

Centre de documentation du GERA
groupe d'études et de recherches en acupuncture
192 chemin des cèdres
F-83130 La Garde
France

☎ 04.96.17.00.30

📠 04.96.17.00.31

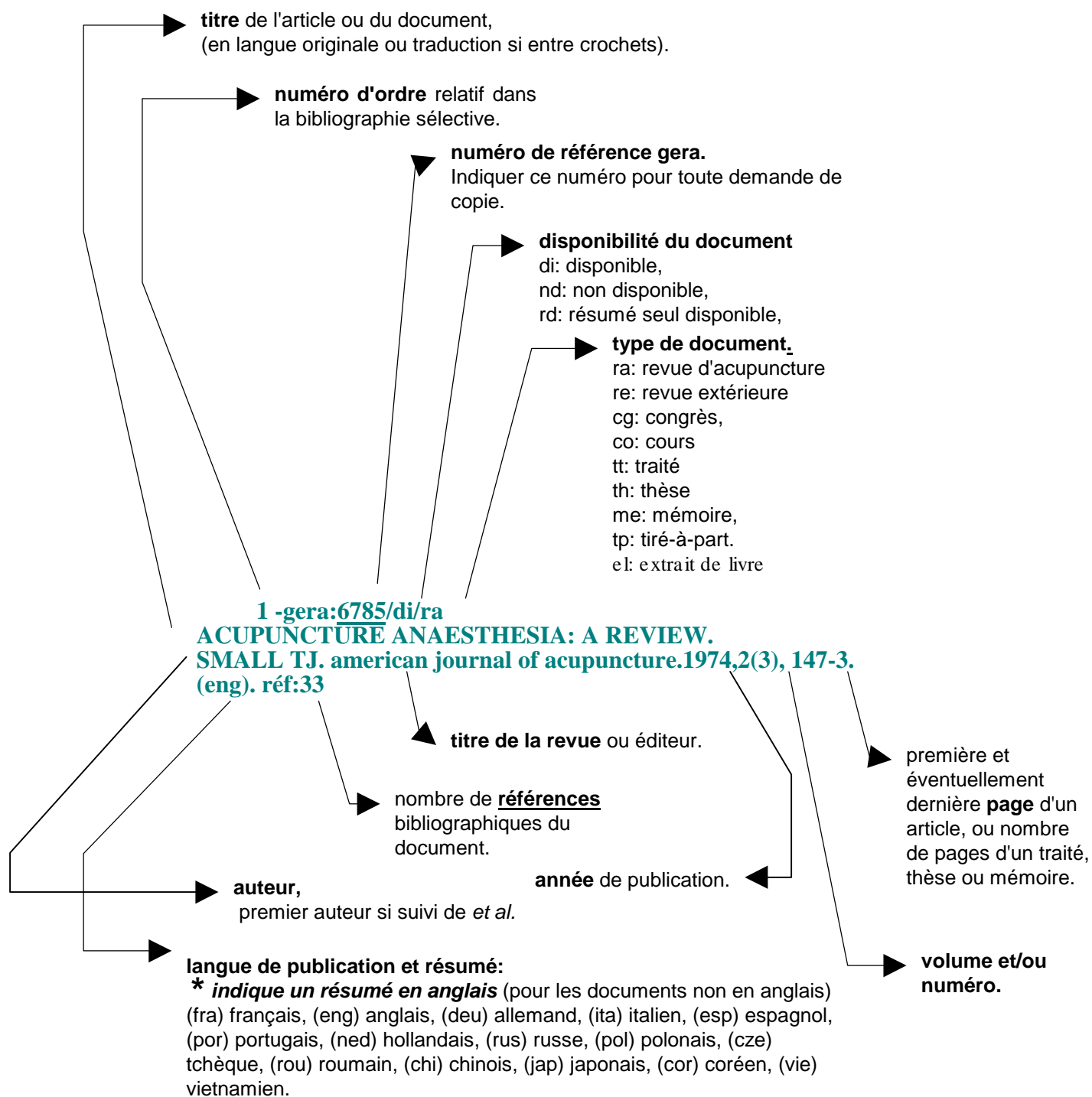
acudoc@wanadoo.fr

bibliographie **lombalgies et lombosciatiques**

gera - groupe d'études et de recherches en acupuncture

Philippe Barthelet (Grasse), Pascale Bony (Manosque), Jacques Bounpraseuth (Lyon), Alain Bourdot (Marseille), Georges Brandi (Gap), Véronique Bouvier-Tourral (Beaurepaire), Dominique Brenet-Bancilhon (Romans), Georges Bufalini (Moulins), Bui Hoang Chau (La Seyne), Philippe Calendini, Nicole Canivez-Giraud (Béziers), Pierre-André Couturier (Nice), Jean Paul Dagnac (Chatonnay), Isabelle Dassonville (Le Grand Bornant), Véronique Delcombel (Toulon), Jean Désarnaud (Mazamet), Marc Dizien (Fréjus), Véronique Dubois (Eguilles), Patricia Duhamel (Béziers), Duong Noan (Aix-en-Provence), Isabelle Durbec-Bautrant (La Ciotat), Michel Fauré (Cassis), Marie José Fister (Lyon), Jean-Loup Fleischer (La Valette), Patrick Gambin (Sanary sur Mer), Olivier Goret (La Garde) Xavier Guézéneq (St Brieuc), Laurent Guiguet (La Ciotat), Marie Hanotte (Ecully), Marie Paule Jouanneau (Crolles), Halima Hansali (Vélaux), Sophie Houssemand (Voiron), Christine Hudelot (Nice), Eric Kiener (Paris), Jean-Robert Lamorte (Toulon), Hervé Le Blais (Redon), Gil Leborgne (Le Luc), Anne Marie Le Gloannec (Evenos), Pierre Louis Lonjon (Pertuis), Martine Lozach (Marseille), Luu Tech-Khen (Nîmes), Daniel Manassero (Nans les Pins), Marc Martin (Mont Saint Aignan), Charles Médioni (Cannes), Martine Monaco (Marseille), Marie Christine Motte (Aix-en-Provence), Josyane Monlouis (Rouen), Louis-Maurice Ngo Ngoc Dong (Collioure), Georges Nguyen (Marseille), Johan Nguyen (Marseille), Nguyễn Minh Hoà (Lyon), Marc Nguyen Quang (Marseille), Nguyen Trong Khanh (Toulouse), Eric Nguyen Van Loc (Marseille), Nguyen Van Minh (Nice), Ghislaine Nicola-Deloffre (Saint Marcel les Valence), Sophie Niglio (Marseille), Ruby Orenge (Nice), Isabelle Pajus (Grenoble), Antoine Parrenin (Villereversure), Claude Pernice (Aix-en-Provence), Eugénia Peycelon (Villars Les Dombes), Florence Phan-Choffrut (Pantin), Thomas Photy (Annonay), Jeannie Pinatel Gaya (Marseille), Patrick Racano (St Privat des Vieux), Anette Ramanambe (Marseille), Agnès Raoulx-Caillol (Chateaufrenard), Patrice Rat (Marseille), Marie-Edmonde Razafimahaleo (Haubourdin), Gilles Revah (Saint-Raphaël), Alain Ribaute (Aix-en-provence), Bruno Reygrobbel (Briançon), Anil Sacdpraseuth (St Priest), Men Sipa (Nice), Patricia Soune-Seyne (Aubagne), Robert Tardy (Ajaccio), Tran Ngoc Anh (Caen), Brigitte Truong Ngoc (Pertuis), Truong Quac Thanh (Nice), Truong Tan Trung Henri (St Orens), Brigitte Velay (Lyon), Marie Vernusset (Lannion), Paul Volien (Béziers), Michel Vouilloz (Martigny-Suisse), *Sage-femme* : Annabelle Lambert (La Garde), *membre correspondant*: Alfredo Embid (Madrid), *membre d'honneur*: Helga Guillelmi (Marseille), René Chou (Marseille), René Do Cao Phuc (Montpellier), Robert Trinh (Marseille). *Président d'honneur*: Jean Fabre (Aix-en-Provence), - *Secrétaire/Documentaliste* : Ewa Bachbakian ☎ 04.96.17.00.39

référence type



Les résumés correspondent soit à la reproduction du résumé présentation de l'auteur, soit à un résumé assuré par le CD GERA

centre de documentation du gera
192 chemin des cèdres
83130 La Garde
France

☎ 04.96.17.00.31
acudoc@wanadoo.fr

demande de copie de document

Les reproductions sont destinées à des fins exclusives de recherches et réservées à l'usage du demandeur.

tarif: 3.20 Euros par article, gratuit pour les membres du gera

et les intervenants au 7ème congrès national de la FAFORMEC

Pour toute thèse ou mémoire, s'adresser directement à la société ou à la bibliothèque universitaire concernée. Les prêts de livres ne sont assurés qu'aux membres du GERA

nom:	date et signature:
adresse:	

<i>n° réf.gera</i>	<i>auteur</i>	<i>n° réf.gera</i>	<i>auteur</i>
1/		16/	
2/		17/	
3/		18/	
4/		19/	
5/		20/	
6/		21/	
7/		22/	
8/		23/	
9/		24/	
10/		25/	
11/		26/	
12/		27/	
13/		28/	
14/		29/	
15/		30/	

ci-joint un chèque de frs (nombre d'articles x 3.20 Euros) à l'ordre de CD GERA une facture sera automatiquement jointe à l'envoi des copies
--

attention !

vérifier la disponibilité de l'article (di)

vérifier la langue de publication

vérifier le type de document (pas de copie de thèse ou mémoire)

notices

1- gera: 5755/nd/tt- num

MOXA, A PHYSIOLOGICAL ENQUIRY RESPECTING THE ACTION OF MOXA, AND ITS UTILITY IN INVETERATE CASES OF SCIATICA, LUMBAGO, PARAPLEGIA*. WALLACE WM. hodges and m arthur,dublin. 1827., (eng).
[5.09 / 18.14- 18.06- 14.08-]

2- gera: 26256/di/re

THE TREATMENT OF SCIATICA BY GALVANIC ACUPUNCTURE. GOULDEN EA. *british medical journal*. 1921,1,523 (eng).
[18.16 / 05.12-]

3- gera: 18457/di/ra

NERVOSISME ET RHUMATISME ALTERNANT OCCIPITO-CERVICO-DORSO-LOMBAIRE. HUBERT. *revue internationale d'acupuncture*. 1950,2(2),78-81 (fra).
[18.11 / 18.12- 18.13- 18.14-]

4- gera: 5321/di/ra

DE QUELQUES AGGRAVATIONS ET ECHECS AU COURS DU TRAITEMENT PAR ACUPUNCTURE. SCHMITT A. *revue internationale d'acupuncture*. 1951,3(1),13-4 (fra).
Rapport de deux aggravations après acupuncture pour lumbago aigu. Il ne faut pas espérer de résultats constants dans les cas aigus et récents. La puncture du 7P dans les brûlures donne souvent des résultats spectaculaires, mais on observe des échecs inexplicés. [5.03 / 21.03- 7p- 05.19- 18.14-]

5- gera: 14357/di/ra- num

LE TRAITEMENT DU LUMBAGO AVEC INDICATIONS DONNEES PAR LES POULS CHINOIS. CABANNES. *revue internationale d'acupuncture*. 1952,4(4),186 (fra).
[18.14 / 04.03-]

6- gera: 14356/di/ra

ARTHRITE LOMBO-SACRO-ILIAQUE ANCIENNE REBELLE A TOUS TRAITEMENTS CLASSIQUES GUERIE PAR L'ACUPUNCTURE. COZE B. *revue internationale d'acupuncture*. 1952,4(2),64-6 (fra).
[18.14 / 18.15-]

7- gera: 18962/di/ra

LOMBO-SCIATIQUES. MALAPERT. *bulletin de la societe d'acupuncture*. 1957,24,11-7 (fra).
[18.14 / 18.16-]

8- gera: 18964/di/ra

LES LOMBALGIES : LE POINT DE VUE DE L'OSTEOPATHE. PIEDALLU P. *bulletin de la societe d'acupuncture*. 1957,24,31-7 (fra).
[18.14 / manipulation-]

9- gera: 6081/nd/re

[REACTIONS VASOMOTRICES SECONDAIRES A L'ACUPUNCTURE POUR LES SYNDROMES LOMBO-SACRES]. FIGAR S ET AL. *ceskoslovenska neurologie*. 1964,27,251-5 (cze).
[5.19 / 18.14-]

10- gera: 17555/nd/ra

COMPARAISON DE L'EFFICACITE DE

L'ACUPUNCTURE DANS LE SYNDROME LOMBO-SCIATIQUE. IPASESCU-ALEXANDRU. *nouvelle revue internationale d'acupuncture*. 1969,12,81 (fra).
[18.14 / 18.16-]

11- gera: 8839/di/re- num

OSLER REVISITED : IMPERFECT ACUPUNCTURE. JOFFE B. *new england journal of medicine*. 1972,287,725. (eng). ref:0
Un cas d'échec de traitement d'un lumbago par acupuncture par le grand medecin américain du XIXème : Sir William Osler. Différences entre la technique d'Osler et celle de l'acupuncture chinoise moderne. [1.02 / 18.14- osler- usa-]

12- gera: 14360/di/ra

OBSERVATION CLINIQUE. X. *cliniques d'acupuncture*. 1972,4, (fra). ref:0
[18.14 / cc-]

13- gera: 14416/di/ra

OBSERVATION CLINIQUE (SCIATIQUE). X. *cliniques d'acupuncture*. 1972,3, (fra).
[18.16 / cc-]

14- gera: 2518/di/ra

A PROPOS D'UNE LOMBO-SACRALGIE EN MILIEU HOSPITALIER. CASTRO P. *acupuncture*. 1973,35,27-9 (fra).
[18.14 / 18.15- cc- hopital-]

15- gera: 18461/di/ra- num

ACUPUNCTURE THERAPY OF LUMBOSACRAL PAIN AND SCIATICA. KAJDOS V. *american journal of acupuncture*. 1973,1(2),56-60 (eng). ref:0
567 patients suffering from lumbosacral and sciatic pain were treated with acupuncture. The therapy is described and pertinent acupuncture points were obtained in 38 percent, and good results in 51 percent of the cases. [18.14 / 18.15-]

16- gera: 14438/di/ra- num

ACUPUNCTURE TREATMENT FOR PAIN SYNDROME. PART I. TREATMENT FOR SCIATICA (REPORT ON 90 CASES). SOON JACK LEUNG. *american journal of chinese medicine*. 1973,1(2),317-26 (eng). ref:4
1) 23V, 36V, 25VB, 30VB, 31VB. 2) Selon les symptômes et pouls : 31V, 32V, 33V, 37V, 60V, 34VB, 36E. 3) PA Sciatique, PA Fesse (dans les cas difficiles et rebelles). Tonification en cas de vide, dispersion en cas de plénitude. L'électroacupuncture n'est utilisée que rarement (cas chroniques). Les meilleurs résultats sont obtenus en cas de hernie discale par rapport à l'arthrose. Les sciaticques opérées sont de mauvais pronostic. [18.16 / 05.12-]

17- gera: 14361/di/ra

OBSERVATION CLINIQUE (LOMBALGIE A REPETITION). X. *cliniques d'acupuncture*. 1973,11, (fra). ref:11
[18.14 / cc-]

18- gera: 17564/di/ra

ACUPUNCTURE TREATMENT OF VERTEBROGENIC, CERVICAL AND LUMBAR SYNDROMES. CRACIUN T ET AL. *american journal of acupuncture*. 1974,2(2),102-4 (eng).
[18.11 / 18.14- 18.12-]

19- gera: 2501/di/ra- num

L'ACUPUNCTURE DANS LA LOMBALGIE PERSISTANTE POST-OPERATOIRE. LIAO SJ. mensuel du medecin acupuncteur. 1974,7,22-5 (fra). ref:8
[18.14 / 21.04-]

20- gera: 14329/di/th

A PROPOS DE QUELQUES CAS DE LOMBALGIES ET LOMBO-SCIATIQUES TRAITES PAR ACUPUNCTURE. TRINH R. these medecine,marseille. 1974,106, (fra). ref:0

Au cours de ce travail nous avons choisi d'étudier un syndrome hyperalgique : la lombalgie et la lombosciatique et nous avons envisagé les bases traditionnelles de leur traitement par acupuncteur. Ces bases s'appuient sur l'observation millénaire des chinois et présentent un intérêt pour des recherches scientifiques et physiologiques. Nous avons décrit ensuite quelques cas cliniques traités par acupuncteur. Ces cas cliniques sont insuffisants pour réaliser une statistique médicale mais ont le mérite de montrer que l'acupuncteur peut avoir un impact favorable sur la douleur et la contracture. A ce propos nous avons tenté d'expliquer le mécanisme d'action des effets ainsi obtenus. Il nous a paru intéressant de considérer : une théorie bioélectrique où l'aiguille serait le point de départ d'un changement de polarité dans l'organisme ; une théorie nerveuse ou neuro-hormonale dont la clé de voûte serait la théorie du gate control et l'intermédiaire neuronal à un étage supérieur la sérotonine. Ces deux théories sont peut être l'expression d'un même phénomène. Enfin les études futures devront s'orienter vers la découverte du rôle exact joué par les noyaux para fasciculaires du thalamus et par la substance réticulée dans la perception des influx nociceptifs, et dans le contexte de l'acupuncteur. [18.14 / 18.16- cc-]

21- gera: 14362/di/ra

OBSERVATION CLINIQUE (LOMBALGIE). X. cliniques d'acupuncteur. 1974,21, (fra).
[18.14 / cc-]

22- gera: 14363/di/ra

OBSERVATION CLINIQUE (LOMBALGIE). X. cliniques d'acupuncteur. 1974,23-30,30 (fra).
[18.14 / cc-]

23- gera: 2500/di/ra- num

TRAITEMENT DES LOMBALGIES PAR ELECTRO-ACUPUNCTURE. CASAL I ET AL. mensuel du medecin acupuncteur. 1975,23,93-4 (fra).
[18.14 / 05.12-]

24- gera: 2496/di/ra- num

REVIEW OF 100 PATIENTS WITH "LOW BACK SPRAIN" TREATED BY SURFACE ELECTRODE STIMULATION OF ACUPUNCTURE POINTS. GUNN CC ET AL. american journal of acupuncture. 1975,3(3),224-32 (eng). ref:11

The first 100 low back cases treated by surface electrode stimulation are reviewed and compared with a similar series treated by the standard regime of this clinic. The results indicate that it is an acceptable form of treatment comparable to current measures and well worth a trial in cases resistant to the standard regime. Physio-Therapist and patient acceptance was good. This treatment is now being further explored at the Rehabilitation Clinic of the Workers' Compensation Board of British Columbia with particular application to resistant cases after 4 weeks of standard treatment. [18.14 / 05.12-]

25- gera: 2499/di/ra- num

ULTRASOUND ACUPUNCTURE USED IN TREATMENT OF LOW BACK PAIN AND SCIATIC NEURALGIA CAUSED BY PIRIFORMIS MUSCLE SPASM. KHOE WH. american journal of acupuncture. 1975,3(1),53-7 (eng). ref:12

This preliminary clinical report discusses treatment procedures employing ultrasound acupuncture which were found successful in many instances of low back pain and sciatic neuralgia caused by spasms of the levator ani, coccygeus and piriformis muscles. A detailed description of the technique is given, including several case studies. [18.14 / 18.16-]

26- gera: 6400/di/ra- num

TWO-YEARS ACUPUNCTURE FOLLOW-UP STUDY ON 182 CHRONIC PAIN PATIENTS. MAN PL ET AL. american journal of acupuncture. 1975,3(2),143-6 (eng). ref:0

One of the criticisms of acupuncture is its lack of long-term follow-up studies relative to its effectiveness. The authors conducted a two-year follow-up study on 182 chronic pain patients suffering from low back pain, migraine, trigeminal neuralgia, myositis, arthritis, radiculopathy, and so on. The results are as follows: no improvement 25,3%, improved 74,7% (mild improvement 6,6%, moderate improvement 15,9%, marked improvement 27,4% and asymptomatic 25,8%). 182 patients souffrant de lombalgie, migraine, névralgie faciale, myosite, etc... pas d'amélioration : 25,3 %, amélioration : 74,7 % (légère 6,6, moyenne 15,9, marquée 27,4, disparition des symptômes : 25,8 %). [6.01 / chronique- 16.08- 18.14- 14.02-]

27- gera: 2512/di/ra

REMARKABLE EFFECTS OF "RK-7198 TOKKI" ON SEQUELAE LUMBAGO DUE TO DISTORTION OF LUMBER. MASAMICHI ET AL. journal of the kyoto pain control institute. 1975,3,24-32 (eng). ref:6
[18.14 / 05.12-]

28- gera: 6395/di/re

PROLONGED RELIEF OF PAIN BY BRIEF, INTENSE TRANSCUTANEOUS SOMATIC STIMULATION. MELZACK R. pain. 1975,1,357-73 (eng).

Electro-stimulation par électrode de surface au niveau de points d'acupuncteur ou de points gâchettes, séance de 20 minutes avec l'intensité maximum supportée par le patient. L'application chez des patients avec douleurs rebelles montre une diminution moyenne de 75 % en cas de douleur par lésion nerveuse, 66 % dans les membres fantômes, 62 % dans les syndromes épaule-main, 60 % dans les lombalgies. [6.01 / 18.14- 18.10- 05.12- 18.02- fantome- 14.09-]

29- gera: 17578/di/ra- num

LUMBOSACRAL STRAIN, SHOULDER BURSITIS AND CONTACT DERMATITIS TREATED BY ACUPUNCTURE. SACKS LL. american journal of acupuncture. 1975,3,238 (eng). ref:27

Acupuncture is a medical modality with direct applications to occupational medicine. As an illustration of the more common industrial injuries, lumbosacral strain, bursitis of the shoulder, and contact dermatitis are used to demonstrate the effectiveness of acupuncture. It is concluded that acupuncture will shorten total treatment time, reduce dosages of oral and intramuscular medications, improve patient-doctor rapport as an emotional support to the injured and is, therefore, an effective alternate system of treatment. [18.01 / 18.15- 08.04- 18.10- 18.14-]

30- gera: 14406/di/ra

LUMBAR SCIATICA AND AURICULAR MEDICINE. TORRE L. *auricular-medicine and acupuncture physician.* 1975,4-5,9-10 (eng). ref:0 [18.14 / am- 05.10- 18.16-]

31- gera: 14407/di/ra- num

LUMBAR SCIATICA AND AURICULAR MEDICINE. THE STUDY OF 50 CASES AT THE SAN REMO HOSPITAL. TORRE L. *auricular-medicine and acupuncture physician.* 1975,2(4-6),10-11 (eng).

Utilisation des points douloureux à la pression, ou détectables au punctoscope : point de la colonne lombaire de l'Anthelix, ou souvent point inférieur du Tragus (70%) ou du Tragus lui-même (50%). Plus rarement lobe de l'oreille ou point O. [18.14 / am- 04.04- hospital- 18.16-italie- 05.10-]

32- gera: 2522/di/ra- num

SEDATION OF ACTIVE ACUPUNCTURE LOCI IN THE MANAGEMENT OF LOW BACK PAIN. WILBER MC. *american journal of chinese medicine.* 1975,3(3),275-9 (eng).

From 1971 to 1973 twenty-three consecutive patients with low back pain of undetermined etiology and two patients with arachnoiditis were treated by the sedation of active acupuncture loci located in the low back area. Sedation was accomplished by means of one to six injections of one-half milliliter of a local anesthetic at weekly intervals. Nineteen patients obtained complete relief and four patients were improved. The two patients with arachnoiditis showed no improvement. [18.14 / blocage- 05.15-]

33- gera: 2525/di/re- num

TREATMENT OF LOW BACK PAIN WITH ACUPUNCTURE. EDELIST G ET AL. *canadian anaesthetists society journal.* 1976,23(3),303-6 (eng). ref:10

Ce travail a cherché à mesurer l'efficacité de l'acupuncture dans le traitement des douleurs dorso-lombaires chroniques résistant aux autres formes de traitement. Ces malades, la plupart porteur de lésions discales considérées non chirurgicales, étaient référés à l'acupuncture après une période de repos au lit, de physiothérapie, de prise d'analgésiques, etc. On a partagé les sujets en deux groupes, l'un recevant l'acupuncture aux points traditionnels, l'autre en des points choisis au hasard, le partage se faisant à l'insu des malades. Résultats: il n'apparaît aucune différence entre les deux groupes (40 à 46 pour cent respectivement), chacun montrant une amélioration subjective et objective comparable. Des résultats meilleurs ont été publiés d'autres et les auteurs avancent comme explications possibles différents facteurs: évaluation de leur groupe de sujets par un observateur neutre, inexpérience de l'acupuncturiste, (difficultés évidentes de mesurer l'influence de ce facteur); d'autre part les sujets se sont vu proposer l'acupuncture, ils n'y venaient pas par eux-mêmes et finalement ils n'ont reçu que trois séances de traitement. Malgré ces considérations, les auteurs avouent que leur expérience ne leur a pas permis d'éliminer l'effet placebo comme cause de l'amélioration chez leurs sujets. [18.14 / ecr-]

34- gera: 2514/di/ra- num

LUMBAR INTERVERTEBRAL DISC PROTRUSION, NEW METHOD OF MANAGEMENT AND ITS THEORETICAL BASIS. FENG TIENYOU. *chinese medical journal.* 1976,2(3),185-194 (eng). ref:6 [18.14 / manipulation-]

35- gera: 2520/di/re- num

TRANSCUTANEOUS ELECTRICAL STIMULATION AND ACUPUNCTURE : COMPARISON OF TREATMENT FOR LOW BACK PAIN. FOX EJ ET AL. *pain.* 1976,2,141-8 (eng).

Etude sur 12 malades. Ces deux méthodes sont également efficaces et ont probablement le même mécanisme d'action. La stimulation électrique transcutanée semble plus pratique puisqu'elle peut être administrée par le personnel paramédical. [18.14 / ecr- 05.12-]

36- gera: 6427/di/re- num

COMPARISON OF TRANSCUTANEOUS ELECTRICAL STIMULATION AND ACUPUNCTURE IN THE TREATMENT OF CHRONIC PAIN. FOX EJ ET AL. *advances in pain research and therapy, raven press, new york.* 1976,1,797-801 (eng). ref:11

Etude chez 12 sujets porteurs de lombalgie chronique. 6 patients reçoivent d'abord 2 séances d'acupuncture (24, 26 et 62V) puis 2 séances d'électrostimulation transcutanée. Les 6 autres patients reçoivent d'abord l'électrostimulation, puis l'acupuncture. Un effet antalgique est obtenu dans 50 à 75 % des patients, les deux techniques apparaissent d'efficacité similaires et ont probablement le même mécanisme d'action. [18.14 / 05.12- cta-]

37- gera: 14331/nd/re

[USE OF ACUPUNCTURE IN LUMBOSACRAL RADICULITIS]. KITSSENKO VP. *zhurnal nevropatologii i psikhatrii.* 1976,76(6),872-4 (rus*). ref:6

The author gives a comparative assessment of the result of treatment of the Krasnodar Worsted Cloth Combine workers with sacro-lumbar radiculitis. The comparative study was concerned with generally used methods and acupunctures in out-patient conditions. It was possible to establish some criteria of the effectiveness of acupuncture therapy. According to the data of the author there was a significant improvement in the group of patient who received only acupuncture (87. 2%) and somewhat less (70.2%) in the group treated with the conventional methods. [18.14 / 18.15-]

38- gera: 14411/di/ra- num

ACUPUNCTURE AND TRANSCUTANEOUS ELECTRIC STIMULATION IN THE TREATMENT OF CHRONIC SACROLUMBALGIA AND ISCHIALGIA. LAITINEN J. *american journal of chinese medicine.* 1976,4(2),169-75 (eng).

A comparison was made between 50 patients treated with acupuncture and 50 patients treated with transcutaneous electric stimulation. All patients suffered from chronic sacrolumbalgia or ischialgia of more than six months' duration. Two to 10 treatments were given at weekly sessions, the mean being 5 in both groups. Stimulation points were selected by the same principle in both groups : one point along the course of the nerve trunk affected, and one point at a dermatome proximal to the affected segments. The stimulation was given bilaterally. Needles were inserted as deep as the muscular layer and twirled at 5 min intervals. In the electric stimulation square-wave impulses of 1.0 msec duration and 50 Hz frequency were used. The electrodes were 0.9 cm in diameter. Each acupuncture and electric stimulation was of 20 min duration. Pain relief was complete or moderate in the acupuncture group in 58% of the cases, and in 46% in the electric stimulation group. After 2 months 30 patients in the acupuncture group and 23 patients in the electric stimulation group still reported satisfactory relief of pain.

After 6 months 15 patients in the acupuncture group and 10 patients in the electric stimulation group still reported satisfactory relief of pain . [18.15 / 05.12- ctanr- parametre-]

39- gera: 2511/di/cg

LOMBOSCIATIQUE REBOUL JL. **conferences d'acupuncture,gera,toulon.** 1976,1, (fra). ref:29 [18.14 / 18.16-]

40- gera: 17595/nd/ra

A THEORETICAL EXPLANATION FOR ACUPUNCTURE OR HOW CURED MY BACK BY MASSAGING MY FOOT. RISCALLA LM. **j am soc psychosom dent med.** 1976,23(1),26-30 (eng). [18.14 / podo- massage-]

41- gera: 2519/nd/re

LE LOMBOSCIATICALGIE E LA AURICULOTERAPIA DI NOGIER. CONSIDERAZIONI SU 50 CASI. TORRE LK. **minerva medica.** 1976,67(5),356-8 (ita). [LUMBOSCIATICA AND NOGIER'S AURICULOTHERAPY. CONSIDERATION ON 50 CASES]. Dans 8 cas sans irradiation aux membres inférieurs, on obtient 7 nettes améliorations. Sur 24 cas avec irradiation au membre inférieur on obtient 8 guérisons et 12 améliorations nettes. [18.14 / 05.10- 18.16-]

42- gera: 6055/di/ra- num

TREATMENT OF SCIATICA WITH ACUPUNCTURE. HART BF. **american journal of acupuncture.** 1977,5(4),371-2 (eng).

The word sciatica is often applied to cover a variety of ailments which not involve the sciatic nerve. True sciatica is sciatic neuritis, and pain is felt in the high and other areas associated with the sciatic nerve. Conventional methods, such as bed rest, the use of heat to reduce pain, or placing the body in a position with the least possible strain on the affected parts, etc., can often be disappointing. A much better method has been found in a combination of aquapuncture using vitamine B12, and electrical acupuncture stimulation. The procedure, as described, is simple in use, but yields superior results. [18.16 / 30vb- 05.15- 54v-]

43- gera: 14379/di/ra- num

MANIPULATION IN LUMBAR INTERVERTEBRAL DISC PROTRUSION. HOSPITAL OF SHANGHAI 2nd MEDICAL COLLEGE. **chinese medical journal.** 1977,3(1),31-6 (eng). ref:3 [18.14 / manipulation-]

44- gera: 2535/di/cg- num

ETUDE DE DEUX POINTS D'ACUPUNCTURE DANS LE TRAITEMENT DES SCIATICALGIES. LANZA U. **conferences d'acupuncture,gera,toulon.** 1977,2,146 (fra).

1F (Sciatique L5), 66V (Sciatique S1). Enfoncement-rotation une dizaine de fois en forte stimulation. Associé au début en cas de sciatique hyperalgique à des AINS. En général 3 à 6 séances, maximum 10. Résultat excellent (amélioration de la douleur dans 90%) : 15,66%, bon (amélioration de 70%) : 54,10%, modéré (amélioration de 40%) : 20,64%, nul : 9,60%. Il n'y a pas d'influence du sexe du patient sur le résultat. Par contre, les résultats sont meilleurs chez les personnes âgées (> 50 ans) par rapport aux sujets jeunes et chez les patients avec sciatique < 60 jours. [18.16 / 1f- ctanr- 66v-]

45- gera: 17558/di/ra- num

VERTICAL SUSPENSION TRACTION WITH MANIPULATION IN LUMBAR INTERVERTEBRAL DISC PROTUSION. LI TSUNG-MIN ET AL. **chinese medical journal.** 1977,3(6),407-12 (eng). ref:13 [18.14 / manipulation-]

46- gera: 14434/nd/ra

UNE NEURALGIE SCIATIQUE PEU CLASSIQUE. NOGIER. **auriculomedecine.** 1977,7,21 (fra). [18.16 / 05.10- am-]

47- gera: 18385/di/ra- num

LOW BACK PAIN. CHUNG C ET AL. **acupuncture research quarterly.** 1978,8,139-43 (eng).

L'échec du traitement par acupuncture conduit à pratiquer un bilan clinique et paraclinique étendu qui révèle un carcinome au niveau du rein droit avec métastases au niveau du muscle Psoas, des poumons et du foie. Ce cas prouve pour l'auteur la nécessité pour les acupuncteurs d'être médecins. [18.14 / cc- acupuncteur- 23.04- legislation-]

48- gera: 6494/di/re

LA MODALITE DES DIFFERENTS ASPECTS DE L'ANALGESIE PAR STIMULATION. FOX EJ ET AL. **ann anesth franc.** 1978,19(5),435-8 (fra*). ref:0

[MODES OF ACTION OF VARIOUS ASPECTS OF ANALGESIA BY STIMULATION]. Une étude de douze malades souffrant de douleurs lombaire chronique nous a permis de comparer les résultats du traitement par l'acupuncture traditionnelle et celui par la stimulation électrique transcutanée. L'intensité et la qualité de la douleur, de même que la durée de soulagement après traitement, ont été analysés dans un effort de différencier les deux formes d'analgésie. L'analyse statistique des deux méthodes n'a montré aucune différence significative. Non seulement elles semblent se valoir thérapeutiquement, mais aussi laisse soupçonner qu'un mécanisme commun serait à leur origine. La stimulation intense des zones douloureuses, "trigger points" suivie par un soulagement de la douleur, nous a conduits à les comparer aux zones d'acupuncture quand à leur topographie et à leurs caractéristiques. Une certaine analogie de distribution, associée à une similitude d'expression nous a fait penser que peut-être les deux modalités étaient liées à un même processus neurologique. [6.01 / 18.14- a shi- 02.05- 05.12- comparaison-]

49- gera: 83761/nd/re

[MODIFIED ACUPUNCTURE IN THE TREATMENT OF PAIN]. KWASUCKI J ET AL. **neurolog pol.** 1978,12(3),229-34 (pol*). ref:9

The authors report the results of treatment with a modification of acupuncture associated with chemical stimulation in 144 patients with painful radicular syndromes and headaches. In 57 cases sciatic pains were present, in 21 cases shoulder pains, in 20 migraine and in 46 vasomotor headaches. Permanent disappearance of pain, that is disappearance of pain during the procedure and lack of recurrence within several successive days, was obtained in about 40% of cases of radicular syndromes and in 62% of cases of headaches, early disappearance of pain for 3 to 48 hours after the procedure was obtained in 14% of radicular syndromes and nearly 26% headaches, while improvement, that is reduction of pain intensity, was achieved in 29. 5% of radicular pains and 3% of headaches, while in 15. 3% of cases of radicular syndromes and 9% of cases of headaches no improvement was observed. Both vasomotor headaches and neuralgia belong to the group of nervous system diseases in which pain is the basic and sole

symptom, while treatment includes its removal. In these cases acupuncture is a valuable analgesic method. The presently reported results agree with those in the literature on the use of classical acupuncture and its modifications. It is worth stressing that insertion of needles into the traditional points used in classical acupuncture is without any greater importance was shown by the presently reported experiences (various points were used in the same case) as well as by the reports of other authors. The modification of acupuncture with addition of chemical stimulation has been tried by the authors for 4 years. A weak stimulus resulting from insertion of the needle and irritation of the nerve endings with concentrated sodium chloride acts similarly as mechanical or electrical irritation. The method is simple and completely safe. [6.01 / 18.12-18.16- 14.02- 18.10-]

50- gera: 14330/di/re- num

ACUPUNCTURE ANALGESIA FOR CHRONIC LOW BACK PAIN. MENDELSON G ET AL. **clinical and experimental neurology.** 1978,15,182-5 (eng).

Preliminary findings are presented of a double-blind, crossover trial comparing the effects of traditional with placebo acupuncture in relieving chronic low back pain. 77 patients completed the study. Following initial assessment and baseline readings, patients had a 4-week course of active or placebo treatment given twice weekly. After a 4 week rest period patients received the alternate treatment, using the same time schedule. A week follow-up period completed the trial . Using visual analogue scale readings as a measure of pain there was no cumulative difference in pain reduction achieved by traditional as compared with placebo acupuncture treatment. Both groups achieved a 55% overall reduction in pain level at the end of the trial, compared with initial baseline readings. [18.14 / ecr-]

51- gera: 5883/di/ra

EXPERIENCES DE L'AURICULOPUNCTURE, 3) INDICATIONS ET TRAITEMENT PAR AURICULOPUNCTURE (HOPITAL POPULAIRE DE VAN THAN). NGUYEN VAN NGHI ET AL. **mensuel du medecin acupuncteur.** 1978,47,259-66 (fra).

1) Essai d'explication de l'auriculopuncture par les théories traditionnelles et pavlovienne. 2) Recherche des points réactogènes. 3) Techniques de puncture. 4) Analyse des résultats (arthrose, 281 cas ; sciatique, 57 ; rhumatismes, 1190 cas ; hypertension artérielle, 60 cas ; gastrite, 190 cas ; grippe, 102 cas. 5) Utilisation des aiguilles à demeure ou des moxas sur aiguille. 6) Résultats sur 2299 cas traités. [5.10 / 13.02- 10.05- 07.05- 04.04- 05.09- 05.06- 18.16-]

52- gera: 6498/nd/th

ELECTRO-ANALGESIE ACUPUNCTURALE ET BASES NEUROPHYSIOLOGIQUES DE LA NOCICEPTION. PLANCHE D. **these medecine,marseille.** 1978,390,60P (fra). ref:0

1) Résultats expérimentaux des stimulations acupuncturales. Pour mettre en évidence la réalité de l'action analgésiante des neurostimulations périphériques de type acupunctural, nous avons montré que des stimulations électriques percutanées portées au niveau des membres sont capables de faire disparaître un message douloureux produit par stimulation de haute intensité du nerf sciatique ou de la pulpe dentaire ; cet effet est objectivé d'une part par la disparition des potentiels évoqués par les stimulations nociceptives au niveau d'un relais associatif des voies algogènes, le complexe "centre médian-fasciculaire" du thalamus, d'autre part, par la disparition d'un réflexe de défense, le réflexe d'ouverture de la gueule obtenu par stimulation de la pulpe dentaire. Pour expliquer

le décours de l'analgésie (temps de latence moyen d'une demi-heure) et son caractère non segmentaire, c'est-à-dire l'obtention d'effets hypoalgésiants à distance, nous avons envisagé l'hypothèse d'une médiation humorale ; en effet, il existe des similitudes très grandes entre l'analgésie électrique, quelle soit périphérique ou centrale, et l'analgésie morphinique. Cette hypothèse fut confirmée par la disparition de l'effet inhibiteur de la stimulation par l'injection d'antagonistes de la morphine. 2) Bases neurophysiologiques de la nociception. 3) Développements neurochimiques. [6.01 / pe- 25.10- 19.07- 05.12- naloxone- 18.16-]

53- gera: 14279/di/ra- num

ACUPUNCTURE FOR CHRONIC BACK AND NECK PAIN. SHYH JONG YUE. **acupuncture and electrotherapeutics research.** 1978,3(3-4),323-4 (eng).

This is a preliminary report of the research in acupuncture conducted at the Rehabilitation Medicine Service of St Luke's Hospital Center. In a controlled study, classical accepted-site acupuncture, off-site acupuncture and conventional physical therapy were compared. Patients who were randomly assigned to these treatment conditions had chronic back or neck pain with objective finding. Improvement was evaluated by a rheumatologist, who was unaware of the type of treatment the patient received; by the treating physician and by range of motion tests. The patient, also participated in a battery of psychiatric and psychological tests including hypnotic susceptibility. Some preliminary findings of interest are: acupuncture was superior to conventional physical therapy; accepted-site acupuncture and off-site acupuncture did not differ significantly and the score on the Hampton Psychiatric Rating Scale for Depression accurately predicted the results of acupuncture therapy . [18.11 / cta- ecr- 18.12- 18.14-]

54- gera: 18167/di/ra- num

TCHONG MO ET LOMBALGIES DISCALES D'EFFORT. SURIAN G. **mensuel du medecin acupuncteur.** 1978,54,149-526 (fra). ref:0
[18.14 / curieux- chong mai-]

55- gera: 14319/di/ra- num

HERNIATION OF INTERVERTEBRAL DISC OF LUMBAR SPINE. CHUNG C ET AL. **acupuncture research quarterly.** 1979,11,71-4 (eng). ref:8
[18.14 / cc-]

56- gera: 26276/di/re- num

[ACUPUNCTURE, ELECTROACUPUNCTURE AND LASERS IN THE TREATMENT OF LOW BACK PAIN]. GÜTLER J. **schweiz rundersch med prax.** 1979,68(05),149-51 (deu*). ref:0
[18.14 / 05.14- 05.12-]

57- gera: 6517/di/re- num

[EFFETS DE L'ANALGESIE PAR ACUPUNCTURE. ETUDE DANS UNE CLINIQUE DE LA DOULEUR]. HIGASHI H ET AL. **masui.** 1979,28(12),1731-36 (jap*).
Evaluation des résultats chez 50 patients avec douleur sévère : 1) Une disparition de la douleur ou une grande amélioration est obtenue dans 43 % (essentiellement PSH). La durée de l'analgésie obtenue est de 2,8 jours. 2) Une amélioration moyenne est obtenue dans 38 % des cas (douleur radriculaire par discopathie ou arthrose vertébrale). Durée de l'analgésie : 2,2 jours. 3) Aucune amélioration satisfaisante n'est obtenue dans 19 % des cas (douleur des membres fantômes et névralgie faciale traumatique). [6.01 / fantome- hopital- 06.01- 16.08- 18.16- 18.10-]

58- gera: 6520/di/ra

[TRAITEMENT DE LA DOULEUR REBELLE PAR ACUPUNCTURE (résumé)]. LIPTON S. **acupuncture and electrotherapeutics research.** 1979,4(1),51 (eng). ref:34

L'acupuncture est certainement efficace dans la migraine et la sciatique et elle a une petite place utile dans les douleurs rebelles sévères. [6.01 / 18.16- 14.02-]

59- gera: 26278/di/re- num

[EVALUATION OF THE RESULTS OF TREATMENT OF LOW BACKACHE BY ACUPUNCTURE OF SUGGESTING (PRELIMINARY REPORT)]. LOPACZ S ET AL. **neurologia i neurochirurgia pol.** 1979,13(4),405-9 (pol*). ref:0

In a group of 34 patients with lumbosacral pain acupuncture was applied in 18 cases and suggestion in 16 cases and the results of both methods were compared. The therapeutic effects were evaluated immediately after the procedure and after a series of 4 procedures. The therapeutic results were better both immediately and after a series of acupuncture. The difference in the results of treatment was statistically significant in the patients with longest duration of pains. Presence of degenerative spinal changes was without influence on the results of treatment by both methods. [18.14 / ecr-]

60- gera: 2517/di/ra- num

STIMULATION-PRODUCED ANALGESIA IN TREATMENT OF POSTOPERATIVE LOW BACK PAIN. POENTINEN PJ ET AL. **american journal of acupuncture.** 1979,7(1),61-66 (eng).

The effects of stimulation-produced analgesia on recurrent attacks of low back pain and sciatica were studied in 40 consecutive patients operated previously for prolapsed intervertebral disc and/or lumbosacral insufficiency. Stimulation methods included acupuncture, low frequency electric acupuncture, TENS and trigger point blockade alone or in combination. To evaluate the pain's psychological component Beck depression inventory, IPAT anxiety scale and MMPI (K, Hs, D, Hy scales) were administered to 15 low back pain patients, to 9 chronic pain patients with a heavy psychogenic component and to 9 healthy subjects. No permanent cures were seen. The painfree periods varied from a few days to several months. Three months after the treatment 50 percent of the patients still had good or moderate relief of pain. Patients with poor response had significantly higher values of Beck depression inventory, IPAT anxiety scale and MMPI (Hs, D, Hy scales) than healthy control subjects and those with good relief of pain. [18.14 / 21.04- 25.10-]

61- gera: 2513/di/ra- num

ACUPUNCTURE IN THE TREATMENT OF LOW BACK PAIN AND SCIATICA. PONTINEN PJ. **acupuncture and electrotherapeutics research.** 1979,4(1),53-57 (eng). ref:12
[18.14 / 18.16-]

62- gera: 14323/di/el

[SPONDYLITE RHUMATOIDE, TRAUMATISME LOMBAIRE ET LUMBAGO CHRONIQUE]. X. in **chinese modern massotherapy.** 1979,,101-112 (eng). ref:7
[18.14 / 18.04- massage-]

63- gera: 14349/di/ra- num

THE ACUPUNCTURE TREATMENT OF LOW BACK PAIN : A RANDOMIZED CONTROLLED STUDY. COAN RM ET AL. **american journal of chinese medicine.** 1980,8(1-2),181-9 (eng). ref:0

The acupuncture treatment situation was beneficial to the majority of people with low back pain. This was shown by the use of short-term controls and long-term controls, although the latter were not intended in the study design. After acupuncture, there was a 51% pain reduction in the average pain score in the Immediate Treatment Group. The short-term controls, the Delayed Treatment Group, had no reduction whatsoever in their pain scores at the comparable follow up period. Later, the Delayed Treatment Group were also treated by acupuncturists, and reported 62% less pain. When these two treatment groups were compared at 40 weeks with long-term controls (Inadequate Treatment Group), the Inadequate Treatment Group still had the same pain scores, on the average, as when they enrolled in the study. Both treatment groups, on the average, had 30% lower pain scores. Furthermore, 58% of the treatment groups felt that they were definitely improved at 40 weeks, while only 11% of the Inadequate Treatment Group felt definitely improved at 40 weeks. [18.14 / ecr-]

64- gera: 2293/di/ra

[CALVITIE ET LOMBALGIE CHRONIQUE]. GUNN CC. **american journal of acupuncture.** 1980,8(2),147-55 (eng). ref:14
[8.03 / 18.14-]

65- gera: 14368/di/re- num

DRY NEEDLING OF MUSCLE MOTOR POINTS FOR CHRONIC LOW-BACK PAIN. GUNN CC ET AL. **spine.** 1980,5(3),279-91 (eng). ref:18

Fifty-six male patients who had chronic low-back pain of at least 12 weeks' duration (average duration, 28.6 weeks) and who had failed to respond to traditional medical or surgical therapy were entered into a randomized clinical trial to compare the relative efficacies of the Clinic's standard therapy regimen with and without dry needling at muscle motor points. Before entering the trial, all patients had undergone without improvement eight weeks of the Clinic's standard therapy regimen of physiotherapy, remedial exercises, and occupational therapy. The 29 study subjects and 27 control patients then continued with this regimen but the study subjects also received needling at muscle motor points once or twice a week (average number of treatments 7.9). All patients were assessed at the time of discharge, 12 weeks after discharge and at the time of writing (average, 27.3 weeks). The group that had been treated with needling was found to be clearly and significantly better than the control group ($P > 0.005$, $N = 53$) with regard to status at discharge status at 12 weeks follow-up and status at final follow-up. At final follow-up 18 of the 29 study subjects had returned to their original or equivalent jobs and 10 had returned to lighter employment. In the control group only four had returned to their original work and 14 to lighter employment; nine were still disabled. The results seem to justify the procedure in chronic low-back patients in whom myofascial pain (the majority) rather than skeletal irritation is the dominant disabling feature. [18.14 / moteur- ecr-]

66- gera: 14358/nd/me

CLASSIFICATION DES LOMBALGIES EN MTC. SAUSSINE JM. **memoire d'acupuncture, afebra, nimes.** 1980,, (fra). ref:54
[18.14 / d\$-]

67- gera: 26455/di/tp- num

COMMON DISEASE. NUMBNESS DISEASE, FLACCID PARALYSIS, FACIAL PARALYSIS, SCIATICA. X. **guangzhou traditional medical college, guangzhou.** 1980,,12P (eng).

[23.01 / 16.07- 18.16- 14.09-]

68- gera: 6529/di/cg

[EFFETS DE L'ACUPUNCTURE SUR LA DOULEUR REFERENCE EXPERIMENTALE PROFONDE]. ZHOU SHAO CI ET AL. **advances in acupuncture and acupuncture anaesthesia, beijing.** 1980,374,367 (eng). ref:0

Etude de l'effet de l'acupuncture sur la douleur provoquée par une injection d'une solution salée à 6 % au niveau des ligaments inter-épineux. Sur 116 volontaires l'acupuncture a un effet analgésique dans 67,7 % des cas, avec parallèlement une diminution des réactions secondaires à la douleur (fréquence cardiaque, transpiration, réflexe cutané galvanique). Chez les sujets où aucun effet avec analgésique n'est observé, on peut obtenir cet effet avec une solution de 2 % au lieu de 10 %. L'acupuncture placebo n'a aucun effet chez 8 sujets. La naloxone IM (0,8 mg) inhibe l'action de l'acupuncture. [6.01 / 18.14- placebo- naloxone- ee-]

69- gera: 21659/di/ra

TRATTAMENTO MANIPOLATIVO NELLE ALGIE VERTEBRALI GRAVIDICHE. AMODEO F. **rivista italiana di agopuntura.** 1981,41,47-50 (ita). ref:0

[18.14 / manipulation- 11.10-]

70- gera: 21663/di/ra

TERAPIA OMEOPATICA NELLE LOMBALGIE. DADONE G. **rivista italiana di agopuntura.** 1981,42,39-48 (ita). ref:12

[18.14 / homeopathie-]

71- gera: 2492/di/ra

DOULEURS VERTEBRALES EN RAPPORT AVEC UNE ATTEINTE DU MERIDIEN TOU MO (VG). DECK M. **mensuel du medecin acupuncteur.** 1981,77,277-80 (fra). ref:0

[18.14 / dai mai- 2.05+curieux-]

72- gera: 634/di/re- num

AKUPUNKTUR UND LASERSTRAHLBEHANDLUNG BEIM ZERVIKAL UND LUMBARSYNDROM. GALLACCHI G ET AL. **schweizer medizinisch wochenschrift.** 1981,111(37),1360-6 (deu). ref:8

[Acupuncture and laser treatment in cervical and lumbar syndrome]. Eight random groups, each of 15 patients with tendomyotic cervical and lumbar syndrome, underwent acupuncture, one group receiving needle acupuncture at the correct sites according to Chinese medicine and another receiving placebo needles at the same sites. In a third group, acupuncture needles were applied at sites which were wholly inconsistent with Chinese practice. The remaining 5 groups took part in a single blind trial involving various types of radiation at the correct acupuncture sites, using an apparatus emitting either laser rays, red light, mixed light, infrared or no radiation at all, without interference from the therapist. All the groups showed improvement. but an analysis according to Kruskal and Wallis revealed no significant differences between type and site of treatment. [18.11 / ecr- placebo- 18.12- 18.14- 05.14-]

73- gera: 640/nd/re

[MICROACUPUNCTURE THERAPY OF PAIN SYNDROMES OF THE LUMBOSACRAL PORTION OF THE PERIPHERAL NERVOUS SYSTEM]. GOIDENKO VS. **zhurnal nevroptologii i psikiatrii.** 1981,81(5),688-693 (rus*). ref:28

Results of clinical and neurophysiological observations of 96 patients treated by the new method of microacupuncture are presented. This method is a modification of classical acupuncture, and consists of implantation of a specially designed micro-needle into the skin for a long time (one to three weeks). Possible mechanisms of the effects of this therapy method on the body are discussed. Recommendations on practical use of the microacupuncture method for treating vertebrogenic radicular syndromes are given. [18.16 / 05.06- ec-]

74- gera: 641/di/ra

[ANALYSE CLINIQUE DE 218 CAS D'HERNIE DISCALE LOMBAIRE TRAITES PAR LA METHODE COMBINEE MTC-MEDICINE OCCIDENTALE] JIANG WEIZHUANG ET AL. **journal of traditional chinese medicine.** 1981,22(12),30 (chi).

[18.14 / mtc- ec- mo-]

75- gera: 642/di/ra- num

[OBSERVATION ON THE TREATMENT OF 180 CASES OF ACUTE LUMBAR SOFT TISSUE INJURY WITH ELECTROACUPUNCTURE]. JIANG XIUSHU ET AL. **chinese acupuncture and moxibustion.** 1981,1(2),10 (chi*).

Results showed that 129 of the 180 cases of acute lumbar soft tissue injury were recovered by electroacupuncture. 48 were markedly improved and only 3 failed, the total effective rate being 98,2%. It indicates that the three voluntary lumbar movement is due to the analgesic effect of the electroacupuncture and it suggests that early application of this kind of treatment is able to prevent adhesion of the joints and ligaments, and then fibrosis of the lumbar muscles might be avoided. [18.14 / 05.12- ec-]

76- gera: 645/rd/ra

[RECHERCHE CLINIQUE DANS L'EMPLOI DE L'ACUPUNCTURE PARANEURALE DANS LA SCIATIQUE] KINOSHITA H. **journal of the japan society of acupuncture and moxibustion.** 1981,30(1),4-13 (jap*).

Par acupuncture paraneurale, nous voulons parler de la méthode d'acupuncture qui consiste à puncturer le muscle dont l'hypertonie est due à la tension musculaire, une pression étant exercée sur le tronc nerveux. L'acupuncture paraneurale pour le traitement de la sciatique utilise des aiguilles qu'on laisse en place pendant 15 mn à la profondeur de 6 cm au point BL -25 au niveau du grand muscle psoas et au point tenshi, à une profondeur de 6 cm au niveau du muscle piriforme. Afin de déterminer les influences de l'acupuncture paraneurale dans le traitement de la sciatique, nous avons comparé les résultats obtenus dans les 500 cas dans lesquels nous avons appliqué les méthodes d'acupuncture traditionnelle, avec les résultats obtenus dans les 141 cas dans lesquels nous avons employé l'acupuncture paraneurale en plus des méthodes de traitement antérieur. Les résultats ont indiqué une tendance à la disparition des symptômes dans la plupart des cas dans le groupe paraneurale. Par ailleurs, par le fait que le nombre de traitements nécessaires pour obtenir les résultats ci-dessus était moins important quand l'acupuncture paraneurale a été utilisée on peut considérer comme une évidence empirique la différence d'efficacité. Par la suite, nous avons divisé 30 cas de sciatique au hasard en 2 groupes, et nous avons employé pour les 2 groupes le traitement initial de base avec une puncture au point BL 25 à une profondeur de 6 cm, et pour le groupe d'acupuncture non-paraneurale une puncture à 2 cm. Nous avons examiné les résultats après 6 séances en appliquant le test des cross-over dans lequel les méthodes de traitement sont

échangées. Les résultats basés sur l'analyse des données tels que les mesures des degrés de sensibilité aux points situés à mi-distance entre les hanches et le muscle gastromémbré, telle que la mesure du signe de Lasègue et aussi sur les données obtenues à partir de l'évaluation du patient de ses symptômes spontanés, ont montré par rapport au test, une différence hautement significative dans les 2 cas. [18.16 / profondeur- paraneurale- 25v- ec-]

77- gera: 647/rd/ra

[A PROPOS DE LA RELATION EXISTANT ENTRE LE TYPE DE SCIATIQUE ET LA PATHOLOGIE SOUS-JACENTE]. KINOSHITA N. *journal of the japan society of acupuncture and moxibustion*. 1981,30(1),44-8 (jap*).

[18.16 / ec-]

78- gera: 23721/di/re- num

L'ACUPUNCTURE EN RHUMATOLOGIE. LEVERNIEUX J ET AL. *concours medical*. 1981,103(8),1084-91 (fra).

L'acupuncture est un traitement antalgique. Les rechutes sont fréquentes. Un essai ouvert sur 130 malades atteints d'affections rhumatologiques nous a permis de soulager 46 % de nos patients. Les meilleurs indications semblent être : le syndrome du canal carpien, la coccygodynie, l'épaule douloureuse simple et la gonalgie. [18.01 / 18.18- 18.10- 18.15- 18.08-]

79- gera: 648/di/ra- num

[ANALYSE DE 144 CAS DE DEPLACEMENT DE L'ARTICULATION SACRO-ILIAQUE, REDUIT PRINCIPALEMENT PAR MANIPULATION] LI HUANRAN. *journal of traditional chinese medicine*. 1981,22(11),41 (chi). ref:10

[18.15 / manipulation- 05.16- ec-]

80- gera: 14365/nd/me

LOMBALGIES, SCIATIQUES, LOMBO-SCIATIQUES EN MEDECINE SPORTIVE. MARROCHINO A. *memoire d'acupuncture, cedat, marseille*. 1981,,73P (fra).

[18.14 / 18.16- 23.10-]

81- gera: 14374/di/el- num

LOMBALGIES. NGUYEN VAN NGHI. *semiologie et thérapeutique en medecine orientale*. 1981,,205-210 (fra).

[18.14 / d\$-]

82- gera: 18209/di/ra

MASSOTHERAPIE ORIENTALE : LA SCIATIQUE COMMUNE. NGUYEN VAN NGHI. *mensuel du medecin acupuncteur*. 1981,82,445-60 (fra).

[18.16 / massage-]

83- gera: 14320/di/ra- num

ELECTRO-ACUPUNCTURE TREATMENT FOR LOW BACK PAIN.ABSTRACT. SIN YM. *acupuncture research quarterly*. 1981,17,27-8 (eng). ref:0

Low back pain with or without the involvement of lower limbs was treated with electro-acupuncture stimulation. Laboratory tests of urine and blood as well as X-ray were carried out if necessary. The low back pain and the limbs involved if any, were thoroughly examined for tender points according to the distribution of the pain. Based on the neuro-anatomy of the disease region and the referred pain, correct tender and acupuncture points were chosen for needling. The results show that low back pain if needle-treated by the means proved to be very effective. This study

also reveals that the number of needling points used at any one time was not only fewer than the classical methods but also took lesser treatments to relieve the pain completely. [18.14 / 05.12-]

84- gera: 1003/di/ra

LOMBER TDK-EXPERIMENTATION BOBOC JM. *cahiers de biotherapie*. 1982,73,77 (fra). ref:0

L'utilisation des champs magnétiques en thérapeutique médicale n'est pas nouvelle mais reste entourée de scepticisme par manque d'étude systématique, selon les protocoles modernes et dont les résultats soient statistiquement explorables. [5.13 / 18.14- ec-]

85- gera: 14377/di/ra

[ELECTRO-STIMULATION PERCUTANEE DANS LA DOULEUR LOMBAIRE]. CIVITAREALE R ET AL. *giornale italiano di agopuntura*. 1982,3(1),11-14 (ita).

[18.14 / 05.12-]

86- gera: 2498/di/ra- num

ACUPUNCTURE OF YANGLAO (S.I.6) POINT IN THE TREATMENT OF LUMBAR PAIN. DONG SHUHUA. *journal of traditional chinese medicine*. 1982,2(2),124 (eng).

Le point Yanglao est le point Xi de l'intestin grêle, les points Xi sont utilisés en cas d'urgence. La lombalgie siège au niveau du méridien de la vessie (Tai Yang du pied) qui est en relation avec le méridien de l'intestin grêle (Tai Yang de la main). Le point est piqué en direction du coude à une profondeur de 2 à 3 cm. Manipulation forte durant 3 minutes. Utiliser d'abord le point homolatéral à la douleur, en cas d'échec utiliser le point controlatéral. Dans 38 cas sur 43, disparition totale de la douleur et de la limitation du rachis après 5 à 10 minutes de traitement. [18.14 / lateralite- 6ig-]

87- gera: 1005/di/ra

LASERTERAPIA E LASERAGOPUNTURA NEI POSTUMI DI ERNIA DISCALE. DOUVILLE H. *rivista italiana di medicina orientale*. 1982,3(3),19 (ita*). ref:0

"Laser-therapy and laser-acupuncture next emilaminectomy". This thesis has the purpose to determine precisely the effectiveness of the treatment with laser-acupuncture compared with laser-therapy in painful lumbar syndrome and in lumboscialgia next to intervention of emilaminectomy for slipped disk. The real mechanism of laser is for to be explained: it is spoken of a phenomenon of capillaries vasodilatation favouring a best drainage of interstitial liquid in inflamed regions or of endogenous neurotransmitters, as endorphin, production. [18.14 / 05.14-]

88- gera: 206/di/ra- num

ANALGESIE OBSTETRICALE DES DOULEURS LOMBAIRES PAR LA TECHNIQUE ACUPUNCTURALE DES TSIAO OU REFLEXOTHERAPIE SACREE. FOUQUES-DUPARC V. *meridiens*. 1982,57-58,165-7 (fra*).

[11.10 / 18.14- ec- accouchement-]

89- gera: 1016/di/ra

[EFFETS THERAPEUTIQUES DES MASSAGES DANS 100 CAS DE DOULEUR DE L'EPAULE, LUMBAGO ET DOULEURS DES JAMBES]. GONG JINDE. *journal of new chinese medicine*. 1982,14(9),36 (chi). ref:0

[5.16 / massage- 18.14- ec- 18.10-]

90- gera: 2226/di/ra

[EFFETS THERAPEUTIQUES DES MASSAGES DANS 100 CAS DE DOULEUR DE L'ÉPAULE, LUMBAGO ET DOULEUR DE LA JAMBE]. GONG JINDE. *journal of new chinese medicine*. 1982,14(9),36 (chi).

[18.01 / 18.10- 18.10- 18.16- 05.09- massage-]

91- gera: 6234/di/re

SPINAL INFECTION CAUSED BY ACUPUNCTURE MIMICKING A PROLAPSED INTERVERTEBRAL DISC. HADDEN WA ET AL. *journal of bone and joint surgery*. 1982,64-A(4),624-6 (eng).

Patient traité par acupuncture pour lombalgie qui présente suite à une séance une sciatique. La radiculographie montre une image de hernie discale, à l'intervention on ne retrouve qu'une spondylodiscite à staphylococcus aureus probablement liée au traitement par acupuncture. [5.19 / 18.16-]

92- gera: 2493/di/ra- num

TRAITEMENT DES LOMBALGIES PAR ACUPUNCTURE. HOFER D. *cahiers de biotherapie*. 1982,75,69 (fra). ref:5

Traitement d'attaque fonction de la localisation transversale (Dai Mai, Chong Mai, Distinct RP, loge rein ou VB) ou longitudinale (MTM, méridiens principaux, méridiens curieux, distinct rein-vessie ou Luo longitudinal du Dai Mai) et traitement de fond (loge rein, loge rate-pancréas, couche musculaire). [18.14 / 02.05- 04.09-]

93- gera: 71699/di/ra- num

ACUPUNCTURE THERAPY FOR CHRONIC PAIN. JUNNILA SYT. *american journal of acupuncture*. 1982,10(3),259-62 (eng).

Forty-four patients with pain of at least one month's duration were randomized into two groups. In identical situations 22 patients were treated with traditional needle acupuncture and 22 patients were treated with pseudo-acupuncture (the nail of the little finger was used to simulate the prick caused by a needle). One month after treatment 16 of the acupuncture patients thought themselves free of symptoms or a lot better, compared to five of the pseudo-acupuncture group ($p < 0.001$). On a horizontal pain scale the reduction of pain was 80 percent in the acupuncture group and 30 percent in the pseudo-acupuncture group. It seems that pseudo-acupuncture relied on a placebo effect, and that the difference between real acupuncture and placebo acupuncture was what might have been expected as the effect of the peripheral stimulus. [18.12 / ecr- 18.14- 14.02- 18.14- 18.12- 18.10-]

94- gera: 646/di/ra- num

[ANALYSE DE 80 CAS DE SCIATIQUE TRAITÉS PAR ACUPUNCTURE]. KAO HONGHAO. *revue de mtc du yunnan*. 1982,3(2),32 (chi). ref:24

20VG et 7V. Séance de 30 mn un jour sur deux, 2 séries de 10 séances. 50 cas de guérison (62,5%). Rapport de 2 cas avec induction du PSC : un cas à trajet vessie et un cas à trajet VB. (Traduction Française disponible). [18.16 / 7v-ec- vb- cranio- 20vg- psc- v-]

95- gera: 827/di/ra

[APPLICATIONS CLINIQUES DU POINT YANGLING QUAN (34VB)]. LU JINSHAN. *chinese acupuncture and moxibustion*. 1982,2(4),35 (chi*).

Utilisé dans l'hémiplégie, les douleurs de l'hypochondre, douleur de l'épaule, les lombago et douleurs des jambes. L'effet est remarquable dans les douleurs du genou et du coude. [2.06 / 18.09- 18.14- 18.18- 34vb- indication-]

96- gera: 2230/rd/ra

[TRAITEMENT PAR ACUPUNCTURE EN SERVICE DE CHIRURGIE ORTHOPÉDIQUE]. MARUYAMA T. *journal of the japan society of acupuncture and moxibustion*. 1982,33(3),252 (jap*).

Traitement de 118 cas d'algies (lumbago, sciatique, hernie discale, PSH...) par électro-acupuncture et moxibustion. [18.01 / 05.09- 18.16- 18.10- 18.14-]

97- gera: 14391/di/me

LOMBO-RADICULALGIES, NODULES DE COPERNAU, ACUPUNCTURE. MIGUEL J. *memoire d'acupuncture,afa,paris*. 1982,106,45P (fra).

Forme clinique des lombo-radiculalgies en médecine occidentale et MTC. L'auteur insiste sur l'intérêt du traitement des nodules de la région lombosacrée par fleur de prunier et ventouses (selon roustan) rapport de 105 observations avec 71,5 % de bon résultats. [18.14 / 04.05- 18.16- lcp-]

98- gera: 2236/rd/ra

[ACUPUNCTURE ET TRAITEMENTS PHYSIQUES DANS LE DOMAINE DES AFFECTIONS MOTRICES]. MORIKAWA K ET AL. *journal of the japan society of acupuncture and moxibustion*. 1982,32(4),386 (jap*).

Nous pensons que seulement très peu de médecins utilisent l'acupuncture ou la moxibustion seules. La plupart associe à leur traitement par acupuncture, un traitement physique. Nous avons en 1980, comparé deux groupes de patients consultants pour PSH, lumbago ou autres troubles moteurs. Le groupe 1 a été traité uniquement par acupuncture et le groupe 2 par acupuncture associée à d'autres thérapeutiques physiques (infra-rouge, UHF, basses fréquences...). Un questionnaire est adressé au patient trois mois après le traitement. L'efficacité est similaire dans les deux groupes, toutefois l'association réduit le nombre de séances. [18.01 / 18.14- 18.10- 05.20- comparaison-]

99- gera: 2491/di/ra- num

TRANSCUTANEOUS ELECTRICAL STIMULATION IN LOW BACK PAIN : A CRITICAL EVALUATION. PROCACCI P. *acupuncture and electrotherapeutics research*. 1982,7(1),1-6 (eng*).

In order to evaluate the effectiveness of transcutaneous electrical stimulation in low back pain, the results obtained with a group of patients were analyzed and related to etiology, pathophysiological mechanisms and clinical aspects. Better clinical results were observed in those patients in whom trigger points were present and peripheral afferent fibers had not been damaged. The therapeutic action of electrical stimulation in those patients is probably due to a modification of pathological reflexes originating from the trigger points. Les patients sont classés en fonction de l'étiologie, de la physiopathologie et des formes cliniques de leur lombalgie. Les meilleurs résultats sont obtenus chez les patients présentant des points gâchettes et sans atteinte des nerfs périphériques. Le résultat thérapeutique semble lié à une modification des réflexes pathologiques prenant naissance à partir des points gâchettes. [18.14 / a shi- 05.12-]

100- gera: 1196/di/ra

[TRAITEMENT PAR ACUPUNCTURE DES CICATRICES POST-OPÉRATOIRES]. ROGERS C. *american journal of acupuncture*. 1982,10(3),201-214 (eng). ref:19

Traitement par acupuncture des cicatrices d'origine chirurgicale ou traumatique, entraînant perte de la

sensibilité, douleur, chéloïdes et adhésions. Ces symptômes sont liés à l'obstruction du système des Jing Mo, comme le montre la modification des douze pouls de la MTC. 10 observations cliniques utilisant le traitement des cicatrices et l'acupuncture traditionnelle sont rapportés, dont des cas de surdité, lombalgies sévères et céphalées. [8.01 / 18.14- cicatrice- 16.02- 14.02- 21.04-]

101- gera: 2497/di/ra- num

CHRONIC LOW BACK PAIN TREATED BY ELECTRIC ACUPUNCTURE. SIN YM. **american journal of acupuncture.** 1982,10(4),363-66 (eng). ref:4

Chronic low back pain with or without the involvement of lower limbs was treated with electric acupuncture stimulation. Laboratory tests of urine and blood as well as X-rays were carried out when necessary. The low back pain and the referred pain at the lower limbs if any, were thoroughly examined for tender points according to the distribution of pain. Based on the neuro-anatomy of the diseased region and the referred pain, correct tender points solely were chosen for needling. The results showed that chronic low back pain, if needle-treated by this approach, proved to be very effective. The study also revealed that the number of needling points used at any one time was not only fewer, but a reduced number of treatments were needed to effect total relief. Traitement par électro-acupuncture en utilisant 1 à 4 points douloureux à chaque séance. Une séance par semaine jusqu'à disparition de la douleur. Points locaux et distaux (recherche des points sensibles). - Recherche du deqi. - Electro-acupuncture (10HZ et 60HZ). - Séance de 20 minutes. - Une séance par semaine. L'utilisation des points douloureux permet d'utiliser moins d'aiguilles (1 à 4) et d'obtenir des résultats avec moins de séances. [18.14 / 05.12- a shi-]

102- gera: 14427/di/me

A PROPOS DE L'ARTICLE DE JIANG YOUYUAN "ANALYSE CLINIQUE DE 318 CAS DE SCIATIQUE TRAITÉE PAR ACUPUNCTURE". VU MINH NGOC. **memoire d'acupuncture,afa.** 1982,88,23P (fra). ref:7

Traduction et discussion d'un article du journal of TCM, 1982 (8). Groupe 1 : 54V point principal, 64V, 4Rn, 40V et 34VB. Groupe 2 : a) HTJJ en alternance avec b) points cervicaux =15 points : 1/2 cun au dessus du 16VG, 16VG, 15VG et 6 points qui divisent en parties égales une horizontale joignant les deux pointes de la mastoïde. Le groupe 1 est utilisé dans les sciaticques primitives, le groupe 2 dans les sciaticques rebelles au groupe 1 ou dans les sciaticques secondaires. Le 54V est puncturé à 3-4 cun avec irradiation au membre inférieur. Guérison : 249 cas, amélioration : 53 cas, échec : 4 cas. Les échecs sont des sciaticques secondaires tumorales et des sciaticques évoluant depuis plus de 3 ans. [18.16 / 54v- htjj-]

103- gera: 958/di/ra- num

[ANALYSE DE L'EFFET THERAPEUTIQUE DE LA SAIGNEE PONCTUELLE DANS 100 CAS DE SCIATIQUE]. WANG XIUZHENG ET AL. **journal of traditional chinese medicine.** 1982,23(10),53 (chi). ref:8P

1 à 3 points sont choisis dans les deux groupes suivants : a) 23V, 29V, 30V, 31V, 32V, 34VB, 30VB; b) 36V, 37V, 39V, 40V, 60V. Piqûre à l'aiguille triangulaire et application de ventouse. La première séance retirer 50 à 60 cc en 2 à 3 points, 10 à 20 cc les autres séances. L'intervalle des séances est fonction du résultat : 10 jours si une bonne amélioration est obtenue après la première séance, 2 à 3 jours dans le cas contraire. La plupart des guérisons sont obtenues en une à quatre séances (traduction française GERA disponible). [18.16 / 05.07- seance-]

104- gera: 816/di/ra

ANATOMIE TOPOGRAPHIQUE : LA PAROI POSTERIEURE DE L'ABDOMEN. X. **perspectives yin yang.** 1982,18,15 (fra).

[2.06 / localisation- 18.14-]

105- gera: 1062/di/ra

[EFFETS DE L'ACUPUNCTURE SUR LA REACTION EMOTIONNELLE A LA DOULEUR PROFONDE]. YE QIANG ET AL. **chinese acupuncture and moxibustion.** 1982,2(1),36 (chi*).

La douleur provoquée par l'injection d'une solution salée hypertonique au niveau des ligaments inter-épineux chez 38 volontaires est étudiée, ainsi que les modifications du pléthysmogramme digital et du réflexe cutané galvanique. A la deuxième injection le conditionnement au signal "injection" provoque seul la modification des indices physiologiques. Ceci montre que ces modifications sont en relation avec une réaction émotionnelle qui peut être diminuée ou abolie par acupuncture. La naloxone peut seulement abolir les modifications liées à l'injection de la solution mais n'a aucune influence apparente sur les réactions émotionnelles. L'acupuncture placebo a été appliquée à 5 sujets sans modification des réactions émotionnelles. Les résultats montrent que l'acupuncture a un effet objectif inhibiteur sur les réactions émotionnelles à la sensation douloureuses. [6.01 / ee- 18.14- 25.10- cta-placebo-]

106- gera: 644/di/ra

[OBSERVATIONS CLINIQUES SUR 1000 CAS DE LUMBAGO TRAITES PAR PUNCTURE DU POINT RENZHONG (26 VG) ET JINGMING (1 V) EN COMBINAISON *]. ZHANG TAIHUA. **chinese acupuncture and moxibustion.** 1982,2(2),6 (chi*).

Depuis 1970, l'auteur a traité de 1000 cas de lumbago par puncture des points Renhong et Jingming en combinaison avec l'automobilisation, le taux d'efficacité est de 85,9 % et de 77,2 % dans les cas d'acupuncture seule. Le point Renhong est à piquer horizontalement avec une manipulation de 5 à 10 secondes pour augmenter la stimulation, puis le médecin se tient derrière le malade, place ses mains à la jonction des lombes et de l'abdomen (au niveau des points 13F et 25VB) et l'aide à mobiliser son rachis lombaire 20 fois. [18.14 / 26vg- mobilisation- 1v- ec-]

107- gera: 6066/di/ra

[OBSERVATION SUR LES EFFETS DE LA CHIMIOPUNCTURE DANS LE TRAITEMENT DES SCIATIQUES]. CAO WENMEI ET AL. **shanghai journal of acupuncture and moxibustion.** 1983,3,35 (chi).

[18.16 / 05.15-]

108- gera: 2540/di/ra

LOMBALGIE ET COXARTHROSE DELFAU. **auriculomedecine.** 1983,30,19-20 (fra).

[18.17 / 18.14-]

109- gera: 18582/di/ra- num

SINGLE POINT EFFECTIVE IN LUMBAR PAIN TREATMENT . DONG SHUHUA. **american journal of acupuncture.** 1983,11(2),161-62 (eng).

Même référence que GERA [2498]. [18.14 / 6ig-]

110- gera: 14355/nd/me

ACUPUNCTURE ET LOMBO-SCIATIQUE A LA PHASE AIGU, ETUDE EN DOUBLE AVEUGLE A PROPOS DE 30 CAS. DUPLAN. **memoire**

d'acupuncture, bordeaux 2. 1983,,8 (fra). ref:0
[18.14 / 18.16- cta- double aveugle-]

111- gera: 14439/di/re- num

ACUPUNCTURE ET LOMBO-SCIATIQUES A LA PHASE AIGUE, ETUDE EN DOUBLE AVEUGLE DE 30 CAS. DUPLAN B ET AL. **semaine des hopitaux de paris.** 1983,59(45),3109-14 (fra*).

Les auteurs ont étudié les effets de l'acupuncture chez 30 patients atteints de lombosciatique à la phase aigue en analysant des critères objectifs et subjectifs avant traitement et après cinq séances d'acupuncture. Le traitement a été pratiqué en double aveugle après randomisation (15 malades piqués sur des points détectés électriquement, 15 malades piqués en dehors de tout point d'acupuncture). Le traitement s'est donc fait à l'insu du médecin et du malade. Dans le groupe "placebo" il n'existe aucune amélioration significative. Par contre dans le groupe traité par acupuncture ont note, dans les signes objectifs, une amélioration du signe de lasègue ; dans les signes subjectifs, on observe des modifications importantes ayant trait à la durée d'amélioration, à l'importance de l'amélioration en décubitus et après 10 minutes d'orthostatisme et à la consommation d'antalgiques. Ces améliorations ont, par rapport au groupe "placebo", une valeur significative statistique. [18.16 / resistance- ecr-]

112- gera: 14005/di/ra- num

EFFECT OF ACUPUNCTURE ON DISORDERS OF MUSCULOSKELETAL SYSTEM IN NIGERIANS. ENE EE ET AL. **american journal of chinese medicine.** 1983,11(1-4),106-11 (eng). ref:19

Acupuncture was offered to patients with lesions affecting the locomotor system. These patients had received conventional physiotherapy treatment with limited success. The lesions treated by acupuncture were hemiplegia, low back pain, frozen shoulder, dropped foot, Sciatica, and arthritis of the knee and hip. Response to acupuncture was excellent in the more acute conditions of low back pain and frozen shoulder, where six treatment sessions were required for complete recovery. The more chronic conditions required many more treatment sessions and the improvement recorded was significant, though not complete. it was concluded that acupuncture has a valuable role to play in a physiotherapy department. [18.01 / 18.14- nigeria- 18.10-]

113- gera: 14359/di/ra- num

ACTION PREVENTIVE ET CURATIVE DE LA STIMULOTHERAPIE SUR LES LOMBALGIES DES PILOTES D'HELICOPTERES (A PROPOS DE 40 CAS). GAY A. **bulletin de la societe internationale medicale d'acupuncture et de stimulothérapie.** 1983,1,56 (fra). ref:6
[18.14 / 23.10-]

114- gera: 3143/di/ra

[QUELLE EST L'EFFICACITE DE L'ACUPUNCTURE CHEZ LES PATIENTS AGES]. JUNNILA SYT. **american journal of acupuncture.** 1983,11(1),31-6 (eng).

68 patients de plus de 65 ans sont comparés à 80 patients de 50 à 64 ans quant à l'efficacité de l'acupuncture dans diverses affections : céphalée, cervicalgie, lombalgie, épaule douloureuse. Après 5 séances, 37 % des sujets de plus de 65 ans se sentent beaucoup mieux ou guéris contre 44 % des sujets de moins de 65 ans. [23.07 / 18.12- 18.14- 18.10- 14.02-]

115- gera: 18835/di/ra

ACUPUNCTURE FOR TREATING CHRONIC BACK PAIN IN THE HORSE. KLIDE AM. **acupuncture and electrotherapeutics research.** 1983,8(3-4),339 (eng). ref:13
[24.03 / 18.14-]

116- gera: 23682/co/re

THE IMPACT OF PATIENTS WITH NONORGANIC PHYSICAL FINDINGS ON A CONTROLLED TRIAL OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION *. LEHMANN TR ET AL. **spine.** 1983,8(6),625-34 (eng). ref:0
[18.14 / ecr- 05.12-]

117- gera: 14425/di/ra

LA SCIATIQUE EST-ELLE UNE BONNE INDICATION DE L'AURICULOTHERAPIE. LENTZ A. **bulletin de l'association de recherche et d'étude des medecines de l'asie.** 1983,5,92-8 (fra). ref:46
[18.16 / 05.10-]

118- gera: 14327/di/re

SUPERFICIAL ACUPUNCTURE IN THE RELIEF OF CHRONIC LOW BACK PAIN : A PLACEBO CONTROLLED RANDOMISED TRIAL. MACDONALD AJ ET AL. **annals of the royal college of surgeons of england.** 1983,65(1),44-6 (eng).

A single-blind, randomised, placebo-controlled trial of superficial acupuncture in the treatment of low back pain was carried out by comparing 8 patients treated by acupuncture with 9 patients treated by placebo. In all five measures of efficacy chosen for study the acupuncture group achieved better responses than the placebo group; four of the five inter-group differences were statistically significant. In addition, an overall mean for all five measures combined showed significant superiority of acupuncture over placebo. [18.14 / ecr- profondeur-]

119- gera: 14328/nd/re

[TRAITEMENT DES PATIENTS AVEC RADICULITE LOMBO SACREE]. MACHERET EL ET AL. **vrachebnoe delo.** 1983,2,90-3 (rus). ref:13
[18.14 / 18.15-]

120- gera: 70907/di/re- num

TRANSCUTANEOUS ELECTRICAL STIMULATION FOR LOW-BACK PAIN. A COMPARISON OF TENS AND MASSAGE FOR PAIN AND RANGE OF MOVEMENT. MELZACK R ET AL. **phys ther.** 1983,63,489-93 (eng).

Patients with acute or chronic low back pain were treated in a double-blind study that compared transcutaneous electrical nerve stimulation at intense levels and gentle, mechanically administered massage. Transcutaneous electrical nerve stimulation produced significantly greater pain relief, based on two measures of the Mc Gill Pain Questionnaire, and significant improvement in straight leg raising. There were no significant differences between the two groups in back-flexion scores. Pain-relief scores and range-of-motion scores were significantly correlated. The results indicate that pain-relief scores provide valuable information and can easily be obtained from patients for whom pain is a major symptom. [18.14 / 05.12- ecr-]

121- gera: 14341/di/re- num

ACUPUNCTURE TREATMENT OF CHRONIC BACK PAIN. A DOUBLE-BLIND PLACEBO-CONTROLLED TRIAL. MENDELSON G ET AL. **american journal of medicine.** 1983,74(1),49-55 (eng). ref:18

Acupuncture treatment of chronic low back pain was studied in a placebo-controlled double-blind crossover trial completed by 77 patients. The patients had significantly increased depression, neuroticism, and hypochondriasis scores. Initial pain levels correlated with state-anxiety, depression, pain duration, and abnormal illness behavior measures, as well as with the intake of psychotropic but not analgesic medication. Overall reduction in pain score was 26 percent for acupuncture and 22 percent for placebo treatment; the difference was not significant ($p > 0.6$). Analgesic drug intake was reduced to a similar extent in both groups. During the first phase of treatment, patients receiving acupuncture had a greater but not significantly different reduction in pain rating scores compared with those receiving placebo ($t = 0.52$; $p > 0.6$). This group showed significantly lower pain scores ($p < 0.05$) in the second phase of the trial while receiving placebo treatment. Overall reduction in individual patient's pain score was best predicted by initial pain severity ($r = 0.43$; $p < 0.001$) and psychotropic drug intake ($r = 0.37$; $p < 0.001$). None of the variables tested predicted which patients would specifically respond to acupuncture or placebo. [18.14 / ecr-]

122- gera: 2495/di/ra

LA LOMBALGIE ET LE COMEDON (OBSERVATION). NOVAK. **auriculomedecine.** 1983,30,5-6 (fra). ref:43 [18.14 / lcp- 04.04-]

123- gera: 10265/nd/re

[MÉS EXPERIENCES D'API-PUNCTURE]. OTA N. **honeybee sci.** 1983,4(1),21-4 (jap).

Utilisation de piqûre d'abeille au niveau du point d'acupuncture pour le traitement du lumbago et des rhumatismes. [5.15 / 26.04- 18.01- 18.14-]

124- gera: 9240/di/ra

[EXPERIENCES SUR L'APPLICATION D'AIMANTS DE FAIBLE INTENSITE AU NIVEAU DES POINTS D'ACUPUNCTURE EAV]. PRINCE JP. **american journal of acupuncture.** 1983,11(3),249-54 (eng).

L'utilisation d'aimants de 500 gauss sur les points d'acupuncture de Voll a été décrite dans un article précédent. Cet article relate l'expérience acquise dans le traitement de la grippe, des lombalgies, de la céphalée... [5.13 / eav- 14.02- 13.02- 18.14-]

125- gera: 14326/di/ra

[OBSERVATION : LUMBAGO DU A UN VIDE DES REINS COMPLIQUE D'UNE AFFECTION VENT-HUMIDITE]. SHE HAIZHOU. **journal of new chinese medicine.** 1983,7,26 (chi). ref:3

[18.14 / humidite- vent- vide+rn-]

126- gera: 1655/di/ra

[TRAITEMENT PAR ACUPUNCTURE DU CANAL VERTEBRAL ETROIT. RAPPORT D'UN CAS]. SKEN RONGFU ET AL. **shanghai journal of acupuncture and moxibustion.** 1983,2,38 (chi).

[18.14 / cc-]

127- gera: 2526/di/ra- num

THE EFFICACY OF ACUPUNCTURE IN LOW BACK PAIN. STRAUSS S. **american journal of acupuncture.** 1983,11(2),137-41 (eng).

Low back pain is one of the most predominant of all musculoskeletal pains seen in private practice. The expense to the community is enormous when both treatment methods and hours lost from work are considered. In this

paper an attempt is made to analyze the cost savings to the patients themselves and to the community by treating low back pain patients by acupuncture. Les lombalgies sont un des motifs de consultation des plus fréquents. La dépense pour la société est énorme si on considère le coût du traitement et le coût de la perte de l'heure de travail. Cet article essaye d'analyser l'économie réalisée par le traitement par acupuncture tant pour le patient que pour la société. [18.14 / economie-]

128- gera: 14367/di/ra

EL LUMBAGO Y LA CIATICA. SU TRATAMIENTO POR ACUPUNTURA. TAUBIN P. **revista de acupuntura latino-americana.** 1983,2,34-6 (esp). ref:4 [18.14 / 18.16-]

129- gera: 14332/di/ra

[TRAITEMENT ENERGETIQUE DE LA LOMBALGIE ET LOMBO-SCIATIQUE]. TONGORO FA ET AL. **rivista italiana di medicina orientale.** 1983,4(3),51 (ita). ref:0

Etude sur 198 cas selon les formes cliniques. [18.14 / 18.16-]

130- gera: 2527/di/ra

[MASSAGES DANS LE TRAITEMENT DE LA HERNIE DISCALE LOMBAIRE]. XU YAN. **zhejiang journal of traditional chinese medicine.** 1983,18(5),213 (chi).

[18.14 / massage-]

131- gera: 14412/di/ra

[NOTRE EXPERIENCE SUR LE TRAITEMENT MANUEL DE LA COCCYGODYNIE DU POST-PARTUM]. AMODEO F. **rivista italiana di agopuntura.** 1984,50,45-7 (ita).

[18.15 / partum- post-]

132- gera: 14030/di/ra

[TRAITEMENT DE 1000 CAS DE TRAUMATISME DES ARTICULATIONS PAR PUNCTURE DES "POINTS RELATIFS"]. BAI YUNHENG. **chinese acupuncture and moxibustion.** 1984,4(4),8 (chi*). ref:7

Le point relatif doit être choisi selon la partie la plus douloureuse, 1) pour la hanche au coude, 2) pour le genou au coude, 3) pour la tibio-tarsienne au poignet, 4) pour les tarsophalangienne aux doigts, 5) pour les lombaires Tian Zhong. [18.01 / 18.18- 18.19- 18.17- choix- 18.14- 11ig-]

133- gera: 14445/nd/th

ESSAI CONTROLE TESTANT L'AURICULO-THERAPIE DANS LA NEURALGIE DISCALE (A PROPOS DE 27 CAS). BORDAS C. **these medecine, st etienne.** 1984,83,74 (fra).

[18.16 / 05.10- cta- ecr?-]

134- gera: 14352/di/ra

[PSYCHISME ET LOMBALGIES]. CANTONI T ET AL. **rivista italiana di agopuntura.** 1984,50,5-18 (ita).

[18.14 / psychisme-]

135- gera: 14386/di/ra- num

THE EFFECT OF ACUPUNCTURE IN 300 CASES OF ACUTE LUMBAR PAIN. CHEN ZUOLIN. **journal of tcm.** 1984,4(2),93-5 (eng).

Our clinical practice has shown three acupuncture points to be effective in the treatment of lumbar sprain. These are the Huoxi (SI 3) point on the Small Intestine Channel of Hand-Taiyang, Renzhong (DU 26) and the experimental lumbago point (located on the back of the hand on either side of

musculi extensor digitorum communis and about 2 cm below the wrist back striae, two points on each hand). The effect of stimulating different acupuncture points on pain at different sites varies. Best results may be obtained by acupuncture of the Houxi point in disorders of the Foot-Taiyang Channel, Renzhong point when the Du Channel is affected, and the lumbago point for disorders of the Foot-Taiyang Channel when the Foot-Shaoyang Channel is also involved. Etude de 3 points : 26VG, 3IG, et points lumbago de la main dans 3 formes cliniques : attente du Taiyang du pied (douleur et contracture cato vertebrale) attente du VG (douleur médiane) et attente du Taiyang et shao yang du pied (douleur lombo-fessière). Le 26VG est indiqué en cas d'atteinte médiane, le 3IG en cas d'atteinte catéro médiane, et le point lumbago de la main en cas d'atteinte lombo-fessier. [18.14 / specificite- 26vg- 3ig- mano-]

136- gera: 2537/di/cg

[TRAITEMENT PAR ACUPUNCTURE DE LA SCIATIQUE (résumé)]. CHI LIYI. in **second australian international congress of contemporary acupuncture, melbourne.** 1984,, (eng).

145 cas de sciatique sont traités par acupuncture. 95,5 % d'amélioration avec 43,3 % de très bons résultats. Analyse des résultats en fonction de la topographie de la lésion, de l'évolution de l'affection, du nombre de séances, de l'étiologie et des formes cliniques traditionnelles. [18.16 / seance-]

137- gera: 12749/di/ra- num

A PRELIMINARY EXPERIMENTAL STUDY OF ELECTROACUPUNCTURE TREATMENT IN PERIPHERAL NERVE DAMAGE. CHIU ET AL. **international journal of chinese medicine.** 1984,1(2),31-5 (eng).

The effects of electroacupuncture treatment on nerve damage in rats was studied. Edema developed on the ipsilateral foot after sciatic nerve injury. When rats received electroacupuncture On either contralateral or ipsilateral acupuncture point St 36 (Zusanli), the edema returned to its baseline significantly faster than those rats without electroacupuncture. The response to electroacupuncture may be attributed to inhibition of the tonic vasoconstrictor activity. This increase in circulation appears to facilitate edema fluid transportation. However, the electroacupuncture analgesic effect may require an intact nerve with neural transmission to obtain its optimal benefit. [18.16 / 05.12- eaa+rat- 36e- 23.11- 14.09- lateralite- 25.03-]

138- gera: 14393/di/ra

[MANIPULATION PAR MANOEUVRE DE ROTATION LATÉRALE DANS LE TRAITEMENT DES SUBLUXATION DES APOPHYSES ARTICULAIRES LOMBAIRES]. CUI GUIFU ET AL. **journal of tcm.** 1984,4(3),211-2 (eng). ref:26

[18.14 / manipulation-]

139- gera: 14383/di/ra

[TRACTION GRAVITATIONNELLE COMME VARIANTE DE LA METHODE DE TRACTION]. DEPARTEMENT D'ORTHOPEDIE DE L'HOSPITAL *. **orientamenti mtc.** 1984,1(3),173-80 (ita).

[18.14 / manipulation-]

140- gera: 1686/di/cg- num

TRAITEMENT DE LA SCIATIQUE VRAIE : ETUDE COMPAREE DE DEUX APPROCHES THERAPEUTIQUES. FLEISHER JL. **3eme seminaire des associations d'acupuncture du midi,nimes.** 1984,1,

131-9 (fra).

L'auteur envisage dans un premier temps les notions traditionnelles de circulation énergétique qui sous-tendent l'utilisation de ces deux thérapeutiques. Ensuite sont exposés le matériel de l'étude en cours; les critères définissant l'affection traitée - le mode de traitement : les points utilisés, les résultats - La discussion compare l'efficacité relative de ces 2 traitements sur la sciatique. [18.14 / cta-]

141- gera: 14354/di/ra

[LOMBALGIE, LOMBOSCIATIQUE, SCIATIQUE (2)]. GOURION A. **east-west.** 1984,12,5 (ita). ref:7

[18.14 / 18.16-]

142- gera: 14394/di/ra

[LOMBALGIE ET LOMBO-SCIATIQUE SEVERE PAR HERNIE DISCALE, TRAITEES SELON LA DIFFERENCIATION DU SYNDROME]. JIANG WEIZHUANG ET AL. **journal of tcm.** 1984,26(7),29 (chi).

[18.14 / 18.16- d\$-]

143- gera: 14446/di/ra- num

CLINICAL OBSERVATION ON ACUPUNCTURE TREATMENT OF 106 CASES OF TRUNK-SCIATICA. JIANG YOUGUANG ET AL. **journal of tcm.** 1984,4(3),183-5 (eng).

