

英国中医药学会
**The Association of Traditional Chinese Medicine and
Acupuncture UK**

TCM Research Updates

Issue No 2 - Acupuncture
3rd May 2012



Contents

1. New Acupuncture Channel Research
2. Acupuncture Relieves Facial Nerve Pain – New Research
3. New Acupuncture MRI Research on Migraine Point Specificity
4. Acupuncture Quells Cerebrovascular Vasospasm – New Research
5. PAPupuncture has localized and long-lasting antinociceptive effects in mouse models of acute and chronic pain
6. PAP Injections May Provide 100 Times Longer Pain Relief than Traditional Acupuncture
7. Adenosine A1 receptors mediate local anti-nociceptive effects of acupuncture.
8. Acupuncture Treats Pediatric Fibromyalgia – New Research
9. Acupuncture for Hearing Loss – New Research
10. Acupuncture in News
 - Alternative Medicine May Help Ease Chronic Sinusitis
 - Mixed evidence on acupuncture for irritable bowels

New Acupuncture Channel Research

<http://www.healthcmi.com/index.php/acupuncturist-news-online/512-acupuncturechannelresearch>

05 April 2012

New research published in the American Journal of Chinese Medicine concludes that acupuncture at acupoint SP9 (Yinlingquan, Yin Mound Spring) increases blood flow/perfusion to the spleen and acupuncture at acupoint Liv8 (Ququan, Spring at the Crook) increases blood flow/perfusion to the liver. In addition, sham acupuncture did not increase blood flow to the liver or spleen. The results provide evidence of acupuncture channel and acupuncture point specificity. SP9 (Spleen9) and Liv8 (Liver8) specifically were shown to enhance blood flow/perfusion to the spleen and liver respectively. Both acupuncture points are located on the legs on acupuncture channels related to the spleen and liver respectively and

both points stimulated blood flow/perfusion to their related internal organs.

Electroacupuncture (2 Hz) was applied bilaterally to SP9 and Liv8 in separate experiments. The mean blood flow/perfusion in both the spleen and liver was measured using a laser Doppler blood flow monitor before, during and after the application of electroacupuncture. A control group received needle stimulation at non-acupuncture points (sham acupuncture). According to acupuncture and Chinese medicine theory, SP9 and Liv8 are He-Sea and Water points. He-Sea points, usually located near the knees or elbows, are places where the Qi and Blood pool within an acupuncture channel. The Qi and Blood are then transferred from the He-

Sea point to their related internal organs. The research confirms that stimulation of SP9 and Liv8 precisely have this clinical effect as predicted by acupuncture channel theory. The researchers conclude that, "These results provide scientific evidence of the specificity of meridians (channels)."

Reference:

American Journal of Chinese Medicine, V40, 1, 1-10. 2012 World Scientific Publishing Company.

Institute for Advanced Research in Asian Science and Medicine. DOI: 10.1142/S0192415X12009610 . 2 Hz Electro-Acupuncture at Yinlingquan (SP9) and Ququan (LR8) Acupoints Induces Changes in Blood Flow in the Liver and Spleen. Wen-Cheng Chou, Hsu-Jan Liu, Yi-Wen Lin, Chin-Yi Cheng, Tsai-Chung Li, Nou-Ying Tang and Ching-Liang Hsieh. China Medical University, Taichung, Taiwan. China Medical University Hospital, Taichung, Taiwan.

Acupuncture Relieves Facial Nerve Pain – New Research

<http://www.healthcni.com/index.php/acupuncturist-news-online/513-acupuncturefacialnervepaintrn>

06 April 2012

New research concludes that acupuncture is effective in the treatment of trigeminal neuralgia. Trigeminal neuralgia (TN) is characterized by intense pain in the face and is considered one of the most painful experiences a human can possibly experience. It is estimated that one in 15,000 people suffer from trigeminal neuralgia. TN is a disorder of the trigeminal nerve, which is a bilaterally paired cranial nerve with three branches: ophthalmic nerve, maxillary nerve and the mandibular nerve. The trigeminal nerve is responsible for sensing pressure (tactition), temperature (thermoception) and pain (nociception). It is also involved in facial motor function for the muscles of mastication.

