

目录

癌		
Q-抗菌肽治疗肿瘤的作用机理研究.....	廖春华	(14)
论癌症治疗的三大原则.....	章永红	(15)
中华大环术之治癌术.....	吴泽生 吴光速	(18)
癌症逆转超越西医的瓶颈与困境及马来西亚癌症状况.....	杨华祥	(20)
Cancer is not Incurable	吴永志	(22)
肝癌治疗之趋势.....	连重光 連浩銘	(24)
抗肿瘤(癌)中药的研究与开发.....	連浩銘 连重光	(26)
特殊针法		
中医指鍼盖刺法的创立.....	陈坚鹰	(30)
人体凸出部位全息论与电子全息针灸.....	郑明德	(31)
针灸、刮痧、埋线、中药治疗瘫痪探讨.....	刘兆石	(33)
耳穴贴压结合背部膀胱经排罐治疗慢性失眠疗效观察.....	李建萍 何培达 张 慧	(35)
耳针对胃肠运动减缓的影响.....	王恩萍	(36)
埋线技术的临床应用与前景.....	王子明	(38)
埋线治疗腰椎间盘突出及膨出.....	张凤英	(39)
灸法在医疗保健中的运用.....	刘炜宏	(40)
现代艾灸在各科的临床验案举隅.....	崔学伟	(41)
中医特色诊疗《整体通疗法》的展望.....	周关杰	(43)
【梁氏針法】在頑固疼痛與中風後遺症臨床治療之應用.....	梁子安 梁家仁 梁家宇	(44)
集针疗法在临床治疗气块200例.....	刘桂芳	(45)
临床研究		
运用脏腑点穴治疗疑难杂症的临床体会.....	张德印 祝尔敏	(46)
中西醫結合治療再生不良性貧血.....	刘 凤 陈佩茹 趙翰林 林巧梅	(47)
排毒提免疗法治疗过敏性鼻炎.....	李延波	(48)
以脊柱激活器为主治疗颈性眩晕23例临床观察.....	朱立信	(49)
靶向溶栓加压组合疗法治疗下肢静脉曲张200例疗效观察.....	韩广军	(50)
To purify the Yangming to Treat the Affections of the skin.....	叶永清	(51)
针灸与血的临床观察.....	郭兆起	(54)
通督醒神针刺法对脑瘫患儿神经发育及修复的临床研究.....	刘振寰 祁岩超 et al.	(56)
如何预防中风, 瘫痪.....	王宝芬	(58)
采用新针灸疗法医疗关节软组织扭伤的体验.....	吴荣贵	(60)
针刺治疗睡眠呼吸暂停综合征.....	周文新	(61)
《针刺对体外受精-胚胎移植结局影响的研究进展》.....	马兰萍	(63)
针刺外关穴对脑波之的效应分析.....	许昇峰 李文源	(65)
针灸与药物交互作用之探讨.....	张世良 曾崇育 林昭庚	(66)
英文稿件		
Integration of Nanobiomedicine and TCM in the Treatment of Cancer and Infection Diseases of Different Etiology	Sergey Ivanenko, Elena Tereshina, Vladislav Laskaviy, Artem Yakunchikov	(68)
Supporting Cancer Patient with Phytobiophysics The Mossop Philosophy.....	Kong Poei Moon	(70)
A New Perspective for the Use of Laser in Classical Acupuncture.....	Rodney Lim	(73)
Conceptual Review of Appropriate Acupuncturing Depth	Chou Pei-Chi Heng-Yi Chu Jaung-Geng Lin	(77)
The Healing Philosophy of Medical Qigong for Cancer Treatment.....	Tan Soo Kong	(80)
Maintaining Healthy Weight for Senior Citizens	Juliana Tjandra	(81)
A Retrospective Observational Pilot Study of TCM Intervention.....	Yi-Hong Wu Hsing-Yu Chen, et al.	(83)
Supportive Cancer Care with Acupuncture.....	Jaung-Geng Lin Yi-Hung	(85)
整骨康复疗法		
通痹五联疗法.....	龚世林	(86)
骨性关节炎的骨减压治疗综述.....	王自平	(88)

Conceptual Review of Appropriate Acupuncture Depth

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INTRODUCTION

Acupuncture has been the most commonly used alternative treatment in Western society. Fisher et al. found that 12-19% of individuals in a European population had received acupuncture treatment. MacLennan et al. also reported that the cost of alternative medicine including acupuncture has been increasing. Xue indicated that 68.9% of Australian population had used complementary and alternative medicine with 9.2 % of individuals having used acupuncture. Burke et al. also found that 4.1% of the respondents reported lifetime use, and 1.1% reported recent use of acupuncture in a national survey in United States.