23V, 54V, 37V, 40V, 57V, 40V (atteinte Taiyang). 30VB, 31VB, 34VB, Lingxia, 39VB (atteinte Shaoyang). 36E, 6Rte (en cas de Vide). Stimulation forte (84 cas) ou modérée (22 cas). Irradiation de la sensation vers le membre inférieur. Séance de 20 à 30mn. Electroacupuncture dans les sciatiques hyperalgiques. Une séance / jour ou tous les 2 jours. Séries de 10 séances (entre 3 et 50 séances), moyenne de 12,7 séances. Guérison : 50%. Amélioration marquée : 35,5%. Amélioration : 16%. Echec : 1%. Meilleurs résultats : atteinte < 1 mois, sciatique idiopatique, atteinte Taiyang, atteinte Vent Froid. [18.16 / d\$- 05.12-]

144- gera: 15343/di/ra

[L'ACUPUNCTURE DANS LE TRAITEMENT DE LA LOMBALGIE DU CHEVAL]. KLIDE AM. **acupuncture and electrotherapeutics research.** 1984,9(1),57-70 (eng). ref:0

[24.03 / 18.14-]

145- gera: 16831/nd/cg

[TRAITEMENT PAR ACUPUNCTURE DE LA LOMBALGIE DU CHEVAL]. KLIDE AM. in **proceedings of the tenth annual international conference on veterinary acupuncture.** 1984,,95-107 (eng). ref:12

[24.03 / 18.14-]

146- gera: 14381/di/ra- num

EFFECTS OF ACUPUNCTURE ON LOW BACK PAIN AND SCIATICA. LEWITH GT ET AL. **american journal of acupuncture.** 1984,12(1),21-32 (eng). ref:12

The pain perceived in 151 patients with low back pain and sciatica was recorded before treatment, at the end of treatment and three months after completion of therapy. Significant pain relief was seen in 105 patients (70%) at the end of the treatment and this was maintained in 83 patients (55%) three months after the completion of therapy. Patients with sciatica alone obtained a similar outcome to those with low back pain alone. Young females obtained a more pronounced pain relief than other groups of patients. Previous spinal surgery and the duration of spinal pain had

only a marginal effect on outcome. In order to assess pain relief a combined pain score system involving verbal pain scales, frequency of pain, sleep disturbance due to pain, and analgesic intake was developed. Chez 151 patients atteints de lombalgies ou de sciatiques, on a fait une évaluation de la douleur avant traitement par acupuncture, à la fin du traitement et 3 mois plus tard. Une amélioration significative a été observée chez 105 patients (70%) à la fin du traitement, elle a été maintenue chez 83 (55%) 3 mois plus tard. Les résultats sont identifiés pour les lombalgies et les sciatiques; les jeunes femmes obtenant de meilleurs résultats que les autres groupes. Les antécédents chirurgicaux (hernies discales) et l'ancienneté des troubles ont peu d'effet sur les résultats. L'évaluation de la douleur repose sur l'invasion verbale, la fréquence des douleurs, les troubles induits du sommeil et la prise de médicaments. [18.14 / 18.16-]

147- gera: 14384/di/ra
[VENTOUSES ASSOCIEES A LA MOXIBUSTION DE PLANTES MEDICINALES DANS LE TRAITEMENT DES TRAUMATISMES LOMBAIRES]. LI ZONGJUN. *revue de mtc du yunnan.* 1984,5(61),28 (chi). ref:23
 [18.14 / 05.08- 05.09-]

148- gera: 14426/di/cg- num
MEASURING PAIN IN ACUPUNCTURE TREATMENT OF SCIATICA. LIN TANNIN. *second national symposium on acupuncture and moxibustion,beijing.* 1984,,26 (eng).
 [18.16 / ctanr-]

149- gera: 14392/di/cg
[ACUPUNCTURE SUPERFICIELLE, ETUDE CONTROLEE]. MAC DONALS AJR. *second national symposium on acupuncture and moxibustion,beijing.* 1984,,48 (eng). ref:0
 Acupuncture superficielle (4mm au niveau des points douloureux) contre placebo (électrodes de surface reliées au stimulateur sans stimulation électrique. Chez 17 patients lombalgiques, l'acupuncture donne des résultats supérieurs. [18.14 / cta- profondeur-]

150- gera: 14342/di/ra
LOMBALGIES ASSOCIE A UN KYSTE SEBACE DE LA ZONE AURICULAIRE LOMBES. NGUYEN J. *revue francaise de mtc.* 1984,103,494 (fra). ref:0
 [18.14 / lcp- 04.04-]

151- gera: 14443/di/el- num
SCIATIQUE. NGUYEN VAN NGHI ET AL. *in medecine traditionnelle chinoise.* 1984,,584 (fra).
 La sciatique est due à une infiltration de Vent-Froid, de Vent-Chaleur ou d'Humidité-Chaleur au niveau des Méridiens de la vessie ou de la vésicule biliaire. Le traitement est basé sur les points douloureux (25V, 28V, 30VB, 36V, 40V, 57V, 60V, 34VB). La sensation de puncture doit irradier vers le bas. En cas de recrudescence nocturne, utiliser de préférence la moxibustion. En cas de douleur localisée : Moxas sur aiguilles ou ventouses sur aiguilles. [18.16 / d\$- 05.09-]

152- gera: 6665/di/re
[ANALYSE PSYCHOPHYSIQUE DE L'ANALGESIE PAR ACUPUNCTURE]. PRICE DD ET AL. *pain (amsterdam).* 1984,19,27-42 (eng). ref:0
 Etude sur échelle visuelle de la douleur chez des patients avec lombalgies chroniques exposés également à une douleur expérimentale à la chaleur. Etude des propriétés

temporelles et spaciales de l'analgésie par acupuncture. [6.01 / 18.14- topographie-]

153- gera: 16554/di/cg
THE SEGMENTAL AND REGIONAL PROJECTIONS OF THE SCIATIC, TIBIAL AND COMMON PERONEAL NERVES TO THE SUBSTANTIA GELATINOSA OF SPINAL CORD IN RATS : AN EXPERIMENTAL STUDY BY MEANS OF ACID PHOSPHATASE METHOD QIU SHUHUA ET AL. *second national symposium on acupuncture and moxibustion,beijing.* 1984,,500 (eng). ref:31
 [25.04 / 18.16-]

154- gera: 14436/di/ra
[ATTEINTE DU TSOU TAE YANG CAUSE PRINCIPALE DE SCIATALGIE CHEZ UN PATIENT OPERIE POUR HERNIE DISCALE]. SCIARETTA C ET AL. *rivista italiana di agopuntura.* 1984,49,33-7 (ita). ref:0
 [18.16 / cc- 21.04-]

155- gera: 14382/di/me
LES LOMBALGIES, LES LOMBO-SCIATQUES, LES SCIATQUES. THUAN G. *memoire d'acupuncture,cedat,marseille.* 1984,,45P (fra).
 [18.14 / 18.16-]

156- gera: 26280/di/cg- num
INTRODUCTION OF THE EXPERIENCE FROM TREATMENT OF 343 CASES OF ACUTE LUMBAR SPRAIN WITH COMBINATION OF ACUPUNCTURE AND MANUAL SKILL (abstract). WANG KEXIANG. *second national symposium on acupuncture moxibustion and acupuncture anesthesia.* 1984,,76 (eng). ref:13
 Points douloureux sur le VG ou du Psoas. HTJJ, 40V, 23V, 52V, Yaoyan. Patient en decubitus ventral, les mains sur la tête. Le médecin recherche un point douloureux au niveau des espaces inter-épineux ou du Psoas. Si un point douloureux est trouvé, placer la paume de la main droite au dessus, et la paume de la main gauche sur la main droite. Exercer une pression douce continue puis 1 à 3 fortes pressions lors de l'expiration du patient. Puis puncture du 40V et des HTJJ en dispersion sans laisser les aiguilles en place. En cas d'atteinte du Psoas : appliquer uniquement l'acupuncture (40V, 23V, Zishi, Yaoyan). Au 40V, les meilleurs résultats sont obtenus après irradiation de la sensation au pied ou aux lombes. 170 guérisons en 1 séance, 91 après 2 séances, 63 après 3 séances, 10 après 4 séances, 7 après 5 séances, 2 après 7 séances. [18.14 / htjj-]

157- gera: 26306/nd/cg
SUMMARY OF 202 OPERATIONS PERFORMED ON PROTRUDED INTERVERTEBRAL DISC UNDER ACUPUNCTURE ANESTHESIA. WANG QIHAO ET AL. *second national symposium on acupuncture and moxibustion,beijing.* 1984,,24 (eng). ref:0
 [18.20 / 18.14-]

158- gera: 5837/di/tp
[BREVE INTRODUCTION A L'APPLICATION CLINIQUE DE DIVERS TYPES DE MOXIBUSTION]. X. *academy of traditional chinese medicine,beijing.* 1984,,7P (eng).
 Revue d'études cliniques sur la moxibustion purulente (appliquée à l'hépatomégalie de la schistosomiase, à l'asthme, tuberculose, hypertension), moxas sur aiguilles (syndromes Bi, paralysies faciales, PSH) moxibustion

indirecte (hypertension, paralysie faciale), moxas sur monture de lunette avec coque imprégnée de thé de chrisanthème en ophtalmologie, traitement de la paralysie faciale par moxibustion à l'aide d'un tuyau de pipe dans le conduit auriculaire, traitement des oreillons par bâtonnet incandescent. Moxibustion directe par petits cônes au 20VG pour les vertiges, au 1VG pour les coccygodynies, au 3Rn pour les algies dentaires. [5.09 / 15.01- 17.04- 13.0- 16.03- 17.06- 07.05- 18.15-]

159- gera: 14408/di/el- num
LOWER BACK PAIN. X. in nanjing seminars transcript (qiu maolian and su xin ming),london. 1984,,51-53 (eng).
 Description des formes cliniques et traitement. [18.14 / d\$-]

160- gera: 6181/di/el
[SCIATIQUE]. ZHONG MEIQUN. in the chinese plum-blossom needle therapy,the people's medical publishing house. 1984,,191 (eng).
 [18.16 / 05.05-]

161- gera: 6188/di/el
[LOMBALGIES]. ZHONG MEIQUN. in the chinese plum-blossom needle therapy,the people's medical publishing house. 1984,,205 (eng). ref:0
 [18.14 / 05.05-]

162- gera: 14353/di/ra
[PUNCTURE DU 37V DANS LE TRAITEMENT DES LOMBALGIES AIGUES]. ZHU CHANGSHENG. shanghai journal of acupuncture and moxibustion. 1984,2,17 (chi). ref:0
 [18.14 / 37v-]

163- gera: 22508/di/cg- num
LES AIGUILLES CHAUFFEES DANS LE TRAITEMENT DES LOMBOSCIATALGIES. BANOS A. 14ème congrès national d'acupuncture,paris. 1985,,2-12 (fra).
 La lombalgie justiciable du traitement par les aiguilles chauffées (when zhen) se présente schématiquement dans un tableau associant : la notion de chronicité, l'aggravation par le froid, l'humidité, les efforts physiques de flexion-extension de tronc, l'amélioration par la chaleur locale, l'existence fréquente de lésion de lomboarthrose. Au plan énergétique, il s'agit d'une maladie du vent-froid-humidité avec diminution du wei qi et plénitude de Inn en profondeur. Le traitement par chauffage itératif du manche de l'aiguille Hao Zhen, draine l'énergie perverse entassée en profondeur et restaure l'énergie Yang de défense en superficie, en réalisant une alternance de dispersion et de tonification du point. Certains points du Jing Luo du Zu Tai Yang sont indiqués pour l'application de cette technique de chauffage : 25, 26, 27, 52 vessie, d'autres sont utilisés à distance en dispersion. La sciatalgie fait l'objet d'un traitement symptomatique sur les points douloureux de son trajet. Sont exclus de cette méthode les états de chaleur (maladies inflammatoires et infectieuses, état de la langue et du pouls) et les troubles mécaniques. [18.14 / sciatique- 18.16- 05.09- weiqi-]

164- gera: 14400/di/ra- num
LOMBALGIES. BOIVIN R. bulletin de l'association des medecins acupuncteurs de bourgogne franche-comte. 1985,8,24-42 (fra). ref:8
 1) Lombalgies et méridiens principaux ou secondaire. 2) Lombalgies et méridiens extraordinaires. 3) Mouvements du Qi et du sang. 4) Bi. 5) atteintes viscérales. [18.14 /

2.05+curieux-]

165- gera: 5336/di/el
CURING SCIATICA BY HOLOGRAPHIC ACUPUNCTURE POINTS. CHEN SHAOZHONG. holographic biology research. 1985,,102-5 (chi).
 [18.16 / holisme-]

166- gera: 22510/di/cg- num
LES LOMBOSCIATALGIES DANS LE CADRE DES DESEQUILIBRES SANG-ENERGIE ET PENETRATION DE XIE PERVERS. DESOUTTER B. 14ème congrès national d'acupuncture,paris. 1985,,21-31 (fra). ref:0
 Devant toute douleur lombaire, avec ou sans irradiation dans le membre inférieur, violente ou sourde, invalidante ou non, un interrogatoire complet sur les circonstances d'apparition, les antécédents, les caractères de la douleur et les signes associés, va permettre l'apparition du symptôme, associé à quelques points plus spécifiques de l'atteinte. Tous les types de douleur entrent dans le cadre d'un des déséquilibres évoqués ici. Il est donc indispensable de faire préciser si la douleur est : constante ou non, améliorée ou aggravée par la pression, par le froid ou la chaleur, par le mouvement ou le repos, par l'effort. Ces caractères permettant un diagnostic précis et un traitement adapté. [18.14 / 18.16- perverse-]

167- gera: 80310/di/cg
LA DOULEUR LOMBAIRE. DESOUTTER B. la revue des seminaires d'acupuncture de l'aféra, nimes. 1985,1,101-24 (fra). ref:6
 Sont évoqués ici les différents cadres pathologiques dans lesquels la douleur lombaire est un symptôme caractéristique : certains déséquilibres Sang-Energie, syndromes simples et complexes d'organes, atteinte de méridien. Cette approche permet d'envisager la plupart des aspects thérapeutiques de la lombalgie, après diagnostic correct de son étiologie. [18.14 / d\$-]

168- gera: 14398/di/ra- num
TRAITEMENT DES LOMBALGIES EN MEDECINE CHINOISE. DUBOIS JC. meridians. 1985,69-70,131-46 (fra*). ref:6
 La question des lombalgies est un chapitre classique de la médecine chinoise. Elle fut traitée de façon détaillée en nombreux textes traditionnels depuis Nei Jing. Elle comprend toutes les atteintes où les douleurs lombaires apparaissent comme le symptôme principal. La question qui est présentée ici est une traduction des manuels de médecine interne et d'acupuncture des instituts de médecine chinoise. Divers mécanismes étiopathogénique sont proposés, où les énergies nocives d'origine externe jouent un grand rôle, particulièrement l'Humidité mais généralement dans un contexte de "déficience-Reins" souligné par tous les auteurs. Le traitement varie avec chaque ensemble nosologique et vise dans la plupart des cas "renforcer l'énergie vital et à chasser les énergies nocives". Les formules acupuncturales sont mises en regard des traitements phytothérapeutiques pour faire ressortir les points communs mais aussi les différences profondes existant entre les deux méthodes. [18.14 / vide+rn-]

169- gera: 8313/di/ra
[PROFIL STATISTIQUE D'UNE CLIENTELE D'ACUPUNCTURE AUX USA]. DUNG HC. chinese medical journal. 1985,98(11),835-840 (eng). ref:20
 Etude de 3691 nouveaux patients reçus pendant quatre ans, de 1981 à 1984, par un acupuncteur exclusif exerçant au Texas et formé à Taïwan. 0,4 % des patients ont été

adressés par un médecin, les autres viennent par le bouche à oreilles. 56,9 % sont des femmes. 74,2 % sont âgés de 30 à 69 ans avec un pic autour de 50 ans. 1,9 % a moins de 19 ans. Les motifs de consultation sont : 1) Douleurs (70 %), d'abord lombaires (35 %) puis cou et épaules, suivies de genoux et céphalées. 2) Arrêt du tabac (17,5 %), hommes et femmes en proportion égales. 3) Réduction pondérale (6 %), avec une proportion de 77 % de femmes. 4) Autres (6,5 %), où se détachent asthme et emphysème, rhinite et sinusite, insomnie, acouphènes, troubles de la ménopause... L'étude montre que l'acupuncture est peu prise en compte par les professionnels de la santé alors qu'elle jouit d'une popularité croissante dans le public américain. 97,8 % des patients consultant pour douleurs ont été diagnostiqués et traités par un médecin diplômé sans résultats satisfaisants. Ce phénomène suggère que l'acupuncture est, sinon une réponse effective, du moins une alternative à certains problèmes mal résolus par la médecine aux USA dont celui du traitement de la douleur et des affections chroniques. [1.01 / 20.02- 09.08- 18.18- 14.02- 18.10- 18.12- 18.14-taiwan- patient- usa- sociologie-]

170- gera: 14395/di/ra
[TRAITEMENT DE 45 CAS DE HERNIE DISCALE LOMBAIRE PAR LA MANIPULATION DU DR WEI ZHI XIN ASSOCIES A LA DECOCTION D'ELIMINATION DU *]. FAN BAORANG. *shanghai journal of tcm*. 1985,8,17 (chi).
 [18.14 / manipulation-]

171- gera: 40931/rd/re
[TREATMENT OF 110 CASES OF HYPERTROPHIC LUMBAR SPONDYLITIS WITH HUOLUO TONGBI DECOCTION]. JIANG LI ET AL. *journal of new chinese medicine*. 1985,17(10),35. (chi).
 [18.14 / f0-]

172- gera: 22511/di/cg
COMMENT JE TRAITE EN PRATIQUE UNE LOMBO-SCIATIQUE. JOUSSAUME Y. *14ème congrès national d'acupuncture, paris*. 1985,,32-6 (fra).
 [18.14 / 18.16-]

173- gera: 14390/di/ra
[METHODE DE TRAITEMENT DE LA LOMBALGIE PAR REFLEXE POSTURAL ET ACUPUNCTURE SANS AIGUILLE (1)]. LANZA U. *east-west*. 1985,5(1),6-7 (ita). ref:0
 [18.14 / acupression-]

174- gera: 14401/di/ra
[METHODE DE TRAITEMENT DE LA LOMBALGIE PAR REFLEXE POSTURAL ET ACUPUNCTURE SANS AIGUILLE (2)]. LANZA U. *east-west*. 1985,5(21),6-7 (ita).
 [18.14 / acupression-]

175- gera: 23539/nd/cg
ACUPUNCTURE TREATMENT OF CHRONIC LOW BACK PAIN : A SHORT TERM CONTROLLED TRIAL. MAZIERES B ET AL. *in abstracts of the world congress of rheumatology, sydney f 53*. 1985,, (eng).
 [18.14 / ecr?-]

176- gera: 8918/di/ra
DISCOURS SUR LA PATHOGENIE. NGUYEN VAN NGH. *revue française de mtc*. 1985,113,281-4 (fra).
 Traduction du chapitre 46 du Su Wen. Ce chapitre 46 et les suivants jusqu'au chapitre 49, étudient les maladies dites

"curieuses", ne subissant pas l'influence de la variation climatique des 4 saisons (6 énergies perverses). En clinique, il faut savoir distinguer les maladies singulières et les maladies courantes. L'examen des pouls et celui des signes des maladies singulières doivent être toujours associés à la recherche étiologique. C'est pourquoi, Wugon spécifie : "pathogénie", implique aussi le sens de "forme", à savoir des formes de la maladies. En conclusion, ce chapitre est consacré à l'étude étiologique, physiopathologique, diagnostique et thérapeutique des 7 maladies suivantes, dites communes : abcès oesophagien, sommeil agité, décubitus dorsal pénible, lombalgies, colère et folie-yang, maladie du vent (chez les alcooliques). Les deux formules magistrales citées dans ce chapitre 46 sont relativement simples, ce qui nous permettra d'aborder avec moins de difficulté des formules plus complexes. [3.02 / 14.13- 20.04- 14.14- 18.14- 10.04-]

177- gera: 14396/di/ra- num
ACUPUNCTURE ET TRAITEMENT DES LOMBALGIES. NGUYEN VAN NGH. *revue française de mtc*. 1985,112,236-41 (fra).

Ce chapitre expose les méthodes acupuncturales des lombalgies suivant les méridiens et comporte 8 paragraphes. D'une façon générale, la lombalgie est un signe pathognomonique du vide du rein. Mais accessoirement, l'atteinte des Jing Luo (méridiens principaux et secondaires) peut en être aussi la cause. Ce chapitre étudie : a) les différents types de lombalgies selon la modification pathologique des 3 méridiens Yin et des 3 méridiens Yang du pied, des méridiens curieux et secondaires. b) les règles thérapeutiques des lombalgies, basées sur la nosologie dans la recherche des méridiens pour choisir les points. c) la circulation des méridiens dans la détermination des signes accompagnateurs des lombalgies. [18.14 / vide+rn-]

178- gera: 27680/di/ra- num
ACUPUNCTURE TREATMENT OF SCIATICA AND A PRELIMINARY STUDY OF THE ANALGESIC MECHANISM. QI LIYI ET AL. *journal of traditional chinese medicine*. 1985,5(3),179-184 (eng).

1. Acupuncture treatment of 145 patients with moderate or severe sciatica yielded a cure rate of 42,7% and an effective rate of 95,7%. The cure rate for the primary cases is markedly higher than for the secondary cases. 2. Determination of 5-HT, cAMP, cGMP, PGE2 and PGF2 alpha in 15 patients before and after acupuncture indicated that the treatment had the physiological effect of dredging the channels, regulating the vital energy, and dissipating blood stasis. [18.16 / amp- stase+sang- prostaglandine- 5ht-acls-]

179- gera: 14448/di/ra
[METHODE DE RECHAUFFEMENT DES REINS ET DRAINAGE DES MERIDIENS DANS LE TRAITEMENT DE 50 CAS DE SCIATIQUE AIGUE]. REN BANGDING ET AL. *shanghai journal of tcm*. 1985,11,20 (chi). ref:15
 [18.16 / vide+rn-]

180- gera: 16798/di/ra
[OBSERVATION CLINIQUE SUR 100 CAS DE LUMBAGO TRAITES PAR ACUPUNCTURE]. SUN LANYING. *chinese acupuncture and moxibustion*. 1985,5(6),9 (chi*).

Traitement de 100 cas de lumbago selon les formes cliniques. 1) En cas d'atteinte par le vent, froid humidité : points du Taiyang et Dumai combinés à la moxibustion avec stimulation moyenne. 2) Vide des reins : points du

Taiyang, Shaoyang et Du Mai (aiguilles à demeure en cas de points douloureux). 3) Traumatisme : points du Taiyang et de la zone lésée en dispersion. Une séance par jour, série de 12 séances. 57 guérisons, 36 améliorations (efficacité de 93 %). [18.14 / d\$-]

181- gera: 14399/di/ra

[ANALGESIE PAR ACUPUNCTURE POUR PONCTION LOMBAIRE]. TAN MEIZUN ET AL. chinese acupuncture and moxibustion. 1985,5(3),20 (chi*).

Utilisation du 42VB comme point principal, associé aux points secondaires 36E. Manipulation des aiguilles durant la ponction retrait des aiguilles après 10 manipulations. [18.14 / 36e- pl- 42vb-]

182- gera: 16801/nd/me

ETUDE BIBLIOGRAPHIQUE DU TRAITEMENT DES LOMBALGIES ET LOMBO-SCIATIQUES PAR ACUPUNCTURE. TEBoulLE JC. memoire d'acupuncture, bordeaux 2. 1985,,63P (fra).

L'auteur expose après avoir passé en revue divers articles et travaux, s'étant révélés les plus intéressants et concernant le traitement des lombalgies et lombosciatiques par acupuncture (de Kespi à Desoutter) les résultats obtenus et ses critiques. Il tire les enseignements de cette étude bibliographique et évoque ses suggestions en vue de l'élaboration d'un protocole de travail se voulant scientifiquement crédible. [18.14 / rg- 18.16-]

183- gera: 14389/di/ra

[TRAITEMENT DE 185 CAS DE LUMBAGO CHRONIQUE PAR FRUCTUS PSORALEAE]. WANG JUEMEI ET AL. shanghai journal of tcm. 1985,3,29 (chi). ref:16
[18.14 / p168-]

184- gera: 14447/di/ra- num

[TRAITEMENT DE 164 CAS DE SCIATIQUE PAR ACUPUNCTURE AU NIVEAU DES POINTS ET DU TRONC NERVEUX SCIATIQUE]. WU YUANPEI. chinese acupuncture and moxibustion. 1985,5(3),13 (chi*).

Utilisation du point projection du sciatique (foramen infrapyriforme) comme point principal en combinaison avec le point 40V. Le premier point est relié à l'électrode négative et le deuxième à l'électrode positive du stimulateur. Séance de 10 à 15 minutes, 10 à 12 séances, guérison 20,74 % et amélioration 95,74 %. [18.16 / parametre- 05.12- paraneurale- 40v- ctanr-]

185- gera: 14385/di/ra

[COMMENT CHOISIR LA TECHNIQUE DE QIGONG POUR LE TRAITEMENT DU LUMBAGO]. X. qigong and science. 1985,2, (chi).
[18.14 / qg-]

186- gera: 19061/di/ra

[APPLICATIONS CLINIQUES DU POINT QI HAISHU (24VB)]. YAN QING REI. chinese acupuncture and moxibustion. 1985,5(3),24 (chi*).

Etude du 24VB, dénomination, technique de puncture, et applications cliniques (sciatique, hernie dorsale, hémiplégie). En analgésie par acupuncture en association avec le 6Rte pour l'hystérectomie (86,5 % d'efficacité). [2.06 / 24vb- 14.07- 18.16- 11.11-]

187- gera: 14397/di/ra

[TRAITEMENT DES LOMBALGIES PAR INJECTION DE MUSC AU NIVEAU DES ACU-

POINTS]. ZHAO CHANGGANG. journal of new chinese medicine. 1985,17(4),26 (chi).
[18.14 / 05.15-]

188- gera: 14404/di/ra

ESTUDIO DE UNA LUMBOCIATALGIA. DIEZ MARTIN J. boletin de mtc. 1986,1,74-84 (esp).
[18.14 / 18.16-]

189- gera: 14403/di/ra

LUMBOCIATALGIAS. GUILLAUME G. boletin de mtc. 1986,1,58-65 (esp). ref:0
[18.14 / 18.16-]

190- gera: 85178/di/ra- num

TEACHING ROUND. V. SCIATICA. JI XIAOPING. journal of tcm. 1986,6(2),131-4 (eng). ref:0
Discussion sur un cas clinique, avec notamment la localisation et la puncture des points Huatuojiayi. [18.16 / htjj- cc-]

191- gera: 20392/di/ra- num

TREATMENT OF DISCOGENIC BACK AND LEG PAIN BASED ON DIFFERENTIATION OF SYMPTOM-COMPLEX ACCORDING TO TRADITIONAL CHINESE MEDICINE. JIANG WEIZHUANG ET AL. journal of traditional chinese medicine. 1986,6(4),267-72 (eng). ref:2
[18.14 / d\$- manipulation-]

192- gera: 71701/di/ra- num

A COMPARISON OF LASER ACUPUNCTURE VERSUS PLACEBO IN RADICULAR AND PSEUDORADICULAR PAIN SYNDROMES AS RECORDED BY SUBJECTIVE RESPONSES OF PATIENTS. KRECZI T ET AL. acupuncture and electrotherapeutics research. 1986,11(3-4),207-16 (eng). ref:0

In a prospective randomised single blind cross over study the analgesic effects of laser irradiation on acupuncture points and a mock laser treatment (placebo) were compared in a sample of 21 patients suffering from radicular and pseudoradicular pain syndromes. Subjective pain levels were recorded on a visual verbal analogue pain rating scale before and after laser treatment and placebo along with the duration of any effects on pain observed. Mean pain levers after laser treatment were statistically significantly longer than after placebo ($p < 0.001$, t-test). In the cross over section laser treatment was more effective than placebo in 20 out of 21 patients and pain relief lasted longer after laser treatment in 18 out of 21 patients. [18.16 / ecr- 05.14- 18.12- ncb-]

193- gera: 20014/di/re

EFFICACY OF ELECTROACUPUNCTURE AND TENS IN THE REHABILITATION OF CHRONIC LOW BACK PAIN PATIENTS. LEHMANN TR ET AL. pain. 1986,26,277-90 (eng).

Fifty-four patients treated in a 3-week inpatient rehabilitation program were randomly assigned to and accepted treatment with electroacupuncture (n = 17), Tens (low intensity transcutaneous nerve stimulation. n = 18), and Tens deadbattery (placebo. n = 18). Outcome measures included estimates of pain (on a Visual Analogue Scale) and disability by both physician and patient. physical measures of trunk strength and spine range of motion. as well as the patient's perceptions of the relative contribution of the education, exercise training, and the electrical stimulation. Analyses of variance were utilized to determine effects of treatment (electroacupuncture, Tens,

placebo) across time (admission, discharge, and return) for the outcome measures. There were no significant differences between treatment groups with respect to their overall rehabilitation. All 3 treatment groups ranked the contribution of the education as being greater than the electrical stimulation. However, the electroacupuncture group consistently demonstrated greater improvement on the outcome measures than the other treatment groups. For the visual analogue scale measure of average pain there was a statistical trend at the return visit suggesting that the acupuncture group was experiencing less pain. [18.14 / ecr-05.12-]

194- gera: 32180/di/ra
[TREATMENT OF SCIATICA WITH QUI PI TANG IN 30 CASES]. LI SUWEN ET AL. *journal of tcm and chinese materia medica of jilin*. 1986,5,16 (chi). ref:52 [18.16 / f788-]

195- gera: 14402/di/ra- num
TRACTION AND MANIPULATION REDUCTION FOR THE TREATMENT OF PROTRUSION OF LUMBAR INTERVERTEBRAL DISC. LI YEFU ET AL. *journal of tcm*. 1986,6(1),31-3 (eng). [18.14 / manipulation-]

196- gera: 31030/di/ra
[TREATMENT OF RHEUMATOID SPINITIS WITH MEDICAL ION-ULTRASHORT WAVE IN COMBINATION WITH MASSAGE MANEUVER]. LIN GUOMING. *journal of zhejiang tcm college*. 1986,3(10),12 (chi). [18.14 / massage- 18.04-]

197- gera: 15027/di/ra
ETUDES DE 3 CAS CLINIQUES. SIVAN C. *revue francaise de mtc*. 1986,115,85-90 (fra).

1) Syndrome de ménière (vertiges et hypoacousie) en relation avec une insuffisance du Tinh des Reins au niveau des oreilles chez une femme de 56 ans. 2) Lombalgie profonde par vide énergétique des Reins-Organes chez une femme de 71 ans. 3) Cervicalgies par rhumatisme à prédominance Humidité chez un patient diabétique âgé de 64 ans. [23.01 / 18.12- 18.14- 16.02-]

198- gera: 20032/di/re- num
ACUPUNCTURE. STEEPER D. *new zealand medical journal*. 1986,28 may,382-3 (eng).
 Un acupuncteur néo-zélandais critique une étude américaine portant sur 77 cas de lombalgies chroniques où l'acupuncture n'aurait pas plus de valeur qu'un placebo. (Mendelson G, *American Journal of Medicine*. 1983, 74, 49-55). Voir réf gera: [14341]. [18.14 / placebo-methodologie-]

199- gera: 51236/di/ra
[EFFECT OF EUCALYPTUS ROBUSTA) OIL ON ACTION POTENTIALS OF SCIATIC NERVE TOAD]. SUN HONGFAN ET AL. *chinese traditional and herbal drugs*. 1986,17(6),19-20 (chi). ref:1 [18.16 / p0-]

200- gera: 18564/di/ra- num
SUPERIOR NEW ACUPUNCTURE METHOD FOR THE TREATMENT OF LOW BACK PAIN. TAKASE K. *american journal of acupuncture*. 1986,14(3),243-247 (eng).
 As a method of treating lumbar pain, epidural block therapy is now frequently practiced, requiring a highly skilled technique which, however, is often accompanied by

undesirable side effects and uncertain therapeutic results. In contrast, with the method described here, every primary lumbar pain can be treated effectively and almost without fail. Based on a little known acupuncture technique of the Japanese Ishizaka school which teaches that acupuncture stimulation is but a supplement to stimulation of a nerve whose function can cure diseases, any physician - even if inexperienced - can obtain most gratifying therapeutic results with this treatment modality. Traitement des lombalgies par chimioacupuncture profonde au niveau des points huatuo lombaires. [18.14 / 05.15- htjj-]

201- gera: 30898/di/ra
[A REDUCTION METHOD OF PULL, DRAW, QUIVER FOR TREATING PROTRUSION OF THE INTERVERTEBRAL DISE]. WANG GUANGZHI. *shandong journal of traditional chinese medicine*. 1986,4,18 (chi). ref:1 [18.14 / manipulation-]

202- gera: 40844/rd/ra
[CLINICAL OBSERVATIONS ON 33 CASES OF SCIATICA TREATED WITH MAQIANZI PILL]. WANG YA RONG. *jiangsu journal of traditional chinese medicine*. 1986,7(1),18-9 (chi*). [18.16 / f0-]

203- gera: 81051/di/ra
DISCUSSIONE SUL MECCANISMO D'AZIONE E SUGLI EFFETTI TERAPEUTICI DEL TRATTAMENTO DELLA LOMBALGIA DI ORIGINE TRAUMATICA CON IL MASSAGGIO TRADIZIONALE CINESE SUGLI AGOPUNTI. WENG CHIA YING. *orientamenti mtc*. 1986,4,266-75 (ita). [18.14 / acupression- massage-]

204- gera: 20738/di/ra- num
A DISCUSSION OF THE MECHANISM AND THE EFFECTS OF TREATMENT OF TRAUMATIC LUMBAR PAIN WITH TRADITIONNAL CHINESE ACUPOINT MASSAGE. WENG ET AL. *international journal of chinese medicine*. 1986,41-4 (eng). ref:0
 Treatment of 142 cases of traumatic lumbar pain with Chinese traditional acupoint massage has proven very effective. 96 patients (67.6%) were declared cured, 41 patients (28.9%) were markedly improved. The total effective rate was 96.5%. The author felt that this method of treatment had better results and had no side effects and discomfort after or during the period of treatment. It had a long and stable efficacy. When the patient was treated with manipulation, 96% of them felt relieved of fatigue and refreshed. When treated according to the principle of regulating Yin and Yang and dredging main and collateral channels, 86% of the cases found the digestive and nervous systems to be restored to balance function. [18.14 / acupression-]

205- gera: 22773/di/ra- num
[CLINICAL REPORT ON 400 CASES WITH SCIATICA TREATED BY ACUPUNCTURE]. WU JINWEI. *chinese acupuncture and moxibustion*. 1986,6(3),1-3 (chi*). ref:11
 Traitement par acupuncture de 400 cas de sciatiques : les points principaux sont : 25V, 26V, 30VB, TUN ZHENGZHONG, les points secondaires : 40V et 54V pour le groupe 1, 38V et 40V pour le groupe 2. Un à deux points sont manipulés en tournant et vrillant l'aiguille, quelques-uns reçoivent l'électricité à basses fréquences. 88% de guérison et 99% de taux d'efficacité globale. Voir

traduction anglaise ref gera [80609]. [18.16 / 05.12-]

206- gera: 81039/di/ra

ORTOPEDIA TRADIZIONALE APPROCCIO ALLA DIAGNOSI E AL TRATTAMENTO MANIPOLATIVO DELL'ERNIA DEL DISCO INTERVERTEBRALE LOMBAR. X. orientamenti mtc. 1986,2,114-29 (ita).

[18.14 / manipulation-]

207- gera: 19841/di/cg- num

PRINCIPAUX TYPES DE LOMBALGIES. YANG JIA SAN. in congres de vannes 1986, cercle sinologique de l'ouest, rennes. 1986,,11-28 (fra). ref:0

[18.14 / d\$-]

208- gera: 31813/di/ra

[TREATMENT OF 160 OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISKS BY TRACTION AND TRADITIONAL MASSAGE]. YANG JIAN. liaoning journal of tcm. 1986,10(3),36 (chi).

[18.14 / massage- manipulation-]

209- gera: 32889/di/ra

[TREATMENT OF BACK-CHILLS BASED ON THE DIFFERENTIATION OF SYMPTOMS AND SIGNS]. YANG YI-SHUN. zhejiang journal of traditional chinese medicine. 1986,21(4),157 (chi).

[18.14 / d\$- 04.01-]

210- gera: 32398/di/ra

[TREATMENT OF SACROILIAC JOINT SUBLUXATION BY PRONE (SUPINE) POSITION TRACTION : A CLINICAL OBSERVATION OF 54 CASES]. YUAN DELI. journal of new chinese medicine. 1986,18(10),27 (chi).

[18.15 / manipulation-]

211- gera: 23621/di/ra

LO PSOAS, MERIDIANO PRINCIPALE DEL RENE, MERIDIANO CURIOSO CHONG MAI. "DOLORI LOMBARI CRONICI". BORGONOVO R. ET AL. rivista italiana di agopuntura. 1987,59,97-105 (ita).

[18.14 / chong mai- 02.05-]

212- gera: 22509/di/cg

"COMMENT JE TRAITE UNE DOULEUR SCIATIQUE" BRICOT B. 14ème congres national d'acupuncture,paris. 1987,,13-20 (fra).

En dehors des indications chirurgicales, l'auteur se sert de la face postérieure de l'oreille pour retrouver, grâce au réflexe auriculocardiaque de Nogier, les causes profondes des douleurs sciatiques. L'étiologie la plus souvent rencontrée est un trouble du tonus postural. [18.16 / 05.10-am-]

213- gera: 22054/di/cg- num

OBSERVATION OF ACUPUNCTURE IN THE TREATMENT OF LUMBAR-LEG PAIN. CHANG TANGFA. in selections from article abstracts on acupuncture and moxibustion, beijing. 1987,,197-8 (eng). ref:0

[18.14 / d\$- 18.16-]

214- gera: 32579/di/ra

[TREATMENT OF LOWER LUMBAR PAIN WITH MASSAGE OF THE COCCYGEAL VERTEBRA : A CLINICAL REPORT OF 163 CASES]. CHEN DADIAN ET AL. journal of new chinese medicine. 1987,19(12),28 (chi).

[18.14 / massage-]

215- gera: 21065/di/cg

PRE AND POST NATAL BACKPAIN. CONNELLY ME. in compilation of the abstracts of acupuncture and moxibustion papers, beijing. 1987,,99 (eng).

[11.10 / accouchement- post- partum- 18.14-]

216- gera: 22069/di/cg- num

CHINESE MEDICINE-ANGELICA SOLUTION IN THE TREATMENT OF INTERSPINOUS LIGAMENT INJURY. CUI LAIXIAN. in selections from article abstracts on acupuncture and moxibustion, beijing. 1987,,211 (eng).

[18.14 / p13- 05.15-]

217- gera: 22053/di/cg- num

CLINIC OBSERVATION OF ACUTE LUMBAR SPRAIN TREATED BY PUNCTURING REGULAR AND EXTRA POINTS (abstract). DAI QIUSUN. in selections from article abstracts on acupuncture and moxibustion, beijing. 1987,,196 (eng).

1) Yaotongdian (entre 1° et 2° méta et 4° et 5°) 2) Acupuncture classique (Vg ou Vessie). Avec Yaotongdian : 71% de guérison, 15% d'amélioration marquée, 11,7% d'amélioration, 1,5% d'échec. Avec l'acupuncture classique : 50% de guérison, 22,2% d'amélioration marquée, 26,4% d'amélioration, 1,4% d'échec. Avec Yaotongdian, en moyenne 1,9 séances, la meilleure indication est le lumbago avec douleur latérale, la moins bonne est le lumbago avec atteinte simultanée médiane et latérale. [18.14 / mano- specificite-]

218- gera: 20220/di/ra

UNE LOMBALGIE PEU BANALE. DANJOU JP. bulletin de l'association des medecins acupuncteurs de bourgogne franche-comte. 1987,10,36-40 (fra). ref:0

[18.14 / cc-]

219- gera: 32791/di/ra

[EFFECTIVE OBSERVATION ON TREATMENT OF LUMBAR INTERVERTEBRAL DISC PROTRUSION WITH QI GONG]. DU CHANG-CHENG. breath exercise (an exercise for health and longevity). 1987,8(3),107 (chi).

[18.14 / qg-]

220- gera: 24320/di/el

ANALGESIC MECHANISM OF TREATMENT OF LUMBAR INTERVERTEBRAL DISC PROTRUSION BY TUINA VIEWED IN LIGHT OF URINE MONAMINES. FEI JIXIANG ET AL. international conference on tcm and pharmacology,shanghai. 1987,,615-6 (eng).

[18.14 / massage- monoamine-]

221- gera: 24938/di/cg

OBSERVATION ON HELIUM-NEON LASER IRRADIATING ACUPUNCTURE TREATMENT TO 120 CASES OF PIRIFORM MUSCLE INJURY. HAN CHANXU. selections from article abstracts on acupuncture and moxibustion, beijing. 1987,,212 (eng). ref:0

[18.14 / 05.14-]

222- gera: 25167/di/cg

CENTRIFUGAL INHIBITORY EFFECT OF STIMULATION OF THE SCIATIC NERVE ON AO-MECHANICAL NOCICEPTORS IN RAT. HU SANJUE ET AL. selections from article abstracts on

acupuncture and moxibustion, beijing. 1987,,482 (eng). ref:0

[25.02 / 18.16- paraneurale-]

223- gera: 24305/di/el- num

TREATMENT OF DISCOGENIC LOWER BACK AND LEG PAIN BASED ON PATTERN DIFFERENTIATION OF TCM. JIANG WEIZHUANG ET AL. **international conference on tcm and pharmacology,shanghai.** 1987,,578-80 (eng). ref:0

Voir article complet, réf gera [20392]. [18.14 / d\$-]

224- gera: 23113/di/ra

[CHINESE MASSAGE IN THE TREATMENT OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISCS. AN ANALYSIS OF 543 CASES]. JIN WANG-CHAO ET AL. **chinese journal of traditional medicine traumatology and orthopedics.** 1987,3(2),16 (chi). ref:0

[18.14 / massage- 05.16-]

225- gera: 20130/di/ra

UNE BARRIERE DIFFICILE. KESPI JM. **revue francaise d'acupuncture.** 1987,49,65-6 (fra).

Nous présentons ici une lombalgie particulière, de type 31E. Le diagnostic en est souvent difficile ; de plus, seul ce point est efficace dans ces cas. [18.14 / cc- 31e-]

226- gera: 20025/di/re- num

TREATMENT OF LUMBAR INTERVERTEBRAL DISC PROTRUSIONS BY MANIPULATION. KUO PPF ET AL. **clinical orthopaedics and related research.** 1987,215,47-55 (eng).

[18.14 / manipulation-]

227- gera: 20287/di/ra

[ANALYSIS OF RESULT OF 336 CASES OF CHRONIC PAIN IN LUMBAR AND BACK TREATED BY SYNTHETICAL MERIDIAN THERAPY]. LEI LUN ET AL. **chinese acupuncture and moxibustion.** 1987,7(5),7 (chi*). ref:14

Traitement de 336 cas de lombalgies par injection de radix ledebouriallae au niveau des points sensibles. Guérison dans 40 % des cas. Amélioration dans 96 %. [18.14 / 05.15- a shi- 04.09- p117-]

228- gera: 31651/di/ra

[POINT INJECTION AND MICROWAVE RADIATION FOR LUMBAR MUSCLE STRAIN]. LI BAIMIN ET AL. **shaanxi journal of tcm.** 1987,8(4),177 (chi).

[18.14 / 05.14- 05.12-]

229- gera: 24986/di/cg- num

APPLICATION OF DIAGNOSIS AND TREATMENT IN THE CLINIC WITH EAR POINT. LI DONGSHENG. **selections from article abstracts on acupuncture and moxibustion, beijing.** 1987,,268 (eng).

Rapport sommaire sur le traitement par auriculopuncture de 500 cas (hypertension, impuissance, épaule douloureuse, hoquet, lumbago, sciatique etc...). 95,8% d'amélioration. [4.04 / 18.12- 18.16- 07.05- 22.07- 18.10- 05.10-]

230- gera: 41446/rd/ra

[TREATMENT OF 67 CASES OF LUMBAGO AND LEG PAIN WITH SHENTONG ZHUYU DECOCTION]. LIU XIU QING ET AL. **hunan zhongyizazhi.** 1987,3(1),12-3 (chi*). ref:0

Fourteen cases of lumbago, 18 cases of leg pain and 35 cases of both pains were treated with "Shentong Zhuyu Decoction" composed of the root of *Gentiana macrophylla*

"Qinjiao", rhizome of *Ligusticum wallichii* "Chuanxiong", kernel of *Prunus persica* "Taoren", flower of *Carthamus tinctorius* "Honghua", root and rhizome of *Notopterygium incisum* "Qianghuo", Myrrh "Moyao", root of *Angelica sinensis* "Danggui", feces of *Troglodytes xanthipes* "Lingzhi", rhizome of *Cyperus rotundus* "Xiangfu", root of *Achyranthes bidentata* "Niuxi", Earthworm "Dilong", and Licorice "Gancao". The formula was modified as needed. The decoction was given twice daily. There were 53 cases (79.1%) cured, 9 (13.4%) improved and 5 not improved. The total effective rate was 92.5%. One typical case was presented. [18.14 / f914-]

231- gera: 20104/di/ra- num

ACUPUNCTURE TREATMENT AND ITS EFFECT ON LOW BACK PAIN : CORRELATION WITH β -ENDORPHIN IMMUNOREACTIVITY (BEI). LOVACKY S ET AL. **american journal of acupuncture.** 1987,15(3),245-9 (eng).

Improvement was observed in 85 percent of patients treated daily by acupuncture insertions in specific points for 10 days. Application needles outside these points in the control group of patients was without any effect. The application of needles to the sites specific for the treatment of low back pain led to a pronounced increase of the level of BEI occurring 30 and 60 minutes after the onset of acupuncture therapy. On the other hand, the level of BEI decreased in patients and healthy individuals, in which the needles were applied to non specific sites (i.e., significantly outside the acupuncture points). Initial values of BEI were higher in individuals, in which the needles were applied shortly thereafter, as compared with values found in individuals who did not receive needle therapy. The above observation indicates that animal stress (prior to needle insertion) influences the level of BEI. At the end of therapy, i.e., after 10 days, the level of BEI decreased to the initial value found in patients in which acupuncture therapy was applied to specific acupuncture points. [18.14 / endorphine-]

232- gera: 20977/di/cg- num

A STUDY ON THE EFFECTS OF COMBINED LOW FREQUENCY ELECTRICAL ACUPUNCTURE AND INFRARED RADIATION THERAPY FOR LOWER BACK PAIN. ABSTRACT. LOZANO F ET AL. **in compilation of the abstracts of acupuncture and moxibustion papers, beijing.** 1987,,54 (eng). ref:18

It is generally believed that improvement in blood circulation is one of the main mechanisms involved in producing the acupuncture effect. Heating methods, including moxibustion, are also known to improve blood circulation. According to traditional Chinese medicine, chronic lower back pain, frequently accompanied by cold limbs, fatigue, etc..., is related to "Deficiency of kidney Yang", for which moxibustion is indicated. Therefore, we considered that moxibustion or other heating therapies could enhance the effects of acupuncture treatment. In this study, we examined the combined effects of low frequency electrical acupuncture (LFEA) and infrared radiation (IR) on 25 lower back pain patients. We compared the effect of 1) IR 2) LFEA and 3) combined LFEA-IR, immediately after treatment, employing a visual analogue scale to evaluate the subjective symptomatic relief and comfortableness of treatment. As an additional study, we measured the superficial and deep temperature in the lower limbs, and observed the distribution of superficial temperature as shown by thermography on selected volunteers. In conclusion: (1) Combined LFEA-IR was found to be the most effective and comfortable treatment. (2) Combined LFEA-IR resulted in the highest increase of

superficial and deep temperature of the lower limbs. (3) LFEA resulted in a higher increase of lower limb temperature than IR. [18.14 / 05.09- 05.12-]

233- gera: 83174/di/re- num

TREATMENT OF CHRONIC BACK PAIN IN HORSES. STIMULATION OF ACUPUNCTURE POINTS WITH A LOW POWERED INFRARED LASER. MARTIN BB ET AL. *veterinary surgery*. 1987,16(1),106-110 (eng). [24.03 / 18.14- 05.14-]

234- gera: 24427/di/el- num

CLINICAL STUDY OF TREATMENT OF ACUTE LUMBAR SPRAIN WITH DISTAL ACUPOINTS (abstract). MASAO TANAKA ET AL. *international conference on tcm and pharmacology,shanghai*. 1987,,860-1 (eng). ref:23

A) 26VG suivi de 3IG. B) Point local le plus sensible. 10 patients sont traités avec A et 10 avec B. A : Puncture du 26VG et mobilisation par le patient de son rachis 30 à 40mm, suivi de la puncture du 3IG. B : Stimulation forte du point Ashi. Groupe A : 8 cas guéris après 1 séance, 2 cas après 2 séances (sur 3 jours), soit 100% de guérison en 3 jours. Groupe B : 4 cas guéris en 5 jours, 3 cas en 6 jours. Aucun cas n'a été guéri en 3 jours. [18.14 / 26vg- 3ig-]

235- gera: 23619/di/ra

LE LOMBOSCIATALGIE DIAGNOSTICA E TERAPIA CON FOLLOW-UP DI TRE ANNI. MORANDOTTI R. ET AL. *rivista italiana di agopuntura*. 1987,59,79-91 (ita). ref:0 [18.16 / 18.14-]

236- gera: 20861/di/ra

ULTERIORI PROGESSI NEL TRATTAMENTO MANIPOLATIVO DELL'ERNIA DISCALE LOMBARE. OSPEDALE RUIJIN DI SHANGHAI. *orientamenti mtc*. 1987,4(4),332-40 (ita). ref:5 [18.14 / rg- manipulation-]

237- gera: 20990/di/cg- num

THE CHRONO-ACUPUNCTURE IN THE TREATMENT OF THE VERTEBRAL PSEUDOSCIATICA (abstract). RODICA VISINESCU. *in compilation of the abstracts of acupuncture and moxibustion papers , beijing*. 1987,,65 (eng). ref:0

La chronopuncture donne des résultats supérieurs à la simple acupuncture ou au traitement médicamenteux associé à la rééducation. [18.16 / ctanr- 03.01- chronopuncture- comparaison-]

238- gera: 20783/di/el

TRAITEMENT ACUPUNCTURAL D'UN CAS DE RETRECISSEMENT DU CANAL VERTEBRAL SHEN RONGFU ET AL. *in selection des theses de la revue d'acupuncture de shanghai, shanghai*. 1987,,63 (fra). ref:0 [18.14 / cc-]

239- gera: 21084/di/cg

A PRELIMINARY OBSERVATION OF THE PHYSIOLOGICAL EFFECTS AFTER ABDOMINAL LIGATION OF OVIDUCT. 28 CASES TREATED BY ACUPUNCTURE. SOUZA FJV. *in compilation of the abstracts of acupuncture and moxibustion papers, beijing*. 1987,,97-8 (eng).

Intérêt de l'acupuncture dans le traitement des symptômes divers survenant après ligature des trompes (ménorragie, baisse de la libido, lombalgie, asthénie...). Utilisation des

points : 1VC, 4VC, 6VC, 4VG, 1F, 3F, 3Rn, 4Rn, 1Rte, 6Rte, 9Rte, 7P, 23V, 25V, avec moxibustion au 3Rn, 7P, 4VC. Le Néon-laser peut être utilisé 1 à 2 minutes sur tous ces points. Sur 28 patientes traitées, 85 % bons résultats. [11.09 / 23.03- 11.08- 05.14- 18.14-]

240- gera: 20268/di/ra

[TREATMENT OF 248 CASES OF ACUTE LUMBAR SPRAIN BY ELECTRIC EXCITATION AT POINTS]. SUN FAXUAN ET AL. *chinese acupuncture and moxibustion*. 1987,7(2),17 (chi*).

Traitement de 248 cas de lombalgie aigue par électrostimulation des points 3VG, 4VG et 23V : 74 % de guérison. [18.14 / 05.12-]

241- gera: 21884/di/el- num

SCIATIQUE. SUN XUE-QUAN. *in recueil d'experiences clinique en acupuncture-moxa*. 1987,,84-7 (fra).

L'auteur propose 3 types de traitement : 1) Fumigation avec bûches sèches de Murier. Le patient place le membre atteint à proximité d'un brasier fait de bûches sèches de Murier. Le feu éteint, répandre 1 L de vinaigre pour engendrer une vaporisation. Recouvrir de paille et allonger le patient. 2) Points douloureux lombosacrés. Puncture à 1 cm pour les points lombosacrés et de 1,5 à 3 cm pour les points fessiers. Séance de 15 à 30 mn, stimulation par manipulation en va-et-vient et par grattage. Application de ventouses après la séance. 3) Puncture du côté sain des points symétriques aux points douloureux. Séance de 30 à 60 mn, associée à des ventouses sur les points douloureux du côté atteint. L'auteur souligne l'efficacité de la moxibustion. [18.16 / lateralite- 05.09- seance-]

242- gera: 21903/di/el- num

LOMBALGIE. SUN XUE-QUAN. *in recueil d'experiences cliniques en acupuncture-moxa*. 1987,,122-5 (fra). ref:0 [18.14 / cc-]

243- gera: 19191/di/ra- num

LOMBALGIES PAR PLENITUDE DE YANG. SURIAN. *revue francaise de medecine traditionnelle chinoise*. 1987,121,86-87 (fra). ref:0 [18.14 / plenitude+yang- cc-]

244- gera: 21219/di/ra

LOMBALGIE DA PIENEZZA DU YANG. SURIAN. *rivista italiana di medicina tradizionale cinese*. 1987,4,36 (ita). [18.14 / plenitude+yang- cc-]

245- gera: 33231/di/ra

[PUSHING AND ROTATORY KNEADING MANEUVER FOR TREATING 93 CASES OF ACUTE LUMBAR SPRAIN]. TIAN XIANBI. *hubei journal of traditional chinese medicine*. 1987,6,33 (chi). [18.14 / manipulation-]

246- gera: 22495/di/cg

OBSERVATION CLINIQUES DE WEI (PARALYSIE FLASQUE AMYOTROPHIQUE). TRUONG TAN TRUNG. *16ème congres national d'acupuncture, paris*. 1987,,80-99 (fra).

Trois cas cliniques : 1) Hérédo-dégénérescence spinocérébelleuse. 2) Polymyosite sur polyarthrite rhumatoïde. 3) Cervicalgie et compression médullaire. [14.08 / 18.14- 18.12- wei-]

247- gera: 23118/di/ra

[THE ACUPUNCTURE AND MOXIBUSTION BASED ON DIFFERENTIATION IN THE TREATMENT OF LUMBAGO : REPORT OF 140 CASES]. WANG JI-YUAN. **chinese journal of traditional medicine traumatology and orthopedics.** 1987,3(2),34 (chi). ref:O [18.14 / 05.09- d\$-]

248- gera: 20312/di/ra
[ACUPUNCTURE AND MASSAGE FOR TREATING 100 CASES OF HERNIATION OF LUMBAR INTERVERTEBRAL DISKS]. WANG QING ET AL. **chinese acupuncture and moxibustion.** 1987,7(3),21 (chi*).

Acupuncture et Massage pour traiter 100 cas de hernies discales lombaires. Points d'acupuncture choisis : 25V, 54V, 30VB, 34VB, 39VB, 37V, 57V. Technique de dispersion des aiguilles par rotation, la séance dure 20 à 30 minutes. Massage combiné. 42 guérisons. Taux d'efficacité global 96 %. [18.14 / massage-]

249- gera: 20270/di/ra- num
[THE COMPARISON OF THE CLINICAL EFFECT ON TREATMENT OF 148 CASES OF SCIATICA BY ACUPUNCTURE REENFORCING AND REDUCING AND ELECTRO-ACUPUNCTURE]. WEI YI. **chinese acupuncture and moxibustion.** 1987,7(2),21 (chi*).

This paper deals with the comparison of the clinical effect on 148 cases of sciatica treated by acupuncture reinforcing and reducing electro-acupuncture, in which the effective rate by hand manipulation is 66% and that by electro-acupuncture is 57%. The effect in hand manipulation group is obviously higher than that in electro-acupuncture group (p<0.05). The author holds that only according to the different types, differentiations and prescriptions can the best effect be achieved. [18.16 / comparaison- td- ctanr- 05.12-]

250- gera: 30139/di/ra
[TREATMENT OF LOW BACK AND LEG PAIN IN PREGNANT WOMEN]. WU XU-ZHAO. **beijing journal of traditional chinese medicine.** 1987,(1),23-24 (chi). [11.10 / 18.14-]

251- gera: 80232/di/ra
HERBAL FORMULAS ACCORDING TO SYMPTOMS. (7) DISORDERS OF THE NECK, SHOULDERS, AND BACK. X. **oriental healing arts international bulletin.** 1987,12(4),174-5 (eng). [18.11 / 18.12- 18.10- 18.14-]

252- gera: 80240/di/ra- num
HERBAL FORMULAS ACCORDING TO SYMPTOMS. (11) DISORDERS OF THE LIMBS AND LOWER BACK. X. **oriental healing arts international bulletin.** 1987,12(4),186-92 (eng). [18.14 / 26.02- d\$-]

253- gera: 22638/di/ra
[MANIPULATION TREATMENT OF LUMBAR DISC PROTRUSION IN RELATION TO AGE]. XIAO-KUI HOU. **chinese journal of traditional medicine traumatology and orthopedics.** 1987,3(1),3-7 (chi). [18.14 / manipulation-]

254- gera: 22649/di/ra
[NERVE INJURIES CAUSED BY MASSAGE AND TRACTION FOR PROTRUSION OF LUMBAR

INTERVERTEBRAL DISC]. YI-MOU LI. **chinese journal of traditional medicine traumatology and orthopedics.** 1987,3(1),51-2 (chi). [18.14 / 05.19- manipulation- 18.07-]

255- gera: 24920/di/cg- num
TREATMENT OF LOW BACK PAIN BY PLUCKING THE MERIDIAN AT ACUPOINT KUNLUN. YU SHUZHANG. **selections from article abstracts on acupuncture and moxibustion, beijing.** 1987,,195 (eng).

[Traitement des lombalgies par "pression" du 60V]. La méthode de "pression" du 60V consiste à appuyer le 60V avec l'index gauche pour un pied droit mis en supination, en comprimant fortement d'abord, puis en écrasant la substance "pseudo-tendineuse" vers la malléole latérale, de manière à ressentir un roulement de la substance par le médecin et un engourdissement douloureux ou une irradiation électrique sous le pied du patient. Trois "pression" des 60V droits et gauches font une séance. Cette étude révèle 7 cas de lombalgies par dysfonctionnement du Taiyang .4 cas qui ne pouvaient se tourner de par leur douleur furent immédiatement guéris par cette méthode. La sensation d'engourdissement ou d'irradiation électrique sous le pied est nécessaire pour obtenir une guérison immédiate. [18.14 / acupression- 60v-]

256- gera: 24925/di/cg- num
ANALYSIS OF 110 CASES OF NEURALGIA SCIATICA TREATED BY ACUPUNCTURE. ZHANG FEINIAN. **selections from article abstracts on acupuncture and moxibustion, beijing.** 1987,,199 (eng). ref:0

En MTC, la sciatique entre dans le cadre des syndromes Bi. On distingue 2 formes avec atteinte du Méridien de la vessie (ZHUO Bi des anciens, ou HUAI JUE) ou du Méridien de la vésicule biliaire. Ce traitement consiste à disperser le VENT, à stimuler la circulation et à libérer la stase. Points principaux : 30VB et 60 V, associés à des points complémentaires en fonction de la symptomatologie. Douleur lombaire : HUATUOJIAJI, 25 V, 23V. Douleur lombosacrée : 31V, 32V, 33V, 34V. Douleur de la hanche : 11F, 27VB, 36V. Douleur face interne de la jambe : 6RTE, 8RTE, 11F. Douleur des orteils : BAFENG. 83% de guérison. L'obtention d'une sensation de puncture adéquate est un élément essentiel. [18.16 / 18.03-]

257- gera: 31092/di/ra
[ANALYSIS OF EFFECT ON 75 CASES OF ACUTE LUMBAGO TREATED WITH SCALP ACUPUNCTURE]. ZHU MINGQING ET AL. **journal of zhejiang tcm college.** 1987,2(11),46 (chi). ref:0 [18.14 / cranio-]

258- gera: 33500/di/ra
[MASSAGE FOR THE TREATMENT OF ACUTE LUMBAR SPRAIN : A STUDY OF 100 CASES]. CHEN HEPING, ZHU BOGANG. **journal of new chinese medicine.** 1988,20(8),25 (chi). [18.14 / massage-]

259- gera: 26036/di/el- num
LOWER BACK PAIN FROM INVASION OF DAMP-COLD (YAO TONG). CHEN JIRUI ET AL. **in acupuncture case histories from china, eastland press, seattle.** 1988,,164-165 (eng). ref:0

Chen, female, 37 years old. The patient complained of lower back pain of 4 years duration, which she first experienced after living in a damp house for about 6 months. Since then, the pain had been intermittent, and was

aggravated during rainy weather, when she was tired, or when she lay in bed for long periods of time. Light exercise and hot compresses relieved the pain. During the past year, she noticed pain in the middle of her back below the level of the 7th thoracic vertebra as well, which open awakened her at night She was hospitalised, but X-ray examination of the spine needled no abnormality. Blood count was within normal limits. She was diagnosed as having lumbar strain. Block therapy, massage, physical therapy and herbal medication were ineffective. She finally turned to acupuncture. 23V, 25V, 40V, HTJJ, D7, D9, D11. - Patient en décubitus ventral. - Puncture avec recherche du deqi. - Boite à moxa au niveau des 23 et 25V. - Aucune amélioration après 5 séances. - La patiente est alors puncturée en position assise et des moxas en batonnet appliqués. - Amélioration marquée après 2 séances. [18.14 / humidite+froid- cc- 05.09-]

260- gera: 26037/di/el- num

LOWER BACK PAIN FROM TRAUMA (ACUTE LUMBAR SPRAIN) (YAO TONG). CHEN JIRUI ET AL. in **acupuncture case histories from china, eastland press, seattle.** 1988,,166-170 (eng). ref:0

Wu, male, 42 years old. Two days ago, the patient sprained his back while moving a heavy object. A dragging pain was felt at the time. The next day it became so severe that he was unable to straighten up, and the pain intensified with the slightest movement. Tenderness was present in the middle of the superior edge of the iliac crest, and at the Lateral border of the sacrospinal muscles on both sides. Lumbar pain was elicited by raising either leg when extended but Laseque's sign was negative on both sides. X-ray examination revealed no abnormality in the lumbar vertebrae. 23V, 25V, 26V, Yaoyi, 40V. Dispersion. Une séance / jour de 20mn. Amélioration nette dès la première. Guérison en 5 séances. [18.14 / cc-]

261- gera: 26042/di/el- num

PAINFUL OBSTRUCTION (SCIATICA) (BI ZHENG). CHEN JIRUI ET AL. in **acupuncture case histories from china, eastland press, seattle.** 1988,,183-185 (eng). ref:0

HTJJ (L4-L5), point douloureux de la Fesse, au dessus et en dedans du 30VB, 30VB, 57V, 37V, 40V, 34VB, 40VB, 64V. Une séance de 20mn / jour. Recherche du Deqi et de l'irradiation descendante. Manipulation des aiguilles 2 à 3 fois en cours de séance. Amélioration marquée en 5 séances, guérison en 20. [18.16 / cc-]

262- gera: 33436/di/ra

[THE TREATMENT OF SCIATICA BASED ON SYNDROME DIFFERENTIATION : AN ANALYSIS OF 182 CASES]. CHEN QUANXIN. **journal of new chinese medicine.** 1988,20(2),32 (chi). ref:0

[18.16 / d\$-]

263- gera: 20828/di/el

DOULEURS THORACIQUES DORSALES ET DOULEURS LOMBAIRES. DANG-VU HUNG. in **manuel d'acupuncture courante, masson, paris.** 1988,,161 (fra). ref:0

[18.14 / 18.13-]

264- gera: 33721/di/ra

[CLINICAL ANALYSIS OF 43 CASES OF LUMBAGO AND PAIN IN THE LEGS DUE TO SOFT TISSUE LESIONS TREATED WITH "DANSHEN HUANG QI" *]. DONG YIMING ET AL. **jiangsu journal of tcm.** 1988,9(2),27 (chi). ref:0

[18.14 / f0- 14.16-]

265- gera: 23972/di/ra

[TREATMENT OF LUMBAR AND LEG PAIN WITH FINGER-DEPRESSED METHOD ON CHANNELS AND POINTS OF ABDOMEN (THERAPEUTIC EFFECTIVE ANALYSIS *]. FAN BAI-LING ET AL. **chinese journal of traditional medicine traumatology and orthopedics.** 1988,4(2),28-47 (chi). ref:0

[18.14 / acupression-]

266- gera: 23968/di/ra

[TREATMENT OF 100 OF LUMBAR INTERVERTEBRAL DISC PROTRUSION WITH THE THERAPY OF SINK-LUMBAR EXERCICE AND ROTATORY MANIPULATION]. FAN XING-FA. **chinese journal of traditional medicine traumatology and orthopedics.** 1988,4(2),22-3 (chi).

[18.14 / manipulation-]

267- gera: 23938/di/ra

PROGNOSI DELL'ERNIA DISCALE CON TERAPIA AGOPUNTORIA. FRANGIPANE R. **orientamenti mtc.** 1988,5(1-2),96-102 (ita).

[18.14 / prediction-]

268- gera: 25356/di/ra

[OBSERVATION ON THE THERAPEUTIC EFFECT OF 502 CASES OF SCIATICA WITH TREATMENT OF ELECTRIC NEEDLING COMBINATION WITH ACUPOINTS INJECTION]. GAO WENJIE. **chinese acupuncture and moxibustion.** 1988,8(6),7 (chi*). ref:0

[Observation de l'effet thérapeutique du traitement de 502 cas de sciatique par électrostimulation acupuncturale combinée a l'injection de points d'acupuncture]. La méthode consiste à injecter une solution mélangé de 10ml de sulfate de magnésium à 25% plus 4ml de novocaïne à 2%, à raison de 0,5 à 3ml par point, 2 à 4 points d'acupuncture étant choisis pour chaque patient. Les points utilisés sont : 24V, 25V, 31, 54V, 30VB. L'électricité est appliquée sur les aiguilles pendant 15mn avec une fréquence dispersante (haute fréquence). Une séance par jour, 3 à 5 séances font un traitement ;52,1% de guérison, 24,9% d'efficacité globale. [18.16 / 05.12- 05.15-]

269- gera: 25439/di/re- num

ELECTROACUPUNCTURE COMPARED WITH PARACETAMOL FOR ACUTE LOW BACK PAIN. HACKETT GI ET AL. **practitioner.** 1988,232-(144,163-4 (eng).

[18.14 / paracetamol- ecr- 05.12-]

270- gera: 83015/di/ra

[EFFECTS OF ACUPUNCTURE THERAPY COMBINED WITH INTERNAL MEDICATION AGAINST HEMODIALYSIS PATIENTS]. HIROSHI OMATA ET AL. **journal of the japan society of acupuncture.** 1988,38(3),288-94 (jap*). ref:6

Twelve patients with chronic renal diseases who underwent hemodialysis in the Oriental Medicine Outpatient Clinic of a general hospital were analyzed. The ratio of female to male patients was high, and patients' ages ranged from 31 to 71 years, with a mean age of 53,3 years. Many patients had been receiving hemodialysis for a relatively long time at a frequency of three times a week in most cases. They thus had to maintain a fixed posture for 4-5 h per day several times a week. Underlying diseases were chronic glomerulonephritis, diabetic nephropathy, polycystic kidney and nephrosclerosis. Blood biochemical examination revealed high levels of BUN, CRE and UA, while K, Na, Ca and Pi electrolytes were almost normal.

The drug therapy consisted mainly of urate biosynthesis inhibitors and electrolyte metabolism ameliorators. Symptoms resulting from long-term maintenance of a fixed posture and abnormalities in K, Na, Ca and Pi electrolytes included headache, stiffness in the neck and shoulder, pain in the arms, low back pain, pain in the legs and pain in the knee joint. Acupuncture was slightly effective or better in 73,1 % of the patients, and none of them showed aggravation. [22.02 / 18.18- 18.14- 18.12- 18.10- dialyse-]

271- gera: 83812/di/ra

TRATAMIENTO DE LAS LUMBALGIAS REFRACTARIAS POR DOS PUNTOS DEL TAE MO. HOHLOCH JP. *medicina tradicional china*. 1988,42,34-36 (esp).

[18.14 / curieux- dai mai-]

272- gera: 25547/di/ra

A COMPARISON OF THREE DIFFERENT ACUPUNCTURE METHODS FOR TREATING CHRONIC BACK PAIN IN HORSES (abstract). KLIDE M. *acupuncture and electrotherapeutics research*. 1988,13(4),257-8 (eng).

Comparaison de trois méthodes différentes pour traiter les douleurs chroniques dorsales chez le cheval. Lot de 45 chevaux qui ne pouvaient s'entraîner ou faire de la compétition à un niveau acceptable à cause de douleurs dorsales datant de 2 à 10 mois. Aucune amélioration durable n'avait été obtenue avec les traitements classiques antérieurs. 15 chevaux furent traités avec des aiguilles d'acupuncture ; 15 avec un laser et 15 avec l'aquapuncture. Traitement de 1 fois par semaine pour le 2ème groupe (laser) et 9 semaines pour le 3ème groupe (aquapuncture). Après traitement 37 des 45 chevaux étaient apparemment soulagés de leur douleurs et pouvaient s'entraîner ou faire de la compétition = 13 sur 15 (aiguilles), 11 sur 15 (laser) : 13 sur 15 (aquapuncture). Il n'y a pas cliniquement et statistiquement de différence entre les résultats de chaque groupe. Les trois méthodes de traitement acupuncture ont donné des résultats identiques dans le traitement des douleurs chroniques dorsales du cheval. [24.03 / comparaison- 05.15- 05.14- 18.14-]

273- gera: 25529/di/ra

COMPARISON OF THE EFFICACY OF ELECTROACUPUNCTURE & TENS IN THE REHABILITATION OF CHRONIC LOW BACK PAIN PATIENTS (résumé). LEHMANN R ET AL. *acupuncture and electrotherapeutics research*. 1988,13(4),220-1 (eng). ref:0

Voir article complet, réf gera: [20014]. [18.14 / 05.12- cta-]

274- gera: 53440/di/ra

[INJECTION OF RADIX LEDOUBOURIELLAE CO. FOR CHRONIC LUMBAGO, BACK PAIN AND ARTHRITIS]. LEI LUN ET AL. *shaanxi traditional chinese medicine*. 1988,9(10),461-72 (chi). ref:0

[18.14 / 05.15- p117-]

275- gera: 33844/di/ra

[OBSERVATIONS OF 115 CASES OF SCIATICA TREATED WITH "CHUAN SHI TONG BI" DECOCTION]. LI JIANPING ET AL. *jiangsu journal of tcm*. 1988,9(12),47 (chi).

[18.16 / f0-]

276- gera: 53583/di/ra

[EFFECT OF FOOT NEEDLING FOR 117 CASES OF LUMBAGO]. LI SHIJIE. *shanghai journal of*

acupuncture and moxibustion. 1988,2,14-9 (chi). ref:0
[18.14 / podo- 05.11-]

277- gera: 53475/di/ra

[TREATMENT OF 65 CASES OF LUMBAGO BY ACUPUNCTURE WITH MOTION]. LIU GUANGTING. *shandong journal of traditional chinese medicine*. 1988,3,14-5 (chi).

[18.14 / mobilisation-]

278- gera: 80628/di/ra- num

OBSERVATION ON 108 CASES OF SCIATICA TREATED BY ACUPUNCTURE AND MOXIBUSTION IN COMBINATION WITH CUPPING. LIU RONGPING. *chinese journal of acupuncture and moxibustion*. 1988,1(3-4),136. (eng).

54V, 30VB, 57V, 34VB, 23V; 37V, Jiegu. Moxas sur aiguille (appliquer 2cm de moxa). A la fin de la combustion : appliquer une ventouse sur l'aiguille 15 à 20mn. Une séance / jour. Série de 7 séances espacées de 3 jours. Guérison : 45%. Amélioration marquée : 38%. Amélioration : 15%. Echec : 3%. [18.16 / 05.08- 05.09-]

279- gera: 25791/di/ra

LASER ACUPUNCTURE FOR THE TREATMENT OF CHRONIC PAIN IN HORSES. MARTIN B.B. *veterinary acupuncture newsletter*. 1988,14(4),16 (eng). ref:0

[24.03 / 18.14- 05.14-]

280- gera: 23886/di/ra

USE OF ACUPUNCTURE FOR THE TREATMENT OF CHRONIC BACK PAIN IN HORSES : STIMULATION OF ACUPUNCTURE POINTS WITH SALINE SOLUTION IN*. MARTIN BB ET AL. *newsletter of the australian veterinary acupuncture association*. 1988,4(2),13-6 (eng). ref:0

[24.03 / 18.14- 05.15-]

281- gera: 81020/di/ra- num

AKUPUNKTUR DES SCHULTER-ARM-SYNDROMS UND DER LUMBALGIE/ISCHIALGIE. ZWEI PROSPEKTIVE DOPPELBLIND-STUDIEN (TIEL I). MENCKE M ET AL. *akupunktur theorie und praxis*. 1988,4,204-15 (deu*). ref:8

75 patients with shoulder pain and 65 patients with low back pain were treated in two prospective randomized and simple-crossed double-blind studies. The classifications were group T for typical acupuncture and group A for atypical acupuncture respectively. Patients of group A were subsequently treated with typical acupuncture (group TnA). The structure of the studies, results of pain measurements and orthopedic examinations are reported. The difference in improvement between typically and atypically treated patients was highly significant for both diagnostic groupS (p<0.0001). Improvement in group TnA was also highly significant for both diagnostic groups (P<0.007). The orthopedic examinations gave significantly better results for typical segment-related acupuncture than for segmental acupuncture without using triggerpoints. [18.10 / 18.14- double aveugle- ecr- cta-]

282- gera: 23316/di/ra

[CENTRIFUGAL INHIBITORY EFFECT OF STIMULATION OF THE SCIATIC NERVE ON A-DELTA-MECHANICAL NOCICEPTORS IN RAT]. SANJUE H ET AL. *acupuncture research*. 1988,13(1),53-7 (chi*). ref:0

L'expérimentation porte sur 59 rats anesthésiés au chloralose-uréthane. Le nerf de la queue est disséqué en

petits faisceaux de fibres, à fin d'enregistrement des décharges afférentes évoquées par la stimulation à la pression mécanique, sur tout le trajet. On étudie respectivement, l'action de la stimulation acupuncturale sur le nerf sciatique à son extrémité centrale, et sur le tronc sympathique lombo-sacré à son extrémité périphérique, sur les mécano nocicepteurs A-Delta (La vitesse de conduction neuronale principale est de 11,1m/s). Résultats : 1) sur 29 enregistrements de mécanorécepteurs A-Delta, 24 apparaissent inhibés de façon évidente après stimulation acupuncturale, pendant 5 mn, du sciatique à sa partie centrale. Le nombre de décharges évoquées à la pression mécanique décroissent de 70 %, par rapport aux 30 valeurs contrôles. Cet effet dure encore pendant 8 mn. 2) Après section du tronc sympathique lombo-sacré, cet effet est complètement aboli sur les enregistrements concernés. 3) La stimulation acupuncturale du tronc sympathique inhibe les unités de décharges des mécano récepteurs A-Delta, évoquées par la pression mécanique : Le nombre de décharges, décroît de 49,4 % par rapport aux valeurs contrôles, et l'effet dure encore 10 mn dans une vingtaine d'unités. 4) Les récepteurs au tact (13/23) et à l'extension (11/29) apparaissent clairement inhibés après stimulation de la partie centrale du nerf sciatique. Les résultats montrent donc, que la stimulation par acupuncture du nerf sciatique pourrait inhiber les décharges des mécano nocicepteurs A-Delta, évoquées par la pression mécanique, et que la voie de conduction efférente serait le nerf sympathique. La conclusion est l'hypothèse que l'acupuncture pourrait activer l'effet d'inhibition centrifuge sur les nocicepteurs. [25.02 / eaa+rat- 18.16- paraneurale-]

283- gera: 23056/di/ra- num

[TREATMENT OF 100 CASES OF SCIATIC BY ALYING THE LONG NEEDLE]. SHEN GUIZI. *chinese acupuncture and moxibustion*. 1988,8(2),16 (chi*).

A propos de 100 cas de sciatiques traitées par l'aiguille longue : comparaison entre le traitement par acupuncture classique et le traitement par l'aiguille longue. 44 % de guérison par acupuncture aiguille longue, 36 % de guérison par acupuncture classique, 96 % d'efficacité globale par acupuncture aiguille longue, 72 % d'amélioration par acupuncture classique. Ceci montre un meilleur résultat par le traitement avec l'aiguille longue. [18.16 / comparaison-05.04-]

284- gera: 24568/di/ra

CLINICAL EFFECTS OF ACUPUNCTURE UPON SOME DISTURBED MOTOR, SENSORY AND AUTONOMIC FUNCTIONS IN DOGS AFFECTED BY THORACOLUMBAR DISC *. STILL J. *veterinary acupuncture newsletter*. 1988,14(2),19-20 (eng).

[24.02 / 18.14-]

285- gera: 24494/di/ra

[CLINICAL OBSERVATION FOR 350 CASES OF ACUTE LUMBAR SPRAIN TREATED BY ACUPUNCTURE IN COMBINATION WITH CUPPING AND ACU-POINT*]. TONG SHUXIANG. *chinese acupuncture and moxibustion*. 1988,8(5),18 (chi*), ref:0

[Observation clinique de 350 cas de lombalgies aiguës traitées par la combinaison : acupuncture avec ventouse et injection dans les points d'acupuncture]. 350 cas de lombalgies aiguës sont traités par acupuncture, ventouse, et injection des points d'acupuncture ; la méthode consiste à puncturer les points 3VG, 3IG, 3TR, en demandant au patient d'effectuer des flexion-extensions du tronc pendant 3 à 5mn, puis, manipuler le 26VG jusqu'à faire transpirer entièrement le sujet, puis faire saigner le point 40V, et

enfin, disperser le point 24V en enfonçant, retirant et tournant l'aiguille, puis oter l'aiguille et appliquer une ventouse. 98% de guérison, 100% de taux d'efficacité global. [18.14 / 05.08- 05.15- mobilisation-]

286- gera: 53437/di/ra

[JUAN BI DECOCTION FOR ISCHIAS]. WAN LIANGZHENG. *shaanxi traditional chinese medicine*. 1988,9(10),448-49 (chi).

[18.15 / 26.02-]

287- gera: 51542/di/ra

[PROMPT PRICKING INTO POINT WEIZHONG (B40) AND BLOOD-LETTING THERAPY FOR ACUTE LUMBAR SPRAIN]. WU YICAI. *shanghai journal of traditional chinese medicine*. 1988,5,26. (chi).

[18.14 / 40v- 05.07-]

288- gera: 25787/di/ra

ACUPUNCTURE FOR THE TREATMENT OF LUMBAR DISC DISEASES. X. *veterinary acupuncture newsletter*. 1988,14(4),13 (eng).

[24.02 / 18.14-]

289- gera: 53642/di/ra

[ANALYSIS ON EFFECT OF LASER ACUPUNCTURE FOR HIP FASCIA STRAIN]. XIE YONGKE ET AL. *shanghai journal of traditional chinese medicine*. 1988,3,20-1 (chi). ref:00

[18.17 / 05.14- 18.14-]

290- gera: 53436/di/ra

[SUBLUXATION OF SACROILIAC JOINT TREATED BY MANIPULATION]. YANG YUHUA. *shaanxi traditional chinese medicine*. 1988,9(10),447. (chi).

[18.15 / manipulation-]

291- gera: 25729/di/ra- num

TREATMENT OF LOWER BACK PAIN WITH PRESSING AND PULLING AT KUNLUN (UB 60) METHOD. YU SHUZHUANG. *journal of tcm*. 1988,8(4),267-8 (eng).

60V. Acupression bilatérale, le patient en décubitus dorsal. Pression forte vers la malléole, le patient ressent une sensation de lourdeur ou d'électricité irradiant vers la plante. Puis puncture éventuelle du point. Guérison des 3 cas en 1 séance. [18.14 / 60v- acupression-]

292- gera: 33458/di/ra

[TO TREAT THE LUNG FIRST FOR THE SHOULDER AND BACK PAIN]. ZENG CHUN. *journal of new chinese medicine*. 1988,20(4),17 (chi). ref:0

[18.10 / 2.04+p- 18.14-]

293- gera: 23967/di/ra- num

[CLINICAL OBSERVATION OF 142 CASES WITH PAIN RESULTING FROM THE PROTRUSION OF THE LUMBAR INTERVERTEBRAL DISC TREATED WITH MOXIBUSTION OF SHE XIANG DAN (MUSK)]. ZHANG HAI-FA. *chinese journal of traditional medicine traumatology and orthopedics*. 1988,4(2),19-21 (chi). ref:0

This paper presents 142 cases with pain caused by the protrusion of the lumbar intervertebral disc treated with moxibustion of She Xiang Dan, the total curative rate being 99,30% and cases being cured in a short time. The patients were followed up after they had been discharged for 6 months to 2 years, the relapse rate being 16,7%. The paper

also presents the main components of the prescription, the choice of the acupuncture points, the curative course, the number and the criterions of the treatment of the moxibustion and the mechanism of the disease and the principle of treatment are studied. It turned out through clinical observation, blood coagulation test and the observation of the platelet through electromicroscope scanning that She Xiang Dan has the effect on eliminating wetness-evil, removing obstruction in the flow of vital energy and reinforcing vital function, dispelling colds and blood stasis and invigorating blood circulation. It is recommended that She Xiang Dan be spread and used because of its rapid and lasting effect on relieving pain. [18.14 / 05.09- acfs-]

294- gera: 80593/di/ra- num

OBSERVATION ON 150 CASES WITH ACUTE LUMBAR SPRAIN BY NEEDLING POINT YINTANG. ZHANG YUCHUN. *chinese journal of acupuncture and moxibustion*. 1988,1(3-4),58. (eng). [18.14 / yintang-]

295- gera: 80590/di/ra- num

TREATMENT OF 400 CASES WITH ACUTE SPRAIN OF LUMBUS BY PUNCTURING SHANGDU POINT. ZHAO WANCHENG ET AL. *chinese journal of acupuncture and moxibustion*. 1988,1(3-4),55. (eng). ref:0

Shangdu (entre la 2° et 3° articulation métacarpophalangienne). Patient assis ou debout. Puncture en dispersion-tonification. Adapter la stimulation en fonction de la tolérance du patient. Aiguille en place 20mn. Le patient mobilise son rachis : flexion, rotation, accroupissement. L'idéal est d'obtenir une sudation au niveau de la douleur. Guérison : 89%. 323 cas ont un lumbago de 24h, 286 guérisons en 1 séance. 29 cas de 48h, 12 cas guéris en 1 séance. 48 cas ont un lumbago de + de 3 jours, 1 seul est guéri en 1 séance. [18.14 / mobilisation-mano-]

296- gera: 53493/di/ra

[TREATING 31 CASES OF TONIC RACHITIS BY FUFANG LEIGONGTEN]. ZHOU GUIYING ET AL. *shandong journal of traditional chinese medicine*. 1988,5,11-2 (chi). ref:0 [18.14 / f0-]

297- gera: 83035/di/ra

[DIFFERENTIAL DIAGNOSIS OF LUMBAGOS CAUSED BY VISCERAL DISORDERS]. AKIO IZUHATA. *journal of the japan society of acupuncture*. 1989,39(3),273-76 (jap). [18.14 / d\$-]

298- gera: 25509/di/ra

HISTOIRE CLINIQUE : LOMBALGIE. BASMADJIAN D. *folia sinotherapeutica*. 1989,1,28-9 (fra). [18.14 / cc-]

299- gera: 27879/di/el

PRIORITY FOR QI REGULATION AND MAGIC USE OF NEW POINTS. BI FUGAO. *essentials of contemporary chinese acupuncturists' clinical experiences, foreign lang*. 1989,,140-45 (eng). ref:0 [5.03 / 22.07- 14.13- 16.02- 18.14- 14.07- 02.06- choix-]

300- gera: 58568/nd/re

UTILIDAD DEL METODO DE ACUPUNTURA EN EL TRATAMIENTO DE LA LUMBOCIATALGIA.

BOSH VALDES ET AL. *rev. cuba. ortop. traumatol*. 1989,3(3),64-9 (esp*). ref:0

Se realizo un estudio de 130 pacientes del universo de trabajo de la Clinica del Dolor del Hospital Clinicoquirurgico Docente "10 de Octubre", en el periodo comprendido entre junio de 1986 y febrero de 1987, que presentaron lumbociatalgia. Se les realizo tratamiento con electroacupuntura en sesiones de 20 minutos dos veces semana. El 50,77 % de los pacientes presento alivio inmediato y el 49,23 % restante durante la primera semana. Con posterioridad al alta se siguio su evolucion durante seis meses [18.14 / 18.16-]

301- gera: 27122/di/ra- num

PUNCTURE HOUXI POINT TO TREAT ACUTE LUMBAR SPRAIN. CHEN XINYUAN. *acupuncture research*. 1989,14(1-2),272-273 (eng). ref: [18.14 / 3ig-]

302- gera: 35329/di/ra

[TREATMENT OF LUMBAGO CAUSED BY COLD-WETNESS EVIL]. CHEN ZAO-XIN. *journal of traditional chinese medicine and chinese materia medica of jilin*. 1989,3,17-16 (chi). ref:0 [18.14 / froid+humidite-]

303- gera: 82822/di/ra

LARGE ANIMAL CASE REPORT. CLEMENS P. *veterinary acupuncture newsletter*. 1989,15(4),15. (eng). ref:0 [24.03 / 18.14-]

304- gera: 81454/di/ra

USE OF ACUPUNCTURE FOR THE TREATMENT OF CHRONIC BACK PAIN IN A HORSE. CLEMENS PE. *veterinary acupuncture newsletter*. 1989,15(4),15. (eng). ref:0 [24.03 / 18.14-]

305- gera: 50026/di/ra

[FIVE TREATMENT METHODS IN SPINAL-LUMBAGO SYNDROME AFTER ARTIFICIAL ABORTION]. CUENG CHENYU. *journal of beijing college of traditional chinese medicine*. 1989,5,21-5 (chi). [18.14 / 11.09-]

306- gera: 42520/rd/ra

[TREATMENT OF INTERSPINAL LIGAMENT INJURY WITH DANGGUI INJECTION]. CUI LAI XIAN ET AL. *shanghai journal of acupuncture and moxibustion*. 1989,8(1),22. (chi). [18.14 / 05.15- p13-]

307- gera: 34273/di/ra

[100 CASES OF SCIATIC NEURALGIA TREATED BY HAND ACUPUNCTURE]. DINGMING Y. *hubei journal of traditional chinese medicine*. 1989,4,35. (chi). ref: 0 [18.16 / 05.11- mano-]

308- gera: 83377/nd/ra

BIOFEEDBACK AND AURICULOTHERAPY FOR PAIN MANAGEMENT AND RELAXATION THERAPY. FRITZ G ET AL. *biofeedback selg-reg*. 1989,14(2),140-41 (eng).

Oleson et al. (1980) demonstrated that changes in electrical resistance at ear acupuncture points reflect, with 74% degree of accuracy, the presence or absence of musculoskeletal pain of the body. This somatotopic mapping of the body at the ear provided the first well-

accepted scientific basis for auriculotherapy, the stimulation of ear points to relieve pain and to promote relaxation. Melzack and Katz (1984) subsequently investigated the potential of auriculotherapy for treatment of chronic pain. Lewis (1987) demonstrated a significant relaxation effect ($P = .005$), as measured by palmar skin resistance, by strategic stimulation of the "relaxing point" of the ear prior to anesthesia and surgery, as compared either with diazepam or with a progressive relaxation tape. In this paper six cases of combined biofeedback and auriculotherapy are discussed in which symptomatic relief after introduction of auriculotherapy exceeded previously achieved relief from biofeedback alone. The cases include osteoarthritic hip pain, TMJ and orthodontic tooth pain, sciatic nerve pain, spasmodic torticollis, tinnitus, and common migraine. Patient's acceptance of the combined treatments and protocols for integrating biofeedback and auriculotherapy are discussed. Becker (1985) views biofeedback and acupuncture as sharing the same bioelectric pathways- the former operative through conscious volition, the latter through external stimulation. The current study was conducted from and supports Becker's view. [6.01 / 18.16- 05.10- 19.04- 18.12- 16.02- 18.17-]

309- gera: 34410/di/ra

[THE SUMMARY OF 80 CASES OF INJURY TO LIGMENTA INTERSPINALIA TREATED BY ACUPUNCTURE AND MASSAGE]. FUCHUN W ET AL. *jiangsu journal of tcm*. 1989,10(8),21-6 (chi). [18.14 / massage-]

310- gera: 83146/di/re- num

A PROSPECTIVE,RANDOMIZED,DOUBLE-BLIND EVALUATION OF TRIGGER-POINT INJECTION FOR LOW-BACK PAIN. GARVEY TA ET AL. *spine*. 1989,14(9),962-4 (eng).

The efficacy of trigger-point injection therapy in treatment of low-back strain was evaluated in a prospective, randomized, double-blind study. The patient population consisted of 63 individuals with low-back strain. Patients with this diagnosis had nonradiating low-back pain, normal neurologic examination, absence of tension signs, and lumbosacral roentgenograms interpreted as being within normal limits. They were treated conservatively for 4 weeks before entering the study. Injection therapy was of four different types: lidocaine, lidocaine combined with a steroid, acupuncture, and vapocoolant spray with acupressure. Results indicated that therapy without injected medication (63% improvement rate) was at least as effective as therapy with drug injection (42% improvement rate), at a P value of 0.09. Trigger-point therapy seems to be a useful adjunct in treatment of low-back strain. The injected substance apparently is not the critical factor, since direct mechanical stimulus to the trigger-point seems to give symptomatic relief equal to that of treatment with various types of injected medication. [18.14 / acupression- ecr- corticoide- a shi- 05.15-]

311- gera: 27884/di/el

ADVOCATING ACUPUNCTURE TREATMENT BASED ON DIFFERENTIATION OF SYDROMES ACCORDING TO THE THEORY OF JINGJIN AND EMPHASIS ON THE RESEARCH OF NEEDLING TECHNIQUE. GUAN JIDUO. *essentials of contemporary chinese acupuncturists' clinical experiences, foreign lang*. 1989,,186-94 (eng). ref:28 [5.03 / 05.03- 14.02- 18.10- 04.07- 18.14-]

312- gera: 50338/di/ra

[A COMBINATION OF THERMAL ACUPUNCTURE APPARATUS AND OTHER METHODS TO TREAT SCIATICA : ANALYSIS OF 208 CASES]. GUAN ZUNHUI ET AL. *yunnan journal of traditional chinese medicine*. 1989,10(3),35. (chi). ref:0

[18.16 / cta- 05.09-]

313- gera: 27444/di/ra

[86 CASES OF PROTRUSION OF INTERVERTEBRAL DISC TREATED BY MOXIBUSTION WITH MUSK PILLS]. HAIFA Z ET AL. *shanghai journal of acupuncture and moxibustion*. 1989,8(3),7-9 (chi).

[18.14 / 18.14- 05.09-]

314- gera: 27125/di/ra- num

EXPERIMENTAL STUDY ON THE EFFECT OF NEEDLING UPPER CIRCULAR CANTER ACUPOINT TO TREAT SCIATICA (abstract). HAO CHANGYUAN ET AL. *acupuncture research*. 1989,14(1-2),276-277 (eng). ref:7

We treated 47 cases of sciatica with the upper circular center acupoint and the method of contralateral acupuncture. The myoseism rate, the quantity of blood flow and the impedance value of sick leg of the patient before and after the treatment were determined and compared for 54 times carefully. The myoseism rate is the times of myoseism within 0.4 minutes after the start point of the graph. The amplitude larger than 0.5mm is effective. Quantity of blood flow is calculated by the Kublcek formula. The impedance value is shown by means of ZK-3 type impedance plethsmograph. The experimental results showed that the myoseism rate of sick leg after treatment very significantly decreased ($P < 0.01$), the quantity of blood flow very significantly increased ($P < 0.01$) and the impedance value slightly decreased (no statistically significant difference ($P < 0.05$)). This result is coincided with the therapeutic total efficiency (97.9%). [18.16 / lateralite-]

315- gera: 26206/co/el- num

LOMBALGIE. INSTITUT DE MTC DE TIANJIN. *in seca et al, acupuncture en medecine clinique, decarie, montreal*. 1989,,108-112 (fra). ref:0

[18.14 / d\$-]

316- gera: 26377/di/el- num

TORSION LOMBAIRE. INSTITUT DE MTC DE TIANJIN. *in seca et al, acupuncture en medecine clinique, decarie, montreal*. 1989,,318-320 (fra). ref:0
40V, 60V, 22V, 23V, 26VG, Yaoyan (3 à 4 cun en dehors de l'espace L3-L4), 2Rn, Ashi. Acupuncture, moxas en l'absence de chaleur. [18.14 / yaoyan-]

317- gera: 27252/nd/re

ACUPUNCTURE VERSUS SURGERY IN CANINE THORACOLUMBAR DISC DISEASE (LETTER). JANSSENS LA ET AL. *vet rec*. 1989,124(11),283. (eng). ref:0

[24.02 / 18.14- 18.13-]

318- gera: 27155/di/ra

REPRINTS OF ONGOING DISCUSSION IN CORRESPONDENCE COLUMNS OF OTHER JOURNALS, IN WHICH READERS MAY BE INTERESED. JANSSENS L A A ET AL. *veterinary acupuncture newsletter*. 1989,15(2),03-05 (eng).

[24.02 / 18.14-]

319- gera: 26955/di/ra

APPARENT INDUCEMENT OF VERTEBRAL REALIGNMENT FOLLOWING ACUPUNCTURE FOR PAIN RELIEF : A CASE STUDY. JASPER WK. **american journal of acupuncture.** 1989,17(2),135-138 (eng). ref:02

A54-year-old 159 lb. male maintenance worker was treated over a two-month period for debilitating lumbar and sciatic pain of seven years duration caused by a lifting injury. During two courses of treatment a complete vertebral realignment was effected, successfully eliminating nerve compression, additionally providing approximately 98% relief from the pain syndrome. Realignment was discovered by comparison of initial and follow-up x-ray films. The written report of an independent radiologist verified that the patient's lumbar spine was now normal in alignment and the disc spaces were normal in appearance. This was achieved without the use of any manual manipulation of the problem area. It is concluded that acupuncture may be an effective and safe treatment for pain due to vertebral nerve compression because of an apparent ability to effect vertebral realignment and thereby reduce nerve compression. Potentially it may diminish or eliminate the need for manual manipulation in similar cases and lower the risks of disc rupture and / or exacerbation of nerve compression. [18.14 / cc-]

320- gera: 83036/di/ra

[INDICATION AND LIMITATION OF ACUPUNCTURE-MOXIBUSTION IN LOW BACK PAIN,INTRODUCTION]. KATSUHIRO YAMADA. **journal of the japan society of acupuncture.** 1989,39(3),277-81 (jap). ref:0 [18.14 / 05.09-]

321- gera: 27829/di/ra

ACUPUNCTURE FOR TREATMENT OF LUMBOSACRAL PAIN IN A THOROUGHBRED COLT. KENNEY J. **veterinary acupuncture newsletter.** 1989,15(3),12. (eng). [24.03 / 18.14-]

322- gera: 83378/di/re- num

METHODS OF STIMULATING ACUPUNCTURE POINTS FOR TREATMENT OF CHRONIC BACK PAIN IN HORSES. KLIDE AM ET AL. **j am vet med assoc.** 1989,195(10),1375-79 (eng). ref:0

Horses with chronic back pain of 2 to 108 months' duration were treated using acupuncture (n = 15), laser acupuncture (n = 15), or injection acupuncture (n = 15). Horses were treated once a week for 8 treatments (mean) with needle acupuncture, 11 treatments with laser acupuncture, or 9 treatments with injection acupuncture. After treatment, 37 horses had alleviation of clinical signs of pain and could train and compete: 13 horses treated with needle acupuncture; 11 horses treated with laser acupuncture; and 13 horses treated with injection acupuncture. Seemingly, the 3 types of acupuncture were equally useful for treating horses with chronic back pain. [24.03 / comparaison-05.15- 05.14- 18.14-]

323- gera: 80719/di/ra- num

AN OBSERVATION ON THE THERAPEUTIC EFFECT OF ACUPUNCTURE IN THE TREATMENT OF SCIATICA. LI QUN ET AL. **journal of traditional chinese medicine.** 1989,9(2),90-2 (eng). ref:5

Traitement par acupuncture, chimiopuncture ou phytothérapie traditionnelle. Les résultats sont supérieurs significativement avec l'acupuncture et la chimiopuncture. Au cours de l'acupuncture, la sensation irradiée n'est pas

constante. [18.16 / comparaison- ctanr- deqi- 05.15-]

324- gera: 80052/di/ra- num

[EFFECTIVE OBSERVATION ON 1000 CASES WITH ACUTE JOINT INJURY TREATED BY EAR-NEEDLE]. LIU SHENZHONG ET AL. **chinese acupuncture and moxibustion.** 1989,9(4),7-8 (chi*). ref:0

This article introduced acute joint injury treated by earneedle. Shoulder pain: subcortex, Xiapinjan. Lumbago: Shenmen, subcortex, brain, liver, and kidney. Knee joint pain: sympathetic, Xiajiaoduan, Shenmen. Angle: Suprarenne, Shenmen, angle. Combining with Points should be due to Zang Fu. Experience Points, sensitive, painful Points, ear-needle or ear-been can be used. Out of 1000 cases, cured rate: 905 cases (90.5%) and the total rate: 99%. [18.07 / 05.10- 18.10- 18.14- 18.18-]

325- gera: 50699/di/ra

[THE CURATIVE EFFECT OF OBLIQUE ACUPUNCTURE ON SKELETAL MUSCLE INJURY]. LU DINGHOU ET AL. **chinese acupuncture and moxibustion.** 1989,9(6),1-4 (chi*).

Skeletal muscle injuries are common in manual labour and sports training. They seriously affect the subject's ability to work and to carry out their daily training, and even to lead a normal life. Therefore, to research into the mechanism of skeletal muscle injuries and find the effective treatment for them would be of great significance both theoretically and practically. In the last 15 years, we have applied oblique acupuncture and using the tender spot is the acupoint for tie treatment of acute of chronic injuries of the back and extremity muscles and achieved notable results. Along the 315 cases of muscle injuries (mainly from 1986-1989) to which oblique acupuncture treatment was applied, 111 cases, or 35.24% of the total, registered marked recovery, 199 were cured which comprised 63.17% of total. Among the 310 cases which were cured or achieved marked recovery 92.06% or 290 cases of them just received 1-3 treatment. [18.07 / 23.10- 18.14- puncture-]

326- gera: 27880/di/el

SYNCHRONOUS MANIPULATION AND COMBINATION OF PAIR POINTS. LU JINGSHAN. **essentials of contemporary chinese acupuncturists' clinical experiences, foreign lang.** 1989,,146-62 (eng). [5.03 / 18.03- 18.14- 18.12- choix- 18.10- 16.06-]

327- gera: 70887/co/re

AKUPUNKTUR DES SCHULTER-ARM-SYNDROMS UND DER LUMBAGIE/ISCHIALGIE: ZWEI PROSEPTIVE DOPPELBLIND-STUDIEN (TEIL II). MENCKE ET AL. **akupunktur.** 1989,5,5-13 (deu). ref:0

copie demandée plusieurs fois (pas en france). [18.14 / ecr-]

328- gera: 34270/di/ra

[30 CASES OF SCIATIC NEURALGIA TREATED WITH MODIFIED CINNAMON TWIG, PEONY AND ANEMARRHENA DECOCTION]. MING D. **hubei journal of traditional chinese medicine.** 1989,4,18-20 (chi).

[18.16 / 26.02- f418-]

329- gera: 34538/di/ra

[CLINIC OBSERVATION OF LUMBAGO CURED BY ER WU DECOCTION]. MINGXING Z. **shaanxi traditional chinese medicine.** 1989,10(3),112-3 (chi).

[18.14 / f0-]

330- gera: 83185/di/re- num

HOMEOPATHIE INJECTABLE CHEZ LE LOMBALGIQUE. UNE APPROCHE. RAFAL S. agressologie. 1989,30(3),147-8 (fra*).

Parmi les méthodes thérapeutiques alternatives des traitements classiques utilisés à la consultation du département d'anesthésiologie de l'hôpital Tenon, l'homéopathie est certainement la plus discutée, incorporant des formes injectables, associée à une démarche classique dans le traitement des lombalgiques, elle vise à éviter les mélanges habituellement proposés par les mésothérapeutes. Les premiers résultats demandent à être confirmés par des études multicentriques. [18.14 / 05.15- homeopathie-]

331- gera: 70173/nd/re

PROBLEMS AND COMPLICATIONS ASSOCIATED WITH THE NONSURGICAL MANAGEMENT OF INTERVERTEBRAL DISC DISEASE. SCAVELLI TD ET AL. probl vet med. 1989,1(3),402-14 (eng). ref:1

Intervertebral disc disease (IVDD) is a common problem encountered in veterinary practice. The primary goal in treating animals with IVDD should be to relieve nerve root and spinal cord compression, thereby retaining or regaining normal neurologic function. Methods of nonsurgical management include corticosteroid medication, nonsteroidal anti-inflammatory drugs, acupuncture therapy, and chemonucleolysis. Each one of these modalities have their own inherent advantages and disadvantages that should be considered before instituting therapy. [24.02 / 18.14-]

332- gera: 83384/di/re- num

ANALGESIC EFFECTS OF ACUPUNCTURE IN THORACOLUMBAR DISC DISEASE IN DOGS. STILL J. journal of small animal practice. 1989,30,298-301 (eng).

The analgesic effects of acupuncture were studied in 38 dogs affected by acute thoraco-lumbar disc disease, type I to IV. Steel acupuncture needles were inserted into selected acupuncture points. Stimulation time was 20 minutes. Electrical stimulation of needles, ear-acupuncture, vitamins B and C and antibiotics were occasionally used in some dogs of types I and II and in the majority of types III and IV. Pain relief was observed in 62. 5% of dogs of type I (back pain), in 70. 5% of dogs of type II (hindlimb paresis, back pain), and in 39% of dogs of types III and IV (hindlimb paralysis, back pain) after the first acupuncture treatment. Dogs of type I and II responded significantly better ($P < 0.01$) than dogs of type III and IV at the fourth treatment (100% and 61. 5%, respectively). [24.02 / 18.14- 18.13-]

333- gera: 29676/di/el

LOWER BACK PAIN. SUN SHUCHUN. in atlas of therapeutic motion for treatment and health. 1989,,36-62 (eng). ref:12

[18.14 / 05.16-]

334- gera: 29685/di/el- num

EXERCICES FOR THE LUMBAR REGION. SUN SHUCHUN. in atlas of therapeutic motion for treatment and health. 1989,,133-41 (eng). ref:0

[18.14 / 05.16-]

335- gera: 83048/di/ra

[A CASE OF ACUPUNCTURE-MOXIBUSTION TREATMENT OF MYOFASCIAL LOW BACK PAIN]. TOSHIHIKO KASUYA. journal of the japan society of acupuncture. 1989,39(3),346-49 (jap). ref:0

[18.14 / 05.09-]

336- gera: 27870/di/el

THE APPLICATION OF THE DIFFERENTIATION OF THE MERIDIAN REACTION POINTS. WANG PINSHAN. essentials of contemporary chinese acupuncturists' clinical experiences, foreign lang. 1989,,37-43 (eng).

[4.05 / 05.03- choix- 14.07- 18.03- 14.02- 18.14- 10.06-]

337- gera: 50173/di/ra

[OBSERVATION OF NAIL FOLD CIRCULATION AND CURATIVE EFFECT IN 40 CASES OF LUMBODORSAL PAIN]. XU ZHANWANG ET AL. journal of shandong college of traditional chinese medicine. 1989,13(6),26-46 (chi). ref:0

[18.14 / microcirculation- 18.13-]

338- gera: 50107/di/ra

[TREATMENT OF SOFT TISSUE DISEASES OF LUMBASACRAL REGION BY THE METHOD OF ACUPUNCTURE ON SUBSIDIARY CHANNELS, CUPPING AND FLASH*]. YANG YIAO-BEI. jiangxi journal of traditional chinese medicine. 1989,20(5),45. (chi).

[18.14 / 05.08- secondaire-]

339- gera: 27295/di/ra

[86 CASES OF PROTRUSION OF INTERVERTEBRAL DISC TREATED BY MOXIBUSTION WITH MUSK PILLS]. ZHANG HAIFA ET AL. shanghai journal of acupuncture and moxibustion. 1989,8(3),7-9 (chi).

[18.14 / 05.09- ecr?-]

340- gera: 50537/di/ra

[RHEUMATIC SCIATICA TREATED BY THE MASSOTHERAPY]. ZHANG XIN LAI. henan traditional chinese medicine. 1989,9(6),45. (chi).

[18.16 / massage- 05.16-]

341- gera: 35551/di/ra

[ALL DISEASES TREATED ONESELF WITH QIGONG. PROLAPSE OF LUMBAR INTERVERTEBRAL DISC]. ZHEN MIN-ZI. qi-gong (an exercise for health and longevity). 1989,10(8),362-5 (chi).

[18.14 / 05.16- qg-]

342- gera: 34375/di/ra

[TREATMENT OF SYNDROME OF THE THIRD LUMBAR PROCESS BY PUNCTURING AFFECTED PART WITH A NEEDLE IN THE CENTRE AND TWO NEEDLES AROUND. ZHENG YUE J. jiansu journal of traditional chinese medicine. 1989,10(4),34-30 (chi). ref:0

[18.14 / puncture-]

343- gera: 50319/di/ra

[EXPERIENCE OF TREATING SCIATIC NEURITIS MYSELF WITH QIGONG]. ZHENG ZHONG-LIN. qi-gong (an exercise for health and longevity). 1989,10(12),558. (chi).