The study focuses specifically on Liver Yang excess type trigeminal neuralgia and compares deep needling with shallow needling acupuncture techniques. The acupuncture points used in the study are St7 (Xiaguan), LI4 (Hegu), LV3 (Taichong), UB2 (Zanzhu), St2 (Sibai) and Jiachengjiang (M-HN-18). In both the shallow needle and deep needle groups, electroacupuncture was applied for 30 minutes bilaterally to the acupoints every other day. In the deep acupuncture needle group, the needle depth reached the spheno-palatine ganglion (SPG) at St7 and the supraorbital foramen, infraorbital foramen and mental foramen for other points used in the research. In the deep needling group, the

total effective rate was 93.8 percent. In the shallow needling group, the total effective rate was 87.1 percent. The researchers concluded that electroacupuncture is effective for relieving pain due to trigeminal neuralgia and that deep needling is more effective than shallow needling.

A special note on acupoint St7

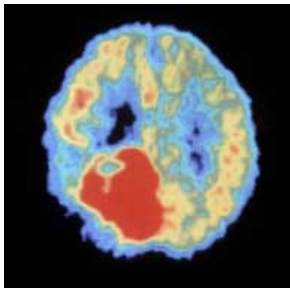
It is a local facial acupuncture point with special significance because it is the meeting point of the Stomach (Yangming) and Gall Bladder (Shaoyang) channels. It has specific functions for relieving pain in the ears, jaw, teeth, cheek, mouth, eyes and general channel pain. Although located at the lower border of the zygomatic arch in the depression anterior to the condyloid process of the mandible, this point is often needled 0.5 cun anterior to its classical location for cases of trigeminal neuralgia.

Reference:

Trigeminal neuralgia of hyperactive of liver yang type treated with acupuncture at Xiaguan (ST 7) at different depth: a randomized controlled trial. HE Lan, ZHOU Wan-yu, ZHANG Xiu-mei. TCM Department, The Third Hospital Affiliated to Beijing University, Beijing, China; Department of Ophthalmology, Xiyuan Hospital, China Academy of Chinese Medical Sciences.

New Acupuncture MRI Research on Migraine Point Specificity

20 April 2012

<http://www.healthcmi.com/index.php/acupuncturist-news-online/526-acupunctureremrimigrainepointspeci>

New MRI research demonstrates that acupuncture “induce(s) different cerebral glucose metabolism changes in pain-related brain regions and reduce(s) intensity of pain” for patients with migraines.

In this randomized-controlled study using PET-CT neuroimaging (positron emission tomography - computed tomography), acupuncture was shown to be effective for migraine pain reduction and acupuncture raised glycometabolism in the middle temporal cortex, orbital front cortex, middle frontal gyrus, angular gyrus, post cingulate cortex, the precuneus and the middle cingulate cortex. Acupuncture simultaneously lowered glycometabolism in the parahippocampus, hippocampus, fusiform, postcentral gyrus, and the cerebellum in migraine patients. The study also showed that the choice of acupuncture points used determined the changes in brain glycometabolism. The researchers note that this measurable phenomenon indicates acupuncture point specificity; specific acupuncture points have specific effects.

Subjects with migraines were separated into three groups: traditional acupuncture group (TAG), controlled acupuncture group (CAG), non-intervention group. The TAG group received acupuncture stimulation at TB5 (Waiguan), GB34 (Yanglingquan) and GB20 (Fengchi). The CAG group received acupuncture at St8 (Touwei), LI6 (Pianli) and St36 (Zusanli). The non-intervention group did not receive treatment.

The TAG group was more effective than the other groups at reducing pain due to migraines. Additionally, the glycometabolism was higher in the TAG group than in the non-intervention group in the middle temporal cortex, orbital frontal cortex, middle frontal gyrus, angular gyrus, post cingulate cortex, precuneus, and the middle cingulate cortex. The TAG group decreased glycometabolism in the parahippocampus, hippocampus, fusiform, postcentral gyrus and cerebellum more than in the

non-intervention group. The CAG group more greatly increased glycometabolism in the middle temporal cortex, supratemporal gyrus, supramarginal gyrus and the middle cingulate cortex than was measured in the non-intervention group. The CAG group decreased glycometabolism more greatly than the non-intervention group in the cerebellum.

Similar conclusions were reached in another recent study conducted by researchers at the University of California, School of Medicine in Irvine, California. The researchers concluded, “Recent evidence shows that stimulation of different points on the body causes distinct responses in hemodynamic, fMRI and central neural electrophysiological responses.” The investigators reviewed MRI results and noted that “stimulation of different sets of acupoints leads to disease-specific neuronal responses, even when acupoints are located within the same spinal segment.”

