CH. 6 QUANTITATIVE ACUPUNCTURE EVALUATION AND CLINICAL TECHNIQUES pdf

1: Quantitative evaluation of diffusion tensor imaging for clinical management of glioma. | PubFacts

Ch.1 From neurons to acupoints: basic neuroanatomy of acupoints -- Ch.2 Dynamic pathophysiology of acupoints -- Ch.3 Peripheral mechanism of acupuncture -- Ch.4 The neural bases of acupuncture: central mechanisms -- Ch.5 Integrative neuromuscular acupoint system -- Ch.6 Quantitative acupuncture evaluation and clinical techniques -- Ch.7 The.

This is an open access article distributed under the Creative Commons Attribution License , which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. We aimed to summarize and critically evaluate the available evidence regarding the efficacy and safety of acupuncture for children with autism spectrum disorder ASD. We searched 13 databases for studies published up to December Outcome measures were the overall scores on scales evaluating the core symptoms of ASD and the scores for each symptom, such as social communication ability and skills, stereotypies, language ability, and cognitive function. Effect sizes were presented as mean differences MD. Twenty-seven RCTs with participants were included. Acupuncture as a monotherapy also reduced the overall CARS score. The reported adverse events were acceptable. This review suggests that acupuncture may be effective and safe for pediatric ASD. However, it is not conclusive due to the heterogeneity of the acupuncture treatment methods used in the studies. Introduction Autism spectrum disorder ASD is a neurodevelopmental disorder with an etiology that remains incompletely understood. The core symptoms of ASD include persistent deficits in social communication and interaction and restricted, repetitive patterns of behavior, interests, or activities [1]. The prevalence of ASD as reported in various studies ranges from as low as 1 in to as high as 1 in 50 [2 , 3]. Many types of treatments are available for ASD, but none have yet been developed that effectively treat the core symptoms. However, risperidone, a commonly used medication for the treatment of maladaptive behaviors in ASD, has adverse effects such as weight gain, fatigue, drowsiness, and tremors [4 , 5]. Furthermore, the majorities of high quality BEI require 20 to 40 hours of treatment per week, and take a long time to show benefits [6 â€” 8]. Families of children with ASD may choose CAM to treat a variety of symptoms, such as hyperactivity, inattention, gastrointestinal symptoms, or sleep disturbances [11], or due to concerns about the adverse effects of conventional treatments [12]. Acupuncture is one of the most popular forms of CAM [13]. In TCM, the pathogenesis of ASD is theorized to result from derangement or insufficiency of the brain and mind, and dysregulation of the heart, liver, spleen, and kidney after birth [15]. Acupuncture is used to correct the disharmony of organ systems and is theorized to address the symptoms of ASD by stimulating acupoints that are related to organs or viscera. The physiological mechanisms by which acupuncture works for ASD seem to be very complicated and remain unclear. The possible mechanisms by which acupuncture affects ASD include regulation of neurotransmitters [16 , 17], which have been shown to be disturbed in many people with ASD [18], modulation of expression and activation of brain-derived neurotrophic factor BDNF , which is involved in the pathophysiology of ASD [19], and so on. Prior to , systematic reviews [20 , 21] concluded that there was no evidence for the use of acupuncture in ASD, because of the low total number and low methodological quality of the studies. Because of this lack of evidence, acupuncture treatment could not be recommended in existing clinical guidelines for the treatment of ASD. Since then, however, many studies of acupuncture for pediatric cases of ASD have been published. The objective of this study was to summarize and critically evaluate the updated evidence for the efficacy and safety of acupuncture for the treatment of ASD in pediatric patients. Methods This systematic review and meta-analysis was conducted according to the guidelines in the Cochrane Handbook for Systematic Reviews of Interventions [22]. Search Strategy Two authors B. We also searched the reference lists of the relevant papers to identify additional trials. There was no restriction on language. In addition to the studies published in the journal, we also included grey literature, such as conference proceedings and degree theses. The details of search strategies used in all databases are presented in the Supplementary Material Supplement 1. Inclusion

