

1- gera: 6736/di/ra

[ANESTHESIE PAR ACUPUNCTURE : RAPPORT DE DEUX CAS]. HO WYH ET AL. **american journal of chinese medicine.** 1973;1(1):151-4 (eng).

Calcul salivaire et amygdaléctomie.

2- gera: 13336/di/ra

ACUPUNCTURE IN OTOLARYNGOLOGY. HANSEN JE. **american journal of chinese medicine.** 1975;3(3):281-4 (eng).

The enthusiastic acceptance of acupuncture by the people of the United States is partly indicative of the limitations of Western medicine. This paper is the result of a two year study using acupuncture in the field of otolaryngology to treat those patients whose illnesses have not responded to conventional Western medicine approaches.

3- gera: 17526/nd/re

ELEKTRO-AKUPUNKTUR IN HNO-FACH. HEIMANN H. **hno.** 1978;26(8):278-81 (deu).

[ELECTRO-ACUPUNCTURE IN OTOLARYNGOLOGY].

As an introduction to electro-acupuncture, the author discusses the basic theory of classical acupuncture as well as the therapeutic applications of low frequency positive or negative half-waves. Electro-therapy using specific points of acupuncture which refer to selected organs can now be carried out with a compact apparatus called ELBION. This instrument had originally been designed by the author for reliable and uncomplicated applications in oto-rhino-laryngology. ELBION thus permits the realization of a complete electro-acupuncture (EAP). Typical indications for EAP, as confirmed by the author, include influenzal anosmia, Bell's paralysis and central equilibrium disturbances of the neurovascular type. EAP serves as a most helpful additional treatment in cases of frontal sinusitis, various kinds of neuralgia, cervical otalgia, as well as sialososes of obscure or chronic genesis.

4- gera: 707/di/ra

[DISCUSSION ET TRAITEMENT DU SYNDROME DE SJOGREN SELON LE PRINCIPE DE LA DIFFERENCIATION DES SYMPTOMES ET SIGNES].

ZHANG QINYUN ET AL. **shanghai journal of traditional chinese medicine.** 1981;5:23-4 (chi).

5- gera: 159313/nd/re

[EXPERIENCE WITH USING REFLEXOTHERAPY IN TREATING SJÖGREN'S SYNDROME]. PERMINOVA IS, GOĪDENKO VS, RUDENKO IV.. **stomatologiia (mosk).** 1981;60(4):37-8 (rus).

6- gera: 11629/di/ra

[TYPES OF COMMON GASTROINTESTINAL DISEASES IN TCM IN RELATION TO SALIVARY OSMOTIC PRESSURE]. ZHANG XUAN ET AL. **chinese journal of modern developments in traditional medicine.** 1982;2(4):212 (chi*).

"Slobber" is saliva and its secretion is determined by "spleen". Naturally, the imbalance of Yin and Yang in spleen-stomach will influence the quality and quantity of saliva. In order to explore the essence of "Spleen", salivary osmotic pressure (osmotic concentration) was used as an index and 50 cases with common gastrointestinal diseases were observed. They were divided into 4 types according to TCM differentiation of symptom-complexes. In addition, 51 healthy persons were taken as controls. The results showed that changes of salivary osmotic pressure varied with different types of gastrointestinal diseases which had the same outward manifestation. The salivary osmotic pressure increased in three types, namely, hypofunction of the spleen

and stomach with manifestations of cold stagnancy in the liver and deficiency of vital energy of the spleen, and deficiency of vital essence of the stomach, in which there was no marked statistical difference if compared with the healthy persons, but a significant difference ($p < 0.05$) and a very significant one ($p < 0.01$) were present in the type of disharmony of the liver and the stomach. The preliminary impression is that kinetic changes of salivary osmotic pressure in common gastrointestinal diseases seem to reflect the function of "spleen" which plays a role in regulating water and saline metabolism.

7- gera: 3131/di/ra

[COMBINATIVE STUDY OF BLOOD STASIS AND METHOD OF ACTIVATING BLOOD CIRCULATION AND REMOVING STASIS WITH IMMUNOLOGICAL INVESTIGATION IN COLLAGEN DISEASES AND OVERLAPPING COLLAGEN DISEASES]. QIN WANZHANG ET AL. **chinese journal of integrated traditional and western medicine.** 1983;3(4):210 (chi*).

275 cas de maladies du collagène sont étudiés (lupus, dermatomyosite, syndrome de Sjogren). Il y a quelques signes cliniques communs de stase sanguine dans tous ces cas : cyanose de la langue, phénomène de Raynaud, induration de la peau, masses pathologiques, arthralgies, troubles des règles... Les examens immunologiques montrent des anomalies diverses (anticorps antinucléaires, facteur rhumatoïde, anticorps anti DNA, immunoglobines, complément C3, tests cutanés, rosette...) Les 275 cas sont traités par activation de la circulation sanguine et levée de stase (triptérygium wilfordii, triptérygium hypoglarucum, salsvia miltiorrhiza...) et améliorés à divers degrés. L'amélioration des signes de stagnation du sang et des perturbations immunologiques est parallèle ceci suggère qu'il y a une relation étroite entre stagnation du sang et troubles immunologiques.

8- gera: 4811/di/ra

[OBSERVATION SUR LA CYTOLOGIE DE L'ENDUIT LINGUAL DANS LES AFFECTIONS COURANTES DE L'ENFANT]. ZHOU ZHIWEN ET AL. **chinese journal of integrated traditional and western medicine.** 1983;3(2):100 (chi*).

135 frottis d'enduit lingual sont étudiés. La numération leucocytaire est basse en cas de dyspepsie, de parotidite ou d'enduit blanc. La numération leucocytaire est élevée en cas d'infection respiratoire, pneumonie, oreillons ou encore d'enduit jaune. Il n'y a pas de corrélation entre la numération leucocytaire dans le sang périphérique et le taux de leucocytes au niveau du frottis. Au stade de début des oreillons, l'épithélium est constitué d'une couche de cellules de surface, et le taux des leucocytes est bas. A la phase d'état l'épithélium est constitué de cellules basales et les leucocytes, polymorphes, sont très abondants et occupent l'ensemble du champ, particulièrement en cas de pneumonie. Durant la convalescence l'épithélium et le taux de leucocytes diminuent. L'aspect lingual et l'aspect microscopique ont une relation étroite durant une affection. Un enduit blanc indique une affection externe, froid et vide, et une langue jaune une affection interne, chaud et plénitude avec présence d'une infection. Ceci approfondit notre connaissance sur la théorie interne/externe, froid/chaud, vide/plénitude et permet une approche de la nature et du développement de la maladie.

9- gera: 10087/di/cg

[L'APPLICATION CLINIQUE DE LA LASER-ACUPUNCTURE HE-NE]. WANG ZONGKUE ET AL. **second national symposium on acupuncture and moxibustion, beijing.** 1984;154:144 (eng).

Irradiation ponctuelle durant 5 minutes, laser 2 mw et 6328A,

profondeur de pénétration: 1,5 cm. Points utilisés : pour la pharyngite 23VC et 9E, bronchite : 1P, 13V, 17VC, 22VC, parotidite : 4GI, 6E, et 17TR. Traitement de 180 cas : guérisons de 42,2 %, taux d'efficacité 95 % (5 % d'échecs). La laser-acupuncture n'entraîne aucune douleur et aucun effet secondaire et est bien tolérée par le patient.

10- gera: 14554/di/ra
[TRAITEMENT PAR ELECTROACUPUNCTURE DE LA PAROTIDITE (350 CAS)]. JIN ZHIYING. *shanghai journal of acupuncture and moxibustion*. 1984;2:5 (chi).

11- gera: 15142/di/ra
INTERSTITIAL FLUID AND SJOGREN'S SYNDROME. LEE M. *pacific journal of oriental medicine*. 1985;2(1):3-7 (eng).
 Treatment par acupuncture et la prescription Liu Wei Di Huang, rapport de 3 cas cliniques.

12- gera: 21232/di/cg
EFFECT OF ACUPUNCTURE ON IMMUNOGLOBULIN OF SERUM SALIVA AND GINGIVAL FLUID (ABSTRACT). MABEL MEI PO YANG ET AL. *in compilation of the abstracts of acupuncture and moxibustion papers, beijing*. 1987;:185 (eng).
 Etude de l'effet de l'acupuncture sur le taux des immunoglobulines dans le sérum, la salive et le fluide gingival. Les points puncturés sont le 4GI, le 7E et le point endocrinien de l'oreille. L'étude porte sur 70 volontaires. Dans un 1er groupe, on mesure le taux des IgA salivaires 30 minutes et 24 heures après la séance d'acupuncture. On note une augmentation de ce taux chez les malades qui présentaient un taux bas auparavant et une diminution chez ceux qui présentaient un taux élevé. Dans un 2ème groupe, on observe l'effet de l'acupuncture sur le taux IgG dans le sérum et le fluide gingival. On note une baisse de ce taux 30 minutes après chaque traitement. Pratiquée quotidiennement, l'acupuncture au bout de 7 à 10 jours va augmenter significativement le taux des IgG. La même chose a été observée chez le lapin on peut donc en déduire un effet de l'acupuncture sur ces taux, et envisager un effet sur les défenses immunitaires. Voir article complet ref gera (27503).

13- gera: 25274/di/cg
THE EFFECT OF ACUPUNCTURE ON PH VALUE OF SALIVA. ZHAO SHUMIN ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing*. 1987;:592 (eng).
 Le PH salivaire de patients anorexiques est inférieur à celui de sujets sains, servant de contrôle. Le traitement par acupuncture (1 séance par jour durant 10 à 15 jours, points de la (RTE/E) améliore l'appétit vers la 4ème, 5ème séance avec une évolution parallèle du PH salivaire.

14- gera: 27631/di/cg
STUDIES ON SALIVA SECRETION AND RUMEN PERISTALSIS BY SHEEP BY LASER IRRADIATION. WANG RENHE T AL. *international conference on veterinary acupuncture, beijing*. 1987;15-18:89. (eng).
 L'irradiation au lasers du point Jiao Chao élève la secretion salivaire chez le mouton et la chèvre.

15- gera: 27740/di/ra
THE CHINESE HERBAL TREATMENT OF SJOGREN SYNDROME AND SUBACUTE MYELO-OPTICONEUROPATHY (SMON) DISEASE. TERUTANE YAMADA. *oriental healing arts international bulletin*. 1987;12(7):375-9 (eng).

16- gera: 30794/di/ra
[EXPERIENCE IN TREATING 60 CASES OF SJOGREN'S SYNDROME]. ZHAO LIJUAN ET AL. *journal of traditional chinese medicine*. 1987;28(12):27-9 (chi).

17- gera: 31968/di/ra
[TREATMENT OF 210 CASES OF MUMPS WITH IGNITED MATCH AS A MOXA STICK APPLIED ON ACUPOINT JIAOSUN (S.J.20)]. WANG SONGRONG. *liaoning journal of tcm*. 1987;11(6):26 (chi).
 Voir résumé anglais ref gera (24944).

18- gera: 41806/nd/re
[TREATMENT OF SJOGREN'S SYNDROME BY INTEGRATED CHINESE AND WESTERN MEDICINE]. XUE HUI FEN. *guizhouyiyao*. 1987;11(4):19-20 (chi*).
 Chinese medicinal materials used for the treatment of Sjogren's syndrome basically included the root of Adenophora tetraphylla, root tuber of Ophiopogon japonicus, sclerotium of Poria cocos, root of Codonopsis pilosula, root of Salvia miltiorrhiza, root of wild Paeonia lactiflora, rhizome of Rehmannia glutinosa, root of Scutellaria baicalenses, root of Scrophularia ningpoensis, stem of Dendrobium nobile, root tuber of Polygonum multiflorum, root of Angelica sinensis, and root of Trichosanthes kirilowii. Levamisole was given concurrently at 50 mg thrice per day for 2 consecutive days per week. In 12 cases so treated, 2 were basically cured, 8 improved and 2 not responded to treatment.ACME:880894

19- gera: 23022/di/ra
[STUDY ON FUNCTIONAL STATE OF AUTONOMIC NERVE IN SPLEEN YIN DEFICIENCY SYNDROME]. XEI MUXIN ET AL. *chinese journal of integrated traditional and western medicine*. 1988;8(4):202 (chi*).
 Etude de 30 patients avec syndrome de vide de yin de la rate. 1) Dans 42 % des cas l'activité enzymatique salivaire est plus élevée après stimulation par acide citrique par rapport au groupe de contrôle, mais moins élevée par rapport à un groupe vide de qi de la rate. 2) L'activité Ache érythrocytaire est plus élevée que dans le groupe de contrôle (p<0,01), mais moins que dans le groupe vide de qi (p<0,01), 3) cAMP/cGMP est abaissé par rapport au groupe de contrôle et au groupe vide de qi. 4) La température aux points 18IG et 8MC est plus élevée par rapport au groupe de contrôle. Ces résultats suggèrent que le syndrome de vide de yin de la rate coïncide avec une hyperfonction parasympathique et une diminution de l'excitabilité sympathique.

20- gera: 26080/di/el
EXCESSIVE CHILDHOOD SALIVATION (XIAO ER LIU XIAN). CHEN JIRUI ET AL. *in acupuncture case histories from china, eastland press, seattle*. 1988;:287-288 (eng).

21- gera: 53441/di/ra
[CHANGE OF THE RATIO OF NA TO K IN SALIVA OF THE PATIENT WITH EDEMA OF THE TYPE OF YANG DEFICIENCY]. GAO JIAOLI ET AL. *shaanxi traditional chinese medicine*. 1988;9(10):473. (chi).

22- gera: 27503/di/ra
EFFECT OF ACUPUNCTURE ON IMMUNOGLOBULINS OF SERUM, SALIVA AND GINGIVAL SULCUS FLUID. MABEL MEI PO YANG ET AL. *american journal of chinese medicine*. 1989;17(1-2):89-94 (eng).
 The present research is a preliminary investigation on the

changes of immunoglobulins in serum, saliva and gingival sulcus fluid in response to acute and chronic acupuncture stimulation in 70 volunteers. The acute effect of acupuncture showed that 30 minutes and 24 hours after acupuncture treatment saliva IgA levels were significantly increased in those who had previous low levels of IgA, but decreased in those who had previous high levels. When acupuncture was given daily for 2 weeks, the saliva IgA level was significantly increased, about 20% higher than that of the initial value. The IgG levels in serum and gingival sulcus fluid were decreased at so minutes after acupuncture treatment. On the other hand, chronic acupuncture stimulation (daily for 7-10 days) significantly increased IgG levels in both serum and gingival sulcus fluid. The regulatory effect of acupuncture on the immunological function of body defense system is discussed.

23- gera: 34208/nd/re
[ACTION OF RADIX TRICHOSANTHIS AND FRUCTUS SCHISANDRAE ON AGLUTININ RECEPTOR AND IMMUNOGLOBULIN OF MOUSE SALIVARY GLAND]. JIJIN W ET AL. *fujian journal of tcm*. 1989;19(3):15-28 (chi).

24- gera: 34312/di/ra
[PRELIMINARY OBSERVATION ON CHANGES OF SODIUM AND POTASSIUM IONS IN SALIVA OF PATIENTS WITH EDEMA DUE TO SPLEEN-DEFICIENCY-*]. XINOLI G ET AL. *journal of traditional chinese medicine*. 1989;30(5):37-9 (chi).

25- gera: 34348/di/ra
[RELATIONSHIP BETWEEN CHANGES IN SERUM AND SALIVA-SEX HORMONES AND KIDNEY-DEFICIENCY IN WOMEN OF CHILDBEARING AGE WITH TYPE II*]. ANKUN K ET AL. *journal of traditional chinese medicine*. 1989;30(8):26-8 (chi).

26- gera: 34578/di/ra
[THE SUMMARY OF TREATING EPIDEMIC PAROTITIS BY CHINESE HERBAL MEDICINE]. GUOYING L. *shaanxi traditional chinese medicine*. 1989;10(8):375-7 (chi).

