2012
WFAS International Congress and Workshop on Acupuncture
16 - 18 November 2012
Mason Pine Hotel Bandung, West Java - Indonesia

Scientific Aspect of Acupuncture for supporting the standardization of International Acupuncture Health Service, Research, Educational and Training

Sponsored by
The World Federation of Acupuncture-Moxibustion Societies (WFAS)
Organized by
PAKSI (The National Acupuncture Union of Indonesia)

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CONTENTS

- Foreword from Chairman of 2012 WFAS International Congress and Workshop on Acupuncture ................................................................. 5
- Foreword from President of WFAS (World Federation of Acupuncture - Moxibustion Societies) ................................................................. 7
- WFAS Executive Committee .................................................................. 12
- Organizing Committee ......................................................................... 15
- Layout of Mason Grand Ballroom ........................................................... 16
- Brief Overview of Bandung ................................................................... 17
- General Information ............................................................................. 19
- List of Speakers ................................................................................... 21
- Workshop Program ............................................................................. 24
- Congress Program .............................................................................. 25

Abstracts of Congress Program

Plenary Session 1 (PS 1)
PS 1.1 The Recent Development and Regulation of Traditional, Complementary, and Alternative Medicine (TCAM) at Indonesia ........................................... 29
PS 1.2 Current Status of Acupuncture in China and Its Trend

中国针灸的现状与发展趋势 .................................................................. 30
PS 1.3 Electroacupuncture for Stimulating Immune System .................. 31

Program
P1-1 Evidence Based Acupuncture in Netherland ..................................... 32
P1-2 Implementing the Results of Basic Research on Acupoints Together with the WFAS Standards for Localization of Acupoints in Germany .................................................. 33
P1-3 Experimental Study of the Acupuncture Baihui and Da Zhui Intervention of Brain Nural Injury in Heroin-Addicted Rats ..................................................... 35
P1-4 The Role Acupuncture to Support Osteoporotic Treatment of the Spine ................................................................. 36

P2-1 Effect of Acupuncture on Narcotic Abuse After Detoxification Program ................................................................. 37
P2-2 Acupuncture Treatment for Blood Disorders .................................... 39
P2-3 Holistic Approach to Chronic Kidney Diseases ................................. 40
P2-4 Acupuncture for Insomnia ................................................................ 41
P3-1 Practical & Effective Slimming with Acupuncture ........................................42
P3-2 Body Aesthetics in Acupuncture ..................................................................43
P3-3 Acupuncture Treatment for Baldness or Alopecia ......................................45
P3-4 The Proposed Role of Acupuncture in Modulating Epigenetic Alterations
   in Aging ........................................................................................................46
P4-1 The Use of Indirect Moxa on the Sacrum Alleviating Pregnancy Back Pain an Easier
   Natural Birthing Outcome ........................................................................47
P4-2 Acupuncture Techniques for Acute Abdominal Pain .................................48
P4-3 Periodicity Therapy for Hyperplasia of Breast by TCM
   and Acupuncture Clinical Experience ........................................................49
P4-4 1 Case Affected by an Extensive and Cavernous Burn Scar Treated Combining
   Massage Plum – Blossom Needle and Moxa-Stick Moxibustion ................51
P5-1 Critical Thinking on the Heritage and Development of Acupuncture Manipulations... 52
P5-2 Vertigo : A Treating Experience with YNSA ..............................................53
P5-3 The Therapeutic Mechanism of Q – Origin for Cancer Treatment ..............54
P5-4 Acupuncture and Chemotherapy : Preliminary Results on the Acupuncture’s
   Efficacy on Chemotherapy Side Effects on Patients with Breast Cancer ..........55
P6-1 National Registration – The Australian Experience ....................................56
P6-2 Progress in Legislation and in Professional, Technical and Curricular Competence
   on TCM in Colombia ................................................................................57
P6-3 The Guidelines of Indonesian Acupuncture Competency Examination ........58
P6-4 The Development of Baccalaureate Acupuncture Program in Canada ..........62
P7-1 Attention Deficit-Hyperactivity Disorder Treated with Acupuncture, Head Acupuncture,
   Physiotherapy and Diet ..............................................................................63
P7-2 Investigation of Chinese Acupuncture Treatment to Childrens Autism ........64
P7-3 Comparison of Influence of Acupuncture and Methylphenidate on Sppahi Score
   and Urie Vanillyl Mandelic Acid ( VMA ) of Children with Attention Deficit and
   Hyperactivity Disorders ( ADHD ) ................................................................66
P8-1 Empathy as a Means of Understanding in Identifying the Right Cure............67
P8-2 The Combination Aculaser and Tuina ( Masotherapy ) for Treat Autism Children
   ( Case Study ) ............................................................................................68
P8-3 Preliminary Clinical Observation of Acupuncture’s Effect on Cue-Elicited Heroin
   Addict’s Brain FMRI ...............................................................................69
P9-1 Traditional Chinese Medicine in the Treatment of Cervical Radiculopathy ....70
P9-2 Acupuncture Treatment to Anemia ............................................................72
P9-3 Five Internal Organs Shu Points with the Hand and foot 12-Points Acupuncture Treatment of Consumptive and the Weak Bodies Elderly Clinical Experience ............................................................. 73

P10-1 Acupuncture for Palliative Care ................................................................. 77
P10-2 Analgesic Effect of Acupuncture Treatment Using Japanese Style Minimal Acupuncture for Cancer Pain in a Palliative Care Ward ........................................ 78
P10-3 Hemodynamics Changes with Acupuncture (Study of Stagnant Blood Syndrome Related to Cancer) .......................................................................................... 79

P11-1 Acupuncture for Allergies in Attention Deficit-Hyperactivity Disorders Children ........................................................................................................... 80
P11-2 Use of Painless Laser Acupuncture for Low Back Pain .................................. 81
P11-3 Laser Acupuncture in the Future .................................................................... 84

P12-1 Benefit of Acupuncture Treatment of Male Sexual Dysfunction .................. 85
P12-2 Linking BBT with Sperm Quality: Working with Couples, Using Male BBT Charting as an Indication of Fertility Success .................................................... 86
P12-3 Infertility in Woman (5 Cases) ....................................................................... 87

P13-1 What is Japanese Acupuncture and Moxibustion Therapy ............................. 88
P13-2 Understanding Emotional Freedom Technique for Handling Physical and Emotional Problems .................................................................................................. 90
P13-3 Moxibustion Application on the 5 (Five) Feng Points to Cure the Perennial Allergic Rhinitis Deficient Type (with attention to: Yi Feng, Feng Chi, Feng Fu, Feng Men, and Bing Feng) .......................................................... 91

P14-1 Effects of TCM Patterns on Acupoint Specificity in Reflecting Disease and Treating Disease .................................................................................................................. 92
P14-2 A Human Being as an Individual .................................................................... 93
P14-3 Effecticity of Acupuncture for Headache Caused of Chronic Rhinitis ............ 94

P15-1 Acupuncture for Chronic Pain ....................................................................... 95
P15-2 Preliminary Results of a Research Project Aimed to Assess at Brain Level the Mechanism of Abdominal Acupuncture on Reducing Pain Perception .................. 96
P15-3 The Role of Acupuncture in Pain Management ............................................. 98

Plenary Session 2 (PS 2)
PS 2.1 Cancer is not Incurable and Healing Power of Forgiveness ....................... 99
PS 2.2 Neuro Endocrinology Approach to Acupuncture ......................................... 101
PS 2.3 The Estimation of Acupuncture Prospect Development in the Mid of 21st Century 102
PS 2.4 Our Vision for the Australian TCM Profession ........................................... 104
FOREWORD FROM CHAIRMAN OF 2012 WFAS INTERNATIONAL CONGRESS AND WORKSHOP ON ACUPUNCTURE

Distuingshed Guests and Colleagues

In the thrust towards “Scientific Aspects of Acupuncture for supporting the standardization of International Acupuncture Health Service, Research, Education and Training”, the Acupuncture Practitioners must play an increasingly important role in the invention and application of acupuncture based on scientific evidence. There is rapidly growing demand for acupuncture practitioners who can serve the needs of communities at most countries in the world. This demand has led to an urgent call for capable acupuncture practitioners and appropriate acupuncture methods and equipment.

The Acupuncture Practitioners are usually people with a thorough knowledge and skill of acupuncture and great practical experience in the field. Many of them however have minimum exposure to scientific methods, and find it difficult to impart their knowledge and skill to public service, research, education and training. This “2012 WFAS International Congress and Workshop on Acupuncture” has been developed to lead to better get to know about the scientific approach in the field of acupuncture.

By attending this event will give opportunity to all of us to have in depth understanding that there are many scientific approaches open to us to enhance and improve our lives and to be more concerned with traditional, complementary and alternative medicine, particularly acupuncture.

I feel extremely honored to have you all in here as our distinguish speakers and participants to be involved in the development of acupuncture to go as branch of the treatment in the health and medicine.

This Congress is the result of co-operation between The National Acupuncture Union of Indonesia (PAKSI) and World Federation of Acupuncture & Moxibustion Society (WFAS). The Organizing Committee has depended on the advice given and has acted mainly of PAKSI and WFAS. Next, I would like to thank all the sponsors and the parties that have supported this event.
It gives me great pleasure to add my welcome to you, to be in Bandung, Indonesia and have a pleasure for attending the exiting workshop and congress as well as having an exciting beautiful location of Bandung, Indonesia.
Thank you for your participation.
Good luck and have wonderful stay in Bandung.

God Bless you all!

Dr. Tomi Hardjatno, MS, SpAk
FOREWORD FROM PRESIDENT OF
WFAS (WORLD FEDERATION OF ACUPUNCTURE – MOXIBUSTION SOCIETIES)

November 16th, 2012

Dear ladies and gentlemen:

Today we are gathering for the 2012 WFAS International Congress and Workshop on Acupuncture in this beautiful city of Bandung, Indonesia. This Congress is organized by the World Federation of Acupuncture-Moxibustion Societies (WFAS) and hosted by The National Acupuncture Union of Indonesia. On occasion of the opening ceremony and on behalf of WFAS of which I am the president, I would like to extend my warmest welcome and sincere thanks to government officials from Indonesia, China and other countries as well as to all the fellow acupuncture workers and friends who present today. Welcome you all to the 2012 WFAS International Congress and Workshop on Acupuncture in Bandung.

WFAS, founded in 1987, became an NGO with official relations with WHO in 1998 and then A Liaison Organization of ISO in 2010. Now WFAS has grown to be the most authoritative international organization on acupuncture with 146 member societies from over 50 countries and regions representing more than 200 thousand acupuncture practitioners.

The year 2012 represents the 25th anniversary of WFAS. Since its founding, the Federation has been committed to pushing forward the transmission and development of acupuncture in the world. Unremitting endeavors of all member societies have brought about remarkable achievements: acupuncture training and proficiency tests have enhanced the competence of acupuncture practitioners, making the scientific value of acupuncture recognized by more people; extensive and profound academic exchanges have largely lifted the quality of acupuncture research and also expanded the overall influence of the medicine; formulation and promotion of standards have formed a framework for standard acupuncture which ensures safety and effectiveness of the medicine; efforts in acupuncture legislation have facilitated the process of integrating acupuncture into national health systems, with the deserved legal position of the medicine serving as an important guarantee for its global development.

WFAS has signed and implemented 5 three-year collaboration plans with WHO since they established official relations. Towards the ultimate goal of serving for people’s health and taking the advantage of abundant acupuncture resources, WFAS has spared no efforts to promote sharing among all countries of the experience and information of traditional medicine in terms of policy, regulation, research, education and clinical practice, for the purpose of making acupuncture an integral part of world health system so that the medicine can play an important role in the course of world health.

WFAS links its development closely to the pace of time by updating ideas and readjusting its heading direction from time to time along with the progress in acupuncture. One example is
the establishment of working committees with various focuses of work and composed of renowned experts, including committees on legislation, qualification examination, standard, university coordination, sci-tech collaboration, etc.. These committees, representing the start of modern management of WFAS, have comprehensively enhanced the Federation's capabilities of managing international academic affairs and exchanges. At the same time, in exploring for new means of exchange to satisfy the increasing need of member societies in new techniques and theories of acupuncture, WFAS started *Globe Tour on Acupuncture Style*. In the past few years, the Tour has stopped 8 times in Singapore, Russia, Malaysia, Brazil and other countries, spreading acupuncture techniques with unique features, which was welcomed by local acupuncture practitioners. WFAS will build the Tour into a popular brand.

This WFAS 2012 International Congress and Workshop on Acupuncture in Indonesia aims to enhance the dialogue and communication between fellow acupuncture workers in the world, promote prosperity and development of Chinese acupuncture, and provide a platform for promotion of acupuncture treatment on which acupuncture elites from the world gather to display their excellent skills, so that the medicine of acupuncture, under joint effort from all fellow workers, can gain a more important position and role in global health and make its due contributions. In the November of 2010, Chinese acupuncture was included in the UNESCO Representative List of Human Intangible Cultural Heritage, a symbol of recognition of Chinese acupuncture as a treasure shared by all. Dear fellow acupuncture workers and friends who share deep love towards this medicine: let's unite and grasp this opportunity to give full play to the advantages of acupuncture which include non-pollution, non-toxic or side effects, safety and effectiveness, and head toward health for all!

Finally, I wish a complete success to the Congress. Thanks.

Prof. Deng Liangyue

President of World Federation of Acupuncture-Moxibustion Societies (WFAS)
尊敬女士、先生：

今天在美丽的印度尼西亚万隆，世界针联2012印度尼西亚国际针灸学术大会隆重开幕了！本次会议由世界针灸学会联合会主办，印尼全国针灸联合会承办。值此大会开幕之际，我谨代表世界针灸学会联合会并以世界针联主席的名义，向出席大会的印尼、中国及各国政府官员、向各国参加本次会议的中医针灸工作者，向光临大会的各界朋友表示热烈的欢迎和诚挚的谢意！欢迎大家来万隆参加世界针联2012印度尼西亚国际针灸学术大会。

世界针灸学会联合会成立于1987年，1998年与世界卫生组织建立非政府性正式工作关系，2010年成为国际标准组织（ISO）的A级联络机构。目前在全球50多个国家和地区拥有146个会员团体，代表20多万名针灸工作者，是全球最具权威性的国际针灸组织。

今年是世界针联成立的25周年，世界针联自成立以来一直致力于推动针灸医学在世界上的传播与发展，经过全体会员的不懈努力，取得了令人瞩目的丰硕成果。主要在于通过开展针灸培训和水平考试，提高了针灸从业人员的专业水平，使越来越多的人认识到针灸的科学价值；通过开展广泛而深入的针灸学术交流，大大提升了针灸的学术水平和学术影响，为针灸的发展奠定了学术基础；通过制定和推广针灸标准，初步建立了针灸的规范，提高了针灸的安全性和有效性；通
过推动各国的针灸立法，促进了针灸纳入国家卫生保障体系，使针灸行业获得了应有的法律地位，为国际针灸发展提供了重要保障。

世界针联与世界卫生组织建立非政府正式工作关系14年来，已经与世界卫生组织连续签署并执行了5个三年合作计划。在执行工作中，充分发挥世界针联在世界针灸医学领域的资源优势，让世界各国共享有关传统医学的政策、法规、调查、教育和临床实践的经验信息，坚持以人类健康服务为宗旨，努力把针灸医学融入世界卫生保健体系，使针灸成为世界卫生保健事业的重要力量。

随着针灸医学的发展，世界针联执委会紧随时代的步伐，不断的更新发展思路，成立了高层次多方位的工作委员会领导班子，如立法委员会，资格审查委员会，标准委员会，大学协作工作委员会以及科技协作工作委员会等，与现代化管理接轨，全面提高世界针灸世界国际学术和交流事务管理能力；同时，世界针联为满足各国对针灸新技术、新理论的需求，积极探索新的交流形式，召开了世界针联中医针灸全球行学术活动，近几年在新加坡、俄罗斯、马来西亚和巴西等国家，前后相继举办了8站风采行，输送特色针灸诊疗技术，深受当地针灸同道的欢迎，世界针联将打造针灸风采全球行又一品牌。

这次在印度尼西亚举办“世界针联2012印度尼西亚国际针灸学术大会”，旨在增进世界针灸界的对话与交流，促进中医针灸特色的繁荣和发展，让各国中医针灸精英聚集万隆展示特技，为推动特色中医针灸疗法搭建一个发展平台，在全世界针灸工作者的共同努力下，不断提高中医针灸医学在世界卫生保健工作中的地位和作用，为人类的健康做出应有的贡献。2010年11月
“中医针灸”被列入联合国教科文组织“人类非物质文化遗产代表作名录”，这标志着中医针灸医学已经成为人类共同享有的宝贵财富。中医针灸工作者和热爱中医针灸的各界同仁们，让我们团结协作，抢抓机遇，充分发挥中医针灸无污染、无毒副作用、安全有效的优势，早日实现“人人享有健康”的目标！

最后，预祝本次大会获得圆满成功！谢谢！

世界针灸学会联合会主席

教授

二〇一二年十一月十六日
WFAS  
(WORLD FEDERATION OF ACUPUNCTURE – MOXIBUSTION SOCIETIES)  
EXECUTIVE COMMITTEE  
(2009 – 2013) 

世界针灸学会联合会第七届行委名称  
(2009–2013) 

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<td>Nguyen Ba Quang</td>
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2012 WFAS INTERNATIONAL CONGRESS AND WORKSHOP ON ACUPUNCTURE

ORGANIZING COMMITTEE

CHAIRMAN : Tomi Hardjatno
VICE CHAIRMAN : Juliana Tjandra
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              Michael Ratiwajanto
              Meddy Noer Abdullah
BRIEF OVERVIEW OF BANDUNG

Bandung

Bandung is provincial capital of West Java, Indonesia. Located at main island of Indonesia, the Java Island on a highland plateau 768 meters above sea level, at 6°55' S 107°36' E.

