

Acil Serviste Akupunktur Tedavileri

Do.Dr. Feriyde ALIŐKAN
SBÜ İzmir Tepecik Eėitim ve
Arařtırma Hastanesi / Acil Tıp Kliniėi
Acil Tıp, Toksikoloji, Akupunktur

Akupunktur

- Geleneksel tıp ve tedavileri...
- Neden akupunktur?
- Acil tıpta akupunktur uygulamaları nelerdir?
- Etkinliği bilinen, kanıta dayalı Akupunktur Tedavileri

KADİM TIP BİLGİSİ : AKUPUNKTURUN TARİHSEL YOLCULUĞU



Resim 1: Doğu Türkistan'daki arkeolojik kazılarda ortaya çıkarılan eski Uygur yazılarıyla akupunktur noktalarını gösteren resim



Resim 2: Doğu Türkistan'daki arkeolojik kazılarda ortaya çıkarılan eski Uygur yazılarıyla akupunktur noktalarını gösteren resim

M.S. 50. yıla ait olduğu düşünülen 2 bronz heykelin Uygur Türklerine benzemesi ve o dönemde bronz şekil verilebilen tek medeniyetin sahibinin Uygur Türkleri olması...

Çin mi, Uygur mu?

- Geleneksel Çin Tıbbı terminolojisinde geçen bazı kelimelerin kökeni incelendiğinde Uygurca kelimelere benzerliği...
- Altun Yaruk metni 9. Tegzinç'te...10. yy da çevirisi var
- 1930 ve 1932 tarihinde Reşit Rahmeti Arat'ın Almanca olarak yazdığı... halk sağlığı...
- Peter Zieme'nin araştırmaları
 - Peter Zieme ve Georg Kara'nın 1976 yılında hazırladığı Ein Uighurische Totenbuch (Uygurca Ölüler Kitabı aslı 11-12. yy Hint, Çin ve Tibet tıbbı)
 - Çakralar...

銅人明堂之圖



Abb. 2: Ch/U 6532 + Ch/U 7552 verso



Abb. 3: T II 1076 (U 5526) recto

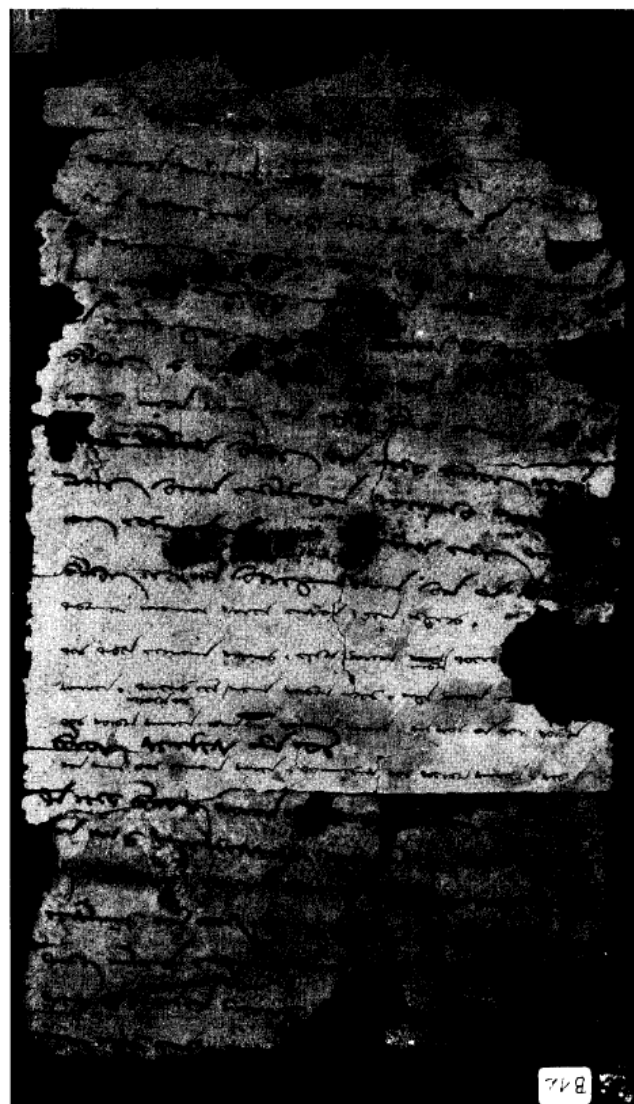


Abb. 1: Ohne Fundortsignatur (= Haenisch B 12) + T II D 33 (= Haenisch B 11)



Abb. 8: T II Y 18 (U 5745) + T II Y 18 (U 5747) + T II 14 (U 4983) recto



Abb. 4: T I x 505 (U 5478) recto

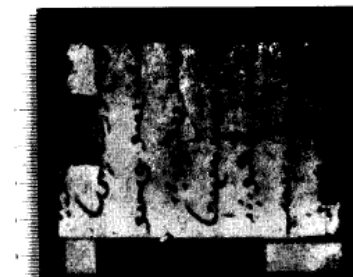


Abb. 5: T I x 505 (U 5478) verso



Abb. 6: T II Y 20 (U 247) recto



Abb. 7: T II Y 20 (U 247) verso

Bemerkungen

(4 u.a.) *p'lkwk* ist eines der Problemwörter dieses Fragments. Falls kein Fremd- oder Lehnwort vorliegt, sehe ich als Erklärungsmöglichkeit die folgende Annahme: *bāl* (eigentlich erwartet man *bel*, geschrieben *pyl*, aber vielleicht ist auch so zu lesen) „Taille, Kreuz“ + Suffix *gOk*, das allerdings sehr selten belegt ist, vgl. ERDAL, *Word Formation*, 2.94. Als Bedeutung könnte dann etwa *„Kreuzschmerz“ postuliert werden. (5) *künčiq yayi* „Sesamöl“.

(5) *yumaq* (oder: *yumyaq?*) „etwas Rundes“ (vgl. ED 936a), hier vielleicht: „Beule“ o.ä.

(6f.) *toquz ālig kūn* „49 Tage“. Die Wahl dieses Zeitraums ist sicherlich nicht zufällig, sie erinnert an die 49 Tage im Antarābhava, dem Stadium zwischen dem Tod und einer neuen Wiedergeburt.

(12) *kwlkwk*, leider völlig unklar, auffällig ist auch, daß das Wort nur in *b* vorkommt. (8) *sinamiš* „erprobt“, vgl. *Heilk.* I, 154 usw.; ED 835a; ERDAL, *Word Formation*, 423. In Z. 13 dagegen *y(a)ramiš* „passend“.

III. (ZZ. 14-17): (14) *p'lkwk-i yr'sy bolsar sparsum-ni alip išič* (15)-[t]ā qayındurup qovuy bolmiš-ta ālig [kūn] (16) türtgül yaqılur anta basa oşaqı yangča (17) künčiq yayın türtgü'ol qurtı ünär

„Wenn jemandes *p'lkwk yr'sy* (?) wird, soll man *sparsum* (?) nehmen und im Kessel kochen. Wenn es trocken (?) ist, soll man 50 (Tage?) einreiben. Es vergeht. Danach soll man nach der vorherigen Methode mit Sesamöl einreiben. Der Wurm geht fort.“

Bemerkungen

(14) *sparsum*: ?

IV. (ZZ. 18-20): (18) *grx toqı(n)miš kiši išlayu* (?) *sadu[n]* (19) *tvyač qamiši taš uruyı* bo otlarıy yišlas[ar] (20) *grx toqı(n)miši kidär* :

„Ein von Dämonen geschlagener Mensch soll räuchern: Wenn er Knoblauch, chinesisches Rohr, *taš*-Wurzel räuchert, vergeht das von Dämonen Geschlagensein.“

Bemerkungen

(18) *grx* < skt. *graha* „Planet“, aber auch „N[ame] of particular evil demons or spirits who seize or exercise a bad influence on the body and mind of man (causing insanity &c.; it falls within the province of medical science to expel these demons; those who esp. seize children and cause convulsions &c. are divided into 9 classes according to

the number of planets)“ (MW 372a). Die Behandlung von Dämonen (*graha*) ist eine der acht Abteilungen der altindischen Medizin.¹⁰

(18) *sadun* „Knoblauch“, vgl. *Heilk.* I, 144, II 1₁₀₁, ED 802a.

(19) *tvyač qamiši* „chinesisches Rohr“.

2. Auf der Rückseite von zwei zusammengesetzten Fragmenten ohne Fundortsignaturen (a Ch/U 6532: 9 x 14,2 cm; b Ch/U 7552: 5,3 x 9,7 cm)¹¹ befindet sich der folgende Text:

1 [] p'qyr q'pyq []
 2 [] 'ysyk kwycy 'wl • pw[]
 3 [] [] 'wyβk' 'yklyk 'wl - t'l'q []
 4 'ykl's'r t'l'q 'yklyk 'wl typ pylmys []
 5 pwykwr t'dyq y 'cyq 'wl qwlq'q q'py[]
 6 'wyn qylyp pylkw 'wl • pwykwr 'yklyk 'wl t[] p []
 7 'wyβk' 'yksyz 'rs'r pwykwr kwyc pyrrw • pwykwr
 8 'y[] syz [] ywr'k kwyc pyrrw ywr'k 'yksyz
 9 [] lp 't'wyz k' kwyc pyrrw :: 'ys[] w qyz[] []
 10 [] k'r t'k'r syrqnw q'r' kwysy kw[] lp'r []
 11 [] jdkw 'wl ywrwnk cynt'n t'qy []
 12 [] r p'qyr : pysyq synkyr k[]
 13 [] k q' 'wrwn[]
 14 [] k • s'[]

Bearbeitung

(1) [...] bayır qapıy[ı] [...] (2) [...] isig küci ol • bo [...] (3) [...] övkä iglig ol " talaq [...] (4) iglāsär talaq iglig ol tip bilmiš [krgäk ...] (5) bögür tađıyı ačıy ol qulıyāq qapı[ı] [...] (6) ün qılıp bilgü ol " bögür iglig ol t[ı]lp [...] (7) övkä igsiz ärsär bögür küč birür • bögür (8) i[g]siz [ärsär] yıräk küč birür yıräk igsiz (9) [to]lp ät'özkä küč birür :: iš[ı]y[u] qız[ı] [...] (10) [a]gar tagar sıryunč qara küši ku[...]par [...] (11) [ä]dgü ol yırüng čıntan tađı [...] (12) [...]r baqır : bišiy singir k[...] (13) [...]qa orun[...] (14) [...]

¹⁰ Vgl. J. JOLLY, *Medicin*, 69 ff.; R. F. G. MÜLLER, *Grundsätze altindischer Medizin*, 22 ff.; R. E. EMMERICK, "The Svastika antidote", 68.

¹¹ Die Vorderseite ist noch nicht identifiziert.

銅人明堂之圖

此圖乃宋王惟一編，乃古今之冠也。凡欲學針灸者，不可不讀。此圖乃王惟一編，乃古今之冠也。凡欲學針灸者，不可不讀。此圖乃王惟一編，乃古今之冠也。凡欲學針灸者，不可不讀。



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銅人明堂之圖





- Resim; Yrd.Doç.Dr. Hacer Tokyürek, Erciyes Ün. Öğr Üyesi

Hangi 3000 yıl...

