Title of Course: Acupuncture – An Introduction

CE Credit: 1 Hour

Instruction Level: Introductory

Author: National Center for Complementary and Alternative Medicine (NCCAM)

Abstract:

This course is divided into two parts. Part I - “Introduction to Acupuncture” – provides an overview of acupuncture as presented by a fact sheet from NCCAM and includes a number of video clips illustrating its use. Acupuncture is among the oldest healing practices in the world. As part of traditional Chinese medicine (TCM), acupuncture aims to restore and maintain health through the stimulation of specific points on the body. In the United States, where practitioners incorporate healing traditions from China, Japan, Korea, and other countries, acupuncture is considered part of complementary and alternative medicine (CAM).

Part II – “Acupuncture for Pain” – is also a fact sheet from NCCAM. Physical pain is a common occurrence for many Americans; in fact, a national survey found that more than one-quarter of U.S. adults had recently experienced some sort of pain lasting more than a day. In addition to conventional treatments, such as over-the-counter and prescription medications, people may try acupuncture in an effort to relieve pain. This fact sheet provides basic information about pain and acupuncture, summarizes scientific research on acupuncture for specific kinds of pain, and suggests sources for additional information. It also includes a video clip.

Learning Objectives:

1. Describe the fundamental procedure that is involved in acupuncture
2. Identify the concepts of “balanced” and “unbalanced” states in traditional Chinese medicine (TCM)
3. List cautions to observe when seeking a qualified acupuncture practitioner
4. Identify conditions for which there is scientific evidence of the efficacy of acupuncture
5. List complications that can occur as a consequence of improper delivery of acupuncture treatments
Acupuncture: An Introduction

Part 1. Introduction to Acupuncture

Introduction

Acupuncture is among the oldest healing practices in the world. As part of traditional Chinese medicine, acupuncture aims to restore and maintain health through the stimulation of specific points on the body. In the United States, where practitioners incorporate healing traditions from China, Japan, Korea, and other countries, acupuncture is considered part of complementary and alternative medicine. Complementary medicine is used together with conventional medicine, and alternative medicine is used in place of conventional medicine.

Key Points

- Acupuncture has been practiced in China and other Asian countries for thousands of years.
- Scientists are studying the efficacy of acupuncture for a wide range of conditions.
- Relatively few complications have been reported from the use of acupuncture. However, acupuncture can cause potentially serious side effects if not delivered properly by a qualified practitioner.
- Tell your health care providers about any complementary and alternative practices you use. Give them a full picture of what you do to manage your health. This will help ensure coordinated and safe care.

About Acupuncture

The term "acupuncture" describes a family of procedures involving the stimulation of anatomical points on the body using a variety of techniques. The acupuncture technique that has been most often studied scientifically involves penetrating the skin with thin, solid, metallic needles that are manipulated by the hands or by electrical stimulation.

What Happens During an Acupuncture Session (YouTube) [2min 57sec]

Uploaded by NCCAMgov on Apr 14, 2010

This narrated video provides an overview of the practice of acupuncture and what to expect during an acupuncture treatment session. Acupuncture has been practiced in China and other Asian countries for thousands of years and it is one of the key components of traditional Chinese medicine. (NIHSeniorhealth.gov)

Practiced in China and other Asian countries for thousands of years, acupuncture is one of the key components of traditional Chinese medicine (TCM). In TCM, the body is seen as a delicate balance of two opposing and inseparable forces: yin and yang. Yin represents cold, slow, or passive aspects of the person, while yang represents hot, excited, or active aspects.

According to TCM, health is achieved by maintaining the body in a "balanced state"; disease is due to an internal imbalance of yin and yang. This imbalance leads to blockage in the flow of qi (vital energy) along pathways known as meridians. Qi can be unblocked, according to TCM, by using acupuncture at certain points on the body that connect with these meridians. Sources vary on the number of meridians, with numbers ranging from 14 to 20. One commonly cited source describes meridians as 14 main channels "connecting the body in a weblike interconnecting matrix" of at least 2,000 acupuncture points.
Acupuncture became better known in the United States in 1971, when New York Times reporter James Reston wrote about how doctors in China used needles to ease his pain after surgery. American practices of acupuncture incorporate medical traditions from China, Japan, Korea, and other countries.