Bandung is surrounded by mountains and located in the middle of prehistoric lake. Also known by a number of other names. It is called “kota kembang”, or the City of Flowers, referring to its beautiful women, and also, “Parijs van Java”, or the Paris of Java. Bandung, Indonesia, is also called the “Kota Wisata Belanja”, or the Tourist Shopping City. Truly a wonderful location, Bandung, Indonesia, is a renowned spot for vacations, and world-famous.

How To Reach Bandung

As one of big city in Indonesia, Bandung can be reach from many other cities in Indonesia, even from another island such as Sumatra, Bali, and Borneo (Kalimantan). From Asia, Bandung can be reach directly from Malaysia and Singapore.

Getting Here

Where are you come from? If you from several foreign country you can use airplane directly to Bandung’s Hussein Sastranegara Airport or via Soekarno Hatta International Airport, Jakarta.

For land transport option, many way are available. Buses, trains, or by car. By land You can reach Bandung within 2 hours (estimated by 150kms direct highway) or faster from Jakarta.

Malaysia, Singapore, and several countries has regular flight to Bandung. Besides international flight, Bandung’s airport serve flights to and from other major cities in Indonesia, like Jakarta, Surabaya, Semarang, Denpasar, Sampit.
Earlier Bandung

Beginning from "De Grote Postweg", The capital city of Bandung Regency were move from Dayeuh Kolot to Cikapundung riverside (near alun-alun now) and Parakan Muncang Regency to Andawadak (Tanjung Sari Now). This is based on article "Sadjarah Soemedang Djaman Koempeni Toeg Nepi Ka Kiwari" by Raden Asik Natanagara. Earlier Bandung was forest thats constrast to become small village.

Walk in Bandung

The main part of Bandung lies to the south of the railway line that crosses the city from east to west. Most of the banks, airlines, tourist offices and 5 star hotels are located here, along with the alun alun, as the main square in Indonesian cities is called. The principal thoroughfare, Jalan Asia Afrika, is in this part of town, as is Jalan Braga, which was the up-market shopping area in colonial times and is now the centre of Bandung's nightlife. Most of the city's budget accommodation and any many of its huge shopping malls are also in this area.

On the other side of the railway are the elegant residential areas of the Old Dutch suburbs with their wide tree lined streets, gardens and parks. The urban area stretches north along two parallel arterial roads, Jalan Setiabudi and Jalan Juanda, to the hills of Dago. The offices of the West Java provincial government, the Bandung Institute of Technology and the zoo are located in this area.

Although Bandung is only about 200 years old it has many places of historic and cultural interest, not least its museums and art deco architecture.

Climate

City of Bandung has tropical humid monsoon climate, Due to its elevation, The climate in Bandung is cooler than most Indonesian cities and can be classified as humid; the average temperature is 23.6 °C (74.5 °F) throughout the year. The average annual rainfall ranges from 1,000 millimeters in the central and southeast regions to 3,500 millimeters in the north of the city. The wet season conforms with other Indonesian regions, around November to April.
GENERAL INFORMATION

VENUE
Mason Pine Hotel, Bandung, Indonesia

PERIOD
• Workshop : 16 November 2012
  - Acupuncture for Autistic Disorders Syndrome
  - Anti Aging Acupuncture
• Congress : 17 – 18 November 2012
• Exhibition : 16 – 18 November 2012

OFFICIAL LANGUAGE
The official language of this event is English and will be used for all printed materials, presentations and discussions.

NAME TAG/ BADGE
All participants are obliged to wear name tag/badge during the event, to obtain full access to all area of the event and facilities. Please note that NO BADGE NO ENTRY.

CERTIFICATE OF ATTENDANCE
An official certificate of attendance will be issued to all registered congress and workshop participants.

OFFICIAL LETTER OF INVITATION
The Organizing Committee will issue an invitation letter upon request. The sole purpose of the letter is to facilitate the participant’s travel visa arrangements and does not imply the provision of any financial or other support by the Organizing Committee.

LIABILITY
The Organizing Committee shall not be held liable for personal accident or losses or damage to private property or registered participants of the event. Participants should make their own arrangements with respect to personal insurance.

DISCLAIMER
Whilst every attempt will be made to ensure that all features of the event mentioned in this website will take place as scheduled, the Organizing Committee reserves the prerogative to make the last minute changes should be arise.
SECRETARIAT

- C/O Pacto Convex Ltd.
  The Sultan Hotel, Lagoon Tower, B-1, Jl. Gatot Subroto Jakarta 10270 – Indonesia
  Phone: +62 21 570 5800 ext. 430/428/504/439 | Fax: +62 21 570 5798
  Email: convex4@pactoconvex.com, Contact Person: Gema Fitriani and Niswa

EXHIBITION

The Exhibition is located at Foyer of Mason Grand Ballroom, and will be open daily on 16 – 18 November 2012 from 08.00 – 16.00.

SLIDE COUNTER

Slide counter located near to Poster Panel. All speakers should give the Power Point Presentation to Slide Counter, 3 (three) hours before theirs session started.
# LIST OF SPEAKERS

## WORKSHOP

- **Anti Aging Acupuncture**  
  Speaker: Prof. Zha Wei (Nanjing University of Chinese Medicine)

- **Autistic Disorders Syndrome**  
  Speaker: Prof. Shen Tian (Nanjing University of Chinese Medicine)

## CONGRESS

### INDONESIA
- Dr. Tomi Hardjatno, MS, SpAk  
- Dr. Abidinsyah Siregar  
- Dr. Yufandi Sujudi, SpAk  
- Juliana Tjandra, S.Kom  
- Dr. Wijaya Yahya  
- Sri Ardelentjie Poerwadi, SS  
- Dr. Flemming Wijaya  
- DR. Dr. Koosnadi Saputra, SpRad  
- Dr. Bana Miguna  
- Drg. Sri Murniati Moerdowo  
- Dr. Sulistiyawati Hoedijono  
- Teguh Setiawan  
- DR. Dr. Iwan Arijanto, SpKJ  
- Ninik Lilyani  
- DR. Dr. Syarif Sudirman, SpAn, SpAK  
- Tina Dhany Safitri, SS  
- Esmet Untung Mardiyatmo  
- Dr. Sutarmo Setiadjji, PFK, Ph.D  
- Drs. Agus Riswadi  
- Dr. Putu Wijaya WitantraGiri

### GERMAN
- Dr. Thomas Braun

### CANADA
- Prof. Zhaoqi Guo  
- Prof. Bin jiang Wu  
- Prof. John Yang  
- Prof. Cedric K.T Cheung

### LATIN AMERICA
- Dr. Juan Jose Sanchez

### CHINA
- Xiao-ge Song  
- Liang-xiao Ma  
- Prof. Liu Baoyan

### AUSTRALIA
- Ms. Heather Bruce  
- Ms. Judy James  
- Dr. Richard Keyuan Li

### JAPAN
- Asako Murata  
- Dr. Shoji Shinohara  
- Prof. Dr. Tadashi Watsuji  
- Mitsunori Seino  
- Tokujiro Murata

### COLUMBIA
- Dr. Sergio Luis Pineda

### MALAYSIA
- Lu Zhigang  
- Prof. Chunhua Liao

### MEXICO
- Dr. Luz Maria Ros Torres

### ITALY
- Dr. Liang Hoo Gan  
- Dr. Mauro Cucci  
- Prof. Aido Liguori  
- Prof. Rinaldo Rinaldi  
- Dr. Stefano Liguori

### BRAZIL
- Lida Zhang

### SINGAPORE
- Rodney Lim Choon Huat

### USA
- Dr. Tom Wu  
- Dr. Janet Feng Wu
POSTER SESSION

KOREA

- Prof. Dr. Jeong Du Roh  
  A Case Study of Postauricular Pain of 5 Bell’s Palsy Patients Using *Calculus Bovis* - *Fel Ursi* - *Moschus* Pharmacopuncture.

- Prof. Dr. Gi Young Yang  
  Ryodoraku Application for Diagnosis: A Review of Korean Literature.

- Prof. Dong Woo Nam  
  Development of Acupuncture Clinical Guideline for Musculoskeletal Disorders – Mainly Low Back Pain.

- Prof. Dong Woo Nam  
  Effect of Gambisan on the Inhibition of Adipogenesis in 3T3 – L1 Adipocytes Through the PPARγ, C/EBPα and SREBP-1 Pathways.

- Prof. Jong-uk Kim  
  Efficacy of Moxibustion for Pre- or Stage I Hypertension: (Study Protocol for a Pilot Randomized Controlled Trial).

- Prof. Jong-uk Kim  
  The Effects of *Lonicerae Flos, Forsythiae Fluctus* and *Hwangryunhaedok* Decoction Pharmacopuncture on Atopic Dermatitis in NC/Nga Mice.

- Seungdeok Lee  
  A Study on the Effectiveness of Reinforcing-Reducing Acupunctural Manipulation by Quantitative Analyses of the Stimulation.

- Prof. Dr. Jae Hong Kim  
  The Clinical Report on 1 Case of Failed Back Surgery Syndrome (FBSS) who were Diagnosed as the Cauda Equina Syndrome Using Hominis Placent Pharmacopuncture.

- Kwangho Lee  
  Lateral Epicondylitis of the Elbow 13 Cases: The Burning Acupuncture.
CHINA

- Chu Haoran  Efficacy Observation on Simple Obesity Female Patients of Different Syndromes After Using the Abnormal Electric Acupuncture Treatment.


- Li Xuejun  Clinical Observation on Intractable Hiccups After Stroke by Acupuncture Combined with Ear Acupressure.

- Zeng Yonglei  The Clinical Research of Upper Limb Spasm After Cerebral Apoplexy Hemiplegia Treated by Acupoint Injection with Tanshinone

- Yang Zongbao  The Features and Categories of Dong Acupoints
WORKSHOP PROGRAM – 16 NOVEMBER 2012

PROGRAM I (ANTI AGING ACUPUNCTURE)
Speaker: Prof. Zha Wei (Nanjing University of Chinese Medicine)
Moderator: Yuliana Subarli, SS
Room: Mason 3, Grand Ballroom

PROGRAM II (AUTISTIC DISORDERS SYNDROME)
Speaker: Prof. Shen Tian (Nanjing University of Chinese Medicine)
Moderator: Drg. Anggia P.R Soediro
Room: Mason 2, Grand Ballroom

<table>
<thead>
<tr>
<th>TIME</th>
<th>PROGRAM</th>
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<tbody>
<tr>
<td>08.00 – 09.00</td>
<td>Registration</td>
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<tr>
<td>09.00 – 09.15</td>
<td>Welcome Speech by Dr. Tomi Hardjatno, MS, SpAk</td>
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<td>09.30 – 11.00</td>
<td><strong>COFFEE BREAK &amp; VISIT EXHIBITION</strong></td>
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<td>11.00 – 12.30</td>
<td>WORKSHOP PROGRAM I:</td>
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<td>ANTI AGING ACUPUNCTURE</td>
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<td>12.30 – 13.30</td>
<td><strong>LUNCH &amp; VISIT EXHIBITION</strong></td>
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<td>13.30 – 15.00</td>
<td><strong>DEMO &amp; DISCUSSION</strong></td>
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<td>WORKSHOP PROGRAM II:</td>
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<td>AUTISTIC DISORDERS SYNDROME</td>
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<td>Dr. Tomi Hardjatno, MS</td>
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<td>09.20 - 09.30</td>
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<td>09.30 - 09.50</td>
<td>Ministry of Health of Republic Indonesia</td>
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<td>10.00 - 10.30</td>
<td>COFFEE BREAK &amp; VISIT EXHIBITION</td>
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<td>10.30 - 11.00</td>
<td>Plenary 1 (PS 1): Acupuncture in Medical and Traditional Approach</td>
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<td>Moderator: Dr. Kusnadi Saputra</td>
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<td>10.30 - 11.00</td>
<td>Dr. Abdinnyah Siregar - Director of Traditional, Alternative and</td>
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<td>Complementary and Alternative Health Services, Republic of Indonesia</td>
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<td>11.00 - 11.30</td>
<td>Prof. Liu Baoxian (China)</td>
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<td>11.30 - 12.00</td>
<td>Dr. Tomi Hardjatno, MS, SpAK (Indonesia)</td>
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<td>12.00 - 13.00</td>
<td>LUNCH &amp; VISIT EXHIBITION</td>
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**Program 1: SCIENTIFIC RESEARCH OF ACUPUNCTURE**

- **PIC**: Siannatta Theofilus

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<tr>
<td>13.00 - 13.15</td>
<td>Dr. Sofyan Rangkivi (Netherlands) Evidence Based Acupuncture in</td>
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<td>13.15 - 13.20</td>
<td>Discussion</td>
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**Program 2: CLINICAL ACUPUNCTURE**

- **PIC**: Dr. Lisa Devyanti H

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<td>13.20 - 13.35</td>
<td>Prof. Zhang Guo (Canada)Acupuncture Treatment For Blood Disorders</td>
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**Program 3: ACUPUNCTURE FOR AGING & AESTHETICS**

- **PIC**: Dr. Kemale Devl

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<tr>
<td>13.30 - 13.45</td>
<td>Dr. Juan Jose Sanchez (Latin American)</td>
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<td>Practical &amp; Effective Slimming With Acupuncture</td>
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<td>Body Aesthetics in Acupuncture</td>
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<td>13.55 - 14.00</td>
<td>Discussion</td>
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<td>14.00 - 14.15</td>
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<td>14.15 - 14.20</td>
<td>Discussion</td>
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<td>14.30 - 14.45</td>
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<td>14.45 - 14.50</td>
<td>Discussion</td>
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<td>14.50 - 15.05</td>
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<td>15.05 - 15.10</td>
<td>Discussion</td>
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<td>15.10 - 15.25</td>
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Program 5: DIAGNOSTIC & THERAPEUTIC METHOD
Room: Mason 2

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<tr>
<td>13.55 - 13.55</td>
<td>P2-3</td>
<td>Dr. Wijaya Yahya (Indonesia)</td>
<td>Holistic Approach to Chronic Kidney Diseases</td>
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<td>P3-3</td>
<td>Sri Ardellentje Poerwadi, SS (Indonesia)</td>
<td>Acupuncture Treatment for Baldness/ Alopecia</td>
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<td>14.00 - 14.15</td>
<td>P2-4</td>
<td>Dr. Flemming Wijaya (Indonesia)</td>
<td>Acupuncture for Insomnia</td>
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<td>14.30 - 14.45</td>
<td>P5-1</td>
<td>Prof. Bin Jiang Wu (Canada)</td>
<td>Critical Thinking On The Heritage And Development Of Acupuncture Manipulations</td>
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<td>P6-1</td>
<td>Ms. Judy James (Australia)</td>
<td>National Registration – The Australian Experience</td>
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<td>14.45 - 14.50</td>
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<td>14.50 - 15.05</td>
<td>P5-2</td>
<td>Dr. Ilana Migna (Indonesia)</td>
<td>Vertigo. A Treating Experience With YNSA</td>
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<td>P6-2</td>
<td>Dr. Sergio Luis Pineda (Columbia)</td>
<td>Progress In Legislation And In Professional, Technical And Curricular Competence on TCM in Colombia</td>
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<td>15.05 - 15.10</td>
<td>Discussion</td>
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<td>15.10 - 15.25</td>
<td>P5-3</td>
<td>Prof. Chunhua Liao (Malaysia)</td>
<td>The Therapeutic Mechanism of Q-Origin for Cancer Treatment</td>
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<td>P6-3</td>
<td>Drg. Siti Murniati Moerdowo (Indonesia)</td>
<td>The Guidelines of Indonesian Acupuncture Competency Examination</td>
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<td>15.30 - 15.45</td>
<td>Discussion</td>
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<td>15.45 - 15.50</td>
<td>P5-4</td>
<td>Dr. Mauro Cucci (Italy)</td>
<td>Acupuncture and Chemotherapy: preliminary results on the Acupuncture’s efficacy on chemotherapy side effects on patients with breast cancer</td>
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<tr>
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<td>Prof. John Yang (Canada)</td>
<td>The Development Of Baccalaureate Acupuncture Program in Canada</td>
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<td>COFFEE BREAK &amp; VISIT EXHIBITION</td>
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<td>08:00 - 08:15</td>
<td>P7-1</td>
<td>Pediatric Acupuncture: Attention Deficit-Hyperactivity Disorder</td>
<td>Dr. Luz Maria Ros Torres (Mexico)</td>
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<td>08:15 - 08:20</td>
<td>Discussion</td>
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<tr>
<td>08:20 - 08:35</td>
<td>P7-2</td>
<td>Investigation of Chinese Acupuncture Treatment to Children's Autism</td>
<td>Lida Zhang (Brazil)</td>
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<td>08:35 - 08:40</td>
<td>Discussion</td>
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<td>08:40 - 08:55</td>
<td>P7-3</td>
<td>Comparison of Influence of Acupuncture and Methylphenidate on ADHD</td>
<td>Dr. Iwan Arianto, SpKJ (Indonesia)</td>
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<td>08:55 - 09:00</td>
<td>Discussion</td>
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<tr>
<td>09:00 - 09:10</td>
<td>Program 10</td>
<td>Acupuncture Treatment for Cancer</td>
<td>Dr. Endang Soewondo Pranoto</td>
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<tr>
<td>09:10 - 09:20</td>
<td>Program 11</td>
<td>Related Technique of Acupuncture</td>
<td>Dr. Luz Maria Ros Torres (Mexico)</td>
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<tr>
<td>09:20 - 09:30</td>
<td>Program 12</td>
<td>Acupuncture for Endocrine-Metabolic Disease</td>
<td>Dr. Dr. Koornik Sugiarto</td>
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<tr>
<td>09:30 - 09:40</td>
<td>P10-1</td>
<td>Acupuncture for Palliative Care</td>
<td>Dr. Syafri Sudiman, SpAr, SpAK (Indonesia)</td>
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<td>09:40 - 09:50</td>
<td>Discussion</td>
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<tr>
<td>09:50 - 10:00</td>
<td>P10-2</td>
<td>Analgesic Effect of Acupuncture Treatment Using Japanese Style</td>
<td>Dr. Shoji Shinohara (Japan)</td>
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<td>10:00 - 10:10</td>
<td>Discussion</td>
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ABSTRACTS

Note:

- Abstracts of some sessions may not be available
PS 1.1

THE RESENT DEVELOPMENT AND REGULATION OF TRADITIONAL, COMPLEMENTARY, AND ALTERNATIVE MEDICINE (TCAM) AT INDONESIA

Dr. Abidinsyah Siregar

Director of Traditional, Alternative and Complementary Health Services, Republic of Indonesia

*To be confirmed
PS 1.2

CURRENT STATUS OF ACUPUNCTURE IN CHINA AND ITS TREND

Liu Baoyan

Vice President, WFAS
Executive Vice-President, China Academy of Chinese Medical Sciences
President, China Association of Acupuncture and Moxibustion

*To be confirmed*
Acupuncture is physical treatment and it is used not only as a curative method but also to promote and maintain health's degree, prevent of illness and rehabilitation stage. It is also used for analgesic effect; metabolic effects; stress related physical-mental disorders; and homeostasis. Electroacupuncture (EAP) is an application of electrical current on Acupuncture Points through needles, directly attached to skin, or rubber conductive electrocode. The study showed that electroacupuncture (EAP) can be used also to support the immune system.