27- gera: 50168/di/ra
[RESEARCH ON TONGUE PICTURE AND SALIVARY BIOCHEMISTRY IN CHILD SPLEEN DEFICIENCY FORMING COUGH]. GAO SHUYING. *journal of shandong college of traditional chinese medicine*. 1989;13(6):5-8 (chi).

28- gera: 50274/di/ra
[OCTAGONAL LILY INJECTION FOR 34 CASES OF EPIDEMIC PAROTITIS]. SHI XIANGCHENG ET AL. *shanghai journal of traditional chinese medicine*. 1989;11:15-6 (chi*).

Thirty-four cases of epidemic parotitis including 10 complicated with encephalitis were treated with, a preparation of the rhizome of *Dysosma pleiantha*. The dosage was 40 ml (16 g crude drug) in 250 ml 10 % glucose by IV infusion. The child dosage was one half as much. Cerebral osmotic dehydrant and vitamin C were given for patients with encephalitis was treated with, moroxydine and prednisone (dexamethasone for patients with body temperature above 39.5°C) by IV infusion. In the treatment group, patients responded in 3 days and healed in 5 days. In the control group, only 21 patients healed after 5 days of treatment and all patients were healed after 9 days of treatment. The *Dysosma pleiantha* injection was found to have antipyretic effect. ACME:900320

29- gera: 50413/di/ra
[TIAN ZHU WAI QI TREAT STONES IN BODY]. JIANG SHEN SHEN. *qigong & sport*. 1989;5:32. (chi).

30- gera: 80680/di/ra
TREATMENT OF PAIN BY LASER IRRADIATION. A REPORT OF 76 CASES. HU GUANGZHI. *journal of traditional chinese medicine*. 1989;9(4):256-58 (eng).
 During the last two years, the author had treated 76 cases of pain syndrome due to various etiological factors by laser irradiation, with satisfactory results. Of the 76 cases in this series, 21 were males and 55 females. The age range was 1-20 years in 5 cases, 21-40 years in 28 cases, 41-60 years in 37 cases, and over 60 years in 6 cases. The youngest patient was 4 years of age and the oldest 70 years old. The etiological diagnoses in this series were herpes zoster in 11 cases, inflammation of nervi occipitalis major in 2 cases, trigeminal neuralgia in 3 cases, parotitis in 3 cases, osteochondritis of ribs in 5 cases, frozen shoulder in 6 cases, oral cavity ulcer in 20 cases, cholecystitis and cholelithiasis in 13 cases, ureteral calculus in 5 cases, and sciatica in 8 cases. All cases in this series were treated with BXS-1 model He-Ne laser therapeutic machine (manufactured by Chongqing Optical Instrument Research Institute), with a wave length of 6328 Å, a light spot of 2mm in diameter, an output potential of 3mW a working current of 1-10 mA, an irradiation distance of about 30- 50 cm from exit of laser light to the skin. Focal irradiation was combined with acupoint irradiation. If the focal lesion was large, irradiation might be performed separately, section by section. For acupoint irradiation, acupoints were selected according to TCM differentiation. 1-3 acupoints were selected for each session of treatment once daily, with 10 sessions constituting a therapeutic course. A seven day interval was allowed between courses. It was shown that the analgesic effect was better in oral cavity ulcer and herpes zoster, but less effective in abdominal pain due to cholecystitis, the chief reason being that it was difficult for the calculi to be expelled.

31- gera: 80700/di/ra
1000 CASES OF MUMPS TREATED WITH EAR NEEDLING ON PINGJIAN POINT (MA-T2). SONG GUOYING. *journal of traditional chinese medicine*. 1989;9(1):14 (eng).

PINGJIAN est situé au milieu de la face médiale du tragus. Utiliser une aiguille de 1cm. Retrait de l'aiguille après obtention du DEQI. Stériliser soigneusement après retrait de l'aiguille. En cas de parotidite unilatérale, point monolatéral, puncture bilatérale si lésion bilatérale. Guérison en 1 séance si maladie de 2 jours, 2 séances pour 4 jours, 3 à 4 séances pour 7 jours et 5 séances pour 7 à 10 jours.

32- gera: 80706/di/ra
EXPERIENCE OF 60 CASES OF SJOGREN'S SYNDROME DIAGNOSED AND TREATED WITH TRADITIONAL CHINESE MEDICINE. ZHAO LIJUAN ET AL. *journal of traditional chinese medicine*. 1989;9(1):31-4 (eng).
 Différentiation des syndromes et traitement par phytothérapie.

33- gera: 159314/nd/re
[LUPUS ERYTHEMATOSUS. 5. CURRENT STATUS AND TRENDS IN THERAPY OF LUPUS ERYTHEMATOSUS], FROJO M, PALOMBA F, RULLO R.. *arch stomatol (napoli)*. 1989;30(5):1113-25 (ita).
 [Lupus erythematosus. 5. Current status and trends in therapy of lupus erythematosus: a) S.L.E.: therapy with antimalarials, steroid therapy and monitoring, acupuncture; b) D.L.E.; c) Therapy of oral lesions and xerostomia; d) Dental treatment

during L.E].

34- gera: 61033/di/ra

[RELATION BETWEEN SALIVARY PROTEIN AND DEFICIENCY OF SPLEEN KIDNEY AND QI BLOOD]. LI BI ET AL. **journal of shandong college of traditional chinese medicine.** 1990;14(2):62-5 (chi*).

Our experiment proved salivary protein of persons with deficiency of spleen-kidney and qi-blood, and the level of salivary protein of normal persons compared with the former one is different obviously. Salivary protein of persons with deficiency of spleen kidney is direct phasic with plasma albumin and protein. Salivary protein of persons with deficiency of qi-blood in direct phasic with hemochrome and erythrocyte.

35- gera: 70087/di/re

[ACUPUNCTURE IN STOMATOLOGY]. SATKO I ET AL. **prakt zubn lek.** 1990;38(7):194-7 (tch*).

The authors draws attention to the possible use of acupuncture in stomatology used in the course of 13 years in diseases of polyaetiological nature or where the aetiology is not well known. They demonstrate the success of this therapeutic method in diseases such as glossodynia, stomatodynia, primary neuralgia of the trigeminal nerve, contractures of the jaws, myofascial dysfunction syndrome and disorders of salivary secretion in 178 patients treated at the out-patient department of the Second Stomatological Clinic in Bratislava.

36- gera: 81525/di/ra

350 CASES OF EPIDEMIC PAROTIDIS TREATED BY ACUPUNCTURE BLOOD-LETTING. SUN JINGDE ET AL. **chinese journal of acupuncture and moxibustion.** 1990;3(1):41-2 (eng).

Saignée à l'aiguille triangulaire du 11p (3 à 6 gouttes). puis pecture du 4GI (intonification dispersion) en pecture immédiate. une séance par jour. 165 guérisons en une séance, 142 en deux séances, 43 en 3 séances.

37- gera: 81921/di/ra

EPIDEMIC PAROTITIS. ZHANG ENQIN ET AL. **in clinic of tcm (1), publishing house of shanghai college of tcm, shanghai.** 1990;:446. (eng).

38- gera: 64782/di/ra

[CLINICAL ANALYSIS OF EPIDEMIC PAROTITIS TREATED WITH EAR-NEEDLING]. LONG WENJUN ET AL. **chinese acupuncture and moxibustion.** 1991;11(6):19 (chi*).

All together 362 cases were treated and randomly divided into 2 groups, one was consisting of 192 cases, and treated with ear acupuncture needling at Antitriagei Apex, Cheek etc. while the other had 170 cases who were conventionally treated with oral medication and external application of ointment. After the treatment, the total effective rate in both groups was respectively 97.34% and 78.82%. The statistical processing exhibited the noticeable difference between two groups ($P < 0.01$), suggesting the superiority of ear-acupuncture to the conventional treatment.

39- gera: 70127/nd/re

BG-104 ENHANCES THE DECREASED PLASMA SUPEROXIDE SCAVENGING ACTIVITY IN PATIENTS WITH BEHCET'S DISEASE, SJOGREN'S SYNDROME OR HEMATOLOGICAL MALIGNANCY. PRONAI L ET AL. **biotherapy.** 1991;3(4):365-71 (eng).

BG-104, a compound of Chinese herbs, has been reported to exert superoxide scavenging activity (SSA) in cell free systems. This report addresses in vivo effects of BG-104 in

various disorders. The plasma SSA and laboratory parameters were determined in patients Behçet's disease (BD), Sjogren's syndrome (SjS) or hematological malignancy (M), and the effects of BG-104 treatment on these parameters were studied and compared with those of another antioxidant, vitamin E (tocopherol). The plasma SSA was significantly lower both in patients with BD and M, and in patients with SjS without antioxidant treatment as compared to that in healthy controls, and it showed an inverse correlation with disease activities. The treatment with BG-104 and/or vitamin E significantly enhanced the plasma SSA in all disorders studied. Both the erythrocyte sedimentation rates, the absolute number of neutrophils, as well as C-reactive protein levels were significantly lower in patients treated with BG-104 and/or vitamin E than those without these drugs. These results indicate that the BG- 104 has an anti-inflammatory effect through enhancing plasma SSA in patients with BD, SjS or M.

40- gera: 83675/di/ra

DIE TRANSKUTANE NEUROSTIMULATION ALS THERAPIEMÖGLICHKEIT DER STOMATODYNIEN. KOSUT V ET AL. **deutsche zeitschrift für akupunktur.** 1991;34(6):134-5 (deu*).

[Transcutaneous electrical nerve stimulation as a possible form of treatment for stomatodynia]. 45 Patients (41 female, 4 male; age: range = 43-67 yrs; mean = 61 yrs) who had tried various forms of treatment for their complaints for 2-3 years before coming to the parodontology department of the I Stomatology Clinic, Brno, participated in this study. 16 patients suffered from stomatodynia (stomatalgia); 18 from stomatodynia + xerostomia; 5 from stomatodynia + dysgeusia; and 6 only from xerostomia. The treatment procedure was TENS stimulation of the points: St 2, 3, 4, 5, 6 LI 4 CV24 and PdM 1 (Yintang) and 8 (Jiachengjiang) The treatment unit was ten sessions (duration: 30 min. per session.) There was an improvement of salivation in 16 cases; 27 demonstrated improvement in their symptoms (very good : 8, good : 19) 18 patients did not improve satisfactorily. Our patients received 5-6 treatment units during the period 1985-1987. The average symptom-free period was three month. TENS stimulation of the acupuncture points thus seems a possible alternative form of treatment for stomatodynia.

41- gera: 35677/di/ra

PERIMENSTRUAL SALIVATION. CHEUNG CS. **abstract and review of clinical traditional chinese medicine.** 1992;2:30. (eng).

Abstract from Zhang Jing Sheng, "Zhong Yi Qi Zheng Xin Pian", p.216.

42- gera: 37758/nd/re

[THE EFFECT ON ERYTHROCYTE DEFORMABILITY IN SJOGREN'S SYNDROME WITH TREATMENT BY ACTIVATING BLOOD AND REPLENISH BODY FLUID]. XU ZH. **chung hua kou chiang hsueh tsa chih.** 1992;27(3):162-4 (chi).

43- gera: 39312/di/ra

[OBSERVATION ON THE THERAPEUTIC EFFECT OF EPIDEMIC PAROTIDIS TREATED BY BLEEDING METHOD AT POINT SAIXIAN]. HUANG YONGSHENG. **chinese acupuncture and moxibustion.** 1992;12(1):5 (chi*).

250 cases in total were divided into 4 groups. 132 cases were treated with the bleeding technique at point Saixian, and the rest were with routine acupuncture, administration of medicinal herbs, and even the external application of medicine and they were the control groups. The result

showed that the cure rate in the treated (bleeding) group was 100 %, while that in the other groups was 84.8 %, 82.9 % and 35.1 % respectively, indicating that the bleeding technique is the best among the all.

44- gera: 39589/di/ra
[TO SWALLOW SALIVA IS A GOOD HABIT FOR LONG LIFE]. MU ZHENG JUN. *qigong and sport*. 1992;2:22 (chi).

45- gera: 43283/di/ra
[CLINICAL REPORT ON PREVENTION AND TREATMENT OF EPIDEMIC PAROTIDIS WITH AURICULOACUPUNCTURE]. LI HUIFANG ET AL. *yunnan journal of traditional chinese medicine*. 1992;13(4):23 (chi).

46- gera: 44368/di/ra
[ANALYSIS OF CONTENTS OF PH, AMYLASE, KALIUM AND SODIUM IONS OF SALIVA IN PATIENTS WITH COLITIS OF SPLEEN DEFICIENCY TYPE]. CHEN ZHISHUI ET AL. *liaoning journal of traditional chinese medicine*. 1992;19(10):3 (chi).

47- gera: 71176/nd/re
THE EFFECT OF ACUPUNCTURE ON SALIVARY FLOW RATES IN PATIENTS WITH XEROSTOMIA. BLOM M ET AL. *oral surg oral med oral pathol*. 1992;73(3):293-8 (eng).
 Of 21 patients with severe xerostomia, 11 were treated with acupuncture and 10 patients received placebo acupuncture. Those patients who received acupuncture treatment showed increased salivary flow rates during and after the acupuncture treatment. The improved salivary values persisted during the observation year, whereas the patients who received placebo acupuncture showed some improvement of salivary flow rates only during the actual treatment. The results of the present study indicate that acupuncture may be a useful adjunct for the stimulation of salivary flow in some

48- gera: 45067/di/re
PERIPHERAL EFFECTS OF SENSORY NERVE STIMULATION (ACUPUNCTURE) IN INFLAMMATION AND ISCHEMIA. LUNDEBERG T. *scand j rehabil med suppl*. 1993;29:61-86 (eng).
 This paper reports the effects of sensory nerve stimulation (acupuncture - TENS) in Sjögren's syndrome (keratoconjunctivis sicca) in ischemic skin flaps (clinically important for plastic surgery) and in chronic leg ulcers. The physiological background of the effect of this stimulation is complex. Therefore we have felt it necessary to give a review of the pathological factors involved.

49- gera: 45148/nd/re
[ANTI-XEROSTOMIC PASTE USED FOR NASOPHARYNGEAL CANCER UNDERGOING RADIOTHERAPY]. WANG FY. *chung hua hu li tsa chih*. 1993;28(12):733-4 (chi).

50- gera: 45638/nd/re
BASICS OF ACUPUNCTURE IN THE ORAL CAVITY. ORAL ACUPUNCTURE. CSISZAR R. *fogorv sz*. 1993;86(7):233-8 (hun*).
 In accordance with Professor Gleditsch's chinese doctrines the mouth cavity and it's surrounding areas are ensnared with energetic channels. The appropriate knowledge of meridian points is a decisive factor in making diagnoses of mouth cavity processes. There is an increasing responsibility of persons working around mouth cavity in recognising and

correctly interpreting the connections between the mucous membrane processes and other remote organs and organ systems.

51- gera: 46237/di/ra
[TREATMENT OF ULCERATIVE STOMATITIS BY ACUPOINT INJECTION : A CLINICAL OBSERVATION OF 300 CASES]. LU AIWEN. *new journal of traditional chinese medicine*. 1993;25(9):34 (chi).

52- gera: 46951/di/ra
[THERAPEUTIC EFFECTS OF ACUPUNCTURE ON DRUG-INDUCED SALIVATION]. XIONG DIANZHANG ET AL. *chinese acupuncture and moxibustion*. 1993;13(3):25 (chi*).

53- gera: 48458/di/re
EFFECTS ON LOCAL BLOOD FLUX OF ACUPUNCTURE STIMULATION USED TO TREAT XEROSTOMIA IN PATIENTS SUFFERING FROM SJÖGREN'S SYNDROME. BLOM M ET AL. *journal of oral rehabilitation*. 1993;20:541-8 (eng).

21 patients with Sjögren's Syndrome were given four different kinds of acupuncture stimulation at acupuncture points previously used to treat xerostomia. The local blood flux in the skin overlying the parotid gland was measured with laser Doppler flowmetry before, during and after the acupuncture stimulation. The results showed that the local blood flux increased significantly during and after both manual acupuncture and low-frequency (2Hz) electro-acupuncture as compared with superficial acupuncture. These results indicate that acupuncture induced an increase in the local blood flux which was more pronounced for those patients who had previously reacted with increased salivary flow to acupuncture.

