

Acupuncture

Acupuncture is an ancient medical technique of traditional Chinese medicine (TCM) that has been practiced in China for at least 4,500 years. Today, it is utilized throughout the world, by at least a quarter of the world's population. It is more commonly used than aspirin. Acupuncture is the stimulation of specific points on the body, by insertion of very fine, sterile, stainless steel needles to elicit a predictable physiological response. This stimulus may also be administered to the points using mild electrical stimulation (with or without needles), pressure techniques with the hands (acupressure) or the application of heat by various methods.

The development of acupuncture predates scientific theory. The theories of acupuncture and TCM were derived empirically. The theories were developed through several millennia of careful observation of changes that occurred in the human body after the administration of acupuncture and herbal medicines. Early acupuncturists based their theories on events observed in the natural environment.

Acupuncturists assess a patient's syndrome or pattern of disharmony by using a set of diagnostic skills that involve four areas: questioning, palpation, visual inspection, and olfactory-auditory data collection. An acupuncturist determines the necessary treatment principle and strategy to prompt the patient back to functional harmony by discriminating the exact pattern of the body's physiological response to pathogenic factors.

The acupuncturist's skill at determining the appropriate points to treat is based upon his/her ability to accurately distinguish the presenting pattern, knowledge of correct points to address that pattern, and knowledge of the proper type of stimulus for each point. The possession of this knowledge and skills is the key distinction between a professional certified acupuncturist and other health care providers who employ acupuncture only as a modality (stimulating points for their general effect without adjusting their choice of points to the specific patient's need).

Acupuncture Theory

The meridian system is the energetic anatomy basic of acupuncture and involves the insertion of needles into the skin at specific points located on the superficial paths of meridians, which are also known as channels or vessels. Acupuncture meridians are traditionally thought to represent "channels" through which flows "meridian qi." Although the concept of meridian qi has no known physiological equivalent, terms used in acupuncture texts to describe the more general term "qi" evoke dynamic processes

such as communication, movement, or energy exchange. Disruption of the meridian channel network is believed to be associated with disease, and needling of acupuncture points is thought to be a way to access and influence this system. Charts representing acupuncture points and meridians date as far back as 300 B.C. Modern acupuncture charts indicate 12 principal meridians “connecting” the limbs to the trunk and head. In addition, many other “accessory” meridians are also described, as well as deep “internal branches” starting at specific points on the principal meridians and reaching internal organs. The names of the principal meridians (e.g., lung, heart) represent physiological functions thought to be specifically related to each meridian, rather than the actual lung or heart organ itself.

The theory of acupuncture is also based on the development of the idea of qi (chi), life-force, or vital energy. Not only does this energy continuously flow through organ glands, tissues and meridians, it also has two polarities: yin and yang. When these forces are balanced, and the energy flows harmoniously in the meridians, then the body is in a state of health or homeostasis. When these energies are unbalanced by pathogenic factors, the flow of these energies becomes disturbed; the body then is diseased. In TCM, pain is interpreted as a symptom whenever the corresponding meridians are blocked. Accordingly, when the flow of qi is blocked, pain and illness occur. By acupuncture treatment, one can unblock the meridian, thereby reestablishing the flow of qi and relieving the pain. Hence, acupuncture is the effort to reverse these pathologic changes by improving or changing the flow of energy in the meridians by insertion and manipulation of needles on points along the meridians. These acupuncture points are internationally numbered and standardized, and can be stimulated by many methods including massage, heat, and, more recently, electricity and laser.

Conditions Treated

In the West, most patients of acupuncture practitioners present with pain resulting from numerous conditions, including musculoskeletal disorders, headaches or migraines, and neuralgia or neuropathy. Cardiovascular, gastrointestinal, urological, and gynecological diseases are also commonly treated by acupuncture in the West. In China and throughout Asia, countless other conditions are treated with acupuncture.

While some have questioned the validity of their research methods, the World Health Organization produced the following list of conditions as, “Diseases, symptoms or conditions for which acupuncture has been proved—through controlled trials—to be an effective treatment.”

