

# Acupuncture in Current Pain Management

Lucy Chen, MD

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## Abstract

**Although acupuncture has been used over thousands of years for the treatment of many clinical conditions, particularly pain conditions, many factors regarding the effectiveness, mechanisms and side effects of acupuncture remain unclear to clinicians. This review article aims to provide the scientific data generated from basic science and clinical research to help clinicians gain better knowledge on the role of acupuncture treatment in pain management.**

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## Overview

Acupuncture is one of the most ancient healing arts known to human beings and a significant component of the healthcare system in China for more than 3,000 years. Over the last few decades, acupuncture has garnered increasing popularity and scrutiny in Western nations, beginning in the 1970s for the USA. In a nationwide survey published in *Journal of American Medical Association* in 1998, Eisenberg and colleagues reported that office visits for alternative therapy were twice as many as the visits to primary care physicians and total out-of-pocket expenditures relating to alternative therapies in 1997 were conservatively estimated at \$27 billion, which is comparable with the projected 1997 out-of-pocket expenditures for all US physician services.<sup>1</sup> In 2007, this number has further increased to \$33.9 billion.<sup>1,2,3</sup>

Consistent with the ever-growing demand for complementary/alternative medicine, in 1996 FDA classified acupuncture needles as medical equipment, subject to the same strict standards for medical needles, syringes and surgical scalpels.<sup>2</sup> Given the dramatic increase in the use of acupuncture as an alternative treatment modality, the

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(Corresponding Author)

### Lucy Chen, MD

Assistant Professor, Harvard Medical School  
MGH Center for Translational Pain Research  
MGH Center for Pain Medicine  
Department of Anesthesia, Critical Care and Pain Medicine,  
WACC 340  
Massachusetts General Hospital  
Harvard Medical School  
Boston, MA 02114  
Tel: 617-724-3466 Fax: 617-724-4488  
Email: llchen@partners.org

National Institutes of Health (NIH) organized a Consensus Development Conference on Acupuncture in 1997, which recognized that acupuncture has been extensively practiced by medical physicians, dentists, non-MD acupuncturists, and other practitioners, partially because the incidence of adverse effects is substantially lower than that of many drugs and commonly accepted medical procedures for the same conditions.<sup>3</sup>

## What is Acupuncture?

Acupuncture involves the insertion of fine sterilized needles through the skin at specific points (so-called Acupoints) and is one of the key components of the traditional Chinese medicine system. In this system, the human health is maintained through a delicate balance of two opposing but inseparable principle elements: *Yin* and *Yang*. *Yin* represents 'cold, slow, and passive elements', whereas *Yang* represents 'hot, exciting, and active elements'. Accordingly, the human internal "organs" are also divided into the *Yin* and *Yang* system. This ancient theory of Chinese medicine suggests that health can be achieved by maintaining the human body in a 'balanced state of *Yin* and *Yang*' and that an internal imbalance between *Yin* and *Yang* is responsible for a state of disease. Furthermore, this theory of traditional Chinese medicine stipulates that *qi* (i.e., vital energy, pronounced as 'chee') is the life force or energy that influences health. Importantly, the balance of the opposing forces of *Yin* and *Yang* is considered to be the basis for a healthy flow of *qi*. As such, any imbalance of the *Yin* and *Yang* system would cause the disruption or blockage flow of *qi* and lead to a state of disease or pain. Because *qi* is thought to flow through specific pathways in a human body, so called meridians, an effective acupuncture treatment necessitates that acupuncture needles be placed into the acupuncture points located along the meridians. Acupuncture treats a state of disease or pain through strengthening the weak *qi* or releasing the excessive flow of *qi* or removing the blockage from the flow of *qi* within a meridian in order to restore the normal balance of the *Yin* and *Yang* system. Human body consists of 12 main meridians and 8 secondary meridians. There are also acupoints located beyond the meridians.

## Neurobiology of Acupuncture

Although acupuncture has been used over thousands of years, the mechanisms of acupuncture as a whole remain unclear. A large number of studies in humans and animals have demonstrated that acupuncture results in diverse biological effects on peripheral and central nerve system, neurotransmitters, neurohumoral factors, and other chemical mediators.

*Peripheral nervous system* -- Consistent with the meridian system mentioned earlier, an intact peripheral nerve system appears to be necessary for the analgesic effects of acupuncture, because the analgesic effects can be abolished if the acupuncture site is affected by posthepetic neuralgia or intervened with local anesthetics.<sup>124,125</sup>

*Humoral factors* -- In the mid 1970s, Mayer and his colleagues revealed that acupuncture led to a significant increase in the endogenous endorphin production and the effect of acupuncture can be blocked by the opioid receptor antagonist naloxone.<sup>4</sup> Humoral factors may mediate acupuncture analgesia by substances released into the cerebrospinal fluid after acupuncture. This notion was supported by a cross-perfusion experiment in which acupuncture-induced analgesic effects were replicated in the recipient rabbit that received the cerebrospinal fluid from the donor rabbit with acupuncture.<sup>5</sup> Electric acupuncture (EA) also has been shown to alter the condition of polycystic ovaries induced by steroids through the modulation of ovarian nerve growth factors.<sup>6</sup>

In a study comparing with the sham group, EA increases the anandamide (an endogenous cannabinoid) level in inflammatory skin tissues, and local pretreatment with a specific cannabinoid (CB2) receptor antagonist, AM630, significantly attenuated the antinociceptive effect of EA, suggesting that activation the CB2 receptor contributes to the analgesic effect of EA on inflammatory pain.<sup>7</sup> Another study showed that EA modulates the sympathoexcitatory reflex responses by decreasing the release of GABA (an inhibitory neurotransmitter), but not glutamate (an excitatory neurotransmitter), in a brain region (periaqueductal gray), most likely through a presynaptic CB1 receptor mechanism.<sup>8</sup> Animal study also showed that the NMDA receptor subunit NR2B was involved in the analgesic effects of EA in pain in the thyroid region by down regulating the NR2B phosphorylation level.<sup>9</sup> In a clinical study, a total of 40 healthy subjects were equally randomized into acupuncture group and non-acupuncture group. The local nitric oxide (another proposed neurotransmitter) content in those subjects in the acupuncture group was significantly higher than those in the non-acupuncture group, indicating that acupuncture stimulation can upregulate dermal nitric oxide content.<sup>10</sup>

*Central nervous system* -- Earlier studies showed that EA at different frequencies could have different effects on the synthesis and release of neuropeptides in the central nervous system. For example, EA of different frequencies exert different acceleratory effects on the release and synthesis of different opioid peptides in the central nervous system.<sup>11</sup> Moreover, an  $\mu$ -opioid receptor antagonist or antiserum against endorphin blocked acupuncture analgesia induced by EA at 2 Hz but not at 100 Hz.,<sup>12,13</sup> In addition, cholecystokinin-like immunoreactivity was increased within the medial thalamic area after EA,<sup>13</sup> and EA enhanced or restored the activity of natural killer cells suppressed by the hypothalamic lesion.<sup>14</sup>

