National Institutes of Health
Consensus Development Statement

ACUPUNCTURE
November 3-5, 1997
Revised Draft
11/5/97

This statement will be published as: Acupuncture. NIH Consens Statement 1997 November 3-5;15(5): in press. For making bibliographic reference to consensus statement no. 107 in the electronic form displayed here, it is recommended that the following format be used: NIH Consens Statement Online 1997 November 3-5 [cited year, month, day]; 15(5): in press.

NIH Consensus Statements are prepared by a nonadvocate, non-Federal panel of experts, based on (1) presentations by investigators working in areas relevant to the consensus questions during a 2-day public session; (2) questions and statements from conference attendees during open discussion periods that are part of the public session; and (3) closed deliberations by the panel during the remainder of the second day and morning of the third.

This statement is an independent report of the consensus panel and is not a policy statement of the NIH or the Federal Government.

Introduction

Acupuncture is a component of the health care system of China that can be traced back for at least 2,500 years. The general theory of acupuncture is based on the premise that there are patterns of energy flow (Qi) through the body that are essential for health. Disruptions of this flow are believed to be responsible for disease. The acupuncturist can correct imbalances of flow at identifiable points close to the skin. The practice of acupuncture to treat identifiable pathophysiological conditions in American medicine was rare until the visit of President Nixon to China in 1972. Since that time, there has been an explosion of interest in the United States and Europe in the application of the technique of acupuncture to Western medicine.

Acupuncture describes a family of procedures involving stimulation of anatomical locations on the skin by a variety of techniques. The most studied mechanism of stimulation of acupuncture points employs penetration of the skin by thin, solid, metallic needles, which are manipulated manually or by electrical stimulation. The majority of comments in this report are based on data that came from such studies. Stimulation of these areas by moxibustion, pressure, heat, and lasers is used in acupuncture practice, but due to the paucity of studies, these techniques are more difficult to evaluate. Thus, there are a variety of approaches to diagnosis and treatment in American acupuncture that incorporate medical traditions from China, Japan, Korea, and other countries.

Acupuncture has been used by millions of American patients and performed by thousands of physicians, dentists, acupuncturists, and other practitioners for relief or prevention of pain and for a variety of health conditions. After reviewing the existing body of knowledge, the U.S. Food and Drug Administration recently removed acupuncture needles from the category of "experimental medical devices" and now regulates them just as it does other devices, such as surgical scalpels and hypodermic syringes, under good manufacturing practices and single-use standards of sterility.

Over the years, the National Institutes of Health (NIH) has funded a variety of research projects on acupuncture, including studies on the mechanisms by which acupuncture may have its effects, as well as clinical trials and other studies. There is also a considerable body of international literature on the risks and benefits of acupuncture, and the World Health Organization lists a variety of medical conditions that may benefit from the use of acupuncture or moxibustion. Such applications include prevention and treatment of nausea and vomiting; treatment of pain and addictions to alcohol, tobacco, and other drugs; treatment of pulmonary
problems such as asthma and bronchitis; and rehabilitation from neurological damage such as that caused by stroke.

To address important issues regarding acupuncture, the NIH Office of Alternative Medicine and the NIH Office of Medical Applications of Research organized a 2\(\frac{1}{2}\)-day conference to evaluate the scientific and medical data on the uses, risks, and benefits of acupuncture procedures for a variety of conditions. Cosponsors of the conference were the National Cancer Institute, the National Heart, Lung, and Blood Institute, the National Institute of Allergy and Infectious Diseases, the National Institute of Arthritis and Musculoskeletal and Skin Diseases, the National Institute of Dental Research, the National Institute on Drug Abuse, and the Office of Research on Women's Health of the NIH. The conference brought together national and international experts in the fields of acupuncture, pain, psychology, psychiatry, physical medicine and rehabilitation, drug abuse, family practice, internal medicine, health policy, epidemiology, statistics, physiology, and biophysics, as well as representatives from the public.

The primary sponsors of this meeting were the National Human Genome Research Institute and the NIH Office of Medical Applications of Research. The conference was cosponsored by the National Institute of Diabetes and Digestive and Kidney Diseases; the National Heart, Lung, and Blood Institute; the National Institute of Child Health and Human Development; the NIH Office of Rare Diseases; the National Institute of Mental Health; the National Institute of Nursing Research; the NIH Office of Research on Women’s Health; the Agency for Health Care Policy and Research; and the Centers for Disease Control and Prevention.

1. What is the Efficacy of Acupuncture, compared with placebo or sham acupuncture, in the conditions for which sufficient data are available to evaluate?

Acupuncture is a complex intervention that may vary for different patients with similar chief complaints. The number and length of treatments and the specific points used may vary among individuals and during the course of treatment. Given this reality, it is perhaps encouraging that there exist a number of studies of sufficient quality to assess the efficacy of acupuncture for certain conditions.

According to contemporary research standards, there is a paucity of high-quality research assessing efficacy of acupuncture compared with placebo acupuncture. The vast majority of papers studying acupuncture in the biomedical literature consist of case reports, case series, or intervention studies with designs inadequate to assess efficacy.

This discussion of efficacy refers to needle acupuncture (manual or electro acupuncture) because the published research is primarily on needle acupuncture and often does not encompass the full breadth of acupuncture techniques and practices. The controlled trials usually have only involved adults and did not involve long-term (i.e., years) acupuncture treatment.

Efficacy of a treatment assesses the differential effect of a treatment when compared with placebo or another treatment modality using a double-blind controlled trial and a rigidly defined protocol. Papers should describe enrollment procedures, eligibility criteria, description of the clinical characteristics of the subjects, methods for diagnosis, and a description of the protocol (i.e., randomization method, specific definition of treatment, and control conditions, including length of treatment, and number of acupuncture sessions). Optimal trials should also use standardized outcomes and appropriate statistical analyses. This assessment of efficacy focuses on high-quality trials comparing acupuncture with sham acupuncture or placebo. Response Rate. As with other interventions, some individuals are poor responders to specific acupuncture protocols. Both animal and human laboratory and clinical experience suggest that
the majority of subjects respond to acupuncture, with a minority not responding. Some of the clinical research outcomes, however, suggest that a larger percentage may not respond. The reason for this paradox is unclear and may reflect the current state of the research.

