number of formulas in the dispensary. Part 1 of this book presents 110 prestigious herbal formulas with detailed descriptions of each formula, including ingredients, actions, syndromes, and indications, etc. The formulas are among those most commonly used in clinics, which means they should be sufficient for daily practice.
Food cures are to cure diseases by foods, and it is the basic intent of this entire book to show you how this can be done, but a number of general principles may be discussed here. First of all, there are prima facie applications of food cures which means that sometimes you can readily apply a given food cures menu, because the relevance of that menu to the disease under treatment is self-evident. For example, if you have high blood pressure, it is self-evident that you should be on the blood pressure reducing menu; if you have high blood sugar, it is equally self-evident that you should be on the blood sugar reducing menu. Secondly, as you continue to improve your knowledge about food cures, you will be more capable of applying food cures menus to cope with your illness effectively. Thirdly, you should distinguish between attacking the disease and building up the strength of your body, which is often called increasing the immune system. When the disease is relatively light which means that the strength of your body is relatively weak, it may be wise for you to attack and get rid of it once and for all. Fourthly, you should also distinguish between negative healing and positive healing both of them may be necessary under different circumstances, but it is definitely worth your while to understand the difference between the two and apply them intelligently and flexibly. The use of liver to cure night blindness, for example, is positive healing. On the other hand, when a diabetic has to depend on a daily injection of insulin or a patient of hypertension has to take medications to control blood pressure all the time, it is negative healing, because the patient virtually has no chance of recovery, he is only controlling his symptoms. This book introduces many foods that have been clinically proven to be effective for dealing with the causes of diabetes, such as pork pancreas, yam, black fungus, etc. and also foods that have been found to lower blood sugar by laboratory experiments, such as black sesame seeds and corn silk, and walnut leaves, etc. which are positive healing.

ARTICLE ABSTRACTS


This article aims to discuss the question, ‘Does the pituitary gland, known to modern biomedicine, have a classical Chinese medical counterpart?’ It attempts to draw together the energetic concepts found in the ancient Chinese texts with the biomedical understanding of the pituitary gland, how each informs the other and the correspondences
and convergences of these two paradigms. Specific acupuncture treatment strategies for pituitary gland pathology are presented, together with case histories from the author’s clinic.

“The Limitations and Misuses of Evidence-Based Medicine: A Critical Evaluation”

Over the last 20 years, since the introduction and elaboration of the principles of evidence-based medicine (EBM) within the medical profession, we have seen its broad scale acceptance and rise to universal prominence. Educators, legislators, insurance providers, professional associations, healthcare practitioners of various modalities, lawyers, journalists and other commentators – all appear to be driven by a mania for ‘evidence’ in medicine. However, EBM is a deeply flawed system and under the pervasive influence of the pharmaceutical industry these flaws have become more entrenched rather than identified and corrected. Moreover, the motive of ‘medicine for profit’ has given rise to a situation that not only resists correction, but also tends to amplify and expand the scope of bad science and poor evidence in medicine. This paper does not argue against the idea that medical practice should be based on the best available evidence. The examination here pertains to the kinds of evidence that have become acceptable, and those which are now devalued, many of which are just as - if not more - relevant to a holistic clinical practice. The main tenet here is that, in terms of medical epistemology, the pendulum has swung too far in the direction of empiricism - an untenable position with respect to clinical knowledge - and that it is time for it to swing back to the sensible middle ground between quantitative and qualitative research. Additionally, it is crucial that we understand the multifarious ways in which this newly developing system may be perverted to serve other agendas. These considerations are all the more important for the complementary medicine profession, which appears to be in the process of wholeheartedly embracing the current paradigm of EBM, ‘warts and all’.


The Society for Acupuncture Research recently pointed out a trend in the majority of acupuncture research studies that may come as a surprise to many acupuncturists: that true acupuncture does not significantly outperform sham acupuncture. However, examination of a selection of research articles published during the last decade reveals that the researchers disregard diagnostic palpation in their studies and instead rely solely on ‘official’ textbook point descriptions. This article argues that although choosing and locating acupuncture points according to textbook descriptions is how acupuncture is typically taught to students, palpation is crucial for tailoring point selection and location to individual patients in the clinic, thereby ensuring therapeutic success. Acupuncture practitioners should first learn to identify active points on themselves by distinguishing the various sensations that each point triggers in the body and how an active point feels
under a palpating finger; they can thereby learn to recognize active points in their patients, thus improving the results of their treatment. This approach to acupuncture should be utilized and tested in future acupuncture research, which in the author’s opinion would change the current trend in acupuncture research referred to above.