- Adverse reactions to radiotherapy and/or chemotherapy
- Allergic rhinitis (including hay fever)
- Biliary colic
- Depression (including depressive neurosis and depression following stroke)
- Dysentery, acute bacillary
- Dysmenorrhoea, primary

- Epigastralgia, acute (in peptic ulcer, acute and chronic gastritis, and gastrospasm)
- Facial pain (including craniomandibular disorders)
- Headache
- Hypertension, essential Hypotension, primary
- Induction of labor
- Knee pain
- Leukopenia
- Low back pain
- Malposition of fetus
- Morning sickness
- Nausea and vomiting
- Neck pain
- Pain in dentistry (including dental pain and temporomandibular dysfunction)
- Periarthritis of shoulder
- Postoperative pain
- Renal colic
- Rheumatoid arthritis
- Sciatica
- Sprain stroke
- Tennis elbow

Additionally, the WHO listed 54 conditions as, “Diseases, symptoms, or conditions for which the therapeutic effect of acupuncture has been shown but for which further proof is needed.” This list includes such diverse conditions as: bell’s palsy, fibromyalgia, osteoarthritis, and ulcerative colitis.

Acupuncture anesthesia has been used in surgery for more than seven decades. Nowadays, it is established that the mechanism of acupuncture analgesia is through peripheral stimulation on acupoints and mediated by mobilization of central neuropeptides. Furthermore, stimulation by different frequencies (2, 15, 100 Hz) on acupoints would mobilize different neuropeptides (β -endorphin, enkephalin, dynorphin), bind to the corresponding receptors (μ -opioid receptor, δ -opioid receptor, κ -opioid receptor), and hence induce analgesic effects, respectively. Thanks to the advances of biochemical and biophysical technology, the mechanisms of acupuncture analgesia are elucidated because of peripheral acupoint stimulation, mobilization of central neural peptides, and triggering of the central inhibitory pathway for modulation of pain sensation.

Acupuncture Safety

According to the World Health Organization (WHO):

“In competent hands, acupuncture is generally a safe procedure with few contraindications or complications. Its most commonly used form involves needle

penetration of the skin and may be compared to a subcutaneous or intramuscular injection. Nevertheless, there is always a potential risk, however slight, of transmitting infection from one patient to another (e.g., HIV or hepatitis) or of introducing pathogenic organisms. Safety in acupuncture therefore requires constant vigilance in maintaining high standards of cleanliness, sterilization and aseptic technique. There are, in addition, other risks which may not be foreseen or prevented but for which the acupuncturist must be prepared. These include: broken needles, untoward reactions, pain or discomfort, inadvertent injury to important organs and, of course, certain risks associated with the other forms of therapy classified under the heading of "acupuncture." Acupuncture treatment is not limited to needling, but may also include: acupressure, electroacupuncture, laser acupuncture, moxibustion, cupping, scraping and magnetotherapy. Finally, there are the risks due to inadequate training of the acupuncturist. These include inappropriate selection of patients, errors of technique, and failure to recognize contraindications and complications, or to deal with emergencies when they arise."

Licensed acupuncturists in North America are well-trained. However, a growing number of physical therapists and other allied health professionals are circumventing state licensure requirements and regulations for the practice of acupuncture by advertising and providing acupuncture services to an unsuspecting public under the term "trigger-point dry needling" (or derivations of the term such as "functional dry needling"). The American Academy of Medical Acupuncturists – a physician organization promoting the integration of acupuncture with western medicine training - strongly believes that, for the health and safety of the public, this procedure should be performed only by practitioners with extensive training and familiarity with routine use of needles in their practice and who are duly licensed to perform these procedures, such as licensed medical physicians or licensed acupuncturists.

Associated Therapies

Acupuncture is often used in conjunction with other modalities. Chinese herbal interventions, which can include animal parts and minerals in addition to botanicals, have historically been the mainstay of East Asian therapy. Though the Chinese Materia Medica includes more than 5000 entries, most practitioners rely on fewer than 250 substances. A body of biomedical literature on Chinese herbal pharmacology, pharmacokinetics, clinical efficacy, and associated adverse events is emerging, and the interested reader can find extensive information elsewhere. Historically, acupuncturists consider the patient-physician relationship and therapeutic encounter itself to be inherently "potent" and sufficient to promote healing. In addition, acupuncturists use physical methods, such as massage (tuina), cupping (placing vacuum suction over point areas), and guasha, a technique of gently scraping the skin. Lifestyle counseling in such domains as diet, exercise, and mental health is also a component of acupuncture care. Modern taijiquan, qigong is also utilized by acupuncturists, as well as specialized breathing and meditation practices.