**Efficacy for Specific Disorders**

There is clear evidence that needle acupuncture is efficacious for adult post-operative and chemotherapy nausea and vomiting and probably for the nausea of pregnancy. Much of the research is on various pain problems. There is evidence of efficacy for postoperative dental pain. There are reasonable studies (although sometimes only single studies) showing relief of pain with acupuncture on diverse pain conditions such as menstrual cramps, tennis elbow, and fibromyalgia. This suggests that acupuncture may have a more general effect on pain. However, there are also studies that do not find efficacy for acupuncture in pain.

**Various conditions for which sufficient data are available, in comparison with or in combination with other interventions**

Assessing the usefulness of a medical intervention in practice differs from assessing formal efficacy. In conventional practice, clinicians make decisions based on the characteristics of the patient, clinical experience, potential for harm, and information from colleagues and the medical literature. In addition, when more than one treatment is possible, the clinician may make the choice taking into account the patient's preferences. While it is often thought that there is substantial research evidence to support conventional medical practices; this is frequently not that case. This does not mean that these treatments are ineffective. The data in support of acupuncture are as strong as those for many accepted Western medical therapies. One of the advantages of acupuncture is that the incidence of adverse effects is substantially lower than that of many drugs or other accepted medical procedures used for the same conditions. As an example, musculoskeletal conditions, such as fibromyalgia, myofascial pain, and "tennis elbow," or epicondylitis, are conditions for which acupuncture may be beneficial. These painful conditions are often treated with, among other things, anti-inflammatory medications (aspirin, ibuprofen, etc.) or with steroid injections. Both medical interventions have a potential for deleterious side effects, but are still widely used, and are considered acceptable treatment. The evidence supporting these therapies is no better than that for acupuncture.

In addition, ample clinical experience, supported by some research data, suggests that acupuncture may be a reasonable option for a number of clinical conditions. Examples are postoperative pain and myofascial and low back pain. Examples of disorders for which the research evidence is less convincing but for which there are some positive clinical reports include addiction, stroke rehabilitation, carpal tunnel syndrome, osteoarthritis, and headache. Acupuncture treatment for many conditions such as asthma, addiction, or smoking cessation should be part of a comprehensive management program.

Many other conditions have been treated by acupuncture; the World Health Organization, for example, has listed more than 40 for which the technique may be indicated.

**3. What is known about the biological effects of acupuncture that helps us understand how it works?**

Many studies in animals and humans have demonstrated that acupuncture can cause multiple biological responses. These responses can occur locally, i.e., at or close to the site of application, or at a distance, mediated mainly by sensory neurons to many structures within the central nervous system. This can lead to activation of pathways affecting various
physiological systems in the brain as well as in the periphery. A focus of attention has been the role of endogenous opioids in acupuncture analgesia. Considerable evidence supports the claim that opioid peptides are released during acupuncture and that the analgesic effects of acupuncture are at least partially explained by their actions. That opioid antagonists such as naloxone reverse the analgesic effects of acupuncture further strengthens this hypothesis. Stimulation by acupuncture may also activate the hypothalamus and the pituitary gland, resulting in a broad spectrum of systemic effects. Alteration in the secretion of neurotransmitters and neurohormones and changes in the regulation of blood flow, both centrally and peripherally, have been documented. There is also evidence that there are alterations in immune functions produced by acupuncture. Which of these and other physiological changes mediate clinical effects is at present unclear.

Despite considerable efforts to understand the anatomy and physiology of the "acupuncture points," the definition and characterization of these points remains controversial. Even more elusive is the scientific basis of some of the key traditional Eastern medical concepts such as the circulation of Qi, the meridian system, and the five phases theory, which are difficult to reconcile with contemporary biomedical information but continue to play an important role in the evaluation of patients and the formulation of treatment in acupuncture.

Some of the biological effects of acupuncture have also been observed when placebo acupuncture points are stimulated, highlighting the importance of defining appropriate control groups in assessing biological changes purported to be due to acupuncture. Such findings raise questions regarding the specificity of these biological changes. In addition, similar biological alterations including the release of endogenous opioids and changes in blood pressure have been observed after painful stimuli, vigorous exercise, and/or relaxation training; it is at present unclear to what extent acupuncture shares similar biological mechanisms.

It should be noted also that for any therapeutic intervention, including acupuncture, the so-called "non-specific" effects account for a substantial proportion of its effectiveness, and thus should not be casually discounted. Many factors may profoundly determine therapeutic outcome including the quality of the relationship between the clinician and the patient, the degree of trust, the expectations of the patient, the compatibility of the backgrounds and belief systems of the clinician and the patient, as well as a myriad of factors that together define the therapeutic milieu.

4. What issues need to be addressed so that acupuncture may be appropriately incorporated into today's health care system?

The integration of acupuncture into today's health care system will be facilitated by a better understanding among providers of the language and practices of both the Eastern and Western health care communities. Acupuncture focuses on a holistic, energy-based approach to the patient rather than a disease-oriented diagnostic and treatment model.

An important factor for the integration of acupuncture into the health care system is the training and credentialing of acupuncture practitioners by the appropriate state agencies. This is necessary to allow the public and other health practitioners to identify qualified acupuncture practitioners. The acupuncture educational community has made substantial progress in this area and is encouraged to continue along this path. Educational standards have been established for training of physician and non-physician acupuncturists. Many acupuncture educational programs are accredited by an agency that is recognized by the U.S. Department of Education. A national credentialing agency exists that is recognized by some of the major professional acupuncture organizations and provides examinations for entry-level competency in the field.

