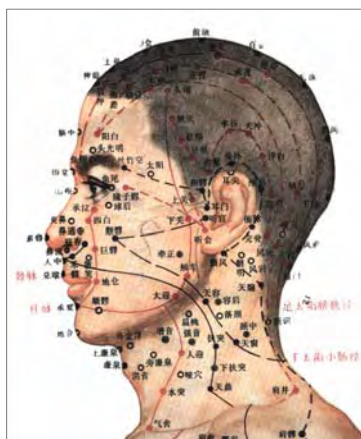


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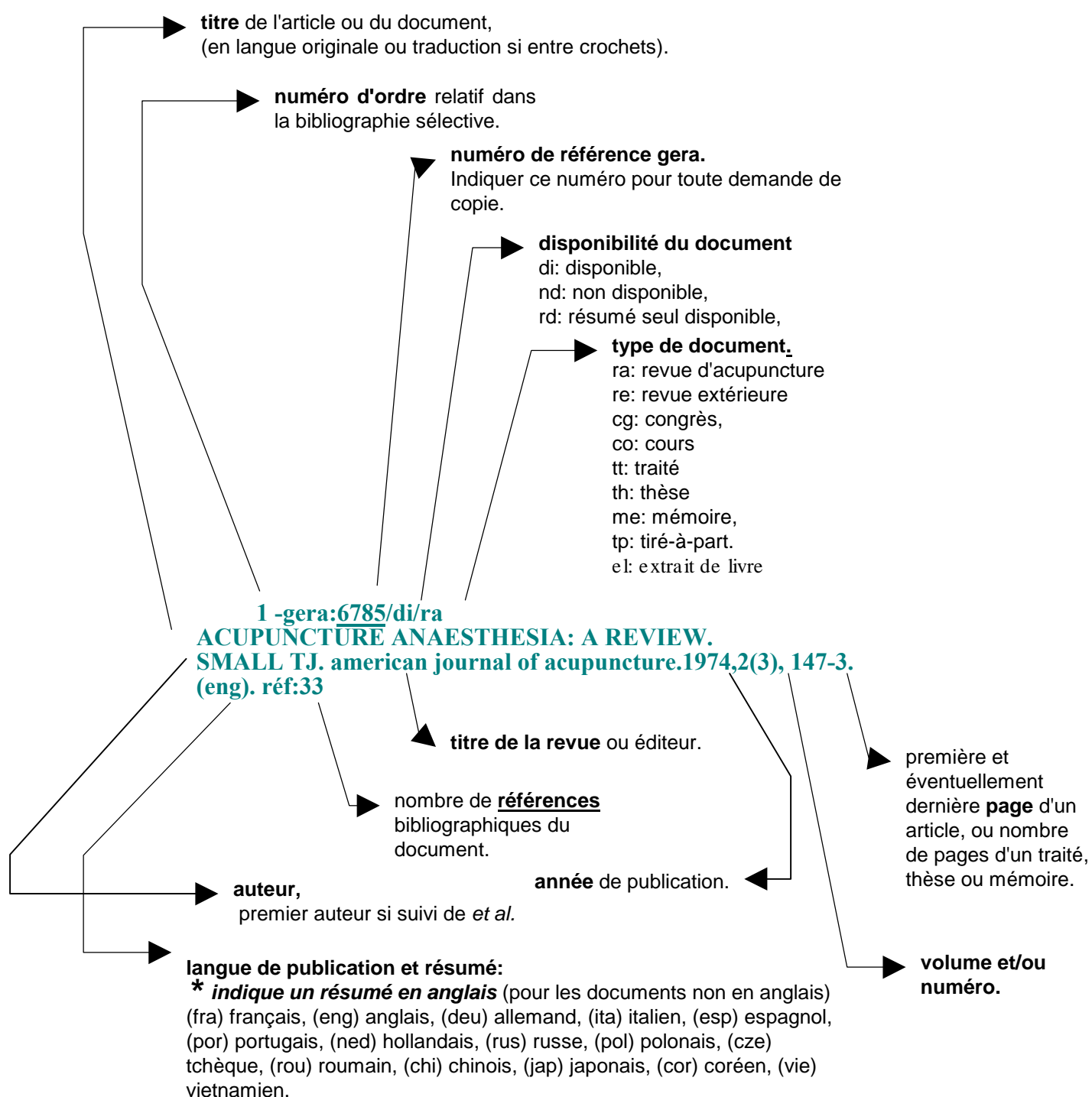
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[DOULEUR DU COUDE]. X. in treatment of 100 common diseases by new acupuncture. 1977,,33 (eng). ref:0
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A PROPOS DES DOULEURS DU COUDE EN MEDECINE OCCIDENTALE ET EN ACUPUNCTURE. PICHOT E. memoire d'acupuncture,afera,nimes. 1979,,40P (fra). ref:0
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[LA MANIPULATION DE L'ORTHOPEDISTE WEI DANS LES LUXATIONS DU COUDE]. LI GUOHENG ET AL. shanghai journal of traditional chinese medicine. 1982,12,8 (chi). ref:6
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- 16- gera: 632/di/ra- num
[EFFET DE L'ACUPUNCTURE SUR LA ZONE SENSIBLE DE L'EPICONDYLE DANS 100 CAS DE TENNIS ELBOW] NI YIFENG. journal of traditional chinese medicine. 1982,23(5),49 (chi). ref:6
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LES DOULEURS DU COUDE BLARD JL. energetique et tradition chinoise. 1983,1,32 (fra). ref:6
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ACUPUNCTURE THERAPY FOR TENNIS ELBOW. BRATTBERG G. pain. 1983,16,285-88 (eng). ref:6
31 des 34 patients traités par acupuncture (6 séances de 15 minutes 5P, 10, 11, 12, 13 GI et 11TR) sont très améliorés ou guéris. La plupart avaient été traités dans résultats précédemment par infiltration de corticoïdes. Dans le groupe de contrôle de 26 patients traités cliniquement on observe seulement 8 patients avec une amélioration similaire. [18.09 / -]
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[EPICONDYLITE (CAS CLINIQUE N°17)]. FERRARI S. quaderni di agopuntura tradizionale. 1983,5(2),12 (ita). ref:6
La recherche, dans l'anamnèse, d'une étiologie bien déterminée (colite chronique) a joué un rôle très important dans le traitement de ce cas d'épicondylite, dont le résultat a été totalement satisfaisant. En effet on est sûr et certain que la maladie qui avait par le passé attaqué le viscère GI (colite), a aidé l'accès d'épicondylite dû aux énergies perverses qui ont attaqué le méridien TM (énergies perverses extraordinaires, traumas continus). Par conséquent un traitement limité au méridien TM aurait été insuffisant et inefficace. [18.09 / tendino- 10.06- musculaire-]
- 20- gera: 14218/nd/th
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[L'EPICONDYLITE]. BENNABO E ET AL. rivista italiana di agopuntura (roma). 1985,12,37-40 (ita). ref:0
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[TREATMENT OF 136 CASES OF TRAUMATIC CONTRACTURE OF ELBOW JOINT BY SUPPLEMENTING VITAL ENERGY AND ACTIVATING CIRCULATION]. LI KE. *fujian journal of traditional chinese medicine.* 1986,17(2),29-30 (chi*). ref:0 [18.09 / -]

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[CLINICAL ANALYSIS OF 105 CASES WITH HUMER'S LATERAL EPICONDYLE ACHE]. DING JUN-XUE. *chinese journal of traditional medicine traumatology and orthopedics.* 1987,3(2),13 (chi*). ref:0 [18.09 / -]

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[TREATMENT OF HUMERUS TAILORS' ANKLE WITH SCALP ACUPUNCTURE]; KONG YAOQI. *journal of zhejiang tcm college.* 1987,5(11),54 (chi). ref:0 [18.09 / cranio- 05.11-]

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[THE TREATMENT OF LATERAL EPICONDYLE INFLAMMATION BY SCALP ACUPUNCTURE]. KONG YAOQI. *journal of new chinese medicine.* 1987,19(9),34 (chi). ref:0 [18.09 / cranio- 05.11-]

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[BRIEF SUMMARY OF 100 CASES OF TENNIS ELBOW TREATED WITH MEDICINE DIVISION MOXIBUSTION]. LIU GUI-REN. *journal of traditional chinese medicine.* 1987,3(3),33. (chi). ref:0 [18.09 / -]

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THE IMMEDIATE ANALGESIC EFFECT OF ACUPUNCTURE ON PAIN OF CHRONIC TENNIS ELBOW AND THE ACUPUNCTURE TREATMENT OF CHRONIC TENNIS ELBOW (abstract). MOLSBERGER A ET AL. *alternative medicine.* 1987,2(3-4),282. (eng). ref:0 [18.09 / -]

33- gera: 24678/di/cg
LES EPICONDYLALGIES. PION P. *actes du 2eme congres d'acupuncture afera, nimes.* 1987,,241-75 (fra). ref:0
Nous étudions ici l'épicondylalgie selon la notion de douleur référée musculaire. Le traitement en médecine traditionnelle chinoise est la poncture des points Ashi par la technique des "muscles des méridiens". Nous décrirons successivement l'atteinte du trigger point ou point Ashi et des sept muscles donnant le traitement par acupuncture est expliqué ainsi que les conseils à donner aux patients. [18.09 / a shi- tendino-musculaire-]

34- gera: 22647/di/ra
[IN SITU REFRACTURE AFTER FOREARM FRACTURE CURE, A REPORT OF 5 CASES]. QUAN-XIANG ZHANG ET AL. *chinese journal of traditional medicine traumatology and orthopedics.* 1987,3(1),29-30 (chi). ref:4 [18.09 / 18.07-]

35- gera: 26040/di/el- num
PAINFUL OBSTRUCTION (LATERAL HUMERAL EPICONDYLITIS) (BI ZHENG). CHEN JIRUI ET AL. *in acupuncture case histories from china, eastland press, seattle.* 1988,,178-179 (eng). ref:4 [18.09 / -]

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TREATMENT ON TENNIS ELBOW WITH HEAT NEEDLING. CLINICAL SUMMARY OF 58 CASES. HE LIPING ET AL. *journal of traditional chinese medicine.* 1988,8(2),129-30 (eng). ref:0 [18.09 / -]

37- gera: 33832/di/ra
[EXPERIENCE WITH TREATMENT OF HUMERAL EPICONDYLE FRACTURE]. YANG YUANZHONG. *jiangsu*

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38- gera: 26577/di/ra
[PATHOGENETIC PROBE ON SUPRA CONDYL FRACTURE OF HUMERUS COMPLICATED BY ELBOW INVERSION ON THE BASIS OF BIOMECHANICS PRINCIPLE]. HOU DE GUANG. *chinese journal of traditional medicine traumatology and orthopedics.* 1989,5(2),28-29 (chi*). ref:0 [18.09 / -]

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ERGEBNISSE NACH AKUPUNKTUR UND LASERPUNKTUR BEI CHRONISCHER EPICONDYLOPATHIA HUMERI RADIALIS. LANGER H ET AL. *deutsch zeitschrift fuer akupunktur.* 1989,5,106-8 (deu*). ref:0 [18.09 / -]

40- gera: 80350/di/me
ALGIES DU COUDE ET ACUPUNCTURE. MA-FAT JL. *memoire d'acupuncture, bordeaux 2.* 1989,,53P (fra). ref:0
La douleur du coude a été analysée en médecine occidentale et en médecine chinoise. Nous avons passé en revue les traitements acupuncturaux proposés en littérature. [18.09 / -]

41- gera: 80697/di/ra- num
52 CASES OF EXTERNAL HUMERAL EPICONDYLITIS TREATED BY ACUPUNCTURE AND MOXIBUSTION. MEI ZHONGYING. *journal of traditional chinese medicine.* 1989,9(1),3-4 (eng). ref:34 [18.09 / 05.09-]

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LATERAL HUMERAL EPICONDYLITIS, TREATMENT USING ACUPUNCTURE AND MANIPULATION THERAPY. PING QI KANG. *journal of the american college of traditional chinese medicine.* 1989,7(1-2),21-24 (eng). ref:0 [18.09 / -]

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[A REPORT OF 58 CASES OF MYOSITIS OSSIFICANS IN THE ELBOW JOINT TREATED WITH A NEEDLE IN THE CENTRE AND FOUR NEEDLES AROUND]. QIQIONG P. *jiangsu journal of tcm.* 1989,10(10),17-22 (chi). ref:0 [18.09 / -]