Reference:

I) *A PET-CT study on specificity of acupoints through acupuncture treatment on migraine patients.* Jie Yang¹, Fang Zeng¹, Yue Feng¹, Li Fang¹, Wei Qin², Xuguang Liu¹, Wenzhong Song³, Hongjun Xie³, Ji Chen¹, Fanrong Liang¹.

¹ Acupuncture and Tuina School, Chengdu University of Traditional Chinese Medicine, Chengdu 610075, China.

² Life Science Research Center, School of Life Science and Technology, Xidian University, Xi'an, Shaanxi, China.

³ PET-CT center, Sichuan Provincial People's Hospital, Chengdu, China.

II) *Point specificity in acupuncture.* Chinese Medicine 2012, 7:4 doi:10.1186/1749-8546-7-4. Emma M Choi, Fang Jiang, John C Longhurst. Susan Samuelli Center for Integrative Medicine, Department of Medicine, School of Medicine, University of California, Irvine CA. Medical Science, School of Medicine, University of California, Irvine, CA.

Acupuncture Quells Cerebrovascular Vasospasm – New Research

<http://www.healthcmi.com/index.php/acupuncturist-news-online/527-acupuncturecerebrovascularvasospasmcvs>

22 April 2012

New research concludes that acupuncture is an “effective therapy for CVS (cerebrovascular vasospasm) after subarachnoid hemorrhage.” A subarachnoid hemorrhage is bleeding between the brain and the tissues that cover it, often caused by an aneurysm. Cerebral vasospasm onset usually takes 4 - 10 days to develop following a subarachnoid hemorrhage. The cerebral blood vessel spasms may lead to vasoconstriction and subsequent cerebral ischemia, which causes necrosis and potentiates a stroke.

A total of sixty cases were divided into two groups of thirty. Group 1 received conventional treatment with nimodipine and group 2 received acupuncture combined with the conventional treatment. Nimodipine is a calcium channel blocker with selectivity for cerebral vasculature that binds to L-type voltage-gated calcium channels.

The total treatment time for both groups was three weeks. The acupuncture group received acupuncture at Baihui (GV20, Du20) and Fengchi (GB20). Baihui is located at the vertex midline, 8 cun posterior to the glabella. Baihui, translated as hundred meetings, is the meeting point of the governing channel with the urination bladder, gallbladder, liver and sanjiao channels. Baihui is also a Sea of Marrow point. Traditionally, Baihui is known to benefit the brain, quell the wind and clear the senses. Fengchi, translated as wind pool, is the meeting point of the sanjiao and gallbladder channels with the yang linking and yang motility vessels. It is located below the occiput between the sternomastoid and trapezius muscle origins. Fengchi is traditionally used to benefit the head, quell the wind and clear the senses. The Ming dynasty work, the Great Compendium of Acupuncture and Moxibustion, notes that combining Fengchi (GB20) with Baihui (Du20) is recommended for the treatment of head wind.

The researchers note that improvement in the acupuncture group “was superior to that in the conventional treatment group.” Results were

tabulated based on transcranial Doppler (TCD) and computed tomography perfusion (CT perfusion) findings. TCD measured significant blood flow improvement from acupuncture treatment to major blood vessels of the brain: the anterior cerebral artery (ACA), the middle cerebral artery (MCA), the posterior cerebral artery (PCA). CT perfusion recorded significant benefits from acupuncture treatment to cerebral blood flow (CBF), volume (CBV) and mean transit time (MTT). The researchers note, “Acupuncture at Baihui (GV 20) and Fengchi (GB 20) down-regulates the peak values or upregulates the valley values.” In every parameter (ACA, MCA, PCA, CBF, CBV, MTT), the results achieved in the acupuncture plus medication group was superior to that of the conventional treatment only group.

Reference:

Zhongguo Zhen Jiu. 2012 Mar;32(3):193-7. Observation of clinical efficacy of acupuncture for cerebral vasospasm after embolization of ruptured aneurysms]. Jiang YZ, Li C, Xu JY, Lu YZ, Xu R, Han B, Lu WH. Department of Neurosurgery, Wuxi Integrated Chinese and Western Medicine Hospital, Jiangsu Province, China.



