NEWLY ACQUIRED BOOKS


Designed to be a go-to reference for assessment and treatment planning in the clinic, this is a clear and concise handbook for students and practitioners of dry needling, or medical acupuncture. It includes:
· Comprehensive medical illustrations demonstrating trigger point locations and associated pain referral patterns
· Easy-to-follow instructions and photographs demonstrating musculoskeletal dry needling points and electroacupuncture techniques
· Dedicated section on the acupuncture treatment of tendinopathy
· Vital information on palpation and correct needling techniques
· Practical guidance on best practice, safety and treatment planning
· Overviews of the history and key principles of Traditional Chinese medicine and acupuncture
· Up-to-date research on the effect of acupuncture in the treatment of MSK conditions, myofascial pain, trigger points (MTrPS), fascia and pain.

The book will be an essential aid for osteopaths, physiotherapists, sports rehabilitators, chiropractors, massage therapists, as well as traditional acupuncturists wishing to understand a Western approach on acupuncture. Other health professionals incorporating, or looking to incorporate dry needling into their treatment programme, will also find this book an invaluable resource.

For the first time an award-winning Harvard professor shares his wildly popular course on classical Chinese philosophy, showing you how these ancient ideas can guide you on the path to a good life today.

Why is a course on ancient Chinese philosophers one of the most popular at Harvard? It’s because the course challenges all our modern assumptions about what it takes to flourish. This is why Professor Michael Puett says to his students, “The encounter with these ideas will change your life.” As one of them told his collaborator, author Christine Gross-Loh, “You can open yourself up to possibilities you never imagined were even possible.”

These astonishing teachings emerged two thousand years ago through the work of a succession of Chinese scholars exploring how humans can improve themselves and their society. And what are these counterintuitive ideas? Good relationships come not from being sincere and authentic, but from the rituals we perform within them. Influence comes not from wielding power but from holding back. Excellence comes from what we choose to do, not our natural abilities. A good life emerges not from planning it out, but through training ourselves to respond well to small moments. Transformation comes not from looking within for a true self, but from creating conditions that produce new possibilities.

In other words, The Path upends everything we are told about how to lead a good life. Above all, unlike most books on the subject, its most radical idea is that there is no path to follow in the first place—just a journey we create anew at every moment by seeing and doing things differently.

Sometimes voices from the past can offer possibilities for thinking afresh about the future.
Chinese Auricular Acupuncture (2nd. edition) by Skya Abbate; CreateSpace CRC Press, 2015

Chinese Auricular Acupuncture provides students and practitioners with a clear, concise, and user-friendly manual on ear acupuncture. It reduces the need for memorization by presenting a method of ear acupuncture that is in keeping with the underpinnings of traditional Chinese medicine. The book can be independently studied and easily used to treat various diseases. It covers ear modalities such as needles, press tacks, seeds and incorporates actual cases from clinical practice to illustrate the clinical applicability of specific modalities and ear acupuncture points. A section on ear diagnosis allows you to supplement your assessment of the pulse, tongue, and hara, thus improving your ability to differentiate the functional basis of imbalance and illness. This edition includes five new chapters on the multiple use of auricular points, prescriptionology practice, common ear questions, new research, and ethical issues. It contains detailed tables and photographs that aid understanding and includes an extensive and updated bibliography. The greatest strength of this book is its user friendliness, which allows both the beginning student and the experienced practitioner to successfully apply auricular medicine in the treatment of their patients in a caring, relatively noninvasive, and effective manner.

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Transformation: Treating Trauma with Acupuncture and Herbs by William Morris; 33 publishing, 2015

This book is for professionals who practice acupuncture and herbal medicine as a tool for healing. Develop powerful tools for transforming trauma. Gain insight about the ways people move from one stage of life to another. Practitioners of all disciplines will find useful material here and now. The materials of this book are woven of practice, literature, and "mouth-to-ear and action-to-sight transmission" in a participatory clinical experience. Such knowledge is placed into a feedback system through classroom environs and publications. It is thus built from a constructivist and participatory world view, open to revision and critique.
The implications of this work are often deep and far-ranging. The practitioner is advised to ensure that the patient is in the care of a professional in the area of psychology when working through some of these materials.

