LONG-TERM FOLLOW-UP ON PATIENTS WITH FIBROSITIS TREATED WITH ACUPUNCTURE. WAYLONIS GW. ohio state medical journal. 1977,73(5),299-302 (eng).

A long-term, follow-up study of 39 patients with chronic fibrositis treated with electroacupuncture was carried out. The length of follow-up after treatment was 3 to 34 months (average 19.6 months). Forty-six percent of the patients claimed acupuncture gave the best and longest-lasting relief of symptoms of any type of treatment they had received, including partial or complete relief of symptoms. Fifty-nine percent of them felt that acupuncture was more effective than any conventional form of physical therapy. Of these 39 patients, 69 percent were taking less medication than prior to acupuncture. It is concluded that acupuncture is a useful adjunct modality in the treatment of the myofascial pain syndrome, fibrositis, and for the majority of patients, it may be more effective than ultrasound therapy, cryotherapy, and medications. [18,01 /fibromyalgie-]

AKUPUNKTUR BEI GENERALISIERTER TENDOMYOPATHIE (FIBROMYALGIE-SYNDROM). LAUTENSCHLAGER J ET AL. deutsch zeitschrift fuer akupunktur. 1989,6,122-8 (deu*). ref:12

Fifty patients with generalized tendomyopathy (fibromyalgia) were divided into 2 groups each 25 patients, receiving either 6 acupuncture treatments or 6 placebo treatments with a disconnected laser equipment. The change in pain threshold was documented before and after treatment on two body schemes (pain score) by way of a visual analogue scale and by dolorimetry. Significant differences between acupuncture and placebo treatment in all 3 methods of pain evaluation could be registered. In a written inquiry 3 months after the last treatment, no significant changes could be traced, even when the patients of the acupuncture group showed a trend to better results than the placebo group. [18,03 /fibromyalgie-ece-


[ALTERNATIVE TREATMENT METHODS IN RHEUMATIC DISEASES ; A LITERATURE REVIEW]. JACOBS JW ET AL. ned tijdschr geneesk. 1991,135(8),317-22 (ned*).

To evaluate the effectiveness of several types of complementary medicine in patients with rheumatic diseases, a literature search was performed. Clinical trials, blind or open, comparing the effectiveness of forms of complementary medicine with that of placebo or another control therapy in patients with rheumatoid arthritis, osteoarthritis, soft tissue rheumatism and the fibromyalgia syndrome were selected until half of 1989, using electronic databases. Abstracts and summaries were excluded. The investigation was performed at the department of rheumatology of the Medisch Spectrum Twente hospital at Enschede in cooperation with the department of internal diseases of the Sint Radboud hospital at Nijmegen. For each type of complementary treatment, the results of all the clinical trials were summarized. Furthermore, the placebo-controlled trials were graded according to convincing trials or trials that seemed to be less valid and/or difficult to interpret. Data concerning acupuncture, balneotherapy, dietary measures, enzymic therapy, Seatone, homeopathy, manual therapy and fever few were found. Of these types of complementary medicine in rheumatic diseases, we found no convincing prove that they are more effective than the control or placebo treatment. A considerable number of the studies however can be criticized. It is necessary to perform further studies on the effect of frequently used types of complementary medicine in patients with rheumatic
diseases, by or in cooperation with the physicians or paramedics who prescribe or perform these kinds of treatment. This is nearly always possible; directives are given to realize further studies of this kind. If a particular treatment proves to be no more effective than placebo treatment, its use should be discouraged. [18,01 /methodologie-rg-]

5- gera: 82659/di/ra


This report describes a case of primary fibromyalgia syndrome in a 30-year-old adult male who complained of pain in his left upper extremity and the anterolateral side of his chest wall and neck, with multiple tender and trigger points. Nogier auriculopoint investigation indicated sympathetic nervous system involvement in the pathological process with no other objective signs of sympathetic hyperactivity. A regional intravenous sympathetic block with guanethidine gave long-term relief, and the auriculopoint investigation subsequent to the block gave no pathological signals. Nogier auriculopoint investigation seems to be a good indicator of sympathetic nervous system involvement in primary fibromyalgia and of the effectiveness of sympathetic blockade in this treatment. [18,03 /blocage-5,10-4,04-]

6- gera: 37521/di/re

ELECTROACUPUNCTURE IN FIBROMYALGIA : RESULTS OF A CONTROLLED TRIAL. DELUZE C ET AL. bmj. 1992,305(6864),1249-52 (eng). ref:13

1) Objective: To determine the efficacy of electroacupuncture in patients with fibromyalgia, a syndrome of unknown origin causing diffuse musculoskeletal pain. 2) Design : Three weeks' randomised study with blinded patients and evaluating physician. 3) Setting : University divisions of physical medicine and rehabilitation and rheumatology, Geneva. 4) Patients : 70 patients (54 women) referred to the division for fibromyalgia as defined by the American College of Rheumatology. 5) Intervention : Patients were randomised to electroacupuncture (n=36) or a sham procedure(n=34) by means of an electronic numbers generator. 6) Main outcome measures : Pain threshold, number of analgesic tablets used, regional pain score, pain recorded on visual analogue scale, sleep quality, morning stiffness, and patient's and evaluating physician's appreciation. 7) Results : Seven of the eight outcome parameters showed a significant improvement in the active treatment group whereas none were improved in the sham treatment group. Differences between the groups were significant for five of the eight outcome measures after treatment. Conclusions : Electroacupuncture is effective in relieving symptoms of fibromyalgia. Its potential in long term management should now be studied. [18,03 /cta-ecr-]

7- gera: 49010/di/ra

ELEKTROAKUPUNKTUR BEIM FIBROMYALGIE-SYNDROM. EINE PROSPEKTIVE, RANDOMISIERTE STUDIE. DELUZE CH. deutsche zeitschrift fur akupunktur. 1993,36(4),81-6 (deu).