PAPupuncture has localized and long-lasting antinociceptive effects in mouse models of acute and chronic pain

Julie K Hurt and Mark J Zylka

<http://www.molecularpain.com/content/8/1/28/abstract>

Molecular Pain 2012, **8**:28 doi:10.1186/1744-8069-8-28

Published: 23 April 2012

Acupuncture has been used for millennia to treat pain, although its efficacy and duration of action is limited. Acupuncture also has brief (1-2 h) antinociceptive effects in mice and these effects are dependent on localized adenosine A1 receptor (A1R) activation. Intriguingly, adenosine 5'-monophosphate (AMP) is basally elevated near acupuncture points. This finding suggested that it might be possible to inhibit nociception for a longer period of time by injecting prostatic acid phosphatase (PAP, ACP) into acupuncture points. PAP is an ectonucleotidase that dephosphorylates extracellular AMP to adenosine, has a long-half life in vivo and is endogenously found in muscle tissue surrounding acupuncture points. Here, we found that injection of PAP into

the popliteal fossa--a space behind the knee that encompasses the Weizhong acupuncture point--had dose- and A1R-dependent antinociceptive effects in mouse models of acute and chronic pain. These inhibitory effects lasted up to six days following a single injection, much longer than the hour-long inhibition provided by acupuncture. Antinociception could be transiently boosted with additional substrate (AMP) or transiently blocked with an A1R antagonist or an inhibitor of phospholipase C. This novel therapeutic approach--which we term "PAPupuncture"--locally inhibits pain for an extended period of time (100x acupuncture), exploits a molecular mechanism that is common to acupuncture, yet does not require acupuncture needle stimulation.

PAP Injections May Provide 100 Times Longer Pain Relief than Traditional Acupuncture

<http://www.medicalnewstoday.com/articles/244658.php>

According to a study published in the April 23 edition of *Molecular Pain*, researchers at the University of North Carolina at Chapel Hill have identified a new therapeutic approach called **PAPupuncture to deliver long-lasting pain relief**

In the study, the researchers found that PAPupuncture helped to alleviate pain in animal models for 6 days.

Lead researcher Mark J. Zylka, Ph.D., associate professor in the Department of Cell and Molecular Physiology and the UNC Neuroscience Center, explained that this study is promising and moves his laboratory work with prostatic acid

phosphatase (PAP) towards translational research.

In earlier studies, Zylka and his team found that chronic pain could be alleviated in animal models for up to 3 days by injecting PAP into the spine, however, they encountered one problem - PAP's delivery.

Zylka explained:

"Spinal injections are invasive and must be performed in a clinical setting, and hence are typically reserved for patients with excruciating pain."

Adenosine A1 receptors mediate local anti-nociceptive effects of acupuncture.

<http://www.ncbi.nlm.nih.gov/pubmed/20512135>

Goldman N, Chen M, Fujita T, Xu Q, Peng W, Liu W, Jensen TK, Pei Y, Wang F, Han X, Chen JF, Schnermann J, Takano T, Bekar L, Tieu K, Nedergaard M.

Center for Translational Neuromedicine, University of Rochester Medical Center, Rochester, New York, USA.

Acupuncture is an invasive procedure commonly used to relieve pain. Acupuncture is practiced worldwide, despite difficulties in reconciling its principles with evidence-based medicine. We found that adenosine, a neuromodulator with anti-nociceptive properties, was released during acupuncture in mice and that its anti-nociceptive actions required adenosine A1 receptor expression. Direct injection of an adenosine A1

receptor agonist replicated the analgesic effect of acupuncture. Inhibition of enzymes involved in adenosine degradation potentiated the acupuncture-elicited increase in adenosine, as well as its anti-nociceptive effect. These observations indicate that adenosine mediates the effects of acupuncture and that interfering with adenosine metabolism may prolong the clinical benefit of acupuncture.