**Planting the Seeds of Pregnancy: Your Guide to Improving Egg Quality and Fertility Potential Using Eastern Wisdom and Western Science by Stephanie Gianarelli & Lora Shanine; Acupuncture Northwest, 2015.**

A step-by-step guide for anyone wanting to learn more about fertility enhancement and increasing egg quality from both an Eastern and Western medicine perspective. Stephanie Gianarelli, licensed acupuncturist and Fellow of the American Board of Oriental Reproductive Medicine, and Dr. Lora Shahine, a board certified Obstetrician, Gynecologist and Reproductive Endocrinologist, share their perspectives, experience, and research in both fields. A clear, concise, and evidence-based approach that anyone can understand and utilize. Get ready to learn and benefit from this integrated approach to fertility care!

**Self Healing Guide Learn Self Acupuncture in Combination with Herbs, Relaxation, Diet, Hydrotherapy by Dimitrios P. Mangioros; Published by Dimitrios Mangioros, 2015.**

Learn self acupuncture combined with relaxation, herbs, diet and hydrotherapy healing practices for the 70 most frequent diseases.

Reading the book, you will be able to understand and apply simple but effective self acupuncture.

Moreover prayer, meditation, self-hypnosis, muscle test for selecting food-substances, fasting therapy, fruit therapy, raw food diet, Mediterranean diet, sprouts, home spa bath, home steam bath, use of herbs (preparation of infusions, decoctions, ointments, oils,
tinctures, compresses, poultices), "panacea herbs" and grandma's remedies are some of
the healing treatments for the 70 most frequent diseases, which are extensively analyzed
in the book.

The Knowledge acquired from this book is directly applicable anytime, anywhere and by
anyone, even without a needle.

Help yourself, when you need it, with simple, inexpensive healing methods without side
effects.

For the first time on a global level, it is stated in the book that the Primary Meridians (the
main energy routes in the human body) consist of ten vibrating fibers, and the space
between them fluctuates in proportion to the yin and yang energy.

For the first time on a global level, the waveform of the energy which is absorbed or
emitted from the head of the needle at stimulation or dispersion during acupuncture is
analyzed in the book.

For the first time, the Hellenic herbal needles are mentioned and details are provided for
their use;

For the first time a great number of herbs are classified according to the Empedoclean-
Hippocratic doctrine.

Knowledge of self-treatment is the way to find happiness, the conquest of happiness is
waiting for you...

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Acupuncture Treatment for Macular Degeneration: How a Scientifically Proven
Acupuncture System is Recovering and Preserving Vision by Andy Rosenfarb;

Since 1997, Dr. Andy Rosenfarb has been helping Macular Degeneration patients recover
and preserve their vision with approximately an 85-90% success rate. In his book, Dr.
Rosenfarb answers readers’ questions about using acupuncture for Macular Degeneration.
• How does acupuncture actually work to increase vision?
• How many sessions before results can be seen?
• Should your conventional eye doctor acknowledge acupuncture as an effective tool?
• Is timing crucial to successful treatments?
• Things patients can do to improve their chances of getting results from treatments

This unique text examines 30 specific pain management case studies to explain pain treatments from the perspectives of Eastern acupuncture and traditional Chinese medicine as well as that of Western medical practice.