CH. 6 QUANTITATIVE ACUPUNCTURE EVALUATION AND CLINICAL TECHNIQUES pdf

and Exclusion Criteria 2. Types of Studies We included randomized controlled trials RCTs that evaluated the efficacy of acupuncture for children with ASD, including those using a quasi-random method such as alternate allocation or allocation by birth date. We included both parallel and crossover studies. Studies on ASD were included even if they did not refer to the diagnostic criteria. Types of Interventions We included studies on acupuncture involving the insertion of needles into traditional acupoints or into nonmeridian points as experimental interventions, regardless of the acupuncture treatment method. Studies that did not involve skin penetration, such as those using acupressure, were excluded. Control interventions included pharmacological interventions, BEI, and CAM, including combinations of two or more therapy types. We also included sham acupuncture, which refers to a needle placed in an area close to but not into acupoints, as a control intervention. Studies in which the other treatments were applied to both experimental and control groups in the same manner were also included. We excluded trials that compared only different forms of acupuncture. Types of Outcome Measures The outcome measures were as follows: Thereafter, the texts of the remaining articles were obtained and screened for eligibility by two authors J. Discrepancies were resolved through discussion with a third author G. The extracted information included study design, country, demographic characteristics of the participants, diagnostic criteria, details of the experimental and control interventions, outcomes, adverse events, and information for assessing the risk of bias. We contacted the primary authors of the included studies via email if additional information was needed. Quality Assessment Two authors J. The following characteristics were assessed: Each domain was evaluated and categorized into three groups: Statistical Analysis For studies using the same type of intervention, comparator, and outcome measure, quantitative synthesis was conducted by meta-analysis using the Review Manager software, version 5. Descriptive analysis was conducted when the number of reported studies was only one, or when it was considered that heterogeneity was too high for the results to be synthesized. We used pre-post differences or end-point scores as outcome measures, presented for each included study. If among the included studies there were some measuring the change in a value, and others measuring the final value, of the same outcome measures, we planned to synthesize the data by calculating the final value as the initial value plus the change, if possible. We examined heterogeneity among the studies using the Higgins test. In the meta-analyses, a random effects model was used when the heterogeneity was significant, while a fixed effects model was used when the heterogeneity was not significant or the number of studies included in a meta-analysis was very small, in which case estimates of interstudy variance have poor accuracy [24]. Literature Search We identified records through a database search, and 10 additional records from the reference lists of relevant papers. After removing duplicates, records remained. A review of the titles and abstracts excluded records. After assessing the full text of the remaining articles, we finally included 27 articles [25 â€” 51] in the systematic review and 17 articles [27 , 29 , 32 â€” 36 , 38 â€” 43 , 45 â€” 47 , 49] in the meta-analysis Figure 1. Study Characteristics Table 1 describes the characteristics of the included studies. The most common diagnostic reference was the DSM. Five studies [25 , 40 â€” 43] received institutional review board approval before the study was conducted. Consent forms were obtained from research participants in 22 studies [25 â€” 30 , 32 , 34 â€” 43 , 46 â€” 49 , 51]. Only 4 studies [40 â€” 43] registered the protocol before the trial. Summary of the studies included. Experimental interventions involved manual acupuncture in 19 trials [25 â€” 28 , 31 â€” 34 , 36 , 39 , 42 â€” 48 , 50 , 51], electroacupuncture in 6 trials [30 , 35 , 37 , 38 , 41 , 49], and both manual acupuncture and electroacupuncture in 2 trials [29 , 40]. The most frequently used acupoints were GV20 [25 , 26 , 37 , 38 , 40 , 49] and EX-HN3 [26 , 29 , 37 , 38 , 40 , 41], used in six trials each. The depth of insertion ranged from 0. Cun, a traditional Chinese unit of length, corresponds to 3. There was no follow-up study after treatment in any of the studies. Details of the acupuncture treatment methods used can be found in Table 2. Details of acupuncture treatment methods. Social interaction skills were assessed in 9 studies [29 , 38 , 40 â€” 43 , 46 , 48 , 49], communication skills in 6 [29 , 40 , 41 , 43 , 46 , 48], stereotypy in 2 [40 , 41], language skills in 13 [25 , 27 , 28 , 30 , 38 â€” 43 , 47 â€” 49], and cognitive function in 9 [28 , 29 , 31 , 40 â€” 43 , 47 , 48], using a variety of outcome measures. Nine studies [25 , 26 , 29 , 36 , 40 â€” 43 , 46]