To understand the mechanism of acupuncture for stimulating immune responses have been studied since a few decades ago. An increase in the release of endogenous peptides through nervous pathways affects the immune system after the acupuncture or electroacupuncture treatment.

Many studies have shown that acupuncture treatment enhanced platelet count and prevented leukocyte decrease after radiation therapy or chemotherapy. Another study of postoperative cancer patients, divided into 2 groups, first group received daily acupuncture treatment and the other as a control group. After 3 days, leukocyte phagocytosis was enhanced in the treated group, compared with the baseline measurement ($P< .01$); while in the control group there was not significantly enhancement observed.

The effect of acupuncture on interleukin-2 (IL-2) and natural killer (NK) cell activity in the peripheral blood of patients with malignant tumors were done by comparison between an acupuncture treatment group, which received 30 minutes of acupuncture treatment daily for 10 days, and a non-acupuncture control group. The result was IL-2 level and NK cell activity increased significantly in the acupuncture group, compared with the control group ($P< .01$).

In addition, effect of acupuncture on T-lymphocyte subsets (CD3 +, CD4 +, and CD8 +), soluble IL-2 receptor (sIL-2R), and beta-endorphin (beta-EN) in the peripheral blood of patients with malignant tumors showed that acupuncture treatment increased the proportion of the CD3 + and CD4 + T-lymphocyte subsets, the CD4+/CD8 + ratio ($P< .01$), and the level of beta-EN. It decreased the level of sIL-2R ($P< .01$). The immune system strengthening effects of acupuncture may be mediated via the mechanism of immune modulation.

Acupuncture or electroacupuncture can support the immune system through local inflammation reaction, autonomic nervous system and central nervous system, neuronal immune modulation, and neuroendocrine system. This paper reviews the studies to elaborate the updated mechanisms related to immune modulation via acupuncture treatment especially with electroacupuncture.

Keywords: Acupuncture; Electroacupuncture; Immune system; Immune modulation.
It is our wish to work together with colleagues from other (western) disciplines. In order to do so we as TCM therapists need to deliver indisputable proof of the effectiveness of the therapy.

We chose for two types of 'western' diagnostic: Infrared body scan and Gas discharge visualisation (GDV, by dr. Korotkov, Russia)

Infrared-photography shows us, by different colours, the temperature distribution in the body. It ranges from extremely cold and hot and all variants in between.

We analyse the scan according to our well known TCM parameters to determine where and how stagnation has taken place on the meridian system and whether we need to sedate or tonify to restore the in balance.

The second tool for a more complete diagnosis is the GDV camera: it registrates bio-energy fields around the ten fingertips and from a TCM perspective it can be seen as a representation of the Suk Yok system.

These two forms of registration (we measure before and after treatment) provide the evidence that we are on the right track, for our patients and colleagues.

Together with the standard physical examination, pulse and tongue diagnosis and questionnaire we determine an individual therapy for our patients.

This includes classical or laser acupuncture, or a combination of both depending on the sort and amount of in balance. For a certain number of complaints we have developed standard protocols of treatment. Our goal is to offer the best therapy and the fastest way to recovery.
IMPLEMENTING THE RESULTS OF BASIC RESEARCH ON ACUPOINTS TOGETHER WITH THE
WFAS STANDARDS FOR LOCALIZATION OF ACUPOINTS IN GERMANY

Braun TH., Burger A., Braun M.

Goals:
• implementation of the WFAS standards for localization of acupuncture points in Germany.
These are still unknown to many companies that teach acupuncture in this country.
• strengthening the position of acupuncture by publication of the results of basic research
• new input for the training in Germany
• avoiding the use of arbitrarily localized points localizations in investigations and therefore
a standardization of the procedure for scientific publications

Situation until now
AkuData / AcuData is a database for basic research on the effect of specific acupuncture
points in terms of evidence-based medicine and has been presented for the first time in
2011 at the World Congress of Acupuncture in Sao Paulo as keynote.
AkuData is the database for acupuncture, where the effect (in terms of Western medicine)
of individual points is mapped. The database was developed by now extensively in German,
that is why in 2012 a publication in book-form is performed. The contents of the database
are still largely unknown in Germany, or are not perceived by the teaching in Germany’s
acupunture associations. The contents are at this stage are almost exclusively known by
members of the WFAS member ATCÄ (acupuncture and TCM physicians society further
developed in China) and the so-called “quality circle acupuncture in the northern district of
Bavaria” (chained by myself), whose members consist solely of doctors from various
disciplines (general medicine, internal medicine, urology, gynecology, surgery, anesthesia,
orthopedics, pediatrics, etc.) who usually went through a regular doctorate (Dr. med.) after
finishing university (equivalent in Anglo-American regions in about a Ph. D.).
In Germany, the results of the worldwide standardization of the localization of
acupuncture points (see www.wfas.org.cn) are until now largely unknown. The teaching in
most German training companies (not members of the WFAS) is based exclusively on
German literature.
In the WFAS-member ATCÄ (acupuncture and TCM physicians society further developed in
China) the global standards however are implemented for a long time.
Both standards are therefore, as shown in Germany largely unknown and are not yet found
in the German literature.

Method
The work turned out to be essentially in two parts:
1. the transfer of the main contents of the WFAS standards for acupuncture points in
the German language and

2. practically and for doctors of all specialties understandably summarizing the
effects of stimulating various points in the sense of Western medicine.
Transmission of acupuncture localization into German:
The individual problems are not presented here, because of the word-limit
Compilation of abstracts of the impact, in terms of Western medicine: The look-back at the previous (November 2012) work of AcuData is not presented here, because of the word-limit.

The points two were merged into one for the publication. It was not investigated in how far such literature has already been published in other large languages of the world, but anyway, translations of the German, with great care compiled publication, are possible at any time. An annual update is provided.

Contents in one sentence

The main goals of implementation the WFAS standards in Germany, strengthening of the position of acupuncture, and the simplification of locating and mapping of acupuncture points in the scientific literature (standardization for scientific research) are achieved by publishing a merge of the results of AcuData/AcuData and a translation of the WFAS-standards into German language.
EXPERIMENTAL STUDY OF THE ACUPUNCTURE BAIHUI AND DA ZHUI INTERVENTION OF BRAIN NURAL INJURY IN HEROINE-ADDICTED RATS

Xiao-ge Song

Objective: 1. To observe the changes in the ultrastructure of Pre Fornital Cortex and ventral tegmental area of brain in heroin re-addicted rats by acupuncture on BAIHUI and DAZHUI points. 2. To analyze the BDNF and GDNF in PFC and VTA of heroin re added — rats by acupuncture on BAIHUI and DAZHUI point

Method: Wistar rats were randomly divided into normal, control, acupuncture, drug group, Method was applied to examine the expression of BDNFandGDNF protein in PFC and VTA of heroin readdited- rats. The ultrastructure of the Neuronal apoptosis by using a transmission electron microscope.

Results: After modeling, compared normal, BDNF expression significantly increased the total number of positive cell of control, acupuncture and drug in PFC and VTA (P<0.05). Compared control, BDNF average optical density increased of acupuncture in PFC and VTA Compared control, GDNF expression significantly increased average optical density in PFC and VTA of acupuncture (P<0.05); Compared control and drug, nuclear membrane is clearly, ribosomal evenly is distributed, rich and few vacuolation in mitochondria, mild expansion of the rough endoplasmic reticulum in PFC and VTA of acupuncture.

Conclusion: Acupuncture BAIHUI and DAZHU by mobilization of endogeneous neural repair mechanisms, may own compenstatory, as regulate the expression of BDNF and GDNF, repair heroin neurotoxicity of VTA and PFC brain regions of neurons, promote neuronal growth, survival, and have a protctive role of neurons

Keyword: Aupuncture; Heroin readdited-rats ; Neuronal injury in the brain ; BAIHUI (GV20); DAZHUI (GV14)
THE ROLE ACUPUNCTURE TO SUPPORT OSTEOPOROTIC TREATMENT OF THE SPINE

Koosnadi Saputra

Many following report show the effect of acupoint on osteoporotic, increase bone mineral density and increasing serum estradiol. The theory of acupuncture, increasing pituitary gland, adrenal cortex and medulla system and to sexual glands, the fact based on the research about increased level of estrogen, inhibited bone resorption and promoted of bone formation.

The survey literature acupuncture can be used the treatment of osteoporosis and the result is three points Zusani (ST 36), Sanyinjiao (SP 6), and Taixi (KI 3).

Research study in subject 20 woman menopausal volunteer (45-55 years) conducted the study before and after statistical methods, after 2 months acupuncture stimulation retained needles 30 minutes twice a week and measurement by DEXA (Dual X-Ray Absorption metry) in lumbar area, BMD increased 16 subject significant increase, 3 subject no significant increase and 1 subjects significant decrease.

Acupuncture treatment result increased bone formation in menopausal women and balancing bone formation and improving bone health.

Keywords: Acupuncture – Osteoporotic – Spine
EFFECT OF ACUPUNCTURE ON NARCOTIC ABUSE AFTER DETOXIFICATION PROGRAM

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Unit Therapy and Rehabilitation National Narcotics Board Republic of Indonesia

Research Background
For the past 10 years abuse substances of narcotics is becoming one of the major problem in Indonesia. Facts which has been stated by various government sources all over the world has shown prevalence of drugs users has increase rapidly. Although Prevention and Treatment efforts has been consistently being done to combat and solve this problem, there are still many work needs to be done actively, consistently and collectively by the world communities.
The effect of narcotics drugs users almost in every country has create sense of urgency to further improve standard operation procedures and conducting advocacy plan at the policy level to find best possible means of solutions and methods to treat narcotics drugs users.
The successful efforts of improving and forming standard operation procedures and effective advocacy implementation at the policy level from various stakeholders can be the key guidelines to change the world communities perceptions on how to solve narcotics drugs users in accordance its consensus, and approaches to reach its common goals.

Research Goals and Benefit
1. To identify the effect of acupuncture after seven times treatment on narcotic abuse after detoxification program
2. To identify the HAMA score declining on narcotic abuse
3. To identify the effect of acupuncture on each variable on withdrawal syndrome on narcotic abuse after detoxification program
4. The research is expected to help narcotic abuse in using acupuncture treatment

Research Method
The research design is non-randomized pre-test and pos-test experimental design without control group. Time and place: January until December 2007 in Unit Therapy and Rehabilitation National Narcotics Board Lido. Population are male, aged <15 years to >40 years, 263 residents. Acupuncture treatment: 7 times (one time per day). The acupoints are LI4 (Hegu), ST36 (Zusanli) and SP6 (Sanyinjiao). Electrostimulator is stimulation for the acupoints with frequency 2-100Hz and duration of 30 minutes.

Results
1. Acupuncture does give the effect on narcotic abuse after detoxification program, with p value 0.000 (p<0.05).
2. The Average HAMA score declining before and after intervention, is (14.4 ± 3.6), with p value 0.000 (p<0.05).

3. Acupuncture gives effect on 10 variables or symptoms (77%) of narcotic abuse: Fatigue, Bone and Muscle pain, Insomnia, Cephalgy, Anorexia, Abdominal cramps, Nausea, Diuressis, Palpitation, Anxiety and Depression.
ACUPUNCTURE TREATMENT FOR BLOOD DISORDERS

Zhaoqi Guo

Theory: Pishu and yinglingquian activate the coagulation process. Geshu dissipates blood clots.

In TCM, blood is not an organ but blood is a topic in many chapters. When the relationship between blood and other organs was discussed, TCM has many unique theories such as:
1) heart controls blood circulation
2) spleen keeps blood in the vessels
3) liver stores & regulates blood

In TCM Acupuncture texts, blood has Hui point Geshu and Xi point Weizhong.

A 33-year-old woman miscarried. Herbal medicine worsened the bleeding, reducing haemoglobin from 12 to 6 within 2 hours. Pishu and yinglingquian stopped the bleeding within 3 minutes.

A 93-year-old lady started bleeding in the brain. Pishu and yinglingquian succeeded in 3 minutes.

Blood coagulation in the brain caused stroke and paralysis in right leg and arm of a 69-year-old man. Head acupuncture treatment produced partial improvement. Then I decided to work on blood. I eliminated (1) pishu & yinglingquian because they tend to coagulate blood (2) weizhong which treats acute hemorrhage (3) the heart point because it has only a sedative effect and risks elevated blood pressure. Finally I chose Geshu, which totally relieved paralysis, so that he walked unaided within 3 minutes. Three days later, an MRI showed no blood clot.

A 63-year-old woman suffered a stroke by a blood clot. She had no movement in her left side. Geshu alleviated the symptoms after only 3 minutes.

Conclusions: Strengthening the spleen with pishu and yinglingquian tends to adjust the blood flow from hemorrhage towards normal. Strengthening Geshu tends to dissolve blood clots, which is a big breakthrough in treating early stage stroke, and possibly even heart attack.
Acupuncture started from a holistic view that Man is an integral part of the Universe. Medical view tends to see Man as a collection of Organs. The development of Acupuncture science has a tendency to make itself specialized and put itself in danger of losing the holistic view.

Medical science has a weakness in treating chronic disease with their specialists' approach. In chronic kidney diseases they can only slow down the kidneys to deteriorate. The advice to reduce meats, fruits and vegetables intake can make the kidneys weak because of JING deficiency and QI deficiency with all the consequences according to TCM.

The standard Acupuncture treatment include: INCREASE QI with CV 6, CV 17; STRENGTHENING KIDNEYS with KI 3, KI 7, KI 6, BL 23, CV 4, GV 4; INCREASE DIURESIS with SP 9, CV 9, ST 28; INCREASE BLOOD with BL 17, SP 10, SP 6, ST 36. Related Meridians: Triple Energizer, Lung, Chong, CV, GV. As a referral case, we present a woman, age 65, with renal failure hospitalized and told to have a permanent renal dialysis. The family tried to avoid dialysis and gave acupuncture a try. After 2 weeks, the condition improved and kept improving after 2 years.

As a conclusion we must never forget the INTEGRATED APPROACH to treat Chronic Kidney Disease; give the best JING available, increase and regulate QI to strengthen the Kidneys and their related Organs, and strengthen the SHEN with encouraging words to keep the Hope alive.
ACUPUNCTURE FOR INSOMNIA
Flemming Wijaya

Insomnia can be manifested by difficulty in getting to sleep, easy to wake up and unable to sleep again after waking. The patient may get very tired, nervous, or depressed the next day.

Fear, stress, anxiety, emotional or mental tension, work problem, financial stress, noise, pain, Mental disorder, hyperthyroidism, rheumatoid arthritis, hormonal, use psychoactive drug, antibiotic (fluoroquinolone), opioids and benzodiazepine. etc

Insomnia is generally classified based on the duration of the problem: TRANSIENT INSOMNIA, SHORTTERM INSOMNIA, CHRONIC INSOMNIA

TREATMENT: Pharmacological, Non Pharmacological such as meditation, relaxation therapy and acupuncture.

ACUPUNCTURE
Insomnia is caused by disorders of the heart, spleen, liver, kidney, and yin deficiency, leading to disharmony between hyperactive yang and insufficient yin

Types of insomnia
Hyperactive of liver fire, internal disturbance of phlegm heat, hyperactivity of fire due to yin deficiency, deficiency of heart and spleen, Qi deficiency of heart and gallbladder, disharmony of heart and kidney

ACUPUNCTURE effective to treating insomnia
Slimming for obese people frequently fail due to following incorrect way of losing weight, which may also cause nutrients imbalance. Slimming treatments may also be deemed ineffective due to slow weight loss, causing impatience and loss of confidence in the treatment. Effective slimming is not just judged by decline in weight, but also in reduction of body fat, better shaped body, and avoidance of serious diseases.

Location of body fat will affect body shape and types of chronic diseases that may happen. Measurement of waist to hip circumference provides a rough indicator of the body shape (apple shape & Pear shape). Acupuncture can be used for effective slimming by using ear acupuncture and body points. The result is encouraging, with >80% of cases with weight loss of 3-5 kg and above. Main points are Liangqiu & Gongsun. One phase of treatment is 3 months, with recommended treatment duration of 1 year including preventive maintenance.
REASONS

1. Since a long time ago, I took an interest in the aesthetic research on human beings. After doing some research in books that illustrate the topic; it began the ascending path.

2. It is equally important for human beings to feel and look good or vice versa

3. The current lifestyle is loaded with burdens, sufferings, worries, anxiety, stress and other feelings that damage the people physical materiality formed

4. Through the TCM, we are dealing with the human diseases, as well as their psyche and balance in relation to the environment; all of this has an impact on the aesthetics of being.

5. The TCM not only treats problems of facial aesthetics locally, but it also contemplates the causes and the whole energy state. In such a way, the patient is seen as an unitary and complete being

6. SKIN (according to TCM): As we all know, the alteration of the deep and internal organs such as the liver, kidney, spleen, lung and heart; damage the skin that is controlled by the lung organ, which expresses the outside what is happening in the interior.