[Electroacupuncture in the treatment of fibromyalgia syndrome : a prospective random study]. Fibromyalgia is mainly characterized by general pain. Its etiology is mostly unknown and treatment is frequently problematic. Acupuncture is of ten used as an alternative form of medicine but its effect remains disputed. 70 patients were included in a prospective blind study. 36 were treated with electroacupuncture (EA) twice weekly for a period of 3 weeks. 34 patients (control group) received a Form of placebo acupuncture (superficial needle insertion 2 cm from the acupuncture points, weaker current) for the same period. All patients were permitted to continue taking their medication and having physiotherapy exactly as before. The effect of the EA treatment was judged on the basis
of 8 parameters. At the end of the treatment period all EA patients who completed the treatment programme showed significant improvement in all parameters except morning stiffness. There was no significant improvement in the control group. There was a statistically significant difference between the two groups in 5 of the 8 parameters. Due to its analgesic effect, EA can be of help in the treatment of fibromyalgia. Whether this effect can also be achieved long-term is not yet known. The possible mechanisms of EA analgesia are briefly discussed. [18,03 /fibromyalgie-]

8- gera: 45805/nd/re
[18,03 /fibromyalgie-]

9- gera: 70259/di/ra
[18,03 /-]

10- gera: 77548/nl/re
[18,03 /ecr-fibromyalgie-]

11- gera: 57436/di/ra
[18,03 /fibromyalgie-]

12- gera: 54230/di/re
**THE FIBROMYALGIA SYNDROME. ELECTROACUPUNCTURE IS A POTENTIALLY VALUABLE TREATMENT (LETTER).** WHITE A. *British Medical Journal*. 1995,310(6991,1406 (eng). ref:8
Rapport d'une étude contrôlée de DELUZE dans le traitement de la fibromyalgie. [18,03 /fibromyalgie-]

13- gera: 57339/di/ra
Fibromyalgia is a disorder characterized by the concurrence of generalized, widespread musculoskeletal pain with the presence of multiple tender points. The author reviews fibromyalgia from the perspectives of Western and Eastern medicine and proposes a theory of complex interactions. According to traditional Chinese medicine (TCM), each patient's symptomatology reflects a pattern of disharmony representing a unique situation of imbalance in the patient's body. The use of acupuncture and herbal prescriptions is individualized according to the patient's specific pathophysiological and psycho/social configuration. The author has observed that optimal management of fibromyalgia should combine and integrate Western and Eastern medicine. Case studies are presented in detail including diagnosis according TCM. [18,03 /fibromyalgie-]

14- gera: 77550/di/re
Evaluation of pain levels in patients with fibromyalgia is difficult, in particular during therapy. Therefore, we established a combination of methods to objectify the pain measurement in fibromyalgia patients before and after acupuncture treatment. Pain characterized was performed in 29 fibromyalgia patients (ACR-criteria, 25 women, 4 men, mean age 48.2 ± 2.0 years, mean duration of disease 6.1 ± 1.0 years). The visual analogue scale (VAS) and the dolorimetry were used for describing the individual patients pain level as well as the number of positive tender points. Serotonin and substance P in serum and the serotonin concentration in platelets were measured concomitantly. The VAS decreased from 64.0 ± 3.4 mm before therapy to 34.5 ± 4.3 mm after therapy (p<0.001). Dolorimetry revealed a decreased number of tender points after therapy from 16.0 ± 0.6 to 11.8 ± 1.0 (p<0.01), serotonin levels decreased from 715.8 ± 225.8 µg/10^12 platelets to 352.4 ± 47.9 µg/10^12 platelets (p<0.01), whereas the serum concentration increased from 134.0 ± 14.3 ng/ml to 171.2 ± 14.6 ng/ml (p<0.01). Substance P levels in serum increased from 43.4 ± 3.5 pg/ml to 66.9 ± 8.8 pg/ml (p<0.01). Acupuncture treatment of patients with fibromyalgia is resulting in decreased pain levels and positive tender points measured by VAS and dolorimetry. This is accompanied by a decreased in serotonin concentration in platelets and an increase of serotonin and substance P levels in serum, indicating a possibly involvement of pain-modulating molecules in fibromyalgia patients. [18,03 /ctann-fibromyalgie-]

15- gera: 57392/nd/re
NEW TRENDS IN THE STUDY OF THE PRIMARY FIBROMYALGIC SYNDROME. ZBOROVSKII AB ET AL. supportive care in cancer. 1996,11,52-6 (rus*).
The study of 1240 patients with osteomuscular pain showed that 9.6% had clinical signs of primary fibromyalgia (PF). It identified new data on the clinical signs of PF, including clinical and biochemical changes in this syndrome. The diagnostic value of some signs and symptoms of PF are compared and new approaches to optimizing diagnostic criteria are outlined in the paper. It also gives new data on a combined therapy for PF, including the use of dimexide with nonhormonal antiinflammatory agents and sessions of acupuncture that promote the normalization of dysfunctions. This may be useful for PF patients due to its ease of use, availability, and low cost.-]