44- gera: 26828/di/me
LE COUDE. ROUQUIER-TOUSSAINT F. *memoire d'acupuncture,afa,bordeaux.* 1989,,127P (fra). ref:0
L'objet de ce travail est l'étude du "COUDE" dans le cadre de la médecine traditionnelle chinoise. La 1ère partie : traitera de quelques aspects généraux de cette articulation : - idéogrammes et coude, - "Coude" dans le Su Wen (HUSSON), - "Coude" dans le Ling Shu (MING WONG), - le Coude et les 4 barrières, - le Coude, articulation dialectique du Genou. La 2ème partie : traitera de l'anatomie énergétique du Coude : - les Méridiens Principaux, - les Ling Jin, - les Jing Luo, - les Jing Bie, - les Curieux. La 3ème partie : traitera de la physiologie énergétique du Coude : - les mouvements énergétiques généraux, - les barrières énergétiques, la mise en mouvement des énergies, - les mouvements énergétiques globaux, - les axes énergétiques. La 4ème partie : traitera de la démarche diagnostique devant un trouble de Coude : - analyse du symptôme selon les 8 règles, - les troubles d'origine externe, - les troubles d'origine mi-externe mi-interne, - les troubles d'origine interne. La 5ème partie : permettra l'étude de tous les points d'acupuncture ayant une symptomatologie de "Coude" ou une relation avec "le Coude". La 6ème partie : traitera des principales affections occidentales du Coude et de leurs mécanismes en Médecine Traditionnelle Chinoise : - Epicondylites, - le Coude douloureux chronique, - les Bursites. La conclusion : Abordera l'aspect symbolique du Coude qui permet d'en expliquer la pathologie. [18.09 / symbolisme-]

45- gera: 29678/di/el
THE ELBOW REGION. SUN SHUCHUN. *in atlas of therapeutic motion for treatment and health.* 1989,,77-82

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EXERCICES FOR THE ELBOW. SUN SHUCHUN. in *atlas of therapeutic motion for treatment and health*. 1989,,148-52 (eng). ref:0
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20 CASES OF EXTERNAL HUMERAL EPICONDYLITIS AND STENOTIC TENOSYNOVITIS OF RADIAL STYLOID PROCESS TREATED BY ELECTRIC ACUPUNCTURE PLUS GINGER. WEI YONG. *chinese journal of acupuncture and moxibustion*. 1989,2(1),39-40 (eng). ref:0

In recent years the author discovered that electric acupuncture combined with ginger separating moxibustion in treating external humeral epicondylitis and stenotic tenosynovitis of radial styloid process have obtained satisfactory results and less relapse rate. Within the 20 cases, external humeral epicondylitis (tennis elbow) were 13 cases; stenotic tenosynovitis of the radial styloid process were 7. Six were female; 14, male; age ranged from 25 to 60 years old. The shortest course of disease was 7 days; the longest, 4 years. Points selection: Main points are pain points, Zhouliao (LI12), Quchi (LI11), Lieque (L7), Jingqu (L8), Yangxi (LI5), auxiliary points: Shousanli (LI10), Shanglian (LI9), Weiguan (TE5), Hegu (LI4), Taiyuan (Extra 2) etc. Results of Treatment. Cured - disappearance of symptoms and signs, normal function, no relapse was found within one year; Improved - alleviation or disappearance of pain, no relapse within half year; Ineffective - no change of pain after 5 treatments or one course, and still needed other treatment. Within the 20 cases, cured were 8 cases; improved, 10; ineffective 2. [18.09 / 05.12- 18.08-]

48- gera: 27121/di/ra- num

THE EFFECT OF ACUPUNCTURE IN TREATMENT 186 CASES OF ELBOW JOINT AND JOINT AND KNEE JOINT PAIN. ZHEN JUN. *acupuncture research*. 1989,14(1-2),271-272 (eng). ref:0
[18.09 / 18.09- 18.18-]

49- gera: 26580/di/ra

[MISDIAGNOSIS ANALYSIS OF PAN-EPIPHYSIOLYSIS OF DISTAL HUMERUS]. ZOU WEN BAO. *chinese journal of traditional medicine traumatology and orthopedics*. 1989,5(2),35-* (chi*). ref:0
[18.09 / -]

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THE ANALGESIC EFFECT OF ACUPUNCTURE IN CHRONIC TENNIS ELBOW AND ACUPUNCTURE TREATMENT OF CHRONIC TENNIS ELBOW. BOWING G ET AL. *2eme congres mondial d'acupuncture et moxibustion, paris*. 1990,,226. (eng). ref:0
[18.09 / -]

51- gera: 70206/di/re- num

ACUPUNCTURE TREATMENT IN EPICONDYLALGIA : A COMPARATIVE STUDY OF TWO ACUPUNCTURE TECHNIQUES. HAKER E ET AL. *clinical journal of pain*. 1990,6(3),221-6 (eng). ref:0

The purpose of this study was to compare the pain-alleviating effect of classical acupuncture with superficial needle insertion in 82 patients suffering from lateral epicondylalgia. Sessions were 20 min long, two to three times weekly with 10 treatments in all. Five acupuncture points were treated: LI 10, 11, 12, Lu 5, and SJ 5. After 10 treatments significant differences were observed between the groups favoring the classical acupuncture technique in relation to subjective and objective outcome. No such differences could be observed at the follow-ups after 3 months and 1 year. This study showed that classical "deep" acupuncture is superior to superficial needle insertion in the short-term symptomatic treatment of lateral epicondylalgia, but not at 3- and 12-month follow-up. [18.09 / profondeur- ecr- comparaison-]

52- gera: 83403/di/re

LASER TREATMENT APPLIED TO ACUPUNCTURE POINTS IN LATERAL HUMERAL EPICONDYLALGIA : A DOUBLE BLIND STUDY. HAKER E ET AL. *pain*.

1990,43(2),243-47 (eng). ref:30

Forty-nine patients suffering from lateral humeral epicondylalgia were enrolled in a double-blind study to observe the effect of Ga-As laser applied to acupuncture points. The Mid 1500 IRRADIA laser machine was used, wavelength: 904 nm; mean power output: 12mW; peak value: 8. 3 W; frequency: 70 Hz (pulse train). Localization of points: LI-10, 11, 12, LU-5 and TW-5. Each point was treated for 30 sec resulting in a treatment dose of 0. 36 J/point. The patients were treated 2-3 times weekly with 10 treatments in all. Follow-ups were done after three months and one year. No significant differences were observed between the laser and the placebo group in relation to the subjective or objective outcome after 10 treatments or at the follow-ups. [18.09 / ctl-double aveugle- placebo-]

53- gera: 62904/di/ra- num

[37 CASES OF CUBITUS VARUS AND VALGUS DEFORMITY CAUSED BY HUMERUS SUPRACONDYLAR FRACTURE TREATED WITH ACUPUNCTURE]. HUANG BOLING ET AL. *acta medica sinica*. 1990,5(6),36-8 (chi*). ref:15

This article reported that 37 cases of cubitus varus and valgus deformities (on which 34 cases of varus, 3 cases of valgus) were treated with acupuncture therapy. No matter what the observations of elbow contour and the determinations of X-ray film were, the degree of deformities were apparently improved, its total effective rate was 97, 3%. This therapy is simple, practical, effective, no side-effects; and it has filled in the blank in which such deformities could have been corrected with non-operative treatment at home and abroad up to now. It has also provided an important clue and basis for prevention of the cubitus varus and valgus deformities and treatment of the others as out knee, in knee and shortness and small of extremities, etc. [18.09 / 18.07-]

54- gera: 81842/di/el

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[18.09 / 05.16- massage-]

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EXTERNAL HUMERAL EPICONDYLITIS. WANG GUOCAI ET AL. in *chinese massage, publishing house of shanghai college of tcm, shanghai*. 1990,,640. (eng). ref:15
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57- gera: 29410/di/ra

TRATTAMENTO EFFICACE DELL'EPICONDILITE MEDIANTE IL SISTEMA DI INFISIONE CHIZE ATTRAVERSO IL PUNTO DOLENTE. WU ZHIMING. *rivista italiana di medicina tradizionale cinese*. 1990,5,53-4 (ita). ref:15
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SUCCESSFUL TREATMENT OF EPICONDYLITIS WITH CHIZE-THROUGH-TENDER POINT PUNCTURING METHOD. WU ZHIMING. *journal of tcm*. 1990,10(2),122-23 (eng). ref:0
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59- gera: 83972/di/ra

TRATAMIENTO DE AL EPICONDILITIS CON LA PUNCIÓN TRANSFIXIANTE DE CHIZE (P 5) AL PUNTO DOLOROSO. WU ZHIMING. *revista de la medicina tradicional china*. 1990,1(2),9-10 (esp). ref:0
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TENNIS ELBOW. ZHAO CHUNYIN ET AL. *in clinic of tcm (2), publishing house of shanghai college of tcm, shanghai.* 1990,,722-25 (eng). ref:0
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[RECENT DEVELOPMENT OF TCM TREATMENT OF EXTERNAL HUMERAL EPICONDYLITIS]. ZHAO YONG. *jiangsu journal of traditional chinese medicine.* 1990,11(12),41. (chi). ref:0
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- 62- gera: 29606/di/el
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- 63- gera: 64806/di/ra
[ACUPUNCTURE FOR 106 CASES OF EXTERNAL HUMERAL EPICONDYLITIS]. HOU SHIWEN. *shanghai journal of acupuncture and moxibustion.* 1991,10(4),26 (chi). ref:0
 [18.09 / -]
- 64- gera: 83462/di/ra- num
HOW TO TREAT "TENNIS ELBOW" WITH ACUPUNCTURE ? HU JINSHENG. *journal of traditional chinese medicine.* 1991,11(4),302. (eng). ref:0
 [18.09 / -]
- 65- gera: 35779/di/ra
"MAL AU COUDE". NGUYEN A. *meridiens.* 1991,95,169-74 (fra*). ref:0
 L'épicondylite, affection bénigne fréquente chez les sportifs et chez les travailleurs manuels. Elle peut être même invalidante dans certain cas que ne soulagent pas toujours les infiltrations locales. L'acupuncture contribue efficacement à son traitement à condition de ne pas y voir uniquement un problème ponctuel, mais de rechercher, dans une vue exhaustive, à assurer une rééquilibration énergétique générale qui apporte un soulagement rapide et définitif. [18.09 / -]
- 66- gera: 63984/di/ra
[ACUPUNCTURE FOR 48 CASES OF TENNIS ELBOW]. QIU HANCHUN. *shanghai journal of acupuncture and moxibustion.* 1991,2,11 (chi). ref:0
 [18.09 / -]
- 67- gera: 64423/di/ra
[MASSAGE MANIPULATION FOR 50 CASES OF EPICONDYLITIS OF LATERAL HUMERUS]. SHI XIAOYU ET AL. *shanghai journal of traditional chinese medicine.* 1991,11,12 (chi). ref:0
 [18.09 / manipulation- massage-]
- 68- gera: 65043/di/ra
[36 CASES OF UPPER EXTERNAL CONDYLITIS OF HUMERUS TREATED BY HERB LOZENGE MOXIBUSTION]. WANG LIANG-SHEN. *shanxi journal of traditional chinese medicine.* 1991,7(6),40 (chi). ref:0
 [18.09 / 05.09-]
- 69- gera: 29236/di/ra
[EFFECTS OF ACUPUNCTURE ON EPICONDYLITIS LATERALIS HUMERI. X. *journal of the japan society of acupuncture.* 1991,41(1),28. (jap). ref:0
 [18.09 / -]
- 70- gera: 29313/di/ra
[A CASE REPORT OF ACUPUNCTURE THERAPY FOR THE TENNIS ELBOW. X. *journal of the japan society of acupuncture.* 1991,41(1),155. (jap). ref:0
 [18.09 / -]
- 71- gera: 35987/di/ra- num
I'ACUPUNCTURE DANS LES ALGIES DU COUDE. DE BILDERLING. *asclepios.* 1992,2,11-3 (fra*). ref:0
 Dans les affections du coude, l'électroacupuncture parfois associée à la laserthérapie pourra donner de bons résultats. Il faut établir un bon diagnostic, afin de ne pas appliquer de vains traitements. Il est également primordial de connaître les limites de la succession ou de l'association de différents types de traitements en raison de la possibilité d'un mode d'action antagoniste. [18.09 / 05.14- 05.12-]
- 72- gera: 36070/di/ra
COME SI TRATTA IL "GOMITO DEL TENNISTA" CON L'AGOPUNTURA ? HU JINSHENG. *rivista italiana di medicina tradizionale cinese.* 1992,4,68. (ita). ref:8
 [18.09 / -]
- 73- gera: 36956/di/ra
PREGUNTAS Y RESPUESTAS. CODO DE TENIS. HU JINSHENG. *revista de la medicina tradicional china.* 1992,2(3),41 (esp). ref:0
 [18.09 / -]
- 74- gera: 3101/di/ra
EVALUATION OF CLINICAL EFFICACY OF ACUPUNCTURE THERAPY FOR EPICONDYLITIS LATERALIS HUMERI. OEI-TAN CL. *acupunctuur.* 1993,,25-30 (eng). ref:0
 [18.09 / -]
- 75- gera: 70359/di/ra
DIGITAL TISSUE COMPLIANCE METER. YLINEN J ET AL. *acupuncture and electro-therapeutics research.* 1993,18(3-4),169-74 (eng). ref:0
 Tissue compliance measurements were used for documentation of soft tissue consistency and made possible the diagnosis of muscle spasm and the effects of treatment. We have developed a new digital electronic operated tissue compliance meter to quantify the soft tissue hardness and resistance more objectively than the conventional hand-held mechanical tissue compliance meters. The ranges of measurements were able to perform to a maximum depth of 50 millimeters from the body surface with maximal load of 4000 grams. In lateral epicondylitis was demonstrated the effect of treatment by increase of total work (area). [18.09 / -]
- 76- gera: 47044/di/ra
[MANIPULATION TREATMENT OF BLOODISH EFFUSION IN POSTERIOR ASPECT OF RADIOHUMERAL JOINT]. ZHAO TIANLIANG. *jiangsu journal of traditional chinese medicine.* 1993,14(9),32 (chi). ref:7
 [18.09 / -]
- 77- gera: 85127/di/ra- num
ACUPUNCTURE AND MOXIBUSTION IN CONJUNCTION WITH DRUG INJECTION INTO POINT FOR TREATING EXTERNAL HUMERAL EPICONDYLITIS (abstract). LI LINGLI ET AL. *acupuncture research.* 1994,3-4,129-30 (eng). ref:7
 [18.09 / 05.09- 05.15-]
- 78- gera: 56054/di/ra
LATERAL HUMERAL EPICONDYLITIS. LU SHOU-KANG. *international journal of clinical acupuncture.* 1994,5(2),185-7 (eng). ref:0
 [18.09 / -]
- 79- gera: 49723/di/re- num
THE ANALGESIC EFFECT OF ACUPUNCTURE IN CHRONIC TENNIS ELBOW PAIN. MOLSBERGER A ET AL. *british journal of rheumatology.* 1994,33(12),1162-5 (eng). ref:0
 The immediate analgesic effect of a single non-segmental acupuncture stimulation treatment on chronic tennis elbow pain was studied in a placebo-controlled single-blind trial completed by 48 patients. Before and after treatment, all patients were examined physically by an unbiased independent examiner. Eleven-point box scales were used [13] for pain measurement. Patients in the verum group were treated at non-segmental distal points (homolateral leg) for elbow pain following Chinese acupuncture rules, whereas