7. SKIN (PI FU) Ideogram
   PI
   A. Celestial influence
   B. It means the biggest, the most widespread, the most expanded
   C. Reaffirmative particle of the previous thing
   A+B. It means the celestial influence expanding.

   FU
   A. Celestial and terrestrial influence
   B. The biggest, the most widespread
   C. 7 orifices (organs and entrails)
   D. It means WEI and also Stomach

Astronaut

The skin acts as a double mechanism (nutritional, it takes contact with the exterior, it is related to the wind, cold, heat, and drought) It also has a protection factor. Homeostasis (the maintenance of metabolic equilibrium within a being by a tendency to compensate for disrupting changes) with the environment, exchange of the interior with the exterior.
The being also feeds through the skin on the things of the exterior
RECOMMENDATIONS

- Personalize
- Local treatment
- Not too many points (less points, more results)
- Different points in different sessions
- Always remember the triad: energy, blood and IONG nutrition.

Visceral entities bring vitality and light to the face; they provide vital energy of water coming to the face in crosscurrent, toning up the psychic elements which cause the alteration of the kingdoms and injuries in the skin of the face: Bhen Sheng 42 B, 44 B, 47 B, 49B and 52 B (soft indirect moxibustion before every session, it could be added- at the discretion of the therapist-a different Shen resonator by session)
Massages may be used after each session and the phytotherapeutic elements that we consider to be convenient.

It would be advisable to take some time for rest, between the acupuncture session and the facial manipulation. We believe 10 to 15 minutes should be enough time.
ACUPUNCTURE TREATMENT FOR BALDNESS OR ALOPECIA

Sri Ardelentje Poerwadi

Head of the Chapter of The National Acupuncture Union of Indonesia at Provincial Level
DKI Jakarta

Traditional Chinese Medicine associates baldness/ alopecia as disfunctional Zang organ (lung, kidney and liver). In addition to that, Alopecia may also be caused by Qi and Xue deficiency and emotional factor.

There are two types of disorders, i.e. excess and deficiency. Excess disorder is caused by stagnant Xue in the hair’s pores that usually occurs in adults. On the other hand, deficiency disorder is due to Qi Xue deficiency or Zang organ deficiency. This usually happens to patients that are just recovered from illness (typhoid) and post partum.

Treatment in acupuncture can be performed at local points and causal points that corresspone to its syndrome or can be perfomed by local point using seven star needle and optimized by application of aloe vera and acupressure.

Our Larita Clinic has sucessfully treating Alopecia by stimulating Fei Shu (BL 13), Tai Yuan (Lu9), Shen Shu (BL 23), Tai Xi (K13), Bai Hui (GV 20), Guan Yuan (CV4) and local point.

Keywords :Baldness/Alopecia, Acupuncture
THE PROPOSED ROLE OF ACUPUNCTURE IN MODULATING EPIGENETIC ALTERATIONS IN AGING

Putu Bagus Surya Witantra Giri

Advances in bio molecular genetic study has conveyed a new understanding about gene expression difference or polymorphism, raised without alter the DNA sequences. This mechanism which known as epigenetic has three pillars regulation, including DNA methylation, histone modification, and noncoding RNA species. Alteration of this pillars found to be have major role in gene transcription and silencing, DNA replication and repair, cell cycle and telomere function which important in the pathophysiology of aging and aging-related diseases. The vast growing scientific fact of acupuncture efficacy in treating broad spectrum of diseases including aging, encouraged many researches to discover its mechanism which remains unclear. Numbers of candidate genes or pathways associated with the protective effect of acupuncture have been revealed through genomic analysis for several disease and symptoms. Ability of acupuncture to fight against aging through establishment of anti oxidative and anti inflammatory milieu within cells is proposed to have a major role in modulating the epigenetic process.

Key words: aging, acupuncture, epigenetic
THE USE OF INDIRECT MOXA ON THE SACRUM ALLEVIATING PREGNANCY BACK PAIN, LEADING INTO AN EASIER NATURAL BIRTHING OUTCOME

Heather Bruce

Lower back pain in pregnancy is often the cause of considerable life disruption in pregnancy. Back pain in pregnancy affects at least half of all pregnant women. The back pain experienced in pregnancy or before, may continue after birth and lead to a lifetime of deteriorating comfort. Orthodox medicine may marginalise back pain in pregnancy, because whilst it is often debilitating, it is not life threatening.

Rather than seeing the presence of pain as only a local structural phenomenon, back pain can be viewed in Chinese medicine as one of many warning signs of serious maternal depletion.

Back pain viewed through the Chinese medicine model is the most common symptom of Kidney complex deficiency. In Chinese medicine, maternal Kidney Qi is seen as supporting her developing’s life force. The direct impact of improving maternal Kidney Qi is baby’s enhanced growth and constitution. Showcasing one family as a study, the easy steps for anyone to enhance the mother’s Kidney Qi, improving the outcome of her pregnancy by remedying the deficiency warning signal of lower backache are given.

Using indirect moxa on mum’s sacrum is an easy, safe and effective way to improve her pregnancy and the baby’s positioning; thus ensuring a better birth outcome. Taking more note of maternal intake of water and common nutrients may also be invaluable. The intended recipient of this information is the prospective dad – with this nightly ‘hands on’ intervention he can make the difference by allowing his baby’s mother peaceful sleeping, creating a great foundation for the comfortable growth and birth of their family.
ACUPUNCTURE TECHNIQUES FOR ACUTE ABDOMINAL PAIN

Asako Murata, Toshimune Namba, Masaki Yamada, Mitsunori Seino
Seino Acupuncture and Orthopedics Clinic

Introduction

Acupuncture therapy can be effectively applied for the treatment of acute conditions, as shown in many cases of complete response observed at our Clinic. Here, we discuss the immediate and complete therapeutic responses obtained by acupuncture for abdominal pain resulting from a direct physical blow to that region.

Condition, therapy, and response

As a martial art accompanied by physical blows to the body, karatedo may in practice result in bone fractures, contusions, and strain. A skillfully delivered seiken (two-knuckle punch) to the solar plexus may result in immediate and severe abdominal pain, difficulty in breathing and moving. A specific acupuncture therapy can be administered for immediate recovery from these conditions.

The subject’s skin is slowly pierced at GV8 while twirling the needle. On penetration to approximately 3 cm, the subject’s breathing stabilizes and consciousness is regained. Needling continues with the practitioner sensing the Shinmyo (curious needle feeling= The sensation detected when the needles touch the body, ), until the subject becomes free of pain and recovers to the condition prior to the blow.

Discussion

The origin of the term GV8 refers to the phenomenon of muscle contraction. When I considered and selected this acupoint in light of its characteristics, I then discovered that its utilization could lead to the effects described above.

Conclusion

Acupuncture therapy can produce remarkable effects for the treatment of acute conditions. In the treatment of difficult or intractable diseases and conditions, the command and utilization of traditional Japanese methods and techniques of acupuncture, rather than resignation and reliance on a single therapeutic method, can, in many cases, result in the discovery of new and dramatically effective therapeutic methods.
PERIODICITY THERAPY FOR HYPERPLASIA OF BREAST BY TCM AND ACUPUNCTURE
CLINICAL EXPERIENCE

Lu Zhigang1,2, Lin Biyun2, Ma Min3

The Research for the Science and Technology Projects Funded of Guangdong
Province in China (2012B031800155)

Jinan University of China (Guangzhou), Medical College of TCM Surgery Master4
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ABSTRACT

Mammary gland hyperplasia mainly as pain, lumps, TCM believes that belong to the "Ru Bi" category. The angry may cause liver injury, thinking much may spleen injury and cause blood stagnation in the breast or liver and kidney, Chong and Ren disorders made "Ru Bi" disease. Clinical use cycle therapy prescription dialectical therapy, acupuncture therapy to treat the disease more effective. This paper summarizes the recent years admitted 54 cases of breast hyperplasia, are presented below. Acupuncture treatment group Acupoints: Acupuncture on Tan zhong, Wu Yi acupoints are affected, He Gu, Zu San Li main point for regulating blood. Tai Chong acupoint equipped with as stagnation of liver-energy; Tai Xi acupoint were equipped as asthenia of kidney; associated with irregular menstruation with Guan Yuan, San Yin Jiao acupoints.

Other select Auricular endocrine, liver, spleen, kidney acupoints for intractable or sustained the symptomatic BBD.

Methods: Acupuncture needles with Global brand (SUZHOU.CHINA)1 inch to 1.5-inch needles in Tan Zhong acupoint to Ru Gen acupoint obliquely and Wu Yi acupoint obliquely to Ru Gen acupoint; I point to pierce straight with the card reinforcing and reducing. The Twirling gas needle retention for 20 minutes, 10 times as a course of treatment, 1-3 courses, treatment interval of 3 to 5 days; menstrual cessation of treatment.

Results
1 The effect of standards: one cure: breast pain and lumps disappeared 3 months after cessation of treatment does not recur; the two markedly: breast pain disappeared or significantly reduced the maximum diameter of the tumor shrink by more than 1/2; Third, effective: breast pain relief , the maximum diameter of the breast lumps reduced to less than 1/2; IV, invalid: does not alleviate breast pain, breast lumps are not reduced or instead of increasing.
The outcome of 54 patients, aged 28 to 53 years, an average of 38.5 years, duration of 5 months to 7 years, with an average of 4.6 years; bilateral incidence of 23 cases, 31 cases of unilateral disease. Cured by the treatment of 29 cases (53.70%), effective in 20 cases (37.03%); efficiency of 90.73%.
Aim. To introduce a single clinical case successfully treated with a combined procedure many years ago, confirming “ante litteram” the acupoint heat-sensitisation phenomenon.

Methods. Female patient, 13 years old, firstly visited on February 18, 1987. The chief complain was an extensive cavernous scar subsequent to a wide burn of the thoracic and abdominal regions, occurred at the age of 1 year. For the patient it was very difficult to extend backwards her arms, moreover she felt a troublesome straining sensation at the base of her breast. After some sessions of local tuina and plum-blossom needle with a little improvement, the authors found a Chinese report on an Extra acupoint named Shouzhongping, whose indications were stomatitis and a generic “treatment with moxa-stick for cutaneous disorders of the pectoral region”. Since the first moxibustion session, the patient felt very clearly a pleasant sensation of expanding and transferring heat from her middle finger along the arm, that gradually reached the centre of her chest.

Results. The treatment was carried out 3 times every week and after a course of about 2 months, the stiff tissue of the scar turned into elastic, with a noticeable reduction of its thickness. The patient could extend backwards her arms freely, without any boring sensation.

Conclusions. The above case is a clinical evidence of acupoint heat-sensitisation, but mainly an obvious example of the powerful effects of moxibustion.
CRITICAL THINKING ON THE HERITAGE AND DEVELOPMENT OF ACUPUNCTURE MANIPULATIONS

Bin Jiang Wu

Techniques are the crucial part in Traditional Chinese Medicine, referring to the non-pharmaceutical therapies by superb manipulation. Acupuncture manipulation is a subject combining knowledge and techniques; book is the carrier of knowledge, while tutor is the carrier of techniques. Acupuncture manipulation is emphasized on techniques, which is one of the most distinguish characters from the western medicine; especially the transmission of Acupuncture manipulations is particular and irreplaceable. All the transmissions emphasize on basic skills training and master’s personal teaching. For the Development of Acupuncture Techniques, we should think about: sort out various genres and record in documents; strengthen in biography organization and theory improvement; efforts in building up representative team; emphasize on teaching by performance;

Key Words: Acupuncture manipulation, transmission, development strategy
Vertigo is a symptom of a feeling that the world is spinning around. In The German National Health Interview Survey 2008 the lifetime prevalence of vertigo in adults aged 18–79 was 7%, the one-year prevalence 4.9% and the one-year incidence 1.4%. In the vast majority of patients (88%) are recurrent. It causing interruption of daily activities in 40% of affected individual.

As the vertigo is a symptom, the treatment should be pointed to the etiology. But treating the vertigo is crucial to the patient, because they have to be active before the etiology is treated. Acupuncture can be achieved this purpose. YNSA system has an indication for treating vertigo. The purpose of this case study is to evaluate that the YNSA effective in treating vertigo.

The result is YNSA can be used to treat vertigo effectively of any cause with cured rate of 77.27% and effective rate 22.73%. In 95.45% the vertigo symptom can be cured in very short time as all the diagnostic zone are inactive after the needle inserted.

Conclusion.
The use of YNSA scalp acupuncture has been shown to be effective in relieving the Vertigo symptom, resulting in immediate relief with a minimum number of needles needed.
THE THERAPEUTIC MECHANISM OF Q-ORIGIN FOR CANCER TREATMENT

Chunhua Liao

In 2001, Australian researchers found that "Q" peptides in certain specific plants equip with the properties of anticancer, antibacterial, killing virus, and anti-tuberculosis. Within the research history, mechanisms of antimicrobial peptides have been thoroughly studies for the pass twenty years. It has been confirmed secure to be used in therapy. Till now, there are more than 3,000 different peptides has been found. Study confirmed that there are 54 kinds of antimicrobial peptides that can causes biological effects on cancer cells; 48 other kinds of antimicrobial peptides with anti-HIV effect on virus, etc.

Training base of Management and Science University (MSU), Malaysia has been applying "Q" peptide in the advance cancer clinical treatment. The effect has been proven to be stunningly effective in cancer treatment. The mechanisms of medicine on tumor cells are isolation, intercept and eliminate. Since "Q" peptides is a broad spectrum of peptides that kill pathogenic microorganisms and cancer cells. It not only participates in their own natural immunity, but also participates in adaptive immune function.
ACUPUNCTURE AND CHEMOTHERAPY: PRELIMINARY RESULTS ON THE ACUPUNCTURE'S EFFICACY ON CHEMOTHERAPY SIDE EFFECTS ON PATIENTS WITH BREAST CANCER

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Introduction: The mammary carcinoma, especially if with endocrine component, often obliges the patients to be subjected to chemotherapy cycles. This therapy, beyond the medical effectiveness, shows almost always side effects. The Acupuncture could be a good tool for reducing side effects.

Materials, Methods and sample Choice: We focused on some of the most common chemotherapy side effects: nausea and vomit, cephalgia, anxiety, asthenia and leucopenia. From the point of view of the TCM the Zhang-Fu most involved and suffering are the spleen, the first hemopoietic organ, and for its function of controlling the metabolism, administration of the connective and distribution, the liver for its aggregation function and the kidney for its excretory function. On the base of these considerations, the following points have been chosen: Sp 4 and Sp 6, Li 3, Ki 3, P 6, GB 34 e GB 38 , S 36, CV 5, CV 12, CV 17. All the patients have been submitted to cycles of 3 sessions each coinciding with the chemotherapeutical drugs consumption. 7 patients have been selected, all suffering from mammary ductal carcinoma, already been surgically operated and done at least one chemotherapeutic cycle during which they showed the symptoms already described.

Results:
The whole sample has shown from the first cycle of acupuncture sessions has highlighted the disappearance of vomit and a reduction tolerable of nausea. The leukopenia has always been maintained within normality levels.

Conclusions:
Even if the sample considered was too small to venture scientific evidence, but thanks also to our little contribution, nevertheless acupuncture keeps proving its validity as a support to patients suffering from cancer by granting them a better quality of life.
NATIONAL REGISTRATION - THE AUSTRALIAN EXPERIENCE

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ABSTRACT: Registration by government (statutory registration) has been a goal for the profession in Australia since there were sufficient numbers of acupuncturists to enable a professional body to be formed. National registration has only been possible because one State (Victoria) had taken the national lead and established Australia's first Chinese medicine registration board. With the benefit of hindsight we are able to learn from the recent Australian experience to inform us about the many benefits that will flow to the public and the profession from national registration as well as some of the problems and challenges facing practitioners in the lead up national registration going live next month. This presentation will outline some of the issues from the recent Australian experience which, with more time and capacity for forward planning, should be examined by other countries contemplating registration of acupuncture and Chinese medicine practitioners.

With the commencement of national registration on 1 July 2012, Australia has become the first Western country to have a fully integrated national registration and accreditation system for Chinese medicine, including acupuncture. This landmark development in Australia will inevitably change the face of our practice and our profession. Being part of the mainstream health system puts us in a better position to be an effective player in the health sector and to lobby for our profession in the post-registration environment, and it is also important that we consciously strive to retain the holistic and unique nature of our medicine as we operate more effectively within the wider health system.

The paper will discuss the challenges and opportunities that the Australian TCM profession is facing, and efforts that are continuously made to ensure the transition from a mostly unregistered profession to a fully-registered profession, and to develop into a highly skilled, literate and articulate profession that is able to meet the needs of Australians for safe, effective and ethical acupuncture and Chinese medicine health services. This is our vision for our future.
PROGRESS IN LEGISLATION AND IN PROFESSIONAL, TECHNICAL AND CURRICULAR COMPETENCE ON TCM IN COLOMBIA

Sergio Luis Pineda

In the last 7 years there has been major concern by Colombian authorities to obtain a legal framework in accordance with international guidelines in Medicine and Complementary and Alternative Therapies, including Traditional Chinese Medicine (TCM).

From the year 2007 a law is in force in Colombia that authorizes health professionals to practice alternative medicine and also allows health technicians to administer Alternative Therapies under the supervision of a professional.

Since 2009, 5 standards of competence in TCM on the professional level are in force and in 2010 another 5 standards in TCM on the technical level were announced. In accordance with these standards, the Hispano-American Association of Acupuncture, Beijing’84 (HAAAB’84) and the Neijing Foundation in Colombia have capacitated 160 health technicians with competence in TCM through the programs of SENA (the official institution in charge of training in health on a technical level). Also, in association with the Faculty of Medicine of Antioquia University, the Neijing Foundation and the HAAAB’84, have completed the training of 125 health professionals previously trained in TCM.

For over 10 years, on a professional level, several universities have developed TCM extension courses, and 3 universities have basic training of doctors and other professionals in TCM at the graduate level. There are other universities which plan to include training in TCM in their curriculum.