54- gera: 50195/di/re
ACUPUNCTURE TREATMENT OF XEROSTOMIA CAUSED BY IRRADIATION TREATMENT OF THE HEAD AND NECK REGION : CASE REPORTS. BLOM M ET AL. *journal of oral rehabilitation*. 1993;20:491-4 (eng).

Salivary flow rates were monitored in two patients, treated with acupuncture for post-radiotherapy xerostomia. The flow rates improved after acupuncture and the effect persisted during the 2-years observation period.

55- gera: 70167/di/re
EFFECT OF ACUPUNCTURE ON SALIVARY FLOW IN SUBJECTS WITH RADIATION-INDUCED XEROSTOMIA. ABSTRACT. BLOM M ET AL. *caries res*. 1993;S325:225 (eng).

The aim of this study was to investigate the effect of acupuncture on xerostomia caused by irradiation treatment of tumors in the head and neck region. The material comprised 40 subjects, all suffering from xerostomia after full-dose (64 Gy) irradiation of the head and neck. They were randomly assigned to an experimental group or to a control group. Two series of acupuncture (24 treatments) were given to the experimental group, and the control group received superficial (placebo) treatment. Salivary flow rates for resting and paraffin-stimulated saliva were determined prior to the acupuncture treatment, between the two acupuncture series, immediately after the final acupuncture treatment, and then after 3, 6, and 12 months. The subjects own experience was registered and their oral status documented photographically before and after the acupuncture treatment. It was found that the salivary flow increased for some patients in the experimental group. The effect of salivary flow related to the

initial flow rates and to the time lapse between irradiation and commencement of the acupuncture treatment. The subjects reported various positive effects of the genuine acupuncture treatment. e.g., regarding sense of taste and smell, less hoarseness and tinnitus, and better sleep, which were not experienced with the placebo treatment. Compared with the previously observed improvement in salivary flow rates in xerostomia subjects with systemic diseases, acupuncture may not be as effective in patients with radiation-induced xerostomia. The prognosis is probably more favourable if treatment begins shortly after completion of radiotherapy.

56- gera: 56082/di/ra

MUMPS. JI XIAO-PING. international journal of clinical acupuncture. 1994;5(3):317-20 (eng).
Discussion à propos d'un cas clinique.

57- gera: 85433/di/ra

[A REPORT ON TREATMENT OF CARCINOMA OF PAROTID GLAND]. LIU SHANGCHUN. jiangsu journal of tcm. 1994;15(12):11 (chi).

58- gera: 109409/di/cg

AURICULOTHERAPIE ET MALADIE DE GOUGEROT-SJOGREN. COUTTE A. annales du premier symposium international d' auriculotherapie et d' auriculomedecin. 1994;:11 (fra*).

Since the first description of SJOGRENS syndrome, the treatment of patients with this disease has been symptomatic. In spite of treatment these patients experience severe physical and social problems. 45 female patients, all volunteers, accepted a treatment with auriculotherapy and some paranasale acupuncture. During the first treatment 70 % experienced spontaneous secretion from the conjunctiva of the eye and nasal mucus. Within one week after the first treatment 50 % experienced increased spontaneous vaginal secretion. Furthermore 60% of patients with musculoskeletal symptoms experienced a reduction of these. 80 % of all patients experienced to some extent a normalisation of their social activities. If these results can be reproduced in a controlled prospective trial, auriculotherapy may become an important modality in the treatment of patients with SJOGREN syndrome.

59- gera: 54675/nd/re

[CLUSTER ANALYSIS OF THE COURSE OF REGENERATION OF THE RAT SUBMAXILLARY GLAND DURING TREATMENT OF ACUPUNCTURE POINTS]. DENISOV AB ET AL. biull eksp biol med. 1995;119(6):659-62 (rus).

60- gera: 86963/nd/re

ACUPUNCTURE TREATMENT OF PATIENTS WITH RADIATION-INDUCED XEROSTOMIA. BLOM M ET AL. eur j cancer b oral oncol. 1996;32B(3):182-90 (eng).
Xerostomia is a common and usually irreversible side effects in patients receiving radiation therapy (> 50 Gy) for head and neck cancer. Of 38 patients with radiation-induced xerostomia, 20 in the experimental group were treated with classical acupuncture and 18 patients in the control group received superficial acupuncture as placebo. Within both groups the patients showed significantly increased salivary flow rates after the acupuncture treatment. In the experimental group 68% and in the control group 50% of the patients had increased salivary flow rates at the end of the observation period. Among those patients who had had all their salivary glands irradiated, 50% in both groups showed increased salivary flow rates (> 20%) by the end of the observation period of 1 year. The study indicates that among the patients who had increased salivary flow rates already

after the first 12 acupuncture sessions, the majority had high probability of continual improvement after the completion of acupuncture treatment. The improved salivary flow rates usually persisted during the observation year. The changes observed in the control group were somewhat smaller and appeared after a longer latency phase. Significant differences for salivary flow rates could be observed only within each group, and there were no statistically significant differences between the groups. There were no differences in the improvement of salivary flow rates between those patients who were irradiated within a year before the acupuncture treatment and those who had received radiation therapy several years earlier. The results indicate that acupuncture might be a useful method for the treatment of radiation-induced xerostomia, and that superficial acupuncture should preferably not be used as placebo acupuncture.

61- gera: 55059/di/re

ACUPUNCTURE TREATMENT OF PATIENTS WITH RADIATION-INDUCED XEROSTOMIA (letter). ANDERSEN SW ET AL. oral oncology. 1997;33(2):146-7 (eng).

Discussion sur la méthodologie de l'étude de BLOM [ref gera 86903].

62- gera: 56283/di/re

THE INFLUENCE OF ACUPUNCTURE ON SALIVARY FLOW RATES IN HEALTHY SUBJECTS. DAWIDSON I ET AL. journal of oral rehabilitation. 1997;24(3):204-8 (eng).

This study investigated the influence of acupuncture stimulation on the salivary secretion of eight healthy subjects. The salivary flow of each subject was measured before, during and after every acupuncture session. The unstimulated, chewing-stimulated and citric acid-stimulated flows were investigated, in combination with manual and electrically stimulated acupuncture. The results showed a significant increase of the unstimulated salivary flow both during and after the manual acupuncture stimulation as compared to baseline levels. There was no effect on the unstimulated salivary flow with electro- acupuncture. The stimulated salivary flow was not affected by manual acupuncture, while the electrically stimulated acupuncture led to a significant decrease of the chewing-stimulated salivary flow. The improvement of the unstimulated salivary secretion in healthy subjects was in accordance with our previous findings in xerostomic patients. It is possible that the salivary secretion is influenced by the augmented release of neuropeptides caused by acupuncture. Some neuropeptides have been shown to affect salivary secretion as well as capillary blood flow.

63- gera: 58356/di/ra

[EFFECT OF MEDICATED THREAD MOXIBUSTION OF ZHUANG TRADITIONAL MEDICINE ON SALIVARY LOAD SECRETION IN THE PATIENT OF SPLEEN DEFICIENCY]. LU LIN ET AL. chinese acupuncture and moxibustion. 1998;18(7):391 (chi*).

Changes of salivary volume and activity and secretory rate of salivary amylase before and after treatment were determined in 20 patients of spleen deficiency who were treated with medicated thread moxibustion, 20 patients who were treated with false threadmoxibustion, 20 cases who were treated with Si Jun Zi Decoction, and 20 healthy subjects. Results show that the medicated thread moxibustion can improve effectively salivary load secretion, manifesting increases of reactivity of the patient to exogenous stimulation (acid stimulation) and the effect of the moxibustion is identical with that of Si Jun Zi Decoction, but in the control group it is poorer than that in the treatment group.

64- gera: 58366/di/re

THE EFFECT OF ACUPUNCTURE IN THE TREATMENT OF PATIENTS WITH PRIMARY SJOGREN'S SYNDROME. A CONTROLLED STUDY. LIST T ET AL. *acta odontol scand.* 1998;56(2):95-99 (eng).

Twenty-one patients, 20 women and 1 man, participated in a controlled study. All patients were diagnosed with primary Sjogren's syndrome (primary SS) according to the Copenhagen and San Diego criteria. The patients were randomly assigned to either a group receiving acupuncture treatment or a control group with no active treatment. The patients in the control group received acupuncture after 10 weeks when the acupuncture treatment was completed in the first group. A majority of the patients subjectively reported some improvement after treatment, and a significant increase in paraffin- stimulated saliva secretion was found after treatment. No statistically significant differences between the acupuncture group and the control group were seen in unstimulated salivary secretion or most of the subjective variables. The study showed that acupuncture is of limited value for patients with primary SS.

65- gera: 58770/di/re

THE INFLUENCE OF SENSORY STIMULATION (ACUPUNCTURE) ON THE RELEASE OF NEUROPEPTIDES IN THE SALIVA OF HEALTHY SUBJECTS. DAWIDSON I ET AL. *life sci.* 1998;63(8):659-74 (eng).

In recent studies we have shown that xerostomia (dry mouth) can be treated successfully with sensory stimulation (acupuncture). The increase of saliva secretion lasted often for at least one year. Some neuropeptides have been found to influence the secretion of saliva. The aim of this study was to investigate the mechanisms behind the effect of acupuncture on salivary secretion by measuring the release of neuropeptides in saliva under the influence of sensory stimulation. VIPLIlike immunoreactivity (VIPLI), NPYLI, SPLI, CGRPPLI and NKALI were analysed in the saliva of eight healthy subjects. Manual acupuncture and acupuncture with lowfrequency electrical stimulation (2 Hz) were used. The saliva was collected during 20 minutes before the start of acupuncture stimulation, then during 20 minutes while the needles were in situ and then for another 20 minutes after the needles were removed. Four different saliva sampling techniques were used: whole resting saliva, whole saliva stimulated by paraffinchewing, whole saliva stimulated by citric acid (1%), and parotid saliva, also stimulated with citric acid (1%). The results showed significant increases in the release of CGRP, NPY and VIP both during and after acupuncture stimulation, especially in connection with electroacupuncture. SP showed only few increases, mainly in connection with electroacupuncture, whereas NKA generally was unaffected by the acupuncture stimulation. The sensory stimulationinduced increase in the release of CGRP, NPY and VIP in the saliva could be an indication of their role in the improvement of salivary flow rates in xerostomic patients who had been treated with acupuncture.

66- gera: 59123/di/re

SENSORY STIMULATION (ACUPUNCTURE) INCREASES THE RELEASE OF VASOACTIVE INTESTINAL POLYPEPTIDE IN THE SALIVA OF XEROSTOMIA SUFFERERS. DAWIDSON I ET AL. *neuropeptides.* 1998;32(6):543-8 (eng).

We have shown in earlier studies that xerostomia can be treated successfully with acupuncture. We also found that acupuncture stimulation can increase the concentration of neuropeptides in the saliva of healthy subjects. In this study,

the concentration of the neuropeptide vasoactive intestinal polypeptide (VIP) was measured in the saliva of xerostomic patients in connection with acupuncture treatment (AP). Patients suffering from xerostomia caused by irradiation treatment, Sjogren's syndrome and other systemic disorders had been treated with acupuncture. Some of these patients showed an increase of their salivary flow rates after the AP was completed. Seventeen patients out of 65 were chosen due to their ability to produce enough saliva for the radio immunoassay (RIA) analyses to be conducted prior to the start of AP. VIPLIlike immunoreactivity (VIPLI) was measured in the chewing stimulated saliva of these patients before and after the whole AP (24 sessions of 30 min each). The results showed that there was a significant increase of the concentration of VIP after the AP as compared to the measurements made before the start of the treatment ($p < 0.05$). We concluded that the increase of neuropeptide VIP might be one of the mechanisms behind the positive effect of acupuncture on the salivary flow rates of the xerostomic patients.

67- gera: 72906/di/ra

L'ESPERIENZA DEL DR. ZHOU NEL TRATTAMENTO DELL'AFTA. JU JIANWEI ET AL. *rivista italiana di medicina tradizionale cinese.* 1998;72(2):48-50 (ita).

Il dr. Zhou, un eminente e famoso esperto di medicina tradizionale cinese, ha una ricca esperienza nella cura delle afte basata sulla differenziazione dei sintomi e dei segni secondo la medicina cinese.

68- gera: 59034/di/re

PROGNOSTIC VALUE OF THE Pilocarpine Test TO IDENTIFY PATIENTS WHO MAY OBTAIN LONGTERM RELIEF FROM XEROSTOMIA BY ACUPUNCTURE TREATMENT. BLOM M ET AL. *arch otolaryngol head neck surg.* 1999;125(5):561-6 (eng).

BACKGROUND: Xerostomia (dry mouth) is a clinical symptom due to a number of factors, including Sjogren syndrome and radiation treatment to the head and neck region. It has been reported that acupuncture increases the salivary flow rate (SFR) in healthy subjects and in patients with xerostomia. A prognostic tool that would allow the care provider to identify patients who may respond to acupuncture treatment will aid in early intervention and thus lead to normalized SFR or relief of symptoms. **OBJECTIVES:** To determine the prognostic value of a test using pilocarpine chloride to identify those patients with xerostomia who may achieve a longterm increase in SFR in response to acupuncture. **DESIGN:** Cohort clinical study of 10 months' duration. **SETTING:** School of dentistry in a large, urban, research institute. **PATIENTS:** Thirtytwo consecutive patients with xerostomia due to radiation treatment ($n = 21$) or Sjogren syndrome ($n=11$). **INTERVENTION:** Salivary flow rates for unstimulated whole saliva and paraffinchewing stimulated whole saliva were measured before and after the administration of individualized doses of pilocarpine. All patients were then given 24 acupuncture treatments and followed up at 1 and 6 months. The effects of acupuncture treatment on SFR were recorded and response compared with the results of the pilocarpine test. **MAIN OUTCOME MEASU** Sensitivity, specificity, and positive and negative predictive value of the pilocarpine test based on changes in SFR, defined as a 20% increase or greater, following acupuncture treatment, compared with response to the pilocarpine test. **RESULTS:** At the 1month followup, 18 (72%) of 25 patients with a positive pilocarpine test result had defined significant changes in SFR; 4 (67%) of 6 patients with a negative pilocarpine test result had an unchanged SFR. At this point, the sensitivity of the pilocarpine test was 0.90

(95% confidence interval [CI], 0.680.99) and the specificity was 0.36 (95% CI, 0.110.69). The positive predictive value was 0.72 (95% CI, 0.510.88), and the negative predictive value was 0.67 (95% CI, 0.220.96). At the 6month followup, 17 (74%) of 23 patients with a positive pilocarpine test result had defined significant changes in SFR; 3 (60%) of 5 patients with a negative pilocarpine test result had an unchanged SFR. At this point, the sensitivity of the pilocarpine test was 0.89 (95% CI, 0.670.99), and the specificity was 0.33 (95% CI, 0.070.70). The positive predictive value was 0.74 (95% CI, 0.520.90), and the negative predictive value was 0.60 (95% CI, 0.150.95). **CONCLUSION:** The pilocarpine test was found to have a high sensitivity and good positive predictive value in identifying patients who may respond to acupuncture for the treatment of xerostomia.

69- gera: 59635/di/ra

ERFOLGREICHE AKUPUNKTURBEHANDLUNG VON GESCHMACKSTORUNGEN UND TINNITUS NACH TYMPANOPLASTIK. NOVAK HF ET AL. *deutsche zeitschrift fur akupunktur.* 1999;42(2):102-3 (deu*).

Whereas taste disturbances and tinnitus occur fairly frequently in patients after tympanoplasty, fully spontaneous recovery is rarely found. We report about a 60-year-old patient with postoperative parageusia who regained taste function to a high degree within a series of acupuncture. A second series relieved intercurrently appearing tinnitus to the patient's satisfaction. Despite the great lack of data collection we recommend acupuncture for probatory treatment in such disturbances.

