

Conference Reports

Third International Congress on Complementary Medicine Research (ICCMR)

Sydney
29 to 31 March 2008

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On the last weekend of March 2008, I represented the Australian Acupuncture and Chinese Medicine Association (AACMA) at the Third International Congress on Complementary Medicine Research (ICCMR), held at the Sydney Convention and Exhibition Centre. Complementary medicine is a complex and broad area, consisting of many modalities of health practice. The organising committee did their best not to be biased towards any therapy.

The program was extensive, ranging across the complementary medicine spectrum, from research to policy. About 600 delegates and speakers from Australia, New Zealand, USA, Canada, China, Hong Kong, India, Japan, Korea, Malaysia, Taiwan, UK, Germany, France, Norway, Denmark, Austria, Switzerland, Netherlands, Romania and Iran attended the conference.

The conference started with pre-conference workshops on Saturday at a number of universities and a hospital around Sydney. The workshop subjects covered herbal medicine and globalisation of traditional Chinese medicine (TCM), herbal medicines for brain and behaviour (from bench to bedside), TCM practices and research, chiropractic and mind-body medicine.

The vast volume of research on complementary medicine was presented at the plenary sessions and the concurrent symposia during the two-day conference. On Sunday you could have chosen from any of the following areas: TCM and acupuncture, complementary and alternative medicine (CAM) and cancer, safety and pharmaco-vigilance of herbal medicine, cross-disciplinary approaches to CAM evaluation, Ayurveda and other therapies for metabolic syndrome, the international harmonisation of CAM, or clinical trial methods. Monday continued the feast of choice with symposiums ranging from acupuncture and TCM, chiropractic and mind-body medicine, integrative medicine in action, CAM practice, evidence, herbal medicine quality and efficacy, paediatric CAM, social and qualitative research, Tai Chi and exercise therapy, pain/inflammation/psychobiology and integrating CAM into curricula and post-graduate training.

For me, perhaps the most interesting presentation that I saw was 'A review of meditation RCTs – important insights for future research'. Dr Manocha from the University of New South Wales undertook a review of RCTs published in English-language peer-reviewed journals. He concluded that there was

no strong or reliable evidence for its specific effect. The main problem was the definition of the term 'meditation', inadequate statistical analyses and poor methodology in the design of sham medication. This reminded me of the similar problems with acupuncture research.

At the closing session, Professor Bensoussan from the National Institute of Complementary Medicine outlined the main difficulties in complementary medicine research in Australia. Evidence is what is needed; however, less than 0.2% of the net sales of the complementary medicine industries was used for research. He praised the efforts of AACMA in establishing research grants to stimulate studies into Chinese medicine in this country, and thought AACMA had set a good example for other industries and complementary medicine professions.

As I got on the plane to come home, I have to admit that the mind was full, and I was wiped out from trying to take it all in.

The Status and Future of Acupuncture Research: 10 Years Post NIH Consensus Conference

Baltimore, Maryland, USA
8 to 11 November 2007

Zhen Zheng, Caroline Smith and Chris Zaslowski

GENERAL INTRODUCTION

The Society for Acupuncture Research 2007 Conference was held from the 8th to the 11th of November 2007 in Baltimore, USA. The theme was to reflect on the achievements of acupuncture research in the ten years since the National Institutes of Health (NIH) published a consensus statement in 1997 on the safety and efficacy of acupuncture for a range of clinical conditions. The statement has since been considered as a White Paper to support the use of acupuncture in primary care and promote acupuncture clinical research in the United States and the world.

Data presented at the conference showed that since the publication of the Paper, the number of physicians who favour acupuncture in the US has increased from 50% to 80%, and the percentage of insurance companies giving rebates to acupuncture treatments has increased from 15% to 45%. More interestingly, in 1997, only 30% of acupuncture projects funded by the NIH had an acupuncturist on the team; by 2006, 100% of projects had research acupuncturists.

The four-day conference was stimulating and covered a range of topics, including research into acupuncture's mechanisms, clinical efficacy and qualitative studies.

More than 300 delegates from 20 countries took part in this special event. 250 abstracts were received by the conference organisers and 24 were accepted for oral presentations and 200 for posters. Three Australian researchers, all on the editorial board of this journal, presented at the conference. Each of

us agreed to summarise part of the conference and provide a brief report.

CLINICAL EFFICACY OF ACUPUNCTURE

The second day of the conference focused on the latest scientific evidence from randomised controlled trials, systematic reviews and meta-analysis for a wide range of biomedical conditions. The scope was wide and included presentations from key researchers in the fields of osteoarthritis of the knee, back pain, headache and neck pain, women's health, cancer, mental health, respiratory disorders, gastrointestinal disorders, some neurological disorders, and a presentation from the German acupuncture research programs.

A key approach was to provide an overview of the evidence from clinical trials undertaken over the ten years since the NIH consensus statement. Several common themes emerged from many of the presentations. Firstly, conducting rigorous, high quality and robust randomised controlled trials remains a challenge. Secondly, we frequently heard from the presenters of a lack of a treatment effect between acupuncture and a sham acupuncture control. The majority of outcomes utilised in trials are clinically focused, and there is an absence of outcomes that reflect a more personal experience from treatment.