16- gera: 57980/co/re
This article describes the University of Maryland School of Medicine's Center for Complementary Medicine Research approach to developing an agenda for investigating alternative medical treatments for chronic pain syndromes. This agenda includes conducting extensive literature searches and analyses to form a knowledge base for making clinical decisions on which chronic pain syndromes are in greatest need of better therapies, as well as which alternative medical therapies offer the greatest therapeutic promise for these specific chronic pain syndromes. To date, the Center has identified back pain, arthritis, and fibromyalgia as the chronic pain syndromes that contribute the greatest clinical and economic burden to overall chronic pain statistics. Not coincidentally, patients with these diagnoses are the greatest users of alternative therapies. The Center has identified acupuncture, homeopathy, manual/-manipulative therapies, and mind-body therapies as the alternative medical therapies offering the greatest clinical potential for these three chronic pain diagnoses. Preliminary data from the Center’s ongoing clinical trials programs are presented. [6,01 /usa-]

[18,03 /fibromyalgie-]

18- gera: 58373/nd/re


OBJECTIVE: The objective of this NIH Consensus Statement is to inform the biomedical research and clinical practice communities of the results of the NIH Consensus Development Conference on Acupuncture. The statement provides state-of-the-art information regarding the appropriate use of acupuncture, and presents the conclusions and recommendations of the consensus panel regarding these issues. In addition, the statement identifies those areas of study that deserve further investigation. Upon completion, the reader should possess a clear working clinical knowledge of the state-of-the-art regarding this topic. The target audience of physicians for this statement includes, but is not limited to, family practitioners, medical acupuncturists, psychiatrists, and specialists in pain medicine. PARTICIPANTS: A non-Federal, nonadvocate, 12-member panel representing the fields of acupuncture, pain, psychology, psychiatry, physical medicine and rehabilitation, drug abuse, family practice, internal medicine, health policy, epidemiology, statistics, physiology, biophysics, and the public. In addition, 25 experts from these same fields presented data to the panel and a conference audience of 1,200. EVIDENCE: The literature was searched through Medline, and an extensive bibliography of references was provided to the panel and the conference audience. Experts prepared abstracts with relevant citations from the literature. Scientific evidence was given precedence over clinical anecdotal experience. CONSENSUS PROCESS: The panel, answering predefined questions, developed their conclusions based on the scientific evidence presented in open forum and the scientific literature. The panel composed a draft statement, which was read in its entirety and circulated to the experts and the audience for comment. Thereafter, the panel resolved conflicting recommendations and released a revised statement at the end of the conference. The panel finalized the revisions within a few weeks after the conference. The draft statement was made available on the World Wide Web immediately following its release at the conference and was updated with the panel's final revisions. CONCLUSIONS: Acupuncture as a therapeutic intervention is widely practiced in the United States. While there have been many studies of its potential usefulness, many of these studies provide equivocal results because of design, sample size, and other factors. The issue is further complicated by inherent difficulties in the use of appropriate controls, such as placebos and sham acupuncture groups. However, promising results have emerged, for example, showing efficacy of acupuncture in adult postoperative and chemotherapy nausea and vomiting and in postoperative dental pain. There are other situations such as addiction, stroke rehabilitation, headache, menstrual cramps, tennis elbow, fibromyalgia, myofascial pain, osteoarthritis, low back pain, carpal tunnel syndrome, and asthma, in which acupuncture may be useful as an adjunct treatment or an acceptable alternative or be included in a comprehensive management program. Further research is likely to uncover additional areas where acupuncture interventions will be useful. [1,01 /indication-]

19- gera: 68061/di/ra

**LOCAL CORTICOSTEROID INJECTION THERAPY.** BOURNE IHJ. *acupuncture in medicine.* 1998,16(2),95-102 (eng).

The advent of injectable insoluble corticosteroids in 1952 allowed steroid injected at tender spots to remain long enough to destroy affected tissue and allow regrowth of normal fibres. Injection of small doses of triamcinolone and lignocaine directly into trigger points has proved a success in relieving chronic pain associated with localised fibromyalgia lesions in 70% of the author's personal series of 840 patients. Each steroid injection given in this series has been recorded with a diagram of its exact position. This
has shown that recurrence of pain is very rarely associated with recurrence of tenderness at the injected trigger point, and that injection of other tender points nearby is likely to prove effective. Intra-articular corticosteroid injection is reported as providing poor pain relief in arthritic disease except when there is seepage out of the joint space into the synovium and periarticular ligaments, but intrasynovial injection gives consistent local symptomatic relief. [5,15/corticoide-18,03-]