70- gera: 70556/di/re

ACUPUNCTURE FOR PATIENTS IN HOSPITAL-BASED HOME CARE SUFFERING FROM XEROSTOMIA. RYDHOLM M ET AL. *journal of palliative care.* 1999;15(4):20-3 (eng).

A total of 20 patients (17 cancer patients) in late-stage palliative care reporting dryness of mouth and associated problems were treated for 5 weeks with 10 acupuncture treatments. Ten patients were also evaluated for speech problems (articulation) and dysphagia caused by xerostomia. Subjective assessments used Visual Analog Scales (VAS). Acupuncture had a dramatic effect on xerostomia and, subsequently, on dysphagia and articulation, with subjects showing definite improvement after 5 treatments. Release of neuropeptides that stimulate the salivary glands and increased blood flow are possible explanations for the effects.

71- gera: 72740/di/ra

SALIVARY CORTISOL AS AN INDICATOR OF STRESS IN PREMATURE INFANTS: THE EFFECT OF ELECTRICAL STIMULATION OF ACUPUNCTURE MERIDIANS IN BLUNTING THIS RESPONSE. SCHWARTZ L ET AL. *medical acupuncture.* 1999;10(2):27-0 (eng).

72- gera: 72785/di/ra

TRATAMIENTO DE 10 CASOS DE SEQUEDAD EN LA BOCA Y LENGUA MEDIANTE ACUPUNTURA EN FENGFU (DU 16). YANG PEILING ET AL. *ener qi.* 1999;8:68 (esp).

73- gera: 70440/di/re

LONG-TERM FOLLOW-UP OF PATIENTS TREATED WITH ACUPUNCTURE FOR XEROSTOMIA AND THE INFLUENCE OF ADDITIONAL TREATMENT. BLOM M ET AL. *oral diseases.* 2000;6(1):15-24 (eng). **OBJECTIVE:** To determine the long-term effects of acupuncture in patients with xerostomia of different

etiologies and the influence of additional treatment. **DESIGN:** Retrospective study. **SUBJECTS:** Seventy patients, between the ages of 33 and 82, with xerostomia due to primary and secondary Sjogren's syndrome, irradiation and other causes were included. The median duration of xerostomia was 32 months. **METHODS:** Salivary flow rates (SFR) for whole unstimulated and stimulated saliva were used as indicators of effects of treatment. Data from 67/70 patients were analyzed 6 months following a baseline course of 24 acupuncture treatments using two-way ANOVA. Patients data up to 3 years were also compared by those who chose to receive additional acupuncture treatment vs those who did not. These data were analyzed descriptively. **RESULTS:** Statistically significant differences in unstimulated and stimulated salivary flow rates ($P < 0.01$) were found in all etiological groups after 24 acupuncture treatments and up to 6 months follow-up compared to baseline. Three years observation of these patients showed that patients receiving additional acupuncture treatment had a consistently higher median SFR in both unstimulated and stimulated saliva compared to patients who chose not to continue acupuncture. The upper limits of the interquartile range were also higher. **CONCLUSIONS:** This study shows that acupuncture treatment results in statistically significant improvements in SFR in patients with xerostomia up to 6 months. It suggests that additional acupuncture therapy can maintain this improvement in SFR for up to 3 years.

74- gera: 73013/di/ra

SJOGREN'S SYNDROME TREATED BY REGULATING SANJIAO. WU ZHONG-CHAO ET AL. *international journal of clinical acupuncture.* 2000;11(1):39 (eng).

Sjogren's syndrome, manifested as dryness of mouth, eyes and other organs, is a systematic chronic and inflammatory autoimmune disease in which the exocrine gland is involved. Up to now, there is no effective treatment in modern medicine. TCM treats it as "dryness syndrome" and differentiated as "deficiency of body fluid" and "exhaustion of Yin and blood." However, because it is remained unknown in etiology, the therapeutic effect is not very successful either. We tried to treat it using the principles of regulating Sanjiao and removing obstruction of water passage. We present a summary of our results in this paper.

75- gera: 77175/di/ra

[CLINICAL OBSERVATION OF FU YUAN HUO XIE DECOCTION IN PREVENTION OF DIFFICULTY IN OPENING MOUTH AFTER RADIOTHERAPY FOR NASOPHARYNGEAL CARCINOMA]. HUANG NENG ET AL. *guangxi journal of tcm.* 2000;23(5):13 (chi).

76- gera: 78056/di/ra

[TREATMENT OF ORAL LICHEN PLANUS (OLP) WITH HERBAL MEDICINES AND UBIO]. YANG YUQIN ET AL. *journal of nanjing university tcm.* 2000;16(2):84 (chi*).

77- gera: 78270/di/ra

EAR ACUPUNCTURE OF EPIDEMIC PAROTITIS: ANALYSIS OF 362 CASES. LONG WEN-JUN ET AL. *international journal of clinical acupuncture.* 2000;11(4):335-8 (eng).

Epidemic parotitis is an acute non-pus infectious disease due to the invasion of virus through the respiratory tract, which is predisposed during childhood and pre school children, however, it sometimes occurs in adults. At present there is still no specific treatment for this disease. To further prove the ear-needling effects, the authors embarked on a long clinical observation, and showed that, ear-needling is a

method more indicated. The following is a report.

78- gera: 89797/di/ra

DIE ANWENDUNG VON RETTICH IN DER CHINESISCHEN DIATETIK. FANG CHUNYANG. chinesisches medizin. 2000;15(4):142-4 (deu*).

[The use of radish in chinese dietetics]. The author begins his explanations about the dietetic use of radish with a principle from the yangsheng, nourishing life", which recommends that ginger should be eaten in the mornings and radish in the evenings. To this are added the most relevant citations about the practical use of radish from a dietary handbook from the 17th Century which describes the wide-ranging effects to be achieved by eating radish. This is followed by practical hints for administering radish in the treatment of colds, diabetes, nosebleed, with symptoms of exhaustion of the pulmonary orb and in the case of ulcers in the mouth as well as a remedy for supporting the fluids following extensive alcohol or nicotine intake. He concludes with 2 case studies: 1 patient with a calor venti ("heat-wind") disorder of the surface (biao) and 1 patient with ulcers of the mouth as a result of upward burning flame (ardor, huo) due to depletion of the Yin.

79- gera: 91915/di/ra

[PATHOGENETIC CHARACTERISTICS OF DRYNESS INFLUENCING THE BLOOD IN PATIENTS WITH SICCA SYNDROME]. QIN CHANG-LIN. shandong journal of tcm. 2000;19(12):710 (chi*).

Pathogenic characteristics of sicca syndrome is mainly correlated with pathogenic dryness-heat due to yin deficiency and treated with replenishing yin essence and moisturising the viscera by most doctors. In the paper, according to TCM theory, basic researches of modern medicine and clinical study, the author points out that pathogenic dryness-heat will influence the blood after it lasts long time. Clinical studies show that nourishing the blood and promoting blood circulation, nourishing ying to remove pathogenic dryness will obtain satisfactory effects.

80- gera: 89752/di/ra

[DISCRIMINATION ON SOME QUESTIONS ABOUT HUHUAO SYNDROME]. QIN CHANG-LIN. shandong journal of tcm. 2001;20(2):67 (chi*).

Huhuo syndrome was initially recorded in Synopsis of Prescriptions Golden Chamber, a book was written by ZHANG Zhong-jing, a famous doctor of TCM in Eastern Han dynasty. It has been discussing on the concept, pathogenic factors, decoction of gancao xiexin was prescribed and the relationship of Huhuo syndrome with Bechet's disease in traditional Chinese medicine in the article, the author not only cited numerous typical viewpoints which have been discussing in doctors and scholars of TCM, but also put forward opinion himself. The Author believes that a word "Huo" should not be written to "Huo" because their meaning is different. The Author also believes that the disease is caused by pathogenic dampness-heat-toxin material, which attacks the spleen and stomach, so gancao xiexin decoction was prescribed. To the relationship between Huhuo syndrome with Bechet's disease, the author believes that it is neither absolutely different nor totally common, and Bechet's disease could be studied based on treatment of TCM with Huhuo-syndrome.

81- gera: 90030/di/ra

[THERAPEUTIC EFFECT OF INTEGRATION OF TCM AND WESTERN MEDICINE ON RECURRENT APHTHOUS ULCERATION]. HUANG MIN. hebei journal of tcm. 2001;23(1):51 (chi*).

Objective: To observe therapeutic effect of integration of thymopeptide and Fufang watermelon cream on recurrent

aphtous ulceration. Methods: 120 patients with recurrent aphtous ulceration were randomly allocated to two groups. In treatment group (n = 60) acupoint injection of thymopeptide and local external application of Fufang watermelon cream %was utilised and In control group (n = 60) only local external application of Fufang watermelon cream %was utilised. Results: The total effective rate (95. 0%) in treatment group was significantly higher compared with those in control group (63. 3 %, P < 0. 05). Conclusions: Combination of thymopeptide and Fufang watermelon cream is a more effective Method on the treatment of current aphtous ulceration.

82- gera: 93989/di/ra

[PROTECTIVE EFFECT OF CLEARING AWAY HEAT,ACTIVATING BLOOD CIRCULATION AND PROMOTING THE PRODUCTION OF BODY FLUID RECIPE ON SALIVARY SECRETION IN PATIENTS WITH HEAD AND NECK CARCINOMAS DURING RADIOT]. ZHANG QIANG ET AL. journal of emergency in tcm. 2001;10(2):82 (chi).

83- gera: 94824/di/re

ACUPUNCTURE FOR PILOCARPINE-RESISTANT XEROSTOMIA FOLLOWING RADIOTHERAPY FOR HEAD AND NECK MALIGNANCIES. JOHNSTONE PA ET AL. int j radiation oncology biol phys. 2001;50(2):353-7 (eng).

OBJECTIVE: Xerostomia is a frequent and potentially debilitating toxicity of radiotherapy (XRT) for cancers of the head and neck. This report describes the use of acupuncture as palliation for such patients. METHODS AND MATERIALS: Eighteen patients with xerostomia refractory to pilocarpine therapy after XRT for head and neck malignancy were offered acupuncture as palliation. All patients are without evidence of cancer recurrence at the primary site. Acupuncture was provided to three auricular points and one digital point bilaterally, with electrostimulation used variably. The Xerostomia Inventory (XI) was administered retrospectively to provide an objective measure of efficacy. RESULTS: Acupuncture contributed to relief from xerostomia to varying degrees. Palliative effect as measured by the XI varied from nil to robust (pre- minus post- therapy values of over 20 points). Nine patients had benefit of over 10 points on the XI. CONCLUSIONS: Acupuncture reduces xerostomia in some patients who are otherwise refractory to best current management.

84- gera: 96213/di/ra

[BLOOD-ACTIVATING AND STASIS-DOSSOLVING THERAPY FOR ORAL LICHEN PLANUS: AN OBSERVATION OF 64 CASES]. JIN ZHI-GUI QI QING-QUAN ZHOU CENG-TONG. shanghai journal of traditional chinese medicine. 2001; 35(9):31 (chi*).

85- gera: 101908/di/ra

[OBSERVATION ON THERAPEUTIC EFFECT OF ACUPUNCTURE ON BEHCET' S DISEASE AND STUDY ON MECHANISM]. YU PENG, BAI HUA, CHEN LI, ET AL. chinese acupuncture and moxibustion. 2002;22(4):219 (chi*).

86- gera: 105034/di/ra

[TREATING 30 CASES OF EPIDEMIC PAROTITIS IN CHILDREN WITH PAROTITIS MIXTURE BY ORAL AND EXTERNAL USE]. LU LIN, ET AL. chinese journal of ethnomedicine and ethnopharmacy. 2002;8(4):212 (chi).

87- gera: 109214/di/cg

CASE REPORT: 2 CASES OF SJOGREN SYNDROME

TREATED WITH ACUPUNCTURE. GAROFANO G ET AL. *wfas international symposium on acupuncture.* 2002;:152 (eng).

88- gera: 146644/di/re

TREATMENT OF XEROSTOMIA: A SYSTEMATIC REVIEW OF THERAPEUTIC TRIALS. BRENNAN MT, SHARIFF G, LOCKHART PB, FOX PC. *dent clin north am.* 2002;46(4):847-56 (eng).

The results of the present systematic review of randomized controlled trials published in peer-reviewed journals demonstrate the presence of a wide variety of biases and the weakness of the existing literature of xerostomia treatment. The report of statistically significant efficacy on an outcome measure is only meaningful in the setting of a well-controlled, appropriately designed clinical trial. This points to the importance of evaluating the quality of the clinical trial closely when deciding if study results are applicable to a specific patient population. Future studies in the management of xerostomia will require an increased effort on the part of investigators to eliminate easily recognized flaws during the planning stages of a clinical trial. Minimizing bias in clinical studies will allow for easier interpretation and comparisons of different studies. Better clinical trial design is vital to provide maximal confidence in the efficacy of xerostomia interventions.

89- gera: 159311/nd/re

INTEGRATION OF ACUPUNCTURE INTO THE ONCOLOGY CLINIC. JOHNSTONE PA, POLSTON GR, NIEMTOW RC, MARTIN PJ.. *palliat med.* 2002;16(3):235-9 (eng).

PURPOSE/OBJECTIVE: Patients with cancer or symptoms referable to cancer therapy were offered acupuncture as potential palliation of their symptoms. This paper describes the physical integration of the discipline into the Oncology Clinic, and patient perspectives on its availability and efficacy. **PATIENTS AND METHODS:** Between August 1999 and May 2000, 123 patients with varying symptoms received acupuncture in our Center's Radiation and Medical Oncology Clinics and Breast Health Center. These patients had 823 visits during this time period. A practice outcome analysis was performed on patients receiving therapy between 1 January 2000 and 30 April 2000. The 89 patients treated during this interval had 444 total visits. In June and July 2000, a questionnaire was administered by phone to 79 of these patients (89%). Standard allopathic care continued while patients were receiving acupuncture. **RESULTS:** Major reasons for referral included pain (53%), xerostomia (32%), hot flashes (6%) and nausea/loss of appetite (6%). Patients had a mean of five acupuncture visits (range 1-9). Most patients (60%) showed at least 30% improvement in their symptoms. About one-third of patients had no change in severity of symptoms. There were no untoward effects reported related to the acupuncture. When analysed by diagnosis, these values persist. Irrespective of response to therapy, 86% of respondents considered it 'very important' that we continue to provide acupuncture services.

CONCLUSION: Acupuncture may contribute to control of symptoms for cancer patients. Expansion of providers, continued patient follow-up, optimization of techniques and prospective objective measurement of response continue in our clinic

90- gera: 117509/nd/re

ACUPUNCTURE AND SWALLOWING REFLEX IN POSTSTROKE PATIENTS. SEKI T, KURUSU M, TANJI H, ARAI H, SASAKI H. *j am geriatr soc.* 2003;51(5):726-7. (eng).

91- gera: 125869/nd/re

ACUPUNCTURE AND SWALLOWING REFLEX IN POSTSTROKE PATIENTS. SEKI T, KURUSU M, TANJI H, ARAI H, SASAKI H. *j am geriatr soc.* 2003;51(5): (eng).

92- gera: 129738/di/ra

[CLINICAL OBSERVATION ON PREVENTIVE AND THERAPEUTIC EFFECTS OF GARGLED DAHUANG - HUANGLIANXIEXIN DECOCCIÓN FOR RADIATION - INDUCED MOUTH CAVITY MUCTITIS]. LU JUNZHANG, ET AL . *journal of emergency in tcm.* 2004;13(7):438 (chi*).

93- gera: 130618/di/ra

[STUDYING DEVELOPMENT OF SWALLOWING DISTURBANCE AFTER CEREBRAL APOPLEXY TREATED WITH ACUPUNCTURE AND MOXIBUSTION]. CHEN XIAO-LU . *journal of clinical acupuncture and moxibustion.* 2004;20(7):52 (chi).

94- gera: 135660/nd/re

COMPLEMENTARY THERAPIES FOR CANCER-RELATED SYMPTOMS. DENG G, CASSILETH BR, YEUNG KS. *j support oncol.* 2004;2(5):427-9 (eng*).