**Acupuncture Use in the United States**

The report from a Consensus Development Conference on Acupuncture held at the National Institutes of Health (NIH) in 1997 stated that acupuncture is being “widely” practiced—by thousands of physicians, dentists, acupuncturists, and other practitioners—for relief or prevention of pain and for various other health conditions. According to the 2007 National Health Interview Survey, which included a comprehensive survey of CAM use by Americans, an estimated 3.1 million U.S. adults and 150,000 children had used acupuncture in the previous year. Between the 2002 and 2007 NHIS, acupuncture use among adults increased by approximately 1 million people.

**Acupuncture Side Effects and Risks**

The U.S. Food and Drug Administration (FDA) regulates acupuncture needles for use by licensed practitioners, requiring that needles be manufactured and labeled according to certain standards. For example, the FDA requires that needles be sterile, nontoxic, and labeled for single use by qualified practitioners only.

Relatively few complications from the use of acupuncture have been reported to the FDA, in light of the millions of people treated each year and the number of acupuncture needles used. Still, complications have resulted from inadequate sterilization of needles and from improper delivery of treatments. Practitioners should use a new set of disposable needles taken from a sealed package for each patient and should swab treatment sites with alcohol or another disinfectant before inserting needles. When not delivered properly, acupuncture can cause serious adverse effects, including infections and punctured organs.

**Status of Acupuncture Research**

There have been many studies on acupuncture’s potential health benefits for a wide range of conditions. Summarizing earlier research, the 1997 NIH Consensus Statement on Acupuncture found that, overall, results were hard to interpret because of problems with the size and design of the studies.

In the years since the Consensus Statement was issued, the National Center for Complementary and Alternative Medicine (NCCAM) has funded extensive research to advance scientific understanding of acupuncture. Some recent NCCAM-supported studies have looked at:

- Whether acupuncture works for specific health conditions such as chronic low-back pain, headache, and osteoarthritis of the knee
- How acupuncture might work, such as what happens in the brain during acupuncture treatment
- Ways to better identify and understand the potential neurological properties of meridians and acupuncture points
- Methods and instruments for improving the quality of acupuncture research
Selected results of NCCAM-funded research on Acupuncture

1. A Form of Acupuncture May Help in Opioid Addiction - January 1, 2010

Transcutaneous electric acupoint stimulation (TEAS), a form of acupuncture that uses skin electrodes to apply electrical stimulation at different points on the body, may help people addicted to opioid drugs, according to researchers at Harvard Medical School and McLean Hospital near Boston. The study, supported in part by NCCAM and published in the *Journal of Substance Abuse Treatment*, also suggests that combining this technique with prescribed drugs that ease withdrawal symptoms may improve other outcomes for people addicted to opioids.

Participants enrolled in this study (48 male and female patients between 18 and 59 years of age) had a diagnosis of opioid addiction and sought treatment at an inpatient, alcohol and drug abuse treatment program. The participants were randomly assigned to receive three 30-minute treatments of active (actual) or simulated (placebo) TEAS daily for up to 4 days along with their prescribed drugs (a combination of buprenorphine and naloxone) to help ease the symptoms associated with opioid withdrawal, such as nausea, irritability, and insomnia.

Two weeks following discharge, the researchers found that 29 percent of participants who received active TEAS began taking opioid drugs again compared to 65 percent of those who received simulated TEAS. Further, participants who received active TEAS were more than two times less likely to have used any drugs than those who received simulated TEAS. In addition, patients in the active TEAS group reported they were less bothered by pain and that they experienced greater improvements in overall health. However, the researchers noted that drug abstinence may have contributed to these improvements.

The researchers noted several limitations of this study, including a small number of participants and brief duration of treatment. Despite these limitations, they suggested that additional studies with larger, more diverse populations and longer treatment durations are needed.

Reference


A pilot study shows that acupuncture may help people with posttraumatic stress disorder. Posttraumatic stress disorder (PTSD) is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Traumatic events that may trigger PTSD include violent personal assaults, natural or human-caused disasters, accidents, or military combat.

Michael Hollifield, M.D., and colleagues conducted a clinical trial examining the effect of acupuncture on the symptoms of PTSD. The researchers analyzed depression, anxiety, and impairment in 73 people with a diagnosis of PTSD. The participants were assigned to receive either acupuncture or group cognitive-behavioral therapy over 12 weeks, or were assigned to a wait-list as part of the control group. The people in the control group were offered treatment or referral for treatment at the end of their participation.
The researchers found that acupuncture provided treatment effects similar to group cognitive-behavioral therapy; both interventions were superior to the control group. Additionally, treatment effects of both the acupuncture and the group therapy were maintained for 3 months after the end of treatment.