LOCAL CORTICOSTEROID INJECTION THERAPY. BOURNE IHJ. acupuncture in medicine. 1998,16(2),95-102 (eng). ref:4
The advent of injectable insoluble corticosteroid in 1952 allowed steroid injected at tender spots to remain long enough to destroy affected tissue and allow regrowth of normal fibres. Injection of small doses of triamcinolone and lignocaine directly into trigger points has proved a success in relieving chronic pain associated with localised fibromyalgia lesions in 70% of the author's personal series of 840 patients. Each steroid injection given in this series has been recorded with a diagram of its exact position. This has shown that recurrence of pain is very rarely associated with recurrence of tenderness at the injected trigger point, and that injection of other tender points nearby is likely to prove effective. Intra-articular corticosteroid injection is reported as providing poor pain relief in arthritic disease except when there is seepage out of the joint space into the synovium and periarticular ligaments, but intrasynovial injection gives consistent local symptomatic relief. r [5,15/corticoide-fibromyalgie-]

Objective: To compare the validity of self-reported questionnaires as response criteria of treatment efficacy in patients with fibromyalgia syndrome. METHOD: At the beginning of the treatment period, 70 fibromyalgia patients, randomly allocated to electro-acupuncture or placebo, underwent a clinical evaluation by rheumatologists and answered 1) a generic quality of life questionnaire--the Psychological General Well-Being Index (PGWB), 2) a specific function and symptom questionnaire, and 3) a pain questionnaire--the Regional Pain Score (RPS). The same evaluation was repeated at the end of the treatment period. Severity of the condition was assessed by a composite outcome score, a combination of different clinical outcome measures forming a clinical severity index. The variations between these questionnaire scores before and after treatment and the variations between the clinical severity indices estimated by clinicians were used as measures of the treatment impact. The first rationale for the validation was a positive correlation between clinical and questionnaire score changes. Another rationale for validation of the new instruments was the ability to identify the different treatment interventions. RESULTS: The correlation between the clinical severity index and the RPS was good (r = 0.62). Moreover, the RPS demonstrated a good discriminant power in detecting patients with effective treatment: it showed a specificity of 74% and a sensitivity of 75%. The PGWB correlated less well with the clinical score and was less discriminant. The specific function and symptom questionnaire showed little additional validity. CONCLUSIONS: Outcomes of syndrome severity such as pain and subjective well-being, as measured by self-reported questionnaires, can be valid instruments to evaluate treatment efficacy in short-term clinical trials. In the current study, the RPS proved to be particularly useful to assess the widespread tenderness of fibromyalgia and demonstrated high discriminative power. [18,03/fibromyalgie-]

Practitioners in the "modern world" frequently find themselves confronted with cases involving immune disorders. Through centuries of experience, Oriental medicine has addressed this topic with simple theory and a variety of treatment strategies. This article outlines six such clinical options which the author has found of value in the treatment of general and specific immune problems. Included is a practical summary of easy-to-use acupuncture and moxibustion prescriptions which provide a broad yet effective treatment approach to enhancing immune function in general, in cancer patients, as well as in patients with various immune disorders, e.g., allergies, atopic dermatitis, asthma, systemic lupus, fibromyalgia, etc. [23,02 /-]

23- gera: 74036/di/ra

Trois cas de tendinite de la patte d'oie (TPO) traités avec une étonnante facilité par Yin Qiao Mai nous rappellent l'intérêt des deux vaisseaux "agilité " Yin et Yang Qiao Mai dans le traitement des tendinites courantes ( TPO, périaarthrite de hanche, épicondylite, épitrochléite). Par ailleurs, au-delà de son utilité dans le traitement de la TPO, Yin Qiao pourrait être une des clés du traitement de la fibromyalgie, affection dont les symptômes réunissent la plupart des indications de ce merveilleux vaisseau. [18,18 /fibromyalgie-yin qiao-]

24- gera: 68052/di/ra

ACUPUNCTURE IN PRIMARY FIBROMYALGIA SYNDROME. ABSTRACT. SPROTT H. akupunktur. 1998,26(4),264 (eng). ref:3
[18,03 /fibromyalgie-]

25- gera: 58363/di/re

The lack of objective parameters makes the measurement of pain and the efficacy of pain treatment in patients with chronic pain very difficult. We performed acupuncture therapy in fibromyalgia patients and established a combination of methods to objectify pain measurement before and after therapy. The parameters corresponded to patients' self-report. Twenty-nine fibromyalgia patients as defined by ACR-criteria (25 women, 4 men) with a mean age of 48.2 +/- 2.0 years and a mean disease duration of 6.1 +/- 1.0 years participated in the study. Pain levels and positive tender points were assessed using the visual analogue scale (VAS, i.e., range 0-100 mm) and dolorimetry. Serotonin and substance P levels in serum and the serotonin concentration in platelets were measured concomitantly. During acupuncture therapy no analgesic medication was allowed. The VAS scores decreased from 64.0 +/- 3.4 mm before therapy to 34.5 +/- 4.3 mm after therapy (P < 0.001). Dolorimetry revealed a decreased number of tender points after therapy from 16.0 +/- 0.6 to 11.8 +/- 1.0, P < 0.01. Serotonin levels decreased from 715.8 +/- 225.8 micrograms/10(12) platelets to 352.4 +/- 47.9 micrograms/10(12) platelets (P < 0.01), whereas the serum concentration increased from 134.0 +/- 14.3 ng/ml to 171.2 +/- 14.6 ng/ml (P < 0.01). Substance P levels in serum increased from 43.4 +/- 3.5 pg/ml to 66.9 +/- 8.8 pg/ml (P < 0.01). Acupuncture treatment of patients with fibromyalgia was associated with decreased pain levels and fewer positive tender points as measured by VAS and dolorimetry. This was accompanied by decreased serotonin concentration in platelets and an increase of serotonin and substance P levels in serum. These results suggest that acupuncture therapy is associated with changes in the concentrations of pain-modulating substances in serum. The preliminary results are objective parameters for acupuncture efficacy in patients with fibromyalgia. [18,03 /fibromyalgie-sht-sp-]