Relief of cancer-related symptoms is essential in the supportive and palliative care of cancer patients. Complementary therapies such as acupuncture, mind-body techniques, and massage therapy can help when conventional treatment does not bring satisfactory relief or causes undesirable side effects. Controlled clinical trials show that acupuncture and hypnotherapy can reduce pain and nausea. Meditation, relaxation therapy, music therapy, and massage mitigate anxiety and distress. Pilot studies suggest that complementary therapies may treat xerostomia, hot flashes, and fatigue. Botanicals or dietary supplements are popular but often problematic. Concurrent use of herbal products with mainstream medical treatment should be discouraged.

95- gera: 123914/di/ra

[CLINICAL OBSERVATION ON ACUPUNCTURE COMBINED WITH MEDICINE FOR TREATMENT OF ORAL ULCER IN PREMENSTRUAL PERIOD]. WANG XF. *chinese acupuncture and moxibustion.* 2005;25(9):623-4. (chi).

OBJECTIVE: To find out an effective method for treatment of oral ulcer in the premenstrual period. **METHODS:** Seventy-nine cases were randomly divided into a treatment group (n=48) and a control group (n=31). They were treated by acupuncture and moxibustion plus Chinese medicine and simple Chinese medicine, respectively. Their therapeutic effects were observed. **RESULTS:** The effective rate was 91.7% in the treatment group and 64.5% in the control group with a significant difference between the two groups (P < 0.05). **CONCLUSION:** Acupuncture and moxibustion combined with Chinese medicine has a better therapeutic effect on oral ulcer in the premenstrual period.

96- gera: 136489/di/re

ACUPUNCTURE: ROLE IN COMPREHENSIVE CANCER CARE--A PRIMER FOR THE ONCOLOGIST AND REVIEW OF THE LITERATURE. COHEN AJ, MENTER A, HALE L. *integr cancer ther.* 2005;4(2):131-43 (eng).

In recent studies, patients have reported an increased use of complementary and alternative medicine (CAM). Acupuncture is a popular complementary therapy for patients with cancer. This article will provide current cancer treatment providers with information on acupuncture as well as the research conducted on cancer symptoms and side effects of cancer treatments. Antiemetic studies are the most prevalent

and contain the most promising results. Several studies have found that acupuncture significantly reduces the number of emesis (vomiting) episodes for patients receiving chemotherapy. While studies on pain control vary due to the heterogeneity of pain, there are few studies investigating pain caused from cancer and the removal of cancerous tumors. These studies, while promising, provide basic results that need further investigation for more definitive results. Although relatively few studies have been done on anxiety and depression, several researchers have found acupuncture to be just as effective as or more effective than antidepressants for patients without cancer. Studies on breathlessness, while small, have shown acupuncture to have a significant positive effect on chronic obstructive pulmonary disease, breathlessness associated with end-stage cancer, and asthma. Researchers studying xerostomic individuals who have received salivary gland irradiation found significant positive results in salivary flow rates compared to baseline. Patients with hot flashes due to hormonal imbalance may benefit from the use of acupuncture. A recent pilot study showed improvement of chronic postchemotherapy fatigue following acupuncture treatments. Many individuals with cancer have turned to acupuncture because their symptoms persisted with conventional treatments or as an alternative or complement to their ongoing treatments. Despite the immense popularity in the community, few large randomized trials have been conducted to determine the effects acupuncture has on cancer symptoms and side effects of treatments. A majority of the current studies have shown beneficial effects that warrant further investigation with large trial sizes.

97- gera: 136927/di/ra

[OBSERVATION ON THERAPEUTIC EFFECT OF ACUPUNCTURE AND MOXIBUSTION IN 60 CASES OF SJOGREN SYNDROME], LIU WEI, LIU BIN, ZHENG HONG-XIA. **chinese acupuncture and moxibustion**. 2005;25(2):101 (chi*).

Objective To observe clinical therapeutic effect of acupuncture on Sjogren syndrome. Methods Treatment group (n = 60) were treated with acupuncture of clearing away dryness and toxic substance and removing obstruction in collaterals at Quze (PC 3), Taichong (LR 3), Xuehai (SP 10), Sanyinjiao (SP 6) and Taixi (KI 3), and the control group (n=60) with prednisone. Their therapeutic effects were compared. Results The total effective rate was 73.3% in the treatment group and 56.7% in the control group with a significant difference between the two groups (P<0.05); there was no reverse effect in the treatment group. Conclusion The needling method for clearing dryness and removing obstruction in collaterals is effective and safe for treatment of Sjogren syndrome.

98- gera: 150698/di/ra

CLINICAL STUDY ON SWALLOWING DISTURBANCE AFTER STROKE TREATED WITH TONGUE ACUPUNCTURE. LI YONG, LI ZI - PING, FU WEN - BIN. **journal of clinical acupuncture and moxibustion**. 2005;21(8):7 (chi).

99- gera: 159306/nd/re

MANAGEMENT OF XEROSTOMIA RELATED TO RADIOTHERAPY FOR HEAD AND NECK CANCER. KAHN ST, JOHNSTONE PA.. **oncology (williston park)**. 2005;19(14):1827-32 (eng).

Xerostomia is a permanent and devastating sequela of head and neck irradiation, and its consequences are numerous. Pharmaceutical therapy attempts to preserve or salvage salivary gland function through systemic administration of various protective compounds, most commonly amifostine

(Ethyol) or pilocarpine. When these agents are ineffective or the side effects too bothersome, patients often resort to palliative care, for example, with tap water, saline, bicarbonate solutions, mouthwashes, or saliva substitutes. A promising surgical option is the Seikaly-Jha procedure, a method of preserving a single submandibular gland by surgically transferring it to the submental space before radiotherapy. Improved radiation techniques, including intensity-modulated radiotherapy and tomotherapy, allow more selective delivery of radiation to defined targets in the head and neck, preserving normal tissue and the salivary glands. Acupuncture may be another option for patients with xerostomia. All of these therapies need to be further studied to establish the most effective protocol to present to patients before radiotherapy has begun

100- gera: 159308/nd/re

ACUPUNCTURE FOR SIDE EFFECTS OF CHEMORADIATION THERAPY IN CANCER PATIENTS. LU W.. **semin oncol nurs..** 2005;21(3):190-5 (eng).

OBJECTIVE: To review strategies and recommendations to improve utilization of acupuncture treatment for side effects of chemoradiation therapy in cancer centers. DATA SOURCES: Research studies and articles, government reports, and author experience. CONCLUSION: Recent evidence in clinical research indicates that acupuncture is beneficial for chemotherapy-induced nausea, vomiting, and cancer pain. Other preliminary data also suggests acupuncture might be effective for chemotherapy-induced leukopenia, postchemotherapy fatigue, radiation therapy-induced xerostomia, insomnia, and anxiety. However, the utilization rate of acupuncture remains low despite the wide use of other complementary and alternative medical therapies among cancer patients. This low usage of acupuncture in cancer patients indicates a health care quality issue. IMPLICATIONS FOR NURSING PRACTICE: Oncology nurses need to increase their awareness of the available evidence in the use of acupuncture in the supportive care of cancer patients.

101- gera: 159309/nd/re

PATHOPHYSIOLOGY AND MANAGEMENT OF RADIATION-INDUCED XEROSTOMIA. BERK LB, SHIVNANI AT, SMALL W JR.. **j support oncol..** 2005;3(3):191-200 (eng).

Radiotherapeutic treatment of head and neck cancer patients often causes long-term dysfunction involving their salivary function, swallowing capabilities, and taste. Salivary gland dysfunction from radiation therapy is often the most unpleasant side effect of treatment. This article will review current knowledge concerning the anatomy and function of glands involved with salivation, measurement of salivary gland function, surgical and pharmacologic prevention and treatment of xerostomia, and methods to administer radiation while causing the least amount of damage to salivary glands.

102- gera: 125774/di/ra

[THINKING AND METHODS OF TREATMENT OF SJOGREN'S SYNDROME BASED ON SYNDROME DIFFERENTIATION OF TRIPLE ENERGIZER]. XU Y, ZHAO YK, CHENG JB. **chinese acupuncture and moxibustion**. 2006;26(1):57-60. (chi).

Sjogren's syndrome is one of clinical difficult and complicated diseases and there is no radical treatment for it at present. The authors summarize the thinking of clinical syndrome differentiation and treatment of acupuncture and moxibustion, 4 syndrome-differentiation methods and dredging the Triple Energizer channel, and needling three parts by long-term clinical practice and in combination with

clinical study achievements of TCM in recent years, and put the important point of treatment on the Triple Energizer, with the points on the Triple Energizer channel as main points, combined with the points with functions of regulating functional activity of qi and regulating visceral functions, attaining better results. This provides a new method for acupuncture and moxibustion treatment of Sjogren's Syndrome.

103- gera: 125839/di/ra

[CHIEF PHYSICIAN ZHANG YONG-SHU'S CLINICAL EXPERIENCES IN APPLICATION OF THE LARGE INTESTINE CHANNEL OF HAND-YANGMING]. LI J, ZHANG YS. *chinese acupuncture and moxibustion*. 2006;26(5):349-51. (chi).

Chief physician ZHANG Yong-shu is engaged in medicine for over forty years, and he forms the academic point of view, "nourishing Yang and replenishing Yin, dredging and regulating the Governor Vessel, paying equal attention to moxibustion and acupuncture, combination of acupuncture with medicine". In this paper, clinical applications of "nourishing Yang and replenishing Yin" in acupoints of the Large Intestine Channel of Hand-Yangming are summarized. The acupoints of the Large Intestine Channel of Hand-Yangming have functions of nourishing Yang, promoting the production of the body fluid and inducing free movement of the bowels. Clinically, accurate differentiation of TCM syndromes can attain obvious therapeutic effects.

104- gera: 141272/di/re

DROOLING OF SALIVA: A REVIEW OF THE ETIOLOGY AND MANAGEMENT OPTIONS. MENINGAUD JP, PITAK-ARNNOP P, CHIKHANI L, BERTRAND JC. *oral surg oral med oral pathol oral radiol endod*. 2006;101(1):48-57 (eng).

Drooling of saliva appears to be the consequence of a dysfunction in the coordination of the swallowing mechanism, resulting in excess pooling of saliva in the anterior portion of the oral cavity and the unintentional loss of saliva from the mouth. Drooling can produce significant negative effects on physical health and quality of life, especially in patients with chronic neurological disabilities. Various approaches to manage this condition have been described in the literature, including oral motor therapy, behavior modification via biofeedback, orofacial regulation therapy, drug therapy, radiotherapy, and surgical treatments. Minimally invasive modalities, such as injection of botulinum toxin, photocoagulation, and acupuncture, have also been reported. This article provides a comprehensive and thorough overview of drooling, with an emphasis on understanding its etiologies and modalities of treatment

105- gera: 159305/nd/re

ACUPUNCTURE: INTEGRATION INTO CANCER CARE, DENG G, VICKERS A, SIMON YEUNG K, CASSILETH BR. *j soc integr oncol*. 2006;4(2):86-92 (eng).

Acupuncture has been evaluated in clinical studies for its effect in reducing some of the common symptoms experienced by cancer patients. Here we introduce this ancient treatment modality, outline its practice in the modern Western medicine setting, discuss safety issues related to the general and oncology populations, discuss its clinical applications in treating common symptoms experienced by cancer patients, and summarize data from clinical studies related to these applications. There is good evidence supporting acupuncture's effects in the reduction of cancer-related pain and chemotherapy-induced acute nausea and vomiting. There are preliminary data suggesting that acupuncture may help reduce post-chemotherapy fatigue and xerostomia caused by radiation. Acupuncture has a good

safety record when performed by qualified practitioners. Acupuncture is useful complementary therapy in cancer care. Its integration into regular oncology practice can improve the supportive care of cancer patients.

106- gera: 145551/di/ra

RESPONSE OF LYMPHOCYTE SUBSETS AND CYTOKINES TO SHENYANG PRESCRIPTION IN SPRAGUE-DAWLEY RATS WITH TONGUE SQUAMOUS CELL CARCINOMAS INDUCED BY 4NQO. JIANG C, YE D, QIU W, ZHANG X, ZHANG Z, HE D, ZHANG P, CHEN W. *bmc cancer*. 2007;mar 5:7:40 (eng).

BACKGROUND: The study was designed to investigate immunocompetence in relation to cancer progression in rat and to assess the effect of the traditional Chinese anti-cancer medicine, "Shenyang" prescription, on immunity. **METHODS:** 4-Nitroquinoline-1-oxide (4NQO) was administered to 80 Sprague-Dawley (SD) rats via the drinking water for up to 36 weeks. Tongue squamous cell carcinoma (SCC) was confirmed by pathological examination in 61 rats. "Shenyang" prescription was administered to subgroups of these rats, and blood samples were taken before and after treatment. Lymphocyte subsets were determined by flow cytometry. Serum Th1 and Th2-type cytokines were assessed by an enzyme-linked immunosorbent assay. **RESULTS:** As the cancer progressed at the tongue root, the percentage of CD3+CD4+ T lymphocytes and NK cells and the levels of IFN-gamma and IL-2 decreased gradually, while the percentage of CD3+CD8+ T lymphocytes and the levels of IL-4 and IL-10 increased. The CD4+/CD8+ ratios were lower in the cancer groups than in the control group. However, after administering "Shenyang" prescription, the levels of CD3+CD4+ T lymphocytes, NK cells, IFN-gamma and IL-2 increased, while the CD3+CD8+ T lymphocyte counts and the levels of IL-4 and IL-10 decreased. **CONCLUSION:** 4NQO-induced lesions were good models for exploring oral cavity carcinogenesis. The rats with 4NQO-induced SCC demonstrated abnormalities in lymphocyte subsets and a shift from Th1-type to Th2-type, which were good models for assessing the effect of anticancer agent on immunity. Oral cancer progression was associated with an aggressive disturbance of immune function. "Shenyang" prescription has the ability to improve the disturbance of immune function.

107- gera: 146809/di/ra

[EFFECT OF ELECTROACUPUNCTURE ON SEX HORMONE LEVELS IN PATIENTS WITH SJÖGREN'S SYNDROME]. BAI H, YU P, YU M. *acupuncture research*. 2007;32(3):203-6 (chi).

OBJECTIVE: To observe the effect of electroacupuncture (EA) on serum testosterone (T), estradiol (E2), luteotropic hormone (LH), follicle-stimulating hormone (FSH), progesterone (P), and prolactin (PRL) in patients with Sjögren's Syndrome (SS) in order to analyze the correlation between the adjustment effect of EA and changes of hormone levels. **METHODS:** Fifty-seven middle-aged and old women with SS were divided into medication group (n=27) and acupuncture group (n=30). Patients in acupuncture group were treated with EA (80 Hz, 2.5 mA) of Shenshu (BL 23), Taixi (KI 3), Hegu (LI 4), etc. for 30 min, once every other day, and those of medication group were treated with oral administration of hydroxyl-chloroquine (6 mg/kg per day), oral transfer agent liquid, Vit B1, Vit B2, Vit C, fish-liver oil, one tablet/time, t.i.d., and pilocarpine (20 mg/d), continuously for 2 months. Venous blood samples were collected before and after the treatment to examine contents of the abovementioned sex hormones by using electrochemiluminescent immunoassay (CLIA). **RESULTS:** (1)

Before the treatment, no significant differences were found between two groups in the levels of serum T, E2, LH, FSH, P and PRL ($P > 0.05$). After the treatment, self-comparison of each group showed that serum EF and T contents in acupuncture group increased significantly ($P < 0.01$) and serum LH content decreased significantly ($P < 0.01$); while in medication group, only serum LH decreased markedly ($P < 0.05$) in comparison with its basic value of pretreatment. No significant changes were found in serum P, FSH and PRL levels in both groups after the treatment ($P > 0.05$). The results suggested that the therapeutic effect of acupuncture group was better than that of medication group in regulating multiple sex hormones. **CONCLUSION:** EA can effectively adjust E2, T and LH levels in Sjögren's Syndrome patients and improve most patients' clinical symptoms, and the therapeutic effect of EA is better than that of medication.