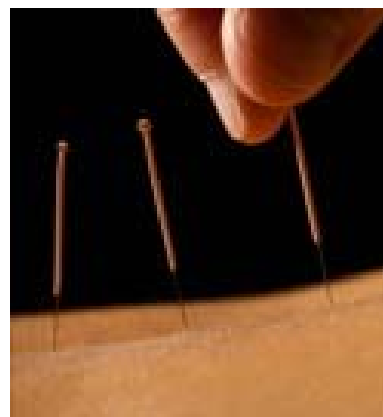
Acupuncture Treats Pediatric Fibromyalgia – New Research

25 April 2012

A new study concludes that, “Acupuncture is a traditional Chinese medicine modality that can be used in pediatric patients with fibromyalgia.” Fibromyalgia is a disorder involving widespread pain, increased sensation of pain upon pressure and associated symptoms such as exhaustion, insomnia and aching joints. The study followed patients with a history of juvenile fibromyalgia for a period of eight consecutive years. All patients had at least 11 weekly acupuncture sessions and evaluations were conducted before and after the acupuncture sessions. Evaluations measured musculoskeletal pain, VAS (pain visual analog scale), myalgic index and algometry. The result showed that acupuncture is effective for reducing the number of pain sensitive areas, improves the myalgic index and acupuncture demonstrated improvements in the pain visual analog scale. Associated symptoms of headaches, poor sleep and exhaustion also improved in the patients receiving acupuncture. Based on this study, the researchers recommend future controlled studies to confirm these findings.

Reference:

Acupuncture in adolescents with juvenile fibromyalgia. Marialda Hofling P. Dias, Elisabete Amaral, Hong Jin Pai, Daniela Terumi Y. Tsai, Ana Paola N. Lotito, Claudio Leone, Clovis Artur Silva. Ambulatório de Acupuntura da Unidade de Dor e Cuidados Paliativos e Unidade de Reumatologia Pediátrica do Instituto da Criança do Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo, Brasil.



Acupuncture for Hearing Loss – New Research

<http://www.healthcmi.com/index.php/acupuncturist-news-online/530-acupunctureceushearinglosskorea>

27 April 2012

New research concludes that acupuncture treats hearing loss. Researchers measured the effects of acupuncture on patients with sudden sensorineural hearing loss. This type of hearing loss is defined as a loss of 30 dB or more in 3 contiguous frequencies within three days or less. Thirty-six patients of a total of seventy-two "showed improvement" with an average gain of 24.47 dB of hearing restoration. The researchers "demonstrated that favorable prognosis was directly related to the time interval from the onset of hearing loss to the start of AT (acupuncture therapy)." For the patients that showed significant improvement, start of acupuncture treatment was within an average of 51 days from the onset of hearing loss. For the group that did not respond, the average was 167 days between onset of the illness and the beginning of acupuncture care. Variables that did not affect the outcome: vertigo, presence of hypertension, gender.

Acupuncture Treatment

Acupuncture was administered on average of two times per week. The needles were 40mm in length with a 0.25mm diameter. The needles were inserted to a depth of 10 – 30mm until a needling

sensation of soreness, numbness or distention was perceived at the acupuncture point. The acupuncture point selections were made from the following primary points: GV14, GV15, GV16, GB20, GB21, BL10, SI4, SI15. Supplementary points were: TB21, TB22, SI19, GB2, ST7, UB2, LI20, GV20, EX-HN3, KI10, LR8, LU8, LR4, LI4, LR3, and ST36. The needles were retained for 10 minutes. The researchers note "our findings indicate that AT (acupuncture therapies) have some effects on ISSHL (idiopathic sudden sensorineural hearing loss) even for the patients who failed to respond to conventional therapies."

This clinical trial was led by Kyu Seok Kim and Hae Jeong Nam, *Department of Ophthalmology & Otorhinolaryngology*, College of Oriental Medicine, Kyung Hee University, Seoul, Republic of Korea

http://cdn.intechopen.com/pdfs/33877/InTech-Effects_and_prognostic_factors_of_acupuncture_treatment_for_idiopathic_sudden_sensorineural_hearing_loss.pdf

Acupuncture in News

Alternative Medicine May Help Ease Chronic Sinusitis

http://www.nlm.nih.gov/medlineplus/news/fullstory_123193.html

Wednesday, March 21, 2012 HealthDay News



When used in tandem with standard Western treatments, alternative therapies such as acupuncture, acupressure and dietary changes may spell significant relief for patients battling chronic sinusitis, a new pilot study suggests.

The authors say that their study is the first to explore the potential of combining Western medicine with Eastern therapies among these patients, who experience swollen and inflamed sinuses, facial pain, headaches and impaired breathing.

"Our study was small, looking at a handful of patients who were not benefiting that well from standard treatment," acknowledged study author Dr. Jeffrey Suh, an assistant professor of rhinology

and skull base surgery in the department of head and neck surgery at the University of California, Los Angeles.