used adequate methods of random sequence generation, using a randomization table or computer-generated randomization number. We contacted the primary authors of the studies [47 , 48] to obtain the raw data via email, but did not receive the data. Methodological assessments for each included study are presented in Figure 2. Efficacy of Acupuncture as a Complementary Therapy 3. One study [29] found that the total ABC2 scores were improved in the acupuncture plus BEI group compared with the BEI group , but in another study [40] the differences were not significant. One study [29] did not present the standard deviation, thus quantitative synthesis could not be performed. In one study [40], which evaluated the overall RFRLRS score, no significant difference was found between the two groups. Of the two studies [38 , 49] that assessed social interaction skills using ABC1, Zhao et al. We could not do a meta-analysis because of considerable baseline variations between the studies. There was no difference between the two groups in one study [40], in which subscales of the ABC2 and ADOS were used to assess communication skills , ; resp. There was no difference between the two groups in one study [40] in which a subscale of the ABC2 was used to assess stereotypy. Six studies [25 , 38 , 40 , 43 , 47 , 49] assessed language ability. Two studies [38 , 49] evaluated language ability using a subscale of the ABC1, one of which [49] showed a significant improvement in the acupuncture plus BEI group compared with the controls , while the other [38] did not. We could not conduct a meta-analysis due to the heterogeneity of the baseline values. Complementary Therapy to Pharmacotherapy One study [50] compared acupuncture plus pharmacotherapy to pharmacotherapy alone, and descriptive analysis was performed. The study showed that the addition of acupuncture to risperidone improved abnormal behaviors, including stereotypy assessed by the TER, compared with risperidone alone. Only descriptive analysis was performed, because of the difference in the outcome measures evaluated in the two studies. One study [48] reported that social interaction skills were not significantly different between the two groups, when assessed by subscales of the PEP3. Both studies measured language ability, using either a subscale of the PEP3 [48] or the Gesell Developmental Schedules [30], and both showed a significant improvement in the acupuncture group compared to the control group , ; resp. One study [48] reported that cognitive function was higher in the acupuncture group compared with the control group, when assessed by subscales of the PEP3. Efficacy of Acupuncture as an Alternative Therapy 3. Yang [46] measured social interaction skills using a subscale of the CARS but found no significant difference between the two groups. Yang [46] evaluated communication skills using subscales of the CARS. There were no significant differences in nonverbal communication abilities between the two groups , but verbal communication abilities were significantly different in favour of the acupuncture group. Gao [28] reported that language ability was significantly improved in the acupuncture group compared with the BEI group , when measured by a subscale of the PEP.

CH. 6 QUANTITATIVE ACUPUNCTURE EVALUATION AND CLINICAL TECHNIQUES pdf

2: Selecting a Quantitative Research Design | Nurse Key

Contents: Ch.1 From neurons to acupoints: basic neuroanatomy of acupoints -- Ch.2 Dynamic pathophysiology of acupoints -- Ch.3 Peripheral mechanism of acupuncture -- Ch.4 The neural bases of acupuncture: central mechanisms -- Ch.5 Integrative neuromuscular acupoint system -- Ch.6 Quantitative acupuncture evaluation and clinical techniques -- Ch.