• Presents information and experience from a unique physician: a licensed, board-certified medical doctor and acupuncturist with extensive training in both the United States and China
• Illustrates acupuncture and acupressure points with specific detail useful to both patients and acupuncturists
• Provides a dual-purpose self-study book that enables acupuncturists to better diagnose pain and guides patients on performing self acupressure pain treatment


In this book, the author reveals the ancient Ayurvedic system of acupuncture called Siravedhana or Marmapuncture which has remained secret for many years. It is a comprehensive introduction for the layperson to understand not only Ayurvedic acupuncture but Ayurveda also. On the other hand, through detailed drawings and explanations it is also an in depth instructional manual for practitioners.
The Soul has a curriculum to transcend life’s lessons. It also has a destiny to fulfil. Classical and Bee - Acupuncture awaken the spirit in each of us to do what we came here to do. We each have a mission to complete. Everyone who lived did not live in vain. Each of us has a reason and a purpose to be here. The fundamental question you will ask is: Why is this happening to me? And the answer is: Do you want to be healed? Once you say yes, then healing can take place. If you are “unable” to or “incapable of saying yes, then you are still living in the past. Healing takes place in the moment. The past is only important after the present has been explored. The moment is your life. And as Mahatma Gandhi said, “Your life is your message.” Healing takes place spirit to spirit. If I don’t know who you are, I can serve you. If I know who you are, I am you. And that makes all the difference. We must bring the healing out of the treatment and into your life. There is no beginning and there is no end. We must weave the moment together like “The Web that has no Weaver” (T.Kaptchuk). Healing takes place in the presence of a cultivated being; you are a pioneer in a whole new field of medicine. Along with the bees, you are healing yourself. Through your presence and vibration transformation occurs. The gift of the venom is to serve as a catalyst, midwife, alchemist, and guide for that transformation. The Pearl of Great Price is to alleviate suffering. Honor the relevance of your feelings and symptoms. Find meaning in your suffering. Healing is not the absence of symptoms. People are healed, not “cured.” Develop an emotional bond and befriend your symptoms. Trust the healing process, not the end result. Healing is a continuous way of living. Explore the depth of your present feelings. Remember that everything we experience as suffering can become healing. Everything has the possibility of turning into its opposite. We need to make a medicine out of the illness itself. We need to be able to die at any moment. But it is more important to decide how to live.

ARTICLE ABSTRACTS

This article comprises the Introduction excerpted from the new English language translation of the Huang Di Nei Jing Su Wen by Paul Unschuld.


Introduction: Current research suggests that more than 80 per cent of amputees suffer from phantom pain and phantom sensations post-amputation. Whilst the evidence for the use of acupuncture in this condition is limited, the results have been positive to date. This study was undertaken to investigate the use of acupuncture following upper limb amputation in a male patient suffering from debilitating phantom pain and other phantom phenomena, including the feeling that his phantom hand was clenched shut. Method: Three sessions of acupuncture at a specialised amputee therapy centre utilised points on the contralateral limb, combined with acupressure around the shoulder girdle of the amputated limb. Points utilised were on multiple channels, including the Lung, Large Intestine, Liver, Small Intestine, Heart, Pericardium and San Jiao (Triple Burner). Outcomes were measured using a visual analogue scale (VAS) and subjective reports from the patient. Results: Initially the VAS was nine out of ten for pain. During the second session the patient reported that his phantom hand felt as if it had partially opened, and it remained open over the next few weeks. During the third session he reported that the hand had opened fully and was now completely flat. The VAS score was now four out of ten. Conclusions: Although there is limited scientific evidence to support the use of acupuncture in the treatment of phantom phenomena, this case study clearly highlights its potential benefits. Further work is needed to establish a larger body of evidence for this intervention to ensure that the management of this complex condition is optimised for the future.


The history of ‘pattern differentiation as the basis for determining treatment’ (bianzheng lunzhi 辨證論治) or, conceived more broadly, ‘individualisation of treatment’ in Chinese medicine has become an important topic among both clinicians and medical historians. This article contributes to that discussion by describing Northern Song physicians’ worries about and methods of approaching the problem of the complexity of illness. It concludes with a suggestion for a new way of conceiving of the history of this important aspect of modern Chinese medical practice.

Chinese nutritional therapy is often underutilised by modern practitioners of Chinese medicine. In this article, Chinese nutritional therapy and biomedical nutritional therapy are briefly compared to highlight the effectiveness of a personalised dietary plan based on Chinese medicine theory versus a dietary plan based solely on a biomedical diagnosis or the latest dietary trend. A simple framework is then presented to illustrate the ease with which a practitioner may prescribe dietary recommendations based on the patient’s Chinese medicine differential pattern diagnosis and seasonal considerations.