The development in neuroimaging techniques such as functional magnetic resonance imaging (fMRI) and positron emission topographic (PET) scan have made it possible to further understand the acupuncture effects on human brain neuronal activity. Pain activates neuronal activity in periaqueductal gray (PAG), thalamus, hypothalamus, somatosensory cortex, and prefrontal cortex regions in the human brain<sup>15</sup>, which appears to be attenuated by the sensation of 'de-qi' after acupuncture.<sup>16,17</sup> Comparing with manual acupuncture, EA, particularly at a low frequency, produced more widespread fMRI signal changes in the anterior insula area (signal increases) as well as in the limbic, para-limbic structures (signal increases).<sup>18</sup> These findings are further supported by the data that different acupuncture points evoked a signal increase or decrease in specific areas within the central nerve system, suggesting that there might be a correlation between the effects of acupuncture and neuronal changes in the brain.<sup>18</sup> Other studies have also showed that<sup>19</sup> neuronal responses to EA stimulation can be visualized in the rat primary somatosensory cortex using an optical imaging system. This process may help understand the neural mechanisms of acupuncture treatment and Meridian phenomena.<sup>20</sup> Of interest to note is that using so-called 'Bi-digital O-ring Test Imaging Technique', researchers found that each meridian is connected to a representative area in the cerebral cortex,<sup>21</sup> suggesting that the meridian system defined in the theories of Chinese medicine might overlap with distinct supraspinal regions.<sup>21</sup>

*Neurotransmitters* -- A large body of evidence indicates that acupuncture significantly affects the production and release of neurotransmitters including epinephrine, norepinephrine, dopamine, and 5-hydroxytryptamine<sup>19</sup>. Specifically, stress-induced increases in norepinephrine, dopamine, and corticosterone were inhibited after EA, a process that could be blocked by naloxone, suggesting that the EA effects on the release of neurotransmitters are likely to be mediated through endogenous opioids.<sup>22</sup> Similar results were observed in other animal studies of acupuncture analgesia.<sup>23-27</sup> The functional significance of acupuncture-induced changes in neurotransmitters was clearly indicated in a number of studies. For instance, EA at different frequencies (2, 10, or 100 Hz) elicited the analgesic effects and such effects could be at least partially blocked by a serotonin receptor antagonist<sup>28</sup>. Many brainstem regions could be selectively activated by EA at both 4 Hz and 100 Hz, whereas other regions could only be activated by EA at 4 Hz<sup>29</sup>. Importantly, the selective supraspinal activation by EA at difference frequencies may be related to the neurotransmitter release resulting from EA at a particular frequency. For instance, the analgesic effect from EA at 4 Hz was mediated through endogenous opioids,<sup>29</sup> while the analgesic effect from EA at 2 Hz may involve substance P as its mediator.<sup>30</sup>

Besides its effect on acupuncture analgesia, the EA-induced modulation of neurotransmitter release may also mediate other therapeutic effects of acupuncture. There is evidence that EA at 100Hz could protect axotomized dopaminergic neurons from degeneration by suppressing the axotomy-induced inflammatory response,<sup>31</sup> raising the possibility that

acupuncture may be used to treat certain neurological disorders such as Parkinson's disease.<sup>32</sup> Another example is that the excitatory effects on gastrointestinal mobility following EA or moxibustion in rats could be abolished by serotonin inhibitors,<sup>33</sup> suggesting that serotonin may be a critical mediator of acupuncture regardless of its effects on gastric emptying or analgesia. Similarly, the reduced production of nitric oxide within the gracile nucleus after acupuncture has been considered to mediate the effect of acupuncture on reversing bradycardia.<sup>34</sup>

### **Current Clinical Data on Acupuncture**

Although acupuncture has gained much recognition over several decades by public and medical professionals, its application and overall efficacy remains a subject of debate. Clinical trials on the efficacy of acupuncture have their unique issues such as individualization, placebo controls, and the crossover design. Nevertheless, an increasing number of clinical trials on acupuncture treatments have provided more information, particularly on the role of acupuncture in clinical pain management. It is encouraging to see that more controlled, randomized clinical studies of acupuncture have replaced the bulk of anecdotal case reports. The following is a brief discussion of some of these trials on several clinical pain conditions including low back pain, neck and shoulder pain, and headache.

#### ***Low back pain***

Chronic low back pain is a very common health problem associated with high medical expenses and disability. An estimated 70% of individuals in western countries have back pain sometime in their lifetime. Patients with back pain account for more than \$90 billion in health care expenses every year.<sup>35</sup> Although there are many medical treatment options, long-term effects from these medical treatments remain limited. Recently, acupuncture has become one of the most frequently used alternative therapies in treating low back pain. In a randomized, placebo-controlled clinical trial with a 9 month follow up period, Leibing and associates recruited 131 patients with non-radiating low back pain for at least 6 months. These patients were divided into three groups (control, acupuncture, or sham acupuncture). Patients in control group only received physical therapy for 12 weeks, and patients in other two groups received 20 sessions of either acupuncture or sham acupuncture in addition to physical therapy over the same 12-week period. The results indicate that acupuncture was superior to physical therapy regarding pain intensity, pain-related disability, and psychological distress. When compared with sham acupuncture, acupuncture was also superior in the reduction of psychological stress.<sup>36</sup>

In another study, the benefit from 8 weeks of acupuncture on the low back pain treatment in 50 patients lasted up to 6 months in many aspects including returning to work, quality of sleep, and reduced use of analgesics.<sup>37</sup> In addition, the duration of acupuncture in a single session appeared to be an independent parameter critical to a treatment outcome. For example, a 30-min acupuncture session was more effective than a 15-min session, whereas a 45-min session did not

further improve the outcome.<sup>38</sup> Another study also has the similar finding in which electrical acupuncture stimulation using percutaneously placed needles in 30-min and 45-min durations produced similar improvements in the visual analog pain scale, physical activity, quality of sleep scores, and a reduction in the oral analgesic requirements, which is better than 0 (no treatment) or 15-min duration.<sup>39</sup> Of interest to note is that both acupuncture and transcutaneous electrical stimulation (TENS) showed significant effects on pain reduction, although acupuncture appeared to be more effective than TENS in the improvement of lumbar spine range of motion.<sup>40</sup>

In a recently conducted large study involved 1162 patients with chronic low back pain, acupuncture therapy improved low back pain for at least 6 months. The effectiveness of acupuncture, either verum (47.6%) or sham (44.2%), was almost twice that of conventional therapy (27.4%).<sup>41</sup> In another large-scale clinical trial, 3,093 patients with chronic low back pain were recruited randomly into two groups: acupuncture treatment group and conventional medical care group. Back function (Hannover Functional Ability Questionnaire), pain, and quality of life were assessed at the baseline and after 3 and 6 months of duration. In addition, the cost-effectiveness was also analyzed. The results showed that acupuncture plus routine care was associated with a marked clinical improvement in these patients and was relatively cost-effective.<sup>42</sup> Overall, the clinical practice guideline from American College of Physicians and the American Pain Society for chronic low back pain patients recommend physicians to consider acupuncture as an addition of nonpharmacologic therapy with proven benefits for low back pain.<sup>43,44</sup>