patients in the placebo group were treated with placebo acupuncture avoiding penetration of the skin with an acupuncture needle. Overall reduction in the pain score was 55.8% (S = 2.95) in the verum group and 15% (S = 2.77) in the placebo group. After one treatment 19 out of 24 patients in the verum group (79.2%) reported pain relief of at least 50% (placebo group: six patients out of 24). The average duration of analgesia after one treatment was 20.2 h in the verum group (S = 21.54) and 1.4 h (S = 3.50) in the placebo group. The results are statistically significant (P < 0.01); they show that non-segmental verum acupuncture has an intrinsic analgesic effect in the clinical treatment of tennis elbow pain which exceeds that of placebo acupuncture. [18.09 / ecr-seance- placebo- cta- 34vb-]

80- gera: 53963/di/ra- num
[MOXIBUSTION FOR 30 CASES OF TENNIS ELBOW AND TENOSYNOVITIS]. SONG NANCHANG ET AL. **chinese acupuncture and moxibustion.** 1994,14(4),47 (chi*). ref:34
 Seventeen cases of tennis elbow and 13 cases of tenosynovitis of flexor digitorum were treated by indirect moxibustion with Chinese medicine. Of the 30 totally, 18 were cured and 10 remarkably improved. The effective rate was 93.3%. In this treatment, the warm nature of herb medicine and the heat of fire were collectively applied to points, and to internal Zangfu through channels because moxibustion functioned to warm channels and remove obstructions, regulate Qi and blood, dispel cold and damp, and eliminate wind and stop pain. It was of simple manipulation and could obtain successful [18.09 / 05.09- 18.08-]

81- gera: 17158/di/ra
GINNASTICA PER LE PATOLOGIE DEL GOMITO. SOTTE L. **rivista italiana di medicina tradizionale cinese.** 1994,56(2),10-2 (ita). ref:34
 [18.09 / -]

82- gera: 2627/di/ra
[EFFECTS OF ACUPUNCTURE WITH SSP THERAPY AND STRETCHING ON EPICONDYLITIS HUMERI LATERALIS]. TAKAHARU IKEUCHI ET AL. **journal of the japan society of acupuncture.** 1994,44(2),176-80 (jap*). ref:0
 Epicondylitis humeri lateralis is common in individuals whose occupations require frequent rotatory motion of the forearm. An ache appears over the outer aspect of the elbow and is referred into the forearm. The patients with epicondylitis humeri lateralis were often treated by acupuncture therapy. We treated the patients by means of acupuncture therapy with silver spike point therapy and stretching of the extensors of the forearm, in Meiji College of Oriental Medicine I- Hospital. In order to clarify the effect of our therapy, we evaluated clinical results by using pain scale score. We treated 13 patients (male 4, female 9, mean age 49.2 years). In our therapy, acupuncture points and SSP points, which were on the area from the lateral epicondyle to the extensors of the forearm, were used. And we made the patients to do stretching of extensors of the forearm. The pain scale score improved from 10 points to 3.8 points after the treatments, 15% were excellent, 77% were good, and 8% fair. The results suggested that our therapy improves the [18.09 / -]

83- gera: 55887/di/ra
CLINICAL OBSERVATION ON THE TREATMENT OF 119 CASES OF EXTERNAL HUMERAL EPICONDYLITIS WITH CROTCHET NEEDLE ACUPUNCTURE. YANG MEI-LIANG ET AL. **international journal of clinical acupuncture.** 1994,5(1),17-23 (eng). ref:12
 [18.09 / -]

84- gera: 56149/di/ra
TREATING TENNIS ELBOW BY WARMED NEEDLING AND LOCAL MASSAGE. GUAN JIAN-HONG. **international journal of clinical acupuncture.** 1995,6(1),95-6 (eng). ref:0
 [18.09 / -]

85- gera: 56183/di/ra
MOXIBUSTION IN TREATMENT OF EXTERNAL HUMERAL EPICONDYLITIS. HE ZHUO-MA. **international journal of clinical acupuncture.** 1995,6(2),225-6 (eng). ref:0

[18.09 / -]

86- gera: 56200/di/ra- num
TWO CASES OF MECHANICAL INJURY. JI XIAO-PING. **international journal of clinical acupuncture.** 1995,6(3),295-7 (eng). ref:0
 Discussion clinique à propos d'un cas de tennis elbow et d'un cas de tenosynovite du poignet. [18.09 / 18.08-]

87- gera: 88617/di/ra
[MANUAL METHOD USED IN TREATING 32 CASES OF OLD SUPRACONDYLAR FRACTURE OF HUMERUS]. LUO JIANHUA. **jiangsu journal of tcm.** 1995,16(1),35 (chi). ref:0
 [18.09 / -]

88- gera: 21384/di/ra
[A CASE OF HARM PAIN WITH JOINT CONTRACTURE TREATED BY ACUPUNCTURE AT TRIGGER POINT]. X. **journal of the japan society of acupuncture.** 1995,45(1),41 (jap). ref:0
 [18.09 / -]

89- gera: 22135/di/ra
[DISCUSSION ON AN OBJECTIVE INDEX IN ACUPUNCTURE TREATMENT FOR TENNIS ELBOW]. X. **journal of the japan society of acupuncture.** 1995,45(1),110. (jap). ref:0
 [18.09 / -]

90- gera: 24901/di/ra
[TREATMENT OF INTERNAL AND EXTERNAL HUMERAL EPICONDYLITIS IN 60 CASES WITH FIRE NEEDLE THERAPY]. ZHEN L. **chinese acupuncture and moxibustion.** 1995,15(5),11 (chi). ref:0
 [18.09 / 05.09-]

91- gera: 55647/di/ra
LES EPICONDYLALGIES D'ORIGINE MYOFACIALES. BOURSE JF. **abma-bvga news.** 1996,11,8-18 (fra). ref:0
 Les épicondylalgies sont souvent d'origine myofaciales et liées à l'activation de points-détente de 5 groupes musculaires (soit des muscles locaux, soit des muscles à distance). Le diagnostic est évoqué devant les caractères de la douleur, les signes d'accompagnement et les mouvements qui déclenchent la douleur référée. Si les tests de dépistage et les tests de compression permettent de confirmer l'atteinte musculaire, c'est surtout la palpation du ou des points-détente et la mise en évidence de la Réaction de Secousse Musculaire Localisée (RSML) qui affirment le diagnostic. Le traitement spécifique (froid et étirement et/ou infiltrations et étirement) ne se limitera pas à supprimer le point-détente mais on proposera au patient d'éviter de malmener ses muscles et de pratiquer des exercices d'étirement et de renforcement des [18.09 / -]

92- gera: 86944/di/ra
L'ELECTRO-ACUPUNCTURE DANS LE TRAITEMENT DES EPICONDYLITES. GORET O. **37°2 le magazine.** 1996,34,20-1 (fra). ref:5
 [18.09 / -]

93- gera: 68255/di/ra
OBSERVATION CLINIQUE. KESPI JM. **revue française d'acupuncture.** 1996,86,58-9 (fra*). ref:0
 The principle according to which one should often avoid being overconcerned by symptom is exemplified in the following observation of a bilateral epicondylitis. [18.09 / -]

94- gera: 85769/di/ra
[SEVENTY CASES OF TENNIS ELBOW TREATED BY COMBINATION OF ACUPUNCTURE WITH POINT INJECTION]. TANG WEIHUA. **chinese acupuncture and moxibustion.** 1996,16(4),43 (chi). ref:0
 [18.09 / ecr?-]

95- gera: 58001/di/ra
EPICONDYLITIS TREATED BY LOCAL CORTICOSTEROID INJECTION. BOURNE IHJ. **acupuncture in medicine - journal of the british medical acupuncture society.** 1997,15(2),79-82 (eng). ref:0

Tennis and golfer's elbow (lateral and medial epicondylitis) are readily treated with local injection of long-acting corticosteroid. In a clinical series of patients who had already failed to respond to oral drug treatment, rest and physiotherapy, thus acting as their own controls, 63% recorded an excellent result after corticosteroid injection and a further 26% had a good result. Inspection of anatomical specimens shows that the common extensor origin at the lateral epicondyle is variable in size and shape and that the male and female humeri are very different in character at this area. Epicondylitis is much more common in the female: 19 out of 27 in this clinical series. A technique is described for selecting the most tender spot, at which the injection should be sited. This is rarely at the epicondyle itself. Also, when the lesion is recurrent, tenderness is usually noted at a new site. For an average-sized tender lesion, a 1ml injection of the mixture methylprednisolone 40 mg and lignocaine 10 mg per ml is ideal; however in order to reduce the incidence of skin atrophy, superficial lesions should receive a smaller volume of more dilute suspension. [18.09 / -]

96- gera: 58000/di/ra- num

TENNIS ELBOW : A COMBINED APPROACH USING ACUPUNCTURE AND LOCAL CORTICOSTEROID INJECTION. CHILTON SA. *acupuncture in medicine - journal of the british medical acupuncture society.* 1997,15(2),77-8 (eng). ref:0

In a controlled study, a group of 16 patients in a north of England general practice received acupuncture treatment for tennis elbow, followed by a small dose of corticosteroid with lignocaine to a residual tender spot at the elbow. These patients were compared with a similar group of 19 who received a larger dose to a tender spot at the lateral epicondyle, without any initial acupuncture treatment. In the acupuncture with steroid group: 13 patients had benefited following two treatment sessions, two after three sessions and one was no better at the end of the permitted three treatments. In the steroid alone group: 13 had had benefit after two sessions, three after three and three were unsuccessful. This suggests a trend towards increased and more rapid success in the acupuncture with steroid group, but the small number of patients precluded useful statistical analysis. The physical advantage in using acupuncture before administering local corticosteroid injection is that a lower dose of steroid can be used, with consequent reduction in the risk of tissue necrosis and inflammatory reaction. [18.09 / -]

97- gera: 56639/di/ra

[TO TREAT 102 TENNIS ELBOW WITH GINGER-SEPARATED MOXIBUSTION]. HE RUYI. *acupuncture research.* 1997,22(3),227 (chi*). ref:6 [18.09 / -]

98- gera: 56421/di/ra

POINT INJECTION AT SHOUSANLI FOR EXTERNAL HUMERAL EPICONDYLITIS : A REPORT OF 240 CASES. WU JING-WEI. *international journal of clinical acupuncture.* 1997,8(2),203-4 (eng). ref:6 [18.09 / 36e- 05.15-]

99- gera: 67378/di/ra

TREATMENT OF TENNIS ELBOW BY ACUPUNCTURE AND MOXIBUSTION. GUO ZHILIANG ET AL. *journal of traditional chinese medicine.* 1998,18(4),304-7 (eng). ref:0 [18.09 / 05.09- rg-]