- Türk hekimi İbn-i Sina'nın (17.yy) günümüze ulaşan yazılı kaynaklar
 - Vücuttaki enerji kanallarından ve meridyen sisteminden bahsetmekte.
 - Nabız muayenesini hastalıkların teşhisinde kullanmıştır.
- 1963... 4 bin yıllık yeşim taşından yontulmuş ve uçları sivriltilmiş taş iğne; ilk akupunktur iğnesi “Bianshi”
- 1991 yılında Avusturya Alplerinde bulunan ve araştırmacıların Iceman(Ötzi) adını verdikleri 5200 yaşındaki mumyanın vücudunda akupunktur noktalarının bulunduğu yerlerde dövme izleri...
- Köken Avrasya kıtası...

Modern Akupunktura geiş

- Batıya geiş 17.yy da in'e giden izvit rahipleri...
- Fransız diplomat Georges Soulie de Morant'ın 1839'da in'de yaptığı alışmalar sonucunda fransızca olarak yazdığı akupunktur kitabı,
- Modern akupunkturun babası Fransız Dr Paul Nogier'in (1950) akupunktur ile ilgili bilimsel alışmalar başlamış ve bugünkü halini almıştır.

Akupunktur nedir?

- Noktanın tedavisi...
- Vücuttaki belirli etkin noktalardan, cildin iğne, bası veya lazer gibi metodlarla uyarılmasıyla yapılan bir tıbbi tedavi yöntemidir.
- Bu noktadan doğan sinyal iletiler (hücreler arası etkileşim)
 - Hipotalamo-hipofizer aksın yeniden düzenlenmesi
 - Lokal etkili nörohumoral hormonların sentezi/yeniden düzenlenmesi
 - Endorfinler
 - Bölgesel organların fonksiyonel hormonlarında değişiklik

Akupunkturun Etkileri

- Kişinin enerji kullanımında yeterlilik duygusu
 - Qi'nin dengelenmesi
- Organ bozukluklarında tolerans artışı
- Hücresel eksik veya yetersizliklerde iyileşmeye dönüş
- Ağrı algısında düzelme ve/veya tolerans
- Farkındalık ve iradede güçlenme
-
- Yara iyileşmesinde optimal şartların sağlanması:
 - kan akımı vs...!!!
- Nöroplastisite!!!

Acil Durumlarda Kullanilabilecek Akupunktur Uygulamaları

Eksper önerileri:

- Akut ağrı
 - Dismenore
 - Stress tipi baş ağrısı
 - Kolik tarzı abdominal ağrı
 - Fonksiyonel ağrılar: dispepsi
- Bulantı, kusma
- Vertigo (SVO dahil)
- Nöbet, febril atak, senkop
- Hipertansiyon
- Akut akciğer ödemi, diürez ihtiyacı
- Psikotik ataklar, anksiyete



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1. Introduction
 2. Efficacy of Acupuncture Therapy for Stroke
 3. Electroacupuncture Therapy for Stroke
 4. Acupuncture Precondition for Stroke
 5. Acupoint Option of Acupuncture Therapy for Stroke
 6. Parameters of Acupuncture Therapy for Stroke
 7. Mechanisms of Acupuncture Therapy for Stroke
 8. Mechanisms of Acupuncture Therapy for Poststroke Pa...
 9. Mechanisms of Acupuncture for Animal Stroke Models
 10. Mechanisms of Acupuncture Preconditioning for Stroke
 11. Prospects of Acupuncture Therapy for Stroke
- References

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Chapter Eight - Acupuncture Therapy for Stroke Patients

Xin Li, Qiang Wang

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<https://doi.org/10.1016/B978-0-12-411545-3.00008-0>

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Abstract

Acupuncture is one of the most important parts of [Traditional Chinese Medicine](#), has been used for more than 3000 years as prevention and treatment for various diseases in China as well as in adjacent regions, and is widely accepted in western countries in recent years. More and more clinical trials revealed that acupuncture shows positive effect in stroke, not only as a complementary and alternative medicine for poststroke rehabilitation but also as a preventive strategy which could induce cerebral ischemic tolerance, especially when combined with modern [electrotherapy](#). Acupuncture has some unique characteristics, which include acupoint specificity and parameter-dependent effect. It also involves complicated mechanism to exert the beneficial effect on stroke. Series of clinical trials have shown that acupuncture primarily regulates the release of neurochemicals, hemorheology, cerebral microcirculation, metabolism, neuronal activity, and the function of specific brain region. Animal studies showed that the effects of acupuncture therapy on stroke were possibly via inhibition of postischemic inflammatory reaction, stimulation of [neurogenesis](#) and [angiogenesis](#), and influence on neural plasticity. Mechanisms for its preconditioning effect include activity enhancement of [antioxidant](#), regulation of the [endocannabinoid system](#), and inhibition of [apoptosis](#). Although being controversial, acupuncture is a promising preventive and treatment strategy for stroke, but further high-quality clinical trials would be needed to provide more confirmative evidence.



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Brain Research Bulletin

journal homepage: www.elsevier.com/locate/brainresbull

Review

New progress in the approaches for blood–brain barrier protection in acute ischemic stroke



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ARTICLE INFO

Keywords:

Blood brain-barrier damage
Ischemic stroke
Hemorrhagic transformation
rtPA
MMPs

ABSTRACT

Ischemic stroke is a disease with high morbidity and mortality worldwide, which often places an additional strain on families and society due to the poor prognosis. Blood brain-barrier (BBB) damage is the critical pathological process, which contributes to hemorrhagic transformation (HT) and poor prognosis in cerebral ischemia. Thus, there is a pressing need to seek an approach to ameliorate BBB damage and reduce the HT that can be induced by fibrinolytic therapy involving recombinant tissue plasminogen activator (rtPA) in clinical practice. This review provides an overview of the recent scientific reports to improve our understanding of new approaches to ameliorating BBB damage in ischemic stroke, including physical approaches, chemical agents, traditional Chinese medicine and its extracts, neural stem cell therapy and microRNA intervention. Inhibiting matrix metalloproteinases (MMP) is possibly the main functional mechanism of these BBB protectants, along with anti-oxidative and anti-inflammatory effects. Other significant mechanisms for BBB protection have been studied recently, such as anti-apoptosis, extracellular signal-regulated kinase (ERK) and phosphatidylinositol 3-kinase (PI3K)/ Akt pathways and so on. An in-depth understanding of the related mechanisms contributes to finding potential approaches for BBB protection, and a deeper understanding of the emerging BBB protectants offers opportunities to seek a promising adjuvant therapy to prevent HT in the post-stroke brain.

1. Introduction

Medcalf, 2011) HT is a severe complication of AIS, which is observed in

Yer İmleri



✓ New progress in the approaches for blood–brain barrier protection in acute ischemic stroke

Introduction

Physical approaches to BBB protection in AIS

✓ Chemical agents regulating BBB permeability in AIS

Clinical drugs regulating BBB permeability in AIS

Chemical compounds regulating BBB permeability in AIS

Traditional Chinese medicine and its extracts regulating BBB permeability in AIS

MicroRNA regulating BBB permeability in AIS

Neural stem cell therapy and BBB permeability in AIS

Methods of aggravating BBB injury in AIS

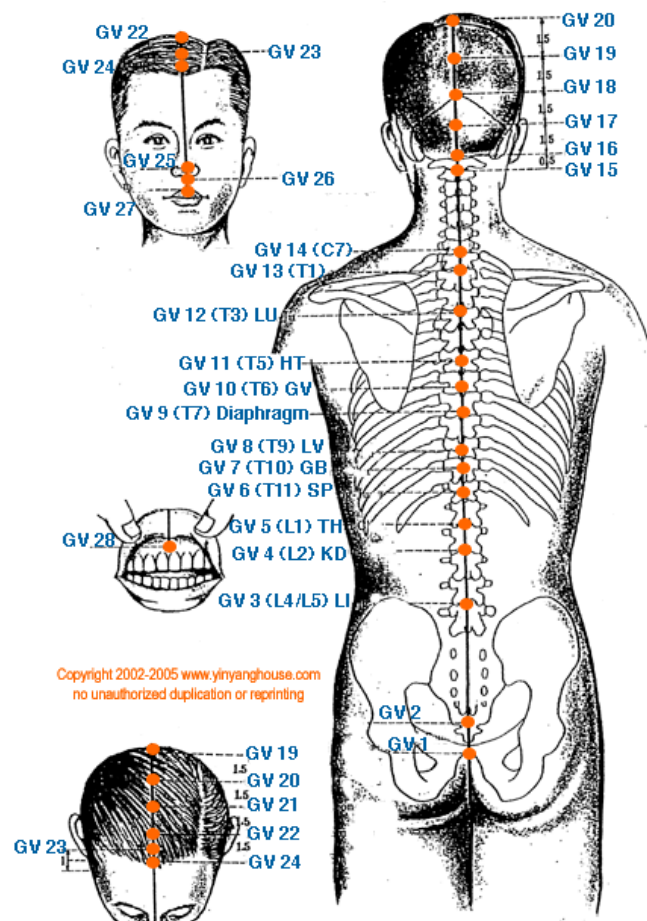
Conclusion

Disclosure of interest

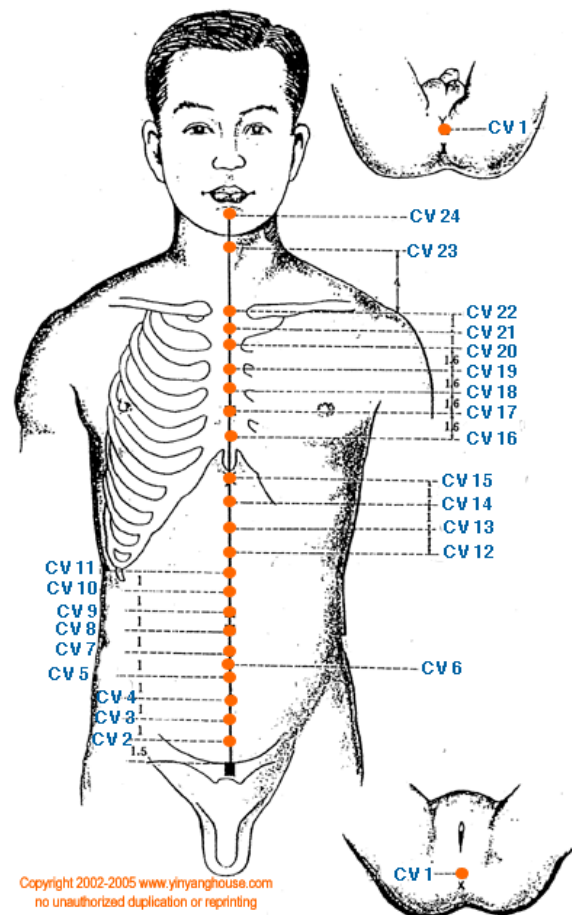
Akupunktur Uygulanarak Akut Etki

- 12 çift taraflı, 2 ön ve arka meridyen
- 361 akupunktur noktası
- Ekstra noktalarla toplam 1000 üzerinde
- Acil durumlarda tek nokta uygulamaları
 - En etkin nokta veya noktaları bilmek ve kullanmak
 - Cilt ciltaltı saplanan iğneler, min 20 dk seanslar
- Kulak akupunkturu, skalp akupunkturu
- Hastalığa özgü kür süresi ve hatırlatıcı seanslar