#### ***Chronic neck and shoulder pain***

There are promising results on the treatment of chronic neck and shoulder pain using acupuncture. In one study, the acupuncture treatment reduced chronic pain in neck and shoulders for at least three years with a concomitant improvement in pain-related activity impairment, depression, anxiety, sleep quality, and quality of life.<sup>39,45,46</sup> These results are further supported by several clinical trials of acupuncture on chronic neck pain with sample sizes from 115 to 177 patients. These studies demonstrated that acupuncture was superior to controls in reducing neck pain and improving the overall range of motion.<sup>47-51</sup> Moreover, acupuncture has been shown to be effective in treating balance disorders caused by cervical torsion after whiplash injuries. Since whiplash injury often is associated with a prolonged period of chronic neck and shoulder pain, these data suggest that acupuncture may be an additional approach for the treatment of whiplash injury-related conditions.<sup>52</sup>

Another study compared the treatment effect of acupuncture combining with physical therapy to that of acupuncture or physical therapy alone for patients with neck pain due to neck tension syndrome. All groups showed significant improvement after 10 weeks of treatment, but the group receiving a combination of acupuncture and physical therapy was superior in pain reduction and function disability

improvement than other groups with acupuncture or physical therapy alone. The improvements of all groups were maintained ( $p < 0.05$ ) at the 6 months of follow-up. The data suggest that acupuncture treatment may assist and/or enhance the physiotherapy effect on musculoskeletal rehabilitation for tension neck syndrome.<sup>53</sup>

Chronic myofascial neck pain has been frequently treated with trigger point injection either with local anesthetics or using dry needling technique. One prospective, randomized, double-blind, sham-controlled crossover study compared acupuncture, sham acupuncture and dry needling of local myofascial trigger points in patients with chronic neck pain and limited cervical spine. These patients were randomly assigned to an acupuncture group or a control group receiving no acupuncture. Acupuncture in distal points showed better results in reducing motion-related pain scores and improving range of motion.<sup>54</sup> For neck pain induced by cervical spondylosis, one study enrolled 106 subjects and randomly divided these subjects into a real acupuncture treatment group and a control group with sham acupuncture treatment. The effective rate was 75.5% in the acupuncture group and 52.8% in the control group ( $P < 0.05$ ).<sup>55</sup> To investigate the effectiveness of acupuncture in addition to routine care in patients with chronic neck pain as compared to treatment with routine care alone, a randomized, controlled multi-center trial was conducted in Germany. A total of 14,161 patients with chronic neck pain (duration > 6 months) were randomized to an acupuncture group (1,880 subjects; 15 acupuncture sessions over 3 months) or a control group receiving no acupuncture (1,886 subjects). In addition, 10,395 patients were included in a non-randomized acupuncture group. The results showed a significant improvement in neck pain and disability in the randomized acupuncture group ( $P < 0.001$ ). Of interest, patients in the non-randomized acupuncture group had more severe symptoms at baseline but showed more neck pain and disability improvement as compared to the randomized patients, suggesting a possible placebo effect. This large scale clinic trial demonstrates that integrating acupuncture with routine medical care in patients with chronic neck pain may result in both pain improvement and a reduction of disability.<sup>56</sup>

In two meta-analysis studies with 10 to 14 clinical trials included, however, there was moderate evidence that acupuncture was more effective for pain relief than some types of sham controls or inactive, sham treatments, when measured immediately after the treatment and at short-term follow-up (pooled standardized mean differences, -0.37; 95% confidence interval, -0.61 to -0.12). There was limited evidence that acupuncture was more effective than massage at short-term follow-up. Overall, the short-term effectiveness and efficacy of acupuncture in the treatment of neck pain appear to be present.<sup>57,58</sup> However, the cost-effectiveness of additional acupuncture treatment in patients with chronic neck pain as compared to patients receiving routine care alone remains to be determined. In a study with a total of 3,451 patients (1,753 acupuncture-group, 1,698 control-group), acupuncture treatment was associated with

higher costs over the 3 months study duration as compared to routine care. This cost increase was mainly due to the costs of acupuncture. Private medical expenses such as over the counter medication were not included. Beyond the 3 months study duration, acupuncture might be associated with further health economic effects. According to international cost-effectiveness threshold values, the conclusion of this study is that acupuncture is a cost-effective treatment strategy in patients with chronic neck Pain.<sup>59</sup>

### **Headache**

Despite the recent advancement in the diagnosis and treatment of different headache disorders, headaches are a common cause for patients to seek medical assistance. Although selective serotonin receptor agonists such as sumatriptan type medications have effectively treated millions of migraine sufferers, there are still at least 30% of migraine patients who do not respond to serotonin receptor agonists. Alternatively, acupuncture has become a new modality of treatment for those patients suffering from tension headache, migraine, and other types of headaches.<sup>125</sup> In a multi-center study, 302 patients suffering from migraine headache were randomized into three groups (acupuncture, minimal acupuncture and waiting list). The trial found a significant effect of those treated with acupuncture and minimal acupuncture as compared to those on the waiting list for treatment.<sup>60</sup> Many other headache studies either with tension headache or migraine headache, with a sample size from 50 to 2,022 patients, also showed similar results.<sup>61-70</sup> According to international cost-effectiveness threshold values, acupuncture is a cost-effective treatment in patients with primary headache.<sup>71</sup> Moreover, the pediatric patient population also benefits from this alternative therapy for headache treatment.<sup>72</sup> For many patients, acupuncture not only has a similar, if not better, efficacy as compared with sumatriptan in preventing full migraine attack, acupuncture has unique benefits over sumatriptan-related medications because of its negligible side effects.<sup>67</sup>

As a prophylactic treatment of migraine without aura, acupuncture treatment for 2-4 months resulted in a significantly lower number of attacks than oral therapy with flunarizine.<sup>73</sup> A comprehensive review, including 27 clinical trials that evaluated the efficacy of acupuncture in the treatment of primary headaches (migraine headache, tension headache, and mixed forms), revealed that the majority of trials (23 out of 27 trials) showed favorable outcomes in the treatment of headaches using acupuncture.<sup>74</sup> Another review included eleven trials with 2317 participants examined whether acupuncture is a) more effective than no prophylactic treatment/routine care only; b) more effective than 'sham' (placebo) acupuncture; and c) as effective as other interventions in reducing headache frequency in patients with episodic or chronic tension-type headache. The authors found that acupuncture treatment has statistically significant and clinically relevant short-term (up to 3 months) benefits over control in terms of the number of headache days and pain intensity. Small but statistically significant benefits of acupuncture over sham were also found. The authors conclude that acupuncture could be a valuable non-

pharmacological tool in patients with frequent episodic or chronic tension-type headaches.<sup>75</sup> In another systemic review of 22 trials of 4,419 participants,<sup>76</sup> there is consistent evidence that acupuncture provides additional benefit to treatment of acute migraine attacks as compared to routine care only. However, more research is needed to investigate the treatment of specific tension-type headache subtypes.<sup>77</sup>