Longitudinal Designs Longitudinal designs examine changes in the same subjects over time. They are sometimes called panel designs Figure Longitudinal designs are expensive and require a long period of researcher and subject commitment. The area to be studied, the variables, and their measurement must be clearly identified before data collection begins. Measurement must be carefully planned and implemented because the measures will be used repeatedly over time. If children are being studied, the measures must be valid for all the ages being studied. To use this design, researchers must be familiar with how the construct being measured changes and its patterns and trends over time. In addition, they need to provide a clear rationale for the points of time they have selected for measurement. There is often a bias in selection of subjects because of the requirement for a long-term commitment. Individuals participating in a study conducted over long periods might differ in some important ways from the target population. In addition, attrition or loss of subjects from the study can be high and can decrease the validity of findings. Figure Longitudinal design. The sample size calculated with power analysis needs to take into consideration the potential attrition rate when determining the final number of subjects to recruit. As a researcher, you must invest considerable energy in developing effective strategies to maintain the sample see Chapter The period during which subjects will be recruited into the study must be carefully planned, and a timeline depicting data collection points for each subject must be developed to enable planning for the numbers and availability of data collectors. If this issue is not carefully thought out, data collectors may be confronted with the need to recruit new subjects while they are attempting to collect data scheduled for subjects recruited earlier. You must also decide whether you will use a single data collector to obtain all data from a particular subject or whether you will use a different data collector at each point to ensure that data are collected blindly. Because of the large volumes of data acquired in a longitudinal study, you must give careful attention to strategies for managing the data. The repetition of measures requires that data analysis be carefully thought through. Analyses commonly used are repeated measures analyses of variance, multivariate analyses of variance MANOVA , regression analysis, cluster analysis, and time-series analysis see Chapters 24 and 25 Corty, ; Munro, Lee, Chaboyer, and Wallis conducted a descriptive study using a longitudinal cohort design. This study was conducted to describe the perceptions and physical manifestations of injury and illness of patients with traumatic injury and to examine the changes they experienced over time. The following abstract from the study demonstrates the background, longitudinal design, key results, conclusions, and implications for practice:

CH. 6 QUANTITATIVE ACUPUNCTURE EVALUATION AND CLINICAL TECHNIQUES pdf

3: Chapter 7: Evaluation Methods | Principles of Community Engagement | ATSDR

Unique, clinical procedures for pain management with sections on examination and needling methods Two appendices for quick reference of acronyms, abbreviations, and the 24 homeostatic acupoints Up-to-date information on the latest techniques, including a chapter on electroacupuncture.

All relevant data are within the paper and its Supporting Information files. Abstract Background Postoperative pain resulting from surgical trauma is a significant challenge for healthcare providers. Opioid analgesics are commonly used to treat postoperative pain; however, these drugs are associated with a number of undesirable side effects. Objective This systematic review and meta-analysis evaluated the effectiveness of acupuncture and acupuncture-related techniques in treating postoperative pain. Sensitivity analysis using the leave-one-out approach indicated the findings are reliable and are not dependent on any one study. In addition, no publication bias was detected. Conclusion Our findings indicate that certain modes of acupuncture improved postoperative pain on the first day after surgery and reduced opioid use. Our findings support the use of acupuncture as adjuvant therapy in treating postoperative pain. Introduction Postoperative pain results from surgical trauma and is a significant challenge for healthcare providers [1]. The mainstay of treating postoperative pain is the use of opioid analgesics such a morphine, hydromorphine, meperidine, or fentanyl [3]. However, these drugs are associated with a number of undesirable side effects which can delay patient recovery including nausea, vomiting, dizziness, sedation, and decreased gut motility [3 , 4]. The use of customized strategies for administering analgesic, for example patient controlled analgesia, is designed to reduce consumption of opioid analgesics and have resulted in better pain control [5]. However, even with individualized pharmacological approaches for treating postoperative pain, the side effects of opioid analgesics remain high [2]. Acupuncture is often used to treat pain, and numerous studies have found it is safe compared to routine care [6 â€” 9]. A number of clinical studies have evaluated the efficacy of acupuncture and related methods as adjuvant treatment for postoperative analgesia [1]. Two prior meta-analyses evaluated the use of acupuncture in treating postoperative pain [1 , 8]. One focused on the use of acupuncture following back surgery [8]. The other, which was performed in , evaluated the use of acupuncture more broadly following surgery [1]. Since the publication of these two meta-analyses, additional trials have evaluated the use of acupuncture as adjuvant therapy in treating postoperative pain. In this systematic review and meta-analysis, we further evaluated the effectiveness of acupuncture and acupuncture-related techniques in treating postoperative pain. The following search terms were used: Studies that evaluated auricular acupuncture were excluded. Only papers published in English or Chinese were included. Letters, comments, editorials, care reports, technical reports, or any non-original studies were excluded. Studies were also excluded if the outcomes of interest were not presented quantitatively. The review and selection of studies, study data extraction, and quality assessment were hand-searched by two independent reviewers, and if necessary a third reviewer was consulted to resolve any uncertainties regarding the inclusion. Data extraction and quality assessment The following information was extracted from studies that met the inclusion criteria: The quality of the data was evaluated using the Cochrane Risk of Bias Tool [11]. Statistical analysis The primary outcome was the pain score on the first day Day 1 following surgery. The secondary outcome was the cumulative use of opioid analgesics in the acupuncture and control treatment groups. The cumulative use of opioid analgesics was defined as the cumulative amount sum within 24 hours after surgery mg In addition, planned subgroup analysis of treatment effectiveness was performed according to difference interventions ie, acupuncture eletroacupuncture, transcutaneous electric acupoint stimulation TEAS , and control. For the different outcomes, mean with standard deviations SDs were calculated and were compared between treatment groups. If the median and interquartile range IQR was reported in a study, we assumed that the median of the outcome variable was equal to the mean response and width of the interquartile range was approximately 1. Otherwise, a fixed-effect model was employed. Sensitivity analysis was carried out for