GV-DU

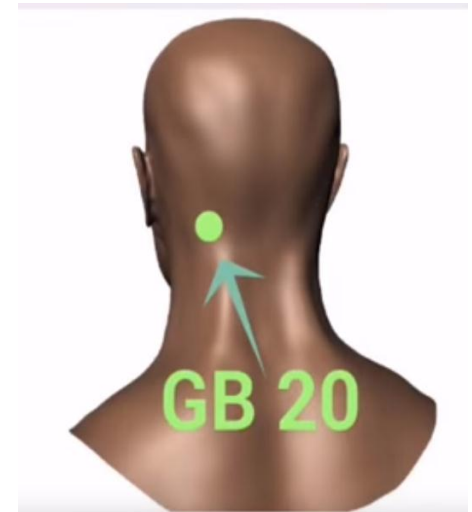


CV-Ren



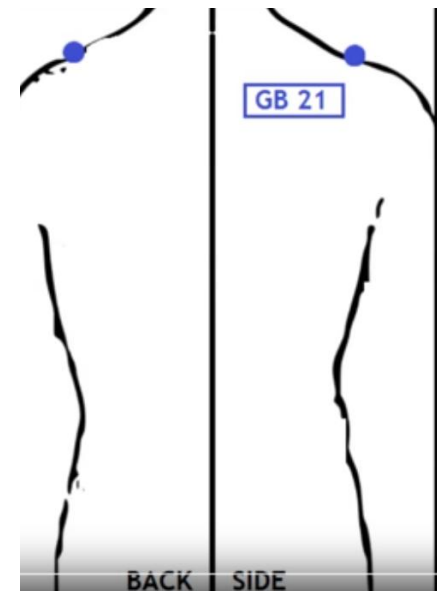
Gb20 Feng Chi

- Migren dahil stres başağrıları
- Gorme bulaniklari
- Halsizlik, sersemlik, vertiginöz bulgular



Gb21 giang gang

- Gebeye kontraendike; muskuler relaxan
 - zor doğumda yardımcı
- Migren atağında, oksipital baş ağrıları
- Omuz ve boyun ağrıları



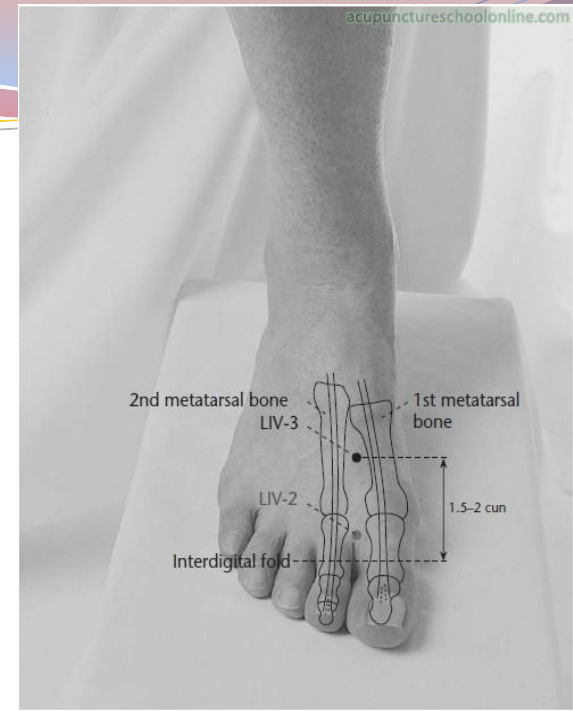
Li4 hegu

- Fasial agri, dis agrı dahil.
- Atese
- İmmünonörostimulatör nokta
- Talamik alan temsil noktası



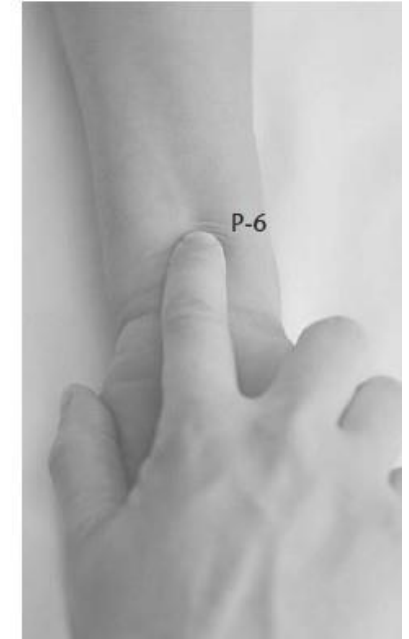
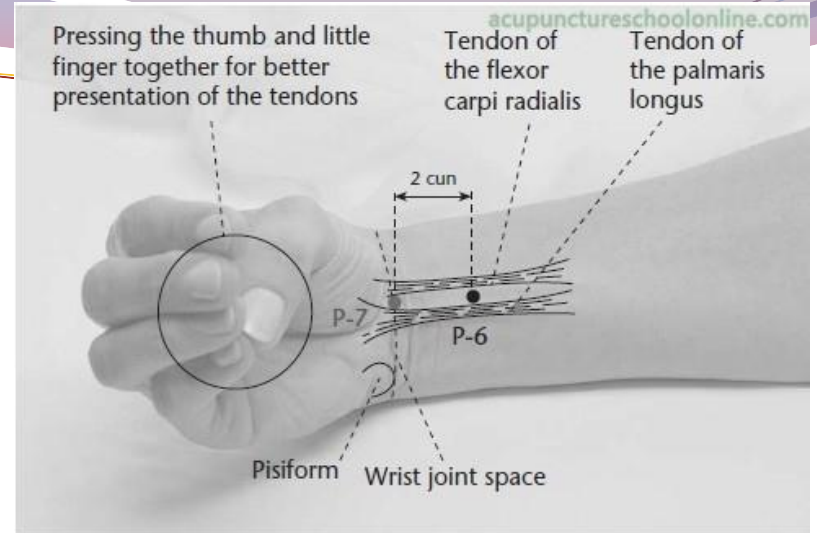
LIV3taichong

- Post stoke
- Karaciğer hastalıklarında detoks etkisi
 - Glutation prekürsoru??
- Hipertansiyon
- İstah bozukluklari, bağımlılık tedavileri
- Depresyon tedavisi



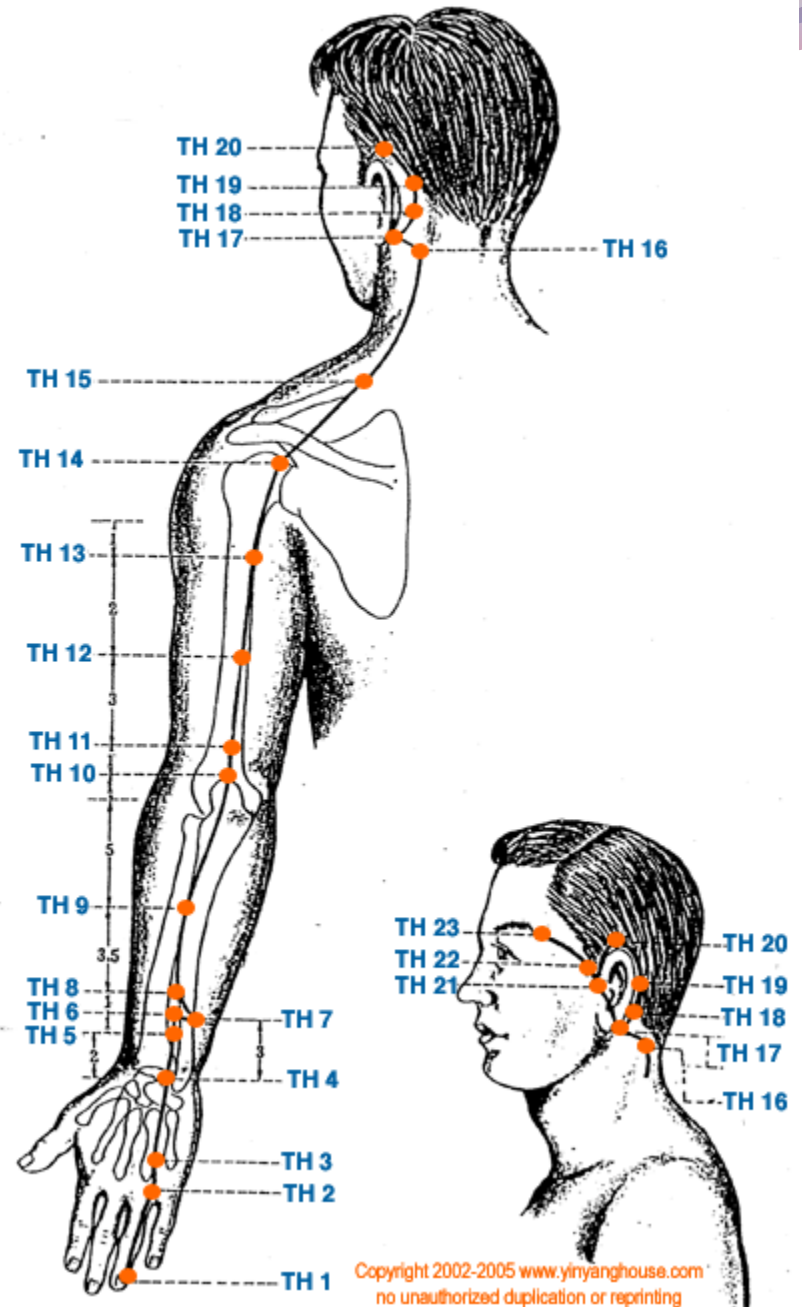
P6 nei guan

- Bulantı, Kusma
- Hiperemezis
- Mide agrisi, reflü
- Axiete
- Yutma problemleri
- Fonksiyonel göğüs ağrıları



T 3 zhong zhu4

- Üst extremite
- Bas-boyun agrilara
- Steroid salgı merkezi!



