

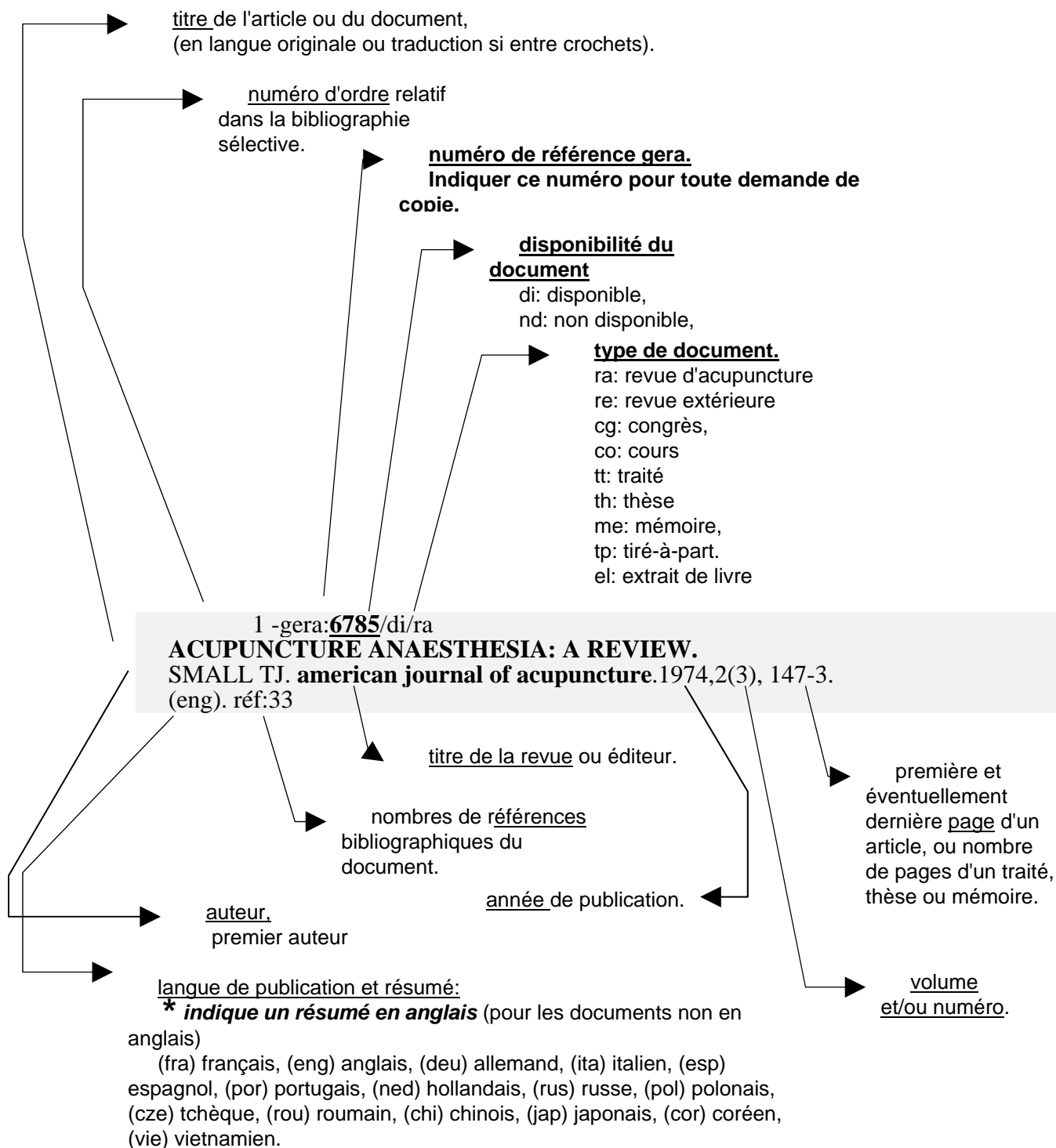
Bibliographie

Acupuncture et dysfonction temporomandibulaire



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- 1- gera: 14556/di/ra
3 CAS DE TRISMUS D'ORIGINE REFLEXE TRAITES PAR L'ACUPUNCTURE CHINOISE. CAMUS V. *revue internationale d'acupuncture.* 1953,5(2),34-5 (fra). ref:10 [19.04 / -]
- 2- gera: 14558/di/re
[AN ANCIENT RECORD OF TREATMENT OF SUBLUXATION OF TEMPORO MANDIBULAR JOINT IN TCM]. CHOU TSUNG CHI. *chinese journal of stomatology.* 1956,4,1-6 (chi). ref:10 [19.04 / 01.02-]
- 3- gera: 6731/nd/re
[L'ANESTHESIE PAR ACUPUNCTURE : PREMIERE COMMUNICATION, CONTROLE DE LA METHODE]. LANZA U. *minerva medica.* 1973,40,2112 (ita). ref:10
 Présentation de cas : abcès amygdalien, hernie inguinale, ablations dentaires multiples, kyste suppuré au niveau du zygoma. [6.02 / 19.04- 16.09- 19.07- hernie- 10.17-]
- 4- gera: 18779/di/ra
ETIOLOGY AND TREATMENT OF THE MASTICATORY MYOFASCIAL PAIN-DYSFUNCTION SYNDROME. LASKIN DM ET AL. *acupuncture and electrotherapeutics research.* 1975,1(1-4),222-23 (eng). ref:10 [19.04 / -]
- 5- gera: 2594/di/ra- num
TREATMENT OF TEMPOROMANDIBULAR JOINT PAIN BY ACUPUNCTURE. CORCOS J ET AL. *american journal of acupuncture.* 1976,4(2),157-60 (eng). ref:10
 46 patients suffering from temporo-mandibular joint pain were treated by acupuncture by two individual practitioners, a physician and a dentist, in a standard manner. The etiology ' was either rheumatoid arthritis or more frequently osteoarthritis, temporomandibular involvement being only one of the manifestations of these systemic diseases. The results were similar, although they were obtained by different practitioners. Temporomandibular joint pain was relieved in a significant number of cases regardless of the etiology. The study points out the value of acupuncture treatment for the relief of temporo-mandibular joint pain. [19.04 / -]
- 6- gera: 14557/nd/me
ACUPUNCTURE ET SUBLUXATION DE L'ARTICULATION TEMPORO-MAXILLAIRE. VERDIER JC. *memoire d'acupuncture.* 1978,45, (fra). ref:6 [19.04 / -]
- 7- gera: 14559/nd/th
L'ACUPUNCTURE APPLIQUEE A LA THERAPEUTIQUE DU TRISMUS ET DES CONTRACTION MUSCULAIRES. BELUZE P. *these chirurgie dentaire,lyon.* 1979,,127 (fra). ref:6 [19.04 / -]
- 8- gera: 14560/nd/th
PATHOLOGIE DOULOUREUSE DE L'ATM, INTERET DE L'ACUPUNCTURE. DUBIEF D. *these chirurgie dentaire,paris 5.* 1981,, (fra). ref:6 [19.04 / -]
- 9- gera: 14561/nd/th
CONTRIBUTION A L'ETUDE DU TRISMUS ET SON TRAITEMENT PAR ACUPUNCTURE. LEVY C. *these chirurgie dentaire,paris 7.* 1981,1736, (fra). ref:6 [19.04 / -]
- 10- gera: 14562/nd/th
CONTRIBUTION A L'ETUDE DU SYNDROME ALGODYSFONCTIONNEL DE L'APPAREIL MANDUCATEUR ET AIDE DE L'ACUPUNCTURE DANS SON TRAITEMENT. LEVEQUE A. *these chirurgie dentaire,paris 7.* 1982,1868, (fra). ref:6 [19.04 / -]
- 11- gera: 14563/nd/th
APPORT DE L'ACUPUNCTURE DANS LE TRAITEMENT DU SYNDROME ALGODYSFONCTIONNEL DE L'APPAREIL MASTICATEUR. HAMPART ZOOMIAN Y. *these chirurgie dentaire,marseille.* 1983,,71 (fra). ref:6 [19.04 / -]
- 12- gera: 2593/di/ra
[23 CAS DE SYNDROME TEMPORO-MANDIBULAIRE TRAITÉ PAR ELECTRO-ACUPUNCTURE]. LU SHINAN. *journal of traditional chinese medicine.* 1983,24(3),51 (chi). ref:6 [19.04 / 05.12-]
- 13- gera: 14564/di/ra- num
COMBINED TREATMENT SUCCESSFUL FOR TMJ PAIN (letter). ODELL SN. *american journal of acupuncture.* 1983,11(4),387-8 (eng). ref:6
 Rapport d'un cas traité par acupuncture et hypnose. [19.04 / hypnose-]
- 14- gera: 3109/di/ra
[TRAITEMENT INTEGRE MTC-MO DANS LE TRAITEMENT DES TUMEURS MALIGNES DE LA BOUCHE ET MAXILLAIRE, DISCUSSION DE 46 CAS]. QIU WEILIU ET AL. *shanghai journal of traditional chinese medicine.* 1983,8,17 (chi). ref:0 [19.04 / 19.02- 23.04-]
- 15- gera: 14569/nd/th
CONTRIBUTION DE L'ACUPUNCTURE ET DE L'ETUDE DES MERIDIENS A L'ETIOLOGIE ET LA SYMPTOMATOLOGIE DES DYSFONCTIONS MANDIBULAIRES. GUIBERT H. *these chirurgie dentaire,reims.* 1984,39,117P (fra). ref:0 [19.04 / -]
- 16- gera: 14566/di/ra
[DYSFONCTION TEMPORO-MANDIBULAIRE]. LOWE EO. *meridians.* 1984,12(3),1 (eng). ref:0 [19.04 / -]
- 17- gera: 14568/di/ra- num
ELECTRO-ACUPUNCTURE TREATMENT FOR DYSFUNCTION SYNDROME OF TEMPOROMANDIBULAR JOINT : REPORT OF 3 CASES. LU SHINAN. *journal of tcm.* 1984,4(2),96 (eng). ref:0
 Le traitement comporte : 1) Electroacupuncture 6E + 7E à une fréquence de 180/mn . 2) Application locale de compresses chaudes avec plantes médicinales. 3) Méprobamate per os. Séances de 30 minutes, 2 séances par semaines. Guérison en 1 à 4 séances dans 21 cas (disparition des douleurs et mastication normale). [19.04 / parametre- 6e- 7e- 05.12-]
- 18- gera: 14567/di/ra
[SYNDROME DE L'ARTICULATION TEMPORO-MANDIBULAIRE TRAITÉ PAR MTC]. XU JIANGZE. *journal of new chinese medicine.* 1984,10,33 (chi). ref:0 [19.04 / -]
- 19- gera: 23673/di/re- num
TEMPOROMANDIBULAR JOINT AND MYOFASCIAL PAIN DYSFUNCTION ; SOME CURRENT CONCEPTS. PART 2 : TREATMENT. FOREMAN P.A. *new zealand dental journal.* 1985,81(364),52-7 (eng). ref:0 [19.04 / -]
- 20- gera: 14571/nd/re
[ORIENTAL MEDICINE IN THE MANAGEMENT OF TMJ SYNDROME]. KATAYAMA I. *hotetsu rinsho.* 1985,,291-301 (jap). ref:49 [19.04 / -]
- 21- gera: 16784/di/me
TRAITEMENT DES DOULEURS FACIALES PAR ACUPUNCTURE. OLIVIER M. *memoire d'acupuncture,bordeaux 2.* 1985,,34P (fra). ref:49
 Nous avons vu quels traitements pouvaient être appliqués pour soulager les névralgies essentielles du trijumeau. Pour les douleurs vasculaires de la face et les douleurs de

l'articulation temporomandibulaires, l'étude est unique et les points à puncturer sont bien indiqués. Les douleur traitées dans ce mémoire sont bien connues, leur origine est précise. mais les douleurs faciales ne sont pas toujours aussi caractéristique. Là encore, l'acupuncture peut être efficace ; mais nous n'avons pas trouvé de bibliographie concernant ces douleurs qu'il est difficile de décrire car elles sont variables d'un sujet à l'autre. En règle générale, nous voyons les malades trop tard ce qui est préjudiciable quant au pronostic du traitement. Cependant même dans ces conditions nous obtenons de bons résultats. L'effet antalgique de l'acupuncture ne doit pas nous détourner de la recherche de l'étiologie de la douleur et de son traitement spécifique. Cependant il ne faut pas oublier les autres traitements médicaux ou chirurgicaux de ces douleurs qui sont également efficaces. [16.08 / 19.04-]

22- gera: 23683/di/re- num

ACUPUNCTURE COMPARED WITH STOMATOGNATHIC TREATMENT FOR TMJ DYSFUNCTION. PART 1 : A RANDOMIZED STUDY. RAUSTIA AM ET AL. *journal of prosthetic dentistry*. 1985,54(4),581-5 (eng). ref:12

L'objectif de cette étude est de comparer l'effet de l'acupuncture avec les traitements standards dans les problèmes de dysfonction de l'articulation tempo mandibulaire. Matériel et méthode : 50 patients, 2 groupes randomisés. 1er groupe : 19 femmes et 6 hommes traités par acupuncture. 2ème groupe : 20 femmes et 5 hommes avec un traitement stomatologique standard. Les principales doléances de ces patients portent sur : douleur de l'articulation tempo-mandibulaire : 32 %, difficultés à ouvrir la bouche, 32 %, douleur faciale ou céphalée, 16 %, bruxisme 10 %, mal de dent : 6 % et divers : 9 %. L'examen clinique comporte le fonctionnement de l'articulation tempo-mandibulaire, la palpation de l'articulation et l'enregistrement de la douleur à la manipulation du mandibule. Les points d'acupuncture sont choisis individuellement en fonction de l'examen clinique et de l'anamnèse. On pratique 3 séances de 20 minutes en moins d'un mois mais après un délai de 3 mois. L'acupuncture semble être un traitement idéal des troubles de l'articulation temporo- musculaire pour certains patients ayant un profil bien particulier (avec tension musculaire anormale des masseters, et parfois un profil psychologique particulier), quitte à compléter ultérieurement ce traitement par une méthode stomatologique [19.04 / ecr- cta-]

23- gera: 30995/di/ra

[AURICULOPUNCTURE FOR TREATMENT OF FUNCTIONAL DISORDER OF MANDIBULAR JOINT]. ZHU CHANGSHENG ET AL. *shanghai journal of acupuncture and moxibustion*. 1985,1,33 (chi). ref:25 [19.04 / 05.10-]

24- gera: 13702/di/re- num

ACUPUNCTURE AND MYOFASCIAL PAIN : TREATMENT FAILURE AFTER ADMINISTRATION OF TRICYCLIC ANTIDEPRESSANTS. BIEDERMANN HJ ET AL. *medical hypotheses*. 1986,19(4),397-402 (eng). ref:25