[18.16 / 05.16- qg-]

344- gera: 35230/di/ra

[TREATMENT OF MUSCULUS PRIFORMIS INJURY BY MASSAGE COMBINED WITH MOXIBUSTION]. ZHONG YOUMING ET AL. new journal of traditional chinese medicine. 1989,21(8),29-32 (chi).

[18.14 / 05.09- massage-]

345- gera: 82298/di/cg

A STATISTICAL OBSERVATION ON THE RELATION BETWEEN SCIATICA AND THE MERIDIANS. BABA Y. 2eme congres mondial d'acupuncture et moxibustion, paris. 1990,,197. (eng).

[18.16 / 02.05-]

346- gera: 61370/di/ra

[EXPERIENCE OF THE COMBINED THERAPY OF TRADITIONAL CHINESE AND WESTERN MEDICINE FOR COMPRESSIVE FRACTURE OF THE THORACOLUMBAR VERTEBRA : CURATIVE EFFECT ANALYSIS OF 87 CASES]. BI DA WEI ET AL. *chinese journal of traditional medicine traumatology and orthopedics.* 1990,6(4),9-13 (chi*).

87 cases of compressive fracture of the thoracic-Lumbar vertebra were cured from 1985 till 1988. Some of them had partial Paralysis or multiple fracture. The patients were treated and adjusted by method of using a pillow and doing functional exercise in the meantime they took the traditional Chinese and western Medicine and had acupuncture and moxibustion, etc. as a supporting role in order to improve absorbing of extravasated blood, eliminate the swelling of spinal cord, recover the ability and also prevent sequelae, and we have good effects. The article analyses the quantities of doing functional exercises and some problems. it also gives some new points of view. [18.07 / mo- 18.14- 13- 18-]

347- gera: 82526/di/ra- num

CLINICAL ANALYSIS ON 130 CASES OF SCIATICA TREATED BY NEEDLING HUANZHONGSHANG POINT. BI FUGAO. *international journal of clinical acupuncture.* 1990,1(2),147-50 (eng).

Utilisation du point hors méridien au niveau de la fesse, associé au Huatuojiaji L5. [18.16 / htjj-]

348- gera: 81750/di/el

SCIATICA. BI YONGSHENG ET AL. *chinese qigong, publishing house of shanghai college of tcm, shanghai.* 1990,,382-85 (eng). ref:0

[18.16 / qg- 05.16-]

349- gera: 61288/di/ra

[TREATMENT ON 1172 CASES OF SCIATICA WITH METHOD OF POINT APPLICATION]. CAI DEYOU. *beijing journal of traditional chinese medicine.* 1990,5,20. (chi).

[18.16 / 05.15-]

350- gera: 83200/di/ra- num

EFFECTIVE ACUPUNCTURE THERAPY FOR SCIATICA AND LOW BACK PAIN : REVIEW OF RECENT STUDIES AND PRESCRIPTIONS WITH RECOMMENDATIONS FOR IMPROVED RESULTS. CHEN A. *american journal of acupuncture.* 1990,18(4),305-23 (eng).

The author discusses traditional and contemporary acupuncture treatment for sciatica and compares the treatment methods and results of twelve recent published studies for sciatica and low back pain. She relates these to her 32 years of practice experience and discusses the selection of appropriate acupuncture points according to the various types of sciatica. This is followed by recommendations on the use of effective needling techniques including Paravertebral Needling Method, Paraneural Needling and Dermatome Needling Method as

well as use of the Huatuo-Jiaji points, extraordinary points and new points of the buttocks. [18.16 / 18.14- rg- paraneurale- htjj-]

351- gera: 62220/di/ra

[300 CASES OF SCIATICA UNDER NEEDLING ZHIBIAN POINT]. CUI SHUGUI ET AL. *shanxi journal of traditional chinese medicine.* 1990,6(4),36-41 (chi). ref:38

Voir ref GERA [1912]. [18.16 / 54v-]

352- gera: 70908/di/re- num

A CONTROLLED TRIAL OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) AND EXERCISE FOR CHRONIC LOW-BACK PAIN. DEYO RA ET AL. *new england journal of medicine.* 1990,322,1627-34 (eng).

A number of treatments are widely prescribed for chronic back pain, but few have been rigorously evaluated. We examined the effectiveness of transcutaneous electrical nerve stimulation (Tens), a program of stretching exercises, or a combination of both for low back pain. Patients with chronic low back pain (median duration, 4.1 years) were randomly assigned to receive daily treatment with Tens (n=36), sham Tens (n=36), Tens plus a program of exercises (n=37), or sham Tens plus exercises (n=36). After one month no clinically or statistically significant treatment effect of Tens was found on any of 11 indicators of outcome measuring pain, function, and back flexion; there was no interactive effect of Tens with exercise. Overall improvement in pain indicators was 47 percent with Tens and 42 percent with sham Tens (P not significant). The 95 percent confidence intervals for group differences excluded a major clinical benefit of Tens for most outcomes. By contrast, after one month patients in the exercise groups had significant improvement in self-rated pain scores, reduction in the frequency of pain, and greater levels of activity as compared with patients in the groups that did not exercise. The mean reported improvement in pain scores was 52 percent in the exercise groups and 37 percent in the nonexercise groups (P=0.02). Two months after the active intervention, however, most patients had discontinued the exercises, and the initial improvements were gone. We conclude that for patients with chronic low back pain, treatment with Tens is no more effective than treatment with a placebo, and Tens adds no apparent benefit to that of exercise alone. [18.14 / 05.12-]

353- gera: 82112/di/cg

TRAITEMENT DES LOMBALGIES DU POST-PARTUM PAR DES TECHNIQUES MANUELLES DE LA MEDECINE TRADITIONNELLE CHINOISE. DI MELLA A ET AL. 2eme congres mondial d'acupuncture et moxibustion, paris. 1990,,68. (fra). ref:44

[11.10 / 18.14- partum-]

354- gera: 60854/di/ra

[89 CASES WITH LUMBAR PAIN AND LEG PAIN DUE TO FAT HERNIA OF SACROILIAC FASCIA TREATED BY PRICKING BLOOD AND CUPPING WITH XIAO KUAN]. DONG LIANG. *chinese acupuncture and moxibustion.* 1990,10(1),29-30 (chi*).

Xiao Kuan Zhen is Four Angles needle. 89 cases of lumbar pain and leg pain due to fat hernia of sacroiliac fascia treated by pricking blood and cupping by the author. The total effective rate: 96.6%. Selection point: Guanyang, Ashi, Huantiao, Zusanli, and Chenshan. A treatment is given 7 days and 3 times makes one course. The best effective is for less than 1.5 mm. The author considered

that the key of the diseases: Diagnosis and select proper needles. [18.14 / 18.16- 05.08- 05.07-]

355- gera: 29980/nd/re

[STIMULATION METHODS OF REFLEXOTHERAPY IN THE TREATMENT OF VERTEBROGENIC LUMBOSACRAL PAIN SYNDROMES (A REVIEW)]. EVTUSHENKO SK ET AL. *zh nevroptol psikiatr.* 1990,90(5),127-9 (rus). [18.14 / rg-]

356- gera: 81509/di/ra- num

SCIATICA TREATED BY ACUPUNCTURE. FONG KIATONG. *chinese journal of acupuncture and moxibustion.* 1990,3(2),130-31 (eng).

Utilisation de 2 à 3 points à chaque séance, points reliés à un stimulateur à micro-ondes. [18.16 / 05.12-]

357- gera: 83240/di/ra

LE SYNDROME DOULOUREUX LOMBO-ABDOMINAL CHRONIQUE. FOURMONT D. *meridiens.* 1990,89,183-90 (fra*).

Les douleurs abdominales chroniques ont souvent pour origine des désordres costaux inférieurs et lombo-sacrés. L'auteur étudie l'action des points de vessie qui, au niveau du triangle de grynnfelt, ont une action sur les douleurs de l'hémiabdomen et le petit bassin et rapporte quelques observations curieuses. [10.14 / 18.14-]

358- gera: 29967/nd/re

[RADON THERAPY AND THE USE OF ACUPUNCTURE REFLEXOTHERAPY IN PATIENTS WITH CERVICAL AND LUMBAR OSTEOCHONDROSIS]. GALLIAMOV AG ET AL. *vopr kurortol fizioter lech fiz kult.* 1990,6,50 (rus). ref:0 [18.11 / 18.12- 18.14-]

359- gera: 61096/di/ra

[A NEW DIAGNOSIS OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC : UPRIGHT AND BACKWARD TURN MANIPULATION WITH THUMB PUSH]. GAO FU LI. *chinese journal of traditional medicine traumatology and orthopedics.* 1990,6(3),58. (chi).

[18.14 / manipulation-]

360- gera: 58569/nd/re

ESTUDIO COMPARATIVO ENTRE LA ACUPUNTURA, EL LASER Y LA DIATERMIA, EN EL TRATAMIENTO DEL DOLOR LUMBOSACRO CRONICO GONZALEZ ROIG ET AL. *rev. cuba. ortop. traumatol.* 1990,4(2),67-77 (esp*).

Se estudiaron 300 pacientes con dolor lumbosacro, de uno y otro sexos y edades comprendidas entre 16 y 81 años. Se formaron tres grupos de 100 pacientes cada uno. El grupo I recibió tratamiento con acupuntura, el II con laser y el III con diatermia de onda corta continua. Se obtuvo una significativa mejoría en los pacientes de los grupos I y II al comparar los tres grupos, lo que permitió a los pacientes aumentar su independencia en las actividades de la vida diaria, eliminar o disminuir la necesidad de medicamentos y mejorar tanto su disposición como su capacidad para el trabajo. No se presentaron recidivas del dolor en la mayoría de los pacientes tratados con acupuntura o laser por un periodo de tres meses después de finalizado el tratamiento (AU) [18.14 / comparaison- 05.14-]

361- gera: 60115/di/ra

[TREATMENT OF PROLAPSED LUMBAR INTERVERTEBRAL DISC BY MASSOTHERAPY

"SI BU QI FA" METHOD : A REPORT OF 200 CASES]. GU LIZHONG. *jiangsu journal of traditional chinese medicine.* 1990,11(8),30-2 (chi). ref: [18.14 / massage-]

362- gera: 62714/di/ra

[GLUTEAL MUSCLE CONTRACTURE OF CHILDREN TREATED BY ACUPUNCTURE AND MASSAGE]. HIE HAN YUN ET AL. *shanghai journal of acupuncture and moxibustion.* 1990,4,16. (chi). [18.14 / massage- 23.11-]

363- gera: 60292/di/ra

[THERAPEUTIC EXPERIENCE ON HYPEROSTEOGENY OF CERVICAL AND LUMBER VERTEBRAE]. HUANG ZONGXUE. *fujian journal of traditional chinese medicine.* 1990,21(2),2-3 (chi).

[18.12 / 18.14-]

364- gera: 61087/di/ra

[THE OBSERVATION ON BLOOD PLASMA B-EP OF PROTRUDED LUMBAR INTERVERTEBRAL DISC AND THE RESEARCH ON PAIN CAUSED MECHANISM]. JIANG HONG ET AL. *chinese journal of traditional medicine traumatology and orthopedics.* 1990,6(3),6-8 (chi*).

This article used radioimmunoassay to determine the blood plasma β -EP of 31 cases protruded lumbar intervertebral disc and 13 cases acute lumbar sprains, compared with that of 30 normal adults. It was found that content of blood plasma β -EP of the two kinds of patients is obviously lower than that of normal adults, so it shows pain-caused mechanism may relate to lower level of β -EP. [18.14 / endorphine- 25.10-]

365- gera: 61252/di/ra

[THE INFLUENCE OF FINGER PRESSING MESSAGE ON cAMP AND cGMP IN THE CEREBROSPINAL FLUID OF PROLAPSED INTERVERTEBRAL DISC]. JIANG HONG ET AL. *chinese journal of integrated traditional and western medicine.* 1990,10(1),27-9 (chi*).

This paper used RIA method to observe 11 cases of prolapsed intervertebral disc patients, detect the change of cAMP and cGMP in the cerebrospinal fluid before and after finger pressing massage in acupuncture point Weizhong (U.B.40) and Chengshan (U.B.57) in order to discuss the mechanism of analgesia of finger pressing massage. The results showed that the pain was relieved after finger pressing massage. cAMP of the cerebrospinal fluid increased from 0.51 ± 0.19 to 0.63 ± 0.13 pm/ml, in average 32% higher than that before the therapy ($P < 0.05$). Since cGMP decreased from 30.52 ± 26.42 to 23.20 ± 16.91 pm/ml, it showed that the mechanism of analgesia of finger pressing massage might be due to the fact that the therapy excited selectively endogenous analgesia system, caused the increase of endorphin releasing, and was accompanied by the regulation of cAMP and cGMP. [18.14 / 57v- 40v- amp- 25.10- acupression-]

366- gera: 61107/di/ra

[LATERAL TRACTION IN THE TREATMENT OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC : REPORT OF 36 CASES]. JIN BAO ZHU. *chinese journal of traditional medicine traumatology and orthopedics.* 1990,6(2),32-41 (chi).

[18.14 / manipulation-]

367- gera: 62921/di/ra

[TREATMENT OF "DRY" SCIATICA BY SI CHONG YI BI TANG : A STUDY OF 124 CASES]. JING YAOJING. *new journal of traditional chinese medicine*. 1990,22(12),39. (chi). [18.16 / f0-]

368- gera: 82364/di/cg

CLINICAL STUDY OF ACUPUNCTURE THERAPY FOR LUMBAR SPINAL CANAL STENOSIS. ABSTRACT. KAYUZA D ET AL. *2eme congres mondial d'acupuncture et moxibustion, paris*. 1990,,240. (eng).

Puncture profonde au niveau des articulations inter-apophysaires (HTJJ?) au niveau des lésions. Electroacupuncture. Amélioration des douleurs lombaires et des membres inférieurs dans les 23 cas. Amélioration de la distance de marche dans 20 cas. [18.14 / htjj- 05.12-]

369- gera: 81361/di/ra- num

STUDIES ON THE ENHANCED EFFECT OF ACUPUNCTURE ANALGESIA AND ACUPUNCTURE ANESTHESIA BY D-PHENYLALANINE (2ND REPORT). SCHEDULE OF ADMINISTRATION AND CLINICAL EFFECT IN LOW BACK PAIN AND TOOTH *. KITADE T ET AL. *acupuncture and electrotherapeutics research*. 1990,15(2),121-36 (eng). ref:0

D-phenylalanine (DPA) is known to block the activity of carboxypeptidase, an enzyme which degrades enkephalins, endogenous morphine-like substances. Therefore, it is considered that DPA administered as an inhibiting drug of this degrading enzyme might prolong analgesia induced by acupuncture. 1) Thirty patients suffering from chronic low back pain were treated with acupuncture 30 minutes after the oral administration of 4.0 grams of DPA. The results were : excellent in 7 cases, good in 11 , fair in 6 and poor in 6. Cases graded excellent and good were then compared with a placebo group. The effect was increased 26% in the DPA-acupuncture group which shows no statistically significant difference ($P < 0. 1$) . 2) In 56 patients, tooth extraction was performed under acupuncture anesthesia: 18 had received 4.0 gram of DPA (P.O.) 30 minutes earlier. The results were excellent in 8, good in 6, fair in 3, and poor in 1 . The excellent and good cases were compared with 38 placebo group cases . The effect in the DPA-acupuncture anesthesia group was significantly increased by 35% ($P < 0. 01$) . 3) In order to determine the optimum time for the administration of DPA, two schedules of administration were compared. [1] DPA was given on the previous day in three 0.5 gram doses (26 cases) . [2] A single 4 gram dose was administered 30 minutes before treatment (30 cases) . The results from the "excellent", "good" and "fair" cases showed a 16% increase in effectiveness when DPA was administered the day before, not a statistically significant difference ($P < 0. 1$) , but a clear tendency to increase was observed. The above findings show that DPA has an enhancing effect on acupuncture analgesia and anesthesia in clinical practice. [6.01 / 19.07- phenylalanine- ecr- sdd- potentialisation- 18.14-]

370- gera: 29349/di/ra

ACUPUNCTURE FOR THE TREATMENT OF CHRONIC BACK PAIN IN 200 HORSES (ABSTRACT). KLIDE AM ET AL. *acupuncture and electrotherapeutics research*. 1990,15(3-4),282. (eng). ref:13

[24.03 / 18.14-]

371- gera: 81524/di/ra- num

140 CASES OF SCIATICA TREATED BY ACUPUNCTURE. LI FENGBO. *chinese journal of acupuncture and moxibustion*. 1990,3(1),39-40 (eng). ref:0

54V. Patient en décubitus ventral. Utilisation d'une aiguille de 4 cun de long. Insertion perpendiculaire sur 3 à 4 cun avec mouvements de rotation. La sensation de puncture s'irradie à la zone douloureuse. Séance de 30mn. Une séance / jour sur 6 à 10 jours, puis une séance tous les 2 jours jusqu'à guérison. Guérison : 63,6%. Amélioration marquée : 12,8%. Les meilleurs résultats sont obtenus avec une irradiation de la sensation au pied. [18.16 / 54v- deqi- psc-]

372- gera: 61773/di/ra

[TREATMENT OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC BY EYE NEEDLE : A STUDY OF 41 CASES]. LI HUIAN ET AL. *new journal of traditional chinese medicine*. 1990,22(8),30-3 (chi).

[18.14 / oculo- 05.11-]

373- gera: 81218/di/ra- num

THE CLASSIFICATION AND TREATMENT OF BACK PAIN IN TCM. LI JINSHUE. *journal of chinese medicine*. 1990,34,23-30 (eng).

[18.14 / d\$-]

374- gera: 61374/di/ra

[THERAPEUTIC IMPROVEMENT IN PELVIC FRACTURE AND SACROILIAC JOINT DISLOCATION]. LI YUAN JING. *chinese journal of traditional medicine traumatology and orthopedics*. 1990,6(4),24-7 (chi). ref:2

[18.07 / 18.15-]

375- gera: 60880/di/ra

[CLINICAL OBSERVATION ON 956 CASES WITH DISLOCATION OF LUMBAR VERTEBRA DISKS TREATED BY ACUPUNCTURE]. LIU WENDOU. *chinese acupuncture and moxibustion*. 1990,10(3),3-4 (chi*).

956 cases with dislocation of lumbar vertebra disks treated by acupuncture, massage, Qigong and reduction. Main points: Hua tuo Jiayi points, Houxi, Baihuanshu. Out of 956 cases; Obvious improvement: 78 cases; Cured cases: 848 cases; Improvement: 26 cases; Failed: 4 cases. The effective rate of this group is much better than the operating group. [18.14 / massage- qg- 3ig- htjj-]

376- gera: 82494/di/ra- num

TREATMENT OF LUMBAGO WITH ACUPUNCTURE. LU SHOUKANG. *international journal of clinical acupuncture*. 1990,1(4),373-80 (eng).

Lumbago, a common clinical symptom, is one of the principal indications for acupuncture, which not only can relieve pain, but is also remarkably effective restoring lumbar motor functions. Just as in other symptoms, the acupuncture treatment of lumbago can be classified into treatment based on the overall analysis of symptoms and signs and treatment based on differentiation of diseases. *Revue des traitements (selon les syndromes et selon les formes cliniques occidentales)*. [18.14 / d\$-]

377- gera: 63841/di/ra

[ACUPUNCTURE AND CUPPING THERAPY FOR THE SCIATICA]. MA DENGXU. *shaanxi traditional chinese medicine*. 1990,11(2),82 (chi). ref:0

[18.16 / 05.08-]

378- gera: 62851/di/ra

[THE IMPACTED FRACTURE OF THE LUMBAR SPINE TREATED MAINLY BY TCM AND TRADITIONAL HERBAL DRUGS A REPORT OF 150 CASES]. PAN YUEGIN ET AL. *jiangsu journal of traditional chinese medicine*. 1990,11(11),29-32 (chi). [18.07 / 18.14-]

379- gera: 82108/di/cg

LE SYNDROME DOULOUREUX ABDOMINO-PELVIEN DE LA FEMME ENCEINTE. REMPP C ET AL. **2eme congres mondial d'acupuncture et moxibustion, paris.** 1990,,66. (fra). [11.10 / 18.14- 11.05-]

380- gera: 81526/di/ra- num

1000 CASES OF ACUTE LUMBAR SPRAIN TREATED BY ACUPUNCTURE. REN QINMING ET AL. *chinese journal of acupuncture and moxibustion*. 1990,3(1),43-6 (eng).

3IG. Aiguille de 3 cun de long, insertion perpendiculaire vers le 4GI, stimulation d'enfoncement-retrait et de rotation de grande amplitude. Après obtention du Deqi, l'aiguille est laissée en place. Le patient effectue des mouvements de flexion-extension, flexion latérale-rotation durant 15 à 60mn jusqu'à disparition du lumbago. Une seule séance. Si le lumbago persiste, c'est un échec et il faut choisir un autre traitement. Guérison : 63,1%, amélioration : 28,6%, échec : 8,3%. [18.14 / mobilisation- 3ig-]

381- gera: 82297/di/cg

THE TREATMENT OF 35 CASES OF LUMBAR INTERVERTEBRAL DISK PROTRUSION WITH TRADITIONAL CHINESE MASSAGE AND GRAVITATIONAL TRACTION. RINALDI R ET AL. **2eme congres mondial d'acupuncture et moxibustion, paris.** 1990,,197. (eng).

[18.14 / manipulation- massage-]

382- gera: 29415/di/ra

ANALISI DELLA SPECIFICITA RELATIVA DEGLI AGOPUNTI IN CASI DI SCIATICA SPERIMENTALE. SHI TING. *rivista italiana di medicina tradizionale cinese*. 1990,5,67-8 (ita).

Voir traduction anglaise, réf gera: [81306]. [18.16 / specificite- 14tr- 30vb- 34vb- 9tr- eaa+chat-]

383- gera: 81306/di/ra- num

AN ANALYSIS OF THE RELATIVE SPECIFICITY OF ACUPOINTS IN SCIATICA MODELS. SHI TING ET AL. *journal of tcm*. 1990,10(2),141-45 (eng). ref:0

Etude expérimentale chez le chat. Sont étudiées les réponses nociceptives des neurones de la substance grise périaqueducule à une stimulation du péronier superficiel. L'électro acupuncture au 30VB et 34VB comme celle du 14TR et 9 TR entraîne une inhibition de ces réponses. Mais l'action du 30 VB et 34 VB est supérieure montrant la spécificité relative du point d'acupuncture. [18.16 / 30vb- 34vb- 9tr- 14tr- eaa+chat- specificite-]

384- gera: 83976/di/ra

ANALISIS DE LA ESPECIFICIDAD RELATIVA DE LOS PUNTOS DE ACUPUNTURA EN LOS TIPOS DE CIATICA. SHI TING ET AL. *revista de la medicina tradicional china*. 1990,1(2),44-47 (esp). ref:19

[18.16 / 14tr- 30vb- 34vb- eaa+chat- specificite- 9tr-]

385- gera: 82241/di/cg

DISCS SYNDROMES ; HOLISTIC THERAPY. SOLER JA ET AL. **2eme congres mondial d'acupuncture et moxibustion, paris.** 1990,,154. (eng).

[18.14 / holisme-]

386- gera: 83414/di/re- num

A CLINICAL STUDY OF AURICULOTHERAPY IN CANINE THORACOLUMBAR DISC DISEASE. STILL J. *j s afr vet assoc*. 1990,61(3),102-05 (eng).

Auriculotherapy (ear-point acupuncture) was used in dogs (n=30) suffering from thoracolumbar disc disease, Types I-IV, with a mean duration of eight days. During auriculotherapy treatment, no analgesics or anti-inflammatory medications were used. Pressure-sensitive and electrically detectable points on the concave aspect of the external auricle were stimulated by insertion of stainless steel acupuncture needles for 20 minutes. One to six needles were used on each occasion in a maximum of three treatments. Fifty per cent of dogs recovered completely and 23% improved. Dogs with backpain only (Type I) and dogs with paresis (Type II) responded best with mean recovery times of 1.7 and 3.2 days respectively. The analgesic effects were especially impressive. Auriculotherapy failed in three (50%) paralyzed dogs (Types III and IV) in which post-mortem examinations confirmed focal myelitis and myelomalacia. Four of 12 dogs (33%) recorded relapsed in 1.4 to 26 weeks after successful treatment. [24.02 / 14.08- 18.13- 18.14- 05.10-]

387- gera: 81527/di/ra- num

248 CASES WITH ACUTE LUMBAR SPRAIN TREATED BY ACUPOINT ELECTRIC EXCITATION THERAPY. SUN FAXUAN ET AL. *chinese journal of acupuncture and moxibustion*. 1990,3(1),47-50 (eng). ref:18

This paper reports 248 cases with acute lumbar sprain treated by electric excitation at points, in which 183 cases (74%) were cured, the total effective rate being 100%. Points selected: Mingmen, Yaoyangguan and Shenshu. Firstly, faradic current was introduced, and then direct current was used with the Electric Stimulating Therapeutic Apparatus Model DL-2, treating once a day. Faradic current was introduced to each point for 3 - 5 seconds with 2 - 8 V, 3 - 7 treatments constituted one course. 4VG, 3VG, 23V, Ashi, 37V, 40V. Electroacupuncture (4VG + 23V, 3VG + Ashi, Ashi + 37V, 37V + 40V). Séance de 15 à 20mn. 3 à 7 séances pour une série. Association aux infrarouges (20mn avant l'électrostimulation). Mobilisation du rachis par le patient en position assise (flexion et extension). Guérison 74%, amélioration marquée (21%), amélioration (5%). La plupart des patients sont guéris ou améliorés en 3 séances. [18.14 / 23v- 4vg- mobilisation- 05.12-]

388- gera: 29038/di/cg- num

COMBINATION OF ACUPUNCTURE AND CHINESE HERBAL MEDICINE INJECTION FOR TREATING LOW BACK PAIN. ABSTRACT. TANG HANZHU. **proceedings of the fifth international congress of chinese medicine,berkeley.** 1990,,36. (eng).

23V, 25V, 30VB, 37VB, 34VB, 36E, 57V, 60V, Ashi. - Chimiopuncture avec solution de plantes chinoises. - Injection de 2 à 10 ml au niveau de 2 à 3 points à chaque séance. - 2 séances par semaine. - Série de 8 à 12 séances. Guérison et amélioration marquée: 96,5%. For late years, the author has applied acupuncture therapy combined with Chinese herbal medicine injection for treating various low back pain such as soft tissue strain, sciatic pain, rheumatism and protrusion of the intervertebral disc. Out of the 1000 cases of these diseases, the cure rate is 96.5%. The curative effect of acupuncture combined with Chinese herbal medicine injection is more obvious than the simple acupuncture and moxibustion. For an example, a patient

suffering from sclerosis of lateral funiculus of spinal cord has fully recovered by the treatment of acupuncture combined with Chinese herbal medicine injection. The usual acupoints to be chosen are Shenshu (UB23), Dachangshu (UB25), Huantiao (GB30), Yinmen (UB37), Yanglingquan (GB34), Zusanli (ST36), Chengshan (UB57), Kunlun (UB60) and Ashi point. The usual Chinese herbal medicine to be used are the injection of Radix Clematidis, the compound injection of Radix Angelicae Sinensis and glucose water. Method of treatment: 1) choose 2-3 usual acupoints according to the patient's condition. 2) add herbal medicine injection 2-4 ml into 5-10% glucose water 10-20 ml. Each acupoint inject 2-10 ml. 3) to be injected twice a week. A period of treatment is 8-12 times of treatment. After suspending 1-2 weeks, continue injecting. [18.14 / 05.15-]

389- gera: 61373/di/ra

[ELASTIC AUTO-REDUCTION EXO-FIXATOR OF THORACIC AND LUMBAR VERTEBRAE : PREPARATION AND CLINICAL APPLICATION]. WAN BANG XING. *chinese journal of traditional medicine traumatology and orthopedics*. 1990,6(4),21-3 (chi). ref:0

[18.07 / 18.14- 18.13-]

390- gera: 81664/di/el

ACUTE LUMBAR SPRAIN. WANG GUOCAI ET AL. *in chinese massage, publishing house of shanghai college of tcm, shanghai*. 1990,,290-93 (eng).

[18.14 / massage- 05.16-]

391- gera: 81666/di/el

POSTERIOR ARTICULAR DISTURBANCE SYNDROME OF THE LUMBAR VERTEBRAE. WANG GUOCAI ET AL. *in chinese massage, publishing house of shanghai college of tcm, shanghai*. 1990,,298-99 (eng).

[18.14 / 05.16- massage-]

392- gera: 81667/di/el

CHRONIC LUMBAR MUSCLE STRAIN. WANG GUOCAI ET AL. *in chinese massage, publishing house of shanghai college of tcm, shanghai*. 1990,,300-03 (eng).

[18.14 / massage- 05.16-]

393- gera: 81668/di/el

RETROGRADE OSTEOARTHROPATHY OF LUMBAR VERTEBRAE. WANG GUOCAI ET AL. *in chinese massage, publishing house of shanghai college of tcm, shanghai*. 1990,,304-05 (eng).

[18.14 / 05.16- massage-]

394- gera: 81669/di/el

RUPTURE SYNDROME OF THE FIBRUS RINGS OF THE LUMBAR INTERVERTEBRAL DISC. WANG GUOCAI ET AL. *in chinese massage, publishing house of shanghai college of tcm, shanghai*. 1990,,306-13 (eng).

[18.14 / massage- 05.16-]

395- gera: 81670/di/el

INJURY OF SUPERIOR CLUNEAL NERVES. WANG GUOCAI ET AL. *in chinese massage, publishing house of shanghai college of tcm, shanghai*. 1990,,314-17 (eng).

[18.14 / 05.16- massage-]

396- gera: 81671/di/el

SYNDROME OF THE THIRD LUMBAR

VERTEBRA TRANSVERSE PROCESS. WANG GUOCAI ET AL. *in chinese massage, publishing house of shanghai college of tcm, shanghai*. 1990,,318-19. (eng).

[18.14 / massage- 05.16-]

397- gera: 81678/di/el

SCIATICA. WANG GUOCAI ET AL. *in chinese massage, publishing house of shanghai college of tcm, shanghai*. 1990,,348-51 (eng).

[18.16 / 05.16- massage-]

398- gera: 81711/di/el

CHRONIC LUMBAGO. WANG GUOCAI ET AL. *in chinese massage, publishing house of shanghai college of tcm, shanghai*. 1990,,640-41 (eng).

[18.14 / massage- 05.16-]

399- gera: 83266/di/ra- num

100 CASES OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED BY ACUPUNCTURE AND TUINA. WANG QING ET AL. *chinese journal of acupuncture and moxibustion*. 1990,3(3),169-71 (eng).

It is reported in this article the treatment for prolapse of lumbar intervertebral discs by acupuncture in combination with tuina. Prescribed acupoints were: Dachangshu (25V), Zhibian (54V), Huantiao (30VB), Yanglingquan (34VB), Xuanzhong (39VB). Yinmen (37V) and Chengshan(57V). Reducing technique was applied by rotating needles, and needles were retained for 20-30 minutes. Tuina was combined and pelvis traction was performed for severe cases. Of 100 cases, 42 were cured and the total effective rate was 96%. [18.14 / massage- td- 05.16-]

400- gera: 61800/di/ra

[TREATMENT OF SCIATICA BY ACUPUNCTURE AND POINT INJECTION : AN OBSERVATION ON 222 CASES]. WANG QUANGQI ET AL. *new journal of traditional chinese medicine*. 1990,22(6),29-32 (chi). ref:0

[18.16 / 05.15-]

401- gera: 81515/di/ra- num

A COMPARISON OF THERAPEUTIC EFFECT OF ACUPUNCTURE REINFORCING AND REDUCING MANIPULATION WITH ELECTRIC ACUPUNCTURE ON SCIATICA. WEI YI. *chinese journal of acupuncture and moxibustion*. 1990,3(2),153-55 (eng).

This paper deals with the comparison of the clinical effect on 148 cases of sciatica treated by acupuncture reinforcing and reducing and electro-acupuncture. The curative rate of hand manipulation and electric acupuncture group is 66%, 58% respectively. The results showed that manipulation group was superior to electro-acupuncture group (P<0.05). [18.16 / ecr?- td- comparaiso- 05.12-]

402- gera: 83340/di/ra

TWO RACEHORSES TREATED FOR BACK PAIN CONDITIONS. WURTH U. *newsletter of the australian veterinary acupuncture association*. 1990,6(3),17 (eng).

[24.03 / 18.14-]

403- gera: 80844/di/ra

[ACUPUNCTURE FOR SPORTS INJURIES. LOW BACK PAIN]. X. *journal of the japan society of acupuncture*. 1990,40(1),9. (jap). ref:2

[18.14 / 23.10-]

404- gera: 80914/di/ra

[AN ANATOMICAL CONSIDERATION OF THE ACUPUNCTURE INTO THE SCIATIC NERVE]. X. **journal of the japan society of acupuncture.** 1990,40(1),79. (jap).
[18.16 / paraneurale-]

405- gera: 80915/di/ra

[ANATOMICAL CONSIDERATION OF THE ACUPUNCTURE TO THE DORSAL SACRAL FORAMINA]. X. **journal of the japan society of acupuncture.** 1990,40(1),80. (jap).
[2.06 / 18.15-]

406- gera: 80939/di/ra

[A CASE OF THE LOW BACK PAIN IMAGED AS A TRIGGER POINT]. X. **journal of the japan society of acupuncture.** 1990,40(1),104. (jap).
[18.14 / cc- ashi-]

407- gera: 80951/di/ra

[ACUPUNCTURE THERAPY AND PROGNOSIS OF THE PATIENTS WITH LUMBAGO AND LEG PAIN WHO HAVE SPONDYLOLISTHESIS IN THE LUMBAR SPINE REGION]. X. **journal of the japan society of acupuncture.** 1990,40(1),116. (jap).
[18.14 / 18.16-]

408- gera: 62276/di/ra

[40 CASES OF PROTRUSION OF LUMBAR INTERVERTEBRAL DISC TREATED BY MASSAGE THERAPY]. XIA HUIMIN. **yunnan journal of traditional chinese medicine.** 1990,11(2),38-17 (chi).
[18.14 / massage-]

409- gera: 61445/di/ra

[EXPERIENCES ON TREATMENT OF PAIN AT LUMBOSACRAL REGION BY USE OF JIAJIAN DILONGTANG]. XIAO CHAO XI. **jiangxi journal of traditional chinese medicine.** 1990,21(5),25. (chi).
[18.14 / f0-]

410- gera: 83268/di/ra- num

150 CASES OF LUMBAR AND THORACIC SPRAIN TREATED BY NEEDLING UNILATERAL HOUXI (SI3) POINT. XIONG GUANGTIAN. **chinese journal of acupuncture and moxibustion.** 1990,3(3),177-8 (eng).

3IG homolatéral. Insertion rapide sur 3 à 5 cun jusqu'au Deqi. Puis stimulation forte en rotation et enfoncement-retrait. Demander au patient de mobiliser le rachis lombaire avec une amplitude progressivement croissante. Aiguille en place 5 à 20mn, rarement plus de 30mn, l'aiguille est manipulée 2 à 3 fois durant cette période. Retirer l'aiguille et ajouter 40V et 60V. Saignée et ventouse en cas de douleur lombaire localisée importante. 48 guérisons en 1 séance, 52 en 2, 39 en 3, 8 en 4, 1 en 6, 2 en 7. [18.14 / 3ig-mobilisation- 18.13-]

411- gera: 81523/di/ra- num

30 CASES OF "TRUNK SCIATICA" TREATED BY ACUPUNCTURE AND MASSAGE. YAN TONGSHOU. **chinese journal of acupuncture and moxibustion.** 1990,3(1),35-8 (eng). ref:0

Utilisation du 30 VB et d'un point douloureux situé 1,5 cm en dehors. Les deux points sont manipulés simultanément avec les deux mains jusqu'à irradiation du Deqi vers le bas. Association à d'autres points secondaires en puncture immédiate. Puis massages des points (1 minute par point). L'ensemble de la séance dure 20 minutes. [18.16 / massage-deqi- immediate- 30vb-]

412- gera: 63771/di/ra

[TREATING 62 CASES OF SCIATICA WITH "XUE MA SAN"]. YANG BAO-XIAN ET AL. **zhejiang journal of traditional chinese medicine.** 1990,25(6),255 (chi).
[18.16 / 26.02- f0-]

413- gera: 61101/di/ra

[TRACTION MANIPULATION AND GYPSUM FIXATION FOR THE CORRECTION OF HERNIATED LUMBAR DISC (A REPORT OF 487 CASES)]. YE HUI PING ET AL. **chinese journal of traditional medicine traumatology and orthopedics.** 1990,6(2),13-5 (chi*).

This paper presents a synthesized therapy to treat Herniated Lumbar Discs, a method in which protrusion Lumbar disci intervertebrales are repositioned through manipulation, twisting, swinging, vibrating and stretching etc, with the help of traction and followed by the injection of prednisolone into epidural Lumen. The patient has to lie in bed two weeks with his waist stretched by placing a cushion under it. Afterwards, the waist is fixed with gypsum. 487 cases have been treated by this means, 460 had excellent results (94.7%) over an average period of two years and eight months followed. After being treated once more by this method, twenty three patients, who had recurring problems after three years and two months on average, have had satisfactory results. This is an article concerning the principle of discs and their reposition, and the method of consolidating therapeutic effects. [18.14 / p102- manipulation-]

414- gera: 62726/di/ra

[THE CLINICAL AND CT ANALYSIS OF 35 CASES OF LUMBAR DISC HERNIATION BEFORE AND AFTER NON-OPERATIVE TREATMENT]. YE RUI BIN ET AL. **chinese journal of integrated traditional and western medicine.** 1990,10(11),667-68 (chi*).

35 cases of lumbar disc herniation were examined by clinical diagnosis and CT scanning. The results showed that there were 36 disc herniation (1 case of dual disc herniation). The radius vector of disc was 6.3 mm and the transverse diameter was 18.6 mm. There were 30 cases with sac of dura mater of spinal cord or nerve roots pressed and adhesive, yellow ligaments pachismus, lateral recessus filling and narrow bony lumbar vertebral canal. All patients were treated by means of manipulation. The clinical results showed that 29 cases (82.8%) had superior effects and 33 cases were effective. The clinical effective rate was 94.2%. CT rescanning showed that disc reposition completely returned was 6 cases, and partially returned was 24 cases. The successful rate of the reposition by manipulation was 83.3%. The clinical analysis and CT showed that herniation of lumbar disc could be repositioned by means of manipulation. The reposition of herniation of disc was a key factor in clinical results but was by no means the only one. With regard to long duration of illness, repeated invasion, combined narrow bony lumbar vertebral canal, and non-improved central type herniation after a long period of treatment, the herniation of disc should be treated by operation. [18.14 / scanner-]

415- gera: 61095/di/ra

[REVIEW ON PROLAPSE OF LUMBAR INTERVERTEBRAL DISC : LUMBAR CT SCANNING ANALYSIS OF 43 CASES]. YU QING YANG. **chinese journal of traditional medicine traumatology and orthopedics.** 1990,6(3),37-57 (chi).
[18.14 / scanner-]

416- gera: 62960/di/ra

[TREATMENT OF 93 CASES OF ACUTE LUMBAR MUSCLE STRAIN BY NEEDLING WITH CUPPING IN COMBINATION WITH HERBS]. YUAN XIANGLONG. *journal of zhejiang college of traditional chinese medicine*. 1990,14(6),46-6 (chi). [18.14 / 05.08-]

417- gera: 63843/di/ra

[GALVANO- ACUPUNCTURE AND POINT INJECTION THERAPY FOR THE SCIATICA]. ZHANG LINCHANG. *shaanxi traditional chinese medicine*. 1990,11(2),86 (chi). [18.16 / 05.12- 05.15-]

418- gera: 61326/di/ra- num

[CLINICAL OBSERVATION OF POINT INJECTION ON 1000 CASES WITH SCIATICA]. ZHAO ANMIN ET AL. *chinese acupuncture and moxibustion*. 1990,10(5),9-10 (chi*).

Main points : Dachangshu, Huantiao, Yinmen. According to the location of pain, we can add Weiyang, Yanglingquan, Juegu, or Weizhong, Chengshan, Kunlun. Injection: to mix 25mg prednisolone acetate, 10ml 1% novocain, and 2ml radix Angelicae Sinensis injection. For each treatment, 4 or 5 points were selected. Puncture the needle until the needle sensation has radiated to the pain area or foot, and then inject 3ml in Dachangshu, and 2ml in each other points. A treatment is given every 7 days and 5 times make a course with 7 days rest between courses. The result is cured rate 642 cases (64,2%), improvement rate 306 cases (30,6%), failed rate 52 cases (5,8%). [18.16 / 25v- deqi- 05.15- p13e-]

419- gera: 82296/di/cg- num

TREATMENT OF SPORTIVE LUMBAR WITH HEATED NEEDLE. ZHENG XUELIANG. *2eme congres mondial d'acupuncture et moxibustion, paris*. 1990,.,197. (eng).

[18.14 / 23.09- 05.09- 23.10-]

420- gera: 82885/di/ra- num

81 PATIENT WITH ACUTE LUMBAR SPRAIN TREATED BY NEEDLING "YAO SAN ZHEN". ZHENG XUELIANG ET AL. *chinese journal of acupuncture and moxibustion*. 1990,3(4),262-3 (eng).

Les 3 points dits "Yao San Zhen" : 56V, 3VG, Yaoyan. Patient en décubitus. Puncture bilatérale du 56V (puncture vers le haut), pression avec le pouce gauche durant la manipulation de l'aiguille pour obtenir une irradiation vers la zone douloureuse. Puis puncture de la même manière du 3VG et Yaoyan. Les aiguilles sont laissées en place 5mn. 76 cas guéris en 1 séance, 5 cas guéris en 2 séances. [18.14 / yaoyan- 3vg- 56v-]

421- gera: 61090/di/ra

[MECHANISM OF THE TRADITIONAL CHINESE MANEUVER THERAPY FOR LUMBAR INTERVERTEBRAL DISC PROTRUSION]. ZHOU HUI ET AL. *chinese journal of traditional medicine traumatology and orthopedics*. 1990,6(3),15-8 (chi*). ref:0

The maneuver therapy for lumbar intervertebral disc protrusion is one of the obviously effective orthopaedicy treatments in Chinese traditional medicine. Unreasonable or unnecessary parts being eliminated and improvements being made in a long-time clinical practice, this therapy is systematized into a process of "three postures and eight maneuvers". The article tries to analyze the mechanism of the maneuver therapy from the angle of modern

physiology, anatomy and biomechanics in order to reveal the scientific basis of its theory. A report of 100 cases in last two years, 78 per cent is satisfactory, is appended. It was concluded that better curative effect is obtained with first sufferers and whose suffering is no longer than six months. [18.14 / 05.16- manipulation-]

422- gera: 70154/nd/re

[PATHOGENESIS AND TREATMENT OF SEXUAL DISORDERS IN MEN WITH VERTEBROGENIC LUMBAR PAIN]. AGASAROV LG. *zh nevroptol psikhiatr*. 1991,91(12),57-9 (rus*).

Evaluation of the sexual sphere in 120 men with vertebrogenic lumbar pains revealed sexual disorders in 35% of cases, which may be reduced to two basic symptom-complexes. Decrease of potency in a group of 20 patients presenting with both reflex and radicular patterns of lumbar osteochondrosis was regarded as a reflection of general asthenic processes. In 22 patients primarily suffering from reflex neurovascular syndromes, dysfunction was established to be of vasculogenic nature. Differentiated methods of conventional therapy of the disorders were noted to be effective enough. Doppler investigation of the regional arteries turned out informative in the estimation of the correction of sexual disorders of vascular genesis. [22.07 / 18.14-]

423- gera: 70180/nd/re

[THE COMBINED USE OF ACUPUNCTURE AND ANTIDEPRESSANTS FOR MANAGING THE SPONDYLOGENIC LUMBOSACRAL PAIN SYNDROME]. AMELIN AV ET AL. *farmakol toksikol*. 1991,54(5),12-3 (rus*).

The effects of antidepressants amitriptyline and pyrazidol on the analgesic action of acupuncture in patients with lumbosacral radiculitis was studied by the double blind control method. The combined use of acupuncture with antidepressants was shown to enhance the effectiveness of the treatment, to increase on the average by 5-6 hours the duration of analgesia within 24 hours after each procedure, to reduce the duration of the treatment on the average by 4-5 days, that indicates the expediency of clinical use of the proposed combination. [18.14 / antidepressant-potentialisation- medication- ecr?-]

424- gera: 35785/di/ra

[A STATISTICAL STUDY OF INDEFINITE COMPLAINTS IN TYPICAL PAIN DISEASES TREATED WITH ACUPUNCTURE AND MOXIBUSTION. A COMPARISON OF THE EFFECTIVENESS BETWEEN MALE AND FEMALE]. CAI YUAN WANG ET AL. *journal of the japan society of acupuncture*. 1991,41(3),316-9 (jap*).

Authors examined indefinite complaints accompanying headache, neck, shoulder or low back pains. Masked Depression questionnaire (Inoue et al.) was conducted on outpatients of Osaka Medical College whose chief complaints were above mentioned painful disorder. In the cases with low back pain, female patients showed a less number of complaints. The complaints seen more often in the male group than in the female group were sleep disorder and disturbance in the stomach and intestines. It is noted that male patients often reported psychological problems such as "feeling groggy", "having no willingness to do anything", or "being anxious about his health". Female patients often complained of headache. Unexpected difference was found in the decline of sexual desire, that was more frequent in the female group than in the male (50% of the female and 30% of the male). [6.01 / 18.14- 18.10- 05.09- 14.02- patient-]

425- gera: 84607/di/ra

[A STATISTICAL STUDY OF INDEFINITE COMPLAINTS IN TYPICAL PAIN DISEASES TREATED WITH ACUPUNCTURE AND MOXIBUSTION. A COMPARISON OF THE EFFECTIVENESS BETWEEN MALE AND FEMALE]. CAI YUAN WANG ET AL. *journal of the japan society of acupuncture*. 1991,41(3),316-9 (jap*).

Authors examined indefinite complaints accompanying headache, neck, shoulder or low back pains. Masked Depression questionnaire (Inoue et al.) was conducted on outpatients of Osaka Medical College whose chief complaints were above mentioned painful disorder. In the cases with low back pain, female patients showed a less number of complaints. The complaints seen more often in the male group than in the female group were sleep disorder and disturbance in the stomach and intestines. It is noted that male patients often reported psychological problems such as "feeling groggy", "having no willingness to do anything", or "being anxious about his health". Female patients often complained of headache. Unexpected difference was found in the decline of sexual desire, that was more frequent in the female group than in the male (50% of the female and 30% of the male). [14.11 / patient-18.10- 18.12- 14.02- 14.13- 14.14- 18.14-]

426- gera: 58570/nd/re

ACUPUNTURA Y DOLOR LUMBOSACRO. CARMENATY BAGLANS ET AL. *rev cuba ortop. traumatol*. 1991,5(2),93-102 (esp*).

Se estudiaron dos grupos de pacientes con síndrome doloroso lumbosacro crónico. Cada uno comprendía 80 casos. El grupo estudio recibió tratamiento con acupuntura. Los resultados fueron comparados con un grupo control, que recibió tratamiento con diatermia de onda corta continua, masaje manual y tracción lumbar. Se obtuvo una significativa mejoría ($p < 0,05$) en el grupo tratado con acupuntura, al compararlo con el grupo control, lo que permitió a los pacientes aumentar su independencia en las actividades de la vida diaria, eliminar o disminuir considerablemente la necesidad de medicamentos y mejorar tanto su disposición como su capacidad para el trabajo. No se presentaron recidivas del dolor en la mayoría de los pacientes del grupo estudio durante un período de dos meses posteriores al tratamiento [18.14 / ecr?-]

427- gera: 64110/di/ra

[AN ANALYSIS OF THE CURATIVE EFFECT OF WAIST-LEG PAIN AND NECK SHOULDER PAIN. (abstract)]. CHEN LIJUN ET AL. *acupuncture research*. 1991,16(3-4),245 (chi). ref:

[18.01 / 18.10- 18.12- 18.16-]

428- gera: 65042/di/ra

[CLINICAL OBSERVATION ON SCIATIC NEURALGIA TREATED BY ACUPUNCTURE WITH PRICKLING NEEDLES]. CHEN XING-SHEN. *shanxi journal of traditional chinese medicine*. 1991,7(6),37 (chi).

[18.16 / 05.07-]

429- gera: 62456/di/ra

[ACUPUNCTURE THERAPY IN HUAN TIAO POINT FOR THE SCIATICA]. CHEN XUEYI. *shaanxi traditional chinese medicine*. 1991,12(2),86-8 (chi).

[18.16 / 30vb-]

430- gera: 64246/di/ra

[THE APPLIED ANATOMICAL STUDY OF THE

STRUCTURES OF FORCE NUCLEUS FOR THE THORACO-LUMBAR SEGMENTAL VERTEBRAE]. CHEN YAO-RAN ET AL. *chinese journal of traditional medicine traumatology and orthopedics*. 1991,7(1),13 (chi*).

According to the clinical applied view we suggested the measured methods and criterions of the pedicle, with which the thickness, height, length, angle "e" and "f" of the thoraco-lumbar segmental pedicles were measured from 52 cases of spinal specimens. The average value of the space between the spinal cord and pedicle was measured from 35 crossed sectional specimens of thoracolumbar spine. In comparison with the values concerned mentioned, we have measured CT film of thoracolumbar spine in 50 cases. The results has been applied to clinic and the curative effect is satisfactory. [18.14 / 18.13-]

431- gera: 84124/di/ra

APPLYING THE METHOD OF VBDE TO TREAT 55 CASES OF LUMBAR HYPEROSTEOGENY (EXCESSIVE GENERATION OF BONE). CHEUNG CS. *abstract and review of clinical traditional chinese medicine*. 1991,1,17-9 (eng).

Abstract from Lu Qiang Yi, Practical Journal of Chinese Medicine, 1991, 3, 162. [18.14 / acls- 18.06-]

432- gera: 84233/di/ra- num

ACUPUNCTURE FOR LUMBAR PAIN : REPORT ON 200 CASES. CUI SHUGUI. *international journal of clinical acupuncture*. 1991,2(3),307-9 (eng). ref:0

Lumbar pain, unilateral or bilateral, is commonly seen in the clinic. The condition can be classified as being of two types: acute lumbar strain and chronic lumbar pain. Traditional Chinese medicine views lumbar pain as almost always associated with Kidney malfunction, hence the saying "the low back region is the seat of Kidney". The author reports on the 200 cases he has treated since March 1978, including patients treated in Kuwait during his two visits in that country. Traitement des lombalgies aiguës (principalement 26VG, 3IG avec mobilisation du rachis puis ventouses. Traitement des lombalgies chroniques (dispersion si plénitude, tonification des reins si vide). [18.14 / 26vg- 05.08- td- 3ig-]

433- gera: 65937/di/ra

[TREATMENT OF 123 CASES OF PROTRUSION OF THE INTERVERTEBRAL DISKS BY MANIPULATION OF BIG MASSAGE]. CUI TONG HAI. *jiangsu journal of traditional chinese medicine*. 1991,12(4),30 (chi). ref:0

[18.14 / massage- manipulation-]

434- gera: 64850/di/ra

[TREATMENT OF SUDDEN STRAIN OF LUMBAR MUSCLES BY MASSAGE : A REPORT OF 86 CASES]. DING YUZHONG. *jiangsu journal of traditional chinese medicine*. 1991,12(10),31 (chi).

[18.14 / massage-]

435- gera: 84193/di/ra- num

NEEDLING SHU POINTS ON UPPER EXTREMITIES IN TREATING LUMBOCRURAL PAIN. DOU KECHEN. *international journal of clinical acupuncture*. 1991,2(1),85-8 (eng).

Lumbocrural pain often presents clinically, especially in acupuncture departments. Since December 1986, 100 patients with lumbocrural pain were treated by needling acupoints on the upper extremities. Results were good. The points used were Chize (Lu 5), Shenmen (H7), Waiguan (SJ 5), Hegu (LI 4) and Wangu (SI 4). The treatment,

which yielded an effective rate of 100%, was popular because of the ease and convenience of operation, and the time saved by administering treatment in a sitting position. 5P (atteinte Vessie), 5TR (atteinte Rein), 7C (atteinte VB), 4GI (atteinte Foie), 4IG (atteinte Rate). Il s'agit de l'utilisation du principe des "5 conceptions" (le Poumon conduit à la Vessie, le Coeur à la Vessie...). Pour les patients âgés ou avec faible constitution : tonification. En cas de Stase du Sang : dispersion. 26% de guérison, 68% d'amélioration marquée. Les meilleurs résultats sont obtenus dans les lésions les plus récentes. [18.14 / 5p- 7c- 5tr- 4gi- d\$- td- 04.09- 23.07- 4gi- stase+sang-]

436- gera: 29602/di/el- num

LOW BACK PAIN. GENG JUNYING ET AL. in **acupuncture and moxibustion, new world press, beijing.** 1991.,139-42 (eng). ref:0

Traitement par différenciation des syndromes. [18.14 / d\$-]

437- gera: 29625/di/el

BI SYMPTOM-COMPLEX (APPENDIX : SCIATICA). GENG JUNYING ET AL. in **acupuncture and moxibustion, new world press, beijing.** 1991.,167-70 (eng). ref:0

[18.03 / d\$- 18.16-]

438- gera: 82553/di/ra- num

AKUPUNKTUR BEI FUNKTIONELLEN ERKRANKUNGEN DER WIRBELSAULE. EINE PROSPEKTIVE VERGLEICHSTUDIE BEI MARINESOLDATEN. GRUNDMANN T. **akupunktur theorie und praxis.** 1991,19(1),16-45-47 (deu*). ref:0

During one year we compared two methods - acupuncture and conservative medical treatment - in the therapy of functional disorders of the vertebral column in 61 marines with lumbar pain on sea. In a prospective study we could show, that acupuncture treatment shows equal results. In combination with osteopathic treatment acupuncture demonstrated even better results than usual medical therapy. [18.14 / ctanr- manipulation-]

439- gera: 65238/di/ra

[EFFECT OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED WITH HUO XUE HUA YU ON 20 CASES]. HUANG GANGHUA. **practical journal of integrating chinese with modern medicine.** 1991,4(10),624 (chi). ref:8

[18.14 / f0-]

440- gera: 64218/di/ra- num

[CLINICAL OBSERVATION ON 346 CASES OF ACUTE LUMBAR SPRAIN TREATED WITH HAND-ACUPUNCTURE]. JIN CHANGLU. **chinese acupuncture and moxibustion.** 1991,11(3),30 (chi).

[18.14 / mano-]

441- gera: 82627/di/ra

DIE KOMBINIERTE BEHANDLUNG VERTEBRAGENER STÖRUNGEN. KITZINGER E. **deutsche zeitschrift für akupunktur.** 1991,34(1),13-9 (deu*).

Vertebragenous, algetic syndromes are well treatable by acupuncture. Yet the results may be improved by combination with other methods, as manual therapy or neural therapy. Manual therapy is necessary in cases, when after pain-relief there remain an impediment of motion, mostly as blockage in spine-segment. In such cases a return of pain is to expect. Methods are discussed, that are feasible even to persons without special training in manual therapy:

mobilisation, traction and postisometric relaxation. [18.14 / manipulation-]

442- gera: 84215/di/ra- num

AURICULAR NEEDLING IN THE TREATMENT OF SOFT TISSUE INJURY. KONG FANFEN. **international journal of clinical acupuncture.** 1991,2(2),205-6 (eng). ref:6

Traitement de 35 cas avec puncture du point correspondant: cheville pour traumatisme de la cheville, vertèbre cervicale pour le cou, vertèbre lombaire pour les lombes...Puncture bilatérale 30 minutes. Rapport d'un cas de traumatisme de la cheville guéri en 1 séance. [18.07 / 18.19- 05.10- 18.12- 18.14-]

443- gera: 29445/di/ra- num

APPLYING MATHEMATICAL MODELS TO TRADITIONAL CHINESE MEDICINE FOR THE DIAGNOSIS AND TREATMENT OF LOW BACK PAIN. KWOK-CHI YAU ET AL. **american journal of acupuncture.** 1991,19 (2),129-36 (eng). ref:0

In this paper, we apply fuzzy mathematical models to the diagnosis and treatment of low back pain in Traditional Chinese Medicine (TCM) and, by doing so, show how modern mathematical methods and computerized diagnosis and treatment can be used in TCM. [18.14 / mathematique-informatique-]

444- gera: 83470/di/ra- num

ANALYSIS OF THE THERAPEUTIC EFFECT OF 366 CASES OF CHRONIC LUMBAR. BACK PAIN AND ARTHRALGIA TREATED BY MERIDIAN COMPREHENSIVE THERAPY. LEI LUN ET AL. **chinese journal of acupuncture and moxibustion.** 1991,4(2),84-6 (eng). ref:0

The author treated 336 cases of chronic lumbar and back pain with comprehensive therapy, i. e. choosing tenderness according to different affected area for point injection of Radix Ledebouriellae. The cure rate was 40%, total effective rate 96%. The author considered that point injection therapy by preparation of medical guide drug had played double-effect in acupuncture and drug and had good result according to differentiation of meridian. This paper introduced main and subordinate points for treating lumbar and back pain. [18.14 / p117- 05.15- 18.18- 18.19- 18.09- 18.10- 04.09- ashi-]

445- gera: 64861/di/ra

[TREATMENT OF NARROW LUMBAR VERTEBRAL CANAL SYNDROME BASED ON TYPE DIFFERENTIATION IN TCM : CLINICAL ANALYSIS OF 64 CASES]. LI GUANGRONG ET AL. **jiangsu journal of traditional chinese medicine.** 1991,12(11),24 (chi). ref:0

[18.14 / d\$-]

446- gera: 63951/di/ra

[THE CONTROL OBSERVATION ON 170 CASES OF SCIATICA TREATED BY NEEDLING ON LOWER ZHIBIAN]. LI HONGYUAN. **chinese acupuncture and moxibustion.** 1991,11(5),19 (chi*).

The treated group consists of 100 cases and lower Zhibian (extra) is prescribed as the primary point ; while the control group is composed of 70 cases and Zhibian (U.B. 54) is the primary point. Meanwhile, Yinmen (U.B. 36), Weizhong (U.B. 40), Chengshan (U.B. 57), Yanglingquan (G.B. 34), Kunlun (U.B. 60), and Ashi points are used as secondary points for both groups. The total effective rate in the treated group is 98% and that in the control group is 81.4% (p<0.01). The cure rate in the treated group (87%) is also

superior to that in the control group (74.3%). Just on contrary, the average number of treatment in the treated group (15.8) is obviously less than that in the control group (27.65), $P < 0.01$. [18.16 / specificity- ecr?- 54v- seance-comparaison-]

447- gera: 63988/di/ra

[REGULATION OF THE TRACTION MASSAGE ON THE METABOLISM OF PERIPHERAL MONOAMINES]. LIU ZHICHENG ET AL. **chinese journal of traditional medicine traumatology and orthopedics.** 1991,7(2),6 (chi*).

For the purpose of understanding the relationship between the effect of the traction massage and metabolism of peripheral monoamines, we observed the concentration of 5-HT, of its precursor Trp and of its metabolites 5-HIAA as well as of NA, DA and their precursor Tyr in plasma of 33 patients ; also the quantities of 5-HIAA, of VMA and of HVA in urine of 34 patients, both groups suffering from the protrusion of lumbar intervertebral disc, before and three days after treatment. The results showed that the concentration of 5-HT, 5-HIAA and Trp in plasma decreased significantly and the quantity of 5-HIAA in urine increased significantly three days after treatment, the decreasing degree of 5-HT and Trp in plasma and the increasing quantity of 5-HIAA in urine have certain related to curative effect. After the first traction massage, the levels of NA, DA and Tyr in plasma of the patients decreased to its normal level while the quantities of VMA- and HVA in urine increased significantly. The latter are closely related to curative effect. The results indicated that the traction massage not only decreased the anabolism of 5-HT and NA but also increased the metabolism of 5-HT and NA. It suggested that the peripheral 5-HT and NA might be the important mediators taking part in analgesic and regulative effect. [5.16 / 18.14- monoamine- 25.11- massage-]

448- gera: 83458/di/ra

CLINICAL APPLICATION OF SINGLE ACUPOINT FOR TREATMENT. LU RONG ET AL. **journal of traditional chinese medicine.** 1991,11(4),284-5 (eng). [5.03 / 3ig- 10.02- 2v- unique- 18.14-]

449- gera: 82784/di/ra

TRANSKUTANE ELEKTRISCHE NERVENSTIMULATION (TENS) BEI KOPFSCHMERZEN IM KINDESALTER. POTHMANN R. **akupunktur.** 1991,2,76-8 (deu*). ref:0

Transcutaneous electrical nerve stimulation (tens) has become a method of growing importance in childhood starting from about five years on. Compared to adults the spectrum of treatment indications is smaller. But in addition also acute pain in lumbar punctures could be suppressed in children using TENS during the procedure. Results in treatment of tension headache is most striking reachin an effectiveness of more than 75 %. In general stimulation with 100 Hz in the neck over 1 to 3 mmonths is sufficient, otherwise one should continue with 2 Hz in the suboccipital region. Therapeutic results of migraine are inferior. The method will be accepted by children very well remembering them of the wellknown walkman. Thus treatment results of TENS are supported by the emancipatory aspect of a self-handled method. Since 1987 TENS has become a routine method for health care insurances in germany. [5.12 / parametre- 23.11- 18.14- 14.02-]

450- gera: 64118/di/ra

TREATMENT OF GALVANO-ACUPUNCTURE OF 100 CASES MUSCULUS PIRIFORMIS SYNDROME.

(abstract). PU CHAOGANG. **acupuncture research.** 1991,16(3-4),252 (eng). ref:12

This report introduces 100 patients with musculus piriformis syndrome treated with low frequency electrical stimulation acupuncture therapy. This number includes 72 men and 28 women. 76 patients (76%) are fully recovered and 21 patients (21%) are on the mend in these cases after treatment. Only 3 instances (3%) done with low frequency electrical stimulation acupuncture failed to have any beneficial effects. The general rate of efficacious curative effect is 97%. It is the method that stationary insertion and low frequency electrical stimulation (2 pulses per sec.) should be administered. The local tenderness points of musculus piriformis are the points that should be taken. [18.14 / parametre- ashi- 05.12-]

451- gera: 64122/di/ra

TREATMENT OF 108 PATIENTS SUFFERING FROM PAIN WITH QUAN XI ACUPUNCTURE. **(abstract).** RAN MINHUA ET AL. **acupuncture research.** 1991,16(3-4),256 (eng).

The authors treated pain of 108 patients with Quan Xi acupuncture and good effects were obtained. Of the 108 cases, there were: 48 with primary dysmenorrhea (A), 15 with nervous headache (B), 22 with psoas strain (E), 9 with periomarthritis (D), 5 with stomachache (E), 4 with stiff neck (F), 5 with intercostal pain (G). 1 time per day, 3 times a course, 3 Courses of treatments for each patient were limited. The effective rate is 100% in all the cases. The curing rate was: 97.9% (A), 80% (B), 86.36% (C), 55.6% (D), 40% (E), 100% (F), 100% (G), respectively. The effectiveness of the method on functional pain was superior to that on organic pain. The selection of acupoints is convenient and is easily memorised and understood. So it is well accepted by both doctors and patients. [6.01 / 18.13- 18.14- 14.02- 18.10- 10.05- 18.12-]

452- gera: 83718/di/ra- num

LE SYNDROME DOULOUREUX ABDOMINO-PELVIEN DE LA FEMME ENCEINTE. REMPP C ET AL. **revue francaise d'acupuncture.** 1991,17(68),7-13 (fra*).

Le syndrome douloureux abdomino-pelvien de la femme enceinte est une entité clinique polymorphe si l'on considère la séméiologie occidentale. Pourtant en considérant ce syndrome selon l'angle de la médecine traditionnelle chinoise, il est possible d'en envisager un traitement par acupuncture ; la qualité des résultats cliniques confirme le choix des points discutés ici. [11.10 / 18.14-]

453- gera: 65744/di/ra

[APPROACH TO MECHANISM OF CURATIVE EFFECT OF TONGDU HUOXUE TANG ON LUMBAR SPINAL STENOSIS-EFFECTS ON RABBITS PLATELET AGGREGATION]. SHEN LIN ET AL. **traditional chinese medicinal research.** 1991,4(4),16 (chi*). ref:10

The experiment has shown that the inhibiting effect of Tongdu Huoxue Tang (TDHXT) platelet aggregation induced by ATP and arachidonic acid (AA), when drug was given, platelet aggregation was decreased with increasing dose and this inhibiting effect was dropping with the decreasing of dose. The authors suggested that TDHXT was effective to relieve intermittent claudication on lumbar spinal stenosis, it was one of the mechanism of curative effect to inhibit the function of blood aggregation. [18.14 / eap+lapin- f0- 12.05- acs-]

454- gera: 64226/di/ra

[REPORT ON 1000 CASES OF ACUTE SOFT TISSUE INJURY IN LUMBAR REGION WITH TREATMENT OF MOTIONAL ACUPUNCTURE]. SONG ZHENZH. **chinese acupuncture and moxibustion.** 1991,11(4),1 (chi*).

The author treated 1000 cases of acute soft tissue injury in lumbar region in light of the principle that differentiation of the affected meridians and that of the disease are combined in the treatment. To treat the disease affecting Du meridian, Renzhong (GV 26) is prescribed ; to treat that affecting foot Taiyang meridian, Yanglao (S.I. 6) is selected ; if both meridian are affected two points are used together ; and when foot Taiyang and foot Shaoyang meridians are injured simultaneously, Yatong is recommended. When the needling is performed, the patient is required to exercise the lumbar region. With single treatment, 619 cases were cured, 249 were markedly effective, 110 were improved, and 22 were unchanged. The other 100 cases were treated with conventional acupuncture therapy and the patients did not exercise the lower back, so the effect was apparently inferior (P<0.05). [18.14 / comparaison- 26vg- 6ig- mobilisation-]

455- gera: 83562/di/ra

LOMBOSCIATAGLIA ACUTA. CASI CLINICI. SOTTE L. **rivista italiana di medicina tradizionale cinese.** 1991,4,24-5 (ita). [18.16 / cc-]

456- gera: 65179/di/ra

[NAPRAPATHY AND SHORTWAVE COMBINING THERAPY FOR ACUTE LUMBAR SPRAIN]. WANG GUOLIANG. **shanghai journal of traditional chinese medicine.** 1991,3,20 (chi). ref:0 [18.14 / qg- 05.16-]

457- gera: 64214/di/ra

[OBSERVATION ON THE THERAPEUTICAL EFFECT OF ACUTE PROLAPSE OF INTERVERTEBRAL DISC IN LUMBAR REGION TREATED WITH ACUPUNCTURE AND MASSAGE]. WANG WENLIANG ET AL. **chinese acupuncture and moxibustion.** 1991,11(3),15 (chi*).

The authors used the methods of acupuncture and massage to treat 118 cases of acute prolapse of intervertebral disc in lumbar region. The acupuncture was mainly performed in Zhibian (U.B. 54), Chengfu (U.B. 36), Weizhong (U.B. 40), Xuanshu (GV 5), and Mingmen (GV 4), and it was the in-and-out needling, so needles were not retained. Massage was performed mainly on Du and Urinary Bladder meridian. The treatment was given once daily at the beginning and changed into once for every second day when the symptoms were improved. Acupuncture and massage were provided at the same time. As the result, 111 cases were cured (94%); 5 were markedly effective (4%), 2 were improved (2%), and no cases of failure. [18.14 / massage- seance- immediate-]

458- gera: 64301/di/ra

[50 CASES OF HALF DISLOCATION OF SACROILIAC JOINT TREATED BY MASSAGE]. WANG YONGQUAN. **journal of shandong college of traditional chinese medicine.** 1991,15(2),35 (chi*).

Massage was applied in the treatment of the half dislocation of sacroiliac joint. In 50 cases the responsive rate was as high as 98% and the treatment was given 2 to 3 times every course. A detailed exploration on the characteristic of this disease, the diagnoses of the types and the main point of the treatment were carried out in this article. The author pointed out that massage is a simple and

efficient method in the treatment of this disease now. [18.15 / massage-]

459- gera: 65383/di/ra

[CLINICAL REPORT ON 40 CASES OF DIABETES LUMBOCRURAL PAIN TREATED BY CHINESE DRUGS]. WANG YUE ET AL. **journal of traditional chinese medicine.** 1991,32(6),32 (chi).

[9.03 / 18.14-]

460- gera: 63980/di/ra- num

[ACUPUNCTURE FOR 150 CASES OF ACUTE LUMBAGO]. WU YAOCHI. **shanghai journal of acupuncture and moxibustion.** 1991,2,18 (chi).

[18.14 / ctanr-]

461- gera: 29174/di/ra

[ACUPUNCTURE AND MOXIBUSTION THERAPY ON LUMBAGO AND PAIN OF LOWER EXTREMITIES. X. **journal of the japan society of acupuncture.** 1991,41(1),52. (jap).

[18.14 / 05.09-]

462- gera: 29222/di/ra

[SUMMARIZATION OF LOW BACK PAIN RESEARCH GROUP. X. **journal of the japan society of acupuncture.** 1991,41(1),14. (jap).

[18.14 / rg-]

463- gera: 83660/di/ra

YAO TONG LING REMEDE EFFICACE POUR TRAITER LE LUMBAGO. X. **folia sinotherapeutica.** 1991,9,12-3 (fra).

[18.14 / f1220-]

464- gera: 64644/di/ra

[PRELIMINARY OBSERVATION OF TREATING PROLAPSE OF LUMBAR INTERVERTEBRAL DISC WITH BED EXERCISE]. XIE KAI ET AL. **liaoning journal of traditional chinese medicine.** 1991,18(12),27 (chi). ref:0

[18.14 / massage-]

465- gera: 62565/di/ra

[CLINICAL OBSERVATION ON 526 CASES OF PRIMARY SCIATICA TREATED WITH THE MANUAL MANIPULATION IN COMBINATION WITH ACUPUNCTURE]. XIN BOCHEN. **chinese acupuncture and moxibustion.** 1991,11(1),11-2 (chi*).

The author has treated 526 cases of sciatica with manual manipulation and acupuncture, and satisfactory effect has been obtained. The manipulating techniques of stroking, poking, rubbing and rolling are performed up and down from the lumbosacral region to the affected leg for 3 to 4 times. Huantiao (G.B. 30), Chengfu (U.B. 36), Yinmen (U.B. 37), Weizhong (U.B. 40), Fengshi (G.B. 20), Zusanli (St 36), Chengshan (U.B.57), Kunlun (U.B. 60), are pressed with the olecranon to relieve the pain, then the course of the sciatic nerve in the hip is flicked. The above points plus Zhibian (U.B. 54) and Shenshu (U.B. 23) are needle with moderate stimulation and the needling sensation is propagated down to the foot of the affected side. By 11.5 sessions in average, 482 cases were cured, 41 were markedly effective, 3 were improved so the total effective rate was 100%. [18.16 / manipulation- massage- 23v- deqi- 54v-]

466- gera: 62394/di/ra

[REPORT OF 66 CASES OF INFLAMMATORY SYNDROME OF HORIZONTAL PROCESS OF 3RD

LUMBAR VERTEBRAE TREATED BY MANIPULATIONS]. XIONG PEI YONG. *jiangxi journal of traditional chinese medicine.* 1991,22(1),33-5 (chi).
[18.14 / manipulation-]

467- gera: 84194/di/ra- num

TREATING SCIATICA WITH POINT JIANJING. YAN XIULIAN ET AL. *international journal of clinical acupuncture.* 1991,2(1),89-90 (eng).

21VB controlatéral. Puncture sur 1 Cun. Recherche du Deqi. Effectuer 30 rotations de l'aiguille. Séance de 30mn durant lesquelles le patient déambule ou monte et descend des escaliers. Dans les cas aigus, la guérison peut être obtenue en une séance. Dans les cas chroniques, effectuer une séance par jour (10 jours). Sciatique évoluant depuis 6 mois : cédation immédiate à l'obtention du Deqi. 10 séances sont effectuées. [18.16 / lateralite- 21vb-]

468- gera: 83486/di/ra- num

THE BASIC CONCEPT OF LOW BACK PAINS IN CHINESE MEDICINE. YU HU ET AL. *chinese journal of acupuncture and moxibustion.* 1991,4(2),129-36 (eng). ref:0

Formes cliniques et traitements par phytothérapie. Revues d'études cliniques (1983-87). According to our own experiences and on the basis of review, the references, the Anatomy, Physiology, traditional classification, and the treatment of low back pains are discussed. The recent advances of acupuncture and other treatments are also discussed. The rule of new points, "back pain points", and the idea of the low back being the capital of the kidney, are discussed. We feel that acupuncture, acupressure, and the combination of western and chinese medicine have brought satisfactory results for the treatment of low back pains. More research is needed for further application on low back pains. [18.14 / rg- d\$-]

469- gera: 64805/di/ra

[SHE XIAN DAN (MUSK PILL) MOXIBUSTION FOR 27 CASES OF SACRO-ILIAC STRAIN]. ZHANG HAIFA ET AL. *shanghai journal of acupuncture and moxibustion.* 1991,10(4),25 (chi). ref:28
[18.15 / 05.09- f0-]

470- gera: 63652/di/ra

[TREATMENT OF COMPRESSION FRACTURE OF LUMBAR VERTEBRA ASSOCIATED WITH INJURY OF CAUDA EQUINA NERVE, 25 CASES]. ZHANG JINFU. *shanghai journal of traditional chinese medicine.* 1991,6,24 (chi).
[18.14 / 14.09- 18.07-]

471- gera: 64233/di/ra

[ANALYSIS FOR THE THERAPEUTICAL EFFECT OF 354 CASES OF BACKACHE AND LEG PAIN TREATED WITH ACU-POINT INJECTION OF MICRO-ELEMENTS]. ZHANG JIWU ET ALL. *chinese acupuncture and moxibustion.* 1991,11(4),17 (chi*).

The author has compounded 10mg/1ml liquid of sodium hydroxide that is sterilized by high-pressure. 3 to 6 points are selected according to the differentiation based on the painful region. The above liquid is injected into the points 0.1 or 0.2 millilitre in each. The injection is initiated proximally and down to the distal 218 cases were cured, 61 were markedly effective, 67 were improved and 8 unchanged. The total effective rate was 97.74% and the cured rate was 61.59%. Simultaneously erythema dose irradiation of ultraviolet ray is employed to treat 227 cases of the same problems and 90 cases were cured (39.9%).

Apparently the effect by the injection is superior to that by the irradiation. [18.14 / cta- 05.15- oligo- 18.16-]

472- gera: 62536/di/ra

[TREATING HYPEROSTEOGENY OF LUMBAR VERTEBRAE COMPLICATED WITH SCIATICA USING MANIPULATION UNDER TRACTION. 34 CASES]. ZHANG WEIYUAN. *shanghai journal of traditional chinese medicine.* 1991,2,14-6 (chi).
[18.14 / manipulation- 18.16-]

473- gera: 82979/di/ra

60 CASES OF SCIATICA TREATED BY MICROWAVE ACUPUNCTURE. ZHANG XIANGQIAN. *chinese journal of acupuncture and moxibustion.* 1991,4(1),34-5 (eng).
[18.16 / 05.14-]

474- gera: 62569/di/ra

[CLINICAL REPORT ON 246 CASES OF SCIATICA TREATED WITH BIMANUAL NEEDLING]. ZHAO HONGXIA. *chinese acupuncture and moxibustion.* 1991,11(1),19-20 (chi*).

ref:0
Dachangshu (U.B. 25), Zhibian (U.B. 54), Chengfu (U.B. 36), and Yanglingquan (G.B. 34) are selected as the first group of points while Ciliao (U.B. 32), Huantiao (G.B. 30), Yinmen (U.B. 37), Xuanzhong (G.B. 39) and Kunlun (U.B. 60) are recommended as the second. The two groups are alternated. Each hand holds one filiform needle, so 2 points can be punctured at the same time. The needling is 10 minutes each time and once daily, or the electric acupuncture apparatus can be connected with the needles after the insertion for 10 minutes. Injection of Guning Injectio is also combined into Shenshu (U.B. 23) and Yanglingquan (G.B. 34) or Dachangshu (U.B. 25) and Xuanzhong (G.B. 39), 2 millilitres is administered for each point, one pair of points daily. As the result, 136 cases were cured, 104 were improved and 6 unchanged. The total effective rate was 97.5%. [18.16 / 05.12- puncture- 05.15-]

475- gera: 62455/di/ra

[ACUPUNCTURE THERAPY IN SHUI GOU POINT FOR THE ACUTE LUMBAR SPRAIN]. ZHAO PINGUAN. *shaanxi traditional chinese medicine.* 1991,12(2),84-5 (chi).
[18.14 / 26vg-]

476- gera: 83453/di/ra- num

ACUPUNCTURE TREATMENT IN 96 CASES OF SUPERIOR CLUNEAL NERVE INJURY. ZHONG JISHANG. *journal of traditional chinese medicine.* 1991,11(4),259-60 (eng).
[18.14 / htjj-]

477- gera: 36064/di/ra

TERAPIA CON MICROONDE SUL PUNTO DI AGOPUNTURA IN 141 CASI DI SCIATICA. CAO CHENG ET AL. *rivista italiana di medicina tradizionale cinese.* 1992,4,63. (ita). ref:0
[18.16 / 05.12-]

478- gera: 36553/di/cg- num

CORRELATION BETWEEN NUMBER OF SESSIONS AND THERAPEUTICAL EFFECT IN ACUPUNCTURAL TREATMENT OF LOW BACK PAIN : A DOUBLE BLIND STUDY. CECCHERELLI F ET AL. *wfas international symposium on the trend of research in acupuncture, roma.* 1992,,122 (eng). ref:0
[18.14 / double aveugle- ecr- seance-]

479- gera: 43374/di/ra

[TREATMENT OF LUMBAR SORENESS WITH DECOCTION OF HERBA STEPHANIAE LONGAE]. CHEN YU. *jiangsu journal of traditional chinese medicine*. 1992,13(8),31 (chi).
[18.14 / p210-]

480- gera: 36744/di/ra

POSTOPERATIVE LUMBAR PAIN. CHEUNG CS. **abstract and review of clinical traditional chinese medicine**. 1992,4,64 (eng).

Abstract from Dr Liu Jia Qi Beijing Zhong Yi Za Zhi, 1-91 : 63, Rendered by C.S. Cheung, MD, L. Ac. [18.14 / 21.04-]

481- gera: 35945/di/ra- num

100 CASES OF ACUTE LUMBAR SPRAIN TREATED WITH ACUPUNCTURE AT ZHIBIAN (UB 54). CUI SHUGUI. *journal of traditional chinese medicine*. 1992,12(2),119. (eng).

54V. Le patient est debout, les mains sur la table d'examen, les jambes légèrement écartées. Puncture sur 3 à 3,5 cun. Rotation et enfouissement-retrait de l'aiguille jusqu'à obtention du Deqi, puis irradiation de la sensation jusqu'au pied. Stimulation 3 à 5mn, arrêt immédiat à l'obtention de l'irradiation au pied et l'aiguille est retirée. Le patient mobilise doucement son rachis. En général, guérison ou amélioration nette en une séance. Dans les cas sévères, une séance / jour, 3 à 5 jours. Guérison 60%, amélioration nette 26%, échec 4%. [18.14 / 54v- deqi- mobilisation-]

482- gera: 42986/di/ra

[TREATMENT OF 360 CASES OF LUMBAGO BY CHINESE DRUGS FUMIGATING AND OXYGEN INJECTION INTO TISSUE]. CUI WENPING ET AL. *journal of shandong college of traditional chinese medicine*. 1992,16(3),45 (chi). ref:0

[18.14 / 05.09- 05.15-]

483- gera: 36613/di/cg

THE CLINICAL OBSERVATION OF 54 CASES OF SCIATICA TREATED BY ELECTRONIC ACUPUNCTURE STIMULATION. DONG ZHI LIN. *wfas international symposium on the trend of research in acupuncture, roma*. 1992,,167 (eng).

Points principaux : 30VB et 54V. Points secondaires : selon le trajet, V ou VB. Points complémentaires : 3IG, 3TR, 4IG, 5TR. Puncturer 30VB d'abord, puis 54V. Puncture sur 2 à 3,5 cun avec une aiguille de 3 à 4 cun. La sensation de puncture irradie au pied. Electrostimulation 20 à 30mn (les 2 points principaux et 2 à 4 points secondaires) : haute fréquence et haute intensité . Si le résultat n'est pas satisfaisant, ajouter les points du membre supérieur. 20 guérisons, 14 améliorations nettes, 18 améliorations, 3 échecs. [18.16 / 54v- 30vb- 05.12-]

484- gera: 36896/di/ra

DIAGNOSTICO DE LAS LUMBALGIAS. ESCUELA NEIJING. *medicina tradicional china*. 1992,75,17-21 (esp).

[18.14 / d\$-]

485- gera: 37331/nd/re

ACUTE LOW BACK PAIN TREATED BY SPINAL MANIPULATION AND ELECTRONIC ACUPUNCTURE. FISHER HW. *j manipulative physiol ther*. 1992,15(3),199-202- (eng). ref: 0

[18.14 / 05.12- manipulation-]

486- gera: 36664/di/cg

ACUPUNCTURE AND MASSAGE IN MANAGING ACUTE LUMBAR SPRAIN. GALLI R ET AL. *wfas international symposium on the trend of research in acupuncture, roma*. 1992,,206 (eng).

[18.14 / massage-]

487- gera: 37294/nd/re

ACUPUNCTURE FOR THE TREATMENT OF THORACOLUMBAR AND CERVICAL DISC DISEASE IN THE DOG. JANSSENS LA. *probl vet med*. 1992,4(1),107-16 (eng).

Thoracolumbar disc disease (TLDD) and cervical disc disease (CDD) occur quite regularly in veterinary small animal practice, occurring predominantly in chondrodystrophic breeds and mostly around the age of 5-6 years. CDD is responsible for 15% and TLDD for 85% of disc herniations. Treatments may consist of surgery or medication or both. Acupuncture can also be used as a treatment for TLDD and CDD. With a few exceptions, the results of acupuncture treatment for TLDD and CDD are favourable and comparable to those of surgical treatments. The acupuncture techniques presented here are relatively simple and can be learned in a minimum of time. [24.02 / 18.14- 18.13- 18.12-]

488- gera: 44874/di/ra

[THE OBSERVATION ON THE THERAPEUTIC EFFECT OF 99 CASES OF LUMBAGO AND LEG PAIN, TREATED BY MOXIBUSTION WITH MUSK (ABSTRACT)]. JIANG HONG ET AL. *acupuncture research*. 1992,17(4),304 (chi). ref:57

[18.14 / 05.09-]

489- gera: 36785/di/ra

[A CLINICAL STUDY OF ACUPUNCTURE FOR LOW BACK PAIN (3RD REPORT) - RELATIONSHIP BETWEEN NEUROLOGICAL FINDINGS AND TENDERNESS]. KEISOU ISHIMARU ET AL. *journal of the japan society of acupuncture*. 1992,42(2),181-5 (jap*).

In order to clarify whether the difference in the appearance rate of tenderness exist between the patients with abnormal neurological findings and the patients without them, the tenderness were examined in 81 patients with low back pain. In the measurements, the pressure of 5-6 kg/cm² was given on each points by fingertip. The compression were made in turn from proximal points to distal points. The appearance of the tenderness were significantly greater in the group with abnormal neurological findings than in the group without them (P<0.01-0.05). The marked tenderness appeared along the posterior branches of lumbar and sacral nerves and sciatic nerve. It was suggested that the tenderness would be one of the important index reflecting well the condition of the disease. [18.14 / ashi- 04.05-]

490- gera: 35655/di/ra- num

QUEL EST VOTRE DIAGNOSTIC ? (LUMBALGIE). KESPI JM. *revue francaise d'acupuncture*. 1992,69,61-2 (fra).

Discussion à propos de deux cas cliniques. [18.14 / cc-]

491- gera: 36278/di/ra- num

QUEL EST VOTRE DIAGNOSTIC ? (LUMBAGO AIGU). KESPI JM. *revue francaise d'acupuncture*. 1992,71,69-70 (fra). ref:0

Cet avocat de 46 ans consulte pour un lumbago aigu apparu quarante-huit heures auparavant. La douleur, violente, médiane, est située sur la face antérieure de L5 et du sacrum. [18.14 / cc-]

492- gera: 39550/di/ra

[NAPRAPATHY AND BLOCK THERAPY FOR 73 CASES OF 3RD LUMBAR VERTEBRAL TRANSVERSE PROCESS SYNDROME]. LI LIANFANG ET AL. *shanghai journal of traditional chinese medicine*. 1992,4,25 (chi). ref:0 [18.14 / qg- 05.16- blocage-]

493- gera: 36006/di/ra- num

EXPERIENCE IN USING SINGLE-POINT THERAPY. LI MINGGAO. *international journal of clinical acupuncture*. 1992,3(3),265-9 (eng).

Single-point therapy refers to treatment in which a single points is needled with different manipulations, such as reinforcing or reducing, so as to cure a certain disease or a certain symptom. This therapeutic method is characterized by simple operation, comfort for the patient and prompt therapeutic effect. Following is a brief introduction to some cases treated with this method. [5.03 / 10.08- 6tr- unique- 18.14- 30vb-]

494- gera: 36458/di/ra- num

MASSAGE AND ACUPUNCTURE IN 58 CASES OF SUPERIOR CLUNIAL NEURALGIA. LI XIAOCHUN ET AL. *journal of traditional chinese medicine*. 1992,12(4),288-9 (eng). ref:0 [18.14 / massage- 23.09-]

495- gera: 35960/di/ra- num

OSTEOELECTROACUPUNCTURE IN THE MANAGEMENT OF VERTEBROGENIC PAIN SYNDROMES IN THE LUMBAR REGION AND LOWER EXTREMITIES. LISENYUK VP. *acupuncture and electrotherapeutics research*. 1992,17(1),21-8 (eng). ref:0

The method for a deep electrical stimulation of the osteofibrous formations involved in a dystrophic process which can be identified according to the criterion of a palpable painfulness or by means of thermography of the projection of local hyperthermia sites is described. An evaluation of the results of the management of vertebrogenic lumbalgia and lumbo-ischialgia by using the proposed method of osteo-electroacupuncture (stimulation by the bipolar asymmetric impulses, 0.1 msec duration, 5-10 Hz frequency, and up to 200 microA current intensity) has revealed a statistically significant curtailment of the treatment terms and a fewer number of the recurrences when compared to the standard schemes. [18.14 / profondeur- 05.12- thermographie-]

496- gera: 36061/di/ra- num

APPLICAZIONE DI UN SINGOLO AGOPUNTO PER TRATTAMENTO. LU RONG ET AL. *rivista italiana di medicina tradizionale cinese*. 1992,4,58. (ita). ref:8

[5.03 / unique- 05.09- 18.14- 3ig- 10.02- 4gi- 2vb-]

497- gera: 39324/di/ra

[OBSERVATION ON THERAPEUTIC EFFECT OF 102 CASES WITH HYPEROSTEOGENY OF LUMBAR VERTEBRAE]. MIAO JINHUA. *chinese acupuncture and moxibustion*. 1992,12(1),34 (chi*). ref:0

Slices of ginger were laid on the most tender spot of Du meridian in lumbar region and the sites 2.5 centimetre above and below it. Moxa cone of broad bean size was put on the slices and ignited and the skin around the moxa was gently tapped. 4 to 5 cones were ignited continuously. Usually 1 session or twice could be provided to the patient. 49 cases were cured, 51 improved and 2 unchanged. The method is effective to the symptoms resulting from

hyperosteogeny but its effect for prolapse of lumbar intravertebral disc is unsatisfactory. [18.14 / vg- ashi- 05.09-]

498- gera: 39769/di/ra

[CLINICAL EVALUATION FOR 386 CASES OF LUMBAGO TREATED BY SHAOLIN HUOLUO POWDER AND LUMBAR PROTECTOR BAND]. NING XUAN ET AL. *traditional chinese medicinal research*. 1992,5(1),29 (chi). [18.14 / f0-]

499- gera: 36661/di/cg

PERIDURAL BLOCK AND THE ACUPUNCTURE TREATMENT OF LUMBAR PAIN AND OF SYNDROMES OF SCIATIC NERVES. SENSINI S ET AL. *wfas international symposium on the trend of research in acupuncture, roma*. 1992,,205 (eng). [18.16 / 18.14-]

500- gera: 44873/di/ra

[THE CLINICAL OBSERVATION ON THE TREATMENT OF JIU, ZHEN, CUPPING COMBINED WITH CHINESE TRADITIONAL DRUGS POWDER ON LUMBAGO AND PAINS ON LEG (ABSTRACT)]. SHEN RENJUN. *acupuncture research*. 1992,17(4),304 (chi). [18.14 / 18.16- 05.08-]

501- gera: 43646/di/ra

[ANALGESIC EFFECT OF ELECTRO-ACUPUNCTURE ON TREATING RADICULAR SCIATICA]. SHI PEIFENG. *shanghai journal of acupuncture and moxibustion*. 1992,11(3),18 (chi). [18.16 / 05.12-]

502- gera: 35609/di/ra- num

A PROPOS DES SCIATIQUES. SHI XUE MIN ET AL. *folia sinotherapeutica*. 1992,10,27-30 (fra).

Protocole de traitement par acupuncture de Shi Xue Min utilisé à l'hôpital de Tian Jin et à l'Union des Etablissements Hélio-Marins de Berk. Analyse de la formule Du Huo Ji Shen Tang utilisée dans les sciaticques. [18.16 / f247-]

503- gera: 35971/di/ra

ACUPUNCTURE VS NERVE BLOCKS : WHEN TO REFER, WHAT TO EXPECT. SHINGH KHALSA D. *american academy of medical acupuncture review*. 1992,4(1),17-21 (eng). [6.01 / 18.14- 13.08- 18.02-]

504- gera: 36365/di/ra- num

ACUPUNCTURE FOR LOW BACK PAIN IN HUANG DI NEI JING SU WEN (YELLOW EMPEROR'S CLASSIC OF INTERNAL MEDICINE BOOK OF COMMON QUESTIONS). SUNG J LIAO ET AL. *acupuncture and electrotherapeutics research*. 1992,17(4),249-58 (eng). ref:11

In Huang Di Nei Jing Su Wen, among the materials which heretofore have no English translation, there are three Chapters on pain. One of them was devoted entirely to the low back pain. This is certainly an indication of its importance even more than 2, 300 years ago. Since it still plagues us nowadays, we have translated that Chapter of this medical classic to see what we can learn from the ancients. We attempted to second guess the ancients in the diagnosis of the various sets of symptoms, in the light of western medicine. We discussed the difficulties in interpreting the archaic text. We pointed out that there were

associations of the Mais (i.e., the Meridians) with various sets of symptoms but the loci of puncture were rather vaguely described and had no names. We inserted our selections of currently used acupoints to match the described loci. We would like to solicit our readers' comments. [18.14 / 01.03- su wen-]

505- gera: 36611/di/cg- num

CLINICAL OBSERVATION ON 125 CASES OF ACUTE LUMBAR SPRAIN TREATED WITH OCULAR ACUPUNCTURE. TIAN WEIZHU. *wfas international symposium on the trend of research in acupuncture, roma.* 1992,,166 (eng). ref:5 [18.14 / oculo-]

506- gera: 43791/di/ra

[TREATMENT OF 108 CASES OF PIRIFORMIS INJURY SYNDROME WITH DECOLLEMENT BY THICK SILVER NEEDLE COMBINE WITH MOXIBUSTION]. TONG LIMIN ET AL. *chinese acupuncture and moxibustion.* 1992,12(5),11 (chi*).

2 % procaine was used for local anesthesia at Huantiao (GB30), and a binary alloy needle (of 70 % silver and 30 % copper), 125mm in length and 1mm in diameter was inserted into the point as deep as 5 to 6 cun. When there appeared fairly strong needling sensation, the tip of the needle was moved upwards, downwards, to the left and right along the projecting cord-like muscle to strip and relax. Then warm-needle moxibustion was given for 2 or 3 cones. After the withdrawal of the needle, the needle hole was covered with dressing to prevent infection. The treatment is offered once weekly. When the disease affects both sides, the needling can be performed bilaterally. The effect can be obtained after twice or three times of the needling. [18.14 / 05.09- 05.09- 30vb- profondeur- aiguille- 05.04-]

507- gera: 44260/di/ra

[A REPORT ON TREATMENT OF 60 CASES OF LUMBAR INTERVERTEBRAL DISK DISPLACEMENT IN EARLY PERIOD BY CRUDE HERB MOXIBUSTION]. WAN JIANFENG ET AL. *jiangxi journal of traditional chinese medicine.* 1992,23(5),36 (chi*).

The basic recipe is made up of Rhizoma Drynaria, raw Rhizoma Rhei each 1 portion, Commiphora Myrrha, Rhizoma Corydalis, Herba Lycopodii, Radix Dipsaci each 5 portions. For cases with marked trauma, Resina Draconis, Radix Angelicae Sinensis, Moschus or / Borneolum Syntheticum should be added; for cases with deficient-cold and cold pain of the waist, Radix Aconiti, Flos Lonicerae, Cortex Cinnamomi should be added. All drugs were baked dry and ground into fine powder, to 20g of which a little ginger juice is added and a medical cake with a diameter of 4 cm and thickness of 0.6-0.9 cm is made. Apply the cake to the wound and put an ignited moxa cone at the center. Burn the cone for 3-5 Zhuang, once or twice daily, with 10 sessions constituting a therapeutic course. Results revealed that 28 cases were cured, 17 cases markedly improved, 13 cases effectiveness, 2 cases failed. The total effectiveness rate was 96.7%. [18.14 / 05.09-]

508- gera: 36662/di/cg- num

OBSERVATION OF THERAPEUTIC EFFECTIVENESS ON 455 CASES OF SCIATICA TREATED WITH DEEPLY NEEDLING ON POINT GUANYUANSHU (BL26) (abstract). WANG SONGRONG ET AL. *wfas international symposium on the trend of research in acupuncture, roma.* 1992,,205 (eng).

Puncture du 26V sur 2,5 cun avec obtention d'une sensation d'engourdissement. Enfoncement-retrait jusqu'à irradiation de la sensation vers le pied. Puncture d'abord du côté sain, puis du côté malade. [Voir article complet réf. GERA [48692]. [18.16 / 26v- deqi- profondeur- lateralite-]

509- gera: 37059/di/ra- num

ANALYSIS ON 186 CASES OF SCIATICA TREATED BY PUNCTURE WITH THE BALANCE OF THE HUMAN BODY AS A WHOLE. WANG WENYUAN ET AL. *world journal of acupuncture moxibustion.* 1992,2(3),3-5 (eng).

This article introduces 186 cases of sciatica treated by acupuncture with balance of the human body as a whole. Jianzhen (SI9) was selected as the main acupoint. At the same time, Fengchi (GB20) or Dazhui (GV14) was selected as the pressing point. There was statistically significant difference ($p < 0.001$) between the treatment group and the other two control groups. In the result, 147 cases were basically cured, 28 markedly improved, 5 improved and the total effective rate was 97,31%. [18.16 / 9ig- ctanr- 14vg- 20vb-]

510- gera: 44882/di/ra

[THE TREATMENT OF POINTS MOXIBUSTION 40 CASES OF ACUTE LUMBAR SPRAIN (ABSTRACT)]. WEI CONG JIAN ET AL. *acupuncture research.* 1992,17(4),307 (chi). ref:0 [18.14 / 05.09-]

511- gera: 35583/di/ra- num

HOW IS SCIATIC NEURALGIA TREATED WITH ACUPUNCTURE ? X. *journal of traditional chinese medicine.* 1992,12(1),74-5 (eng).

Points principaux : 30VB, 40V et 34VB. La dispersion est le plus souvent utilisée. Il est important d'obtenir une sensation irradiée vers le pied. La profondeur optima pour le 40V est de 0,3 à 0,5 cun Après cédation de la douleur, utiliser la technique de mi-tonification, mi-dispersion. [18.16 / 34vb- td- acupuncture- deqi- profondeur- 40v- 30vb-]

512- gera: 36086/di/ra

[INFLUENCE OF ELECTRIC STIMULATION ON BL-54 TO THE SKIN TEMPERATURE OF LOWER BACK]. X. *journal of the japan society of acupuncture.* 1992,42(1),19. (jap). ref:0 [18.14 / 54v- 05.12- temperature-]

513- gera: 36100/di/ra

[ACUPUNCTURE AND MOXIBUSTION TREATMENT OF LOW BACK PAIN]. X. *journal of the japan society of acupuncture.* 1992,42(1),33. (jap). [18.14 / 05.09-]

514- gera: 36104/di/ra

[TRIGGER POINT NEEDLING THERAPY ON LOW BACK PAIN]. X. *journal of the japan society of acupuncture.* 1992,42(1),37. (jap). [18.14 / a shi-]

515- gera: 36149/di/ra

[EFFECT OF ACUPUNCTURE WITH ELECTRIC DISCHARGE ON PATIENTS WITH SENSORY DISTURBANCE CAUSED BY LUMBAR HERNIA]. X. *journal of the japan society of acupuncture.* 1992,42(1),82. (jap). [18.14 / 05.12-]

516- gera: 36208/di/ra

[EFFECTS OF ACUPUNCTURE TREATMENT ON LOW BACK PAIN AND HLA]. X. **journal of the japan society of acupuncture.** 1992,42(1),141. (jap).

[18.14 / hla- spa-]

517- gera: 35869/di/ra- num

TREATMENT OF BACK AND LEG PAIN BY ELECTRO-ACUPUNCTURE MAINLY ON YAOYANGGUAN POINT : AN OBSERVATION OF 100 CASES. XU RONGZHEN. **international journal of clinical acupuncture.** 1992,3(2),187-9 (eng).

[18.14 / 3vg- 05.12- 30vb- profondeur-]

518- gera: 44879/di/ra

[THE MAIN TREATMENT OF 152 CASES OF SPINAL PROLIFERATION BY DIRECT AND INDIRECT MOXIBUSTION WITH WARMING NEEDLE AND A SLICE OF FRESH GINGER (ABSTRACT)]. YAN SHAOMIN. **acupuncture research.** 1992,17(4),306 (chi). ref:0

[18.14 / 05.09-]

519- gera: 44747/di/ra

[SEVERE PAIN OF LUMBOSACRAL REGION CAUSED BY EPIDURAL SPACE INFECTION : A CASE REPORT]. YANG FUMING. **new journal of traditional chinese medicine.** 1992,24(10),21 (chi).

[18.14 / 05.19-]

520- gera: 44385/di/ra

[TREATMENT OF LUMBAGO AND LEG PAIN BY MEDICINAL CUPPING]. YU GUOJING. **new journal of traditional chinese medicine.** 1992,24(9),34 (chi).

[18.14 / 05.08-]

521- gera: 44818/di/ra

[CLINICAL RESEARCH ON THE PAIN SYNDROME DUE TO PROLAPSED LUMBAR INTERVERTEBRAL DISK TREATED BY MOXIBUSTION WITH SHEXIANG DAN (MUSK PILL)]. ZHANG HAIFA ET AL. **acupuncture research.** 1992,17(4),246 (chi).