SP6 san yin jiano

- Pelvik agrilara; menstrüel agri
- İnsomnia
- SP Kanın Qi'sinden sorumlu



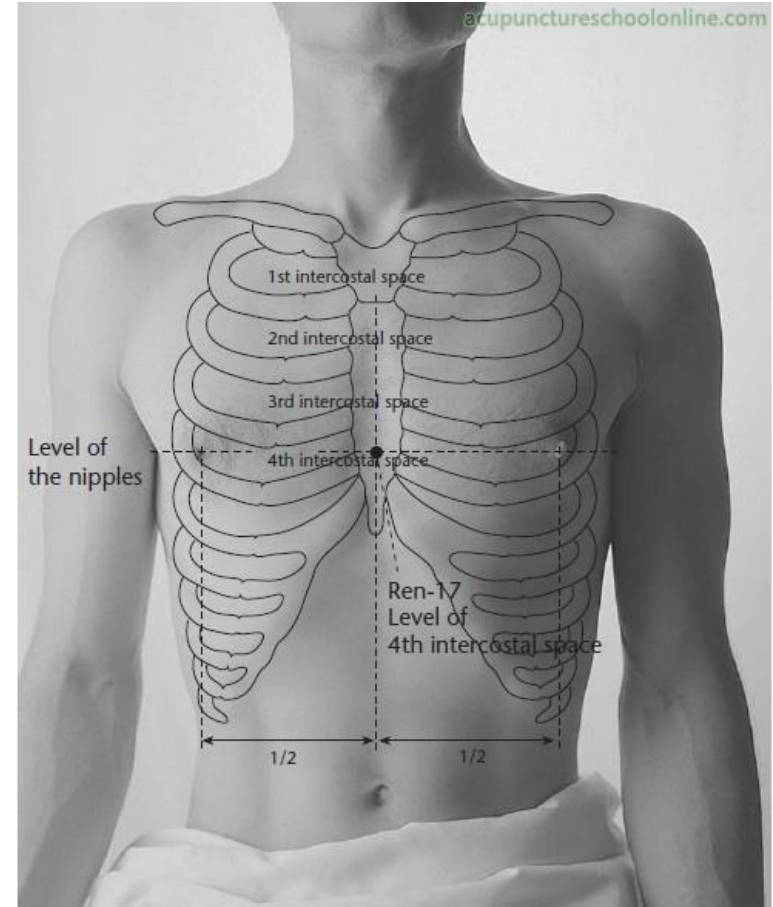
ST36

- Vücut alt bölge ağrıları
- Bulantı, kusma
- GİS motor fonksiyonu, mikrobiota



Ren 17 shan zhong

- Göğüs ağrısı
- Nefes darlığı
- Psikodestek (histeri)
- Front-mu noktası:
- P, SP, KID, S.I. ve T kanalları



EX Yintang

- Baş ağrısı
- Burun tıkanıklığı ve kanamalar
- İnsomnia
- Ajitasyonlar!!!



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Diyabette

Geleneksel ve Tamamlayıcı Tıp Uygulamaları



Obezitede

Geleneksel ve Tamamlayıcı Tıp Uygulamaları



Nörolojik ve Psikiyatrik Hastalıklarda

Geleneksel ve Tamamlayıcı Tıp Uygulamaları



Alerjik Hastalıklarda

Geleneksel ve Tamamlayıcı Tıp Uygulamaları



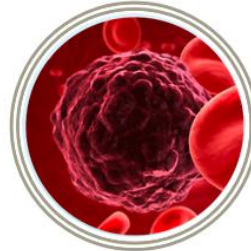
Koruyucu Hekimlikte

Geleneksel ve Tamamlayıcı Tıp Uygulamaları



Kalp Damar Hastalıklarında

Geleneksel ve Tamamlayıcı Tıp Uygulamaları



Kanserde

Geleneksel ve Tamamlayıcı Tıp Uygulamaları



Kronik Ağrılarda

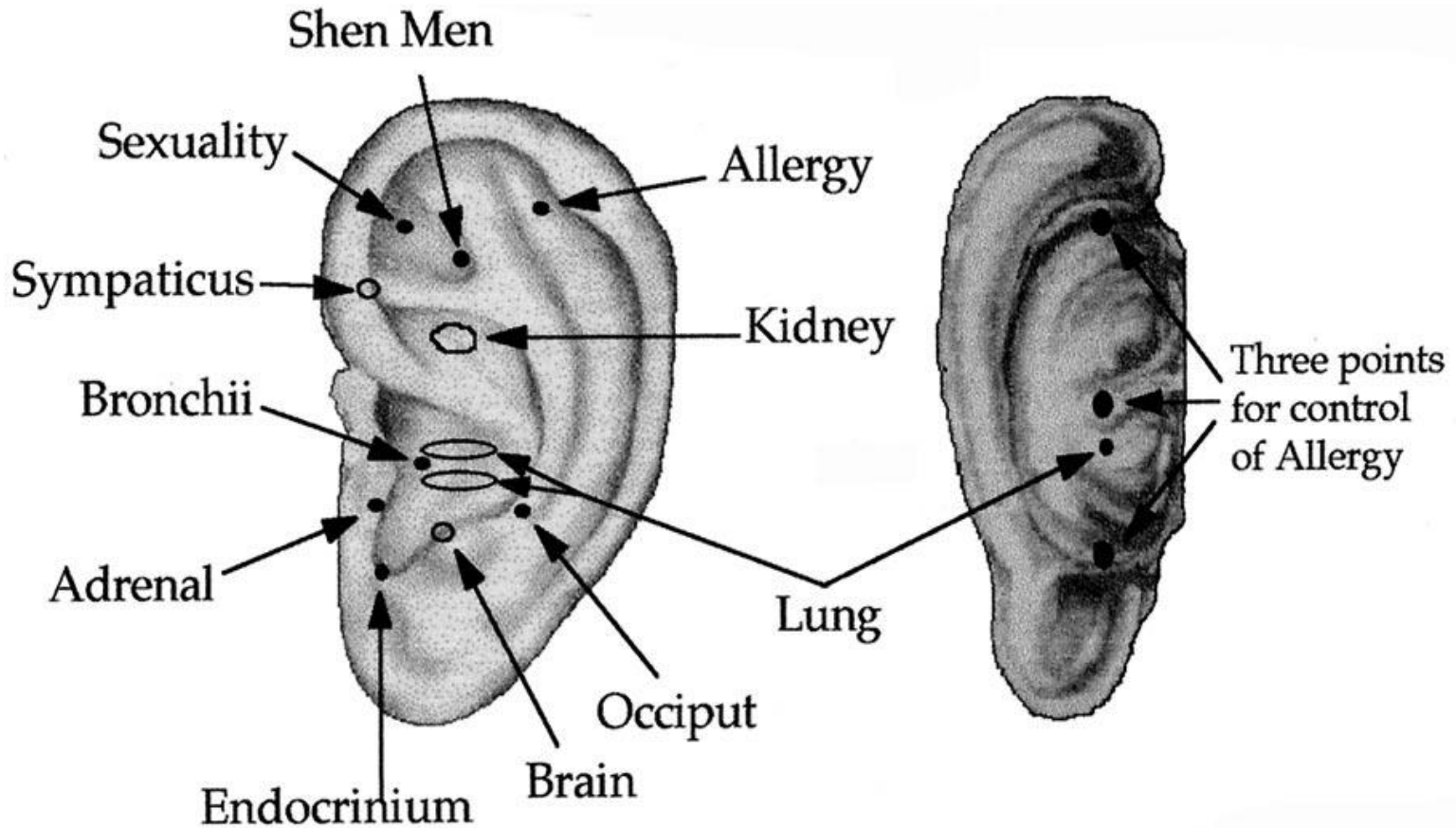
Geleneksel ve Tamamlayıcı Tıp Uygulamaları



Bağımlılıkta

Geleneksel ve Tamamlayıcı Tıp Uygulamaları

Kulak Akupunkturu



Alerjik dermatitte kulak akupunktur tedavisinde önerilen noktalar

(Iliev, E. Acupuncture in Dermatology. *Clinics in Dermatology* 1998;16:659–688)

Eller Kalbin Aynası...

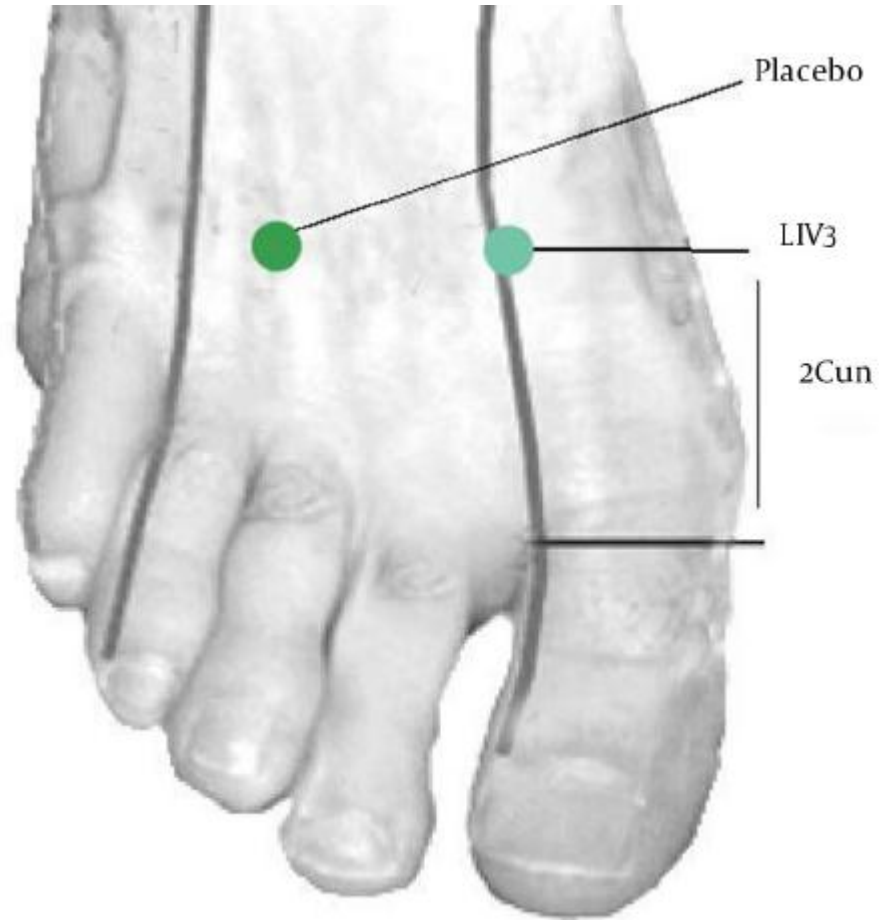
El-Parmak-Tırnak noktaları

- Dipteki dis taraflar negatif duyguları alır.
- Küçük parmak bilek arası (hipotenar) stress çözucu iyilik hissi
- Bas Parmakta tenar kısım oksuruk ve solunum yolu blokajlarında



Cochrain'de Akupunktur Tedavileri

Akupunktur Çalışmaları





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Acupuncture for the prevention of episodic migraine

Klaus Linde¹, Gianni Allais², Benno Brinkhaus³, Yutong Fei⁴, Michael Mehring¹, Emily A. Vertosick⁵, Andrew Vickers⁵, and Adrian R White⁶

¹Instit

German: Linde et al.

Page 3

receiving prophylactic drugs (pooled RR 1.24; 95% CI 1.08 to 1.44) and after six months in 59% and 54%, respectively (pooled RR 1.11; 95% CI 0.97 to 1.26; moderate quality evidence). Findings were consistent among trials with I^2 being 0% in all analyses. Trial participants receiving acupuncture were less likely to drop out due to adverse effects (OR 0.27; 95% CI 0.08 to 0.86; 4 trials, 451 participants) and to report adverse effects (OR 0.25; 95% CI 0.10 to 0.62; 5 trials 931 participants) than participants receiving prophylactic drugs (moderate quality evidence).

Authors' conclusions—The available evidence suggests that adding acupuncture to symptomatic treatment of attacks reduces the frequency of headaches. Contrary to the previous findings, the updated evidence also suggests that there is an effect over sham, but this effect is small. The available trials also suggest that acupuncture may be at least similarly effective as treatment with prophylactic drugs. Acupuncture can be considered a treatment option for patients willing to undergo this treatment. As for other migraine treatments, long-term studies, more than one year in duration, are lacking.