The limitations of the study are consistent with preliminary research. For example, this study had a small group of participants that lacked diversity, and the results do not account for outside factors that may have affected the treatments' results.

References


Finding a Qualified Practitioner

Health care providers can be a resource for referral to acupuncturists, and some conventional medical practitioners—including physicians and dentists—practice acupuncture. In addition, national acupuncture organizations (which can be found through libraries or Web search engines) may provide referrals to acupuncturists.

- **Check a practitioner's credentials.** Most states require a license to practice acupuncture; however, education and training standards and requirements for obtaining a license to practice vary from state to state. Although a license does not ensure quality of care, it does indicate that the practitioner meets certain standards regarding the knowledge and use of acupuncture.

- **Do not rely on a diagnosis of disease by an acupuncture practitioner who does not have substantial conventional medical training.** If you have received a diagnosis from a doctor, you may wish to ask your doctor whether acupuncture might help.

What to Expect from Acupuncture Visits

During your first office visit, the practitioner may ask you at length about your health condition, lifestyle, and behavior. The practitioner will want to obtain a complete picture of your treatment needs and behaviors that may contribute to your condition. Inform the acupuncturist about all treatments or medications you are taking and all medical conditions you have.

Acupuncture needles are metallic, solid, and hair-thin. People experience acupuncture differently, but most feel no or minimal pain as the needles are inserted. Some people feel energized by treatment, while others feel relaxed. Improper needle placement, movement of the patient, or a defect in the needle can cause soreness and pain during treatment. This is why it is important to seek treatment from a qualified acupuncture practitioner.

Treatment may take place over a period of several weeks or more.
Acupuncture

(YouTube) [6min 00sec]

Historical background, scope of action, integration of ancient and modern diagnoses, internal medicine, explanation of meridians, relationship of internal organs to states of consciousness; mind and emotions, synthesis of the most effective techniques, acupuncture needles, and acupuncture treatment demonstration.

Treatment Costs

Ask the practitioner about the estimated number of treatments needed and how much each treatment will cost. Some insurance companies may cover the costs of acupuncture, while others may not. It is important to check with your insurer before you start treatment to see whether acupuncture is covered for your condition and, if so, to what extent. (For more information, see NCCAM’s fact sheet Paying for CAM Treatment.)

Part 2: Acupuncture for Pain

Introduction

Physical pain is a common occurrence for many Americans; in fact, a national survey found that more than one-quarter of U.S. adults had recently experienced some sort of pain lasting more than a day. In addition to conventional treatments, such as over-the-counter and prescription medications, people may try acupuncture in an effort to relieve pain. This fact sheet provides basic information about pain and acupuncture, summarizes scientific research on acupuncture for specific kinds of pain, and suggests sources for additional information.

Key Points

- People use acupuncture for various types of pain. Back pain is the most commonly reported use, followed by joint pain, neck pain, and headache.
- Acupuncture is being studied for its efficacy in alleviating many kinds of pain. There are promising findings in some conditions, such as chronic low-back pain and osteoarthritis of the knee; but, for most other conditions, additional research is needed. The National Center for Complementary and Alternative Medicine (NCCAM) sponsors a wide range of acupuncture research.
- Acupuncture is generally considered safe when performed correctly.
- In theory, acupuncture regulates the flow of (vital energy) through the body. Research to test scientific theories about how acupuncture might work to relieve pain is under way.
- Tell all your health care providers about any complementary and alternative practices you use. Give them a full picture of what you do to manage your health. This will help ensure coordinated and safe care. For tips about talking with your health care providers about complementary and alternative medicine (CAM), see NCCAM's Time to Talk campaign.
About Pain

Pain is a feeling triggered in the nervous system. It may be sharp or dull, off-and-on or steady, localized (such as back pain) or all over (such as muscle aches from the flu). Sometimes, pain alerts us to injuries and illnesses that need attention. Although pain usually goes away once the underlying problem is addressed, it can last for weeks, months, or even years. Chronic pain may be due to an ongoing condition (such as arthritis) or to abnormal activity in pain-sensing regions of the brain, or the cause may not be known.

To relieve their pain, many people take over-the-counter medications—either acetaminophen or non-steroidal anti-inflammatory drugs (NSAIDs, including aspirin, naproxen, and ibuprofen). Stronger medications, including NSAIDs in higher dosages and narcotics, are available by prescription only. People may also try non-drug approaches to help relieve their pain. Examples include physical and occupational therapy, cognitive behavioral therapy, self-care techniques, and CAM therapies such as spinal manipulation or acupuncture.

