



The Meridian



Newsletter of the International
Acupuncture Association of Physical Therapists

June 2022

Message from the Chairman

We are pleased that the IAAPT has been able to continue our bimonthly webinars with the support of honorary speakers from around the world. Two webinars has been organised in February and April with Dr Karavis and Enoch Ho as speakers. The next webinar took place in June with Dr Cummings. Please watch out for our announcement of date and details in due course. Webinars are particularly important and useful for sharing of information and knowledge under these days of worldwide pandemic which limits international travelling. Despite of the fact that the time for the webinars may not suit the daily routine of all places around the world, for instance, London may be during the working day but Wellington may have already been asleep, it was our fortune to have our speakers allowing us to make recordings so members of the Association around the globe can watch the webinars on our web site at a time convenient to them. We are very grateful to the speakers for the generosity for allowing us to do so.



The IAAPT has launched the accreditation program for basic acupuncture education for physiotherapists / physical therapists. We have received a few applications and is already in the process of approving them. We have also initiated the preparation for the accreditation scheme for advanced program in acupuncture for physiotherapists / physical therapists, drawing reference to the standards document of the World Health Organization (WHO). We hope that this program can be launched soon within this term of our office.

We wish all members happiness and health and the COVID pandemic could be over very soon.

Kerry Fung
Chairman IAAPT

A Word from the Editor

As we move on from COVID-19, we look towards encouraging our membership to refocus on the role of Acupuncture in improving the immune system and inflammation. It's time to look to the future...

CONGRESS TAKES PLACE IN UNDER TWELVE MONTHS!

Mary Pender
Meridian Editor

Call for Abstracts opened on 20 June 2022

Submission deadline:
29 September 2022

Submitting an abstract

The call for abstracts will open on **20 June 2022**. Abstracts will be invited that:



report on the **latest research** with original original scientific data (this includes systematic/narrative reviews and meta-analyses; submissions with pending results and study protocols will not be accepted)



address **new and unique developments** in practice, theory, education, management, policy and resources



describe **innovative ways** in which established methods have been adapted to meet the changing needs of practice

Submission deadline: 29 September 2022

Notification of outcome: January 2023

Presentation formats

Platform presentations



Platform presentations are scheduled for eight minutes, followed by two minutes for questions in each presentation.

Poster presentations



Printed poster presentations are grouped by topic within the poster area. Presenters have a designated presentation time during the lunch break for discussion with participants. There is a limitation on printed posters we can accommodate



ePoster presentations will be scheduled in the programme and grouped by topic. A chair will lead discussions between participants and presenters on electronic screens

Congress takes
place in Dubai
2-4 June 2023

Check out the World Physiotherapy Congress website for help and assistance submitting your abstract. There is a mentoring programme available and YouTube videos to help you.

<https://wp2023.world.physio/#/programme/abstracts>

Our series of webinars continues with some of the webinars already uploaded to our IAAPT website. The links to these recordings are available via www.iaapt.physio in the members portal. Member organizations have a unique ID and password for this section of the website. These should be available to members—full details from your IAAPT representative.

WEBINARS in 2022

The Education Group of the Executive Committee have compiled the following take-away messages from the recent webinar.

The the anti-inflammatory effects of acupuncture

Dr Miltiadis Karavis, MD, PMR, MedAc, FICAE

Available to view on iaapt.physio in the members' section



WHO has recommended acupuncture for the treatment of 16 inflammatory diseases such as rheumatoid arthritis, allergic rhinitis, acute and chronic gastritis, periartthritis of the shoulder, knee, osteoarthritis etc.

Li, N., Guo, Y., Gong, Y., Zhang, Y., Fan, W., Yao, K., Chen, Z., Dou, B., Lin, X., Chen, B., Chen, Z., Xu, Z., & Lyu, Z. (2021). The Anti-Inflammatory Actions and Mechanisms of Acupuncture from Acupoint to Target Organs via Neuro-Immune Regulation. *Journal of inflammation research*, 14, 7191–7224. <https://doi.org/10.2147/JIR.S341581>

Sickness behaviours—acupuncture initiated inflammatory response

Acute inflammation is a self limiting process which controls infection, offers protection, wound healing, tissue restoration and regeneration .

Chronic inflammation is a damaging process autoimmune disease, chronic disease —> macrophages; cells of the immune system—the first line of defence.

The immune system is connected to the endocrine and neural systems via a number of pathways that integrate the various brain structures (hypothalamus, pituitary glands).

Endocrine glands (adrenal glands, thyroid glands, gonads)

And the autonomic nervous system (sympathetic and parasympathetic)

The skin is a neuroimmuno endocrine organ

Acupuncture is a mode of peripheral sensory stimulation

If you would like to suggest a particular speaker, please forward the details to the secretary on contact@iaapt.physio BUT please let the individual know you are putting their name forward before the secretary gets in touch!