108- gera: 147475/di/ra

[A CASE OF JUGULAR SENSE OF DISCOMFORT WITH DRYNESS AND NONPRODUCTIVE COUGH SUCCESSFULLY TREATED WITH SOSHIKOKITO].

HOSHINO A, TATSUMI T, OKU Y, SATO H, ITO K, TAMURA J, KOGURE T. **kampo medicine.** 2007;58(6):1121 (jap).

We report a case with an intractable jugular sense of discomfort, with dryness and nonproductive cough successfully treated with soshikokito. A 62-year-old Japanese man developed jugular sense of discomfort with dryness and nonproductive cough, after odontotherapy in October. Although he was treated with Western drugs by an otolaryngologist, under the diagnosis of -xerostomia with no mechanical problems, his symptoms did not disappear. The symptoms followed a protracted course, and he further developed a loss of appetite. At the time of first visit in October, otorhinolaryngological studies showed no structural lesions or problems, with the exception of minimum salivation in the normal range on a gum test. There was no evidence of dry eyes. With the diagnosis of xerostomia, Bakunnondotq-go-hangekobokuto was administered for a month but showed no sign of improvement. Making a shift to buku,yoin-go-hangekobokuto regained his appetite, but did not produce any improvement on dryness. We then utilized soshikokito under the interpretation that both dryness and nonproductive cough is ki-gyaku. The soshikokito therapy reduced his dryness in a month's time. Additionally, his nonproductive cough gradually decreased, and within 11 months after, he had no symptoms, regardless of a gradual medication withdrawal.

109- gera: 147935/di/ra

MANUAL ACUPUNCTURE (BILATERAL ST 6, LI 4, ST 36, AND SP 6) AMELIORATES RADIATION-INDUCED XEROSTOMIA IN CANCER PATIENTS: A PILOT-STUDY (ABSTRACT). CHO JUNG HYU ET AL. **journal of alternative and complementary medicine.** 2007;13(8):902 (eng).

110- gera: 149104/di/re

XEROSTOMIE RADIO-INDUITE, PREVENTION, TRAITEMENT, PERSPECTIVES. GUINAND N, DULGUEROV P, GIGER R. **rev med suisse.** 2007;3(127):2225-9 (fra).

Most of head and neck cancer patients will undergo radiotherapy. Xerostomia is probably its most frequent side effect. Subjective and objective criteria allow evaluating and grading xerostomia. New radiotherapy techniques and use of cytoprotectants can help to preserve salivary gland function. Parasympathicomimetics and saliva substitutes reduce symptoms. Strict mouth cleaning and fluoride's use prevent teeth deterioration and infections. Important breakthroughs

have been made in the pathophysiology of xerostomia and new treatments are developed.

111- gera: 149291/di/re

ACUPUNCTURE IS UNDERUTILIZED IN HOSPICE AND PALLIATIVE MEDICINE. STANDISH LJ, KOZAK L, CONGDON S. **am j hosp palliat care.** 2008;jun 6;x (eng).

Acupuncture is a complementary and alternative medical modality. A considerable body of acupuncture research has accumulated since 1998. Acupuncture has been integrated into palliative care settings in the United Kingdom but is yet to be widely offered in the United States. The literature was searched to identify clinical trials involving acupuncture, palliative care, hospice, chronic obstructive pulmonary disease, bone marrow, and cancer. Twenty-seven randomized controlled clinical trials of acupuncture were found that reported on conditions common to the hospice and palliative care setting, including dyspnea, nausea and vomiting, pain, and xerostomia, and 23 reported statistically significant results favoring acupuncture use for the conditions investigated. Acupuncture is safe and clinically cost-effective for management of common symptoms in palliative care and hospice patients. Acupuncture has potential as adjunctive care in palliative and end-of-life care, and the evidence warrants its inclusion in reimbursed palliative and end-of-life care in the United States.

112- gera: 149880/di/ra

MANUAL ACUPUNCTURE IMPROVED QUALITY OF LIFE IN CANCER PATIENTS WITH RADIATION-INDUCED XEROSTOMIA. CHO JH, CHUNG WK, KANG W, CHOI SM, CHO CK, SON CG. **journal of alternative and complementary medicine.** 2008;14 (5):523 (eng).

PURPOSE: Radiotherapy-induced xerostomia seriously reduces the quality of life (QOL) for patients with head and neck cancer. This study aimed to investigate the effects of manual acupuncture on objective and subjective assessment of symptom changes in patients with cancer who have with radiation-induced xerostomia. **MATERIALS AND METHODS:** Twelve (12) patients with radiation-induced xerostomia were randomized into 2 groups (real or sham acupuncture). Acupuncture was conducted twice weekly for 6 weeks in a single-blind setting. The effect was evaluated by measuring whole salivary flow rates (stimulated and unstimulated) and questionnaire-based assessment of subjective symptoms pre- and post-treatment (3 and 6 weeks after acupuncture treatment). **RESULTS:** Both groups showed a slight increase in whole salivary flow rates, with no significant difference between them. However, real acupuncture markedly increased unstimulated salivary flow rates, and improved the score for dry mouth according to the xerostomia questionnaire, by 2.33 points versus 0.33 in the controls. **CONCLUSIONS:** Our results showed the significantly meaningful amelioration of the subjective sensation of xerostomia closely associated with QOL in patients with head and neck cancer treated with irradiation.

113- gera: 154494/di/ra

[CORTICOSTEROID SPARING EFFECT OF HACHIMIJOGAN IN MIKULICZ'S DISEASE : A CASE REPORT]. TOKUTARO TSUDA, SHINOBU YASHIRO, YUJI GAMO, WATANABE WATANABE. **kampo medicine.** 2009;60(5):513-518 (jap).

A 65-year-old woman suffered from swollen parotid and submandibular glands in July 2005, and sicca of the eyes and oral cavity arose in October 2005. We diagnosed her as having Mikulicz's disease based on magnetic resonance imaging of the head, gallium scintigraphy, and a lip biopsy in

June 2006. After prednisolone 10 mg/day was commenced, her salivary glands shrank slightly. Although the amount of prednisolone had been tapered to 7 mg/day by May 2007, her serum IgG rebounded. In January 2008, hachimijogan extract granules 7.5 g/day were introduced. Swelling of the salivary glands disappeared and her serum IgG level decreased. In May 2008, the amount of prednisolone was tapered successfully to 6 mg/day. Mikulicz's disease is a corticosteroid-sensitive disease, but in this case steroid resistance made treatment difficult. Based on this case, we performed functional assays of P-glycoprotein with calcein-AM, which demonstrated that hachimijogan can reverse drug resistance.

114- gera: 155150/nd/re

ACUPUNCTURE FOR RADIATION-INDUCED XEROSTOMIA IN PATIENTS WITH CANCER: A PILOT STUDY. GARCIA MK, CHIANG JS, COHEN L, LIU M, PALMER JL, ROSENTHAL DI, WEI Q, TUNG S, WANG C, RAHLFS T, CHAMBERS MS. **head neck.** 2009;31(10):1360-8 (eng).

BACKGROUND: This pilot study evaluated if acupuncture can alleviate radiation-induced xerostomia among patients with cancer. Secondary objectives were to assess the effects of acupuncture on salivary flow and quality of life (QOL). **METHODS:** Nineteen patients received acupuncture twice a week for 4 weeks. **RESULTS:** Xerostomia inventory (XI) and patient benefit questionnaire (PBQ) scores were significantly better after acupuncture on weeks 4 and 8 than at baseline (XI: $p = .0004$ and $.0001$; PBQ: $p = .0004$ and $.0011$, respectively). For QOL at weeks 4 and 8, there was a significant difference for questions related to head/neck cancer ($p = .04$ and $.006$, respectively). At week 8, there was a significant difference in physical well-being ($p = .04$). At weeks 5 and 8, there were significant differences in the total score ($p = .04$ and $.03$, respectively). **CONCLUSIONS:** Acupuncture was effective for radiation-induced xerostomia in this small pilot study. Further research is needed. (c) 2009 Wiley Periodicals, Inc.

115- gera: 158452/di/ra

GROUP ACUPUNCTURE TO RELIEVE RADIATION INDUCED XEROSTOMIA: A FEASIBILITY STUDY. SIMCOCK R, FALLOWFIELD L, JENKINS V.

acupuncture in medicine. 2009;27(3):109-13 (eng). **BACKGROUND:** a distressing complication of radiotherapy treatment for head and neck cancer is xerostomia (chronic oral dryness). Xerostomia is difficult to treat conventionally but there are reports that acupuncture can help. We conducted a feasibility study to examine the acceptability of a standardised group acupuncture technique and adherence to group sessions, together with acceptability of the objective and subjective measurements of xerostomia. **METHODS:** 12 males with established radiation induced xerostomia were treated in three groups of four. Each received eight weekly sessions of acupuncture using four bilateral acupuncture points (Salivary Gland 2; Modified Point Zero; Shen Men and one point in the distal radial aspect of each index finger (LI1)). Sialometry and quality of life assessments were performed at baseline and at the end of treatment. A semi-structured interview was conducted a week after completing the intervention. **RESULTS:** adherence to and acceptability of the treatment and assessments was 100%. There were objective increases in the amounts of saliva produced for 6/12 patients post intervention and the majority also reported subjective improvements. Mean quality of life scores for domains related to salivation and xerostomia also showed improvement. At baseline 92% (11/12) patients reported experiencing a dry mouth "quite a bit/very much" as compared to 42% (5/12) after the treatment. Qualitative data

revealed that the patients enjoyed the sessions. **CONCLUSION:** the pilot study shows that a standardised group technique is deliverable and effective. The tools for objective and subjective assessment are appropriate and acceptable. Further examination in a randomised trial is now warranted.

116- gera: 159302/nd/re

ACUPUNCTURE FOR RADIATION-INDUCED XEROSTOMIA IN PATIENTS WITH CANCER: A PILOT STUDY. GARCIA MK, CHIANG JS, COHEN L, LIU M, PALMER JL, ROSENTHAL DI, WEI Q, TUNG S, WANG C, RAHLFS T, CHAMBERS MS. **head neck.** 2009;31(10):1360-8 (eng).

BACKGROUND: This pilot study evaluated if acupuncture can alleviate radiation-induced xerostomia among patients with cancer. Secondary objectives were to assess the effects of acupuncture on salivary flow and quality of life (QOL). **METHODS:** Nineteen patients received acupuncture twice a week for 4 weeks. **RESULTS:** Xerostomia inventory (XI) and patient benefit questionnaire (PBQ) scores were significantly better after acupuncture on weeks 4 and 8 than at baseline (XI: $p = .0004$ and $.0001$; PBQ: $p = .0004$ and $.0011$, respectively). For QOL at weeks 4 and 8, there was a significant difference for questions related to head/neck cancer ($p = .04$ and $.006$, respectively). At week 8, there was a significant difference in physical well-being ($p = .04$). At weeks 5 and 8, there were significant differences in the total score ($p = .04$ and $.03$, respectively). **CONCLUSIONS:** Acupuncture was effective for radiation-induced xerostomia in this small pilot study. Further research is needed.

117- gera: 159303/di/re

ACUPRESSURE AND ACUPUNCTURE FOR SIDE EFFECTS OF RADIOTHERAPY. PINKOWISH MD. **ca cancer j clin.** 2009;59(5):277-80 (eng).

118- gera: 155308/nd/re

A SYSTEMATIC REVIEW OF SALIVARY GLAND HYPOFUNCTION AND XEROSTOMIA INDUCED BY CANCER THERAPIES: MANAGEMENT STRATEGIES AND ECONOMIC IMPACT. JENSEN SB, PEDERSEN AM, VISSINK A, ANDERSEN E,

BROWN CG, DAVIES AN, DUTILH J, FULTON JS, JANKOVIC L, LOPES NN, MELLO AL, MUNIZ LV. **support care cancer.** 2010;25: (eng).

PURPOSE: This systematic review aimed to assess the literature for management strategies and economic impact of salivary gland hypofunction and xerostomia induced by cancer therapies and to determine the quality of evidence-based management recommendations. **METHODS:** The electronic databases of MEDLINE/PubMed and EMBASE were searched for articles published in English since the 1989 NIH Development Consensus Conference on the Oral Complications of Cancer Therapies until 2008 inclusive. For each article, two independent reviewers extracted information regarding study design, study population, interventions, outcome measures, results, and conclusions. **RESULTS:** Seventy-two interventional studies met the inclusion criteria. In addition, 49 intensity-modulated radiation therapy (IMRT) studies were included as a management strategy aiming for less salivary gland damage. Management guideline recommendations were drawn up for IMRT, amifostine, muscarinic agonist stimulation, oral mucosal lubricants, acupuncture, and submandibular gland transfer. **CONCLUSIONS:** There is evidence that salivary gland hypofunction and xerostomia induced by cancer therapies can be prevented or symptoms be minimized to some degree, depending on the type of cancer treatment. Management guideline recommendations are provided for IMRT,

amifostine, muscarinic agonist stimulation, oral mucosal lubricants, acupuncture, and submandibular gland transfer. Fields of sparse literature identified included effects of gustatory and masticatory stimulation, specific oral mucosal lubricant formulas, submandibular gland transfer, acupuncture, hyperbaric oxygen treatment, management strategies in pediatric cancer populations, and the economic consequences of salivary gland hypofunction and xerostomia.

119- gera: 155371/nd/re

PHASE II RANDOMIZED TRIAL OF ACUPUNCTURE-LIKE TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION TO PREVENT RADIATION-INDUCED XEROSTOMIA IN HEAD AND NECK CANCER PATIENTS. WONG RK, SAGAR SM, CHEN BJ, YI GY, COOK R. *j soc integr oncol.* 2010;8(2):35-42 (eng).

Current evidence indicates that acupuncture-like transcutaneous electrical nerve stimulation (ALTENS) can provide sustained benefit for established radiation-induced xerostomia (RIX) symptoms. This is further being evaluated by comparing it with standard treatment (pilocarpine) in a randomized controlled trial. This report studies the potential effectiveness of xerostomia prevention using ALTENS delivered concomitantly with radiotherapy administered to head and neck cancer patients. Sixty patients were randomized to either the treatment group (n = 30) that received ALTENS daily with radiotherapy or the control group (n = 26) that had standard mouth care only. Stimulated and basal unstimulated whole saliva production (WSP) plus RIX symptoms visual analogue score (RIXVAS) were assessed at specific time points. Generalized linear models and generalized estimating equations were used for analysis. RIXVAS at 3 months follow-up after therapy completion was used as the primary study endpoint. The mean RIXVAS for the ALTENS intervention at 3 months was 39.8, which was not significantly different from the control arm value of 40.5. There were no statistically significant differences between the two groups for their mean RIXVAS and WSP at all assessment time points. In conclusion, there was no significant difference in mean WSP and RIXVAS between the two groups, so ALTENS is not recommended as a prophylactic intervention.

120- gera: 155389/nd/re

ACUPUNCTURE FOR PAIN AND DYSFUNCTION AFTER NECK DISSECTION: RESULTS OF A RANDOMIZED CONTROLLED TRIAL. PFISTER DG, CASSILETH BR, DENG GE, YEUNG KS, LEE JS, GARRITY D, CRONIN A, LEE N, KRAUS D, SHAHA AR, SHAH J, VICKERS AJ. *j clin oncol.* 2010;20: (eng). **PURPOSE:** To determine whether acupuncture reduces pain and dysfunction in patients with cancer with a history of neck dissection. The secondary objective is to determine whether acupuncture relieves dry mouth in this population. **PATIENTS AND METHODS:** Patients at a tertiary cancer center with chronic pain or dysfunction attributed to neck dissection were randomly assigned to weekly acupuncture versus usual care (eg, physical therapy, analgesia, and/or anti-inflammatory drugs, per patient preference or physician recommendation) for 4 weeks. The Constant-Murley score, a composite measure of pain, function, and activities of daily living, was the primary outcome measure. Xerostomia, a secondary end point, was assessed using the Xerostomia Inventory. **RESULTS:** Fifty-eight evaluable patients were accrued and randomly assigned from 2004 to 2007 (28 and 30 patients on acupuncture and control arms, respectively). Constant-Murley scores improved more in the acupuncture group (adjusted difference between groups = 11.2; 95% CI, 3.0 to 19.3; P = .008). Acupuncture produced greater

improvement in reported xerostomia (adjusted difference in Xerostomia Inventory = -5.8; 95% CI, -0.9 to -10.7; P = .02). **CONCLUSION:** Significant reductions in pain, dysfunction, and xerostomia were observed in patients receiving acupuncture versus usual care. Although further study is needed, these data support the potential role of acupuncture in addressing post-neck dissection pain and dysfunction, as well as xerostomia.