[18.14 / 05.09- f0-]

522- gera: 43477/di/ra

[32 CASES OF REFRACTORY PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED BY INTEGRATING CHINESE WITH WESTERN MEDICINE]. ZHANG JIAN-HUA ET AL. **practical journal of integrating chinese with modern medicine.** 1992,5(4),227 (chi).

[18.14 / mo-]

523- gera: 43793/di/ra

[OBSERVATION ON THE THERAPEUTICAL EFFECT OF 203 CASES OF LUMBAR MUSCLE STRAIN TREATED WITH ACUPOINT INJECTION AND TDP]. ZHANG SHIYUN. **chinese acupuncture and moxibustion.** 1992,12(5),15 (chi*).

2 groups of points were prescribed : 1) Shenshu (BL23), Weizhong (BL40), and Yaoyan (Extra) : 2) Mingmen (GV4), Yaoyangguan (GV3) and Yanglingquan (GB34). 2ml. of 2 % procaine, 1ml. of 5 mg dexamethasone, 1ml of angelicae Injectio and 1ml of Daphne Odora Injectio were all combined. A 5ml syringe was used to inject 1.5ml. of the liquid into each point of the first group. The injection was once for every day. After 3 days, the injection was performed for the other group. TDP lamp was employed to irradiate the focus of pain 30 minutes every day. The above treatment constituted one treating course with 10 days and

there was a 2-day interval between every 2 courses. Among all the treated patients, 103 were cured (50.73 %), 76 markedly effective (37.43 %), 21 improved (10.34), and 3 unchanged (1.54 %). [18.14 / 40v- p74- p13- 34vb- 3vg- 4vg- 05.15- yaoyan- 23v-]

524- gera: 39279/di/ra

[NAPRAPATHY ASSOCIATED WITH ACUPUNCTURE AND MOXIBUSTION FOR 108 CASES OF PIRIFORMIS SYNDROME]. ZHENG DEJIANG. **shanghai journal of traditional chinese medicine.** 1992,2,28 (chi).

[18.14 / qg- 05.09-]

525- gera: 36414/di/ra- num

TREATMENT OF 279 CASES OF ACUTE LUMBAR SPRAIN BY PUNCTURING SPRAIN POINT. ZHOU YIGUI. **international journal of clinical acupuncture.** 1992,3(4),383-5 (eng).

Sprain point (à l'union 1/4 supérieur, 3/4 inférieur de la ligne unissant le 4TR au 11GI. Le patient est assis, les bras sur une table. Puncture rapide, perpendiculaire sur 1 à 1,5 cun. Une fois le Deqi obtenu, le patient se lève, stimulation en dispersion 30 secondes par rotation et enfoncement-retrait de l'aiguille d'intensité fonction de la tolérance du patient. L'aiguille est laissée en place et on demande au patient de mobiliser progressivement son rachis. Séance de 20mn, une séance / jour. Guérison : 95,34%. Amélioration : 4,66%. Sur les 266 cas guéris : 208 en une séance, 47 en 2 séances, 11 en 3 séances. Sur 162 cas avec un lumbago de 24h et moins, 96,3% sont guéris en une séance. Sur 102 cas avec lumbago entre 2 et 3 jours, 49,02% sont guéris en une séance. Sur 15 cas avec un lumbago de 4 jours et plus : 13,33% sont guéris en une séance. [18.14 / mobilisation-seance-]

526- gera: 39602/di/ra

[AN ANALYSIS ON THE RESULTS OF COMPRESSIVE FRACTURES OF THORACOLUMBAR SPINE TREATED BY PILLOW ELEVATION AND EXTENSION EXERCISES (APPLICATION OF BECK INDEX)]. ZOU JI ET AL. **chinese journal of traditional medicine traumatology and orthopedics.** 1992,8(1),12 (chi*). ref:0

In this paper, beck index was used as index in order to evaluate the compressive degree of vertebral bodies and the conditions before and after treatment, and "therapeutic effective standard of fracture (draft)" was used as standards of therapeutic evaluation. Clinical conditions, X-ray plated and therapeutic effect of patients with complete follow up data were analysed in 79 treated patients with compressive fractures of thoraco-lumbar spine by pillow elevation and extension exercises. The results showed that there were higher elevation of Beck index in the patients which implemented this methods stringently (a group) than that in the patients which implemented this methods unstringently (B group). In certain range, being implemented stringently, there mere negative correlation between elevated range of Beck index and original Beck index. The therapeutic effects of A group were more excellent than that of B group. [18.07 / 18.14-]

527- gera: 45956/nd/re

[THE FUNCTION OF THE HYPOPHYSIS-GONADAL SYSTEM IN LUMBAR OSTEOCHONDROSIS IN MEN AND ITS CHANGES DURING ACUPUNCTURE AND ELECTROACUPUNCTURE]. AGASAROV LG ET AL. **vopr kurortol fizioter lech fiz kult.** 1993,61-3, (rus).

[18.14 / 09.06- 05.12- 09.10-]

528- gera: 6127/di/cg

ACUPUNCTURE FOR LUMBAGO AFTER KIDNEY POSITION. ANZAWA N ET AL. **third world conference on acupuncture.** 1993,,280. (eng). [18.14 / 21.04-]

529- gera: 77551/di/re- num

LONG-TERM PAIN RELIEF AFTER ACUPUNCTURE FOR CHRONIC LOW BACK PAIN. A PLACEBO CONTROLLED STUDY. ABSTRACT. CARLSSON C ET AL. **seventh world congress on pain, paris.** 1993,,432-3 (eng). ref:0

Voir ref gera [99525]. Aim of Investigation: Short-term relief of acupuncture for low back pain has been shown earlier. We have now performed a single-blind placebo controlled study with independent observer to see if there are any long-term results of acupuncture against chronic low back pain Methods: 49 consecutive patients with chronic low back pain without rhizopathy were included. All patients were referred to the pain clinic at Malmo General Hosp. from orthopaedic surgeons or general practitioners. The patients were randomised to an acupuncture group or a placebo group. The patients were examined by one of us (BS) who were blinded regarding what group the patient belonged to. The treatments were given once a week for eight weeks. Thereafter the follow-up period started. One more treatment was given after two months and the last treatment was given after two months further. In a pain-diary the patients scored their pain (VAS-scale) twice daily. The patients were examined (by BS) one month after treatment number eight, one month after treatment 10 (that is 5 months after the finish of the initial treatment series), and thereafter depending on the result in the global assessment. The acupuncture was given according to commonly adopted rules. The placebo treatment was "mock-TENS", given from an impressive GRASS stimulator without output. Results: 32 females and 17 males were included in the study. The mean age was 49.9 years and the mean Pain duration 10.0 years. At the global assessment month after the 10th treatment 15/33 (46%) in the acupuncture group was better compared to 2/16 in the placebo group (sign. $p < 0,05$, χ^2). At follow-up six months after the last treatment those figures were 11/33 (33%) compared to 2/16 (13%). The VAS values showed a significant mean reduction in the acupuncture group. Conclusion: Even in a group with very long-standing low back pain there is a subgroup which benefit for a long time after one course of acupuncture treatments [18.14 / ecr-]

530- gera: 48694/di/ra

APPLICATION OF WAILAOGONG IN THE CLINIC. CHEN BAOZHU. **international journal of clinical acupuncture.** 1993,4(2),149-51 (eng).

In clinical practice the author punctured wailaogong to treat acute aching of neck, shoulder, back, loin and rib and acute abdominal pains with satisfactory results as reported here. [5.16 / 02.06- 18.12- 18.10- 18.14- 10.16-]

531- gera: 48336/di/ra

[MECHANISM AND PRINCIPLES IN TREATMENT OF PROTRUSION OF LUMBAR INTERVERTEBRAL DISC WITH MASSAGE]. CHEN XI SUN XIJIANG LI CHANGXIN. **jiangsu journal of traditional chinese medicine.** 1993,14(11),35 (chi). ref:0

[18.14 / massage-]

532- gera: 1981/di/ra- num

STEP-BY-STEP NEEDLING ALONG DU CHANNEL IN TREATING SPINAL CANAL STENOSIS. CHEN YUHUA. **international journal of clinical acupuncture.** 1993,4(4),437-9 (eng).

Spinal canal stenosis is rarely seen clinically. Over the years we have used a method of needling the points of Du Channel in treating 26 such cases, with satisfactory therapeutic results. A summary follows. Points du VG (du 1VG au 16VG). HTJJ au niveau de la sténose. Patient en décubitus ventral, un coussin sous la ceinture. Une aiguille de 8 cun de long est implantée en sous-cutanée à partir du 1VG vers le haut, le long du VG. Une autre aiguille est implantée de la même façon à partir du point atteint par la première aiguille. Rotation et vibration en tonification 5mn. La première aiguille est retirée et une troisième aiguille est mise en place. Ainsi de suite jusqu'au 16VG au niveau des HTJJ : puncture sur 2 cun en tonification, suivie de mise en place de ventouse. Une séance / jour. Série de 12 séances. Guérison : 50%, amélioration : 42,31%, sans changement : 7,69%. [18.14 / 05.07- vg- 05.08-]

533- gera: 20086/nd/ra

TENS FOR BACK PAIN. CHILTON SA. **acupunct med.** 1993,11(1),49-50 (eng). ref:0 [18.14 / 05.12-]

534- gera: 1912/di/ra- num

ACUPUNCTURE AND MOXIBUSTION TREATMENT OF SCIATICA : CLINICAL OBSERVATION OF 375 CASES. CUI SHUGUI. **international journal of clinical acupuncture.** 1993,4(4),429-32 (eng).

Point principal : 54V. Points secondaires : 57V + 60V (Taiyang). 34VB, 39VB et 40V (Shaoyang), 9Rte et 40E (Humidité), 36E + 23V (atteinte chronique et Vide), 23V + HTJJ + 25V (atteinte radiculaire). Stimulation modérée. Au 54V : puncture sur 2 à 3,5 cun, obtention du Deqi et irradiation au pied. Si Froid-Humidité : moxas le long de la douleur. Une séance par jour, séries de 10 séances. Guérison : 37,6%, amélioration marquée : 40,5%, amélioration : 15%, échec : 6,9%. Les meilleurs résultats sont obtenus avec irradiation du Deqi au pied. [18.16 / 54v- 05.09- d\$-]

535- gera: 36979/di/ra

ESTUDIO DE 100 CASOS DE DISTENSION LUMBAR AGUDA TRATADOS CON ACUPUNTURA EN ZHIBIAN (VU 54). CUI SHUNGUI. **revista de la medicina tradicional china.** 1993,1,23-4 (esp). ref:0 [18.14 / 54v-]

536- gera: 4657/di/cg

SELF REDUCTION TREATMENT OF SOMATIC DORSAL AND LUMBAR VERTEBRAL FRACTURES (43 CASES) COMBINING ACUPUNCTURE AND TRADITIONAL CHINESE EXERCISES WITH WESTERN ORTHOPAEDICS. D'ACUNZO G ET AL. **third world conference on acupuncture.** 1993,,207 (eng). ref:0 [18.14 / 18.07- 18.13-]

537- gera: 47923/di/ra

[THE CLINICAL EXPERIENCE FOR THE CURE OF SCIATICA THROUGH THE JOINT APPROACH OF TRADITIONAL CHINESE MEDICINE AND WESTERN MEDICINE]. DONG SHIWEI ET AL. **the practical journal of integrating chinese with modern medicine.** 1993,6(12),720 (chi). ref:0 [18.16 / mo-]

538- gera: 47980/di/ra

[SINGLE- ACUPOINT ACUPUNCTURE APPLIED TO TREATING LUMBAR SPRAIN]. FANG ZONGCHOU. *jiangsu journal of traditional chinese medicine*. 1993,14(12),27 (chi).
[18.14 / unique-]

539- gera: 48706/di/ra

ACUPUNCTURE AT TENDER POINTS WITH SILVER NEEDLES FOR PAIN IN NECK, SHOULDER, BACK AND LEG REGIONS. FU ZHIQIANG. *international journal of clinical acupuncture*. 1993,4(2),197-99 (eng).

Pain in the neck, shoulder, back and leg regions is a common clinical symptom. We report our experiences in the treatment of 120 such cases by silver needle cupuncture at the tender point. [18.01 / aiguille- 18.12- 18.10- 18.14- 18.16-]

540- gera: 48755/di/ra- num

ACUPUNCTURE AT YINMEN IN TREATING ACUTE LUMBAR SPRAIN. GAO WEILIANG. *international journal of clinical acupuncture*. 1993,4(3),331-3 (eng). ref:0

Acute lumbar sprain is a common and frequently encountered condition, for wich the author has for many years punctured Yinmen (UB37) point bilaterally to treat 42 cases of acute lumbar sprain. After 1-2 treatments, or at most 10 sessions, thesymptoms generally disappeared and the lumbar region moved freely. A report follows. [18.14 / 37v-]

541- gera: 38280/di/ra

[37 CASES OF THIRD TRANSVERSE PROCESS SYNDROME TREATED BY LOCAL BLOCKADE WITH STRIPPING]. GONG XIUJIAN. *shandong journal of traditional chinese medicine*. 1993,2,15 (chi). ref:0
[18.14 / 05.15-]

542- gera: 38764/di/ra

DISTORSIONE LOMBARE ACUTA : TRATTAMENTO CON AGOPUNTURA E MASSAGGIO. GRILLI M ET AL. *rivista italiana di medicina tradizionale cinese*. 1993,50(2),34-5 (ita).
[18.14 / massage-]

543- gera: 5044/di/cg

CLINICAL EFFICACY OF ELECTRICAL HEAT ACUPUNCTURE. HAYASHIDA I ET AL. *third world conference on acupuncture*. 1993,,222. (eng). ref:0
[5.09 / comparaison- 18.14- 05.12-]

544- gera: 45501/nd/ra

TREATMENT OF ACUTE LUMBAR SPRAIN WITH OTOACUPUNCTURE AT THE ACUPOINT LUMBAGO. HE T. *journal of traditional chinese medicine*. 1993,13(2),106 (eng). ref:0
[18.14 / 05.10-]

545- gera: 45105/di/ra- num

TREATMENT OF ACUTE LUMBAR SPRAIN WITH ACUPUNCTURE AT FUYANG (UB 59). HU RUNSHU. *journal of traditional chinese medicine*. 1993,13(4),264-5 (eng).

59V bilatéral. Patient en position assise. Puncture rapide sur 1cun. Enfoncement-retrait et rotation 30 secondes. Puis demander au patient d'effectuer des mouvements de flexion-extension, de se lever et de s'accroupir 5 fois, en toussant. L'aiguille est laissée en place 3 - 5mn, puis retirée

en s'efforçant d'élargir l'orifice de puncture qui n'est pas comprimé pour laisser sortir un peu de sang. Sur 135 cas : 115 guérisons, 18 améliorations nettes et 2 échecs. [18.14 / 59v- mobilisation-]

546- gera: 48757/di/ra- num

TREATMENT OF ACUTE LUMBAR SPRAIN BY ACUPUNCTURE AT FUYANG (UB59). HU RUNSHU. *international journal of clinical acupuncture*. 1993,4(3),337-8 (eng). ref:0

In the last 2-5 years, the author punctured the Fuyang (UB 59) point in treating 135 cases of acute lumbar sprain with satisfactory results. A report follows. 59V bilatéralement. Patient en position assise. Puncture rapide sur 1cun. Enfoncement-retrait et rotation 30 secondes. Puis demander au patient d'effectuer des mouvements de flexion-extension, de se lever et de se rasseoir, de tousser. L'aiguille est laissée en place 3-5mn, puis retirée en s'efforçant d'élargir l'orifice de puncture. Guérisons : 82,5%, amélioration :13,3%, échec : 1,5%. [18.14 / 59v-]

547- gera: 4993/di/cg

CLINICAL EFFECTS OF ELECTRICAL HEAT ACUPUNCTURE ON CHRONIC LOW BACK AND KNEE JOINT PAIN (III). IWA M ET AL. *third world conference on acupuncture*. 1993,,219. (eng). ref:0
[18.14 / 18.14- 05.09- 05.12- 18.18-]

548- gera: 4639/di/cg- num

CLINIC OBSERVATION OF ZHU'S SCALP ACUPUNCTURE WITH TUINA IN TREATING ACUTE LOW BACK PAIN SYNDROME. JIACHEN Z ET AL. *third world conference on acupuncture*. 1993,,206. (eng). ref:0
[18.14 / massage- cranio-]

549- gera: 6120/di/cg- num

CLINICAL STUDY OF ACUPUNCTURE THERAPY FOR LUMBER SPINAL CANAL STENOSIS. ABSTRACT. KASUYA D ET AL. *third world conference on acupuncture*. 1993,,278. (eng). ref:0

Puncture profonde au niveau des articulations inter-apophysaires (HTJJ?) au niveau des lésions. Electroacupuncture. Amélioration des douleurs lombaires et des membres inférieurs dans les 23 cas. Amélioration de la distance de marche dans 20 cas. [Même texte que GERA 82364]. [18.14 / htjj- 05.12-]

550- gera: 57158/di/ra

CLINICAL EFFICACY OF ELECTRICAL HEAT ACUPUNCTURE (FIRST REPORT) : EFFECT ON LOW BACK PAIN]. KEISOU ISHIMARU. *american journal of acupuncture*. 1993,21(1),13-8 (eng). ref:0

The conventional technique of moxa needle therapy involved problems such as production of smoke and ash and the necessity of complex manipulation. To solve these problems, a new electronic heater has been developed for use with moxa needle therapy. The therapy given with this device (the Denshi-onQ CS-2000) is designated as "electrical heat acupuncture." When the warming curve was compared between electrical heat acupuncture and moxa needle therapy, the time required for the skin temperature to rise was less for electrical heat acupuncture (15 seconds than for moxa needle therapy, 100 seconds. The effect of electrical heat acupuncture and simple acupuncture (the in situ needle technique) on low back pain was assessed clinically and revealed a significantly greater improvement in the finger-floor distance and pain after electrical heat acupuncture (P<0.05). [18.14 / 05.09- 05.12-]

551- gera: 49099/di/ra

UNE LOMBALGIE POU MON-REIN. KESPI JM. revue française d'acupuncture. 1993,74,69-70 (fra*). ref:9

Nous présentons ici une lombalgie aiguë apparemment traumatique, en fait sous-tendu par une mauvaise descente du Qi du Poumon au pelvis. [18.14 / 4.07+p- cc-]

552- gera: 70888/di/re- num

LA INTERVENCIÓN NEUROREFLEJOTERAPICA EN EL TRATAMIENTO DE LA LUMBALGIA INESPECIFICA: UN ENSAYO CLINICO CONTROLADO, ALEATORIZADO, A DOBLE CIEGO. KOVACS ET AL. med clin. 1993,101,570-75 (ita). ref:0

Background: Nonspecific low back pain is a very common disorder for which no completely satisfactory treatment has been established. A randomized, double-blind, controlled clinical trial was design to assess the efficacy of neuro-reflexotherapeutic intervention in the treatment of this condition. Methods: Ninety-one patients with a confirmed diagnosis of nonspecific low back pain were referred for treatment from primary health care facilities in the Spanish National Health System. A total of 43 patients were assigned to the control group and 48 to the treatment group. Patients in the treatment group received a single neuro-reflexotherapeutic intervention. Patients in the control group underwent a similar procedure, although inappropriate zones were stimulated. Patients in both groups were allowed to continue drug and physiotherapy treatments prescribed by their general practitioners. According to the design the study was ended when statistically significant and clinically evaluable results were obtained in an analysis carried out half way through the study. Results: Participants underwent clinical evaluations on three occasions: immediately prior to intervention, immediately after and on day 30 afterwards. Patients in the treatment group showed immediate clinically and statistically significant improvements ($P < 0.0001$) in pain, muscular contracture and mobility, allowing them to discontinue pharmacological treatment and keeping them free of symptoms during the study period. Conclusions: According to results of this study, neuro-reflexotherapeutic intervention has proved to be an effective method for treating low back pain. [18.14 / ecr-]

553- gera: 4455/di/cg- num

THERAPEUTIC APPROACHES IN THE TREATMENT OF LESIONS OF PRE-SACRAL NERVE PLEXUS AND SCIATIC NERVE (abstract). MAEDA S ET AL. third world conference on acupuncture. 1993,,199. (eng). ref:61 [18.16 / 18.15-]

554- gera: 47970/di/ra

[NOSE ACUPUNCTURE FOR 300 CASES OF ACUTE LUMBAR SPRAIN]. MENG QINGLIANG. shanghai journal of acupuncture and moxibustion. 1993,12(4),162 (chi). ref:0 [18.14 / naso-]

555- gera: 85917/di/ra

ELECTROACUPUNCTURE TREATMENT OF LUMBOSACRAL DISC ROOT DISEASE. MILANOV I. akupunktur theorie und praxis. 1993,21(3),183-9 (eng). [18.14 / 05.12-]

556- gera: 6138/di/cg

ACUPUNCTURE FOR LOW BACK PAIN IN

ATHLETES. MIYAMOTO T ET AL. third world conference on acupuncture. 1993,,281. (eng). ref:38 [18.14 / 23.10-]

557- gera: 58572/nd/re

ACUPUNTURA Y SACROLUMBALGIA. SARDINA CRESPO ET AL. rev. cuba. med. gen. integr. 1993,9(3),291-6 (esp*). ref:0

Se escogieron 30 pacientes con sacrolumbalgia organica y se trataron con acupuntura, utilizando 3 grupos de trabajo de 10 pacientes cada uno, similares estadísticamente, usando un sistema de tratamiento diferente. Predomino la osteoartritis como la causa mas frecuente con un 60 de incidencia, la edad mas frecuente estuvo entre los 41 y los 70 anos y no existio correspondencia entre el sexo y la enfermedad. El sistema de tratamiento mas util fue el de los microsistemas de tobillo con una semana como promedio de aplicacion para alcanzar el estado asintomatico. [18.14 / cta- 18.15-]

558- gera: 6220/di/cg

ANALGESIC EFFECT OF ACUPOINT SHENSHU FOR LUMBAGO IN BI SYNDROME. SCHIANTARELLI C ET AL. third world conference on acupuncture. 1993,,283. (eng). ref: [18.14 / 18.03- 05.09- 23v- comparaison-]

559- gera: 38451/di/ra

[APPLIED DIFFERENTIATION OF SYNDROMES AND TREATMENT OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC]. SHU XU ET AL. acta chinese medicine and pharmacology. 1993,1,33 (chi). ref:0 [18.14 / d\$-]

560- gera: 38851/di/ra- num

TREATMENT OF 1000 CASES OF LUMBAR SOFT TISSUE INJURY WITH ACUPUNCTURE PLUS EXERCISE. SONG ZHENZHI. journal of traditional chinese medicine. 1993,13(1),19-21 (eng).

26VG (atteinte du VG), 6IG (Vessie), Yaotongdian (V et VB combinés), 26VG + 6IG (VG et Vessie combinés). Insertion rapide au niveau du point. Une fois le Deqi obtenu, le patient mobilise son rachis d'abord doucement, puis avec une plus grande amplitude. Aiguille en place 15mn, avec manipulations intermittentes d'enfoncement-retrait et rotation. Au retrait de l'aiguille, le patient continue sa mobilisation. En l'absence d'amélioration, appliquer des ventouses. Guérison en une séance : 61,9% avec automobilisation du rachis contre seulement 16% en l'absence de mobilisation. [18.14 / 6ig- 26vg- mobilisation-]

561- gera: 14587/di/ra

GINNASTICA PER LE PATOLOGIE DELLA REGIONE LOMBARE. SOTTE L. rivista italiana di medicina tradizionale cinese. 1993,54(6),25-9 (ita). [18.14 / 05.16-]

562- gera: 8421/di/cg- num

A CASE OF LEFT SCIATICA TREATED BY ACUPUNCTURE (abstract). TANAKA N. third world conference on acupuncture. 1993,,380. (eng). ref:0 Amélioration de la douleur de 80% sur EVA après craniopuncture. [18.16 / cc- cranio-]

563- gera: 47321/di/ra

[CLINICAL SUMMARY ON 125 CASES OF COMPRESSED FRACTURE OF THORACIC AND LUMBAR VERTEBRAE TREATED WITH

MANIPULATION IN MAIN]. TANG CIDE. shanghai journal of traditional chinese medicine. 1993,10,27 (chi). ref:0

[18.07 / manipulation- 18.14- 18.13-]

564- gera: 48758/di/ra- num

PERIOULAR ACUPUNCTURE IN TREATING ACUTE LUMBAR SPRAIN : REPORT OF 125 CASES. TIAN WEIZHU. international journal of clinical acupuncture. 1993,4(3),339-42 (eng).

Clinically, acute lumbar sprain is commonly identified as sudden back sprain, due most often to sudden change of posture or violent impact. In 125 such cases, eye-acupuncture (needling around orbit), a therapy used by my teacher, Prof. Peng Jingshan, was applied with satisfactory results as reported below. Points d'oculopuncture Réchauffeur Inférieur et Rein. Aiguille en place 5 - 10mn. Mobilisation par le patient de son rachis. 84 cas guéris en 1 séance. 25 cas après 2 séances. 13 cas après 3 séances. 3 échecs après 3 séances. [18.14 / oculo-]

565- gera: 4160/di/cg- num

EFFECTS OF ACUPUNCTURE STIMULATION ON BLOOD FLOW ON PERIPHERAL NERVE TRUNK (abstract). UEKI M ET AL. third world conference on acupuncture. 1993,,160. (eng). ref:0

L'acupuncture élève le débit sanguin au niveau des nerfs périphériques chez le lapin. [18.16 / eaa+lapin- 07.08-]

566- gera: 47293/di/ra- num

[TREATMENT OF 40 CASES OF MUSCULUS PIRIFORMIS SYNDROME WITH QI CI PLUS WAR MOXIBUSTION AND CUPPING]. WANG JING. chinese acupuncture and moxibustion. 1993,13(6),29 (chi*). ref:0

40 cases of musculus piriformis syndrome were treated with Qi Ci, in which one needle was punctured at the center of the affected part with 2 needles on both sides, which was combined with warm moxibustion and cupping. Among them, 19 cases (47,5%) were cured, 15 cases (37,5%) markedly improved and 6 cases improved. The treatment mentioned above was compared with simple acupuncture (30 cases). In both groups Ashi point was selected as the main point, which was situated at the pressure pain locas of the buttock, and the supplemental points were added according to differentiation of symptoms and signs. It was observed that the therapeutic effect of Qi Ci plus warm moxibustion and cupping was better than that of simple acupuncture. Une aiguille au centre de la région douloureuse et 2 aiguilles sur les côtés (Qi Ci). Associer à ventouses et moxas. Guérison: 47,5%, amélioration nette: 37,5%. [18.14 / 05.08- comparaison- 05.09- puncture-ctanr-]

567- gera: 46948/di/ra

[PROTRUSION OF LUMBAR INTERVERTEBRAL DISCS TREATED BY ACUPUNCTURE]. WANG JINLIANG. chinese acupuncture and moxibustion. 1993,13(3),19 (chi*).

100 cases of protrusion of lumbar intervertebral discs were treated mainly with acupuncture. According to the author's experience, bilateral lumbar intervertebral protrusion points were selected. They were located 3 cun lateral to the spinous processes. Perpendicularly puncturing 2,5 - 3 cun, the therapeutic effect would be better if needling sensation was propagated along the lower limbs to reach toes or heels. It was shown that 82 cases were cured, 11 markedly effective, 7 improved, making the total effective rate being 100%. [18.14 / psc- deqi-]

568- gera: 48692/di/ra- num

455 CASES OF SCIATICA TREATED WITH DEEP NEEDLING OF GUANYUANSHU. WANG SONGRONG ET AL. international journal of clinical acupuncture. 1993,4(2),137-40 (eng).

Point principal : 26V. Points secondaires (en alternance) : 1) 23V, 58V, 3Rn. 2) 30VB, 34VB, 60V. Puncture légèrement oblique vers la colonne vertébrale. Profondeur de 2,5 cun. Obtention du Deqi et manipulation d'enfoncement-retrait jusqu'à obtention de la sensation de choc électrique. Enfoncer jusqu'à 3 cun pour obtenir l'irradiation vers le pied. Stimuler 2 à 3 fois de la même manière durant la séance de 30mn. Puncturer d'abord le côté sain, puis le côté malade. Une séance par jour, série de 10 séances. Guérison : 70,38%. Amélioration marquée : 18,24% Amélioration : 7,7%, Echec : 3,73%. [18.16 / profondeur- 26v-]

569- gera: 49045/di/ra- num

AN OBSERVATION ON THE CURATIVE EFFECT OF CATGUT-EMBEDDING AT ACUPOINTS FOR TREATMENT OF 80 CASES OF LUMBAR MUSCLE STRAIN. WEN MUSHENG. world journal of acupuncture-moxibustion. 1993,3(2),29-32 (eng). ref:2

In the present paper, the clinical curative effects of catgut embedding therapy and traditional acupuncture therapy for treatment of lumbar muscle strain were compared. The same acupoints were used in both groups. Results showed that the effective rates were 100 % and 92.5 % respectively in 80 cases of the catgut embedding group and 40 cases of the acupuncture group. There was a significant difference between the two groups (P<0.005). It indicates that the catgut embedding therapy is an effective method for treatment of lumbar muscle strain. [18.14 / ecr- 05.06- comparaison-]

570- gera: 48743/di/ra- num

LONG NEEDLE THERAPY FOR SCIATICA : REPORT ON 138 CASES. WU QIFANG. international journal of clinical acupuncture. 1993,4(3),289-92 (eng). ref:2

A) Tunshang (4 cun en dehors du 3VG, près de la crête iliaque), 36V, point 1 cun sous la tête du péroné. B) Contrôle : 30VB, 34VB, 37V, 60V, 39VB. Utiliser des aiguilles longue de 6 à 8 cun. Tunshang : oblique vers le bas en direction du 36V. 36V en direction du 37V et 40V. Point 1 cun sous le péroné : en direction du 39VB. Puncture à 2 mains, recherche du Deqi. Séance de 40mn avec manipulation toutes les 10mn. La technique de l'aiguille longue donne des résultats supérieurs au groupe de contrôle. [18.16 / 05.04- profondeur- 36v- ctanr-]

571- gera: 9615/di/cg

ANCIENT CHINESE ACUPUNCTURE TECHNIQUE "SHAO SAN FUO". X. third world conference on acupuncture. 1993,,443. (eng). ref:0

[5.03 / temperature- 18.14- td- psc-]

572- gera: 14476/di/ra

MASSAGIO ED AGOPUNTURA IN 58 CASI DI FASCITE DELLA REGIONE LOMBO CRURALE. XIAOCHUN L ET AL. rivista italiana di medicina tradizionale cinese. 1993,53(5),63-4 (ita). ref:0

[18.14 / massage-]

573- gera: 47173/di/ra

[OBSERVATION ON CLINICAL EFFECTS OF WARM NEEDLING ON 200 CASES OF SCIATICA]. XU DA-REN. chinese acupuncture and moxibustion. 1993,13(5),15 (chi*). ref:0

Dachangshu (BL25), Guanyanshu (BL26), Zhibian (BL54), Yinmen (BL37), Weizhong (BL40), Chengshan (BL57), Kunlun (BL60), Huantiao (GB30), Yanglinquan (GB34), Juegu and Qixu (GB40) were selected as main points, of which 3-5 points were punctured according to the channel that was affected by pain. In addition, for the secondary cases local points were selected based on the primary symptoms, and for those with severe pain such auricular points as sciatic point, ear-shenmen and occiput were pressed with Semen Vaccariae. After inserting the needle and obtaining needling sensation a moxa stick with 3cm in length was inserted at the free end of the needle and was lighted. After 1-2 courses of treatments 152 of the 200 cases of sciatica treated were cured (76.0%), 28 (14.0%) markedly improved, 12 (6.0%) improved and 8 (4.0%) ineffective. Voir traduction anglaise ref GERA [13161]. [18.16 / 05.09- 05.10- 05.09-]

574- gera: 38658/di/ra

[ACUTE DISTURBANCE OF SMALL JOINTS OF LUMBAR VERTEBRAE TREATED BY MASSAGE]. XU ZHESHENG ET AL. *journal of zhejiang college of traditional chinese medicine*. 1993,17(2),47 (chi). [18.14 / massage-]

575- gera: 8739/di/cg

EFFECTS OF ACUPUNCTURE ON THE ELASTICITY OF THE LUMBAR REGION. YAMAMOTO T ET AL. *third world conference on acupuncture*. 1993,,395. (eng). [18.14 / 27m-]

576- gera: 37924/di/ra

[APPLICATION OF YANG YONG-XUAN'S PRICKLING AND CUPPING THERAPY TO CERVICAL, THORACIC AND LUMBAR VERTEBRAL DISEASES, REPORT OF 38 CASES]. YANG RNOG. *shanxi journal of traditional chinese medicine*. 1993,9(2),32 (chi). ref:0 [18.11 / 05.07- 05.08- 18.14- 18.13- 18.12-]

577- gera: 6123/di/cg

EFFECT OF ACUPUNCTURE ON LOW BACK PAIN OF INVOLUTIONAL OSTEOPOROSIS. YASUNO F ET AL. *third world conference on acupuncture*. 1993,,279. (eng). [18.14 / 11.06- 18.06-]

578- gera: 47754/di/ra

[DEVELOPMENT IN THE TREATMENT OF SCIATICA]. ZHANG GUI FANG ET AL. *acta chinese medicine and pharmacology*. 1993,6,48 (chi). ref:0 [18.16 / rg-]

579- gera: 47174/di/ra

[ANALYSIS OF THERAPEUTIC EFFECTS OF ACUPUNCTURE IN COMBINATION WITH CUPPING ON 383 CASES OF PROTRUSION OF LUMBAR INTERVERTEBRAL DISKS]. ZHANG YONG-SHENG ET AL. *chinese acupuncture and moxibustion*. 1993,13(5),17 (chi*).

We treated 383 cases of protrusion of lumbar vertebral disks by acupuncture in combination with cupping. Dachangshu (BL25), Baihuanshu (BL30), Chengshan (BL57) and Kunlun (BL60) were chosen for those with dislocation of L4 and L5 intervertebral disks, and Qihai (CV6), Guanyanshu (BL26), Sanyinjiao (SP6) and Shangliao (BL31) for L4-L5 or L5-S1 disk dislocation. A 26 gauge filiform needle with the length of 4 inches was inserted obliquely towards the vertebral body until an

electrical shock-like sensation was felt along the lower limb by the patient. The needle was withdrawn after 1-3 manipulations. Then cupping was performed on these points and lasted for 15 minutes. Finally, the lumbar portion was mobilized and relaxed by the patient himself to facilitate the therapeutic effects. The treatment was applied once everyday. It was shown that 251 cases were cured, 112 obviously improved, and 20 improved. [18.14 / 05.08-]

580- gera: 48756/di/ra- num

ACUPUNCTURE AT TIANZONG (11IG) IN TREATMENT OF ACUTE LUMBAR SPRAIN. ZHANG YONGCHEN. *international journal of clinical acupuncture*. 1993,4(3),335-6 (eng).

The author used acupuncture at Tianzong (SI 11) point to treat acute lumbar sprain and found the method to be simple, quickly effective and with high curative rate. A report follows. 11IG. Patient en position assise ou debout. Point homolatéral en cas d'atteinte unilatérale, points bilatéraux en cas d'atteinte bilatérale. Puncture perpendiculaire sur 0,5, 0,7 cun. Après obtention du Deqi, utiliser la méthode de contention du dragon-tigre (9 rotations à gauche pour tonifier et 6 rotations à droite pour disperser). Demander au patient d'effectuer des mouvements de flexion-extension et de flexion latérale à faible amplitude (3 fois). Laisser l'aiguille en place 10mn, puis la retirer légèrement vers la peau et l'enfoncer vers l'angle inférieur de l'omplate en sous-cutanée sur 1,5 cun. Continuer à appliquer la méthode de contention du dragon-tigre. Demander au patient de mobiliser son rachis avec une plus grande amplitude. Retirer l'aiguille après 20mn. Guérison dans tous les cas, en général 1 à 3 séances, au maximum 5 séances. [18.14 / 11ig- mobilisation- td-lateralite-]

581- gera: 45623/di/ra- num

BLOODLETTING AT WEIZHONG POINT (UB40) FOR TREATMENT OF ACUTE LUMBAR SPRAIN. ZHANG YUXI ET AL. *journal of traditional chinese medicine*. 1993,13(3),192-3 (eng). ref:0

40V en saignée bilatéralement. Le patient est debout, les genoux joints, mains et coudes posés sur une table. Puncture à l'aiguille triangulaire au niveau des veines du creux poplité, faire couler 2,5ml de sang. Après une séance : guérison 30 cas, amélioration marquée 36 cas, échec 4 cas. Les résultats sont meilleurs que dans des groupes traités par massage ou physiothérapie. [18.14 / 40v- 05.07-]

582- gera: 7462/di/cg

CLINICAL OBSERVATION TO SYNTHETICAL OF LUMBAR HERNIATED DISK WITH MANUDUCTION. ZHAO X. *third world conference on acupuncture*. 1993,,315. (eng). ref:0 [18.14 / manipulation-]

583- gera: 7768/di/cg- num

OBSERVATION OF 80 LUMBAR SPRAIN CASES TREATED WITH "THREE SKIN NEEDLES". ZHENG Y. *third world conference on acupuncture*. 1993,,329. (eng). ref:0 [18.14 / profondeur-]

584- gera: 46418/di/ra

[TREATMENT OF 21 CASES OF ACUTE LUMBAR SPRAIN WITH THE MAIN METHOD OF PUNCTURING RENZHONG]. ZHONG YUANMING. *jiangsu journal of traditional chinese medicine*. 1993,14(5),34 (chi). ref:0

[18.14 / 26vg-]

585- gera: 10849/di/ra

LE SENS DES RESPONSABILITES. ANDRES G. *revue française d'acupuncture.* 1994,77,69-70 (fra).

Indication inhabituelle du point Jianwaishu (IG14) dans le traitement d'une lombalgie. [18.14 / 14ig- cc-]

586- gera: 45251/di/ra- num

TREATMENT OF SCIATICA WITH INJECTION OF NOVOCAIN INTO TENDER POINTS ALONG THE SCIATIC NERVE, 132 CASES. CHEN DELIN. *journal of traditional chinese medicine.* 1994,14(1),32-4 (eng). ref:0

Utilisation de 5 à 6 points douloureux. Ils sont à rechercher au voisinage : Lombes : 25V, 26V, 27V, 28V, 29V. Fesse : 30VB. Cuisse : 36V, 37V, 31VB. Jambe : 40V, 56V, 57V, 58V, 40E. Pied : 60V, 3Rn, 3F, 1Rn. Utiliser une seringue de 50ml avec 24ml de novocaïne à 2% et 0,3ml d'adrénaline à 0,1%. Injecter 2ml au niveau de chaque point. Avant injection, recherche du Deqi. 21 guérisons après 1 séance, 34 après 5 séances, 45 après 9 séances, 29 après 12 séances, 3 après 17 séances. Dans 90% des cas de sciatique, on retrouve des points sensibles, ou des nodules. [18.16 / 05.15-]

587- gera: 56081/di/ra- num

ACUPUNCTURE TREATMENT OF SCIATICA. CHEN KE-ZHENG. *international journal of clinical acupuncture.* 1994,5(3),309-16 (eng). ref:0

Revue d'études cliniques de 1986 à 1990. [18.16 / rg-]

588- gera: 56062/di/ra- num

PUNCTURING RENZHONG AND SHOUSANLI IN TREATING 50 CASES OF ACUTE LUMBAR SPRAIN. CHEN LI-XIANG ET AL. *international journal of clinical acupuncture.* 1994,5(2),217-9 (eng). ref:40

In terms of TCM, acute lumbar sprain is noted as sudden sprain in the loin region, due mainly to bad posture in work or sprain in the loin, leading to damage or injury of the muscles and tendons of the lumbus and buttock. The condition is often seen in physical laborers. A treatment of needling both points of Renzhong (also called Shuigou Du 26) and Shousanli (LI 10) in 50 such cases and the satisfactory results are reported as follows. 26VG, 10GI. Le patient est debout, face au médecin. Puncture du 26VG vers le haut avec un angle de 15° sur 0,5 à 1 cun. Obtention du Deqi et technique de dispersion 5 à 10 secondes. Le 10GI est puncturé au niveau de la zone sensible en dessous du 11GI, durant la stimulation du 10GI, le patient mobilise son rachis. Séance de 15-20mn. Une séance / jour. Série de 3 séances. Guérison : 46 cas, amélioration marquée : 2, amélioration : 1, échec : 1 [18.14 / 26vg- 10gi-]

589- gera: 49556/di/ra

[ELECTRIC ACUPUNCTURE FOR PROMOTING THE REPAIR OF INJURED SCIATIC NERVE IN MICE]. CHEN LIANFANG ET AL. *shanghai journal of acupuncture and moxibustion.* 1994,13(4),175 (chi). ref:0 [18.16 / 05.12- eaa+souris-]

590- gera: 56123/di/ra- num

ACUPUNCTURE OF CONTRALATERAL COLLATERAL POINTS IN TREATING SOFT TISSUE INJURIES : A CLINICAL STUDY OF 1000 CASES. CUI YUN-MENG. *international journal of clinical acupuncture.* 1994,5(4),491-5 (eng).

En fonction de la localisation de la lésion, le méridien atteint est déterminé. Pour chaque méridien un point est

puncturé à l'opposé: 7P, 6GI, 40E, 4RTE, 5C, 7IG, 58V, 4RN, 6MC. Recherche du deqi et séance de 30 minutes. Présentation de cas: atteinte du pouce, du coude, des lombes, du genou, du gros orteil. [18.07 / 6gi- 7ig- lateralite- 5c- 6mc- 40e- 58v- 7p- 18.19- 18.18- 18.14- 18.09- 18.08- 4rn- 4rte-]

591- gera: 53926/di/ra- num

[320 SCIATICA PATIENTS TREATED BY EMBEDDING THERAPY]. DONG ZI-BIN ET AL. *chinese acupuncture and moxibustion.* 1994,14(4),25 (chi*). ref:0

The embedding group contained 320 sciatica patients, and the acupuncture group 284 patients. Huantiao (GB 30), Zhibian (BL 54), Yinmen (BL37), and Yanglingquan (GB 34) were used in the former group. A piece of catgut with 2-3 cm in length was embedded deeply in the point. The curative rates in the two groups were 70.31% and 18.31% respectively. Statistically, $\mu = 5.357$, $P < 0.01$. There was remarkable difference between the two groups, meaning that the therapeutic effect of embedding therapy is better than that of acupuncture. [18.16 / 30vb- 05.06- 54v- 37v- comparaison- ecr-]

592- gera: 20849/di/re- num

BILATERAL PSOAS ABSCESES FOLLOWING ACUPUNCTURE. GARCIA AA ET AL. *west j med.* 1994,161,90. (eng).

Patient de 49 ans présentant un abcès bilatéral du Psoas 3 semaines après acupuncture pour lombalgies. [5.19 / 18.14-]

593- gera: 55682/di/ra

TRATAMIENTO DE LA LUMBALGIA AGUDA MEDIANTE ACUPUNTURA EN FUYANG (VU 59). HU RUNSHU. *revista de la medicina tradicional china.* 1994,4(3),7. (esp). ref:4

[18.14 / 59v-]

594- gera: 85131/di/ra- num

OBSERVATION OF THE CURATIVE EFFECT OF LUMBAR VERTEBRAE HYPEROSTEOGENY TREATED BY ELECTROACUPUNCTURE AND DRUG INJECTION INTO ACUPOINT (abstract). HUANG WEI ET AL. *acupuncture research.* 1994,3-4,132-4 (eng). ref:0

121 patients, (86 males and 35 females) were divided into 4 groups: 1) 56 patients in the group of intense electroacupuncture plus drug injection in acupoint 2) 22 in the group of intense electroacupuncture 3) 22 in the group of drug injection in acupoint 4) 21 were applied the spur pain-stop lotion. 1) the group of intense electroacupuncture plus drug injection in acupoint: patients were acupuncture Yaoyangguan and Mingmen auxiliary with Huatuojiayi Point, Shenshu, Dachangshu, Huantiao, Weizhong and Yanglingquan, then were put through the pulse therapeutic equipment after "Deqi" 20-30min for each time. An ampule of root of chinese angelica and musk (or the lotion of root of res sage) were mixed then injected into two of the six auxiliary points in turn once the other day, a course of treatment needs 10 times. 2) intense electroacupuncture (EA) group: patients were EA the same points as the group 1). 3) the group of drug injection in acupoint: operation was in the same way of injection in group 1). 4) apply the spur pain-stop lotion 10 ml once, three times a day, 10 times a course. There was one-week break between the two courses of treatment in all four groups. Result: the group 1) had better effect than group 2) ($P < 0.05$), group 2) was better than group 3) ($P < 0.01$), group 2) was better than group 4) ($P < 0.01$) and there was no difference between

group 3) and group 4) ($P>0.05$). [18.14 / 05.12- 05.15- ecr?- comparaison- p13-]

595- gera: 20718/di/ra

[EFFECTS OF ACUPUNCTURE ON SPONDYLOSIS DEFORMANS OF LUMBAR SPINE]. ISHII T ET AL. **journal of the japan society of acupuncture.** 1994,44(3),244-8 (jap*). ref:0

The patients with the spondylosis deformans of the lumbar spine are often treated by acupuncture therapy. Forty patients (male 28, female 12, mean age 61.2 years old) with spondylosis deformans of lumbar spine were treated by the acupuncture therapy with therapeutic exercise and silver spike point (SSP) therapy in Meiji College of Oriental Medicine Hospital. The purpose of this study is to evaluate the clinical effect of our therapy using our pain scale score. In our therapy acupuncture points (Dachangshu-BL25, Shenshu-BL23, Ciliao-BL32, Baohuang-BL53, etc.) and SSP points on erector spinae muscle and gluteal muscle were used. As the result of this study, 22.5% had excellent effect and 55.0 % ad good effect by our therapy. It was concluded that our therapy is one of considerably effective therapy for the spondylosis deformans of the lumbar spine. [18.14 / 05.12- spa-]

596- gera: 10825/di/ra

QUEL EST VOTRE DIAGNOSTIC ? KESPI JM. **revue française d'acupuncture.** 1994,77,65-6 (fra). ref:10 [18.14 / cc-]

597- gera: 71023/di/re- num

THE EFFECTIVENESS OF FOUR INTERVENTIONS FOR THE PREVENTION OF LOW BACK PAIN. LAHAD A ET AL. **jama.** 1994,272(16),1286-90 (eng). ref:0

Objective: Low back pain affects 60% to 80% of US adults at some time during their lives. This review evaluates the effectiveness of four strategies to prevent low back pain for asymptomatic individuals: back and aerobic exercises, education, mechanical supports (corsets) and risk factor modification. Data Sources: The Medline database was searched for all relevant articles published in English between 1966 and 1993. Bibliographies of identified articles were searched to ensure that all pertinent articles had been gathered and back pain specialists reviewed our final bibliography for completeness. Study Selection and Data Extraction: A total of 190 articles were identified, and the 64 that contained original data about preventing low back pain were reviewed. Studies were graded according to strength of study design. Data Synthesis: There is limited evidence based on randomized trials and epidemiological studies that exercises to strengthen back or abdominal muscles and to improve overall fitness can decrease the incidence and duration of low back pain episodes. There is minimal evidence to support the use of educational strategies to prevent low back pain and insufficient evidence to recommend about the use of mechanical supports. Although there is no evidence supporting risk factor modification for preventing low back pain (smoking cessation and weight loss), there are other reasons to recommend the interventions. Conclusion: There is limited evidence to recommend exercise to prevent low back pain in asymptomatic individuals, but there is insufficient evidence to recommend other prevention strategies. These conclusions should be viewed cautiously since they are primarily based on studies conducted in the workplace rather than in clinical settings. [18.14 / rg-]

598- gera: 85086/di/ra- num

REGULATORY EFFECTS OF

ELECTROACUPUNCTURE ON EXPERIMENTAL NEURALGIA INDUCED BY SQUEEZE OF THE SCIATIC NERVE IN RATS (abstract). LI WENWU ET AL. **acupuncture research.** 1994,3-4,76-7 (eng). ref:20

Using the model of experimental sciatica induced by squeeze of the sciatic nerve, this study was designed to investigate the effects of weak and intense electroacupuncture (EA) on hyperalgesia. A total of 19 Wistar rats (18-250g) were randomly divided into simple nerve lesion (NL, n=8), intense EA (IEA, n=6) and weak EA (WEA, n=5) groups. EA was applied to "Huantiao" (GB30) and "Yanglingquan" (GB34) points on the affected side for 15mn once every other day during 2-30 days after the operation. The parameters of EA were 3-4 mA for IEA and 1-1.5 mA for WEA with the frequency of 50Hz. Thermal and mechanical nociception were measured by using the heel-radiant heat and plantaris pressure tests. Results were as follows: (1) the mechanical and to thermal nociceptive thresholds in the affected paw in NL were greatly decreased from the second day and recovered at the 40th day after the nerve lesion ($P<0.05$); (2) the nociceptive thresholds of the affected paws in the two EA groups were also declined 2 days after the lesion before EA application. There was no obvious difference among the three groups ($P>0.05$). During 4-40 days after the operation, both mechanical and thermal hyperalgesia in the affected paws in WEA was distinctly improved as compared with that in NL ($P<0.05$). The mechanical hyperalgesia in the affected paws in EA was also obviously alleviated ($P<0.01$). However, thermal hyperalgesia was not significantly improved during 4-20 days after the operation ($P>0.05$), but thermal pain threshold was markedly raised later ($P<0.05$), indicating that intense EA could promote the recover of thermal hyperalgesia caused by nerve lesion. The results suggest that both weak and intense EA can alleviate the chronic hyperalgesia induced by nerve lesion, and the former is more effective than the latter. [18.16 / 34vb- eaa-rat- 30vb-]

599- gera: 85087/di/ra- num

A MODEL OF EXPERIMENTAL SCIATICA IN RATS (abstract). LI WENWU ET AL. **acupuncture research.** 1994,3-4,77-8 (eng). ref:0

Description d'un modèle expérimental de sciatique par ligature lâche et évaluation du seuil de la douleur. [18.16 / eaa+rat-]

600- gera: 53925/di/ra

[HYDRO-ACUPUNCTURE TO CILIAO (BL 32) FOR TREATING LUMBAGO AND LEG PAIN]. LIU XIANG. **chinese acupuncture and moxibustion.** 1994,14(4),23 (chi*). ref:0

In this article, hydro-acupuncture was applied to Ciliao (BL 32) for 214 cases of lumbago and leg pain. Owing to its double functions-acupoint injection and nerve blokage, the therapeutic effect was good with the curative rate of 29. 91 % and the remarkable rate of 63. 55 %. [18.14 / 05.15- 32v- 05.16-]

601- gera: 56043/di/ra- num

OBLIQUE ACUPUNCTURE IN THE TREATMENT OF SKELETAL MUSCLE INJURY : AN EXPERIMENTAL AND CLINICAL STUDY. LU DING-HOU ET AL. **international journal of clinical acupuncture.** 1994,5(2),123-7 (eng).

Puncture oblique au niveau des points Ashi dans les lésions musculaires notamment chez les sportifs. Ala biopsie, amélioration hitopathologique. Ces résultats avec la puncture oblique sont meilleurs qu'avec la puncture verticale. [18.07 / puncture- 23.10- 18.14- 18.18-

histologie-]

602- gera: 90255/di/ra

[TREATMENT OF SCIATICA BY SHAO GAN WU TENG TANG: A REPORT OF 52 CASES]. LU GUIMEI. *new journal of tcm*. 1994,26(12),34 (chi). ref:0 [18.16 / f0-]

603- gera: 85135/di/ra- num

30 CASES OF ACUTE LUMBAR SPRAIN TREATED BY PINCHING AND MOXIBUSTION (abstract). LUO LIXIN. *acupuncture research*. 1994,3-4,136-7 (eng).

The author treated the acute lumbar sprain by pinching and moxibustion (30 cases) and contrasted with the hand acupuncture group. There are no obviously statistical difference ($P > 0.05$). If the focus is on the Taiyang Meridian, Houxi point was pinched, if it's on the Governor Meridian, Renzhong was pinched and if it's on the Taiyang and Shaoyang Meridians, Yaotongdian Point was pinched. The patients were directed to do lumbar exercises for 3-5 min and were moxibusted with moxa cone simultaneously at the Ashi point. They were applied some tincture (honey comb soaked in 75% alcohol) or Red Flower oil on the place where will be moxibusted and were massaged the painspot softly for a while after moxibustion with 5-7 Zhuang medium-sized moxa stick. The treatment needs once a day and a course of it is 6 days. The 30 patients all got marked effect. [18.14 / 05.09-]

604- gera: 49533/di/ra- num

[198 CASES OF PRIMARY SCIATICA TREATED WITH EUSIFORM NEEDLE]. MENG QINGLIANG ET AL. *shanghai journal of acupuncture and moxibustion*. 1994,13(3),111 (chi). ref:0 [18.16 / aiguille- ctanr-]

605- gera: 56060/di/ra- num

NEEDLING OF CORRESPONDING SPOTS IN TREATING ACUTE SPRAIN AND/OR CONTUSION. MI SHUGUANG. *international journal of clinical acupuncture*. 1994,5(2),207-11 (eng).

A chaque articulation correspond un point sur une autre articulation controlatérale: par exemple, le point de traitement du genou est situé au coude...Séance de 30 minutes avec stimulation intermittente et automobilisation de l'articulation atteinte. Une séance par jour, 2 séries de 3 séances au maximum. Rapport d'un cas d'entorse de la cheville et d'un cas de lumbago. [18.07 / lateralite- seance- 18.14- 18.19- 18.18- 18.10- 18.09- 18.08- cc-]

606- gera: 48920/di/re- num

NALOXONE PREVENTS REDUCTION OF PAIN RESPONSES EVOKED BY ACUPUNCTURE IN NEUROPATHIC RATS. OMANA I ET AL. *proc west pharmacol soc*. 1994,37,135-6 (eng). ref:0

L'acupuncture manuelle au 36E élève le seuil de la douleur chez le rat sain et chez le rat avec neuropathie expérimentale (ligature au niveau du sciatique). La puncture au non point ne modifie pas le seuil de la douleur. La naloxone prévient l'action hypoalgésique de l'acupuncture. [25.01 / eaa-rat- naloxone- sd- 36e- 18.16- 14.09-]

607- gera: 48989/di/ra- num

TRAITEMENT OF SCIATICA BY ACUPUNCTURE AT JIAJI POINTS. PEI JINGCHUN. *journal of traditional chinese medicine*. 1994,14(4),266-8 (eng). ref:15

A) HTJJ L3 en alternance avec HTJJ L4. B) 54V, 40V, 34VB, 60V, Ashi. A) HTJJ : 0,5 à 1 cun en dehors de

l'épineuse. Un seul point est utilisé à chaque séance. Puncture légèrement oblique en dedans sur 2,5 à 3,5 cun. Obtention du Deqi, manipulation d'enfoncement-retrait pour obtenir l'irradiation au pied (réaction de retrait du membre). Retrait de l'aiguille dès obtention de l'irradiation. B) Recherche du Deqi et de l'irradiation. Séance de 15mn. A et B : Une séance par jour, 10 séances, 2° série en l'absence de guérison. La technique des HTJJ (A) donne des résultats supérieurs au traitement classique (B). Les résultats sont plus rapides avec les HTJJ (minimum 3, maximum 21, moyenne 14) par rapport au groupe de contrôle (respectivement 10, 32 et 23). Voir traduction espagnole ref GERA [95390]. [18.16 / seance- htjj- ecr- 54v- 40v- 60v- comparaison- 34vb-]

608- gera: 16575/di/ra

TRATTAMENTO DELLA LOMBALGIA ACUTA CON AGOPUNTURA NEL PUNTO FUYANG (UB 59). RUNSHU H. *rivista italiana di medicina tradizionale cinese*. 1994,58(4),54. (ita). ref:0 [18.14 / 59v-]

609- gera: 11555/di/ra

TRATAMIENTO DE LA HERNIA DISCAL LUMBAR CON TECNICAS MANIPULATIVAS. SUN BAO JIN. *el pulso de la vida*. 1994,1,19-22 (esp). ref:0 [18.14 / manipulation-]

610- gera: 45095/di/re- num

IMPORTANCE OF MODES OF ACUPUNCTURE IN THE TREATMENT OF CHRONIC NOCICEPTIVE LOW BACK PAIN. THOMAS M ET AL. *acta anaesthesiol scand*. 1994,38(1),63-9 (eng). ref:0

A controlled study of different modes of acupuncture stimulation was conducted on patients fulfilling clinical criteria for chronic low back pain of nociceptive origin. Forty patients were randomly entered into the study. Thirty had three trial treatments with manual stimulation of needles (MS), electrical low frequency stimulation at 2 Hz (LF), and high-frequency stimulation at 80 Hz (HF), and then continued treatment with the mode they felt most benefitted them. Ten patients were put on the waiting list for treatment but served as the untreated control group. The results were evaluated after 6 weeks and at 6 months for: activity related to pain; mobility; verbal descriptors of pain and the patient's subjective assessment of his condition. After 6 weeks, patients receiving treatment showed significant improvement ($P < 0.05$ to $P < 0.001$) on three of the four measures compared to the untreated controls. After 6 months a similar measure of significant improvement was seen in patients continuing with low-frequency (LF) acupuncture, but not in those groups continuing with manual stimulation (MS) or high-frequency (HF) acupuncture. The results suggest that 2 Hz electrical stimulation is the mode of choice when using acupuncture in the treatment of chronic nociceptive low back pain. [18.14 / parametre- comparaison- ecr- 05.12-]

611- gera: 17171/di/ra

TRATTAMENTO DELLA DISTORSIONE LOMBARE ACUTA CON AURICOLOTERAPIA SUL PUNTO LOMBALGIA. TONGDAO H. *rivista italiana di medicina tradizionale cinese*. 1994,56(2),56. (ita). ref:25 [18.14 / 05.10-]

612- gera: 17496/di/ra

TRATAMIENTO DEL LUMBAGO AGUDO MEDIANTE AURICULOPUNTURA EN EL PUNTO LUMBAGO. TONGDAO H. *revista de la medicina*

tradicional china. 1994,4(1),9. (esp). ref:0
[18.14 / 05.10-]

613- gera: 85362/di/ra

[TREATMENT OF 54 CASES OF LUMBAR INTERVERTEBRAL DISC PROTRUSION BY TRACTION AND SIDE TRAMPLING]. WANG DEFU. **jiangsu journal of tcm.** 1994,15(5),35 (chi). ref:0
[18.14 / manipulation-]

614- gera: 85136/di/ra

TREATMENT OF 126 CASES OF LUMBAGO AND SCIATALGIA WITH ACUPUNCTURE (abstract). WANG DONGYING. **acupuncture research.** 1994,3-4,137-8 (eng).

Since 1988, 126 outpatients with lumbago and sciatalgia have been treated by acupuncture and cupping therapy in our hospital. They were suffering from as many as 14 kinds of diseases, such as chronic lumbar strain, chronic lumbar strain accompanied by piriformis syndromes, piriformis syndrome, acute lumbar sprain, superior clunial nerve injuries, protrusion of intervertebral disk, L3 transverse process syndromes etc. The acupoints used in the present therapy mainly include Shenshu (BL 23), Dachangshu (BL 25), Zhibian (BL 54), Yinmen (BL 37), Huantiao (GB 30), Fengshi (GB 31) and Yanglingquan (GE 34), which are located in the Urinary Bladder and Gall Bladder meridians. The acupoints below the 17th vertebra and the corresponding Huatuojiayi (Extra) points were added to the patients with lumbosacral joint injuries. Similarly, Ashi points were added in the patients suffering superior clunial nerve injuries. It was observed that, among the 126 patients, 65 (51.59%) cases were cured, 32 (25.40%) cases were markedly improved, 25 (19.84%) were improved and the remaining 4 failed to improved with the total effective rate of 96.83%. In addition, 73 out of the 126 cases exhibited tenderness at the lumbosacral points, to which the doctor should pay attention. Hence, using of the point below the 17th vertebra and the corresponding Huatuojiayi points in the treatment usually brings satisfactory therapeutic results. [18.14 / 18.16-]

615- gera: 53857/di/ra

[CLINICAL OBSERVATION ON 172 CASES OF N.S. DISEASES TREATED BY PCE-88A TYPE OF THE PROGRAMMED ELECTROACUPUNCTURE APPARATUS]. WANG RUNSHENG ET AL. **acupuncture research.** 1994,19(2),11-3 (chi*). ref:0

We have treated 172 cases of N. S. diseases with PEC-88A Type of the Programmed Electroacupuncture Apparatus with shows of frequency and voltage of electro-pulse. Of 172 cases, 47 cases were cured (27.3%), 77 markedly effective (44.8%), 44 improved (25.6%), 4 failed (2.3%). The total effective rate was 97.7%. The observation showed that different stimulating strength was needed to different disease through observation of the stimulating strength of electroacupuncture. The strongest was for the sequela of poliomyelitis. The next was for the sequela of apoplexy. The lightest was for sciatica, and during treatment the stimulating strength to disorder side is larger than one of normal side. By the way, the stimulating strength of electroacupuncture was reduced step by step while the disease become better little by little.) The result of clinical observation displaced that the stimulating strength was determined according to the part of injured N. S and patient's sensitivity to the stimulating strength of electroacupuncture when using electroacupuncture. [14.01 / 18.16- 14.07- 05.12-]

616- gera: 56061/di/ra- num

THROUGH NEEDLING OF THE EAR POINT "BUTTOCK" IN TREATING ACUTE LOW BACK PAIN. WANG SONG-RONG ET AL. **international journal of clinical acupuncture.** 1994,5(2),213-6 (eng).

The author had not been enthusiastic for ear acupuncture until 1961 when, while travelling, a fellow passenger had a sudden attack of renal colic and failing to get relief after an injection of analgesic, asked for TCM treatment. As ear acupuncture was the only feasible method of treatment at hand, I ventured to pin-puncture the lumbago point of his ear. To my surprise, the effect was dramatic. Since then, encouraged by this, we found that penetrating needling of the painful spot of the ear point Buttocks gave even better analgesic effect. Using this method we treated 210 cases of lower back pain beginning in the 1980s. A brief report of the series is given below. PA Fesse. Recherche du point douloureux. Puncture transfixante jusqu'au temporal. Stimulation forte 30 secondes. Au bout de 5' le patient ressent une amélioration de la douleur : lui demander de mobiliser son rachis. 148 guérisons (112 en 1 séance, 21 en 2 séances, 15 en 3 séances. [18.14 / 05.10-]

617- gera: 12771/di/ra- num

APPLICATION OF PUNCTURING THE POINTS OPPOSITE TO THE DISEASE SIDE IN THE TREATMENT OF TRAINING INJURY IN TROOPS - A REPORT OF 2560 CASES. WENYUAN W. **world journal of acupuncture-moxibustion.** 1994,4(4),3-4 (eng). ref:0

Puncturing points opposite to the diseased side was used to treat injuries in 2560 soldiers during their training. The instant effective rate and curative rate of the therapy was up to 96.25% and 38.44% respectively. Puncture à l'opposé. Atteinte du membre supérieur: Jiatong opposé (1,5 cun au dessous du 36E et légèrement en dehors). Membre inférieur: Tuntong (1 cun au dessus du 9IG) pour la fesse, Xitong (1 cun en dedans du 11GI) pour le genou. Tête et cou: Toutong (0,5 cun au dessus du 3F) pour la tête et Jintong ou Yemen (2TR) pour le cou. Abdomen-thorax: Xiontong (1 cun au dessus du 5TR) pour les traumatismes thoraciques et Jifuzheng (1 cun au dessus du 36E) pour les atteintes abdominales. Dos et lombes: Yaotong (au milieu de la ligne unissant Yintang au 24VG) pour les lombes et Jianbei (1 cun en dedans du 30VB) pour le dos. Rapport d'un cas d'épaule douloureuse, d'entorse du genou et de douleurs cervicales. [18.07 / lateralite- 10.15- 18.13- 18.15- 18.18-]

618- gera: 85230/di/ra- num

TREATMENT OF SCIATICA BY COMBINED ACUPUNCTURE AND ACUPOINT INJECTION (abstract). XIAO MANXUE. **acupuncture research.** 1994,19(3-4),165-6 (eng). ref:0

1) 26V, HTJJ (L4), 40V. 2) 30VB, 31VB, 34VB. 3) 36E, 40V. Groupe 1), 2) ou 3) en fonction de la topographie de la douleur. Dispersion, séance de 30mn, puis injection de 1 à 2ml au niveau de 2 à 3 points d'un mélange de Moschus injectio et Danshen injectio. Une séance par jour, série de 7 séances. Guérison : 42 cas, amélioration nette : 51 cas, échec : 9 cas. (Même article que 12678). [18.16 / 05.15-]

619- gera: 85231/di/ra- num

TREATMENT OF SCIATICA WITH "HANS". XIAO MANXUE. **acupuncture research.** 1994,19(3-4),166-7 (eng). ref:0

25V, 30VB, 54V, 36E. Electroacupuncture avec le neurostimulateur acupunctureal HANS. Une paire d'électrodes est branchée sur 25V - 54V et une autre sur 30VB et 36E. Fréquence à 100Hz à l'intensité maxima supportable par le patient. Une séance par jour, série de 10

séances. Guérison : 132 cas, amélioration marquée : 45, amélioration : 28, échec : 5. Les meilleurs résultats sont chez les sujets jeunes avec une évolution courte. [18.16 / 05.12- parametre-]

620- gera: 49384/di/ra

[46 BASES OF SMALL JOINTS DISORDER OF LUMBAR VERTEBRAE TREATED WITH OBLIQUE-PULLING MASSAGE]. XU BINGHUI. shanghai journal of traditional chinese medicine. 1994,10,36 (chi). ref:0 [18.14 / massage-]

621- gera: 13161/di/ra- num

OBSERVATION ON CLINICAL EFFECTS OF WARM NEEDLING ON 200 CASES OF SCIATICA. XU DAREN. world journal of acupuncture-moxibustion. 1994,4(3),29-31 (eng).

Voir traduction anglaise ref GERA [47173]. Points principaux : 25V, 26V, 54V, 37V, 40V, 57V, 60V, 30VB, 34VB, 39VB, 40V. Points secondaires : HTJJ (spondylopathie), 32V (sacroileite), 3Rn et 6Rte (cas anciens). Points auriculaires : Sciatique, Shenmen, Occiput (sciatique hyperalgique). Utiliser 3 à 5 points principaux à chaque séance. Recherche du Deqi et d'une irradiation à distance. Mise en place au niveau du manche de l'aiguille d'un moxa de 3 cm. Retirer l'aiguille à l'extinction du moxa. Une séance par jour, séries de 10 séances, espacement des séries de 3 à 5 jours. En cas de hernie discale, compléter avec des manipulations. Après 1 à 2 séries : guérison : 76%, amélioration marquée : 14%, amélioration : 6%, échec : 4%. Mauvais facteurs pronostiques : ancienneté > 6 mois, hernie discale, absence d'irradiation du Deqi. [18.16 / 05.09- 05.10-]

622- gera: 48854/di/ra

APPLICATION OF ACUPOINT-INJECTION THERAPY TO PAIN SYNDROME : CLINICAL ANALYSIS OF 250 CASES. XU JINGYING ET AL. world journal of acupuncture-moxibustion. 1994,4(1),3-5 (eng). ref:0

In this paper, 250 cases of headache, shoulder pain, lumbago and leg pain were treated with 20 % Angelicae Sinensis mixed with Vitamine B12 point-injection therapy. The total effective rate was 95.2 % and in which the cure rate was 53.6 %. Author have found a close correlation between the effectiveness and the duration of disease. [6.01 / 05.15- 18.10- 18.14- 14.02-]

623- gera: 49061/di/ra

APPLICATION OF ACUPOINT-INJECTION THERAPY TO PAIN SYNDROME : CLINICAL ANALYSIS OF 250 CASES. XU JINGYING ET AL. world journal of acupuncture-moxibustion. 1994,1(4),3-5 (eng).

In this paper, 250 cases of headache, shoulder pain, lumbago and leg pain were treated with 20 % Angelicae Sinensis mixed with Vitamine B12 point-injection therapy. The total effective rate was 95.2 % and in which the cure rate was 53.6 %. Authors have found a close correlation between the effectiveness and the duration of disease. [6.01 / 18.10- 05.15- 14.02- 18.14-]

624- gera: 49278/di/ra

[OBSERVATION ON THE EFFECT OF SCIATIC NEURALGIA TREATED BY ACUPUNCTURE AND POINT INJECTION]. YANG SHI-FANG. tianjin journal of traditional chinese medicine. 1994,11(4),20 (chi). ref:0

[18.16 / 05.15-]

625- gera: 45250/di/ra- num

INVESTIGATION ON ANALGESIC MECHANISM OF ACUPOINT FINGER-PRESSURE MASSAGE ON LUMBAGO. YANG ZHILIANG ET AL. journal of traditional chinese medicine. 1994,14(1),35-40 (eng).

1) 57V, 40V. 2) 4GI. Acupression au niveau des points à l'aide des pouces. Pression 5 à 10mn à une fréquence de 100 à 120 fois / minute. Exercer une pression suffisante pour obtenir une sensation de distension, de lourdeur à la limite du tolérable pour le patient. Efficacité de 83,61% avec le 57V contre 59,4% avec le 4GI. Le résultat dépend : de la nature de la lésion, de l'ancienneté du lumbago, de l'intensité de la sensation induite par l'acupression. Les moins bons résultats sont les protrusions discales, les lumbagos anciens et les faibles sensations induites. [18.14 / 4gi- specificite- 40v- 57v- acupression-]

626- gera: 84816/di/ra

[DIFFERENTIAL TREATMENT FOR LUMBOCRURAL PAIN BY COMBINATION OF ACUPUNCTURE AND MEDICINE]. YI H. beijing journal of tcm. 1994,2,42 (chi). ref:0

[18.14 / 18.15-]

627- gera: 87493/di/ra

[HEAD ACUPUNCTURE THERAPY FOR SCIATIC NEURALGIA]. YU XIANCHUAN. shaanxi journal of traditional chinese medicine. 1994,15(8),370 (chi).

[18.16 / cranio-]

628- gera: 15249/di/ra

TRATAMIENTO DEL LUMBAGO MEDIANTE SANGRADO ACUPUNTURAL EN WEIZHONG (VU40). YUXI Z ET AL. revista de la medicina tradicional china. 1994,4(2),15-6 (esp).

[18.14 / 05.07- 40v-]

629- gera: 17224/di/ra

SANGUINAMENTO DEL PUNTO WEIZHONG (BL40) PER IL TRATTAMENTO DELLA LOMBALGIA ACUTA. YUXI Z ET AL. rivista italiana di medicina tradizionale cinese. 1994,57(3),41. (ita). ref:0

[18.14 / 40v- 05.07-]

630- gera: 84998/di/ra

[PULL-STEPING MANIPULATION FOR TREATING 56 CASES OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISK]. ZHENYUN Z. fujian journal of tcm. 1994,25(6),18 (chi). ref:0

[18.14 / manipulation-]

631- gera: 3307/di/ra

TRATAMIENTO DEL ESGUINCE LUMBAR AGUDO COMBINANDO LA ACUPUNCTURA CON EL MASAJE. ZHU GANG YUN. el pulso de la vida. 1994,1,17-8 (esp).

[18.14 / massage-]

632- gera: 70942/di/re- num

THE RELATIONSHIP BETWEEN METHODOLOGICAL QUALITY AND CONCLUSIONS IN REVIEWS OF SPINAL MANIPULATION. ASSENDELFT WJ ET AL. jama. 1995,274(24),1942-8 (eng). ref:0

Objective -To study the relationship between the methodological quality and other characteristics of reviews of spinal manipulation for low back pain on the one hand and the reviewers' conclusions on the effectiveness of manipulation on the other hand. Data Sources - Reviews

identified by Medline search, citation tracking, library search, and correspondence with experts. Study Selection - English- or Dutch-language reviews published up to 1993 dealing with spinal manipulation for low back pain that include at least two randomized clinical trials (RCTs). Data Extraction - Methodological quality was assessed using a standardized criteria list applied independently by two assessors (range, 0% to 100%). Other extracted characteristics were the comprehensiveness of the search, selective citation of studies, language, inclusion of non-RCTs, type of publication, reviewers' professional backgrounds, and publication in a spinal manipulation journal or book. The reviewers' conclusions were classified as negative, neutral, or positive. Data Synthesis - A total of 51 reviews were assessed, 17 of which were neutral and 34 positive. The methodological quality was low, with a median score of 23%. Nine of the 10 methodologically best reviews were positive. Other factors associated with a positive reviewers' conclusion were review of spinal manipulation only, inclusion of a spinal manipulator in the review team, and a comprehensive literature search. Conclusions -The majority of the reviews concluded that spinal manipulation is an effective treatment for low back pain. Although, in particular, the reviews with a relatively high methodological quality had a positive conclusion, strong conclusions were precluded by the overall low quality of the reviews. More empirical research on the review methods applied to other therapies in other professional fields is needed to further explore our findings about the factors related to a positive reviewers' conclusion. [18.14 / rg-]

633- gera: 88746/di/ra
[TREATMENT OF PIRIFORMIS SYNDROME WITH SHUBIZHITONG DECOCTION AND MASSAGE]. CAI WENHUI. *jiangsu journal of tcm*. 1995,16(11),32 (chi). ref:87
 [18.14 / f0-]

634- gera: 56211/di/ra- num
A CLINICAL ANALYSIS ON 560 CASES OF LUMBAGO TREATED WITH ACUPUNCTURE. CAO JIN-MING. *international journal of clinical acupuncture*. 1995,6(3),339-42 (eng).

We study will 560 cases of lumbago in this paper, where 187 males and 373 females were treated for the disease. Their average age of the first onset of the disease was 48. According to TCM differentiation, the disorder was divided into four types, i.e., cold dampness, dampness-heat, blood stasis, and deficiency of Kidney. In the acupuncture treatment, points of the Foot-Taiyang meridian and the Huatuo Jiaji points of the lumbar area were needed. The solid effective rate reached 95.71%. A brief summary of the treatment is as follows. 1) 23V, 24V, 25V, 26V. 2) 51V, 52V, Yaoyan. 3) HTJJ de L1 à L5. 4) 36E et 4VC (Froid-Humidité), 20V et 11GI (Humidité-Chaleur), 40V et 10Rte (Stase de Sang), 3Rn et 4VG (Vide des Reins). A chaque séance, utiliser en alternance les groupes 1 à 3 associés au groupe 4 (en fonction des syndromes). Tonification et moxas en cas de Vide, dispersion et ventouses pour les Plénitudes. Une séance / jour, séries de 10 séances espacées de 3 jours. Guérison : 31,96%. Amélioration marquée : 45%. [18.14 / d\$- 05.09- 05.08- td-]

635- gera: 79116/di/ra
[ACUPUNCTURE THERAPY FOR ACUTE WAIST SPRAIN ON KUN LUN AND XUAN ZHONG ACUPOINTS]. CHEN SUISHE ET AL. *shaanxi journal of traditional chinese medicine*. 1995,16(8),366 (chi).

ref:0
 [18.14 / 39vb- 60v-]

636- gera: 17338/di/ra
TRATTAMENTO DELLA SCIATICA CON INIEZIONE DI NOVOCAINA NEI PUNTI SENSIBILI LUNGO IL NERVO SCIATICO. STUDIO SU 132 PAZIENTI. DELIN C. *rivista italiana di medicina tradizionale cinese*. 1995,59(1),48-9 (ita).

La sciatica è frequente, in particolare tra persone giovani e di mezz'età; se non viene trattata adeguatamente, può diventare cronica e refrattaria alla guarigione. Negli ultimi 4 anni, gli autori dell'articolo hanno iniettato della novocaina a 132 pazienti, nei punti sensibili lungo il nervo sciatico, con risultati molto positivi, come riferito qui di seguito. [18.16 / 05.15-]

637- gera: 79048/di/ra
[SCIATIC NEURALGIA INJECTED ON ACUPOINTS]. FANG LINXIANG. *shaanxi journal of traditional chinese medicine*. 1995,16(12),554 (chi). ref:0
 [18.16 / 05.15-]

638- gera: 56146/di/ra- num
TREATING HYPERPLASTIC LUMBAR VERTEBRAE BY TAPPING PLUM-BLOSSOM NEEDLE PLUS CUPPING : A CLINICAL OBSERVATION OF 84 CASES. GAO AN-ZE. *international journal of clinical acupuncture*. 1995,6(1),83-6 (eng).

Hyperplastic lumbar vertebrae is a frequently encountered disease among the old and middle aged, and is commonly seen in the acupuncture clinic. Treatment by TCM herbs and Western therapy for this disease is often of little avail. The author, in searching for an effective therapeutic method, has since 1984 used tapping plum-blossom needle plus cupping to treat hyperplastic lumbar vertebrae and has obtained remarkable results. A study of its effect in 84 cases as compared with a control group using electro-acupuncture of Paravertebral Points is reported as follows. HTJJ. - Fleur de pruries + ventouses 15 mn. - Une séance par jour. Efficacité dans 85,7% des cas contre 71,4% dans un groupe de contrôle avec électro-acupuncture. [18.14 / comparaison- 05.05- 05.08- 05.12- htjj- ctanr-]

639- gera: 85154/di/ra- num
ELECTRO-THERMAL MOXIBUSTION ON ACUPOINTS FOR TREATMENT OF 98 CASES OF SCIATICA. GAO DAHAI. *world journal of acupuncture-moxibustion*. 1995,5(4),17-21 (eng). ref:0

Points principaux : HTJJ, 30VB, Zuogushenjing, 36V, 37V, 40V, 34VB. Points secondaires : 57V, 54V, 39VB, 60V, 41VB, points Ashi. Utiliser la moxibustion thermoélectrique. 10 à 20mn au dessus de la zone douloureuse et des points d'acupuncture. Régler la température à 40°. Une séance par jour ou tous les deux jours. 10 à 20 séances. Guérison : 83,7%, amélioration marquée : 8,1%, amélioration : 5,1%, échec : 3,1%. Il n'y a pas de différence de résultat entre sciatique primaire et secondaire ou en fonction des syndromes (Vent-Froid, Vent-Chaleur, ou Stase du Sang). Par contre, les meilleurs résultats sont obtenus dans les sciatiques récentes. [18.16 / 05.09- d\$-]

640- gera: 88248/di/ra
[100 CASES OF PROLAPSE OF LUMBER INTERVERTEBRAL DISC TREATED BY QIGONG AND MASSAGE]. GUAN ZHENG. *shandong journal of tcm*. 1995,14(2),60 (chi). ref:0
 [18.14 / qg- massage-]

641- gera: 86761/di/ra

[OBSERVATION ON INFLUENCE OF NAIL-FOLD MICROCIRCULATION OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISKS FROM ACUPUNCTURE OF HOT NEEDLE]. GUAN ZHUN-HUI ET AL. *yunnan journal of tcm and materia medica*. 1995,16(5),54 (chi). [18.14 / 05.09-]

642- gera: 84744/di/ra

"FENG QI AI" HOT COMPRESS TREATMENT. HONGSHENG Z ET AL. *world journal of acupuncture-moxibustion*. 1995,5(2),32-5 (eng).

Hot medicated compress treatment belongs to an external treatment and is a kind of moxibustion. "Feng Qi Ai" prescription was recorded in Yi Fang Lei Ju, Zhu Xu Men, Rui Zhu Tang Fang. In the treatment, pain in the loin and the knees, cold-pain around the navel and in the abdomen, diarrhea due to deficiency and cold and other diseases are treated by combination of drugs with hot compress. We have improved the treatment and extended the range of its indication. It was used for treatment of menorrhagia due to cold uterine, gastralgia due to cold of middle-jiao, sciatica, periarthritis of shoulder, systemma, piriformis syndrome with good results. [5.15 / 10.05- 18.18- vide+yang- 11.04- 18.16- 18.10- 10.07- 18.14- 06.01-]

643- gera: 107261/di/ra- num

CLINICAL OBSERVATION ON TRUNK SCIATICA TREATED BY DEEP ACUPUNCTURE AT YAORYANGGUAN (GV3). HUANG WEI AND XING HONG-YI. *chinese journal of integrated traditional and western medicine (english edition)*. 1995,1(4),283 (eng). ref:4

[18.16 / profondeur- ecr- 3vg-]

644- gera: 56165/di/ra- num

PIRIFORMIS SYNDROME. JI XIAO-PING. *international journal of clinical acupuncture*. 1995,6(2),173-5 (eng).

A 52-year-old male, examined on Oct. 5, 1986, complained of suffering pain on his right side for a period of a month. About a month previous, while mountain climbing, he felt an injury in his right buttock. The immediate pain led to limping and he found it difficult to stand up again once he squatted. Pain radiating from the lateral calf was noted the next day, and was aggravated at coughing. He was diagnosed as suffering from piriformis syndrome. Topical use of traditional paste, massage, and traditional medication, however, produced no apparent effect and he finally came to us for acupuncture treatment. A traditional examination revealed: walking with a limp, displaying fear of touching the ground with his right leg; an inability to stand up from a squatting position; local swelling and tenderness at the site of piriformis; complaints of occasional "electric shock"-like pain while walking; an intense shooting pain when the right leg was elevated over 45° (which was reduced, however, when the leg was further extended to over 60°); a positive result (+) with test stretching piriformis; nothing appeared abnormal with his food intake, urination and defecation; a forceful and taut pulse; a pinkish tongue with a thin. white coat. [18.14 / cc-]

645- gera: 107173/di/ra

THE INFLUENCE OF FINGER PRESSING MANIPULATION ON CAMP AND CGMP IN THE CEREBROSPINAL FLUID OF PROLAPSED INTERVERTEBRAL DISC. JIANG HONG AND

YANG ZHI-LIANG. *chinese journal of integrated traditional and western medicine (english edition)*. 1995,1(3),201 (eng). ref:0 [18.14 / acupression-]

646- gera: 12679/di/ra- num

EIGHTY CASES OF SOFT TISSUE INJURY TREATED WITH LOCAL CONTRALATERAL NEEDLING METHOD. JIN YANLI. *world journal of acupuncture-moxibustion*. 1995,5(1),30-2 (eng).

Contralateral needling method is a common and effective one of acupuncture analgesic methods. It is used to treat a local pain in the limbs and trunk with a short course of disease, pain and swelling will disappear or be relieved immediately for one or two treatments. Really, there is an effect of relieving pain as soon as the needle is inserted. When the local contralateral needling method is used, the key to improving the effectiveness lies in determining the pain position and its corresponding point correctly, the more correct the pain position and its corresponding point are determined, the better the effectiveness will be. In this group, 80 cases of soft tissue injury were treated with local contralateral needling method, the cure rate was 82 %, and the total effective rate was 100%. Recherche précise du point douloureux maximum au niveau de la zone atteint (environ 1 cun²). Puncture du point correspondant à l'opposé: douleur lombaire: puncture abdominale controlatérale, douleur externe de la cheville: puncture interne de la cheville sur 0,5 à 1 cun. Stimulation douce jusqu'à disparition du point douloureux. [18.07 / 18.14- 18.19- ashi- lateralite-]

647- gera: 84940/di/ra

TRATTAMENTO DELLA SCIATICA TRAMITE AGOPUNTURA SUI PUNTI JIAJL. STUDIO EFFETUATO SU 168 PAZIENTI. JINGCHUN P. *rivista italiana di medicina tradizionale cinese*. 1995,62(4),51-2 (ita). ref:2

Résumé à entrer. [18.16 / htjj-]

648- gera: 84965/di/ra

[CLINICAL OBSERVATION ON TREATING LUMBODYNIA WITH USING HERB TO PENETRATE SKIN IN LUMBUS PAD : A REPORT OF 116 CASES]. JIXIANG L. *beijing journal of tcm*. 1995,1,48 (chi). ref:0 [18.14 / emplatre-]

649- gera: 54596/di/re- num

ENHANCED BONE METABOLISM INDUCED BY ACUPUNCTURE. KUNO RC ET AL. *journal of nuclear medicine*. 1995,36(12),2246-7 (eng).

A 29-yr-old man with several years of back pain was referred for a bone scan. High-resolution regional spot images of the skeleton were obtained following intravenous injection of 20 mCi 99mTc-methylene diphosphonate. Posterior and lateral images of the skull showed focal increased uptake in several regions of the skull. Upon questioning, the patient stated that he had received acupuncture treatment for his back pain several times in the same regions as the increased uptake. The needle placement was confirmed by the patient's acupuncturist. Acupuncture can cause enhanced bone metabolism demonstrated by increased activity on bone scans. [5.19 / isotope- 18.14- 18.06-]

650- gera: 54467/di/re- num

ELECTROPHYSIOLOGICAL EVIDENCE FOR THE ANTINOCICEPTIVE EFFECT OF TRANSCUTANEOUS ELECTRICAL STIMULATION

ON MECHANICALLY EVOKED RESPONSIVENESS OF DORSAL HORN NEURONS IN NEUROPATHIC RATS. LEEM JW ET AL. *neuroscience letters*. 1995,192(3),197-200 (eng). ref:6

Using a rat model of peripheral neuropathy induced by a tight ligation of L5-6 spinal nerves, the effects of transcutaneous electrical stimulation on the mechanical responses of wide dynamic range (WDR) dorsal horn neurons were investigated. The responses of the WDR neurons to both the brush and pinch stimuli were found to be enhanced in the neuropathic rats compared to those in the normal rats. These enhanced responses were depressed by low-frequency and high-intensity transcutaneous electrical stimulation (2 Hz, 4-5 mA) applied to the somatic receptive field. The durations of the depressive effects on the brush responses ranged between 30 and 45 min and those on the pinch responses were 60-90 min. These results imply that the transcutaneous electrical stimulation used here produces an antinociceptive effect via a depressive action on the enhanced mechanical responsiveness of the spinal neurons in this rat model of peripheral neuropathy. [18.16 / 25.03- 14.09- 05.12- eaa+rat-]

651- gera: 1462/di/ra

EFFECT OF MASSOTHERAPY ON THE IN VIVO FREE RADICAL METABOLISM IN PATIENTS WITH PROLAPSE OF LUMBAR INTERVERTEBRAL DISC AND CERVICAL SPONDYLOPATHY. LI ZONGMIN ET AL. *journal of traditional chinese medicine*. 1995,15(1),53-8 (eng). ref:22

The endogenous free radical scavenger superoxide dismutase (SOD) and blood catalase (CAT) in 2 groups of patients with prolapse of lumbar intervertebral disc and cervical spondylopathy were lower than that of the healthy control group, while the -5H reflecting the metabolic disturbance of free radical was higher. After massotherapy, blood SOD and CAT were increased, while lipid peroxide (LPO), -SH -5H in urine were decreased, demonstrating that there are distinct parallel relationships existing in the changes of these enzymes in blood and urine. [18.14 / massage- 18.12-]

652- gera: 66861/di/ra

[ABSORBENT COTTON MOXIBUSTION THERAPY ON L3 TRANSVERSE PROCESS SYNDROME]. LIAO XISHOU. *fujian journal of traditional chinese medicine*. 1995,26(6),26 (chi). ref:7 [18.14 / 05.09-]

653- gera: 85163/di/ra

FINGER PRESSURE PLUS MOXIBUSTION FOR TREATMENT OF 30 CASES OF ACUTE LUMBAR SPRAIN. LUO LIXIN. *world journal of acupuncture-moxibustion*. 1995,5(4),52-3 (eng).

In the present paper, 30 cases of acute lumbar sprain are treated with finger pressure therapy and moxibustion therapy. Results show that 21 cases are cured, 4 markedly effective and 5 effective. This combined treatment has no sufferings to the patient, is safe, simple and easy to be accepted by patients. [18.14 / 05.09- acupression-]

654- gera: 56147/di/ra- num

NEEDLING "SHUANGYANG" IN TREATMENT OF SCIATICA : CLINICAL OBSERVATION OF 384 CASES. NIE HAN-YUN ET AL. *international journal of clinical acupuncture*. 1995,6(1),87-9 (eng). ref:0

Suangyang ("double Yang"). il s'agit de 2 points situés entre Shaoyang et Taiyang du Pied. Prendre le milieu du segment entre 30VB et 31VB, en arrière de ce point

prendre un autre point de référence à mi-distance entre le méridien de la VB et celui de la Vessie. Les 2 points Shuangyang sont situés 1 cun au dessus et 1 cun au dessous de ce point de référence. Puncture perpendiculaire sur 2,5 à 3 cun. Technique d'enfoncement-retrait et rotation d'intensité moyenne à forte. La sensation doit irradier vers le haut (hanche) et le bas (pied). Séance de 30mn, la manipulation est répétée toutes les 10'. Après le retrait des aiguilles, moxibustion au batonnet 20' (la peau devient rouge et chaude). Une séance / jour. Série de 10 séances. Guérison : 50% après 3 séances, 33,9% après 4-7 séances, 8,3% améliorés après 8-12 séances, 7,8% aucun effet après 13 séances. [18.16 / 05.09-]

655- gera: 86721/di/ra

[20 CASES OF LUMBAR MUSCLE STRAIN TREATED BY WRIST-ANKLE ACUPUNCTURE]. OUYANG CHONG. *hubei journal of tcm*. 1995,17(2),46 (chi). ref:0 [18.14 / podo- mano-]

656- gera: 47110/di/ra

[100 CASES OF PROTUSION OF LUMBAR INTERVERTEBRAL DISC TREATED WITH MASSAGE]. RUSHEN D ET AL. *journal of shandong college of tcm*. 1995,19(4),251 (chi). [18.14 / massage-]

657- gera: 56239/di/ra- num

INJECTION OF DEXAMETHASONE INTO HUANTIAO IN TREATING 55 CASES OF SCIATICA. SONG YONG-GUI. *international journal of clinical acupuncture*. 1995,6(4),463-5 (eng).

30VB. Chimiopuncture avec mélange de 1 ml de dexaméthasone (5mg), 2 ml de Vit B1 (0,1g) et 5 ml de lidocaïne à 2%. Utiliser une aiguille à ponction lombaire. Patient en décubitus latéral, aiguille implantée sur 3 cun, recherche du Deqi et injection. Guérison : 54%, amélioration marquée : 30%, contre 14 et 25% dans un groupe traité avec serum salé au 30VB. [18.16 / corticoide-ecr- 05.15- 30vb- comparaison-]

658- gera: 41458/di/ra

[OBSERVATION ON THERAPEUTIC EFFECTS OF 30 CASES WITH PIRIFORMIS SYNDROME TREATED WITH ACUPUNCTURE]. WANG SHENGQIANG ET AL. *chinese acupuncture and moxibustion*. 1995,15(6),17 (chi). ref:0 [18.14 / ecr-]

659- gera: 54122/di/ra

[THE TREATMENT OF 50 PATIENTS WITH PAIN IN LOIN AND LEGS BY MAGNETIC FILIFORM NEEDLES]. WANG ZHENWEN ET AL. *shanghai journal of acupuncture and moxibustion*. 1995,14(2),71 (chi). [18.14 / ecr?- 05.13-]

660- gera: 90297/di/ra

[TREATMENT OF PIRIFORMIS SYNDROME BY MULTI-DIRECTION ACUPUNCTURE AND MOXIBUSTION: A REPORT OF 58 CASES]. WU HANYANG. *new journal of tcm*. 1995,27(3),35 (chi). [18.14 / 05.09-]

661- gera: 86455/di/ra

[TREATMENT FOR 35 CASES OF SCIATICA WITH MOXIBUSTION IN EXTENSIVE OF BODY]. WU QIFANG. *beijing journal of tcm*. 1995,6,39 (chi). [18.16 / 05.09-]

662- gera: 56210/di/ra- num

TREATING PAIN OF BACK AND LEGS BY DEEP PUNCTURE OF DACHANGSHU WITH WARMING OF NEEDLE : A REPORT OF 87 CASES. WU QING-MING. **international journal of clinical acupuncture.** 1995,6(3),335-8 (eng).

- 25V (point principal). - Attente VB (30VB, 34VB, 39VB). - Atteinte vessie (37V, 55V, 60V). - Aiguille de 3 cun de long. - Insertion profonde, obtention d'une sensation irradiante au pied. - Répéter la manipulation 3 fois, plus puncture des points associés avec recherche du deqi. - Mettre en place sur le manche de l'aiguille du 25V un moxa (3 cm de long) à 3-4 cm de la peau. Une séance par jour. - Série de 10 séances. - Guérison: 57,6%. - Amélioration marquée: 24,1%. [18.16 / 18.14- 25v- deqi- 05.09- 18.16-]

663- gera: 21380/di/ra

SURVEY OF LOW BACK PAIN WITH ACUPUNCTURE TREATMENT AT TSUKUBA COLLEGE OF TECHNOLOGY CLINIC. X. **journal of the japan society of acupuncture.** 1995,45(1),39. (jap). ref:0

[18.14 / japon- rg-]

664- gera: 21382/di/ra

[THERMOGRAPHIC FINDING ON TREATMENT OF SCIATIC NERVE BY LOW FREQUENCY ELECTRIC ACUPUNCTURE IN POINTS OF GB30]. X. **journal of the japan society of acupuncture.** 1995,45(1),40. (jap). ref:0

[18.16 / 30vb- thermographie-]

665- gera: 21386/di/ra

[CLINICAL STUDY ON ACUPUNCTURE AND MOXIBUSTION THERAPY FOR PAIN IN THE LOW BACK AND THE LOWER EXTREMITIES (THE 1ST REPORT) - A CASE SERIES OF RADICULOPATHY DUE TO LUMBAR DISC HERNIATION]. X. **journal of the japan society of acupuncture.** 1995,45(1),43. (jap). ref:0

[18.14 / 05.09-]

666- gera: 22066/di/ra

[A REPORT OF ACUPUNCTURE THERAPY ON THE LOW BACK PAIN WITH STEROID-INDUCED OSTEOPOROSIS]. X. **journal of the japan society of acupuncture.** 1995,45(1),94. (jap). ref:0

[18.14 / 18.06- corticoide-]

667- gera: 22252/di/ra

[THERMIC CHANGE OF THE SKIN AFTER ACUPUNCTURE THERAPY ON LOW BACK PAIN]. X. **journal of the japan society of acupuncture.** 1995,45(1),117. (jap). ref:0

[18.14 / temperature-]

668- gera: 12678/di/ra- num

TREATMENT OF SCIATICA BY COMBINED ACUPUNCTURE AND ACUPOINT INJECTION (abstract). XIAO MANXUE. **world journal of acupuncture-moxibustion.** 1995,5(1),29. (eng). ref:0

1) 26V, HTJJ (L4), 40V. 2) 30VB, 31VB, 34VB. 3) 36E, 40V. Groupe 1), 2) ou 3) en fonction de la topographie de la douleur. Dispersion, séance de 30mn, puis injection de 1 à 2ml au niveau de 2 à 3 points d'un mélange de Moschus injectio et Danshen injectio. Une séance par jour, série de 7 séances. Guérison : 42 cas, amélioration nette : 51 cas, échec : 9 cas. (Même article que 85230). [18.16 / 05.15-]

669- gera: 90327/di/ra

[TREATMENT OF 3RD LUMBAR TRANSVERSE PROCESS SYNDROME BY WARMING NEEDLING: A REPORT OF 58 CASES]. XIE CAIHONG. **new journal of tcm.** 1995,27(5),27 (chi). ref:0

[18.14 / 05.09-]

670- gera: 12681/di/ra

CLINICAL EXPERIENCE OF TREATING PAIN SYNDROME BY SHU (STREAM) POINTS OF HAND THREE YANG MERIDIANS. XIUJUAN Y ET AL. **world journal of acupuncture-moxibustion.** 1995,5(1),33-6 (eng).

This article introduces the clinical experience of treating pain syndrome by shu (stream) points of the hand three Yang meridians. The authors used the shu (stream) points for some pain syndromes. It develops the indications of shu (stream) points which used to be only applied to heavy sensations of the body and painful joints. It is highly important for the effective result to be the contralateral puncturing combined with doing exercises and a long retaining of needles, such as one hour. Most of acute pain can be cured by one treatment. As for stubborn pain, it can be alleviated by 5- 10 treatments. [6.01 / shu- 18.10- 14.02- laterallite- 16.07- 18.16-]

671- gera: 88285/di/ra

[103 CASES OF PROLAPSE OF LUMBER INTERVERTEBRAL DISC TREATED BY PRESSING POINTS]. XU ZHIXIU ET AL. **shandong journal of tcm.** 1995,14(6),260 (chi). ref:0

[18.14 / acupression-]

672- gera: 84449/di/ra

[48 CASES OF LUMBAR SPONDYLOLISTHESIS TREATED BY TCM MASSAGE AND DRUG INDUCTION]. YONGMING J ET AL. **journal of beijing university of tcm.** 1995,18(6),51 (chi).

[18.14 / massage-]

673- gera: 56148/di/ra- num

NEEDLING YINJIAO IN TREATMENT OF ACUTE LUMBAR SPRAIN : A CLINICAL OBSERVATION OF 153 CASES. ZHANG DANG-HONG ET AL. **international journal of clinical acupuncture.** 1995,6(1),91-4 (eng).