100- gera: 68028/di/ra

THE ELBOW-APPROACHES TO TREATMENT WITH ACUPUNCTURE. ABSTRACT. HAKER E. *akupunktur.* 1998,26(4),253 (eng). ref:14 [18.09 / -]

101- gera: 57957/di/ra- num

INTRODUCTION TO FLOATING ACUPUNCTURE : CLINICAL STUDY ON THE TREATMENT OF LATERAL EPICONDYLITIS. HUANG YONG ET AL. *american journal of acupuncture.* 1998,26(1),27-31 (eng). ref:14

Based on the acupuncture variation known as "Wrist-Ankle Acupuncture" (WAA), a new acupuncture therapy known as

"Floating Acupuncture" (FA) was used to treat 48 subjects with lateral epicondylitis. Results were compared with routine acupuncture (RA) used to treat 45 control subjects. Results showed that FA produced better initial analgesia and a much higher recovery rate than RA. Observations suggest that FA may function via a different mechanism than RA. [18.09 / mano- podo- comparaison- ecr-]

102- gera: 68043/di/ra

TREATMENT OF EPICONDYLITIS SYNDROME. ABSTRACT. UMLAUF R ET AL. *akupunktur.* 1998,26(4),261 (eng). ref:9 [18.09 / -]

103- gera: 68461/di/ra

SEPARATION TREATMENT OF TENNIS ELBOW-A NEW THERAPY. WEN JINZHI ET AL. *world journal of acupuncture-moxibustion.* 1998,8(2),53 (eng). ref:9 [18.09 / -]

104- gera: 59822/di/ra

32 CASES OF TENNIS ELBOW TREATED BY THE THREE-NEEDLE THERAPY ON THE ELBOW. ZHANG H. *journal of traditional chinese medicine.* 1998,18(3),197-8 (eng). ref:9 [18.09 / -]

105- gera: 70679/di/ra

TRATAMIENTO DE 32 CASOS DE CODO DE TENISTA APLICANDO EN EL CODO LA TERAPIA DE LAS TRES AGUJAS. ZHANG HONG XING. *el pulso de la vida.* 1998,17,28-9 (esp). ref:

Traduction espagnole de l'article du: Journal of Traditional Chinese Medicine. 18(3): 197-198, 1998. [18.09 / -]

106- gera: 68372/di/ra

32 CASES OF TENNIS ELBOW TREATED BY THE THREE-NEEDLE THERAPY ON THE ELBOW. ZHANG HONGXING. *journal of traditional chinese medicine.* 1998,18(3),197-8 (eng). ref: [18.09 / -]

107- gera: 70920/di/re- num

LATERAL TENNIS ELBOW: "IS THERE ANY SCIENCE OUT THERE?". BOYER MI ET AL. *j shoulder elbow surg.* 1999,8(5),481-91 (eng). ref:

As orthopaedic surgeons, we are besieged by myths that guide our treatment of lateral epicondylitis, or "tennis elbow." This extends from the term used to describe the condition to the nonoperative and operative treatments as well. The term epicondylitis suggests an inflammatory cause; however, in all but 1 publication examining pathologic specimens of patients operated on for this condition, no evidence of acute or chronic inflammation is found. Numerous nonoperative modalities have been described for the treatment of lateral tennis elbow. Most are lacking in sound scientific rationale. This has led to a therapeutic nihilism with respect to the nonoperative management of this condition. An examination of the literature can only lead us to believe that most, if not all, common nonoperative therapeutic modalities used for the treatment of tennis elbow are unproven at best or costly and time-consuming at worst. Most of the published literature on the nonoperative treatment of patients with lateral tennis elbow consists of poorly designed trials. The selection criteria are nebulous, the control group is questionably designed, and the number of patients is often too low to avoid a serious loss of study power. These studies therefore have a high beta error, implying an inability to detect a difference between groups, even if one truly existed. If clinical signs and symptoms persist beyond the limit of acceptability of both patient and surgeon, then an array of surgical options are available. These range from a 10-minute office procedure (the percutaneous release of the extensor origin with the patient under local anesthetic) to an extensive joint denervation, in which all radial nerve branches ramifying to the lateral epicondyle are directly or indirectly divided. How is the surgeon to choose, given the fact that most of the published surgical studies are case series of one type of operation or another, consisting of patients operated on and evaluated by the same surgeon, who has a vested interest in his or her own patients' successful outcome?

The orthopaedic surgeon therefore has very little on which to "hang his hat" when it comes to objective data to guide treatment of patients with lateral tennis elbow syndrome. In the final analysis we are guided simply by our own subjective viewpoint and clinical experience. In 1999, to have such a common clinical condition have such a paucity of peer-reviewed published data of acceptable scientific quality is disappointing. In this review article we will examine the "myths" of tennis elbow: the name, the salient features on history and physical examination, the diagnostic modalities, the pathology of the "lesion," the anatomy of the lateral elbow and extensor origin and why it has led to such confusion in differential diagnosis, the nonoperative and operative treatment of tennis elbow, and finally the various studies that have been carried out on elbow biomechanics as it relates to the pathoetiology of true "tennis elbow." It is our hope that the reader will emerge with a clearer picture of the pathoetiology of the condition and the scientific rationale (or lack thereof) of the various operative and nonoperative treatment modalities. [18.09 / -]

108- gera: 76901/di/ra

[TREATMENT OF 90 CASES OF SUPRACONDYLAR FRACTURE OF HUMERUS WITH PROXIMAL FIXATION METHOD]. LIANG GUANRONG ET AL. *jiangsu journal of tcm*. 1999,20(1),33 (chi). ref:60
[18.09 / -]

109- gera: 70891/di/re- num

TREATING LATERAL EPICONDYLITIS. SEVIER TL ET AL. *sports med*. 1999,28(5),375-80 (eng). ref:60

Lateral epicondylitis is a common problem among physically active individuals. One of the most important roles of the clinician is to provide the most effective rehabilitation intervention for the injured athlete and the physically active individual. Over 40 different treatment methods for lateral epicondylitis have been reported in the literature. Initially, lateral epicondylitis can be treated with rest, ice, tennis brace and/or injections. Injections are one of the most popular methods utilised, with a high success rate. However, when the condition is chronic or not responding to initial treatment, physical therapy is initiated. Common rehabilitation modalities utilised are ultrasound, phonophoresis, electrical stimulation, manipulation, soft tissue mobilisation, neural tension, friction massage, augmented soft tissue mobilisation (ASTM) and stretching and strengthening exercise. ASTM is becoming a more popular modality due to the detection of changes in the soft tissue texture as the patient progresses through the rehabilitation process. Other new modalities include laser and acupuncture. As a last resort for chronic or resistant cases, lateral epicondylitis may undergo surgery. Scientific research has found that all these methods have been inconsistently effective in treating lateral epicondylitis. Therefore, further research efforts are needed to determine which method is more effective. L'Acupuncture est simplement citée comme modalité thérapeutique. [18.09 / rg-]

110- gera: 70351/di/ra

27 CAS D'EPICONDYLITE TRAITES PAR L'ASSOCIATION DE L'ACUPUNCTURE DE LA POSE DE VENTOUSES ET DE LA MOXIBUSTION (SUR UNE LAMELLE DE GINGEMBRE). XIONG GUO PING. *acupuncture traditionnelle chinoise*. 1999,1,105-108 (fra). ref:24
[18.09 / 05.08- 05.09-]

111- gera: 50207/di/ra

[A CASE WITH CHIEF COMPLAINT OF SHOULDER ARTHRALGIA - ACUPUNCTURE FOR INDEFINITE COMPLAINTS ACCOMPANYING HYPERTENSION]. YOSHIYUKI KAWASE ET AL. *journal of the japan society of acupuncture*. 1999,49(3),405 (jap). ref:24
[18.09 / -]

112- gera: 71499/di/ra

[CONSERVATIVE TREATMENT OF SOLITARY FRACTURE OF LATERAL CONDYLE]. DAI QINGSHENG ET AL. *jiangsu journal of tcm*. 2000,21(1),13 (chi). ref:24
[18.09 / -]

113- gera: 93207/di/ra

[THE TREATMENT OF STENOSING TENOVAGINITIS WITH LITTLE KNIFE 32 CASES REPORTED]. LI JIANSHAN ET AL. *journal of clinical acupuncture and moxibustion*. 2000,16(7),31 (chi). ref:24
[18.09 / aiguille-]

114- gera: 79242/di/ra

[EXPERIMENTAL STUDY ON ACUPUNCTURE FOR CORRECTION AND TREATMENT OF ELBOW INVERSION DEFORMITY AFTER FRACTURES]. XIANG YI. *chinese acupuncture and moxibustion*. 2000,20(6),362 (chi*). ref:24

Elbow slow inversion model of rabbit was developed by means of operation forming incomplete fracture in medial osteoepiphyseal portion of distal end of humerus. 44 model rabbits were randomly divided into experimental group and control group, and comparison between the acupuncture treatment group and non-treatment group, and between different treatment periods in morphological and biochemical changes in the animals receiving acupuncture for correction and treatment of elbow inversion deformity, and computer multiple-parameter measure technique was adopted for quantitative analysis of cell picture in large sample, and it was proved that acupuncture stimulation could promote hyperplasia and reproduction of cartilage cells and osteoblast in lateral osteoepiphyseal portion of growth retardation, so as to reach the purpose of correcting and treating inversion deformity. [18.09 / lapin- eaa-]

115- gera: 93880/di/ra

[INTERIOR AND EXTERIOR TREATMENT OF 51 CASES OF COLLES FRACTURE AFTER MENOPAUSE]. XIU JIANWEN. *guangxi journal of tcm*. 2000,23(2),13 (chi). ref:24

[18.09 / 11.06-]

116- gera: 71113/di/ra

[A CLINICAL STUDY ON THE TREATMENT OF SUPRACONDYLAR FRACTURE OF THE HUMERUS AND THE PREVENTION OF CUBITUS VARUS BY FIR-BARK SPLINT FIXATION]. ZHANG YUZHU ET AL. *the journal of traditional chinese orthopedics and traumatology*. 2000,12(2),11 (chi*). ref:24

Based on the experience of Mr Zhang Shaofu, a famous TCM physician, 120 cases of supracondylar fracture of the humerus were treated by manipulative reduction and fir-bark-splint fixation with the elbow flexed and the forearm pronated. The followup of 18 months showed that the excellent-good rate reached 83.34% and the incidence of cubitus varus reached 15.2%, having a significant advantage over those of the various therapies reported in the literatures. The pressure changes in the medial and lateral cortical bones between the two fragments were measured in different fixation positions by a sensor. The results showed that the splint fixation with the elbow flexed and the forearm pronated could produce the greatest fixating force, the greatest fragmental stability and the least tendency of the displacement, and thus effectively prevent cubitus varus from occurring, being the best fixating method for supracondylar fracture of the [18.09 / 18.07-]

117- gera: 78515/di/ra- num

[TREATMENT OF TENNIS ELBOW BY BLOCKADE AND TRIPLE PUNCTURE WITH MOXIBUSTION]. ZHOU KING. *shanghai journal of tcm*. 2000,34(6),36 (chi*). ref:24

44 cases with tennis elbow were treated by local blockade and triple puncture with moxibustion (treatment group), additional 30 cases were treated by simple local blockade (blockage group) and another 30 cases were treated by simple acupuncture (acupuncture group); their effects were compared. Result showed that the effective rates of the three groups were respectively 98%, 60% and 80%. [18.09 / ecr- 05.09-]

118- gera: 78636/di/ra

[AN OBSERVATION OF THE THERAPEUTIC EFFECT OF COMBINED TRADITIONAL CHINESE AND WESTERN MEDICINE FOR OLECRANAL FRACTURE]. ZHUANG XIN-SHENG. *henan journal of tcm and pharmacy*. 2000,15(5),55 (chi). ref:24
[18.09 / -]

119- gera: 89277/di/ra

[TREATMENT OF TENNIS ELBOW BY OPERATION COMBINED WITH FUMING OF CHINESE HERBAL DRUGS]. CHEN BOLAI ET AL. *new journal of tcm*. 2001,33(1),29 (chi). ref:24
[18.09 / 05.09-]

120- gera: 98791/di/ra

[THE COMPOUND MANIPULATION OF ELBOW AND ITS CLINICAL APPLICATIONS]. FANG ZHOULIN. *chinese manipulation and qi gong therapy*. 2001,18(6),17 (chi). ref:24
[18.09 / -]

121- gera: 99895/di/ra

[THE COMPOUND MANIPULATION OF ELBOW AND ITS CLINICAL APPLICATIONS]. FANG ZHOULIN. *chinese manipulation and qi gong therapy*. 2001,18(6),17 (chi). ref:24
[18.09 / -]

122- gera: 101017/di/re

ACUPUNCTURE FOR LATERAL ELBOW PAIN (COCHRANE REVIEW) GREEN S ET AL. *cochrane library oxford : update software*. 2001.,12P (eng). ref:24