A majority of States provide licensure or registration for acupuncture practitioners. Because
some acupuncture practitioners have limited English proficiency, credentialing and licensing examinations should be provided in languages other than English where necessary. There is variation in the titles that are conferred through these processes, and the requirements to obtain licensure vary widely. The scope of practice allowed under these State requirements varies as well. While States have the individual prerogative to set standards for licensing professions, harmonization in these areas will provide greater confidence in the qualifications of acupuncture practitioners. For example, not all States recognize the same credentialing examination, thus making reciprocity difficult.

The occurrence of adverse events in the practice of acupuncture has been documented to be extremely low. However, these events have occurred in rare occasions, some of which are life threatening (e.g., pneumothorax). Therefore, appropriate safeguards for the protection of patients and consumers need to be in place. Patients should be fully informed of their treatment options, expected prognosis, relative risk, and safety practices to minimize these risks prior to their receipt of acupuncture. This information must be provided in a manner that is linguistically and culturally appropriate to the patient. Use of acupuncture needles should always follow FDA regulations, including use of sterile, single-use needles. It is noted that these practices are already being done by many acupuncture practitioners; however, these practices should be uniform. Recourse for patient grievance and professional censure are provided through credentialing and licensing procedures and are available through appropriate State jurisdictions.

It has been reported that more than 1 million Americans currently receive acupuncture each year. Continued access to qualified acupuncture professionals for appropriate conditions should be ensured. Because many individuals seek health care treatment from both acupuncturists and physicians, communication between these providers should be strengthened and improved. If a patient is under the care of an acupuncturist and a physician, both practitioners should be informed. Care should be taken so that important medical problems are not overlooked. Patients and providers have a responsibility to facilitate this communication.

There is evidence that some patients have limited access to acupuncture services because of inability to pay. Insurance companies can decrease or remove financial barriers to access depending on their willingness to provide coverage for appropriate acupuncture services. An increasing number of insurance companies are either considering this possibility or now provide coverage for acupuncture services. Where there are State health insurance plans, and for populations served by Medicare or Medicaid, expansion of coverage to include appropriate acupuncture services would also help remove financial barriers to access.

As acupuncture is incorporated into today's health care system, and further research clarifies the role of acupuncture for various health conditions, it is expected that dissemination of this information to health care practitioners, insurance providers, policymakers, and the general public will lead to more informed decisions in regard to the appropriate use of acupuncture.

5. What are the directions for future research?

The incorporation of any new clinical intervention into accepted practice faces more scrutiny now than ever before. The demands of evidence-based medicine, outcomes research, managed care systems of health care delivery, and a plethora of therapeutic choices makes the acceptance of new treatments an arduous process. The difficulties are accentuated when the treatment is based on theories unfamiliar to Western medicine and its practitioners. It is important, therefore, that the evaluation of acupuncture for the treatment of specific conditions be carried out carefully, using designs which can withstand rigorous scrutiny. In order to further the evaluation of the role of acupuncture in the management of various conditions, the following general areas for future research are suggested. What are the demographics and patterns of use of acupuncture in the U.S. and other countries?
There is currently limited information on basic questions such as who uses acupuncture, for what indications is acupuncture most commonly sought, what variations in experience and techniques used exist among acupuncture practitioners, and whether there are differences in these patterns by geography or ethnic group. Descriptive epidemiologic studies can provide insight into these and other questions. This information can in turn be used to guide future research and to identify areas of greatest public health concern.

Can the efficacy of acupuncture for various conditions for which it is used or for which it shows promise be demonstrated?

Relatively few high-quality, randomized, controlled trials have been published on the effects of acupuncture. Such studies should be designed in a rigorous manner to allow evaluation of the effectiveness of acupuncture. Such studies should include experienced acupuncture practitioners in order to design and deliver appropriate interventions. Emphasis should be placed on studies that examine acupuncture as used in clinical practice, and that respect the theoretical basis for acupuncture therapy.

However promising results have emerged, for example, efficacy of acupuncture in adult post-operative and chemotherapy nausea and vomiting and in post-operative dental pain. There are other situations such as addiction, stroke rehabilitation.

However, headache, menstrual cramps, tennis elbow, fibromyalgia myofascial pain, osteoarthritis, low back pain, carpal tunnel syndrome, and asthma where acupuncture may be useful as an adjunct treatment or an acceptable alternative or be included in a comprehensive management program. Further research is likely to uncover additional areas where acupuncture interventions will be useful.

Findings from basic research have begun to elucidate the mechanisms of action of acupuncture, including the release of opioids and other peptides in the central nervous system and the periphery and changes in neuroendocrine function. Although much needs to be accomplished, the emergence of plausible mechanisms for the therapeutic effects of acupuncture is encouraging.

The introduction of acupuncture into the choice of treatment modalities that are readily available to the public is in its early stages. Issues of training, licensure, and reimbursement remain to be clarified. There is sufficient evidence, however, of acupuncture's value to expand its use into conventional medicine and to encourage further studies of its physiology and clinical value.