This stimulating day clearly demonstrated the contribution researchers have made over the past ten years towards developing an evidence base for acupuncture. However, the challenge remains given in many areas that our current research methodology

may not serve acupuncture well. There remains a need to consider the design of treatment protocols that reflect the everyday practice of acupuncture, and further careful consideration of appropriate study designs.

BASIC RESEARCH

The third day of the conference focused on basic research of acupuncture. Latest research presented included the effects of acupuncture on chronic inflammation (Prof LX Lao), high blood pressure (Prof J Longhurst), female infertility (Dr E Stener-Victorin) and brain imaging (Drs Napadow and Harris).

In animals, electroacupuncture (EA) of 2 Hz on ST 36 *Zusanli*, ST 37 *Shangjuxu*, PC 5 *Jianshi* and PC 6 *Neiguan* reduced systolic blood pressure significantly more effectively than EA of 40 Hz or EA on LI 6 *Pianli* or LI 7 *Wenliu* did, indicating that the anti-hypertensive effect of EA is specific to acupuncture point and EA frequency. Frequency of EA is also an important factor on chronic inflammation. EA of 100 Hz produced a transient analgesic effect, whereas EA of 10 Hz included a long-term analgesic as well as anti-inflammatory effect.

I am most fascinated by the results of brain imaging research of acupuncture in humans. In healthy humans, each digit of our hand has its clear presentation in the somatosensory cortex of the brain. In patients with carpal tunnel syndrome, such presentation is unclear and the areas are merged so that the brain could not easily distinguish the sensation of one finger from another. After a course of acupuncture, patients reported reduced tingling and numbness and had enhanced

sensitivity in the affected hand. In such patients, the digit presentation in the brain became separated and mimicked the brain imaging of healthy humans.

A PET study on fibromyalgia patients showed that although both real and sham acupuncture reduced pain in these patients, the brain imaging induced by the two types of acupuncture interventions was different. Real acupuncture enhanced the efficiency of opioids in the brain regions related to pain whereas sham acupuncture did not.

As we are all aware, recently a few large clinical trials have found that real acupuncture produces a similar amount of pain relief to sham acupuncture (that is, needling shallowly on non-acupuncture points without Deqi). Results of such studies have led some people to believe that acupuncture is merely a powerful placebo. The above-mentioned PET study shows that the underlying mechanisms of real and sham acupuncture are rather different and the effect of acupuncture cannot be explained simply as placebo.

Basic research not only helps us understand how acupuncture works, but also guides our clinical practice by identifying ideal treatment parameters.

QUALITATIVE RESEARCH

The fourth and final day of the conference focused on the use of qualitative methods in acupuncture research. The first

presenter, Dr Claire Cassidy, argued that while clinical research was important for understanding how acupuncture works, it did not reflect the everyday experience in a real clinical setting. She acknowledged that measurable physiological changes were important, but the need to apply a mix of qualitative and quantitative methods in research would facilitate the whole exploration of the healing benefits of acupuncture. Both intention and expectation, she argued, must be factored into the design of studies. She then proceeded to layout a flow chart depicting the many 'decision points inherent in the medical encounter even before "active" treatment begins and which affect outcome well after "active" treatment ceases.' This perspective was also echoed by Hugh MacPherson, who argued the case for a 'whole system approach' for evaluating acupuncture. From this perspective, not only the specific effects of acupuncture contribute to the acupuncture effect, but also non-specific factors such as practitioner and patient beliefs, the clinical setting and the therapeutic relationship. Hugh is also a strong advocate for pragmatic trials which evaluate a treatment package, rather than parse out the specific effects of needling.

Charlotte Paterson also expressed a similar perspective. She presented some of the results of her research involving qualitative research methodology. Her presentation explored the views of patients who were enrolled in a clinical trial, and how dissimilar they were

when compared to the researcher's aims. Charlotte also argued the need for patient-centred outcomes in clinical trials, not just disease-focused measures.

The conference concluded with a presentation of the future directions of acupuncture research by Richard Hammerschlag from Oregon College of Oriental Medicine. Richard painted a futuristic picture of acupuncture research using an imaginary research institute. He then proceeded to extol the benefits of such an institute and said he hoped that such an institute would exist not too far in the future.

The conference closed with remarks from Rosa Schnyer (Co-president of SAR) who commented on the enormity of organising the event and thanked all the participants for attending. In retrospect, this was a 'once in a lifetime' event, where leading researchers from not only western countries like America and Australia, but also Korea, China and Japan, could meet, network and discuss the current state of acupuncture research. The SAR is to be congratulated on undertaking such an event. It also made us reflect on how the annual AACMA conference is also an important event for similar reasons. Without interaction and peer discussion the acupuncture profession will stagnate. Rigorous research, lively discussion and the generation of more questions than answers are sure indicators of a healthy, growing profession.