BACKGROUND

This review is an update of a previously published review in The Cochrane Database of

Kanita Dayalı Tıpta Akupunktur

CLINICAL TRIAL

Acupuncture in the Emergency Department

First received on March 25, 2016. Last updated on May 3, 2018.

Purpose

The investigators will study acupuncture in a pilot, randomized controlled trial (RCT) in the emergency department (ED) of a large, tertiary care hospital, Abbott Northwestern Hospital (ANW). The investigators suggest that the proposed intervention - provision of acupuncture in the ED as an alternative to usual ED care - will reduce pain and interrupt the trajectory (and potential cycle) of medication misuse by providing an alternative at a critical point of contact within the healthcare system, potentially disrupting the pathway from ED visit to opioid usage after discharge.

Status	Completed
Condition	Pain

Criteria

Inclusion Criteria: - ≥ 18 years of age - Ability to communicate in English - Non-critical status as determined at triage and / or by a clinic provider - Presentation to the emergency department with acute musculoskeletal, back, pelvic, non-cardiac chest, abdominal, and headache pain (≥ 4 on the numerical rating scale), due to non-penetrating injury. Acute pain is defined by pain occurring within 72 hours of ED presentation (this can be an acute flare-up of a chronic pain condition). Exclusion Criteria: - Current pregnancy - Need for emergent treatment as determined at triage and / or by a clinic provider (Level 1 or 2 on triage rating scale) - Bone fracture - Joint dislocation - Fever exceeding 100° F - Opioid medication taken orally within 4 hours (determined per patient report) - Current use of a pharmaceutical analgesic patch - Presenting with a chief complaint of a psychological / psychiatric concern - Presenting with a migraine - Having a unique treatment plan (UTP) on file with Abbott Northwestern Hospital - Patient arriving via ambulance due to skipping triage - Currently participating in this study due to previous ED admission - Medical provider decision / clinical judgement

Contacts and Locations

Please refer to this study by its ClinicalTrials.gov identifier: NCT02888340

Locations

2018

PAIN MANAGEMENT AND SEDATION/CASE REPORT

Auricular Acupuncture in Emergency Department Treatment of Acute Pain



Shiu-Lin Tsai, MD; Lindsay M. Fox, MD; Mikiko Murakami, DO; James W. Tsung, MD, MPH*

*Corresponding Author. E-mail: jtsung@gmail.com, Twitter: @JTsungMD.

The National Institutes of Health and the World Health Organization note that acupuncture is a safe and effective treatment for pain. Nonopioid treatment options for moderate to severe acute pain in the emergency department (ED) are limited. Additional strategies for managing acute pain in the ED are needed. Auricular Battlefield Acupuncture has been described as a simple, safe, rapid, and effective analgesic option to opioid medications in managing acute pain. We describe 4 cases in which emergency physicians with brief training performed this auricular acupuncture protocol to treat patients with acute pain in EDs when opioid analgesia was not an acceptable option. [Ann Emerg Med. 2016;68:583-585.]

A **podcast** for this article is available at www.annemergmed.com.

0196-0644/\$-see front matter

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<http://dx.doi.org/10.1016/j.annemergmed.2016.05.006>

INTRODUCTION

pain intensity as 8 on the 10-point Numeric Pain Rating

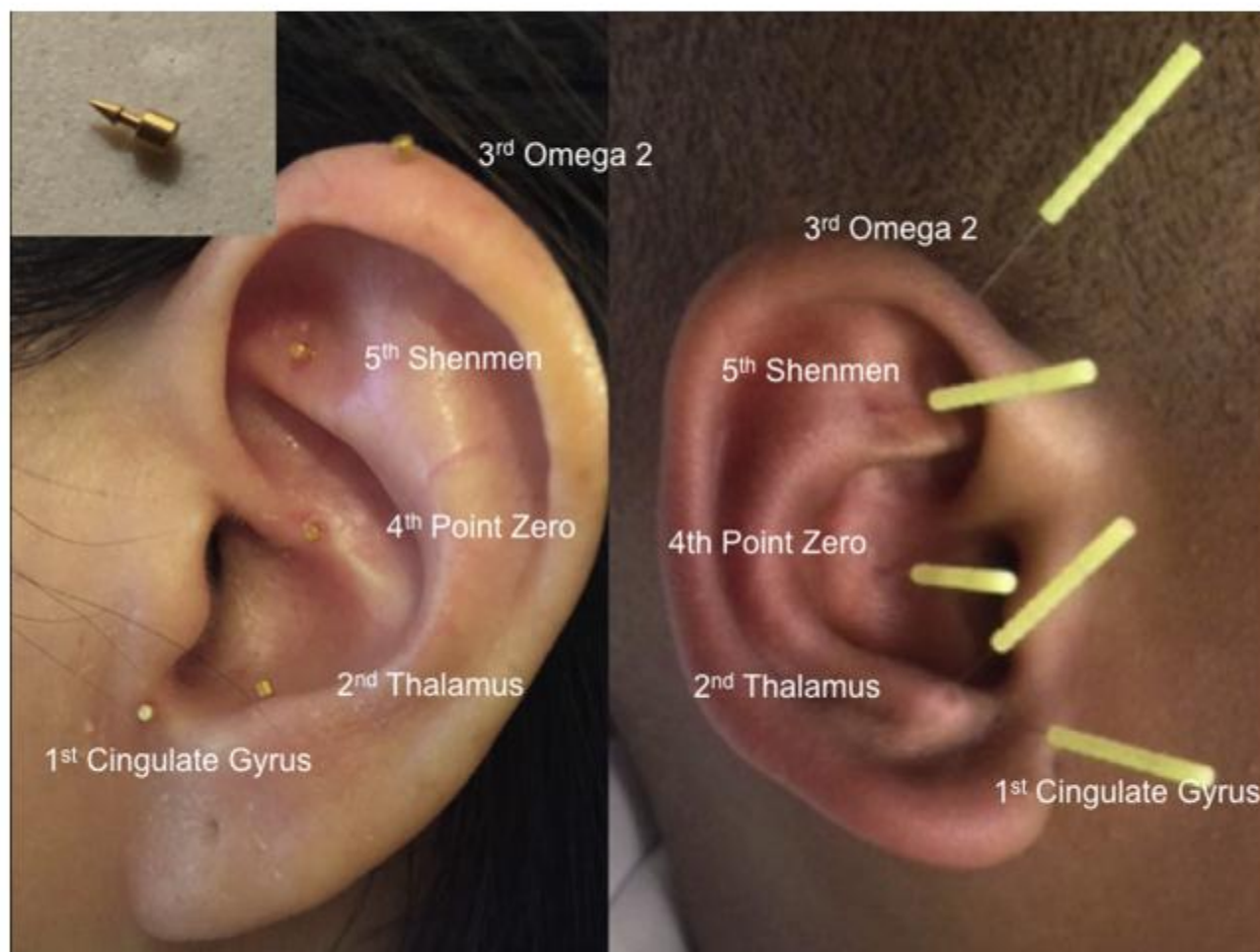
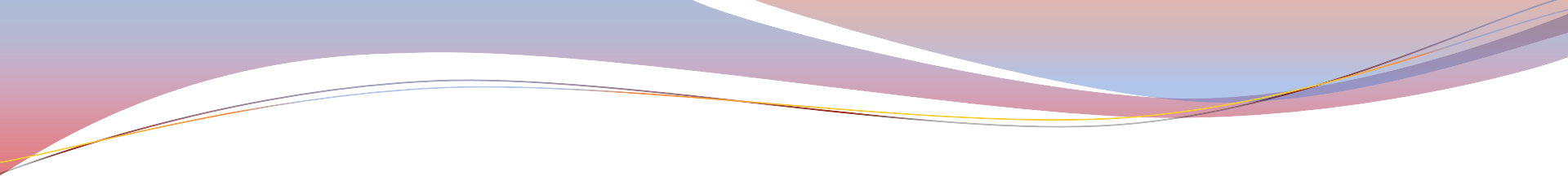


Figure. ASP darts (left) and Seirin J-Type (right) acupuncture needles.

- 
- <https://www.youtube.com/watch?v=xeEmX3jkvcE&feature=youtu.be>
 - <https://www.youtube.com/watch?v=oOujSLjcTFI&feature=youtu.be>

Acupuncture for analgesia in the emergency department: a multicentre, randomised, equivalence and non-inferiority trial

Marc M Cohen¹, De Villiers Smit², Nick Andrianopoulos³, Michael Ben-Meir⁴, David McD Taylor⁵, Shefton J Parker¹, Challe C Xue¹, Peter A Cameron^{2,6}

The known Pain is the most common reason for emergency department presentations, but is often inadequately managed. Acupuncture is widely used in community settings, but only rarely in emergency departments.

The new Acupuncture was equivalent and non-inferior to pharmacotherapy in providing analgesia for patients with back pain and ankle sprain. There was no difference between groups in adverse events, acceptability or health resource use, but pain was not managed optimally by either acupuncture or pharmacotherapy, nor by their combination.

The implications Acupuncture is safe, acceptable and has an analgesic effect comparable with that of pharmacotherapy, but none of the therapeutic strategies used provided optimal analgesia within one hour of presentation.

Pain is the most common reason for emergency department (ED) presentations and is often inadequately managed.^{1,3} EDs are complex environments in which patients seek relief from undiagnosed pain, and clinicians must make timely decisions on the basis of limited information. This situation poses treatment challenges, and raises ethical and logistic problems for designing clinical trials that meet the pragmatic needs of patients and ED staff while also maintaining scientific rigour.⁴

Acupuncture is widely used by medical practitioners and other clinicians to relieve pain in community practice settings.⁵ Acupuncture can provide analgesia for chronic musculoskeletal pain and headache,⁶⁻⁹ and its use is covered by therapeutic guidelines for acute pain.^{10,11} However, there have been few clinical trials of acupuncture for treating acute pain, and few EDs offer it for pain relief.¹²⁻¹⁴ Two randomised controlled trials of acupuncture in ED settings have been published: one reported greater pain reduction with acupuncture together with standard therapy than with standard therapy alone,¹⁵ while the other reported significant neurological and functional recovery in patients with acute spinal cord injuries.¹⁶ A further study found that it reduced dental pain in

Abstract

Objectives: This study aimed to assess analgesia provided by acupuncture, alone or in combination with pharmacotherapy, to patients presenting to emergency departments with acute low back pain, migraine or ankle sprain.

Design: A pragmatic, multicentre, randomised, assessor-blinded, equivalence and non-inferiority trial of analgesia, comparing acupuncture alone, acupuncture plus pharmacotherapy, and pharmacotherapy alone for alleviating pain in the emergency department.

Setting, participants: Patients presenting to emergency departments in one of four tertiary hospitals in Melbourne with acute low back pain, migraine, or ankle sprain, and with a pain score on a 10-point verbal numerical rating scale (VNRS) of at least 4.

Main outcome measures: The primary outcome measure was pain at one hour (T1). Clinically relevant pain relief was defined as achieving a VNRS score below 4, and statistically relevant pain relief as a reduction in VNRS score of greater than 2 units.