Traitement d'une femme de 62 ans pour douleur temporo-mandibulaire droite évoluant depuis 2 ans. L'acupuncture est utilisée avant et après traitement médical d'un état dépressif par Doxépin (tricyclique). Les antidépresseurs inhibent l'action antalgique de l'acupuncture. [19.04 / potentialisation- 19.04-medication-]

25- gera: 33156/di/ra

[ONE CASE EXPERIENCE OF TREATING MANDIBULAR ENAMELOBLASTOMA WITH TCM]. LU KAI. *hubei journal of traditional chinese medicine*. 1986,4,39 (chi). ref:21 [19.04 / 23.04-]

26- gera: 19941/co/re

DIAGNOSIS AND TREATMENT OF TEMPOROMANDIBULAR JOINT DYSFUNCTION. ADVANTAGES OF COMPUTED TOMOGRAPHY DIAGNOSIS. STOMATOGNATHIC*. RAUSTIA AM. *proceedings of the finnish dental society*. 1986,82,1-41 (eng). ref:21 [19.04 / -]

27- gera: 14572/di/re- num

ACUPUNCTURE COMPARED WITH STOMATOGNATHIC TREATMENT FOR TMJ DYSFUNCTION. PART II : COMPONENTS OF THE DYSFUNCTION INDEX. RAUSTIA AM ET AL. *journal of prosthetic dentistry*. 1986,55(3),372-6 (eng). ref:21 [19.04 / -]

28- gera: 20027/di/re- num

ACUPUNCTURE COMPARED WITH STOMATOGNATHIC TREATMENT FOR TMJ DYSFUNCTION. PART III : EFFECT OF TREATMENT ON MOBILITY. RAUSTIA AM ET AL. *journal of prosthetic dentistry*. 1986,56(5),616-23 (eng). ref:26

The purpose of this study was to compare the effects of acupuncture and stomatognathic treatment on the mobility of the mandible in random samples of patients with TMJ dysfunction. One group of 25 patients was treated with acupuncture performed by a specialist in physical medicine and rehabilitation and a second similar group received standard stomatognathic treatment. All of the patients were evaluated in terms of the Helkimo dysfunction index by a dentist before treatment, within 1 week of treatment, and 3 months after treatment. No significant differences could be detected in painful movement of the mandible except in retrusive movement, wherein stomatognathic treatment was clearly superior immediately afterward. Acupuncture seems to be a useful early form of therapy in patients with TMJ disorders that are expected to be largely functional and reversible and with evidence of psychophysiologic or neuromuscular disturbances but not of any marked occlusal interference or joint damage. Acupuncture could well be complementary to stomatognathic treatment, either preceding or following it, to achieve full neuromuscular rehabilitation, to ease the treatment (for example, occlusal splints), or to eliminate other possible contributory factors. [19.04 / -]

29- gera: 71695/di/re- num

ACUPUNCTURE COMPARED WITH STOMATOGNATHIC TREATMENT FOR TMJ DYSFUNCTION, II: COMPONENTS OF THE DYSFUNCTION INDEX. RAUSTIA AM ET AL. *journal of prosthetic dentistry*. 1986,55,372-6 (eng). ref:29 [19.04 / -]

30- gera: 1940/di/el

[GRINCEMENT DE DENT]. SCOTT J. *in the treatment of children by acupuncture, the journal of chinese medicine, hove*. 1986,,164-5 (eng). ref:26 [19.04 / 23.11-]

31- gera: 2869/di/ra

[EFFECTS OF ACUPUNCTURE ON TEMPOROMANDIBULAR ARTHROSIS]. TANABE S. *journal of the japan society of acupuncture*. 1986,36(4),250-3 (jap*). ref:0

Temporomandibular arthrosis, which is accompanied by pain in the jaw joint and surrounding tissue, as well as clicking and disorder of jaw opening or movement, is common in dentistry field. However, current treatment often does not result in improvement. We carried out acupuncture treatment for temporomandibular arthrosis without organic disorders including psychogenic ones. Twelve patients (one male and 11 females) referred from the department of dentistry and oral surgery of our hospital underwent acupuncture treatment once or twice a week. In each treatment, electroacupuncture was performed for fifteen minutes through Chinese needles applied to " Fuchi, Eifu, Anmin, Kensei, Taiyo, Gekan, Kyosha, Ten-yo and Gokoku". Remarkable results were obtained in 4 of these cases, effective in 2 cases, rather-effective in 3, and non-effective in 3 cases, a 75% effectiveness ratio. [19.04 / -]

32- gera: 31065/di/ra

[TREATMENT OF 18 CASES OF FUNCTIONAL DISORDER OF JAW JOINT WITH MASSAGE]. YU XIAOMING. *journal of zhejiang tcm college*. 1986,6(10),20 (chi). ref:2 [19.04 / massage-]

33- gera: 22294/nd/re

KINESIC PRESS - FINGER COMPRESS METHOD FOR

TMJ TREATMENT. CHIU LC. *cranio.* 1987,5(3),260-8 (eng). ref:2
[19.04 / -]

34- gera: 20785/di/el- num
TRAITEMENT ACUPUNCTURAL D'UN CAS DE PARALYSIE FACIALE TRAUMATIQUE ACCOMPAGNEE DE BOUCHE BLOQUEE. LI GUANJIAN. in *selection des theses de la revue d'acupuncture de shanghai, shanghai.* 1987,,68 (fra). ref:2
[16.07 / 19.04-]

35- gera: 20782/di/el- num
2 CAS DE TREMBLEMENT DU MAXILLAIRE INFERIEUR TRAITES PAR L'ACUPUNCTURE. LI MINGZHI. in *selection des theses de la revue d'acupuncture de shanghai, shanghai.* 1987,,61 (fra). ref:2
Rapport de 2 cas de tremblements du maxillaire inférieur apparus quelques jours avant la consultation. Le diagnostic est celui d'une dystharmonie de l'énergie du foie et de reflux du vent hépatique. Principes thérapeutique : dégager le foie, régulariser l'énergie, apaiser le foie et chasser le vent. 3F, 20VB, 4GI, 7E bilatéraux et Shanglianquian. Séance de 1 heure, guérison en 2 et 3 séances. [14.12 / f- vent- 19.04-]

36- gera: 22298/di/re- num
ACUPUNCTURE IN THE TREATMENT OF PATIENTS WITH CHRONIC FACIAL PAIN AND MANDIBULAR DYSFUNCTION. LIST T. *swedish dental journal.* 1987,11(3),83-92 (eng). ref:2
Ten patients with chronic facial pain and long lasting mandibular dysfunction symptoms were treated with acupuncture. All patients, two men and eight women aged between 39 and 71 years (X=51.0 years), exhibited a complex pain symptomatology with, basically, daily constant pain with an average duration of 13 ears. The patients had resisted all previous conventional stomatognathic treatment. The symptoms and signs were evaluated before and immediately after treatment and at follow-ups three and seven months later. Four methods were used for evaluating the effect of the treatment. 1. Subjective evaluation according to a 6-graded verbal scale. 2. Clinical dysfunction index according to Helkimo (1974). 3. Intensity of pain according to a visual analogue scale (VAS-scale, Pilowsky and Kaufman 1965). 4. Medicine consumption. Six to eight acupuncture treatments were given at one week intervals. The acupuncture points were stimulated both manually and electrically for 30 minutes with a frequency of approximately 2-3 Hz and 20-30 ma. All patients reported some degree of subjectively experienced improvement. Four felt much better and six somewhat better. At the follow-ups the same reports were given with the exception for one patient who reported unchanged discomfort. The objective criteria used for assessment of favorable response to treatment were fulfilled by three patients immediately after treatment and at 3, 7 and 14 months after treatment. No significant negative effect of the treatment were recorded. It is concluded that acupuncture may be a realistic alternative to other. conventional stomatognathic treatment for some patients with long lasting chronic facial pain. [19.04 / ecr-]

37- gera: 22295/nd/re
[DIAGNOSIS AND TREATMENT OF TEMPOROMANDIBULAR JOINT DYSFUNCTION. RESULTS OF A COMPUTED TOMOGRAPHY STUDY OF THE TEMPOROMANDIBULAR JOINT AND PHYSIOLOGICAL MASTICATORY TREATMENT COMPARED TO ACUPUNCTURE]. RAUSTIA AM. *proceedings of the finnish dental society.* 1987,83(4),205-7 (fin). ref:38
[19.04 / -]

38- gera: 53328/di/ra
[TEMPOROMANDIBULAR JOINT SYNDROME TREATED BY ACUPUNCTURE AND MOXIBUSTION]. DING JINBANG. *shaanxi traditional chinese medicine.* 1988,9(1),38. (chi). ref:38
[19.04 / 05.09-]

39- gera: 85254/di/re- num
TENDERNESS AND ACUPUNCTURE POINTS IN THE

MASSETER MUSCLE : A CORRELATION STUDY. LIST T ET AL. *journal of cranio-mandibular disorders : facial and oral pain.* 1988,2,133-6 (eng). ref:38

One clinical observation made during acupuncture treatment of patients with mandibular disorders and facial pain was that acupuncture points often seem to coincide with those parts of the masticatory muscles exhibiting tenderness on palpation. The aim of this study was to determine more systematically to what degree acupuncture points correspond with the location of the tender zones in the masseter muscle. Twenty-six individuals with tenderness in the left masseter muscle were included in the study. In the majority of the cases (97%), one or more acupuncture points were localized within the tender zone in the muscle. An agreement between the location of the acupuncture point and tender muscle zones does appear to exist. [19.04 / 04.04- 02.06-]

40- gera: 33416/di/ra
[AN INTRODUCTION TO VETERAN PHYSICIAN GUO CHUYUAN'S EXPERIENCE OF EXTRAORAL REDUCTION OF MANDIBULAR JOINT AND THE TREATMENT BY*]. SPSTEMATIZTD BY JIANNY SUZHEN. *journal of new chinese medicine.* 1988,20(1),11 (chi). ref:19
[19.04 / -]

41- gera: 83377/nd/ra
BIOFEEDBACK AND AURICULOTHERAPY FOR PAIN MANAGEMENT AND RELAXATION THERAPY. FRITZ G ET AL. *biofeedback selg-reg.* 1989,14(2),140-41 (eng). ref:0
Oleson et al. (1980) demonstrated that changes in electrical resistance at ear acupuncture points reflect, with 74% degree of accuracy, the presence or absence of musculoskeletal pain of the body. This somatotopic mapping of the body at the ear provided the first well-accepted scientific basis for auriculotherapy, the stimulation of ear points to relieve pain and to promote relaxation. Melzack and Katz (1984) subsequently investigated the potential of auriculotherapy for treatment of chronic pain. Lewis (1987) demonstrated a significant relaxation effect (P = .005), as measured by palmar skin resistance, by strategic stimulation of the "relaxing point" of the ear prior to anesthesia and surgery, as compared either with diazepam or with a progressive relaxation tape. In this paper six cases of combined biofeedback and auriculotherapy are discussed in which symptomatic relief after introduction of auriculotherapy exceeded previously achieved relief from biofeedback alone. The cases include osteoarthritic hip pain, TMJ and orthodontic tooth pain, sciatic nerve pain, spasmodic torticollis, tinnitus, and common migraine. Patient's acceptance of the combined treatments and protocols for integrating biofeedback and auriculotherapy are discussed. Becker (1985) views biofeedback and acupuncture as sharing the same bioelectric pathways- the former operative through conscious volition, the latter through external stimulation. The current study was conducted from and supports Becker's view. [6.01 / 05.10- 18.17- 19.04- 18.12- 18.16- 16.02-]

42- gera: 35062/di/ra
[THE TREATMENT OF SYNDROME OF TEMPOROMANDIBULAR JOINT FOR 50 CASES]. HONG ZHEN YOU ET AL. *liaoning journal of traditional chinese medicine.* 1989,13(5),35-7 (chi). ref:0
[19.04 / -]

43- gera: 70087/nd/re- num
[ACUPUNCTURE IN STOMATOLOGY]. SATKO I ET AL. *prakt zubn lek.* 1990,38(7),194-7 (tch*). ref:0
The authors draws attention to the possible use of acupuncture in stomatology used in the course of 13 years in diseases of polyaeiological 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, myofacial dysfunctional syndrome and disorders of salivary secretion in 178 patients treated at the out-patient department of the Second Stomatological Clinic in Bratislava. [19.01 / 19.03- 19.02- 19.04- tchecoslovaquie-]

44- gera: 80970/di/ra
[RELAXING EFFECTS OF TRANSCUTANEOUS

ELECTRICAL NERVE STIMULATION AND TRANSCUTANEOUS ELECTRICAL ACUPUNCTURE-POINT STIMULATION ON THE MASTICATORY MUSCLES AND THE PHYSICAL AND MENTAL TENSION IN DENTAL*]. X. *journal of the japan society of acupuncture.* 1990,40(1),135. (jap). ref:0 [19.04 / -]

45- gera: 62081/di/ra
[FIVE METHODS OF TREATMENT OF OSTEOMYELITIS OF THE MAXILLARY BONE BASED ON SYNDROME DIFFERENTIATION]. XU ZHENYA. *liaoning journal of traditional chinese medicine.* 1990,14(2),29-35 (chi). ref:0 [19.04 / 18.06-]

46- gera: 81994/di/ra
DISLOCATION OF MANDIBULAR ARTICULATION. ZHAO CHUNYIN ET AL. in *clinic of tcm (2), publishing house of shanghai college of tcm, shanghai.* 1990,,691-94 (eng). ref:0 [18.07 / 19.04-]

47- gera: 61837/di/ra
[RESTORATION OF OLD TEMPOROMANDIBULAR DISLOCATION BY MASSAGE MANIPULATION : A SUMMARY OF 11 CASES]. ZHI WENFENG ET AL. *new journal of traditional chinese medicine.* 1990,22(3),32. (chi). ref:0 [19.04 / massage-]

48- gera: 66049/di/ra
[PHOTO-MOXIBUSTION FOR 50 CASES OF DYSFUNCTION OF TEMPOROMANDIBULAR JOINT SYNDROME]. HUANG HUIFEN ET AL. *shanghai journal of acupuncture and moxibustion.* 1991,3,20 (chi). ref:0 [19.04 / 05.09-]

49- gera: 65507/di/ra
[TREATMENT OF OSTEOMYELITIS OF THE MAXILLARY BONE]. JIANG YIQING. *new journal of traditional chinese medicine.* 1991,23(7),17 (chi). ref:0 [18.06 / 19.04-]

50- gera: 29392/di/ra- num
DENTAL SPLINT VERSUS ACUPUNCTURE. ROUSE A. *british journal of acupuncture.* 1991,14(1),31-3 (eng). ref:0 [19.04 / -]

51- gera: 37652/di/ra
ACUPUNCTURE FOR RESISTANT TEMPOROMANDIBULAR JOINT PAIN DYSFUNCTION SYNDROME. HO V ET AL. *acupuncture in medicine.* 1992,10(2),53-5 (eng). ref:0 [19.04 / -]

52- gera: 37403/di/re- num
LES TRAITEMENTS CONSERVATEURS DES TROUBLES CRANIO-MANDIBULAIRES : ANALYSE DE 181 CAS. KURILATO M ET AL. *acta stomatologica belgica.* 1992,88(3),131-43 (fra). ref:0
 Après un exposé des traitements conservateurs et non conservateurs des troubles crânio-mandibulaires, les auteurs ont analysé les résultats qu'ils ont obtenus chez 147 patients. Selon cette étude, lorsqu'un traitement conservateur est appliqué à un ensemble de patients atteints de troubles crânio-mandibulaires, on peut s'attendre à ce que 74 % des patients répondent avec succès à ce traitement conservateur. [19.04 / -]

53- gera: 45939/nd/re
[AN EXPERIMENTAL STUDY OF DAN SHENG IMPROVING THE MANDIBULAR BONE FRACTURE HEALING]. LIN RT . *chung hua kou chiang hsueh tsa chih.* 1992,27(4),215-6, 2 (chi*). ref:0
 Sixty-four rabbits were used in this study, experimental bone defects were made in notch of the mandibular bone angle. Dan sheng was used in experimental groups. A pieces of bone at the edge of the defect was taken and observed by electron microscope in different period. The results were as follows: 1.