The lumbar region is that part of the locomotor system of the human body most extensively involved in daily living and occupational activities. Acute sprain of the region is a common occurrence arising from faulty use of force, carrying loads beyond one's capability, stumbling and falling, and torsion. In a dozen years we have treated 153 cases by needling Yinjiao (RM 28) alone and fauna the method quite simple and invariably successful, usually at one sitting. Our report follows. 28VG (des petits nodules en grain de riz apparaissent entre 2 et 8h après le début du lumbago). Puncture sur 0,2 à 0,3 cun vers le haut au niveau des nodules. Stimulation forte. L'aiguille est laissée en place 10mn, le patient maintenant le manche entre ses lèvres. Demander au patient de mobiliser son rachis. 81,7% guéris en 1 séance. [18.14 / lcp- 28vg-]

674- gera: 56212/di/ra- num

EXERCISE WITH ACUPUNCTURE IN TREATING ACUTE LUMBAR SPRAIN : A REPORT OF 155 CASES. ZHANG JI-CHEN. **international journal of clinical acupuncture.** 1995,6(3),343-5 (eng). ref:0

Exercice added to acupuncture is an effective therapeutic method, in which the patients are asked to exercise the affected region after needling, accelerating the curative

effect. Acute lumbar sprain is a common disease brought to clinics. According to a theory of channels and collaterals of acupoints, the author supplemented acupuncture with exercise in treating acute lumbar sprain in 155 cases, where the effectiveness was remarkable. 26VG, 3IG (bilatéral). Pincer le sillon nasolabial, puncture du 26VG avec une aiguille de 1 cun, rotation de l'aiguille en dispersion. Puncture du 3IG, technique d'enfoncement-retrait en dispersion. Demander au patient de mobiliser son rachis d'abord en rotation avec une amplitude et une vitesse de plus en plus grande, puis en flexion antérieure et postérieure. Retirer l'aiguille en élargissant l'orifice et sans pression sur le point (dispersion). La séance dure 30mn à 1 heure. 127 guérisons après 1 séance, 23 après 2 séances, 5 après 3 séances. [18.14 / 26vg- 3ig- mobilisation-]

675- gera: 56178/di/ra- num

ACUPUNCTURE TREATMENT OF ACUTE LUMBAR SPRAIN. ZHAO ZHEN-JING. *international journal of clinical acupuncture*. 1995,6(2),217-8 (eng). ref:0

Acute lumbar sprain is a common disease. In recent years the author has treated 31 cases by acupuncture with satisfactory results. 6IG, 31G, Shangdu, 26VG vers 20GI. 1 à 3 points en fonction de la localisation de la douleur. Douleur médiane : 26VG associé à Shangdu ou à 6IG. Douleurs bilatérales : 3IG associé à 6IG ou 26VG. Séance de 20 à 30mn. Dispersion, manipulation répétée 2 à 3 fois. Mobilisation du rachis par le patient. Une séance / jour. 25 guérisons en 1 séance, 4 en 2 séances, 2 en 3 séances ou plus. [18.14 / mobilisation-]

676- gera: 57278/di/ra

CLINICAL COMPARISON BETWEEN SCALP ACUPUNCTURE COMBINED WITH A SINGLE BODY ACUPOINT AND BODY ACUPUNCTURE ALONE FOR THE TREATMENT OF SCIATICA. ZHI L ET AL. *american journal of acupuncture*. 1995,23(4),305-7 (eng). ref:0

A group of 90 patients diagnosed with sciatica were divided into (a) an experimental group (n=60) for treatment with scalp acupuncture and one body acupoint and (b) a control group (n=30) treated with body acupuncture only. All patients were treated within one week of onset, and none had received previous treatment for sciatica. Results of the experimental and control groups were evaluated after 20 treatments: Total effective rate 91.67% and 66.67%, respectively indicating a highly significant ($P<0.005$) greater effectiveness in the experimental group. [18.16 / ctanr- comparaison- cranio-]

677- gera: 17340/di/ra

RICERCA SUL MECCANISMO ANALGESICO DELLA DIGITO PRESSIONE SUGLI AGOPUNTI NELLA LOMBALGIA. ZHILIANG Y ET AL. *rivista italiana di medicina tradizionale cinese*. 1995,59(1),50-4 (ita). ref:1

Le lombalgie sono frequenti, in particolare quelle che derivano da degenerazioni e lesioni dei dischi delle piccole articolazioni intervertebrali. Una lunga esperienza clinica ha dimostrato che il metodo della digitopressione su punti del meridiano della vescica urinaria, tipo chengshan (BL 57) è efficace anche se non è stato ancora chiarito per quale meccanismo. Gli studi clinici e di laboratorio del meccanismo hanno fornito una base teorica per usare clinicamente questo tipo di massaggio, ma anche per utilizzare terapie quali la neuroagopuntura, la terapia collaterale ai meridiani e l'idroagopuntura. [18.14 / acupression- 57v-]

678- gera: 54137/di/ra

[CLINICAL OBSERVATION ON 177 CASES OF PROLAPSE IN INTERVETEBRAL DISK TREATED MAINLY BY TRADITIONAL DRUG ION-INTRODUCTION]. ZHU LIGUO ET AL. *journal of traditional chinese medicine*. 1995,36(1),39 (chi). ref:0 [18.14 / 05.15-]

679- gera: 85860/di/ra- num

OBSERVATION ON THERAPEUTIC EFFECTS OF ACUTE SPRAIN OF SOFT TISSUE TREATED BY ACUPUNCTURE AT PRESSURE PAIN POINTS. BAO FEI. *world journal of acupuncture-moxibustion*. 1996,6(4),13-6 (eng).

In the present paper, 70 cases of acute sprain of soft tissue were treated with acupuncture at pressure pain points on the lateral of the second metacarpal bone. Results showed that the cure rate was 58,6% and the total effective rate was 94,3%. Also, its mechanisms were studied preliminarily. The present therapy is simple, convenient, easy to operate and it produces rapidly desired effects with a higher cure rate, so it is suited to be popularized clinically. Traitement par puncture au niveau du point douloureux du deuxième métacarpien. [18.07 / mano- 18.14- 18.12-]

680- gera: 57676/di/ra

SCIATICA TREATED BY ACUPUNCTURE AND HOMEOPATHY. ABSTRACT. BRATILA F ET AL. *revista romana de acupuntura*. 1996,5(2),91-2 (eng). ref:4

[18.16 / homeopathie-]

681- gera: 85777/di/ra

[CLINICAL RESEARCH IN TREATMENT OF ACUTE SCIATICA BY NEEDLING YAORYANGKUAN (DU3) DEEP]. CAI GUOWEI ET AL. *shanghai journal of acupuncture and moxibustion*. 1996,15(2),8 (chi). ref:0

[18.16 / ecr?- 3vg- profondeur-]

682- gera: 56383/di/ra- num

POINT RADIATION WITH BIOFREQUENCY SPECTRUM IN TREATING THE PIRIFORMIS SYNDROME : A REPORT OF 40 CASES. CHEN QUAN-SHOU ET AL. *international journal of clinical acupuncture*. 1996,7(4),459-61 (eng).

The Piriformis syndrome, though commonly seen in clinical practice, is rather refractory in treatment. Since 1992, the authors have applied radiation by using the frequency spectral set to the points selected, in treating 40 such cases, and obtained satisfactory results. [18.14 / 05.14-]

683- gera: 70941/di/re- num

DRUG THERAPY FOR BACK PAIN. WHICH DRUGS HELP WHICH PATIENTS? DEYO RA. *spine*. 1996,21(24),2840-9 (eng). ref:0

Study Design: A brief review of current literature and issues on drug therapy for low back pain. Objectives: To identify current knowledge and future research needs related to drug therapy. Summary Of Background Data: Drug therapy is one of many possible treatment choices for symptom relief in patients with low back pain. The variety of drugs used suggests that there is no uniquely successful form of drug therapy. One reason for uncertainty and slow progress in this area is the limited quality of many clinical trials for back pain, with inadequate description of patients and outcomes being common deficits. Methods: A selective review of randomized trials and systematic literature syntheses on drug therapy is given. Results: Despite

limitations, there is good evidence to support the efficacy of nonsteroidal anti-inflammatory drugs for acute low back pain and fair evidence for the use of muscle relaxants. There is greater controversy about the use of corticosteroids, which have been administered orally, intramuscularly, and epidurally. There is conflicting evidence regarding epidural injection of corticosteroids, but one meta-analysis suggests they may provide a small symptomatic improvement for patients with radiculopathy. Trials of systemic steroids and antidepressant drugs for managing chronic pain are inconclusive. The only randomized trial of local anesthetic injection into trigger points suggested that this treatment was equivalent to that of saline injection, needling without injection, or vapocoolant spray alone. Conclusion: It seems reasonable to recommend acetaminophen or nonsteroidal anti-inflammatory drugs for patients with acute back pain, with efforts to minimize costs and complications. Muscle relaxants and narcotic analgesics may be appropriate for some patients, but selection criteria are unclear, and these drugs should be prescribed for fixed periods. Drug treatment for chronic low back pain is less clear, and a current controversy centers on the use of chronic narcotic analgesics for such patients. Future research should include evaluating combinations of medications, combinations of medication and physical therapy, systemic corticosteroid therapy, trigger point injections, and narcotic use for patients with chronic pain. Spinal stenosis is common in the older population, and more drug trials are needed for this condition. [18.14 / rg-]

684- gera: 56315/di/ra- num

AURICULAR ACUPUNCTURE IN TREATMENT OF ACUTE LUMBAR STRAIN. DING YUAN-QUAN ET AL. *international journal of clinical acupuncture*. 1996,7(2),211-3 (eng). ref:1

Eighty patients suffering from acute lumbar sprain have been treated by auricular acupuncture since 1992, showing satisfactory results. PA Lombes (union de la branche inférieure et supérieure de l'Antihélix). Patient assis. Rechercher le point sensible au niveau de l'oreille controlatérale. Puncture vers le haut avec un angle de 30°. Stimulation en rotation 1mn, aiguille en place 10mn. Le patient mobilise son rachis. Guérison : 78,75%. Amélioration marquée : 20%. [18.14 / 05.10- lateralite-mobilisation-]

685- gera: 86968/di/re- num

MULTIDISCIPLINARY APPROACH TO CHRONIC BACK PAIN : PROGNOSTIC ELEMENTS OF THE OUTCOME. EIKAYAM O ET AL. *clinical and experimental rheumatology*. 1996,14(3),281-8 (eng). ref:0

OBJECTIVE: This study presents an evaluation of a multidisciplinary approach to patients with chronic back pain. METHODS: Sixty-seven patients with back pain of more than three months duration participated in a comprehensive 4 week program which included back schooling, psychological intervention, and treatment by acupuncture, chiropractic, the Alexander technique and a pain specialist. At admission to the study, patients were asked to complete a questionnaire concerning their socio-demographic background and disease history. Patients also underwent a psychological evaluation based on a questionnaire and an interview. On the basis of this evaluation, patients were graded on three criteria: (i) predominance of psychological factors; (ii) secondary gain; (iii) personality features. At the end of the treatment, patients were divided into three groups according to their degree of improvement. Patients were evaluated at the end

of the four week program and after 6 months of follow up. RESULTS: Significant improvement in the pain rating, pain frequency and analgesic drug consumption was observed in the treatment group, and was maintained for a period of 6 months. Satisfactory outcome was correlated to a moderate predominance of psychological factors, good functioning, a high level of motivation, and family support. Poor outcome was associated with a divorced marital status and unemployment, diffuse complaints, post surgery status, a high predominance of psychological factors, and the presence of secondary gain and personality disorders. CONCLUSION: Patients with chronic back pain seem to benefit from this proposed multidisciplinary approach. The improvement was maintained for a period of 6 months. Outcome was clearly related to psychosocial factors. [18.14 / rg-]

686- gera: 56254/di/ra- num

MULTIFUNCTIONAL JAR VERSUS COMMON CUPPING IN TREATING PAIN OF BACK AND LEGS. FENG GUO-XIANG. *international journal of clinical acupuncture*. 1996,7(1),31-4 (eng). ref:32

Cupping with multi-functional jar (made by Nanchang Electrical Instrument Factory) and with common glass jar in addition to acupuncture were compared in treating pain of back and legs. The results showed that the total effective rate using the multifunctional jar group was 97.14%, while that using glass jar group was 85%. The difference between the two was very significant' proving that the multifunctional jar was superior to its glass counterpart. Besides, the therapeutic effect of the multifunctional jar appeared promptly, fully displaying its value in clinical treatment. [18.14 / 05.08- comparaison-]

687- gera: 56357/di/ra- num

ACUPUNCTURE PLUS ELECTROMAGNETIC SPECTRUM TREATMENT OF 172 CASES OF SPRAIN. GAO QING WEI. *international journal of clinical acupuncture*. 1996,7(3),361-3 (eng). ref:0

Acupuncture 30 minutes associée à irradiation électromagnétique. Choix des points en fonction de la lésion: poignet: 4GI, 6MC, 8P et 6P. Coude: 5P, 6MC, 4GI, 10GI. Epaule: 4GI, 15GI, 14TR, 9IG. Genou: 35E, 34E, 36E, 38E, Ashi. Cheville: 41E, 3RN et Ashi. Lombes: 3VG, Ashi, 40V et 6RTE. Rapport d'un cas d'entorse de la cheville et d'un cas de lumbago aigu. [18.07 / 18.18- 18.08- 18.14- 18.10- 18.19- 18.09- 05.13- 05.12-]

688- gera: 85676/di/ra

LECTURES ON ACUPUNCTURE. PART II. CLINICAL ACUPUNCTURE. LECTURE FOUR. LOWER BACK PAIN,SCIATICA. GUAN QISHENG ET AL. *world journal of acupuncture-moxibustion*. 1996,6(2),59-63 (eng). ref:0

[18.14 / 18.16-]

689- gera: 85803/di/ra

[OBSERVATION ON THE EFFECT OF HOT-ACUPUNCTURE ON MICROCIRCULATION OF NAIL FOLD IN PROLAPSE OF LUMBAR INTERVERTEBRAL DISC]. GUAN ZUNHUI ET AL. *chinese acupuncture and moxibustion*. 1996,16(5),1 (chi). ref:0

[18.14 / microcirculation- 05.09-]

690- gera: 85588/di/ra- num

CLINICAL OBSERVATION ON THE TREATMENT OF LUMBAR VERTEBRA HYPEROSTEOGENY WITH ELECTRO-AND HYDRO-ACUPUNCTURE. HUANG WEI H ET AL. *world journal of acupuncture-*

moxibustion. 1996,6(1),37-9 (eng).

In the present study, 121 patients with lumbar vertebra hyperosteo-geny were divided into following four groups for treatment and comparison : intense electro-acupuncture group (Group 1), hydro-acupuncture group (Group 2), electro-acupuncture plus hydro-acupuncture group (Group 3) and analgesic liquid for spur group (Group 4). It is indicated that the effect of electro-acupuncture plus hydro-acupuncture is the best in the treatment of lumbar vertebra hyperosteo-geny. [18.14 / 05.15- 05.12- comparaison- ctanr-]

691- gera: 56361/di/ra- num

ACUTE LUMBAR SPRAIN TREATED WITH SELF-PROPOSED "SPRAIN POINTS" : OBSERVATION ON 75 CASES. HUO QING-PING. *international journal of clinical acupuncture.* 1996,7(3),375-7 (eng). ref:0

Acute lumbar sprain is a disease often seen in clinical practice, mostly due to the inappropriate use of strength during the movement of lumbar region, causing muscle spasm and sprain. Clinical therapeutic methods are varied, such as physical therapy, massage, Chinese medicine, acupuncture and moxibustion, and block therapy. Since 1982, the author has treated 75 cases of acute lumbar sprain by needling the self-proposed "lumbar sprain acupoint." The therapy is not only simple and convenient in operation, but also satisfactory in effect. Point Lumbago de la main (entre 2° et 3° métacarpien, 4° et 5° métacarpien). Patient debout pieds joints, main sur une table. Puncture bilatérale, rotation des aiguilles, pendant ce temps le patient mobilise son rachis. Stimulation 3 à 4mn, puis l'aiguille est laissée en place 5mn. Guérison : 94,6%. [18.14 / mobilisation- mano-]

692- gera: 56332/di/ra- num

EFFECTS OF FINGER PRESSURE ON BETA-EP AND 5-HT IN CSF IN CASES WITH DISC PROLAPSE. JIANG HONG ET AL. *international journal of clinical acupuncture.* 1996,7(3),259-63 (eng). ref:0

In this paper, the authors describe the method of neurobiochemistry to observe the change of, β -EP and 5-HT contents in the cerebrospinal fluid in 11 cases of prolapsed lumbar intervertebral disc before and after finger-pressing manipulation. The results showed that the moment pain was relieved after the therapy, the, β -EP in the cerebrospinal fluid (CSF) was markedly increased [40% higher ($P < 0.05$) on average over that before the therapy] while the changes in 5-HT were irregular. The authors supposed that the relief from pain might be due to selective excitation of the intrinsic analgesic system causing an increase in the, β -EP release. [18.14 / endorphine- 5ht- acupression-]

693- gera: 56274/di/ra- num

A REPORT OF 45 CASES OF LUMBAR HYPEROSTEOGENY TREATED WITH ACUPUNCTURE. JIAO HONG-PO. *international journal of clinical acupuncture.* 1996,7(1),101-2 (eng). ref:13

The author in the following article adopted an acupuncture method in treating 45 cases of lumbar hyperosteo-geny, a common disease in the middle-aged and elderly with remarkable effect. le effect. 11V, 2 V, 26VG, 40V, HTJJ. - Puncture perpendiculaire. - Stimulation en mi-dispersion, mi-rotation. - Une séance par jour. - Série de 10 séances. - Guérison: 62,2%. - Amélioration marquée: 13,3%. [18.14 / 23.07-]

694- gera: 85757/di/ra- num

[CLINICAL OBSERVATION ON 100 CASES OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED BY CHANNEL PULS-ELECTROTHERAPY]. JIN ALIGUI ET AL. *chinese acupuncture and moxibustion.* 1996,16(4),9 (chi). ref:0 [18.14 / ecr- 05.12-]

695- gera: 91698/di/ra

[THE EFFECTIVE OBSERVATION THAT LUMBOCRURAL PAIN IS CURED BY BLOCK THERAPY USED CHINESE HERBS DAPHNETIN IN 124 CASES]. JIN WEI-FAN. *practical journal of integrating chinese with modern medicine.* 1996,9(4),221 (chi). [18.16 / 05.15- p74-]

696- gera: 56292/di/ra- num

EFFECT OF FINGER PRESSING ON CAMP AND CGMP IN CSF IN A PROLAPSED INTERVERTEBRAL DISC. JING HONG ET AL. *international journal of clinical acupuncture.* 1996,7(2),127-30 (eng).

The use of the RIA method in observing changes of cAMP and cGMP in CSF of 11 cases of prolapsed intervertebral disc before and after finger pressing on Weizhong and Chengshan in an attempt to explore the mechanism of analgesia resulting from the finger pro-sing. The experiments showed that pain was relieved after finger pressing; cGMP of CSF immediately increased from 0.51 ± 0.19 to 0.63 ± 0.13 pm/ml, an average 32% higher than that before the therapy ($P < 0.05$); and the cAMP/cGMP ratio decreased from 30.52 ± 26.42 to 23.20 ± 16.91 pm/ml. These results suggest that the oucleotides in CNS might participate in the regulation of pain perception. [18.14 / acupression- amp- 40v- 57v-]

697- gera: 85677/di/ra- num

CLINICAL OBSERVATIONS ON THE SELECTION OF ABDOMINAL ACUPOINTS TO RELIEVE LOWER LUMBAR PAIN. LI YUAN. *world journal of acupuncture-moxibustion.* 1996,6(3),3-11 (eng). ref:0

This paper discusses the selection of Abdominal area kidney and meridian acupoints 120 patients suffering from lower lumbar pain using the fingers to press the acupoints. Although the types of ailments, mildness or severity of the patients' condition, and duration of illness varied, in all cases satisfactory treatment results were achieved. The average effective rate was 97.5 %. The average rate of cure (complete recovery rate) was 73.3 %. Patients who had suffered from symptoms for period of less than one year and patients afflicted with mild or moderate conditions enjoyed the most outstanding treatment results. The advantages of this treatment method or technique are as follows : 1. This method or technique brings the distinctive dynamics of traditional Chinese medicine theory and meridian theory into full play. 2. This method of treatment uses neither acupuncture needles nor moxibustion . It merely utilizes the fingers to press certain acupoints. It is simple, convenient and easy to implement. It is safe and effective. 3. No operation or manipulation is performed on lower external injury spots afflicted with pain, thereby avoiding exacerbation of injury or pain in the affected area. This method of treatment produces no side effects whatsoever. Clinical application of this technique has proven the scientific validity and practical value of Traditional Chinese Medicine's theory of channels and meridians. [18.14 / acupression- 04.05-]

698- gera: 56358/di/ra- num

ACUPUNCTURE PLUS MASSAGE VERSUS

MASSAGE ALONE IN TREATING ACUTE LUMBAR SPRAIN. LIN XU ET AL. *international journal of clinical acupuncture*. 1996,7(3),365-7 (eng). ref:1

At the present time, the application of acupuncture and massage in treating acute lumbar sprain is generally practiced on the local painful part. These authors selected nearby points for acupuncture and massage in treating 84 cases for observation and comparison as reported below. Ashi. HTJJ, 3VG. Puncture perpendiculaire ou oblique sur 0,5 à 2 cun vers la colonne vertébrale. Après obtention du Deqi, électroacupuncture au niveau de 2 aiguilles. Séance de 30mn, puis massages. 85,71% guéris en 1 à 3 séances. Les résultats sont meilleurs qu'avec les massages seuls. [18.14 / massage- htjj- comparaison- 3vg-]

699- gera: 57285/di/ra

THE USE OF WARM NEEDLE ACUPUNCTURE PLUS CUPPING THERAPY FOR CHRONIC LOW BACK PAIN INVOLVING OSTEOARTHRITIC HYPEROSTOSIS. LU AIWEN. *american journal of acupuncture*. 1996,24(1),5-9 (eng). ref:0

According to basic TCM theory, the pain and other symptoms associated with the modern Western diagnosis of osteoarthritis hyperostosis of the lumbar vertebrae are caused by invasion of pathogenic Wind-Dampness-Cold in the lumbar region due to insufficiency of Yang energy in the vessels and meridians of that region. Clinical observation of the therapeutic effectiveness in 183 cases indicates that warm needle acupuncture plus cupping is an effective method for treating this disease. [18.14 / 05.08-05.09- d\$-]

700- gera: 56310/di/ra- num

ACUPUNCTURE AND CUPPING IN TREATMENT OF BACK MUSCLE STRAIN. MA BO-HUA. *international journal of clinical acupuncture*. 1996,7(2),199-200 (eng). ref:7

Lumbar and back muscle strain is often treated in clinics. The author employed a method combining acupuncture with cupping to treat this kind of disease in the outpatient department. The course of treatment was quick and the results were good. Point sensible, ou petit nodule palpé au niveau de la zone atteinte. Faire saigner à l'aiguille triangulaire. Mise en place d'une ventouse 15mn. 2 séances / jour. En général, 3 à 5 séances. Cas guéri en 2 séances. [18.14 / 05.08- 05.06- lcp-]

701- gera: 56391/di/ra- num

PARAVERTEBRAL POINTS IN TREATMENT OF SCIATICA. OUYANG QUN ET AL. *international journal of clinical acupuncture*. 1996,7(4),485-8 (eng). ref:0

HTJJ en fonction de la lésion. La localisation du point paravertébral est variable en fonction du niveau : L1, L2 est 1 cun en dessous de l'épineuse, L3-L4 1,2 cun en dessous, et L5 1,4 cun en dessous. Puncture perpendiculaire jusqu'au contact osseux. Rotation horaire de l'aiguille jusqu'à irradiation au niveau de la région atteinte. Puis rotation antihoraire en retirant légèrement l'aiguille vers la surface. Séance de 20 à 30mn. Répéter la manipulation toutes les 8 à 10mn. Une séance / jour. Séries de 7 séances. Guérison : 45,9%. Amélioration marquée : 29,1%. [18.16 / 05.15- htjj- puncture-]

702- gera: 55299/di/ra

[EFFECTS OF ACUPUNCTURE ON REGENERATION AND RESTORATION OF RETROGRADE DEGENERATION IN ANTERIOR HORN OF SPINAL-CORD - OBSERVATION ON

CELLS OF THE ANTERIOR HORN WITH MICROSCOPY AND ELECTRON MICROSCOPY* SUN ZHONGREN ET AL. *chinese acupuncture and moxibustion*. 1996,16(8),29 (chi*). ref:0

Effects of acupuncture on ultrastructure of injured sciatic nerves and motor neurons in anterior horn of spinal cord were observed dynamically by microscopy and electron microscopy in the animal model and histochemical changes of enzyme were analyzed quantitatively with an automatic image pattern analyzer. Results indicated that after non-breaking injury of sciatic nerves, morphologic structure and enzyme histochemistry of corresponding neurons all produced obvious retrograde degeneration; Acupuncture could inhibit markedly developmental velocity and extent of the neuron degeneration and promote significantly speed of regeneration and restoration of the neurons; Acupuncture could promote restoration of enzymatic activity and content in cell body of the injured sciatic nerve. [14.09 / 18.16-]

703- gera: 56359/di/ra- num

NEEDLING QIGONG IN TREATING ACUTE LUMBAR SPRAIN. WANG XI-KUAN. *international journal of clinical acupuncture*. 1996,7(3),369-70 (eng).

Acute lumbar sprain is an external injury commonly seen in clinic. The author has used this Qigong acupoint needling method in treating 268 cases with obvious effect. The following reports his therapeutic method and results. Qigong (1,2 cun au dessous du 35E). Puncture oblique vers le haut avec un angle de 70°. Insertion sur 1,5 cun. Stimulation forte en dispersion. Demander au patient de mobiliser son rachis avec une amplitude croissante dans les mouvements limités. Dans les cas sévères, puncturer le patient en décubitus et lui demander progressivement de se relever. Aiguille en place 20mn. Guérison : 99,25%. Amélioration marquée : 0,75%. 254 cas guéris en 1 séance. 14 cas guéris en 2 séances. [18.14 / mobilisation-]

704- gera: 66990/di/ra

[TREATMENT OF 60 CASES OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC WITH CHINESE MASSAGE ASSISTED BY CT LOCATION]. WANG YONG ET AL. *shanghai journal of traditional chinese medicine*. 1996,11,22 (chi). ref:0

[18.14 / massage- scanner-]

705- gera: 85685/di/ra- num

106 CASES OF SCIATICA TREATED BY BLOOD LETTING AND CUPPING. XIE JIZENG ET AL. *world journal of acupuncture-moxibustion*. 1996,6(3),48-50 (eng).

Points principaux : 28V, 40V, 39V, 57V, 40VB. Points secondaires : Santong, 2VG, 30V, 54V, 30VB, 36VB, 37V, 39VB, 60V. A chaque séance, 1 à 2 points principaux et 1 à 2 points secondaires. Pas plus de 4 points. Saignée à l'aiguille triangulaire. A l'arrêt du saignement, mettre en place une ventouse 3mn. 1° séance : retirer 50 à 100ml, 2° séance : 30 à 40ml, 3° séance : 10 à 20ml. Série de 3 à 6 séances. Habituellement, de 2 à 5 séries. 71,7% de guérison, 20,7% d'amélioration, 7,6% d'échec. Guérison en une série : 24 cas. [18.16 / 05.07- 05.06-]

706- gera: 67021/di/ra- num

[THE USE OF ELECTROACUPUNCTURE ON HUAT'OCHIACHI POINT FOR TREATMENT OF 159 CASES OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC]. XIN ZHIPING. *shanghai journal of traditional chinese medicine*. 1996,10,22 (chi). ref:0

[18.14 / htjj- 05.12- ctanr-]

707- gera: 67959/di/ra

[SIGNIFICANCE OF CT APPLICATION IN THE DIAGNOSIS OF 108 CASES OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC AND OBSERVATION ON THE THERAPEUTIC EFFECT OF THE DISEASE]. YANG HONG. *shanghai journal of traditional chinese medicine*. 1996,1,27 (chi). [18.14 / scanner-]

708- gera: 56393/di/ra- num

PREDNISOLONE INJECTION AT HUANTIAO IN TREATING SCIATICA : A REPORT ON 16 CASES. YU CHUN-YANG. *international journal of clinical acupuncture*. 1996,7(4),493-4 (eng).

30VB. Chimiopuncture avec l'ampoule de 50mg prednisolone et un volume égal de procaine. Patient en décubitus latéral. Puncture sur 50 à 65mm. Injection. Une séance tous les 4 jours. Série de 5 séances. Après un repos de 5 jours, une 2^e série peut être entreprise. Guérison en 1 injection : 2 cas. 2 injections : 8 cas. 3 : 5 cas. 5 : 1 cas. [18.16 / 05.15- 30vb- corticoide-]

709- gera: 56392/di/ra- num

WARMING ACUPUNCTURE IN TREATING 74 CASES OF SCIATICA. ZENG ZHI-JUN. *international journal of clinical acupuncture*. 1996,7(4),489-91 (eng). ref:0

Ashi (points principaux), 30VB, 34VB, 57V (Vent-Froid). 4VG, 23V, 37V, 54V, 40V (Vide des Reins). 24V, 26V, 32V, 34VB, 57V (Stase du Sang). 1à 2 points Ashi associées à 2 à 3 points en fonction des syndromes. Si Vent-Froid : puncture avec technique de rechauffement jusqu'à ce que le patient ressent une chaleur douce sur l'ensemble du corps. Vide des Reins : technique de tonification. Stase du Sang : méthode de tonification-dispersion jusqu'à obtention de l'irradiation au niveau de la région atteinte. Après obtention du Deqi, mettre en place un morceau de moxa de 1,5 à 2 cun de long au niveau du manche (à 1 cun de la peau). 2 à 5 moxas à chaque séance. Une séance / jour. Série de 10 séances. Guérison : 41,89%. Amélioration marquée : 29,86%. [18.16 / d\$- 05.09-]

710- gera: 86798/di/ra- num

[CLINICAL OBSERVATION ON CURATIVE EFFECT OF 31 CASES OF PROLAPSE OF LUMBER INTERVERTEBRAL DISKS TREATED WITH ELECTRIC ACUPUNCTURE AND INJECTION OF MEDICINE IN POINTS]. ZHANG SHAOYUN. *yunnan journal of tcm and materia medica*. 1996,17(5),35 (chi*). ref:0

Abstract: Electric acupuncture and injection of Traditional Chinese Medicine in points were used in treating prolapse of lumbar intervertebral disks. There were two groups in the observation. One group was treated with acupuncture and medicine in points, the another with the medicine only. The result was $P < 0.05$ from statistics and showed that the effect of the group with both acupuncture and medicine in points was better than the group with only medicine. [18.14 / ecr- 05.15- 05.12-]

711- gera: 56273/di/ra- num

ACUPUNCTURE PLUS MASSAGE IN TREATING 327 CASES OF BACK PAIN. ZHANG YONG-DE. *international journal of clinical acupuncture*. 1996,7(1),99-100 (eng).

From March 1988 to June 1993, the author applied acupuncture and massage in clinical treatment of 327 cases of back pain. The following results were satisfactory. - Points principaux: 23V, 40V et Ashi. - Si vent-froid: 16VG et 3VG. - Si humidité-chaleur: 52V, 33E et 5F. - Si stase du

sang: 17V, 32V, 6Ru et 30VB. - Si vide des reins: 4VG, 52V, 3Ru et 4VC. - Séance de 15 minutes suivie de - Massage traditionnel 10 mn. - Série de 5 séances. - 47,10% de guérison. - 29,97% d'amélioration marquée. [18.14 / massage- d\$-]

712- gera: 56360/di/ra- num

ACUTE LUMBAR SPRAIN TREATED BY PUNCTURING RENZHONG : A REPORT OF 50 CASES. ZHOU KE-ZHI. *international journal of clinical acupuncture*. 1996,7(3),371-3 (eng). ref:0

Acute lumbar sprain is due to accidental back action, suddenly injuring the lumbar region and resulting in a difficulty in moving at the waist and sitting uncomfortably. Work and rest are seriously affected. The physical signs are the straightening of normal lumbar vertebrae curvature, local percussion pain due to myotonia. The author punctured Renzhong (DU 26) point in treating 50 cases for a cure rate of 100%. The effect was immediate, the patient being able to move freely on withdrawal of the needle. 26VG. Puncture oblique vers le haut sur 0,5 cun. Stimulation forte par rotation. Aiguille en place 15mn. Demander au patient de mobiliser son rachis avec une amplitude de plus en plus grande. Quand la douleur a diminué de moitié, retirer l'aiguille et demander au patient de continuer la mobilisation de son rachis. Tous les cas sont guéris en une séance (le 1^o jour diminution de la douleur de 80%, les mouvements du rachis sont libres, le lendemain guérison totale). [18.14 / 26vg- mobilisation-]

713- gera: 68130/di/ra

CHRONIC LOW BACK PAIN: AN OUTCOME ANALYSIS OF A MIND-BODY INTERVENTION. BERMAN BM ET AL. *complementary therapies in medicine*. 1997,5(1),29-35 (eng). ref:0

These data report the findings of a preliminary outcomes analysis (n = 52) of the mind-body intervention arm of a three-pronged study of chronic back pain patients (n = 180). Participants were screened on inclusion-exclusion criteria prior to baseline measures that included a pain visual analog scale, McGill Pain Measure, Beck Depression Scale, Coping Strategies Questionnaire, demographic data, Health Locus of Control Scale and others. Patients were then given a ten-week two-and-a-half hour mind-body intervention that included an educational component, relaxation response training, and Qi Gong movement therapy. Data indicate that patients scored significantly different on all McGill Pain subscales and all Visual Analog Scale measures, eight Beck Depression Subscales, and some Coping Strategies Questions, and several of the Health Locus of Control Scales at end of treatment. Data indicate usefulness of a multiple-content intervention emphasizing cognitive changes toward the pain through an educational component, instruction in relaxation techniques, and a movement therapy to facilitate restoration of function. Additional inter-group analyses are forthcoming. [18.14 / qg-]

714- gera: 67158/di/ra

CLINICAL OBSERVATION OF THERAPEUTIC EFFECTS OF WRIST-ANKLE ACUPUNCTURE IN 88 CASES OF SCIATICA. CHU ZHAORONG ET AL. *journal of traditional chinese medicine*. 1997,17(4),280-1 (eng). ref:46

[18.16 / mano- podo-]

715- gera: 68171/di/ra- num

A REVIEW OF THE TREATMENT OF CHRONIC LOW BACK PAIN WITH ACUPUNCTURE-LIKE TRANSCUTANEOUS ELECTRICAL NERVE

STIMULATION AND TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION. FLOWERDEW MW ET AL. complementary therapies in medicine. 1997,5(4),193-201 (eng).

A meta-analysis of published studies was carried out to evaluate the effectiveness of acupuncture-like transcutaneous electrical nerve stimulation (Altens) and transcutaneous electrical nerve stimulation (Tens) in controlling pain and improving function in patients with chronic low back pain. Studies in English were identified by searches of Embase, Medline, Ciscorn and Amed. Other studies were located by citation tracking, searching by hand bibliographies and conference reports, and direct contact with subject experts. Studies were included in the meta-analysis if they were randomized controlled trials comparing Altens or Tens with a credible placebo in patients with low back pain or more than 8 weeks duration. Two reviewers extracted data on reduction in pain, changes in range of movement and functional status as well as determining the power of the included studies. Sixty-eight studies were initially identified, of which six (two using Altens and four using Tens) involving a total of 288 patients with mixed low back pathologies met the inclusion criteria for meta-analysis. The odds ratio (Or) of improvement in pain was calculated: Altens / Tens vs placebo Or = 2.1 (95% CI 1.3 - 3.4) Altens vs placebo Or = 7.2 (95% CI 2.6 - 20.1), Tens vs placebo Or = 1.5 (95% CI 0.9 - 2.6). Or for range of motion (Rom) on Altens vs placebo was 6.6 (95% CI 2.4 - 18.6). There were insufficient data to assess the effect of Tens alone on Rom, functional status and return to work. Similarly there were not enough data to assess Altens and functional status and return to work. There is limited statistical evidence that Altens and Tens reduce pain and improve function in patients with chronic low back pain, at least in the short term. This review and analysis is severely restricted by the lack of quality, randomized controlled trials. Even 25 years since the introduction of these treatments, powerful randomized controlled studies on the most appropriate use of Tens / Altens for the management of chronic low back pain have yet to be produced. [18.14 / meta analyse- rg-05.12-]

716- gera: 66610/di/ra

[725 CASES OF SCIATICA TREATED BY ACUPOINT IMPLANTATION]. FU JUNHAO ET AL. shanghai journal of acupuncture and moxibustion. 1997,16(5),13 (chi). ref:39
[18.16 / 05.06-]

717- gera: 87105/di/ra

TREATMENT OF ACUTE LUMBAR SPRAIN BY PUNCTURING ZHIBIAN : OBSERVATION OF 73 CASES. GUAN ZHAN-DONG. international journal of acupuncture. 1997,8(3),323-24 (eng).
[18.14 / 54v-]

718- gera: 56715/di/ra

[ANALYSIS OF ELECTROMYOGRAPHY IN PATIENTS WITH PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED BY HOT-ACUPUNCTURE]. GUAN ZUNHUI ET AL. chinese acupuncture and moxibustion. 1997,17(3),135 (chi*). ref:0
[18.14 / emg- 05.09-]

719- gera: 57407/di/ra

[CLINICAL OBSERVATION AND IMAGEOLOGIC ANALYSIS OF 436 CASES OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED BY

HOT-ACUPUNCTURE GUAN ZUNHUI ET AL. chinese acupuncture and moxibustion. 1997,17(7),391 (chi).

[18.14 / 05.09-]

720- gera: 57805/di/ra

CLINICAL OBSERVATION ON ELECTRO-ACUPUNCTURE TREATMENT OF 51 CASES OF PROTRUSION OF LUMBAR INTERVERTEBRAL DISC. HAN YOU DONG ET AL. world journal of acupuncture-moxibustion. 1997,7(4),50-3 (eng).

Through electroacupuncture (EA) treatment of 51 cases of protrusion of lumbar intervertebral disc, it was further demonstrated that the specific action and characteristics of Siyao and Wuyao acupoints were significant and elucidated by using some objective indexes and obvious therapeutic effect, which lays a foundation for the development, research, popularization and application of shupoint and provides an effective and practicable way for treatment of lumbar intervertebral disc. [18.14 / 05.12-]

721- gera: 56756/di/ra

[CLINICAL OBSERVATION ON TREATMENT OF LUMBAGO DUE TO COLD-DAMPNESS BY WARM-ACUPUNCTURE PLUS CHINESE MEDICINE HE RUYI. chinese acupuncture and moxibustion. 1997,17(5),279 (chi). ref:4

[18.14 / 05.09- froid- humidite-]

722- gera: 56629/di/ra

THE CLINICAL OBSERVATION ON THE TREATMENT OF 238 CASES OF DISEASE OF CERVICAL, LUMBAR VERTEBRAE BY MOXIBUSTION AND ACUPUNCTURE AT THE JIAJI POINTS. (ABSTRACT) HU QIUYAN ET AL. acupuncture research. 1997,22(3),219 (chi*).

In this paper authors treated two hundred and thirty-eight cases of disease of cervical, lumbar vertebrae by acupuncture and moxibustion at the Jiaji points, and forty-three were treated by simple acupuncture as control. The result showed that cure rate of treatment group was 70. 59 %, improvement rate 29. 41%, the cure rate of control group was 44. 19%, improvement rate was 41. 86% . Comparing the treatment group with the control group, P<0.01, there was marked difference between them. The results showed that this method had better effectiveness on the disease of cervical, lumbar vertebrae. HTJJ. Acupuncture + moxibustion. - Guérison: 70,59%. - Amélioration marquée: 29,41%. - L'acupuncture-moxibustion aux HTJJ donne de meilleurs résultats que l'acupuncture classique. [18.14 / ctanr- 18.12- htjj-specificite- comparaison- 05.09-]

723- gera: 70944/di/re- num

EFFICACY OF NON-STEROIDAL ANTI-INFLAMMATORY DRUGS FOR LOW BACK PAIN: A SYSTEMATIC REVIEW OF RANDOMISED CLINICAL TRIALS. KOES BW ET AL. annals of the rheumatic diseases. 1997,56(4),214-23 (eng). ref:0

Purpose: To assess the efficacy of non-steroidal anti-inflammatory drugs (NSAIDs) for low back pain. Data Sources: Computer aided search of published randomised clinical trials and assessment of the methods of the studies. Study Selection: 26 randomised clinical trials evaluating NSAIDs for low back pain were identified. Data Extraction: Score for quality (maximum = 100 points) of the methods based on four categories: study population; interventions; effect measurement; data presentation and analysis. Determination of success rate per study group and evaluation of different contrasts. Statistical pooling of

placebo controlled trials in similar patient groups and using similar outcome measures. Results: The methods scores of the trials ranged from 27 to 83 points. NSAIDs were compared with placebo treatment in 10 studies. The pooled odds ratio in four trials comparing NSAIDs with placebo after one week was 0.53 (95% confidence intervals 0.32 to 0.89) using the fixed effect model, indicating a significant effect in favour of NSAIDs compared with placebo. In nine studies NSAIDs were compared with other (drug) therapies. Of these, only two studies reported better results of NSAIDs compared with paracetamol with and without dextropropoxyphene. In the other trials NSAIDs were not better than the reference treatment. In 11 studies different NSAIDs were compared, of which seven studies reported no differences in the design of most studies. The pooled odds ratio must be interpreted with caution because the trials at issue, including the high quality trials, did not use identical outcome measures. The results of the 26 randomised trials that have been carried out to date, suggest that NSAIDs might be effective for short-term symptomatic relief in patients with uncomplicated low back pain, but are less effective or ineffective in patients with low back pain with sciatica and patients with sciatica with nerve root symptoms. [18.14 / rg-]

724- gera: 67594/di/ra

[PROGRESS OF MODERN RESEARCH ON MECHANISM OF CHINESE HERBAL MEDICINE IN TREATING LUMBAR INTERVERTEBRAL DISC PROLAPSE]. LI XIAO-SHENG. *chinese journal of integrated traditional and western medicine.* 1997,17(2),122 (chi). ref:53 [18.14 / rg-]

725- gera: 56636/di/ra- num

USING ACUPUNCTURE AND MOXIBUSTION TO TREAT SCIATICA (abstract). LIU HECHUN ET AL. *acupuncture research.* 1997,22(3),224 (chi*). ref:24

In the paper authors divided sciatica into 6 types and gave a rule in point selection, the manipulation of the needle and the method of moxibustion according to the classification. The authors also treated the sciatica choosing the specific point (Wangu) based on the clinical experience, and gained a satisfactory curative effect. [18.16 / d\$-]

726- gera: 58489/nd/ra

A REVIEW OF RESEARCH ON ACUPUNCTURE FOR THE TREATMENT OF LUMBAR DISK PROTRUSIONS AND ASSOCIATED NEUROLOGICAL SYMPTOMATOLOGY. LONGWORTH W ET AL. *j altern complement med.* 1997,3(1),55-76 (eng).

The association between acupuncture (AP) and pain relief is so strong that it has tended to obscure any other potentially significant clinical results. This review indicates the wealth of data from around the world on various aspects of AP treatment for low back syndromes related to lumbar intervertebral disk prolapse (PID). Although plentiful, the research is variable in quality, especially with respect to design, consistency, and follow-up. Even so, the large number of patients who appear to have been treated successfully (i.e., given a high degree of symptomatic relief) supports a potential role for AP. This is further supported by studies on patients who had previously had unsuccessful treatment with conservative methods. The role envisaged for AP, in cases of lumbar PID and sciatica, is at least of a supplementary therapy capable of reducing the requirement of more invasive forms of treatment. No such role is envisaged in cases of cauda equina compression where surgery must remain the treatment of choice. AP

should be explored more fully, using appropriate designs, so that this discipline may achieve its full therapeutic potential in the West. [18.14 / rg- 18.16-]

727- gera: 56451/di/ra- num

ACUPUNCTURE TREATMENT OF ACUTE LUMBAR MUSCLE SPRAIN. QU PING ET AL. *international journal of clinical acupuncture.* 1997,8(1),83-4 (eng). ref:

Acute lumbar muscle sprain is very common in daily life. Using acupuncture treatment to treat 16 cases of this disease, the authors obtained very satisfactory therapeutic effect. 3 points situés : 0,3 cun au dessus du 3TR, et points équivalents dans le 2° et 3° espaces intermétacarpiens (bilatéralement soit 6 points). Puncture sur 0,5 à 1 cun. Mitonification, mi-dispersion 10mn. Les aiguilles sont en place 30mn. Flexion antérieure et postérieure à amplitude progressive (1 à 3 mouvements par minute). 15 guérisons en 1 séance. 1 en 2 séances. [18.14 / mano-]

728- gera: 58009/di/ra

ELECTROACUPUNCTURE FOR BACK PAIN. (CASE REPORT) SAHIN F. *acupuncture in medicine - journal of the british medical acupuncture society.* 1997,15(2),110 (eng). ref:0 [18.14 / 05.12- cc-]

729- gera: 56631/di/ra

[PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED BY WARM ACUPUNCTURE]. SHAO MINGYUE. *acupuncture research.* 1997,22(3),220 (chi*). ref:0

Seventy-four cases of prolapse of lumbar intervertebral disc were treated by warm acupuncture, the other 65 cases were treated with medicine as contra!. The result show that the curative effect of the group of warm acupuncture was better than that of the medicine group (P<0.05). [18.14 / 05.09-]

730- gera: 67585/di/ra

[CLINICAL STUDY ON ACTION OF ARTIFICIAL RESPIRATION PRODUCED BY PRESSING IN MASSAGE UNDER ANESTHESIA FOR LUMBAR INTERVERTEBRAL DISC PROLAPSE]. SHI JIN-HUA ET AL. *chinese journal of integrated traditional and western medicine.* 1997,17(2),79 (chi*).

Objective: To observe whether the gas exchange is sufficient for the requirement of body when the patient was prone in position and pressed in the course of massage under intravenous anesthesia with sodium pentothal (SP) for the treatment of lumbar intervertebral disc prolapse. Methods: The oxygen would not be given to the patients whose heart and lung functions were good during the course of anesthesia and massage, respiratory function and blood gas analysis were studied on 20 patients selected randomly. Results: Tidal volume was smaller and respiratory rate was faster than normal respiration. Saturation pulse oxygen was still normal in all patients. There were no significant changes in blood gas analysis before spinal injection and after massage (P>0.05). Conclusion: The pressing could attain the action of artificial respiration. The respiration pattern was similar to high frequency positive pressure ventilation. The action of vibration and diffusion had normal respiratory effect. [18.14 / massage-]

731- gera: 59886/di/re- num

A RANDOMIZED COMPARISON OF NON-PHARMACOLOGIC THERAPIES FOR THE RELIEF OF CHRONIC BACK PAIN. ABSTRACT.

SUN R ET AL. **anesth analg**. 1997,84,S339 (eng). ref:4 [18.14 / ecr-]

732- gera: 70881/di/re- num

CONSERVATIVE TREATMENT OF ACUTE AND CHRONIC NONSPECIFIC LOW BACK PAIN: A SYSTEMATIC REVIEW OF RANDOMIZED CONTROLLED TRIALS OF THE MOST COMMON INTERVENTIONS. VAN TULDER MW ET AL. **spine**. 1997,22,2128-56 (eng). ref:

Study Design. A systematic review of randomized controlled trials. Objectives. To assess the effectiveness of the most common conservative types of treatment for patients with acute and chronic nonspecific low back pain. Summary of Background Data. Many treatment options for acute and chronic low back pain are available, but little is known about the optimal treatment strategy. Methods. A rating system was used to assess the strength of the evidence, based on the methodologic quality of the randomized controlled trials, the relevance of the outcome measures, and the consistency of the results. Results. The number of randomized controlled trials identified varied widely with regard to the interventions involved. The scores ranged from 20 to 79 points for acute low back pain and from 19 to 79 points for chronic low back pain on a 100-point scale, indicating the overall poor quality of the trials. Overall, only 28 (35%) randomized controlled trials on acute low back pain and 20 (25%) on chronic low back pain had a methodologic score of 50 or more points, and were considered to be of high quality. Various methodologic flaws were identified. Strong evidence was found for the effectiveness of muscle relaxants and nonsteroidal anti-inflammatory drugs and the ineffectiveness of exercise therapy for acute low back pain; strong evidence also was found for the effectiveness of manipulation, back schools, and exercise therapy for chronic low back pain, especially for short-term effects. Conclusions. The quality of the design, execution, and reporting of randomized controlled trials should be improved, to establish strong evidence for the effectiveness of the various therapeutic interventions for acute and chronic low back pain. [18.14 / rg- metaanalyse-]

733- gera: 87099/di/ra

ACUPUNCTURE AT WAIGUAN FOR PAIN SYNDROMES. WAN LI-HUA ET AL. **international journal of acupuncture**. 1997,8(3),303-05 (eng). ref:163 [6.01 / 18.16- 18.14- 22.03- 14.02- 5tr-]

734- gera: 57152/di/ra

[PROTRUSION OF INTERVERTEBRAL DISC TREATED BY RAPID-PULLING MANIPULATION AS AN COORDINATED TREATMENT]. WANG BAOLI ET AL. **journal of tcm**. 1997,38(3),171 (chi). ref:0 [18.14 / manipulation-]

735- gera: 69072/di/ra

[CLINICAL OBSERVATION ON 131 CASES OF PROLAPSE OF LOMBAR INTERVERTEBRAL DISC TREATED MAINLY BY ACUPUNCTURE WITH STRONG STIMULATION]. WANG GUOHUA ET AL. **chinese acupuncture and moxibustion**. 1997,17(11),668 (chi).

Voir traduction espagnole dans : Ener Qi, 1999; 6: 49-54. Réf gera: [73952]. [18.14 / td-]

736- gera: 56635/di/ra

THE OBSERVATION ON THE CURATIVE EFFECT OF TREATING STRAIN OF SUPRASPINAL LIGAMENT BY MOXIBUSTION IN WOOD BOX

(abstract). XU CHENGZU. **acupuncture research**. 1997,22(3),223 (chi*).

30 cases of strains of supraspinal ligament were treated by moxibustion in wood box and application of herbs which could activate the blood circulation and dredged the channels and collaterals. Firsy, the preparation of herbs was applied on the sore, then moxibustion in wood box was applied to it, making it even temperature, so as to permeate the liquid of herb directly. It could reinforce Yang, warm Du Meridians and dredge meridians to relieve inflammation and pain. [18.14 / 05.09-]

737- gera: 68621/di/ra

CLINICAL OBSERVATION ON THE TREATMENT OF CERVICAL SPONDYLOSIS, SCAPULOHUMERAL PERIARTHRITIS AND LUMBAR MUSCLE STRAIN BY A MODEL FZ-1 SIMULATED TUINA (MASSAGE) APPARATUS. XU NENGGUI ET AL. **world journal of acupuncture-moxibustion**. 1997,7(3),33-6 (eng).

We have treated 30 cases of cervical spondylosis, 30 cases of scapulohumeral periarthritis and 30 cases of lumbar muscle strain with a Model FZ- 1 Simulated Massage Apparatus, and gained satisfactory therapeutic effect for all cases treated. Moreover, this apparatus is applied conveniently, and has no adverse reaction. [18.12 / 18.14- 18.10-]

738- gera: 87133/di/ra

[EFFECT OF ACUPUNCTURE STIMULATION TO THE LOW BACK ON BLOOD FLOW TO THE SCIATIC NERVE TRUNK IN RABBITS]. YAMAGUCHI D. ET AL. **journal of the japan society of acupuncture**. 1997,47(3),165-72 (jap*).

It is generally known that the acupuncture treatment to the low back is useful for lumbago and lower limb pain. It is considered that improvement of blood flow to the muscle, connective tissue and/or nerve is associated with the effect of acupuncture. However, the effect of acupuncture on blood flow to the nerve has not clarified. So, this study was performed to clarify the effect of acupuncture on microcirculation in the sciatic nerve trunk.[Method] Twenty-nine rabbits (weighing 2.1 to 3.5kg) were used. The rabbits were anaesthetized with pentobarbital sodium (30mg/kg, i.v.). Then, the sciatic nerve was exposed and an electrode for blood flow measurement was inserted in the interfascicular space. An catheter was inserted into the common carotid artery to measure blood pressure, and thermister thermometer was placed in the anus to monitor body temperature. Blood flow was measured 6 times every 15 min. by the H2 gas clearance method. In the stimulation groups, acupuncture needles were inserted 1 cm from interspinous process (between the vertebra lumbalis 3 and 4: A group, and between the vertebra lumbalis 7 and vertebra sacralis 1: B group). Acupuncture stimulation by the "sparrow pecking" was performed immediately before the third measurement and by the "retaining needle" for 15 min., then the needles were removed just before the fourth measurement. [Result] In the stimulation groups (A and B groups), a significant increase in blood flow occurred after acupuncture stimulation, compared to that in the control group. The increase in blood flow to the sciatic nerve in the stimulation groups was maintained until the final measurement. Arterial blood pressure and body temperature did not change. The changes in blood flow values from the second to the third measurement were - 1.5+0.4 (mean + S.E) in the control group (n=10) +2.4+1.2 in A group (n=11), and +4.0+2.0 ml/min/100g in B group (n=8). [Discussion] Blood flow increased after acupuncture stimulation, although there was no change in arterial blood

pressure. Therefore, the increment in blood flow seems to have been caused by vasodilation of the blood vessel in the sciatic nerve trunk due to a parasympathetic nerve response. However, because the interfascicular blood flow in the present study was measured, change in the intrafascicular blood flow is not clear. It is necessary to measure the intrafascicular blood flow in future. [Conclusion] As a result of this study, it was demonstrated that acupuncture stimulation near the vertebra lumbalis induced increased interfascicular blood flow to the sciatic nerve trunk. It was suggested that the increase in blood flow to the nerve is also associated with the effect of acupuncture treatment for lumbago and lower limb pain. [18.16 / eaa-lapin-]

739- gera: 69428/di/ra

[42 CASES OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC AND COLLATERAL CRYPT STRUCTURE TREATED WITH THE COMBINATION OF WESTERN AND CHINESE MEDICINE]. YANG LIUZHONG. *liaoning journal of traditional chinese medicine*. 1997,24(6),273 (chi). [18.14 / mo-]

740- gera: 69046/di/ra

[CLINICAL AND MECHANICAL STUDIES ON TREATMENT OF LUMBAGO BY NEEDLING WEIZHONG (BL40) POINT]. YU WEIHAO ET AL. *chinese acupuncture and moxibustion*. 1997,17(8),503 (chi). [18.14 / 40v-]

741- gera: 56556/di/ra

OBSERVATION OF THERAPEUTIC EFFECTS ON PATIENTS WITH HYPEROSTEOGENY OF CERVICAL AND LUMBAR VERTEBRAE USING ELECTRIC ACUPUNCTURE AT JIAJI POINTS. (ABSTRACT) ZENG CAIXIN. *acupuncture research*. 1997,22(1-2),145 (chi*).

We treated 116 cases of aged patients with hyperosteoegeny of cervical and lumbar vertebrae by means of electric acupuncture at Jiaji points once a day for six days. We found that after five courses of treatment the cure rate was 98. 3% for cervical hyperosteoegen and 100 % for luy and 100% for lumbar hyperosteoegeny and 99. 1 % in all cases. Also, no one case recurred according to our following observation for 3 years. Our study suggests that at present this treatment method is more useful and advanced for the aged patients with hyperosteoegen of cervical and luy of rviceal and lumbar vertebrae. HTJJ. - Electro-acupuncture. - Une séance par jour. - Série de 6 séances. 5 séries (30 séances). - Guérison: 100% pour les lombalgies. - Pas de récides sur un suivi de 3 ans. [18.14 / 05.12- htjj- 18.12-]

742- gera: 55212/di/ra- num

DEEP INSERTION OF THE NEEDLE AT YAoyANGGUAN WITH ELECTROSTIMULATION FOR TREATMENT OF 120 CASES OF SCIATICA. ZHANG HEPING. *world journal of acupuncture-moxibustion*. 1997,7(1),30-2 (eng). ref:0

This paper reports the results of 120 cases of sciatica treated with deep insertion of the needle at Yaoyangguan (GV3) (experimental group). Another 51 cases used as control group were treated with routine needling method. In the experimental group, the treatment was conducted 20 times at most and 5 times at least. After an average of 13 times of treatment, the cured patients constituted 88,33% and the effective rate was 99,16%. In the control group, the treatment was performed for 40 times at most, 10 times at least and 25 times on the average. The cure rate was

50,98% and the total effective rate 94,12%. Comparison between the two groups showed a very significant difference ($X^2 = 28,38$, $P < 0.01$) in the cure rate. It is concluded that deep insertion of the needle at Yaoyangguan (GV3) plus electrical stimulation is faster and stable in producing therapeutic effect. [18.16 / ctanr- comparaison-puncture- 3vg- 05.12-]

743- gera: 69088/di/ra

[186 CASES OF PIRIFORMIS SYNDROME TREATED BY A SMALL AND WIDE NEEDLE]. ZHANG HONGYING. *chinese acupuncture and moxibustion*. 1997,17(12),744 (chi). ref:0 [18.14 / aiguille-]

744- gera: 87104/di/ra- num

LONG NEEDLE ACUPUNCTURE PLUS CUPPING IN TREATING PRIMARY SCIATICA. ZHANG WEI-HUA ET AL. *international journal of acupuncture*. 1997,8(3),318-21 (eng). [18.16 / 05.08- 05.04- ecr- profondeur-]

745- gera: 70664/di/ra

COMO TRATAR EL LUMBAGO DEBIDO A LA INSUFICIENCIA DE RINON DESPUES DEL FRACASO DEL TRATAMIENTO PROLONGADO CON EL METODO DE TONIFICACION DE RINON. ZHAO FU GUO. *el pulso de la vida*. 1997,14,30-1 (esp). ref:0

Traduction espagnole de l'article du Journal of Traditional Chinese Medicine. 17(4): 311-314, 1997. [18.14 / rn- vide-]

746- gera: 67165/di/ra

HOW TO TREAT LUMBAGO DUE TO KIDNEY DEFICIENCY AFTER FAILURE OF PROLONGED TREATMENT WITH KIDNEY-TONIFYING METHOD? ZHAO FUGUO. *journal of traditional chinese medicine*. 1997,17(4),311-3 (eng). [18.14 / vide+rn-]

747- gera: 56630/di/ra

TO TREAT EIGHTY CASES OF PROLIFERATION OF LUMBAR VERTEBRAE BY ACUPUNCTURE AND MOXIBUSTION IN BOX. (ABSTRACT) ZHAO YAN ET AL. *acupuncture research*. 1997,22(3),220 (chi*).

In this paper, we adopted acupuncture and moxibustion in box to treat eighty cases of the proliferation of lumbar vertebrae. Jiaji, the main points were given acupuncture and moxibustion in box, and got. satisfactory curative effect. We think that this method has the characteristics of wide area of moxibustion, safety and reliability. [18.14 / 05.09- htjj-]

748- gera: 56559/di/ra

CLINICAL OBSERVATION OF 100 CASES OF SCIATIC PAIN TREATED WITH ELECTROACUPUNCTURE "HUANSHANZHEN" (abstract). ZHENG CAIXIN. *acupuncture research*. 1997,22(1-2),147 (chi*). ref:0

The author treated 100 cases of sciatic pain which was a common disease by electroacupuncturing "Huanshanzhen" at a main point. Among the 100 cases, 68 were cured, 18 got remarkably effectiveness, 11 had improvement and 3 had no change. The total effectiveness was 97%. Sciatic pain belong to "Bi" syndrome of the TCM. The treatment of this disease should eliminate wind, cold and damp, promote circulation of Qi and blood in the collaterals, and release pain. With a current of low frequency pulse through

a microneedle electroacupuncture "Huanshanzhen" point to which the nerve terminals from the sciatic trunk distributed could decrease the reaction of the sciatic nerve, regulate muscle tension, resist inflammation and edema, release pain. If combined with TDP and cupping detachable stove chimney the effect would be much better. [18.16 / 05.08- 05.12-]

749- gera: 68214/di/ra- num

ACUPUNCTURE AT SHANYAO FOR ACUTE LOWER BACK SPRAIN. BAO LI-YA ET AL. **international journal of clinical acupuncture.** 1998,9(4),423-5 (eng).

Acute damage to the soft tissue of the lumbar is often seen at the clinic. It is always caused by sprain due to carrying heavy loads, compressively long bending, or bad posture. The symptoms are characterized by sudden pain and the limitation of movement. Since 1983, the authors have treated 76 cases of acute lumbar sprain by only needling the point of Shanyao which had a rapid effect and satisfactory result. This paper is a report of the authors' work in this area. [18.14 / unique-]

750- gera: 68752/di/ra- num

[COMBINED TREATMENT OF 64 CASES OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC WITH ACUPUNCTURE, MASSAGE AND CHINESE MEDICINAL HERBS]. CHANG CHE. **acupuncture research.** 1998,22(3),212 (chi).

[18.14 / massage- ctanr-]

751- gera: 57959/di/ra- num

COMPARATIVE STUDY ON ACUPUNCTURE NEEDLING METHODS FOR SCIATICA : ROUTINE NEEDLING VS. POINT-TO-POINT PENETRATION AND DEEP PUNCTURE. CHEN XINGSHENG. **american journal of acupuncture.** 1998,26(1),37-41 (eng).

From 198 patients diagnosed with sciatica, 108 cases were randomly selected as a study group to receive point-to-point penetration (tou xue fa) and deep puncture (shen ci) therapies using long needles. The other 90 cases formed the control group which received routine filiform needle therapy. The total rate of effectiveness in the study group was 93.5%; in the control group it was 68.9% (P<0.01). This study demonstrated that the point-to-point penetration and deep puncture therapies were able to produce a better analgesic effect than routine filiform needling. [18.16 / profondeur- comparaison- ecr-]

752- gera: 68451/di/ra- num

POINT PENETRATION AND DEEP PUNCTURE THERAPIES FOR SCIATICA: AN OBSERVATION ON 108 CASES. CHEN XINGSHENG ET AL. **world journal of acupuncture-moxibustion.** 1998,8(2),17-9 (eng). ref:4

In 198 patients with sciatica, 108 cases were randomly chosen as treatment group with point penetration and deep puncture therapies by elongated needle and a group of 90 cases was received filiform needle therapy as control group. In the control group, the way of purgation by twirling the needle was used. The results showed that the total effective rate of the treatment group was 93. 52 %, while in the control group, it was 68. 89%, $x^2 = 20. 46$, $P < 0. 01$. It proved that point penetration and deep puncture therapies had better analgesic effect than that of the filiform needle. [18.16 / 05.04- ecr- profondeur-]

753- gera: 58112/di/ra- num

AURICULAR POINTS IN TREATING 30 CASES OF

ACUTE LUMBAR SPRAIN. CUI YUN-MENG ET AL. **international journal of clinical acupuncture.** 1998,9(1),97-9 (eng).

Recently, the authors have applied auricular acupuncture to the treatment of acute lumbar sprain in 30 cases. The therapeutic results were good. [18.14 / 05.10-]

754- gera: 58788/di/re- num

LOWBACK PAIN. DEYO RA. **scientific american.** 1998,279(2),29-33 (eng). ref:0

Lower back consists of numerous structures, any of which may be responsible for pain. The most obvious are the powerful muscles that surround the spine. Other potential sources of pain include the strong ligaments that connect vertebrae; the disks that lie between vertebrae, providing cushioning; the facet joints, which help to ensure smooth alignment and stability of the spine; the vertebral bones themselves; blood vessels; and the nerves that emerge from the spine. [18.14 / rg-]

755- gera: 69484/di/ra- num

[STUDY ON CORRELATION BETWEEN SYNDROME TYPES IN TCM OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC AND IMAGE INDEX]. DING CANGQING ET AL. **liaoning journal of traditional chinese medicine.** 1998,25(8),342 (chi*). ref:5

The relations were studied by method of comparing respectively between traditional Chinese medical syndrom (TCMS) and CT diagnostic index of 728 cases lumbar intervertebral disc prolapse (LIDP). Our findings indicated the correlation of TCMS and CT diagnostic index of LIDP. The study provides some modern imaging index for determination of treatment based on differentiation of symptoms and signs in LIDP. The study of correlation also much helps to classification of TCMS of LIDP, to improve the effectiveness of TCM at LIDP, even the reveal prognosis. [18.14 / d\$-]

756- gera: 67190/di/ra- num

[FLY-PROBING-ACUPOINT MANIPULATION AS A MAIN TREATMENT FOR LUMBAGO]. DING YIDAN. **shanghai journal of acupuncture and moxibustion.** 1998,17(5),25 (chi*).

Thirty-five cases of lumbago with stagnation of qi and blood due to lumbar muscle strain were treated by fly-probing-acupoint manipulation and kinesiotherapy. A routine acupuncture group was constituted as a control. The findings showed that fly-probing-acupoint manipulation as a main acupuncture treatment has a stronger effect in promoting the flow of qi and produced a better effect in stopping pain. [18.14 / ecr- stase+qi- puncture- comparaison- stase+sang-]

757- gera: 58723/di/re- num

ACUPUNCTURE FOR BACK PAIN: A META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS. ERNST E ET AL. **arch intern med.** 1998,158(20),223541 (eng).

BACKGROUND: Acupuncture is commonly used to treat back pain, but there is no published metaanalysis of trials of its effectiveness for this condition. OBJECTIVE: To perform a metaanalysis of trials of acupuncture for the treatment of back pain. METHODS: A systematic literature search was conducted to retrieve all randomized controlled trials of any form of acupuncture for any type of back pain in humans. The adequacy of the acupuncture treatment was assessed by consulting 6 experienced acupuncturists. The main outcome measure for the metaanalysis was numbers of patients whose symptoms were improved at the end of treatment. RESULTS: Twelve studies were included, of

which 9 presented data suitable for metaanalysis. The odds ratio of improvement with acupuncture compared with control intervention was 2.30 (95% confidence interval, 1.284.13). For shamcontrolled, evaluatorblinded studies, the odds ratio was 1.37 (95% confidence interval, 0.842.25). CONCLUSION: Acupuncture was shown to be superior to various control interventions, although there is insufficient evidence to state whether it is superior to placebo. [18.14 / rg- metaanalyse-]

758- gera: 75785/di/ra

[DIAGNOSTIC SIGNIFICANCE OF TOPICAL IMAGE OF INFRARED THERMOGRAPH ON THE PATIENT WITH LUMBAR INTERVERTEBRAL DISC HERNIATION-A COMPARATIVE STUDY ON 45 PATIENTS AND 65 NORMAL CONTROL]. FENG TIANYOU ET AL. *chinese journal of integrated traditional and western medicine*. 1998,18(9),527 (chi*). ref:57

Objective: To analyse and explore the diagnostic significance of infrared thermography on the patients with lumbar intervertebral disc protrusion. Methods: Forty-five hospitalised cases under conservative treatment (mainly manipulation) and 65 controls were sequentially selected. Both groups were examined with infrared thermograph on lower back and lower extremities as well as physical examination before and after treatment. The study statistically analysed the temperature difference between the involved and healthy parts at different areas; and also compared the change of the temperature difference after the treatment to the decreasing scores of physical examination afterward. Results: The statistic result showed that the temperature difference between two sides on patients group was significantly higher than those of control group. The further analysis shows that the temperature difference at posterior femur area in the patient's group correlated significantly to the severity of clinical signs caused by nerve root irritation. Conclusions: The thermograph could only be considered as a reference in the diagnosis of lumbar disc protrusion. It is helpful to discover the severity of radical signs according to the posterior femoral region of hypo- (or hyper) thermogram. [18.14 / manipulation-thermographie-]

759- gera: 68026/di/ra

A RANDOMISED COMPARATIVE TRIAL OF ACUPUNCTURE VERSUS TENS FOR CHRONIC BACK PAIN IN THE ELDERLY. ABSTRACT. GRANT DJ. *akupunktur*. 1998,26(4),253 (eng). [18.14 / ecr- 23.07-]

760- gera: 68754/di/ra

[CLINICAL OBSERVATION ON 145 CASES OF LUMBAGO TREATED WITH ACUPUNCTURE AND CUPPING AT WEIZHONG POINT]. HE JIEWANG ET AL. *acupuncture research*. 1998,22(3),214 (chi). [18.14 / 05.08- 40v-]

761- gera: 68447/di/ra

[RECENT ADVANCES OF THE TREATMENT OF SCIATICA]. HE MEIXIA ET AL. *traditional chinese medicinal research*. 1998,11(1),48 (chi). [18.16 / rg-]

762- gera: 58711/di/re- num

DYNAMIC ELECTROMYOGRAPHIC RESPONSE FOLLOWING ACUPUNCTURE: POSSIBLE INFLUENCE ON SYNERGISTIC COORDINATION. HIDEAKI TANAKA T ET AL. *int j neurosci*. 1998,95(12),5161 (eng).

Thirty healthy subject's left and right lumbar paraspinal (LP) EMG activity was recorded during a trunk flexion/return movement and the maximum integrated EMG amplitude (absolute EMG) during this movement in each side was compared. Twenty subjects showed less than 20% difference between the left and right side (symmetrical subjects SS) and 10 subjects showed more than a 20% difference (asymmetrical subjects AS). As were administered acupuncture stimulation on LP muscles. Significant reduction in lumbar EMG asymmetry was observed after acupuncture stimulation (exact p=.049). No specific pattern of response in absolute EMG values was observed in the stimulate side. On the nonstimulated side, there was a significant reduction in absolute EMG values when the baseline value for that side was high (p=.037) and a significant increase when it was low (p=.0185). The results suggest that acupuncture may be beneficial for decreasing functional muscular distortion and improving synergistic coordination. [18.14 / emg- 25v- 23v-]

763- gera: 58690/di/ra

[EFFECTS OF LUMBAR ACUPUNCTURE STIMULATION AND SCIATIC NERVE ELECTRICAL STIMULATION ON BLOOD FLOW TO THE SCIATIC NERVE TRUNK]. INOUE M ET AL. *journal of the japan society of acupuncture*. 1998,48(2),130-40 (jap*). ref:16

Effects of acupuncture stimulation on the lumbar area and those of electrical stimulation of the sciatic nerve on blood flow to the sciatic nerve were studied using laser Doppler flowmetry in anesthetized rats. Changes in the nerve blood flow induced by acupuncture stimulation were not similar. Half of the blood flow responses correlated with changes in arterial blood pressure. In the other half, responses did not always agree with changes in arterial blood pressure. Electrical stimulation was administered to the sciatic nerve contralateral or ipsilateral to the blood flow measurement site. Electrical stimulation of the ipsilateral side increased nerve blood flow without increasing arterial pressure. Administration of atropine slightly diminished the response. Contralateral nerve stimulation, changes in nerve blood were not accompanied by arterial pressure changes. These results suggested that nerve blood flow may increase without increment of the arterial pressure in response to certain types of acupuncture stimulation. [18.16 / eaa- 07.07- rat- lateralite- atropine- doppler-]

764- gera: 68896/di/ra

PROTRUSION OF INTERVERTEBRAL DISC. JI XIAO-PING. *international journal of clinical acupuncture*. 1998,9(3),277-80 (eng). ref:

Mr. G., a 44-year-old German, presented on January 30, 1995, complaining of lower back pain for 15 years. While standing, he felt pain over his left lower limb, from the buttock down to the lateral aspect of shank. Unaffected weather conditions, the pain lessened after he lay down. In the last two years, he had begun to have numbness in addition. X-ray and CT films taken at another hospital revealed protrusion of intervertebral disc between L4 and L5 and an operation was suggested. Not willing to be operated upon, he received conservative treatment instead. For 15 years, he has received more than six hundred procaine blocks. Yet, with each block, the pain was suspended or lessened for no more than two days. Recently, the pain started radiating downward and became continuous and unbearable. Examination revealed a middle-sized man with a ruddy complexion. While walking, his waist appeared to deviate to the right. The tongue was reddish with thin white coat. The pulses were taut. Tenderness was found over the left side of L4 and L5

and at Huantiao (GB 30) and Yanglingquan (GB 34). With the leg straightened, his left leg could not be raised beyond 30° and dorsiflexion of the left foot induced pain in the back. [18.14 / cc-]

765- gera: 58649/di/ra

[POINT INJECTION OF RETINED APISIN FOR SCIATICA]. JIANG YANG. *shanghai journal of acupuncture and moxibustion*. 1998,17(4),16 (chi*).

The author treated 61 cases of sciatica by point injection of refined apisin injection. Cure occurred in 27 cases, obvious effectiveness in 18 cases, improvement in 12 cases and in effectiveness in 4 cases. Statistical analysis showed that the total effective rate (93%) was significantly different from that (78%) in 41 cases of in transmuscular injection group. It is indicated that point injection into the diseased part is better in curative effect than intragluteal injection and thase a curative effect on sciatica due to different causes. [18.16 / ecr?- 05.15- comparaison-]

766- gera: 58863/di/ra

DIE BEHANDLUNG VON 38 FALLEN VON LUMBALEM BANDSCHEIBENPROLAPS MIT AKUPUNKTUR ALS HAUPTTHERAPIE. JIANG ZHENYA ET AL. *chinesische medizinen*. 1998,1,28-32 (deu*). ref:

[Treating 38 cases of prolapse of lumbar intervertebral disc by acupuncture as the main method]. This article deals with treating prolapse of lumbar intervertebral disc with acupuncture and chinese herbs. According to the differential diagnosis of TCM this disease is caused by qi stagnation and xue stasis, congealing algor and humor and exhaustion of the hepatic and renal orbs. The author explains the pathomechanism and the therapy, finally he describes a case history. [18.14 / cc- d\$-]

767- gera: 72200/di/ra

500 CASOS DE LESIONES AGUDAS POR ESTIRAMIENTO DE LOS MUSCULOS LUMBARES TRATADOS CON ACUPUNTURA EN EL PUNTO FU YANG (V 59) JIN WEI LIAEN. *ener qi*. 1998,4,45-6 (esp). ref:

Traduction espagnole de: Chinese Acupuncture and Moxibustion, 1998; 18(5): 284. Réf gera: []. Las lesiones agudas de los musculos de la cintura tienen causas diversas. El autor de esta investigacion, desarrollada entre septiembre de 1990 y septiembre de 1996, ha tratado 500 casos de esta dolencia utilizando para ello la acupuntura pinchando en el punto fu yang (v 59) y los resultados han sido satisfactorios. [18.14 / 59v-]

768- gera: 70294/di/ra

QUEL EST VOTRE DIAGNOSTIC? KESPI JM. *revue francaise d'acupuncture*. 1998,96,63-4 (fra).

M. S., né en 1937, consulte pour une douleur lombaire sacro-iliaque gauche aiguë, intense, irradiant à la face postérieure du membre inférieur gauche. Cette douleur, invalidante, est apparue il y a un mois après un intense week-end de jardinage. Elle est peu influencée par le climat, les mouvements, la nuit ou le jour, le froid ou la chaleur locale. La toux l'aggrave. Le même symptôme était survenu pendant trois semaines, il y a cinq mois, après un déménagement; il avait alors été traité par ostéopathie et anti-inflammatoires. Aujourd'hui rien ne le soulage. Le scanner montre une volumineuse hernie discale gauche comprimant la racine. Il n'y a pas de Lassègue. Sont apparues avec la lombosciatiques de violentes envies d'uriner, sans brûlures ni douleurs; les selles sont normales. Le pouls des pieds est plus tendu et plein que ceux de la barrière et des pouces. [18.14 / cc-]

769- gera: 70303/di/ra

DES LUMBAGOS ACCOMPAGNES. LE LABOUREUR. *revue française d'acupuncture*. 1998,98,62-4 (fra).

Mme Annie D., 40 ans, mariée et mère de trois enfants: deux filles de 18 et 15 ans et un garçon de 11 ans, est agent de bureau. Elle présente depuis cinq ans, sur fond de lombalgie chronique permanente, des accès de lumbago aigu à raison de trois fois l'an. La douleur est en général bas-située, au niveau des sacro-iliaques, et s'irradie aux jambes, surtout du côté gauche. La chaleur et le dérouillage améliorent le fond douloureux chronique qui s'accroît néanmoins par la fatigue, en soirée. Il s'agit donc localement d'un vide de yang. [18.14 / 24e- cc-]

770- gera: 58111/di/ra- num

60 CASES OF SCIATICA TREATED MAINLY BY SCALP-ACUPUNCTURE. LI ZHI. *international journal of clinical acupuncture*. 1998,9(1),93-5 (eng).

Sciatica is a common disease often seen in clinics. Its onset is sudden and the pain is sharp. In TCM it belongs to the category of Bi syndromes, and at present there is no ideal treatment method. In clinical practice abroad and in China the author applied scalp acupuncture as the main therapy in the treatment of 60 sciatica patients and compared them with 30 similar patients treated by body acupuncture. [18.16 / ctanr- cranio-]

771- gera: 66531/di/ra

ACUPUNCTURE TREATMENT OF LUMBAR DISC RELATED DISORDERS. LONGWORTH W.. *acupuncture in medicine*. 1998,16(1),18-31 (eng). ref:0

There is evidence that acupuncture may be of benefit to chronic sciatica sufferers even when they have failed to respond to previous treatment by drugs, bedrest, epidural injection, physiotherapy, osteopathy, chiropractic and surgery. The benefits that have been reported in small scale studies include: reduction in medication, better return to work figures and a decrease in the need for more invasive forms of treatment including surgery. The case for the efficacy of acupuncture in acute pain is weaker, but it may be that the poor methodology of the acute pain studies was to blame. Guidelines for more appropriate trial design are suggested. [18.14 / 18.16- rg- methodologie-]

772- gera: 58063/di/ra

ANALYSIS ON TREATMENT OF SCIATICA BY ACUPUNCTURE]. LU XINHUA. *shanghai journal of acupuncture and moxibustion*. 1998,17(2),25-6 (chi*). ref:47

The author analyzed the treatment on 170 cases of sciatica by electro-acupuncture and acupuncture. Huan Tiao (GB. 30), Yang Ling Quan (GB. 34) and Kun Lun (UB. 60) were selected as main points. The patients were divided into two groups. One group was treated by electro-acupuncture while the other by acupuncture with reinforcing and reducing method. The result showed that 107 were effective of 110 cases in electro-acupuncture group and 53 were effective of 60 cases in acupuncture group. There was remarkable difference between these two groups, P < 0. 05. It was indicated that electro-acupuncture therapy was better than acupuncture with reinforcing and reducing method. [18.16 / ecr?- comparaison- td- 30vb- 05.12- 60v- 34vb-]

773- gera: 68216/di/ra

ACUPUNCTURE AT YANGLAO FOR ACUTE LOW BACK SPRAIN: A REPORT OF 50 CASES. MA BO-HUA. *international journal of clinical acupuncture*. 1998,9(4),429-30 (eng). ref:

Acute lumbar sprain in TCM pertains to the category of sudden sprain in the lumbus, referring to an acute soft tissue contusion. This condition is often seen in the clinic. The author has observed 50 such cases and has treated them by needling Yanglao (SI 6) with satisfactory results. This paper is a brief report of the author's work. [18.14 / 6ig-]

774- gera: 67265/di/ra

[OBSERVATION OF CURATIVE EFFECTS OF ACUPUNCTURE AND MOXIBUSTION IN 120 CASES OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC]. MA SHENG. **chinese acupuncture and moxibustion.** 1998,18(1),39 (chi).

Voir traduction espagnole dans : Ener Qi, 1999; 6: 75-77. Réf gera: [73959]. [18.14 / 05.09-]

775- gera: 68666/di/ra

[OBSERVATION ON THERAPEUTIC EFFECTS OF ACUTE LUMBAR SPRAIN TREATED BY HEGU THROUGH HOUXI PLUS ASHI POINTS]. MENG HONG ET AL. **acupuncture research.** 1998,23(4),290 (chi*).

The authors use needling Hegu (LI 4) through to Houxi (SI 3) and the Ashi points to treat acute lumbar sprain. When needling Ashi point, it applies three methods which are "Trigger puncture", "Hegu-needling" and resistance needling method. It achieved satisfactory curative effect and the total effective rate is 100%. Hegu (LI 4) and Houxi (SI 3) are both related to Du Channel and Gall-land of Taiyang of foot. So needling these points can dredge vital energy and blood of stagnation in the local area. [18.14 / 3ig- 4gi- profondeur-]

776- gera: 75193/di/ra

[EXPERIMENTAL STUDIES OF NON-INSULIN DEPENDENT DIABETES MELLITUS TREATED WITH JIANGTANG ANMAI CAPSULE]. MENG YI ET AL. **china journal of traditional chinese medicine and pharmacy.** 1998,13(4),19 (chi*).

Application of 1% STZ solution intraperitoneal injection to replicate rat diabetes mellitus model, and to observe the effect of Jiangtang Anmai Capsule (JTAMC) . The results showed: JTAMC can markedly decrease the content of fasting blood- glucose of model rat, improve conduction fuction of sciatic nerve, significantly decrease the content of erythrocyte sorbite, improve the blood rheological property and micro vessel state in sciatic nerve. It indicated that JTAMC has therapeutic effect on non - insulin dependent diabetes mellitus through repairing the injured islet beta cell, improving insulin secreting and blood theological property, in creasing the blood supply and nutrition in peripheral nerve tissue, inhibiting the activity of aldose reductase, blocking polybasic alcohol metabolism. [9.03 / eap- rat- 14.09- 18.16-]

777- gera: 68613/di/ra

[TREATMENT OF 18 CASES OF SCIATICA WITH GINGER-PARTITIONED MOXIBUSTURE]. NIU FENG JING. **shanghai journal of acupuncture and moxibustion.** 1998,17(3),34 (chi*).

The author used ginger-partitioned moxibusture at pressure pain point of spine, three moxa-cones every time, one time everyday or two times for the patient who had heavy pain. Among the 18 cases, 10 cases healed, 3 cases improved, 3 cases were effective, and 2 cases were ineffective. The total effective rate was 89%. After a short time the place where was treated with ginger-partitioned moxibustion presented large areola, at the same time, the patient had burning heat sensation at Weizhong, Chengshan and Kunlun points or sweating during the treatment. All these predicted that the

patient would recover, and most of them felt pain abated at once. [18.16 / 05.09-]

778- gera: 73326/di/ra

32 CASOS DE ENTUMECIMIENTO DEL PIE CAUSADO POR LA HERNIA DISCAL INTERVERTEBRAL LUMBAR CON TRATAMIENTO DE ROTACION ACUPUNTURAL Y MOXIBUSTION. NIU JINGQUAN ET AL. **enerqi.** 1998,2,58-9 (esp). [18.14 / 14.09- 18.19-]

779- gera: 59132/nd/re

[ATTITUDES OF FAMILY PHYSICIANS TO ALTERNATIVE MEDICINE]. SAREL A ET AL. **harefuah.** 1998,135(34),1014 (heb*).

80 Israeli family physicians (51.25% men and 48.75% women) participated in a telephone survey concerning attitudes, practices and experience with alternative medicine. 23.75% reported practicing 1 or more alternative techniques, most commonly acupuncture (28%) and hypnotherapy (24%). 55% had referred at least 1 patient to an alternative practitioner during the preceding month. Physicians who studied in Israel or Western countries referred more patients than graduates of medical schools of Eastern Europe. Specialists referred patients more often than residents. The most common reason for referral was back pain. [1.01 / 18.14- israel- organisation-]

780- gera: 72681/di/ra

LOMBALGIA ACUTA, ANALISI DI UN CASO CLINICO. SEGHETTI AM. **rivista italiana di medicina tradizionale cinese.** 1998,74(4),21-2 (ita). ref: [18.14 / cc-]

781- gera: 67358/di/ra- num

[ELECTROPHYSIOLOGICAL EFFECT OF ELECTRIC-ACUPUNCTURE ON INJURED SCIATIC NERVE IN RATS]. SHAO SHUIJIN ET AL. **shanghai journal of acupuncture and moxibustion.** 1998,17(1),38 (chi*).

Rat's sciatic injury model was made by operation. The rats with sciatic inkury was treated with electric acupuncture. The results of the determination of nervous electrophysiology showed there was a significant difference in the recovery ratio of motorius conduction velocity (MCV) and evoked muscle action potential (MAP) between electric-acupuncture group and western drug group or control group, indicating that electric acupuncture can increase the numbers of the nerve fibers passing through the anastomotic stoma, and promote nerve regeneration. [18.16 / emg- rat- 05.12- eaa- 14.09-]

782- gera: 68645/di/ra- num

[EFFECTS OF ELECTRIC ACUPUNCTURE ON AXOPLASM TRANSPORTATION OF INJURED SCIATIC NERVE IN RATS]. SHAO SHUIJIN ET AL. **acupuncture research.** 1998,23(1),66 (chi*).

Objective :To study the regeneration effects of electric acupuncture on the sciatic nerve injury. Methods: The retrograde tracing of HRP was used on sciatic nerve injured rats. Results: The count of labelling cell in anterior horn of spinal cord and spinal ganglion of L4 and L5 in electric acupuncture group ranks first. There is a significant difference comparing with that of model control group. The count of labelling cell in traditional Chinese medicine group ranks secondly. And Western medicine group ranks thirdly. Conclusions: Electric acupuncture therapy improved the connections among peripheral nerves and central nerves, is one effective method in quickening nerve

regeneration and improving nervous function. [18.16 / rat-14.09- eaa-]

783- gera: 69107/di/ra- num

[EFFECTS OF ELECTROACUPUNCTURE AND CHINESE DRUGS ON SFI AND MUSCLES IN RATS OF SCIATIC NERVE INJURY]. SHAO SHUIJIN ET AL. **chinese acupuncture and moxibustion.** 1998,18(4),249 (chi*). ref:2

Voir traduction espagnole de: Ener Qi, 1998; 4: 30-4. Réf gera: [72196]. In the rats of sciatic nerve injury developed by operation, electroacupuncture and chinese drugs were used for treatment, and assessment of nervous function and histological observation were made. Results indicated that there were significant differences as the electroacupuncture group compared with the western medicine group or the control group, but no significant difference between the electroacupuncture and the chinese drug group in sciatic nerve function index (SFI), wet weight of gastrocnemius muscle and diameter of muscle cells; the effects in the electroacupuncture group were superior to those in the chinese drug group. It is suggested that electroacupuncture can certainly promote better early recovery of the nerve, and improve obviously myoatrophy. [18.16 / 14.09- rat-eaa-]

784- gera: 72196/di/ra- num

OBSERVACION DE LOS EFECTOS DE LA ELECTROACUPUNTURA Y LA FARMACOPEA TRADICIONAL CHINA EN EL SFI Y EN LOS MUSCULOS DE LAS RATAS DESPUÉS DE LESIONARSE EL NERVI0 CIATICO. SHO SHUIJIN ET AL. **ener qi.** 1998,4,30-4 (esp).

Traduction espagnole de: Chinese Acupuncture and Moxibustion, 1998; 18(4): 249. Réf gera: [69107]. Los modelos de la lesion del nervio ciatico de las ratas se realizan mediante intervencion quirurgica. Después se tratan con la electroacupuntura y la farmacopea tradicional china y se someten a la valoracion funcional del nervio y a la observacion histologica. Los resultados demuestran que existe una diferencia notable en el indice funcional del nervio (SFI), el peso mojado del gastrocnemio y el diametro de las células musculares entre el grupo de electroacupuntura y los grupos de medicina occidental y sin medicamentos. Con respecto al grupo de farmacopea tradicional china la diferencia no es muy notable, pero los resultados son mejores que en éste. Todo lo cual sugiere que la electroacupuntura impulsa la recuperacion del nervio en la primera etapa y mejora notablemente la atrofia muscular. Además se ha realizado también el analisis de su mecanismo. [18.16 / eaa- rat- 05.12-]

785- gera: 69219/di/ra

ACUPUNCTURE TREATMENT OF GRADE III AND IV CANINE THORACOLUMBAR DISC DISEASE (HIND LIMB PARALYSIS). STILL J. **american journal of acupuncture.** 1998,26(2-3),179-187 (eng). ref:8

Canine thoracolumbar disc disease (TLDD), grade III and IV, is characterized by hind limb paraplegia and the associated dysfunction of urination and defecation due to the spinal compression/damage following the dorsal protrusion or extrusion of the intervertebral disc in the thoracolumbar region. The acute stage of the condition was diagnosed in 25 dogs and classified as grade III (pain sensitivity of the hind limb maintained) and IV (pain sensitivity absent). Ten to 16 steel acupuncture needles were inserted into the selected acupoints situated on the back, hind limbs and abdomen of the dogs. Electrostimulation of the needles was used routinely; ear acupuncture was added in 48% of cases. The treatments

were repeated according to the clinical progress. Any additional anti-inflammatory and/or analgesic treatment was excluded. Eight out of 10 (80%) dogs classified as grade III, and 7 out of 15 (47%) dogs of grade IV attained at least a degree of voluntary motor control and improvement of the previously disturbed control of micturition and defecation at the end of the treatment. [24.02 / 18.14-]

786- gera: 58688/di/ra

[THE INFLUENCE OF ACUPUNCTURE STIMULATION ON DYNAMIC ELECTROMYOGRAPHIC ACTIVITY]. TANAKA TH ET AL. **journal of the japan society of acupuncture.** 1998,48(2),105-19 (jap*). ref:18

The study investigated the influence of acupuncture on synergistic coordination by observing dynamic lumbar electromyographic activity. Left and right lumbar paraspinal (LP) EMG activities were recorded in 30 healthy subjects during a 45-degree trunk flexion-return movement, and the maximum RMS EMG activities (MREA) during this movement were compared between the two sides. Twenty subjects showed less than 20% LP MREA difference (symmetrical subjects-SS) between the left and right side, and 10 subjects showed more than a 20% difference (asymmetrical subjects-AS). SS were reevaluated after lying on a treatment table in a prone position for 2 minutes and little change was observed in the degree of LP MREA asymmetry (P=0.164). AS were administered acupuncture stimulation on LP muscles. After the stimulation, a significant reduction in LP MREA asymmetry was observed (P=0.049), with a clear increase in symmetry of dynamic EMG activity for 9 of the 10 asymmetrical subjects. No specific pattern of response in LP MREA values was observed in the stimulated side following stimulation. On the non-stimulated side, there was a significant trend toward LP MREA decrease when the baseline value for that side was high (P=0.037), and an increase when it was low (0.0185). The study did not attempt to explore the exact mechanism of LP MREA asymmetry reduction following acupuncture, however, it suggested that the response occurred as a result of interaction between the central and peripheral nerves which simultaneously caused systemic and local responses. This study indicated that acupuncture stimulation significantly decreased the asymmetrical dynamic EMG activity, suggesting that acupuncture treatment may be a useful method for decreasing functional muscular distortion and improving synergistic coordination. [18.14 / emg-]

787- gera: 68750/di/ra- num

[100 CASES OF PROTRUSION OF INTERVERTEBRAL DISC TREATED WITH FINGER-PRESS METHOD. WANG JING. **acupuncture research.** 1998,22(3),210 (chi). ref: [18.14 / ctanr- acupression-]

788- gera: 68210/di/ra

SCIATICA TREATED USING MIDNIGHT-NOON EBB-FLOW APPROACH. WANG QING-YING ET AL. **international journal of clinical acupuncture.** 1998,9(4),408-10 (eng).

This is a report on 71 patients suffering from sciatica who were treated using Midnight-Noon Ebb-Flow acupuncture. [18.16 / chronopuncture-]

789- gera: 66526/di/ra

[TREATMENT OF 40 CASES OF SYNDROME OF THE THIRD LUMBAR VERTEBRA TRANSVERSE PROCESS BY NEEDLE WITH SMALL KNIFE AND

MANIPULATION]. WANG WEIJIA ET AL. journal of zhejiang college of traditional chinese medicine. 1998,22(2),37 (chi).
[18.14 / aiguille- ecr?-]

790- gera: 67278/di/ra
[30 ARAB WITH PIRIFORM MUSCLE SYNDROME TREATED BY ACUPUNCTURE AND MOXIBUSTION]. WEI FULIANG. chinese acupuncture and moxibustion. 1998,18(3),159 (chi).
[18.14 / 05.09-]

791- gera: 68753/di/ra- num
[PROTRUSION OF INTERVERTEBRAL DISC TREATED BY LONG NEEDLE THROUGH JIAJI POINTS. ABSTRACT]. WEI ZHENDONG ET AL. acupuncture research. 1998,22(3),213 (chi*).

Acupuncture therapy was used as control. The result shows that the effect of treatment by acupuncture through Jiaji points with long needle is better than that of common acupuncture therapy. There is a significant difference between them (P<0.05). [18.14 / 05.04- htjj- ecr-comparaison-]

792- gera: 69195/di/ra
NO EVIDENCE THAT TENS IS EFFECTIVE FOR CHRONIC BACK PAIN. ABSTRACT. WHITE AR. focus on alternative and complementary therapies. 1998,3(2),51-2 (eng).

Résumé et commentaire de l'article: Flowerdew MW et al. A review of the treatment of chronic low back pain with acupuncture-like transcutaneous electrical nerve stimulation and transcutaneous electrical nerve stimulation. *Comp Ther Med.* 1997; 5: 193-201. Réf gera: [68171]. [18.14 / rg- 05.12-]

793- gera: 58846/di/ra
[CLINICAL OBSERVATION ON 70 CASES OF SCIATICA TREATED WITH WRIST-ANKLE NEEDLING ACUPUNCTURE]. YAN HONG ET AL. chinese acupuncture and moxibustion. 1998,18(7),421 (chi).
[18.16 / podo- mano-]

794- gera: 68212/di/ra- num
RESTORATION OF NORMAL QI FLOW IN TREATMENT OF SCIATICA. YAN SHAO-MIN. international journal of clinical acupuncture. 1998,9(4),415-7 (eng). ref:

Sciatica is often seen clinically with manifestations of pain distributed along the pathway of the sciatic nerve. The author applied acupuncture treatment to 127 cases aimed at restoring normal Qi flow in the meridian involved and achieved satisfactory results. Observation was made on controls that were given needling at points that were conventionally selected through identification of the syndrome. [18.16 / d\$-]

795- gera: 68914/di/ra
NEEDLING XUEHAI ACUPOINT IN TREATING 38 CASES OF ACUTE LUMBOSACRAL PAIN. YU GUO-XIONG ET AL. international journal of clinical acupuncture. 1998,9(3),335-7 (eng).

Acute lumbosacral portion pain is one of the symptoms commonly seen in clinics. It often can be induced by many factors such as injury of adrenocortical nerve, gynecopathy, prostatitis and hyperosteogeny. While lecturing abroad we simply punctured Xuehai (SP 10) to treat this disease and obtained better therapeutic effects. [18.14 / 10rte-]

796- gera: 67262/di/ra
[OBSERVATION ON THERAPEUTIC EFFECTS OF 116 CASES OF SENILE HYPEROSTEOGENY OF CERVICAL AND LUMBAR VERTEBRAE TREATED BY ELECTROACUPUNCTURE OF JIAJI POINTS]. ZENG CAIXIN. chinese acupuncture and moxibustion. 1998,18(1),27 (chi).
[18.11 / 23.07- htjj- 18.14- 18.12-]

797- gera: 58840/di/ra
[STUDY ON THE DEPTH OF ACUPOINTS ON THE BACK AND LUMBAR PARTS]. ZHANG JIANHUA ET AL. chinese acupuncture and moxibustion. 1998,18(7),403 (chi).
Voir traduction espagnole de: Ener Qi, 1999; 8: 26-29. Réf gera: [72779]. [2.06 / profondeur- 18.14- 05.19-]

798- gera: 68751/di/ra
[40 CASES OF PROTRUSION OF INTERVERTEBRAL DISC TREATED WITH AN INTEGRATION OF UNSURGICAL PROCEDURES]. ZHANG SHENGLIANG ET AL. acupuncture research. 1998,22(3),211 (chi). ref:
[18.14 / ctanr-]

799- gera: 73323/di/ra
EL TRATAMIENTO DE LA HERNIA DISCAL INTERVERTEBRAL LUMBAR CON ELECTROACUPUNTURA Y SU EFECTO TERAPEUTICO DE LARGA DURACION. ZHAO DAGUI ET AL. enerqi. 1998,2,47-51 (esp).
[18.14 / 05.12-]

800- gera: 72701/di/ra
COME CURARE UNA LOMBALGIA DA DEFICIT DI RENE DOPO FALLIMENTO DI UN LUNGO TRATTAMENTO TONIFICANTE IL RENE. ZHAO FUGUO. rivista italiana di medicina tradizionale cinese. 1998,74(4),91 (ita).
[18.14 / m- vide-]

801- gera: 68215/di/ra- num
ACUPUNCTURE AT YANGLAO FOR ACUTE LOWER BACK SPRAIN: A REPORT OF 35 CASES. ZHENG GUAN-LI. international journal of clinical acupuncture. 1998,9(4),427-8 (eng).
Acute lumbar sprain is a clinically common disease. Since 1967 the author has treated 35 cases by acupuncture at the Yanglao (SI 6) point and achieved a fairly good effect. This paper is a report of his work in this area. [18.14 / 6ig-]

802- gera: 58848/di/ra
[61 CASES OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED BY ACUPUNCTURE COMBINED WITH MOVABLE CUPPING]. ZHOU YONGHONG ET AL. chinese acupuncture and moxibustion. 1998,18(7),424 (chi).
[18.14 / ecr?- 05.08-]

803- gera: 67219/di/ra
[ACUPUNCTURE EFFECT ON GAP43 EXPRESSION IN SPINAL CORD DORSAL AREA OF SPINAL CORD PARTIAL DEAFFERENTIAL RAT MODEL]. ZHU CUIQING ET AL. acupuncture research. 1998,23(2),131 (chi*). ref:

Experiments were performed on rat model given unilateral lumbosacral dorsal rhizotomical operation from L2 to S2 with sparing L5. The effect of acupuncture on expression of GAP43 in dorsal area of spinal cord was observed with histochemical and in situ hybridizational methods.

The results showed that after unilateral dorsal rhizotomy, the expression of GAP43 in lamina II of spinal cord (L5) was significantly more than contralateral or control group. When acupuncture treatment was given, the expression of GAP43 was elevated to higher level. These results implied that 1) in some condition nerve system injury can induce the increasing GAP43 expression of neurons which mediate the plasticity of central nerve system, 2) the acupuncture treatment can regulate the plasticity of the nerve system through GAP43 mechanism. [14.09 / 18.16- eaa- rat-]

804- gera: 74826/di/ra- num

A CASE STUDY IN INTEGRATIVE MEDICINE: ALTERNATIVE THEORIES AND THE LANGUAGE OF BIOMEDICINE. ANDERSON R. *journal of alternative and complementary medicine*. 1999,5(2),165-73 (eng). ref:12

In this case study, a diverse panel of 6 practitioners of mainstream and/or alternative medicine plus a moderator convened as an experiment in practicing integrative medicine to examine, diagnose, and prescribe for a patient suffering from chronic, severe, treatment-resistant back pain. Although panel members represented a wide range of theories of health and healing, they were able to communicate easily with one another by limiting themselves to the scientific language of biomedicine. From the perspective of medical anthropology, this can be interpreted as an unplanned and unconscious process of cultural imitation in a medical marketplace in which cultural differentiation formerly prevailed. Although the shift from differentiation to imitation was limited in this experiment to the sharing of a single language of discourse and to recommendations of mutually compatible treatment options, it raises an important question. With the institutionalization of integrated medical practice, will alternative medical systems survive only if they are stripped down to being no more than alternative therapeutic modalities? [18.14 / cc-]

805- gera: 59899/di/re

PERCUTANEOUS ELECTRICAL NERVE STIMULATION FOR TREATMENT OF LOW BACK PAIN. LETTER. BERKMAN R. *jama*. 1999,282(10),941 (eng). ref:16

Discussion à propos de l'article de Ghoname (Jama, 1999, 281). 1) Sont inclus des patients avec lombalgies et dégénérescence discale confirmée radiologiquement, mais il n'y a pas de relation entre douleur et aspect radiologique. 2) La neurostimulation percutanée est comparée à des exercices qui sont trop sommaires et à la Tens sous forme de séances de 30 minutes alors qu'elle est le plus souvent utilisée à la demande. 3) Enfin, une semaine après l'arrêt du traitement il apparaît sur les données de l'article que le patient a retrouvé son état antérieur sur les principaux paramètres. [18.14 / cta- methodologie- 05.12-]

806- gera: 74746/di/ra

ZHONG YI ACUPUNCTURE AND LOW-BACK PAIN: TRADITIONAL CHINESE MEDICAL ACUPUNCTURE DIFFERENTIAL DIAGNOSES AND TREATMENTS FOR CHRONIC LUMBAR PAIN. BIRCH S ET AL. *journal of alternative and complementary medicine*. 1999,5(5),415-25 (eng). ref:3

Little attention has been given to selecting treatments in clinical trials of acupuncture. Yet in order to perform objective tests of this procedure, it is crucial that the selected treatments are considered representative of the style of practice being tested. We examined 16 traditional Chinese medicine (TCM) acupuncture texts or treatment articles to determine the consistency of diagnosis and

recommended treatment for chronic low-back pain. Although 24 diagnostic patterns were described by 1 or more texts, only 4 patterns were described by at least half of the texts. Most texts (12/16) described only 3 or 4 patterns. These could be categorized into 3 broad types: cold, damp, wind, heat channel obstruction patterns; kidney vacuity patterns (sometimes differentiated into yang and yin patterns); and blood (or blood and qi) stasis patterns. Several acupuncture points were recommended by most texts regardless of the diagnosis, whereas other acupoints were recommended for specific diagnostic patterns. There was, however, substantial variation between texts in recommended acupoints, with less than 20% of all acupoints recommended by half or more of the texts. This variability will make it difficult to select TCM treatments for clinical trials of chronic low-back pain that have wide applicability. We believe that examining treatment patterns in actual clinical practice is crucial in this situation. We suggest that this method of selecting treatments should be part of the process used when selecting treatments for all clinical trials of acupuncture, regardless of the style of practice. [18.14 / d\$-]

807- gera: 59966/di/ra

ACUPUNCTURE FOR EMERGENCY. CAO WEN-ZHONG ET AL. *international journal of clinical acupuncture*. 1999,10(3),223-9 (eng). ref:42

Although it is generally believed that modern medicine is adept at emergency cases while traditional medicine is good at chronic illnesses, the few emergencies that came under our care responded well to acupuncture. The following is a report. Cerebral thrombosis. Acute exacerbation of chronic asthmatic bronchitis. Congenital heart disease with hemoptysis. Acute mastitis. Acute lumbar sprain (intervertebral disc protrusion). Summary. [21.01 / 07.03- 18.14- 11.08- 14.07- 17.04-]

808- gera: 69992/di/ra

A FIVE-STEP APPROACH TO ACUTE LUMBAGO. CAO WEN-ZHONG ET AL. *international journal of clinical acupuncture*. 1999,10(1),23-8 (eng). ref:

A common disease as well as one of the best indications for acupuncture, acute lumbago is noted for its multiple causes and varied manifestations. Thus, it has been one of the most pressing questions in clinics whether one can deal with acute lumbago effectively with acupuncture alone. Based on a wealth of clinical experience, we developed a new approach, hereafter referred to as the Five-Step Approach, and we have succeeded in treating various types of acute lumbago with this approach. The following is a brief introduction to the approach and 150 of the treated cases are reported. [18.14 / d\$-]

809- gera: 73617/di/ra

TRATTAMENTO COMBINATO CON AGOPUNCTURA ED OMEOPATIA, IN CORSO DI LOMBALGIE CRONICHE RIACUTIZZATE DI DIFFERENTE ORIGINE. DI STANISLAO C. *rivista italiana di agopuntura*. 1999,20(96),53-0 (ita*).