Colombia needs to further qualify both professionals and technicians and TCM programs should strive to reach the number of study hours in accordance with the criteria of the WHO. In addition, acupuncturists in our country who already have extensive experience should be allowed to freely practice TCM after having been submitted to internationally accepted tests.

This paper will relate the most relevant aspects of current legislation on TCM, and prospects for development and progress in education and training on TCM in Colombia.
THE GUIDELINES OF INDONESIAN ACUPUNCTURE COMPETENCY EXAMINATION

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Background
Based on The Act of The Republic of Indonesia Number 23, year 2003 on National Education System states the evaluation of learners, education units, and educational programs conducted by an independent agency as periodically, thorough, transparent, and systemic is aimed to assess the achievement of standards national education. Furthermore, The Act also stated that the Certificate of Competence which is given by an education provider or training institute to students and community members, is as recognition of the competence to perform a specific job after graduation competency examination conducted by the education unit accredited or certified institution.

Goals
The goals of the Guidelines of Indonesian Acupuncture Competency Examination are as follows:
- As a reference to ICCIA or LSKAI (The Institute of Competency Certification for Indonesian Acupuncture or Lembaga Sertifikasi Kompetensi Akupunktur Indonesia), the Venue of Acupuncture Competency Examination (VACE), Institutes of Acupuncture Training, Acupuncture Instructor, Acupuncture Competency Examiner, and other parties involved in the activities of Acupuncture Competency Examination
- Provides a practical technical reference to the Acupuncture Competency Examiner (ACE) in carrying out Acupuncture Competency Examination.

Objectives
The Guidelines of Indonesian Acupuncture Competency Examination objectives is to achieved a Specific, Measurable, Valid, Reliable, and Traceable (SMVRT) Acupuncture Competency Examination implementation, in recognition of Competency Standard achievement or in achieving a certain level of competency qualification from the participants.

Scope
The scope of the Guidelines of Indonesian Acupuncture Competency Examination which is a competency-based assessment of this, which including The Competency of Basic, Applied, and Clinical Acupuncture, The Procedure and Execution of Competency Examination, The Control and monitoring of the Competency Examination, and The Evaluation of the Competency Examination by the The Institute of Competency Certification for Indonesian Acupuncture.

The Components of Competency Examinatio
1. Competency Standards
2. Acupuncture Competency Examiner
a. Provide an assessment of the process and results of the participants in the ongoing examination period as objectively, honestly and fairly on the basis of norms and regulations that have been determined. In the process of assessment should not be made a compromise between the two Examiners. A collaboration between Examiner is not allowed in the assessment process.

b. Submit all assessment results to the VACE committee.

c. Uphold the official secret related to the outcome and assessment process.

3. Acupuncture Competency Examination Participant or Participant

Competency Examination Participant is students or graduates who already have a local certificate of Acupuncture Competency from acupuncture courses and training institutions that have been accredited, according to educational background, training and relevant work experience with acupuncture competency standards that will be examined.

Acupuncture Competency Examination can be followed also by Foreigners Participants who have met the requirements in accordance with the laws and regulations in force in the Republic of Indonesia.

4. Acupuncture Competency Examination Materials

5. Venue of Acupuncture Competency Examination (VACE)

6. Appointed Acupuncture Competency Examiner

7. Competency Examination Costs
COMPETENCY EXAMINATION PROCEDURE (CTP)

1. Competency Test Participants
   - VACE/TUKA

3. INFORMATION / CONSIDERATION

5. REQUEST / REGISTRATION

6. ICCIA/LSKAI
   - COMPETENCY EXAMINATION EVALUATOR

7. COMPETENCY EXAM APPLICATION FILLING
   - PRE ASSESSMENT / SELF ASSESSMENT AT VACE
     - Qualified
       - Recommended for theory and practice Competency Exam
       - Back to the Training Institute
     - Do not Qualified
       - Not Recommended for Competency Exam

10a. Back to the Training Institute

10. THE IMPLEMENTATION OF COMPETENCY EXAMINATION AT VACE

12. COMPETENCY EXAM DOCUMENTATION
Controlling of acupuncture competency examination
Control over the Acupuncture Competency Examination by the ICCIA becomes very important in order to guarantee the quality of examination. Through a good control system will produce a valid, reliable, and good quality of Competency Examination. Monitoring and evaluation which is done periodically, is a feedback to improve the Acupuncture Competency Examination in accordance with the existing development.
THE DEVELOPMENT OF BACCALAUREATE ACUPUNCTURE PROGRAM IN CANADA

John Yang

Canadian education system falls under provincial jurisdiction. Although five Canadian provinces have their own TCM/Acupuncture legislations, they differ in terms of the scope of practice and training programs. Currently, there is no degree level TCM/acupuncture programs in Canada. Acupuncture Programs which lead to registered acupuncturists, require 60 university credits as prerequisite and minimum of 1900 hours in 3 academic year study (including 450 hours minimum of clinical instruction). Doctor of Traditional Chinese Medicine Programs which lead to registered Dr. of TCM, require minimum of 3250 hours in 5 academic years (including 1050 hours minimum of clinical instruction). There are also a variety of short term acupuncture programs for medical professionals. Acupuncture programs cover Traditional Chinese Medicine/Acupuncture foundations, fundamentals of biomedicine, diagnostics & treatment, therapeutic techniques, as well as, practice management, professionalism, interpersonal skills and safety. Considering the length and the contents of an acupuncture training program, it is necessary to upgrade to degree level. The Ministry of Advanced Education of British Columbia is the first provincial government in Canada to set the Educational Framework for a Baccalaureate Degree Program in TCM. Following the Framework, PCU College of Holistic Medicine is in the process to develop a 5 year Bachelor of TCM Studies, majoring in Acupuncture program. The proposed program covers basic fundamentals, fundamental of biomedicine, fundamental of TCM, acupuncture study, as well as, clinical training. The implications of developing TCM degree programs are huge. It will match the required training programs with most of the medical profession. It will boost the confidence of acceptance of acupuncture services among Canadian. It will lay the foundation for future higher degree development and TCM research.
ATTENTION DEFICIT-HYPERACTIVITY DISORDER TREATED WITH ACUPUNCTURE, HEAD ACUPUNCTURE, PHYTOTHERAPY AND DIET

Luz Maria Ros Torres

Attention Deficit-Hyperactivity Disorder – ADHD – is a childhood disorder which can begin at a very early age; it is usually not diagnosed until around five to six years of age, when the child has started school. ADHD is caused by chemicals imbalances in the brain. The specific causes of ADHD are not known. There are, however, a number of factors that may contribute to, or exacerbate ADHD. They include genetics, diet and the social and physical environments.

A group of 31 children were treated; 8 girls and 23 boys, ranging from 5 years old to 13 years old. 25 of patients were being administered many drugs depending on which of the three different type of ADHD they had, but Ritalin drug was used in all cases. Symptoms found in this group were adverse drug reactions such as abdominal pain, alopecia, appetite loss, anxiety, diaphoresis, lethargy, somnolence, stunted growth, skin rash, and psychosis, etc. 29 children had respiratory, digestive and skin allergies, representing a high percentage.

Treatment was based on ADHD type but in all cases the following acupoints were used: Nao Kong GB19, Nao Hu GB17, Hou Ding DU19, BaiHui DU20 and Si Shen Cong. Also Tang’s Scalp Acupuncture was used depending on symptoms. Side effects to drugs were treated independently using mild stimulation in several points.

Depending on DAHD type Phytotherapy was used; Ginkgo Biloba, St John’s Wort, Valerian Root and Passion Flower. Diet was based on ECIWO food. It was highly recommended to exercise which helps use up excess energy for ADHD-H type. Also it is very important for these patients to encourage them for self-confidence.

Results were 9 patients cured, 13 markedly improved, 6 improved and treatment was ineffective in 3 cases. Some patients are still under this integral treatment.
INVESTIGATION OF CHINESE ACUPUNCTURE TREATMENT TO CHILDREN’S AUTISM

Lida Zhang
Vice-President of the Association of Traditional Chinese Medicine and Acupuncture of Brazil
Director of Mental Health Center Weihai, China --- Danhua Gu

Loneliness is also called Autism; it is a kind of typical disease of Pervasive Developmental Disorder, (PDD).
I have been focusing on Chinese medicine diagnosis and treatment of autistic children since 2010, with my colleague Danhua Gu, the director of Mental Health Center Weihai China, we work on with clinical data collection and research, and also cooperated with ELIM Autism School Qindao City (http://www.elimautism.org/index.asp), there are more than 300 autistic children who are 2-6 years old are being received our diagnosis and treatment.

I. Diagnosis of autism:

On the basis of traditional Chinese medicine five internal organs theory, through the traditional methods of diagnosis to these 300 children: Observe (observe the patients face, tongue, eyes etc.), Listen (listen to the patient's voice and breathing), Ask, and Feel (take patient's pulse rate ) combined with the detection of modern medicine, blood pressure and heart rate, I got the following results:

Abnormal heart vessel, hyperactivity can be used as the basis of TCM diagnosis of autism, are also the TCM clinical manifestations of autism.

II. Chinese medicine treatment of autism

An Shen Qian Yang Soap Cinnabar, amber, Polygala, turmeric are the medicine of the heart opens. Accompanied by Schisandra. Radix, ginseng, Rehmannia, Cinnamon Twig swap of yin and yang qi of the heart. Gentian, Uncaria, Tianma are the medicine of Xiegang and Xifeng. Accompanied with angelica, white peony root, and cornus Ziyin Rougan.

Acupuncture treatment

Main points: Shenmen (flat), Taichong (vent). Yamen (Vitality)

Secondary Points: the Neiguan (flat), Sanyinjiao (Vitality).

Once a day; and a period of treatment for 15 days. After five days, have a continuous treatment.
Auricular Point: To press wang bu liuxing (the seed of cowherb) on the heart, liver and , the positive reaction point, have a change every two days. A period of treatment for 30 days.
III. Further investigation

Let us look at the symptoms of children with autism: autistic communication with the outside world, the eye does not face up, irritable, hyperactivity, and high blood pressure etc, and fully comply with the symptoms of hyperactivity of liver-yang. Aphasia, language stereotyped repetition, the heart arrhythmia, spontaneous perspiration, night sweats which fully compliant with clinical manifestations of the Firelight strong or heart yin deficiency, and lead to abnormal spirit consciousness. Thus, I think that the root causes of autism should occur in the following two organs: heart and liver; Therefore, in order to make our little darlings become the healthy children, the clinical treatment must be efforts to restore the function of heart and liver, it is the only way to solve the problem of autism completely.
Attention deficit and hyperactivity disorder (ADHD) is the most frequent of child psychiatric disorder. Most of ADHD children have lower urine vanillyl mandelic acid (VMA) than normal children. VMA is end metabolite of norepinephrine. Methylphenidate as drug of choice in the ADHD management has many side effects so alternative management is still needed. Acupuncture has been used in ADHD management. SPPAHI is developed to screen ADHD in Indonesian children. The aim of this study was to know the decrease of SPPAHI score and the alteration of urine VMA after acupuncture on ADHD children and differ it from methylphenidate. This research was conducted at several elementary schools in Bandung from February-September 2009. This was an experimental research with pre and post test design with acupuncture group and control methylphenidate 18 mg. Each group consisted of 13 subjects. Urine VMA were taken before and 4 weeks after intervention. SPPAHI was performed before and every week until the end of intervention. From 13 subjects from acupuncture group, 1 subject was dropped out. From 12 subjects mean of SPPAHI score decreased in fourth week (56.42 to 17.08, p=0.000), inattention subscale (36.58 to 12.67, p=0.000), hyperactivity (11.67 to 2.00, p=0.000), and impulsivity (5.67 to 1.92, p=0.000). Mean of urine VMA before acupuncture was 3.00 mg/24 hour and after acupuncture was 4.30 mg/24 hour with unsignificant increase (p=0.099). It was found 2 cases decreased from 5.6 and 6.7 mg/24 hour to 4.0 and 4.1 mg/24 hour. After they were excluded the mean different were increased (2.370 and 4.350 mg/24 hours) and the difference was significant (p=0.016). In methylphenidate group means of SPPAHI score were decreased except one whose urine VMA was high. There were no differences in SPPAHI score and urine VMA pre and post therapy in acupuncture and methylphenidate group. Methylphenidate had disturbances of sleep and appetite side effect. Acupuncture is effective in decreasing SPPAHI score and improving impulsivity, hyperactivity, and inattention symptoms. Acupuncture equalizes urine VMA that is too low/high.

Key words: Attention deficit and hyperactivity disorder, Indonesian hiperactive children assessment score, urine vanillyl mandelic acid, acupuncture, methylphenidate
EMPATHY AS A MEANS OF UNDERSTANDING IN IDENTIFYING THE RIGHT CURE

Liang Hoo Gan

As I have already discussed in the congresses of 2010 in San Francisco and 2011 in Brasilia, during which I demonstrated the close relationship existing between the cerebellum, the brain and the human body for more than 30 years, I experienced in my practice a new approach of diagnosis and resolution of the disease, which creates a link between TMC and WM, based on the study of neuroscience.

With TMC wisdom and experience, and modern science together, let us get the resolution of the disease, through an accurate diagnosis, as result of correct logical processes.

This new approach, gained thanks to the experience of several patients cases I treated, bases the diagnosis on the observation of the ear morphology and on listening carefully to sound sequence produced by the tone of patient voice, and by the articulation of phones (open and closed vowels); therapy, on the other hand, consists in practice of acupuncture and digital pressure on the hands, as they are easier to treat.

However, the most important element that I care about both in diagnosis and treatment, is the relationship of empathy that is established with the patient, like a sort of “conversation with the soul”.

This kind of relationship allows to get in tune with the mind and the inner world of the patient and to establish an exchange of information, aimed at the decoding of his reactions. This “empathic dialogue” generates inputs that lead the patient to explore and examine himself to find his own truth.

Thanks to this new approach, in which acupuncture, acupressure and neuroscience act in synergy, we doctors have achieved amazing results, such as the complete recovery from Papilloma Virus (HPV) (see attached case Miss Longo), by acting not on the effects of the virus but eliminating it totally.
THE COMBINATION ACULASER AND TUINA (MASSOTHERAPY) FOR TREAT AUTISM CHILDREN (CASE STUDY)

Sulistiyawati Hoedijono

The case of autism child increased for recent years. There are many treatment already applied with successful but sometimes failure result. In acupuncture clinic of Acupuncture Research Laboratory in Health Services Surabaya – Indonesia, we try to use combination aculaser and tuina for autism child. The result is promising but still not yet finish to evaluate.

The program treatment consist of aculaser for several acupoints and tuina (massotherapy) for some lines or area or points.

The points had been related for aculaser are:

- Baihui (GV 20), Four Gate Spirit – Qiangding (GV 21), Houding (GV 19), midpoint between Tongtian (BL 7) and Luoque (BL 8), three intellectual points Shenting (GV 24), Benshen (GB 13), speech center II, III, Yanmen, Anmian, Shenmen Auricular points, Shenmen (HT 7), Fengchi (GB 20), Dazhui (GV 14), Shenzhu (GV 12), Xinshu (BL 15).
- Supplementary point consist of Hegu (LI 4), Quchi (LI 11), Neiguan (PC 6), Zusanli (ST 36), Fenglong (ST 40), Sanyinciao (SP 6), Taixi (KI 3).

Tuina (Massotherapy) used some lines, are:

- Scalp : Du meridian from anterior to posterior head, Baihui and make rubbing from Baihui as center to 4 direction toward 4 gate spirits, speech line II and III, sensoric – motoric line
- Body acupuncture for general health especially for underweight children : pushing Pijing, Xinjing, Ganjing, Weijing, rubbing Sanguan, kneading Zusanli the last manipulation rubbing plantar foot.

The result (qualitative conclusion) were better sleeping habit, increase appetite, rarely sick, follow instruction by surrounding people, easily to manage. The ability of communication varies depend on age, frequency of therapy, diet implementation, stimulation by family and therapist and grade of autism disorders.

Keywords : Aculaser – Tuina - Autism
PRELIMINARY CLINICAL OBSERVATION OF ACUPUNCTURE’S EFFECT ON CUE-ELICITED HEROIN ADDICT’S BRAIN fMRI

Xiao-ge Song

Objective: To observe the immediate effect of treating cue-elicited heroin addicts’ craving by acupuncturing Zusanli(ST36), analyze the affecting mechanism of acupuncture therapy which intervened in craving by using functional magnetic resonance imaging (fMRI) of brain.

Method: 12 heroin addicts were selected as the addict group and another 12 health subjects as the control group. Blood pressure, heart rate, anxious evaluation and VAS value of two groups were observed before and after fMRI examination.

Results: There was no obvious differences in blood pressure, heart rate, total and standard scores of anxiety symptom in the interior-group and inter-group before and after the fMRI examination between two groups(P>0.05). All of the above showed that cue-elicited visual stimulus can arouse heroin addicts’ craving. Brain function imaging of fMRI showed that the addict group had more brain regions activated than the control group after cue-elicited. All of the above showed acupuncture Zusanli (ST36) had the inhibitional effect on the range of activated brain regions, such as parietal, temporal lobe and cingulate gyrus of the addicts.

Conclusion: 1. Heroin cue-elicited could activate heroin addicts’ craving and related brain regions. 2. Acupuncture Zusanli(ST36) could decrease activated range of parietal, temporal lobe and cingulate gyrus, and had inhibitional trend in the immediate craving of heroin cue-elicited. 3. Acupuncture Zusanli(ST36) had the function of adjusting the functional brain regions which were related to heroin addicts’ attention, cognition and emotion processing.

Key words: acupuncture; cue-elicited; heroin addicts; fMRI; Zusanli(ST36)
TRADITIONAL CHINESE MEDICINE IN THE TREATMENT OF CERVICAL RADICULOPATHY

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INTRODUCTION
This study intended to compare, among patients affected by cervical radiculopathy (CR) and non responders to non steroid oral antiinflammatory therapies, the antalgic and rehabilitation effects of: 1. Traditional Chinese herbs (TCH); 2. The traditional Chinese medicine combined approach to cervical radiculopathy (TCM-CACR), consisting of Abdominal Acupuncture (AA) + TCM adjustable neck brace; 3. The corticosteroid i.m. injection therapy (CIMI).