The amount of osteoblast increase clearly. 2. The synthesis of protein was vigorous in fibroblast appeared as nuclear depression, nucleoli locating at one side and formation of endoplasmic reticulum bubble. as Therefore, we think that dan shen would take a role of improving the mandibular bone fracture healing. [19.04 / -]

54- gera: 37558/di/re- num
ACUPUNCTURE IN THE TREATMENT OF PATIENTS WITH CRANIOMANDIBULAR DISORDERS. COMPARATIVE, LONGITUDINAL AND METHODOLOGICAL STUDIES. LIST T. *swed dent j suppl.* 1992,87,1-159 (eng). ref:0

The aim of the thesis was to compare the short- and long-term effects of acupuncture and occlusal splint therapy in patients with craniomandibular disorders (CMD). One hundred and ten patients, 23 males and 87 females, participated in the study. All patients exhibited moderate or severe signs and symptoms of CMD and had pain for more than six months. The participants were randomly assigned to three groups : acupuncture, occlusal splint therapy or control. Ten different subjective and/or clinical assessment variables were used in the evaluation of the treatment effect. Immediately after treatment, acupuncture and occlusal splint therapy had reduced the symptoms as compared with the control group which remained essentially unchanged. Acupuncture gave better subjective results than occlusal splint in the short-term. In the 12-month long-term follow-up, 57% of the patients who received acupuncture and 68% of the patients who received occlusal splints benefited subjectively and clinically from the treatment. There were no statistically significant differences between the two groups in any of the assessment variables. Those patients who received various additional therapies following acupuncture and/or occlusal splints rarely responded favorably to additional treatment. No serious adverse events or complications were observed in the study. Acupuncture seems to have adverse events of a more general nature whereas adverse events of the occlusal splint seem to be more related to the orofacial region. The majority of the patients responded positively to the comfort of both treatment modes. In order to measure tenderness (pressure pain threshold, PPT) more objectively, the usefulness of an algometer was evaluated. A good reliability and validity was found for the algometer in recording the PPT in the masticatory muscles. The reliability was further improved by connection of a stopwatch to the algometer so that the pressure rate could be kept within acceptable limits. A moderate but statistically significant correlation was found between PPT and clinical and subjective variables. The algometer was sensitive enough to detect pre- and post-treatment changes. A statistically significant reduction in tenderness was found immediately after and at the 6-month follow-up for both treatment modes. This series of studies showed that acupuncture gave positive results similar to those of occlusal splint therapy in patients with primarily myogenic CMD symptoms over a 1-year [19.04 / cta-]

55- gera: 37502/di/re- num
ACUPUNCTURE AND OCCLUSAL SPLINT THERAPY IN THE TREATMENT OF CRANIOMANDIBULAR DISORDERS. PART I. A COMPARATIVE STUDY. LIST T ET AL. *swed dent j.* 1992,16(4),125-41 (eng). ref:42

One hundred and ten patients, 23 males and 87 females, participated in a comparative study of the effect of acupuncture and occlusal splint therapy. All the patients exhibited signs and symptoms of craniomandibular disorders (CMD) and had had pain for more than six months. The participants were randomly assigned to three groups : acupuncture treatment, occlusal splint therapy or control. The patients were evaluated before and immediately after treatment/control time. Ten different subjective and/or clinical assessment variables were used in the evaluation of the treatment effects. Both acupuncture and occlusal splint therapy reduced the symptoms as compared with the control group in which the symptoms remained essentially unchanged. In this short-term study, acupuncture gave better subjective results ($p < 0.001$) than the occlusal splint therapy. [19.04 / cta- ecr-]

56- gera: 37512/di/re- num
ACUPUNCTURE AND OCCLUSAL SPLINT THERAPY IN THE TREATMENT OF CRANIOMANDIBULAR DISORDERS.

II.A 1 -YEAR FOLLOW-UP STUDY. LIST T ET AL. *acta odontol scand.* 1992,50(60),375-85 (eng). ref:2P

Eighty patients, of whom 22 were men and 58 women, participated in a 1-year follow-up study. All participants in the study showed signs and symptoms of craniomandibular disorders (CMD) and had pain for more than 6 months at treatment start. The patients were randomly assigned to either acupuncture or occlusal splint therapy. Those patients who did not respond to either of the treatment modes were offered various additional therapies. The result showed that 57 % of the patients who received acupuncture and 68% of the patients treated with occlusal splint therapy benefited subjectively ($p < 0.01$) and clinically ($p < 0.001$) from the treatment over a 12-month period. No statistically significant difference was found between the two groups as to the assessment variables. Those patients who received various additional therapies after acupuncture and/or occlusal splint therapy responded favorably to additional treatment in only a few instances. The study showed that acupuncture gave positive results similar to those of occlusal splint therapy in patients with primarily myogenic CMD symptoms over a 1-year follow-up period. [19.04 / ecr- cta-]

57- gera: 37743/di/re

ADVERSE EVENTS OF ACUPUNCTURE AND OCCLUSAL SPLINT THERAPY IN THE TREATMENT OF CRANIOMANDIBULAR DISORDERS. LIST T ET AL. *journal of craniomandibular practice.* 1992,10(4),324-6 (eng). ref:30 [5.19 / 19.04-]

58- gera: 45520 /ra

[CLINICAL OBSERVATION ON TEMPOROMANDIBULAR JOINT SYNDROME TREATED BY MOXIBUSTION WITH MEDICATED COTTON]. MIAO X. *acupuncture research.* 1992,17(4),232-3 (chi). ref:10 [19.04 / -]

59- gera: 44811/di/ra

[CLINICAL OBSERVATION ON TEMPOROMANDIBULAR JOINT SYNDROME TREATED BY MOXIBUSTION WITH ABSORBENT COTTON]. MIAO XISHOU. *acupuncture research.* 1992,17(4),232 (chi). ref:10 [19.04 / 05.09-]

60- gera: 35962/di/ra- num

CLINICAL TREATMENT OF TEMPOROMANDIBULAR JOINT DYSFUNCTION SYNDROME. ROWE MJ. *acupuncture and electrotherapeutics research.* 1992,17(1),47-50 (eng). ref:10 [19.04 / -]

61- gera: 35944/di/ra- num

A REPORT OF 22 CASES OF TEMPOROMANDIBULAR JOINT DYSFUNCTION SYNDROME TREATED WITH ACUPUNCTURE AND LASER RADIATION. WANG KEFEI. *journal of traditional chinese medicine.* 1992,12(2),116-8 (eng). ref:0 [19.04 / 05.14-]

62- gera: 36185/di/ra

[THE TREATMENT OF TMJ ARTHROSIS BY ACUPUNCTURE]. X. *journal of the japan society of acupuncture.* 1992,42(1),118. (jap). ref:0 [19.04 / -]

63- gera: 42939/di/ra- num

[OBSERVATION ON THE THERAPEUTICAL EFFECT OF 86 PATIENTS WITH DISTURBANCE OF TEMPORAL-MANDIBLE JOINT TREATED BY MEANS OF ACU-INJECTION AND ACUPUNCTURE]. ZHAO KANGMIN ET AL. *chinese acupuncture and moxibustion.* 1992,12(4),13 (chi*). ref:0

The authors treated 86 cases of disturbance of temporal-mandible joint by means of acu-injection with compound injection of *angelica sinensis* into Xiaguan (St7) and Tinggong (SI19) alternatively and acupuncture at Hegu (LI4) and Sanjian (LI3). Meanwhile, other 66 cases were treated for control with simple acupuncture in the above points. It is found that acu-injection combined with acupuncture has better effect and

shorter duration therefore, remarkably superior to the control group. Acu-injection has the action of both acupuncture and medication. [19.04 / 7e- comparaiso- ctanr- 3gi- 19ig- 05.15- 4gi-]

64- gera: 45624/di/ra- num

TREATMENT OF 60 CASES OF DYSFUNCTION OF TEMPOROMANDIBULAR JOINT BY PUNCTURING ZUSANLI (ST36) ACUPOINT. CUI YUNMENG. *journal of traditional chinese medicine.* 1993,13(3),191. (eng). ref:0 [19.04 / 36e-]

65- gera: 47450/di/ra

[MEASURES AND WAY OF THINKING FOR THE TREATMENT OF RECURRENT STOMATOLOGICAL ULCERS TREATED BY TCM]. GUO WEIFENG. *journal of traditional chinese medicine.* 1993,34(11),686 (chi). ref:0 [19.04 / -]

66- gera: 37561/nd/re

INHIBITION OF THE FORMATION OF ORAL CALCIUM PHOSPHATE PRECIPITATES : BENEFICIAL EFFECTS OF CHINESE TRADITIONAL (KAMPO) MEDICINES. HIDAKA S ET AL. *j periodontal res.* 1993,28(1),27-34 (eng). ref:0 [19.04 / -]

67- gera: 4730/di/cg

SEVERAL SEVERE CASES OF ORAL DISEASES COMPLETELY CURED USING MEASURES OF ORIENTAL MEDICINE WITH THE TEAMWORK OF DENTISTS AND ACUPUNCTURISTS IN DENTAL CLINICS. ISHIGAKI ET AL. *third world conference on acupuncture.* 1993,,211 (eng). ref:0 [19.01 / 19.02- 19.04-]

68- gera: 46592/di/ra

[CLINICAL OBSERVATION ON EFFECT OF SUO QUAN PILL FOR REDUCING CLOZAPINE-INDUCED SALIVATION]. KANG BING ET AL. *chinese journal of integrated traditional and western medicine.* 1993,13(6),347 (chi*). ref:0 [19.04 / -]

69- gera: 48832/di/ra

[THE TREATMENT OF TEMPOROMANDIBULAR JOINT (TMJ) ARTHROSIS BY ACUPUNCTURE]. KATSUHISA WATANABE ET AL. *journal of the japan society of acupuncture.* 1993,43(4),143-59 (jap*). ref:0

Temporomandibular arthrosis, whose major symptoms are trismus, pain of the temporomandibular joint and articular noise, has recently been increasing, primarily in younger people. This condition is often accompanied by unexplained complaints (e.g., headache and stiffness of the neck and/ (or shoulder) which are indications for the application of acupuncture therapy. To deepen the recognition of temporomandibular arthrosis by clinicians, we recently prepared a video tape showing detailed procedures of acupuncture therapy for this disease. The first half of this video tape consists of an explanation of the anatomical features of the temporomandibular joint, the athophysiology and classification of temporomandibular arthrosis, and magnetic resonance images of the temporomandibular joint. The latter half consists of the diagnostic and therapeutic procedures for this disease, including the acupoints often stimulated for its treatment and the techniques of acupuncture therapy. [19.04 / 18.10- 14.02- 18.12-]

70- gera: 4724/di/cg

A CLINICAL STUDY ON SSP THERAPY FOR JAW ARTHROSIS. KONDA T ET AL. *third world conference on acupuncture.* 1993,,210 (eng). ref:0 [19.04 / 05.12-]

71- gera: 48540/di/re- num

PRESSURE PAIN THRESHOLDS IN PATIENTS WITH CRANIOMANDIBULAR DISORDERS BEFORE AND AFTER TREATMENT WITH ACUPUNCTURE AND OCCLUSAL SPLINT THERAPY : A CONTROLLED CLINICAL LIST T. *journal of orofacial pain.* 1993,7(3),275-82 (eng). ref:0

Fifty-five patients (46 women and 9 men) with craniomandibular disorders and a history of pain of at least 6 months' duration participated in this trial. The patients were randomly assigned to three groups: one group to receive acupuncture; one group to receive occlusal splint therapy; and one group to act as controls. Pressure pain threshold, clinical dysfunction score, and visual analog scale measures were used to evaluate patients before, immediately after, and 6 months after treatment. A moderate, but statistically significant, correlation was found between pressure pain threshold and the number of tender spots in the masticatory muscles ($\tau = -.43$; $P < .001$), degree of tenderness in the masticatory muscles ($\tau = -.43$; $P < .001$), clinical dysfunction score ($\tau = .32$; $P < .001$), and the visual analog scale ($\tau = -.25$; $P < .01$). The short-term results showed a statistically significant improvement in all evaluations for both treatment groups. No significant differences were found in the control group. The improvements resulted in significant differences between the control and each treatment group immediately after treatment. At the 6-month follow-up, no significant differences in pressure pain threshold or clinical dysfunction score were found in the two treatment groups compared with the short-term [19.04 / ecr-cta-]

72- gera: 45476/di/re

USE OF ACUPRESSURE TECHNIQUES AND CONCEPTS FOR NONSURGICAL MANAGEMENT OF TMJ DISORDERS. MATSUMURA WM . *j gen orthod.* 1993,4(1),5-16 (eng). ref:45

[19.04 / acupression-]

73- gera: 49022/di/ra- num

OBSERVATION ON 30 CASES WITH TEMPOROMANDIBULAR ARTICULAR DYSFUNCTION SYNDROME TREATED BY AURICULAR-POINT-PRESSING THERAPY. SONG NANCHANG. *world journal of acupuncture-moxibustion.* 1993,3(1),14-6 (eng). ref:22

The writer has treated 30 cases of temporomandibular articular dysfunction syndrome with only auricular pressing therapy. The method : A seed of *vaccaria segetalis* is used to tape the Antitratric Apex point and the Shenmen point of ear , then the practitioner presses the seed with hand to produce sensations, such as distension, numbness, heat, and a little sweating etc. Exchang two sides of the ears alternatively. The treatment is performed once every two or three days and three times are constituted one course. In one or three courses we can obtain the therapeutic effectiveness as 50 % cured, 43 % improved and 6. 7 % failed. [19.04 / -]