Use of Acupuncture for Pain

Acupuncture, among the oldest healing practices in the world, is part of traditional Chinese medicine. Acupuncture practitioners stimulate specific points on the body—most often by inserting thin needles through the skin. In traditional Chinese medicine theory, this regulates the flow of qi (vital energy) along pathways known as meridians.

According to the 2007 National Health Interview Survey, which included a comprehensive survey of CAM use by Americans, 1.4 percent of respondents (an estimated 3.1 million Americans) said they had used acupuncture in the past year. A special analysis of acupuncture data from an earlier NHIS found that pain or musculoskeletal complaints accounted for 7 of the top 10 conditions for which people use acupuncture. Back pain was the most common, followed by joint pain, neck pain, severe headache/migraine, and recurring pain.

What the Science Says About Acupuncture for Pain

Acupuncture has been studied for a wide range of pain conditions, such as postoperative dental pain, carpal tunnel syndrome, fibromyalgia, headache, low-back pain, menstrual cramps, myofascial pain, osteoarthritis, and tennis elbow. Overall, it can be very difficult to compare acupuncture research results from study to study and to draw conclusions from the cumulative body of evidence. This is because studies may use different acupuncture techniques (e.g., electrical vs. manual), controls (comparison groups), and outcome measures.

One particularly complex factor in acupuncture research is choosing the controls for a clinical trial. The choice depends in part on whether the researchers want to study a particular aspect of acupuncture (e.g., effects on the brain) or to determine whether acupuncture is useful compared with other forms of care. Examples of control groups include study participants who receive no acupuncture, simulated acupuncture (procedures that mimic acupuncture, sometimes also referred to as "placebo" or "sham"), or other treatments (in addition to or in place of acupuncture or simulated acupuncture).

An emerging theme in acupuncture research is the role of the placebo. For example, a 2009 systematic review of research on the pain-relieving effects of acupuncture compared with placebo (simulated) or no acupuncture was inconclusive. The reviewers found a small difference between acupuncture and placebo and a moderate difference between placebo and no acupuncture; the effect of placebo acupuncture varied considerably, and the effect of acupuncture appeared unrelated to the specific kind of placebo procedure used. All of the study participants received standard care, typically consisting of analgesic drugs and physical therapy.
The following sections summarize research on acupuncture for a variety of pain conditions, including those reported by NHIS respondents who had used acupuncture. In general, acupuncture appears to be a promising alternative for some of these pain conditions; however, further research is needed.

**Selected results of NCCAM-funded research on Acupuncture**

3. Acupuncture Shows Possible Effect for Tension Headaches - January 1, 2009

Headaches affect millions of Americans. According to the National Institute of Neurological Disorders and Stroke, about 45 million Americans suffer from chronic headaches. Tension-type headaches (or tension headaches)—characterized by pain or discomfort from tense or constricted muscles in the head, neck, or scalp—are one of the most common forms of headaches. In most patients, tension headaches occur infrequently and can be treated with over-the-counter pain medicine. However, some people experience these headaches several days per month, or even daily, and may benefit from other treatments.

A recent review published by the Cochrane Collaboration looked at the literature on acupuncture for tension headaches and analyzed the findings from 11 randomized trials with 2,317 participants that compared acupuncture with a control or with sham acupuncture. The results of the literature review found that of the 11 studies:

- Two showed that patients who received acupuncture in addition to standard care had fewer headaches.
- Five found slightly better effects in patients who received true acupuncture compared with sham acupuncture.
- Three of the four trials that compared acupuncture with physiotherapy, massage, or relaxation had methodological shortcomings. Their findings were difficult to interpret, but acupuncture appeared to have slightly better results than these other therapies.

Overall, the researchers concluded that acupuncture could be a valuable option for patients suffering from frequent tension headaches.

**Reference**


Although acupuncture has long been used to relieve pain, scientific understanding of how acupuncture might achieve an analgesic effect is incomplete. Previous research has linked acupuncture's effects to the neuronal networks and opioid (pain response) systems of the brain. In light of these findings, NCCAM-funded researchers at Massachusetts General Hospital recently used two imaging technologies—functional magnetic resonance imaging (fMRI) and positron emission tomography (PET)—to investigate how specific areas of the brain might be involved in acupuncture analgesia.