26- gera: 58639/di/ra

[COMPARISON OF THE CURATIVE EFFECTS ON FIBROMYALGIA SYNDROME BETWEEN PROVOCATIVE POINT AND TRADITIONAL
This article gives an analytical discussion on Acupuncture treatment-theories of Fibromyalgia Syndrome by Traditional Acupuncture-Therapy of TCM (TA) and Medical Acupuncture-therapy of Western medicine (MA). The Curative Effect rate in 32 cases by TA was 97%. The curative effect rate in 32 cases by MA was 91%. The curative effect TA was better than MA (P<0.05). The recurrence rate in TA in six months was 23%. The recurrence rate in MA in six months was 62%. The cons-term of curative effect: TA was much better than MA (P<0.01). [18,03 /fibromyalgie-comparaison-]

ACUPUNCTURE-NIH CONSENSUS DEVELOPMENT PANEL ON ACUPUNCTURE. X. jama. 1998,280(17),1518-24 (eng). ref:
Objective. To provide clinicians, patients, and the general public with a responsible assessment of the use and effectiveness of acupuncture to treat a variety of conditions. Participants. A nonfederal, nonadvocate, 1 2-member panel representing the fields of acupuncture, pain, psychology, psychiatry, physical medicine and rehabilitation, drug abuse, family practice, internal medicine, health policy, epidemiology, statistics, physiology, biophysics, and the representatives of the public. In addition, 25 experts from these same fields presented data to the panel and a conference audience of 1200. Presentations and discussions were divided into 3 phases over 24/z days: (1) presentations by investigators working in areas relevant to the consensus questions during a 2-day public session; (2) questions and statements from conference attendees during open discussion periods that were part of the public session; and (3) closed deliberations by the panel during the remainder of the second day and morning of the third. The conference was organized and supported by the Office of Alternative Medicine and the Office of Medical Applications of Research, National Institutes of Health, Bethesda, Md. Evidence. The literature, produced from January 1970 to October 1997, was searched through MEDLINE, Allied and Alternative Medicine, EMBASE, and MANTIS, as well as through a hand search of 9 journals that were not indexed by the National Library of Medicine. An extensive bibliography of 2302 references was provided to the panel and the conference audience. Expert speakers prepared abstracts of their own conference presentations with relevant citations from the literature. Scientific evidence was given precedence over clinical anecdotal experience. Consensus Process. The panel, answering predefined questions, developed their conclusions based on the scientific evidence presented in the open forum and scientific literature. The panel composed a draft statement, which was read in its entirety and circulated to the experts and the audience for comment. Thereafter, the panel resolved conflicting recommendations and released a revised statement at the end of the conference. The panel finalized the revisions within a few weeks after the conference. The draft statement was made available on the World Wide Web immediately following its release at the conference and was updated with the panel's final revisions within a few weeks of the conference. The statement is available at http://consensus.nih.gov. Conclusions. Acupuncture as a therapeutic intervention is widely practiced in the United States. Although there have been many studies of its potential usefulness, many of these studies provide equivocal results because of design, sample size, and other factors. The issue is further complicated by inherent difficulties in the use of appropriate controls, such as placebos and sham acupuncture groups. However, promising results have emerged, for example, showing efficacy of acupuncture in adult postoperative and chemotherapy nausea and vomiting and in postoperative dental pain. There are other situations, such as addiction, stroke rehabilitation, headache, menstrual cramps, tennis elbow, fibromyalgia, myofascial pain, osteoarthritis, low back pain, carpal tunnel syndrome, and asthma, in which acupuncture may be useful as an adjunct treatment or an acceptable alternative or be included in a comprehensive management program. Further research is likely to uncover additional areas where acupuncture interventions will be useful. [1,01 /nih-indication-]
OBJECTIVE: To provide clinicians, patients, and the general public with a responsible assessment of the use and effectiveness of acupuncture to treat a variety of conditions.