74- gera: 4680/di/cg

A CLINICAL STUDY ON SSP THERAPY COMBINED WITH SPLINT THERAPY FOR JAW ARTHROSIS. SUGIMOTO K ET AL. *third world conference on acupuncture.* 1993,,209. (eng). ref:2

[19.04 / 05.12-]

75- gera: 36978/di/ra- num

ESTUDIO DE 22 CASOS DE SINDROME DE DISFUNCION DE LA ARTICULACION TEMPOROMANDIBULAR TRATADOS CON ACUPUNTURA Y LASER. WANG KEFEI. *revista de la medicina tradicional china.* 1993,1,20-2 (esp). ref:0

[19.04 / 05.14-]

76- gera: 91201/di/ra

[THE FIFTY CASES CLINICAL OBSERVATION OF THE CHILD EPIDEMIC PAROTITIS IS CURED BY CIMETIDINE AND ISATIS ROOT USING TOGETHER]. LI XIU-QIN. *practical journal of integrating chinese with modern medicine.* 1994,7(11),649 (chi). ref:0

[19.04 / -]

77- gera: 13105/di/ra

20 PATIENTS OF TEMPOROMANDIBULAR JOINT DISORDER SYNDROME TREATED BY ACUPUNCTURE. LIHUA G. *world journal of acupuncture-moxibustion.* 1994,4(3),28. (eng). ref:0

[19.04 / -]

78- gera: 56110/di/ra

APHTOUS STOMATITIS. LU SHOU-KANG. *international journal of clinical acupuncture.* 1994,5(4),439-444 (eng). ref:0

[19.04 / -]

79- gera: 54288/co/re- num

PAIN-PRESSURE THRESHOLD IN PAINFUL JAW MUSCLES FOLLOWING TRIGGER POINT INJECTION. MCMILLAN AS ET AL. *journal of orofacial pain.* 1994,8(4),384-90 (eng). ref:0

Pain and tenderness at trigger points and referral sites may be modified in subjects with myofascial pain in the head and neck region by injecting local anesthetic into active trigger points, but the effect of injection on jaw muscle pain-pressure thresholds has not been measured. The mechanism by which trigger-point injection affects muscle tenderness is also unclear and may be related to the "hyper-stimulation analgesia" induced by stimulation of an acupuncture point. A pressure algometer was used before and after an active trigger point injection in the masseter to measure the pain-pressure threshold in the masseter and temporal muscles of 10 subjects with jaw muscle pain of myogenous origin. The pain- pressure threshold in the masseter and temporal muscles was also measured in a matched control group before and after an acupuncture-point injection in the masseter. The pain-pressure threshold was significantly lower in myofascial pain subjects than in control subjects at all recording sites. Pain-pressure thresholds increased minimally in the masseter after trigger-point injection, whereas the temporal region was relatively unaffected. In the control group, the pain-pressure threshold increased significantly at all recording sites in the masseter after acupuncture-point injection. Although local anesthetic injection acts peripherally at the painful site and centrally where pain is sustained, pain-pressure thresholds were not dramatically increased in myofascial pain subjects, in contrast to controls. This suggests that in subjects with myofascial pain, there was continued excitability in peripheral tissues and/or central neural areas which may have contributed to the persistence of jaw muscle tenderness. [19.04 / 04.05-]

80- gera: 47884/di/ra

[40 CASES OF USING BUSHEN ZHUANGJIN DECOCTION TO TREAT MANDIBULAR ARTHRITIS]. SUN JICAI. *liaoning journal of traditional chinese medicine.* 1994,21(10),459 (chi). ref:30

[19.04 / -]

81- gera: 15242/di/ra

TRATAMIENTO DE 60 CASOS DE DYSFUNCION DE LA ARTICULACION TEMPOROMANDIBULAR MEDIANTE ACUPUNTURA EN ZUSANLI (E36). YUNMENG C. *revista de la medicina tradicional china.* 1994,4(2),14. (esp). ref:30

[19.04 / 36e-]

82- gera: 17222/di/ra

TRATTAMENTO DI 60 CASI DI DISFUNZIONE DELL'ARTICOLAZIONE TEMPORO-MANDIBOLARE APPLICANDO L'AGOPUNTURA SUL PUNTO ZUSANLI (36ST). YUNMENG C. *rivista italiana di medicina tradizionale cinese.* 1994,57(3),40. (ita). ref:0

[19.04 / 36e-]

83- gera: 57970/nl/re

EVALUATION OF ACUPUNCTURE AND OCCLUSAL SPLINT THERAPY IN THE TREATMENT OF TEMPOROMANDIBULAR JOINT DISORDERS. EL-SHARKAWY TM ET AL. *egyptian dental journal.* 1995,41(3),1227-32 (eng). ref:0

One hundred patients showing signs and symptoms of temporomandibular joint disorder (TMD) participated in a one-year follow-up study. The patients were randomly divided into four groups: Acupuncture treatment (group A), occlusal splint therapy (group B), acupuncture and occlusal splint therapy (group C), and control (group D). Each group contained 25 patients. The patients were examined before and 3, 6, and 12 months after treatment. At the three month evaluation, the patients who were not satisfied with the treatment outcome were offered additional treatment. The result showed that 87%

of the patients treated by acupuncture, 77.3% of the patients treated with occlusal splint therapy, and 91.3% of the that patients received acupuncture and occlusal splint therapy were improved subjectively and clinically after 3 months follow-up. The patients who responded well to treatment initially also responded well in the long run. The study showed that acupuncture proved to be an ideal early therapy for TMD, and complemented later with occlusal splint. [19.04 / ecr- cta-]

84- gera: 57274/di/ra

THE TREATMENT OF PERIODONTAL GUM DISEASE : A PROTOCOL FOR PREVENTION, MAINTENANCE AND REVERSAL WITHIN THE PARADIGM OF TCM. GARDNER-ABBATE S. *american journal of acupuncture.* 1995,23(3),231-9 (eng). ref:

Periodontal gum disease, a degenerative disorder that affects millions of Americans and undoubtedly many more millions worldwide, has limited treatment success in the realm of Western medicine and dentistry with most of its therapy confined to oral surgery once the disease has progressed to an advanced stage. Traditional Chinese medicine, with its characteristic approach of perceiving the body in terms of relationships, explains gum problems as due to organ disharmonies, in particular those of the Stomach and Spleen. The successful treatment results of this unique framework offer an alternative and effective therapeutic approach to periodontal disease. Perhaps of greater importance, it suggests ways in which to prevent this pathology from developing. [19.04 / -]

85- gera: 70356/di/ra

A CLINICAL STUDY ON SP (SILVER SPIKE POINT) ELECTRO-THERAPY COMBINED WITH SPLINT THERAPY FOR TEMPORO-MANDIBULAR JOINT DYSFUNCTION. KATSUICHI SUGIMOTO ET AL. *acupuncture and electrotherapeutics reseach.* 1995,20(1),7-3 (eng). ref:9

When the functional limits of the muscles related to the temporo-mandibular joint and adjacent tissue exceed their anatomical capability, pain, crepitation, and functional abnormality appear as the main complaints. Although the precise nature of the condition is unknown, pain at the temporo-mandibular joint sometimes in combination with muscular tension is assumed to be due to compression of the myoneural mechanism. It is reported that occlusal lifting using a splint enables the alleviation of this muscular tension. On the other hand, there are only a few reports on the usefulness of SSP therapy for Temporo-Mandibular Joint Dysfunction. We studied the efficacy of SSP therapy combined with splint therapy in 33 patients diagnosed as having Temporo-Mandibular Joint Dysfunction who consulted our department primarily due to pain, and report our findings below. Evaluation of the results was conducted 2 weeks later. Very beneficial results were seen in 6 cases. Beneficial results were seen in 7 cases. Slightly beneficial results were seen in 18 cases, while there were no changes found in 2 cases. When combined SSP and splint therapies were conducted for Temporo-Mandibular Joint Dysfunction, favorable results were seen in about 90% of the cases. [19.04 / -]

86- gera: 54456/nd/ra

A CLINICAL STUDY ON SSP (SILVER SPIKE POINT) ELECTRO-THERAPY COMBINED WITH SPLINT THERAPY FOR TEMPORO-MANDIBULAR JOINT DYSFUNCTION. SUGIMOTO K ET AL. *acupuncture and electrotherapeutics research.* 1995,20(1),7-13 (eng). ref:7

When the functional limits of the muscles related to the temporo-mandibular joint and adjacent tissue exceed their anatomical capability, pain, crepitation, and functional abnormality appear as the main complaints. Although the precise nature of the condition is unknown, pain at the temporo-mandibular joint sometimes in combination with muscular tension is assumed to be due to compression of the myoneural mechanism. It is reported that occlusal lifting using a splint enables the alleviation of this muscular tension. On the other hand, there are only a few reports on the usefulness of SSP therapy for Temporo-Mandibular Joint Dysfunction. We studied the efficacy of SSP therapy combined with splint therapy in 33 patients diagnosed as having Temporo-Mandibular Joint Dysfunction who consulted our department

primarily due to pain, and report our findings below. Evaluation of the results was conducted 2 weeks later. Very beneficial results were seen in 6 cases. Beneficial results were seen in 7 cases. Slightly beneficial results were seen in 18 cases, while there were no changes found in 2 cases. When combined SSP and splint therapies were conducted for Temporo-Mandibular Joint Dysfunction, favorable results were seen in about 90% of the cases. [19.04 / -]

87- gera: 70385/di/ra

ION-INTRODUCTION CUP APPARATUS FOR TEMPOROMANDIBULAR JOINT DISORDER SYNDROME ABSTRACT. TIAN KAI-YU. *acupuncture and electrotherapeutics research.* 1995,20(3-4),297 (eng). ref:7 [19.04 / -]

88- gera: 91337/di/ra

[THE EFFECTIVE OBSERVATION THAT DISORDERS OF TEMPORMANN DIBULAR JOINT SYNDROME IS CURED BY ADHESIVE PLASTER OF ARTICULATION CEASED PAIN IN 49 CASES]. WEN WEI-SHENG ET AL. *practical journal of integrating chinese with modern medicine.* 1995,8(9),515 (chi*). ref:7

Temporo-mandibular joint dysfunction syndrome (TMJDS) is one of the commons disease in maxillofacial region, and, it-is one of the arthralgia-syndrome in traditional Chinese medicine. We use temporo-mandibular joint plaster (TMJP) to treat TMJDS; the plaster prepared with several traditional Chinese medicines is made by weself.49 cases of TMJDS have been treated with TMJP, and combined with block therapy. The results showed that; the effective rate of the TMJP group was 95. 9%, the difference was Not significant between the groups (P>0.05%). Because the block therapy is one of the effective iatrotechnique to, treat TMJDS with is generally recognized so that the curative effect of TMJDS is confirmed the chief components of TMJP include Chinese Angelica root, safflower Chuanxiong rhizome, asarum herb, and peppermint and nutgrass flatsedge rhizome, these drugs can improve blood circulation. These drugs have function with anti- inflammatory, sedative and analgesic. TMJP have good point: 1. anodyne; 2., shorten the course of treatment 3. applying simply and easily 'no significant, side-effects have been found during the course of treatment. We think that TMJP has value to popularise. [19.04 / -]

89- gera: 54123/di/ra

[MEDICINAL CUPPING FOR DYSFUNCTION OF TEMPOROMANDIBULAR JOINT]. ZHANG HANZHEN ET AL. *shanghai journal of acupuncture and moxibustion.* 1995,14(2),75 (chi). ref:7 [19.04 / ecr?- 05.08-]

90- gera: 57350/di/ra

THE TREATMENT OF TEMPOROMANDIBULAR JOINT DYSFUNCTION AND DISTRESS : A CHINESE TRADITIONAL MEDICAL APPROACH UTILIZING ACUPUNCTURE, MASSAGE AND MANIPULATION. AUNG SKH. *american journal of acupuncture.* 1996,24(4),255-66 (eng). ref:7

Patients with temporomandibular (TMJ) joint dysfunction complain of unilateral head pain, usually in the temporal region and in the jaw, often radiating into the ear and possibly exacerbated by chewing. Symptoms may include limitation of full movement when opening the jaw, bruxism, and malocclusion. Epidemiologic research suggests that about 5% of the population is in need of appropriate therapy. This paper delineates a viable Chinese traditional medical approach to aligning and harmonizing the TMJ. The approach, which encompasses acupuncture, and manipulation massage, and features lateral, midline and medial vital-energetic alignment techniques, has proven effective in the medical clinic. [19.04 / -]

91- gera: 56471/di/ra

PROBLEMES MANDIBULAIRES. FOURMONT D. *meridiens.* 1997,109,137-51 (fra). ref:36 [19.04 / -]

92- gera: 56619/di/ra

[OBSERVATION ON 26 CASES OF FUNCTIONAL TEMPOROMANDIBULAR JOINT DISORDER TREATED WITH GINGER SEPARATED MOXIBUSTION]. LIANG YUNXIA ET AL. *acupuncture research*. 1997,22(3),211 (chi*). ref:6 [19.04 / -]

93- gera: 58369/di/re- num

THE EFFICACY OF DRY NEEDLING AND PROCAINE IN THE TREATMENT OF MYOFASCIAL PAIN IN THE JAW MUSCLES. MCMILLAN AS ET AL. *j orofac pain*. 1997,11(4),307-314 (eng). ref:6

In patients with myofascial pain, painful trigger points are often treated using dry needling and local anesthetic injections. However, the therapeutic effect of these treatments has been poorly quantified, and the mechanism underlying the effect is poorly understood. In a randomized, double-blind, double-placebo clinical trial, a pressure algometer was used to measure pain-pressure thresholds in the masseter and temporalis muscles of 30 subjects aged 23 to 53 years with myofascial pain in the jaws, before and after a series of dry needling treatments, local anesthetic injections, and simulated dry needling and local anesthetic treatments (treatment group A: Procaine + simulated dry needling; treatment group B: dry needling + simulated local anesthetic; control group C: simulated local anesthetic + simulated dry needling). Subjects rated pain intensity and unpleasantness using visual analogue scales, and the data were analyzed using analysis of variance. Pain pressure thresholds increased slightly after treatment, irrespective of the treatment modality. Pain intensity and unpleasantness scores decreased significantly at the end of treatment in all groups. There were no statistically significant between-group differences in pain pressure thresholds and visual analogue scale scores at the end of treatment. The findings suggest that the general improvement in pain symptoms was the result of nonspecific, placebo-related factors rather than a true treatment effect. Thus, the therapeutic value of dry needling and Procaine in the management of myofascial pain in the jaw muscles is questionable. Publication Types: oClinical trial oRandomized controlled trial [19.04 / sd- 05.15- ecr- cta-]