Background: This review is one in a series of reviews of interventions for lateral elbow pain. Lateral elbow pain, or tennis elbow, is a common condition causing pain in the elbow and forearm and lack of strength and function of the elbow and wrist. Acupuncture has long been used to treat lateral elbow pain in China and in Western countries practitioners and consumers are increasingly exploring acupuncture as a first line treatment for musculoskeletal disorders. No previous systematic review of the available evidence has been conducted to determine whether acupuncture is efficacious in the treatment lateral elbow pain. Objectives: To determine the effectiveness of acupuncture in the treatment of adults with lateral elbow pain with respect to pain reduction, improvement in function, grip strength and adverse effects. Search strategy: We searched MEDLINE, CINAHL, EMBASE and SCISEARCH and the Cochrane Clinical Trials Register and the Musculoskeletal Review Group's specialist trial database from 1966 to June 2001. Identified keywords and authors were searched in an effort to retrieve as many trials as possible. Selection criteria: Two independent reviewers assessed all identified trials against pre-determined inclusion criteria. Randomised and pseudo randomised trials in all languages were included in the review provided they were testing acupuncture compared to placebo or another intervention in adults with lateral elbow pain (tennis elbow). Outcomes of interest were pain, function, disability, quality of life, strength, participant satisfaction with treatment and adverse effect. Data collection and analysis: For continuous variables means and standard deviations were extracted or imputed to allow the analysis of weighted mean difference, while for binary data numbers of events and total population were analysed and interpreted as relative risks. Trial results were combined only in the absence of clinical and statistical heterogeneity. Main results: Four small randomized controlled trials were included but due to flaws in study designs (particularly small populations, uncertain allocation concealment and substantial loss to follow up) and clinical differences between trials, data from trials could not be combined in a meta-analysis. One randomised controlled trial found that needle acupuncture results in relief of pain for significantly longer than placebo (WMD = 18.8 hours, 95%CI 10.1 to 27.5) and is more likely to result in a 50% or greater reduction in pain after 1 treatment (RR 0.33, 95%CI 0.16 to 0.69) (Molsberger 1994) . A second randomized controlled trial demonstrated needle acupuncture to be more likely to result in overall participant reported improvement than placebo in the short term (RR = 0.09 95% CI 0.01 to 0.64) (Haker 1990a) . No significant differences were found in the longer term (after 3 or 12 months) . A randomized controlled trial of laser acupuncture versus placebo demonstrated no differences between laser acupuncture and placebo with respect to overall benefit (Haker 1990b). A fourth included trial published in Chinese demonstrated no difference between Vitamin B12 injection

plus acupuncture, and Vitamin B12 injection alone (Wang 1997). Reviewers' conclusions: There is insufficient evidence to either support or refute the use of acupuncture (either needle or laser) in the treatment of lateral elbow pain. This review has demonstrated needle acupuncture to be of short term benefit with respect to pain, but this finding is based on the results of 2 small trials, the results of which were not able to be combined in meta-analysis. No benefit lasting more than 24 hours following treatment has been demonstrated. No trial assessed or commented on potential adverse effect. Further trials, utilising appropriate methods and adequate sample sizes, are needed before conclusions can be drawn regarding the effect of acupuncture on tennis elbow. [18.09 / rg-metaanalyse-]

123- gera: 112369/di/ra

[STUDY OF MANUAL REDUCTION FOR DOUBLE FRACTURE IN ULNAR DISPHYSIS OF RADIUS]. HUANG JUNXIANG. *guangxi journal of tcm*. 2001,24(6),22 (chi). ref:24
[18.09 / -]

124- gera: 95501/di/ra

[THE MANUFACTURE AND CLINICAL APPLICATION OF OLECRANAL GRASPING-REPOSITION FIXATOR]. LI YUEXIAN ET AL. *journal of traditional chinese orthopedics and traumatology*. 2001,13(5),15 (chi). ref:24
[18.09 / -]

125- gera: 112512/di/ra

KONSERVATIVE KAUZALE THERAPIE DER EPICONDYLITIS HUMERO RADIALIS ET LATERALIS (C6/C7-SYNDROM) MIT AKUPUNKTUR IN KOMBINATION MIT NEURALTHERAPIE UND TENS. MODIFIZERTES WHO-STUFENSHEMA ZUR BEHANDLUNG DER NGUYEN T.X. *deutsche zeitschrift fur akupunktur*. 2001,44(2a),235 (deu). ref:24
[18.09 / -]

126- gera: 115503/di/ra

KONSERVATIVE KAUZALE THERAPIE DER EPICONDYLITIS HUMERO RADIALIS ET LATERALIS (C6/C7-SYNDROM) MIT AKUPUNKTUR IN KOMBINATION MIT NEURALTHERAPIE UND TENS. MODIFIZERTES WHO-STUFENSHEMA ZUR BEHANDLUNG DER NGUYEN T.X. *deutsche zeitschrift fur akupunktur*. 2001,44(2a),235 (deu). ref:24

Für viele Sportler und Sportlerinnen sowie Handwerker bedeutet die Epicondylitis humero radialis et lateralis (von mir sog. C6/C7-Syndrom) eine Beendigung der sportlichen Karriere oder der beruflichen Laufbahn, weil die konservative Behandlung mit Cortison-Injektion, Ruhigstellung mit Gipsschale oder chirurgischer Operation nicht immer den gewünschten Erfolg bringen kann, die Schmerzen, insbesondere Belastungsschmerzen, postoperativ immer noch erheblich sind und die Rezidivrate sehr hoch liegt. Mit der Neuraltherapie in Form von Periduralanalgesie im C4/C7-Bereich, Spinalnervenblockade oder Plexus brachialis-Blockade sowie lokaler Infiltration, in Kombination mit Akupunktur durchgeführt, konnte bei einer sehr großen Anzahl der Patienten eine Heilung erreicht werden, ohne dass eine chirurgische Intervention erforderlich wurde. Auch durch unterstützende Therapien mit TENS, Salben, Antiphlogistika nachdem modifizierten WHO-Stufenschema in Kombination mit Akupunktur und Neuraltherapie kann der Erfolg der Behandlung weiter verbessert werden, so dass bei keinem Patienten eine Operation durchgeführt werden muss. Diese vorstehend erwähnte kausale Therapie ist darüber hinaus auch erfolgversprechend bei Patienten mit Epicondylitis humero radialis et lateralis-Rezidiv nach Operation. Daher sollte dieser o.g. Behandlungsform der konservativen Behandlungsform gegenüber der Vorzug gegeben werden, vorausgesetzt die o. g. Therapie zur Behandlung der Epicondylitis humero radialis et lateralis, auch bei Rezidiven postoperativ, wird korrekt durchgeführt, zumal sie insgesamt auch kostengünstiger und für den Patienten weniger belastend ist. Das Kniegelenk ist ein Gelenk, welches von der anatomischen Seite her für die intraarticulare Injektion sowie für die Arthroskopie das am besten zugängliche ZGel Gelenk

aller Gelenke ist. Aus diesem Grund ist das Kniegelenk im Bereich der Schmerztherapie bzw. speziell der Neuraltherapie das am häufigsten mit intraartikulärer Injektion bzw. Arthroskopie behandelte Gelenk. Von der anatomischen Struktur her kann eine intraartikuläre Injektion in das Kniegelenk kaum eine Verletzung der Nerven und anderer Organe verursachen, so dass man bei Beginn der Gonalgie bzw. Gonarthrose das Kniegelenk mit Neuraltherapie, in Form von intraartikulärer Injektion mit schweren Porcain, bei reinen Fällen auch mit Corticoid, in Kombination mit Akupunktur gut behandeln, bei geringer arthrotischer Veränderung sogar die Schmerzen total bzw. für längere Zeit beseitigen kann. Der Erfolg dieser Therapiemethode ist sehr groß; bei frühzeitiger Behandlung könnte man das spätere Auftreten starker Schmerzen und arthrotischer Veränderungen sogar vermeiden. Bei therapieresistenten Fällen ist die Verwendung eines TENS-erätes für die ständige häusliche Behandlung erforderlich. Bei fortgeschrittener Arthrose mit stärkeren Schmerzen, die trotz o.g. Therapie die Schmerzen noch weiter persistieren, ist die intraartikuläre Injektion von Gelenkflüssigkeitsersatz mit Hylan G-F 20 (Synvisc) eine neue Chance für Gonarthrose-Patienten. Die Therapieform wird für jedermann verständlich dargestellt werden. (CONSERVATIVE CAUSAL THERAPY OF EPICONDYLITIS HUMERO RADIALIS ET LATERALIS (SO CALLED C6/C7-SYNDROME) WITH ACUPUNCTURE COMBINED WITH NEURAL THERAPY AND TENS. MODIFIED WHO-STEPSCHEME, COMBINED WITH ACUPUNCTURE, NEURAL THERAPY, TENS AND "SYNVISC" (SYNOVIA SUBSTITUTE) FOR CAUSAL TREATMENT OF GONALGIA AND GONARTHROSIS, AFTER TRANG-A NEW CHANCE OF SYNOVIA SUBSTITUTE HYLAN G-F 20 (SYNVIXC) FOR PATIENTS WITH GONARTHROSIS.) [18.09 / -]

127- gera: 104503/di/ra
[THREE METHOD TO CURE EXTERNAL HUMERAL EXICONDYLITIS]. PANG ZHI - YING. **henan journal of traditional chinese medicine and pharmacy.** 2001,16(4),25 (chi). ref:24
 [18.09 / -]

128- gera: 90677/di/ra
[A COMPARATIVE AND SELECTIVE STUDY OF FOUR FIXATION METHODS FOR OLECRANON FRACTURE]. SHAO YAPING ET AL. **journal of traditional chinese orthopedics and traumatology.** 2001,13(2),10 (chi*). ref:24
 [18.09 / -]

129- gera: 98634/di/ra
[TREATING EXTERNAL HUMERAL EPICONDYLITIS WITH NEEDLE-SHAPED KNIFE]. SONG XIII-GANG. **shandong journal of traditional chinese medicine.** 2001,20(11),681 (chi). ref:24
 [18.09 / aiguille-]

130- gera: 99738/di/ra
[TREATING EXTERNAL HUMERAL EPICONDYLITIS WITH NEEDLE-SHAPED KNIFE]. SONG XIII-GANG. **shandong journal of traditional chinese medicine.** 2001,20(11),681 (chi). ref:24
 [18.09 / -]

131- gera: 94998/di/ra
SEVENTY CASES OF EXTERNAL HUMERAL EPICONDYLITIS TREATED BY LOCAL BLOCKING AND MASSOTHERAPY. WANG XINGFENG. **journal of tcm.** 2001,21(1),52-3 (eng). ref:24
 [18.09 / 05.15- massage- ctanr-]

132- gera: 89755/di/ra
[TREATMENT OF 50 CASES OF FOREARM FRACTURE WITH C TYPE APPARATUS]. WU HAI-XING ET AL. **shandong journal of tcm.** 2001,20(2),77 (chi). ref:3
 [18.09 / -]

133- gera: 96808/di/ra
[CLINICAL STUDY ON TREATING EXTERNAL HUMERAL EPICONDYLITIS 48 CASES WITH FIVE THERAPY OF

MONGOLIA MEDICINE]. XU REN, ET AL. **chinese journal of ethnomedicine and ethnopharmacy (cje).** 2001,8(4),219 (chi). ref:3
 [18.09 / -]

134- gera: 112370/di/ra
[73 CASES OF DOUBLE FRACTURE IN ULNAR DYSPLASIA OF RADIUS TREATED THROUGH MANUAL REDUCTION]. YE JIAXU. **guangxi journal of tcm.** 2001,24(6),23 (chi). ref:3
 [18.09 / -]

135- gera: 90676/di/ra
[THE STRESS ANALYSIS OF ELECTRIC TEST EXPERIMENT ON CONDYLE OF HUMERUS]. ZHANG JIANXIN ET AL. **journal of traditional chinese orthopedics and traumatology.** 2001,13(2),8 (chi*). ref:3
 [18.09 / -]

136- gera: 107635/di/ra
[CLINICAL EXPERIENCE ON TREATING JUVENIL RADIAL HEAD SUBLUXATION]. CHEN ZUN-YOU, HUANG YONG, ZHU MING-SHUANG, ET AL. **journal of chengdu university of traditional chinese medicine.** 2002,25(3),22 (chi). ref:3
 [18.09 / -]

137- gera: 107574/di/ra
[CLINICAL EXPERIENCE ON TREATING JUVENIL RADIAL HEAD SUBLUXATION]. CHEN ZUN-YOU, HUANG YONG, ZHU MING-SHUANG, ET AL. **journal of chengdu university of traditional chinese medicine.** 2002,25(3),22 (chi). ref:3
 [18.09 / -]

138- gera: 109977/di/cg
SEMILOGIE NEUROPSYCHIATRIQUE DU MERIDIEN D ' ESTOMAC. DUBOIS JC. **iieme congresso mondiale delle wmaa.** 2002,,8 (fra). ref:3
 [18.09 / -]