PARTICIPANTS: A nonfederal, nonadvocate, 12-member panel representing the fields of acupuncture, pain, psychology, psychiatry, physical medicine and rehabilitation, drug abuse, family practice, internal medicine, health policy, epidemiology, statistics, physiology, biophysics, and the representatives of the public. In addition, 25 experts from these same fields presented data to the panel and a conference audience of 1200. Presentations and discussions were divided into 3 phases over 2 1/2 days: (1) presentations by investigators working in areas relevant to the consensus questions during a 2-day public session; (2) questions and statements from conference attendees during open discussion periods that were part of the public session; and (3) closed deliberations by the panel during the remainder of the second day and morning of the third. The conference was organized and supported by the Office of Alternative Medicine and the Office of Medical Applications of Research, National Institutes of Health, Bethesda, Md. EVIDENCE: The literature, produced from January 1970 to October 1997, was searched through MEDLINE, Allied and Alternative Medicine, EMBASE, and MANTIS, as well as through a hand search of 9 journals that were not indexed by the National Library of Medicine. An extensive bibliography of 2302 references was provided to the panel and the conference audience. Expert speakers prepared abstracts of their own conference presentations with relevant citations from the literature. Scientific evidence was given precedence over clinical anecdotal experience. CONSENSUS PROCESS: The panel, answering predefined questions, developed their conclusions based on the scientific evidence presented in the open forum and scientific literature. The panel composed a draft statement, which was read in its entirety and circulated to the experts and the audience for comment. Thereafter, the panel resolved conflicting recommendations and released a revised statement at the end of the conference. The panel finalized the revisions within a few weeks after the conference. The draft statement was made available on the World Wide Web immediately following its release at the conference and was updated with the panel's final revisions within a few weeks of the conference. The statement is available at http://consensus.nih.gov. CONCLUSIONS: Acupuncture as a therapeutic intervention is widely practiced in the United States. Although there have been many studies of its potential usefulness, many of these studies provide equivocal results because of design, sample size, and other factors. The issue is further complicated by inherent difficulties in the use of appropriate controls, such as placebos and sham acupuncture groups. However, promising results have emerged, for example, showing efficacy of acupuncture in adult postoperative and chemotherapy nausea and vomiting and in postoperative dental pain. There are other situations, such as addiction, stroke rehabilitation, headache, menstrual cramps, tennis elbow, fibromyalgia, myofascial pain, osteoarthritis, low back pain, carpal tunnel syndrome, and asthma, in which acupuncture may be useful as an adjunct treatment or an acceptable alternative or be included in a comprehensive management program. Further research is likely to uncover additional areas where acupuncture interventions will be useful. [1,01 /rg-indication-usa-nih-]

30- gera: 72442/di/ra
ZWEITES SYMPOSIUM MIT JEREMY ROSS ZUM THEMA FIBROMYALGIE.

31- gera: 59075/di/re
IS ACUPUNCTURE EFFECTIVE IN THE TREATMENT OF FIBROMYALGIA?
BACKGROUND: We conducted this study to assess the effectiveness of acupuncture in the treatment of fibromyalgia syndrome (FMS), report any adverse effects, and generate hypotheses for future investigation. METHODS: We searched MEDLINE, EMBASE, Manual Therapy Information System, the Cochrane registry, the University of Maryland Complementary and Alternative Medicine in Pain, the Centralized Information Service for Complementary Medicine, and the National Institutes of Health Office of Alternative Medicine databases for the key words "acupuncture" and "fibromyalgia." Conference abstracts, citation lists, and letters supplemented the search. We selected all randomized or quasirandomized controlled trials, or cohort studies of patients with FMS who were treated with acupuncture. Methodologic quality, sample characteristics, type of acupuncture treatment, and outcomes were extracted. Statistical pooling was not performed because of the differences in control groups. RESULTS: Seven studies (3 randomized controlled trials and 4 cohort studies) were included; only one was of high methodologic quality. The highquality study suggests that real acupuncture is more effective than sham acupuncture for relieving pain, increasing pain thresholds, improving global ratings, and reducing morning stiffness of FMS, but the duration of benefit following the acupuncture treatment series is not known. Some patients report no benefit, and a few report an exacerbation of FMSrelated pain. Lowerquality studies were consistent with these findings. Booster doses of acupuncture to maintain benefit once regular treatments have stopped have been described anecdotally but not investigated in controlled trials. CONCLUSIONS: The limited amount of highquality evidence suggests that real acupuncture is more effective than sham acupuncture for improving symptoms of patients with FMS. However, because this conclusion is based on a single highquality study, further highquality randomized trials are needed to provide more robust data on effectiveness. 

32- gera: 70914/ml/re
Fibromyalgia is a chronic-pain-related syndrome associated with high rates of complementary and alternative medicine (CAM) use. Among the many CAM therapies frequently used by fibromyalgia patients, empirical research data exist to support the use of only three: (1) mind-body, (2) acupuncture, and (3) manipulative therapies for treating
fibromyalgia. The strongest data exist for the use of mind-body techniques (e.g. biofeedback, hypnosis, cognitive behavioural therapy), particularly when utilized as part of a multidisciplinary approach to treatment. The weakest data exist for manipulative techniques (e.g. chiropractic and massage). The data supporting the use of acupuncture for fibromyalgia are only moderately strong. Also, for some fibromyalgia patients, acupuncture can exacerbate symptoms, further complicating its application for this condition. Further research is needed not only in these three areas, but also for other treatments being frequently utilized by fibromyalgia patients.

33- gera: 72053/di/ra
ELÉCTROACUPUNTURA EN FIBROMIALGÍAS: RESULTADOS DE UN ENSAYO CONTROLADO. DELUZE C ET AL. medicina holística. 1999,57,7-13 (esp).
[18,03 /fibromyalgie-]

34- gera: 72054/di/ra
COMENTARIO Y SÍNTESIS SOBRE LA ACCIÓN DE LA ACUPUNTURA EN LAS FIBROMIALGÍAS. GORET O. medicina holística. 1999,57,15-7 (esp). ref:34
[18,03 /fibromyalgie-]