94- gera: 58370/di/re- num

PAIN THRESHOLD RESPONSES TO TWO DIFFERENT MODES OF SENSORY STIMULATION IN PATIENTS WITH OROFACIAL MUSCULAR PAIN: PSYCHOLOGIC CONSIDERATIONS. WIDERSTROM-NOGA E ET AL. *journal of orofacial pain*. 1998,12(1),27-34 (eng). ref:25

This study focuses on the influence of trait anxiety and mood variables on changes in tooth pain threshold following two similar methods of somatic afferent stimulation, one familiar (manual acupuncture) and one unfamiliar (low-frequency transcutaneous electrical nerve stimulation [low-TENS]). Twenty-one acupuncture responders, treated for long-lasting orofacial muscular pain but naive to low-TENS, were selected for the study. In an experimental session, acupuncture and low-TENS were randomly given during two periods separated by a rest interval. Tooth pain thresholds (PT) were measured before and after stimulation with a computerized electrical pulp tester. Trait anxiety and depression were assessed with psychometric forms before the experimental session in all patients, whereas momentary mood was assessed in 10 randomly selected patients with visual analogue scales during and after the two types of stimulation. Following acupuncture, the group average PT increased significantly, whereas no significant change was observed following low-TENS. Higher scores on trait anxiety correlated significantly with a low PT increase following low-TENS, and higher ratings of stress correlated significantly with a low PT increase following acupuncture. This indicates that the magnitude of analgesia induced by these methods may be modified by psychologic factors like anxiety and stress. [19.04 / comparaison- sdd- 05.12- prediction-]

95- gera: 58791/di/re- num

PAIN THRESHOLD RESPONSES TO TWO DIFFERENT MODES OF SENSORY STIMULATION IN PATIENTS WITH OROFACIAL MUSCULAR PAIN: PSYCHOLOGIC CONSIDERATIONS. WIDERSTROM-NOGA E ET AL. *j*

orofac pain. 1998,12(1),27-34 (eng). ref:47

This study focuses on the influence of trait anxiety and mood variables on changes in tooth pain threshold following two similar methods of somatic afferent stimulation, one familiar (manual acupuncture) and one unfamiliar (low-frequency transcutaneous electrical nerve stimulation [lowTENS]). Twentyone acupuncture responders, treated for longlasting orofacial muscular pain but naive to lowTENS, were selected for the study. In an experimental session, acupuncture and lowTENS were randomly given during two periods separated by a rest interval. Tooth pain thresholds (PT) were measured before and after stimulation with a computerized electrical pulp tester. Trait anxiety and depression were assessed with psychometric forms before the experimental session in all patients, whereas momentary mood was assessed in 10 randomly selected patients with visual analogue scales during and after the two types of stimulation. Following acupuncture, the group average PT increased significantly, whereas no significant change was observed following lowTENS. Higher scores on trait anxiety correlated significantly with a low PT increase following lowTENS, and higher ratings of stress correlated significantly with a low PT increase following acupuncture. This indicates that the magnitude of analgesia induced by these methods may be modified by psychologic factors like anxiety and stress. [19.04 / prediction- comparaison- 05.12- cta-]

96- gera: 57784/di/ra

TREATMENT BY ELECTRO-ACUPUNCTURE : CHRONIC TEMPOMANDIBULAR JOINT DYSFUNCTION. ZHEN-MING TIAN. *journal of chinese medicine*. 1998,56,32 (eng). ref:47 [19.04 / 05.12-]

97- gera: 59060/di/re- num

ACUPUNCTURE AS A TREATMENT FOR TEMPOROMANDIBULAR JOINT DYSFUNCTION: A SYSTEMATIC REVIEW OF RANDOMIZED TRIALS. ERNST E ET AL. *arch otolaryngol head neck surg*. 1999,125(3),269-72 (eng). ref:1

OBJECTIVE: To summarize the data from randomized controlled trials of acupuncture for temporomandibular joint dysfunction. METHODS: Four independent computerized literature searches were performed. Only randomized trials were admitted in which acupuncture was tested vs sham acupuncture, standard therapy, or no treatment at all. Data were extracted in a predefined, standardized fashion. RESULTS: Six reports met the inclusion and exclusion criteria, representing 3 distinct trials. Overall, their results suggest that acupuncture might be an effective therapy for temporomandibular joint dysfunction. However, none of the studies was designed to control for a placebo effect. CONCLUSION: Even though all studies are in accordance with the notion that acupuncture is effective for temporomandibular joint dysfunction, this hypothesis requires confirmation through more rigorous investigations. [19.04 / rg-]

98- gera: 72168/di/ra

KIEFERGELENKBESCHWERDEN. HIEBER G. *deutsche zeitschrift fur akupunktur*. 1999,42(4),216-2 (deu). ref:22 (Temperomandibular disorders) A special feature of the TMJ area is a conjunction of acupuncture meridians, as well as of several microsystems. This may lead to mutually interacting disorders. Complaints of the TMJ are not only caused by local factors such as dental irregularities, malfunction of damage of the TMJ itself. In the majority of cases the root of the disorder may be found in functional muscular dysfunctions owing to a disorder of the statics of the entire vertebral column and/or its base. In turn this may lead to a descending disorder. Complaints of the TMJ can be treated very easily by means of very few points of body acupuncture (e. g., small intestine 2, 3), ear Acupuncture (e. g., »TMJ«, »point of Jérôme«, psychotropic points) and/or mouth acupuncture (retromolar points acc. to Gleditsch). Mowever, more complicated cases may need very thorough analysis and treatment of the whole statics of the body. [19.04 / 3ig- 2ig- 05.10-]

99- gera: 70224/di/ra

ACUPUNCTURE TREATMENT OF HABITUAL DISLOCATION OF MANDIBULAR JOINT:A REPORT OF 20

JIAO NIAN-XUE ET AL. **international journal of clinical acupuncture**. 1999,10(1),89-90 (eng). ref:15

Patients who suffer from habitual dislocation of the mandibular joint are mostly due to a too early resumption of movement of the replaced joint. The muscles and ligaments around the joint have not yet fully recovered, thus making the joint susceptible to dislocation again. People who are aged and weak in body-built, with a dysfunction of Liver and Kidney or weakness of bones and tendons are more predisposed to this disease. The writer adopted acupuncture to treat 20 cases of habitual dislocation of the mandibular joint and obtained obvious therapeutic effects. A report of his work is presented in this paper. [19.04 / -]

100- gera: 70079/nd/re

[EFFECT OF ACUPUNCTURE ON QUALITY OF LIFE, MOUTH OCCLUSION PRESSURES AND LUNG FUNCTION IN COPD]. NEUMEISTER W ET AL. **med klin**.

1999,94(1),106-9 (deu*). ref:15

BACKGROUND: There are few data concerning the effect of acupuncture in patients suffering from COPD. We conducted a prospective randomized and placebo-controlled pilot study to analyze the effect of acupuncture according to the rules of traditional chinese medicine on quality of life, pulmonary function testing and inspiratory mouth occlusion pressures (MOP). PATIENTS AND METHODS: We randomised 10 patients with stable COPD to a 2-week treatment of 7 verum acupuncture or placebo acupuncture sessions. Before and after treatment we performed pulmonary function tests as well as an interview with the chronic respiratory disease questionnaire. MOP were taken on day 1, 5 and 7 before and after puncture to assess function of the respiratory pump. RESULTS: Patients receiving verum acupuncture improved significantly with FEV1 and RV/TLC. There was an improvement of large magnitude in quality of life and a trend of lower demand of the respiratory pump. In the placebo group we saw only a slight improvement of quality of life, a deterioration of lung function parameters and a trend of higher demand of the respiratory pump. CONCLUSION: Although the small number of subjects allows no further conclusions this pilot study proves feasibility of acupuncture in COPD and shows that acupuncture is worthy for further investigation in patients suffering from COPD. [19.04 / ecr-]

101- gera: 59971/di/ra

ORAL DISEASES. WANG YA-RONG ET AL. **international journal of clinical acupuncture**. 1999,10(3),257-60 (eng). ref:15

According to TCM, the oral cavity is an integral part of the human body. The state of Qi and Blood is manifested through the oral cavity. Thus by examining the oral cavity, a physician is able to judge the functioning of internal organs and channels in terms of Excess / Insufficiency or Heat / Cold. On the other hand, one can treat diseases involving oral cavity by needling points far away on the limbs. The following is a review of recent advances in acupuncture treatment of oral diseases. Oral ulcers. Toothache. Acute and chronic tonsillitis, pharyngitis and stomatitis. Injury of masseter muscle. [19.01 / 19.04- 16.05- 19.02- 19.07-]

102- gera: 73834/di/ra

[TEMPOROMANDIBULAR JOINT SYNDROME (30 CASES) TREATED WITH ACUPUNCTURE AND CHINESE DRUGS]. LIANG YUNYAN. **journal of practical tcm**. 2000,3(16),8 (chi). ref:13

[19.04 / -]

103- gera: 79730/di/ra

[TREATING 136 CASES OF DISORDERS OF TEMPOROMANDIBULAR JOINT BY ACUPUNCTURE THERAPY]. LU YI. **journal of zhejiang college of tcm**. 2000,24(3),49 (chi). ref:13

[19.04 / -]

104- gera: 86820/di/ra- num

[CLINICAL ANALYSIS ON TREATING DYSFUNCTION OF TEMPOROMANDIBULAR JOINT BY ACUPUNCTURE KNIFE]. PAN WEN-QIAN ET AL. **liaoning journal of tcm**. 2000,27(12),562 (chi*). ref:13

26 cases of patients suffered from dysfunction of temporomandibular joint have been treated by acupuncture knife and compared with 26 cases by acupuncture and moxibustion. The results show that cure rates of the former and the later is separately 80% and 0 and has obvious difference. This method can relieve denaturalised soft tissue's cementation and contracture around joints in order to recover mechanics situation of joints. Thus its pathogenic factors would be eliminated radically. [19.04 / ctanr-]

105- gera: 109912/di/cg

VARIATIONS ELECTROMYOGRAPHIQUES DANS LE BRUXISME APRES STIMULATION AURICULAIRE..

ROMOLI M, RIDI IL. **iiieme symposium international d' auriculotherapie et d' auriculomedicine**. 2000,,131 (fra*). ref:13

According to Helkimo and coil. acupuncture is effective in the treatment of cranio-mandibular disorders. In our study we measured, during 30 minutes following the stimulation of auricular chinese "occiput" point the EMG variations of temporalis anterior, masseter, digastric and sternocleido muscles in 3 randomized groups of patients with bruxism. The 3 groups were : a control group (no treatment), insertion of needle, simple contact of needle during 10 seconds. The effect was very limited in the control group (r = 0.0031 evident and similar in the 2nd (r = 0.72) and in the 3rd group (r = 0.62). [19.04 / ecr-]

106- gera: 109899/di/cg

CONTROL AND THERAPY OF THE BITE BY ACUPUNCTURE ACCORDING TO THE TMJ AND THE ROLE OF THE MUSCLES OF THE VERTEBRAL COLUMN IN THIS PARTICULAR CASE.. WOJAK W. (ALLEMAGNE)..

iiieme symposium international d' auriculotherapie et d' auriculomedicine. 2000,,92 (fra). ref:13

[19.04 / -]

107- gera: 73489/di/ra

[CLINICAL INVESTIGATION ON TREATMENT OF DYSFUNCTION OF TEMPOROMANDIBULAR JOINT WITH BAMBOO-MOXIBUSTION]. ZHANG ZHISHENG ET AL. **chinese acupuncture and moxibustion**. 2000,20(1),15 (chi). ref:13

[19.04 / -]

108- gera: 92385/di/ra

[CLINICAL OBSERVATION OF ACUTE PERIODONTITIS TREATED BY "STOMACH-CLEARING POWDER"]. ZHU PIN-ZHUO. **shanghai journal of tcm**. 2000,34(7),37 (chi*). ref:13

[19.04 / -]

109- gera: 112584/di/ra

APPLICATION OF YNSA SYTEM TO 2 CASES IN DENTAL CLINIC. ICHIMURA Y. **deutsche zeitschrift fur akupunktur**. 2001,44(2a),257 (deu). ref:13

[19.04 / -]

110- gera: 115575/di/ra

APPLICATION OF YNSA SYTEM TO 2 CASES IN DENTAL CLINIC. ICHIMURA Y. **deutsche zeitschrift fur akupunktur**. 2001,44(2a),257 (deu). ref:13

In the present cases, we demonstrate the clinical effects of YNSA system applied for the two patients. A patient showed the disturbance of motility of the mandible by the arthrosis of TMJ (Temporomandibular joint) and another strongly presented vomiting reflex for some dental treatments. Case 1: Female 32 years old. The patient was first treatment on October 2000, with the chief complaint of pain at the region of right mandibular joint and showed the disorder of chewing. We chose the points of Y, ear, and mouth. So we treated about 30 minutes every time for the patient. We had performed a total of 12 times of YNSA to the patient for 4 months. After the treatment was completed, the pain at the mandibular joint was remarkably reduced. The patient is satisfied to the YNSA system. We can confirm that YNSA is useful therapy for the some TMJ patients. Case 2: Female 53 years old. The patient had very sensitive reflex of vomiting against the some dental treatments, especially taking impression. She is suffered the

multiple caries and expeditiously needed the dental treatments. We applied YNSA system to her for the 20 minutes prior to dental treatment. We selected the points of Y, mouth and liver. She relaxed much better and could be taken the impression without the reflex of vomiting. We can recognize that the YNSA system can be applied for the patients who are very nervous about the dental treatments. Conclusion: The results suggests that application of YNSA is effective for treating cases with TMJ and reflex of vomiting. [19.04 / -]

111- gera: 98097/di/ra

[CLINICAL REPORT ON 32 PATIENTS WITH DYSFUNCTION SYNDROME OF TEMPOROMANDIBULAR JOINT TREATED WITH ELECTRONIC ACUPUNCTURE AND MASSAGE]. LI DAOPING ET AL. *journal of clinical acupuncture and moxibustion*. 2001,17(6),32 (chi). ref:13 [19.04 / 05.12-]

112- gera: 104882/di/ra

[POINT - THROUGH - POINT ACUPUNCTURE TREATING TEMPOROMANDIBULAR JOINT SYNDROME]. LIN YINGTAO . *journal of clinical acupuncture and moxibustion*. 2001,17(9),46 (chi). ref:13 [19.04 / -]

113- gera: 98412/di/ra- num

[OBSERVATION ON THERAPEUTIC EFFECT OF MOXIBUSTION FOR TREATMENT OF 65 CASES OF DYSFUNCTION OF THE MASSETER GROUP DUE TO TEMPOROMANDIBULAR JOINT SYNDROME]. QIU XIAOHU JIANG MIAOXIAN. *chinese acupuncture and moxibustion*. 2001,21(11),657 (chi*). ref:13

Methods : Revolving moxibustion of moxa-stick was used for treatment of 65 cases of dysfunction of the maseter group of type 111, mainly manifested as pain, limitation of open mouth. Their therapeutic effects were compared with those of routine electroacupuncture group (55 cases). Results : There was no significant difference between the two groups in the cured rate, cured-markedly effective rate and the treatment times for the cured patient, but the moxibustion has no pain and it is beneficial to avoid infection for the patient of diabetes. [19.04 / ecr-]

114- gera: 94829/di/re- num

PRACTICAL RECOMMENDATIONS FOR THE USE OF ACUPUNCTURE IN THE TREATMENT OF TEMPOROMANDIBULAR DISORDERS BASED ON THE OUTCOME OF PUBLISHED CONTROLLED STUDIES.