121- gera: 156054/di/re

ACUPUNCTURE AND CANCER. O'REGAN D, FILSHIE J. *auton neurosci.* 2010;157(1-2):96-100 (eng).

Acupuncture has become a popular complementary treatment in oncology, particularly as patients seek non-pharmacological alternatives to provide symptom control. A considerable body of evidence suggests that acupuncture modulates neurological processes to bring about its effects. This basic research is supported by an increasing number of positive clinical studies of varying quality. Lower quality studies have hampered the widespread acceptability of acupuncture, with some deeming the inter-personal skills of the practitioner to be more powerful than the needle or its equivalent. More recent randomised control trials (RCTs) have sought to settle this controversy, with mixed results. The literature was searched to identify, where possible, RCTs involving acupuncture and various common cancer symptoms. A potential role for acupuncture was found in the following cancer symptoms: pain, nausea and vomiting, xerostomia, hot flushes, fatigue, anxiety, depression and insomnia. Acupuncture is safe with minimal side-effects, and is clinically effective for the management of these symptoms. Continuing research using validated methodology is essential. In the interim, health professionals should be open to explore the use of acupuncture with their cancer patients.

122- gera: 156186/nd/re

ACUPUNCTURE FOR DYSPHAGIA AFTER CHEMORADIATION THERAPY IN HEAD AND NECK CANCER: A CASE SERIES REPORT.

WEIDONG LU, POSNER MR, WAYNE P, ROSENTHAL DS, HADDAD RI. *integr cancer ther.* 2010;9(3):284-90 (eng).

BACKGROUND: Dysphagia is a common side effect following chemoradiation therapy (CRT) in patients with head and neck cancer (HNC). **METHODS:** In this retrospective case series, 10 patients with HNC were treated with acupuncture for radiation-induced dysphagia and xerostomia. All patients were diagnosed with stage III/IV squamous cell carcinoma. In all, 7 of 10 patients were percutaneous endoscopic gastrostomy (PEG) tube dependent when they began acupuncture. Manual acupuncture and electroacupuncture were used once a week. **RESULTS:** A total of 9 of 10 patients reported various degrees of subjective improvement in swallowing functions, xerostomia, pain, and fatigue levels. Overall, 6 (86%) of 7 PEG tube-dependent patients had their feeding tubes removed after acupuncture, with a median duration of 114 days (range 49 to 368 days) post CRT. One typical case is described in detail. **CONCLUSIONS:** A relatively short PEG tube duration and reduced symptom severity following CRT were observed in these patients. Formal clinical trials are required to determine the causality of the observations.

123- gera: 156373/nd/re

MANAGING THE PATIENT PRESENTING WITH XEROSTOMIA: A REVIEW. VISVANATHAN V, NIX P. *int j clin pract.* 2010;64(3):404-7 (eng).

AIMS: Patients complaining of a dry mouth can present themselves to various clinicians such as the primary care physician, dentists, otolaryngologists and/or oral surgeons.

The aim of our review is to provide a systematic method of assessing and managing these patients based on current best evidence published in the literature. **METHODS:** A literature search was performed on 20th April 2009 using MEDLINE and EMBASE using the terms dry mouth and xerostomia in combination with diagnosis, management, investigations and treatment. **RESULTS:** There appears to be little correlation between patient symptoms and objective tests of salivary flow. Therefore clinical management should be based on patient symptoms. There is good evidence to support that xerostomia is commonly associated with anticholinergic drugs, and altering such agents plays an important role in the management of these patients. In patients with residual salivary gland function, the use of salivary stimulants appears to be more beneficial than salivary substitutes. **CONCLUSION:** Xerostomia can be debilitating and primarily affects the middle aged and elderly population. The most common causes of xerostomia include medications with anticholinergic properties, dehydration, diabetes and radiotherapy for head and neck cancer. Treatment of xerostomia essentially involves addressing the cause followed by salivary substitutes and/or salivary stimulants.

124- gera: 156435/nd/re

RECENT ADVANCES IN ONCOLOGY ACUPUNCTURE AND SAFETY CONSIDERATIONS IN PRACTICE. LU W, ROSENTHAL DS. *curr treat options oncol.* 2010;11(3-4):141-6 (eng).

Oncology acupuncture is a new and emerging field of research. Recent advances from published clinical trials have added evidence to support the use of acupuncture for symptom management in cancer patients. Recent new developments include (1) pain and dysfunction after neck dissection; (2) radiation-induced xerostomia in head and neck cancer; (3) aromatase inhibitor-associated arthralgia in breast cancer; (4) hot flashes in breast cancer and prostate cancer; and (5) chemotherapy-induced neutropenia in ovarian cancer. Some interventions are becoming a non-pharmaceutical option for cancer patients, while others still require further validation and confirmation. Meanwhile, owing to the rapid development of the field and increased demands from cancer patients, safety issues concerning oncology acupuncture practice have become imperative. Patients with cancer may be at higher risk developing adverse reactions from acupuncture. Practical strategies for enhancing safety measures are discussed and recommended.

125- gera: 158380/di/ra

EFFECT OF ACUPUNCTURE ON SALIVARY IMMUNOGLOBULIN A AFTER A BOUT OF INTENSE EXERCISE. MATSUBARA Y, SHIMIZU K, TANIMURA Y, MIYAMOTO T, AKIMOTO T, KONO I. *acupuncture in medicine.* 2010;28(4):214 (eng).

126- gera: 158385/di/ra

CLINICAL EFFECTIVENESS AND SAFETY OF ACUPUNCTURE IN THE TREATMENT OF IRRADIATION-INDUCED XEROSTOMIA IN PATIENTS WITH HEAD AND NECK CANCER: A SYSTEMATIC REVIEW. O'SULLIVAN EM, HIGGINSON IJ. *acupuncture in medicine.* 2010;28(4):191-9 (eng).

BACKGROUND: Irradiation-induced xerostomia seriously reduces quality of life for patients with head and neck cancer (HNC). Anecdotal evidence suggests that acupuncture may be beneficial. **OBJECTIVE:** To systematically review evidence on clinical effectiveness and safety of acupuncture in irradiation-induced xerostomia in patients with HNC. **METHODS:** A detailed search was performed to identify randomised controlled trials (RCTs) and systematic reviews

of RCTs on acupuncture in irradiation-induced xerostomia, using AMED, BNI, CINAHL, Cochrane, Embase, HPSI, PsycInfo and Medline. Grey literature was explored and 11 journals hand searched. Search terms included: acupuncture, xerostomia, salivary hypofunction, hyposalivation, dry mouth, radiotherapy, irradiation, brachytherapy, external beam. Two authors independently extracted data for analysis using predefined selection criteria and quality indicators. **RESULTS:** 43 of the 61 articles identified were excluded on title/abstract. 18 articles underwent full-text review; three were deemed eligible for inclusion. Two trials had moderate risk of bias; one had high risk. Two trials compared acupuncture with sham acupuncture; one control arm received 'usual care'. Outcome measurements included salivary flow rates (SFRs) in two trials and subjective questionnaires in three. All three trials reported significant reduction in xerostomia versus baseline SFR ($p < 0.05$); one reported greater effect in the intervention group for stimulated SFR ($p < 0.01$). Subjective assessment reported significant differences between real acupuncture and control in two trials ($p < 0.02-0.05$). Insufficient evidence was presented to undertake risk/benefit assessment. **CONCLUSIONS:** Limited evidence suggests that acupuncture is beneficial for irradiation-induced xerostomia. Although current evidence is insufficient to recommend this intervention, it is sufficient to justify further studies. Highlighted methodological limitations must be dealt with.

127- gera: 159301/di/re

ACUPUNCTURE FOR DYSPHAGIA AFTER CHEMORADIATION THERAPY IN HEAD AND NECK CANCER: A CASE SERIES REPORT. LU W, POSNER MR, WAYNE P, ROSENTHAL DS, HADDAD RI. *integr cancer ther.* 2010;9(3):284-90 (eng).

BACKGROUND: Dysphagia is a common side effect following chemoradiation therapy (CRT) in patients with head and neck cancer (HNC). **METHODS:** In this retrospective case series, 10 patients with HNC were treated with acupuncture for radiation-induced dysphagia and xerostomia. All patients were diagnosed with stage III/IV squamous cell carcinoma. In all, 7 of 10 patients were percutaneous endoscopic gastrostomy (PEG) tube dependent when they began acupuncture. Manual acupuncture and electroacupuncture were used once a week. **RESULTS:** A total of 9 of 10 patients reported various degrees of subjective improvement in swallowing functions, xerostomia, pain, and fatigue levels. Overall, 6 (86%) of 7 PEG tube-dependent patients had their feeding tubes removed after acupuncture, with a median duration of 114 days (range 49 to 368 days) post CRT. One typical case is described in detail. **CONCLUSIONS:** A relatively short PEG tube duration and reduced symptom severity following CRT were observed in these patients. Formal clinical trials are required to determine the causality of the observations.

128- gera: 156343/di/re

ACUPUNCTURE FOR THE PREVENTION OF RADIATION-INDUCED XEROSTOMIA IN PATIENTS WITH HEAD AND NECK CANCER. BRAGA FDO P, LEMOS JUNIOR CA, ALVES FA, MIGLIARI DA. *braz oral res.* 2011;25(2):180-5 (eng).

The aim of this study was to evaluate the effectiveness of acupuncture in minimizing the severity of radiation-induced xerostomia in patients with head and neck cancer. A total of 24 consecutive patients receiving > 5000 cGy radiotherapy (RT) involving the major salivary glands bilaterally were assigned to either the preventive acupuncture group (PA, $n = 12$), treated with acupuncture before and during RT, or the control group (CT, $n = 12$), treated with RT and not receiving acupuncture. After RT completion, clinical response was

assessed in all patients by sialometry, measuring the resting (RSFR) and stimulated (SSFR) salivary flow rates, and by the visual analogue scale (VAS) regarding dry mouth-related symptoms. Statistical analyses were performed with repeated-measures using a mixed-effect modeling procedure and analysis of variance. An alpha level of 0.05 was accepted for statistical significance. Although all patients exhibited some degree of impairment in salivary gland functioning after RT, significant differences were found between the groups. Patients in the PA group showed improved salivary flow rates (RSFR, SSFR; $p < 0.001$) and decreased xerostomia-related symptoms (VAS, $p < 0.05$) compared with patients in the CT group. Although PA treatment did not prevent the oral sequelae of RT completely, it significantly minimized the severity of radiation-induced xerostomia. The results suggest that acupuncture focused in a preventive approach can be a useful therapy in the management of patients with head and neck cancer undergoing RT.

129- gera: 156689/nd/re

[PROTECTIVE EFFECTS OF CHINESE HERBAL MEDICINE HUQI EXTRACTUM ON SALIVARY GLANDS AGAINST RADIATION IN WISTAR RATS.] ZHANG YL, QIN LP, WANG KL, LI B. *zhong xi yi jie he xue bao*. 2011;9(1):70-76 (chi).

Objective: To explore the protective effects of Huqi extractum, a compound Chinese herbal medicine, on salivary glands against radiation in Wistar rats. Methods: One hundred Wistar rats were randomly divided into sham-exposure group, untreated group, and low-, medium- and high-dose Huqi groups. Local irradiation of 60Co gamma-rays with a single dose of 15 Gy was applied to the salivary glands of the Wistar rats except the sham-exposure group. After 3- and 40-day treatment, saliva was collected. Colorimetric method, iodine-amylase colorimetric method and enzyme-linked immunosorbent assay were used to detect concentrations of sodium (Na⁺), potassium (K⁺) and secretory immunoglobulin A (sIgA) and activity of salivary amylase. Pathological changes of salivary gland tissues were observed by hematoxylin-eosin staining. Results: After 3-day administration, radiation-induced salivary gland injuries were obvious and prevalent in irradiated rats. Comparing with the sham-exposure group, saliva concentration of sIgA and body weight were reduced in other irradiated groups, except those in the high-dose Huqi group, while salivary amylase level was increased. At 3-day phase, pathologic changes of the salivary glands were featured as swelling acinus plasm and vacuolation. At 40-day phase, atrophy of gland cells was dominant. After 40-day administration, there were no significant differences between the high-dose Huqi group and sham-exposure group in sIgA and amylase levels and body weight, and according to the histological examination, no significant difference was revealed under the optical microscope. Conclusion: Chinese herbal medicine is helpful for the recovery of the salivary glands from the radiation injury, morphologically and functionally in rats.

130- gera: 157347/nd/re

[SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS OF CHINESE HERBAL MEDICINE IN THE TREATMENT OF SJOGREN'S SYNDROME.] LUO H, HAN M, LIU JP. *zhong xi yi jie he xue bao*. 2011;9(3):257-274 (chi).

Background: Chinese herbal medicine (CHM) has been widely used in the treatment of Sjogren's syndrome. However, there remains no systematic review to assess the effectiveness and safety of CHM. Objective: To assess the effectiveness and safety of CHM in the treatment of Sjogren's syndrome. Search strategy: Literature was searched from PubMed, the Cochrane Library (Issue 3, 2010), the China

National Knowledge Infrastructure Database, the Chongqing VIP Chinese Science and Technology Periodical Database, the Chinese Biomedical Literature Database (SinoMed), Wanfang Data and the Traditional Chinese Medical Periodical Literature Database. The time limitation ran from the commencement of each database to October 15, 2010. Inclusion criteria: Randomized controlled trials (RCTs) testing CHM alone or in combination with Western medicine (WM) against WM or placebo used alone were included. Data extraction and analysis: Two authors collected data independently. The assessment of methodological quality was based on the Cochrane handbook and the data were analyzed by using RevMan 5.0.17 software. Heterogeneity of the included studies was tested and use of statistical model was based on the heterogeneity. The efficacy measure was relative risk (RR) or mean difference with a 95% confidence interval (CI). Results: A total of 52 RCTs involving 3 886 patients were included. The included trials were all of low quality. CHM was superior in improving clinical symptoms to WM, with statistical significance between the groups (RR:1.36; 95% CI: 1.24-1.49); CHM plus WM was better than WM used alone (RR: 1.38; 95% CI:1.30-1.46). CHM improved lacrimal gland function more effectively than WM, with statistical significance between the groups (RR:2.12; 95% CI:1.06- 3.18); CHM plus WM was better than WM used alone (RR:1.90; 95% CI: 0.99-2.81). CHM was superior to WM in the improvement of erythrocyte sedimentation rate (RR:-9.63; 95% CI:-15.73--3.52), and CHM plus WM was also more effective than WM used alone (RR:-8.42; 95% CI:-14.71--2.13). However, there was no statistical difference between groups in other immune index (C-reactive protein, rheumatoid factor, IgG, IgA and IgM). The reported adverse effects of CHM were mainly gastrointestinal symptoms, such as diarrhea. The incidence of adverse effects of WM was higher than that of CHM. Conclusion: CHM appears to improve the symptoms of Sjogren's syndrome. However, due to the low quality of included studies, further well-designed multicenter and large-scale RCTs are still needed to evaluate the beneficial effects of CHM.

131- gera: 159300/di/ra

[CASE OF RADIATION-INDUCED XEROSTOMIA]. QIAO B, ZHANG CH, XING H. *chinese acupuncture and moxibustion*. 2011;31(5):420 (chi).

132- gera: 157428/di/ra

EVALUATION OF ACUPUNCTURE FOR CANCER SYMPTOMS IN A CANCER INSTITUTE IN BRAZIL. D'ALESSANDRO E, DE BRITO C, CECATTO R, SAUL M, ATTA JA, LIN CA. *acupunct med*. 2012;OCT 31: (eng).