Acupuncture and TCM

Acupuncture and Chinese medicine worked well for the Chinese and other cultures that adopted these techniques. Korea, Japan, and Vietnam further refined these techniques so that distinct schools and theories of acupuncture developed throughout Asia. Early European visitors to China, such as Marco Polo, also took home these techniques. Italy, France, England, and other European countries adopted these techniques and created schools to teach acupuncture and Chinese medicine before the advent of science and Western scientific medicine.

In the 20th century, however, acupuncture and theories of TCM became rather outdated to Western scientists and “school medicine” physicians. The concepts of energy flow, yin-yang, and vital life force seemed too metaphysical to have relevance to the modern practice of medicine. Indeed, these ideas seemed to be the superstitious, irrational, and prescientific beliefs that Western science has strived to discredit and eliminate from society.

In 1955, the Academy of Traditional Chinese Medicine was established in Beijing to develop a standardized curriculum for the training of practitioners of Chinese medicine. Government officials believed that the traditional method of apprenticeship, which took several decades to train acupuncturists, was inefficient. The academy developed a 6-year university-based program that produced graduates trained in both Western and Chinese medicine. Many of these graduates became the core group of scientists that pioneered the scientific research into the physiologic effects of acupuncture and Chinese herbal medicines. For these Chinese scientists, this was truly the dawn of a new age, particularly in view of developments in quantum physics. The mysterious world of Chinese medicine and acupuncture and energy medicine could now be understood as in terms of modern physics.

China, Japan, Korea and many European countries have each developed a distinct version of acupuncture. Thousands of years of history, interpretation, and innovation have produced multiple approaches. Specialized acupuncture has also been developed for the ears, hands, feet, scalp, and face. Western nations have developed their own traditions, and one can begin to speak of French, British, and even American styles of acupuncture.

Over the past 25 years, acupuncture and TCM has become increasingly popular in the United States. Often the phrase “Oriental medicine” is used to refer to TCM, and this ancient system of medicine encompasses a variety of modalities, including acupuncture, Chinese herbology and Asian bodywork therapies such as acupressure, shiatsu, and Thai medical bodywork therapy. Healthcare consumers are often surprised to discover that an estimated 36% of U.S. adults use complementary and alternative medicine (CAM), according to a survey by the National Center for Complementary and Alternative Medicine, a component of the National Institutes of Health. Efforts also have begun to organize national standards for training and to establish credentials for

acupuncturists. The National Certification Commission for Acupuncture and Oriental Medicine in Washington, DC, has developed uniform standards and certification requirements for these practitioners. More than 50 schools of acupuncture are now in the United States. Most have standardized curricula and testing procedures through the efforts of the Accreditation Commission for Acupuncture and Oriental Medicine in Silver Spring, MD. As evidenced by the increased number of NCCAOM certified practitioners in the U.S over just the past ten years, acupuncture has become one of the most common forms of CAM.

Throughout the past several decades, the NCCAOM has partnered with other national acupuncture and TCM organizations to advance acupuncture and TCM/Oriental medicine through regulatory affairs, research, and public relations. This has benefited in more recognition so that the medicine's benefits will one day be accessed by all who seek it.

The organizations listed below have continued to educate and inform the public about the benefits of acupuncture and Oriental medicine. If the information listed below is incorrect or outdated, or if you know of an organization that is not included on this list (but should be), please send an email to jpmmodell@brmi.online.

United States

Academic Consortium for Integrative Health (ACIH)

3345 59th Avenue Southwest,
Seattle, WA 98116
(206) 932-5799
www.accahc.org

Acupuncture Now Foundation (ANF)

33827 Emerald Ave.
La Verne, CA 91750
acupuncturenowfoundation.org

Acupuncturists Without Borders (AWB)

37 Kelly Lynn Drive
Sandia Park, NM 87047
(505) 286-0111
www.acuwithoutborders.org

American Academy of Medical Acupuncture (AAMA)

5820 Wilshire Boulevard, Suite 500
Los Angeles, CA 90036
Tel: (323) 937-5514; Fax: (323) 937-0059
www.medicalacupuncture.org

American Academy of Veterinary Acupuncture

P.O. Box 419
Hygiene, CO 80533-0419
Tel: (303) 772-6726
E-mail: AAVAoffice@aol.com
www.aava.org

American Association of Acupuncture and Oriental Medicine (AAAOM)