Efficacy of acupuncture in treating scars following tissue trauma

Available to download free from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6415480/>

Introduction:

Anecdotally, acupuncture is used in the treatment of scar tissue in order to improve scar quality and reduce symptoms of pain and pruritus. Unlike conditions such as lower back pain, knee osteoarthritis and migraines, there are no systematic reviews to confirm treatment efficacy. This systematic literature review aims to assess the current level of evidence for the use of acupuncture for treating abnormal scars such as hypertrophic or other symptomatic scars.

Tuckey, C., Kohut, S., & Edgar, D. W. (2019).

Efficacy of acupuncture in treating scars following tissue trauma. *Scars, burns & healing*, 5, 2059513119831911. <https://doi.org/10.1177/2059513119831911>

Methods:

A comprehensive database search was performed followed by reviewing reference lists, grey literature databases and Google Scholar. Study quality was assessed using the Oregon CONSORT STRICTA instrument (OCSI) for clinical trials and the Joanna Briggs Institute (JBI) checklist for case reports.

Results:

The search strategy discovered five case studies, one retrospective cohort study, one cohort study and three clinical trials that investigated the use of acupuncture for scars. Studies rated as low to moderate quality (26–50%) on the OCSI checklist due to lack of detailed reporting, use of non-validated outcome measures and heterogeneity of participant cohorts. Three case studies rated as moderate quality (5–6/8) and two as low quality (<2/8) on the JBI checklist.

Discussion:

All studies reported positive outcomes for the use of acupuncture for scar symptoms; however, treatment frequency, duration, number of treatments and points used varied between studies.

Conclusion:

Acupuncture for the treatment of abnormal scars has a low level of evidence thus requiring further well-designed, controlled trials to be performed. Recommended treatment protocols for future studies have been provided.

Keywords: Acupuncture, dry needling, hypertrophic scar, burns, neurogenic inflammation, pruritus

Summary

This literature review investigated the current research for using acupuncture to treat abnormal or symptomatic scars. The primary symptoms investigated were pain and itch; however, scar quality was also considered in some studies. We aimed to assess the quality of available evidence and make recommendations for studies to be performed in the future.

Very few clinical trials have been published so far. We found a total of three clinical trials comparing acupuncture to either a sham (placebo) treatment or usual care. Two studies without a comparison group and five case reports of individual treatments were also discovered. Participants had scars from either burns injury or surgery. They received acupuncture treatment at various time points (from 30 min up to one year after injury). How the treatment was performed was different across all studies, meaning the results were not comparable and few conclusions could be drawn on effectiveness. Although all studies

showed positive results overall, there were many missing details or poor methods used which reduced the quality of results.

As all studies reviewed used different treatment methods, it is unknown which treatment components are most important. Therefore, recommendations have been made for future research and suggested treatment parameters to be used to improve the quality and consistency of research using acupuncture for scars.

71 year old Caucasian male, working full-time as a mechanic in Perth

Workplace injury> Burnt from blow torch igniting his clothes

Treated at Fiona Stanley, skin graft, wound infection > IV and oral AB's

Discharged with compression garments

3 months post-injury referred by GP for scar massage and acupuncture – set number of Rx specified in referral (12 total provided), Rx covered by Workcover insurance (see right)



◀ Midway through the six treatments (see left))

Comparing locally applied acupuncture with distant (no neuroanatomical links) acupuncture

Number of needles based on scar size

Outcome measures – NRS (pain & itch), POSAS (patient response component), SF36 (used to capture non-specific acupuncture effects)

Treatment includes 5 minutes scar massage followed by 15 minutes acupuncture treatment

Six treatments over four weeks

Final treatment ▶



Case study: Pilot testing of a local acupuncture intervention protocol for burn scars

Available to download free from <https://journals.sagepub.com/doi/full/10.1177/20595131211058430>

Background

Following burn injury and a prolonged duration of healing, scars may become hypertrophic, causing movement restriction, increased scar thickness, colour and pliability, and symptoms such as pain and itch. Acupuncture has emerged as a potentially beneficial treatment for neuroinflammation, which perpetuates the negative features of hypertrophic scars. The aim of this study was to pilot test an evidence-based methodology for applying and measuring the clinical effects of localised acupuncture for symptomatic scars, in a patient with a healed burn injury.

Methods

A 71-year-old caucasian male presented with a hypertrophic scar that was painful and itchy after burn injury and subsequent skin grafting. He received acupuncture and massage treatment local to his scar as per the local (verum) group of the author's clinical trial under recruitment. Needles were inserted around the circumference of the skin grafted area and adjacent to areas of raised scar tissue within the grafted area and stimulated via bi-directional rotation. Outcome measures included a Numerical Rating Scale (NRS) for pain and itch, Patient and Observer Scar Assessment Scale (POSAS) self-assessment component and SF36 quality-of-life measure to capture any non-specific acupuncture effects.