In the following case history, acupuncture was used to successfully treat severe damage to the third cranial nerve (and possibly the optic nerve) in a 70 year-old male, which had been caused by traumatic injury. There was considerable probability that without treatment the damage to the nerve would not be reversed. This is the third case study on severe eye disorders cured solely by acupuncture published by the author. In all of these cases, acupuncture was shown to be superior to conventional medicine, which did not provide a clinical solution.


The previous two articles in this series (‘The First Materia Medica: Shen Nong Ben Cao Jing’ and ‘Returning Our Focus to the Flavour and Nature of Herbs’, issues 104 and 105 respectively) focused on classical herbal perspectives. This article discusses the yin and yang of herbs in order to better understand the clinical application of the concepts of flavour (味, wei), nature (氣, qi - often translated as temperature), thinness (薄, bo), thickness (厚, hou), lightness (輕, qing) and heaviness (重, zhong). Although essential for clinical effectiveness, the modern transmission of Chinese herbal medicine has neglected this understanding of herbal medicine.

“Acupuncture Points Used in the Prophylaxis against Recurrent Uncomplicated Cystitis, Patterns Identified and Their Possible Relationship to Physiological Measurements” Terje Alraek, Anders Baerheim and Steven Birch; Chinese Journal of Integrated Medicine, Vol.22 (7): 510-517, 2016.
Objective: To explore the correlation between single acupoints used and the recurrence rate of cystitis among cystitis-prone women receiving acupuncture as a prophylactic treatment.

Methods: In all, 58 cystitis-prone women were included in the analysis. Customised acupuncture treatments were given twice a week, over 4 weeks. The main effect parameter was the number of cystitis episodes during the 6-month observation time. Residual urine was measured at baseline, 2, 4 and 6 months using portable ultrasound equipment. Sympathetic and vagotone nerve activities were measured by using skin conductance and respiratory sinus arrhythmia, respectively.

Results: The main acupoints used for patients with Kidney (Shen) qi/yang deficiency were Shenshu (BL23), Taixi (KI3), Zhongji (CV3), Sanyinjiao (SP6) and Pangguangshu (BL28), compared with Taichong (LR3), CV3, BL28, Yinlingquan (SP9) and SP6 for Liver (Gan) qi stagnation, and SP6, CV3, BL28, Zusanli (ST36) and SP9 for Spleen (Pi) qi/yang deficiency patients. The combination BL23 and KI3 were used in 16 women, 13 of which were Kidney pattern related patients. When used, the number of symptomatic episodes were reduced to a third compared with what occurred in the 42 women where this combination was not used (3/16 vs. 28/42, \( P < 0.05 \)). BL23 application correlated to a significant reduction in residual urine measured a few days after treatment. Patients with the pattern of Spleen qi/yang deficiency had an initial increase in residual urine after treatments.

Conclusion: Treating Kidney pattern related patients with the combination of BL23 and KI3 resulted in far better outcome than other points/combination of points for other Chinese medicine diagnoses. The acupoint SP6 may be less indicated than previously assumed when treating cystitis-prone women prophylactically.


Objective: To evaluate the effect and safety of acupuncture therapy on patients with moderate to severe allergic rhinitis.

Methods: A non-randomized controlled design was used to compare between the acupuncture group and the medication group. The acupuncture group received 8-week acupuncture therapy, and the medication group received budesonide nasal spray with cetirizine tablets for 8 weeks. The clinical symptoms and signs were analyzed before treatment, at 4 and 8 weeks after the start of treatment, and at 12 weeks after the end of treatment. Furthermore, the clinical efficacy and safety indicators were compared between the two groups.
Results: A total of 76 participants consisting of 38 in each of the two groups were enrolled. The scores of each clinical symptom and sign, including sneezing, runny nose, stuffy nose, nasal itching, and turbinate edema, and the total scores decreased over time in both groups (all \( P<0.05 \)); and no difference was found in the scores between the two groups (\( P>0.05 \)). There was no statistically significant difference in the effective rates of the acupuncture group at 4 and 8 weeks after the start of treatment as well as at 12-week follow-up compared with those of the medication group (83.3% vs. 91.2%, and 94.4% vs. 85.3%; and 80.6% vs. 82.4%, all \( P>0.05 \)). Experimental items including blood routine, urine routine, aspartate transaminase, alanine aminotransferase, urea nitrogen and creatinine were all in the normal reference ranges during the treatment in the acupuncture group.