### Other Pain Conditions

Several studies have shown that patients who received acupuncture prior to operation had a lower pain level, reduced opioid requirement, a lower incidence of postoperative nausea and vomiting, and lower sympathoadrenal responses.<sup>78-81</sup> Acupuncture has also been tried for labor pain. For instance, parturients (90 patients in one study) who received acupuncture during labor significantly reduced the need of epidural analgesia with a better degree of relaxation but without a negative effect on delivery as compare with a control group.<sup>82,83</sup> Another active area of clinical acupuncture is the treatment of osteoarthritis of the knee. Acupuncture has been shown to provide some improvement in function and pain relief when compared with sham acupuncture or control groups using education.<sup>84</sup> In addition, the benefit of acupuncture treatment in fibromyalgia and rheumatoid arthritis is supported by several clinical trials, albeit in a small scale, suggesting that the

large-scale clinical trials on these pain conditions may be warranted<sup>85</sup>. Similarly, chronic lateral epicondylitis (tennis elbow) may benefit from the acupuncture treatment in part due to the effect of acupuncture on the range of motion and reduction in pain on exertion.<sup>86</sup> In some cases, the effects of acupuncture on tennis elbow lasted up to one year after ten sessions of acupuncture.<sup>87</sup>

### Other Uses of Acupuncture

Besides its analgesic effects, acupuncture has been used for the treatment of many other conditions. For example, a number of clinical trials strongly support a therapeutic role of acupuncture (either needle acupuncture or applying acupressure to the relevant acupoints) in postoperative nausea and vomiting as compare with antiemetics such as droperidol and zolfran.<sup>88-94</sup> An increasing number of patients are turning to acupuncture either to supplement or replace their conventional treatments for many medical conditions including allergy, asthma, depression, anxiety, obesity, insomnia, cancer-related fatigue, premenstrual syndrome, menopause symptoms, assist conception and infertility, spinal cord injury, quitting smoking and detoxification from opioids or other drug addiction.<sup>95-117</sup>

**Table 1** lists a summary published in 2002 by the World Health Organization (WHO) for clinical pain conditions recommended for acupuncture.<sup>126</sup>

**Table 1.** Effectiveness of acupuncture on different symptoms and conditions.

Diseases, symptoms or conditions for which acupuncture has been shown to be effective	Diseases, symptoms or conditions for which the therapeutic effect of acupuncture remains to be determined
Headache	Abdominal pain (acute gastroenteritis or acute cute gastrointestinal spasm)
Knee pain	Cancer pain
Low back pain	Earache
Neck pain	Eye pain due to sub-conjunctival injection
Dental pain	Fibromyalgia and fasciitis
Facial pain and craniomandibular dysfunction	Labor pain
Postoperative pain	Pain due to endoscopic examination
Rheumatoid arthritis	Pain due to thrombtic angiitis obliteran
Periarthritis of shoulder	Chronic prostatitis
Renal colic	Pruritus
Tennis elbow	Radicular and pseudoradicular syndrome
Sciatica	Reflex sympathetic dystrophy
Sprain	Acute spine pain
	Stiff neck
	Temporomandibular dysfunction

### Possible Complications of Acupuncture

The 1997 NIH consensus panel on acupuncture stated that the documented occurrence of adverse events in practice of acupuncture has been extremely low. The most commonly reported complication is bruising or bleeding at the needle insertion site, followed by the incidence of a transient vaso-

vagal response. Other rare complications include infection, dermatitis and broken needle fragments. In one prospective large-scale survey (34,407 acupuncture treatments) in the UK, no serious adverse events were reported that required hospital admission, prolonging hospital stays, permanently disabling, or death. A total of 43 minor but significant adverse events were reported (0.13%), including severe

nausea and actual fainting, unexpected, severe and prolonged aggravation of symptoms, prolonged and unacceptable pain and bruising and psychological and emotional reactions.<sup>118</sup> Another survey conducted in the UK with a total of 31,822 acupuncture treatments also found only 43 minor adverse events, a rate of 14 per 10,000 treatments (0.14%). Other minor adverse events can be avoided such as patients being left unattended, needles being left in patients, cellulites and moxa burns.<sup>119</sup> When compared with medications routinely prescribed in the primary care setting, acupuncture is a relatively safe treatment modality. However, since acupuncture is an invasive medical intervention, serious complications such as pneumothorax, hemothorax, internal organ puncture, and pericardial effusion could happen if the treatment is not properly administered.<sup>120</sup> Some of these more serious complications generally occur in elderly and more fragile and debilitated patients with complex comorbidities or in the hands of less skilled practitioners. Thus, it is important that the acupuncture licensing and regulation mandate the use of standards of acupuncture training through adopting strict requirement for the knowledge of anatomy and sterile techniques.

### Perspectives and Future Directions

In recent years, an increasing number of physicians have integrated acupuncture into their practices. Many medical schools in the USA have already added topic courses of integrated medicine<sup>121</sup>. One recent survey of physicians regarding acupuncture use in their practice showed that an overwhelming majority of survey responders have a positive attitude and favorable experience with using acupuncture as an alternative modality for chronic pain management. However, the lack of insurance coverage and facility for acupuncture treatment are two primary barriers to making acupuncture referrals.<sup>122</sup> To face the ever-growing healthcare cost in the USA, more health insurance providers have begun to emphasize preventive and alternative measures. Third-party reimbursements for alternative therapies also have increased because of the demand from an increasing patient population. Accordingly, the National Center for Complementary and Alternative Medicine (NCCAM) has funded a good number of research projects related to acupuncture.

Despite the positive development in the use of acupuncture as an alternative treatment modality, the current clinical research on acupuncture treatment still faces a number of challenges. First, although many studies on acupuncture treatment have been published, the scientific merits of these studies may be limited by the study design and non-standardized acupuncture practices. Second, it may be difficult to keep true blindness to patients in a clinical trial. Non-specific needling (i.e. placing an acupuncture needle at an acupoint not intended for the treatment of the condition) or sham needling may elicit responses similar to responses to active acupuncture treatment, making it difficult to interpret the trial results. In this regard, it will be difficult to exclude a placebo effect in many clinical acupuncture trials. Third, a clinical plan for acupuncture treatment is often highly individualized for a given condition, which varies from one

practitioner to another. As such, it would be rather difficult to compare the treatment outcomes if a given clinical condition were treated with various parameters including acupuncture points, needling techniques (e.g., electrical versus manual), duration of acupuncture in one session, and between-session intervals. Nonetheless, efforts should be made to standardize acupuncture clinical trials in order to improve the scientific merits of clinical trials. It can be anticipated that complementary medicine including acupuncture is likely to play a growing and positive role in pain management.