PO Box 96503 #44114,
Washington DC 20090
www.aaaomonline.org

American Organization for the Bodywork Therapies of Asia (AOBTA)

Laurel Oak Corporate Center
Suite 408
1010 Haddenfield-Berlin Rd
Voorhees, NJ 08043
(856) 782-1616
www.aobta.org

American Society of Acupuncturists (ASA)

(802) 253-8483
www.asacu.com

Council of Colleges of Acupuncture and Oriental Medicine (CCAOM)

P.O. Box 65120,
Baltimore, MD 21209
(410) 464-6041
www.ccaom.org

International Veterinary Acupuncture Society

P.O. Box 1478
Longmont, CO 80502-1478
Tel: (303) 682-1167; Fax: (303) 682-1168
E-mail: ivasoffice@aol.com
www.ivas.org

National Certification Commission for Acupuncture and Oriental Medicine

76 South Laura Street Suite 1290
Jacksonville, FL, 32202, USA
Phone: (904) 598-1005
Fax: (904) 598-5001
<http://www.nccaom.org/>

National Guild Acupuncture & Oriental Medicine (NGAOM)

Simsmore Square
542 Hopmeadow St., PMB #104
Simsbury, CT 06070
(860) 413-2777
ngaom.org

Society for Acupuncture Research (SAR)

130 Cloverhurst Court
Winston Salem, NC 27103
www.acupunctureresearch.org

International Organizations

Australia

Australian Acupuncture and Chinese Medicine Association Ltd (AACMA)

PO Box 1635
Coorparoo, DC QLD 4151
Australia
+61 (0)7 3324 2599
+61 (0)7 3394 2399 (fax)

Canada

British Columbia

**College of Traditional Chinese Medicine Practitioners and Acupuncturists of
British Columbia (CTCMA)**

1664 West 8th Avenue
Vancouver, BC V6J 1V4
Canada
604-738-7100
604-738-7171 (fax)

Traditional Chinese Medicine Association of British Columbia (TCMABC)

4857 Main Street
Vancouver, BC V5V 3R9
Canada
604-602-7550

Newfoundland and Labrador

**Chinese Medicine and Acupuncture Association of Newfoundland and Labrador
(CMAANL)**

47 Leslie Street
St. John's, Newfoundland A1E 2V7

Canada
709-738-0158
709-722-5527 (fax)

Ontario

Chinese Medicine and Acupuncture Association of Canada (CMAAC)

154 Wellington Street
London, Ontario, N6B 2K8
Canada
519-642-1970
519-642-2932 (fax)

The Canadian Association of Acupuncture and Traditional Chinese Medicine (CAATCM)

3195 Sheppard Avenue East, 2nd Floor
Scarborough, Ontario M1T 3K1
Canada
416-493-8447
416-493-9450 (fax)

The Canadian Society of Chinese Medicine and Acupuncture (CSCMA)

411 Dundas Street West Unit 203
Toronto, Ontario M5T 1G6
Canada
416-597-6769
416-597-9928 (fax)

Quebec

Association des Acupuncteurs du Quebec (AAQ)

441, rue Ste-Hélène, bureau 1
Longueuil, Quebec J4K 3R3
Canada
514-982-6567

Saskatchewan

Saskatchewan Acupuncture Association

saskatchewanacupuncture@gmail.com

Europe

European Traditional Chinese Medicine Association (ETCMA)

Servaasbolwerk 28
Utrecht
Nederland
3512 NK
Tel: +31(0)653563160

Cyprus

Pan-Cyprian Association of Acupuncturists Limited

22 Arch. Makariou Avenue, CLEA Court, Office 401

3061 - Limassol

email: acupuncture@cytanet.com.cy

Tel / Fax: + 357 - 25574900

Denmark

Praktiserende Akupunktører (PA)

Telefon: 70 25 25 09

Finland

Suomen perinteisen kiinalaisen lääketieteen yhdistys ry

Finnish Traditional Chinese Medicine Society of Acupuncture and Herbs (FinnAcu)

e-mail: info@finnacu.fi

phone: +358-45-6770096

France

Fédération de Médecine Traditionnelle Chinoise (FNMTC)

7, rue Louis Prével

06000 Nice - France

Téléphone : 33 (0) 950 304 870

Germany

Arbeitsgemeinschaft für Klassische Akupunktur und Traditionelle Chinesische Medizin e.V. (AGTCM)