About Acupuncture

The term "acupuncture" describes a family of procedures involving the stimulation of anatomical points on the body using a variety of techniques. The acupuncture technique that has been most often studied scientifically involves penetrating the skin with thin, solid, metallic needles that are manipulated by the hands or by electrical stimulation. Practiced in China and other Asian countries for thousands of years, acupuncture is one of the key components of traditional Chinese medicine. In TCM, the body is seen as a delicate balance of two opposing and inseparable forces: yin and yang. The concept of two opposing yet complementary forces described in traditional Chinese medicine. Yin represents cold, slow, or passive aspects of the person, while yang represents hot, excited, or active aspects. A major theory is that health is achieved through balancing yin and yang and disease is caused by an imbalance leading to a blockage in the flow of qi. Yin represents the cold, slow, or passive principle, while yang represents the hot, excited, or active principle. According to TCM, health is achieved by maintaining the body in a "balanced state"; disease is due to an internal imbalance of yin and yang. This imbalance leads to blockage in the flow of
qi in traditional Chinese medicine, the vital energy or life force proposed to regulate a person's
spiritual, emotional, mental, and physical health and to be influenced by the opposing forces
of yin and yang. (vital energy) along pathways known as meridians. Qi can be unblocked,
according to TCM, by using acupuncture at certain points on the body that connect with these
meridians. Sources vary on the number of meridians, with numbers ranging from 14 to 20.
One commonly cited source describes meridians as 14 main channels "connecting the body in
a weblike interconnecting matrix" of at least 2,000 acupuncture points.

Acupuncture became better known in the United States in 1971, when New York Times
reporter James Reston wrote about how doctors in China used needles to ease his pain after
surgery. American practices of acupuncture incorporate medical traditions from China, Japan,
Korea, and other countries.

**Acupuncture Use in the United States**

The report from a Consensus Development Conference on Acupuncture held at the National
Institutes of Health (NIH) in 1997 stated that acupuncture is being "widely" practiced—by
thousands of physicians, dentists, acupuncturists, and other practitioners—for relief or
prevention of pain and for various other health conditions. According to the 2007 National
Health Interview Survey, which included a comprehensive survey of CAM use by Americans,
an estimated 3.1 million U.S. adults and 150,000 children had used acupuncture in the
previous year. Between the 2002 and 2007 NHIS, acupuncture use among adults increased by
three-tenths of 1 percent (approximately 1 million people).

The American public has been emotionally and physically traumatized due to announcements
of the FDA concerning the devastating health effects discovered in a number of prescription
pain medications of the COX-2 inhibitors to include the most popular pain drugs on the
market.

With Vioxx, Bextra, Celebrex, Aleve and Naprosyn being named in specific consumer health
advisories and warnings to medical physicians to "stop prescribing", millions of Americans who
have relied heavily on these drugs to ease their pain and affect their lifestyle are now
wondering what their future holds and where can they go and what can they do to ease their
chronic pain.

Acupuncture is without question one of the most powerful pain altering modalities in the
world, its reputation for pain relief is known and respected internationally. It may be
successfully practiced with a variety of procedures other than needles to include laser,
electronic and non-invasive stimulation devices for those who are needle phobic and would not
consider acupuncture otherwise.

Literally millions of Americans suffering chronic pain are beginning to seek the care of those
knowledgeable in the academics and techniques of acupuncture to help ease their pain and
lessness their dependency on dangerous and cautioned prescription drugs.

There are a variety of techniques, procedures, acu-points and philosophies surrounding
acupuncture and pain relief worldwide. As a practitioner whose clinic has seen in excess of 100
patients a day five days a week, I have had the opportunity to attend to a number of patients
suffering a host of maladies, chronic pain however may be the most common occurrence seen
in a practitioners office.
Historically, our clinic has averaged a 94% success rate of "cure" to "major clinical response" with chronic pain based on the patient’s response index.

Only 3% of all pain patients have reported less than satisfactory response in 34 years of practice. It is obvious, the following acu-points for pain are extremely effective.

The following illustrated acu-points are without question some of my favorite for the successful treatment of chronic pain. This list does not constitute the totality of effective points available to us as practitioners. There are many more effective points not listed here, however the following illustrations are my personal favorite points which have elicited incredible clinical success in chronic pain. There will be many points illustrated in this paper which will be instantly recognized and others which will make little sense, regardless, please use them even though space does not allow for detailed explanation of each point.

**WHAT YOU SHOULD KNOW ABOUT THE TREATMENT OF PAIN**

Acupuncture is without question one of the most powerful pain altering modalities in the world, its reputation for pain relief is known and respected internationally. It may be successfully practiced with a variety of procedures other than needles to include laser, electronic and non-invasive stimulation devices for those who are needle phobic and would not consider acupuncture otherwise.

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What Conditions does Acupuncture Treat…….according to The World Health Organization (WHO)
October 21, 2004

John A. Amaro D.C., FIAMA, Dipl.Ac., L.Ac

In contemporary applications of acupuncture in North America, it is becoming increasingly common to hear patient complaints who are being challenged by their insurance carrier saying acupuncture is not effective for a particular situation and therefore coverage is denied. Of course it is obvious insurance companies are in the business to minimize costs and to escalate productivity and profit. As a result, it is not uncommon or unlikely that our patients will be denied coverage only because the insurance carrier has deemed acupuncture is not an effective or approved treatment.

The World Health Organization (WHO) whose authority concerning health related matters internationally cannot be challenged, has compiled a list of symptoms, syndromes, disease processes, pathologies, traumas, and conditions which have definitely been proven as effectively treated by acupuncture. In another category, diseases, symptoms and conditions which have shown definite therapeutic effects, but more proof is necessary to establish acupuncture as mainstream are listed. Should a patient, insurance company or curious patient or colleague require proof of acupuncture’s effectiveness, the following list is something you
In an official released report “Acupuncture review and analysis of reports on controlled clinical trials” of The World Health Organization (WHO) listed the following:

Symptoms, Diseases and Conditions that have been proven through controlled trials to be an Effective Treatment by Acupuncture

- Low back pain
- Neck pain
- Sciatica
- Tennis Elbow
- Knee pain
- Periarthritis of the shoulder
- Sprain
- Facial pain (including craniomandibular disorders)
- Headache
- Dental pain
- Tempromandibular (TMJ) dysfunction
- Rheumatoid arthritis
- Postoperative pain
- Induction of labour
- Correction of malposition of fetus (breech presentation)
- Morning sickness
- Nausea and vomiting
- Post operative pain
- Stroke
- Essential hypertension
- Primary hypotension
- Renal colic
- Leucopenia
- Adverse reactions to radiation or chemotherapy
- Allergic rhinitis including Hay fever
- Biliary colic
- Depression (including depressive neurosis and depression following stroke)
- Acute bacillary dysentery,
- Primary Dysmenorrhea
- Acute epigastralgia
- Peptic Ulcer
- Acute and Chronic gastritis