Conclusions: Acupuncture therapy has a comparable effect to the medication treatment on patients with moderate to severe allergic rhinitis, and it is safe with no severe adverse effects.


Objective: The aim of this research was to determine if two types of acupuncture (auricular acupuncture [AA] and traditional Chinese acupuncture [TCA]) were feasible and more effective than usual care (UC) alone for TBI-related headache.

Materials and Methods: Design: This was a three-armed, parallel, randomized exploratory study. Setting: The research took place at three military treatment facilities in the Washington, DC, metropolitan area. Patients: The subjects were previously deployed Service members (18–69 years old) with mild-to-moderate TBI and headaches. Intervention: The interventions explored were UC alone or with the addition of AA or TCA. Outcome Measures: The primary outcome was the Headache Impact Test (HIT). Secondary outcomes were the Numerical Rating Scale (NRS), Pittsburgh Sleep Quality Index, Post-Traumatic Stress Checklist, Symptom Checklist-90-R, Medical Outcome Study Quality of Life (QoL), Beck Depression Inventory, State-Trait Anxiety Inventory, the Automated Neuropsychological Assessment Metrics, and expectancy of outcome and acupuncture efficacy.

Results: Mean HIT scores decreased in the AA and TCA groups but increased slightly in the UC-only group from baseline to week 6 [AA, −10.2% (−6.4 points); TCA, −4.6% (−2.9 points); UC, +0.8% (+0.6 points)]. Both acupuncture groups had sizable decreases in NRS (Pain Best), compared to UC (TCA versus UC: \( P=0.0008, d=1.70 \); AA versus UC: \( P=0.0127, d=1.6 \)). No statistically significant results were found for any other secondary outcome measures.
Conclusions: Both AA and TCA improved headache-related QoL more than UC did in Service members with TBI.


Background: Peripheral neuropathy is a common problem that can occur with chemotherapy treatment, resulting in pain, numbness, and reduced function. One promising, yet understudied, integrative care therapy that might offer pain relief for patients is a percutaneously placed, microchip-controlled pulsed neurotransmitter that provides electrical pulses to specific peripheral nerves in the ear.

Objective: The purpose of this study was to examine the efficacy of this therapy for reducing pain and improving function in patients with chemotherapy-induced peripheral neuropathy (CIPN).

Materials and Methods: A mixed-method retrospective chart review of patients receiving, from an integrative oncologist, percutaneous auricular neurostimulation (PANS) for CIPN was conducted. Nonparametric tests were used to examine pain scores pre–post treatment. A qualitative content analysis was used to examine pain and functional outcomes associated with treatment in those charts that did not have quantitative pain scores documented.

Results: A total of 98 charts were reviewed, of which 58 charts met the study criteria. For the 18 patients that had pre–post pain scores available for quantitative analyses (Mage = 63 years; 67% female), pain scores significantly decreased after PANS (Mpre = 8.11 vs. Mpost = 3.17; median change −5.0, p < 0.001), regardless of number of treatments (M = 4.5; SD = 2.5). Fifty-nine percent of patients with qualitative data reported marked improvements and 12.5% reported notable, yet minimal, reductions of pain and numbness following treatment.

Conclusions: PANS was associated with significant improvements in both pain and function. Preliminary results suggest that PANS might be a useful nonpharmacologic treatment for patients with CIPN. Further controlled studies, using prospective research designs and active control groups, are warranted.

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