MATERIALS AND METHODS
In the period January 2009-December 2011, 100 patients (62 females and 38 males, age average 42±6 years) were treated.
Group A (TCH): 36 patients
Group B (TCM-CACR): 32 patients
Group C (CIMI): 32 patients
Patients were evaluated at T₀ (before treatment), at T₁ (at the end of treatment), at T₂ (6 months after the end of treatment) and at T₃ (2 years after treatment) with the following procedures: the Visual Analogue Scale (VAS), to test pain level; the Neck Pain Disability Index Questionnaire (NDI); the SF36, to test disability.

RESULTS
Group A (TCH)
At T₀ the VAS was 6.46±1.32 and at T₁ became 4.48±1.12 (P<0.05).
The SF36 physical index was at T₀ 24.11±1.19 and at T₁ changed into 35.09±1.64.
The SF36 mental health index was at T₀ 26.18±1.22 and at T₁ became 32.14±1.88.
The NDI was at T₀ 41.05±2.53 and at T₁ changed into 31.16±1.58% (P<0.05).
Group B (TCM-CACR) (AA + TCM adjustable neck brace).
The VAS was at T₀ 6.34±0.72 and at T₁ 1.72±0.70 (P<0.001)
The SF36 physical health index was at T₀ 24.74±1.88 and at T₁ became 41.86.
The SF36 mental health index was at T₀ 26.66±2.84 and at T₁ changed into 42.42±2.23.
The NDI was at T₀ 45.27±6.38 and at T₁ became 7.05±3.81% (P<0.05).
Group C (CIMI)
At $T_0$ the VAS was 6.50±0.87 and at $T_1$ became 4.71±0.72.
The SF36 physical health index was at $T_0$ 25.61±2.09 and at $T_1$ changed into 33.09±2.83.
The SF36 mental health index was at $T_0$ 27.76±2.01 and at $T_1$ became 31.22±2.66.
The NDI was at $T_0$ 41.54±4.21% and at $T_1$ became 30.24±3.72% ($P<0.05$).

The $T_1$ A-B intergroup VAS score and the $T_1$ A-B intergroup NDI score comparison showed significant differences in favour of Group B ($P<0.05$).
The $T_1$ A-C intergroup VAS score and the $T_1$ A-B intergroup NDI score comparison showed significant differences in favour of Group A ($P<0.05$).

DISCUSSION
This study shows the validity of TCH in the treatment of cervical radiculopathy, but remarks the better effects achieved by TCM-CACR.
ACUPUNCTURE TREATMENT TO ANEMIA

Teguh Setiawan

Nutrition and food issues is a fundamental problem because it directly determines the quality of human resources as well as to improve the health, nutrition one of the problems can not be solved until today is anemia. Anemia is still a problem for many people of Indonesia. Anemia is a medical condition in which number of red blood cells (hemoglobin) is less than normal.

Acupuncture is one of the therapies that have proven effective in the treatment of disease, including anemia according to the science of TCM, anemia is the grade syndrome xue xu. Anemia therapy is done with the method of acupuncture and moxibution basis for selecting the appropriate point is one of the critical success factors of acupuncture methods. Anemia treatment with acupuncture gives good result if the patients do therapy on regular basis, following the precepts and advice that is given.

Key Word: Anemia, Xue Xu, Acupuncture
FIVE INTERNAL ORGANS SHU POINTS WITH THE HAND AND FOOT 12-POINTS
ACUPUNCTURE TREATMENT OF CONSUMPTIVE AND THE WEAK BODIES ELDERLY CLINICAL EXPERIENCE

Ninik Lilyani

Five internal organs shu points are Fei shu, Xin shu, Pi shu, Gan shu, Shen shu. The back’s Shu points are the important points where the qi of meridian organs flow through the back and lower back, can stabilize the five internal organs of the yin and yang, qi and blood. Indications of relevant organs with their respective official aperture disease

Actions:
Fei Shu (U.B. 13) have declared pass Pulmonary Qi, Cliearing heat and camp/ying, but also tonification and replenishing pulmonary qi, regulating qi.
Xin shu (U.B.15) have regulating blood and ying, tranquility heart and shen.
Gan shu (U.B. 18) have Soothing liver solution for solving depressed.
Pi shu (U.B.20) for healthy Spleen and elimination humid, regulating the stomach and middle energizer, regulating up and down.
Shen shu (U.B.23) for Nourishing kidney of Qi, Fill jing and Supplementing Yin.

According to the old Sinshe Wang Le Ting for all deficiency syndrome, when stabbing one point can be treating a meridian, stabbing two point can be treating two meridians, when the stabbing many points will be treat more meridians, but using formula point can smoothly and stabilize Qi, Xue, Yin, Yang for all body, so that Zheng Qi can be a powerful and Syndromes will heal by themselves.

Clinically, if there is Qi deficiency syndrome we can stabbed to the Fei shu (U.B. 13 ); if there is Xue deficiency syndrome we can stabbed to the Xin shu( U.B. 15 ) and Ge shu (U.B.17); if there are Qi and Xue deficiency syndromes we can stabbed to the Fei shu (U.B.13),Ge shu ( U.B.17 ) and Pi shu ( U.B.20 ); if there is Yin or Yang deficiency syndrome we can stabbed to the Xin shu ( U.B. 15 ) and Shen shu ( U.B.23 ); if there is discharge in organ transportation we can stabbed to the Gan shu ( U.B. 18 ) and Pi shu ( U.B. 20 ); The Xue’s dominant is Ge shu ( U.B. 17 ), the one from the dominant eight point ,for regulating Xue and stabilize the Qi. A clear raise lowered the murky, smoothly Qi Xue, domination all blood diseases functionality.

Hand and foot twelve points of acupuncture treatment are Qu Chi ( L.I. 11 ), He gu ( L.I.4 ) , Nei guan ( P. 6 ) , Zu san li ( St. 36 ), Yang ling quan ( G.B.34 ), San yin jiao ( Sp.6 ) can stabilize Yin and Yang, regulating Qi and blood, pass through the meridian Qi and blood. Before doing tonification must first maintain Qi, encountered Yang burn and Yin growing, airless is blood-free raw/to generate.

Actions
Qu Chi ( L.I.11 ) is the He point meridian of hand Yang Ming, xue qi flow at this point is rather exuberant, Needle can regulate blood circulation and xue; Zu San Li ( St.36 ) is the He
point meridian of food Yang Ming, needle is able to strong a true Yang; supplement the organs of deficiency, and can be able to elevate jing and reduce the uncleanness, match the two Yang and two He points meet, up and down blend of, coordinating the gastrointestinal qi activity, also Yang Ming which has many qi and many blood meridian, can stabilizing and tonification qi xue;

Nei Guan (P.6) is the Luo point meridian of Jue yin, branch go to meridian of hand Shaoyang, coordinating San Jiao qi activity, loosen the chest releasing stagnation, should soothe the Shen and regulating stomach, merged with Zu san li (St.36) can help this point the elevation and drop for tranformation activity, also replenishing qi and tonification blood, indication for insufficient of qi and blood.

Yang Ling quan (G.B.34) is the He point of meridian food Shao Yang, the Dominant jin, able to calming liver harmonious stomach, sparse wood harmonious soil, regulating lever and stomach, match with Zu San Li (St. 36), indication for wood depressed insulting the soil, In mid dissipation and inhibits water, also Zu San Li (St.36) able to regulating qi and activating blood, there two points meet, Sparse qi meridian, relaxes the tendons the joints smoothy.

He Gu (L.I.4) is the yuan point meridian of hand Yang Ming, has organs and meridians Yuan Qi stay in this point, able to treatment internal organ and fu, able to regulating qi and xue, the primary qi and the liters of, when the qi meridians full circulation qi xue smoothy, Yang Ming hand and Tai yin hand are phase exterior and inner, match with Qu Chi (L.I.11) indirectly able to regulating qi of lung, found the wind extrude pathogens, declared Qi and circulation xue.

San Yin Jiao (Sp.6) is the liver, spleen and kidney three zangs meridian crossing in this point, nourishing yin, to help Yang. When tonification the Spleen don’t forget to take care the liver and kidney, Spleen collectively blood, Lever store blood, kidney store essence, the essence and blood able to transformation, it can for Nourishing essence and blood, beneficially Yin and solid the yang, that can regulating liver, Spleen and Kidney three internal organs. Zu San Li (St.36) incrase the Yang, beneficially Stomach, regulation middle energizer, two’ phase and the Yin Yang, Temperature in the spleen and wormer the middle, will benefits qi and nourishing xue, Indications weak stomach and deficiency spleen, qi and blood are deficiency.

Xu lao / consumption from is the vital energy weakness, internal organs loss walls have a variety of chronic diseases, the literater "NEI JING " said “strong pathogens will be excess, let sip jing qi causing deficiency”, and “five internal organs the mainly reservior of jing, don’t be hurt, when hurt will be quittance to yin deficiency”, theres congenital deficiency, Acquired disorders, internal injuries, the old imaginary not recovered, also elderly Jiu bing ti xu / chronic illness physically weak longer, The Yang Qi and Yin Xue course of time depletion (kui Hao) getting caused the five internal organs with in injuries/internal damage. or labor overuse injury the Qi of spleen and stomach, can not be metaplasia essence, The
insufficient of Qi and blood the source of, the five internal organs within can not be nursed back to health.
Consumption From/ Xu Lao have many symptom , summarized in the dialectical are Qi deficiency and Xue deficiency with Yin deficiency or Yang deficiency in differentiating syndromes and related with the five internal organs, in therapy, using "Nei Jing "if loss beneficially of, if exhaustion is worm of.

Keywords : In clinical Therapy using techniques Wang Le Ting the old sinshe, Reinforcing and reducing methods / in TCM, Deficiency using reinforcing methods, empirical using the reducing, when Deficiency mixed reinforcing the deficiency and reducing the excess, Also according to the patient's condition, as well as the progression of the disease process in symptoms changes, implementing therapy. the application of light, medium and heavy amount of stimulation.

Case I , Mrs Xu, 39 yaers old, weight 38 kg. housewife, more than three years ago, lot of thought the cause no appetite, spirit of apathetic, body fatigued force of, gradually body weights loss and weakness, vertigo, looking pale, nearly two months plus even, pure Qi and lazy to words, cold limbs, to rows twenty paces breath, insomnia, weakness of the waist and knees inability, the urines clear long, loose stools, pale fat tongue, white tongue coating little moss, thready and weak pulse. case of the spleen and kidney are Yang deficiency sindroms.

Therapy :
Acupuncture points of treatment are Fei shu ( U.B.13 ), Pi shu ( U.B.20 ) and Shen shu ( U.B. 23 ), with the Hand and foot 12-points acupuncture treatment ARE Cu Chi ( L.I.11 ), He gu ( L.I.4 ), Nei guan ( P.6 ), Zu san li ( St.36 ), Yang ling quan ( G.B.34 ), San yin jiao ( Sp.6 ), pluss Guan Yuan ( Ren 4 ) use the reinforcing methos, moxibustion Guan yuan ( Ren 4 ), Pi shu ( U.B. 20 ).

Three times have threatment more dietary, pluss acupuncture Xin shu ( U.B. 15 ), Gan shu ( U.b.18 ), have treatment twelve breath away, but the body is powerful, able to walk fifty paces, dizziness less, three months after treatment eat normal, good spirit, no breath, no dizziness, began to do housework, continue treatment so as to consolidate the curative effect.

Needle group A : Five internal organs shu points pluss Ge shu ( U.B. 17 ).

Needle group b : Hand and foot 12-points acupuncture treatment pluss Guanyuan ( Ren 4 )

Have treatment seven months the body return to the normal, body fat, wieght 46 Kg. ruddy complexion.
A year later come for treatment and has was recovered.

Case II ,Mrs. Chen , 88 yaers old, body skinny physically has been for along time, a yaer ago diarrhea more than two days, soft body leg weakness, a little fever, not yet recovered after treatment, today body and spirit are tired, the rows to be people to help, dizziness and dazzle, no appetite, Frequent belching, epigastric abdominal fullness, loose stools, the body is increasingly thinner , lumbago and soft knees, cold lumbs, looking pale, pale tongue fur
white a thin, thready and weak pulse. Case of the weak bodies elderly of the spleen and kidney are Yang deficiency syndroms.

**Therapy:**

**Needle group A:** Five internal organs shu points pluss Ge shu (U.B.17). Zhong wan (Ren 12), Guan yuan (Ren 4), Zu san li (St.36) moxa Shen shu (U.B.23), Guan yuan (Ren 4).

**Needle group B:** Hand and foot 12 - points acupuncture treatment pluss Zhang men (Liv.13), Zhong wan (Ren 12), Guan yuan (Ren 4) pluss moxa.

Have three months acupuncture treatment can self to sit, eating more, fullness belching relieve, have six months treatment begin to learn to walking, to cold lumbs and dizziness are reduction, good health in the year after treatment, normal dietary, slowly can to walking. More freely after two years of treatment and physical rehabilitation. maintain a acupuncture twice a week, year-on-year to enjoy the 93 years-old.
ACUPUNCTURE FOR PALLIATIVE CARE

Syarif Sudirman

There is an increase in the use of complementary therapies for cancer patients, with the average of 30% usage in 13 countries. Patients commonly seek for relieving symptoms related to cancer or to the side effects of treatment. Acupuncture is very useful for patients who are sensitive to the side effects of medication, and may avoid the increase dosage in medication and it is often impossible to reduce the dosage. Palliative care patients pose particular problems and risks compared with non palliative patients, and often present with multiple symptoms. Symptoms may be incompletely controlled by drug treatment and need higher dose of drugs or introduce new medication because of side effects. Patients are often frail and cachectic and may have short prognosis.

Actually, acupuncture is a useful option in palliative care patients especially for pain and symptoms control. Yet acupuncture is often considered as 'the last resort' when conventional treatment has failed. Acupuncture may be used either as adjuvant treatment or as treatment of choice in some clinical situations.

Palliative care patients are potentially at risk of adverse events associated with acupuncture. Cachectic patients can potentially increase the risk of pneumothorax. Patients with anticoagulant therapies may be at risk of bleeding and bruising, while patients with neutropenic has high risk to become sepsis. Needling patients with lymphedematous limbs is contraindicated as it could introduce infection leading to cellulitis. Patients who underwent amputation may cause problems in selection of acupoints.

The main aim of palliative care is to reduce or to relieve patients' sufferings and letting the terminal ill patients die with dignity. This paper described the clinical aspects of palliative care, the treatment plan, acupuncture in the treatment of many kinds of clinical symptoms include pain, nausea and vomiting, breathlessness, dry mouth, hot flushes, anxiety, urogenital tract symptoms, ulcer healing, immunology, fatigue and other symptoms. Treatment safety for the patients are discussed, and the most important things is how to select the points.

To select acupoints used in palliative care has principles that helpful in guiding point selection based on : (1) evidence base from clinical trials (2) local acupuncture points (3) paraspinal and segmental points (4) trigger points (5) selected traditional acupoints (6) upper sternal points (7) auricular acupoints.

Keywords: acupuncture, palliative, cancer
ANALGESIC EFFECT OF ACUPUNCTURE TREATMENT USING JAPANESE STYLE MINIMAL ACUPUNCTURE FOR CANCER PAIN IN A PALLIATIVE CARE WARD

Shoji Shinohara

Objective

The strong analgesic effect of acupuncture is gradually becoming clarified. We herein investigated the analgesic effect on cancer pain of acupuncture treatment based primarily on Japanese-style minimal acupuncture.

Methods

Subjects were 18 patients (10 men, 8 women), among patients admitted to the palliative care ward of an undisclosed hospital between July 2010 and November 2011, who provided informed consent to participate in the present study following an explanation from their primary physician. Acupuncture was performed using a short needle (length, 15 mm; diameter, 0.12 mm; Seirin Corporation) on peripheral trigger points on the meridian flow near the sites of pain with additional treatments for qi stagnation, damp phlegm and blood stasis, etc., as appropriate. Additionally, in order to prolong the effect, 0.6-mm-long press tack needles (Pyonex) were applied for 2 days. Efficacy was assessed using the visual analogue scale (VAS), numerical rating scale (NRS), face scale (FS), subjective evaluations in nursing records, and other data.

Results and Discussion

The outcomes immediately following acupuncture and moxibustion treatment were complete response in 8 patients (44.4%), partial response in 2 patients (11.1%), slight response in 7 patients (38.9%), and no response in 1 patient (5.6%). The intervention was considered to have been effective for a total of 55.5% of patients. No one adverse event was reported that the present treatment is very safe.

Conclusion

Use of acupuncture and moxibustion treatment was found to be effective for 55.5% of patients in the palliative care ward. Acupuncture may therefore be an effective treatment approach in palliative care.
HEMODYNAMICS CHANGES WITH ACUPUNCTURE (STUDY OF STAGNANT BLOOD SYNDROME RELATED TO CANCER)

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In Oriental medicine, cancer can be classified into excess heat, phlegm-fluid retention, stagnant blood, and deficiency syndrome. Treatment in the pre-symptom stage (the stage before illness develops) is important in Oriental medicine, and the treatment before cancer develops is considered to be necessary to prevent it. In this study, focusing on stagnant blood, acupuncture was carried out in subjects with stagnant blood, and the hemodynamic changes were investigated.

The subjects in this study were nine patients with stagnant blood who consented to the study. The study included a two-week control period, a two-week acupuncture treatment period (four acupuncture interventions), and a three-week observation period. Syndromes were diagnosed based on the results of an Oriental medicine clinical examination and the Oriental Medicine Health Questionnaire. The blood stasis score was used to evaluate stagnant blood. Hemodynamics evaluations before and after acupuncture treatment were made with the ankle brachial pressure index (ABI) and the cardio-ankle vascular index (CAVI) using a vascular screening system.