139- gera: 101133/di/re- num
ACUPUNCTURE IN CHRONIC EPICONDYLITIS : A RANDOMIZED CONTROLLED TRIAL. FINK M ET AL. **rheumatology.** 2002,41(2),205-9 (eng). ref:3
 OBJECTIVE: To evaluate the clinical efficacy of acupuncture in the treatment of chronic lateral epicondylitis. METHODS: In a randomized, investigator- and patient-blinded, controlled clinical study, 23 patients were treated with real acupuncture and 22 patients received sham acupuncture. Patients each received 10 treatments, with two treatments per week. The primary outcome variables were maximal strength, pain intensity (verbal rating scale) and disability scale (Disabilities of the Arm, Shoulder and Hand questionnaire). Patients were examined at baseline (1 week before the start of treatment) and at follow-up 2 weeks and 2 months after the end of treatment. RESULTS: There was no significant difference between the groups at baseline for any outcome parameter. Two weeks and 2 months after the end of treatment, there were significant reductions in pain intensity and improvements in the function of the arm and in maximal strength in both treatment groups. At the 2-week follow-up these differences were significantly greater for all outcome parameters in the group treated with real acupuncture. At 2 months the function of the arm was still better in this group than in the sham acupuncture group; however, the differences in pain intensity and maximal strength between the groups were no longer significant. CONCLUSION: In the treatment of chronic epicondylitis lateralis humeri, acupuncture in which real acupuncture points were selected and stimulated was superior to non-specific acupuncture with respect to reduction in pain and improvement in the functioning of the arm. These changes are particularly marked at early follow-up. [18.09 / ecr-]

140- gera: 110264/di/ra
[OBSERVATION ON THERAPEUTIC EFFECT OF ACUPOINT CATGUT EMBEDDING ON TENNIS ELBOW]. GUO YUANQI, CHEN LIYI. **chinese acupuncture and moxibustion.** 2002,22(12),813 (chi*). ref:21
 Purpose : To compare therapeutic effects of acupoint catgut embedding and acupuncture on tennis elbow. Methods : 80

cases were randomly divided into acupoint catgut embedding group and acupuncture group, 40 cases in each group. Shousanli (LI 10) and tender points in the acupoint catgut embedding group and Quchi (LI 11), Shousanli (LI 10) and tender points in the control group were selected. After treatment for 3 weeks, their therapeutic effects were assessed. Results : 34 cases in the catgut embedding group and 25 cases in the acupuncture group were cured, with a statistically significant difference between the two groups in the cured rate, $P < 0.05$. Conclusion : The acupoint catgut embedding has a good therapeutic effect on tennis elbow, and the cured rate is better than that of acupuncture therapy. [18.09 / -]

141- gera: 104743/di/ra
[TREATMENT OF SUPRACONDYLAR FRACTURE OF HUMERUS WITH MANIPULATION METHODS]. HAN DAWEI ET AL. **information on traditional chinese medicine.** 2002,18(4),38 (chi). ref:21
 [18.09 / -]

142- gera: 104725/di/ra
[SMALL-KNIFE-NEEDLE FOR TREATING 34 CASES OF OBSTINATE LATERAL EPICONDYLITIS]. LI LI, WU BING-HUANG, CHEN YUE, ET AL. **journal of fujian college of traditional chinese medicine.** 2002,11(3),35 (chi*). ref:21
 34 cases of obstinate lateral epicondylitis were treated by the specific operation methods of small-knife-needle. The results showed as follows: 25 cases were cured, 8 cases markedly effective, 1 case improved. The therapeutic efficiency was satisfactory. [18.09 / -]

143- gera: 103657/di/ra
[OBSERVATION ON CHILDREN'S SUPRACONDYLAR FRACTURE OF HUMERUS (128 CASES) TREATED BY MANUAL REDUCTION AND SPLINTAGE]. LIU LIANG. **journal of practical tcm.** 2002,4(18),36 (chi). ref:21
 [18.09 / -]

144- gera: 102541/di/ra
[SURVEY OF CURATIVE EFFECTS ABOUT TWO MANNERS TO TREAT THE UNSTEADY SUPRACONDYLAR FRACTURE OF THE HUMERUS.] LIU QINGGUO, WANG XANGQI, ZHANG LIUSHAN. **the journal of traditional chinese orthopedics and traumatology.** 2002,14(3),15 (chi*). ref:21
 [18.09 / -]

145- gera: 111103/di/ra
KANN SICH AKUPUNKTUR LANGSAM ABER SICHER AUCH GEGENUBER PLAZEBO ETABLIEREN?. POTHMANN R. **forschende komplementarmedizin und klassische naturheilkunde.** 2002,9(6),368 (deu*). ref:21
 Résumé et commentaires de : Fink M, Wolkenstein E, Karst M, Gehrke A: Acupuncture in chronic epicondylitis : A randomized controlled trial. *Rheumatology* 2002 ;41: 205-209.
 [18.09 / -]

146- gera: 105163/di/ra
[MECHANICAL ANALYSIS ON MODEL OF ULNA OLECRANON BY THREE-DIMENSIONAL FINITE ELEMENT]. QI ZHEN-XI, HE SHAN-HAI. **journal of fujian college of traditional chinese medicine.** 2002,12(3),16 (chi*). ref:21
 [18.09 / -]

147- gera: 109702/di/ra
[INTERNAL HUMERAL EPICONDYLITIS (40 CASES) TREATED BY PUNCTURING NEARBY DISEASED AREA AND ELECTROTHERAPY]. SHAO WEILI, TAO YOUPIING. **journal of practical tcm.** 2002,11(18),38 (chi). ref:21
 [18.09 / -]

148- gera: 110520/di/ra
ACUPUNCTURE IMPROVES SYMPTOMS OF CHRONIC EPICONDYLITIS. SHERMAN KJ. **focus on alternative and complementary therapies.** 2002,7(4),360 (eng). ref:21
 Résumé et commentaires de : Fink M, Wolkenstein E, Karst M, Gehrke A. Acupuncture in chronic epicondylitis: a randomized controlled trial. *Rheumatology* 2002; 41: 205-9.

[18.09 / -]

149- gera: 109041/di/ra
COMPARISON OF THE EFFECTIVENESS BETWEEN MANUAL ACUPUNCTURE AND ELECTRO-ACUPUNCTURE ON PATIENTS WITH TENNIS ELBOW. TSUI P ET AL. **acupuncture and electro-therapeutics research.** 2002,27(2),107 (eng*). ref:21

This is a single-blinded randomized controlled trial to compare the relative effectiveness between manual acupuncture (MA) and electroacupuncture (EA) on the patients with chronic tennis elbow. Twenty patients recruited in the study were first introduced into control group for 2 weeks waiting period. Then, they were randomly assigned into either MA or EA group for acupuncture treatment. The acupuncture points of GB34 and ST38 were used in both treatment groups. In the MA group, the needle was retained for 20 minutes after the Deqi sensation obtained. In the EA group, electrical stimulation with 4 pulses/second frequency was applied and treatment lasted for 20 minutes. After 6 treatments within 2 weeks duration, significant differences were observed between groups favoring the electroacupuncture in relation to pain relief (Pain visual analogue scale) and pain free hand grip strength (PFG). This study showed that electroacupuncture is superior to manual acupuncture in treating patients with tennis elbow. [18.09 / ecr-]

150- gera: 105776/di/ra
[A PRELIMINARY STUDY ON THE ANGLES OF CLOSED REDUCTION FOR THE ROTARY DISPLACEMENT OF SUPRACONDYLAR HUMERUS FRACTURE AND ANALYSIS OF 16 CASES OF CLINICAL APPLICATION]. WANG SHUJUN, LIANG GUOHUI, ZHU JUNFANG ET AL. **journal of traditional chinese orthopedics and traumatology.** 2002,14(6),11 (chi). ref:21
 [18.09 / -]

151- gera: 103807/di/ra
SETTANTA CASI DI EPICONDILITE OMERALE ESTERNA TRATTATA CON BLOCCO ANESTETICO LOCALE E MASSOTERAPIA. WANG XINGFENG. **rivista italiana di medicina tradizionale cinese.** 2002,87(1),64 (ita*). ref:21
 [18.09 / -]

152- gera: 110552/di/ra
ACUPUNCTURE FOR TENNIS ELBOW: AN E-MAIL CONSENSUS STUDY TO DEFINE A STANDARDISED TREATMENT IN A GPS' SURGERY. WEBSTER-HARRISON P, ET AL. **acupuncture in medicine.** 2002,20(4),181 (eng*). ref:21

Acupuncture is a possible alternative treatment for tennis elbow in general practice. Rigorous investigation of its effectiveness is needed by means of a randomised controlled trial. Before undertaking a trial, a consensus is required on the best treatment protocol. Therefore, a modified Delphi Process was undertaken by email, consisting in three iterative rounds. Fourteen acupuncture trainers initially reported details of their normal treatment that were then incorporated into a treatment plan. This was circulated once for further suggestions and finally for agreement. Consensus was achieved from all 14 participants who responded to the third round. [18.09 / -]

153- gera: 110526/di/ra
EFFECT OF ACUPUNCTURE ON LATERAL ELBOW PAIN IS LARGELY UNKNOWN. WHITE AR. **focus on alternative and complementary therapies.** 2002,7(3),275 (eng). ref:21
 Résumé et commentaires de : Green S, Buchbinder R, Barnsley L, Hall S, White M, Smidt N, Assendelft W. Acupuncture for lateral elbow pain (Cochrane Review). *Cochrane Database Syst Rev* 2002; 1: CDO03527. [18.09 / -]

154- gera: 107300/di/ra
[TREATING 94 CASES OF RADIUS AND ULNAR FRACTURE WITH CLOSURE TRANSFIXATION.]. X. hunan **guiding journal of tcmp.** 2002,8(4),193 (chi). ref:21
 [18.09 / -]