ROSTED P. *oral diseases*. 2001,7(2),109-15 (eng). ref:13
OBJECTIVE: The objective is to analyse the treatment procedures used in the individual studies to identify any similarities of therapeutic approaches and subsequently present recommendations for a standard acupuncture procedure for the treatment of temporomandibular disorders (TMD). MATERIALS: Literature searches performed by the Royal Society of Medicine and the University Library, Copenhagen were able to identify 74 publications regarding the use of acupuncture in dentistry. Among them 14 papers concerned the use of acupuncture in the treatment of TMD. To ensure reasonable methodological soundness of the involved studies, only randomised and blinded studies were included, which reduced the number of papers to six. Among these six papers three concerns the same study and were counted as one. One paper was a follow-up of a previous study and for this purpose counted as one. METHODS: All publications were analysed for the following information: acupuncture points used, type of stimulation, number of treatments, duration of the individual treatment and the interval between the individual treatments. MAIN OUTCOME: Acupuncture has in three out of three randomised controlled trials (RCT) proved effective for the treatment of TMD. The following local acupuncture points are recommended for the treatment of TMD: ST-6, ST-7, SI-18, GV-20, GB-20, BL-10. As a distant point LI-4 is recommended. After inserting the needles they should be manipulated manually to achieve the De-qui sensation and left in situ for 30 min. Treatment should be given weekly and a total number of six treatments is recommended. [19.04 / rg-]

115- gera: 112550/di/ra

THERAPIE CRANIOMANDIBULARER DYSFUNKTIONEN MITTELS AKUPUNKTUR. SIMMA KLETSCHKA I ET AL. *deutsche zeitschrift fur akupunktur*. 2001,44(2a),246 (deu). ref:13 [19.04 / -]

116- gera: 115541/di/ra

THERAPIE CRANIOMANDIBULARER DYSFUNKTIONEN MITTELS AKUPUNKTUR. SIMMA KLETSCHKA I ET AL. *deutsche zeitschrift fur akupunktur*. 2001,44(2a),246 (deu). ref:13

Craniomandibuläre Dysfunktionen sind meist multifaktoriell verursacht. In erster Linie erfolgt die Therapie mit Hilfe von Aufbisssschienen. Doch werden damit nicht immer auch die myofunktionellen, vegetativen bzw. psychischen Komponenten miterfasst. Für eine Therapie mit einem breiten additiven Ansatz hat sich die Reflextherapie über Akupunkturpunkte als sehr effizient erwiesen. Speziell wirksam sind - nach den Ergebnissen der hier diskutierten Studie - Punkte der sogenannten Akupunktur-Mikrosysteme: Punkte auf der Aurikel (Ohrakupunktur); Schleimhautpunkte enoral (Mundakupunktur); Punkte an der ulnaren Handkante (Handakupunktur). Diese Punkte sind nicht der Traditionellen Chinesischen Medizin zugeordnet, sondern wurden erst in den letzten Jahrzehnten im Westen entdeckt. Dank dieser Punkte ist eine sofortige Entspannung der Kaumuskulatur, auch des Mundbodens, ein vegetativer Ausgleich und eine psychische Harmonisierung erzielbar. In einer klinischen Studie wurden 10 Patienten mit craniomandibulärer Dysfunktion vor und nach der Akupunkturtherapie untersucht und dokumentiert mittels Computeraxiographie und mittels Palpation der einzelnen Muskeln - Schmerzscores. Bei allen 10 Patienten konnte dank der dokumentierten Parameter eine immediate analgetische, muskelrelaxierende Wirkung und auch eine subjektive Befindensbesserung verzeichnet werden.(THERAPY OF CRANIO-MANDIBULAR DYSFUNCTION BY ACUPUNCTURE) [19.04 / -]

117- gera: 95310/di/ra

[TREATMENT OF TEMPOROMANDIBULAR JOINT DYSFUNCTION SYNDROME WITH ACUPOINT CHINESE MEDICINE IONTOPHORESIS BY NEGATIVE PRESSURE CUPPING]. TIAN KAIYU ET AL. *chinese acupuncture and moxibustion*. 2001,21(5),311 (chi*). ref:13

To approach to therapeutic methods of temporomandibular joint dysfunction syndrome. Methods : Alcohol extract of Chuanwu(Radix Aconiti)and Caowu(Radix Aconiti Kusuezooffii) were imported into Xiaguan(ST 7)and Jiache(ST 6) points in 62 patients of temporomandibular joint dysfunction syndrome and their therapeutic effects were observed. Results The total effective rate was 98 %. Conclusion The therapy incorporates acupoint stimulation, medicinal cupping therapy, iontophoresis and direct current therapy, and it is an effective therapy for temporomandibular joint dysfunction syndrome. [19.04 / 6e-7e-]

118- gera: 95678/di/ra

VACUUM INOTHERAPY ON ACUPOINTS FOR TEMPOROMANDIBULAR JOINT DISORDER SYNDROME. TIAN KAIYU ET AL. *international journal of clinical acupuncture*. 2001,12(1),65 (eng). ref:13 [19.04 / 05.08-]

119- gera: 112565/di/ra

DIE CRANIOMANDIBULARE DYSFUNKTION. WANDER R. *deutsche zeitschrift fur akupunktur*. 2001,44(2a),251 (deu). ref:13 [19.04 / -]

120- gera: 115556/di/ra

DIE CRANIOMANDIBULARE DYSFUNKTION. WANDER R. *deutsche zeitschrift fur akupunktur*. 2001,44(2a),251 (deu). ref:13

Der Bereich des Kiefergelenkes, die Verbindungen des Unterkiefers (Mandibula) zum Os temporale des Schädels (Cranium), stellt ein komplexes Gebilde von Knochen, Muskeln und Bändern mit diffiziler neurologischer Steuerung dar. Das Kiefergelenk wird von trigeminal versorgten Muskeln geführt, die mit den tiefen Nackenmuskeln neural eng gekoppelt sind

(Nucleus trigeminocervicalis). Gleichzeitig aber wird die Stellung der Kopfelenke über die Propriozeption der oberen HWS mit Auslösung einer fast stereotypen Funktionskette ins Becken fortgeleitet. Ausgangspunkt für die o. g. Störung ist die Stellung der Kiefergelenke und diese wird allein durch die Okklusion diktiert. Ein vertikaler Bisshöhenverlust von nur einem zehntel Millimeter löst diesen Circulus vitiosus schon aus. Es kann lokal Kopfschmerz, Migräne, Tinnitus, Hörsturz und Schwindel auslösen oder Störungen fortleiten. Finden wir bei einem Patienten mit Lumboischialgien eine variable Beinlängendifferenz und ein Hyperabduktionsphänomen und ist es nach Neuraltherapie des HNO- und Beckenbereichs mit anschließender Chirotherapie nicht korrigierbar, müssen wir nach einer unterhaltenden Irritationsquelle suchen, diese kann das Kiefergelenk sein. Durch einen einfachen Test lässt sich dies nachweisen. Die Zusammenarbeit mit entsprechend ausgebildeten Zahnärzten, Neuraltherapeuten, Chirotherapeuten und Kraniosakraltherapeuten bringt hier den langfristigen therapeutischen Erfolg. (THE CRANIOMANDIBULAR DYSFUNCTION) [19.04 / -]

121- gera: 98569/di/ra
[TEMPOROMANDIBULAR DYSFUNCTION TREATED BY ACUPUNCTURE AND MOXIBUSTION]. XU LIYU, ET AL. chinese acupuncture and moxibustion. 2001,21(12),746 (chi*). ref:13 [19.04 / -]

122- gera: 99673/di/ra
[TEMPOROMANDIBULAR DYSFUNCTION TREATED BY ACUPUNCTURE AND MOXIBUSTION]. XU LIYU, ET AL. chinese acupuncture and moxibustion. 2001,21(12),746 (chi*). ref:13 [19.04 / 05.09-]

123- gera: 98501/di/ra
TREATMENT OF DYSFUNCTION OF TEMPOROMANDIBULAR JOINT WITH ACUPUNCTURE OF XIAGUAN POINT (ABSTRACTS). YAO MIN. acupuncture research. 2001,26(3),182 (eng). ref:13
 Dysfunction of temporomandibular joint is one of the common stomatological diseases, marked by discomfort while opening mouth, pain in the temporomandibular joint region and noise appearing while moving the joint. The authors of the present paper treated 17 cases with acupuncture of Xiaguan (ST 7) and got a satisfactory result. Methods: Gauge-30 filiform needle 1.5 cun long was used to insert into Xiaguan (ST 7) rapidly to a depth of about 0.5 cun. The needle was manipulated with uniform reducing-reinforcing method and then retained for 40 minutes. During retention of the needle the focus was irradiated with a TDP lamp. The treatment was given once daily, with 10 treatments being a therapeutic course. For severe patients, Quchi (LI 11) and Hegu (LI 4) were used in combination. Results indicated that after acupuncture treatment all the 17 cases were cured. [19.04 / ecr- 7e-]

124- gera: 109287/di/cg
TEMPOROMANDIBULAR JOINT DYSFUNCTIONS AND TRADITIONAL CHINESE MEDICINE G. FERRARA ET AL. wfas international symposium on acupuncture. 2002,,268 (eng). ref:13 [19.04 / -]

125- gera: 141224/di/re
ACUPUNCTURE AND SHAM ACUPUNCTURE REDUCE MUSCLE PAIN IN MYOFASCIAL PAIN PATIENTS. GODDARD G, KARIBE H, MCNEILL C, VILLAFUERTE E. J orofac pain.. 2002,16(1),71-6 (eng). ref:13
 AIMS: To compare the effectiveness of dry needling in classically recognized acupuncture points ("acupuncture") with dry needling in skin areas not recognized as acupuncture points ("sham acupuncture") in reducing masseter muscle pain in a group of patients with myofascial pain of the jaw muscles. METHODS: Eighteen patients were randomly assigned to 1 of 2 experimental groups: Ten patients received acupuncture and 8 received sham acupuncture. A visual analog scale (VAS) was used to measure changes in masseter muscle pain evoked by mechanical stimulation of the masseter muscle

before and after the experiment. RESULTS: Both groups showed a statistically significant reduction in VAS pain scores ($P = .001$). Seven out of 10 acupuncture subjects had a 10 mm or greater VAS reduction in pain, while 4 out of 8 of the sham acupuncture subjects had that great a pain reduction. There was no significant difference between the 2 groups. CONCLUSION: Both acupuncture and sham acupuncture reduced pain evoked by mechanical stimulation of the masseter muscles in myofascial pain patients. However, this reduction in pain was not dependent on whether the needling was performed in standard acupuncture points or in other areas of the skin. These results suggest that pain reduction resulting from a noxious stimulus (i.e., needling) may not be specific to the location of the stimulus as predicted by the classical acupuncture literature. [19.04 / ecr-]

126- gera: 134636/di/ra
ACUPUNCTURE TREATMENT OF TEMPOROMANDIBULAR JOINT SYNDROME. HU JIRONG . international journal of clinical acupuncture. 2002,13(3),225 (eng). ref:13 [19.04 / -]

127- gera: 106029/di/ra
[TREATING 163 CASES OF ARTICULATIO MANDIBULARIS DYSFUNCTION COMBINED WITH ACUPUNCTURE AND TDP IRRADIATION]. HUANG GUO-MING. jiangxi journal of traditional chinese medicine. 2002,33(3),33 (chi). ref:13 [19.04 / -]

128- gera: 109286/di/cg
ACUPUNCTURE AND TREATMENT OF TEMPOROMANDIBULAR JOINT DYSFUNCTIONS. M.C. SANTELIA. wfas international symposium on acupuncture. 2002,,268 (eng). ref:13 [19.04 / -]

129- gera: 109288/di/cg
OBSERVATIONAL STUDY ON 12 CASES OF TMJ-SYNDROME ACCOMPANIED BY PAIN, SPASM FUNCTIONAL LIMITATION AND INTERNAL DERANGEMENT. R. CARELLI ET AL. wfas international symposium on acupuncture. 2002,,270 (eng). ref:13 [19.04 / -]

130- gera: 109289/di/cg
ACUPUNCTURE TREATMENT OF 30 PATIENTS AFFECTED BY BRUXISM VS. 30 NOT-TREATED SUBJECTS WITH THE SAME DISORDER ON THE WAITING LIST SANTELIA MC ET AL. wfas international symposium on acupuncture. 2002,,271 (eng). ref:13 [19.04 / ctanr-]

131- gera: 106696/di/ra
[TREATING 40 CASES OF DISORDERS OF TEMPOROMANDIBULAR JOINT SYNDROME WITH MASSAGE AND MOXIBUSTION]. TANG XIU-FANG, WANG XUE-FENG. shandong journal of traditional chinese medicine. 2002,21(9),544 (chi). ref:13 [19.04 / 05.09- massage-]

132- gera: 110660/di/ra
[CLINICAL OBSERVATION ON TREATMENT OF TEMPOROMANDIBULAR ARTHRITIS WITH ACUPUNCTURE ON HSIKUAN MATCHING T'UNGLI]. WI YAN ET AL. journal of clinical acupuncture and moxibustion. 2002,18(12),50 (chi). ref:13 [19.04 / -]

133- gera: 107998/di/ra
[CLINICAL OBSERVATION OF CURATIVE EFFECTIVENESS OF 37 PATIENTS WITH DISORDER OF TEMPOROMANDIBULAR JOINT SYNDROME TREATED WITH WARMING ACUPUNCTURE AND MOXIBUSTION]. WU JUQING. journal of clinical acupuncture and moxibustion. 2002,18(9),41 (chi). ref:13 [19.04 / 05.09- ecr?-]

134- gera: 121254/di/ra

TREATMENT OF TEMPOROMANDIBULAR JOINT DISTURBANCE BY ACUPUNCTURE, TDP RADIATION AND TUINA IN 30 CASES. CUI XIN-KUN, FU CHANG-QUAN. *journal of acupuncture and tuina science*. 2003,1(2),45 (eng*). ref:13
[19.04 / ecr -]