The foregoing list is absolute concerning acupuncture’s effectiveness however the report continues with three more categories of acupuncture effectiveness: Diseases, symptoms and conditions for which the therapeutic effect of acupuncture has been shown but further proof needed. (68 specific conditions) These conditions are effectively treated as in the first category, it is just more trials are necessary to establish the proof scientifically. Diseases, symptoms and conditions reporting some therapeutic effects which acupuncture is worth trying. (9 conditions) Diseases, symptoms and conditions which may be tried provided the practitioner has special modern medical knowledge and adequate monitoring equipment. (8 conditions)

The following is a small part of an official 81 page WHO document:

3. Diseases and disorders that can be treated with acupuncture
The diseases or disorders for which acupuncture therapy has been tested in controlled clinical trials reported in the recent literature can be classified into four
categories as shown below.
Page 11. What conditions does Acupuncture treat......according to The World Health Organization

Diseases, Symptoms or Conditions for which Acupuncture has been Proved through Controlled Trials to be an Effective Treatment:

Adverse reactions to radiotherapy and/or chemotherapy
Allergic rhinitis (including hay fever)
Biliary colic
Depression (including depressive neurosis and depression following stroke)
Dysentery, acute bacillary
Dysmenorrhoea, primary
Epigastralgia, acute (in peptic ulcer, acute and chronic gastritis, and gastrospasm)
Facial pain (including craniomandibular disorders)
Headache
Hypertension, essential
Hypotension, primary
Induction of labour
Knee pain
Leukopenia
Low back pain
Malposition of fetus, correction of
Morning sickness
Nausea and vomiting
Neck pain
Pain in dentistry (including dental pain and temporomandibular dysfunction)
Periarthritis of shoulder
Postoperative pain
Renal colic
Rheumatoid arthritis
Sciatica
Sprain
Stroke
Tennis elbow

Diseases, Symptoms or conditions for which the Therapeutic Effect of Acupuncture has been shown but for which further proof is needed:

Abdominal pain (in acute gastroenteritis or due to gastrointestinal spasm)
Acne vulgaris
Alcohol dependence and detoxification
Bell’s palsy
Bronchial asthma
Cancer pain
Cardiac neurosis
Cholecystitis, chronic, with acute exacerbation
Cholelithiasis
Competition stress syndrome
Craniocerebral injury, closed
Diabetes mellitus, non-insulin-dependent
Earache
Epidemic haemorrhagic fever
Epistaxis, simple (without generalized or local disease)
Eye pain due to subconjunctival injection
Female infertility
Facial spasm
Page 12. What conditions does Acupuncture treat...according to The World Health Organization

Female urethral syndrome
Fibromyalgia and fasciitis
Gastrokinetic disturbance
Gouty arthritis
Hepatitis B virus carrier status
Herpes zoster (human (alpha) herpes virus 3)
Hyperlipaemia
Hypo-ovarianism
Insomnia
Labour pain
Lactation, deficiency
Male sexual dysfunction, non-organic
Ménière disease
Neuralgia, post-herpetic
Neurodermatitis
Obesity
Opium, cocaine and heroin dependence
Osteoarthritis
Pain due to endoscopic examination
Pain in thromboangiitis obliterans
Polycystic ovary syndrome (Stein–Leventhal Syndrome)
Postextubation in children
Postoperative convalescence
Premenstrual syndrome
Prostatitis, chronic
Pruritus
Radicular and pseudoradicular pain syndrome
Raynaud syndrome, primary
Recurrent lower urinary-tract infection
Reflex sympathetic dystrophy
Retention of urine, traumatic
Schizophrenia
Sialism, drug-induced
Sjögren syndrome
Sore throat (including tonsillitis)
Spine pain, acute
Stiff neck
Temporomandibular joint dysfunction
Tietze syndrome
Tobacco dependence
Tourette syndrome
Ulcerative colitis, chronic
Urolithiasis
Vascular dementia
Whooping cough (pertussis)

Diseases, symptoms or conditions for which there are only individual controlled trials reporting some therapeutic effects, but for which acupuncture is worth trying because treatment by conventional and other therapies is difficult:

Chloasma
Choroidopathy, central serous
Color blindness
Page 13. What conditions does Acupuncture treat……according to The World Health Organization

Deafness
Hypophrenia
Irritable colon syndrome
Neuropathic bladder in spinal cord injury
Pulmonary heart disease, chronic
Small airway obstruction

Diseases, symptoms or conditions for which acupuncture may be tried provided the practitioner has special modern medical knowledge and adequate monitoring equipment:

Breathlessness in chronic obstructive pulmonary disease
Coma
Convulsions in infants
Coronary heart disease (angina pectoris)
Diarrhoea in infants and young children
Encephalitis, viral, in children, late stage
Paralysis, progressive bulbar and pseudobulbar

John A. Amaro D.C., FIAMA, Dipl.Ac., L.Ac.
THE COMMON COLD IS THE MOST PREVALENT MEDICAL CONDITION IN NORTH AMERICA

One of the key points is the "miracle" point known as the "common cold" point on the thenar eminence, in line with an imaginary line drawn down the middle of the index finger. If a cold is present, or on the way, this point will be very sore upon palpation. The "sore throat" point is perhaps one of the most dynamic on the body for seemingly miraculous elimination and lessening of pain from sore throat almost immediately. LI 4, ST 36 and SP 6 are extremely effective points for boosting the immune system and are three of the most powerful points on the body for this purpose, when used together. **Caution is urged in using these points for any female who may potentially be pregnant, as LI 4 and SP 6 are classic points known to create abortion.** If there is a question of pregnancy, eliminate these two points; if not, they are dynamic. These points are historically used to promote delivery in the ninth month when the contents of the uterus are expelled. TH 5 and P 6 are, without question, two of the most effective points in affecting the immune system and building vital resistance. These two points are my personal favorites. This effect is through the extraordinary meridians.