"And my take on alternative treatments is that Western medicine is effective for the majority of patients," he added. "But for those who don't get complete relief, adding in a more holistic Eastern approach that includes exercise, improved sleep, a better diet, and acupuncture and self-administered acupressure seems to provide an alternative that can have great benefit."

Suh and his colleagues report their findings in the March issue of the *Archives of Otolaryngology*.

The authors point out that chronic rhinosinusitis is a very prevalent condition in the United States, with nearly 30 million American adults diagnosed with the disease in 2010 alone, according to the U.S. Centers for Disease Control and Prevention.

The acute version of the disease is typically due to infection, experts say. However, the chronic form (namely, cases enduring past 12 weeks) is thought to stem from a variety of environmental and anatomical causes (such as the presence of polyps or a deviated nasal septum), thereby complicating treatment efforts.

Such efforts usually include the use of nasal corticosteroid sprays and nasal irrigation, while in some instances surgical intervention is required. Despite such efforts, some patients remain debilitated.

Suh and his team focused on 11 such individuals (eight men and three women), between the ages of 32 and 70. Many had struggled with the condition for years. None had had any kind of surgery in the three months before the study started. Similarly, no one had undergone acupuncture or acupressure intervention in the two months beforehand.

During the study, all previous treatments were continued. However, patients were offered eight weekly 20-minute sessions of therapeutic acupuncture and acupressure massage, performed by licensed therapists. Counseling was also offered to teach patients how to self-administer acupressure at home.

A dietary analysis was also conducted, and patients were given nutritional guidance that tracked traditional Chinese approaches towards food consumption. Stress management was also discussed, as were the benefits of regular exercise.

The result: The team found that when applied alongside modern medicine, the use of such so-called "staples of Eastern medicine" appeared to be both safe and effective.

After two months, all the patients showed a statistically significant gain in terms of quality of life, with a drop in feelings of frustration and restlessness and a boost in their ability to concentrate.

What's more, patients were found to have less of a problem with runny noses, reduced sneezing and a subsequent reduced need to blow their noses. Facial pain and pressure also appeared to drop off somewhat.

"These were the worst of the worst patients," Suh stressed. "And during treatment they got better. Now were they completely better? No. Only some of their symptoms improved. And those who did not keep up the lifestyle modifications like self-administered acupressure returned to their previous state after the study. But those who kept it up continued to see a benefit. So this offers some hope, and leads us to consider the next question, which is what might be possible with Eastern therapy alone?"

That said, Dr. Jordan Josephson, a sinus and allergy specialist with Lenox Hill Hospital in New York City, cautioned that chronic sinusitis is a "very complex problem" for which there is no simple solution.

"Augmenting traditional medicine with Eastern therapies is a very wise thing to do for sinus sufferers," he said. "In my practice, I certainly do this. Because it's not a question of antihistamines *or* acupuncture."

"And the reason for that is that we're not taking about a cure," Josephson said. "This is not a cold or a sniffle. If you have chronic sinusitis, it's chronic, like diabetes. So, the best thing to do is to treat patients with a combination of diet, antibiotics, antifungals, nasal sprays, allergy treatment, acupuncture, lifestyle changes, irrigation with saline and irrigation with medicines. You need a comprehensive plan for each individual patient that will give them the best chance at control."

SOURCES: Jeffrey Suh, M.D., assistant professor, rhinology and skull-based surgery, department of head and neck surgery, University of California, Los Angeles; Jordan Josephson, M.D., sinus and allergy specialist, Lenox Hill Hospital, New York City, and director, NY Nasal and Sinus Center; March 2012 *Archives of Otolaryngology*

Mixed evidence on acupuncture for irritable bowels

http://www.nlm.nih.gov/medlineplus/news/fullstory_124508.html

Wednesday, April 25, 2012

By Amy Norton



NEW YORK (Reuters Health) - The research on whether acupuncture helps ease irritable bowel syndrome has so far been a mixed bag, according to a new review of past clinical trials.

The review, published in the *American Journal of Gastroenterology*, found that in some trials, acupuncture seemed to work better than certain medications for irritable bowel syndrome, or IBS.

Yet in others, acupuncture was no better than a "sham" version of acupuncture used for comparison.

"It's difficult to interpret the results of the review," said lead researcher Eric Manheimer, of the Center for Integrative Medicine at the University of Maryland School of Medicine.

For now, he told Reuters Health, "I think the evidence is equivocal."