135- gera: 117557/nd/re

USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE FOR TEMPOROMANDIBULAR DISORDERS. DEBAR LL, VUCKOVIC N, SCHNEIDER J, RITENBAUGH C. *journal of orofac pain*. 2003,17(3),224-36. (eng). ref:13
AIMS: Despite many reports about complementary and alternative medicine (CAM) use in the general population, little information exists about specific CAM therapies used for particular health conditions. This study examines the use of CAM therapies among patients with temporomandibular disorders (TMD). METHODS: We surveyed 192 patients with documented TMD as part of a larger project on the effectiveness of various CAM modalities for TMD patients. The survey asked about use of and attitudes toward specific CAM therapies for treating TMD and other patient-identified health conditions. The survey also measured physical health, health behavior, and psychosocial functioning. RESULTS: Nearly two thirds of the respondents (62.5%; n = 120) reported using CAM therapies for TMD or a related condition. Of all the therapies reported, massage was rated as the most frequent and among the most satisfactory and helpful. In general, respondents who used CAM for their TMD reported being most satisfied with the "hands on" CAM therapies (massage, acupuncture, and chiropractic care). The vast majority of respondents reported using CAM approaches for TMD simultaneously with conventional care (95.6%; 66 of 69). Those using CAM for TMD tended to be older, had a history of multiple medical problems, and reported more positive psychologic functioning. Respondents who most often reported CAM treatment as "very helpful" for their TMD were likely to be healthier (i.e., reporting higher levels of exercise and fewer sleep disturbances). CONCLUSION: Given the frequent use of CAM treatments by our respondents, allopathic providers should inquire about the adjunctive use of CAM among their TMD patients. [19.04 / -]

136- gera: 123509/di/ra

[MESSAGE FOR TEMPOROMANDIBULAR JOINT DISTURBANCE IN 30 CASES]. HE YONG-RUI ZHENG GUO-XIAN. *shanghai journal of tcm*. 2003,37(11),36 (chi). ref:13
[19.04 / -]

137- gera: 122773/di/ra

[OBSERVATIONS ON THE EFFECT OF ACUPUNCTURE PLUS TDP AS MAIN THERAPY IN TREATMENT OF TEMPOROMANDIBULAR JOINT SYNDROME]. HUANG HM, GAO Q. *shanghai journal of acupuncture and moxibustion*. 2003,22(10),23 (chi*). ref:13
[19.04 / ecr -]

138- gera: 119062/di/ra

[THERAPEUTIC EFFECT OF ACUPUNCTURE COMBINED WITH ULTRA-SHORT WAVE DIATHERMY IN 51 CASE-, OF TEMPOROMANDIBULAR DISORDER]. LUO LIANG, LUO YAN. *chinese acupuncture and moxibustion*. 2003,23(9),531 (chi*). ref:13
[19.04 / ecr -]

139- gera: 120929/di/ra

TREATMENT OF DISORDERS OF TEMPOROMANDIBULAR JOINT BY ACUPUNCTURE AND POINT INJECTION: A REPORT OF 25 CASES. SHEN HUI-CHANG LIAN CAI-PING. *journal of acupuncture and tuina science*. 2003,1(3),30 (eng). ref:13
[19.04 / -]

140- gera: 119784/di/ra

[OBSERVATION ON THE THERAPEUTIC EFFECT OF ACUPOINT APPLICATION ON RECURRENT ORAL TANG YUN. *chinese acupuncture and moxibustion*. 2003,23(5),267 (chi*). ref:13

[19.04 / -]

141- gera: 135982/di/ra

A CASE SERIES OF TEMPOROMANDIBULAR DISORDERS TREATED WITH ACUPUNCTURE, OCCLUSAL SPLINT AND POINT INJECTION THERAPY. YIU-KAI WONG, JASON CHENG. *acupuncture in medicine*. 2003,21(4),138 (eng*). ref:13
A treatment regime combining acupuncture, occlusal splint and point injection therapy for temporomandibular disorders (TMD) is presented. There were 89 consecutive patients treated by the regime in this case series but four patients dropped out after two to three visits. Data and treatment results of the remaining 85 patients who had treatment completed were analysed. It was found that 73 (85%) of patients with TMD had symptoms relieved within six visits under this regime. Complications were rare and minor. Acupuncture treatment, in combination with splint therapy and point injection therapy, appears to be effective for managing TMD. However, further research, using randomised controlled trials should be conducted to ascertain its effectiveness over other treatment modalities. [19.04 / -]

142- gera: 120298/di/ra

[THE VALUE OF THIN SLICE CORONARY CT SCANNING OF STYLOID PROCESS IN THE DIAGNOSIS OF STYLOID PROCESS SYNDROME]. YUAN SHOUZHEN, CHEN ZHUSHENG, HUANG HONGLEI, ET AL. *chinese journal of integrated traditional and western medicine otorhinolaryngology*. 2003,11(2),68 (chi*). ref:13
[19.04 / -]

143- gera: 117698/di/ra

[OBSERVATION ON EFFECT OF ELECTRO-ACUPUNCTURE IN TREATING MAXILLOFACIAL HEMANGIOMA]. ZHANG W, XIN YL, ZHAO HC. *zhongguo zhong xi yi jie he za zhi*. 2003,23(5),341-3. (chi). ref:13
OBJECTIVE: To investigate the clinical effect of electro-acupuncture (EA) in treating maxillofacial hemangioma (MFH). METHODS: The platinum needles (electrode) were inserted into the MFH under location and guidance with B-ultrasonography or CT, with the number of needles used according to the size of the MFH to make the distance between needles about 1.5 cm, and the peri-lesional health tissue was protected with plastic insulating tube. The electrodes, which were divided as cathode and anode, were linked with the EA apparatus for EA treatment, the often applied voltage was 5.0-7.0 V, current 60-80 mA and quantity about 100 coulombs/cm of MFH's diameter. B-ultrasonography was used for monitoring during EA, and the treatment would be finished when B-ultrasonography showed disappearance of blood flow. RESULTS: Evaluation according to the WHO's standard for therapeutic efficacy evaluation of tumor showed that after treatment, 345 patients (85.2%) were completely remitted (CR), 39(9.6%) partially remitted (PR), 12(3.0%) improved pathologically, and 9 (2.2%) ineffective, the effective rate (CR + PR) was 94.8%. CONCLUSION: EA, as an creative technique for treatment of MFH, has made breakthrough achievement in clinical practice with high efficacy. It also has the superiorities of simple, less injury, quick recovery, with no scar left and easy to be spread, therefore, it provides an effective method for curing MFH. [19.04 / -]

144- gera: 126046/di/ra

[DOUBLE]. ZHANG W, XIN YL, ZHAO HC.. *zhongguo zhong xi yi jie he za zhi*. 2003,23(5), (chi). ref:13
[19.04 / -]

145- gera: 135705/nd/re

[EFFICACY OF TREATMENT WITH HARD AND SOFT OCCLUSAL APPLIANCE IN TMD]. LITTNER D, PERLMAN-EMODI A, VINOCUOR E. *refuat hapeh vehashinayim*. 2004,21(3),52-8 (eng*). ref:13
Temporomandibular disorders (TMD) include clinical disorders involving the masticatory muscles, the temporomandibular joints (TMJ) and the adjacent structures. TMD was recognized as a main source for pains in the orofacial area, which are not caused from dental origin, and is defined by the American Academy of Orofacial Pain (AAOP)

as a sub-group within the frame of musculoskeletal disorders. The main etiology for TMD has not been found yet. The customary treatments for this disorder include treatment with occlusal splints, physiotherapy, medicaments, behavioral-cognitive treatment, hypnosis, acupuncture and surgery that should be considered only if all conservative treatments were unsuccessful. Occlusal splint is the most common and efficient treatment for TMD patients proved by many studies with a successful rate of 70-90%. The following article reviews the different opinions in the treatment of TMD with special attention to hard and soft occlusal appliances. Based upon much research, and despite the many disagreements regarding its efficacy, the hard splint is a customary application which has the most successful outcome in patients who suffer from functional disorders of the masticatory system. The stabilization splint has an important benefit for being a non-penetrating and reversible appliance. However, despite this, the dentist should evaluate the joint or muscular problem, and seriously consider the various available treatments before deciding to use the appliance as a means of treatment. [19.04 / -]

146- gera: 131610/nd/ra
[EFFICACY OF TREATMENT WITH HARD AND SOFT OCCLUSAL APPLIANCE IN TMD]. LITNER D, PERLMAN-EMODI A, VINOBUO E.. *refuat hapeh vehashinayim*. 2004,21(3),52-8 (eng). ref:13

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147- gera: 129611/di/ra
[STUDY OF RIGID INTERNAL FIXATION ON MANDIBLE FRACTURE]. LU XIANG, XU BO, SHEN GUO-HUA. *modern journal of integrated traditional chinese and western medicine*. 2004,13(12),1564 (chi*). ref:13
 [19.04 / -]

148- gera: 135603/nd/re
EFFICACY OF STABILIZATION SPLINTS FOR THE MANAGEMENT OF PATIENTS WITH MASTICATORY MUSCLE PAIN: A QUALITATIVE SYSTEMATIC REVIEW. TURP JC, KOMINE F, HUGGER A. *clin oral investig*. 2004,8(4),179-95 (eng*). ref:13
 This study aimed at providing an answer to two clinical questions related to patients with masticatory muscle pain: 1) Does the use of a full-coverage hard acrylic occlusal appliance (stabilization splint) lead to a significant decrease of symptoms? and 2) Is the treatment success achieved with a stabilization splint more pronounced than the success attained with other forms of treatment (including placebo treatment) or no treatment? A systematic search was carried out in different electronic databases, supplemented by handsearch in four selected dental journals and by examination of the bibliographies of the retrieved articles. Thirteen publications,

representing nine controlled clinical studies, could be identified. Reporting quality of most studies as assessed with the Jadad score ranged from 1 to 5. Based on the currently best available evidence it appears that most patients with masticatory muscle pain are helped by the incorporation of a stabilization splint. Nevertheless, evidence is equivocal if improvement of pain symptoms after incorporation of the intraoral appliance is caused by a specific effect of the appliance. A stabilization splint does not appear to yield a better clinical outcome than a soft splint, a non-occluding palatal splint, physical therapy, or body acupuncture. The scarcity of current external evidence emphasizes the need for more and better clinical research. [19.04 / -]

149- gera: 145610/di/ra
ACUPUNCTURE AND ULTRASOUND THERAPY FOR TEMPOROMANDIBULAR DISORDERS ZHOU FENG-HUI, ZHAO HAI-YAN. *j first mil med univ*. 2004,24(6),720 (chi). ref:13
 [19.04 / -]

150- gera: 135616/nd/re
[ACUPUNCTURE AND ULTRASOUND THERAPY FOR TEMPOROMANDIBULAR DISORDERS]. ZHOU FH, ZHAO HY. *di yi jun yi da xue xue bao*. 2004,24(6),720-1 (eng*). ref:13
 This study was designed to compare the therapeutic effect acupuncture in combination with ultrasound therapy with that of ultra short-wave electrotherapy on temporomandibular disorders (TMD). Sixty-eight patients with TMD were randomized equally into 2 groups to receive the two treatments respectively, and the therapeutic effects were found to be significantly different ($P < 0.05$). Acupuncture combined with ultrasound therapy yielded better results in a shorter treatment course. [19.04 / ecr -]

151- gera: 141627/di/ra
TEMPOROMANDIBULAR JOINT SYNDROME TREATED BY TUINA THERAPY PLUS ACUPUNCTURE CHENG XIAO. *journal of acupuncture and tuina science*. 2005,3(5),30 (eng). ref:13
 [19.04 / -]

152- gera: 141841/di/ra
TEMPOROMANDIBULAR JOINT SYNDROME TREATED BY TUINA THERAPY PLUS ACUPUNCTURE. CHENG XIAO. *journal of acupuncture and tuina science*. 2005,3(5),30 (eng). ref:13
 [19.04 / -]

153- gera: 135668/nd/re
SHORT TERM PAIN REDUCTION WITH ACUPUNCTURE TREATMENT FOR CHRONIC OROFACIAL PAIN PATIENTS. GODDARD G. *sho med sci monit*. 2005,11(2),71-74 (eng*). ref:13

Background: Acupuncture has been used for treatment of many pain conditions. National Institutes of Health (NIH), in its consensus statement on acupuncture of November of 1997, states that promising results have been shown for postoperative dental pain. NIH states that in other situations such as myofascial pain, acupuncture may be useful as an adjunct treatment or an acceptable alternative treatment. The vast majority of chronic orofacial pain conditions are temporomandibular disorders (TMD). Myofascial pain is one of the most common TMD's. TMD's are a set of musculoskeletal disorders affecting the temporomandibular joint, masticatory muscles or both. TMD's are comprised of diverse diagnoses with similar signs and symptoms affecting the masticatory system that can be acute, recurrent or chronic conditions. TMD's are rarely life threatening, but can impact heavily on a person's quality of life. Few studies have been done on outcomes of acupuncture treatment for chronic orofacial pain. Material/Methods: A chart review of 29 patients (twenty two females and seven males), age 22 to 60, who had acupuncture treatment for chronic orofacial pain was completed. Patients had rated their pain before and after acupuncture treatment on a numerical analog scale. Results: The mean value of pain scores before treatment was 5.28 and after treatment was 2.26. There was a significant difference of

pain scores between before treatment and after treatment (Wilcoxon signed rank test, $P < 0.0001$). Conclusions: Acupuncture provided a significant short-term pain reduction in patients with chronic Orofacial pain. PMID: 15668635 [PubMed - as supplied by publisher] [19.04 / -]

154- gera: 135939/di/ra

CLINICAL OBSERVATION OF ACUPUNCTURE AND ULTRA-SHORT WAVE TO TREAT TEMPOROMANDIBULAR DISORDERS NAIYU LIU AND YANLI JU. *international journal of clinical acupuncture*. 2005,14(2),109 (eng). ref:13

Objective: To provide a theoretical basis for the clinical treatment of temporomandibular disorders (TMD). Cases of temporomandibular disorders were treated by acupuncture and ultra-short wave. Method: 45 cases of temporomandibular disorders were treated by these two methods. Results: By a rank sum test, the therapeutic effect of the combined acupuncture and ultra-short wave group was obviously superior to that of the ultra-short wave group. Conclusion: Acupuncture and ultra-short wave have remarkable therapeutic effects on temporomandibular disorders. Used jointly, the advantages of the two methods are mutually complementary. [19.04 / ecr-]

155- gera: 144456//ra

TRADITIONAL CHINESE MEDICINE FOR TEMPOROMANDIBULAR DYSFUNCTION: A PHASE II WHOLE SYSTEM RCT RITENBAUGH C, MIST S, HAMMERSCHLAG R. *focus on alternative and complementary therapies*. 2005,10(1),45 (eng). ref:13

[19.04 / ecr-]

156- gera: 144458//ra

EFFICACY OF ACUPUNCTURE AND MANUAL THERAPY COMBINATION ON TEMPOROMANDIBULAR JOINT DYSFUNCTION: A PILOT STUDY SHIN BC, LEE MS, LEE HS. *focus on alternative and complementary therapies*. 2005,10(1),49 (eng). ref:13