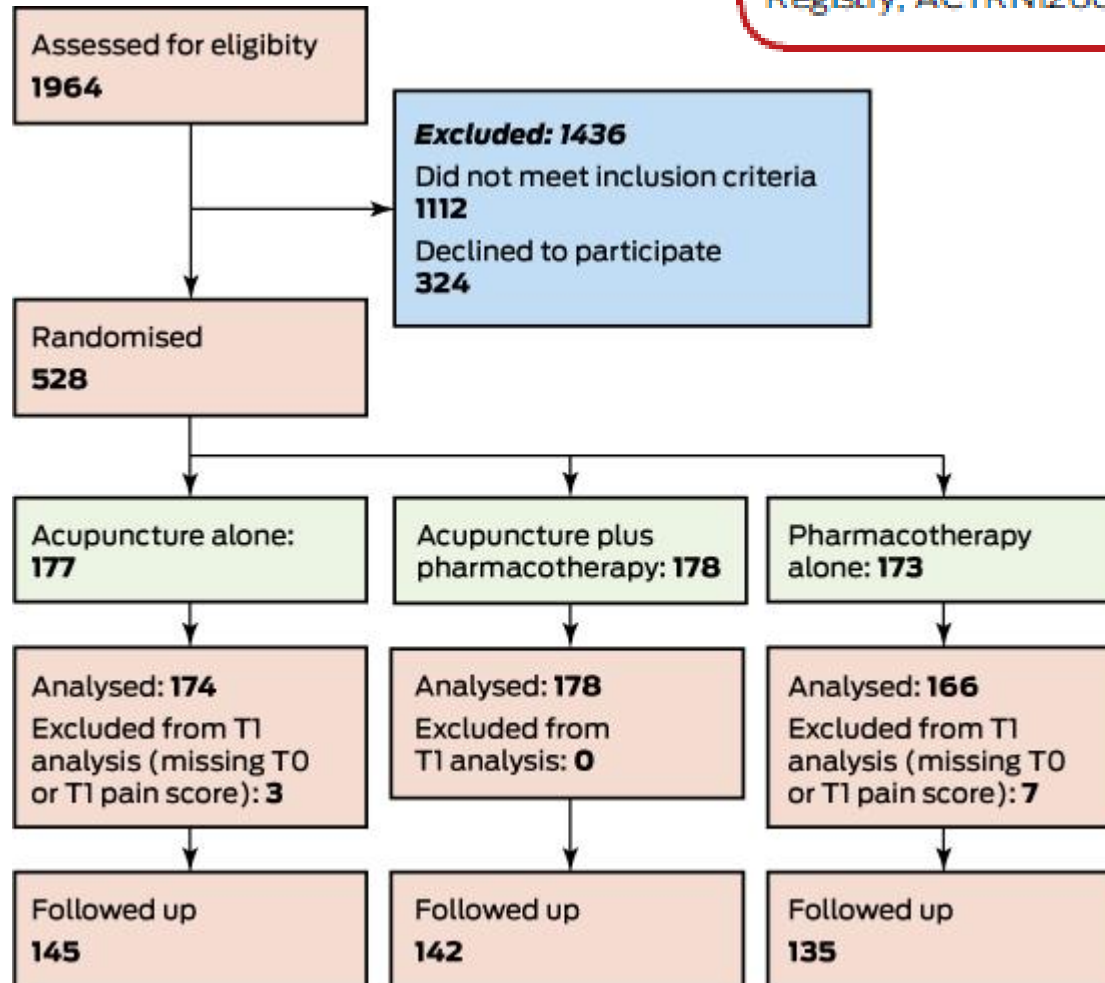
Results: 1964 patients were assessed between January 2010 and December 2011; 528 patients with acute low back pain (270 patients), migraine (92) or ankle sprain (166) were randomised to acupuncture alone (177 patients), acupuncture plus pharmacotherapy (178) or pharmacotherapy alone (173). Equivalence and non-inferiority of treatment groups was found overall and for the low back pain and ankle sprain groups in both intention-to-treat and per protocol (PP) analyses, except in the PP equivalence testing of the ankle sprain group. 15.6% of patients had clinically relevant pain relief and 36.9% had statistically relevant pain relief at T1; there were no between-group differences.

Conclusion: The effectiveness of acupuncture in providing acute analgesia for patients with back pain and ankle sprain was comparable with that of pharmacotherapy. Acupuncture is a safe and acceptable form of analgesia, but none of the examined therapies provided optimal acute analgesia. More effective options are needed.

Trial registration: Australian New Zealand Clinical Trials Registry, ACTRN12609000989246.

Conclusion: The effectiveness of acupuncture in providing acute analgesia for patients with back pain and ankle sprain was comparable with that of pharmacotherapy. Acupuncture is a safe and acceptable form of analgesia, but none of the examined therapies provided optimal acute analgesia. More effective options are needed.

Trial registration: Australian New Zealand Clinical Trials Registry, ACTRN12609000989246.



EMA, 2017

Format: Abstract ▾

Send to ▾

[Emerg Med Australas](#). 2017 Oct;29(5):490-498. doi: 10.1111/1742-6723.12832. Epub 2017 Jul 26.

Review article: Does acupuncture have a role in providing analgesia in the emergency setting? A systematic review and meta-analysis.

[Jan AL](#)¹, [Aldridge ES](#)¹, [Rogers IR](#)^{1,2}, [Visser EJ](#)³, [Bulsara MK](#)⁴, [Niemtzow RC](#)⁵.

⊕ Author information

Abstract

Acupuncture might offer a novel approach to improve ED pain management. Our primary aim was to assess the efficacy of acupuncture in the emergency setting while secondary objectives were to explore its suitability through its side-effect profile, patient satisfaction, cost, administration time and points used. Seven databases and Google Scholar were searched up to 31 July 2016 using MeSH descriptors for three overarching themes concerning acupuncture, pain management and emergency medicine. Meta-analysis was performed on randomised trials for three comparator groups: acupuncture versus sham, acupuncture versus standard analgesia care and acupuncture-as-an adjunct to standard care, to calculate the standardised mean difference and weighted mean difference for pain scores out of 10. Data for secondary outcomes was extracted from both randomised and observational studies. Nineteen randomised controlled trials and 11 uncontrolled observational studies totalling 3169 patients were retrieved after exclusions. Meta-analyses were performed on data from 14 randomised controlled trials representing 1210 patients. The three resulting comparator groups (as above) resulted in standardised mean differences of 1.08, 0.02 and 1.68, and weighted mean differences of 1.60, -0.04 and 2.84, respectively (all positive figures favour acupuncture). Where measured, acupuncture appears to be associated with improved patient satisfaction, lower cost and a low adverse effects profile. The data available were inadequate to ascertain the effect of acupuncture on analgesia use. Significant study bias was found, especially with respect to practitioner and patient blinding. We conclude that for some acute pain conditions in the ED, acupuncture was clinically effective compared to sham and non-inferior to conventional therapy. As an adjunct, limited data was found indicating superiority to standard analgesia care. Further studies will elucidate the most appropriate acupuncture training and techniques, use as an adjunct and the clinical situations in which they can be best applied.

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KEYWORDS: acupuncture; emergency medicine; meta-analysis; pain management; systematic review

PMID: 28748654 DOI: [10.1111/1742-6723.12832](#)

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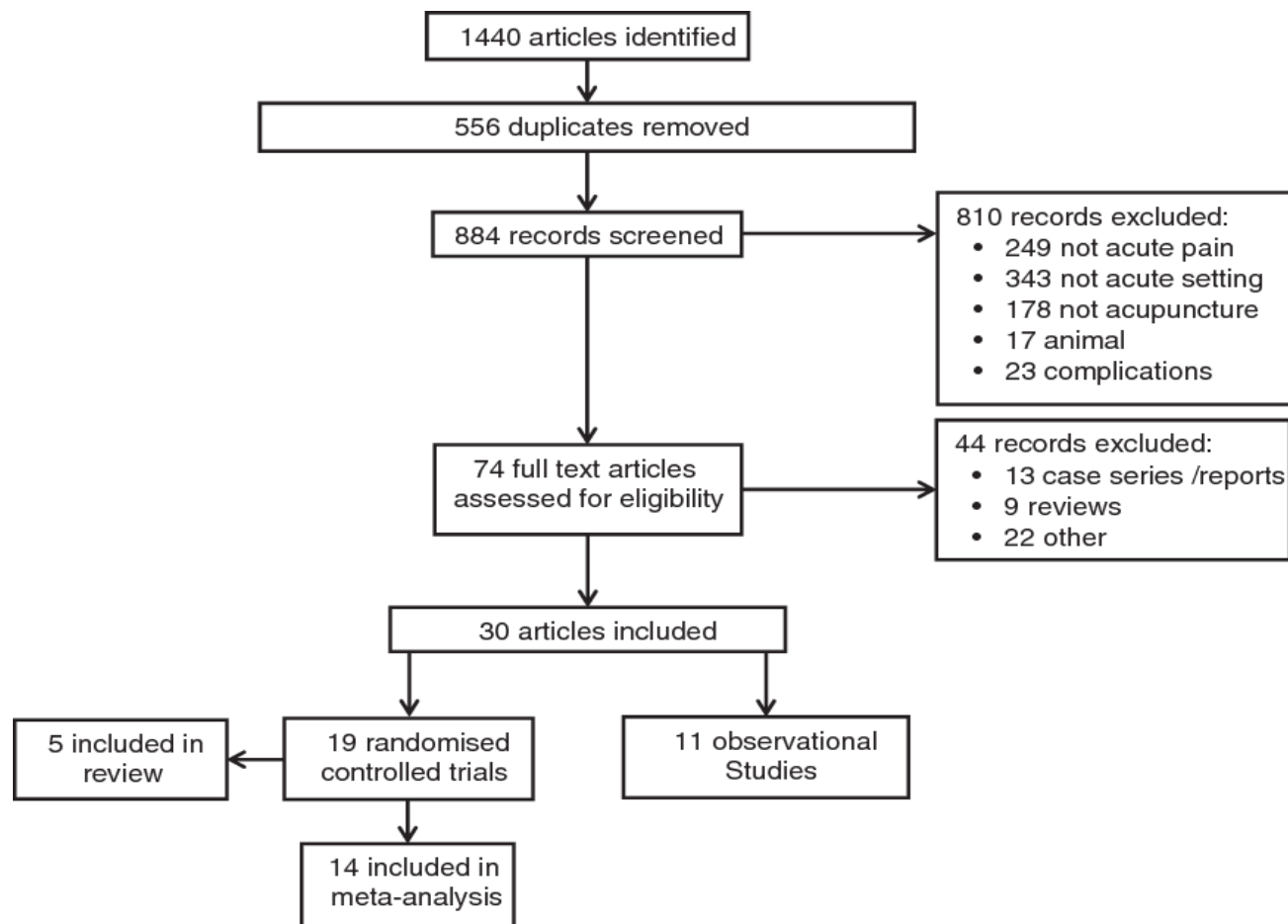
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especially with respect to practitioner and patient blinding. We conclude that for some acute pain conditions in the ED, acupuncture was clinically effective compared to sham and non-inferior to conventional therapy. As an adjunct, limited data was found indicating superiority to standard analgesia care. Further studies will elucidate the most appropriate acupuncture training and techniques, use as an adjunct and the clinical situations in which they can be best applied.