In the study, 12 people were exposed to heat pain and received either actual or sham acupuncture. Researchers used fMRI to examine the brain's pain responses before and after acupuncture. They used PET with a radioactive tracing substance to measure changes in opioid receptor binding during acupuncture.
The imaging results showed acupuncture-related changes in both of the brain’s pain networks: the lateral network, which is associated with sensory aspects of pain perception, and the medial network, which is associated with affective aspects. However, the fMRI and PET results pointed to different areas in these networks, with one exception: both imaging technologies showed changes in the right medial orbitofrontal cortex—an indication that this area of the brain may be important in acupuncture analgesia.

The researchers note that their preliminary findings demonstrate that imaging studies using more than one imaging technique have potential for clarifying the neural mechanisms of acupuncture. They point out that similar studies with much larger samples might reveal other areas of the brain where fMRI and PET results converge.

Reference


About Scientific Evidence on CAM Therapies

Scientific evidence on CAM therapies includes results from laboratory research as well as clinical trials (studies in people). It encompasses both "positive" findings (evidence that a therapy may work) and "negative" findings (evidence that it probably does not work or that it may be unsafe). Scientific journals publish study results, as well as review articles that evaluate the evidence as it accumulates; fact sheets from NCCAM—like this one—base information about CAM research primarily on the most rigorous review articles, known as systematic reviews and meta-analyses.

**Carpal tunnel syndrome**—Although a 1997 NIH consensus statement on acupuncture concluded that acupuncture was promising for carpal tunnel syndrome, additional research confirming acupuncture's efficacy for this condition is scant.

**Fibromyalgia**—Evidence on acupuncture for fibromyalgia is mixed. Some reviews of the scientific literature have found the evidence promising. However, another review that focused on the few rigorous randomized controlled trials on acupuncture as an adjunct therapy for fibromyalgia did not find a benefit. Additionally, a 2003 assessment by the Agency for Healthcare Research and Quality concluded that the evidence was insufficient and the beneficial effects of acupuncture for fibromyalgia could not be determined.

**Headache/migraine**—Study results on acupuncture for headache are conflicting. Some literature reviews found evidence to support the use of acupuncture for headache, but others noted that most of the studies were of poor quality. A 2008 review of randomized trials on acupuncture highlighted a few well-designed trials whose findings indicate that acupuncture reduces migraine symptoms and is as effective as headache medications. In addition, a 2009 review found that acupuncture may help relieve tension headaches. However, two large trials that looked at acupuncture for migraines found no difference between actual and simulated acupuncture, both of which were equal to conventional care or superior to no treatment.

**Low-back pain**—According to clinical practice guidelines issued by the American Pain Society and the American College of Physicians in 2007, acupuncture is one of several CAM therapies physicians should consider when patients with chronic low-back pain do not respond to conventional treatment. In early, small studies, combining actual acupuncture with conventional treatment was more effective than conventional treatment alone for relieving chronic low-back pain; but actual acupuncture was not more effective than simulated acupuncture or conventional treatment. However, a large, rigorously designed clinical trial reported in May 2009 found that actual acupuncture and simulated acupuncture were equally effective—and both were more effective than conventional treatment—for relieving chronic low-back pain. There is insufficient evidence to draw definite conclusions about the effectiveness of acupuncture for acute low-back pain.
Menstrual cramps—Two literature reviews have suggested that acupuncture may help with pain from menstrual cramps, but the research is limited.

Myofascial pain—The evidence for acupuncture and myofascial pain (in which pain occurs in sensitive areas, known as trigger points, in the muscles) is mixed. Some literature reviews have found the evidence promising, but another review indicated that "needling therapies" for myofascial trigger point pain were not more effective than placebo.

Neck pain—Studies of acupuncture for chronic neck pain have found that acupuncture provided better pain relief than some simulated treatments. However, the studies varied in terms of design and most had small sample sizes.

Osteoarthritis/knee pain—Acupuncture appears to be effective for osteoarthritis, particularly in the area of knee pain. Recent literature reviews have found that acupuncture provides pain relief and improves function for people with osteoarthritis of the knee. However, authors of a 2007 systematic literature review suggested that although some large, high-quality trials have shown that acupuncture may be effective for osteoarthritis of the knee, differences in the design, size, and protocol of the studies make it hard to draw any definite conclusions from the body of research. These authors concluded that it is too soon to recommend acupuncture as a routine part of care for patients with osteoarthritis.

Postoperative dental pain—Although recent data on acupuncture for postoperative dental pain are scant, literature reviews based on earlier evidence have identified acupuncture as a promising treatment for dental pain—especially pain following tooth extraction. For example, a 1999 study of 39 dental surgery patients found that acupuncture was superior to placebo (simulated acupuncture) in preventing postoperative pain. However, a 2005 study of 200 dental surgery patients found no significant analgesic effect for acupuncture compared to simulated acupuncture, although patients who believed they received acupuncture reported significantly less pain than those who believed they received a placebo.