Stagnant blood showed the recovery by the acupuncture treatment when sublingual varicosity decreased or the assessment of blood stasis score was mild after acupuncture. A rising trend was observed after acupuncture treatment in the objective index of ABI. However, since there was no change in the CAVI, this trend was thought to be due to an effect on blood pressure. In addition, the subjects were diagnosed with stagnant blood based on an Oriental medicine assessment although ABI and CAVI were within the normal range. Therefore, it should be necessary to study subjects with abnormal ABI or CAVI values in the future.
ACUPUNCTURE FOR ALLERGIES IN ATTENTION DEFICIT-HYPERACTIVITY DISORDERS CHILDREN

Luz Maria Torres

Attention Deficit-Hyperactivity Disorders-(ADHD)- children are very difficult to treat with traditional acupuncture in meridians points due to complicated conditions of psychological behavior, but acupoints in head and back provide great help due to the fact that the patients do not see the needles.

A group of 29 ADHD children were treated, they suffered from respiratory, digestive and skin allergies, 25 in the group were under the most common stimulants, Methylphenidate (Ritalin), and 4 children were not prescribed any drug at all. The group consisted of 21 boys and 8 girls ranging from 5 years old to 13 years old. Ritalin was used from 1 to 6 years.

Common symptoms suffered were eczema, rhinitis, urticaria, rash, swelling, wheezing, itchiness in eyes or ears or lips or throat or mouth roof, runny nose, sickness, vomiting or diarrhea. As almost any substance can cause an allergy, it is often difficult to identify what was causing the problem. Coeliac disease was found in 16 children, having ill thrift condition. 9 children presented respiratory allergies with nasal, lung and eye symptoms.

ADHD has been linked with allergies conditions. In many cases, it is unclear whether the ADHD disease is a causative factor or whether allergy conditions share a common predisposition. Also it has been proved that Ritalin can cause allergy disorders.

Treatment consisted to invigorate the immune system by using acupuncture, moxibustion and a good nutritional system. Depending on type of allergy, treatment consisted in retained needles in BaiHui DU20, Dai Zhui DU14, Touwei S8, Fengchi GB20, Feishu B13, Fengmen B12, Shinshu B15. During this time a rapidly electric stimulation were given in Shuaigu GB8, Hegu LI4, TaichongLiv 3. Moxibustion was using in Zusanli S36.

Good results were obtained not only in allergy disorder but also in psychological behavior for ADHD children.
USE OF PAINLESS LASER ACUPUNCTURE FOR LOW BACK PAIN

Rodney Lim Choon Huat

Introduction: The Acronym for Laser is “Laser Amplification for Stimulated Emission of Radiation. The Laser emits the Purest form of Light energy known as Photons with special characteristics and properties such as Brilliance and monochromatic etc. The Photons when applied to the Acupoints, some of the Light energy will be transmitted through the Tissue, Reflected, Scattered and Absorption. It is only those Photons that are absorbed by the Cells that had Tissue and promote healing.

Materials used:  
a. Space Laser SpA, Model IR CEB/UP, 904 nm, 10 Watts Peak Power, Average Energy delivered 0.3 J/cm² per minute. Depth of Penetration is about 40 mm.
b. Thor Ltd, Model DD, 810 nm, 200 mW, CW with Output Energy at 12 J/cm² per minute. Depth of Penetration is about 30 mm

Subjects: In Laser Acupuncture Centre, we routinely treat many Patients who suffered from Low Back Pain and I would like to report some Typical cases as below:

Case Reports:

1. A 40 years old Female, had been diagnosed by medical Doctor that she had Slipped Disc as a young Adult but she rejected Surgery and had been treated by Chiropractic for more than 15 years whilst she was living in USA.

She came to me when her husband was transferred to work in Singapore. She was treated by me in February 2011 and agreed to take a course of 10 Nos. Painless Laser Acupuncture (PLA) treatments over a period of 4 weeks. Pls see “Before and After” Results in Fig 1 attached.

2. A 36 years old Male, who had Acute Low Back problem for over a week. When he consulted me, I prescribed him 6 Nos. PLA treatment sessions over a period of 2 weeks at 3 sessions per week.

When he completed 6 sessions of treatment and he was very happy without pain. Pls see “Before and After” Results in Fig 2 attached.

3. A 52 years old Female, suffered Chronic Low Back Pain for more than 6 months when she consulted me. I prescribed 6 Nos. PLA treatment sessions over a period of 2 weeks.

She felt good when she came infor her 6th sessions. Pls see “Before & After” Results in Fig 3 attached.
4. A 38 years old Female, suffered Chronic Low Back Pain for about 8 months when she consulted me. A similar 6 Nos. PLA treatment sessions was prescribed over 2 weeks. Pls see “Before and After” Results in Fig 4 attached.

5. A 40 years old Male, was referred to me by Orthopaedic Surgeon who was diagnosed with Acute Low Back Pain Left L4/L5 compressed Nerve. 6 Nos. PLA treatment sessions was prescribed and he recovered very well and due to Business trip, he completed 5 treatments. Pls see “Before and After” Results in Fig 5 attached.

Treatment Techniques:

The use Classical Acupuncture for Low Back Pain Management is considered as standard procedure in most Acupuncture Clinics. However, the use of Painless Laser Acupuncture (PLA) to treat Low Back Pain is not standard practice for most Clinics here due to the availability of the Laser Devices and its High cost. This is why most Clinics do not use the PLA for treatment.

Treatment Dosage: Generally each Patient received about 30 minutes Treatment Dosages consisting of:

   a. 9.0 J/cm2 of 904 nm of Peak Laser.
   b. 360 J/cm2 of 810 nm of CW Laser.

In order for the Tissue to achieve Pain Relief effects, at least a 20 J/cm2 had to be delivered to Tender spot.

Discussion:

Why use Painless Laser Acupuncture?

By the Principle of the Laser Physics, when Light is emitted, it produces a Magnetic and an Electric component which is perpendicular to each other. The Magnetic (YIN) component and the Electric/Thermal (Yang) component, these characteristics fulfilled the Principle of Classical Acupuncture without the use of the Needle and the Moxa Roll. Due to the ill effect and burnt, generally worldwide, Classical Acupuncture is performed without the Moxa (YANG) Roll thus its efficacy is compromised.

Therefore, the use of the Painless Laser for Acupuncture could be an Alternative as well complementary to Classical Acupuncture to enhance the treatment. When the Laser Energy is applied to an Acupoint, it efficacy is greatly increased. Even though the Laser Light energy has a Magnetic component but it is of “High” Frequency as compared to the Needle which is Magnetic and it is of “Low” Frequency.
Discussion: The use of Painless Laser Acupuncture had offered many Benefits to Patients:

a. It is very safe and non-invasive.
b. Many Points can be treated easily
c. The Treatment Dosage of each Acupoint could be quantify.
d. It achieves quick Pain Relief with High Output Power of the Laser Devices.
e. It triggers the release of Endorphins, Dopamine and Serotonin naturally.
f. It provides the solution to Needle Phobia people to benefits from Classical Acupuncture Treatment.

Results: General most Patients responded very well with the Treatment as their recovery rate is excellent and long lasting without Drugs. Pls see the “Before and After” Photos shown.

Conclusion:

The ancient Art-of Healing, Classical Acupuncture which had provided the Well-being for the people of China for more than 5000 years. Classical Acupuncture Uses Two (2) modalities of consisting of:

a) Needle (YIN) which provides the Magnetic (Low Freq) Energy
b) Moxa (YANG) Roll which provides Heat/Thermal Energy

The use of Painless Laser Acupuncture (PLA) is comparatively efficient, if not superior depending on the Output Power of the Lasers to Classical Acupuncture if Acupuncture is used with single modality of Needles alone.

The PLA is a Balanced Energy and it is very good for Deficiency Syndromes especially for Elderly and Children. I hope fellow colleagues will continue to explore the Painless Laser Acupuncture further for the benefits of our Patients and look forward to more papers in the near future.
LASER ACUPUNCTURE IN THE FUTURE

Sofyan Rangkuti

Summary

About twenty years ago, laser acupuncture made its entrance in the world of TCM.

A singular beam was pointed at one particular acupuncture-point to support the therapy.

After many international clinical studies and experience, it became clear that stimulation with only one, relatively weak beam, did not provide the desired results.

In 2010 we started working with the Laserneedle®, developed and produced at the University of Paderborn, Germany by doctor Schikora.

With this fourth generation of Softtone lasers we meet three important conditions:

1. Multiple acupuncture points are being stimulated at the same time.
2. We can chose from multiple frequencies of laser-light
3. The intensity of light varies between 405 nm and 750 nm

Laser-acupuncture has proven its therapeutic value for a number of complaints.

In our clinic we performed several clinical studies to find out if the additional use of lasers beside the traditional CM therapy, has benefits.

It is our experience that a growing group of patients with complaints from an often more complex nature ask for our help: More than one health issue and relatively high intake of prescribed medication is not uncommon. We met the boundaries of classical TCM and had to find new, innovative ways of treatment.

The outcome of our clinical studies—in which we combined classical acupuncture with laser-acupuncture—is a positive one. Especially in case of a chronic fatigue syndrome, the laser treatment enables us to get better results in a shorter time.

Furthermore: patients who are normally scared of needles are being treated in a much more relaxed way. Of course this goes for for children as well. Special high energy density-needles (HED) are being placed on the skin. It's painless and safe and well appreciated by our patients.
BENEFIT OF ACUPUNCTURE TREATMENT OF MALE SEXUAL DYSFUNCTION

Koosnadi Saputra

Sexuality is a complex process and behavior; it is coordinated not only by various systems of our bodies such as endocrine, nervous, vascular and psychogenic, and any disturbance in any of these areas can potentially load to sexual dysfunction.

Couple with increase aging and menopause or andropause prevalence of sexual dysfunction male and female. Acupuncture which proven endocrinal and neurological effect can be use to sexual dysfunction. In a research study, investigation the potentially curative effect of acupuncture to geriatric group in acupuncture research laboratory Surabaya for 40 male responden (50-70 year old) with erectile dysfunction.

Acupuncture stimulation for ten times and three times per weeks.

The effect are:

10 respondents increased blood testosterone and improved erections
13 respondents decreased blood testosterone but improved erections
7 respondents decreased blood testosterone and no improved erections
6 respondents increased blood testosterone but no improved erections
4 respondents no increased blood testosterone and no improved erections

The result of the research (57,5 %) a satisfactory response improvement of erection and 32,5 % may be neural effect to erectile dysfunction.

Acupuncture is complementary treatment to male sexual dysfunction and other studies demonstrated beneficial effect of acupuncture in patient with erectile dysfunction.
LINKING BBT WITH SPERM QUALITY: WORKING WITH COUPLES, USING MALE BBT CHARTING AS AN INDICATION OF FERTILITY SUCCESS

Heather Bruce

We may be missing half the problem in quality baby making, by ignoring what our own medicine can offer. Now, where a great baby is not assured, a seemingly silent half of the baby’s inheritance – the male contribution – is often ignored. Much focus and effort is placed upon her age and gynecological problems, rather than in the reasons for the recent drop in what is deemed to be fertile sperm. The least possible fertile level was dropped in the early 1980’s from 80 % looking normal, to 30 % in the late ’90’s to 15% in the early 2000’s to anything over 3 % (97% with significant visual abnormalities, let alone the DNA secrets) two years ago. His sperm may be in no shape to make the next generation.

Basal Body Temperature charting was used in the world of female fertility, for western medical specialists to propose when ovulation may be occurring, before the heavy reliance on scans and blood tests. Today, we as acupuncturists commonly use BBT as a measure of metabolism management and tracking the menstrual cycle, identifying irregularities that may be contributing to her infertility.

We can predict the state of the HIS Jing, hence fertility, by the simple BBT test. A low reading (under 36.6 °C) can be seen to be an instant ‘fail’ for useful sperm. Attention to improving his Three Heater function (metabolism) leads on to less stress responses, hence better gut performance, enhanced sexual function and overall better general health. Quality of his Jing is then automatically improved.

Combining the western physiological model (metabolism and the role of the adrenals/thyroid) with the Three Heater one from Chinese medicine allows us to go further than just predicting pregnancy likelihood and Jing quality into how to sustain wellness within the general patient population.
P12 – 3
INFERTILITY IN WOMAN (5 CASES)

Cedric K.T Cheung

Five cases of infertility were differentiated into two TCM syndromes: four cases belonged to yang deficiency of the kidneys and spleen, blood stasis in the uterine vessel, liver qi stagnation, and one case belonged to obstruction of the uterine vessel due to downward flow of phlegm, dampness and blood stasis. The treatment methods included the tonification of the kidney and spleen, elimination of blood stasis in the uterine vessel, the dispersion of liver qi, elimination of phlegm, dampness and blood stasis in the uterine vessel respectively. A herbal prescription such as Ba Zhen Tang accompanied with tu si zi, sang ji sheng was employed to treat yang deficiency of the kidney and spleen accompanied with blood stasis in the uterine vessel. Jia Wei Xiao Yao San and Ba Zhen Tang accompanied with tu si zi, sang ji sheng were both employed to treat one case of liver qi stagnation, obstruction to the uterine vessel by the downward flow of phlegm, dampness, and blood stasis. Five cases were successfully treated and became pregnant, and the resulting infants were found to be both healthy and energetic. Dietary therapy and lifestyle modifications were stressed to enhance the overall therapeutic effect.

Key Words

Infertility, TCM Syndromes, conception, yang deficiency of the spleen and kidney, liver qi stagnation, phlegm, dampness, blood stasis, acupoints, herbs, gypsum, diet.
WHAT IS JAPANESE ACUPUNCTURE AND MOXIBUSTION THERAPY

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Acupuncture and moxibustion (AM) therapy that was introduced and developed in Japan, however, has been practiced as state medicine for more than 1600 years according to literature dating back to 414 AD. So what is Japanese AM therapy. The AM therapy practiced in Japan will now be introduced.

Main Text

Japan has the technology to make very thin acupuncture needles and fine moxa. Significantly, many techniques were introduced that developed from this technology. At the same time, numerous therapeutic treatments to treat different type of illnesses have been developed. Characteristics of acupuncture therapy practiced in Japan:

1. Used fine needles to minimize pain from the procedure
2. Developed treatment procedures that sense changes in the body with both hands as well as use of the pressing hand to further minimize pain
3. Introduced a procedure that uses needle guide tube to help reduce the pain sensation. This also helped in providing consistency in treatment procedures
4. Developed acupuncture techniques with fine needles that provide the same effect as when using thicker needles
5. Developed various treatment tools to treat different types of illnesses and different body constitutions

Moxibustion therapy:

1. Introduced the use of fine moxa
2. Used different varieties of moxa
3. Varied the size and hardness of the moxa
4. Varied the heat produced by the moxibustion treatment
5. Developed a variety of different treatment tools

Discussion

AM skills and techniques in Japan continued to be passed on because the lineage of doctors continued generation after generation. The background of this long existence is thought to be as follows.
Conclusion

Japanese AM therapy is a therapeutic treatment that excels in treating illnesses that cannot be effectively treated by modern medicine. A fast-acting, therapeutic treatment that can be used for a wide range of illnesses is being practiced in Japan.
P13-2

UNDERSTANDING EMOTIONAL FREEDOM TECHNIQUE FOR HANDLING PHYSICAL AND EMOTIONAL PROBLEMS

Esmet Untung Mardiyatmo

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Emotional Freedom Technique (EFT) is relatively a new healing technique compared to other energy techniques such as acupuncture, bodywork, reflexology, reiki, tuina, yoga and the like. This technique, which in the past 15 years has gained international acceptance, stems from ancient technique and phylosophy of body energy (chi) integrated with practical psychological practice. EFT, previously called Thought Field Therapy (TFT) was discovered by Roger Callahan when working with a client ‘Mary’ who had water phobia. Previously Callahan worked with Mary using traditional psychological methods and cognitive therapy with limited success. After taking a course on acupuncture then Callahan found out that there was a acupuncture point under the eye linked with stomach region and asked Mary to tap the acupuncture point under the eye a couple of time aimed at stimulating stomach meridian. Mary did so and excitedly reported that the feeling was gone.

The practice of EFT throught the world has proved that it can handle physical and emotional problems. It can minimize the suffering of people from physical problems such as migraine, headache, blurred vision, pain, allergy, tinnitus (ear ringing), drug addiction, and the like. In term of emotional problems EFT Practitioners have made good of this technique to help patient to cure phobias, fears, frustration, unhappiness, anxiety, anger, disappointment.Besides, this technique can be used to improve self image, motivation, self confidence etc. In other word, this simple and cheap technique will benefit people in improving their mental, physical, emotional and spiritual wellbeing. Understanding of this technique will also benefit acupunturists who often come across not only physical problems but also emotional problems of the patients.

The EFT technique is very simple and affordable because of using only two fingers namely index and middle fingers by tapping certain acupuncture points. The EFT is developed into two namely short cut sequence and extended sequence. EFT shortcut sequence includes 1. The set up and 2. The reminder phase and tapping eight acupuncture points (BL 2, TE 23, ST 1, GV 26, CV 24, K 27, SP 18, GB 23). While extended sequence has four sequenced 1. The set-up 2. A sequence of tapping on 13 acupuncture points – the basic eight plus five hand acupuncture points (LU 11, L1, HC 9, H 9, and SI 3) 3. The Gamut (TH 3 sequence) 4. A second sequence of tapping on 13 acupuncture points applied on another side of the body.

Keywords: Emotional Freedom Techniques, Energy Techniques, Energy Psychology, Natural Healing
MOXIBUSTION APPLICATION ON THE 5 (FIVE) FENG POINTS TO CURE THE PERENNIAL ALLERGIC RHINITIS DEFICIENT TYPE (WITH ATTENTION TO: YI FENG, FENG CHI, FENG FU, FENG MEN, AND BING FENG)

Tina Dhany Safitri

Background
Repeated sneezing in perennial allergic rhinitis is a very disturbing problem that obviously can interfere the daily activities. The main cause of this problem is the weakness of the lung that is very much sensitive to the climatic changes factors especially the wind-cold. There are 5 (five) points associated to the pathological changes through which the wind can easily invade the body.