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### References

1. Eisenberg DM, Davis RB, Ettner SL, et al. Trends in alternative medicine use in the united states, 1990-1997: Results of a follow-up national survey. *JAMA*. 1998;280(18):1569-1575.
2. Turner JS. The regulation of acupuncture needles by the united states food and drug administration. *J Altern Complement Med*. 1995;1(1):15-16.
3. NIH consensus conference. acupuncture. *JAMA*. 1998;280(17):1518-1524.
4. Mayer DJ, Price DD, Ruffin A. Antagonism of acupuncture analgesia in man by the narcotic antagonist naloxone. *Brain Res*. 1977;121(2):368-372.
5. Han JS, Terenius L. Neurochemical basis of acupuncture analgesia. *Annu Rev Pharmacol Toxicol*. 1982;22:193-220.
6. Stener-Victorin E, Lundeberg T, Cajander S, et al. Steroid-induced polycystic ovaries in rats: Effect of electro-acupuncture on concentrations of endothelin-1 and nerve growth factor (NGF), and expression of NGF mRNA in the ovaries, the adrenal glands, and the central nervous system. *Reprod Biol Endocrinol*. 2003;1:33.
7. Chen L, Zhang J, Li F, et al. Endogenous anandamide and cannabinoid receptor-2 contribute to electroacupuncture analgesia in rats. *J Pain*. 2009;10(7):732-739.
8. Fu LW, Longhurst JC. Electroacupuncture modulates vIPAG release of GABA through presynaptic cannabinoid CB1 receptors. *J Appl Physiol*. 2009;106(6):1800-1809.
9. Gao YH, Chen SP, Wang JY, Qiao LN, Xu QL, Liu JL. Effects of electroacupuncture at different acupoints on the pain behavior and NMDA receptor 2 B subunit mRNA and protein expression and phosphorylation level in the cervical spinal cord in rats with thyroid regional pain. *Zhen Ci Yan Jiu*. 2009;34(6):376-382.
10. Ben H, Li L, Gao XY, He W, Rong PJ. Comparison of NO contents and cutaneous electric conduction quantity at the acupoints and the non-acupoints. *Zhen Ci Yan Jiu*. 2009;34(6):383-6, 392.
11. Guo HF, Wang XM, Tian JH, Huo YP, Han JS. 2 Hz and 100 Hz electroacupuncture accelerate the expression of genes encoding three opioid peptides in the rat brain. *Sheng Li Xue Bao*. 1997;49(2):121-127.
12. Huang C, Wang Y, Chang JK, Han JS. Endomorphin and mu-opioid receptors in mouse brain mediate the analgesic effect induced by 2 Hz but not 100 Hz electroacupuncture stimulation. *Neurosci Lett*. 2000;294(3):159-162.
13. Xu M, Aiuchi T, Nakaya K, et al. Effect of low-frequency electric stimulation on in vivo release of cholecystokinin-like immunoreactivity in medial thalamus of conscious rat. *Neurosci Lett*. 1990;118(2):205-207.
14. Hahm ET, Lee JJ, Lee WK, Bae HS, Min BI, Cho YW. Electroacupuncture enhancement of natural killer cell activity suppressed by anterior hypothalamic lesions in rats. *Neuroimmunomodulation*. 2004;11(4):268-272.
15. Hui KK, Liu J, Marina O, et al. The integrated response of the human cerebro-cerebellar and limbic systems to acupuncture stimulation at ST 36 as evidenced by fMRI. *Neuroimage*. 2005;27(3):479-496.
16. Hsieh JC, Stahle-Backdahl M, Hagermark O, Stone-Elander S, Rosenquist G, Ingvar M. Traumatic nociceptive pain activates the hypothalamus and the periaqueductal gray: A positron emission tomography study. *Pain*. 1996;64(2):303-314.
17. Napadow V, Makris N, Liu J, Kettner NW, Kwong KK, Hui KK. Effects of electroacupuncture versus manual acupuncture on the human brain as measured by fMRI. *Hum Brain Mapp*. 2005;24(3):193-205.