Sekretariat

Wisbacher Straße 1

83435 Bad Reichenhall

Telefon: (08651) 690919

Ireland

Acupuncture Foundation Professional Association (AFPA)

Unit 8 Eaton House

Main Street

Rathcoole

Co. Dublin

Ireland

Tel: 087 6556362

Northern Ireland Association of Traditional Chinese Medicine (NIATCM)

71 Oakwood Avenue

Carryduff, Belfast BT8 8SW

Ireland

028 90814599

Traditional Chinese Medicine Council of Ireland Limited (TCMCI)

Station House, Shankhill

Dublin 18

Ireland

01 2393267

Israel

Israeli Association for Traditional Chinese Medicine (IATCM)

info@tcmisrael.org.il

Italy

Federazione Italiana delle Società di Agopuntura (FISA)

Email: info@agopuntura-fisa.it

Netherlands

Nederlandse Vereniging voor Acupunctuur (NVA)

Norway

Norsk akupunkturforening (NAFO)

Kongensgate 12

0153 Oslo

Telefon: 2241 7888

New Zealand

New Zealand Acupuncture Standards Authority Incorporated (NZASA)

The Registrar

44 Greenlane East

Remuera, Auckland

New Zealand

tel: +64 9 520 1919

fax: +64 9 520 4026

Email: nzasainc@xtra.co.nz

New Zealand Register of Acupuncturists Incorporated (NZRA)

The Registrar

PO Box 9950

Wellington 6141

tel: +64 04 387 7672

fax: +64 04 387 7685

Spain

FUNDACIÓN EUROPEA DE MTC

C/ Larache, 8

43870 Amposta (Tarragona)
Spain
Ph.: +34 977 70 42 02
Fax: +34 977 70 59 45
E-mail: info@mtc.es

Sweden

Svenska Akupunkturförbundet Traditionell Kinesisk Medicin (SAATCM)
Ystadsvägen 67
SE-121 51 Johanneshov
tfn: 08-600 02 30

Switzerland

Association Genevoise des Mediciens Acupuncteurs (AGMA)
7, rue Hugo-de-Senger
CH - 1205 Genève
telefon 022 322 20 30

Assoziation Schweizer Aerztegesellschaften für Akupunktur und Chinesische Medizin

Sekretariat ASA
Postfach
CH - 8575 Bürglen TG
Telefon 071 - 630 09 83

Schweizerische Ärztinnen - und Aerztegesellschaft für Akupunktur - Chinesische Medizin - Auriculomedizin (SACAM)

Postfach 2003
8021 Zürich
Telefon 0844 200 200

Schweizerische Berufsorganisation für Traditionelle Chinesische Medizin (SPO-TCM)

Alfred Lienhard Strasse 1
9113 Degersheim
Telefon 071 - 372 01 11

United Kingdom

Association of Traditional Chinese Medicine (UK) (ATCM)

1 Cline Road
(Off Bounds Green Road)
London N11 2LX
UK
020 8361 2121
020 8361 2121 (fax)

The British Acupuncture Council (BAcC)

63 Jeddo Road

London, W12 9HQ

UK

+44 (0) 20 8735 0400

+44 (0) 20 8735 0404 (fax)

Acupuncture Research

Acupuncture has been extensively studied for many conditions in Asia, Europe and North America. The following are only a few of the numerous evidence-based studies:

Low-Back Pain

A 2012 analysis of data on participants in acupuncture studies looked at back and neck pain together and found that actual acupuncture was more helpful than either no acupuncture or simulated acupuncture.

A 2010 review by the Agency for Healthcare Research and Quality found that acupuncture relieved low-back pain immediately after treatment but not over longer periods of time.

A 2008 systematic review of studies on acupuncture for low-back pain found strong evidence that combining acupuncture with usual care helps more than usual care alone. The same review also found strong evidence that there is no difference between the effects of actual and simulated acupuncture in people with low-back pain.

Clinical practice guidelines issued by the American Pain Society and the American College of Physicians in 2007 recommend acupuncture as one of several non-drug approaches physicians should consider when patients with chronic low-back pain do not respond to self-care (practices that people can do by themselves, such as remaining active, applying heat, and taking pain-relieving medications).

Neck Pain

A 2012 analysis of data on participants in acupuncture studies looked at back and neck pain together and found that actual acupuncture was more helpful than either no acupuncture or simulated acupuncture.