Lower back syndrome is sensible at acupunctural and homeopathic associated treatment. In this article the author analyse common points and frequently homeopathic principles for relieve lower back pain. [18.14 / homeopathie-]

810- gera: 72775/di/ra

APLICACIONES DE LOS CRITERIOS DE SELECCION DE LOS PUNTOS ACUPUNTURALES EN EL TRATAMIENTO FISICO. DONG WEN ET AL. *enerqi*. 1999,8,5-8 (esp). ref:15

Uno de los criterios de la acupuntura es tratar el yin para curar las patologías del yang, y tratar el yang para curar las patologías del yin. Dicho principio ha sido aplicado en el tratamiento físico de 97 casos de dolor lumbosacral y en los tejidos blandos de las articulaciones de las extremidades, utilizando la corriente eléctrica de baja y mediana frecuencia. Como resultado, 56 pacientes fueron curados, 21 mejoraron notablemente y 18 respondieron con cierta eficacia. Solo 2 no mostraron mejora alguna. Estos resultados son sensiblemente mejores que los del grupo de referencia ($p < 0,001$). [18.01 / 18.14- 05.12-]

811- gera: 59084/di/re- num

EXPERTS' OPINIONS ON COMPLEMENTARY/ALTERNATIVE THERAPIES FOR LOW BACK PAIN. ERNST E ET AL. j manipulative physiol ther. 1999,22(2),87-90 (eng). ref:1

BACKGROUND: Complementary/alternative therapies are used for low back pain more frequently than for any other indication, yet evidence for or against their efficacy is fragmentary. Notwithstanding this void, the high prevalence of such therapies drives their integration into our health care systems. Expert opinions on the use of complementary/alternative therapies for low back pain could therefore be helpful until more data from randomized, controlled trials become available. **OBJECTIVE:** A postal questionnaire survey was designed to generate opinion from a systematically identified expert panel on the clinical effectiveness of complementary/alternative therapies for low back pain. **METHODS:** Computerized searches were conducted to systematically identify by objective criteria 50 clinical experts on low back pain. Each panel member received a questionnaire to assess the perceived clinical effectiveness of complementary/alternative therapies for 4 defined categories of low back pain. **RESULTS:** For acute uncomplicated low back pain, osteopathy and chiropractic were rated as effective by most experts. For chronic uncomplicated low back pain, most experts considered acupuncture as effective. Experts perceived homeopathy generally as ineffective for any type of low back pain. Clinical experience with herbalism as a treatment for low back pain was insufficient to form an opinion. **CONCLUSION:** Experts' opinion is in favor of the effectiveness of osteopathy and chiropractic for acute uncomplicated low back pain. Acupuncture is judged to be of some value for chronic, uncomplicated low back pain. Homeopathy is perceived as ineffective for any type of low back pain. Insufficient experience with herbalism as a treatment for low back pain prevents firm conclusions. [18.14 / rg-]

812- gera: 71787/di/ra- num

TREATING ACUTE LUMBAR SPRAIN BY NEEDLING HOUXI : REPORT OF 28 CASES. FAN YU-SHAN. international journal of clinical acupuncture. 1999,10(4),439-40 (eng). ref:19

Since 1993, a number of acute lumbar sprain cases were satisfactorily treated by simply needling the point Houxi (SI 3). [18.14 / 3ig-]

813- gera: 59114/di/re

PERCUTANEOUS ELECTRICAL NERVE STIMULATION FOR LOW BACK PAIN. A RANDOMIZED CROSSOVER STUDY. GHONAME ESA. jama. 1999,281(9),818-23 (eng). ref:0

Context: Low back pain (LBP) contributes to considerable disability and lost wages in the United States. Commonly used opioid and nonopioid analgesic drugs produce adverse effects and are of limited long-term benefit in the

management of this patient population. **Objective:** To compare the effectiveness of a novel nonpharmacologic pain therapy, percutaneous electrical nerve stimulation (PENS), with transcutaneous electrical nerve stimulation (TENS) and flexion-extension exercise therapies in patients with long-term LBP. **Design:** A randomized, single-blinded, sham-controlled, crossover study from March 1997 to December 1997. **Setting:** An ambulatory pain management Center at a university medical Center. **Patients:** Twenty-nine men and 31 women with LBP secondary to degenerative disk disease. **Interventions:** Four therapeutic modalities (sham-PENS, PENS, TENS, and exercise therapies) were each administered for a period of 30 minutes 3 times a week for 3 weeks. **Main Outcome Measure:** Pretreatment and posttreatment visual analog scale (VAS) scores for pain, physical activity, and quality of sleep; daily analgesic medication usage; a global patient assessment questionnaire; and Health Status Survey Short Form (SF-36). **Results:** PENS was significantly more effective in decreasing VAS pain scores after each treatment than sham-PENS, TENS, and exercise therapies (after-treatment mean \pm SD VAS for pain, 3.4 ± 1.4 cm, 5.5 ± 1.9 cm, 5.6 ± 1.9 cm, and 6.4 ± 1.9 cm, respectively). The average \pm SD daily oral intake of nonopioid analgesics (2.6 ± 1.4 pills per day) was decreased to 1.3 ± 1.0 pills per day with PENS ($P < .008$) compared with 2.5 ± 1.1 , 2.2 ± 1.0 , and 2.6 ± 1.2 pills per day with sham-PENS, TENS, and exercise, respectively. Compared with the other 3 modalities, 91% of the patients reported that PENS was the most effective in decreasing their LBP. The PENS therapy was also significantly more effective in improving physical activity, quality of sleep, and sense of well-being ($P < .05$ for each). The SF-36 survey confirmed that PENS improved posttreatment function more than sham-PENS, TENS, and exercise. **Conclusions:** In this sham-controlled study, PENS was more effective than TENS or exercise therapy in providing short-term pain relief and improved physical function in patients with long-term LBP. [18.14 / 05.12- ecr-]

814- gera: 59803/di/re- num

CHRONIC SPINAL PAIN SYNDROMES: A CLINICAL PILOT TRIAL COMPARING ACUPUNCTURE, A NONSTEROIDAL ANTI-INFLAMMATORY DRUG, AND SPINAL MANIPULATION. GILES LG ET AL. journal of manipulative physiological therapeutics. 1999,22(6),376-81 (eng). ref:28

OBJECTIVE: To compare needle acupuncture, medication (tenoxicam with ranitidine), and spinal manipulation for managing chronic (>13 weeks duration) spinal pain syndromes. **DESIGN:** Prospective, randomized, independently assessed preintervention and postintervention clinical pilot trial. **SETTING:** Specialized spinal pain syndrome out-patient unit at Townsville General Hospital, Queensland, Australia. **SUBJECTS:** Seventy-seven patients (without contraindication to manipulation or medication) were recruited. **INTERVENTIONS:** One of three separate, clearly defined intervention protocols: needle acupuncture, nonsteroidal anti-inflammatory medication, or chiropractic spinal manipulation. **MAIN OUTCOME MEASURES:** Main outcome measures were changes (4 weeks vs. initial visit) in the scores of the (1) Oswestry Back Pain Disability Index, (2) Neck Disability Index, and (3) three visual analogue scales of local pain intensity. **RESULTS:** Randomization was successful. After a median intervention period of 30 days, spinal manipulation was the only intervention that achieved statistically significant improvements (all expressed as percentages of the original

scores) with (1) a reduction of 30.7% on the Oswestry scale, (2) an improvement of 25% on the neck disability index, and (3) reductions on the visual analogue scale of 50% for low back pain, 46% for upper back pain, and 33% for neck pain (all $P < .001$). Neither of the other interventions showed any significant improvement on any of the outcome measures. **CONCLUSIONS:** The consistency of the results provides, in spite of several discussed shortcomings of this pilot study, evidence that in patients with chronic spinal pain syndromes spinal manipulation, if not contraindicated, results in greater improvement than acupuncture and medicine. [18.14 / 18.12- 18.13- ecr-]

815- gera: 59878/di/re- num

A RANDOMIZED COMPARATIVE TRIAL OF ACUPUNCTURE VERSUS TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION FOR CHRONIC BACK PAIN IN THE ELDERLY. GRANT DJ ET AL. **pain.** 1999,82(1),9-13 (eng). ref:12

Sixty patients aged 60 or over with back pain for at least 6 months were recruited from General Practitioner referrals and randomized to 4 weeks of treatment with acupuncture or transcutaneous electrical nerve stimulation (TENS). All treatments were administered by the same physiotherapist and both groups had the same contact with him. The following were measured at baseline, completion and at a 3-month follow-up by an independent observer blinded to treatment received: (1) pain severity on visual analogue scale (VAS); (2) pain subscale of Nottingham Health Profile (NHP); (3) number of analgesic tablets consumed in previous week; (4) spinal flexion from C7 to S1. Thirty-two patients were randomized to acupuncture and 28 to TENS; only three withdrew (two from acupuncture, one from TENS). Significant improvements were shown on VAS ($P < 0.001$), NHP ($P < 0.001$) and tablet count ($P < 0.05$) between baseline and completion in both groups, these improvements remaining significant comparing baseline with follow-up with a further non-significant improvement in VAS and NHP in the acupuncture group. The acupuncture but not the TENS patients showed a small but statistically significant improvement ($P < 0.05$) in mean spinal flexion between baseline and completion which was not maintained at follow-up. Thus in these elderly patients with chronic back pain both acupuncture and TENS had demonstrable benefits which outlasted the treatment period. Acupuncture may improve spinal flexion. This trial cannot exclude the possibility that both treatments are 'placebos'. [18.14 / ecr- 23.07- 05.12-]

816- gera: 73578/di/ra

COMBINED TREATMENT OF 100 CASES OF SCIATICA WITH ACUPUNCTURE AND POINT-INJECTION. GUO XUEMEI ET AL. **word journal of acupuncture- moxibustion.** 1999,9(3),40-2 (eng). ref:11

In the present paper, 160 cases of sciatica patients were divided into combined treatment group (acupuncture plus point-injection, 100 cases) and acupuncture group (control group, 60 cases). After two courses of treatment, of the 100 cases in the combined treatment group, 72 (72 %) were cured, 25 (25 %) effective and 3 (3 %) had no effect, with an effective rate of 97 %; Of the 60 cases in the control group, 30 (50%) were cured, 21 (35%) effective and 9 (15%) had no effect, with an effective rate of 85 % . Statistical analysis showed a significant difference between the two groups in effective rate ($P < 0. 05$) . It displayed that the effect of acupuncture plus point-injection was apparently superior to that of acupuncture. [18.16 / comparasion- 05.15-]

817- gera: 77048/di/ra

[EFFECT OF ACUPUNCTURE ON NEUROPATHOMORPHOLOGY AND ELECTROMYOGRAM OF SCIATIC NERVE IN DIABETIC RATS]. HE JING ET AL. **acupuncture research.** 1999,24(1),56 (chi*). ref:0

In this study, light microscope, electron microscope and electromyography were used to observe the effect of acupuncture on neuropathomorphology and electromyogram of sciatic nerve in diabetic rats. The results are as follows: in the model group, the structure and function of sciatic nerve after 3 months appear similar to DPN. In the acupuncture group, the conditions are significantly better than that in the model group. The results suggest that acupuncture can slow or reduce the lesion of peripheral neuropathy induced by DM. [14.09 / rat- 09.03- 18.16- eaa- emg-]

818- gera: 71867/di/ra

ACUPUNCTURE TREATMENT FOR LOW BACK AND LEG PAIN. HIROMI MATSUMOTO. **north american journal of oriental medicine.** 1999,6(16),3-8 (eng).

[18.14 / 18.16-]

819- gera: 70943/di/re- num

CONFLICTING CONCLUSIONS FROM TWO SYSTEMATIC REVIEWS OF EPIDURAL STEROID INJECTIONS FOR SCIATICA: WHICH EVIDENCE SHOULD GENERAL PRACTITIONERS HEED? HOPAYIAN K ET AL. **br j gen pract.** 1999,49(438),57-61 (eng). ref:16

Systematic reviews and meta-analyses are becoming increasingly important in informing clinical practice and commissioning. Two systematic reviews of a treatment for low back pain and sciatica using epidural steroid injections, published in the same year, arrived at conflicting conclusions. Only one was reported in a digest for evidence-based medicine. This paper aims to find the reasons for the discordance between the reviews, and draw conclusions for users of reviews. Using comparative analysis of two published systematic reviews and their source material, it was found that the two reviews had the same overall aims and met the criteria for review methods. They differed in their choice of methods, including the judgement of quality of studies for inclusion and for summing-up evidence. Estimation of summary odds ratios in one review led to stronger conclusions about effectiveness. In conclusion the choice of methods for systematic review may alter views about the current state of evidence. Users should be aware that systematic reviews include an element of judgement, whatever method is used. [18.14 / rg-]

820- gera: 71944/di/ra

CAVE-PROBING TECHNIQUE AND MASSAGE IN TREATMENT OF ACUTE LUMBAR SPRAIN: REPORT OF 86 CASES. HUANG WEI ET AL. **international journal of clinical acupuncture.** 1999,10(2),195-97 (eng). ref:29

[18.14 / puncture- massage-]

821- gera: 76443/di/ra

[TREATMENT OF SENILE FRACTURE OF THORACIC AND LUMBAR VERTEBRA WITH MODIFIED BUSHEN HUOXUE TANG IN 200 CASES]. HUANG ZI-YI ET AL. **journal of tcm and chinese materia medica of jilin.** 1999,19(3),22 (chi). ref:0

[18.14 / f0-]

822- gera: 59900/di/re- num

PERCUTANEOUS ELECTRICAL NERVE STIMULATION FOR TREATMENT OF LOW BACK PAIN. LETTER. HYMAN M. *jama*. 1999,282(10),941 (eng).

Discussion à propos de l'article de Ghoname (Jama, 1999, 281). 1) Les patients traités sont relativement jeunes, les conclusions de l'étude ne peuvent être étendues à tous les patients. 2) Une étude coût-efficacité n'a pas été faite. [18.14 / methodologie- economie- 05.12- cta-]

823- gera: 59633/di/ra

AKUPUNKTUR BEI BESCHWERDEN DES BEWEGUNGSSYSTEMS AM BEISPIEL DES "HWS-SYNDROMS". IRNICH D. *deutsche zeitschrift fur akupunktur*. 1999,42(2),81-90 (deu*). ref:3

Complaints of the locomotor system, especially of the cervical spine and the lumbar spine are one of the most frequent reasons for the consultation of a physician and for the inability to work. They often are characterized by a long-term course of disease with frequent chronicity. To this extent the treatment of these symptoms is of high relevance, with respect to medicine and health policy. Acupuncture offers complementary therapeutic approaches for the treatment of a patient with acute and chronic musculoskeletal pain syndromes. In this report a form of acupuncture is presented with an example of chronic complaints of the cervical spine column which takes into consideration in addition to traditional Chinese method also reflexotherapeutical, manual-diagnostic and psychosomatic aspects and which have proved to be effective within the framework of scientific studies. What is important for the efficient use of acupuncture, is its integration into an individual, findings-orientated therapeutical concept. A precondition is first of all a differentiation of the complaints of the cervical spine by a classification scheme of the cervical syndromes according to Schops and Senn. The differentiation leads to an individually adapted, physical and medical therapeutical concept and already gives hints for acupuncture. The further diagnostic procedure includes the differentiation of the complaints according to the 8 diagnostic principles (Ba Gang), the functional examination of the cervical vertebral column for pain, limitation of movement, and myofascial trigger points as well as the testing of micro systems for sensitive points with the help of the very-point technique according to Gleditsch. The result is an optimized concept of treatment as a synthesis of classic Chinese acupuncture, dry needling, myofascial trigger points and micro system acupuncture. As the chronic cervical syndrome can be a complex syndrome psychosomatic aspects should be taken into consideration at an early stage. [18.12 / 18.14-]

824- gera: 71846/di/ra

CASE STUDY. JUNJI MIZUTANI. *north american journal of oriental medicine*. 1999,6(17),31-3 (eng). ref:47

[18.16 / cc-]

825- gera: 59901/di/re- num

PERCUTANEOUS ELECTRICAL NERVE STIMULATION FOR TREATMENT OF LOW BACK PAIN. LETTER. KAPLAN EA. *jama*. 1999,282(10),941 (eng). ref:0

Discussion à propos de l'article de Ghoname (Jama, 1999, 281). 1) L'étude a été financée par le "Forest Park Institute of Pain Management " au Texas. 2) Peut-il y avoir des relations financières entre les différents auteurs, l'organisme financeur et le fabriquant de l'appareil? Ceci aurait mérité d'être signalé dans l'étude. [18.14 / cta-

methodologie- economie- 05.12-]

826- gera: 59991/di/ra- num

ACUPUNCTURE TREATMENT OF ACUTE LUMBAR SPRAIN: CLINICAL OBSERVATION OF 100 CASES. KOU SHENG-LING. *international journal of clinical acupuncture*. 1999,10(3),329-30 (eng). ref:1

Acute lumbar sprain is a frequently encountered clinical disease in young and adult males. The author adopted needling Shanyao to treat this disease and achieved good results. [18.14 / shanyao-]

827- gera: 72448/di/ra

RELIEF OF LOW BACK PAIN WITH LOW-REACTIVE LASER ACUPUNCTURE TECHNIQUES. ABSTRACT. KURLAND HD. *akupunktur. theorie und praxis*. 1999,27(4),248 (eng). ref:

[18.14 / 05.14-]

828- gera: 69751/di/ra

[COMPARISON ON THE TREATMENT OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC BY ELECTRIC NEEDLING JIAJI POINT AND ROUTINE POINTS NEEDLING]. LAI XINSHENG ET AL. *new journal of traditional chinese medicine*. 1999,31(1),21 (chi).

Comparaison de deux techniques d'acupuncture, Huatuojiayi versus points de routine [18.14 / 05.12- ecrtj-]

829- gera: 76198/di/ra

[MY EXPERIENCE OF CURING THE CHRONIC LUMBAR PAIN BY QIGONG PRACTICE]. LIN JIACHU. *qigong journal*. 1999,20(11),522 (chi).

[18.14 / qg-]

830- gera: 75672/di/ra

PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED WITH PERIDURAL INJECTION COMBINED WITH TRACTION MANIPULATION-AN ANALYSIS OF 73 CASES]. LIU ZHIMING ET AL. *liaoning journal of tcm*. 1999,26(6),268 (chi).

[18.14 / manipulation- 05.15-]

831- gera: 59811/nd/re

PHARMACOLOGIC AND ALTERNATIVE THERAPIES FOR THE HORSE WITH CHRONIC LAMINITIS. LOPEZ HS ET AL. *vet clin north am equine pract*. 1999,15(2),495-516 (eng).

This article deals with treatment of the chronically foundered horse. The first section of this article is focused on aspects of the traditional pharmacologic approaches to management of digital pain and sepsis, dietary management, and thyroid supplementation. A second section introduces the concepts, principles, and agents that are used in homeopathic treatments for laminitis. Lastly, a third section of this article reviews the use of acupuncture and traditional Chinese medicine approaches to treatment of chronic laminitis. [24.03 / rg- 18.14-]

832- gera: 71945/di/ra

ACUPUNCTURE TREATMENT OF 152 CASES OF SCIATICA. LU ZHONG-HOU. *international journal of clinical acupuncture*. 1999,10(2),199-01 (eng). ref:

[18.16 / 30vb- profondeur- comparaison-]

833- gera: 59861/di/ra- num

ACUPUNCTURE FOR LOW BACK PAIN: RESULTS OF A PILOT STUDY FOR A RANDOMIZED CONTROLLED TRIAL. MACPHERSON H ET AL.

complementary therapies in medicine. 1999,7(2),83-90 (eng). ref:0

OBJECTIVES: To pilot procedures to be used in a randomized controlled trial of acupuncture for low back pain. **DESIGN:** Uncontrolled clinical trial. **SETTING:** Primary care and acupuncture clinics in York, England. **SUBJECTS:** 20 patients with low back pain lasting 1 month or more. **INTERVENTIONS:** 10 sessions of individualized acupuncture from a traditional acupuncturist. **MAIN OUTCOME MEASURES:** Change in Oswestry low back pain disability questionnaire; present pain intensity scale; effect on daily living scale, and SF-36 general health questionnaire at post-treatment and 6 months after the end of treatment. **RESULTS:** 14 patients completed follow-up. Patients had similar severity scores at baseline to those referred to an NHS outpatient clinic. Post-treatment, there were statistically significant improvements in Oswestry, present pain intensity, effect on daily living and the physical functioning, social functioning, bodily pain, vitality and mental health sub-scales of the SF36. Similar results were found at the six month follow-up. Oswestry scores showed reduced levels of pain at 6 months compared to than at post-treatment, falling approximately 40% from baseline. **CONCLUSIONS:** Though the improvements in pain and quality in life may be due to the natural course of back pain, the promising responses justify further research. The procedures used in the study are appropriate for a randomized controlled trial. Drop-out could be reduced by more careful patient monitoring. [18.14 / ctanr-methodologie-]

834- gera: 73384/di/ra

[INVESTIGATION ON EFFECTS OF SHORT THRUST NEEDLING PLUS ELECTROACUPUNCTURE ON INDEXES OF BLOOD RHEOLOGY IN PATIENTS OF PROLAPSES OF INTERVERTEBRAL DISC]. OUYANG BASI. **chinese acupuncture and moxibustion.** 1999,19(12),723 (chi). ref: [18.14 / puncture- 05.12-]

835- gera: 59764/di/ra

PROF. XIAO SHAOQING'S EXPERIENCE IN APPLICATION OF POINT-THROUGH-POINT ACUPUNCTURE TECHNIQUE. OUYANG BASI ET AL. **journal of tcm.** 1999,19(3),210 (eng). [5.06 / ascaridose- 10.11- 14.02- 10.05- 18.14-]

836- gera: 87922/di/ra

[TREATMENT OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC BASED ON SYNDROME DIFFERENTIATION]. PENG LIQUN. **new journal of tcm.** 1999,31(8),29 (chi). ref: [18.14 / d\$-]

837- gera: 59044/nd/re

ACUPUNCTURE AS A TREATMENT MODALITY FOR BACK PROBLEMS. RIDGWAY K. **vet clin north am equine pract.** 1999,15(1),21121 (eng).

Concepts of acupuncture in traditional Chinese medicine are presented for clarity and contrast to Western medical concepts. Various acupuncture techniques and methods are discussed including dry needling, electroacupuncture, acupuncture using hypodermic needles, and injecting various solutions into the acupuncture sites. Potential complications and precautions are also presented. A type of chronic back pain is discussed that is possibly associated with a radiculopathically induced, hypersensitivity myofascial syndrome that presents as a fibromyalgialike syndrome. Effective acupuncture treatment for the

described chronic fibromyalgia like syndrome is discussed. [18.14 / rg- 24.03-]

838- gera: 73573/di/ra

CLINICAL APPLICATION OF FENGCHI (GB20). SHAN BAOZHI ET AL. **word journal of acupuncture-moxibustion.** 1999,9(3),29-2 (eng). ref:

The article introduces the writers' experience in using Fengchi(GB 20) to treat sciatica, gastric ulcer and bronchial asthma, etc. . The writers consider that the point has seven general functions of dispelling pathogenic wind, purging pathogenic fire, relieving the depressed liver-qi, resolving the phlegm, activating the blood, tranquilizing the mind, and checking spasm and convulsion. It also introduces the manipulations and precautions of needling Fengchi. [2.06 / 18.16- 17.04- 10.05- 20vb-]

839- gera: 70346/di/ra

L'APPLICATION CLINIQUE DU POINT SHOU SAN LI (10 GI). SHAO CUI JIAO. **acupuncture traditionnelle chinoise.** 1999,1,80-89 (fra). ref:0 [2.06 / 18.14- i0gi- 18.12- 18.10- 14.07- 12.02- cc-]

840- gera: 72455/di/ra

WESTERN ACUPUNCTURE VERSUS CLASSICAL CHINESE ACUPUNCTURE IN PATIENTS WITH SPINAL PAIN. ABSTRACT. SOFAER B ET AL. **akupunktur. theorie und praxis.** 1999,27(4),250 (eng). [18.14 / ctanr-]

841- gera: 59016/di/re- num

THE EFFECTIVENESS OF ACUPUNCTURE IN THE MANAGEMENT OF ACUTE AND CHRONIC LOW BACK PAIN. A SYSTEMATIC REVIEW WITHIN THE FRAMEWORK OF THE COCHRANE COLLABORATION BACK REVIEW GROUP. VAN TULDER MW ET AL. **spine.** 1999,24(11),1113-23 (eng).

Study design: A systematic review of randomized controlled trials. Objectives: To evaluate the efficacy and effectiveness of acupuncture for the management of nonspecific low back pain. Summary of background data: Acupuncture is one of the oldest forms of therapy, but little is known about the effectiveness of acupuncture for low back pain. Methods: Randomized controlled trials were done to assess the effectiveness of all types of acupuncture treatment, which involves needling for subjects with nonspecific low back pain. Two reviewers blinded with respect to authors, institution, and journal independently assessed the methodologic quality of the studies. Because data were statistically and clinically too heterogeneous, a qualitative review was performed. The evidence was classified into four levels: strong, moderate, limited, or no evidence. Results: Eleven randomized controlled trials were included. Overall, the methodologic quality was low. Only two studies met the preset "high quality" level for this review. No study clearly evaluated acupuncture for acute low back pain. The results indicate that there was no evidence showing acupuncture to be more effective than no treatment. There was moderate evidence indicating that acupuncture is not more effective than triggerpoint injection or transcutaneous electrical nerve stimulation, and there was limited evidence that acupuncture is not more effective than placebo or sham acupuncture for the management of chronic low back pain. Conclusions: Because this systematic review did not clearly indicate that acupuncture is effective in the management of back pain, the authors would not recommend acupuncture as a regular treatment for patients with low back pain. There clearly is a need for more highquality randomized controlled trials. [18.14 / rg-]

842- gera: 59794/nd/re

[ACUPUNCTURE FOR BACK PAIN]. VAN TULDER MW ET AL. *forsch komplementarmed.* 1999,6(3),154-7 (deu). ref:36 [18.14 / rg- metaanalyse-]

843- gera: 74788/di/re

THE EFFECTIVENESS OF ACUPUNCTURE IN THE TREATMENT OF LOW BACK PAIN. VAN TULDER MW ET AL. *the cochrane library.* 1999,,19 (eng). ref:

Background: Although low back pain is usually a self-limiting and benign disease that tends to improve spontaneously over time, a large variety of therapeutic interventions are available for the treatment of low back pain. Objectives: The objective of this review was to assess the effects of acupuncture for the treatment of non-specific low back pain. Search strategy: We searched the Cochrane Complementary Medicine Field trials register, the Cochrane Controlled Trials Register (1997, issue 1), Medline (1966 - 1996), Embase (1988 - 1996), Science Citation Index and reference lists of articles. Selection criteria: Randomised trials of all types of acupuncture treatment that involves needling for subjects with non-specific low back pain. Data collection and analysis: Two reviewers blinded with respect to authors, institution and journal independently assessed trial quality and extracted data. Main results: Eleven trials were included. The methodological quality was low. Only two trials were of high quality. Three trials compared acupuncture to no treatment, which were of low methodological quality and provide conflicting evidence. There was moderate evidence from two trials that acupuncture is not more effective than trigger point injection or transcutaneous electrical nerve stimulation (TENS). There was limited evidence from eight trials that acupuncture is not more effective than placebo or sham acupuncture for the treatment of chronic low back pain. The evidence summarised in this systematic review does not indicate that acupuncture is effective for the treatment of back pain. The evidence summarised in this systematic review does not indicate that acupuncture is effective for the treatment of back pain. [18.14 / meta analyse- rg-]

844- gera: 80334/co/re

DOUBLE. VAN TULDER MW ET AL. *spine.* 1999,24(11),1113-23 (eng).

STUDY DESIGN: A systematic review of randomized controlled trials. OBJECTIVES: To evaluate the efficacy and effectiveness of acupuncture for the management of nonspecific low back pain. SUMMARY OF BACKGROUND DATA: Acupuncture is one of the oldest forms of therapy, but little is known about the effectiveness of acupuncture for low back pain. METHODS: Randomized controlled trials were done to assess the effectiveness of all types of acupuncture treatment, which involves needling for subjects with nonspecific low back pain. Two reviewers blinded with respect to authors, institution, and journal independently assessed the methodologic quality of the studies. Because data were statistically and clinically too heterogeneous, a qualitative review was performed. The evidence was classified into four levels: strong, moderate, limited, or no evidence. RESULTS: Eleven randomized controlled trials were included. Overall, the methodologic quality was low. Only two studies met the preset "high quality" level for this review. No study clearly evaluated acupuncture for acute low back pain. The results indicate that there was no evidence showing acupuncture to be more effective than no

treatment. There was moderate evidence indicating that acupuncture is not more effective than trigger-point injection or transcutaneous electrical nerve stimulation, and there was limited evidence that acupuncture is not more effective than placebo or sham acupuncture for the management of chronic low back pain. CONCLUSIONS: Because this systematic review did not clearly indicate that acupuncture is effective in the management of back pain, the authors would not recommend acupuncture as a regular treatment for patients with low back pain. There clearly is a need for more high-quality randomized controlled trials. [18.14 / rg-]

845- gera: 72996/di/ra

DAZHONG Y LUMBALGIAS. VAS J. *revista argentina de acupuntura.* 1999,91,26 (esp).

43 patients were treated with the Curious Vessel technique, of Japanese's teachers as Mr. Ito Osamu. Only the curious vessel's master points were used, diagnosed by palpation techniques on knees, lumbar column and sacral region, which were designed by Ito and also have an outstanding efficiency percentage (70%). [18.14 / 4rn-]

846- gera: 73952/di/ra

OBSERVACION CLINICA DE 131 CASOS DE HERNIA DISCAL INTERVERTEBRAL LUMBAR TRATADOS PRINCIPALMENTE MEDIANTE ACUPUNTURA CON ESTIMULACION FUERTE. WANG GUOHUA ET AL. *ener qi.* 1999,6,49-54 (esp).

Traduction espagnole de: Chinese Acupuncture and Moxibustion, 1997; 11: 668. Réf gera: [69072]. Se obtuvo el efecto satisfactorio en el tratamiento de 131 casos de hernia discal intervertebral lumbar aplicando principalmente la acupuntura en los orificios intervertebrales y huantiao (bv 30) con la estimulacion fuerte, método que se combino con la aplicacion de hierbas chinas segun el diagnostico diferencial para determinar el tratamiento. La eficacia total del mismo alcanzo el 98,5% y la tasa de curacion el 43,5%. En la observacion clinica, se considera que este método surte un efecto terapéutico positivo para tratar las hernias discales intervertebrales lumbares del tipo no central, siempre que se efectue el diagnostico correcto. [18.14 / 30vb-]

847- gera: 59759/di/ra- num

THE THIRD LUMBAR TRANSVERSE PROCESS SYNDROME TREATED BY ELECTROACUPUNCTURE AT HUATUOJIAJI POINTS. WANG SHENGXU ET AL. *journal of tcm.* 1999,19(3),190 (eng*).

32 cases of the third lumbar transverse process syndrome were treated mainly by electroacupuncture at Huatuojiagi points of the first and second lumbar vertebrae, and another 30 cases of the syndrome by conventional acupuncture as the controls. The results showed that treatment by electroacupuncture at Huatuojiagi points was superior in analgesic effect and clinical total effective rate to that by conventional acupuncture. It is considered that the mechanism of treatment by electroacupuncture at Huatuojiagi points is related to the trunk of posterior ramus of the spinal nerve where the points are located. [18.14 / comparaiso- htjj- 05.12- ecr-]

848- gera: 59902/di/re- num

PERCUTANEOUS ELECTRICAL NERVE STIMULATION FOR TREATMENT OF LOW BACK PAIN. REPLY. WHITE PF ET AL. *jama.* 1999,282(10),941-2 (eng). ref:3

Réponses aux critiques formulées par Berkman [gera, 59899], Hyman [gera, 59900] et Kaplan [gera, 59901].

Tous les fonds ont été signalés et il n'y a pas d'intérêt commercial direct. Mais les auteurs soulignent qu'ils ont néanmoins créé une compagnie Pens, Inc pour développer un stimulateur. [18.14 / cta- 05.12- economie-methodologie-]

849- gera: 59914/di/re- num

PERCUTANEOUS ELECTRICAL NERVE STIMULATION OR ACUPUNCTURE. LETTER. WHITE PF ET AL. *anesth analg.* 1999,89,1064-70 (eng). ref:6

Discussion à propos de l'article de Ghoname (Jama, 1999, 281). Ce que l'auteur appelle neurostimulation électrique percutanée n'est que l'électroacupuncture. Il ne faut pas avoir peur du mot: Acupuncture! [18.14 / 05.12-]

850- gera: 59738/di/ra

[TREATING 66 CASES OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC WITH MODIFIED FINGER PRESSURE THERAPY]. WU SHUSHENG. *zhejiang journal of tcm.* 1999,34(8),342 (chi). ref:6

[18.14 / acupression-]

851- gera: 89143/di/ra

[ETUDE CLINIQUE ET SYNTHETIQUE SUR LE TRAITEMENT PAR ELECTRO-ACUPUNCTURE DES POINTS JIA JI SUR LES HERNIES DISCALES DE LA 3EME VERTEBRE LOMBAIRE]. X. *chinese acupuncture and moxibustion.* 1999,19(11),655 (chi). ref: Article non présent dans le sommaire anglais. JL Gerlier. [18.14 / ecr- htjj-]

852- gera: 58925/di/ra

[SUMMARY AND RESEARCHING OF MECHANISM FOR 825 CASES OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED BY HEATING ACUPUNCTURE OF JIUGONG POINT]. XU JIE ET AL. *yunnan journal of tcm and materia medica.* 1999,20(2),48 (chi*).

825 Cases of Prolapse of Lumbar Intervertebral device of GZH type mainly based on the jiugong Point of vertebra. In clinic, the result was as: 538 cases in cure, the cure rate of 65.21%; 267 cases in improvement, the improving rate 32.36%; 20 cases in inefficiency, the inefficiency rate of 2.42% and the total effective rate of 97.58% . According to the analysis of some example cases before and after treatment based on the micro circle, EMG, blood rheology and radiodiagnostic, it showed that the way had the effect of warming and stimulating the channel, opening the channel and relieving pain, promoting the flow of Qi and blood circulation and so on. [18.14 / rheologie- jiugong- 05.09- emg-]

853- gera: 73367/di/ra

142 CASOS CLINICOS DE SINDROME DE DOLOR TRATADOS CON LA INSERCIÓN LIAO. YAN LUZHO. *enerqi.* 1999,7,44-5 (esp). ref:

[6.01 / 18.16- 18.12- 18.14- unique- 18.10-]

854- gera: 76727/di/ra

[CLINICAL OBSERVATION ON TREATMENT OVER LUMBAR VERTEBRA DISK PROTRUSION COMBINED WITH DECREASE SUCCESSIVELY TRACTION AND MASSAGE THERAPY]. YANG FENG-YUN. *jiangxi journal of tcm.* 1999,30(4),31 (chi). [18.14 / massage-]

855- gera: 69773/di/ra

[ACUTE LUMBER SPRAIN TREATED BY

NEEDLING ACUPOINT EX-HN3]. YIN HUANJIN. *shandong journal of traditional chinese medicine.* 1999,18(1),23 (chi).

[18.14 / yintang-]

856- gera: 71941/di/ra

55 CASES OF LUMBAR MUSCLE STRAIN TREATED BY MASSAGE. YU CHUN-YANG. *international journal of clinical acupuncture.* 1999,10(2),189-90 (eng).

[18.14 / massage-]

857- gera: 59990/di/ra- num

ACUTE LUMBAR SPRAIN TREATED WITH EXTRA POINTS. ZHANG FENG-QIN. *international journal of clinical acupuncture.* 1999,10(3),325-7 (eng). ref:0

Acute lumbar sprain is one of the most common causes of lumbago, which is always due to overstrain or overload in a malposture. Clinically, it is characterized by sudden lumbago, limitation of movements and markedly local tenderness. Most cases have pain radiating downward to the lower extremities. The author has punctured extra-channel points for such cases, and obtained satisfactory results. [18.14 / 05.08- mano-]

858- gera: 70223/di/ra- num

PUNCTURING YANGLAO AND XIAJIE IN TREATING ACUTE SPRAIN: AN OBSERVATION OF 225 CASES. ZHANG LIN-CHANG. *international journal of clinical acupuncture.* 1999,10(1),85-7 (eng). ref:

For the past 30 years, we used an ancient regimen by needling the points of Yanglao and Xiaojie to treat 225 cases of acute sprain, and obtained satisfactory results. This paper is a report of this treatment. [18.19 / 6ig- 18.14-]

859- gera: 76084/di/ra

[78 CASES OF PROLAPSED LUMBAR INTERVERTEBRAL DISC TREATED BY COMPREHENSIVE THERAPY WITH LONG SILVER NEEDLE]. ZHANG TIAN-WEI. *shanghai journal of tcm.* 1999,8,36 (chi*).

78 cases of prolapsed lumbar intervertebral disc were treated mainly by the long silver needle therapy passed down for generation by Lus' traumatology , one of the eight famous medical schools in traumatology of Chinese medicine in Shanghai, in combination with bone-setting massage therapy, traction of lumbar vertebrae, consideration of both symptoms and causative reason, and coordination of the moving and tranquil exercises. The results showed cure in 27 cases, effectiveness in 40 cases, improvement in 6 cases, failure in 5 cases, the curative rate in 34.6%, the total effective rate in 93.6% and that this therapy is intact and short in the courses of the treatments and quick in therapeutic effect. [18.14 / aiguille- 05.04-]

860- gera: 75388/di/ra- num

[TREATMENT OF ACUTE LUMBAR SPRAIN BY ACUPUNCTURE IN COMBINATION WITH MASSAGE-REPORT OF 300 CASES]. ZHANG YUNLAN ET AL. *henan traditional chinese medicine.* 1999,19(4),59 (chi).

[18.14 / massage- ctanr-]

861- gera: 70966/di/ra

[CHINESE MASSAGE TREATMENT OF POSTOPERATIVE ADHESION IN PROLAPSE OF LUMBAR INTERVERTEBRAL DISC UNDER ANESTHESIA]. ZHAO MINHUI ET AL. *shanghai*

journal of tcm. 1999,3,32-33 (chi*).

In order to observe the therapeutic effect of chinese massage treatment of postoperative adhesion of sacral anesthesia, peridural anesthesia or rhizesthesia, the rolling method was used on the bilateral sacrospinal muscle in predominance, assisted by the pressing and kneading methods, and by leg raising, rotation of the lumbus, flexion of the hip and knee for relaxation of adhesion. The results showed cure in 18 cases, obvious effective in 4 cases and effective in 2 cases in total 25 cases. The total effective rate was 96%. [18.14 / massage- 21.04-]

862- gera: 77053/di/ra

[EIGHTY CASES OF HYPEROSTEOGENY OF LUMBAR VERTEBRAE TREATED BY ACUPUNCTURE AND MOXIBUSTION IN BOX]. ZHAO YAN. **acupuncture research.** 1999,24(1),72 (chi*).

In this paper, we adopted acupuncture and moxibustion in box to treat 80 cases of hyperosteoegeny of lumbar vertebrae. Jiaji, the main points were given acupuncture and moxibustion in box, and got satisfactory curative effect. We think that this method has the characteristics of wide area of moxibustion, safety and reliability. [18.14 / htjj- 05.09-]

863- gera: 88019/di/ra

[TREATMENT OF SENILE LUMBOCRURAL PAIN WITH LATERAL CURVATURE DEFORMITY BY TRACTION AND ELBOW-PRESSING MANIPULATION: A REPORT OF 36 CASES]. ZHENG LIANGYI. **new journal of tcm.** 1999,31(2),25 (chi).

[18.14 / manipulation-]

864- gera: 73412/di/ra- num

[OBSERVATION ON THERAPEUTIC EFFECT OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED BY COMBINATION OF ACUPUNCTURE-MOXIBUSTION WITH AUTONOMIC TRACTION]. ZHU QIN ET AL. **chinese acupuncture and moxibustion.** 1999,19(9),529 (chi).

[18.14 / ecr- 05.09-]

865- gera: 73550/di/ra- num

TENDER POINT INJECTION OF CORTICOSTEROID IN THE TREATMENT OF BACKACHE. BOURNE IHJ. **acupuncture in medicine.** 2000,18(1),32-40 (eng).

The cost of back pain in terms of morbidity and fall in income to patients, and loss of manpower to industry is remarkably high: it has been estimated that half the population has or has had backache. Thus a simple and efficacious treatment has been much sought after. A series of 115 patients with chronic backache seen in general practice over a period of 10 years was reviewed. They had all been treated with injection of corticosteroid in lignocaine to tender spots on the back. The men showed a progressive incidence of backache to their fifties, with reducing incidence in retirement, while the women had an even spread through all ages from puberty. The proportion responding to treatment was similar for all age groups and was unrelated to length of history. A good response to injection was reported by 54% of patients overall, but this was reduced to 41% if prolapsed disc had been diagnosed on x-ray. A second series of 57 patients with backache was investigated on a single-blind, randomised controlled basis. Three groups were compared: lignocaine injection only, lignocaine with triamcinolone acetonide, and lignocaine with methylprednisolone acetate. There was no statistical

difference between the two forms of corticosteroid, but there was a significantly greater benefit ($p=0.001$) from corticosteroid injection to tender spots in the back than from lignocaine injection alone. [18.14 / ecr- a shi-corticoide- 05.15-]

866- gera: 93170/di/ra

[THE TREATMENT OF SCIATICA BASED ON THE DIFFERENTIATION OF SYNDROME]. CAO WENSHENG ET AL. **journal of clinical acupuncture and moxibustion.** 2000,16(9),6 (chi). ref:10

[18.16 / d\$-]

867- gera: 71214/di/ra

[TREATMENT OF LUMBAR INTERVERTEBRAL DISC PROTRUSION (LDP) BY TRACTION COMBINED WITH MASSAGE : REPORT OF 68 CASES]. CAO YUNZHONG. **journal of nanjing university of tcm.** 2000,16(1),44 (chi*).

Objective: to observe the therapeutic effect of LPD by traction supported with massage. Method: control group was applied traction; and treatment group was supported with massage in addition, each group had 68 cases, the therapeutic effects of two groups were compared and analyzed after 3 courses of treatment. Result: in treatment group, the curative rate was 51.5%, total effective rate was 95.6%. In control group, they were 26.5% and 76.5% respectively. Statistic analysis showed that there were significant differences ($P<0.05$). Conclusion: pure traction could increase the foramen intervertebrale and vertebral space, and was good for the return of protruding nucleus pulposus. Traction supported with massage could not only consolidate the therapeutic effect of traction, but also make the return of producing nucleus pulposus even more possible. Therefore, the stimulation and constriction of nerve root could be relieved in essence, and treatment of both principle and secondary aspects of disease could be realized. [18.14 / massage-]

868- gera: 71718/di/ra- num

THE DEPTH OF NEEDLE INSERTION AS A VARIABLE OF STIMULATION INTENSITY.TWO RANDOMISED CONTROLLED AND BLIND CLINICAL STUDIES (abstract). CECCHERELLI F ET AL. **deutsche zeitschrift fur akupunktur.** 2000,43(1),43 (eng).

[18.14 / ecr- profondeur-]

869- gera: 77592/di/ra

THE DEPTH OF NEEDLE INSERTION AS A VARIABLE OF STIMULATION INTENSITY TWO RANDOMIZED CONTROLLED AND BLIND CLINICAL STUDIES ABSTRACT. CECCHERELLI F ET AL. **forsch komplementarmed.** 2000,7,40 (eng). ref:0

[18.14 / ecr- profondeur- 18 .10-]

870- gera: 91541/di/ra

[EXPERIENCE ON MASSAGE MANIPULATIONS IN TREATING PAIN IN NECK, SHOULDER, LUMBUS AND BACK]. CHEN BING-QING. **shanghai journal of tcm.** 2000,34(4),35 (chi*). ref:0

Pain in the neck, shoulder, lumbus and back was divided into the acute, remission and restoration stages and treated with the different manual manipulations in the different stages. The palm-divergent method, rolling method, kneading method were used in the acute stage. The pointing method, pressing method, hand-pushing method were used in the remission stage. The physical exercise was suggested in predominance and the manual manipulations of thumb

pushing method, rolling method, kneading method and flat-pushing method were used auxiliarily in the restoration stage. [18.03 / manipulation- 18.12- 18.10- massage- 18.14-]

871- gera: 76286/di/ra

[CLINICAL RESEARCH ON TREATMENT OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC WITH ARTHRALGIA PREPARATION SERIES]. CHEN HUA-YUAN ET AL. **journal of nanjing university tcm.** 2000,16(6),340 (chi*).

OBJECTIVE To observe the therapeutic effect of Arthralgia preparation series in the treatment of prolapse of lumbar intervertebral disc. **METHOD** 378 patients were divided randomly into a comprehensive treatment group, a group treated with No. I Arthralgia Capsule and a group treated with aspirin. Detailed observations were made on the effect of the medicine and follow-up studies were carried out one, three and six months after withdrawal of the medicine. **RESULT** In the comprehensive treatment group, the patients responded to the medicine and the effective rate increased steadily, being 74. 4% (after one month), 81. 2% (after three months) and 84. 1% (after six months), with marked significance as compared with the other groups. **CONCLUSION** the Arthralgia preparation series is superior to aspirin in the treatment of prolapse of lumbar intervertebral disc. It is safe, effective and desirable. [18.14 / ctp-]

872- gera: 78366/di/ra

[PROBE INTO MECHANISM OF TREATMENT OF PROLAPSE OF LUMBAR INTER VERTEBRAL DISC WITH MASSAGE AS MAIN THERAPY, A NON OPERATIVE TREATMENT]. CHEN XI ET AL. **journal of tcm and chinese materia medica of jilin.** 2000,20(5),7 (chi).

[18.14 / massage-]

873- gera: 93210/di/ra- num

[THE TREATMENT OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC WITH ELECTRONIC ACUPUNCTURE AND TRACTION AS WELL AS INTERVERTEBRAL FORAMEN INJECTION 340 CASES REPORTED]. CHEN XIAOYONG ET AL. **journal of clinical acupuncture and moxibustion.** 2000,16(7),39 (chi).

[18.14 / 05.12- 05.15- ctanr-]

874- gera: 79180/di/ra

ORDRE DES POINTS EN ACUPUNCTURE ET EN MOXIBUSTION ET APPLICATIONS CLINIQUES. CHEN YIN GUO. **acupuncture traditionnelle chinoise.** 2000,2,11 (fra).

Traduction de la Revue de la Clinique d'Acupuncture-Moxibustion 1994; 2: 1-3. [5.03 / 18.14- 14.07-]

875- gera: 91826/di/ra

[CLINICAL REPORT OF TRACTION THERAPY FOR LUMBAR DISC PROLAPSE WITH PJ PELVIC TRACTION RACK AND HALF WEIGHT AT ELEVATION]. CHENG GANG ET AL. **journal of traditional chinese orthopedics and traumatology.** 2000,12(12),16 (chi*).

[18.14 / manipulation-]

876- gera: 71711/di/ra- num

A RANDOMISED TRIAL COMPARING ACUPUNCTURE, MASSAGE AND SELF-CARE FOR CHRONIC LOW BACK PAIN (ABSTRACT). CHERKIN D ET AL. **deutsche zeitschrift fur**

akupunktur. 2000,43(1),40 (eng).

Voir article complet ref gera [94837]. [18.14 / ecr-]

877- gera: 71808/di/ra

A RANDOMIZED TRIAL COMPARING ACUPUNCTURE MASSAGE AND SELF-CARE FOR CHRONIC LOW BACK PAIN ABSTRACT. CHERKIN D ET AL. **forsch komplementarmed.** 2000,7,51 (eng).

[18.14 / ecr-]

878- gera: 71603/di/re- num

BIPOLAR PERMANENT MAGNETS FOR THE TREATMENT OF CHRONIC LOW BACK PAIN. COLLACOTT ET AL. **jama.** 2000,283(10), (eng). ref:0

Context Chronic low back pain is one of the most prevalent and costly medical conditions in the United States. Permanent magnets have become a popular treatment for various musculoskeletal conditions, including low back pain, despite little scientific support for therapeutic benefit. **Objective** To compare the effectiveness of 1 type of therapeutic magnet, a bipolar permanent magnet, with a matching placebo device for patients with chronic low back pain. **Design** Randomized, double-blind, placebo-controlled, crossover pilot study conducted from February 1998 to May 1999. **Setting** An ambulatory care physical medicine and rehabilitation clinic at a Veterans Affairs hospital. **Patients** Nineteen men and 1 woman with stable low back pain of a mean of 19 years' duration, with no past use of magnet therapy for low back pain. **Twenty patients were determined to provide 80% power in the study at P<.05 to detect a difference of 2 points (the difference believed to be clinically significant) on a visual analog scale (VAS). Interventions** For each patient, real and sham bipolar permanent magnets were applied, on alternate weeks, for 6 hours per day, 3 days per week for 1 week, with a 1-week washout period between the 2 treatment weeks. **Main Outcome Measures** Pretreatment and posttreatment pain intensity on a VAS: sensory and affective components of pain on the Pain Rating Index (PRI) of the McGill Pain Questionnaire, and range of motion (ROM) measurements of the lumbosacral spine, compared by real VS sham treatment. **Results** Mean VAS scores declined by 0.49 (SD, 0.96) points for real magnet treatment and by 0.44 (SD, 1.4) points for sham treatment (P = .90). No statistically significant differences were noted in the effect between real and sham magnets with any of the other outcome measures (ROM, P = .66 ; PRI, P = .55). **Conclusions** Application of 1 variety of permanent magnet had no effect on our small group of subjects with chronic low back pain. [18.14 / 05.13-]

879- gera: 95391/di/ra

ESTUDIOS DE 100 CASOS DE DISTENSION LUMBAR AGUDA TRATADOS CON ACUPUNTURA EN ZHIBIAN (V-54). CUI SHUGHI. **medicina energetica.** 2000,8,60 (esp). ref:21

[18.14 / 54v-]

880- gera: 74622/di/ra

[THE CHARACTERISTICS OF SENILE LUMBAR INTERVERTEBRAL DISK HERNIA AND ITS DIAGNOSIS AND TREATMENT]. DU CHANGSHENG ET AL. **journal of traditional chinese orthopedics and traumatology.** 2000,12(3),11 (chi*).

Forty-six cases of senile lumbar intervertebral disk hernia (SLIDH) are reported in the paper. Through the analyses, it was believed that the retrograde changes of the intervertebral disk and the presence delay and progress of the intervertebral disk hernia are regarded as the main cause for SLIDH attack. In view of the characteristics of

SLIDH pathologic process, the satisfactory results can be obtained by the early discovery and early diagnosis and the systemic therapies for birth superficiality and origin, stitch as intravenous drip of radical scavenge, manipulative reduction, application of traditional Chinese drugs, etc. [18.14 / 23.07-]

881- gera: 93885/di/ra

[TREATING SMALL JOINT DISTURBANCE IN LUMBAR VERTEBRAE WITH MANIPULATION]. FANG JUN. *guangxi journal of tcm.* 2000,23(4),14 (chi). [18.14 / manipulation-]

882- gera: 92386/di/ra

[LUMBAR CONSTIPATION TREATED BY TURTLE-PROBING NEEDLING AT ACUPOINT CHENGSHAN]. FANG LIANG ET AL. *shanghai journal of tcm.* 2000,34(7),39 (chi*).

Turtle-probing needling at point Chengshan (B57) was applied to treat constipation due to acute lumbar sprain, lumbar compression fracture and prolapse of lumbar intervertebral disc, and satisfactory effects were obtained. This therapy was an economic, simple and reliable method without side effects. [10.08 / 14.08- 57v- 18.14-]

883- gera: 89340/di/ra- num

[TREATING COMBINEDLY 38 PATIENTS WITH PROLAPSE OF LUMBAR INTERVERTEBRAL DISC]. FENG YUEGUO. *journal of clinical acupuncture and moxibustion.* 2000,16(12),12 (chi). [18.14 / ctanr-]

884- gera: 71712/di/ra

ACUPUNCTURE MASSAGE VS SWEDISH EXERCISES IN LOW BACK PAIN SUFFERERS - A RANDOMISED CLINICAL TRIAL IN A 2X2 FACTORIAL DESIGN (abstract). FRANKE A ET AL. *deutsche zeitschrift fur akupunktur.* 2000,43(1),41 (eng).

[18.14 / acupression- massage- ecr-]

885- gera: 71189/di/ra

[OBSERVATION ON GONGXIA ZHUYU DECOCTION IN CLINICAL PRACTICE AFTER OPERATION OF LUMBER DISC HERNIATION]. FU PING. *liaoning journal of tcm.* 2000,27(2),61 (chi*).

Objective: To probe the effect on recovering nerve function by taking Gongxia Zhuyu Decoction after the operation of lumbar disc herniation in early period. Method: The Patients' group is taken traditional Chinese medicine just after the operation of lumbar disc herniation besides the common treatment of taking antibiotic, the succession is 3 days. Result: thirty-two cases patients were taken Gongxia Zhuyu Decoction after the operation, they all had been conformed that Gongxia Zhuyu Decoction had produced a good curative effect on recovering nerve function. Conclusion: Early to take Gongxia Zhuyu Decoction will produce a good curative effect on recovering nerve function after the operation of lumbar disc herniation. [18.14 / 21.04- f0-]

886- gera: 79389/di/ra- num

[SIMPLE PIRIFORMIS INJURY SYNDROME TREATED BY ACUPUNCTURE AND MASSAGE: A REPORT OF 100 RUSSIANS]. GAN DE-JIA ET AL. *shanghai journal of tcm.* 2000,34(10),38 (chi*).

100 Russian patients with simple piriformis injury syndrome were treated by acupuncture, massage and Zhichuan injection (treatment group), and 49 patients were treated by routine western medicine as control (control

group). Results showed that the cure rate was 82% in treatment group and 33% in control group, with a great difference between them ($P < 0.01$); average treatment times in treatment group (8.2) were less than those in control group (14.6) ($P < 0.01$), which indicated that combination of Chinese and western medicines had better effect on simple piriformis injury syndrome than routine western medicine. [18.14 / ctanr- massage- russie-]

887- gera: 87604/di/ra

[CLINICAL EFFECT OF YISHEN TONGLUO CAPSULE ON THE TREATMENT OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC]. GE XIANGTAI ET AL. *hebei journal of tcm.* 2000,22(4),247 (chi*).

[18.14 / f0-]

888- gera: 86348/di/ra

[NUMBNESS OF LOWER LIMB DUE TO PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED WITH WARMING NEEDLE MOXIBUSTION AND BAXIAN DECOCTION]. GU DAO-XIA ET AL. *shandong journal of tcm.* 2000,19(5),285 (chi).

[18.14 / ecr- 05.09- f0-]

889- gera: 91499/di/ra

[OBSERVATION ON 78 CASES OF SCIATIC TREATED BY PRICKING BLOOD AND ACUPUNCTURE]. HAN GUIE. *chinese journal of information on tcm.* 2000,7(11),75 (chi).

[18.16 / ecr- 05.07-]

890- gera: 76302/di/ra

[21 CASES OF LUMBAR DISC PROTRUSION TREATED BY MULTI-DIRECTION PULLING TRACTION]. HE CHEN. *journal of chengdu university of tcm.* 2000,23(3),22 (chi).

[18.14 / manipulation-]

891- gera: 77275/di/ra

[CLINICAL STUDY ON DU ZHONG BU YAO JING IN TREATING OF LOIN PAIN OF KIDNEY DEFICIENCY SYNDROME]. HE DONGCHU. *chinese journal of information on tcm.* 2000,7(10),37 (chi).

[18.14 / vide- m- f0-]

892- gera: 79262/di/ra

[EXPERIMENTAL RESEARCH OF DIABETIC PERIPHERAL NEUROPATHY TREATED BY TONGLUO TANGTAI]. HENG XIANPEI. *journal of anhui traditional chinese medical college.* 2000,19(2),45 (chi*).

Objective: To research the influence of Tongluo Tangtai on nerve electrophysiology and sorbitol of rats with diabetic peripheral neuropathy (DPN). Method: SD rats were divided into model group (MG), high dosage' group of Tongluo Tangtai (HG), and its low dosage group (I G), and normal group (NO). Model of DPN rats were made with Alloxan. Tongluo Tangtai consisted of leech, whitmania, and corydalis ET al, and was processed into granular dosage. Given it by mouth about 3 months. Result: Tongluo Tangtai reduced the glucose (HG, LGP < 0.01), fructose (HGP < 0.01 , LGP < 0.05), and sorbitol (HGP < 0.01 , IGP < 0.05), and increased the inose (but no statistical sense) in sciatic nerve. At the same time, the sciatic nerve electrophysiology else was advanced. Conclusion: Tongluo Tangtai has some curative effect to the DPN. One of mechanism is regulating the metabolism of sorbitol. [14.09 / 09.03- eap- rat- 18.16-]

893- gera: 71516/di/ra

[EFFECT OF WUHEGUI POWDER ON BLOOD RHEOLOGY OF PATIENTS WITH PROLAPSE OF LUMBER INTERVERTEBRAL DISC]. HONG JIEFEI ET AL. *jiangsu journal of tcm*. 2000,20(2),12 (chi).

[18.14 / rheologie- f0-]

894- gera: 79215/di/ra

[CLINICAL USEFULNESS OF ANKLE PRESSURE INDEX FOR ACUPUNCTURE PATIENTS WITH LOWER BACK PAIN]. HONJO HISASHI ET AL. *journal of the japan society of acupuncture*. 2000,50(3),451 (jap*).

This study investigated the population prevalence of chronic arterial occlusion (CAO) using the ankle pressure index (API) of patients with lower back pain in an acupuncture clinic. The API was measured in 60 lumbago >= 50 years old at the Meiji College of Oriental Medicine Acupuncture Center. There were 19 patients (digit) with unilateral or bilateral API < 0.9 which was presumed to indicate CAO. Thirty-four patients had symptoms in the lower limbs and 17 of 34 patients showed an API below 0.9. In all but 4 patients (13 of 17, or laterality of the lower API and the symptoms were noted. In conclusion, API measured noninvasively might be useful as a predictor of CAO in acupuncture clinics. [18.14 / 04.05-]

895- gera: 79412/di/ra

ACUPUNCTURE TREATMENT OF SCIATICA. HU JINSHENG. *journal of tcm*. 2000,20(4),314-6 (eng).

[18.16 / cc-]

896- gera: 76668/di/ra- num

[98 CASES WITH PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED BY INTEGRATED TRADITIONAL AND WESTERN MEDICINE]. HUANG WANSHEG ET AL. *journal of clinical acupuncture and moxibustion*. 2000,16(3),19 (chi).

[18.14 / mo- ctanr-]

897- gera: 74051/di/ra

THE EFFECT OF THE ELECTRICAL ACUPUNCTURE AT PUDENDAL NERVE FOR INTERMITTENT CLAUDICATION OF THE LUMBAR SPINAL CANAL STENOSIS]. INOUE MOTOHIRO ET AL. *journal of the japan society of acupuncture*. 2000,52(2),175 (jap*).

We studied the clinical effect of the electrical acupuncture at pudendal nerve in four cases of lumbar spinal canal stenosis. The experimental effect of the direct electrical stimulation to the Pudendal nerve on the blood flow of the sciatic nerve evaluated by Laser-Doppler flowmetry in anaesthetised rats. Electrical acupuncture at pudendal nerve resulted in the improvement of the gait distance of all four cases. The specific effect of the electrical acupuncture at pudendal nerve was found in one case that did not show any improvement by the acupuncture at the intervertebral joint points. On one hand, the direct electrical stimulation to rats pudendal nerve resulted in the increase of the sciatic nerve blood flow, which were not evoked by administration of atropine. These results suggest that the electrical acupuncture at the pudendal nerve may be effective for the intermittent claudication of the lumbar spinal canal stenosis. The increased blood flow of the sciatic nerve may play one of the important roles in the effect via autonomic nervous system. [18.14 / 05.12- 18.16- eaa+rat-]

898- gera: 72755/di/ra

INJURY OF SACROILIAC JOINT. JI XIAO-PING. *international journal of clinical acupuncture*. 2000,11(2),122-3 (eng).

Mr. Z. a German aged 65, presented on December 4th, 1997, suffered from pain and difficulty with movement of the right hip for more than two weeks. Two weeks earlier, he sprained his right hip while mountain climbing. Back at home, the pain was so intense that he dared not touch the ground with his right foot and could only sit on the chair with his left hip. He did not sleep well either. Diagnosed as having concussion of soft tissue of the right sacroiliac joint, he was given analgesics, local analgesic tapes and infrared radiation. The symptoms were somewhat relieved but not cured. So he came to us for acupuncture treatment. Examination revealed the right posterior superior spine of ilium to be higher than the left, and slight scoliosis of the lumbar vertebrae. Ecchymosis and a whitish thin coat were noted on the tongue. The pulses were taut. [18.15 / cc-]

899- gera: 74021/di/ra

ACUPUNCTURE PLUS CHIROPRACTICE FOR LUMBAR DISC PROTRUSION : CLINICAL OBSERVATION OF 61 CASES. JI XIAP-PING. *international journal of clinical acupuncture*. 2000,11(3),241 (eng).

Prolapse of intervertebral disk, also called "disruption of fibrous ring in the intervertebral disk" is caused by the prolapse of nucleus pulposus over the surrounding fibrous ring, encroaching upon the spinal nerve roots. The pain induced usually impairs the movement of the trunk and leads to scoliosis. The pain may radiate toward the lower extremities. From 1995 to 1998, while working in Germany, I treated 61 such patients with acupuncture in combination with manual traction. The satisfactory results obtained are presented as follows. [18.14 / manipulation- 4ov- htjj-]

900- gera: 79652/di/ra

[50 CASES OF HERNIA OF INTERVETEBRAL DISK THERAPIED BY MANIPULATION OF MASSAGE]. JIA LI JUN. *inner mongolia journal of tcm*. 2000,19(2),36 (chi).

[18.14 / manipulation- massage-]

901- gera: 79427/di/ra

[60 CASES OF MYOFASCITIS OF BACK TREATED BY FUMIGATION WITH CHINESE HERBS]. JIANG BIN ET AL. *journal of external therapy of tcm*. 2000,9(6),12 (chi).

[18.14 / 05.09-]

902- gera: 71406/di/ra- num

[38 CASES OF PIRIFORMIS SYNDROME TREATED BY CHINESE DRUGS COOPERATING TO MANIPULATION]. JIANG SIQING ET AL. *hubei journal of tcm*. 2000,22(1),49 (chi).

[18.14 / manipulation-]

903- gera: 71328/di/ra

[INFECTIONS OF INTERSPACE OF INTERVERTEBRAL DISCS DUE TO OPERATION: 11 CASES REPORTED]. LI HONGBO ET AL. *acta chinese medicine and pharmacology*. 2000,1,41 (chi).

[18.14 / 21.04-]

904- gera: 79360/di/ra- num

[COMPARATIVE OBSERVATION ON THERAPEUTIC EFFECTS OF ACUPUNCTURE-CUPPING THERAPY AND TRACTION THERAPY ON PROLAPSE OF LUMBAR INTERVERTEBRAL

DISC]. LI JIANPING ET AL. chinese acupuncture and moxibustion. 2000,20(12),717 (chi).

[18.14 / 05.08- ecr-]

905- gera: 94119/di/ra

[TREATMENT OF LUMBAR PROTRUSION OF THE INTERVERTEBRAL BY THERAPY OF POINT INJECTION COMBINATED WITH MASSAGE]. LI LIN. *journal of guiyang college of tcm.* 2000,22(3),37 (chi).

[18.14 / 05.15- massage-]

906- gera: 78578/di/ra

[ANALYSIS OF THERAPEUTIC EFFECTS OF 118 CASES OF FUNCTIONAL LUMBAGO TREATED WITH THREE METHODS OF MASSAGE]. LI SHIYONG ET AL. *journal of tcm.* 2000,41(5),283 (chi).

[18.14 / massage-]

907- gera: 71192/di/ra

[OBSERVATION ON THERAPEUTIC EFFECTS OF 146 CASES OF LIGAMENT SUPRAPINALE STRAIN TREATED WITH THE NEEDLE-KNIFE AND BLOCK THERAPY]. LI ZHONG ET AL. *liaoning journal of tcm.* 2000,27(2),81 (chi*).

Using the comparative method of study on curative effect of ligament supraspinal strain (Lps) treated by the needle-knife and block therapy with acupuncture therapy. 146 cases of Lps patients were random divided into 96 cases of Lps treated with needle-knife and block therapy group and 50 cases of Lps treated with acupuncture therapy group. After 3 courses of treatment the cure rate and the total effective rate in needle-knife and block therapy group was respectively 84. 4% and 100%; the acupuncture therapy group was respectively 52% and 94% by statistics analysis $P < 0.001$. The results indicate that the needle-knife and block therapy has more better therapeutic effects as compared with acupuncture therapy for the patients of Lps. [18.14 / ecr- aiguille- 05.15-]

908- gera: 78291/di/ra- num

[CLINICAL OBSERVATION ON TREATMENT OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC IN COMBINATION OF ACUPUNCTURE WITH CUPPING IN 152 CASES]. LIN SHAO ZHEN. *journal of chang chun college of tcm.* 2000,16(2),35 (chi).

[18.14 / 05.08- ecr-]

909- gera: 89129/di/ra

[HEMODYNAMIC RHEOLOGICAL RESPONSES TO THERAPEUTIC MANIPULATION IN PATIENTS WITH PROTRUSION OF LUMBAR VERTEBRAL DISC]. LIN YINGQIANG ET AL. *chinese manipulation and qigong therapy.* 2000,17(2),7 (chi).

[18.14 / rheologie- manipulation-]

910- gera: 72330/di/ra

TREATMENT OF PROTRUSION OF LUMBAR INTERVERTEBRAL DISC BY PULLING AND TURNING MANIPULATIONS. LIU JIE ET AL. *journal of traditional chinese medicine.* 2000,20(3),195-7 (eng).

[18.14 / manipulation-]

911- gera: 91960/di/ra- num

[98 CASES OF ACUTE UPPER BACK PAIN TREATED BY MASSAGE MANIPULATIONS AND CUPPING THERAPY]. LIU QING. *chinese journal of information on tcm.* 2000,7(9),78 (chi).

[18.14 / ctanr- manipulation- 05.08- massage-]

912- gera: 76578/di/ra

[CLINICAL OBSERVATION ON 120 CASES OF LUMBAGO DUE TO KIDNEY DEFICIENCY TREATED BY GUILU ERXIAN UNGUENTUM]. LIU TIANSHU. *hunan journal of tcm.* 2000,16(4),10 (chi).

[18.14 / f0- vide- m-]

913- gera: 74623/di/ra

[ELECTRIC FUMIGATING WITH TRADITIONAL CHINESE DRUGS IN THE REHABILITATION OF LUMBAR INTERVERTEBRAL DISK HERNIA AFTER THE PULLING-PRESSING TREATMENT]. LIU ZHENXING ET AL. *journal of traditional chinese orthopedics and traumatology.* 2000,12(3),13 (chi*).

In order to explore the function of electric fumigating with traditional Chinese drugs (EFTCD) in the rehabilitation of lumbar intervertebral disk hernia (LIDH), 130 cases of LIDH were randomly divided into the observed and control groups, the former were given EFTCD after the pulling-pressing treatment and the latter were given physiotherapies, such as kerotherapy, frequency spectrum, audio frequency, etc. The results showed that the observed group obtained a higher cured rate ($P < 0.05$) and a shorter course of treatment ($P < 0.01$). The follow-up of 6 - 12 months showed the recurrence rate of the cured cases in the observed group was significantly lower than that of the control ($P < 0.05$), suggesting that F.FTCD has the function to improve the therapeutic effect and prevent the recurrence. [18.14 / 05.09- 05.12- ecr-]

914- gera: 73017/di/ra- num

ACUPUNCTURE TREATMENT OF ACUTE LUMBAR SPRAIN : A CONTROLLED STUDY IN 238 PATIENTS. LONG WEN-JUN. *international journal of clinical acupuncture.* 2000,11(1),61 (eng).

Acute lumbar sprain, one of the acute traumatic ailments commonly seen in the young adults, though it may be observed in the aged. It is characterised by a sudden and excruciating pain in the lower back. For this condition, there are numerous kinds of treatment which vary greatly in their effectiveness. If not properly managed, the lumbar muscles may retain the imbalance in physiologic processes, resulting in chronic low back pain. From 1981 through 1987, a total of 238 patients were randomized into a treatment group (112 patients) and a control group (126 patients) in order to assess the validity of this treatment. The author wishes to present her experiences as follows. [18.14 / htjj- seance- ecr- 6ig- comparaiso-]

915- gera: 79434/di/ra

[REALIZATION OF MASSAGE IN TREATING LUMBOCRURAL PAIN USED BY PROF. ZHANG TAO]. LU YANAN. *journal of external therapy of tcm.* 2000,9(6),34 (chi).

[18.16 / massage-]

916- gera: 88198/di/ra- num

[A CLINICAL STUDY ON ANALGESIC EFFECT OF ACUPUNCTURE AND ACUPUNCTURE COMBINED WITH MEDICINE ON POSTOPERATIVE PAIN OF RESECTION OF NUCLEUS PULPOSUS OF LUMBAR INTERVERTEBRAL DISC]. MO XIAORONG ET AL. *acupuncture research.* 2000,25(4),296 (chi*).

The analgesic effect of 3 kinds of therapies, electroacupuncture (EA), EA combined with half-dose of dolantin (EAHDD) and full-dose of dolantin (FDD) on postoperative pain was observed and compared in 30 cases of protrusion of lumbar intervertebral disc after surgical

operation. It was found that postoperative pain did not appear in 9 of the 10 cases and slight pain occurred in the rest one case on the same day after the operation in EA group. The excellent or good analgesic rate of EA group was higher than that of either EAHDD group or FDD group ($P < 0.01$), and the excellent and good analgesic rate of the EAHDD group was higher than that of FDD group on the first day after the operation ($P < 0.05$). Excellent analgesic effect was obtained in all the three groups on the 3rd day after the operation. Compared with the effect of dolantin, the analgesic effect of EA initiated later, but remained longer. In order to strengthen the strong point and offset the weakness, the combination of the two therapies with a reduced dose of anaesthetics is advisable. Therefore, we advocate that EA should be applied earlier after operation to prevent pain occurrence. If pain still appears after EA, a half-dose of dolantin may be used to achieve the best analgesic effect. [18.14 / 21.04- ecr- 05.12- potentialisation-]

917- gera: 73556/di/ra

ACUPUNCTURE FOR BACK AND LEG PAIN. NESBITT M. *acupuncture in medecine*. 2000,18(1),66-8 (eng).

Back pain and back-related leg pain respond surprisingly often to simple acupuncture even if there has been no benefit from standard, conventional treatment. Three case histories are discussed, with the acupuncture points used in each case. Often painful conditions are associated with psychological "stress" states. It may be that some of the benefit derived from acupuncture treatment is through altering the stress response and providing a psychological buffer, perhaps endorphin or serotonin related. [18.14 / cc-]

918- gera: 79213/di/ra

[A STUDY OF ACUPUNCTURE STIMULATION AT A REMOTE ACUPUNCTURE POINT (WEIZHONG-TO-SHENSU): RELATION TO LUMBAGO TREATMENT]. Ooba Yuzi ET AL. *journal of the japan society of acupuncture*. 2000,50(3),429 (jap*). ref:2
Occasionally' remote acupuncture stimulation has dramatic effects on chronic pain, especially lumbago, headaches, and shoulder pain. It is well known that the Weizhong point can be used as a remote acupuncture stimulation point for the effective treatment of lumbago We investigated the effects of Weizhong (B 40) acupuncture stimulation on normal healthy volunteers and patients with stable' mild lumbago' all of whom gave informed consent. Using chronaxie values (determined from strength-duration curves, together with rheobase and utilisation time), single pulse stimulation (duration, 0.001 to 9 msec: voltage 3.5 to 198 V) was applied and irritability was measured at the Shenshu (B 23) point. In the normal males, irritability/responsiveness at Shenshu was slightly lower than in the normal females (established using the chronaxie value) Weizhong stimulation had no apparent influence on these Shenshu responses However Prior to Weizhong acupuncture stimulation in lumbago patients' irritability at Shenshu was greater (and/or threshold value was lower) than in the normal group (chronaxie: 0.113 ± 0.022 msec vs. 0.141 ± 0.147 msec. $P < 0.01$, $n=10$ or 12 . respectively) In other words, an aphyllaxis, or hyperalgesia or hyperaphia was present. After 30 min or Weizhong acupuncture stimulation in lumbago patients, chronaxie values showed a significant increase ($p < 0.01$) (e.g., immediately after stimulation, 0.166 ± 0.022 msec: 10 min later, 0.164 ± 0.023 msec). This effect persisted for 30 min after removal of the acupuncture needles, with the highest values (0.174 ± 0.002 msec, $p < 0.01$) being recorded in that period.

These data indicate that Weizhong acupuncture stimulation produced analgesic effects in the Shenshu region in patients with stable, mild lumbago. In conclusion, our results confirm that remote acupuncture point stimulation, such as "Weizhong-to Shenshu" may be useful in the treatment of lumbago. [18.14 / ee- 40v-]

919- gera: 95390/di/ra

TRATAMIENTO DE 168 CASOS DE CIATICA MEDIANTE ACUPUNTURA EN LOS PUNTOS JIAJI. PEI JINGCHUN. *medicina energetica*. 2000,8,57 (esp).

Traduction espagnole de la ref GERA [48989]. [18.16 / htjj- ecr-]

920- gera: 76301/di/ra

[MECHANISM OF LUMBAR DISC PROTRUSION TREATED BY TUINA]. PENG DE-ZHONG ET AL. *journal of chengdu university of tcm*. 2000,23(3),20 (chi).

[18.14 / massage-]

921- gera: 86821/di/ra

[TREATMENT OF 96 CASES OF LUMBAR DISC HERNIATION WITH NEEDLING AND MANIPULATION]. PENG ZONG-ZE ET AL. *liaoning journal of tcm*. 2000,27(12),563 (chi*).

Objective: To introduce the method and therapy effect of the traditional Chinese medicine to lumbar disc herniation. Method: 96 cases of lumbar disc herniation in hospital were reported who were treated by needling sprain point and luwen's manipulation. Results After 32 days treatment, the effective rate of 96 cases was 96. 9%. Conclusion: The methods of needling sprain point and luwen's manipulation were efficient to lumbar disc herniation, and the period of treatment was short. [18.14 / manipulation-]

922- gera: 73044/di/ra- num

LA DORSALGIE BASSE CHEZ LA FEMME ENCEINTE. REMPP C. *revue francaise d'acupuncture*. 2000,101,33-37 (fra*).

Les dorsalgies basses permettent une réflexion plusieurs... etages. Problème topographique, problème de signification aussi. Par leurs relations, ces dorsalgies permettent de réfléchir à certaines fonctions de yang ming. [18.13 / 18.14- 11.10-]

923- gera: 76965/di/ra

[CLINICAL OBSERVATION ON TREATMENT OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC BY DEEP INSERTION OF NEEDLES IN ALIGNMENT]. SHEN KEJIAN SHEN KEJIAN. *chinese acupuncture and moxibustion*. 2000,20(11),651 (chi).

[18.14 / profondeur-]

924- gera: 74620/di/ra

[THE INFLUENCE OF "LUDAN TONGDU PIAN" ON EXPERIMENTAL LUMBAR RADICULITIS IN RATS]. SHEN LIN ET AL. *journal of traditional chinese orthopedics and traumatology*. 2000,12(3),3 (chi*).

Ninety-six rats were randomly divided into four groups, which were treated by low and high doses of "LUDAN TONGDU PIAN" (LDTP, TCD tablets for dredging the Du Channel), ibuprofen (I) and saline (S), respectively. Rat models of L5 radiculitis were made by chemical irritation, the neural function and the local pathological changes of the lower limbs of the rat models were observed, the motor nerve conduction velocity (NCV) of the tibial anterior muscle and the monoamine nerve transmitters of the brain tissue were determined including norepinephrine (NE), 5-hydroxytryptamine (SKIT), 5-hydroxyindoleacetic acid

(S-HIAA) and, 3 enkephalin (REP). The results showed that LDTP could remit the edema in the inflammatory region of the rat models, protect the tissue structure in the nucleated sheath, regulate the metabolic process of the nerve transmitters, reduce the levels of NE, SKIT and S-HIAA and increase the level of REP in the brain tissues of the rat models and stimulate the recovery of the gait, thigmesthesia and electroneurophysiological function of the lower limbs of the models. [18.16 / eap- rat- f0-]

925- gera: 93176/di/ra

[THE TREATMENT OF PROLAPSES OF LUMBAR INTERVERTEBRAL DISC WITH ACUPUNCTURE AND CHINESE HERBS: 30 CASES REPORTED]. SHI XINGHUA. *journal of clinical acupuncture and moxibustion*. 2000,16(9),16 (chi). [18.14 / ctanr-]

926- gera: 86317/di/re- num

TEASING APART QUALITY AND VALIDITY IN SYSTEMATIC REVIEWS: AN EXAMPLE FROM ACUPUNCTURE TRIALS IN CHRONIC NECK AND BACK PAIN. SMITH LA ET AL. *pain*. 2000,86(1-2),119-32 (eng).

The objectives of the study were (1) to carry out a systematic review to assess the analgesic efficacy and the adverse effects of acupuncture compared with placebo for back and neck pain and (2) to develop a new tool, the Oxford Pain Validity Scale (OPVS), to measure validity of findings from randomized controlled trials (RCTs), and to enable ranking of trial findings according to validity within qualitative reviews. Published RCTs (of acupuncture at both traditional and non-traditional points) were identified from systematic searching of bibliographic databases (e.g. MEDLINE) and reference lists of retrieved reports. Pain outcome data were extracted with preference given to standardized outcomes such as pain intensity. Information on adverse effects was also extracted. All included trials were scored using a five-item 0-16 point validity scale (OPVS). The individual RCTs were ranked according to their OPVS score to enable more weight to be placed on the trials of greater validity when drawing an overall conclusion about the efficacy of acupuncture for relieving neck and back pain. Statistical analyses were carried out on the OPVS scores to assess the relationship between trial finding (positive or negative) and validity. Thirteen RCTs met the inclusion criteria. Five trials concluded that acupuncture was effective, and eight concluded that it was not effective for relieving back or neck pain. There was no obvious difference between the findings of trials using traditional and non-traditional points. Using the new OPVS scale, the validity scores of the included trials ranged from 4 to 14. There was no significant relationship between OPVS score and trial finding (positive versus negative). Authors' conclusions did not always agree with their data. We drew our own conclusions (positive/negative) based on the data presented in the reports. Re-analysis using our conclusions showed a significant relationship between OPVS score and trial finding, with higher validity scores associated with negative findings. OPVS is a useful tool for assessing the validity of trials in qualitative reviews. With acupuncture for chronic back and neck pain, we found that the most valid trials tended to be negative. There is no convincing evidence for the analgesic efficacy of acupuncture for back or neck pain. [18.12 / 18.14- rg-]

927- gera: 87349/di/ra

[EXPERIENCE ON CLINICAL APPLICATION OF HEAD ACUPUNCTURE THERAPY]. SU RE LIANG ET AL. *journal of liaoning college of tcm*. 2000,2(2),136

(chi*).

The head acupuncture treatment has remarkable effect on nerve system diseases. The efficiency is 93.3% in 781 cases of sequelae of apoplexy, 77.4% in 53 cases of paralysis agitans, 89.8% in 98 cases of epilepsy, 92% in 388 cases of neurasthenia, 96% in 100 cases of insomnia and 94% in 52 cases of lumbago and leg aching. It is also effective to such a difficult and complicated case as diabetes, especially to pattern II diabetes. After twenty courses of treatment, the blood sugar of 156 diabetics have dropped down to normal level with the efficiency of 90.5%. The head acupuncture is based on the theory of Chinese traditional medicine, which is directed by four methods of examination and eight principal Syndromes, is supported by viscera and meridian and combines syndrome-determinating with disease-determinating. [5.11 / 18.14- 09.03- 14.14- 14.13- 14.05- 14.06- 14.07- cranio-]

928- gera: 75972/di/ra

[NEW CLINICAL APPLICATION OF FUTU (LI 18)]. SUN GUO-SHENG. *shanghai journal of tcm*. 2000,34(1),35 (chi*).

In nimctromg Futu (LI18) to treat pain in the shoulder and back, pain in the upper arm with motor impairment and sore throat, the key to obtain the therapeutic effect relied upon the transmission of the needling sensation to the diseased areas. Moreover, apart from the routine needling techniques, whether the needling sensation can be directly transmitted to the diseased areas depended upon the direction of the needle tip, coordination from the patient and the digital sensation of the practitioners. [2.06 / psc-deqi- 18.14- 18.10- 16.05- 18gi-]

929- gera: 95316/nd/re

ACUPUNCTURE FOR LOW BACK PAIN. TULDER MV ET AL. *cochrane database syst rev*. 2000,2,001351 (eng). [18.14 / rg- meta analyse-]

930- gera: 76665/di/ra

[ACUPUNCTURE, TDP, CUPPING AND TRACTION IN TREATMENT OF 56 CASES WITH PROLAPSE OF LUMBAR INTERVERTEBRAL DISC]. WANG GUANGDING ET AL. *journal of clinical acupuncture and moxibustion*. 2000,16(3),9 (chi). [18.14 / ecr?- 05.08-]

931- gera: 79604/di/ra- num

EFFECT OF ACUPUNCTURE ON PAIN MANAGEMENT IN PATIENTS BEFORE AND AFTER LUMBAR DISC PROTRUSION SURGERY-A RANDOMIZED CONTROL STUDY. WANG RR ET AL. *american journal of chinese medicine*. 2000,28(1),25-33 (eng).

Management of acute and chronic low back and leg pain often includes the use of acupuncture. The effectiveness of this form of therapy is dependent upon compliance, which in turn is dependent on availability, response, treatment of proper acupoints, and the placebo effect. We hypothesised that classical acupuncture would be more effective than placebo acupuncture. One hundred and thirty-two patients with acute and chronic low back and leg pain were examined before and after surgery for lumbar disc protrusion. Diagnosis was based on CT and MRT findings. Patients received acupuncture drugfree throughout the study period. The visual analogue scale was used to assess pain intensity before and after (i.e. 30min. 60min. 2h and 6h) acupuncture. Classical acupuncture resulted in a significant reduction in pain that become increasingly stronger during the 6h-study period. Placebo acupuncture

lead to same early pain relief that did not reach statistic significant and then declined there after. [18.14 / ecr-21.04-]

932- gera: 72751/di/ra- num

ELECTRO-ACUPUNCTURE OF PARAVERTEBRAL POINTS IN TREATING L3 TRANSVERSE PROCESS SYNDROME. WANG SHENG-XU. *international journal of clinical acupuncture*. 2000,11(2),97-0 (eng). ref:34 [18.14 / 05.12- ctanr-]

933- gera: 78275/di/ra

ELECTRO-ACUPUNCTURE OF PARAVERTEBRAL POINTS VS CONVENTIONAL POINTS IN TREATMENT OF LUMBAR DISC PROTRUSION. WANG SHENG-XU ET AL. *international journal of clinical acupuncture*. 2000,11(4),349-52 (eng).

Sixty-two patients suffering from protrusion of lumbar intervertebral disc were divided into para-vertebral group (P group-31 patients) and a conventional group (C group-31 patients). Similar electric acupuncture was given to both groups. For the P group, para-vertebral points were treated. For the C group, conventional points were treated. The pain killing effect as assessed by the McGill pain questionnaire (MPQ) and the clinical responses were used to evaluate the results. It was found that the difference in the clinical responses between these two groups was not statistically significant, but the pain relief in P group was more pronounced than that in the C group ($P < 0.01$). [18.14 / comparaison- htjj- ecr?- 05.12-]

934- gera: 86221/di/ra

[CLINICAL INVESTIGATION AND STUDY OF MECHANISMS OF ELECTROACUPUNCTURE AT JIAJI POINTS FOR TREATMENT OF RELAPSE OF LUMBAR INTERVERTEBRAL DISC]. WANG SHENGXU ET AL. *chinese acupuncture and moxibustion*. 2000,20(3),166 (chi*).

31 cases of prolapse of Lumbar intervertebral disc were treated with deep needling at Jiaji point (EX-B2) and 31 cases were treated with routine points as control group. The analgesic effect, clinical therapeutic effect and content changes of plasma monoamine substances were observed in the two groups. The results indicated that the selecting word item number, the sensory mark and the total mark of the pain grading index, as well as precept pain intensity in the simplified McGill pain rating scale in the Jiaji point electroacupuncture group were statistically significant difference from those in the control group ($P < 0.01$), but there was no significantly difference between the two groups in the total clinical effective rate. After electroacupuncture treatment the contents of 5-HT, 5-HIAA, NA were reduced very significantly in the two groups ($P < 0.01$). [18.14 / htjj- na- 5ht- ecr?-]

935- gera: 86898/di/ra

LA SINDROME DEL TERZO PROCESSO TRASVERSO LOMBARE TRATTATA CON ALETTROAGOPUNTURA SUI PUNTI HUATUOJIAJI. WANG SHENGXU ET AL. *rivista italiana di medicina tradizionale cinese*. 2000,81(3),49-51 (ita).

32 casi di sindrome del terzo processo trasverso lombare furono trattati principalmente con elettroagopuntura sui punti liuatuo.iiaji della prima e seconda vertebra lombare, e altri 30 casi della stessa sindrome con agopuntura convenzionale come controllo. I risultati dimostrarono che la terapia con elettroagopuntura sui punti huatuojiaji lu

superiore, come effetto anaigesico e come percentuale complessiva di efficacia rispetto all'agopuntura convenzionale. Si ritiene che il meccanismo d'azione del trattamento con elettroagopuntura sui punti huatuojiaji sia in relazione con il tronco del ramo posteriore del nervo spinale dove i punti sono localizzati. [18.14 / htjj- ecr?- 05.12-]

936- gera: 93697/di/ra

[OBSERVATION ON THERAPEUTIC EFFECT OF YISHENJUANPI DECOCTION IN TREATMENT OF 74 CASES SUFFERING LUMBAGO]. WANG SHIRONG ET AL. *inner mongol journal of tcm*. 2000,19(4),8 (chi). [18.14 / f0-]

937- gera: 86309/di/re- num

A PROSPECTIVE RANDOMIZED STUDY COMPARING ACUPUNCTURE WITH PHYSIOTHERAPY FOR LOW-BACK AND PELVIC PAIN IN PREGNANCY. WEDENBERG K ET AL. *acta obstet gynecol scand*. 2000,79(5),331-5 (eng).

BACKGROUND: The aim of this study was to describe the effects of acupuncture in the treatment of low-back and pelvic pain during pregnancy and compare it with physiotherapy. METHODS: Sixty pregnant women were allotted to acupuncture or physiotherapy. The women estimated the severity of their pain using a visual analog scale (VAS) from 0 to 10 and disability in performing twelve common daily activities using a disability-rating index (DRI) from 0 to 10. RESULTS: In the acupuncture group all 30 women completed the study (two exclusions), in the physiotherapy group only 18. Before treatment the two study groups were rather similar with respect to pain and disability. After treatment the mean morning VAS had declined from 3.4 to 0.9 ($p < 0.01$) in the acupuncture group and from 3.7 to 2.3 (NS) in the physiotherapy group. The corresponding evening values had declined from 7.4 to 1.7 ($p < 0.01$) and 6.6 to 4.5 ($p < 0.01$), respectively. The mean VAS values were lower after acupuncture than after physiotherapy both in the morning ($p = 0.02$) and in the evening ($p < 0.01$). After treatment also the mean DRI values had decreased significantly in the acupuncture group for 11 of 12 activities and the values were significantly lower for all activities than in the physiotherapy group where no significant changes had taken place. Overall satisfaction was good in both groups. There were no serious adverse events in any of the patients. CONCLUSIONS: Acupuncture relieved pain and diminished disability in low-back pain during pregnancy better than physiotherapy. [11.10 / ecr- cta- 18.14-]

938- gera: 74624/di/ra

[THE INFLUENCE OF MANIPULATION TREATMENT ON THE PERIPHERAL-NERVE CONDUCTIVE VELOCITY AND H-REFLEX IN LUMBAR INTERVERTEBRAL DISK HERNIA]. WU HUAJUN ET AL. *journal of traditional chinese orthopedics and traumatology*. 2000,12(3),15 (chi*).

To observe the influence of manipulation treatment on the peripheral-nerve conductive velocity (PVCV) and H-reflex in lumbar intervertebral disk hernia (LIDH), electrophysiological examinations were made on 31 cases of LIDH before and after manipulation, the values of PVCV and H-reflex were determined, compared and studied. The results showed that the values of PVCV and H-reflex after manipulation were significantly different from those before manipulation ($P < 0.05$). It was believed that the manipulation has a rehabilitating effect on the nerve injury caused by LIDH, the action mechanism of the manipulation

on LIDH may be to relieve the compression of the aural mater bursar and the nerve root, eliminate the inflammatory edema and adhesion of the soft tissues and the nerve roots and reduce the intervertebral disk. [18.14 / manipulation-]

939- gera: 76237/di/ra- num

[EFFECTS OF ACUPUNCTURE ON LUMBAR NERVE ROOT COMPRESSION-AN ULTRAMICROSTRUCTURE STUDY OF THE RAT NERVE ROOT]. WU YAOCHI ET AL. **acupuncture research.** 2000,25(3),188 (chi*).

To explore the mechanism of acupuncture treatment for nerve root compression syndrome, 25 SD (Sprague Dawley) rats were chosen. The rats were divided into five groups: the normal group, fifteenth day model group, fifteenth day acupuncture group, thirtieth day model group, thirtieth day acupuncture group. By operation, a piece of elastic of proper size and weight was gently put on the site where L5 nerve root origins from the aural sheath. Effects of acupuncture on nerve root ultramicrostructure were studied. Compared with the fifteenth day model group, less nerve fibers whose schwann cells were proximately normal partly demyelinated in the fifteenth day acupuncture group, the myelin sheaths were more recovered and the intraradicular edema was relieved in the thirtieth day acupuncture group. The above results suggest that acupuncture can ameliorate the ultramicrostructure of the nerve root, which is compressed, and provide evidence for acupuncture treatment on lumbar nerve root compression syndrome. [18.16 / eaa- 14.09- 05.12- rat-]

940- gera: 89345/di/ra

[THE IMAGE OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC RELATING TO THE OBSERVATION ON LITTLE KNIFE TREATMENT]. WU ZENGJUN ET AL. **journal of clinical acupuncture and moxibustion.** 2000,16(12),26 (chi).

[18.14 / aiguille-]

941- gera: 79226/di/ra- num

[OBSERVATION ON THERAPEUTIC EFFECT OF 76 CASES OF THE THIRD LUMBAR VERTEBRA TRANSVERSE PROCESS SYNDROME TREATED WITH HAN `S ELECTROACUPUNCTURE INSTRUMENT]. XI HAIMING. **chinese acupuncture and moxibustion.** 2000,20(5),279 (chi).

[18.14 / 05.12- ctanr-]

942- gera: 79403/di/ra

TREATMENT OF PROTRUSION OF LUMBAR INTERVERTEBRAL DISC BY MASSOTHERAPY UNDER ANESTHESIA-A REPORT OF 64 CASES. XI XUEDONG. **journal of tcm.** 2000,20(4),277-9 (eng).

[18.14 / manipulation-]

943- gera: 72800/di/ra

[AN EXPERIMENTAL STUDY ON THE ANTI-INFLAMMATORY AND ANALGESIC EFFECT OF CAPSULES FOR LUMBAGO AND SCIATALGIA]. XING QINGCHANG ET AL. **journal of traditional chinese orthopedics and traumatology.** 2000,12(6),8 (chi). ref:1

The anti-inflammatory and analgesic effect of capsules for lumbago and scelalgia (CLS) was studied through animal experiments. The results showed that CLS could significantly raise the mouse pain threshold induced by hot-plate method. reduce the incidence of mouse body-twisting reactions induced by acetic acid and have a marked inhibitory effect on xylene-induced mouse ear edema, carrageenin-induced rat plantar edema and acetic-induced

mouse abdominal capillary permeability increase. suggesting that CLS have a good anti-inflammatory and analgesic effect. [18.14 / 18.16- souris- c- eap-]

944- gera: 76219/di/ra

60 CASES OF BONE BI OF LUMBAR VERTEBRAE TREATED WITH LONG-ROUND NEEDLE. XUE LIGONG ET AL. **world journal of acupuncture-moxibustion.** 2000,10(3),7-10 (eng).

[18.14 / aiguille-]

945- gera: 93201/di/ra

[THE TREATMENT OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC 100 CASES REPORTED]. YANG XIAOYONG. **journal of clinical acupuncture and moxibustion.** 2000,16(7),11 (chi).

[18.14 / ctanr-]

946- gera: 92393/di/ra

[CLINICAL STUDY ON TREATING CENTRAL INTERVERTEBRAL LUMBAR DISC HERNIATION WITH REDUCTION BY TRACTION AND MASSAGE]. YU RUN-MING ET AL. **journal of shandong university of tcm.** 2000,24(6),425 (chi*).

Professor Li Ye-fu originated the by traction and massage to treat intervertebral lumbar disc herniation. Analysing the size, shape and quantity of 62 case of intervertebral disc before and after treatment with central intervertebral lumbar disc herniation of 56 patients. Conclusion: The effect mechanism of reduction by traction and massage is that the replacement of intervertebral disc changes the position of nerve root and protrusion relaxes the adherence and reduces the pressure. The mechanism of reduction is that some fluidity of the protrusive nucleus of spinal cord, the tension of the integral annulus fibrosis and back ligament and the pressure of manipulation must work together. [18.14 / massage-]

947- gera: 77412/di/ra

[TREATING 1669 CASES OF VERTEBRAE LUMBALES POSTERIOR ARTICULAR VICARIOUS DISEASES WITH OBLIQUE PULLING MASSAGE]. YU SHI MIN. **henan journal of tcm and pharmacy.** 2000,15(2),32 (chi).

[18.14 / massage-]

948- gera: 86332/di/ra- num

[102 CASES WITH LUMBAGO TREATED BY EYE NEEDLES]. ZHAN DEQI ET AL. **journal of clinical acupuncture and moxibustion.** 2000,16(4),34 (chi).

[18.14 / ctanr- oculo-]

949- gera: 72847/di/ra

TREATMENT OF PROSTRUSION OF THE LUMBAR INTERVERTEBRAL DISC BY INTRAVERTEBRAL BLOKING AND MASSOTHERAPY - A REPORT OF 62 CASES. ZHANG DAJIONG. **journal of traditional chinese medicine.** 2000,20(2),138 (eng).

[18.14 / 05.15- massage-]

950- gera: 77250/di/ra

[EXPERIENCES OF TREATING PROTRUSION OF LUMBAR INTERVERTEBRAL DISC BY MASSAGE AND TRACTION]. ZHANG ENTAO. **journal of external therapy of tcm.** 2000,9(5),20 (chi).

[18.14 / massage-]

951- gera: 92043/di/ra

[TREATING 33 CASES OF PROTAPSE OF

LUMBAR INTERVERTEBRAL DISC WITH THE METHODS OF COMBINATION OF CHINESE TRADITIONAL AND WESTERN MEDICINE]. ZHANG JIAN-FU. *journal of henan college of tcm.* 2000,15(1),62 (chi). [18.14 / mo-]

952- gera: 79256/di/ra

[80 CASES OF LUMBAR INTERVERTEBRAL DISK PROLAPSE TREATED BY XINHUANG PIAN]. ZHANG JIANHUA. *journal of anhui traditional chinese medical college.* 2000,19(2),11 (chi*).

Objective: To determine the curative effect of Xinhuang Pian (XHP) on lumbar intervertebral disk prolapse. Method: 160 cases of lumbar intervertebral disk prolapse were randomly grouped into treatment and control groups, which was treated by XHP and Fenbid, respectively. Result: The results showed that lumbago and scelalgia could be quickly relieved by XHP, and that compared with the control, the treatment group obtained higher curative effect ($P < 0.01$). [18.14 / f0- ctp-]

953- gera: 74625/di/ra

[THE TREATMENT OF LUMBAR INTERVERTEBRAL DISK HERNIA BY TRACTION AND MASSAGE: A THERAPEUTIC-EFFECT ANALYSIS]. ZHANG LEI ET AL. *journal of traditional chinese orthopedics and traumatology.* 2000,12(3),17 (chi*).

In order to evaluate the therapeutic effect of traction and massage on lumbar intervertebral disk hernia (LIDH), 34 cases of LIDH were treated by traction and massage and followed up for 12-36 months, the disk hernia indices (DHI) before and after the treatment were calculated and measured on CT Finns and compared and analyzed. The results were excellent in 10 cases and good in 16 cases, the excellent-good rate reached 76 % and DHI of the excellent and good cases after the treatment had a significant difference from that before treatment ($P < 0.05$). The cases with DHI less than B. 2 after the treatment obtained satisfactory results, no case of complete reduction of the hernia was found in this series, the therapeutic effect is related to the reduction degree of the hernia. It was concluded that traction and massage function to reduce, lessen or deform the hernia, release the adhesion, improve the local blood circulation and remit the inflammatory medium irritation. [18.14 / massage-]

954- gera: 79257/di/ra- num

[58 CASES OF ACUTE LUMBAR INTERVERTEBRAL DISK PROLAPSE TREATED BY ACUPUNCTURE COMBINED WITH BONESSETTING THERAPY]. ZHANG SHAOXING ET AL. *journal of anhui traditional chinese medical college.* 2000,19(2),31 (chi*).