35- gera: 72060/di/ra
Devant l'insuffisance des résultats des thérapeutiques allopathiques occidentales dans la fibromyalgie, l'auteur présente une étude contrôlée randomisée en simple aveugle dans le service de médecine physique et rééducation de l'Université de Genève qui a pour objectif de déterminer l'efficacité de l'électroacupuncture chez 70 patients atteints de fibromyalgie, définie par les critères du Collège Américain de Rhumatologie. Les patients furent randomisés en groupe électroacupuncture (n=36) et placebo (n=34) au moyen d'un générateur numérique électronique. L'évaluation des résultats s'est faite sur le seuil de la douleur, la consommation de médicaments antalgiques utilisés, le score régional de la douleur, la douleur recueillie par EVA, la qualité du sommeil, l'enraidissement matinal et l'appréciation globale du patient et du médecin. Les résultats montrèrent que 7 des 8 paramètres répertoriés étaient améliorés significativement dans le groupe électroacupuncture tandis que aucun ne fut amélioré dans le groupe placebo. Les différences entre les deux groupes furent significatives pour 5 des 8 paramètres mesurés après traitement. L'auteur conclut que l'électroacupuncture est efficace pour améliorer les symptômes de la fibromyalgie après avoir commenté l'étude sur le plan méthodologique et acupunctural, son efficacité à long terme devant être étudiée ultérieurement.

36- gera: 59875/di/re
[18,03 /fibromyalgie-]

37- gera: 70901/di/re
WHY I WOULD NOT RECOMMEND COMPLEMENTARY OR ALTERNATIVE THERAPIES: A PHYSICIAN'S PERSPECTIVE. KRAMER N. rheum dis clin north am. 1999,25(4),833-43 (eng). ref:1
The use of "complementary" or "alternative" medicine (CAM) by our patients with rheumatic diseases is common, on the rise, and under-reported by patients to physician. The most commonly reported alternative therapies in order of frequency are herbal/nutrient supplements, chiropractic, homeopathy, and acupuncture. Many of my patients with osteoarthritis, rheumatoid arthritis (RA), fibromyalgia, systemic lupus erythematosus (SLE), and chronic pain syndromes use unproven therapies, either self-
prescribed such as magnets, copper bracelets, gin, and raisins, or administered by equally unproven practitioners. Certain forms of CAM mainly those that employ mind-body relationships in one way or another make good sense and have actually always been part of good medical practice, albeit perhaps under different names such as counseling, psychotherapy, or stress management. Other forms of CAM, including chiropractic, homeopathy, acupuncture, electromagnetic fields, Aryuvedic, and many others, have truly been alternatives to the conventional medical care that I give my patients. Have I ever recommended these therapies to my patients? Not willingly. Am I likely to do so in the future? Possibly, but only after I see convincing evidence that any of the modalities being promoted as effective, safe, and affordable really is. Why am I a skeptic when it comes to alternative therapy? Perhaps a few examples, which appear to be representative of the knowledge database supporting most of CAM's claims, from my own practice can begin to explain. [18,01 /rg-

38- gera: 70474/di/re
MANAGEMENT OF FIBROMYALGIA. LEVENTHAL LJ. ann intern med. 1999,131(11),850-8 (eng). ref:41
Despite extensive clinical study, there is no distinct consensus on the optimal management of fibromyalgia. The cause of fibromyalgia has not been clearly defined, but several mechanisms may be involved. Abnormalities in sleep patterns, muscle structure, and cerebral blood flow have been associated with the syndrome, but it is unclear whether a causal relation exists between these abnormalities and fibromyalgia. Recent evidence suggests that alterations in the metabolism and function of the neurotransmitters serotonin, norepinephrine, and substance P may contribute to the development of fibromyalgia. No pharmacologic agents are indicated specifically for the treatment of fibromyalgia in the United States, and most pharmacologic therapies show only limited success, although drugs that affect serotonin or norepinephrine at the receptor site (such as antidepressants or tramadol) seem to generate the most consistent results. Tricyclic antidepressants may diminish the sleep disturbance and pain caused by fibromyalgia, whereas selective serotonin reuptake inhibitors may be more useful for sleep and coexistent depression only. Among the commonly used analgesics, preliminary data suggest that tramadol may be useful for treatment of fibromyalgia pain and that triggerpoint injections may be helpful. Controlled trials of antiinflammatory agents have demonstrated little usefulness of these drugs, and oral opioids have not been studied for this condition. Miscellaneous agents, such as growth hormone, tropisetron or ondansetron, 5-hydroxytryptophan, y-hydroxybutyrate, and S-adenosyl-L-methionine, have also shown promising preliminary results, but their clinical roles remain to be defined. Nonpharmacologic interventions (such as exercise, biofeedback, and electroacupuncture) have likewise shown some success. Therefore, a multidisciplinary approach that includes both pharmacologic and nonpharmacologic strategies is recommended. [18,03 /fibromyalgia-

39- gera: 59044/nd/re
Concepts of acupuncture in traditional Chinese medicine are presented for clarity and contrast to Western medical concepts. Various acupuncture techniques and methods are discussed including dry needling, electroacupuncture, acupuncture using hypodermic needles, and injecting various solutions into the acupuncture sites. Potential complications and precautions are also presented. A type of chronic back pain is discussed that is possibly associated with a radiculopathically induced, hypersensitivity myofascial syndrome that presents as a fibromyalgialike syndrome. Effective acupuncture treatment for the described chronic fibromyalgialike syndrome is discussed. [18,14 /rg-24,03-]