Hyperhidrosis (HH) manifests as excessive perspiration from different regions of the body, which can be both uncomfortable and humiliating. The aetiologic factors associated with primary HH are inadequately understood. The allopathic approach to treatment includes pharmaceutical or surgical interventions, which have demonstrated efficacy but are generally invasive and associated with multiple adverse effects. This case presentation describes a 40 year-old male suffering from anxiety-related HH who was treated with acupuncture. Following the treatment, the patient experienced a significant improvement in subjectively evaluated levels of stress, anxiety and perspiration. The author concludes that acupuncture may be a safe and effective therapeutic modality to diminish the intensity of primary HH to tolerable levels.


It is difficult for traditional Chinese medicine to be fully accepted in modern healthcare because one of its key concepts – qi – is widely regarded as an example of vitalism, which has been discredited by modern science. Rather than try to establish scientifically that qi exists, or minimize or do away with this problematical concept altogether, traditional Chinese medicine must fully embrace its rich theoretical and cultural heritage and communicate it more effectively with the mainstream.


The objective of this article is to investigate the commonly-used Chinese herb Zhi Zi (Gardeniae Fructus), and ask whether it is effective and safe in the treatment of inflammatory diseases. The potential clinical uses of Zhi Zi are analyzed according to the latest biochemical and pharmacological research. Commonly used Western drugs are not always convenient or effective for the treatment of inflammation due to their adverse side-effects. Thus, safe and effective treatment options from natural sources with fewer side-effects are needed. Chinese herbal treatment, as a supplement to conventional treatment or as a stand-alone therapy, can be effective in the treatment of inflammatory diseases. By knowing the advantages and disadvantages of Western and Chinese treatment options, the most beneficial treatment can be given to patients.

Acupuncturists are routinely faced with accommodating multiple clinical styles and perspectives within their practice. The integration and synthesis of distinct acupuncture styles can be a formidable challenge. A framework for clarifying this process is presented here. Three distinct scenarios are considered: (1) integration through simple additive combination, (2) integration through enlarging the tool-chest of choices, and (3) integration leading to synthesis. The author’s clinical experience with a particular Matsumoto-Nagano acupuncture protocol and classical Neijing pulse-taking is presented as an example of synthesis emergence through critical clinical self-inquiry. The phases of clinician development required to enable synthesis are discussed.


Macular degeneration is a leading cause of central vision loss. Acupuncture with accompanied lifestyle changes may be effective modalities in both stabilizing vision loss and improving quality of life in those suffering with this condition. This is a single cases study of a 33-year-old female who received acupuncture over a four month span. As a result, the patient’s visual acuity improved and discontinued the use of invasive biomedical interventions.


Chinese materia medica (CMM), including Chinese herbal, animal, and mineral medicine, has been widely researched in the past century for their biological and pharmacological activities. However, their mechanism and clinical efficacy studies did not always give expected results. For example, the most commonly used Chinese herb for menstrual disorders, Radix Angelicae sinensis, showed neither estrogenic nor progesteronic activity in laboratory and clinical studies. Its efficacy should not be denied simply based on such results, because it is mostly used together with other herbs in formulae. Moreover, its regulation on menstruation may take effect through other mechanisms, such as regulation of blood circulation. The key difference of Chinese medicine (CM) from conventional medicine is its unique holistic view on human body and diseases. CMM is mostly applied in clinic in the form of formulae. Study on individual CMM, simply using methods for development of conventional drugs, is unable to thoroughly reveal the power of CMM formulae. The reason may partly result from improper design due to the lack understanding about application principle of CMMs in CM, and/or to current lack of knowledge about the causes of some symptoms and diseases. This paper will introduce the importance of qi and blood in CM etiology and pathology, Zheng differentiation, formulation of CMMs, and explain why one formula can treat different diseases and one
disease can be treated with different formulae. Examples in the paper will demonstrate that proper studies on Zheng and its corresponding clinically proven formulae could help scientists find new direction to explain and treat symptoms and diseases that so far modern medicine has been unable to, provided that the designer properly understands CM theories, etiology and pathology of CM, as well as modern medicine. Strategy suggestions about research methods for CMM and its formulae will be given at the end.