Tennis elbow—Study results on the use of acupuncture for tennis elbow (lateral epicondyle) pain are mixed. An early review of clinical trials reported that data on acupuncture for lateral epicondyle pain were insufficient and of poor quality; however, recent reviews have found the evidence promising, noting strong evidence that acupuncture provides short-term pain relief for lateral epicondyle pain.

Acupuncture has also been studied for a variety of other pain conditions, including arm and shoulder pain, pregnancy-related pelvic and back pain, and temporomandibular joint (jaw) dysfunction. Although some studies have produced some positive results, more evidence is needed to determine the efficacy of acupuncture for any of these conditions. There is evidence that people's attitudes about acupuncture can affect outcomes. In a 2007 study, researchers analyzed data from four clinical trials of acupuncture for various types of chronic pain. Participants had been asked whether they expected acupuncture to help their pain. In all four trials, those with positive expectations reported significantly greater pain relief.

Michael Shermer Tests Acupuncture

(YouTube) [7min 34sec]

One of the oldest forms of so-called alternative or complementary medicine is the ancient Chinese art of acupuncture, now claimed by many to be a science.

Michael Shermer, PhD, Executive Director of the Skeptics Society and author of Why People Believe Weird Things, goes in search of what is behind acupuncture through interviews and getting himself poked!
In addition to studying acupuncture's efficacy, researchers are looking at potential biomechanisms—that is, how acupuncture might work to relieve pain. There are several theories about these biomechanisms (e.g., acupuncture activates opioid systems in the brain that respond to pain); additional research is still needed to test the theories. Researchers are using neuroimaging techniques such as functional magnetic resonance imaging (fMRI) to look at the effects of acupuncture on various regions of the brain. In 2005, NCCAM sponsored the "Neurobiological Correlates of Acupuncture" conference to discuss research challenges and directions in acupuncture neuroimaging research.

**Side Effects and Risks**

Acupuncture is generally considered safe when performed by an experienced practitioner using sterile needles. Relatively few complications from acupuncture have been reported. Serious adverse events related to acupuncture are rare, but include infections and punctured organs. Additionally, there are fewer adverse effects associated with acupuncture than with many standard drug treatments (such as anti-inflammatory medication and steroid injections) used to manage painful musculoskeletal conditions like fibromyalgia, myofascial pain, osteoarthritis, and tennis elbow.

**NCCAM-Funded Research**

NCCAM funds clinical trials to evaluate acupuncture's efficacy in alleviating various kinds of pain, as well as research aimed at understanding the body’s response to acupuncture and how acupuncture might work. The following are examples of recent projects:

- Several studies of acupuncture for low-back pain (including integration with conventional medical care) and osteoarthritis of the knee (including cost-effectiveness and long-term results)

- Studies of acupuncture for pain after oral surgery, and for pain associated with chronic headaches, fibromyalgia, repetitive strain injury/carpal tunnel syndrome, and temporomandibular joint disorder

- Women's health studies, including acupuncture for pelvic pain, menstrual pain (vitamin K injections at acupuncture points), and pain associated with advanced ovarian cancer

- Several studies using fMRI technology to study brain activity during acupuncture, including in people with pain conditions such as fibromyalgia and osteoarthritis.
Part 1 - References:


For More Information

The NCCAM Clearinghouse provides information on CAM and NCCAM, including publications and searches of Federal databases of scientific and medical literature. The Clearinghouse does not provide medical advice, treatment recommendations, or referrals to practitioners.

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Part 2 – References:


Carpal Tunnel Syndrome


Fibromyalgia


Headache/Migraine


Low-Back Pain


Menstrual Cramps


Myofascial Pain


Neck Pain


Osteoarthritis/Knee Pain


Postoperative Dental Pain


Tennis Elbow


Other Pain Conditions


For More Information

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ClinicalTrials.gov

ClinicalTrials.gov is a database of information on federally and privately supported clinical trials (research studies in people) for a wide range of diseases and conditions. It is sponsored by the National Institutes of Health and the U.S. Food and Drug Administration. Web site: www.clinicaltrials.gov

Research Portfolio Online Reporting Tools Expenditures & Results (RePORTER)

RePORTER is a database of information on federally funded scientific and medical research projects being conducted at research institutions. Web site: projectreporter.nih.gov

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