primary outcome using the leave-one-out approach. All analyses were performed using Comprehensive Meta-Analysis statistical software, version 2. Results Literature Search Of the articles identified in the initial search, were excluded for not being relevant Fig 1. Thirteen studies were included for qualitative and quantitative analyses [12 â€” 24].

CH. 6 QUANTITATIVE ACUPUNCTURE EVALUATION AND CLINICAL TECHNIQUES pdf

4: Read Download Acupuncture Core Therapy PDF â€“ PDF Download

A point evaluation method provides a reliable quantitative method to accurately arrive at prognosis Clinically relevant, integrative treatment approach in user-friendly language Numerous detailed tables, photos, and line drawings to help readers understand the anatomy, symptomatic signs, and clinical procedures.

Both methods provide important information for evaluation, and both can improve community engagement. These methods are rarely used alone; combined, they generally provide the best overview of the project. This section describes both quantitative and qualitative methods, and Table 7. Surveys may be self- or interviewer-administered and conducted face-to-face or by telephone, by mail, or online. Analysis of quantitative data involves statistical analysis, from basic descriptive statistics to complex analyses. Quantitative data measure the depth and breadth of an implementation e. Quantitative data collected before and after an intervention can show its outcomes and impact. The strengths of quantitative data for evaluation purposes include their generalizability if the sample represents the population , the ease of analysis, and their consistency and precision if collected reliably. The limitations of using quantitative data for evaluation can include poor response rates from surveys, difficulty obtaining documents, and difficulties in valid measurement. Analyses of qualitative data include examining, comparing and contrasting, and interpreting patterns. Analysis will likely include the identification of themes, coding, clustering similar data, and reducing data to meaningful and important points, such as in grounded theory-building or other approaches to qualitative analysis Patton, Observations may help explain behaviors as well as social context and meanings because the evaluator sees what is actually happening. Interviews may be conducted with individuals alone or with groups of people and are especially useful for exploring complex issues. Interviews may be structured and conducted under controlled conditions, or they may be conducted with a loose set of questions asked in an open-ended manner. It may be helpful to tape-record interviews, with appropriate permissions, to facilitate the analysis of themes or content. Some interviews have a specific focus, such as a critical incident that an individual recalls and describes in detail. Focus groups are run by a facilitator who leads a discussion among a group of people who have been chosen because they have specific characteristics e. Focus group participants discuss their ideas and insights in response to open-ended questions from the facilitator. The strength of this method is that group discussion can provide ideas and stimulate memories with topics cascading as discussion occurs Krueger et al. Top of Page Mixed Methods The evaluation of community engagement may need both qualitative and quantitative methods because of the diversity of issues addressed e. The choice of methods should fit the need for the evaluation, its timeline, and available resources Holland et al.

CH. 6 QUANTITATIVE ACUPUNCTURE EVALUATION AND CLINICAL TECHNIQUES pdf

5: Biomedical acupuncture for pain management : an integrative approach - ECU Libraries Catalog

Objective: To explore a method of quantitative evaluation on operation behavior of acupuncture manipulation and further analyze behavior features of professional acupuncture manipulation.