Objective: To evaluate the efficacy and safety of Ginkgo Biloba extract for patients with angina pectoris according to the available evidence.

Methods: Electronic databases were searched for all of the randomized controlled trials (RCTs) of angina pectoris treatments with Ginkgo Biloba extract, either alone or combined with routine Western medicine (RWM), and controlled by untreated, placebo, Chinese patent medicine, or RWM treatment. The RCTs were retrieved from the following electronic databases: PubMed/MEDLINE, ProQuest Health and Medical Complete, Springer, Elsevier, and ProQuest Dissertations and Theses, Wanfang Data, China National Knowledge Infrastructure (CNKI), VIP database, China Biology Medicine (CBM), Chinese Medical Citation Index (CMCI), from the earliest database records to December 2012. No language restriction was applied. Study selection, data extraction, quality assessment, and data analyses were conducted according to the Cochrane standards. RevMan 5.1.0 provided by Cochrane Collaboration. The data were analyzed by using.

Results: A total of 23 RCTs (involving 2,529 patients) were included and the methodological quality was evaluated as generally low. Ginkgo Biloba extract with RWM was more effective in angina relief and electrocardiogram improvement than RWM alone. Reported adverse events included epigastric discomfort, nausea, gastrointestinal reaction, and bitter taste.

Conclusions: Ginkgo Biloba extract may have beneficial effects on patients with angina pectoris, although the low quality of existing trials makes it difficult to draw a satisfactory conclusion. More rigorous, high quality clinical trials are needed to provide conclusive evidence.


Background: The therapeutic mainstays of cancer remain surgery, radiotherapy, and chemotherapy. However, radiotherapy and chemotherapy are often associated with serious side-effects, such as nausea and vomiting. Acupuncture has been used widely to
treat disorders in clinical practice for at least 3000 years. According to the National Institutes of Health (NIH) Consensus Statement, chemotherapy-induced nausea and vomiting are suitable for acupuncture intervention.

**Objectives:** The goal of this review is to analyze the applications of acupuncture for treating cancer and to look ahead at the potential advantages of acupuncture for patients with cancer.

**Materials and Methods:** The PubMed database was searched for articles on acupuncture therapy and neoplasms. The different distributions of scientific papers were analyzed preliminarily.

**Results:** The articles found showed that acupuncture was used to address various symptoms related to different types of cancer.

**Conclusions:** The results of clinical trials in acupuncture have provided important clues in oncologic practice. The evidence suggests that acupuncture is a safe and effective therapy for managing cancer and treatment-related symptoms, such as nausea and vomiting and fatigue caused by chemotherapy. As more evidence emerges, the potential advantages of acupuncture in tumor treatment will eventually be clear.

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**Background:** Xerostomia (dry mouth) is a common side-effect of cancer treatment following radiotherapy, especially in patients with head-and-neck (HN) cancer.

**Objective:** The purpose of this review was to evaluate evidence related to acupuncture for xerostomia in patients with HN cancer.

**Materials and Methods:** Embase, Medline,® Cochrane (all databases), PubMed, and Scopus were searched from inception through December 2014 for studies published in English that were randomized controlled trials (RCTs) evaluating acupuncture to treat and/or prevent xerostomia in patients with cancer. A usual-care and/or placebo comparison group was required for inclusion. Risk of bias (ROB) was rated as low, high, or unclear according to Cochrane criteria. Outcomes and treatment parameters were summarized.

**Results:** Of 184 articles identified, 136 duplicates were omitted, leaving 48 publications that were screened. Thirty-nine studies were excluded because they were not prospective RCTs of acupuncture in patients with cancer, and three studies did not involve needle insertion into acupuncture points. Six studies met all inclusion criteria. Four investigated acupuncture to treat xerostomia, and two investigated acupuncture to prevent xerostomia.
Of the six included trials, four reported significant between-group differences in favor of real acupuncture, and two reported significant within-group differences only. No studies were rated as low ROB, either because of low statistical power or a lack of blinding.