Several researches have discussed the anatomy and physiology of acupuncture points in order to understand the therapeutic mechanism of acupuncture.

Acupuncture is generally known to be a safe therapy. Most reported adverse events were minor complications such as needling pain, hematoma, nausea, vomiting, and fainting. White meta-analyzed reports of adverse effects associated with acupuncture and concluded that the risk of serious events occurring in association with acupuncture is very low, below that of many common medical treatments. The range of adverse events reported is wide and some events, specifically trauma and some episodes of infection, are likely to be avoidable. McPherson reported the type and frequency of short term reactions associated with a single acupuncture and showed that 'positive' reactions to acupuncture treatment were very common. Tiredness, drowsiness and a range of 'negative' reactions were also frequently reported. Almost all patients were willing to experience these reactions again. Complications in acupuncture practice may result from violations of sterile procedure and/or negligence of the practitioners. The complications included infectious disease transmission, pneumothorax, organ injuries, local infection and dermatitis. Lao reported 165 cases of acupuncture complications over a 30 year period (1965-1995). There were 1 case of pneumothorax, 9 cases of spinal cord injury, 1 case of other organ or tissue injuries, 86 cases of hepatitis, 6 cases of contact dermatitis and the rest were other infections. Norheim also indicated that mechanical organ injuries such as pneumothorax and medulla spinalis injury were very common in addition to hepatitis. Pneumothorax could even be lethal. Injuries of nerve and vessel were also reported. Rarely noted complication like pneumoperitonium was also reported.

Most adverse events from acupuncture are avoidable with better understanding of the anatomy of the human body and appropriate antiseptic practice. In order to prevent organ and tissue injuries, the appropriate depth of needle insertion counts. In this article, we provide a descriptive and critical review of the current researches available on appropriate acupuncture depth of acupuncture points as well as the therapeutic depth. The objective of this article is to, hopefully, find out the consistency in each points.

Materials and Methods

A comprehensive search of literature that was published from 1991 to 2009 was undertaken using the following key words: acupuncture, acupoint, needling depth, safety depth, de-qi. These terms were used to search the following databases: PubMed, EMBASE, Cochrane, AME (Allied and Complementary Medicine), NCCAM (The National Center for Complementary and Alternative Medicine) and CNKI (China National Knowledge Infrastructure) databases. Additional articles were also identified from the reference list of identified articles. Chinese journals which we thought might be relevant to our study were hand searched.

Results

Each article was reviewed and 33 studies from 1991 to 2009 were recruited into the review. As there are not many researches specific for depth of acupuncture points, we tried to include as many articles as possible.

Language used for the studies

Most of the studies were carried out in Chinese and thus most of the studies were written in Chinese. Five studies in this review were in English. 15-19 English abstracts can be found for most of the studies in Chinese.

Study design

Given the nature of the study objective, most of the studies were retrospective, non-randomized clinical trials without control group.

Acupuncture points researched

Many studies lack standards in the localization of acupuncture points or needle manipulation. Most of the researches in Chinese used the following guideline: Location of Points (GB-12346-90, general administration of quality supervision, inspection and quarantine of the People's Republic of China) rather than WHO Standard Acupuncture Point Locations. This fact can lead to discrepancies in the safe depth measured for the same acupuncture point.

Most of the points studied were points or area associated with possible mechanical injury, such as neck, chest, back and abdominal region. One study discussed the acupoint around the eye, i.e., BL1. Some light was also shed into limbs such as wrist (PC6) and leg (ST36). In studies with less than 5 points, GV 14 and GV16 were the points with most appearances followed by GV15. In terms of specific meridian researched, bladder meridian (BL) at the back was the single meridian of which the most points were investigated. The govern and/or conception vessels (GV and CV) also contained acupoints studied frequently. Only 2 studies were specifically addressed for acupuncture points of children aged 7-15 years. 3 researches addressed specific diseases. One was for patients of her-

niated intervertebral disc of C spine and the others for patients of low back pain.