IBS is a digestive disorder that causes repeated bouts of abdominal cramps, bloating, and either diarrhea or constipation. It's different from the similar-sounding inflammatory bowel disease -- an umbrella term for

ulcerative colitis and Crohn's disease, two more-serious digestive disorders that damage the lining of the colon.

In many cases, IBS can be managed with diet changes, along with anti-diarrheal medication or, for constipation, laxatives or fiber supplements.

But people with tougher-to-treat IBS may need more. There are a few drugs for the condition -- including alosetron (Lotronex), which works on nerves to relax the colon, and lubiprostone (Amitiza), which helps with constipation.

Doctors sometimes also prescribe low-dose antidepressants, anti-anxiety medications or drugs called antispasmodics, which may help with abdominal pain.

But those drugs are often limited in their effectiveness, and can have side effects.

PLACEBO EFFECT?

So researchers are looking at different non-drug options. Two -- namely, cognitive behavioral therapy and hypnosis -- have proven effective for some people in clinical trials.

A fairly small number of studies have begun looking at acupuncture. And so far, Manheimer's team found, those trials have yielded mixed results.

In their review, the researchers found five clinical trials that tested "true" acupuncture against a sham version of the procedure.

Some studies use sham procedures to try to account for the "placebo effect" -- where people feel better simply because they expect a treatment to work.

Overall, Manheimer's team found, none of the five trials showed that real acupuncture was any better than the fake version when it came to improving patients' ratings of their symptoms or quality of life.

On the other hand, five trials done in China did find that patients reported bigger gains from acupuncture when it was tested against certain medications -- which included certain anti-diarrheal, antispasmodic and anti-inflammatory drugs.

But there are limitations to both types of studies, Manheimer said.

With the trials that pitted acupuncture against drugs, the patients were recruited at hospitals for traditional Chinese medicine.

"So it's possible that patients' expectations played a role" in acupuncture's higher success odds, Manheimer explained. That is, many may have believed acupuncture to be effective, or had a preference for it over medication.

With the sham-acupuncture trials, the study groups tended to be small, which may have limited their ability to pick up small benefits of true acupuncture, the researchers say.

There's also debate over what makes for a good sham version of acupuncture. In some studies, it may involve inserting needles in the skin at sites that are not considered acupuncture points according to traditional Chinese medicine.

In others, it means using a dull needle that doesn't penetrate the skin.

"It's not clear that they (shams) are all inert," Manheimer said.

That means some sham acupuncture tactics may have biological effects that are close to the real thing. No one is sure how acupuncture works, but some research suggests the needle stimulation triggers the release of pain- and inflammation-fighting chemicals in the body -- even if the acupuncture doesn't strictly follow traditional principles.

Of the five trials in this review, two were judged as having sham acupuncture that might have had real biological effects. But that doesn't explain why the other three studies showed no benefit, the researchers say.

NOT A 'GO-TO' TREATMENT

In the future, Manheimer said it might be helpful to do trials that compare acupuncture against other treatments, but do it with a more general population of IBS sufferers than the Chinese studies used.

It would also be a good idea, he said, to measure patients' expectations going into the study. That way, researchers can look at whether people who expected to improve were more likely to report benefits from acupuncture.

"This is an interesting study," said Jeffrey M. Lackner, an associate professor at the University at Buffalo School of Medicine in New York, who was not involved in the work.

In the U.S., he noted, acupuncture would not be considered a "go-to" IBS treatment right now anyway.

As far as non-drug options, cognitive behavioral therapy (CBT) seems to have the best research evidence to back it up, according to Lackner. CBT is a form of "talk therapy" that helps people recognize the unhealthy thought patterns and behaviors that feed their symptoms, and gives them practical ways to manage them.

The problem with CBT, though, is availability. "There are not a lot of therapists out there who can do it," Lackner told Reuters Health.

"We really need to start developing IBS treatments that are more easily disseminated," he said. That could mean "self-help materials," like books or CDs, that teach people CBT principles.

As for acupuncture, Manheimer said that if people did want to give it a shot, safety and cost would be the other considerations.

Acupuncture is generally considered safe, with side effects like bruising at the needle site. The cost can vary widely, but a session would typically start at around \$100.

And many patients, Manheimer noted, may have to pay out of pocket.

SOURCE: <http://bit.ly/IoaQnA> American Journal of Gastroenterology, online April 10, 2012.