Since the common cold is the most prevalent medical condition in North America, followed by low back pain, we should all be kept very busy in treating this malady. Colloidal silver has shown to be extremely effective in colds and flu, and is highly urged.
SO WHEN ARE YOU HAVING A BABY!

Stimulate all points with either needle, electronic or laser. Electronic stimulation to each point for 12-15 seconds yields exceptional response. Laser stimulation for 12-15 seconds per point utilizing a 632-635nm-wave length is equally effective. Needle stimulation should be for 15 minutes with minimal external manual stimulation. Treatment should follow balancing the meridians through Electro Meridian Imaging (EMI).

John A. Amaro D.C., FIAMA, Dipl.Ac. (NCCAOM)
"DAMP, WIND, AND COLD"

Treating Winter and Spring Musculo-Skeletal Conditions

John A. Amaro D.C., FIAMA, Dipl.Ac.

Even though it appears natural and just a usual part of our lives, weather conditions such as dampness, wind and cold can create havoc in susceptible patients affecting their health considerably. In most parts of the world, severe weather may last for months, with one weather system being replaced with another continually.

It is not unusual for you to be able to accurately predict when the next weather front is on the way because their right knee, left shoulder, neck or hip can be a much better predictor of weather than the local forecaster.

All environmental factors to include heat and dryness can be instrumental in creating health conditions, however it is the extremes of damp, wind and cold that seem to be most common.

The body is naturally equipped to deal with the effects of environmental factors thru the proper functioning of the Eight extra-ordinary meridians and the musculo-tendino meridians.

Under usual and healthy conditions, the eight extra-ordinary and the musculo-tendino meridian network protect the internal visceral meridians from the devastating effects of environmental factors.

As long as these two meridians are functioning normally, environmental weather conditions pose no threat to the individual, however when there appears to be a breakdown in either system, musculo skeletal symptomatology is the rule.

This is why wintertime weather can create so many problems in the way of orthopedic complaints to include arthritis, myofascitis, stiffness and pain.

The treatment of environmental factors could fill an entire textbook as to the explanations and descriptions however, establishing a simple to use explanation and treatment approach is invaluable.

The following graphics include the classic points which dispel dampness, wind and cold and have been responsible for helping countless patients deal with a condition which does not have a good solution thru any other approach.

Even though we could spend the better part of a day and barely scratch the surface as to what all the treatment approaches could be, concerning the meridian acupuncture approach to winter and spring orthopedic problems.

Suffice it to say, the following graphics illustrate the specific points that are classic and historic in the effective treatment of conditions aggravated by wind, cold, and damp.

These are some of the most powerful points you will ever use in the treatment of weather related conditions. When your patient begins to complain the storm is two days away or they are in the throes of a severe flare up because the weather has affected them, begin using these points. It is not unusual to use all three environmental factor points in one patient.
Painful Damp Bi

- ST 36
- ST 40
- SP 5
- SP 6
- SP 9
- BL 20
- BL 21
Painful Bi----Cold

CV 6
CV 4

ST 36

Li 11

SI 5

BL 23
"Breath of the Dragon"
**THE LAW OF CREATION**: Whatever we think about and focus on, grows into reality. We create the situations we think about throughout the day. Think you will succeed, you will.

**THE LAW OF ATTRACTION**: We attract people, places, things and circumstances into our lives in direct proportion to our wants, needs and desires. People and situations come into our lives not by accident, but by our creation of the need.

**THE LAW OF CONTROLLING OUR OWN LIFE**: If we control our own life and create the circumstances which are necessary to meet our desires, we will be masters of our life.

**THE LAW OF RELAXATION**: With physical laws, the harder we work the more is accomplished. With mental laws, the more we relax, believe and expect to succeed with ease and confidence the better the results.

**THE LAW OF RECIPROCITY**: Whatever we see in the universe sees us! Whatever attitude, feelings, thoughts and desires we put out think positive, and it will always return to us.

**THE LAW OF THE UNIVERSE (KARMA)**: Like the Law of Reciprocity which deals with mental factors, the Law of Karma deals with physical manifestations. This law is what may affect our personal belongings, physical health and financial status. What we have put out to the universe will return to you.

**THE LAW OF RETURN**: Our rewards in life are in direct harmony with the value of our products, services or ideas.

**THE LAW OF SUBSTITUTION**: Consciously substitute all negative thoughts with positive ones immediately upon experiencing the negative thought. We can only experience one thought at any given time, therefore by substituting a positive for a negative, only positive will reach the subconscious.

**THE LAW OF BELIEF**: Whatever we believe with strong feelings becomes our reality. We are limited by what we think. This is the positive belief system.

**THE LAW OF PRESENT TIME CONSCIOUSNESS**: It is imperative we live in the present as opposed to "tomorrow" or in the past. Preparing for tomorrow with righteous living and positive thoughts prepare us for what we will manifest, however, it is what we do today, right now (present time consciousness) which is important to achieve the rewards of life.

**THE LAW OF PERSONAL GROWTH**: "To become, act and feel as if". To become a successful practitioner, business person, parent, sports player, etc. act and feel as if you are already successful. The human spirit will act upon what it is given.

**THE LAW OF EXPECTATION**: We must know what it is we want to accomplish or obtain before the universe can manifest our desires.

**THE LAW OF CLARITY**: The clarity of our mind and thoughts are in direct proportion to the physical clutter in our lives. Take a look around you.