The definition of appropriate (safe/dangerous) depth

A few studies defined the safe depth and dangerous depth respectively. For example, Yan et al suggested that the safe depth of GV15, GV16, GB20 and BL1 should be 80% of the measured depth. However, Yang et al thought that 75% of the measured depth should be the safe needling depth for GV16. Li et al defined the safe depths to be within 75% of the measured depths because they used in vivo CT images which should be greater than ones from cadavers. One study defined the T/S ratio (therapeutic depth over safety depth). The therapeutic depth is defined as the depth at which the needle is in the muscular layer. Chen suggested that the T/S ratios were between 0.67 (SP-15) to 0.88 (CV-6, CV-10). The therapeutic depths for acupoints reported in most textbooks of acupuncture range from a few millimeters to as much as several centimeters. Most of the authors chose 75% or 80% from their clinical experience. As a result, there is no universal definition of dangerous depth, safe depth or therapeutic depth.

Measuring tools

The mainstream of measuring methods were using images from CT scan (12 studies) and direct needle insertion on dissected specimens (18 studies). 2 studies used ultrasound and one used epidural puncture in patients with herniated intervertebral disc of C spine. There were 2 studies in which the depth was acquired when performing acupuncture in real patients.

There were only 6 in vivo researches from our review.

Subjects

Lin et al included 300 adults to investigate total of 75 acupoints in head, neck, trunk and limb which is known to be the research with most subjects included. 6 studies contained subjects more than 100. Most of the subjects were adults/cadavers but 2 studies were specifically for children aged 7-15 years and one research included 30 newborns.

Discussion of de-qi

Lin in 1991 first discussed the de-qi depth in acupoints in chest and back in 107 adults and found it was related to body weight. Lin et al concluded depth of de-qi is greater in males and people with greater body weight. Lin also indicated that de-qi depth correlated with therapeutic effect. Streitberger et al found no association between median nerve contact and de-qi during the acupuncture at PC610 while Groenemeyer et al thought that there was an association between de-qi and needle location in their study of BL25 and BL26. Chen et al described another way for de-qi depth, i.e., T/S ratio.

Factors affecting the depth

1. gender

Gender differences exist in some points. Lin indicated that female chest points had greater depth than male. He also found that depth of de-gi of acupoints in body and limb was greater in males.³⁰ De-qi depth of chest points were greater in females but not in back points.

2. age

No significant difference in depth could be found in studies of adult subjects. However, in the 2 studies of pediatric subjects, the authors indicated that the safe depth and T/S ratio of 12 abdominal points significantly increased with age.

3. body weigh, body length and body mass index

Body weight and body length were documented in most of the researches. Generally speaking, the safe depth correlated with body mass. No research mentioned the correlation between body length and the safe depth of each point. 5 researches used Rohrer index to divide subjects into three groups, i.e., <1.2, 1.2-1.5 and >1.5. Subjects with larger Rohrer index had deeper safe depth. Only one research used body mass index (BMI) and nearly all parameters correlated with the BMI for BL25 and BL26. There were also 2 studies used waist girth as a index and found that the safe depth and T/S ratio of 12 abdominal points significantly increased with waist girth.

4. right/left side points

Only 2 researches mentioned the side difference. For example, Chern et al indicated that right side BL13 points seems to be deeper, especially in people with Rohrer <1.2.

5. Tong Shen Cu

Lin in 1997 first studied the correlation between Tong Shen Cun and safe depth of acupoints at chest and back. He found that the depth highly correlated with Tong Shen Cun. Lin also indicated that depths are deeper as compared to ancient writings which is the only research addressing this issue. Ge also reported that safe depth of GV15 and GV16 correlated with thumb Tong Shen Cun.

6. direction and angle of needling

Most of the researches involved perpendicular needling at the point but there were 5 researches discussing the needling direction and angle. For example, Xie et al found that it is safe for oblique insertion of needle at BL12 and BL13 toward the medial chest at an angle more than 20 degrees.³⁴ Yan et al believed that perpendicular needling is more dangerous and suggested that the safe angle should be 10 degrees less than the dangerous angle in some points.

7. different measuring methods

There was a great inconsistency among those depths

measured by different methods. For example, the suggested safe depths for GV16 are 27.73-33.39 mm (using CT images), 40.08 mm (using dissected specimens), and 43.46-57.42 mm (using dissected specimens). The suggested safe depths for GV14 are within 36 mm (using epidural puncture in vivo), within 42 mm (using dissected chest specimens)² and 32.86-47.93 mm (using CT images)²⁴.