**Conclusions:** Acupuncture may be a helpful adjunct to cancer care for treatment and/or prevention of xerostomia in patients with HN cancer, but studies to date have been limited by small sample size and/or lack of blinding. Large phase III trials are currently underway.


**Background:** Among all the major developments in prostate-cancer management during the last 100 years, the ancient art of acupuncture may have a role.

**Objective:** This article sets out to delineate this role by answering the following questions: Are there any identifiable causes and consequent preventive measures for prostate cancer that have merit? Do these correlate with mechanisms of causality from a Traditional Chinese Medicine (TCM) perspective? What is the evidence for acupuncture for managing hot flashes, pain, nausea and vomiting, and lethargy? What acupuncture points should be used? How can acupuncture be integrated with allopathic medicine in the overall management of prostate cancer?

**Method:** Seven major bibliographic databases were searched from January 1990 to December 2014; in addition, relevant journals, books, and documents were searched manually.

**Results:** Studies showed that the risk associations of prostate cancer do appear to overlap with the TCM understanding of this disease. Based on an overview of systematic reviews, acupuncture is a useful adjuvant to standard pharmacologic analgesia to control cancer-related pain (which is not confined to prostate cancer); acupuncture is useful with conventional antiemetics for reducing frequency of vomiting and attenuating side-effects from chemotherapy, in general; and finally, the role of acupuncture for addressing hot flashes and lethargy in prostate cancer is uncertain, but the trend appears to be positive. Acupuncturists should communicate with coordinating specialists and play a supportive role in symptom management and its TCM connections by the creating meaning for patients, along with a positive approach to their dietary, physical, emotional, and spiritual well-being.

**Conclusions:** Acupuncture is justified in playing a supportive role together with allopathic medicine for treating prostate cancer.

**Background:** Among patients with cancer, pain is common and significantly impairs quality of life. The mainstay of treatment, opioids, can increase nausea and fatigue. Acupuncture appears to be efficacious for nonmalignant pain states. Studies of acupuncture for cancer-related pain are mixed, with systematic reviewers calling for further studies.

**Materials and Methods:** Fifty-seven patients receiving treatment at a university oncology center and who had significant pain were seen in an open treatment program. A semistructured acupuncture protocol was designed to target pain, as well as anxiety, depression, fatigue, and nausea. Outcome measures included the Brief Pain Inventory (BPI) as the primary outcome and Edmonton Symptom Assessment System (ESAS) ratings of current symptoms. Patients were offered up to 12 sessions of acupuncture, typically over a 3-month period.

**Results:** Twenty-five patients were considered to be treatment completers, receiving 9 or more sessions of acupuncture, and the analysis examines the response for these patients. Pain severity on the BPI decreased by 32% from baseline to the last session and pain interference decreased by 40%. Current symptoms on the ESAS decreased by ∼50% for pain, nausea, and fatigue, and by 44% for anxiety. Except for nausea, these change scores were all found to be significant on paired t-tests.

**Conclusions:** This semistructured acupuncture protocol appeared to be effective for reducing cancer-related pain and other symptoms. Further study with a larger sample size, an appropriate control, and adequate follow-up is warranted. It would also be helpful to assess pragmatic outcomes including nausea and pain medication use and hospital admission for pain.


**Background:** Prostate cancer survivors experience a range of troublesome symptoms related to cancer and its treatments.

**Objective:** The aim of this research was to evaluate the feasibility of using the National Acupuncture Detoxification Association (NADA) 5-point ear acupuncture protocol to improve the well-being of men diagnosed with prostate cancer.

**Materials and Methods:** This study was a single-arm, observational, clinical outcome study that used before-and-after measurements. It took place in a National Health Service cancer treatment center in southern England. The subjects were men diagnosed with
prostate cancer who were ≥35 years old, without relapse or metastatic disease, ≥6 months post active cancer treatment, experiencing symptoms and/or side-effects of cancer or its treatments. Twenty patients completed eight weekly NADA treatments in small groups of up to 5 patients.