18. Yan B, Li K, Xu J, et al. Acupoint-specific fMRI patterns in human brain. *Neurosci Lett*. 2005;383(3):236-240.
19. Hou JG, Liu HL, He TX, et al. Study of the acupuncture effect on monoamine transmitters in rabbit plasma and brain tissue by high performance liquid chromatography with electrochemical detection. *Se Pu*. 2002;20(2):140-143.
20. Chae Y, Park HJ, Hahm DH, Lee BH, Park HK, Lee H. Spatiotemporal patterns of neural activity in response to electroacupuncture stimulation in the rodent primary somatosensory cortex. *Neurol Res*. 2010;32 Suppl 1:64-68.
21. Omura Y. Connections found between each meridian (heart, stomach, triple burner, etc.) & organ representation area of corresponding internal organs in each side of the cerebral cortex; release of common neurotransmitters and hormones unique to each meridian and corresponding acupuncture point & internal organ after acupuncture, electrical stimulation, mechanical stimulation (including shiatsu), soft laser stimulation or QI gong. *Acupunct Electrother Res*. 1989;14(2):155-186.
22. Han SH, Yoon SH, Cho YW, Kim CJ, Min BI. Inhibitory effects of electroacupuncture on stress responses evoked by tooth-pulp stimulation in rats. *Physiol Behav*. 1999;66(2):217-222.
23. Zhou Y, Wang Y, Fang Z, et al. Influence of acupuncture on blood pressure, contents of NE, DA and 5-HT of SHR and the interrelation between blood pressure and whole blood viscosity. *Zhen Ci Yan Jiu*. 1995;20(3):55-61.
24. Wang H, Jiang J, Can X. Changes of norepinephrine release in rat's nucleus reticularis paragigantocellularis lateralis in acupuncture analgesia. *Zhen Ci Yan Jiu*. 1994;19(1):20-25.
25. Wang Y, Wang S, Zhang W. Effects of naloxone on the changes of pain threshold and contents of monoamine neurotransmitters in rat brain induced by EA. *J Tradit Chin Med*. 1991;11(4):286-290.
26. Zhu J, Xia Y, Cao X. Effects of noradrenaline and dopamine in preoptic area on acupuncture analgesia. *Zhen Ci Yan Jiu*. 1990;15(2):117-122.
27. Zhu JM, He XP, Cao XD. Changes of releases of beta-endorphin-like immunoreactive substances and noradrenaline in rabbit's preoptic area during acupuncture analgesia. *Sheng Li Xue Bao*. 1990;42(2):188-193.
28. Chang FC, Tsai HY, Yu MC, Yi PL, Lin JG. The central serotonergic system mediates the analgesic effect of electroacupuncture on ZUSANLI (ST36) acupoints. *J Biomed Sci*. 2004;11(2):179-185.
29. Lee JH, Beitz AJ. The distribution of brain-stem and spinal cord nuclei associated with different frequencies of electroacupuncture analgesia. *Pain*. 1993;52(1):11-28.
30. Shen S, Bian JT, Tian JB, Han JS. Frequency dependence of substance P release by electroacupuncture in rat spinal cord. *Sheng Li Xue Bao*. 1996;48(1):89-93.
31. Liu XY, Zhou HF, Pan YL, et al. Electro-acupuncture stimulation protects dopaminergic neurons from inflammation-mediated damage in medial forebrain bundle-transected rats. *Exp Neurol*. 2004;189(1):189-196.
32. Park HJ, Lim S, Joo WS, et al. Acupuncture prevents 6-hydroxydopamine-induced neuronal death in the nigrostriatal dopaminergic system in the rat parkinson's disease model. *Exp Neurol*. 2003;180(1):93-98.
33. Sugai GC, Freire Ade O, Tabosa A, Yamamura Y, Tufik S, Mello LE. Serotonin involvement in the electroacupuncture- and moxibustion-induced gastric emptying in rats. *Physiol Behav*. 2004;82(5):855-861.
34. Chen S, Ma SX. Nitric oxide in the gracile nucleus mediates depressor response to acupuncture (ST36). *J Neurophysiol*. 2003;90(2):780-785.
35. Berman BM, Langevin HM, Witt CM, Dubner R. Acupuncture for chronic low back pain. *N Engl J Med*. 2010;363(5):454-461.
36. Leibing E, Leonhardt U, Koster G, et al. Acupuncture treatment of chronic low-back pain -- a randomized, blinded, placebo-controlled trial with 9-month follow-up. *Pain*. 2002;96(1-2):189-196.
37. Molsberger AF, Mau J, Pawelec DB, Winkler J. Does acupuncture improve the orthopedic management of chronic low back pain--a randomized, blinded, controlled trial with 3 months follow up. *Pain*. 2002;99(3):579-587.
38. Grant DJ, Bishop-Miller J, Winchester DM, Anderson M, Faulkner S. A randomized comparative trial of acupuncture versus transcutaneous electrical nerve stimulation for chronic back pain in the elderly. *Pain*. 1999;82(1):9-13.
39. Hamza MA, Ghoname EA, White PF, et al. Effect of the duration of electrical stimulation on the analgesic response in patients with low back pain. *Anesthesiology*. 1999;91(6):1622-1627.
40. Carlsson CP, Sjolund BH. Acupuncture for chronic low back pain: A randomized placebo-controlled study with long-term follow-up. *Clin J Pain*. 2001;17(4):296-305.
41. Haake M, Muller HH, Schade-Brittinger C, et al. German acupuncture trials (GERAC) for chronic low back pain: Randomized, multicenter, blinded, parallel-group trial with 3 groups. *Arch Intern Med*. 2007;167(17):1892-1898.
42. Witt CM, Jena S, Selim D, et al. Pragmatic randomized trial evaluating the clinical and economic effectiveness of acupuncture for chronic low back pain. *Am J Epidemiol*. 2006;164(5):487-496.
43. Chou R, Huffman LH, American Pain Society, American College of Physicians. Nonpharmacologic therapies for acute and chronic low back pain: A review of the evidence for an American Pain Society/American college of physicians clinical practice guideline. *Ann Intern Med*. 2007;147(7):492-504.
44. 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. *Ann Intern Med*. 2007;147(7):478-491.
45. He D, Veiersted KB, Hostmark AT, Medbo JI. Effect of acupuncture treatment on chronic neck and shoulder pain in sedentary female workers: A 6-month and 3-year follow-up study. *Pain*. 2004;109(3):299-307.
46. He D, Hostmark AT, Veiersted KB, Medbo JI. Effect of intensive acupuncture on pain-related social and psychological variables for women with chronic neck and shoulder pain--an RCT with six month and three year follow up. *Acupunct Med*. 2005;23(2):52-61.
47. White P, Lewith G, Prescott P, Conway J. Acupuncture versus placebo for the treatment of chronic mechanical neck pain: A randomized, controlled trial. *Ann Intern Med*. 2004;141(12):911-919.
48. Blossfeldt P. Acupuncture for chronic neck pain--a cohort study in an NHS pain clinic. *Acupunct Med*. 2004;22(3):146-151.
49. Konig A, Radke S, Molzen H, et al. Randomised trial of acupuncture compared with conventional massage and "sham" laser acupuncture for treatment of chronic neck pain - range of motion analysis. *Z Orthop Ihre Grenzgeb*. 2003;141(4):395-400.
50. Giles LG, Muller R. Chronic spinal pain: A randomized clinical trial comparing medication, acupuncture, and spinal manipulation. *Spine (Phila Pa 1976)*. 2003;28(14):1490-502; discussion 1502-3.
51. Irnich D, Behrens N, Molzen H, et al. Randomised trial of acupuncture compared with conventional massage and "sham" laser acupuncture for treatment of chronic neck pain. *BMJ*. 2001;322(7302):1574-1578.
52. Fattori B, Ursino F, Cingolani C, Bruschini L, Dallan I, Nacci A. Acupuncture treatment of whiplash injury. *Int Tinnitus J*. 2004;10(2):156-160.
53. Franca DL, Senna-Fernandes V, Cortez CM, Jackson MN, Bernardo-Filho M, Guimaraes MA. Tension neck syndrome treated by acupuncture combined with physiotherapy: A comparative clinical trial (pilot study). *Complement Ther Med*. 2008;16(5):268-277.
54. Irnich D, Behrens N, Gleditsch JM, et al. Immediate effects of dry needling and acupuncture at distant points in chronic neck pain: Results of a randomized, double-blind, sham-controlled crossover trial. *Pain*. 2002;99(1-2):83-89.
55. Liang ZH, Yang YH, Yu P, et al. Logistic regression analysis on therapeutic effect of acupuncture on neck pain caused by cervical spondylosis and factors influencing therapeutic effect. *Zhongguo Zhen Jiu*. 2009;29(3):173-176.
56. Witt CM, Jena S, Brinkhaus B, Liecker B, Wegscheider K, Willich SN. Acupuncture for patients with chronic neck pain. *Pain*. 2006;125(1-2):98-106.
57. Fu LM, Li JT, Wu WS. Randomized controlled trials of acupuncture for neck pain: Systematic review and meta-analysis. *J Altern Complement Med*. 2009;15(2):133-145.
58. Trinh K, Graham N, Gross A, et al. Acupuncture for neck disorders. *Spine (Phila Pa 1976)*. 2007;32(2):236-243.
59. Willich SN, Reinhold T, Selim D, Jena S, Brinkhaus B, Witt CM. Cost-effectiveness of acupuncture treatment in patients with chronic neck pain. *Pain*. 2006;125(1-2):107-113.
60. Linde K, Streng A, Hoppe A, et al. Treatment in a randomized multicenter trial of acupuncture for migraine (ART migraine). *Forsch Komplementmed*. 2006;13(2):101-108.
61. Coeytaux RR, Kaufman JS, Kaptchuk TJ, et al. A randomized, controlled trial of acupuncture for chronic daily headache. *Headache*. 2005;45(9):1113-1123.