Conclusion

Acupuncture applied locally around the scar was associated with short-term relief of symptoms and significantly reduced his subjective outcome measure scores relating to scar thickness, redness and pliability out to six months after injury. Some short-term increase in symptoms occurred on several occasions following treatment; however, treatment was well tolerated supporting the use of this protocol for a larger future clinical trial.

Lay Summary

Following injury to the skin, scars can become raised, red and reduce movement. Other common symptoms may include pain and itch. Previous studies suggest acupuncture may help symptomatic scars, but more research is needed to confirm this with larger samples of patients.

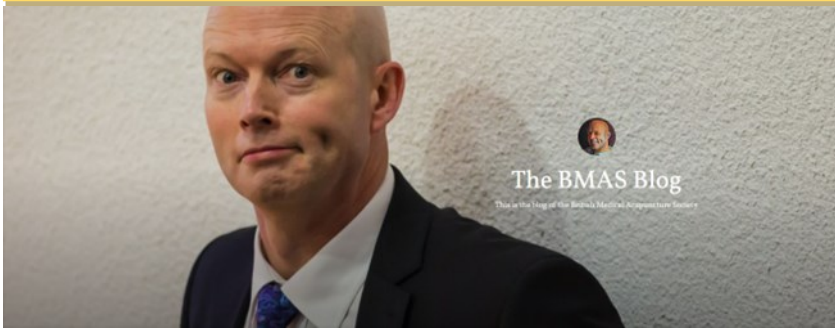
This case study tested the active treatment protocol for a clinical trial using acupuncture on symptomatic scars. A 71-year-old white man had a burn scar on his torso after a workplace accident. His treatment involved scar massage and local acupuncture. The acupuncture needles were inserted around the skin graft borders and thickened bands of scar tissue.

Outcomes were measured using surveys recording symptoms, scar characteristics and quality of life. These were used to assess treatment effect and how well the protocol was tolerated. Over the course of treatment both pain and itch improved

This case report showed that the treatment protocol was well tolerated, and that local acupuncture was associated with improved scar symptoms and physical characteristics up to six months after injury.

Tuckey CR, Kohut SH, Edgar DW. *Case study: Pilot testing of a local acupuncture intervention protocol for burn scars. Scars, Burns & Healing.* January 2022.
doi:10.1177/20595131211058430

Some interesting items from the BMAS Blog & AACP Journal



ST36 EA and T cells in sepsis

Luis Ulloa's lab was first to report reduced mortality in a mouse model of sepsis after ST36 EA

May 16, 2022 (Read the full Blog entry on <https://bmas.blog/2022/05/16/st36-ea-and-t-cells-in-sepsis/>)
Inspired by Lv *et al* 2022.[1]

Luis ran the lab that first reported a reduced mortality related to the use of ST36 EA in an animal model of sepsis in 2014.[2] They had been using direct vagal nerve stimulation in his lab until an acupuncturist in a conference in Mexico suggested trying EA, and the rest is history.

This paper repeats a very similar procedure using EA applied to ST36 on 3 consecutive days prior to the induction of sepsis with intraperitoneal injection of LPS at 4mg/kg. The dose of LPS had been tested such that the LPS mice would only survive to 24–48 hours after the injection.

The EA was applied at 10Hz and 0.1mA for 30 minutes. The frequency is consistent with previous research,[2,3] and may be optimal for autonomic modulation (Longhurst, personal communication). The current seems a bit low, but we are not told the pulse width, and this can make quite a difference. Previously, a current as low as 0.5mA at a pulse width of 50µs has demonstrated effects in sepsis.[3]

[1] Lv Z-Y, Shi Y-L, Bassi GS, *et al*. Electroacupuncture at ST36 (Zusanli) Prevents T-Cell Lymphopenia and Improves Survival in Septic Mice. *J Inflamm Res* 2022;**15**:2819–33. doi:10.2147/JIR.S361466

[2] Torres-Rosas R, Yehia G, Peña G, *et al*. Dopamine mediates vagal modulation of the immune system by electroacupuncture. *Nat Med* 2014;**20**:291–5. doi:10.1038/nm.3479

[3] Liu S, Wang Z, Su Y, *et al*. A neuroanatomical basis for electroacupuncture to drive the vagal-adrenal axis. *Nature* 2021;**598**:641–5. doi:10.1038/s41586-021-04001-4



Pandemic effects on MS fatigue and acupuncture intervention.

C. McGuire (*Optimum Physiotherapy Lothian Ltd, Lothian*)

Acupuncture is extensively used by physiotherapists in the UK, primarily within the field of musculoskeletal medicine, and has recently been recognised by NICE as an effective treatment for chronic pain (NICE 2021). More long-term conditions may benefit from acupuncture, but less evidence is available in other fields. The author has been using acupuncture (amongst other things) for people with MS for many years, to treat pain associated with the condition but also other symptoms such as bladder dysfunction and fatigue (McGuire 2013).

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