[19.04 / -]

157- gera: 138195/di/ra

ACUPUNCTURE THERAPY ON TEMPOROMANDIBULAR JOINT SYNDROME. XIA NAI-NIAN, HUANG MING -JUAN. *journal of acupuncture and tuina science*. 2005,3(1),35 (eng). ref:13

[19.04 / -]

158- gera: 119182/di/ra

ACUPUNCTURE IN THE TREATMENT OF PAINFUL DYSFUNCTION OF THE TEMPOROMANDIBULAR JOINT -- A REVIEW OF THE LITERATURE. FINK M, ROSTED P, BERNATECK M, STIESCH-SCHOLZ M, KARST M.. *forsch komplementarmed*. 2006,13(2),109-15 (eng). ref:13

OBJECTIVE: The aim of the present study was to analyze the results of randomized clinical trials on the efficacy of acupuncture in the treatment of painful dysfunction of the temporomandibular joint. MATERIALS AND METHODS: A literature search of 3 electronic databases was performed, and only randomized studies comparing acupuncture-treated patients with either untreated or conservatively treated control groups were included. For this purpose, results were compared in narrative and tabular form. RESULTS: To date, only 8 publications representing 6 randomized clinical trials have looked into the efficacy of acupuncture in the treatment of craniomandibular dysfunction. With the exception of one, all studies were published in Sweden, between 1985 and 1992. A more recent US study was the only one to apply sham acupuncture to test the efficacy of acupuncture. All studies share methodological shortcomings, including a lack of detailed descriptions of the randomization procedures, point selection, possible dropouts and undesirable events as well as attempts to identify a possible placebo effect of the acupuncture. Only 1 study investigated long-term results. Although based on the improvement of subjective and objective criteria, all studies consider acupuncture as an effective treatment for painful dysfunction of the temporomandibular joint, the good results achieved must be interpreted with caution because of the methodological shortcomings identified. CONCLUSION: Acupuncture appears

to be a suitable complementary treatment method in the management of craniomandibular dysfunction. However, its significance has to be further evaluated in future studies. [19.04 / rg-]

159- gera: 141292/di/ra

ACUPUNCTURE IN THE TREATMENT OF PAINFUL DYSFUNCTION OF THE TEMPOROMANDIBULAR JOINT -- A REVIEW OF THE LITERATURE FINK M, ROSTED P, BERNATECK M, STIESCH-SCHOLZ M, KARST M.. *forsch komplementarmed*. 2006,13(2),109-15 (eng). ref:13

OBJECTIVE: The aim of the present study was to analyze the results of randomized clinical trials on the efficacy of acupuncture in the treatment of painful dysfunction of the temporomandibular joint. MATERIALS AND METHODS: A literature search of 3 electronic databases was performed, and only randomized studies comparing acupuncture-treated patients with either untreated or conservatively treated control groups were included. For this purpose, results were compared in narrative and tabular form. RESULTS: To date, only 8 publications representing 6 randomized clinical trials have looked into the efficacy of acupuncture in the treatment of craniomandibular dysfunction. With the exception of one, all studies were published in Sweden, between 1985 and 1992. A more recent US study was the only one to apply sham acupuncture to test the efficacy of acupuncture. All studies share methodological shortcomings, including a lack of detailed descriptions of the randomization procedures, point selection, possible dropouts and undesirable events as well as attempts to identify a possible placebo effect of the acupuncture. Only 1 study investigated long-term results. Although based on the improvement of subjective and objective criteria, all studies consider acupuncture as an effective treatment for painful dysfunction of the temporomandibular joint, the good results achieved must be interpreted with caution because of the methodological shortcomings identified. CONCLUSION: Acupuncture appears to be a suitable complementary treatment method in the management of craniomandibular dysfunction. However, its significance has to be further evaluated in future studies. [19.04 / rg- rg-]

160- gera: 141243/di/re

A SYSTEMATIC REVIEW OF THE EFFECTIVENESS OF PHYSICAL THERAPY INTERVENTIONS FOR TEMPOROMANDIBULAR DISORDERS MCNEELY ML, ARMIJO OLIVO S, MAGEE DJ.. *phys ther*. 2006,86(5),710-25 (eng). ref:13

BACKGROUND AND PURPOSE: The purpose of this qualitative systematic review was to assess the evidence concerning the effectiveness of physical therapy interventions in the management of temporomandibular disorders. METHODS: A literature search of published and unpublished articles resulted in the retrieval of 36 potential articles. RESULTS: Twelve studies met all selection criteria for inclusion in the review: 4 studies addressed the use of therapeutic exercise interventions, 2 studies examined the use of acupuncture, and 6 studies examined electrophysical modalities. Two studies provided evidence in support of postural exercises to reduce pain and to improve function and oral opening. One study provided evidence for the use of manual therapy in combination with active exercises to reduce pain and to improve oral opening. One study provided evidence in support of acupuncture to reduce pain when compared with no treatment; however, in another study no significant differences in pain outcomes were found between acupuncture and sham acupuncture. Significant improvements in oral opening were found with muscular awareness relaxation therapy, biofeedback training, and low-level laser therapy treatment. DISCUSSION AND CONCLUSION: Most of the studies included in this review were of very poor methodological quality; therefore, the findings should be interpreted with caution. [19.04 / rg-]

161- gera: 143795/di/ra

[IMPROVEMENT OF A SJ&GREN-SYNDROME ASSOCIATED ANOSMIA WITH ACUPUNCTURE]. PAARMANN A. *deutsche zeitschrift fur akupunktur*. 2006,49(2),38 (deu). ref:13

[19.04 / -]

162- gera: 144682/ra/di

THE USE OF ACUPUNCTURE IN THE TREATMENT OF TEMPOROMANDIBULAR DYSFUNCTION--AN AUDIT.

ROSTED P, BUNDGAARD M, PEDERSEN AM..

acupuncture in medicine. 2006,24(1),16 (eng). ref:13

[19.04 / -]

163- gera: 141125/di/re

ORAL ACUPUNCTURE IN THE THERAPY OF CRANIOMANDIBULAR DYSFUNCTION SYNDROME - A RANDOMIZED CONTROLLED TRIAL. SCHMID-SCHWAP M, SIMMA-KLETSCHKA I, STOCKNER A, SENGSTBRATL M, GLEDITSCH J, KUNDI M, PIEHSLINGER E.. **wien klin wochenschr.** 2006,118(1-2),36-42 (eng). ref:13

CONTEXT: Patients with disorders of the stomatognathic system describe pain and clicking phenomena as primary symptoms. Rapid improvement of the pain is required to ensure and maintain adequate patient compliance.

OBJECTIVE: The study was intended to assess the effects of acupuncture in patients with temporomandibular disorders as compared to placebo therapy (sham laser); the primary target parameter was the subjective pain sensation. DESIGN:

Randomized, placebo-controlled trial. PATIENTS AND METHODS: 23 patients were enrolled and randomly assigned to one of the two groups. One group received acupuncture treatment according to the very-point technique, the other group received sham laser treatment. The following observer-blinded findings were evaluated before and after treatment: subjective pain, mouth opening, and muscular tenderness and pain on pressure. In addition, mandibular joint movement pathways were recorded using electronic axiography.

OUTCOMES: Improvements in pain scores (scale, 0-100) in the acupuncture group (19.1 +/- 11.9) were significant ($p = 0.03$) versus those in the placebo group (6.2 +/- 14.8). Mouth opening showed an insignificant trend towards improvement ($p > 0.1$) in the acupuncture (5.0 +/- 6.2 mm) versus the placebo group (1.0 +/- 4.7 mm), differences in tenderness and pain on pressure in neck and masticatory muscles were significant ($p < 0.05$) for most of the muscles having shown pretreatment tenderness or pain. The axiographic tracings were assessed for quality, symmetry and curve characteristics. Recordings of the opening and closing movement in the acupuncture group showed an increased frequency of improvements of curve characteristics as compared to the placebo group. The acupuncture group also showed an increased frequency of improvement in protrusion and retrusion movements, though no statistical significance could be obtained. CONCLUSION: On the basis of the results of the present study, acupuncture may be recommended as acute treatment of craniomandibular disorders, but studies with larger numbers of patients as well as about long-term treatment outcomes should be conducted. [19.04 / ecr-]

164- gera: 141511/di/re

THE EFFICACY OF ACUPUNCTURE IN THE TREATMENT OF TEMPOROMANDIBULAR JOINT MYOFASCIAL PAIN: A RANDOMISED CONTROLLED TRIAL. SMITH P,MOSSCROP D, DAVIES S, SLOAN P, AL-ANI Z.. **j dent..**

2006,nov 7, (eng). ref:13

OBJECTIVES: To compare the effect of real acupuncture and sham acupuncture in the treatment of temporomandibular joint myofascial pain, in order to establish the true efficacy of acupuncture. METHODS: A double blind randomised controlled trial conducted in the TMD Clinic, at the School of Dentistry, The University of Manchester. Twenty-seven patients were assigned to one of two treatment groups. Group 1 received real acupuncture treatment whilst Group 2 received a sham acupuncture intervention. Both the assessor and the patient were blinded regarding the group allocation. Baseline assessment of the outcome variables was made prior to the first treatment session, and was repeated following the last treatment. RESULTS: The results demonstrated that real acupuncture had a greater influence on clinical outcome measure of TMJ MP than those of sham acupuncture, and the majority of these reached a level of statistical significance. CONCLUSION: Acupuncture had a positive influence on the signs and symptoms of TMJ MP. In addition, this study

provides evidence that the Park Sham Device was a credible acupuncture control method for trials involving facial acupoints. [19.04 / ecr-]

165- gera: 142394/di/ra

[OBSERVATION ON SYNTHESIS THERAPY OF 48 CASES OF MASTICATORY MUSCLES SPASMUS OF TEMPOROMANDIBULAR JOINT SYNDROME]. YANG LI -JUAN, LIU JIAN, LIU YA - LI. **journal of clinical****acupuncture and moxibustion.** 2006,22(7),20 (chi). ref:13

[19.04 / -]

166- gera: 142213/di/ra

TREATMENT OF TEMPOROMANDIBULAR JOINT DYSFUNCTION SYNDROME BY ACUPUNCTURE, TAIYI MOXA-CIGAR PHIS TUINA. YANG QING-JIE. **journal of acupuncture and tuina science.** 2006,4(1),56 (eng). ref:13

Summary: Forty-five cases of temporomandibular joint dysfunction syndrome were diagnosed by X-ray, excluding the organic diseases. The acupoints Xiaguan (ST 7), Jiache (ST 6), Yifeng (.1E 17) and Hegu (LI 4) on the affected side were punctured first, after removal of needles, 5-7 layers of cotton cloth was placed on the above acupoints, then moxibustion with moxa-roll made of Chinese medicine was performed. Finally Dian-finger pressing, An—pressing and Rou- stationary circular pressing with finger belly of the thumb were applied to the local region around the mandible joint for 3-5 min. After 1-2 courses of treatments, 45 cases all got effect. [19.04 / -]

167- gera: 143476/di/ra

TREATMENT OF TEMPOROMANDIBULAR JOINT DYSFUNCTION SYNDROME BY ACUPUNCTURE, TAIYI MOXA-CIGAR PLUS TUINA. YANG QING-JIE. **journal of acupuncture and tuina science.** 2006,4(1),56 (eng). ref:13

Forty-five cases of temporomandibular joint dysfunction syndrome were diagnosed by X-ray, excluding the organic diseases. The acupoints Xiaguan (ST 7), Jiache (ST 6), Yifeng CIE 17) and Hegu (LI 4) on the affected side were punctured first, after removal of needles, 5-7 layers of cotton cloth was placed on the above acupoints, then moxibustion with moxa-roll made of Chinese medicine was performed. Finally Dian-finger pressing, An—pressing and Rau-stationary circular pressing with finger belly of the thumb were applied to the local region around the mandible joint for 3-5 min. After 1-2 courses of treatments, 45 cases all got effect. [19.04 / -]

168- gera: 146105/di/ra

[42 CASES OF TEMPORO MANDIBULAR JOINT DISTURBANCE TREATED MAINLY BY ACUPUNCTURE].JU LAI -TI, HU XIN MEI, ZHU BAO. **journal of clinical****acupuncture and moxibustion.** 2007,2007,14 (chi). ref:13

[19.04 / -]

169- gera: 145482/di/ra

EFFECTIVENESS OF COMBINING MANUAL THERAPY AND ACUPUNCTURE ON TEMPOROMANDIBULAR JOINT DYSFUNCTION: A RETROSPECTIVE STUDY. Shin BC, HaCH, Song YS, Lee MS.. **am j chin med..** 2007,35(2),203-8

(eng). ref:13

This retrospective study investigated the effects of combining manual therapy and acupuncture on the pain and maximal mouth opening (MMO), which were associated with temporomandibular joint dysfunction (TMD). The 49 TMD patients (15 men, 34 women; mean age = 30.47 years, SD = 13.52 years) were treated with a combination of acupuncture and manual therapy two or three times a week at the hospital. The pain and maximal mouth opening were assessed before and after 1 and 4 weeks of treatment. The combination therapy produced significant changes in pain levels ($p < 0.001$) and mouth opening ($p < 0.001$). All pairwise non-parametric comparison showed a significant improvement in pain ($p < 0.05$ for all pairs) and MMO ($p < 0.05$ for all pairs). These findings suggest that combining manual therapy and acupuncture decreases the pain level and increases the MMO of TMD patients. However, future studies should further investigate the efficacy of combined treatment on TMD with more rigorous randomized clinical trials. [19.04 / -]

170- gera: 146534/nd/ra

[CLINICAL OBSERVATION ON WARMING NEEDLE MOXIBUSTION PLUS EXERCISE FOR TREATMENT OF TEMPOROMANDIBULAR JOINT DYSFUNCTION SYNDROME] Xue WH, Ding M, Su XC, Wang YJ, Tan HW.. **chinese acupuncture and moxibustion**. 2007,27(5),322-4 (chi). ref:13

OBJECTIVE: To search for a better therapy for temporomandibular joint dysfunction syndrome. **METHODS:** Two hundred and ten cases of temporomandibular joint dysfunction syndrome were randomly divided into a treatment group, a control group I and a control group II, 70 cases in each group. The treatment group were treated with warming needle moxibustion plus exercise, with Hegu (LI 4), Xiaguan

(ST 7), Yifeng (TE 17) and so on selected, in combination with opening and closing the mouth; the control group I were treated with simple filiform needle needling, and the control group II with local blocking therapy. The therapeutic effects of the 3 groups were compared. **RESULTS:** The total effective rate was 94.3% in the treatment group, 87.1% in the control group I and 85.7% in the control group II with a significant difference among the 3 groups, the treatment group being better than the two control groups ($P < 0.05$). **CONCLUSION:** Warming needle moxibustion plus exercise has a good therapeutic effect on temporomandibular joint dysfunction syndrome [19.04 / -]

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