62. Ebneshahidi NS, Heshmatipour M, Moghaddami A, Eghtesadi-Araghi P. The effects of laser acupuncture on chronic tension headache--a randomised controlled trial. *Acupunct Med.* 2005;23(1):13-18.
63. Endres HG, Bowing G, Diener HC, et al. Acupuncture for tension-type headache: A multicentre, sham-controlled, patient-and observer-blinded, randomised trial. *J Headache Pain.* 2007;8(5):306-314.
64. Endres HG, Diener HC, Molsberger A. Role of acupuncture in the treatment of migraine. *Expert Rev Neurother.* 2007;7(9):1121-1134.
65. Facco E, Liguori A, Petti F, et al. Traditional acupuncture in migraine: A controlled, randomized study. *Headache.* 2008;48(3):398-407.
66. Melchart D, Streng A, Hoppe A, et al. Acupuncture in patients with tension-type headache: Randomised controlled trial. *BMJ.* 2005;331(7513):376-382.
67. Melchart D, Thormahlen J, Hager S, Liao J, Linde K, Weidenhammer W. Acupuncture versus placebo versus sumatriptan for early treatment of migraine attacks: A randomized controlled trial. *J Intern Med.* 2003;253(2):181-188.
68. Streng A, Linde K, Hoppe A, et al. Effectiveness and tolerability of acupuncture compared with metoprolol in migraine prophylaxis. *Headache.* 2006;46(10):1492-1502.
69. Wang K, Svensson P, Arendt-Nielsen L. Effect of acupuncture-like electrical stimulation on chronic tension-type headache: A randomized, double-blinded, placebo-controlled trial. *Clin J Pain.* 2007;23(4):316-322.
70. Melchart D, Weidenhammer W, Streng A, Hoppe A, Pfaffenrath V, Linde K. Acupuncture for chronic headaches--an epidemiological study. *Headache.* 2006;46(4):632-641.
71. Witt CM, Reinhold T, Jena S, Brinkhaus B, Willich SN. Cost-effectiveness of acupuncture treatment in patients with headache. *Cephalalgia.* 2008;28(4):334-345.
72. Gottschling S, Meyer S, Gribova I, et al. Laser acupuncture in children with headache: A double-blind, randomized, bicenter, placebo-controlled trial. *Pain.* 2008;137(2):405-412.
73. Allais G, De Lorenzo C, Quirico PE, et al. Acupuncture in the prophylactic treatment of migraine without aura: A comparison with flunarizine. *Headache.* 2002;42(9):855-861.
74. Manias P, Tagaris G, Karageorgiou K. Acupuncture in headache: A critical review. *Clin J Pain.* 2000;16(4):334-339.
75. Linde K, Allais G, Brinkhaus B, Manheimer E, Vickers A, White AR. Acupuncture for tension-type headache. *Cochrane Database Syst Rev.* 2009;(1)(1):CD007587.
76. Linde K, Allais G, Brinkhaus B, Manheimer E, Vickers A, White AR. Acupuncture for migraine prophylaxis. *Cochrane Database Syst Rev.* 2009;(1)(1):CD001218.
77. Davis MA, Kononowech RW, Rolin SA, Spierings EL. Acupuncture for tension-type headache: A meta-analysis of randomized, controlled trials. *J Pain.* 2008;9(8):667-677.
78. Kotani N, Hashimoto H, Sato Y, et al. Preoperative intradermal acupuncture reduces postoperative pain, nausea and vomiting, analgesic requirement, and sympathoadrenal responses. *Anesthesiology.* 2001;95(2):349-356.
79. Lin JG, Lo MW, Wen YR, Hsieh CL, Tsai SK, Sun WZ. The effect of high and low frequency electroacupuncture in pain after lower abdominal surgery. *Pain.* 2002;99(3):509-514.
80. Sim CK, Xu PC, Pua HL, Zhang G, Lee TL. Effects of electroacupuncture on intraoperative and postoperative analgesic requirement. *Acupunct Med.* 2002;20(2-3):56-65.
81. Wang SM, Kain ZN. P6 acupoint injections are as effective as droperidol in controlling early postoperative nausea and vomiting in children. *Anesthesiology.* 2002;97(2):359-366.
82. Ramnero A, Hanson U, Kihlgren M. Acupuncture treatment during labour--a randomised controlled trial. *BJOG.* 2002;109(6):637-644.
83. Skilnand E, Fossen D, Heiberg E. Acupuncture in the management of pain in labor. *Acta Obstet Gynecol Scand.* 2002;81(10):943-948.
84. Berman BM, Lao L, Langenberg P, Lee WL, Gilpin AM, Hochberg MC. Effectiveness of acupuncture as adjunctive therapy in osteoarthritis of the knee: A randomized, controlled trial. *Ann Intern Med.* 2004;141(12):901-910.
85. Berman BM, Swyers JP, Ezzo J. The evidence for acupuncture as a treatment for rheumatologic conditions. *Rheum Dis Clin North Am.* 2000;26(1):103-15, ix-x.
86. Tsui P, Leung MC. Comparison of the effectiveness between manual acupuncture and electro-acupuncture on patients with tennis elbow. *Acupunct Electrother Res.* 2002;27(2):107-117.
87. Fink M, Wolkenstein E, Luennemann M, Gutenbrunner C, Gehrke A, Karst M. Chronic epicondylitis: Effects of real and sham acupuncture treatment: A randomised controlled patient- and examiner-blinded long-term trial. *Forsch Komplementarmed Klass Naturheilkd.* 2002;9(4):210-215.
88. Alkaiissi A, Evertsson K, Johnsson VA, Ofenbartl L, Kalman S. P6 acupressure may relieve nausea and vomiting after gynecological surgery: An effectiveness study in 410 women. *Can J Anaesth.* 2002;49(10):1034-1039.
89. Allen DL, Kitching AJ, Nagle C. P6 acupressure and nausea and vomiting after gynaecological surgery. *Anaesth Intensive Care.* 1994;22(6):691-693.
90. Belluomini J, Litt RC, Lee KA, Katz M. Acupressure for nausea and vomiting of pregnancy: A randomized, blinded study. *Obstet Gynecol.* 1994;84(2):245-248.
91. Butkovic D, Toljan S, Matolic M, Kralik S, Radesic L. Comparison of laser acupuncture and metoclopramide in PONV prevention in children. *Paediatr Anaesth.* 2005;15(1):37-40.
92. Ezzo J, Streitberger K, Schneider A. Cochrane systematic reviews examine P6 acupuncture-point stimulation for nausea and vomiting. *J Altern Complement Med.* 2006;12(5):489-495.
93. Frey UH, Scharmann P, Lohlein C, Peters J. P6 acustimulation effectively decreases postoperative nausea and vomiting in high-risk patients. *Br J Anaesth.* 2009;102(5):620-625.
94. Gan TJ, Jiao KR, Zenn M, Georgiade G. A randomized controlled comparison of electro-acupoint stimulation or ondansetron versus placebo for the prevention of postoperative nausea and vomiting. *Anesth Analg.* 2004;99(4):1070-5, table of contents.
95. Ashenden R, Silagy CA, Lodge M, Fowler G. A meta-analysis of the effectiveness of acupuncture in smoking cessation. *Drug Alcohol Rev.* 1997;16(1):33-40.
96. Balk J, Day R, Rosenzweig M, Beriwal S. Pilot, randomized, modified, double-blind, placebo-controlled trial of acupuncture for cancer-related fatigue. *J Soc Integr Oncol.* 2009;7(1):4-11.
97. Avis NE, Legault C, Coeytaux RR, et al. A randomized, controlled pilot study of acupuncture treatment for menopausal hot flashes. *Menopause.* 2008;15(6):1070-1078.
98. Brinkhaus B, Witt CM, Ortiz M, et al. Acupuncture in seasonal allergic rhinitis (ACUSAR) - design and protocol of a randomised controlled multi-centre trial. *Forsch Komplementmed.* 2010;17(2):95-102.
99. Biernacki W, Peake MD. Acupuncture in treatment of stable asthma. *Respir Med.* 1998;92(9):1143-1145.
100. Bullock ML, Kiresuk TJ, Pheley AM, Culliton PD, Lenz SK. Auricular acupuncture in the treatment of cocaine abuse. A study of efficacy and dosing. *J Subst Abuse Treat.* 1999;16(1):31-38.
101. Cao H, Pan X, Li H, Liu J. Acupuncture for treatment of insomnia: A systematic review of randomized controlled trials. *J Altern Complement Med.* 2009;15(11):1171-1186.
102. Chae Y, Kang OS, Lee HJ, et al. Effect of acupuncture on selective attention for smoking-related visual cues in smokers. *Neurol Res.* 2010;32 Suppl 1:27-30.
103. Chen HY, Shi Y, Ng CS, Chan SM, Yung KK, Zhang QL. Auricular acupuncture treatment for insomnia: A systematic review. *J Altern Complement Med.* 2007;13(6):669-676.
104. Cheuk DK, Yeung WF, Chung KF, Wong V. Acupuncture for insomnia. *Cochrane Database Syst Rev.* 2007;(3)(3):CD005472.
105. Cheong YC, Hung Yu Ng E, Ledger WL. Acupuncture and assisted conception. *Cochrane Database Syst Rev.* 2008;(4)(4):CD006920.
106. El-Toukhy T, Sunkara SK, Khairy M, Dyer R, Khalaf Y, Coomarasamy A. A systematic review and meta-analysis of acupuncture in in vitro fertilisation. *BJOG.* 2008;115(10):1203-1213.
107. Ernst E. Acupuncture for persistent allergic rhinitis: A randomised, sham-controlled trial. *Med J Aust.* 2008;188(1):64; author reply 64.
108. Huang W, Kutner N, Bliwise DL. A systematic review of the effects of acupuncture in treating insomnia. *Sleep Med Rev.* 2009;13(1):73-104.
109. Fung KP, Chow OK, So SY. Attenuation of exercise-induced asthma by acupuncture. *Lancet.* 1986;2(8521-22):1419-1422.
110. Kokkotou E, Conboy LA, Ziogas DC, et al. Serum correlates of the placebo effect in irritable bowel syndrome. *Neurogastroenterol Motil.* 2010;22(3):285-e81.
111. Lee MS, Shin BC, Ernst E. Acupuncture for treating menopausal hot flashes: A systematic review. *Climacteric.* 2009;12(1):16-25.
112. Mora B, Iannuzzi M, Lang T, et al. Auricular acupressure as a treatment for anxiety before extracorporeal shock wave lithotripsy in the elderly. *J Urol.* 2007;178(1):160-4; discussion 164.