Objective: the aim of this paper was to probe into the curative effect of acupuncture combined with bonesetting therapy on acute lumbar intervertebral disk prolapse (ALIDP). Method: Patients with ALIDP were divided into two groups randomly by single blind method, 58 cases in treatment group, another 50 in control group. The treatment of acupuncture combined with bonesetting therapy is applied for the former group. Bonesetting, pull combined with dexamethasone and mannitol which were given by infusion are applied for the latter group, their curative effect is observed. Result: The curative effect of treatment group is remarkable, there was significant difference between two groups ($P < 0.05$). Conclusion: The acupuncture combined with bonesetting therapy is practical and effective method for ALIDP. [18.14 / manipulation-

ecr- corticoide-]

955- gera: 79420/di/ra

[OBSERVATION ON EFFECT OF CHRONOACUPUNCTURE IN TREATMENT OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC]. ZHAO TIAN-PING ET AL. *liaoning journal of tcm.* 2000,27(8),369 (chi*).

Two hundreds cases of prolapse of lumbar intervertebral disc were randomly divided into 2 groups, each 100 cases, and treated by selecting point according to identifying patterns and chronoacupuncture respectively. Clinical observation on effective result were made between the two groups. Significant statistical difference were found between two groups in markedly effective result ($P < 0.01$). It is thus claimed that chronoacupuncture is one of effective measure for treating prolapse of lumbar intervertebral disc. [18.14 / ecr- d\$- chronopuncture-]

956- gera: 67198/di/ra

[TREATMENT OF PROLAPSE OF LUMBAR INTERVETEBRAL DISC BY HERBAL DRUG PENETRATION TO ACUPOINT, ORAL MEDICATION AND TRACTION: A REPORT OF 56 CASES]. ZHONG QI. *new journal of tcm.* 2000,32(3),19 (chi).

Voir traduction anglaise ref gera [79402]. [18.14 / 05.15-]

957- gera: 79402/di/ra

FIFTY-SIX CASES OF PROTRUSION OF LUMBAR INTERVERTEBRAL DISC TREATED BY PENETRATION AND ORAL ADMINISTRATION OF CHINESE DECOCTION PLUS TRACTION. ZHONG QI. *journal of tcm.* 2000,20(4),273-6 (eng).

Fifty-six cases of the protrusion of the lumbar intervertebral disc in the treatment group were treated by drug-penetration and oral administration of traditional Chinese decoction plus traction, and the other 35 cases in the control group by oral administration of Chinese decoction and traction. The results showed that the cure rate in the treatment group was 83.9%, and that in the control group was 57.1%, with a statistically significant difference between the two groups ($P < 0.01$), indicating that the former is a more effective therapy for protrusion of the lumbar intervertebral disc. [18.14 / 05.15- manipulation- ctp-]

958- gera: 71213/di/ra

[IMPORTANCE OF TAICHONG IN TREATING LUMBAGO]. ZHOU JUNQING ET AL. *journal of nanjing university of tcm.* 2000,16(1),42 (chi*).

With the study on related literature and clinical practice, this paper expounded theoretical basis of putting Taichong in an important position from the theory of acupoints, channels and organ picture, and regarded Taichong as an effective point for treating every kinds of lumbago. [18.14 / 3f-]

959- gera: 90421/di/ra

[DIFFERENTIAL TREATMENT OF 170 CASES OF LUMBAR AND LEG PAIN]. ZHOU WEIQIN ET AL. *zhejiang journal of tcm.* 2000,35(10),430 (chi).

[18.14 / d\$-]

960- gera: 90892/di/ra- num

[TREATMENT OF PROPAPSE OF LUMBAR INTEVERTEBRAL DISC WITH JINPU LIQUID POINT INJECTION]. ZHOU ZUOTAO. *hebei journal of tcm.* 2000,22(8),612 (chi*).

Objective: To observe the effect of combination of Jinpu

liquid point injection and acupuncture on prolapse of lumbar intervertebral disc. Methods: One hundred thirty three patients with prolapse of lumbar intervertebral disc were allocated to treatment group, control group 1 and control group 2. In control group 1 (n =46) only Jinpu liquid point injection was utilised, and in control group (n =41) only acupuncture was utilised in treatment group (n =46) combination of Jinpu liquid point injection and acupuncture was used. Results: The total effective rate of treatment group and control group 1 and control group 2 are 93. 48% , 76. 09% , 70. 03%, respectively. There is an obvious difference in the total effective rate between treatment group and control group 1 (P <0. 05) and between treatment group and control group 2 (P <0. 01). Conclusions: Combination of Jinpu liquid point injection and acupuncture has a definite effect on prolapse of lumbar intervertebral disc. [18.14 / comparaison- ecr- 05.15-]

961- gera: 87693/di/ra

[TREAT LUMBAR SPONDYLOLISTHESIS BY TRACTION UNDER THE POSTURE OF BUTTOCKS-PABBING HIP FLEXION]. ZHU JIN-HUA. *journal of liaoning college of tcm.* 2000,2(4),299 (chi*).

[18.14 / manipulation-]

962- gera: 90019/di/ra

[SURVEY OF ACUPUNCTURE AND MOXIBUSTION FOR TREATMENT OF SCIATICA IN RECENT YEARS]. AN YULAN ET AL. *chinese acupuncture and moxibustion.* 2001,21(2),119 (chi*).

Purpose: To introduce survey of acupuncture and moxibustion for treatment of sciatica in recent years. Methods: Review the literature and reports on acupuncture and moxibustion for treatment of sciatica in typing of syndrome differentiation, point selection, treatment methods and other aspects in the recent years. Conclusion: Because the disease has slower course of illness, and there is no unified criterion. for assessment of therapeutic effects, one must consider general factors, observe long-term therapeutic effects and select the best combined therapeutic program. [18.16 / choix- d\$- rg-]

963- gera: 107235/di/ra

ACUPUNCTURE FOR CHRONIC NON-SPECIFIC LOW BACK PAIN: A CASE SERIES STUDY. ANDREW JAY STRAUSS AND CHARLIE XUE. *chinese journal of integrated traditional and western medicine (english edition).* 2001,7(3),190 (eng*).

Objective : To evaluate the efficacy of acupuncture in treating chronic non-specific low back pain. Methods : Ten patients with chronic low back pain were selected to receive 9 acupuncture treatments over a three-week period with point selection based on syndrome differentiation in Chinese medicine. The BROM Instrument for assessment of back range of motion; subjective evaluation with Visual Analog Scale of Pain (VASP) ratings, Oswestry Disability ratings, objective measurements including Algometry , and Flexion and Extension ratings to investigate the range of motion were used for comparing the large, medium and small effect sizes of baseline, treatment and follow-up phases. Results: Clinical significance of pain relief was shown in all parameters assessed. A large effect size was detected in VASP, Oswestry and Algometry. A small effect size was demonstrated in Flexion/Extension. Needling over short period time (3 weeks) could relieve the pain, but the muscular-skeletal function measured by BROM persists. To treat patients exclusively by needling for statistical purposes can not be justified, because by merely relieving pain, permanent improvement in function may not be

achieved. Conclusion : Acupuncture offers an effective alternative for the clinical management of chronic low back pain, significant improvement in most of the parameters evaluated, but the functional improvement was not as satisfactory as pain relieving. Further study with larger sample size focuses on long-term efficacy and functional improvement for chronic low back pain is recommended. [18.14 / d\$-]

964- gera: 95797/di/ra

[TCM SYNDROME DIFFERENTIATION AND TYPING IN LUMBAR INTERVERTEBRAL DISC HERNIATION WITH PERCUTANEOUS LUMBAR DISKECTOMY]. CAI CHENG-JUN ET AL. *liaoning journal of tcm.* 2001,28(6),324 (chi*).

Objective : To analyse the relationship between TCM syndrome differentiation and typing in lumbar intervertebral disc herniation with clinical effect of PLD. Methods: The Patients of LIDH were divided into four type-groups according to TCM syndrome differentiation. The curatic effect was evaluated by changes of symptoms and CT. Results :The effective rate of the Blood Stasis-Syndrom Cold-Wetness evil-Syndrome, Wetness-heat evil, Asthenia of Liver and Kidney syndrome were 95.5%, 96.5%, 95.4%, 89.6 % respectively. The total effective rate was 94.7 %. Conclusions: The PLD is relatively simple, safe with rapid recovery without serious complications. It is concluded that the operation is very practical and should be popularized as well as the curatic effect is correlated with syndrome differentiation of TCM. [18.14 / d\$-]

965- gera: 96523/di/ra

[CLINICAL OBSERVATION ON THE TREATMENT OF LUMBAR VERTEBRAE HYPEROSTEOGENY WITH HUPO RANJIAN CREAM,A REPORT OF 72 CASES]. CAO JIAN-PING, CAO XIAO-YOU, WANG RONG. *shanxi journal of traditional chinese medicine.* 2001,17(4),58 (chi*).

Seventy-two lumbar vertebrae hyperosteoegeny were treated with Hupo Ruanjian Cream (HRC), 24 cases treated with Guyouling liniment were setup as the control group. Result : In the treatment group, 42 cases were cured, 20 cases were remarkably effective, 8 effective, 2 cases were ineffective and the total effective rate was 97. 22%. In the control group, 4 cases were cured, 5 cases were remarkably effective, It effective., 4 cases were ineffective and the total effective rate was 83. 33 %. The difference of treatment effect was significant(T= -4-17, P<0. 01). [18.14 / ctp- f0-]

966- gera: 95670/di/ra- num

CURATIVE EFFECT OF ACUTE LUMBAGO WITH DIFFERENT ACUPUNCTURE AND MOXIBUSTION METHODS. CAO WENZHONG ET AL. *international journal of clinical acupuncture.* 2001,12(1),21 (eng).

Traduction anglaise de la ref Gera [99751]. To observe the curative effect of acute lumbago with different acupuncture and moxibustion methods accurately, the authors divided the patients with acute lumbago who, sought medical advice from the Department of Acupuncture and Moxibustion and the Surgical Department of Orthopedics into four groups at random. Group A was treated by acupuncture with a filiform needle. Group B was treated by acupuncture with a filiform needle and cupping. Group C was treated by acupuncture with a filiform needle and pricking collateral and cupping. Group D was treated by acupuncture with filiform needles, pricking collateral, cupping and moxibustion. The findings were statistically analyzed after 5 or 10 times of separate treatment. The results showed that there was a significant difference in the effective rate and cure rate of groups A and B when

compared with groups C and D ($P < 0.01$). It also showed that the clinical curative effect could be greatly improved by combining acupuncture with cupping, moxibustion, and needling methods organically. The cure rate and the effective rate of groups A, B, and D were analyzed statistically after 5 times of treatment and the authors found that there was no significant difference between groups A and B ($P > 0.05$), which indicated that single cupping had less significance in improving the clinical effect. There were certain differences between groups C and D, which indicated moxibustion had a curative effect for stopping pain immediately. The cure rate and the effective rate of groups A and B when compared with groups C and D separately had no significant differences; ($P > 0.05$), which indicated that acupuncture combined with cupping and moxibustion had played a definite role in improving the clinical effect. [18.14 / ecr- 05.07- 05.09- 05.08-comparaison- seance-]

967- gera: 99751/di/ra- num

[OBSERVATION ON THERAPEUTIC EFFECTS OF DIFFERENT METHODS OF ACUPUNCTURE AND MOXIBUSTION ON ACUTE LUMBAGO]. CAO WENZHONG ET AL.. *journal of traditional chinese medicine*. 2001,42(11),658 (chi*).

Voir traduction anglaise ref gera [95670]. In order to observe clinical therapeutic effects of different acupuncture and moxibustion methods on acute lumbago, the patients of acute lumbago were randomly divided into four groups: group A, filiform needle treatment group; group B, filiform needle plus cupping group; group C, filiform needle plus blood - letting puncture and cupping group; group D, filiform needle plus blood - letting puncture, cupping and moxibustion group. All the patients were treated respectively 5 and 10 times. Results showed that there were significant differences in the effective rate and cured rate as the group C and D compared with group A and B respectively ($P < 0.05$ or $P < 0.01$). It is suggested that the combination of bloodletting puncture plus cupping method and moxibustion with filiform needle method can significantly increase clinical therapeutic effect: simple cupping method does not significantly increase the clinical therapeutic effect. [18.14 / 05.08- ecr- seance-comparaison- 05.09- 05.07-]

968- gera: 99525/di/re- num

ACUPUNCTURE FOR CHRONIC LOW BACK PAIN: A RANDOMIZED PLACEBO-CONTROLLED STUDY WITH LONG-TERM FOLLOW-UP. CARLSSON CP, SJOLUND BH.. *clin j pain*. 2001,17(4),296-305 (eng).

OBJECTIVE: The authors sought to determine whether a series of needle acupuncture treatments produced long-term relief of chronic low back pain. **DESIGN:** A blinded placebo-controlled study with an independent observer. The patients were randomized to receive manual acupuncture, electroacupuncture, or active placebo (mock transcutaneous electrical nerve stimulation). Subjects were examined and monitored by an investigator who was blinded to the treatment given. **SETTING:** A tertiary-level pain clinic at a Swedish university hospital. **PATIENTS:** Fifty consecutive patients (33 women, 17 men; mean age, 49.8 years) with chronic low back pain (mean pain duration, 9.5 years) and without rhizopathy or history of acupuncture treatment were included in the study. **INTERVENTIONS:** Treatments were given once per week for 8 weeks. Two further treatments were given during the follow-up assessment period of 6 months or longer. **OUTCOME MEASURES:** The independent observer made a global assessment of the patients 1, 3, and 6 months after

treatment. The patients kept pain diaries to score pain intensity twice daily, analgesic intake, and quality of sleep daily, and activity level weekly. **RESULTS:** At the 1-month independent assessment, 16 of 34 patients in the acupuncture groups and 2 of 16 patients in the placebo group showed improvement ($p < 0.05$). At the 6-month follow-up assessment, 14 of 34 patients in the acupuncture groups and 2 of 16 patients in the placebo group showed improvement ($p < 0.05$). A significant decrease in pain intensities occurred at 1 and 3 months in the acupuncture groups compared with the placebo group. There was a significant improvement in return to work, quality of sleep, and analgesic intake in subjects treated with acupuncture. **CONCLUSIONS:** The authors found a long-term pain-relieving effect of needle acupuncture compared with true placebo in some patients with chronic nociceptive low back pain. [18.14 / comparaison- ecr- 05.12-]

969- gera: 95458/di/ra- num

[A SUMMARY ON 63 CASES OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED WITH COMBINED THERAPY]. CHEN SHAOMING. *hunan journal of traditional chinese medicine*. 2001,17(3),15 (chi). ref:54 [18.14 / ctanr-]

970- gera: 96880/di/ra

[TREATING LUMBAR INJURY 52 CASES CAUSED BY OVER - STRAIN WITH ANGELICAE PUBESCENTIS AND LORANTHI DECOCTION]. CHEN TAO. *chinese journal of ethnomedicine and ethnopharmacy*. 2001,10(5),265 (chi). [18.14 / f248-]

971- gera: 98610/di/ra

[DYNAMIC B-ULTRASONOGRAPHIC OBSERVATION OF THE TREATMENT OF 80 PATIENTS WITH LUMBAR INTERVERTEBRAL DISC PROLAPSE BY ACUPUNCTURE-MOXIBUSTION PLUS THREE-PALM MASSAGE]. CHEN XIAO-KAI, ET AL. *shanghai journal of acupuncture and moxibustion*. 2001,20(6),14 (chi*).

Purpose To observe a change in vertebral canal diameter in patients with lumbar intervertebral disc prolapse treated by acupuncture-moxibustion plus massage. **Method :** B-ultrasonograph was used to dynamically observe the relationship between a change in vertebral canal diameter and the clinical curative effect in patients with lumbar intervertebral disc prolapse treated by acupuncture and moxibustion in combination with three-palm massage. Acupuncture and moxibustion in combination with traction (full automatic computer traction table) was performed as a control. **Results and Conclusion :** Both the therapeutic methods can increase the vertebral canal diameter and change the positions relationship between the protrusive intervertebral disc and the stimulated nerve root. The combination of acupuncture-moxibustion and three-palm massage can improve the curative effect. The effect is significantly better than that in control group. [18.14 / massage- ecr?- comparaison- 05.09-]

972- gera: 99174/di/ra

[RESEARCH ON OPERATIVE PROCEDURE OF SMALL-NEEDLE -SCALPEL FOR BRANCHS ENTRAPMENT SYNDROME OF LUMBAR NERVE POSTEROMEDIAL]. CHEN YUE AL. *journal of fujian college of traditional chinese medicine*. 2001,11(1),22 (chi*).

To study the operative procedure of the small -needle-scalpel on treating entrapment syndrome of posteromedial

lumbar nerve, the structure of posteromedial lumbar nerve and bone fibrous tubulus through Mastoid and accessory process was observed by dissecting lumbar of 15 adult corpses, and surface anatomy of bone fibrous tubulus was measured. The results showed that the diameter of posteromedial lumbar nerve is 0.66 ± 0.16 mm. Its bone fibrous tubulus is 4.00-5.10 mm in transverse diameter, 1.50 - 2.40 mm in longitudinal diameter, 6.20 - 8.40 mm in length, 30.20-37.30 mm. in depth away from the according posteromedial bone fibrous tubulus, 33-46 in angle between its long axis and posterior median line. It provides useful reference for clinical treatment. [18.14 / aiguille-]

973- gera: 95881/di/ra

[CLINICAL OBSERVATION ON PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED WITH MASSAGE AND NERVE BLOCK]. CHEN ZHIMAN ET AL. *shandong journal of tcm*. 2001,20(7),416 (chi).

[18.14 / blocage- massage-]

974- gera: 94321/di/ra

[123 CASES OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED WITH COMBINATION OF MANIPULATION AND TRACTION]. CHEN ZHIMAN ET AL. *guangxi journal of tcm*. 2001,24(2),8 (chi).

[18.14 / manipulation-]

975- gera: 95010/di/ra

TREATMENT OF PROTRUSION OF THE LUMBAR INTERVERTEBRAL DISC BY MASSOTHERAPY. CHENG BIN. *journal of tcm*. 2001,21(2),110 (eng).

[18.14 / massage-]

976- gera: 104583/di/ra

[TREATMENT OF LUMBAR INTERVERTEBRAL DISK PROLAPSE BY ESTRADURAL INJECTION OF MAILUONING AND ITS INFLUENCE ON DYNORPHIN A IN CEREBROSPINAL FLUID*]. CHENG WEI, DONG FU-HUI .. *chinese journal of integrated traditional and western medicine*. 2001,21(5),346 (chi*).

[18.14 / endorphine-]

977- gera: 94837/di/re- num

RANDOMIZED TRIAL COMPARING TRADITIONAL CHINESE MEDICAL ACUPUNCTURE, THERAPEUTIC MASSAGE, AND SELF-CARE EDUCATION FOR CHRONIC LOW BACK PAIN. CHERKIN DC ET AL. *arch intern med*. 2001,161(8),1081-8 (eng).

BACKGROUND: Because the value of popular forms of alternative care for chronic back pain remains uncertain, we compared the effectiveness of acupuncture, therapeutic massage, and self-care education for persistent back pain. **METHODS:** We randomized 262 patients aged 20 to 70 years who had persistent back pain to receive Traditional Chinese Medical acupuncture (n = 94), therapeutic massage (n = 78), or self-care educational materials (n = 90). Up to 10 massage or acupuncture visits were permitted over 10 weeks. Symptoms (0-10 scale) and dysfunction (0-23 scale) were assessed by telephone interviewers masked to treatment group. Follow-up was available for 95% of patients after 4, 10, and 52 weeks, and none withdrew for adverse effects. **RESULTS:** Treatment groups were compared after adjustment for prerandomization covariates using an intent-to-treat analysis. At 10 weeks, massage was superior to self-care on the symptom scale (3.41 vs 4.71, respectively; P = .01) and the disability scale (5.88 vs 8.92,

respectively; P < .001). Massage was also superior to acupuncture on the disability scale (5.89 vs 8.25, respectively; P = .01). After 1 year, massage was not better than self-care but was better than acupuncture (symptom scale: 3.08 vs 4.74, respectively; P = .002; dysfunction scale: 6.29 vs 8.21, respectively; P = .05). The massage group used the least medications (P < .05) and had the lowest costs of subsequent care. **CONCLUSIONS:** Therapeutic massage was effective for persistent low back pain, apparently providing long-lasting benefits. Traditional Chinese Medical acupuncture was relatively ineffective. Massage might be an effective alternative to conventional medical care for persistent back pain. [18.14 / massage-]

978- gera: 99578/nd/re

DOES ACUPUNCTURE OR MASSAGE WORK IN PEOPLE WITH PERSISTENT BACK PAIN? COLE C.. *j fam pract*. 2001,50(9),799 (eng). ref:28

[18.14 / massage-]

979- gera: 98462/di/ra

[TREATMENT BASED ON SYNDROME DIFFERENTIATION OF INTRACTABLE LUMBAR CANAL STENOSIS]. DENG JINFENG, WANG JUNAO, LIN DINGKUN. *new journal of traditional chinese medicine*. 2001,33(11),3 (chi*).

Stenosis of lumbar canal is one of refractory diseases in osteopathy. The authors hold it should be treated by the combination of TCM and western medicine. Surgical operation to relieve oppression and adhesion of nerve root serves as symptomatic treatment. And TCM therapy based on syndrome differentiation to restore the hemostasis of vertebral canal and regain the nervous physiological function serves as causative treatment. [18.14 / d\$-]

980- gera: 89761/di/ra

[TREATMENT OF 76 CASES OF LUMBAR INTERVERTEBRAL SYNDROME OF TERTIARY TRANSVERSE PROCESS WITH TRIPLE PUNCTURE AND MASSAGE]. DOU GUO-DONG. *shandong journal of tcm*. 2001,20(2),98 (chi).

[18.14 / massage-]

981- gera: 97656/di/ra

[CLINICAL OBSERVATIONS ON TREATMENT OF SCIATICA BY ACUPUNCTURE WITH NEEDLE WARMED BY BURNING MOXA IN 210 CASES]. FENG PING ET AL. *journal of traditional chinese medicine and chinese materia medica of jilin*. 2001,21(5),50 (chi).

[18.16 / 05.09-]

982- gera: 98154/di/ra

[EFFECT OF STRENGTHENING GOVERNOR VESSEL AND PROMOTING BLOODFLOW TO REMOVE OBSTRUCTION IN COLLATERALS IN LUMBAR DISC PROTRUSION CLINICAL ANALYSIS OF 35 CASES]. GUO MING-YANG, YAN QING-MING, FENG TAI SHEN. *journal of chengdu university of traditional chinese medicine*. 2001,24(2),55 (chi).

[18.14 / vg-]

983- gera: 89512/di/ra

[OBSERVATION ON 42 PATIENTS WITH L3 TRANSVERSE PROCESS SYNDROME TREATED BY ENCIRCLED ACUPUNCTURE AND MASSAGE MICROPUNCTURE CUPPING]. HUANG CHONGYANG. *journal of clinical acupuncture and*

moxibustion. 2001,17(1),41 (chi).
[18.14 / massage- 05.08-]

984- gera: 104451/di/ra- num
[**TREATMENT OF 35 CASES OF PROLAPSED LUMBAR INTERVERTEBRAL DISC MAINLY BY ACUPUNCTURE**]. JIANG BIN LIU MENG LI LI. **shanghai journal of acupuncture and moxibustion.** 2001,20(4),20 (chi*).

[Abstract] Objective To observe the therapeutic effect of comprehensive therapies of acupuncture, steaming and traction on prolapse of lumbar intervertebral discs. Methods The patients in treatment group were applied with comprehensive therapies of electro-acupuncture, Chinese herbal steaming and traction, and those in control group with single traction therapy. Results The effective rate was 91. 4% in treatment group and 64. 5 % in control group and there was a significant difference between the two groups (P<0. 05). Conclusions The therapeutic effects in treatment was better than that in control group. [18.14 / 05.09- 05.12- ecr-]

985- gera: 101142/di/ra
[**PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED WITH ELECTRONIC-ACUPUNCTURE ON HUATOCHIACHI**]. JIANG BING. **journal of clinical acupuncture and moxibustion.** 2001,17(12),22 (chi). ref:4
[18.14 / htjj- 05.12-]

986- gera: 104796/di/ra
[**CLINICAL OBSERVATION OF EFFECTS ON TREATING PROLAPSE OF LUMBAR INTERVERTEBRAL DISC 80 CASES WITH HEAVY MASSAGE**]. JIANG BO. **chinese journal of ethnomedicine and ethnopharmacy.** 2001,6(3),156 (chi).
[18.14 / massage-]

987- gera: 99621/di/re- num
[**LESSONS FROM A TRIAL OF ACUPUNCTURE AND MASSAGE FOR LOW BACK PAIN: PATIENT EXPECTATIONS AND TREATMENT EFFECTS**]. KALAUOKALANI D ET AL. **spine.** 2001,26(13),1418-24 (eng).

OBJECTIVE: To evaluate the association of a patient's expectation for benefit from a specific treatment with improved functional outcome. SUMMARY OF BACKGROUND DATA: Psychosocial factors, ambiguous diagnoses, and lack of a clearly superior treatment have complicated the management of patients with chronic low back pain. The authors hypothesized that patient expectation for benefit from a specific treatment is associated with improved functional outcomes when that treatment is administered. METHODS: In a randomized trial, 135 patients with chronic low back pain who received acupuncture or massage were studied. Before randomization, study participants were asked to describe their expectations regarding the helpfulness of each treatment on a scale of 0 to 10. The primary outcome was level of function at 10 weeks as measured by the modified Roland Disability scale. RESULTS: After adjustment for baseline characteristics, improved function was observed for 86% of the participants with higher expectations for the treatment they received, as compared with 68% of those with lower expectations (P = 0.01). Furthermore, patients who expected greater benefit from massage than from acupuncture were more likely to experience better outcomes with massage than with acupuncture, and vice versa (P = 0.03). CONCLUSIONS: The results of this study suggest that patient expectations may influence

clinical outcome independently of the treatment itself. In contrast, general optimism about treatment, divorced from a specific treatment, is not strongly associated with outcome. These results may have important implications for clinical trial design and recruitment, and may help to explain the apparent success of some conventional and alternative therapies in trials that do not control for patient expectations. The findings also may be important for therapy choices made in the clinical setting. [18.14 / prediction- ecr-]

988- gera: 98471/di/ra- num
[**THE QUANTITATIVE ANALYSIS OF CT AND MRI FOR LUMBAR DISC DEGENERATION BEFORE AND AFTER TCM TREATMENT**]. KE QI, XU ZHUOXIN, ZHANG JIPING, ET AL.. **new journal of traditional chinese medicine.** 2001,33(11),44 (chi*).

Objective: To observe the morphological changes of lumbar disc degeneration (LDD) before and after TCM treatment. Methods : 84 cases of LDD were treated by massage, acupuncture and moxibustion, traction, oral use and external application of Chinese herbal drugs. After treatment, the morphological changes of lumbar discs were estimated quantitatively by CT and MRI so as to evaluate the curative effect of comprehensive TCM treatment. Results : The markedly effective rate of TCM treatment for LDD was 82. 14%, but the degree of Bulge, prolapse and herniation of lumbar disc, the anteroposterior diameter and transverse diameter of vertebral canal, the width of lateral crypt, the size, number and distribution of schmor I - s node of Vertebral end -plate, the thickness of lumbar disc and the signal intensity of MRI also showed no marked differences -after treatment. Conclusion : TCM treatment can relieve the clinical symptoms of LDD, but could not affect the structure of the degenerated lumbar disc. [18.14 / 05.09- ctanr- massage-]

989- gera: 94813/nd/re
[**ACUTE LOW BACKPAIN**]. KITTANG G ET AL. **tidsskr nor laegeforen.** 2001,121(10),1207-10 (nor*).

BACKGROUND: Acute low back pain is one of the most frequent complaints presented in general practice. This study compares acupuncture and antiflogistica in the treatment of acute low back pain in general practice. MATERIAL AND METHODS: Among 60 consecutively included patients with acute low back pain, 30 patients were randomized to standardised acupuncture treatment for two weeks, and 30 patients to entero-soluble naproxen 500 mg twice daily for ten days. Effects were observed over six months, and observed for a further 12 months with regard to relapse of low back pain and number of days on sickness leave. RESULTS: There were no differences in pain or stiffness (VAS, physical tests) at inclusion, nor in the reduction of pain or stiffness over a six month evaluation. However, patients receiving acupuncture used significantly less analgetic drugs during the first week after start of treatment than those receiving naproxen (2/28 versus 11/29, p < 0.01). Patients receiving acupuncture also reported fewer new episodes of low back pain (11/28 versus 30/29, p < 0.05) during the 6 + 12 month follow-up. Side effects were frequent in the naproxen group, especially gastroenteric side effects (0/28 versus 15/29, p < 0.01). INTERPRETATION: Standardised acupuncture treatment seems to be safe and effective in the treatment of acute low back pain in general practice. [18.14 / ecr-]

990- gera: 95679/di/ra
[**OBSERVATIONS ON 130 CASES WITH LUMBAR MUSCLE STRAIN TREATED BY GARLIC BIRD-PECKING MOXIBUSTION**]. LI HONGQIN.

international journal of clinical acupuncture. 2001,12(1),69 (eng).

[18.14 / 05.09-]

991- gera: 99472/di/ra

[AN EXPERIMENTAL STUDY OF RADIX ALAVIAE MILTIORRHIZAE ON PREVENTION OF THE EPIDURAL FIBROSCAR ADHESION POSTLAMINECTOMY]. LI HUANAN ET AL. **journal of traditional chinese orthopedics and traumatology.** 2001,13(12),6 (chi*).

[18.14 / 21.04-]

992- gera: 100576/di/ra

[AN EXPERIMENTAL STUDY OF RADIX SALVIAE MILTIORRHIZAE ON PREVENTION OF THE EPIDURAL FIBROSCAR ADHESION POSTLAMINECTOMY]. LI HUANAN ET AL. **journal of traditional chinese orthopedics and traumatology.** 2001,13(12),6 (chi*).

[18.14 / p188-]

993- gera: 97783/di/ra

[SUMMARY OF ACUPUNCTURE AND MOXIBUSTION FOR PROLAPSE OF LUMBAR INTROVERTEBRAL DISC]. LI JIE. **journal of clinical acupuncture and moxibustion.** 2001,17(10),48 (chi).

[18.14 / 05.09-]

994- gera: 93577/di/ra

[TREATMENT OF 105 CASES OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC WITH YAOTUO DINGTONG ADHESIVE PLASTER AND MASSAGE]. LI PEI ET AL. **shandong journal of tcm.** 2001,20(4),222 (chi).

[18.14 / massage- f0- ctanr-]

995- gera: 98331/di/ra

[OBSERVATION ON THERAPEUTIC EFFECTIVENESS OF ACUPUNCTURE ZHI-BIAN ACUPOINT USED IN CURING 126 CASES WITH ACUTE WAIST OVERSTRAIN]. LI ZHENGXIANG. **inner mongol journal of traditional chinese medicine.** 2001,20(1),25 (chi).

[18.14 / 54v-]

996- gera: 98519/di/ra

TCM TREATMENT FOR 50 CASES OF ACUTE PROTRUSION OF THE LUMBAR INTERVERTEBRAL DISC. LIANG SHUYUAN. **journal of tcm (english edition).** 2001,21(4),265 (eng).

[18.14 / massage-]

997- gera: 97394/di/ra

[CLINICAL EFFECT OF PHLOMIS ROTATA BENTH IN COMBINATION WITH CANALIS SACRALIS INJECTION METHOD ON PROLAPSE OF LUMBAR INTERVERTEBRAL DISC]. LIN XIANG-HUI HUMAO-DE ET AL.. **chinese traditional patent medicine.** 2001,23(7),538 (chi).

[18.14 / 05.15- p0-]

998- gera: 103748/di/ra

[TREATMENT OF 27 CASES OF PROTRUSION OF LUMBAR INTERVERTEBRAL DISC WITH SPINE-MASSAGE METHOD]. LIU NONG-YU. **journal of nanjing university tcm.** 2001,17(3),176 (chi).

Objective: to observe the therapeutic effect of the treatment of 27 cases of protrusion of lumbar intervertebral disc with spine-massage method. Method: the 27 patients in

the treatment group were treated with spine-massage method, compared with a control group of another 27 patients treated with the traditional method. Result: the effective rates in the treatment and control groups were 92.6% and 74% respectively, with significant difference . Conclusion: the spine-massage method is more effective than the traditional method. [18.14 / massage-]

999- gera: 96091/di/ra

[AN ANALYSIS OF 93 CASES OF LUMBAR INTERVERTEBRAL DISKS TREATED BY TCM AND WM]. LIU YONGQI ET AL. **journal of guiyang college of traditional chinese medicine.** 2001,23(3),20 (chi).

[18.14 / mo-]

1000- gera: 98353/di/ra

[OBSERVATION ON THE THERAPEUTIC EFFECT OF ACUPUNCTURE AND MOXIBUSTION COMBINED WITH MEDICINE MOVING CUPPING THERAPY FOR TREATMENT OF CHRONIC BACK FIBROSITIS]. LUI YUANYUAN AIZHUO YANG LIAN. **heilongjiang journal of traditional chinese medicine.** 2001,3,45 (chi).

[18.14 / 05.09- 05.08-]

1001- gera: 94972/di/ra

[100 PATIENTS WITH PROLAPSE OF LUMBAR INTERVERTEBRAL SPONDYLITIS TREATED WITH MASSAGE PROHENSIVELY]. MIAO XIANGBIN ET AL. **journal of clinical acupuncture and moxibustion.** 2001,17(4),35 (chi).

[18.14 / massage-]

1002- gera: 94810/di/re

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) FOR CHRONIC LOW BACK PAIN (COCHRANE REVIEW). MILNE S ET AL. **cochrane database syst rev.** 2001,2,CD003008 (eng).

BACKGROUND: Low back pain (LBP) affects a large proportion of the population. Transcutaneous electrical nerve stimulation (TENS) was introduced more than 30 years ago as an alternative therapy to pharmacological treatments for chronic pain. However, despite its widespread use, the effectiveness of TENS is still controversial. OBJECTIVES: The aim of this systematic review was to determine the efficacy of TENS in the treatment of chronic LBP. SEARCH STRATEGY: We searched MEDLINE, EMBASE, PEDro and the Cochrane Controlled Trials Register up to June 1, 2000. SELECTION CRITERIA: Only randomized controlled clinical trials of TENS for the treatment of patients with a clinical diagnosis of chronic LBP were included. Abstracts were excluded unless further data could be obtained from the authors. DATA COLLECTION AND ANALYSIS: Two reviewers independently selected trials and extracted data using predetermined forms. Heterogeneity was tested with Cochran's Q test. A fixed effects model was used throughout for continuous variables, except where heterogeneity existed, in which case, a random effects model was used. Results are presented as weighted mean differences (WMD) with 95% confidence intervals (95% CI), where the difference between the treated and control groups was weighted by the inverse of the variance. Standardized mean differences (SMD) were calculated by dividing the difference between the treated and control by the baseline variance. SMD were used when different scales were used to measure the same concept. Dichotomous outcomes were analyzed with odds ratios. MAIN RESULTS: Five trials were included, with 170

subjects randomized to the placebo group receiving sham-TENS and 251 subjects receiving active TENS (153 for conventional mode, 98 for acupuncture-like TENS). The schedule of treatments varied greatly between studies ranging from one treatment/day for two consecutive days, to three treatments/day for four weeks. There were no statistically significant differences between the active TENS group when compared to the placebo TENS group for any outcome measures. Subgroup analysis performed on TENS application and methodological quality did not demonstrate a significant statistical difference. Remaining pre-planned subgroup analysis was not conducted due to the small number of included trials and the variety of outcome measures reported. REVIEWER'S CONCLUSIONS: The results of the meta-analysis present no evidence to support the use of TENS in the treatment of chronic low back pain. Clinicians and researchers should consistently report the characteristics of the TENS device and the application techniques used. New trials on TENS should make use of standardized outcome measures. This meta-analysis lacked data on how TENS effectiveness is affected by four important factors: type of applications, site of application, treatment duration of TENS, optimal frequencies and intensities. [18.14 / rg- meta analyse-05.12-]

1003- gera: 89509/di/ra

[36 PATIENTS WITH PIRIFORMIS SYNDROME TREATED BY ELECTRONIC ACUPUNCTURE AND TDP]. PAN ZIXING. *journal of clinical acupuncture and moxibustion*. 2001,17(1),23 (chi). [18.14 / 05.12-]

1004- gera: 98372/di/ra

[THE EFFECT ON TREATING THE RELAPSE POST - OPERATION OF LUMBAR,INTERVERTEBRAL DISC HERNIATION BY USING THE SMALL NEEDLE SCALPEL AND MASSAGE : AN ANALYSIS OF 58 CASES]. PENG LINSHUN ET AL.. *chinese manipulation & q gong therapy*. 2001,17(3),29 (chi). [18.14 / massage- aiguille-]

1005- gera: 96047/di/ra

[PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED BY CHINESE DRUGS COMBINED WITH ACUPUNCTURE AND MOXIBUSTION]. PENG RUI, ET AL.. *hubei journal of traditional chinese medicine*. 2001,23(9), (chi). [18.14 / 05.09-]

1006- gera: 98564/di/ra

[TREATMENT OF MYOFASCIAL SYNDROME ON THE BACK BY CUP MOVING THERAPY COMBINED WITH POLYDIRECTIONAL MULTIPLE POINT INJECTION]. QIANG WENZHONG. *chinese acupuncture and moxibustion*. 2001,21(12),730 (chi*). [18.14 / 05.15- 05.08-]

1007- gera: 97769/di/ra- num

[CONTRAST STUDY ON PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED WITH BODY - ACUPUNCTURE ABDOMEN ACUPUNCTURE AND SCALP - ACUPUNCTURE]. REN XINRONG ET AL. *journal of clinical acupuncture and moxibustion*. 2001,17(10),1 (chi). [18.14 / ecr- cranio-]

1008- gera: 89097/di/ra

[CLINICAL EXAMPLES OF COMBINED USE OF POINTS MINGMEN AND GUANYUAN]. SHEN XUE-YONG. *shanghai journal of tcm*. 2001,35(1),32 (chi*).

Points Mingmen (GV4) and Guanyuan (GV4) are on the front and back parts of the body, and pertain to yin and yang innature respectively. Puncturing the two points can nourish yin and yang, and regulate the balance of the body to invigorate kidney-essence, nourish yuan-qi (original qi) and free lower energizer to be quite effective against prostatomegaly, lumbago, dawn diarrhea, menalgia and impotence. [2.06 / 4vg- vide+yin- vide+yang- prostate-18.14- 10.07- impuissance- 4vc-]

1009- gera: 98411/di/ra- num

[OBSERVATION ON THERAPEUTIC EFFECT OF ACUPUNCTURE PLUS INFRARED RADIATION FOR TREATMENT OF HYPEROSTEOGENY OF LUMBAR VERTEBRA]. SHU HONGWEN. *chinese acupuncture & moxibustion*. 2001,21(11),655 (chi*).

Purpose : To observe the effect of acupuncture at acupoints of lumbar region on hyperosteoegeny of lumbar vertebra. Methods : One hundred and two cases were randomly divided into treatment group treated with acupuncture plus infrared radiation (68 cases) and the control group treated with simple acupuncture (34 cases). Results : The cured rate was 76.47% and the total effective rate was 95.59% in the treatment group, and 58.82% and 94. 11 % in the control group. There was no significant difference in the total effective rate ($P > 0.05$) and a significant difference in the cured rate ($P < 0.05$) between the two groups. Conclusion : Acupuncture plus infrared radiation can obviously increase the cured rate for hyperosteoegeny of lumbar vertebra. [18.14 / ecr-]

1010- gera: 94192/di/ra

[THE SUMMARY OF 405 CASES OF PROTRUSION OF LUMBAR INTERVERTEBRAL DISC TREATED BY LIANGSHI WUSHEFANGFENG TANG]. SUN JINSHUN ET AL. *gansu journal of tcm*. 2001,14(2),26 (chi). [18.14 / f0-]

1011- gera: 89620/di/ra

[CLINICAL OBSERVATION ON TREATING LUMBAGO 120 CASES WITH SANBAIBANG MEDICATED WINE]. TAN YUANZHONG ET AL. *chinese journal of ethnomedicine and ethnopharmacy*. 2001,48,11 (chi). [18.14 / f0-]

1012- gera: 99100/di/ra

[36 PATIENTS WITH ACUTE LUMBAR SPRAIN TREATED WITH ACUPUNCTURING ON HOUXI POINT]. TANG JIAN ET AL. *journal of clinical acupuncture and moxibustion*. 2001,17(11),16 (chi). [18.14 / 3ig-]

1013- gera: 95713/di/ra

[STUDY ON THE CHANGES OF THE VOLUME OF BLOOD FLOW BEFORE AND AFTER SILVER NEEDLE ACUPUNCTURE TREATMENT IN PATIENTS WITH EXTRAVERTEBRAL SOFT TISSUE LESION]. WANG FU-GEN ET AL. *chinese journal of pain medicine*. 2001,2,80 (chi*).

Objective: Silver needle acupuncture treatment has notable effect on patients with chronic extravertebral soft tissue lesion, especially its long-term loosening effect on myospasm. The aim of this study was to explore the mechanism of silver needle acupuncture treatment. Methods. The volume of blood flow of 50 patients with

extravertebral soft tissue lesion were measured before and after this treatment by blood flow recorder. Results: The volume of blood flow in patients' deep tissue increased for 50% - 150% immediately after the treatment, and remained 20% - 40% increase one month after the treatment. The differences were statistically significant. Conclusion: Promoting the local circulation may be one of the mechanism of acupuncture treatment for soft tissue lesion. [18.14 / aiguille- acs-]

1014- gera: 96857/di/ra

[CLINICAL OBSERVATION OF 34 CASES ON TREATING SYNTHETICAL SYNDROME OF PIRIFORMIS HURTING IN THE WAY OF TCM INTEGRATED WITH WESTERN MEDICINE]. WANG JIXIANG. *heilongjiang journal of traditional chinese medicine.* 2001,5,17 (chi).

[18.14 / mo-]

1015- gera: 95300/di/ra

[CONTROL OBSERVATION ON THERAPEUTIC EFFECTS AND EFFECT-PRODUCING TIME OF ACUPUNCTURE AND TRACTION IN 100 CASES OF INTERVERTEBRAL DISK DISPLACEMENT]. WANG LIQUN. *chinese acupuncture and moxibustion.* 2001,21(5),279 (chi*).

Purpose: One hundred of intervertebral disk displacement were treated with acupuncture and acupuncture plus traction respectively, and the therapeutic effect and treatment time were compared. Results: there was no difference between the two therapeutic methods in the therapeutic effect, but there was difference in the treatment time ($P < 0.01$). Conclusion: acupuncture plus traction is superior to simple acupuncture ($P < 0.01$) in the therapeutic effect. [18.14 / ecr- seance- comparaison-]

1016- gera: 96791/di/ra

[SACROCOCYGEAL PAIN (33 CASES) TREATED BY FUMIGATION AND LOTION OF TRADITIONAL CHINESE DRUGS]. WANG RENCHENG. *journal of practical traditional chinese medicine.* 2001,8(17),32 (chi).

[18.15 / 05.09-]

1017- gera: 93959/di/ra

[500 CASES OF PROLAPSE OF LUMBER INTERVERTEBRAL DISC TREATED BY COMPRESS WITH CHINESE HERBS]. WANG XIN ET AL. *journal of external therapy of tcm.* 2001,10(1),12 (chi).

[18.14 / emplatre-]

1018- gera: 104526/di/ra

[A REPORT OF ION - INTRODUCTION OF CHINESE MEDICINE HERBS ON LUMBAR HYPEROSTEOGENY]. WANG YANXIN, HUA JIAN. *hebei journal of traditional chinese medicine.* 2001,23(8),575 (chi*).

[18.14 / 05.15-]

1019- gera: 99606/nd/re

[EFFECTS OF ACUPUNCTURE THERAPY ON LOW BACK PAIN AND/OR KNEE PAIN IN ELDERLY PATIENTS] WASHIO M, TAKASUGI S ET AL. *nippon ronen igakkai zasshi.* 2001,38(4),523-7 (jap).

In April 1999, 75 elderly patients (mean age: 79 years old) with low back pain and/or knee pain visited an acupuncture and physical therapy unit in a geriatric hospital. A cross-sectional study was carried out in order to evaluate the effects of acupuncture therapy on low back pain and/or

knee pain in elderly patients. Among them, 60 patients answered that their pain diminished following their therapy. The proportion of patients who were treated with acupuncture therapy were higher in these 60 patients than the other 15 patients (55.5% vs. 26.7%, $p = 0.05$). The result suggests that acupuncture therapy may be able to relieve low back pain and/or knee pain in elderly patients. However, 46% of the patients with acupuncture therapy were also treated with other types of physical therapy. Further studies should be recommended to confirm the effects of acupuncture therapy on low back pain and/or knee pain. [18.14 / 18.18- 23.07-]

1020- gera: 90571/di/ra

ACUPUNCTURE IMPROVES BACK PAIN IN PREGNANCY. WHITE AR. *focus on alternative and complementary therapies.* 2001,6(1),8-9 (eng).

Résumé et commentaire de l'article de: Wedenberg K et al. A prospective randomized study comparing acupuncture with physiotherapy for low-back and pelvic pain in pregnancy. *Acta Obstet Gynecol Scand* 2000; 79: 331-5. Réf gera: [86309]. [11.10 / 18.14-]

1021- gera: 95962/di/ra

Improvement of Anesthesia and Analgesia of Acupuncture Combined with Drugs: Clinical Observation and Experimental Research (abstract). Wu Gencheng, Chen Zhengqiu, Qin Biguang. *acupuncture research.* 2001,26(3),162 (eng).

Here is the abstract of the final report for the project "Improvement of Anesthesia and Analgesia of Acupuncture Combined with Drugs: Clinical Observation and Experimental Research", one of the national key projects in the ninth-five year plan. The results of clinical and experimental studies from Beijing, Chengdu and Shanghai showed that acupuncture combined with drugs is the very useful method during clinical anesthesia (no matter epidural anesthesia or general anesthesia) and analgesia (such as pain during labor, post-operative pain and sciatic neuralgia). Acupuncture can not only produce analgesia, but also protect the physiological functions of many organs such as brain, heart, kidney and throat. By the way, some new progress about the experimental research of the mechanism of acupuncture analgesia has been carried out, such as the relationship between the new discovered neuromodulators (endomorphin, orphanin FQ) and acupuncture analgesia. [6.02 / potentialisation- 11.10- 18.16-]

1022- gera: 96463/di/ra

[RELATIONSHIP BETWEEN BONE METABOLISM AND KIDNEY DEFICIENCY IN DEGENERATION OF LUMBAR SPINE]. WU JIE, ZHANG YING-ZE, ZHANG JING, ET AL. *liaoning journal of traditional chinese medicine.* 2001,28(9),520 (chi*).

Objective : To investigate the relationship between bone metabolic disturbance and kidney deficiency in degeneration of lumbar spine (DLS) - Methods : 75 patients with DLS were selected. According to sex and menopause condition, they were divided into three groups: premenopausal women group (15 cases), postmenopausal women group (30 cases) and adult men group (30 cases). 50 healthy persons were selected and divided into corresponding control groups (15 cases, 20 cases, 15 cases) - The levels of serum BGP and urine crosslaps were measured by ELISA. Meanwhile, all patients were graded according to kidney deficiency on syndrome differentiation of traditional Chinese medicine (TCM) - Results : The serum BGM levels of postmenopausal patients with DLS were obviously higher than that of control group ($P < 0.05$),

but no significant differences existed on both premenopausal and adult men patients ($P > 0.05$). The levels of crosslaps of all three patient groups were significantly higher than those of control groups ($P < 0.05$, $P < 0.01$, $P < 0.05$). The scores of kidney deficiency on DLS, postmenopausal patient group and adult men patient group were higher than that of premenopausal patient group ($P < 0.01$, $P < 0.05$). There were no significant differences between postmenopausal patient group and adult men patient group ($P > 0.05$). In DLS patients, to different extent, there was not only bone metabolism disturbance but also with DLS. Conclusions: To different extent, there was not only bone metabolism disturbance but also kidney deficiency appearance in three patient groups with DLS. Kidney deficiency was the main TCM pathogenesis of the disease. Bone metabolism disturbance may play an important role in kidney deficiency. [18.14 / vide+rn-]

1023- gera: 98394/di/ra

[SMALL-KNIFE -NEEDLE FOR TREATING 15 CASES OF LUMBOSACRAL FASCIA SYNDROME]. WU MING-XIA, LI LI, WU BING-HUANG, ET AL. *fujian journal of traditional chinese medicine.* 2001,32(3),13 (chi).

[18.14 / aiguille-]

1024- gera: 104450/di/ra- num

[TREATMENT OF PROLAPSE OF LUMBER INTERVERTEBRAL DISC BY COMBINATION OF ELECTRO-ACUPUNCTURE AND MEDICAL APPLICATION IN 160 CASES]. WU YAO-CH, ZHANG YI-FENG. *shanghai journal of acupuncture and moxibustion.* 2001,20(4),18 (chi*).

(Abstract) Purpose To observe the therapeutic effect of Electro-acupuncture plus Medical Application in treating prolapse of lumbar intervertebral disc. Methods One hundred and sixty patients were treated by combination of electro-acupuncture and medical application, 160 cases by single electroacupuncture and 160 cases by traction and massage. Results The therapeutic effect was 92.50% in electro-acupuncture plus medical application group, and there was a significant difference ($P < 0.05$) in comparison with the therapeutic effect of 85.63% in single electro-acupuncture group, and there was no significant difference ($P > 0.05$) in comparison with the therapeutic effect of 91.25% in group of traction and massage. Conclusion The therapeutic effect of electro-acupuncture plus medical application in treating prolapse of lumbar intervertebral disc was better than that of single electro-acupuncture. and it was similar to that of traction and massage. [18.14 / ecr-05.12- 05.15-]

1025- gera: 99096/di/ra

[ACUPUNCTURE AND MASSAGE TREATING 125 PATIENTS WITH LUMBAR VERTEBRAE HYPEROSTEOGENY]. WU ZHIQUAN ET AL. *journal of clinical acupuncture and moxibustion.* 2001,17(11),17 (chi).

[18.14 / massage-]

1026- gera: 99402/di/ra

[CLINICAL OBSERVATION ON 230 CASES OF LUMBAR INTERVERTEBRAL DISKS HERNIA TREATED BY HEAD ACUPUNCTURE AND RESTITUTION MANEUVER]. XIANG KAIWEI. *journal of guiyang college of traditional chinese medicine.* 2001,23(4),31 (chi).

[18.14 / cranio-]

1027- gera: 90853/di/ra

[SACRAL INJECTION AND MASSAGE FOR PROLAPSE OF LUMBAR INTERVERTEBRAL DISC IN 31 CASES]. XIAO FENG. *shanghai journal of tcm.* 2001,35(2),38 (chi*).

31 cases were treated by sacral injection and massage and satisfactory effects were attained. Of 31 cases, 12 were cured, 18 cases improved and 1 case failed. [18.14 / massage- 05.15-]

1028- gera: 91787/di/ra

[ACUTE LUMBAR SPRAIN (138 CASES) TREATED BY PENETRATING WAIGUAN (SJ,TE5) FROM NEIGUAN (PC6) BY ACUPUNCTURE]. XIE YANGXIANG ET AL. *journal of practical tcm.* 2001,17(3),31 (chi).

[18.14 / 5tr- 6mc- profondeur-]

1029- gera: 98504/di/ra

ANALYSIS ON THE THERAPEUTIC EFFECT OF OBLIQUE-NEEDLING AHSHI-POINT IN TREATMENT F 145 CASES OF LUMBAR-LEG-NECK-SHOULDER MUSCLE INURY (ABSTRACT). XU BEN. *acupuncture research.* 2001,26(3),187 (eng).

Rheumatoid Arthritis (RA) is a chronic and frequently occurring general autoimmune disease characterized chiefly by joint synovitis. Up to now, its pathogenesis remains unclear. According to its symptoms as pain, swelling and malformation of joints of extremities, it belongs to the category of "Bisynndrome". In the present paper, the effect of acupuncture with the needles warmed with ignited moxa (warming needles in short) was observed and compared with that of Western medicine Votalin Ointment. Close attention was paid to its local analgesic effect in treating RA. 62 cases of adult active RA including 23 males and 39 females were randomly and evenly divided into treatment group and control group. All the patients met the RA Revised Classification Standard (1987) and Active RA Standard of American Rheumatoid Disease Association. In treatment group, 31 patients were treated with warming needles and acupoints used were Quchi (LI 11), Waiguan (SJ 5), Hegu (LI 4), Baxie (EX-UE 9), Yanglingquan (GB 34), Zusanli (ST 36), Kunlun (BL 60), Bafeng (EX-LE 10), etc. The treatment was given once daily, with two or three points used every time, and with the needles warmed for 20 to 30 minutes. In control group, Votalin Ointment was applied to the local affected part, twice daily. 30 days' treatment was considered as a therapeutic course. An interval of 5 or 7 days was given before the next treatment started. After treatment, the results showed a satisfactory result in both groups. Regarding to the pain and swelling degrees, Ridit Test showed a significant difference between pre- and post-treatment ($P < 0.05$). Tenderness index of joints and the numbers of joint pain had remarkable improvement, symptoms such as morning stiffness, etc were obviously improved, but there was little difference between the two groups ($P > 0.05$). Warming needle therapy is effective in improving clinical symptoms especially in relieving pain, which is similar to that of Votalin Ointment. It is worth to be mentioned that the warming needle treatment has no irritant to the skin and has no side effect, and is thus superior to Votalin Ointment in this respect. [18.04 / ecr-18.16-]

1030- gera: 98532/di/ra

ANALYSIS ON THE THERAPEUTIC EFFECT OF OBLIQUE NEEDLING AHSHI-POINT IN TREATMENT OF 145 CASES OF LUMBAR-LEG-NECK-SHOULDER MUSCLE INJURY. XU BEN. *acupuncture research.* 2001,26(3),187 (eng).

[18.14 / 18.16- 18.12- 18.10-]

1031- gera: 104502/di/ra- num

[CLINICAL OBSERVATION OF TREATED 30 CASES OF SCIATICA BY POINT INJECTION THERAPY]. XU HONG - LI, ET AL.. *henan journal of traditional chinese medicine and pharmacy.* 2001,16(4),23 (chi).

[18.16 / 05.15- ctanr-]

1032- gera: 98533/di/ra

ELECTROACUPUNCTURE COMBINED WITH MEDICINES FOR TREATMENT OF SCIATICA (ABSTRACT). XU JIANZHONG ET AL. *acupuncture research.* 2001,26(3),188 (eng).

158 sciatica patients including 87 males and 71 females, aged 21 - 80 years were observed. Methods: Symptoms, signs, locomotion ability and verbal analog scale (VAS) of every case were used as four groups of indexes of observation. Dimension of every group index was quantified as 0, 1, 2 and 3 scores. 0 means no pain, no positive sign, normal locomotion or 0 score of VAS, 3 means extreme pain, maximum positive sign, no locomotion or 10 points of VAS. All the points of every case added of the four groups of indexes were considered as the total integral value. The total integral value of the extremely severe case was 12 points while the normal case was 0 point. These 158 cases were divided into five groups according to the principle of randomly sampling. 1) Simple EA group, 2) EA plus placebo (administration of Vitamin C 100 mg tid), 3) EA plus Nifedipine (calcium channel blocker, 10 mg tid), 4) EA plus Beclofen (GABA receptor agonist, 10 mg tid), and 5) EA plus Clonidine (alfa 2 receptor agonist of NA). All the medicines were put into the capsules with the same color and same size. Double blind principle was employed to carry out the observations - EA stimulation (0.4 0.6 mA, 50 Hz) was applied to bilateral Dachangshu (BL 25), Shenshu (BL 23), Chengshan (BL 57), Huantiao (GB 30), Yanglingquan (GB 34) and Weizhong (BL 40) points, for 30 min, once a day or every other day and with 5-10 times being a therapeutic course. Results: Curative effect was classified into 3 kinds - Significant effect meant that the total integral was decreased by more than 50 % ; improvement meant that the total integral value was decreased by 15 - 49 % and no effect meant that the integral value was decreased by less than 14 % - After treatment, the integral values of different groups decreased significantly in comparison with pre-treatment of each group (P<0.025). It indicates that both simple EA and EA plus medicine groups had a marked curative effect - The total curative effect rates of Simple EA group, EA plus placebo, EA plus Nifedipine, EA plus Beclofen and EA plus Clonidine groups were 28 %, 28.13 %, 47.06 %, 79.41 % and 93.93 % respectively. Except simple acupuncture group, the differences of the total integral between EA plus placebo group and each other groups were significant (P<0.001). It indicated that medicines could strengthen the EA effect and placebo had no effect. There was a significant difference between No. 2 and No. 3 or No. 4 in the total integral values (P<0.001). It means that the analgesic effect of both Beclofen and Clonidine is better than Nifedipine while the difference between Beclofen and Clonidine is not significant (P > 0.05). Conclusion: In partial patients, EA has definite analgesic effect, can improve the signs and strengthen locomotion, Nifedipine, Beclofen and Clonidine may enhance the therapeutic effect of EA further. [18.16 / 40v- ecr- potentialisation- 05.12- 25v- 23v- 57v- 30vb- 34vb-]

1033- gera: 96886/di/ra- num

[CLINICAL OBSERVATION OF TREATING PIRIFORM MUSCLE SYNDROME 100 CASES WITH POINT INJECTION THERAPY]. YANG LING, ET AL. *chinese journal of ethnomedicine and ethnopharmacy.* 2001,10(5),270 (chi).

[18.14 / ctanr- 05.15-]

1034- gera: 93406/di/ra

[THE CLINICAL OBSERVATION ON 62 CASES OF PATIENTS WITH MYOFASCITIS OF BACK TREATED WITH LITTLE KNIFE]. YANG MIN ET AL. *journal of clinical acupuncture and moxibustion.* 2001,17(3),24 (chi).

[18.14 / aiguille-]

1035- gera: 96289/di/ra

[CLINICAL OBSERVATION OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED BY "WIND-DISPELLING AND PAIN-STOPPING DECOCTION PLUS ELECTRO-ACUPUNCTURE]. YANG QUAN-YONG. *shanghai journal of traditional chinese medicine.* 2001,35(6),18 (chi*).

Prolapse of lumbar intervertebral disc was treated respectively by "Wind-Dispelling and Pain-Stopping Decoction plus electroacupuncture (treatment group), " Wind-Dispelling and Pain Stopping Decoction plus mokebi (control group A) and mokebi (control group B , 32 cases in each group, After 3-month treatment, the excellence rate was 91 % and the total effective rate 97 % in treatment group; the excellence rate was 66% and the total effective rate 88 % in control group A-, the excellence rate was 34% mid the total effective rate 59% in control group B. The treatment group had better effects than control groups (P < 0.01 [18.14 / ecr?- potentialisation- 05.12-]

1036- gera: 88148/di/ra- num

[OBSERVATION ON THERAPEUTIC EFFECT OF ACUPUNCTURE AND MOXIBUSTION COMBINED WITH ACUPOINT-INJECTION ON PROLAPSE OF LUMBAR INTERVERTEBRAL DISC]. YIN SHUYING ET AL. *chinese acupuncture and moxibustion.* 2001,21(1),23 (chi*).

Purpose To observe the therapeutic effect of acupuncture and moxibustion combined with acupoint-injection on prolapse of lumbar intervertebral disc. Methods: Acupuncture plus moxibustion combined with acupoint-injection of Danggui injection was used for treatment of 46 cases of prolapse of lumbar intervertebral disc, and electroacupuncture combined with acupoint-injection of Danggui injection was used for treatment of control group, and the clinical therapeutic effect was compared in the two groups. Results: The total effective rate was 97.8 % in the treatment group and 91.1 % in the control group, with statistically significant difference between the two groups (P<0.05). Conclusion: The therapeutic effect in the treatment group is superior to that in the control group. [18.14 / ecr- comparaison- 05.09- 05.15- 05.12- p13-]

1037- gera: 98092/di/ra

[219 PATIENTS WITH LUMBAR MUSCLE STRAIN TREATED WITH ACUPUNCTURE AND MASSAGE]. YIN YI ET AL. *journal of clinical acupuncture and moxibustion.* 2001,17(6),20 (chi).

[18.14 / massage-]

1038- gera: 91677/di/ra

[OBSERVATION ON CURATIVE EFFECT OF ACUPUNCTURE AND MOXIBUSTION AND TDP IN TREATING LUMBAR MUSCLE STRAIN]. YOU YANG ET AL. *journal of clinical acupuncture and*

moxibustion. 2001,17(2),17 (chi).
[18.14 / 05.09- ctanr-]

1039- gera: 101018/di/re

INTERVENTIONS FOR PREVENTING AND TREATING PELVIC AND BACK PAIN IN PREGNANCY (COHRANE REVIEW). YOUNG G ET AL. **cochrane library. oxford : update software.** 2001,,9 (eng).

Background: More than a third of women experience back pain during pregnancy. The pain can interfere with work, daily activities and sleep. Objectives: The objective of the review was to assess the effects of preventive interventions and treatments for pelvic and back pain in pregnancy. Search strategy: We searched the Cochrane Pregnancy and Childbirth Group trials register (October 2001) and the Cochrane Controlled Trials Register (The Cochrane Library, Issue 3, 2001). Selection criteria: Randomised trials of any treatment to reduce the incidence or severity of pelvic/back pain in pregnancy, or to prevent pelvic/back pain arising in pregnancy. Data collection and analysis: Trial quality was assessed and data were extracted independently by two reviewers. Main results: Three trials are included in this review involving 376 women. One randomized trial compared water gymnastics from 20 weeks with no treatment. The authors report less pain in the treatment group but the data are hard to interpret; there was a difference in rates of absence from work after 32 weeks of pregnancy (odds ratio 0.38, 95% confidence intervals 0.16-0.88). In another trial, acupuncture was rated as giving 'good' or 'excellent' help more frequently than physiotherapy (odds ratio 6.58, 95% confidence intervals 1.0-43.16) but this may reflect the benefit of individual compared with group therapy. One trial of 109 women compared the use of a special shaped pillow to fit under the woman's abdomen (Ozzlo pillow) with a standard pillow. Fewer women rated the Ozzlo pillow of 'little help' compared with the standard pillow (odds ratio 0.32, 95% confidence interval 0.18 to 0.58). Reviewers' conclusions: Water gymnastics appear to reduce back pain in pregnancy. More women are able to continue at work. Specially shaped pillows help reduce back pain in late pregnancy and improve sleep. It is a pity that the Ozzlo pillow seems no longer to be available. Both physiotherapy and acupuncture may reduce back and pelvic pain. Individual acupuncture sessions were rated as more help than group physiotherapy sessions. [11.10 / rg- 18.14- metaanalyse-]

1040- gera: 94521/di/ra

[DIGITAL PRESSURE AND THUMB-ROOT KNEADING FOR ACUTE LUMBAR SPRAIN IN 50 CASES]. YUAN SHUN-XING. **shanghai journal of tcm.** 2001,35(3),38 (chi*).

50 cases of acute lumbar sprain were treated by digital pressure and thumb-root kneading therapy, which could ease pain, relieve muscular spasm and promote convalescence. [18.14 / acupression-]

1041- gera: 98090/di/ra

[SCIATIC TREATED WITH ACUPUNCTURE - MOXIBUSTION AND MASSAGE]. ZHAN YAJUN ET AL. **journal of clinical acupuncture and moxibustion.** 2001,17(6),15 (chi).

[18.16 / massage- 05.09-]

1042- gera: 91781/di/ra

[FRACTURE COMPLICATED LEG PAIN (80 CASES) TREATED BY MODIFIED DECOCTION OF PUBESCENT ANGELICA AND LORANTHUS]. ZHANG JIE. **journal of practical tcm.** 2001,17(3),8 (chi).

[18.16 / f247- fracture-]

1043- gera: 93592/di/ra

[A CLINICAL OBSERVATION ON THE TREATMENT OF LUMBAR OSTEOARTHRITIS BY "TONGLUO ZHITONG GAO"]. ZHANG JUN ET AL. **journal of traditional chinese orthopedics and traumatology.** 2001,13(3),5 (chi*).

[18.14 / f0-]

1044- gera: 90012/di/ra

[STUDY ON APPLICATION OF ZI-WU DAOJIU NEEDLING METHOD IN RESTROGRADE OSTEOARTHRITIS OF LUMBAR VERTEBRAE]. ZHANG PING. **chinese acupuncture and moxibustion.** 2001,21(2),97 (chi*).

One hundred and ten cases of retrograde osteoarthritis of lumbar vertebrae were treated with Zi- Wu Daojiu needling method and 70 cases treated with electroacupuncture were used as control group. Results: Zi Wu Daojiu needling method can obviously increase the therapeutic effect on this disease. [18.14 / 05.12- ecr?-]

1045- gera: 94963/di/ra

[THE TREATMENT OF PROLAPSES OF LUMBAR INTERVERTEBRAL DISC WITH ACUPUNCTURE AND MASSAGE]. ZHANG QINGLI. **journal of clinical acupuncture and moxibustion.** 2001,17(4),5 (chi).

[18.14 / massage- ecr?-]

1046- gera: 99482/di/ra- num

OBSERVATION OF THE CURATIVE EFFECT OF 92 CASES OF TRANSVERSE PROCESS SYNDROME OF THE THIRD LUMBAR VERTEBRA TREATED WITH ACUPUNCTURE CUPPING AND POINT INJECTION. ZHANG WEIHUA ET AL. **international journal of clinical acupuncture.** 2001,12(3),207-10 (eng).

The curative rate of 92 cases of transverse process syndrome of the third lumbar vertebra treated with acupuncture, cupping, and point injection is compared to that of 45 cases treated with the traditional method of acupuncture and cupping. The results show that the curative rate of the observation group (88.0%) is better than that of the control group (35.6%). [18.14 / 05.08- ecr- htjj- 05.15- comparaison- 23v-]

1047- gera: 94534/di/ra

[CHANGES OF SEGMENTAL MOTION AFTER SPINAL MANIPULATION IN PATIENTS WITH LUMBAR INTERVERTEBRAL DISC PROTRUSION]. ZHAO PING ET AL ZHAO PING ET AL. **chinese journal of integrated traditional and western medicine.** 2001,21(3),186 (chi*). ref:4

[18.14 / manipulation-]

1048- gera: 104875/di/ra

[PATIENTS WITH THIRD LUMBAR TRANSVERSE PROCESS SYNDROME TREATED WITH ACUPUNCTURE AND POINT - INJECTION]. ZHAO ZESHUN ET AL. **journal of clinical acupuncture and moxibustion.** 2001,17(9),21 (chi).

[18.14 / 05.15-]

1049- gera: 95960/di/ra

[ADVANCE OF CLINICAL SRUDY ON PROLAPSE OF LUMBAR INTERVERTEBRAL DISC IN CHINESE MEDICINE]. ZHENG XIAO-HONG. **shanghai journal of tcm.** 2001,35(7),47 (chi*).

Abstract: This paper summarizes the treatment of prolapse

of lumbar intervertebral disc by Chinese medicine such as oral medication, external application, massage, acupuncture, acupoint injection. Chinese medicine is quite effective against prolapse of lumbar intervertebral discs in clinical practice and thus accepted readily by patients. [18.14 / rg- massage- 05.15-]

1050- gera: 96090/di/ra

[A REPORT OF 169 CASES OF LUMBAR INTERVERTEBRAL DISKS HERNIA TREATED BY TCM AND WM], ZHOU GUOJUN ET AL. **journal of guiyang college of traditional chinese medicine**. 2001,23(3),18 (chi).

[18.14 / mo-]

1051- gera: 101183/di/re- num

EFFICACY OF THE TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION FOR THE TREATMENT OF CHRONIC LOW BACK PAIN: A META-ANALYSIS. BROSSEAU I ET AL. **spine**. 2002,27(6),596-603 (eng).

[18.14 / meta analyse- 05.12-]

1052- gera: 106873/di/ra

[LITTLE KNIFE TREATING THE THIRD LUMBAR VERTEBRAE TRANSVERSE SYNDROME]. CAO HUSBENG. **journal of clinical acupuncture and moxibustion**. 2002,18(7),25 (chi).

[18.14 / aiguille-]

1053- gera: 101034/di/re- num

COMPARISON OF SUPERFICIAL AND DEEP ACUPUNCTURE IN THE TREATMENT OF LUMBAR MYOFASCIAL PAIN: A DOUBLE-BLIND RANDOMIZED CONTROLLED STUDY. CECCHERELLI F ET AL. **clin j pain**. 2002,18(3),149-53 (eng).

[18.14 / ecr-]

1054- gera: 103649/di/ra

[EFFECT OF ELECTRICAL ACUPUNCTURE COMBINED WITH TRADITIONAL CHINESE DRUGS ON FOLD MICROCIRCULATION OF LUMBAR INTERVERTEBRAL DISC PROLAPSE]. CHEN BAIHONG, DING JIANJIANG, LI MINGHUI ET AL. **journal of practical tcm**. 2002,4(18),3 (chi*).

Objective : To probe into the effect of electrical acupuncture in 9 points of waist combined with traditional Chinese drugs on nail fold microcirculation of lumbar Intervertebral disc prolapse (LIDP). Methods : 180 cases of LIDDP had been divided three groups and made 60 each: a test group and two controlled groups. The test had been treated by electrical acupuncture in 9 points of waist combined with pills for lumbago, controlled I, by electrical acupuncture only and controlled 2, by traditional Chinese acupuncture. The examination of nail fold microcirculation had been respectively taken pro and post treatment. Result : Every integral had been obviously improved in the test and controlled I (P <0.05-0.01), but only the integral of blood flow state in controlled 2 improved (P <0.05). Conclusion : The therapy, electrical acupuncture in 9 points of waist combined with pills for relieving lumbago, can be applied to improve the microcirculation of LIDP. [18.14 / 05.12- microcirculation- ecr-]

1055- gera: 105029/di/ra

[ADVANCE OF TREATING PROLAPSE OF LUMBAR INTERVERTEBRAL DISC]. CHEN JING - GANG. **chinese journal of ethnomedicine and ethnopharmacy**. 2002,8(4),202 (chi).

[18.14 / rg-]

1056- gera: 104717/di/ra

[SMALL-KNIFE-NEEDLE FOR TREATING 39 CASES OF ENTRAPMENT SYNDROMES OF POSTERIOR RAMI OF LUMBAR NERVES]. CHEN YUE, WU BING-HUANG, WU MING-XIA, ET AL. **journal of fujian college of traditional chinese medicine**. 2002,11(3),5 (chi*).

39 cases of entrapment syndromes of posterior rami of lumbar nerves were treated by the specific operation methods of small-needle-knife. The results showed as follows: 30 cases were cured, 6 cases markedly effective, 3 cases improved. It indicates that the specific operation methods have obvious effects on entrapment syndromes of posterior rami of lumbar nerves. [18.14 / aiguille-]

1057- gera: 101160/di/ra- num

[58 PATIENTS WITH PROLAPSE OF LUMBAR INTERTEBRAL DISC TREATED IN THREE-STEP THERAPY]. CHENG XIUBIN. **journal of clinical acupuncture and moxibustion**. 2002,18(1),39 (chi).

[18.14 / ctanr-]

1058- gera: 105796/di/ra

[LUMBAR DISC PROTRUSION TREATED BY NON-OPERATIVE OF COMBINATION OF TCM AND WESTERN MEDICINE: A REPORT OF 204 CASES]. DAI YUE-HONG '. **journal of chengdu university of traditional chinese medicine**. 2002,25(2),50 (chi).

[18.14 / mo-]

1059- gera: 105461/di/ra

[CLINICAL OBSERVATIONS ON THE TREATMENT OF INTERVERTEBRAL DISC PROTRUSION WITH CONTRALATERAL ACUPUNCTURE]. DING XI-YI. **shanghai journal of acupuncture and moxibustion**. 2002,21(4),24 (chi*).

Purpose: To treat patients with protrusion of intervertebral disc accompanied by tenderness on Jiaji points on the healthy side with contralateral acupuncture or routine (affected side) acupuncture, and to observe and analyze the curative effect. Methods: Sixty patients with protrusion of intervertebral disc accompanied by over+ +tenderness on tenderness on L4-5 Jiaji points on the healthy side were randomly divided into a treatment group and a control group, 34 cases each. The treatment group was given acupoint injection on the healthy side and the control group, on the affected side. Point Huantiao on the affected side was acupunctured in both groups. The curative effects were compared between the two groups. Results: After 3 treatments, a marked effect occurred in 44 cases of the treatment group (41. 2 % and in none of the control group. There was a significant difference (P<O. 01). Conclusion: Contralateral acupuncture has a significantly better effect on patient with protrusion of intervertebral disc accompanied by tenderness on Jiaji points on the healthy side than routine acupuncture on the affected side. [18.14 / lateralite- 30vb- 05.15- ecr- htjj-]

1060- gera: 102613/di/ra- num

[ANALYSIS OF TYPE OF SYNDROME OF LUMBAR DISC HERNIATION]. DUAN KAN, DENG BO, LUO YIWEN, ET AL. **chinese journal of traditional medicine traumatology and orthopedics**. 2002,10(2),25 (chi*).

Objective : To explore the type of syndrome of lumbar disc Herniation (LDH) and guess the pathogenesis of LDH conversely. Methods : Types of syndromes of 1283 cases of

LDH were classified and counted. Results : There were 15 basic types of syndromes and 15 complex types of syndromes. In all 30 types of syndromes 5 types of syndromes in higher proportion were : syndrome of stagnation of qi and stasis of blood (33. 44%) syndrome of deficiency of the liver and kidney (28, 92%) syndrome of deficiency of the liver and kidney and cold - damp blocking in the meridians (7. 64%), syndrome of cold - damp blocking in the meridians (6. 24%) and syndrome of stagnation of qi and stasis of blood and deficiency of the liver and kidney (6. 16%). The order of 4 categories of syndromes was : category of syndromes of deficiency of the liver and kidney (49. 26%), category of syndromes stagnation of qi and stasis of blood (45. 44%), category of syndromes of wind-cold and damp or heat (29. 62%), category of syndromes of deficiency of qi and blood (1. 40%). Conclusion : Syndrome of stagnation of qi and stasis of blood and syndrome of deficiency of the liver and kidney are the most frequent syndrome of LDH. The pathogenesis of LDH is mainly: deficiency of the liver and kidney, stagnation of qi and stasis of blood, and wind-cold and damp or heat blocking in the meridians. The kernel of the pathogenesis of LDH is the meridian qi in abnormal condition. [18.14 / vide- stase+sang- stase+qi- d\$- f- vide+rn-]

1061- gera: 107419/di/ra

[ANALYSIS OF TYPE OF SYNDROME OF LUMBER DISC HERNIATION], DUAN KAN, DENG BO, LUO YIWEN, ET AL. *chinese journal of traditional medicine traumatology and orthopedics*. 2002,10(2),25 (chi*).

Objective : To explore the type of syndrome of lumbar disc Herniation (LDH) and guess the pathogenesis of LDH conversely. Methods : Types of syndromes of 1283 cases of LDH were classified and counted. Results : There were 15 basic types of syndromes and 15 complex types of syndromes. In all 30 types of syndromes 5 types of syndromes in higher proportion were : syndrome of stagnation of qi and stasis of blood(33. 44%) syndrome of deficiency of the liver and kidney (28,92%) syndrome of deficiency of the liver and kidney and cold - damp blocking in the meridians (7. 64 %) , syndrome of cold - damp blocking in the meridians (6. 24%) and syndrome of stagnation of qi and stasis of blood and deficiency of the liver and kidney (6. 16 %). The order of 4 categories of syndromes was: category of syndromes of deficiency of the liver and kidney (49. 26%) category of syndromes stagnation of qi and stasis of blood(45. 44%) category of syndromes of wind - cold and damp or heat (29. 62%) , category of syndromes of deficiency of qi and blood (1. 40%). Conclusion : Syndrome of stagnation of qi and stasis of blood and syndrome of deficiency of the liver and kidney are the most frequent syndrome of LDH. The pathogenesis of LDH is mainly: deficiency of the liver and kidney, stagnation of qi and stasis of blood, and wind - cold and damp or heat blocking in the meridians. The kernel of the pathogenesis of LDH is the meridian qi in abnormal condition. [18.14 / d\$- stase+qi- stase+sang- vide+rn- stase+froid-]

1062- gera: 101134/di/re- num

ACUPUNCTURE FOR BACK PAIN META-ANALYSIS OF RANDOMISED CONTROLLED TRIALS AND AN UPDATE WITH DATA FROM THE MOST RECENT STUDIES. ERNST E ET AL. *Schmerz*. 2002,16(2),129-39 (eng). ref:*

[18.14 / meta analyse-]

1063- gera: 106870/di/ra- num

[OBSERVATION OF CURATIVENESS OF 82 PATIENTS WITH PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED WITH ACUPUNCTURE AND INJECTION ON ACUPOINTS]. GAO YUNHUA. *journal of clinical acupuncture and moxibustion*. 2002,18(7),9 (chi).

[18.14 / 05.15- ecr-]

1064- gera: 106481/di/ra

[OBSERVATION ON THE EFFECT OF INTEGRATING THERAPY OF TRADITIONAL CHINESE MEDICINE AND WESTERN MEDICINE IN TREATING INTERVERTEBRAL DISC OF THE WAIST]. GUO XIUJIE, WEN ZHIHENG. *inner mongol journal of traditional chinese medicine*. 2002,21(3),23 (chi).

[18.14 / mo-]

1065- gera: 103621/di/ra- num

[CLINICAL OBSERVATION OF ACUPUNCTURE TREATING PROLAPSE OF LUMBAR INTERVERTEBRAL DISC]. HE JUN. *journal of clinical acupuncture and moxibustion*. 2002,18(3),11 (chi).

[18.14 / ecr-]

1066- gera: 108527/di/ra

[CURATIVE EFFECT OBSERVATION ON 66 CASES OF TREATMENT OVER LUMBAR SPRAIN WITH NEEDLING ZANZHU AND YANGLINGQUAN POINT]. HE QING. *jiangxi journal of tcm*. 2002,33(5),35 (chi).

[18.14 / ctanr- 34vb- 2v-]

1067- gera: 106525/di/ra

[OBSERVATION OF CLINICAL CURATIVE EFFECTIVENESS OF 96 PATIENTS WITH PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED WITH ACUPUNCTURE AND MOXIBUSTION]. HE ZHANGMING. *journal of clinical acupuncture and moxibustion*. 2002,18(8),10 (chi).

[18.14 / 05.09-]

1068- gera: 105234/di/ra

[EXPERIMENTAL STUDY ON ACUPUNCTURE OF OPERATIVE EPIDURAL REGION AND CHINESE DRUGS FOR PREVENTION AND TREATMENT OF CICATRIX ADHESION AFTER LAMINECTOMY]. HUANG BOLING, ZHANG JUN, HUANG HAO, ET AL. *chinese acupuncture and moxibustion*. 2002,22(8),551 (chi*).

Purpose: To observe effects of acupuncture of the operative epidural region for prevention and treatment of epidural cicatrix adhesion after laminectomy. Methods: laminectomy rabbit model was set up by opening a hole at the spinous process of the 7th lumbar vertebra. 60 model rabbits were divided into 5 groups, model control, chitetrose control, acupuncture, Chinese drug, acupuncture plus Chinese drug groups. 4 rabbits in each group were sacrificed at the 2, 3, 4 week respectively to observe results. Results and Conclusion: Both acupuncture at the operative epidural region and acupuncture plus internal administration of Chinese drug can effectively prevent from epidural cicatrix adhesion and the cooperative action is superior to their single action. [18.14 / 21.04- eaa- lapin-]

1069- gera: 106535/di/ra

[ACUTE LUMBAR SPRAIN TREATED WITH BLEEDING AND CUPPING ON WEIZHONG]. JIANG

JIAXIN. **journal of clinical acupuncture and moxibustion**. 2002,18(8),54 (chi).

[18.14 / 40v- 05.08- 05.07-]

1070- gera: 108569/di/ra

[**STUDY ON TREATMENT OF PROTRUSION OF LUMBAR INTERVERTEBRAL DISC WITH MOXIBUSTION TOGETHER WITH SHEBIE OINTMENT**]. JIANG SONGHE, CHEN LINGYUN, YE TIAN SHEN, ET AL. **jiangsu journal of tcm**. 2002,23(10),15 (chi).

[18.14 / 05.09- ecr-]

1071- gera: 102154/di/ra- num

[**CLINICAL OBSERVATION ON TREATMENT OVER PROLAPSE OF LUMBAR INTERVERTEBRAL DISC BY ACUPOINT INJECTION OF DRUGS ACCORDING TO MIDNIGHT-NOON EBB-FLOW**]. KANG XIANG-HONG. **jiangxi journal of traditional chinese medicine**. 2002,33(2),38 (chi).

[18.14 / 05.15- ecr- chronoacupuncture-]

1072- gera: 101131/di/re- num

ACUPUNCTURE TREATMENT OF CHRONIC LOW-BACK PAIN - A RANDOMIZED BLINDED, PLACEBO-CONTROLLED TRIAL WITH 9 MONTH FOLLOW-UP. LEIBING E ET AL. **pain**. 2002,96(1-2),189-96 (eng).

[18.14 / ecr-]

1073- gera: 107485/di/ra

[**OBSERVATION ON THERAPEUTIC EFFECT OF FLOATING ACUPUNCTURE ON PROLAPSE OF LUMBAR INTERVERTEBRAL DISC**]. LI CHANGSHENG. **chinese acupuncture and moxibustion**. 2002,21(9),529 (chi*).

Methods : Ninety-six cases of prolapse of lumbar intervertebral disc were divided at random into the treatment group (46 cases) treated with floating acupuncture and the control group (50 cases) treated with routine acupuncture, and the changes of symptoms and signs in the 2 groups were observed. Results The cured rate was 58. 7 % in the treatment group and 34. 0 % in the control group, with a significant difference between the two groups (P<0. 05). Conclusion : The therapeutic effect of floating acupuncture on prolapse of lumbar intervertebral disc is superior to that of routine acupuncture. [18.14 / ecr-]

1074- gera: 106275/di/ra

[**CLINICAL ANALYSIS OF 200 PATIENTS WITH LUMBOCRURAL PAIN FOLLOWING RESECTION OF NUCLEUS PULPOSUS OF LUMBAR INTERVERTEBRAL DISC TREATED BY THICK SILVER NEEDLE**]. LI HAI - TAO, MA LI - PING. **xinjiang journal of traditional chinese medicine**. 2002,20(3),35 (chi). ref:*

[18.14 / aiguille-]

1075- gera: 102924/di/ra

ELECTROACUPUNCTURE TREATMENT OF 176 CASES OF LUMBAR INTERVERTEBRAL DISC PROTRUSION. LI LIANMIN. **world journal of acupuncture-moxibustion**. 2002,12(1),52 (eng).

In the present paper, 176 cases of lumbar intervertebral disc protrusion are treated with electroacupuncture (EA) and topical heat irradiation. Local tender-point is used as the main acupoint, combined with Tunzhong, Tiaoyue, Weizhong (BL 40) and Yanglingquan (GB 34). The

treatment is conducted once daily, with 15 sessions being a therapeutic course. Following treatment, of 176 cases, 46 (26. 1 %) are cured, 90 (51. 1 %) have prominent improvement, 35 (19.8%) have amelioration and 5 (2.8%) have no apparent changes, with a total effective rate of 97. 0 % [18.14 / ashi- 05.12-]

1076- gera: 103508/di/ra

[**CLINICAL REPORT ON 12 CASES OF LUMBAR INTERVERTEBRAL DISKS HERNIA TREATED BY MASSAGE THERAPY COMBINED TCM AND WM**]. LI YUXIONG ET AL. **journal of guiyang college of traditional chinese medicine**. 2002,24(1),30 (chi).

[18.14 / massage- mo-]

1077- gera: 103363/di/ra

[**ADVANCEMENT IN RESEARCH OF MECHANISM OF ACUPUNCTURE AND MASSAGE IN TREATING PROTRUSION OF LUMBAR INTERVERTEBRAL DISC**]. LIANG YONGYING, CUI JIN, XIANG KAIWEI. **jiangsu journal of traditional chinese medicine**. 2002,23(4),42 (chi).

[18.14 / rg- massage-]

1078- gera: 107486/di/ra- num

[**CLINICAL OBSERVATION ON 49 CASES OF HYPEROSTEOGENY OF LUMBAR VERTEBRAE TREATED WITH ACUPOINT-INJECTION OF GU KANG TAI**]. LING JIANG SHIXI, SONG GANG, OU RONGYING. **chinese acupuncture and moxibustion**. 2002,21(9),531 (chi*).

Methods : Acupoint-injection of Gu Kang Tai Ling Injectio into Shenshu (BL 23) and Zusanli (ST 36) was used for treatment of 49 cases of hyperosteoegeny of lumbar vertebrae, and other 49 cases treated with intramuscular injection were used as control group. Results The effective rate was 97. 96% in the acupoint-injection group and 75. 51% in the control group. Conclusion : Acupoint- injection of Gu Kang Tai Ling has an obvious therapeutic effect on hyperosteoegeny of lumbar vertebrae. [18.14 / ecr-]

1079- gera: 105462/di/ra- num

[**CLINICAL ANALYSIS OF THE TREATMENT OF INTERVERTEBRAL DISC PROTRUSION BY WARMING ACUPUNCTURE AND MASSAGE COMBINED WITH HERBAL FOMENTATION**]. LIU GUI-ZHEN, ZHEN LI-LI. **shanghai journal of acupuncture and moxibustion**. 2002,21(4),26 (chi*). ref:*

Purpose: To observe the clinical effect of warming acupuncture and massage combined with herbal fomentation on protrusion of intervertebral disc. Methods: Two hundred and eighty patients with protrusion of intervertebral disc were treated by warming acupuncture and massage in combination with herbal fomentation. The result was compared with those in 10 patients treated by simple acupuncture, 10 by simple massage and 10 by simple herbal fomentation. Results: The effective rate was 100% in the combined treatment group, which was significantly different from that (87. 5% in the warming acupuncture group (P<0. 01) and that (60 %) in the fomentation group (P<0. 01) but not fro that (92. 5 %) in the massage group (P>0. 05). conclusion: Warming acupuncture and massage in combination with herbal fomentation has a significantly better effect on protrusion of intervertebral disc than simple acupuncture, massage or herbal fomentation. Only 3 courses of the combined treatment can produce a satisfactory effect. [18.14 / comparaisn- ctanr- massage- 05.09- ecr?-]

1080- gera: 106697/di/ra

[TREATMENT OF 56 CASES OF SYNDROME OF THIRD TRANSVERSE PROCESS OF LUMBAR WITH PLUM-BLOSSOM NEEDLE AND CUPPING]. LIU LEI, SHEN LING. *shandong journal of traditional chinese medicine*. 2002,21(9),546 (chi). [18.14 / 05.08- 05.05-]

1081- gera: 102454/di/ra

[CLINICAL OBSERVATION ON PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED WITH ELECTRIC ACUPUNCTURE AND EXTRADURAL INJECTION OF SPINAL CORD]. LIU ZHILIANG. *journal of clinical acupuncture and moxibustion*. 2002,18(5),47 (chi). [18.14 / 05.15- 05.12-]

1082- gera: 105954/di/ra

[CLINICAL OBSERVATION ON TREATMENT OF ROOT SCIATICA BY DEEP NEEDLING AT MAIN POINT DACHANGSHU. (BL 25)]. LOU BIDAN HUANG ZHIGANG. *chinese acupuncture and moxibustion*. 2002,22(7),451 (chi*).

Methods: 96 cases of root sciatica were randomly divided into treatment group (56 cases) and control group (40 cases). They were treated by deep needling at main point Dachangshu (BL 25) with elongated needle, and routine acupuncture at Dachangshu (BL 25) and other points, respectively. Results: 21 cases were cured, 27 markedly effective, 6 effective and 2 ineffective in the treatment group, and 7, 11, 18, 4 in the control group, respectively, with a significant difference between the two groups ($P < 0.05$). Conclusion: Deep needling at main point Dachangshu (BL 25) has a better therapeutic effect on root sciatica. [18.16 / profondeur- ecr-]

1083- gera: 110089/di/ra

[TREATMENT OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC WITH THE METHOD OF DIFFERENTIAL DIAGNOSIS IN ACCORDANCE WITH THE THEORY OF SIX CHANNELS]. LOU SHAO-KUN. *henan tcm*. 2002,22(6),1 (chi*).

The method of differential diagnosis in accordance with the theory of six channels was applied to treat prolapse of lumbar intervertebral disc, in combination with differential application of drugs, acupuncture and massage therapies. The close combination of internal and external treatments is a good manifestation of TCM ' S guiding principle of holistic concept, which often proves to have exceptionally good result. [18.14 / six-]

1084- gera: 110781/di/ra

LONGER-TERM CLINICAL AND ECONOMIC BENEFITS OF OFFERING ACUPUNCTURE TO PATIENTS WITH CHRONIC LOW BACK PAIN ASSESSED AS SUITABLE FOR PRIMARY CARE MANAGEMENT-3 MONTH CLINICAL OUTCOMES FROM A CONTROLLED T MACPHERSON H. *acupuncture in medicine*. 2002,20(2-3),121 (eng). [18.14 / ecr-]

1085- gera: 99570/di/ra

ACUPUNCTURE FOR BACK PAIN IN A PATIENT WITH FORESTIER'S DISEASE (DIFFUSE IDIOPATHIC SKELETAL HYPEROSTOSIS/DISH). MEARS T. *acupuncture med*. 2002,20(2-3),102-4 (eng).

Acupuncture was used to treat a 54-year-old man with low back pain and Forestier's disease. His symptoms were markedly improved with acupuncture where other treatments in the form of analgesics, non-steroidal anti-inflammatories, physiotherapy and hydrotherapy had

proved ineffective. There would appear to be no cases reported in the literature where medical acupuncture has been used to treat back pain in a patient with this condition. [18.14 / cc-]

1086- gera: 106313/di/ra

CLINICAL OBSERVATION ON TREATMENT OF 80 CASES OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC BY COMBINATION OF ACUPUNCTURE AND MEDICINE. RUAN YONGDUI, ET AL. *world journal of acupuncture-moxibustion*. 2002,12(2),36 (eng*).

150 cases of prolapse of lumbar intervertebral disc were randomly divided into treatment and control groups. 80 cases in treatment group were treated with combination of acupuncture, oral administration of Chinese medicinal herbs, traction, point-injection and intravenous drip of energy dehydration mixture; 70 cases in control group were managed by combination of acupuncture, oral administration of herbal medicines, traction, acupoint-injection (without energy dehydration mixture). The results showed that the curative rate and the total effective rate of the treatment group were 91.25 % and 98.75 % separately, while those of the control group 62.86 % and 92.86 % respectively. Comparison of the curative rate between the 2 groups showed a remarkable significance ($P < 0.01$). The observation demonstrated that combined treatment of prolapse of lumbar intervertebral disc with traditional Chinese and Western medicine is an effective approach. [18.14 / ecr-]

1087- gera: 103957/di/ra- num

TCM DIFFERENTIATION AND TREATMENT OF BACK PAIN . SAM C. LIANG. *international journal of oriental medicine*. 2002,27(1),1 (eng). [18.14 / d\$-]

1088- gera: 102448/di/ra- num

[157 PATIENTS WITH ACUTE LUMBAR SPRAIN TREATED WITH ACUPUNCTURE-MOXIBUSTION AND MASSAGE]. SHAO LANQUAN. *journal of clinical acupuncture and moxibustion*. 2002,18(5),27 (chi). [18.14 / ctanr- 05.09-]

1089- gera: 103838/di/ra

CLINICAL EXPERIENCE IN TREATING LUMBAR DISK PROLAPSE BY COMPREHENSIVE TREATMENT THERAPY. SHI YUNQIONG. *international journal of clinical acupuncture*. 2002,13(1),59 (eng*).

This paper reviews the author's experience in the past two years treating lumbar disk prolapse by comprehensive treatment therapy. The author treated lumbar disk prolapse, the common cause of lumbago, by a comprehensive therapy including traction, acupuncture, TDP baking and cupping; the effective rate reached 87.5%. The author felt that such treatment could alleviate symptoms, including pain; and avoid surgery. [18.14 / 05.08-]

1090- gera: 106868/di/ra- num

[CLINICAL OBSERVATION OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED WITH TRACTION AND ACUPUNCTURE - MOXIBUSTION]. SUN LIHONG. *journal of clinical acupuncture and moxibustion*. 2002,18(7),2 (chi). [18.14 / ecr- 05.09-]

1091- gera: 105770/di/ra

[TREATING 40 CASES OF TRANSVERSE

PROCESS OF THE FIFTH LUMBAR VERTEBRA THROUGH LOCAL BLOCKADE AND HERBAL COMPRESS]. TANG XIAOJU HE YUANCHENG CHEN YI ZHUO HAIYUAN. *guangxi journal of traditional chinese medicine*. 2002,25(3),23 (chi).
[18.14 / blocage- emplatre-]

1092- gera: 110551/di/ra

RANDOMISED CONTROLLED TRIAL COMPARING THE EFFECTIVENESS OF ELECTROACUPUNCTURE AND TENS FOR LOW BACK PAIN: A PRELIMINARY STUDY FOR A PRAGMATIC TRIAL. TSUKAYAMA H, ET AL. *acupuncture in medicine*. 2002,20(4),175 (eng*).

The objective of this study was to compare the effectiveness of electroacupuncture and TENS for low back pain when the electroacupuncture is applied in a clinically realistic manner. The study was designed as an evaluator-blinded randomised controlled trial (RCT). The study was performed at the Tsukuba College of Technology Clinic in Japan. Twenty subjects, who suffered from low back pain (LBP) without sciatica, were recruited, using leaflets in Tsukuba city. Subjects were allocated to either an electroacupuncture (EA) group (10 patients) or a transcutaneous electrical nerve stimulation (TENS) group (10 patients). The procedure for EA was in accordance with standard practice at our clinic. The main outcome measures were a pain relief scale (100mm visual analogue scale: VAS) and a LBP score recommended by the Japanese Orthopaedic Association (JOA Score). Mean VAS value during the 2 weeks experimental period of the EA group was significantly smaller than that of the TENS group (65mm vs 86mm ; 95% CI, 4.126 - 37.953). JOA Score in the EA group improved significantly while that in the TENS group showed no change. Although some placebo effect may be included, EA appeared more useful than TENS in the short-term effect on low back pain. We suggest that more realistic acupuncture interventions based on standard practice should be employed in pragmatic RCTs. [18.14 / ecr-]

1093- gera: 105341/di/ra

[THE CORRELATION ANALYSIS BETWEEN THE EFFECT OF MANIPULATION UNDER ANESTHESIA AND THE THREE - DIMENSIONAL LOCALIZATION IN THE HERNIATION OF LUMBAR DISC]. WANG JIANGUO, ZHENG YUXIN, SHI YINYU. *journal of traditional chinese orthopedics and traumatology*. 2002,14(8),3 (chi*).

[18.14 / manipulation-]

1094- gera: 108002/di/ra

[SUMMARY OF SINGLE POINTS TREATING ACUTE LUMBAR SPRAIN FOR RECENT 10 YEARS]. WANG JUN. *journal of clinical acupuncture and moxibustion*. 2002,18(9),55 (chi).

[18.14 / rg-]

1095- gera: 106263/di/ra

[THE INFORMATION ON THE TREATMENT OF PROLAPSES OF LUMBAR INTERVERTEBRAL DISC WITH ACUPUNCTURE IN THE PAST 10 YEARS]. WANG SHENG ET AL. *information on traditional chinese medicine*. 2002,19(2),30 (chi).

[18.14 / rg-]

1096- gera: 111062/di/ra

[PROLAPSE OF LUMBAR INTERVERTEBRAL TREATED WITH COMBINATION OF MANIPULATION OF DIGITAL PRESSING AND

LUMBER STEPPING WITH SUPPOSITORY YAO-TONG-LING: A REPORT OF 106 CASES]. WANG WEN-LI ET AL. *journal of chengdu of tcm*. 2002,25(4),4 (chi*).

Objective : to explore the effect of manipulation of digital pressing and lumber stepping combined with suppository Yao tong - ling to prolapse of lumber intervertebral - Methods : : 106 cases of patients were randomly allocated to two groups. In treatment group (n = 72), the therapy of manipulation of digital pressing and lumber stepping combined with suppository Yao - tong - ling was applied and in control group (n = 34) the therapy of lumbar vertebrae electric traction combined with Ibuprofen. Results : to general effect on relieving symptoms such as lumbago, spreading pain of lower extremities etc., there was a statistically significant difference between the two groups (P < 0.01). Conclusion : There was a satisfactory effect of manipulation of digital pressing and lumber stepping combined with suppository Yao tong - ling to prolapse of lumber intervertebral. [18.14 / ecr-]

1097- gera: 106180/di/ra

[TREATMENT OF PROLAPSE OF LUMBAR INTERVERTEBRAL DISC BY ELECTROMAGNETIC ION INTRODUCTION: A CLINICAL OBSERVATION OF 30 CASES]. WU LIN, WU KUNXIAN. *new journal of traditional chinese medicine*. 2002,34(7),48 (chi).

[18.14 / 05.13-]

1098- gera: 106883/di/ra

[CLINICAL OBSERVATION ON 161 CASES OF PIRIFORMIS SYNDROME TREATED WITH TRIPLE PUNCTURE COMBINED WITH WHITE TIGER SHAKING HEAD METHOD]. WU QI. *journal of traditional chinese medicine*. 2002,43(7),506 (chi*).

Purpose: To approach the effects of the acupuncture manipulation method on clinical therapeutic effects. Methods: 161 cases of piriformis syndrome were randomized into manipulation group with 80 cases and routine acupuncture group with 81 cases, and their therapeutic effects were investigated. Results : In the manipulation group, 61 cases (76. 25%) were cured, 13 cases (16. 25 % improved , and 6 cases (7. 5 % were ineffective, the effective rate being 92. 5% ; and in the routine acupuncture group, 46 cases (56. 79%) were cured. 17 cases (2 0. 9 9 %) improved, 18 cases (2 2. 2 2 %) were ineffective, and the effective rate being 77. 78% with a significant difference between the two groups (P < 0. 01). Conclusion : Triple puncture combined with white tiger shaking head method has a better therapeutic effect for piriformis syndrome. [18.14 / ecr- puncture- td-]

1099- gera: 107296/di/ra

[TREATING 35 CASES OF LUMBAR DISC PROTRUSION WITH YAOTUILING CAPSULE.]. X. *hunan guiding journal of tcmp*. 2002,8(4),185 (chi*).

[18.14 / f0-]

1100- gera: 110372/di/ra

[CLINICAL STUDY ON TREATMENT OF LUMBAR INTERVERTEBRAL DISC HERNIATION WITH SYNTHETIC METHOD: 179 CASES REPORTED]. X. *journal of clinical acupuncture and moxibustion*. 2002,18(11),19 (chi).