Objective
To cure the perennial allergic rhinitis deficient (Xu) type by ways of applying acupuncture and moxibustion on the 5 (five) Feng points associated to the pathological changes to warm the meridian and expel the wind.

Methods
The treatment was conducted by applying acupuncture and moxibustion. Some advice on avoiding grief and sadness that definitely deplete and knot the Lung Qi was also suggested. On the first 5 (five) days of treatment, puncturing the Back-Shu and Mu point without the moxibustion had not shown the good effect. On the sixth visit the moxibustion was added on the 5 (five) Feng points.

Results
The addition of the moxibustion application on the 5 (five) Feng points has shown the better effect due to the lung’s character itself which is delicate, tender, and a very sensitive organ, and vulnerable to invasion by climatic factors especially the wind-cold.

Conclusion
The perennial allergic rhinitis is proven to be cured and handled with the application of acupuncture and moxibustion on the 5 (five) Feng points. The lung’s character that tends to be Yin, is very much suitable with the additional moxibustion application on the 5 (five) Feng points. If the Cou li zone is harmonized, the Defensive Qi will also be strong, and resulting a good resistance to the pathogenic factors.

Keywords
Perennial allergic rhinitis, Cou li zone, moxibustion, 5 Feng points.
Objective: To assess the effects of TCM patterns on acupoint specificity in reflecting disease and treating disease.

Method: (1) Questionnaire investigations on 166 primary dysmenorrhea (PD) patients were conducted. (2) The acupoint skin temperature (52 cases) and electrical resistance (46 cases) on Sanyinjiao (SP6), Xuanzhong (GB39) and an adjacent non-acupoint were detected. (3) 501 PD participants were randomly and equally divided into three treatment groups with bilateral EA at above three acupoints. The immediate improvement of pain was measured with a 100-mm VAS at 5 measurement times. The proportion of patients with at least a 50% reduction in the VAS scores was also compared.

Results: (1) 163 questionnaires were collected and 68.10% was diagnosed as Cold and Dampness Stagnation pattern. (2) There was no differences in skin temperature differences among the three detected points in Cold and Dampness Stagnation pattern or Qi and Blood Stagnation pattern ($p = 0.71; 0.85$). The differential value of electrical resistance of SP6 was significantly higher than GB39 ($p = 0.002$). The SP6 group had a significant reduction in VAS scores at 5 measurement times compared with the GB39 group ($p = 0.003$) and the non-acupoint group ($p = 0.002$) respectively in group pair wise comparisons. The proportion of patients with at least a 50% reduction in the VAS in the SP6 group was significantly higher than those in the GB39 group ($p = 0.003$) and the non-acupoint group ($p < 0.001$).

Conclusion: The most common pattern of PD was Cold and Dampness Stagnation. It suggested that TCM pattern might affect acupoint electrical resistance specificity and acupoint-specific effect on the immediate pain relief obtained by patients with PD.

Key words: Electrical resistance; Acupoint specificity in treating disease; Acupoint specificity in reflecting disease; SP6; Temperature; Primary dysmenorrhea; TCM pattern
A HUMAN BEING AS AN INDIVIDUAL

Sutarmo Setiadjii

Human is a functional unit which is structured from so many cells. As a functional unit, human being is indivisible, works as an individual. To be an individual, their cell body must always communicate to each other. The human cell body communicates to each other using all body tissue components. These are extracellular matrices; extracellular and intracellular body water; chemicals that contain in body water and cellular membrane; cellular organelle; autocrine, paracrine, and endocrine systems; immune systems; and last but not least nervous system. Some peoples also believe that human mind can also gives an instruction to a part of the body. Acupuncture makes injuries to parts or some cells of the human body. The injured cells give sign to other part of the body, using one or more communication system(s). One system that commonly use is a reflex arc, a circuit that consist of some neurons (nerve cells), assisted by neurotransmitter, its receptors, and second messenger system. A neuron can not work by itself. To work properly, neuron makes a circuit with other neuron or neurons. There is not a neuron that exist solely without making a circuit with others. More neurons are include in the circuit, more times is the impulse to reach the target. Now a days in treating a disease, acupuncture needs many times of repetitions of actions. To be more effective to treat a disease, the "distance" between the acupoint and the diseased organ must not be so far. It means that the circuit of neurons between the acupoint and the diseased organ must be shorter. Furthermore, this neuron circuit needs to be conditioned. In respond to the the acupuncture, the body maybe produce a hormone or peptide, or vasodilating blood vessels, to eliminate the disease.

Keyword: cell communication, reflex arc, peptide, vasodilation.
EFFECTIVITY OF ACUPUNCTURE FOR HEADACHE CAUSED ( DUE ) TO CHRONIC RHINITIS

Agus Riswadi

The goal to see the effectiveness of acupuncture for treating headaches in patients with chronic rhinitis.

Sample: patients with chronic rhinitis sufferers who experience headache Clinic patients is BIO FIT HEALTH CENTRE.

The number of sample: 20 patient studies conducted for a year for each patient.

The study was conducted by researchers at the clinic BIO FIT HEALTH CENTRE for one year for each patient with the same treatment with acupuncture therapy without medication headache or other pain relievers. Chronic rhinitis sufferers experience acupuncture therapy treatment within two months of the first 12 meeting, and then 1 time a month during the year. Patients experience changes in average each of the patients relapse within one year 1 to 6 times a year. Before following the acupuncture therapy of chronic rhinitis patients experience headaches 1 to 2 times per week or 4 to 8 times a month. From the results of research of the changes experienced by each patient very significant can be felt his recovery so the researchers concluded that the treating acupuncture therapy effective in headache in patients with chronic rhinitis.
ACUPUNCTURE FOR CHRONIC PAIN

Tokuijro Murata*, Dr. Minoru Narita**

*Luka Acuclinic Director
**ZenshowenLepromiaSantrium an Emeritus Director

Introduction
I’m going to talk to you about 50 chronic patients who were already making slow progress by taking western medicine during recovery. The patients experienced nondescript discomfort and were emotionally distressed. At night they were not able to get restful sleep. I administered the scalp acupuncture procedure to relieve their symptoms.

Methodology
I treated 50 cases and randomly divided them into two groups of 25 patients. The acupoint procedure was performed on the scalp for both groups. The following methods were used; GV23 - SHANGXING; GV18 - QIANGIIAN; GV20 - BAIHUI; GV15 - TOLORINGI. Pressure was applied along the top of the head(see diagram), coupled with PCG - NEIGUAN on both sides of the antebrachium.
For group one: I administered by hand the regulating technique stimuli by an electric vibration.
For group two: I administered by hand the regulating technique stimuli with no electric vibration.

Results
Each patient was treated once a week for three months for a total of 12 treatments.
Group one: One patients pain was completely healed; 20 patients experienced enough relief to help themselves; 4 patients experienced moderate relief.
Group two: 12 patients experienced enough relief to help themselves; 8 patients experienced moderate relief; 4 patients felt slight relief; and 1 patient had no relief.

Discussion
The scalp stimuli vibration had interaction with another nervous system through a mutual relation with a neuroconductive substance. This together with the receptor mechanism and chronic pain syndrome can be improved and developed.

Conclusion
It appears the patients who received the electronic stimulation experienced more relief on average. Overall; patients who received acupuncture treatment felt some form of relief. Patients who had minimal emotional distress benefited the most from the treatment.
PRELIMINARY RESULTS OF A RESEARCH PROJECT AIMED TO ASSESS AT BRAIN LEVEL THE MECHANISM OF ABDOMINAL ACUPUNCTURE ON REDUCING PAIN PERCEPTION

Liguori S.1, Bangrazi S.1,2, Liguori A.3,2, Pazzaglia C.3,4, Padua L.3,4, Valeriani M.5, Crucco G.6, and Petti F1,2.

1Paracelso Institute, Rome, Italy; 2Sapienza University, Faculty of Medicine, Rome, Italy; 3"Don Gnocchi" Onlus Foundation, Rome, Italy; 4Catholic University of S. Hearth, Rome, Italy; 5"Bambino Gesù" IRCCS Pediatric Hospital, Rome, Italy; 6Sapienza University, Rome, Italy

Aim. In the field of pain therapy, although in modern scientific research acupuncture has been shown to induce manifold effects on the central and peripheral nervous systems, the exact mechanism is unknown. However, some studies demonstrate that the cortical areas involved in pain processing (also called “pain matrix”) substantially overlap with the areas activated by acupuncture. Up to now, no studies have been carried out on abdominal acupuncture (AA) that seems to be very effective in reducing acute pain. The aim of the first step of the present research project was to study under a scientific setting its mechanism of action at level of CNS.

Methods. The recent technologies currently used in the field of pain investigation such as Quantitative Sensory Testing (QST) and Laser Evoked Potentials (LEPs), were applied in order to assess the effect of AA on pain perception. At present, LEPs provide the best method to selectively excite the free nerve endings (A-δ and C-fibres) in the superficial skin layers and, with a particular simplified EEG, permit to have a direct functional examination of the nociceptive afferences (by means of 2 kinds of potentials: N2/P2 and N1). In 10 healthy subjects, a peripheral painful stimulus was induced by YAP at level of the wrist and LEP registration was carried out; a doctor expert in AA proceeded in inserting needles at the specific acupoints and, during acupuncture, a second painful stimulus was induced and LEP recorded; after withdrawal of the needles and 15 minutes of rest, a further LEP registration was carried out. Afterwards, the same subjects underwent the same protocol, but with sham AA.

Results. Statistical analysis showed that real AA induces a significant lowering of pain perception, in terms of either reduction of N2/P2 and N1 potentials’ amplitude (respectively $P<0.00001$; $P<0.0001$), or subjective pain perception (QST) ($P<0.01$).
Conclusions. Our study demonstrates that apparently AA reduces the pain perception in healthy subjects. The second step will evaluate the efficacy of AA in relieving pain induced by the carpal tunnel syndrome (CTS), a common disease characterised by mixed pain with a neuropathic component.
THE ROLE OF ACUPUNCTURE IN PAIN MANAGEMENT

Syarif Sudirman

Pain is a part of human rights. Everybody has right free from pain, free from sufferings. Pain, as defined by International Association for Study of Pain (IASP) is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage. Pain is important problem, because most of patients seek the doctor because of their pain. The ideal pain management as recommended by IASP are pre-emptive analgesia and multi-modal analgesia. That means doctors give analgesia before the patients feel pain or suffer from pain, and doctors administer more than one drugs with different sites of drug action. Most of drugs work at nearly all pain pathways except modulation pathway. Acupuncture had been proven work through endorphinergic mechanism in the modulation pathway, stimulate the release of either β-endorphin, met-enkephalin or dynorphin So the most ideal pain management is when doctors are able to administer modalities to relieve pain through transduction, conduction, transmission, perception and modulation pathways. The only possible technique is when doctors use the combined methods, drugs (The Western Medicine) and acupuncture (The Eastern Medicine).

Keywords : pain, acupuncture
PS 2

PS 2.1

CANCER IS NOT INCURABLE & HEALING POWER OF FORGIVENESS

Tom Wu & Janet Feng Wu

Ⅱ靠著神的大愛使我們有力量去原諒那些不可以原諒的人。

Ask God for the “Power of forgiveness” to forgive those unforgiveness persons through God’s word.

Ⅱ充滿無限制和無條件的愛，為了給予而活著。因為施比受更有福。

Fill in unlimited and unconditional love, live to give, because give is more blessing than receive.

Ⅱ聆聽與溝通克服障礙，欣賞別人的優點

Listening and understanding overcome the road blocks, enjoy the good part of others.

Ⅱ不要把重心放在自己或別人身上下，只仰望神由祂主宰一切

Take the focus off yourself and others look up to the Lord, let him in charge.

Ⅱ馬上行動，學習忘記與交託。

Take action, let go, let God.

Ⅱ健康的根基是喜樂。原諒與忘記是喜樂最佳的良藥。

Joyfulness is the foundation for good health, forgive and forget is the best medicine for joyfulness.

Ⅱ多做善事幫助別人是處理原諒與忘記的起步。

Do a lot of charity work to help those less fortunate which are the first step for forgiveness and forget.

VITAMIN F “FORGIVENESS”

維生素 “F” 原諒

FORGIVENESS breaks all meridian blockages.

寬恕能打通所有阻塞的經脈。

FORGIVENESS promotes the production of endorphin, DHEA.

原諒能使身體製造更多內分泌止痛素和青春素。

FORGIVENESS heals scars of body, mind and spirit.

饒恕是醫治身心靈創傷的疤痕。
FORGIVENESS is fasting, self cleansing, is another chance, is new beginning, new life.

饒恕是內在潔淨再一次機會從新開始，新的生命。

FORGIVENESS unlocks the door of resentment, unlocks the handcuff of hate.

原諒能打開憤恨之門，使憎恨的手銬鬆解。

FORGIVENESS is the first step towards “HOPE”, “HEALING”, and “HAPPINESS”.

饒恕是邁向“希望”、“醫治”及“幸福”第一步。

if you can’t forgive others you will be killing yourself physically and spiritually.

如果你不能原諒別人，你將會把自己的身、心、靈、塗殺。
NEURO ENDOCRINOLOGY APPROACH TO ACUPUNCTURE

Koosnadi Saputra

Acupuncture Research Laboratory in Health Services
Center of Humanities for Health Policy and Community Empowerment
National Institute of Health Research and Development
Ministry of Health - Republic of Indonesia

Neuro endocrinology is the science that transducers information both external and internal body of individual organism to develop an inform and integrated response to a particular stimulus include the action of the nervous system on the function of endocrine processes, neuromodulator and neuro transmitter inside the brain that ultimately act to direct actions outside of the brain.

Acupuncture or needle stimulation results in the activation of high threshold mechanical in the stimulated tissue during acupuncture point as motor neuron. Every energy stimulation of acupuncture point stimulation based on concept of molecular mechanism in their electro mechanical model of energy transduction, order molecular holistic networks to the balancing system.

Somato sensory input from the acupuncture point is processed in the dorsal horn of the spinal cord and activate neuron of the neospino thalamic tract produces combinatorial strategy a complex and elegant process use repeatedly in nature in a wide variety of combination and permutations combinatorial neurons are organized into complex pathways forming circuits in the brain of a particular character.

Frequency and modulation of stimulation regulates the chemical nature of the transmitter released in a wide variety of neural system, centrally and peripherally, consequently by altering impulse and pattern, environmental message by a neuron and as a result the nature of the information communication.

Acupuncture stimulus in the brain integrates survival related information by passing through the limbic system for the final execution of endocrine, autonomic and neurochemical for the purpose of homeostasis based on negative or positive feedback mechanism in the body; this model like Yin Yang and five elements in traditional acupuncture theory.

In the future developing acupuncture in medical science need increasing interest scientist both in the Western and Eastern through research efforts to expand its use into conventional medicine and to encourage further studies of neuro endocrinology approach to acupuncture.
THE ESTIMATION OF ACUPUNCTURE PROSPECT AND DEVELOPMENT IN THE MID OF 21st CENTURY

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Acupuncture nowadays has been spread out in the world since thousands years ago and has been accepted in formal health service in many countries since hundreds years ago. Each country has difference speed of the development and prospect of acupuncture due to many factors. Factor which may influence speed of the development and prospect of acupuncture are (1) the development of acupuncture sciences, (2) the development of acupuncture technology, (3) the development of teaching learning methods, (4) the development of teaching learning technology, (5) the regulations and needs of professions, (6) the government regulations, (7) the global rules, (8) the demand of patients, (9) the needs of community, (10) the quality of Education or Training Institutes, and (11) international qualification framework.

Acupuncture science was significantly increasing since a lot of researches have been done by expert scientists. Evidence-based acupuncture research has explained the various mechanisms of acupuncture clinic until the level of cellular and molecular aspects. The qualified researches may increase the trend of acupuncture to become integrated to medical sciences. Acupuncture equipment used to support the diagnosis and the therapy has increased its quality so that it can improve the quality of acupuncture treatments.

Teaching and learning methods in the acupuncture progressively in accordance with the development of learning methods and technologies. Improvement in acupuncture teaching and learning methods will increase the speed of development of acupuncture. While acupuncture teaching learning methods will improve faster based on high technology of audiovisual aids and another acupuncture teaching learning technology supporters.

The profession of acupuncture will grow into an actual health profession such as the medical profession and the profession of dentist. Acupuncture profession will evolve into a respected profession with higher education backgrounds. The rules and laws that underlie the activities of acupuncture in the community service and training will be progressively in accordance with the demands and needs of each country. Improvement of the rules and the law will speed up the development of acupuncture.
The changes of health's paradigm that make the patient and the community became central points in health service gives rise to improvements in the development of acupuncture as well as the demands and needs of the patient and the community.

The improvement of the quality in acupuncture education and training will increase the competency of acupuncture practitioners so that they can achieve the skills needed to serve the patients and community. While International Qualification Framework will standardized the quality of acupuncture practitioners, acupuncture education and training programs, acupuncture training institutes, and acupuncture assessments all countries in the world.

Key words: Acupuncture Sciences, Regulations, Practitioners, Training, and Assessment.
OUR VISION FOR THE AUSTRALIAN TCM PROFESSION

Richard Keyuan LI, Judy JAMES
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ABSTRACT: With the commencement of national registration on 1 July 2012, Australia has become the first Western country to have a fully integrated national registration and accreditation system for Chinese medicine, including acupuncture. This landmark development in Australia will inevitably change the face of our practice and our profession. Being part of the mainstream health system puts us in a better position to be an effective player in the health sector and to lobby for our profession in the post-registration environment, and it is also important that we consciously strive to retain the holistic and unique nature of our medicine as we operate more effectively within the wider health system. The paper will discuss the challenges and opportunities that the Australian TCM profession is facing, and efforts that are continuously made to ensure the transition from a mostly unregistered profession to a fully-registered profession, and to develop into a highly skilled, literate and articulate profession that is able to meet the needs of Australians for safe, effective and ethical acupuncture and Chinese medicine health services. This is our vision for our future.
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