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KEYWORDS: acupuncture; emergency medicine; meta-analysis; pain management; systematic review



Acupuncture: An Overview of Scientific Evidence

By Mel Hopper Koppelman, DAc, MSc, MSc

Evidence for Acupuncture is Growing Exponentially

Research into acupuncture as a medical treatment has grown exponentially in the past 20 years, increasing at twice the rate of research into conventional biomedicine. Over this period, there have been over 13,000 studies conducted in 60 countries, including hundreds of meta-analyses summarizing the results of

<https://www.evidencebasedacupuncture.org/present-research/acupuncture-scientific-evidence/>

REVIEW OF SYSTEMIC REVIEWS OF ACUPUNCTURE FOR NUMEROUS CONDITIONS

Evidence of positive effect ✓✓

Allergic rhinitis

Knee osteoarthritis

Chemotherapy-induced nausea and vomiting
(with anti-emetics)

Migraine prevention

Chronic low back pain

Postoperative nausea & vomiting

Acute stroke

Neck pain

Ambulatory anaesthesia

Obesity

Anxiety

Perimenopausal & postmenopausal insomnia

Aromatase-inhibitor-induced arthralgia

Plantar heel pain

Asthma in adults

Post-stroke insomnia

Back or pelvic pain during pregnancy

Post-stroke shoulder pain

Cancer pain

Post-stroke spasticity

Cancer-related fatigue

Post-traumatic stress disorder

Constipation

Prostatitis pain/chronic pelvic pain

Craniotomy anaesthesia

Recovery after colorectal cancer resection

Depression (with antidepressants)

Restless leg syndrome

Dry eye

Schizophrenia (with antipsychotics)

Hypertension (with medication)

Sciatica

Insomnia

Shoulder impingement syndrome, early stage (with exercise)

Irritable bowel syndrome

Shoulder pain

Labour Pain

Smoking cessation (up to 3 months)

Lateral elbow pain

Stroke rehabilitation

Menopausal hot flushes

Temporomandibular pain



Article

NADA Protocol for Behavioral Health. Putting Tools in the Hands of Behavioral Health Providers: The Case for Auricular Detoxification Specialists

Elizabeth B Stuyt ^{1,*}, Claudia A Voyles ² and Sara Bursac ³ 

¹ Department of Psychiatry, University of Colorado Health Sciences Center, Pueblo, CO 81007, USA

² Department of Clinical Studies, AOMA Graduate School of Integrative Medicine, Austin, TX 78745, USA; claudiavoyles@yahoo.com

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Received: 29 December 2017; Accepted: 4 February 2018; Published: 7 February 2018

Abstract: Background: The National Acupuncture Detoxification Association (NADA) protocol, a simple standardized auricular treatment has the potential to provide vast public health relief on issues currently challenging our world. This includes but is not limited to addiction, such as the opioid epidemic, but also encompasses mental health, trauma, PTSD, chronic stress, and the symptoms associated with these conditions. Simple accessible tools that improve outcomes can make profound differences. We assert that the NADA protocol can have greatest impact when broadly applied by behavioral health professionals, Auricular Detoxification Specialists (ADSes). **Methods:** The concept of ADS is described and how current laws vary from state to state. Using available national data, a survey of practitioners in three selected states with vastly different laws regarding ADSes, and interviews of publicly funded programs which are successfully incorporating the NADA protocol, we consider possible effects of ADS-friendly conditions. **Results:** Data presented supports the idea that conditions conducive to ADS practice lead to greater implementation. Program interviews reflect settings in which adding ADSes can in turn lead to improved outcomes. **Discussion:** The primary purpose of non-acupuncturist ADSes is to expand the access of this simple but effective treatment to all who are suffering from addictions, stress, or trauma and to allow programs to incorporate acupuncture in the form of the NADA protocol at minimal cost, when and where it is needed. States that have changed laws to allow ADS practice for this standardized ear acupuncture protocol have seen increased access to this treatment, benefiting both patients and the programs.

Keywords: NADA: National Acupuncture Detoxification Association; NADA protocol; acudetox; ADS: Auricular (or Acupuncture) Detoxification Specialist

NADA Protokolü

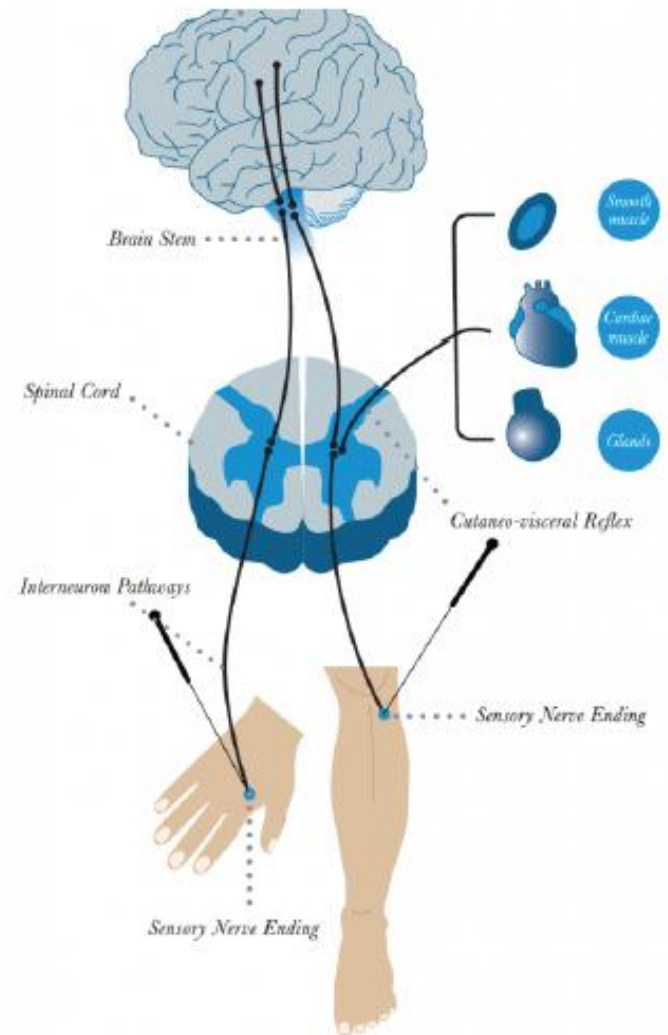
Medicines **2018**, *5*, 20

2 of 12

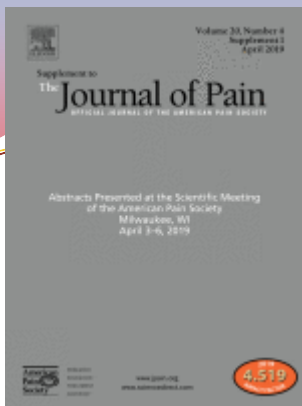


Figure 1. National Acupuncture Detoxification Association (NADA) Protocol. The points: 1 Sympathetic; 2 Shen Men; 3 Kidney; 4 Liver; and 5 Lung provide balance and yin nourishment with the presumptive diagnosis of yin deficiency, “empty fire”, and the conventional medicine diagnoses of behavioral health. The NADA protocol includes bilateral manual needling of one to five points typically delivered frequently (often daily) with participants sitting quietly in groups for 30–45 min, or the application of seeds/beads, often just on Shen Men or Reverse Shen Men (opposite Shen Men on the back of the ear).

Mekanizma



THE CENTRAL NERVOUS SYSTEM



The Journal of Pain; Vol 20, 2019

(362) ED Acupuncture: Feasibility, Acceptability, and Impact on Pain

J. Kram, J. Burns, V. Xiong, J. StarkCasadont, T. Mullen, N. Conway, and D. Baumgardner; Aurora Health Care, Inc.

When patients present to the emergency department (ED) for pain, conventional treatment is often limited to prescription medications. Hospitals are now seeking non-pharmacological management options for acute pain due to the opioid crisis. Our quality improvement study aimed to determine the feasibility of implanting an employed acupuncturist within an urban ED to provide acupuncture as a nonpharmacological acute pain management option and to determine the impact of acupuncture on acute pain reduction. To our knowledge, few ED acupuncture models exist worldwide. Limited information has been reported about acceptance of acupuncture in the ED setting by physicians and patients, and it is unknown if there is enough time for acupuncture during the ED visit. The ED selected for this study had an average 1.5-2 hour wait time for treatment and annually treated an average of 34,000 patients of which 66% presented with an emergency severity index between 3-5(ESI; highest severity [1] - lowest severity [5]). In 2017, acupuncture services were offered to adult patients with ED physician approval based on their ESI level and reason for visit. Patient self-reported pre- and post-acupuncture pain scores (i.e., no pain [0] - worst pain [10]) were compared using paired t-tests. Multivari-

and to determine the impact of acupuncture on acute pain reduction. To our knowledge, few ED acupuncture models exist worldwide. Limited information has been reported about acceptance of acupuncture in the ED setting by physicians and patients, and it is unknown if there is enough time for acupuncture during the ED visit. The ED selected for this study had an average 1.5-2 hour wait time for treatment and annually treated an average of 34,000 patients of which 66% presented with an emergency severity index between 3-5(ESI; highest severity [1] - lowest severity [5]). In 2017, acupuncture services were offered to adult patients with ED physician approval based on their ESI level and reason for visit. Patient self-reported pre- and post-acupuncture pain scores (i.e., no pain [0] - worst pain [10]) were compared using paired t-tests. Multivariable regression models were also constructed. A total of 706 patients were approached, of which 379 (53.7%) consented to receive acupuncture services. Overall, patients presented with a median ESI score of 3, and 53.6% did not receive opioids at any time during their ED visit. Mean pain score improvement (6.5 vs. 3.4; $p<0.001$) was not impacted by receipt of opioids during the ED visit ($p=0.948$). Ultimately, ED acupuncture was well received by both patients and physicians and enrollment was higher than anticipated. ED acupuncture also significantly decreased pain regardless of whether a patient received opioids during their ED visit.