Discussion

To our knowledge, this is the first research to review all the studies regarding appropriate acupuncture depth of acupuncture points.

From the review, we learn that many factors may influence the depth. For example, body size matters. It conforms to our basic understanding that the distance from skin surface to internal organ increases with greater body size. Body weight had been the single parameter used most frequently but it lacks the concept of body fat distribution. BMI is the most widely used index to show the fat amount in the whole body but may not reliably reflect the body fat composition.

Fat distribution can explain the results that some gender differences exist in some points. The fact that male subjects have larger body sizes with greater depth can also be understood by the principle of sexual dimorphism of body composition and anatomical gender difference in size-matched subjects.

Age was seldom considered as a parameter in these researches of adults; however, it suggested that age is a significant factor in children compares adults in acupuncture.

Although this review is not specifically for the therapeutic effect of each point but the depth eliciting de-qi is also discussed. De-qi means a sensation that is often elicited to enhance the effect of acupuncture treatment. The sensation of needle grasp may be due to the contraction of skeletal muscle or winding of connective tissue around the needle during needle rotation. The role of the nervous system in the effect of acupuncture has also been well described. As discrepancy in definition, mechanism and location of de-qi still exists, the depth to elicit de-qi in each point warrant further researches.

CT scan is the tool used most frequently but does have limitations in the detailed evaluation of soft tissue thus makes it most suitable in detecting points in the chest, back and abdominal region. Ultrasound is only suitable for points of the limbs due to the quality of the images. As for direct measure of specimen dissections of cadavers, concerns may arise for the fact that they are drier and smaller thus the depth measured would be inconsistent with the ones obtained from in vivo studies. Li et al and

Dong et al compared the depths of 7 points from bladder meridian and found that depth measured by in vivo CT images were greater than ones from dissections of cadavers.

The limitations of the researches in this review include the retrospective nature, the relative small sample size and the lack of randomization and control group.

In light of the fact that the measured appropriate acupuncture depth is still different from the real depth, we hereby suggested our opinions on future research. Firstly, factors like gender, age, BMI (or other index to differentiate body sizes), right/left side of the limb, insertion angle, de-qi should be controlled as much as possible.

Secondly, subjects (may be different races) should be as many as possible. Thirdly, the depths can be compared with those documented on ancient writings. Fourthly, in vivo research is better than retrospective images or specimen dissections.

Conclusion

From the critical review of the literature associated with appropriate acupuncture depth of acupuncture points, there is great inconsistency in terms of safe needling depths measured in different subject groups and by different measuring methods. There is suitable justification for a well-designed clinical trial to investigate the real needling depth for each acupuncture point for safer acupuncture treatment.

THE HEALING PHILOSOPHY OF MEDICAL QIGONG FOR CANCER TREATMENT

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INTRODUCTION

Chinese Medical Qigong is a tradition holistic therapy that dated back to thousands of years. In recent years, it has gain worldwide attention especially in the area of cancer treatment both as complementary and alternative. The author is working with HIHT (Himalayan Institute Hospital Trust) Hospital and Cancer Research Institute of India to study the use of Medical Qigong for cancer treatment to determine its effectiveness. An initial project was conducted recently with 24 cancer patients in improving their quality of life while undergoing modern allopathic treatment.

METHODS

To ensure the consistence of the Medical Qigong protocol used; a team of 16 members were trained in Wellness Medical Qigong (WMQ) cancer treatment protocol. The team spent three days in the Cancer Research Institute (CRI) of HIHT Hospital to treatment patients that are send by the oncology. All patients were taught the WMQ Breathing Method and given treatment using WMQ

cancer protocol.

All patients were not told of what to expect and only brief that they will go through a form of energy therapy to avoid self imagination.

RESULTS

A list of ten common side effects of chemo, surgery and radiotherapy were track for each of the 24 patients. After three consecutive days of Medical Qigong treatment, 80% of these complaints improve and in most cases even totally eliminated.

DISCUSSION

Medical Qigong believe that to be healthy, Spiritual body, Qi (Energy) Body and Physical Body must form the holistic treatment approach. Medical Qigong is targeted at the Qi Body and cellular level. The result of the therapy increases oxygen level, regulate the membrane potential, detoxification and improve immunity. Thus it is a good complementary therapy for cancer treatment.