40- gera: 72406/di/ra

Pas en France. Objective: To evaluate and compare the efficacy of pharmacological and nonpharmacological treatments of fibromyalgia syndrome (FMS). Methods: This meta-analysis of 49 fibromyalgia treatment outcome studies assessed the efficacy of pharmacological and nonpharmacological treatment across four types of outcome measures-physical status, self-report of FMS symptoms, psychological status, and daily functioning. Results: After controlling for study design, antidepressants resulted in improvements on physical status and self-report of FMS symptoms. All nonpharmacological treatments were associated with significant improvements in all four categories of outcome measures with the exception that physically-based treatment (primarily exercise) did not significantly improve daily functioning. When compared, nonpharmacological treatment appears to be more efficacious in improving self-report of FMS symptoms than pharmacological treatment alone. A similar trend was suggested for functional measures. Conclusion: The optimal intervention for FMS would include nonpharmacological treatments, specifically exercise and cognitive-behavioral therapy, in addition to appropriate medication management as needed for sleep and pain symptoms.


There is little empirical evidence for the effectiveness of physical and other non-pharmacological approaches to the management of fibromyalgia. Although a number of studies have been conducted into such approaches, many of these are uncontrolled, and relatively few randomized controlled trials of appropriate size and methodological rigour have been carried out. This chapter provides an overview of the evidence available under the following headings: exercise, EMG biofeedback training, electrotherapy and acupuncture, patient education and self-management programmes, multimodal treatment approaches, and other interventions. It is hard to reach firm conclusions from the literature, owing to the variety of interventions that have been evaluated and the varying methodological quality of the studies concerned. Nonetheless, in terms of specific interventions, exercise therapy has received a moderate degree of support from the literature, and has been subjected to more randomized studies than any other intervention. In contrast, there is little or no evidence available for most types of electrotherapy. In terms of overall management strategies, a multimodal programme of management, including physical, psychological and educational components and delivered in a multidisciplinary setting, has gained some support from descriptive and experimental studies, and accords with current understanding of the aetiology and clinical features of fibromyalgia. There is a clear need for further systematic evaluation of the effectiveness of non-pharmacological treatment approaches in fibromyalgia.


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Individuals with rheumatic disorders, particularly those with more severe, chronic conditions, are likely to be frequent users of complementary and alternative medical therapies. Although large-scale clinical trials have yet to be conducted, there is moderately strong evidence that acupuncture may be effective for treating both osteoarthritis and fibromyalgia. The utility of acupuncture in treating rheumatoid arthritis has not been demonstrated in large, randomized controlled trials. Physicians who treat patients with rheumatic conditions should become knowledgeable about the literature on both the effectiveness of acupuncture for these conditions as well as its potential to cause adverse side effects in particular patient groups.

Complementary and alternative medicine (CAM) has become an important subject for rheumatologists. This article is an attempt to provide an introduction to this subject. It will provide definitions of, and define the prevalence of, CAM. The emphasis of the article is on evaluating the efficacy of CAM treatment modalities. This is achieved by referring to systematic reviews of clinical trials of acupuncture for low back pain, osteoarthritis, fibromyalgia, inflammatory rheumatoid disease and neck pain. Further areas addressed in this way are herbal remedies, fish oil and glucosamine. Moreover, massage therapy and spinal manipulation for back pain are discussed. The final sections of this review deal with the safety and cost of CAM. It is concluded that, in view of the popularity of CAM with rheumatological patients, rigorous research into CAM is the best way forward. Copyright 2000 Harcourt Publishers Ltd.

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IS ACUPUNCTURE EFFECTIVE IN THE TREATMENT OF FIBROMYALGIA?  
LINDE K.  focus on alternative and complementary therapies.  2000,5(1),14-5 (eng). 

Fibromyalgia is an extremely common chronic condition that can be challenging to manage. Although the etiology remains unclear, characteristic alterations in the pattern of sleep and changes in neuroendocrine transmitters such as serotonin, substance P, growth hormone and cortisol suggest that dysregulation of the autonomic and neuroendocrine system appears to be the basis of the syndrome. The diagnosis is clinical and is characterized by widespread pain, tender points and, commonly, comorbid conditions such as chronic fatigue, insomnia and depression. Treatment is largely empiric, although experience and small clinical studies have proved the efficacy of low-dose antidepressant therapy and exercise. Other less well-studied measures, such as acupuncture, also appear to be helpful. Management relies heavily on the physician's supportive counseling skills and willingness to try novel strategies in refractory cases.  [18,03 /fibromyalgie-]

[CLINICAL OBSERVATION ON ACUPUNCTURE TREATMENT OF PRIMARY FIBROMYALGIA SYNDROME].  ZHANG YOUGUI.  chinese acupuncture and moxibustion.  2001,21(1),19 (chi*). 
Purpose: To observe the therapeutic effect of acupuncture treatment on primary fibromyalgia syndrome. Methods: 64 cases of primary fibromyalgia syndrome were randomly divided into acupuncture treatment group and amitrityline treatment group, and there therapeutic effects were compared. Results: At the end of therapeutic course there was no significant difference in both the markedly relieving rate and the total relieving rate between the two groups, but 6 months after the end of therapeutic course both the markedly relieving rate and total relieving rate in the acupuncture group were higher than those in the amitrityline (P < 0.05). Conclusion: The long-term therapeutic effect in the acupuncture group is superior to those in the amitrityline group.  [18,03 /ecr-fibromyalgie-]
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