**THE LAW OF CAUSE AND EFFECT**: Within universal law our thoughts are the cause, the conditions either good or bad, are the effects. The outcome is totally dependent on our creation of thought.

**THE LAW OF PERSEVERENCE**: People who succeed, never stop trying. People who stop trying, never succeed.

**THE LAW OF FORGIVENESS**: Forgiving all others is a necessary and effective purgative for a successful life. The law doesn't demand that we like the other person or situation, just that we forgive them and let go of the mental chains which entrap us.

*The Eight (Hui) Influential Points*
The "Influential points" have a practical effect by treatment on as few points as possible.

**GB 34** is the influential point “Influential Point for the Sinews” located just in front of the tibial tuberosity. This point is the classic point for any symptomatology affecting the "sinews". Therefore, any symptom dealing with **muscles, ligaments, tendons** have a positive effect by the stimulation of GB 34. Most often, practitioners will utilize local points in the area of pain in addition to GB 34.

**GB 39** is known as the "Influential Point of Marrow". Located just above the external malleolus. Marrow is generally referred to **assisting brain function or to bone marrow** itself. In Traditional Chinese Medicine (TCM) bone marrow does not have a relationship to blood formation as it does in Western physiology. Therefore it is not typically used for blood disorders as one might think. It has a particular effect on both **sciatic neuritis** as well as **cervicalgia** due to its being a specific point linking the yang meridians of the lower extremity, namely Gallbladder, Stomach and Bladder. Remember, a meridian effects what it is named after and where it courses to. It has also been used for vertigo and brain dysfunction.

**LU 9** is known as the "Influential Point of the Vessels". This point is often used in order to **assist the pulse stand out more clearly** in those with fine and weak pulses when using pulse diagnosis. It has been used in **cardiovascular disease**. However, its ancient claim to fame is for conditions affecting the pulse.

**BL 11** is known as the "Influential Point of Bone". Two fingers breadth bilateral to C7-T1. Probably one of the most controversial points on the body due to the fact it does indeed have an **effect on bone, but primarily due to its effect with pathogenic wind**. When a patient complains of bone symptomatology due to attack of pathogenic wind as in "bi patterns" this point has a particularly high effect rate. However, it must be borne in mind, additional points such as BL 12, GB 21, TH 15 have very similar effects.

**BL 17** is known as the "Influential Point of Blood". Two fingers breadth bilateral to T5-6. This point is one of the classic points especially **effective in any condition involving blood**. It deals with blood stasis. In classical osteopathy, Andrew Taylor Still stated, "the rule of the artery is supreme", this acupoint deals with any condition dealing with blood. Anytime pain is a factor, blood will be involved. Think of this point as one of the most important points on the body.

**CV 17 (Ren Mai)** is known as the "Influential Point of Chi". Known as the Mu / Alarm point for the Pericardium / Circulation/Sex meridian it is particularly related to the lungs. Located two inches above the xiphoid process. It is often used for conditions affecting the **lungs and heart**. This point has numerous applications, as it is also the 4th Chakra in addition to being a point that would have major affects on **hormonal effects** due to its relationship to the Pericardium meridian.

**CV 12 (Ren Mai)** is known as the **Influential Point of the Bowels**. Located half way between the umbilicus and the xiphoid process, this point is the Alarm point for the Stomach. It is perhaps one of the most significant points on the body for any **stomach or bowel symptomatology**. It has an effect on the Spleen meridian.

**LIV 13** is known as the "Influential Point of the Viscera". Located at the tip of the 11th rib, this point is known as the Alarm point of the Spleen. In my opinion, it is one of the premier points on the body **affecting anything of visceral symptomology**. This point when used with **BL 38** (on the vertebral border of the scapula half way between the top and bottom) is legendary for patients **with visceral complaints regardless of its origin**. The Spleen meridians relationship to the Extraordinary meridians is one of the most important relationships in the body. This point is critical.

The "Forbidden Points" of Acupuncture
One of the common methods of abortion is simply to use strong acupuncture point stimulation of San Yin Chiao (SP 6) in conjunction with HeGu (LI 4). The abortion is generally realized within 24 hours.

Additional points to AVOID DURING PREGNANCY ST 25, BL 60, BL 67, GB 21, CV 4, CV 11, and at any time with female CV 5.

Please note that these affects have not been reported with red laser stimulation of these appoints.

Take appropriate caution concerning the following list of forbidden acupoints. Disobeying the rules can be quite costly. Remember not all the fruit off of all the trees in the garden are ok to eat. Keep this list in a handy place and review it often.

LI 4 Needle during pregnancy

ST 25 Needle, during pregnancy

SP 6 Pregnancy

HT 1 Needle
HT 2 Needle

SI 11 Needle

BL 6 Needle
BL 49 Needle
BL 56 Needle
BL 60 Needle during pregnancy
BL 67 Needle during pregnancy

KI 11 Needle

P (CX) 8 Needle two times in same treatment or with nasal polyps

TH 7 Needle
TH 8 Needle
TH 16 Needle
TH 19 Bleeding

GB 3 Needle (deep)
GB 4 Needle (deep)
GB 5 Needle (deep)
GB 18 Needle
GB 21 Needle heart problems or in pregnancy

LIV 12 Needle

CV 4 Needle or Moxa during pregnancy
CV 5 Needle or Moxa in female patient
CV 8 Needle
CV 11 Moxa during pregnancy
CV 14 Needle (deep)
CV 15 Needle
CV 17 Needle
GV 4 Moxa in young males
GV 6 Moxa
The "Forbidden Points" of Acupuncture

GV 11 Needle
GV 15 Needle (deep)
GV 16 Moxa
GV 17 Needle or Moxa
GV 23 Moxa
GV 24 Needle
GV 26 Moxa (extreme warning)
GV 28 Moxa

The foregoing list is considered classic by most authorities. Even though everyone will not agree with each of the mentioned points, it is imperative these points be known and understood as a potential for a problem should they be stimulated with needle or moxa as shown here. **Laser and electronic stimulation have been shown to be an acceptable substitute in virtually all cases.**

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The Ultimate Acupuncture Point Formula for Relieving Low Back Pain

Low back (lumbar) pain has been reported to be one of the most common conditions for which sufferers worldwide seek medical attention. It has numerous causes and can never be lumped into one specific etiological category. The same is true for treatment. There are numerous treatments available, of which chiropractic and acupuncture have repeatedly demonstrated their effectiveness in the majority of low back pain syndromes. The most important treatment goals are to achieve a successful level of pain reduction followed by correction and stabilization of the condition. Most low back pain suffers will wholeheartedly agree that pain relief is paramount, and as quickly as possible.