Conventional concepts of clinical research design may be difficult to apply when using clinical research to evaluate various systems and practices of traditional medicine, depending on the goal of the assessment see Part 3, section 3. In such circumstances, the choice of study design should be discussed on a case-by-case basis with experienced traditional medical practitioners. The study design may be chosen from a whole spectrum of clinical research designs which are suitable for assessing traditional medicine see Annex VII , including: Single-case design Single-case designs have the advantage of being adaptable to the clinical needs of the patient and the therapeutic approach of the practitioner, but have limitations due to their lack of generalization to other patients. Such designs are appropriate for the development of research hypotheses, testing those hypotheses in daily clinical practice and refining clinical techniques. Single-case designs using a common protocol-if the protocol can be systematically followed-should be advocated for collaborative research among practitioners from different backgrounds. For example, single-case designs can evaluate the effectiveness of various specialized acupuncture methods in patients with a variety of individual differences. In a single-case design, the patient is his or her own control. Treatment can be randomized for a patient, rather than the patient being randomized for a treatment. This means that the treatment and all of its components are delivered as they would be in the usual clinical situation. This allows the effectiveness of traditional medicine to be determined either within its own theoretical framework or within that of conventional medicine. Ethnographic design Ethnographic studies that document the social and cultural context in which a traditional practice emanates may be appropriate in situations where there is no available scientific literature or other documentation. These and other qualitative studies can provide baseline information from which hypotheses may be generated, and can lead to further research. Observational design Observational studies collect findings on a therapeutic or prophylactic treatment under routine conditions. The special feature of these studies is that they seek, as far as possible, not to influence the individual doctor-patient relationship with respect to indications, and the selection of and carrying out the treatment. These studies may be conducted with or without a control group. The specific details of the study e. Observational studies have specific advantages in studying aspects of clinical safety. The use of such studies to prove efficacy is limited because bias in patient selection may occur. Nevertheless, the level of evidence on efficacy of traditional medicine can be significantly increased by well-designed observational studies. Study outcome measures It is essential that the outcome measures chosen be appropriate to the research question. Selection of patients It is essential that the sample represent the target population of patients to which the results would be generalized. Publication of the study requires a clear description of the patients using both traditional and conventional terms. The source of the patients under study should be comprehensively described along with details of the recruitment process. The inclusion and exclusion criteria should be completely described and rationalized. Any potential bias in patient selection, recruitment and enrolment should be excluded. Investigators should be aware of any potential errors that may occur when studying traditional medicine out of context and without reference to its traditional theories and concepts. When the research involves techniques that depend on skills that may differ between practitioners, such research should be conducted by more than one practitioner in order to increase the generalizability of the results. Sample size The number of patients in a study needs to be adequate, in order to be able to determine any clinically important differences between the study groups. Control groups A well-conducted and controlled clinical trial could provide sufficient evidence to establish a relationship between the use of a herbal medicine or traditional procedure-based therapy and the prevention, diagnosis, improvement or treatment of an illness, provided there is a supporting body of evidence from observational or mechanistic studies. Randomized controlled trials require one or more control groups for purposes of