**Main Outcome Measures:** Main outcome measures were changes in scores at the end of treatment over baseline for: patient-reported outcomes (Measure Yourself Medical Outcomes Profile [MYMOP]), health status (Short Form 36 [SF-36]), and interference of symptoms in daily life (Symptom Related Daily Interference Scale). Acceptability of NADA treatment was assessed using semistructured questionnaires.

**Results:** Mean MYMOP profile change score had a 1.69-point improvement on a 7-point scale (standard deviation=1.25; \( P<0.000, n=19 \)). SF-36 results had improvements in Vitality and Physical Composite Summary Scores. Significant reductions in interference of symptoms in daily life were recorded for work, social, sleep, mood, concentration, and quality of life. No serious adverse effects were reported. Overall, men found NADA treatment in small groups acceptable.

**Conclusions:** NADA ear acupuncture may be a simple nonpharmacologic method of supporting prostate-cancer survivors in managing troublesome symptoms. Further research is warranted.

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**Background:** Lymphedema is a troublesome complication affecting quality of life (QoL) in many women after breast-cancer treatment. Recent studies have suggested that acupuncture can reduce symptoms of lymphedema in breast-cancer survivors.

**Objectives:** This was a pilot study. It was designed to assess the feasibility and the safety of acupuncture with the *Saam* acupuncture method for treating lymphedema in Korean patients after surgical therapy for breast cancer.

**Materials and Methods:** This was a prospective, single-arm, observational pilot study using before and after measurements. The study was conducted at the East-West Medical Center at the Daegu Catholic University Medical Center, in Daegu, Korea. The subjects were 9 patients with breast cancer who presented with lymphedema of the upper limb ipsilateral to surgery. *Saam* acupuncture was administered 3 times per week for 6 consecutive weeks, for 30±5 minutes at each session. The primary outcome measure was severity of lymphedema as assessed by stages of lymphedema, a visual analogue scale (VAS), and by circumferential measurements of the upper extremity. The secondary outcome measure was QoL, which was assessed by a self-administered questionnaire using the Short Form–36 questionnaire.
**Results:** Acupuncture reduced severity of lymphedema significantly, as assessed by the VAS ($P<0.001$) as well as by circumferential measurements of the upper extremity. Four weeks after the final treatment, symptoms were not aggravated. SF-36 scores remained significant for health status at the end of treatment.

**Conclusions:** The *Saam* acupuncture method appeared to provide reduction of lymphedema among women after they had undergone surgery for breast cancer. A randomized, controlled prospective study with a larger sample size is required to clarify the role of acupuncture for managing lymphedema in patients with breast cancer.

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**Background:** The pathogenesis of pancreatic cancer is less understood than other cancers, with current statistics showing the 5-year survival rate for metastatic pancreatic cancer at 1% of all patients. Acupuncture may be able to increase quality of life (QoL) for patients while they undergo standard care, by virtue of acupuncture's capacity to treat the mind, body, and spirit. Two classical, yet lesser-known, techniques that encompass this approach are “pricking” and the Eight Extraordinary Meridians (EEM).

**Case:** A 48-year-old male was, prior to his stage IV diagnosis of pancreatic cancer, in good health, with no history of precancerous cells or family history of cancer. The patient sought medical care because of his overwhelming fatigue, severe night sweats, sudden weight loss (11 lbs), and pain in his right upper quadrant (RUQ). To determine the efficacy of planned acupuncture treatments, laboratory values, pain-medication dosage, perspective of the patient's spouse as caregiver, and subjective feedback from the patient were considered. The patient was then treated with both techniques.

**Results:** Prior to acupuncture, the patient complained of severe RUQ pain, averaging a 9 out of 10 on the Numerical Rating Scale for pain. The patient's post-treatment pain level decreased to a 2 out of 10. He reported improvement in his QoL as evidenced by a decrease in side-effects from chemotherapy, better sleep, improved appetite, increased energy, and a more-positive mental outlook.

**Conclusions:** The techniques described require further examination but appear to have improved the patient's QoL substantially during his late-stage pancreatic cancer; this result is consistent with the private practice experience of the current authors.

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