Its primary application is for early pain relief

As most practitioners of acupuncture are vitally aware, there are specific points on the body that are key to most low back conditions. The points, SI 3, BL 62, BL 40 (54) and "surround the dragon" are usual points of application. It stands to reason that there are many other points that may be selected for a variety of reasons and diagnosis, but as far as a general overall pain-relief application, the aforementioned acupuncture points are classic.

In my experience, approximately 90 percent of typical cases of low back pain can be predicted and expected to positively respond when these three powerful points are known as GB 30, BL 30 and ST 30. GB 30 is directly over the sciatic nerve notch, a third of the way from the head of the femur on a line drawn from the tip of the coccyx. BL 30 is two-fingers breadth (1.5 tsun) from the midline (GV-DU MO), bilaterally level with the fourth sacral foramen. This is level with the top of the vertical buttock crease separating the right and left gluteal areas. ST 30 is precisely two tsun bilateral to CV (REN) 2, which is directly at the level of the symphysis pubes.

When one uses the additional points of CV 3, KI 12, CV 4 and KI 13, the clinical response can be potentially raised another percentage point or two. KI 12 is one-half tsun bilateral to CV 3, which is one tsun superior to CV 2. KI 13 is one-half tsun bilateral to CV 4, which is one tsun superior to CV 3. These four points, along with ST 30, are all points on the lower abdomen.

Most practitioners and patients will find it unusual at first to use these points, since the pain is in the back. However, its polar opposite effects and the fact that the lower Kidney meridian is the direct opposite of the huo tuo jia ji points on the back make them some of the most powerful points for low back pain on the body.

So, in essence, the ultimate low back pain acupuncture formula for general pain relief, anti-inflammatory effects, increased blood flow and relaxed supporting muscles consists of the following points: SI 3, BL 62, BL 40 (54), GB 30, BL 30, ST 30, CV 3, KI 12, CV 4, and KI 13, in addition to the huo tuo jia ji points in the area of involvement and local GV points, with GV4 (ming men) being specific for lumbar pain.

It is imperative that other procedures such as gua sha, direct low-level laser, cold therapy and heat therapy also be used. However, these acupuncture points can lead to successful symptom resolution without the use of ancillary treatment.

Even though I always recommend 12 treatments in cases of lumbar pain as a trial of therapy, I fully expect to discharge the patient from acute pain relief to stabilization care within the first four visits. Do not become discouraged if on some occasions it takes longer.
The Ultimate Acupuncture Point Formula for Relieving Low Back Pain

These points are ideally treated with needles, but laser, electronic and percussive stimulation also may achieve favorable response. Needle retention should be no longer than 10 minutes with either electrical or manual stimulation.

Those of you practicing acupuncture with needle stimulation, I suggest you minimize the use of needles and combine non-invasive electronic stimulation, laser light or teishein to the "Tsing-Well" and the "Stream" points.

Only needle the "Spring" points of the "Well-Spring-Stream".

Needles may be applied to the remaining points.

For those practitioners preferring or forced to use non-penetrating methods of stimulation, activation of all of the points is highly effective with electronic or laser.

Begin with the Well-Spring-Stream of the Bladder, Gallbladder, Stomach and Kidney meridian in that order. Then stimulate SI13 and BL62 followed by the groin points ST30, SP 12 and SP 13. The patient then may be turned over to stimulate the lumbar points on the Bladder and Governing vessel along with BL54 (40) and GB30.

Remember, all of the mentioned points may be stimulated with direct transcutaneous electric nerve stimulation (TENS) with as much effectiveness as needle stimulation in most cases.

The entire procedure is quick with no more than 12 seconds per point with electronic or laser. Needle stimulation can be accomplished in less than 20 minutes of needle retention. When using needle stimulation, clinical response is accelerated with wiring to electronic stimulation via alligator clip to the needle.

It is common practice in Okinawan and Japanese acupuncture to insert the needle, rotate quickly and withdraw immediately performing the same procedure on all the points as illustrated. Very powerful!

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ACUPUNCTURE CONDITIONS WITH SPECIFIC TREATMENT POINTS

**Neuralgic Headaches:** GV 15, TW 17, ST 4, GB 1, GB 14, ST 7, LI 20, BL 2, BL 9

**Neck Pain:** GV 16, GV 15, GV 14, BL 10, BL 11, GB 20, GB 21, SI 15, SI 17, ST 9

**Sciatica:** GB 30, BL 54 (UB 40)

**Elbow Pain:** LI 11, LI 10, P3, SI 8

**Wrist Pain:** TH 4, LI 5

**Hip Pain:** Sp 12, BL 49, BL 48, GB 31, LIV 11

**Knee Disorders:** SP 9, SP 10, GB 34, LIV 7, GB 33, ST 35, Knee eye, ST 32, BL 53, KI 10

**Ankle Pain:** KE 3, BL 60, ST 41

Dr. Cheng lists the following as the 11-master/major points that should be learned in detail.

LI 4, HT 7, LI 11, GB 20, P 6, TW 5, GV 26, ST 36, SP 6, SP 10, SHEN MEN (Ear)

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