155- gera: 110790/di/ra
REAL ACUPUNCTURE SUPERIOR TO NON-POINT SHAM

- IN TENNIS ELBOW (n=45) . X. acupuncture in medicine.** 2002,20(2-3),128 (eng). ref:21
Résumé et commentaires de: "Fink M, Wolkenstein E, Karst M, Gehrke A. Acupuncture in chronic epicondylitis: a randomized controlled trial. *Rheumatology (Oxford)* 2002;41(2) : 205-9. [18.09 / -]
- 156- gera: 111189/di/ra
[COMBINED WEST MEDICINE AND TCM TO TREATING RADIAL TUBEROSITY OSTEOCHONDROMA]. X. hunan guiding journal of tcmp. 2002,8(12),775 (chi). ref:21 [18.09 / -]
- 157- gera: 108223/di/ra
[THE SUMMARY OF 60 CASES OF EXTERNAL HUMERAL EPICONDYLITIS TREATED BY THE METHOD OF NEEDLING AND SCALPEL]. YA N WEIPING. gansu journal of traditional chinese medicine. 2002,15(5),31 (chi). ref:21
The essay analyses the reasons that lead to the 'state of sub-health. It also states the relation between the TCM thought of "preventive treatment of disease" and the prevention and treatment of the state of sub-health and the guiding meaning on-treating and preventing sub-health. [18.09 / -]
- 158- gera: 101604/di/ra
[86 CASES OF MYOSITIS OSSIFICANS CAUSED BY ELBOW JOINT TRAUMA TREATED BY SMOKING AND WASHING WITH CHINESE HERBS COMBINED WITH MASSAGE]. YIN QIUJIAN. journal of external therapy of traditional chinese medicine. 2002,11(1),12 (chi). ref:21 [18.09 / -]
- 159- gera: 117647/nd/re
COMMENT IN: BMJ. 2003 AUG 9;327(7410):330. TENNIS ELBOW. ASSENDELFT W, GREEN S, BUCHBINDER R, STRUIJS P, S. *bmj.* 2003,327(7410),329. (eng). ref:21 [18.09 / -]
- 160- gera: 125999/nd/re
COMMENT IN: BMJ. 2003 AUG 9;327(7410):330. TENNIS ELBOW. ASSENDELFT W, GREEN S, BUCHBINDER R, STRUIJS P, S. *bmj.* 2003,327(7410),329 (eng). ref:21 [18.09 / -]
- 161- gera: 120938/di/ra- num
SUPERFICIAL NEEDLING THERAPY FOR TENNIS ELBOW IN 40 CASES GE HENG-BI. *journal of acupuncture and tuina science.* 2003,1(3),63 (eng). ref:21
Superficial needling therapy was employed to treat 40 cases of tennis elbow. For the cases of qi and blood stagnation, cupping therapy was added. Thirtyeight cases were cured after one treatment and 2 cases were cured after two [18.09 / -]
- 162- gera: 111455/di/ra
[THE SUPINATOR' S IMPORTANT ROLE IN THE LATERAL SOFT TISSUE LESION OF THE ELBOW RADIAL]. HUA HONG, WANG QUAN-MEI. the journal of cervicodynia and lumbodynia. 2003,24(1),18 (chi*). ref:21 [18.09 / -]
- 163- gera: 114446/di/ra
[THE SUPINATOR' S IMPORTANT ROLE IN THE LATERAL SOFT TISSUE LESION OF THE ELBOW RADIAL]. HUA HONG, WANG QUAN-MEI. journal of cervicodynia and lumbodynia. 2003,24(1),18 (chi*). ref:21 [18.09 / -]
- 164- gera: 115360/di/ra
[STUDY OF MANUAL REDUCTION FOR DOUBLE FRACTURE IN ULNAR DIAPHYSIS OF RADIUS]. HUANG JUNXIONG. guangxi journal of tcm. 2003,24(6),22 (chi). ref:21 [18.09 / -]
- 165- gera: 122285/di/ra
[EXPERIENCE IN TREATING 26 CASES OF ELBOW JOINT STIFFNESS WITH MANIPULATION PLUS DIRIGATION]. LI WEI, ZHANG XIUMEI. journal of henan university of chinese medicine. 2003,18(106),60 (chi). ref:21 [18.09 / -]
- 166- gera: 125146/di/ra
[EFFECT ANALYSIS OF EXTERNAL EPICONDYLE INFLAMMATION TREATED WITH ACUPUNCTURE AND MASSAGE]. LIN CHAO-QUN, GOU ZHEN-XUE. journal of clinical acupuncture and moxibustion. 2003,19(12),10 (chi). ref:21 [18.09 / -]
- 167- gera: 112155/di/ra
[THE RESEARC OF THE BIOMECHANICS OF ARM-BELT OLECRANAL HOOK ON THE TREATMENT OF OLECRANAL FRACTURE]. LIN QIAOLING ET AL. journal of traditional chinese orthopedics and traumatology. 2003,13(8),9 (chi). ref:21 [18.09 / -]
- 168- gera: 115146/di/ra
[THE RESEARCH OF THE BIOMECHANICS OF ARM-BELT OLECRANIAL HOOK ON THE TREATMENT OF OLECRANIAL FRACTURE]. LIN QIAOLING ET AL. journal of traditional chinese orthopedics and traumatology. 2003,13(8),9 (chi). ref:21 [18.09 / -]
- 169- gera: 125122/di/ra
[PROGRESS OF TREATING THE FRACTURE IN THE ANTERIOR 1/3 PART OF FOREARM]. LUO LING,SUN XIAOFENG,YANG JINHUA,ET AL. hunan guiding journal of tcm. 2003,9(12),52 (chi*). ref:21 [18.09 / -]
- 170- gera: 117453/nd/re
COMMENT ON: BMJ. 2003 AUG 9;327(7410):329. TREATMENT OF TENNIS ELBOW: THE EVIDENCE. MELLOR S. *bmj.* 2003,327(7410),330. (eng). ref:21
Comment [18.09 / -]
- 171- gera: 117646/nd/re
TREATMENT OF TENNIS ELBOW: THE EVIDENCE. MELLOR S. *bmj.* 2003,327(7410),330. (eng). ref:21 [18.09 / -]
- 172- gera: 125816/nd/re
COMMENT ON: BMJ. 2003 AUG 9;327(7410):329. TREATMENT OF TENNIS ELBOW: THE EVIDENCE. MELLOR S.. *bmj.* 2003,327(7410),330 (eng). ref:21
Comment [18.09 / -]
- 173- gera: 125998/nd/re
TREATMENT OF TENNIS ELBOW: THE EVIDENCE. MELLOR S.. *bmj.* 2003,327(7410),330 (eng). ref:21 [18.09 / -]
- 174- gera: 122672/di/ra
[WARMING AND IRONING THERAPY IN TCM AND ELECTRO-HEATING BIAN-STONE INSTRUMENT]. WANJUN ET AL. chinese acupuncture and moxibustion. 2003,23(7),424 (chi*). ref:21 [18.09 / -]
- 175- gera: 120365/di/ra
[CLINICAL OBSERVATION ON THE TREATMENT OF 74 CASES OF EXTERNAL HUMERAL EPICONDYLITIS WITH TRIPLE NEEDLING PLUS WARMED-NEEDLE ACUPUNCTURE]. WU YI-ZHONG. journal of clinical acupuncture and moxibustion. 2003,19(4),33 (chi*). ref:21
Purpose: To observe the effect of acupuncture and moxibustion therapy on external humeral epicondylitis. Method: One hundred and twenty - six patients were randomly divided into a triple needling of Ahshi - point plus warming acupuncture group of 74 cases and a simple acupuncture group of 52 cases. The curative effects were observed and analyzed after 2 courses of treatment. Results: The therapeutic effect between triple needling of Ahshi - point plus warming acupuncture group and a simple acupuncture group showed that there were significant differences(P < 0. 01)

Conclusion: The clinical effect of triple needling plus warmed - needle acupuncture group was superior to that in the simple acupuncture group. [18.09 / ecr- 05.09-]

176- gera: 123369/di/ra

[THE TREATMENT OF OLECRANAL FRACTURE BY AN EXTERNAL FIXER WITHOUT STRESS SHELTER:A CLINICAL STUDY]. XIN BENZHONG, CHEN JIANHONG, LI ANG, ET AL. *journal of traditional orthopedics and traumatology*. 2003,15(12),9 (chi*). ref:21 [18.09 / -]

177- gera: 113541/di/ra

[WINDING MANIPULATION IN RESTORING 36 CASES OF DISPLACEMENT IN DISTAL FRACTURE OF ARM]. XU FEI, ZHU YAPING. *jiangsu journal of tcm*. 2003,24(3),28 (chi). ref:21 [18.09 / -]

178- gera: 116532/di/ra

[WINDING MANIPULATION IN RESTORING 36 CASES OF DISPLACEMENT IN DISTAL FRACTURE OF ARM]. XU FEI, ZHU YAPING. *jiangsu journal of tcm*. 2003,24(3),28 (chi). ref:21 [18.09 / -]

179- gera: 121226/di/ra

TREATMENT OF 20 CASES OF EXTERNAL HUMERAL EPICONDYLITIS BY MOXIBUSTION SEPARATED WITH GINGER SLICE YANG YING. *journal of acupuncture and tuina science*. 2003,1(1),58 (eng). ref:21
Acupoints : Ashi points and corresponding acupoints of Yangming meridian. Methods : The patients took sitting positions, flexing elbow and placing their arms levelly, then the significant painful point on external humeral epicondylitis was sought out. Three fresh ginger slices, height in 1-3mm and punctured with many small pores in order to transmit heat, were prepared. One piece was placed on the painful point and the other two were placed on Yangming meridians, bean-size moxa-column was set on them and ignited, 3 columns for every ginger slice, and 12 days made up a course of treatment. During performance of moxibustion, patients could move the ginger slices if the burning sensation is intolerable,

the best effect was achieved when regional skins became flushed and wet. Among the 20 cases, 18 cases were cured and 2 cases got improvements. Use of moxibustion separated with ginger slice on painful point and Yangming meridians can exert the effects of dissipating wind and scattering cold, dredging meridians and collaterals. [18.09 / -]

180- gera: 115361/di/ra

[73 CASES OF DOUBLE FRACTURE IN ULNAR DIAPHYSIS OF RADIUS TREATED THROUGH MANUAL REDUCTION]. YE JIAXU. *guangxi journal of tcm*. 2003,24(6),23 (chi). ref:21 [18.09 / -]

181- gera: 125150/di/ra

[CLINICAL OBSERVATION OF EXTERNAL EPICONDYLE INFLAMMATION TREATED WITH MOXIBUSTION AND RELAXING ACUPUNCTURE]. ZHAO GANG-MING, GAO XIAO-XIANG. *journal of clinical acupuncture and moxibustion*. 2003,19(12),26 (chi). ref:21 [18.09 / 05.09- ecr-]

182- gera: 130111/di/ra

[SMALL NEEDLE-KNIFE THERAPY FOR EXTERNAL HUMERAL EPICONDYLITIS IN 54 CASES]. MAO GEN-YONG . *acta universitatis traditionis medicalis sinensis pharmacologiaeque shanghai*. 2004,18(1),27 (chi*). ref:21
Ninety-seven cases of external humeral epicondylitis were randomized into two groups: treatment group in which 54 cases were treated by small needle-knife therapy and control group in which 43 cases were treated by local blockade and TDP irradiation. The long-term and short-term effects in the two groups were compared. Result showed that the long-term and short-term effects were better in treatment group than in control group. [18.09 / ecr-]

183- gera: 124906/di/ra

[EFFECTS OF TONGMAIYIZHI CAPSULES ON THE MIDDLE CEREBRAL ARTERY IN THE RABBIT WITH ATHEROSCLEROSIS]. WAN YINGXIN, ZHANG TIEZHONG. *journal of beijing university of tcm*. 2004,27(1),39 (chi*). ref:21 [18.09 / -]

INDEX DES AUTEURS

- ASSENDELFT W, GREEN S, BUCHBINDER R, STRUIJS P,
 S^a 159 , 160 ,
 BARBE C^a 4 ,
 BENNABO E ET AL^a 25 ,
 BLARD JL^a 17 ,
 BOURNE IHJ^a 95 ,
 BOURSE JF^a 91 ,
 BOWING G ET AL^a 50 ,
 BOYER MI ET AL^a 107 ,
 BRATTBERG G^a 18 ,
 CASTRO P^a 8 , 9 ,
 CHEN BOLAI ET AL^a 119 ,
 CHEN JIRUI ET AL^a 35 ,
 CHEN ZUN-YOU, HUANG YONG, ZHU MING-SHUANG, ET
 A^a 136 ,
 CHEN ZUN-YOU, HUANG YONG, ZHU MING-SHUANG, ET
 AL^a 137 ,
 CHILTON SA^a 96 ,
 DAI QINGSHENG ET AL^a 112 ,
 DE BILDERLING^a 71 ,
 DEL ARCO M ET AL^a 22 ,
 DING JUN-XUE^a 28 ,
 DINOUART P^a 14 ,
 DUBOIS JC^a 138 ,
 FANG ZHOULIN^a 120 , 121 ,
 FERRARI S^a 19 ,
 FINK M ET AL^a 139 ,
 GE HENG-BI^a 161 ,
 GENG JUNYING ET AL^a 62 ,
 GORET O^a 92 ,
 GREEN S ET AL^a 122 ,
 GUAN JIAN-HONG^a 84 ,
 GUNN CC ET AL^a 5 ,
 GUO YUANQI, CHEN LIYI^a 140 ,
 GUO ZHILIANG ET AL^a 99 ,
 HAKER E^a 100 ,
 HAKER E ET AL^a 51 , 52 ,
 HAN DAWEI ET AL^a 141 ,
 HE LIPING ET AL^a 36 ,
 HE RUYI^a 97 ,
 HE ZHUO-MA^a 85 ,
 HOU DE GUANG^a 38 ,
 HOU SHIWEN^a 63 ,
 HU JINSHENG^a 64 , 72 , 73 ,
 HUA HONG, WANG QUAN-MEI^a 162 , 163 ,
 HUANG BOLING ET AL^a 53 ,
 HUANG JUNXIONG^a 123 , 164 ,
 HUANG YONG ET AL^a 101 ,
 JI XIAO-PING^a 86 ,
 KESPI JM^a 93 ,
 KONG YAOQI^a 29 , 30 ,
 LANGER H ET AL^a 39 ,
 LEBEL D^a 20 ,
 LI GUOHENG ET AL^a 15 ,
 LI JIANSHAN ET AL^a 113 ,
 LI KE^a 27 ,
 LI LI, WU BING-HUANG, CHEN YUE, ET AL^a 142 ,
 LI LINGLI ET AL^a 77 ,
 LI WEI, ZHANG XIUMEI^a 165 ,
 LI YUEXIAN ET AL^a 124 ,
 LI ZUMO ET AL^a 21 ,
 LIANG GUANRONG ET AL^a 108 ,
 LIN CHAO-QUN, GOU ZHEN-XUE^a 166 ,
 LIN QIAOLING ET AL^a 167 , 168 ,
 LIU GUI-REN^a 31 ,
 LIU LIANG^a 143 ,
 LIU QINGGUO, WANG XANGQI, ZHANG LIUSHAN^a 144 ,
 LU JIANPING ET AL^a 54 ,
 LU SHOU-KANG^a 78 ,
 LUO JIANHUA^a 87 ,
 LUO LING, SUN XIAOFENG, YANG JINHUA, ET AL^a 169 ,
 MA-FAT JL^a 40 ,
 MAFFEZZONI A^a 13 ,
 MAO GEN-YONG^a 182 ,
 MEI ZHONGYING^a 41 ,
 MELLOR S^a 170 , 171 ,
 MELLOR S.^a 172 , 173 ,
 MOLSBERGER A ET AL^a 32 , 79 ,
 NGUYEN A^a 65 ,
 NGUYEN T.X^a 125 , 126 ,
 NI YIFENG^a 16 ,
 NOGIER^a 10 ,
 OEI-TAN CL^a 74 ,
 PANG ZHI - YING^a 127 ,
 PERNICE C^a 6 ,
 PICHOT E^a 12 ,
 PING QI KANG^a 42 ,
 PION P^a 33 ,
 POTHMANN R^a 145 ,
 QI ZHEN-XI, HE SHAN-HAI^a 146 ,
 QIQIONG P^a 43 ,
 QIU HANCHUN^a 66 ,
 QUAN-XIANG ZHANG ET AL^a 34 ,
 ROCHER Y^a 11 ,
 ROULET C^a 26 ,
 ROUQUIER-TOUSSAINT F^a 44 ,
 SEVIER TL ET AL^a 109 ,
 SHAO WEILI, TAO YOUPING^a 147 ,
 SHAO YAPING ET AL^a 128 ,
 SHERMAN KJ^a 148 ,
 SHI XIAOYU ET AL^a 67 ,
 SONG NANCHANG ET AL^a 80 ,
 SONG XIII-GANG^a 129 , 130 ,
 SOTTE L^a 81 ,
 SUN SHUCHUN^a 45 , 46 ,
 TAKAHARU IKEUCHI ET AL^a 82 ,
 TANG WEIHUA^a 94 ,
 TSUI P ET AL^a 149 ,
 UMLAUF R ET AL^a 102 ,
 WAN YINGXIN, ZHANG TIEZHONG^a 183 ,
 WANG GUOCAI ET AL^a 55 , 56 ,
 WANG LIANG-SHEN^a 68 ,
 WANG SHUJUN, LIANG GUOHUI, ZHU JUNFANG ET AL^a
 150 ,
 WANG XINGFENG^a 131 , 151 ,
 WANG XIU HUA ET AL^a 23 ,
 WANJUN ET AL^a 174 ,
 WEBSTER-HARRISON P, ET AL^a 152 ,
 WEI YONG^a 47 ,
 WEN JINZHI ET AL^a 103 ,
 WHITE AR^a 153 ,
 WU HAI-XING ET AL^a 132 ,