comparison. The selection of control groups depends on the objectives of the study. In the evaluation of traditional medicine, a concurrent control group should be used. The control groups may involve not in order of priority: Different controls can be used in clinical trials to answer different questions. The use of a placebo, when possible, is desirable, because it generates evidence of better quality. Placebo-controlled trials are intended to establish whether treatment is valuable over and above what might be achieved by a control treatment, and not whether treatment is valuable at all. Thus, it allows researchers to distinguish specific from non-specific effects of treatment in order to determine whether the additional cost, risk and effort of a specific treatment are worthwhile. It is also important for understanding the mechanism of a treatment. This is true for the evaluation of all drugs. It is not only of academic interest, but is also of practical value, especially for developing new treatments from traditional ones. However, in some cases, placebo-controlled trials may not be possible see section on clinical trials in Part 1. It is preferable to compare a herbal medicine with both a well-established treatment and another control group from the list of control groups to determine whether the herbal medicine is useful in the context of current best practice. One specific problem in clinical research of traditional medicine is the simultaneous conventional treatment of patients e. It may not be ethically possible to withdraw the conventional treatment. Therefore, in such cases, the focus of research may be on the additional or supportive effects of traditional medicine. Research on combinations of traditional and conventional medicine should always consider potential therapeutic interactions and side-effects see section on black-box design in Part 3. Randomization Randomization has been a tremendous advance in developing comparable groups to assess therapeutic interventions. It is essential to control various known, and even unknown, biases. Nevertheless, there are many situations where randomization can be impossible or unethical. The best way to solve this problem is probably by the proper selection of control treatments. Blind assessment Blind assessment is a critical component of conventional evaluation of therapeutic interventions. However, in the evaluation of efficacy of traditional procedure-based therapies such as physical therapy, surgery, acupuncture and manual therapy , it can be difficult, impractical or impossible for the practitioner to be kept ignorant of what treatment the patients are receiving. It is essential that this be noted in the evaluation of the validity of a study and that the judgement on its validity be applied consistently across all systems of conventional and traditional medicine. Treatment blinding in the evaluation of herbal medicines should adopt the approach of conventional medicines, e. However, if the herbal medicine cannot be administered in a predetermined standardized formulation, it will be impossible to keep the treatment blinded. Treatment blinding is also difficult to implement in most types of traditional procedure-based therapies. It is important, however, to reduce any bias introduced by non-blinded treatment by carrying out a blinded assessment of the primary outcomes of the study. Evaluation of quality of life Traditional medicine is used not only to prevent, diagnose, improve and treat illness, but also to maintain health and improve the quality of life. For example, traditional medicine may not cure patients with certain illnesses, such as cancer and AIDS, but may help improve their quality of life. The WHO QOL user manual, developed by the WHO Programme on Mental Health, can be used to help evaluate the results of clinical research on herbal medicines and traditional procedure-based therapies see Annex IX Other issues related to therapeutic interventions In both the development of a study protocol to assess traditional medicine and in its submission for publication or for health-authority approval, the following information regarding study outcomes should be clearly provided: The following issues should also be considered: In treatment using herbal medicines, this should also include, for example, information on the composition and manufacturing of finished herbal products. In traditional procedure-based therapy, this should include, for example, information on the tools and equipment used. Issues concerning the variability of treatment by a single practitioner intra-practitioner variability and groups of practitioners inter-practitioner variability should be addressed. Its length needs to be appropriate to the treatment carried out. In patients with acute pain, follow-up should be carried out within a hour period. In patients with chronic pain, follow-up of a minimum of several months e. The study design should take into account seasonal variations that are important to some traditional medicine systems. It should also contain an

appropriate time course to allow the treatment to demonstrate its effectiveness. The number of treatments in a finite period of time needs to be clearly stated. The information in the ICH Harmonized tripartite guideline:

6: - NLM Catalog Result

Abstract. Acupuncture and related techniques have been widely used to treat different types of pain conditions. This chapter evaluates the role of acupuncture in the context of chronic low back pain; it draws on the evidence from recent large-scale randomized controlled trials on acupuncture to address issues on efficacy and effectiveness.

CH. 6 QUANTITATIVE ACUPUNCTURE EVALUATION AND CLINICAL TECHNIQUES pdf

The Playfair Papers V1 A link is severed Biology science for life with physiology 4th edition Introduction to mathematics of spectral analysis textbook Effective Frequency Best indian romantic novels Meeting the Americans Iran (Places and Peoples of the World) Green Ripper (Travis McGee Mysteries) Power and Paradise Otitis Media in Young Children African psychology in historical perspective and related commentary The Sebastopol sketches Proofs : New Testament Universal gcode sender tutorial The dentists guide to financial planning in the 1980s Obeying Gods will Litany of the Most Holy Name of Jesus 470 Tales of travels west of the Mississippi Weather (Science Experiments) The Second World War, Vol. 5 Anna and the french kiss english Measuring and comparing the (in efficiency of German and Swiss hospitals Psychosocial disorders Susan A. Fontana, Carol Gemberling Management and E-Commerce Php 5 advanced visual quickpro guide 2nd edition Politicians, diplomacy, and war in modern British history Writing the poetry. The onset of parenthood Hidden mickeys 8th edition. Great Short Works of Stephen Crane (Perennial Classics) Small Area Statistics Modern poems from Russia Fragments of Impegno Invisible writing Mechanical exposure assessment in the design of work W. Patrick Neumann and Richard Wells International taxation: indirect taxation Transitions to Competitive Government Japans Minorities Not as the world gives