113. Nir Y, Huang MI, Schnyer R, Chen B, Manber R. Acupuncture for postmenopausal hot flashes. *Maturitas*. 2007;56(4):383-395.
114. Smith CA, Hay PP. Acupuncture for depression. *Cochrane Database Syst Rev*. 2005;(2)(2):CD004046.
115. Smith CA, Hay PP, Macpherson H. Acupuncture for depression. *Cochrane Database Syst Rev*. 2010;(1)(1):CD004046.
116. Wang SM, Kain ZN. Auricular acupuncture: A potential treatment for anxiety. *Anesth Analg*. 2001;92(2):548-553.
117. Nayak S, Shiflett SC, Schoenberger NE, et al. Is acupuncture effective in treating chronic pain after spinal cord injury? *Arch Phys Med Rehabil*. 2001;82(11):1578-1586.
118. MacPherson H, Thomas K, Walters S, Fitter M. A prospective survey of adverse events and treatment reactions following 34,000 consultations with professional acupuncturists. *Acupunct Med*. 2001;19(2):93-102.
119. White A, Hayhoe S, Hart A, Ernst E, BMAS and AACP. British Medical Acupuncture Society and Acupuncture Association of Chartered Physiotherapists. Survey of adverse events following acupuncture (SAFA): A prospective study of 32,000 consultations. *Acupunct Med*. 2001;19(2):84-92.
120. Melchart D, Weidenhammer W, Streng A, et al. Prospective investigation of adverse effects of acupuncture in 97 733 patients. *Arch Intern Med*. 2004;164(1):104-105.
121. Brokaw JJ, Tunnicliff G, Raess BU, Saxon DW. The teaching of complementary and alternative medicine in U.S. medical schools: A survey of course directors. *Acad Med*. 2002;77(9):876-881.
122. Chen L, Houghton M, Seefeld L, Malarick C, Mao J. A survey of selected physician views on acupuncture in pain management. *Pain Med*. 2010;11(4):530-534.
123. National Health statistic report number 18, July 30, 2009.
124. Bowsher D. Mechanism of acupuncture. In: Filshie J, White A, eds. *Medical acupuncture*. Edinburgh, Scotland: Churchill Livingstone; 1998:69-80.
125. Chiang CY, Chang CT. Peripheral afferent pathway for acupuncture analgesia. *Sci Sin*. 1973; 16:210-217.
125. Mauskop A. Alternative therapies in headache. *Med Clin North Am*. 2001;85(4):1077-1084.
126. WHO Acupuncture review and analysis of report on controlled clinical trials. 2002. [www.who.int](http://www.who.int).