[18.14 / ecr?-]

1101- gera: 106534/di/ra- num

[OBSERVATION OF CURATIVE EFFECTIVENESS OF TRIPLE PUNCTURE MAINLY TREATING

SCIATICA ON HUANTIAO]. XIANG SHIYU ET AL. journal of clinical acupuncture and moxibustion. 2002,18(8),46 (chi).
[18.16 / 30vb- ctanr-]

1102- gera: 102450/di/ra- num

[CLINICAL OBSERVATION ON PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED WITH ELECTRIC ACUPUNCTURE AND TDP]. XIE KAI. journal of clinical acupuncture and moxibustion. 2002,18(5),32 (chi).
[18.14 / ecr- 05.12-]

1103- gera: 102452/di/ra

[31 PATIENTS WITH PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED WITH ELECTRIC ACUPUNCTURE]. YAN HELI ET AL. journal of clinical acupuncture and moxibustion. 2002,18(5),39 (chi).
[18.14 / 05.12-]

1104- gera: 106181/di/ra

[THE INFLUENCE OF BUQI TONGLUO FANG ON FUNCTIONAL AND STRUCTURAL RECOVERY OF DAMAGED SCIATIC NERVE IN RATS]. YANG ZHIDONG, YAO ZHENSONG, HE ZHENHUI. new journal of traditional chinese medicine. 2002,34(7),75 (chi*).
[18.16 / 14.09- eap- rat- f0-]

1105- gera: 104686/di/ra

[THE EFFECT OF BUQI TONGLUO FORMULAR ON THE FUNCTIONAL RESTORATION SCIATIC NERVE IN RATS: AN EXPERIMENTAL STUDY]. YAO ZHENSONG HE ZHENHUI LAO ZHENGUO, ET AL. journal of traditional chinese orthopedics and traumatology. 2002,13(7),3 (chi*).
[18.16 / 14.09- f0- eap- rat-]

1106- gera: 106334/di/ra- num

[TREAT LUMBAR INTERVERTEBRAL DISC PROTRUSION(LIDP) BY ELECTRIC ACUPUNCTURE TRACTION AND TUINA IN DIFFERENT STAGES]. YE DEBAO ZHU HAILIN. journal of zhejiang college of traditional chinese medicine. 2002,26(3),60 (chi*).

The author made a clinical observation on the treatment of lumbar inter-vertebral disc protrusion by electric acupuncture, traction and Tuina in different stages among three groups. The results show that the therapy of electric acupuncture with traction mainly applied for the early stage and Tuina combined by electric acupuncture and traction for the middle-later stage can greatly improve the therapeutic effect of lumbar intervertebral disc protrusion.
[18.14 / 05.12- ecr- massage-]

1107- gera: 101162/di/ra

[40 PATIENTS WITH SCIATICA TREATED WITH WARMING AND REVOLVING MOXIBUSTION]. YU ZHIGUO ET AL. journal of clinical acupuncture and moxibustion. 2002,18(1),48 (chi).
[18.16 / 05.09-]

1108- gera: 101894/di/ra

[CLINICAL RESEARCH ON THE TREATMENT OF LUMBAR INTERVERTEBRAL DISC PROTRUSION BY THE COMBINATION OF ACUPUNCTURE AND MASSAGE]. ZHANG DAO-WU LIANG XIAO-FEI WANG QIU-JING. shanghai journal of acupuncture and moxibustion. 2002,21(2),22 (chi*).

Purpose : To observe a relative difference in curative effect on lumbar intervertebral disc protrusion between combined acupuncture-moxibustion and massage and simple acupuncture-moxibustion ion. Method : Subjects were randomly divided into an acupuncture and massage group, an acupuncture group and a massage group for comparative observation. Results : The cure rate (55. 2%) and the total effective rate (100%) in the acupuncture and massage group were significantly higher than those (31. 0% and 86. 9%) in the acupuncture group and those (34. 7% and 91. 8%) in the massage group. Statistical analysis showed a significant difference (P<0.05). Conclusion : A combined acupuncture and massage treatment is superior to a simple acupuncture-moxibustion or massage treatment and at present is one of the better methods for treating lumbar intervertebral disc protrusion. [18.14 / ecr- 05.09- massage- potentialisation-]

1109- gera: 109155/di/ra

OBSERVATION ON TREATMENT OF SCIATICA WITH HOUDING ACUPOINT. ZHANG DIFEN. world journal of acupuncture-moxibustion. 2002,12(3),32 (eng*).

In the present paper, the author reports the results of acupuncture of Houding (GV 19) and other acupoints selected along the meridian for treating sciatica. A total of 92 sciatica patients were randomly divided into Houding group (n = 62) and control group (n = 30). In Houding group, patients were treated mainly with puncturing Houding (GV 19) . combined with Huantiao (GB 30) when necessary. In control group, patients were treated with Huantiao (GB 30), Yanglingquan (GB 34) or Zhibian (BL 54), Weizhong (BIL 40), Chengshan (BL 57), Kunlun (BIL 60), etc. which were selected along the route of meridian. Results indicated that following 10 sessions of treatment, in Houding and control groups, of the 62 and 30 cases, 44 and 15 were basically cured, 18 and 10 were improved, 0 and 5 failed in the treatment, with the total effective rates being 100% and 83,3% respectively. The therapeutic effect of Houding (GV 19) is significantly superior to that of acupoints selected along the meridian. [18.16 / ecr- 30vb- 19vg-]

1110- gera: 101159/di/ra

[ACUTE LUMBAR SPRAIN TREATED WITH ACUPUNCTURE ON HOUXI]. ZHANG SHENGHU. journal of clinical acupuncture and moxibustion. 2002,18(1),36 (chi).
[18.14 / 3ig-]

1111- gera: 101811/di/ra

[MYOFASCITIS OF BACK TREATED BY LYTIC OPERATION OF SMALL NEEDLE-KNIFECOMBINED MILD MOXIBUSTION]. ZHANG TING. journal of zhejiang college of traditional chinese medicine. 2002,26(1),54 (chi).
[18.14 / ecr?- 05.09-]

1112- gera: 105226/di/ra

[OBSERVATION ON THE THERAPEUTIC EFFECT OF 36 CASES OF PIRIFORMIS INJURY SYNDROME TREATED WITH TRIPLE NEEDLING WITH THICK NEEDLES PLUS GINGER-PARTITIONED MOXIBUSTION]. ZHANG TING, PANG GUOJUN, YAO QINYANG, ET AL. chinese acupuncture and moxibustion. 2002,22(8),525 (chi*).

Purpose: To observe clinical therapeutic effect of triple needling with thick needles plus ginger-partitioned moxibustion on piriformis syndrome. Methods: 36 cases of Piriformis syndrome were treated by triple needling with

thick needles plus ginger-partitioned moxibustion and 32 cases by local blocking, and their therapeutic effects were compared. Results: The cured rate and the total effective rate were 80.6% and 100.0% in the former, and 40.6% and 90.6% in the latter, respectively with a significant difference between the two groups ($P < 0.01$). Conclusion The triple needling plus ginger-partitioned moxibustion has a better therapeutic effect. [18.14 / comparaison- 05.09- ecr?-]

1113- gera: 110285/di/ra
[ACUPUNCTURE PLUS MANIPULATION FOR SEMI -DISLOCATION OF SACROILIAC JOINT]. ZHANG WEIHUA, LI YONGFENG. *shaanxi journal of tcm.* 2002,23(12),1116 (chi).
 [18.15 / ecr?-]

1114- gera: 105942/di/ra- num
[OBSERVATIONS ON THE CURATIVE EFFECT OF ACUPUNCTURE AND MASSAGE ON LUMBAR INTERVERTEBRAL DISC PROTRUSION]. ZHANG ZHONG-YI. *shanghai journal of acupuncture and moxibustion.* 2002,21 (3),15 (chi*).

Purpose: To observe the curative effect of acupuncture and massage on lumbar intervertebral disc protrusion. Method: Acupuncture and massage were combined to treat 30 cases of lumbar intervertebral disc protrusion. A simple massage group was established as a control. The curative effect was observed in the two groups. Results The total effective rate was 96. 7% in the observation group and 90. 3% in the control group. Statistical analysis showed that there was a significant difference between the two group ($P < 0. 05$). Conclusion: The curative effect is better in the observation group than in the control group. [18.14 / comparaison- ecr- massage-]

1115- gera: 101157/di/ra
[CLINICAL OBSERVATION OF RED-HOT NEEDLE FOR 80 PATIENTS WITH PAIN IN LUMBAR AND LEG] ZHAO LIJUN. *journal of clinical acupuncture and moxibustion.* 2002,18(1),30 (chi).
 [18.14 / 05.09-]

1116- gera: 102920/di/ra
TREATMENT OF 29 CASES OF LUMBAR INTERVERTEBRAL DISC PROTRUSION WITH GINGER- SEPARATED MOXIBUSTION. ZHAO LIXIN ET AL. *world journal of acupuncture-moxibustion.* 2002,12(1),39 (eng).

Objective : To observe the effect of ginger-separated moxibustion for treatment of lumbar intervertebral disc prolapse. Methods : 29 lumbar intervertebral disc protrusion patients including 21 males and 8 females were treated with ginger-separated moxibustion of Ashi-point and Jiaji (EX-B 2, the affected region) 1 5 - 6 cones every time, once every other day, continuously for 5 times. Then the therapeutic effect was analyzed. Results : After treatment, of the 29 cases, 23 (79. 3%) were cured, and the rest 6 (20.7%) experienced improvement. Conclusion : Ginger-separated moxibustion is fairly effective and safe in treatment of lumbar intervertebral disc protrusion. [18.14 / ashi- htjj- 05.09-]

1117- gera: 102984/di/ra
[MANUAL REDUCTION FOR MALPOSITION OF SMALL JOINT OF LUMBAR SPINE: A CLINICAL OBSERVATION OF 66 CASES]. ZHOU BILUN. *new journal of traditional chinese medicine.* 2002,34(6),40 (chi).
 [18.14 / manipulation-]

1118- gera: 102492/di/ra
[LUMBAR DISC PROLAPSE TREATED BY COMBINATION OF TRACTION, MASSAGE AND CHINESE HERBAL MEDICINE]. ZHOU CHUAN, LI YUKUN. *shaanxi journal of tcm.* 2002,23(5),445 (chi).
 [18.14 / massage-]

1119- gera: 106314/di/ra
CLINICAL ANALYSIS ON TREATMENT OF LUMBAR VERTEBRAL RETROGRADE AFFECTION WITH ACUPUNCTURE, TDP-IRRADIATION AND CUPPING. ZHOU YI. *world journal of acupuncture-moxibustion.* 2002,12(2),40 (eng*).

in the present paper, 70 cases of retrograde affection of the lumbar vertebrae are randomly and evenly divided into treatment group and control group. Shenshu (BL 23), Qihai (BL 24), Dachangshu (BL 25), Weizhong (BL 40), Jiaji (EX-B 2), etc. are used. In treatment group, acupuncture, TDP irradiation and cupping are performed, and in control group, only acupuncture is given. After 30 sessions (3 therapeutic courses) of treatment, in treatment and control groups, the total effective rates are 91. 43 % and 71. 43 % respectively. The therapeutic effect of comprehensive treatment is significantly superior to that of simple acupuncture therapy ($P < 0 - 05$). [18.14 / ecr-]

1120- gera: 101293/di/ra
[THE CURATIVE EFFECT OF ACUPUNCTURE AND EXTERNAL APPLICATION OF BITONG SAN FOR ACUTE STAGE OF CENTRAL TYPE PROLAPSE OF LUMBAR INTERVERTEBRAL DISC]. ZHUANG ZIQI ET AL. *new journal of traditional chinese medicine.* 2002,34(3),47 (chi*).

Objective : To observe the curative effect of acupuncture to specific acupoints and external application of Bitong San (BS) for acute stage of central type Prolapse of lumbar intervertebral disc (APID). Methods : Waiqiu (GB36), Xiashi (GB43), Jinmen (BL63), Weizhong (BL40) and Weiyang (BL39) were needled. Ashi point was deeply punctured, and BS was applied on Ashi, Yaoyangguan (DU3), Dachangshu (BL35), Guanyuanshu (BL26), Huantiao (GB30) and Yanglingquan (GB34) in 33 cases of APID. 30 cases receiving routine acupuncture treatment served as control. Results : In treatment group, total effective rate was 87. 9%; in control group, total effective rate was 66. 7%. The statistical analysis showed significant differences. Conclusion : The curative effect of treatment group is superior than that of control group. Its mechanism may relate with relief of local edema of nerve root, elimination of local inflammation, reduction of analgesic chemicals, absorption of protruding pulpiform nucleus, Promotion of local blood circulation and relief of nerve compression. [18.14 / f76- ecr- emplatre-]

1121- gera: 110034/di/ra
[OBSERVATION ON THERAPEUTIC EFFECT OF 32 CASES OF ACUTE PROLAPSE OF LUMBAR INTERVERTEBRAL DISC TREATED BY ACUPUNCTURE AT SPECIFIC ACUPOINTS COMBINED WITH APPLICATION OF BI TONG POWDER]. ZHUANG ZIQI, JIANG GANGHUI. *journal of tcm.* 2002,43(11),826 (chi).
 [18.14 / ecr-]

1122- gera: 106058/di/ra
[LITTLE KNIFE TREATING 45 PATIENTS WITH THE THIRD LUMBAR VERTEBRAE TRANSVERSE SYNDROME]. ZUO SHANGBAO. *journal of clinical*

acupuncture and moxibustion. 2002,18(6),31 (chi).
[18.14 / aiguille-]

index des auteurs

- AGASAROV LG 422,
 AGASAROV LG ET AL 527,
 AKIO IZUHATA 297,
 AMELIN AV ET AL 423,
 AMODEO F 69, 131,
 AN YULAN ET AL 962,
 ANDERSON R 804,
 ANDRES G 585,
 ANDREW JAY STRAUSS AND
 CHARLIE XUE 963,
 ANZAWA N ET AL 528,
 ASSENDELFT WJ ET AL 632,
 BABA Y 345,
 BAI YUNHENG 132,
 BANOS A 163,
 BAO FEI 679,
 BAO LI-YA ET AL 749,
 BASMADJIAN D 298,
 BERKMAN R 805,
 BERMAN BM ET AL 713,
 BI DA WEI ET AL 346,
 BI FUGAO 299, 347,
 BI YONGSHENG ET AL 348,
 BIRCH S ET AL 806,
 BOBOC JM 84,
 BOIVIN R 164,
 BORDAS C 133,
 BORGONOVO R. ET AL 211,
 BOSH VALDES ET AL 300,
 BOURNE IHJ 865,
 BRATILA F ET AL 680,
 BRICOT B 212,
 BROSSEAU I ET AL 1051,
 CABANNES 5,
 CAI CHENG-JUN ET AL 964,
 CAI DEYOU 349,
 CAI GUOWEI ET AL 681,
 CAI WENHUI 633,
 CAI YUAN WANG ET AL 424, 425,
 CANTONI T ET AL 134,
 CAO CHENG ET AL 477,
 CAO HUSBENG 1052,
 CAO JIAN-PING, CAO XIAO-YOU,
 WANG RONG 965,
 CAO JIN-MING 634,
 CAO WEN-ZHONG ET AL 807, 808,
 CAO WENMEI ET AL 107,
 CAO WENSHENG ET AL 866,
 CAO WENZHONG ET AL 966,
 CAO WENZHONG ET AL. 967,
 CAO YUNZHONG 867,
 CARLSSON C ET AL 529,
 CARLSSON CP, SJOLUND BH. 968,
 CARMENATY BAGLANS ET AL 426,
 CASAL I ET AL 23,
 CASTRO P 14,
 CECCHERELLI F ET AL 478, 868, 869,
 1053,
 CHANG CHE 750,
 CHANG TANGFA 213,
 CHEN A 350,
 CHEN BAIHONG, DING JIANJIANG,
 LI MINGHUI ET AL 1054,
 CHEN BAOZHU 530,
 CHEN BING-QING 870,
 CHEN DADIAN ET AL 214,
 CHEN DELIN 586,
 CHEN HEPING, ZHU BOGANG 258,
 CHEN HUA-YUAN ET AL 871,
 CHEN JING - GANG 1055,
 CHEN JIRUI ET AL 259, 260, 261,
 CHEN KE-ZHENG 587,
 CHEN LI-XIANG ET AL 588,
 CHEN LIANFANG ET AL 589,
 CHEN LIJUN ET AL 427,
 CHEN QUAN-SHOU ET AL 682,
 CHEN QUANXIN 262,
 CHEN SHAOMING 969,
 CHEN SHAOZHONG 165,
 CHEN SUISHE ET AL 635,
 CHEN TAO 970,
 CHEN XI ET AL 872,
 CHEN XI SUN XIJIANG LI
 CHANGXIN 531,
 CHEN XIAO-KAI, ET AL 971,
 CHEN XIAOYONG ET AL 873,
 CHEN XING-SHEN 428,
 CHEN XINGSHENG 751,
 CHEN XINGSHENG ET AL 752,
 CHEN XINYUAN 301,
 CHEN XUEYI 429,
 CHEN YAO-RAN ET AL 430,
 CHEN YIN GUO 874,
 CHEN YU 479,
 CHEN YUE AL 972,
 CHEN YUE, WU BING-HUANG, WU
 MING-XIA, ET AL 1056,
 CHEN YUHUA 532,
 CHEN ZAO-XIN 302,
 CHEN ZHI-MAN ET AL 973,
 CHEN ZHIMAN ET AL 974,
 CHEN ZUOLIN 135,
 CHENG BIN 975,
 CHENG GANG ET AL 875,
 CHENG WEI, DONG FU-HUI. 976,
 CHENG XIUBIN 1057,
 CHERKIN D ET AL 876, 877,
 CHERKIN DC ET AL 977,
 CHEUNG CS 431, 480,
 CHI LIYI 136,
 CHILTON SA 533,
 CHIU ET AL 137,
 CHU ZHAORONG ET AL 714,
 CHUNG C ET AL 47, 55,
 CIVITAREALE R ET AL 85,
 CLEMENS P 303,
 CLEMENS PE 304,
 COAN RM ET AL 63,
 COLE C. 978,
 COLLACOTT ET AL 878,
 CONNELLY ME 215,
 COZE B 6,
 CRACIUN T ET AL 18,
 CUENG CHENYU 305,
 CUI GUIFU ET AL 138,
 CUI LAI XIAN ET AL 306,
 CUI LAIXIAN 216,
 CUI SHUGHU 879,
 CUI SHUGUI 432, 481, 534,
 CUI SHUGUI ET AL 351,
 CUI SHUNGUI 535,
 CUI TONG HAI 433,
 CUI WENPING ET AL 482,
 CUI YUN-MENG 590,
 CUI YUN-MENG ET AL 753,
 D'ACUNZO G ET AL 536,
 DADONE G 70,
 DAI QIUSUN 217,
 DAI YUE-HONG * 1058,
 DANG-VU HUNG 263,
 DANJOU JP 218,
 DECK M 71,
 DELFAU 108,
 DELIN C 636,
 DENG JINFENG, WANG JUNAO, LIN
 DINGKUN 979,
 DEPARTEMENT D'ORTHOPEDIE DE
 L'HOSPITAL * 139,
 DESOUTTER B 166, 167,
 DEYO RA 683, 754,
 DEYO RA ET AL 352,
 DI MELLA A ET AL 353,
 DI STANISLAO C 809,
 DIEZ MARTIN J 188,
 DING CANGQING ET AL 755,
 DING XI-YI 1059,
 DING YIDAN 756,
 DING YUAN-QUAN ET AL 684,
 DING YUZHONG 434,
 DINGMING Y 307,
 DONG LIANG 354,
 DONG SHIWEI ET AL 537,
 DONG SHUHUA 86, 109,
 DONG WEN ET AL 810,
 DONG YIMING ET AL 264,
 DONG ZHI LIN 483,
 DONG ZI-BIN ET AL 591,
 DOU GUO-DONG 980,
 DOU KECHEN 435,
 DOUVILLE H 87,
 DU CHANG-CHENG 219,
 DU CHANGSHENG ET AL 880,
 DUAN KAN, DENG BO, LUO YIWEN,
 ET AL 1060, 1061,
 DUBOIS JC 168,
 DUNG HC 169,
 DUPLAN 110,
 DUPLAN B ET AL 111,
 EDELIST G ET AL 33,
 EIKAYAM O ET AL 685,
 ENE EE ET AL 112,
 ERNST E ET AL 757, 811, 1062,
 ESCUELA NEIJING 484,
 EVTUSHENKO SK ET AL 355,
 FAN BAI-LING ET AL 265,
 FAN BAORANG 170,
 FAN XING-FA 266,
 FAN YU-SHAN 812,
 FANG JUN 881,
 FANG LIANG ET AL 882,
 FANG LINXIANG 637,
 FANG ZONGCHOU 538,
 FEI JIXIANG ET AL 220,
 FENG GUO-XIANG 686,
 FENG PING ET AL 981,
 FENG TIANYOU ET AL 758,
 FENG TIENYOU 34,
 FENG YUEGUO 883,
 FIGAR S ET AL 9,
 FISHER HW 485,
 FLEISHER JL 140,
 FLOWERDEW MW ET AL 715,
 FONG KIATONG 356,
 FOUQUES-DUPARC V 88,
 FOURMONT D 357,
 FOX EJ ET AL 35, 36, 48,
 FRANGIPANE R 267,
 FRANKE A ET AL 884,
 FRITZ G ET AL 308,
 FU JUNHAO ET AL 716,
 FU PING 885,
 FU ZHIQIANG 539,
 FUCHUN W ET AL 309,
 GALLACCHI G ET AL 72,
 GALLI R ET AL 486,
 GALLIAMOV AG ET AL 358,
 GAN DE-JIA ET AL 886,
 GAO AN-ZE 638,
 GAO DAHAI 639,
 GAO FU LI 359,
 GAO QING WEI 687,
 GAO WEILIANG 540,
 GAO WENJIE 268,
 GAO YUNHUA 1063,
 GARCIA AA ET AL 592,
 GARVEY TA ET AL 310,
 GAY A 113,
 GE XIANGTAI ET AL 887,

- GENG JUNYING ET AL 436, 437,
GHONAME ESA 813,
GILES LG ET AL 814,
GOIDENKO VS 73,
GONG JINDE 89, 90,
GONG XIUJIAN 541,
GONZALEZ ROIG ET AL 360,
GOULDEN EA 2,
GOURION A 141,
GRANT DJ 759,
GRANT DJ ET AL 815,
GRILLI M ET AL 542,
GRUNDMANN T 438,
GU DAO-XIA ET AL 888,
GU LIZHONG 361,
GUAN JIDUO 311,
GUAN QISHENG ET AL 688,
GUAN ZHAN-DONG 717,
GUAN ZHENG 640,
GUAN ZHUN-HUI ET AL 641,
GUAN ZUNHUI ET AL 312, 689, 718,
719,
GUILLAUME G 189,
GUNN CC 64,
GUNN CC ET AL 24, 65,
GUO MING-YANG, YAN QING-
MING, FENG TAI SHEN 982,
GUO XIUJIE, WEN ZHIHENG 1064,
GUO XUEMEI ET AL 816,
GÜTLER J 56,
HACKETT GI ET AL 269,
HADDEEN WA ET AL 91,
HAIFA Z ET AL 313,
HAN CHANXU 221,
HAN GUIE 889,
HAN YOUdong ET AL 720,
HAO CHANGYUAN ET AL 314,
HART BF 42,
HAYASHIDA I ET AL 543,
HE CHEN 890,
HE DONGCHU 891,
HE JIEWANG ET AL 760,
HE JING ET AL 817,
HE JUN 1065,
HE MEIXIA ET AL 761,
HE QING 1066,
HE RUYI 721,
HE T 544,
HE ZHANGMING 1067,
HENG XIANPEI 892,
HIDEAKI TANAKA T ET AL 762,
HIE HAN YUN ET AL 362,
HIGASHI H ET AL 57,
HIROMI MATSUMOTO 818,
HIROSHI OMATA ET AL 270,
HOFER D 92,
HOHLOCH JP 271,
HONG JIEFEI ET AL 893,
HONGSHENG Z ET AL 642,
HONJO HISASHI ET AL 894,
HOPAYIAN K ET AL 819,
HOSPITAL OF SHANGHAI 2nd
MEDICAL COLLEGE 43,
HU JINSHENG 895,
HU QIUYAN ET AL 722,
HU RUNSHU 545, 546, 593,
HU SANJUE ET AL 222,
HUANG BOLING, ZHANG JUN,
HUANG HAO, ET AL 1068,
HUANG CHONGYANG 983,
HUANG GANGHUA 439,
HUANG WANSHENG ET AL 896,
HUANG WEI AND XING HONG-YI
643,
HUANG WEI ET AL 594, 820,
HUANG WEI H ET AL 690,
HUANG ZI-YI ET AL 821,
HUANG ZONGXUE 363,
HUBERT 3,
HUO QING-PING 691,
HYMAN M 822,
INOUE M ET AL 763,
INOUE MOTOHIRO ET AL 897,
INSTITUT DE MTC DE TIANJIN 315,
316,
IPASESCU-ALEXANDRU 10,
IRNICH D 823,
ISHII T ET AL 595,
IWA M ET AL 547,
JANSENS LA ET AL 317,
JANSENS L A A ET AL 318,
JANSENS LA 487,
JASPER WK 319,
JI XIAO-PING 644, 764, 898,
JI XIAOPING 190,
JI XIAP-PING 899,
JIA LI JUN 900,
JIACHEN Z ET AL 548,
JIANG BIN ET AL 901,
JIANG BIN LIU MENG LI LI 984,
JIANG BING 985,
JIANG BO 986,
JIANG HONG AND YANG ZHI-
LIANG 645,
JIANG HONG ET AL 364, 365, 488,
692,
JIANG JIAXIN 1069,
JIANG LI ET AL 171,
JIANG SIQING ET AL 902,
JIANG SONGHE, CHEN LINGYUN,
YE TIAN SHEN, ET AL 1070,
JIANG WEIZHUANG ET AL 74, 142,
191, 223,
JIANG XIUSHU ET AL 75,
JIANG YANG 765,
JIANG YOUGUANG ET AL 143,
JIANG ZHENYA ET AL 766,
JIAO HONG-PO 693,
JIN ALIGUI ET AL 694,
JIN BAO ZHU 366,
JIN CHANGLU 440,
JIN WANG-CHAO ET AL 224,
JIN WEI LIAEN 767,
JIN WEI-FAN 695,
JIN YANLI 646,
JING HONG ET AL 696,
JING YAOJING 367,
JINGCHUN P 647,
JIXIANG L 648,
JOFFE B 11,
JOUSSAUME Y 172,
JUNJI MIZUTANI 824,
JUNNILA SYT 93, 114,
KAJDOS V 15,
KALAUOKALANI D ET AL 987,
KANG XIANG-HONG 1071,
KAO HONGHAO 94,
KAPLAN EA 825,
KASUYA D ET AL 549,
KATSUHIRO YAMADA 320,
KAYUZA D ET AL 368,
KE QI, XU ZHUOXIN, ZHANG
JIPING, ET AL 988,
KEISOU ISHIMARU 550,
KEISOU ISHIMARU ET AL 489,
KENNEY J 321,
KESPI JM 225, 490, 491, 551, 596, 768,
KHOE WH 25,
KINOSHITA H 76,
KINOSHITA N 77,
KITADE T ET AL 369,
KITSSENKO VP 37,
KITTING G ET AL 989,
KITZINGER E 441,
KLIDE AM 115, 144, 145,
KLIDE AM ET AL 322, 370,
KLIDE M 272,
KOES BW ET AL 723,
KONG FANFEN 442,
KOU SHENG-LING 826,
KOVACS ET AL 552,
KRECCI T ET AL 192,
KUNO RC ET AL 649,
KUO PPF ET AL 226,
KURLAND HD 827,
KWASUCKI J ET AL 49,
KWOK-CHI YAU ET AL 443,
LAHAD A ET AL 597,
LAI XINSHENG ET AL 828,
LAITINEN J 38,
LANZA U 44, 173, 174,
LE LABOUREUR 769,
LEEM JW ET AL 650,
LEHMANN R ET AL 273,
LEHMANN TR ET AL 116, 193,
LEI LUN ET AL 227, 274, 444,
LEIBING E ET AL 1072,
LENTZ A 117,
LEVERNIEUX J ET AL 78,
LEWITH GT ET AL 146,
LI BAIMIN ET AL 228,
LI CHANGSHENG 1073,
LI DONGSHENG 229,
LI FENGBO 371,
LI GUANGRONG ET AL 445,
LI HAI - TAO, MA LI - PING 1074,
LI HONGBO ET AL 903,
LI HONGQIN 990,
LI HONGYUAN 446,
LI HUANAN ET AL 991, 992,
LI HUANRAN 79,
LI HUIAN ET AL 372,
LI JIANPING ET AL 275, 904,
LI JIE 993,
LI JINSHUE 373,
LI LIANFANG ET AL 492,
LI LIANMIN 1075,
LI LIN 905,
LI MINGGAO 493,
LI PEI ET AL 994,
LI QUN ET AL 323,
LI SHIJIE 276,
LI SHIYONG ET AL 906,
LI SUWEN ET AL 194,
LI TSUNG-MIN ET AL 45,
LI WENWU ET AL 598, 599,
LI XIAO-SHENG 724,
LI XIAOCHUN ET AL 494,
LI YEFU ET AL 195,
LI YUAN 697,
LI YUAN JING 374,
LI YUXIONG ET AL 1076,
LI ZHENGXIANG 995,
LI ZHI 770,
LI ZHONG ET AL 907,
LI ZONGJUN 147,
LI ZONGMIN ET AL 651,
LIANG SHUYUAN 996,
LIANG YONGYING, CUI JIN, XIANG
KAIWEI 1077,
LIAO SJ 19,
LIAO XISHOU 652,
LIN GUOMING 196,
LIN JIACHU 829,
LIN SHAO ZHEN 908,
LIN TANNIN 148,
LIN XIANG-HUI HUMAO-DE ET AL.
997,
LIN XU ET AL 698,
LIN YINGQIANG ET AL 909,
LING JIANG SHIXI, SONG GANG, OU
RONGYING 1078,
LIPTON S 58,
LISENYUK VP 495,
LIU GUANGTING 277,
LIU GUI-ZHEN, ZHEN LI-LI 1079,
LIU HECHUN ET AL 725,

- LIU JIE ET AL 910,
 LIU LEI, SHEN LING 1080,
 LIU NONG-YU 998,
 LIU QING 911,
 LIU RONGPING 278,
 LIU SHENZHONG ET AL 324,
 LIU TIANSHU 912,
 LIU WENDOU 375,
 LIU XIANG 600,
 LIU XIU QING ET AL 230,
 LIU YONGQI ET AL 999,
 LIU ZHENXING ET AL 913,
 LIU ZHICHENG ET AL 447,
 LIU ZHILIANG 1081,
 LIU ZHIMING ET AL 830,
 LONG WEN-JUN 914,
 LONGWORTH W ET AL 726,
 LONGWORTH W. 771,
 LOPACZ S ET AL 59,
 LOPEZ HS ET AL 831,
 LOU BIDAN HUANG ZHIGANG 1082,
 LOU SHAO-KUN 1083,
 LOVACKY S ET AL 231,
 LOZANO F ET AL 232,
 LU AIWEN 699,
 LU DING-HOU ET AL 601,
 LU DINGHOU ET AL 325,
 LU GUIMEI 602,
 LU JINGSHAN 326,
 LU JINSHAN 95,
 LU RONG ET AL 448, 496,
 LU SHOUKANG 376,
 LU XINHUA 772,
 LU YANAN 915,
 LU ZHONG-HOU 832,
 LU YUANYUAN AIZHUO YANG
 LIAN 1000,
 LUO LIXIN 603, 653,
 MA BO-HUA 700, 773,
 MA DENGXU 377,
 MA SHENG 774,
 MAC DONALS AJR 149,
 MACDONALD AJ ET AL 118,
 MACHERET EL ET AL 119,
 MACPHERSON H 1084,
 MACPHERSON H ET AL 833,
 MAEDA S ET AL 553,
 MALAPERT 7,
 MAN PL ET AL 26,
 MARROCHINO A 80,
 MARTIN B.B 279,
 MARTIN BB ET AL 233, 280,
 MARUYAMA T 96,
 MASAMICHI ET AL 27,
 MASAO TANAKA ET AL 234,
 MAZIERES B ET AL 175,
 MEARS T 1085,
 MELZACK R 28,
 MELZACK R ET AL 120,
 MENCKE ET AL 327,
 MENCKE M ET AL 281,
 MENDELSON G ET AL 50, 121,
 MENG HONG ET AL 775,
 MENG QINGLIANG 554,
 MENG QINGLIANG ET AL 604,
 MENG YI ET AL 776,
 MI SHUGUANG 605,
 MIAO JINHUA 497,
 MIAO XIANGBIN ET AL 1001,
 MIGUEL J 97,
 MILANOV I 555,
 MILNE S ET AL 1002,
 MING D 328,
 MINGXING Z 329,
 MIYAMOTO T ET AL 556,
 MO XIAORONG ET AL 916,
 MORANDOTTI R. ET AL 235,
 MORIKAWA K ET AL 98,
 NESBITT M 917,
 NGUYEN J 150,
 NGUYEN VAN NGHI 81, 82, 176, 177,
 NGUYEN VAN NGHI ET AL 51, 151,
 NIE HAN-YUN ET AL 654,
 NING XUAN ET AL 498,
 NIU FENG JING 777,
 NIU JINGQUAN ET AL 778,
 NOGIER 46,
 NOVAK 122,
 OMANA I ET AL 606,
 Ooba YUZI ET AL 918,
 OSPEDALE RUIJIN DI SHANGHAI
 236,
 OTA N 123,
 OUYANG BASI 834,
 OUYANG BASI ET AL 835,
 OUYANG CHONG 655,
 OUYANG QUN ET AL 701,
 PAN YUEGIN ET AL 378,
 PAN ZIXING 1003,
 PEI JINGCHUN 607, 919,
 PENG DE-ZHONG ET AL 920,
 PENG LINSHUN ET AL. 1004,
 PENG LIQUN 836,
 PENG RUI, ET AL. 1005,
 PENG ZONG-ZE ET AL 921,
 PIEDALLU P 8,
 PLANCHE D 52,
 POENTINEN PJ ET AL 60,
 PONTINEN PJ 61,
 POTHMANN R 449,
 PRICE DD ET AL 152,
 PRINCE JP 124,
 PROCACCI P 99,
 PU CHAOGANG 450,
 QI LIYI ET AL 178,
 QIANG WENZHONG 1006,
 QIU SHUHUA ET AL 153,
 QU PING ET AL 727,
 RAFAL S 330,
 RAN MINHUA ET AL 451,
 REBOUL JL 39,
 REMPP C 922,
 REMPP C ET AL 379, 452,
 REN BANGDING ET AL 179,
 REN QINMING ET AL 380,
 REN XINRONG ET AL 1007,
 RIDGWAY K 837,
 RINALDI R ET AL 381,
 RISCALLA LM 40,
 RODICA VISINESCU 237,
 ROGERS C 100,
 RUAN YONGDUI, ET AL 1086,
 RUNSHU H 608,
 RUSHEN D ET AL 656,
 SACKS LL 29,
 SAHIN F 728,
 SAM C. LIANG 1087,
 SANJUE H ET AL 282,
 SARDINA CRESPO ET AL 557,
 SAREL A ET AL 779,
 SAUSSINE JM 66,
 SCAVELLI TD ET AL 331,
 SCHIANTARELLI C ET AL 558,
 SCHMITT A 4,
 SCIARETTA C ET AL 154,
 SEGHETTI AM 780,
 SENSINI S ET AL 499,
 SHAN BAOZHI ET AL 838,
 SHAO CUI JIAO 839,
 SHAO LANQUAN 1088,
 SHAO MINGYUE 729,
 SHAO SHUIJIN ET AL 781, 782, 783,
 SHE HAIZHOU 125,
 SHEN GUIZI 283,
 SHEN KEJIAN 923,
 SHEN LIN ET AL 453, 924,
 SHEN RENJUN 500,
 SHEN RONGFU ET AL 238,
 SHEN XUE-YONG 1008,
 SHI JIN-HUA ET AL 730,
 SHI PEIFENG 501,
 SHI TING 382,
 SHI TING ET AL 383, 384,
 SHI XINGHUA 925,
 SHI XUE MIN ET AL 502,
 SHI YUNQIONG 1089,
 SHINGH KHALSA D 503,
 SHO SHUIJIN ET AL 784,
 SHU HONGWEN 1009,
 SHU XU ET AL 559,
 SHYH JONG YUE 53,
 SIN YM 83, 101,
 SIVAN C 197,
 SKEN RONGFU ET AL 126,
 SMITH LA ET AL 926,
 SOFAER B ET AL 840,
 SOLER JA ET AL 385,
 SONG YONG-GUI 657,
 SONG ZHENZHI 454, 560,
 SOON JACK LEUNG 16,
 SOTTE L 455, 561,
 SOUZA FJV 239,
 STEEPER D 198,
 STILL J 284, 332, STILL J 386, 785,
 STRAUSS S 127,
 SU RE LIANG ET AL 927,
 SUN BAO JIN 609,
 SUN FAXUAN ET AL 240, 387,
 SUN GUO-SHENG 928,
 SUN HONGFAN ET AL 199,
 SUN JINSHUN ET AL 1010,
 SUN LANYING 180,
 SUN LIHONG 1090,
 SUN R ET AL 731,
 SUN SHUCHUN 333, 334,
 SUN XUE-QUAN 241, 242,
 SUN ZHONGREN ET AL 702,
 SUNG J LIAO ET AL 504,
 SURIAN 243, 244,
 SURIAN G 54,
 TAKASE K 200,
 TAN MEIZUN ET AL 181,
 TAN YUANZHONG ET AL 1011,
 TANAKA N 562,
 TANAKA TH ET AL 786,
 TANG CIDE 563,
 TANG HANZHU 388,
 TANG JIAN ET AL 1012,
 TANG XIAOJU HE YUANCHENG
 CHEN YI ZHUO HAIYUAN 1091,
 TAUBIN P 128,
 TEBOULLE JC 182,
 THOMAS M ET AL 610,
 THUAN G 155,
 TIAN WEIZHU 505, 564,
 TIAN XIANBI 245,
 TONG LIMIN ET AL 506,
 TONG SHUXIANG 285,
 TONGDAO H 611, 612,
 TONGORO FA ET AL 129,
 TORRE L 30, 31,
 TORRE LK 41,
 TOSHIHIKO KASUYA 335,
 TRINH R 20,
 TRUONG TAN TRUNG 246,
 TSUKAYAMA H, ET AL 1092,
 TULDER MV ET AL 929,
 UEKI M ET AL 565,
 VAN TULDER MW ET AL 732, 841,
 842, 843, 844,
 VAS J 845,
 VU MINH NGOC 102,
 WALLACE WM 1,
 WAN BANG XING 389,
 WAN JIANFENG ET AL 507,
 WAN LI-HUA ET AL 733,
 WAN LIANGZHENG 286,

- WANG BAOLI ET AL 734,
 WANG DEFU 613,
 WANG DONGYING 614,
 WANG FU-GEN ET AL 1013,
 WANG GUANGDING ET AL 930,
 WANG GUANGZHI 201,
 WANG GUOCAI ET AL 390, 391, 392,
 393, 394, 395, 396, 397, 398,
 WANG GUOHUA ET AL 735, 846,
 WANG GUOLIANG 456,
 WANG JI-YUAN 247,
 WANG JIANGUO, ZHENG YUXIN,
 SHI YINYU 1093,
 WANG JING 566, 787,
 WANG JINLIANG 567,
 WANG JIXIANG 1014,
 WANG JUEMEI ET AL 183,
 WANG JUN 1094,
 WANG KEXIANG 156,
 WANG LIQUN 1015,
 WANG PINSHAN 336,
 WANG QIHAO ET AL 157,
 WANG QING ET AL 248, 399,
 WANG QING-YING ET AL 788,
 WANG QUANGQI ET AL 400,
 WANG RENCHENG 1016,
 WANG RR ET AL 931,
 WANG RUNSHENG ET AL 615,
 WANG SHENG ET AL 1095,
 WANG SHENG-XU 932,
 WANG SHENG-XU ET AL 933,
 WANG SHENGLIANG ET AL 658,
 WANG SHENGXU ET AL 847, 934,
 935,
 WANG SHIRONG ET AL 936,
 WANG SONG-RONG ET AL 616,
 WANG SONGRONG ET AL 508, 568,
 WANG WEIJIA ET AL 789,
 WANG WEN-LI ET AL 1096,
 WANG WENLIANG ET AL 457,
 WANG WENYUAN ET AL 509,
 WANG XI-KUAN 703,
 WANG XIN ET AL 1017,
 WANG XIUZHENG ET AL 103,
 WANG YA RONG 202,
 WANG YANXIN, HUA JIAN 1018,
 WANG YONG ET AL 704,
 WANG YONGQUAN 458,
 WANG YUE ET AL 459,
 WANG ZHENWEN ET AL 659,
 WASHIO M, TAKASUGI S ET AL
 1019,
 WEDENBERG K ET AL 937,
 WEI CONG JIAN ET AL 510,
 WEI FULIANG 790,
 WEI YI 249, 401,
 WEI ZHENDONG ET AL 791,
 WEN MUSHENG 569,
 WENG CHIA YING 203,
 WENG ET AL 204,
 WENYUAN W 617,
 WHITE AR 792, 1020,
 WHITE PF ET AL 848, 849,
 WILBER MC 32,
 Wu Gencheng, Chen Zhengqiu, Qin
 Biguang 1021,
 WU HANYANG 660,
 WU HUAJUN ET AL 938,
 WU JIE, ZHANG YING-ZE, ZHANG
 JING, ET AL 1022,
 WU JINWEI 205,
 WU LIN, WU KUNXIAN 1097,
 WU MING-XIA, LL LI, WU BING-
 HUANG, ET AL 1023,
 WU QI 1098,
 WU QIFANG 570, 661,
 WU QING-MING 662,
 WU SHUSHENG 850,
 WU XU-ZHAO 250,
 WU YAO-CH, ZHANG YI-FENG 1024,
 WU YAACHI 460,
 WU YAACHI ET AL 939,
 WU YICAI 287,
 WU YUANPEI 184,
 WU ZENGJUN ET AL 940,
 WU ZHIQUAN ET AL 1025,
 WURTH U 402,
 X 12, 13, 17, 21, 22, 62, 67, 104, 158,
 159, 185, 206, X 251, 252, 288, 403, 404,
 405, 406, 407, 461, 462, 463, 511, 512,
 513, 514, 515, 516, 571, 663, 664, 665,
 666, 667, 851, 1099, 1100,
 XI HAIMING 941,
 XI XUEDONG 942,
 XIA HUIMIN 408,
 XIANG KAIWEI 1026,
 XIANG SHIYU ET AL 1101,
 XIAO CHAO XI 409,
 XIAO FENG 1027,
 XIAO MANXUE 618, 619, 668,
 XIAO-KUI HOU 253,
 XIAOCHUN L ET AL 572,
 XIE CAIHONG 669,
 XIE JIZENG ET AL 705,
 XIE KAI 1102,
 XIE KAI ET AL 464,
 XIE YANGXIANG ET AL 1028,
 XIE YONGKE ET AL 289,
 XIN BOCHEN 465,
 XIN ZHIPING 706,
 XING QINGCHANG ET AL 943,
 XIONG GUANGTIAN 410,
 XIONG PEI YONG 466,
 XIUJUAN Y ET AL 670,
 XU BEN 1029, 1030,
 XU BINGHUI 620,
 XU CHENGZU 736,
 XU DA-REN 573,
 XU DAREN 621,
 XU HONG - LI, ET AL. 1031,
 XU JIANZHONG ET AL 1032,
 XU JIE ET AL 852,
 XU JINGYING ET AL 622, 623,
 XU NENGGUI ET AL 737,
 XU RONGZHEN 517,
 XU YAN 130,
 XU ZHANWANG ET AL 337,
 XU ZHESHENG ET AL 574,
 XU ZHIXIU ET AL 671,
 XUE LIGONG ET AL 944,
 YAMAGUCHI D. ET AL 738,
 YAMAMOTO T ET AL 575,
 YAN HELI ET AL 1103,
 YAN HONG ET AL 793,
 YAN LUZHO 853,
 YAN QING REI 186,
 YAN SHAO-MIN 794,
 YAN SHAOMIN 518,
 YAN TONGSHOU 411,
 YAN XIULIAN ET AL 467,
 YANG BAO-XIAN ET AL 412,
 YANG FENG-YUN 854,
 YANG FUMING 519,
 YANG HONG 707,
 YANG JIA SAN 207,
 YANG JIAN 208,
 YANG LING, ET AL 1033,
 YANG LIUZHONG 739,
 YANG MIN ET AL 1034,
 YANG QUAN-YONG 1035,
 YANG RNOG 576,
 YANG SHI-FANG 624,
 YANG XIAOYONG 945,
 YANG YI-SHUN 209,
 YANG YIAO-BEI 338,
 YANG YUHUA 290,
 YANG ZHIDONG, YAO ZHENSONG,
 HE ZHENHUI 1104,
 YANG ZHILIANG ET AL 625,
 YAO ZHENSONG HE ZHENHUI LAO
 ZHENGUO, ET AL 1105,
 YASUNO F ET AL 577,
 YE DEBAO ZHU HAILIN 1106,
 YE HUI PING ET AL 413,
 YE QIANG ET AL 105,
 YE RUI BIN ET AL 414,
 YI H 626,
 YI-MOU LI 254,
 YIN HUANJIN 855,
 YIN SHUYING ET AL 1036,
 YIN YI ET AL 1037,
 YONGMING J ET AL 672,
 YOU YANG ET AL 1038,
 YOUNG G ET AL 1039,
 YU CHUN-YANG 708, 856,
 YU GUO-XIONG ET AL 795,
 YU GUOJING 520,
 YU HU ET AL 468,
 YU QING YANG 415,
 YU RUN-MING ET AL 946,
 YU SHI MIN 947,
 YU SHUZHANG 255, 291,
 YU WEIHAO ET AL 740,
 YU XIANCHUAN 627,
 YU ZHIGUO ET AL 1107,
 YUAN DELI 210,
 YUAN SHUN-XING 1040,
 YUAN XIANGLONG 416,
 YUXI Z ET AL 628, 629,
 ZENG CAIXIN 741, 796,
 ZENG CHUN 292,
 ZENG ZHI-JUN 709,
 ZHAN DEQI ET AL 948,
 ZHAN YAJUN ET AL 1041,
 ZHANG DAJIONG 949,
 ZHANG DANG-HONG ET AL 673,
 ZHANG DAO-WU LIANG XIAO-FEI
 WANG QIU-JING 1108,
 ZHANG DIFEN 1109,
 ZHANG ENTAO 950,
 ZHANG FEINIAN 256,
 ZHANG FENG-QIN 857,
 ZHANG GUI FANG ET AL 578,
 ZHANG HAI-FA 293,
 ZHANG HAIFA ET AL 339, 469,
 ZHANG HAIFA ET AL 521,
 ZHANG HEPING 742,
 ZHANG HONGYING 743,
 ZHANG JI-CHEN 674,
 ZHANG JIAN-FU 951,
 ZHANG JIAN-HUA ET AL 522,
 ZHANG JIANHUA 952,
 ZHANG JIANHUA ET AL 797,
 ZHANG JIE 1042,
 ZHANG JINFU 470,
 ZHANG JIWU ET ALL 471,
 ZHANG JUN ET AL 1043,
 ZHANG LEI ET AL 953,
 ZHANG LIN-CHANG 858,
 ZHANG LINCHANG 417,
 ZHANG PING 1044,
 ZHANG QINGLI 1045,
 ZHANG SHAOXING ET AL 954,
 ZHANG SHAOYUN 710,
 ZHANG SHENGHU 1110,
 ZHANG SHENGLIANG ET AL 798,
 ZHANG SHIYUN 523,
 ZHANG TAIHUA 106,
 ZHANG TIAN-WEI 859,
 ZHANG TING 1111,
 ZHANG TING, PANG GUOJUN, YAO
 QINYANG, ET AL 1112,
 ZHANG WEI-HUA ET AL 744,
 ZHANG WEIHUA ET AL 1046,
 ZHANG WEIHUA, LI YONGFENG
 1113,
 ZHANG WEIYUAN 472,

ZHANG XIANGQIAN 473,
ZHANG XIN LAI 340,
ZHANG YONG-DE 711,
ZHANG YONG-SHENG ET AL 579,
ZHANG YONGCHEN 580,
ZHANG YUCHUN 294,
ZHANG YUNLAN ET AL 860,
ZHANG YUXI ET AL 581,
ZHANG ZHONG-YI 1114,
ZHAO ANMIN ET AL 418,
ZHAO CHANGGANG 187,
ZHAO DAGUI ET AL 799,
ZHAO FU GUO 745,
ZHAO FUGUO 746, 800,
ZHAO HONGXIA 474,
ZHAO LIJUN 1115,
ZHAO LIXIN ET AL 1116,
ZHAO MINHUI ET AL 861,
ZHAO PING ET AL 1047,
ZHAO PINGUAN 475,
ZHAO TIAN-PING ET AL 955,
ZHAO WANCHENG ET AL 295,
ZHAO X 582,
ZHAO YAN 862,

ZHAO YAN ET AL 747,
ZHAO ZESHUN ET AL 1048,
ZHAO ZHEN-JING 675,
ZHEN MIN-ZI 341,
ZHENG CAIXIN 748,
ZHENG DEJIANG 524,
ZHENG GUAN-LI 801,
ZHENG LIANGYI 863,
ZHENG XIAO-HONG 1049,
ZHENG XUELIANG 419,
ZHENG XUELIANG ET AL 420,
ZHENG Y 583,
ZHENG YUE J 342,
ZHENG ZHONG-LIN 343,
ZHENYUN Z 630,
ZHI L ET AL 676,
ZHILIANG Y ET AL 677,
ZHONG JISHANG 476,
ZHONG MEIQUAN 160, 161,
ZHONG QI 956, 957,
ZHONG YOUMING ET AL 344,
ZHONG YUANMING 584,
ZHOU BILUN 1117,
ZHOU CHUAN, LI YUKUN 1118,

ZHOU GUIYING ET AL 296,
ZHOU GUOJUN ET AL 1050,
ZHOU HUI ET AL 421,
ZHOU JUNQING ET AL 958,
ZHOU KE-ZHI 712,
ZHOU SHAOJI ET AL 68,
ZHOU WEIQIN ET AL 959,
ZHOU YI 1119,
ZHOU YIGUI 525,
ZHOU YONGHONG ET AL 802,
ZHOU ZUOTAO 960,
ZHU CHANGSHENG 162,
ZHU CUIQING ET AL 803,
ZHU GANG YUN 631,
ZHU JIN-HUA 961,
ZHU LIGUO ET AL 678,
ZHU MINGQING ET AL 257,
ZHU QIN ET AL 864,
ZHUANG ZIQI ET AL 1120,
ZHUANG ZIQI, JIANG GANGHUI
1121,
ZOU JI ET AL 526,
ZUO SHANGBAO 1122,

index des sujets/ subject index

1.01-GENERAL ASPECTS AND HISTORY/ ASPECTS GENERAUX ET HISTOIRE

acupuncteur 47,
combinaison médecine occidentale- mtc 74, 346, 522, 537, 739, 896, 951, 999,
combinaison médecine occidentale- mtc 1014, 1050, 1058, 1064, 1076,
économie 127, 822, 825, 848,
holisme 165, 385,
hôpital 14, 30, 57,
informatique 443,
législation 47,
mathématiques 443,
organisation sanitaire 779,
patient 169, 424, 425,
sociologie 169,

1.03-medical classics/ classiques médicaux

* 504,
su wen 504,

2.03-qi, blood, body fluids/ energie, sang et liquides organiques

énergie wei 163, 246,

2.04-organs and functions/ organes et fonctions

coeur 943,
curieux 54, 271,
foie 1061,
reins 745, 800, 891, 912,
vésicule biliaire 94,
vessie 94,

2.05-meridians/ méridiens

* 48, 92, 211, 345,
chong mai 54, 211,
du mai 497, 532, 982,
méridien secondaire 338,
méridien curieux 54, 271,
sensation propagée le long des méridiens 94, 371, 567, 571, 928,
six méridiens 1083,
tae mo 71, tae mo 271,

2.06-points/ points

* 299, 530,
ashi 48, 99, 101, 227, 310, 403, 444, 450,
489, 497, 513, 646, 865, 1075, 1116,
C5 590,
C7 435,
E24 769,
E31 225,
E36 137, 181, 606,
E40 590,
F1 44,
F3 958,
GI10 588,
GI18 928,
GI4 435, 435, 496, 496, 625, 625, 775,
775,
GI6 590,
huatuojiaji 102, 156, 190, 200, 347, 350,
368, 375, 476, 549, 607, 638, 647, 698,
701, 706, 722, 741, 747, 791, 796, 828,
847, 851, 862, 899, 914, huatuojiaji 919,
933, 934, 935, 985, 1046, 1059, 1116,
IG11 132, 580,
IG14 585,
IG3 135, 234, 301, 375, 380, 410, 432,
448, 496, 674, 775, 812, 1012, 1110,
IG4 435,
IG6 86, 109, 454, 560, 773, 801, 858,

914,
IG7 590,
IG9 509,
indications des points 95,
localistaion 104,
MC6 590, 1028,
P5 435,
P7 4, 590,
point moteur 65,
propriétés électriques 111,
RN27 575,
RN4 590, 845,
RTE10 795,
RTE4 590,
shu 670,
spécificité 135, 217, 382, 383, 384, 446,
625, 722,
TR14 382, 383, 384,
TR5 435, 733, 1028,
TR6 493,
TR9 382, 383, 384,
V1 106,
V2 448, 1066,
V23 387, 465, 523, 558, 762, 1032, 1046,
V25 76, 418, 662, 762, 1032,
V26 508, 568,
V32 600,
V36 570,
V37 162, 540, 591,
V40 184, 287, V40 365, 516, 523, 581,
607, 625, 628, 629, 696, 740, 760, 918,
1032, 1069,
V54 42, 102, 351, 371, 446, 465, 481,
483, 515, 534, 535, 591, 607, 717, 879,
995,
V56 420,
V57 365, 625, 677, 696, 882, 1032,
V58 590,
V59 545, 546, 593, 608, 767,
V60 255, 291, 607, 635, 772,
V66 44,
V7 94,
VB2 496,
VB20 509, 838,
VB21 467,
VB24 186,
VB30 42, 382, 383, 384, 411, 429, 483,
493, 506, 516, 517, 591, 598, 657, 667,
VB30 708, 772, 832, 846, 1032, 1059,
1101, 1109,
VB34 95, 382, 383, 384, 516, 523, 598,
607, 772, 1032, 1066,
VB39 635,
VB42 181,
VC4 1008,
VG14 509,
VG19 1109,
VG20 94,
VG26 106, 135, 234, 432, 454, 475, 560,
584, VG26 588, 674, 712,
VG28 673,
VG3 420, 517, 523, 643, 681, 698, 742,
VG4 387, 523, 1008,
yaoyan 316, 420, 523,
yintang 294, 855,

3.01-chronobiology/ chronobiologie

* 237,
chronopuncture 237, 788, 955, 1071,

3.02-pathogeny. causes of diseases/ pathogénie

énergie perverse 166,
froid 721,
humidité 125, 721,

vent 125,

4.01-DIAGNOSIS/ DIAGNOSTIC

* 209,

4.02-tongue diagnosis/ glososcopie

histologie 601,

4.03-pulse diagnosis/ pulsologie

* 5,

4.04-face and ear diagnosis/ examen auriculaire et facial

* 30, 51, 122, 150,
lésion cutanée ponctuelle 97, 122, 150,
673, 700,

4.05-point diagnosis/ examen des points somatiques

* 97, 489, 697, 894,
electroacupuncture selon voll 124,

4.07-syndromes/ syndromes

* 311,
différenciation des syndromes 66, 81,
142, 143, 151, 159, 167, 180, 191,
différenciation des syndromes 207, 209,
213, 223, 247, 252, 262, 297, 315, 373,
376, 435, 436, 437, 445, 468, 484, 534,
559, 634, 639, 699, 709, 711, 725, 755,
766, 794, 806, 808, 836, 866, 955, 959,
962, 963, 964, 979, 1060, 1061,
différenciation des syndromes 1087,
froid 721,
stase de froid 1060,
stase de qi 756, 1060, 1061,
stase du sang 178, 435, 756, 1060, 1061,
vide 745, 800, 891, 912, 1061,
vide de yang 642, 1008,
vide de yin 1008,
vide des reins 125, 168, 177, 179, 746,
1022, 1060, 1061,

4.09-meridian diagnosis/ méridiens

* 92, 227, 435, 444,

5.01-THERAPEUTIC TECHNIQUES/ TECHNIQUES THERAPEUTIQUES

indication 95,

5.02-principles of treatment/ principes thérapeutiques

activation de la circulation et levée de stase. 178, 293, 431, 453, 1013,

5.03-acupuncture/ acupuncture

* 311, 336,
acupuncteur 47,
acupuncture des troncs nerveux 76, 184,
222, 282, 350, 405,
aiguille 506, 539, 604, 743, 789, 859,
907, 940, 944, 972, 1004, 1013, 1023,
1034, 1052, 1056, 1074, 1122,
association ou interaction
médicamenteuse 423,
choix des points 132, 299, 326, 336, 962,
deqi 323, 371, 411, 418, 465, 481, 508,
516, 567, 662, 928,
latéralité 86, 137, 241, 314, 467, 508,
580, 590, 605, 617, 646, 670, 684, 763,
1059,
mobilisation perpuncturale 106, 277, 285,
295, mobilisation perpuncturale 380, 387,
410, 481, 525, 545, 560, 580, 674, 675,
684, 691, 703, 712,

profondeur de puncture 76, 118, 149, 495, 506, 508, 516, 517, 568, 570, 583, 643, 681, 744, 751, 752, 775, 797, 832, 868, 869, 923, 1028, 1082, puncture d'un point unique 448, 493, 496, 538, 749, 853, puncture immédiate 411, 457, séance d'acupuncture 103, 136, 241, 446, 457, 478, 525, 605, 607, 914, 966, 967, 1015, technique de puncture 325, 342, 474, 566, 601, 701, 742, 756, 820, 834, 1098, tonification-dispersion 249, 399, 401, 432, 435, tonification-dispersion 516, 571, 580, 634, 735, 772, 1098,

5.04-long needle/ aiguille longue
* 283, 506, 570, 744, 752, 791, 859,

5.05-plum blossom needle/ fleur de prunier
* 160, 161, 638, 1080,

5.06-intradermal needle. embedding sutures/ aiguille à demeure. catgut
* 51, 73, 569, 591, 700, 705, 716,

5.07-bloodletting/ saignées
* 103, 287, 354, 428, 532, 576, 581, 628, * 629, 705, 889, 966, 967, 1069,

5.08-cupping/ ventouses
* 147, 278, 285, 338, 354, 377, 416, 432, 500, 520, 532, 566, 576, 579, 634, 638, 686, 699, 700, 744, 748, 760, 802, 857, 904, 908, 911, 930, 966, 967, 983, 1000, * 1006, 1046, 1069, 1080, 1089,

5.09-moxibustion/ moxibustion
* 51, 89, 96, 147, 151, 163, 232, 241, 247, 260, 278, 293, 312, 313, 320, 335, 339, 344, 419, 425, 463, 469, 482, 488, 496, 497, 506, 506, 507, 510, 514, 518, 521, * 524, 534, 547, 550, 558, 566, 573, 573, 603, 621, 634, 639, 641, 652, 653, 654, 660, 661, 662, 666, 669, 689, 699, 709, 718, 719, 721, 722, 729, 736, 747, 774, 777, 790, 852, 862, 864, 888, 901, 913, * 966, 967, 971, 981, 984, 988, 990, 993, 1000, 1005, 1016, 1036, 1038, 1041, 1067, 1070, 1079, 1088, 1090, 1107, 1108, 1111, 1112, 1115, 1116,

5.10-ear acupuncture. auricular medicine/ auriculopuncture. auriculomédecine
* 30, 31, 41, 46, 117, 133, 212, 229, 308, 324, 386, 442, 544, * 573, 611, 612, 616, 621, 684, 753, auriculomédecine 30, 31, 46, 212,

5.11-nose, face, eye, hand and foot acupuncture/ rhinofacio, manopodo, craniopuncture
* 276, 307, 372, craniopuncture 94, 257, 548, 562, 627, 676, 770, 927, 1007, 1026, manopuncture 135, 217, 295, 307, 440, 655, 679, 691, 714, 727, 793, 857, oculopuncture 372, 505, 564, 948, podopuncture 40, 276, 655, 714, 793, rhinopuncture 554,

5.12-electro-acupuncture/ electro-acupuncture
* 2, 16, 23, 24, 27, 28, 35, 36, 38, 48, 52, 56, 75, 83, 85, 99, 101, 116, 120, 137, 143, 184, 193, 205, 228, 232, * 240, 249, 268, 269, 273, 352, 356, 368, 387, 401,

417, 450, 474, 477, 483, 485, 495, 501, 512, 515, 517, 527, 533, 543, 547, 549, 550, 555, 589, 594, 595, 610, 615, 619, 638, 650, 687, 690, 694, 706, * 710, 715, 720, 728, 741, 742, 748, 772, 781, 784, 792, 799, 805, 810, 813, 815, 822, 825, 828, 834, 847, 848, 849, 873, 897, 913, 916, 932, 933, 935, 939, 941, 968, 984, 985, 1002, 1003, 1024, 1032, 1035, * 1036, 1044, 1051, 1054, 1075, 1081, 1102, 1103, 1106, paramètres de l'électroacupuncture 38, 184, 449, 450, 610, 619,

5.13-magnetic acupuncture/ magnétothérapie
* 659, 687, 878, 1097,

5.14-laser acupuncture/ laser
* 56, 72, 87, 192, 221, 228, 233, 239, 272, 279, 289, 322, 360, 473, 682, 827,

5.15-drug acupuncture/ chimiothérapie
* 32, 42, 107, 187, 200, 216, 227, 268, 272, 274, 280, 285, 306, 310, 322, 323, 330, 349, 388, 400, 417, 418, 444, 471, 474, 482, 523, 541, 586, 594, 600, 618, 622, 623, 624, 636, 637, 657, 668, * 678, 690, 695, 701, 708, 710, 765, 816, 830, 865, 873, 905, 907, 949, 956, 957, 960, 997, 1006, 1018, 1024, 1027, 1031, 1033, 1036, 1046, 1048, 1049, 1059, 1063, 1071, 1081, emplâtre 648, 1017, 1091, 1120, infiltration d'un point par anesthésique 32, 492, infiltration d'un point par anesthésique 973, 1091,

5.16-qi gong. massages/ qi gong. massages
* 79, 224, 333, 334, 340, 341, 343, 348, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 421, 456, 492, 561, 600, acupression 173, 174, 203, 204, 255, 265, 291, 310, 365, 625, 645, 653, acupression 671, 677, 692, 696, 697, 787, 850, 884, 1040, manipulation 8, 34, 43, 45, 69, 79, 138, 139, 170, 191, 195, 201, 206, 208, 210, 226, 236, 245, 253, 254, 266, 290, 359, 366, 381, 413, 421, 433, 438, 441, manipulation 465, 466, 472, 485, 563, 582, 609, 613, 630, 734, 758, 830, 863, 870, 875, 881, 890, 899, 900, 902, 909, 910, 911, 921, 938, 942, 954, 957, 961, 974, 1047, 1093, 1117, massage 40, 62, 82, 89, 90, 130, massage 196, 203, 208, 214, 220, 224, 248, 258, 309, 340, 344, 361, 362, 375, 381, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 408, 411, 433, 434, 447, 457, 458, 464, 465, 486, 494, 531, 542, 548, 572, massage 574, 620, 631, 640, 651, 656, 672, 698, 704, 711, 730, 750, 820, 854, 856, 860, 861, 867, 870, 872, 884, 886, 900, 905, 906, 911, 915, 920, 946, 947, 949, 950, 953, 971, 973, 975, 977, 978, 980, 983, massage 986, 988, 994, 996, 998, 1001, 1004, 1025, 1027, 1037, 1041, 1045, 1049, 1076, 1077, 1079, 1106, 1108, 1114, 1118, qi gong 185, 219, 341, 343, 348, 375, 456, 492, 524, 640, 713, 829,

5.19-adverse effects/ accidents thérapeutiques
* 4, 254, 519, 797,

5.20-tcm and alternative medicine/ mtc

et médecines douces
5,20 98, homeopathie 70, 330, 680, 809, oligo-éléments 471,

6.01-algology/ algologie
* 57, 642, douleur chronique 26, localisation de l'analgésie 152, membre fantôme 28, 57, potentialisation médicamenteuse de l'acupuncture 369, 423, 916, 1021, 1032, 1035, 1108, psychisme 134, seuil de la douleur 606, seuil de la douleur dentaire 369,

6.02-acupuncture anesthesia/ analgésie chirurgicale
prediction 267, 987,

7.03-coronary diseases/ coronaropathies
* 807,

7.05-hypertension/ hypertension
* 51, * 158, 229,

7.07-peripheral circulation/ circulation périphérique
* 763, microcirculation 337, 689, 1054,

7.08-arteries/ artères
* 565,

8.01-DERMATOLOGY/ DERMATOLOGIE
cicatrice 100,

8.04-allergic dermatitis/ dermatoses allergiques
* 29,

9.03-diabetes mellitus/ diabète
* 817, 892, 927,

9.06-pituitary gland/ hypophyse
* 527,

9.08-obesity/ obésité
* 169,

9.10-sexual hormones/ hormones sexuelles
* 527,

10.02-hiccup/ hoquet
* 448, 496,

10.04-oesophagus/ oesophage
* 176,

10.05-stomach. duodenum/ estomac. duodénum
* 51, 451, 642, * 835, 838,

10.06-intestines/ intestins
* 336,

10.07-diarrhea/ diarrhées
* 642, 1008,

10.08-constipation/ constipation
* 493,

10.11-bile ducts/ voies biliaires
* 835, ascaridose 835,

- 10.15-gastrointestinal hemorrhage/ hémorragies digestives**
* 617,
- 10.16-endoscopy/ endoscopies**
* 530,
- 11.04-uterine hemorrhage/ hémorragies génitales**
* 642,
- 11.05-pelvic pain/ algies pelviennes**
* 379,
- 11.06-menopause. premenstrual syndrome/ ménopause. syndrome prémenstruel**
* 577,
- 11.08-sexology/ sexologie**
* 239, 807,
- 11.09-infertility. contraception. abortion/ stérilité. contraception. ivg**
* 305,
- 11.10-obstetrics/ obstétrique**
* 69, 922, 1021,
accouchement 88, 215,
postpartum 131, 131, 215, 215, 353,
- 11.11-acupuncture anesthesia in ob-gyn surgery/ analgésie par acupuncture en chirurgie gynécologique et obstétricale**
* 186,
- 12.02-anemia. cytopenia/ anémie. cytopénie**
* 839,
- 12.05-thrombosis/ thromboses**
* 453,
- 13.02-influenza/ grippe**
* 51, 124,
- 13.06-mycoses and parasitic diseases/ parasitoses et mycoses**
ascaridose 835,
- 13.08-herpes zoster. herpes simplex/ zona. herpes**
* 503,
- 14.02-headache/ céphalées**
* 26, 49, 58, 93, 100, 114, 124, 169, 311, 336, 424, 425, * 449, 451, 622, 623, 670, 733, 835,
- 14.05-epilepsy. convulsions/ épilepsie. convulsions**
* 927,
- 14.06-parkinson disease. tremor/ parkinson. tremblement**
* 927,
- 14.07-cerebrovascular diseases. hemiplegia/ accidents vasculaires cérébraux. hémiplégie**
* 186, 299, 336, 615, 807, 839, 874, 927,
- 14.08-paraplegia. myelitis/ paraplégie. myelopathies**
* 1, 386, 882,
- 14.09-peripheral nerve diseases/ neuropathies périphériques**
* 28, 67, 137, 470, 606, 650, 776, 778,
- 781, 782, 783, * 939, 1104, 1105,
- 14.13-insomnia. sleep disorders/ insomnie. troubles du sommeil**
* 176, 176, 299, 299, 424, 424, 927, 927,
- 14.14-psychiatry/ psychiatrie**
* 176, 424, 927,
psychisme 134,
- 15.01-OPHTHALMOLOGY/ OPHTALMOLOGIE**
* 158,
- 16.02-ear. hearing loss. tinnitus/ oreille. surdit e. acouph enes**
* 100, 197, 299, 308,
- 16.03-vertigo/ vertiges**
* 158,
- 16.05-pharynx. larynx/ pharynx. larynx**
* 928,
- 16.06-cervical adenopathy/ ad enopathies cervicales**
* 326,
- 16.07-facial paralysis/ paralysie faciale**
* 67, 670,
- 16.08-facial neuralgia/ n evralgie faciale**
* 26, 57,
- 17.04-asthma/ asthme**
* 158, 807, 838,
- 17.06-pulmonary tuberculosis/ tuberculose pulmonaire**
* 158,
- 18.01-RHEUMATOLOGY- ORTHOPEDICS/ RHUMATOLOGIE- ORTHOPEDIE**
* 123,
- 18.02-reflex sympathetic dystrophy/ algodystrophies**
* 28, 503,
- 18.03-bi syndromes. joint diseases/ syndromes bi. arthropathies**
* 256, 326, 336, 558,
- 18.04-rheumatoid arthritis/ polyarthrite rhumatoide**
* 62, 196,
- 18.06-bone/ os**
* 1, 431, 577, 649, 664,
- 18.07-traumatology/ traumatologie**
* 254, 470, 536,
fracture 1042,
- 18.08-hand/ main**
* 78, 590, 605, 687,
- 18.09-elbow/ coude**
* 95, 444, 590, 605, 687,
- 18.10-shoulder/ epaule**
* 28, 29, 49, 57, 78, 89, 89, 90, 93, 96, 98, 112, 114, 169, 229, 251, 270, 311, 324, 326, 424, 425, 427, 444, 451, 530, 539, * 605, 622, 623, 642, 670, 687, 737, 839, 853, 870, 928, 1029,
- 18.11-spine/ rachis**
spondylarthritis ankylosante 511, 595,
- 18.12-cervical spine. cervicobrachial neuralgia/ rachis cervical. n evralgies cervico-brachiales**
* 3, 18, 49, 53, 72, 93, 114, 169, 192, 197, 229, 246, 251, 270, 308, 326, 358, 424, 427, 442, 451, 487, * 530, 539, 576, 651, 679, 722, 741, 796, 814, 839, 853, 870, 1029,
n evralgie cervico-brachiale 192,
- 18.13-thoracic spine. intercostal neuralgia/ rachis dorsal. n evralgies intercostales**
* 3, 263, 317, 332, 337, 386, 389, 410, 430, 451, 487, 536, 563, 576, 617, 814,
- 18.17-hip. pelvic bones/ hanche. bassin**
* 132, 308,
- 18.18-knee/ genou**
* 78, 95, 132, 169, 270, 324, 444, 547, 590, * 601, 605, 617, 642, 687, 1019,
- 18.19-foot/ pied**
* 132, 442, 444, 590, 605, 646, 687, 778,
- 19.04-jaw/ maxillaires**
* 308,
- 19.07-toothache. acupuncture anesthesia in oral surger/ douleur dentaire. analg sie par acupuncture en chirurgie stomatologique**
* 52, 369,
seuil de la douleur dentaire 369,
- 20.02-smoking/ tabagisme**
* 169,
- 20.04-alcoholism/ alcoolisme**
* 176,
- 21.03-burns/ br ulures**
* 4,
- 21.04-postoperative care/ r eanimation post-op eratoire**
* 19, 60, 100, 154, 480, 528, * 861, 885, 903, 916, 931, 992, 1068,
- 22.01-UROLOGY- NEPHROLOGY/ URO-NEPHROLOGIE**
dialyse 270,
- 22.03-urinary calculi/ lithiases urinaires**
* 733,
- 22.07-urolologic and male genital diseases/ appareil g enital masculin**
* 229, 299,
impuissance 1008,
prostate 1008,
- 23.02-allergology. immunology/ allergologie. immunologie.**
hla 511,
- 23.03-asthenia/ asth enies**
* 239,
- 23.04-oncology/ cancérologie**
* 47,
- 23.07-gerontology/ g erontologie**
* 435, 693, 759, 796, 815, 880, 1019,

23.09-preventive medicine. hygiene/ médecine préventive. hygiène

* 419, 494,

23.10-sports medicine/ médecine sportive

* 80, 113, 325, 406, 419, 556, 601,

23.11-pediatrics/ pédiatrie

* 137, 362, 449,

24.03-horses/ cheval

* 837,

24.07-/ animaux de laboratoire

lapin 738, 1068,

rat 598, 763, 776, 781, 782, 783, 784, 803, 817, 892, 924, 939, 1104, 1105, souris 943,

25.03-spinal cord/ moelle épinière

* 137, 650,

25.10-central neurotransmitters/ neuromédiateurs centraux

* 52, 60, 105, 364, 365, endorphine 231, 364, 692, 976, naloxone 52, 68, 606, noradrénaline 934, sérotonine 178, 692, 934,

25.11-plasmatic and peripheral factors/ facteurs plasmatiques et périphériques

* 447,

26.01-HERBAL MEDICINE/ PHYTOTHERAPIE

emplâtre 648, 1017, 1091, 1120,

26.02-prescriptions/ prescriptions

* 171, 202, 252, 264, 275, 286, 296, 328, 329, * 367, 409, 412, 412, 439, 453, 469, 498, 521, 602, 633, 821, 885, 887, 888, 891, 893, 912, 924, 936, 952, 965, 994, 1010, 1011, 1043, 1099, 1104, 1105, bi tong pian 1120, du huo ji sheng tang 502, 1042, du huo ji sheng wan (voir du huo ji sheng tang) 970, gui zhi shao yao zhi mu tang 328, qui pi tang 194, shen tong zhu yu tang 230, yao tong pian 462,

26.03-plants/ plantes

* 199, 997, angelica 216, 306, 523, 594, 1036, angelica sinensis (oliv.) diels 418, daphne 523, 695, gypsum fibrosum 413, ledebouriella 227, 274, 444, psoralea corylifolia l. 183, salvia miltiorrhiza bunge 991, stephania tetrandra s. moore 479,

26.04-animal products/ produits

animaux

* 123,

27.01-methods/ méthodes

cas clinique 12, 13, 14, 17, 20, 21, 22, 47, cas clinique 55, 126, 154, 190, 218, 225, 238, 242, 243, 244, 259, 260, 261, 298, 319, 403, 455, 490, 491, 551, 562, 585, 596, 605, 644, 728, 764, 766, 768, 769, 780, 804, 824, 839, 895, 898, 917, 1085, comparaison de 2 techniques de la MTC 48, comparaison de 2 techniques de la MTC 98, 237, 249, 272, 283, 322, 323, 360, 401, 446, 454, 543, 558, 566, 569, 591, 594, 607, 610, 638, 657, 676, 686, 690, 698, 722, 742, 751, 756, 765, 772, 791, 816, 832, 847, 914, 933, 960, 966, 967, comparaison de 2 techniques de la MTC 968, 971, 1015, 1036, 1046, 1079, 1112, 1114, double aveugle 110, 281, 478, essai clinique non randomisé 38, 44, 148, 184, 237, 249, 323, 438, 460, 509, 566, 570, 604, 638, 676, 690, 706, 722, 742, 750, 770, 787, 798, 833, 840, 860, 873, essai clinique non randomisé 883, 886, 896, 911, 925, 932, 941, 945, 948, 969, 988, 994, 1031, 1033, 1038, 1057, 1066, 1079, 1088, 1101, essai comparatif éventuellement randomisé 133, 175, 339, 401, 423, 426, 446, 594, 659, 681, 765, 772, 789, 802, 930, 933, 934, 935, 971, essai comparatif éventuellement randomisé 1035, 1044, 1045, 1079, 1100, 1111, 1112, 1113, essai contrôlé randomisé 33, 35, 50, 53, 59, 63, 65, 72, 93, 111, 116, 118, 120, 121, 192, 193, 269, 281, 310, 327, 369, 478, 529, 552, 569, 591, 607, 610, 643, 657, 658, essai contrôlé randomisé 694, 710, 731, 744, 751, 752, 756, 759, 791, 813, 814, 815, 828, 847, 851, 864, 865, 868, 869, 876, 877, 884, 888, 889, 904, 907, 908, 913, 914, 916, 919, 931, 937, 954, 955, 960, 966, 967, 968, 977, essai contrôlé randomisé 984, 987, 989, 1007, 1009, 1015, 1024, 1030, 1032, 1036, 1046, 1053, 1054, 1059, 1063, 1065, 1070, 1071, 1072, 1073, 1078, 1082, 1084, 1086, 1090, 1092, 1096, 1098, 1102, 1106, 1108, 1109, 1114, 1119, 1120, 1121, essai ouvert (acupuncture) 73, 74, 75, essai ouvert (acupuncture) 76, 77, 79, 84, 88, 90, 94, 106, étude contrôlée (acupuncture) 36, 53, 105, 110, 133, 140, 149, 273, 281, 312, 471, 557, 805, 822, 825, 848, 937, étude contrôlée (phytothérapie) 871, 952, 957, 965, étude expérimentale humaine 68, 105, 918, expérimentation animale (acupuncture) 598, 738, 763, 781, 782, expérimentation animale (acupuncture) 783, 784, 803, 817, 939, 1068,

expérimentation animale (acupuncture)/ chat 382, 383, 384, expérimentation animale (acupuncture)/ lapin 565, expérimentation animale (acupuncture)/ rat 137, 282, 599, 606, 650, 897, expérimentation animale (acupuncture)/ souris 589, expérimentation animale (phytothérapie) 776, 892, 924, 943, 1104, 1105, expérimentation animale (phytothérapie)/ lapin 453, meta analyse 715, 732, 757, 842, 844, 929, 1002, 1039, 1051, 1062, méthodologie 198, 771, 805, 822, 825, 833, 848, placebo 68, 72, 105, 198, revue générale 182, 236, 350, 355, 461, 468, 578, 587, 597, 632, 663, 683, 685, 715, 723, 724, 726, 732, 754, 757, 761, 771, 792, 811, 819, 831, revue générale 837, 841, 842, 843, 844, 926, 929, 962, 1002, 1039, 1049, 1055, 1077, 1094, 1095,

27.02-/ techniques d'exploration

doppler 763, EMG 719, 762, 781, 786, 817, 852, histologie 601, isotope 649, ponction lombaire 181, potentiels évoqués 52, rhéologie 852, 893, 909, température 515, 571, 665, thermographie 495, 667, 758,

27.03-biological l products/ produits biologiques

AMP 178, 365, 696, atropine 763, endorphine 231, 364, 692, 976, monoamine 220, 447, noradrenaline 934, noradrénaline 934, prostaglandine 178, sérotonine 178, 692, 934,

27.04- pharmaceutical products/ produits pharmaceutiques

corticoïde 310, 657, 664, 708, 865, 954, naloxone 52, 68, 606, paracetamol 269, phenylalanine 369,

27.05-/ personnages

osler 11,

27.06-geographical terms/ termes géographiques

886, italie 30, japon 663, nigeria 112, taiwan 169, usa 11, 169,

index des sources

1 - congrès

14ème congrès national d'acupuncture, paris 163, 166, 172, 212, 16ème congrès national d'acupuncture, paris 246, 2ème congrès mondial d'acupuncture et moxibustion, paris 345, 353, 368, 379, 381, 385, 419, 3ème séminaire des associations d'acupuncture du midi, nîmes 140, advances in acupuncture and acupuncture anaesthesia, beijing 68, conférences d'acupuncture, gera, toulon 39, 44, in compilation of the abstracts of acupuncture and moxibustion papers, beijing 237, in abstracts of the world congress of rheumatology, sydney f 53 175, in compilation of the abstracts of acupuncture and moxibustion papers, beijing 215, 232, 239, in congrès de vannes 1986, cercle sinologique de l'ouest, rennes 207, in proceedings of the tenth annual international conference on veterinary acupuncture 145, in second australian international congress of contemporary acupuncture, melbourne 136, in selections from article abstracts on acupuncture and moxibustion, beijing 213, 216, in selections from article abstracts on acupuncture and moxibustion, beijing 217, la revue des séminaires d'acupuncture de l'aféra, nîmes 167, proceedings of the fifth international congress of chinese medicine, berkeley 388, second national symposium on acupuncture and moxibustion, beijing 148, 149, 153, 157, second national symposium on acupuncture moxibustion and acupuncture anesthesia 156, selections from article abstracts on acupuncture and moxibustion, beijing 221, 222, 229, 255, 256, third world conference on acupuncture 528, 536, 543, 547, 548, 549, 553, 556, 558, 562, 565, 571, 575, 577, 582, 583, wfas international symposium on the trend of research in acupuncture, roma 478, 483, 486, 499, 505, 508,

2 - extraits de traités

chinese qigong, publishing house of shanghai college of tcm, shanghai 348, essentials of contemporary chinese acupuncturists' clinical experiences, foreign lang 299, 311, 326, 336, holographic biology research 165, in acupuncture and moxibustion, new world press, beijing 436, 437, in acupuncture case histories from china, eastland press, seattle 259, 260, 261, in atlas of therapeutic motion for treatment and health 333, 334, in chinese massage, publishing house of shanghai college of tcm, shanghai 390, 391, 392, 393, 394, 395, in chinese massage, publishing house of shanghai

college of tcm, shanghai 396, 397, 398, in chinese modern massotherapy 62, in manuel d'acupuncture courante, masson, paris 263, in médecine traditionnelle chinoise 151, in nanjing seminars transcript (qiu maolian and su xin ming), london 159, in recueil d'expériences clinique en acupuncture-moxa 241, in recueil d'expériences cliniques en acupuncture-moxa 242, in seca et al, acupuncture en médecine clinique, decarie, montreal 315, 316, in selection des thèses de la revue d'acupuncture de shanghai, shanghai 238, in the chinese plum-blossom needle therapy, the people's medical publishing house 160, 161, international conference on tcm and pharmacology, shanghai 220, 223, 234, semiologie et thérapeutique en médecine orientale 81,

3 - mémoires

mémoire d'acupuncture, bordeaux 2 182, mémoire d'acupuncture, afa 102, mémoire d'acupuncture, afa, paris 97, mémoire d'acupuncture, aféra, nîmes 66, mémoire d'acupuncture, bordeaux 2 110, mémoire d'acupuncture, cedat, marseille 80, 155,

4 - revues d'acupuncture et MTC

abstract and review of clinical traditional chinese medicine 431, 480, acta chinese medicine and pharmacology 559, 578, 903, acupunct med 533, acupuncture 14, acupuncture and electrotherapeutics research 53, 58, 61, 99, 115, 144, 192, 272, 273, 369, 370, 495, 504, acupuncture in médecine 865, 917, acupuncture in médecine 771, 1084, 1092, acupuncture in médecine - journal of the british medical acupuncture society 728, acupuncture med 1085, acupuncture research 282, 301, 314, 427, 450, 451, 488, 500, 510, 518, 521, 594, 598, 599, 603, 614, 615, 618, 619, 722, 725, 729, 736, 741, 747, 748, 750, 760, 775, 783, 787, 791, acupuncture research 798, 803, 817, 862, 916, 939, 1021, 1029, 1030, 1032, acupuncture research quarterly 47, 55, 83, acupuncture traditionnelle chinoise 839, 874, akupunktur 449, 759, akupunktur theorie und praxis 281, 438, 555, akupunktur. theorie und praxis 827, 840, american academy of medical acupuncture review 503, american journal of acupuncture 15, 18, 24, 25, 26, 29, 42, 60, 64, 93, 100, 101, 109, 114, 124, 127, 146, 200, 231, 319, 350, 443, 550, 676, 699, 751, 785, american journal of chinese medicine 16, 32, 38, 63, 112, 931, auricular-medicine and acupuncture physician 30, 31, auriculomédecine 46, 108, 122, beijing journal of tcm 626, 648, 661, beijing journal of traditional chinese medicine 250, 349, biofeedback selg-reg 308, boletin de mtc 188, 189, breath exercise (an exercise for health and longevity) 219, bulletin de l'association de recherche et d'étude des médecines de l'asie 117, bulletin de l'association des médecins acupuncteurs de bourgogne franche-comte 164, 218, bulletin de la société d'acupuncture 7, 8, bulletin de la société internationale médicale d'acupuncture et de stimulothérapie 113, cahiers de biothérapie 84, 92, china journal of traditional chinese medicine and pharmacy 776, chinese acupuncture & moxibustion 1009, chinese acupuncture and moxibustion 75, 95, 105, 106, 132, 180, 181, 184, 186, 205, 227, chinese acupuncture and moxibustion 240, 248, 249, 268, 283, 285, 324, 325, 354, 375, 418, 440, 446, 454, 457, 465, 471, 474, 497, 506, 523, 566, 567, 573, 579, 591, 600, 658, 689, 694, 702, 719, 721, 735, 740, 743, 774, 782, 790, 793, 796, 797, 802, 834, 851, 864, 904, 923, 934, 941, 962, 1006, 1015, 1036, 1044, 1068, 1073, 1078, 1082, chinese acupuncture and moxibustion 1112, chinese acupuncture and moxibustion 718, chinese journal of acupuncture and moxibustion 278, 294, 295, 356, 371, 380, 387, 399, 401, 410, 411, 420, 444, 468, 473, chinese journal of ethnomedicine and ethnopharmacy 970, 986, 1011, 1033, 1055, chinese journal of information on tcm 889, 891, 911, chinese journal of integrated traditional and western medicine 365, 414, 724, 730, 758, 976, 1047, chinese journal of integrated traditional and western medicine (english edition) 643, 645, 963, chinese journal of pain medicine 1013, chinese journal of traditional medicine traumatology and orthopedics 224, 247, 253, 254, 265, 266, 293, 346, 359, 364, 366, 374, 389, 413, chinese journal of traditional medicine traumatology and orthopedics 415, 421, 430, 447, 526, 1060, 1061, chinese manipulation & q gong therapy 1004, chinese manipulation and qigong therapy 909, chinese medical journal 34, 43, 45, 169, chinese traditional and herbal drugs 199, chinese traditional patent medicine 997, chinesische medizin 766, cliniques d'acupuncture 12, 13, 17, 21, 22, complementary therapies in medicine 713, 715, 833, deutsche zeitschrift fur akupunktur 823, 869, 876, 884, deutsche zeitschrift für akupunktur 441, east-west 141, 173, 174, el pulso de la vida 609, 631, 745, ener qi 767, 784, 846, enerqi 778, 799, 810, 853, focus on alternative and complementary therapies 792, 1020, folia sinotherapeutica 298, 462, 502, forsch komplementarmed 868, 877, fujian journal of tcm 630, fujian journal of traditional chinese

- medicine 363, 652, 1023,
 gansu journal of tcm 1010,
 giornale italiano di agopuntura 85,
 guangxi journal of tcm 881, 974,
 guangxi journal of traditional chinese
 medicine 1091,
 hebei journal of tcm 887, 960,
 hebei journal of traditional chinese
 medicine 1018,
 heilongjiang journal of traditional chinese
 medicine 1014,
 heilongjiang journal of traditional chinese
 medicine 1000,
 henan journal of tcm and pharmacy 947,
 henan journal of traditional chinese
 medicine and pharmacy 1031,
 henan tcm 1083,
 henan traditional chinese medicine 340,
 860,
 hubei journal of tcm 655, 902,
 hubei journal of traditional chinese
 medicine 245, 307, 328, 1005,
 hunan guiding journal of tcm 1099,
 hunan journal of tcm 912,
 hunan journal of traditional chinese
 medicine 969,
 hunan zhongyizazhi 230,
 information on traditional chinese
 medicine 1095,
 inner mongol journal of tcm 936,
 inner mongol journal of traditional
 chinese medicine 995,
 inner mongol journal of traditional
 chinese medicine 1064,
 inner mongolia journal of tcm 900,
 international journal of acupuncture 717,
 733, 744,
 international journal of chinese medicine
 137, 204,
 international journal of clinical
 acupuncture 347, 376, 432, 435, 442,
 467, 493, 517, 525, 530, 532, 534, 539,
 540, 546, 564, 568, 570, 580, 587, 588,
 590, 601, 605, 616, 634, 638, 644, 654,
 657, 662, 673, 674, 675, 682, 684, 686,
 international journal of clinical
 acupuncture 687, 691, 692, 693, 696,
 698, 700, 701, 703, 708, 709, 711, 712,
 727, 749, 753, 764, 770, 773, 788, 794,
 795, 801, 807, 808, 812, 820, 826, 832,
 856, 857, 858, 898, 899, 914, 932, 933,
 966, 990, 1046, 1089,
 international journal of oriental medicine
 1087,
 j altern complement med 726,
 jiangsu journal of tcm 264, 275, 309,
 613, 633, 893, 1070,
 jiangsu journal of traditional chinese
 medicine 202, 361, 378, 433, jiangsu
 journal of traditional chinese medicine
 434, 445, 479, 531, 538, 584, 1077,
 jiangxi journal of tcm 854, 1066,
 jiangxi journal of traditional chinese
 medicine 338, 409, 466, 507, 1071,
 jiansu journal of traditional chinese
 medicine 342,
 journal of alternative and complementary
 medicine 804, 806,
 journal of anhui traditional chinese
 medical college 892, 952, 954,
 journal of beijing college of traditional
 chinese medicine 305,
 journal of beijing university of tcm 672,
 journal of chang chun college of tcm
 908,
 journal of chengdu of tcm 1096,
 journal of chengdu university of tcm
 890, 920,
 journal of chengdu university of
 traditional chinese medicine 982, 1058,
 journal of chinese medicine 373,
 journal of clinical acupuncture and
 moxibustion 866, 873, 883, 896, 925,
 930, 940, 945, 948, 983, 985, 993, 1001,
 1003, 1007, journal of clinical
 acupuncture and moxibustion 1012, 1025,
 1034, 1037, 1038, 1041, 1045, 1048,
 1052, 1057, 1063, 1065, 1067, 1069,
 1081, 1088, 1090, 1094, 1100, 1101,
 1102, 1103, 1107, 1110, 1115, 1122,
 journal of external therapy of tcm 901,
 915, 950, 1017,
 journal of fujian college of traditional
 chinese medicine 972, 1056,
 journal of guiyang college of tcm 905,
 journal of guiyang college of traditional
 chinese medicine 999, 1026, 1050, 1076,
 journal of henan college of tcm 951,
 journal of liaoning college of tcm 927,
 961,
 journal of nanjing university of tcm 867,
 958,
 journal of nanjing university tcm 871,
 998,
 journal of new chinese medicine 89, 90,
 125, 187, 210, journal of new chinese
 medicine 214, 258, 262, 292,
 journal of practical tcm 1028, 1042,
 1054,
 journal of practical traditional chinese
 medicine 1016,
 journal of shandong college of tcm 656,
 journal of shandong college of traditional
 chinese medicine 337, 458, 482,
 journal of shandong university of tcm
 946,
 journal of tcm 135, 138, 142, 143, 190,
 195, 291, 384, 734, 835, 847, 895, 906,
 942, 957, 975, 1121,
 journal of tcm (english edition) 996,
 journal of tcm and chinese materia
 medica of jilin 194, 821, 872,
 journal of the japan society of
 acupuncture 270, 297, 320, 335, 403,
 404, 405, 406, 407, 424, 425, 461, 463,
 489, 511, journal of the japan society of
 acupuncture 512, 513, 514, 515, 595,
 663, 664, 665, 666, 667, 738, 763, 786,
 894, 897, 918,
 journal of the japan society of
 acupuncture and moxibustion 76, 77, 96,
 98,
 journal of the kyoto pain control institute
 27,
 journal of traditional chinese medicine
 74, 79, 86, 103, 178, 191, 323, 448, 459,
 476, 481, 494, 516, 544, 545, 560, 581,
 586, 607, 625, 651, 678, 714, 746, 910,
 949, 967, 1098,
 journal of traditional chinese medicine
 and chinese materia medica of jilin 302,
 981,
 journal of traditional chinese orthopedics
 and traumatology 875, 880, journal of
 traditional chinese orthopedics and
 traumatology 913, 924, 938, 943, 953,
 991, 992, 1043, 1093, 1105,
 journal of zhejiang college of traditional
 chinese medicine 416, 574, 789, 1106,
 1111,
 journal of zhejiang tcm college 196, 257,
 liaoning journal of tcm 208, 830, 885,
 907, 921, 955, 964,
 liaoning journal of traditional chinese
 medicine 464, 739, 755, 1022,
 medicina energetica 879, 919,
 medicina tradicional china 271, 484,
 mensuel du medecin acupuncteur 19, 23,
 51, 54, 71, 82,
 meridiens 88, 168, 357,
 new journal of tcm 602, 660, 669, 836,
 863, 956,
 new journal of traditional chinese
 medicine 344, 367, 372, 400, 519, 520,
 828, 979, 988, 1097, 1104, 1117, 1120,
 newsletter of the australian veterinary
 acupuncture association 280, 402,
 north american journal of oriental
 medicine 818, 824,
 nouvelle revue internationale
 d'acupuncture 10,
 oriental healing arts international bulletin
 251, 252,
 orientamenti mtc 139, 203, 206, 236,
 267,
 perspectives yin yang 104,
 practical journal of integrating chinese
 with modern medicine 439, 522, 695,
 qi-gong (an exercise for health and
 longevity) 341,
 qi-gong (an exercise for health and
 longevity) 343,
 qigong and science 185,
 qigong journal 829,
 revista argentina de acupuntura 845,
 revista de acupuntura latino-americana
 128,
 revista de la medicina tradicional china
 383, 535, 593, 611, 628,
 revista romana de acupuntura 680,
 revue de mtc du yunnan 94, 147,
 revue francaise d'acupuncture 225, 452,
 490, 491, 551, 585, 596, 768, 769, 922,
 revue francaise de medecine
 traditionnelle chinoise 244,
 revue francaise de mtc 150, 176, 177,
 197,
 revue internationale d'acupuncture 3, 4,
 5, 6,
 rivista italiana di agopuntura 69, 70, 131,
 134, 154, 211, 235, 809,
 rivista italiana di medicina orientale 87,
 129,
 rivista italiana di medicina tradizionale
 cinese 243, 382, 455, 477, 496, 542, 561,
 572, 608, 612, 629, 636, 647, 677, 780,
 800, 935,
 shaanxi journal of tcm 228, shaanxi
 journal of tcm 1113, 1118,
 shaanxi journal of traditional chinese
 medicine 627, 635, 637,
 shaanxi traditional chinese medicine 274,
 286, 290, 329, 377, 417, 429, 475,
 shandong journal of tcm 640, 671, 888,
 973, 980, 994,
 shandong journal of traditional chinese
 medicine 201, 277, 296, 541, 855, 1080,
 shanghai journal of acupuncture and
 moxibustion 107, 126, 162, 276, 306,
 313, 339, 362, 460, 469, 501, 554, 589,
 604, 659, 681, 716, 756, 765, 772, 777,
 781, 971, 984, 1024, 1059, 1079, 1108,
 shanghai journal of acupuncture and
 moxibustion 1114,
 shanghai journal of tcm 170, 179, 183,
 859, 861, 870, 882, 886, 928, 1008, 1027,
 1040, 1049,
 shanghai journal of traditional chinese
 medicine 1035,
 shanghai journal of traditional chinese
 medicine 287, 289, 456, 470, 472, 492,
 524, 563, 620, 704, 706, 707,
 shanxi journal of traditional chinese
 medicine 351, 428, 576, 965,
 the practical journal of integrating
 chinese with modern medicine 537,
 tianjin journal of traditional chinese

medicine 624,
 traditional chinese medicinal research 453, 498, 761,
 veterinary acupuncture newsletter 279, 284, 288, 303, 304, 318, 321,
 word journal of acupuncture-moxibustion 816, 838,
 world journal of acupuncture-moxibustion 509, 622,
 world journal of acupuncture-moxibustion 569, 617, 621, 623, 639, 642, 646, 653, 668, 670, 679, 688, 690, 697, 705, 720, 737, 742, 752, 944, 1075, 1086, 1109, 1116, 1119,
 xinjiang journal of traditional chinese medicine 1074,
 yunnan journal of tcm and materia medica 641, 710, 852,
 yunnan journal of traditional chinese medicine 312, 408,
 zhejiang journal of tcm 850, 959,
 zhejiang journal of traditional chinese medicine 130, 209, 412,

5 - revues extérieures
 acta anaesthesiol scand 610,
 acta obstet gynecol scand 937,
 advances in pain research and therapy, raven press, new york 36,
 agressologie 330,
 akupunktur 327,
 american journal of medicine 121,
 anesth analg 731, anesth analg 849,
 ann anesth franc 48,
 annals of the rheumatic diseases 723,
 annals of the royal college of surgeons of england 118,
 arch intern med 757, 977,
 br j gen pract 819,
 british medical journal 2,
 canadian anaesthesists society journal 33,

ceskoslovenska neurologie 9,
 clin j pain 968, 1053,
 clinical and experimental neurology 50,
 clinical and experimental rheumatology 685,
 clinical orthopaedics and related research 226,
 cochrane database syst rev 929, 1002,
 cochrane library. oxford : update software 1039,
 concours medical 78,
 farmakol toksikol 423,
 forsch komplementarmed 842,
 harefuah 779,
 honeybee sci 123,
 int j neurosci 762,
 j am soc psychosom dent med 40,
 j am vet med assoc 322,
 j fam pract 978,
 j manipulative physiol ther 485, 811,
 j s afr vet assoc 386,
 jama 597, 632, 805, 813, 822, 825, 848, 878,
 journal of bone and joint surgery 91,
 journal of manipulative physiological therapeutics 814,
 journal of new chinese medicine 171,
 journal of nuclear medicine 649,
 journal of small animal practice 332,
 masui 57,
 med clin 552,
 minerva medica 41,
 neurol neurochir pol 49, 59,
 neuroscience letters 650,
 new england journal of medicine 11, 352,
 new zealand medical journal 198,
 nippon ronon igakkai zasshi 1019,
 pain 28, 35, 193, 815, 926, 1072,
 pain (amsterdam) 152,
 phys ther 120,
 practitioner 269,

probl vet med 331, 487,
 proc west pharmacol soc 606,
 rev cuba ortop. traumatol 426,
 rev. cuba. med. gen. integr 557,
 rev. cuba. ortop. traumatol 300, 360,
 schmerz 1062,
 schweiz rundsch med prax 56,
 schweizer medizinisch wochenschrift 72,
 scientific american 754,
 semaine des hopitaux de paris 111,
 seventh world congress on pain, paris 529,
 spine 65, 116, 310, 683, 732, 841, 843, 987, 1051,
 the cochrane library 844,
 tidsskr nor laegeforen 989,
 vet clin north am equine pract 831, 837,
 vet rec 317,
 veterinary surgery 233,
 vopr kurortol fizioter lech fiz kult 358, 527,
 vrachebnoe delo 119,
 west j med 592,
 zh nevropatol psikiatr 355, 422,
 zhurnal nevropatologii i psikiatrii 37, 73,

6 - thèses

these medecine, marseille 20, 52,
 these medecine, st etienne 133,

7 - tirés-à-part ou manuscrits non publiés

academy of traditional chinese medicine, beijing 158,
 guangzhou traditional medical college, guangzhou 67,

8 - traités

hodges and m arthur, dublin 1,