DSÖ (WHO)

**ACUPUNCTURE: REVIEW AND ANALYSIS OF
REPORTS ON CONTROLLED CLINICAL TRIALS,**
Junhua Zhang, 2010

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- Abdominal pain (in acute gastroenteritis or due to gastrointestinal spasm)
- Acne vulgaris

<https://www.holistic-health.org.uk/world-health-organisation-recommends-acupuncture-100-conditions>

– through controlled trials – to be an effective treatment:

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

23.02.2019

The World Health Organisation recommends acupuncture for over 100 conditions

- Alcohol dependence and detoxification
- Bell's palsy
- Bronchial asthma
- Cancer pain
- Cardiac neurosis
- Cholecystitis, chronic, with acute exacerbation
- Cholelithiasis
- Competition stress syndrome
- Craniocerebral injury, closed
- Diabetes mellitus, non-insulin-dependent
- Earache
- Epidemic haemorrhagic fever
- Epistaxis, simple (without generalised or local disease)
- Eye pain due to subconjunctival injection
- Female infertility
- Facial spasm
- Female urethral syndrome
- Fibromyalgia and fasciitis
- Gastrokinetic disturbance
- Gouty arthritis
- Hepatitis B virus carrier status
- Herpes zoster (human (alpha) herpes virus 3)
- Hyperlipaemia
- Hypo-ovarianism

- Hypo-ovarianism
- Insomnia
- Labour pain
- Lactation, deficiency
- Male sexual dysfunction, non-organic
- Ménière disease
- Neuralgia, post-herpetic
- Neurodermatitis
- Obesity
- Opium, cocaine and heroin dependence
- Osteoarthritis
- Pain due to endoscopic examination
- Pain in thromboangiitis obliterans
- Polycystic ovary syndrome (Stein–Leventhal syndrome)
- Postextubation in children
- Postoperative convalescence
- Premenstrual syndrome
- Prostatitis, chronic
- Pruritus
- Radicular and pseudoradicular pain syndrome

[s://www.holistic-health.org.uk/world-health-organisation-recommends-acupuncture-100-conditions/](https://www.holistic-health.org.uk/world-health-organisation-recommends-acupuncture-100-conditions/)

12.2019 The World Health Organisation recommends acupuncture for over 100 conditions - Holisti

- Raynaud syndrome, primary
- Recurrent lower urinary-tract infection
- Reflex sympathetic dystrophy
- Retention of urine, traumatic
- Schizophrenia
- Sialism, drug-induced

- Sjögren syndrome
- Sore throat (including tonsillitis)
- Spine pain, acute
- Stiff neck
- Temporomandibular joint dysfunction
- Tietze syndrome
- Tobacco dependence
- Tourette syndrome
- Ulcerative colitis, chronic
- Urolithiasis
- Vascular dementia
- Whooping cough (pertussis)

Diseases, symptoms or conditions for which only individual controlled trials report some therapeutic effects. The World Health Organisation recommends acupuncture for these when treatment by conventional and other therapies is difficult:

- Chloasma
- Choroidopathy, central serous
- Colour blindness
- Deafness
- Hypophrenia
- Irritable colon syndrome
- Neuropathic bladder due to spinal cord injury
- Pulmonary heart disease, chronic
- Small airway obstruction

Standart No	SAŞCS-9
Tarih	12/03/2015
Revizyon No	2

AKUPUNKTUR SERTİFİKALI EĞİTİM PROGRAMI

SAĞLIK BAKANLIĞI
SAĞLIK HİZMETLERİ GENEL MÜDÜRLÜĞÜ
Eğitim ve Sertifikasyon Hizmetleri Daire Başkanlığı
Mithatpaşa Cad. No: 3 B Blok 3. Kat

MODÜL 6	80
Kulak Akupunkturu	80
Tarihçesi ve kulak akupunkturuna genel bakış	
Kulak akupunkturunun teorik temelleri	
Kulak Anatomisi	
Aurikuler Zonlar	
Kulak somatotopik noktaların gösterilmesi	
Kas-İskelet Sisteminin Kulağa yansıması	
İç Organların Kulağa yansıması	
Endokrin Hormonların Kulağa yansıması	
Sinir Sisteminin Kulağa yansıması	
Çin-Alman-Fransız fonksiyonel noktaların kulağa yansıması	
Kulak Tedavisinde Nogier Fazları	
Kulakta Tanı Prosedürü Klavuzu Kulak Deteksiyonu	
Aurikuloterapi Tedavi Teknikleri	
MODÜL 7	20
Kulak akupunktur pratik uygulaması	20
MODÜL 8	2
Temel ve İleri Yaşam Desteği Eğitimi	2
TOPLAM	500

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KONULAR	SÜRE/ SAAT
---------	---------------

Table 1
Basic training in acupuncture

Category of Personnel	Level of Training	Acupuncture (ACU) Core Syllabus Theory Clinical Supervised Practice			Modern Western Medicine (MED) Theory + Clinical	Official Examination	Certificate
Acupuncture practitioners (non-medical)	Full course of training	1000 hours	500 hours	500 hours	500 hours	ACU + MED ¹	ACU
Qualified physicians	Full course of training	500 hours	500 hours	500 hours		ACU	
Qualified physicians	Limited training in ACU as a technique for their clinical work	Not less than 200 hours				ACU	
Other health personnel	Limited training in ACU for use in primary health care	Varies according to application envisaged				ACU	

Diş tabiplerine 400 saat

Efficacy of acupuncture on treating obesity and adipose-incurred illnesses

Fung-Kei Cheng^{1,*}

Hong Kong

*Correspondence to: Fung-Kei Cheng, Hong Kong. Email: oasischeng@yahoo.com





Highlights:

This review reveals practical implications and future research directions, benefiting the development of acupuncture in the modern medical arena for both patients and practitioners.

Pang, Liu [122]	To examine the effects of warming acupuncture and ear acupuncture on obesity with hyperlipidemia.	130 women, aged 18-54.	Randomly distributed to the warming acupuncture and ear acupuncture (n = 65; aged 19-54), and warming acupuncture (n = 65; aged 18-54) groups. 30-minute session, total 45 sessions.	lipoprotein (LDL-C). An increase in high density lipoprotein (HDL-C). Effect rate: 95.4% in the acupuncture and ear acupuncture group, 84.6% in acupuncture group. Reductions in body weight, BMI, degree of obesity, body fat percentage. Decreases in serum total cholesterol (TC), triglycerides (TG), low density lipoprotein (LDL-C). An increase in high density lipoprotein (HDL-C).	China.
Tür, Aksay [123]	To look into the effects of acupuncture and ear acupuncture on reducing HbA _{1c} levels, weight and BMI.	19 participants. Unspecified age range and sex ratio.	30-minute session, total 20 sessions within 10 weeks.	Reductions in HbA _{1c} levels, weight and BMI.	Turkey.
Wang and Wang [124]	To investigate the effects of acupuncture	67 participants (n = 38 males, n = 29 females), aged 16-58.	45-minute session, total 30 sessions.	Effect rate: 78.1%. Reductions in body weight, and BMI.	China.

Beyin Barsak Aksı

Gut-Brain Axis

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 Asuman KAPLAN ALGIN,^b
 Hatice Aslı BEDEL,^a
 Coşkun USTA^a

^aTıbbi Farmakoloji AD,
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Received: 01.06.2018

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ÖZET Gastrointestinal kanalda kolonize olan mikrobiyota hem gastrointestinal hem de beyin gibi diğer organ hastalıklarıyla ilişkilendirilmektedir. Dolayısıyla son zamanlarda mikrobiyotanın önemi artmakta ve üzerinde birçok çalışma yapılmaktadır. Sağlıkta ve hastalıkta birçok barsak mikrobiyal türün beyin fonksiyonlarını düzenlediği öne sürülmektedir. Benzer şekilde değişen duygusaldurum ve kronik stresin de barsak mikrobiyomunun kompozisyonunu değiştirebileceği gösterilmiştir. Barsak mikrobiyomu ve santral sinir sistemi arasında iki yönlü ilişki olduğu öne sürülmüştür. Doğumdan itibaren doğru barsak mikrobiyotasının oluşması beyin gelişimi dahil birçok fonksiyonu etkilemektedir. Erişkin dönemde çeşitli nedenlerle bozulan mikrobiyota birçok kronik hastalıkla ilişkilendirilmektedir. Değişen barsak mikrobiyotası intestinal geçirgenlikte artışa neden olarak intestinal bariyerin fonksiyonunu bozabilir. Aynı zamanda mikrobiyota peptit ya da kısa zincirli yağ asitleri üreterek gen ekspresyonunu ve santral sinir sistemindeki inflamasyonu etkileyebilmektedir. Son yıllardaki çalışmalarla mikrobiyomun kan-beyin bariyerinin oluşumu, miyelinizasyon, nörogenez, mikroglia olgunlaşması gibi temel nörojeneratif süreçlerde rol oynadığı ve birçok hayvan davranışını düzenlediği ortaya çıkmıştır. Barsaktaki zararlı bakterilerin kolonizasyonu kolon geçirgenliğini artırarak allerji, astım, otizm, diyabet gibi otoimmün hastalıklara ve depresyon, anksiyete, Parkinson, Alzheimer'da içeren santral sinir sistemi hastalıklarına neden olabilmektedir. Bütün bu çalışmalardan anlıyoruz ki barsak ve beyin arasında sinirsel, endokrin ve mikrobiyota üzerinden ciddi bir ilişki olduğu ve bu nedenle sağlıklı kalabilmek için doğru bir mikrobiyotaya ve stressiz bir hayata gereksinim olduğu açıktır.

Anahtar Kelimeler: Metagenom; santral sinir sistemi; gastrointestinal kanal; kronik hastalık

Akupunkturda esas duygu-hastalık ilişkisi...

Tedaviye eklenecekler var...

Müzik Terapisi

- 741 hz enfeksiyon giderici radyasyon giderici muzikler
Bodydetox hucre temizleyici
- 396 hz korku giderici
- 639 attract love raise positive energy

**Amerikan Ulusal Saėlık Enstitüsü'nün düzenlediėi
uzlaş panelinin sonuç bildirgesinde
“akupunkturun astım vb alerjik hastalıkların
tedavisinde kapsamlı tedavi programının bir parçası
veya kabul edilebilir bir alternatif olarak
uygulanabileceėi” bildirilmiştir.**

WHO'nun akupunktur endikasyonları listesinde de “alerjik
hastalıklar” yer almaktadır



Bilim dünyasındaki genel kanı

*** Alerjik hastalıkların tedavisinde halen kullanılan steroid türevi ilaçların birçok yan etkilerinin olduğu,
*** İlaç tedavisiyle ilgili kanıtların akupunkturla ilgili kanıtlardan pek de güçlü olmadığı, buna rağmen ilaç tedavilerinin uygulanmaya devam edildiği şeklindedir.

*** Dolayısıyla akupunktur tedavisi uygulanarak yeni araştırmaların yapılmasının teşvik edilmesi gerektiği vurgulanmaktadır



Klinik tabloya göre

GB20,

LI4, LI11,

LU5, LU9,

UB12, UB13, UB20, UB21,

RN17, RN22,

SP10, SP9, SP6,

ST36, ST40 noktalarından uygun olanların seçilerek
iğnelenmesi

Ayrıca tecrübe ile etkin olduğu bilinen ve muayene
esnasında ağırlı olduğu belirgin olan noktaların da
tedaviye eklenmesi uygun olacaktır.

ALERJİK DERMATİT -1

Vücut noktaları (En yaygın olarak kullanılan):

DU14 (*Da Zhui*) - LI11 (*Qu Chi*) : ısıyı elimine eder, güçlü immuno-modölatör etkileri vardır.

UB40 (*Wei Zhong*) : vücutta aşırı ısı artışı varsa kanatma yöntemi ile uyarılır.

SP10 (*Xue Bai*) : kanı temizler ve yenilenmesini sağlar.

ST36 (*Zu San Li*) : organizmanın enerjisini arttırır, güçlendirir.

SP 6 (*San Yin Jiao*) : immüno-modölatör noktaların en önemlilerinden birisidir.

BRONŞİYAL ASTIM

- Bronşların alerjik hastalığıdır.
- Astım atağı genellikle çevresel faktörlere cevap olarak ortaya çıkar
- Tedavide sıklıkla Akciğer, Mesane ve Böbrek meridyenlerindeki noktalar tercih edilir.
- UB 12
- LU 5
- RN 22
- LU 7: şiddetli astımda!