A 2009 analysis found that actual acupuncture was more helpful for neck pain than simulated acupuncture, but the analysis was based on a small amount of evidence (only three studies with small study populations).

A large German study with more than 14,000 participants evaluated adding acupuncture to usual care for neck pain. The researchers found that participants reported greater pain relief than those who didn't receive it; the researchers didn't test actual acupuncture against simulated acupuncture.

Osteoarthritis/Knee Pain

A 2014 Australian clinical study involving 282 men and women showed that needle and laser acupuncture were modestly better at relieving knee pain from osteoarthritis than no treatment, but not better than simulated (sham) laser acupuncture. Participants received 8 to 12 actual and simulated acupuncture treatments over 12 weeks. These results are generally consistent with previous studies, which showed that acupuncture is consistently better than no treatment but not necessarily better than simulated acupuncture at relieving osteoarthritis pain.

A major 2012 analysis of data on participants in acupuncture studies found that actual acupuncture was more helpful for osteoarthritis pain than simulated acupuncture or no acupuncture.

A 2010 systematic review of studies of acupuncture for knee or hip osteoarthritis concluded that actual acupuncture was more helpful for osteoarthritis pain than either simulated acupuncture or no acupuncture. However, the difference between actual and simulated acupuncture was very small, while the difference between acupuncture and no acupuncture was large.

Headache

A 2012 analysis of data on individual participants in acupuncture studies looked at migraine and tension headaches. The analysis showed that actual acupuncture was more effective than either no acupuncture or simulated acupuncture in reducing headache frequency or severity.

A 2009 systematic review of studies concluded that actual acupuncture, compared with simulated acupuncture or pain-relieving drugs, helped people with tension-type headaches.

A 2008 systematic review of studies suggested that actual acupuncture has a very slight advantage over simulated acupuncture in reducing tension-type headache intensity and the number of headache days per month.

A 2009 systematic review found that adding acupuncture to basic care for migraines helped to reduce migraine frequency. However, in studies that compared actual

acupuncture with simulated acupuncture, researchers found that the differences between the two treatments may have been due to chance.

Research References:

Berman BM, Langevin HM, Witt CM, et al. Acupuncture for chronic low back pain. *New England Journal of Medicine*. 2010;363(5):454-461.

Cherkin DC, Sherman KJ, Avins AL, et al. A randomized trial comparing acupuncture, simulated acupuncture, and usual care for chronic low back pain. *Archives of Internal Medicine*. 2009;169(9):858-866.

Chou R, Qaseem A, Snow V, et al. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. *Annals of Internal Medicine*. 2007;147(7):478-491.

Cummings M. Modellvorhaben Akupunktur—a summary of the ART, ARC and GERAC trials. *Acupuncture in Medicine*. 2009;27(1):26-30.

Furlan A, Yazdi F, Tsertsvadze A, et al. Complementary and Alternative Therapies for Back Pain II. Evidence Report/Technology Assessment No. 194. Rockville, MD: Agency for Healthcare Research and Quality. 2010. AHRQ Publication No. 10(11)-E007.

Hinman RS, McCrory P, Pirodda M, et al. Acupuncture for chronic knee pain. A randomized clinical trial. *JAMA*. 2014;312(13):1313-1322.

Linde K, Allais G, Brinkhaus B, et al. Acupuncture for migraine prophylaxis. *Cochrane Database of Systematic Reviews*. 2009;(1):CD001218. Accessed at <http://www.cochranelibrary.com> on July 2, 2014.

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Witt CM, Jena S, Brinkhaus B, et al. Acupuncture for patients with chronic neck pain. *Pain*. 2006;125(1-2):98-106.

Yuan J, Purepong N, Kerr DP, et al. Effectiveness of acupuncture for low back pain: a systematic review. *Spine*. 2008;33(23):E887-E900.

Acupuncture and TCM Books On-line

Essentials of Acupuncture - Compiled by the Foreign Language Press - http://www.biblio.nhat-nam.ru/Acupuncture_Essentials.pdf

The information in this monograph is intended for informational purposes only, and is meant to help users better understand health concerns. Information is based on review of scientific research data, historical practice patterns, and clinical experience. This information should not be interpreted as specific medical advice. Users should consult with a qualified healthcare provider for specific questions regarding therapies, diagnosis and/or health conditions, prior to making therapeutic decisions.

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