INTRODUCTION: Acupuncture has been progressively included in the practice of mainstream medicine in recent decades. The State of Sao Paulo Cancer Institute is a public hospital established in 2008 and its acupuncture service follows the experience and model of several oncology centres in the USA, aiming to optimise the treatment of symptoms such as postoperative pain, oncological pain, neuropathic pain, nausea, vomiting, xerostomia and fatigue induced by chemotherapy. This paper describes the population given acupuncture treatment and the effects of the intervention on symptom management. METHODS: One hundred and eighty-three patients from our service were enrolled in the study. Baseline and final symptom intensity was recorded using a visual analogue score (VAS) ranging from 0 to 10 cm, with a higher score meaning higher symptom intensity. RESULTS: Fifty-four (29.50%) were receiving active treatment with chemotherapy and/or radiotherapy, 29 (15.85%) were receiving hormone therapy and 100 (54.65%) were considered to be in remission. The main symptoms

were: oncological pain in 44 (24.04%), chemotoxicity in 34 (18.6%), lumbar pain in 53 (28.96%) and chronic postoperative pain in 54 (28.4%). The mean (SD) initial symptom score was 7.04 (1.8), which was reduced to 2.56 (2.75) after treatment ($p < 0.001$), an improvement of 63.6% in control of the symptoms. Further analysis of the data showed that the effect was similar in different indications for acupuncture treatment. **CONCLUSIONS:** Use of acupuncture may have improved symptom control in patients enrolled in this study.

133- gera: 157595/di/re

ARIX: A RANDOMISED TRIAL OF ACUPUNCTURE V ORAL CARE SESSIONS IN PATIENTS WITH CHRONIC XEROSTOMIA FOLLOWING TREATMENT OF HEAD AND NECK CANCER. SIMCOCK R, FALLOWFIELD L, MONSON K, SOLIS-TRAPALA I, PARLOUR L, LANGRIDGE C, JENKINS V; ON BEHALF OF THE ARIX STEERING COMMITTEE. *ann oncol.* 2012;oct 25: (eng).

BackgroundRadiation treatment of head and neck cancer can cause chronic xerostomia which impairs patients' quality of life. The study reported here examined the efficacy of acupuncture in alleviating xerostomia symptoms especially dry mouth. **Patients and methods**A total of 145 patients with chronic radiation-induced xerostomia >18 months after treatments were recruited from seven UK cancer centres. The study employed a randomised crossover design with participants receiving two group sessions of oral care education and eight of acupuncture using standardised methods. Patient-reported outcome (PROs) measures were completed at baseline and weeks 5, 9, 13, 17, and 21. The primary outcome was improvement in dry mouth. Objective saliva measurements were also carried out. **Results**Acupuncture compared with oral care, produced significant reductions in patient reports of severe dry mouth (OR = 2.01, $P = 0.031$) sticky saliva (OR = 1.67, $P = 0.048$), needing to sip fluids to swallow food (OR = 2.08, $P = 0.011$) and in waking up at night to drink (OR = 1.71, $P = 0.013$). There were no significant changes in either stimulated or unstimulated saliva measurements over time. **Conclusion**Eight sessions of weekly group acupuncture compared with group oral care education provide significantly better relief of symptoms in patients suffering from chronic radiation-induced xerostomia.

134- gera: 159293/nd/re

THE PREVENTIVE AND THERAPEUTIC EFFECT OF ACUPUNCTURE FOR RADIATION-INDUCED XEROSTOMIA IN PATIENTS WITH HEAD AND NECK CANCER: A SYSTEMATIC REVIEW. ZHUANG L, YANG Z, ZENG X, ZHUA X, CHEN Z, LIU L, MENG Z. *integr cancer ther.* 2012;JUL 16: (eng).

Background. **METHODS:** Some studies suggest that acupuncture may be beneficial. **Objectives.** The authors evaluated the preventive and therapeutic effect of acupuncture for radiation-induced xerostomia among patients with head and neck cancer. **Methods.** PUBMED, EMBASE, Cochrane Library, CBM, CAJD, Wan Fang database, and VIP Database for Chinese Technical Periodicals were electronically searched, in conjunction with further manual search for relevant articles. Studies that met the inclusion criteria were systematically evaluated. **RESULTS:** Three randomized controlled trials (RCTs) investigating the therapeutic effect of acupuncture were included. One RCT on the preventive effect of acupuncture was found. Because of the considerable variation among included studies, meta-analysis was not possible. Two included RCTs used placebo controls, and both observed significant improvement in the salivary flow rates between acupuncture and control groups.

However, no significant differences were found. Three included RCTs suggested that acupuncture for radiation-induced xerostomia can improve patients' subjective symptoms. The only study evaluating the preventive effect of acupuncture for radiation-induced xerostomia showed positive changes in salivary flow rates (both unstimulated and stimulated) and dry mouth-related symptoms. Acupuncture treatment was well tolerated by all patients and no severe adverse effects were seen. **CONCLUSIONS:** Insufficient evidence is available to judge whether acupuncture is safe and whether it is effective in preventing or treating radiation-induced xerostomia. Significant research remains to be done before acupuncture can be recommended for routine use in radiation-induced xerostomia.

135- gera: 159295/di/ra

THE ROLE OF ACUPUNCTURE IN CANCER SUPPORTIVE CARE. Lin JG, Chen YH. *am j chin med.* 2012;40(2):219-29 (eng).

Acupuncture has many beneficial effects during cancer therapy and has proven efficacy in the management of side effects induced by chemotherapy and radiotherapy. In this review, we discussed the benefits of acupuncture on cancer patients. In cancer pain management, acupuncture is effective for head and neck pain, waist pain, abdominal and chest pain. Many studies confirm the excellent efficacy of acupuncture against symptoms of vomiting and nausea, including those induced by chemotherapy and radiotherapy. Head and neck cancer patients receiving radiotherapy may develop xerostomia, which may be relieved by acupuncture. Acupuncture may also cause sedative and hypnotic effects in cancer patients for treating nervousness and insomnia.

136- gera: 159296/nd/re

SHAM-CONTROLLED, RANDOMISED, FEASIBILITY TRIAL OF ACUPUNCTURE FOR PREVENTION OF RADIATION-INDUCED XEROSTOMIA AMONG PATIENTS WITH NASOPHARYNGEAL CARCINOMA. MENG Z, KAY GARCIA M, HU C, CHIANG J, CHAMBERS M, ROSENTHAL DI, PENG H, WU C, ZHAO Q, ZHAO G, LIU L, SPELMAN A, LYNN PALMER J, WEI Q, COHEN L. *eur j cancer.* 2012;48(11):1692-9 (eng).

BACKGROUND: Xerostomia (dry mouth) after head/neck radiation is a common problem among cancer patients. Quality of life (QOL) is impaired, and available treatments are of little benefit. This trial determined the feasibility of conducting a sham-controlled trial of acupuncture and whether acupuncture could prevent xerostomia among head/neck patients undergoing radiotherapy. **METHODS:** A sham controlled, feasibility trial was conducted at Fudan University Shanghai Cancer Center, Shanghai, China among patients with nasopharyngeal carcinoma undergoing radiotherapy. To determine feasibility of a sham procedure, 23 patients were randomised to real acupuncture (N=11) or to sham acupuncture (N=12). Patients were treated three times/week during the course of radiotherapy. Subjective measures were the Xerostomia Questionnaire (XQ) and MD Anderson Symptom Inventory for Head and Neck Cancer (MDASI-HN). Objective measures were unstimulated whole salivary flow rates (UWSFR) and stimulated salivary flow rates (SSFR). Patients were followed for 1 month after radiotherapy. **RESULTS:** XQ scores for acupuncture were significantly lower than sham controls starting in week 3 and lasted through the 1-month follow-up (all P 's < 0.001 except for week 3, which was 0.006), with clinically significant differences as follows: week 6 - RR 0.28 [95% confidence interval, 0.10, 0.79]; week 11 - RR 0.17 [95%CI, 0.03, 1.07]. Similar findings were seen for MDASI-HN scores and MDASI-Intrusion scores. Group differences for UWSFR and

SSFR were not found. **CONCLUSIONS:** In this small pilot study, true acupuncture given concurrently with radiotherapy significantly reduced xerostomia symptoms and improved QOL when compared with sham acupuncture. Large-scale, multi-centre, randomised and placebo-controlled trials are now needed.

137- gera: 159297/nd/re

TRADITIONAL CHINESE MEDICINE FOR CANCER-RELATED SYMPTOMS. SMITH ME, BAUER-WU S.. *semin oncol nurs.* 2012;28(1):64-74 (eng).

OBJECTIVE: To familiarize oncology nurses about the theory and research related to Traditional Chinese Medicine (TCM) for management of cancer-related symptoms. **DATA SOURCES:** Peer-reviewed journal articles, TCM texts, professional experience. **CONCLUSION:** The increasing integration of TCM into mainstream medicine mandates that oncology professionals be familiar with the benefits as well as risks. Clinical research on acupuncture in cancer care is growing and demonstrates it is safe for cancer patients, although results on efficacy across symptoms have been mixed. **IMPLICATIONS FOR NURSING PRACTICE:** Informed oncology nurses can assist patients by making appropriate referrals to licensed acupuncturists and qualified TCM practitioners to help alleviate unpleasant symptoms associated with cancer and conventional cancer treatment.

138- gera: 159298/nd/re

A PHASE 2/3 STUDY COMPARING ACUPUNCTURE-LIKE TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION VERSUS PILOCARPINE IN TREATING EARLY RADIATION-INDUCED XEROSTOMIA. WONG RK, JAMES JL, SAGAR S, WYATT G, NGUYEN-TÂN PF, SINGH AK, LUKASZCZYK B, CARDINALE F, YEH AM, BERK L.. *cancer.* 2012;118(17):4244-52 (eng).

BACKGROUND: In this phase 2 component of a multi-institutional, phase 2/3, randomized trial, the authors assessed the feasibility and preliminary efficacy of acupuncture-like transcutaneous electrical nerve stimulation (ALTENS) in reducing radiation-induced xerostomia. **METHODS:** Patients with cancer of the head and neck who were 3 to 24 months from completing radiotherapy with or without chemotherapy (RT ± C) and who were experiencing xerostomia symptoms with basal whole saliva production ≥ 0.1 mL per minute and were without recurrence were eligible. Patients received twice weekly ALTENS sessions (24 sessions over 12 weeks) using a proprietary electrical stimulation unit. The primary study objective was to assess the feasibility of ALTENS treatment. Patients were considered compliant if 19 of 24 ALTENS sessions were delivered, and the targeted compliance rate was 85%. Secondary objectives measured treatment-related toxicities and the effect of ALTENS on overall radiation-induced xerostomia burden using the University of Michigan Xerostomia-Related Quality of Life Scale (XeQOLS). **RESULTS:** Of 48 accrued patients, 47 were evaluable. The median age was 60 years, 84% of patients were men, 70% completed RT ± C for >12 months, and 21% had previously received pilocarpine. Thirty-four patients completed all 24 ALTENS sessions, 9 patients completed 20 to 23 sessions, and 1 patient completed 19 sessions, representing a 94% total compliance rate. Six-month XeQOLS scores were available for 35 patients and indicated that 30 patients (86%) achieved a positive treatment response with a mean \pm standard deviation reduction of 35.9% \pm 36.1%. Five patients developed grade 1 or 2 gastrointestinal toxicity, and 1 had a grade 1 pain event. **CONCLUSIONS:** The current results indicated that ALTENS treatment for radiation-induced xerostomia can be delivered uniformly in a cooperative, multicenter setting and produces

possible beneficial treatment response. Given these results, the phase 3 component of this study was initiated.

139- gera: 159299/nd/re

RANDOMIZED CONTROLLED TRIAL OF ACUPUNCTURE FOR PREVENTION OF RADIATION-INDUCED XEROSTOMIA AMONG PATIENTS WITH NASOPHARYNGEAL

CARCINOMA. MENG Z, GARCIA MK, HU C, CHIANG J, CHAMBERS M, ROSENTHAL DI, PENG H, ZHANG Y, ZHAO Q, ZHAO G, LIU L, SPELMAN A, PALMER JL, WEI Q, COHEN L.. *cancer.* 2012;118(13):3337-44 (eng). **BACKGROUND:** Xerostomia (dry mouth) after head/neck radiation is a common problem among cancer patients, and available treatments are of little benefit. The objective of this trial was to determine whether acupuncture can prevent xerostomia among head/neck patients undergoing radiotherapy. **METHODS:** A randomized, controlled trial among patients with nasopharyngeal carcinoma was conducted comparing acupuncture to standard care. Participants were treated at Fudan University Shanghai Cancer Center, Shanghai, China. Forty patients were randomized to acupuncture treatment and 46 to standard care. Patients were treated 3 \times /wk on the same days they received radiotherapy. Subjective measures included the Xerostomia Questionnaire and MD Anderson Symptom Inventory-Head and Neck (MDASI-HN). Objective measures were unstimulated and stimulated whole salivary flow rates. Patients were followed for 6 months after the end of radiotherapy. **RESULTS:** Xerostomia Questionnaire scores for acupuncture were statistically significantly lower than for controls starting in week 3 through the 6 months (P = .003 at week 3, all other P < .0001), with clinically significant differences as follows: week 11, relative risk (RR) 0.63 (95% confidence interval [CI], 0.45-0.87); 6 months, RR 0.38 (95% CI, 0.19-0.76). Similar findings were seen for MDASI-HN scores. Group differences emerged as early as 3 weeks into treatment for saliva (unstimulated whole salivary flow rate, P = .0004), with greater saliva flow in the acupuncture group at week 7 (unstimulated whole salivary flow rate, P < .0001; stimulated whole salivary flow rate, P = .002) and 11 (unstimulated whole salivary flow rate, P < .02; stimulated whole salivary flow rate, P < .03) and at 6 months (stimulated whole salivary flow rate, P < .003). **CONCLUSIONS:** Acupuncture given concurrently with radiotherapy significantly reduced xerostomia and improved quality of life.

140- gera: 157620/nd/ra

SYSTEMATIC REVIEW OF ACUPUNCTURE IN CANCER CARE: A SYNTHESIS OF THE EVIDENCE. GARCIA MK, MCQUADE J, HADDAD R, PATEL S, LEE R, YANG P, PALMER JL, COHEN L.. *j clin oncol.* 2013;31(7):952-60 (eng).

PURPOSE Many cancer centers offer acupuncture services. To date, a comprehensive systematic review of acupuncture in cancer care has not been conducted. The purpose of this review was to evaluate the efficacy of acupuncture for symptom management in patients with cancer. **METHODS** Medline, Embase, CINAHL, Cochrane (all databases), Scopus, and PubMed were searched from inception through December 2011 for prospective randomized clinical trials (RCT) evaluating acupuncture for symptom management in cancer care. Only studies involving needle insertion into acupuncture points were included. No language limitations were applied. Studies were assessed for risk of bias (ROB) according to Cochrane criteria. Outcomes by symptom were designated as positive, negative, or unclear. **Results** A total of 2,151 publications were screened. Of those, 41 RCTs involving eight symptoms (pain, nausea, hot flashes, fatigue,

radiation-induced xerostomia, prolonged postoperative ileus, anxiety/mood disorders, and sleep disturbance) met all inclusion criteria. One positive trial of acupuncture for chemotherapy-induced nausea and vomiting had low ROB. Of the remaining studies, eight had unclear ROB (four positive, three negative, and one with unclear outcomes). Thirty-three studies had high ROB (19 positive, 11 negative, and three with both positive and negative outcomes depending on the symptom). CONCLUSION Acupuncture is

an appropriate adjunctive treatment for chemotherapy-induced nausea/vomiting, but additional studies are needed. For other symptoms, efficacy remains undetermined owing to high ROB among studies. Future research should focus on standardizing comparison groups and treatment methods, be at least single-blinded, assess biologic mechanisms, have adequate statistical power, and involve multiple acupuncturists.

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