WU JING-WEI[□] 98 ,
WU YI-ZHONG[□] 175 ,
WU ZHIMING[□] 57 , 58 , 59 ,
X[□] 1 , 2 , 3 , 7 , 24 , 69 , 70 , 88 , 89 , 154 , 155 ,
156 ,
XIANG YI[□] 114 ,
XIN BENZHONG,CHEN JIANHONG,LI ANG,ET AL[□] 176 ,
XIONG GUO PING[□] 110 ,
XIU JIANWEN[□] 115 ,
XU FEI, ZHU YAPING[□] 177 , 178 ,
XU REN, ET AL[□] 133 ,
YA N WEIPING[□] 157 ,
YANG MEI-LIANG ET AL[□] 83 ,
YANG YING[□] 179 ,
YANG YUANZHONG[□] 37 ,
YE JIAXU[□] 134 , 180 ,
YIN QIUIAN[□] 158 ,
YLINEN J ET AL[□] 75 ,
YOSHIYUKI KAWASE ET AL[□] 111 ,
ZHANG H[□] 104 ,
ZHANG HONG XING[□] 105 ,
ZHANG HONGXING[□] 106 ,
ZHANG JIANXIN ET AL[□] 135 ,
ZHANG YUZHU ET AL[□] 116 ,
ZHAO CHUNYIN ET AL[□] 60 ,
ZHAO GANG-MING,GAO XIAO-XIANG[□] 181 ,
ZHAO TIANLIANG[□] 76 ,
ZHAO YONG[□] 61 ,
ZHEN JUN[□] 48 ,
ZHEN L[□] 90 ,
ZHOU KING[□] 117 ,
ZHUANG XIN-SHENG[□] 118 ,
ZOU WEN BAO[□] 49 ,

index des sujets/ subject index (non exhaustif)

1.01 -☐ GENERAL ASPECTS AND HISTORY/ ASPECTS GÉNÉRAUX ET HISTOIRE

symbolisme☐ 44 ,

2.05 -☐ meridians/ méridiens

tendinomusculaire☐ 19 , 19 , 33 , 33 ,

2.06 -☐ points/ points

ashi☐ 33 ,
E36☐ 98 ,
P5☐ 58 , 59 ,
VB34☐ 79 ,

5.03 -☐ acupuncture/ acupuncture

aiguille☐ 113 , 129 ,
profondeur de puncture☐ 51 ,
séance d'acupuncture☐ 79 ,

5.08 -☐ cupping/ ventouses

*☐ 110 ,

5.09 -☐ moxibustion/ moxibustion

*☐ 41 , 68 , 77 , 80 , 90 , 99 , 110 , 117 , 119 , 175 ,
181 ,

5.11 -☐ nose, face, eye, hand and foot acupuncture/ rhinofacio, manopodo, craniopuncture

*☐ 29 , 30 ,
craniopuncture☐ 29 , 30 ,
manopuncture☐ 101 ,
podopuncture☐ 101 ,

5.12 -☐ electro-acupuncture/ electro-acupuncture

*☐ 47 , 71 ,

5.14 -☐ laser acupuncture/ laser

*☐ 71 ,

5.15 -☐ drug acupuncture/ chimiothérapie

*☐ 77 , 98 , 131 ,

5.16 -☐ qi gong. massages/ qi gong. massages

*☐ 55 , 56 ,

manipulation☐ 67 ,
massage☐ 55 , 56 , 67 , 131 ,

10.06 -☐ intestines/ intestins

*☐ 19 ,

11.06 -☐ menopause. premenstrual syndrome/ ménopause. syndrome prémenstruel

*☐ 115 ,

18.07 -☐ traumatology/ traumatologie

*☐ 34 , 37 , *☐ 53 , 116 ,

18.08 -☐ hand/ main

*☐ 47 , 80 , 86 ,

18.09 -☐ elbow/ coude

*☐ 48 ,

18.18 -☐ knee/ genou

*☐ 48 ,

24.07 -☐ / animaux de laboratoire

lapin☐ 114 ,

25.10 -☐ central neurotransmitters/ neuromédiateurs centraux

substance P☐ 57 ,

27.01 -☐ methods/ méthodes

comparaison de 2 techniques de la MTC☐ 51 , 101 ,
double aveugle☐ 52 ,
essai clinique non randomisé☐ 131 ,
essai comparatif éventuellement randomisé☐ 94 ,
essai contrôlé randomisé☐ 51 , 79 , 101 , 117 , 139 , 149
, 175 , 181 , 182 ,
essai ouvert (acupuncture)☐ 16 ,
étude contrôlée ((laser)☐ 52 ,
étude contrôlée (acupuncture)☐ 79 ,
expérimentation animale (acupuncture)☐ 114 ,
meta analyse☐ 122 ,
placebo☐ 52 , 79 ,
revue générale☐ 99 , 109 , 122 ,

INDEX DES SOURCES

1 - congrès

2eme congrès mondial d'acupuncture et moxibustion, paris 50 ,
actes du 2eme congrès d'acupuncture afera, nimes 33 ,
conferences d'acupuncture, gera, toulon 6 , 14 ,
iieme congresso mondiale delle wmaa 138 ,

2 - extraits de traités

in acupuncture and moxibustion, new world press, beijing 62 ,
in acupuncture case histories from china, eastland press, seattle 35 ,
in atlas of therapeutic motion for treatment and health 45 , 46 ,
in chinese acupuncture and moxibustion, publishing house of shanghai college of tcm, 54 ,
in chinese massage, publishing house of shanghai college of tcm, shanghai 55 , 56 ,
in roustan, traite d'acupuncture, masson, paris 24 ,
in the manual of china's current acupuncture therapy, medecine and health publishing 3 ,
in treatment of 100 common diseases by new acupuncture 7 ,

3 - mémoires

memoire d'acupuncture, bordeaux 2 40 ,
memoire d'acupuncture, afa, bordeaux 44 ,
memoire d'acupuncture, afera, nimes 12 ,

4 - revues d'acupuncture et MTC

37°2 le magazine 92 ,
abma-bvga news 91 ,
acta medica sinica 53 ,
acta universitatis traditionis medicalis sinensis pharmacologiaeque shanghai 182 ,
acupuncture 8 , 9 ,
acupuncture and electro-therapeutics research 75 , 149 ,
acupuncture in medicine 152 , 154 ,
acupuncture in medicine - journal of the british medical acupuncture society 95 , 96 ,
acupuncture research 48 , 77 , 97 ,
acupuncture traditionnelle chinoise 110 ,
akupunktur 74 ,
akupunktur 100 , 102 ,
american journal of acupuncture 5 , 101 ,
asclepios 71 ,
auriculomedecine 10 ,
chinese acupuncture and moxibustion 80 , 90 , 94 , 114 , 140 , 174 ,
chinese journal of acupuncture and moxibustion 47 ,
chinese journal of ethnomedicine and ethnopharmacy (cje) 133 ,
chinese journal of traditional medicine traumatology and orthopedics 28 , 34 , 38 , 49 ,
chinese manipulation and qi gong therapy 120 , 121 ,
cliniques d'acupuncture 1 , 2 ,
contrepoin 22 ,
deutsch zeitschrift fuer akupunktur 39 ,
deutsche zeitschrift fur akupunktur 125 , 126 ,
el pulso de la vida 105 ,
energetique et tradition chinoise 17 ,
focus on alternative and complementary therapies 148 , 153 ,

forschende komplementarmedizin und klassische naturheilkunde 145 ,
fujian journal of traditional chinese medicine 27 ,
gansu journal of traditional chinese medicine 157 ,
guangxi journal of tcm 115 , 123 , 134 , 164 , 180 ,
henan journal of tcm and pharmacy 118 ,
henan journal of traditional chinese medicine and pharmacy 127 ,
hunan guiding journal of tcm 169 ,
hunan guiding journal of tcmp 155 , 156 ,
in clinic of tcm (2), publishing house of shanghai college of tcm, shanghai 60 ,
information on traditional chinese medicine 141 ,
international journal of clinical acupuncture 78 , 83 , 84 , 85 , 86 , 98 ,
jiangsu journal of tcm 37 , 87 , 108 , 112 , 177 , 178 ,
jiangsu journal of traditional chinese medicine 61 , 76 ,
journal of acupuncture and tuina science 161 , 179 ,
journal of beijing university of tcm 183 ,
journal of cervicodynia and lumbodynia 162 ,
journal of chengdu university of traditional chinese medicine 136 , 137 ,
journal of clinical acupuncture and moxibustion 113 , 166 , 175 , 181 ,
journal of external therapy of traditional chinese medicine 158 ,
journal of fujian college of traditional chinese medicine 142 , 146 ,
journal of henan university of chinese medicine 165 ,
journal of new chinese medicine 30 ,
journal of practical tcm 143 , 147 ,
journal of tcm 58 , 131 ,
journal of the american college of traditional chinese medicine 42 ,
journal of the japan society of acupuncture 69 , 70 , 82 , 88 , 89 , 111 ,
journal of traditional chinese medicine 16 , 21 , 31 , 36 , 41 , 64 , 99 , 104 , 106 ,
journal of traditional chinese orthopedics and traumatology 124 , 128 , 135 , 150 , 167 , 168 ,
journal of traditional orthopedics and traumatology 176 ,
journal of zhejiang tcm college 29 ,
mains libres 26 ,
meridiens 65 ,
new journal of tcm 119 ,
quaderni di agopuntura tradizionale 19 ,
revista de la medicina tradicional china 59 , 73 ,
revue francaise d'acupuncture 11 , 93 ,
rivista italiana di agopuntura 13 ,
rivista italiana di agopuntura (roma) 25 ,
rivista italiana di medicina tradizionale cinese 57 , 72 , 81 ,
 ,
rivista italiana di medicina tradizionale cinese 151 ,
shandong journal of tcm 132 ,
shandong journal of traditional chinese medicine 129 , 130 ,
 ,
shanghai journal of acupuncture and moxibustion 23 , 63 , 66 ,
shanghai journal of tcm 117 ,
shanghai journal of traditional chinese medicine 15 , 67 ,
shanxi journal of traditional chinese medicine 68 ,
the journal of cervicodynia and lumbodynia 163 ,
the journal of traditional chinese orthopedics and traumatology 116 , 144 ,

world journal of acupuncture-moxibustion 103 ,

5 - revues extérieures

alternative medicine 32 ,

bmj 159 , 160 , 170 , 171 , 172 , 173 ,

british journal of rheumatology 79 ,

clinical journal of pain 51 ,

cochrane library oxford : update software 122 ,

j shoulder elbow surg 107 ,

jiangsu journal of tcm 43 ,

pain 18 , 52 ,

rheumatology 139 ,

sports med 109 ,

6 - thèses

these medecine,montpellier 4 ,

these medecine,reims 20 ,