

Editorial

This issue of AJACM (volume 3, issue 1) is packed with systematic reviews, articles, research summaries, conference reports and book reviews and is one of our biggest issues yet. Our aim is to provide our readers and subscribers with the latest in research findings, clinical practice and professional issues, an aim which I believe the Journal is achieving. To this end, we will be distributing an anonymous survey at the next Australasian Acupuncture and Chinese Medicine Annual Conference (AACMAC) at Sydney in May, in order to get some detailed feedback on what you want in the Journal.

The first article in this issue is a systematic review of the Chinese literature on research of the effect of acupuncture on migraine, co-authored by our editor, Zhen Zheng. While there is a global expansion of Chinese medicine, access by English speakers to the wealth of Chinese research literature has been minimal. This paper represents, I believe, one of the first studies to specifically address that issue in the format of a systematic review.

The second article is an exploration of Chinese medicine epistemics (knowledge systems). The authors, one Chinese and one Australian, contest some of the assumptions in the West concerning early notions of reality and being, and how these affected the early developments of Chinese medical concepts and methods. Those interested in a scholarly understanding of Chinese medical thought will find this article thought provoking.

The next paper, by Hong Xu and her colleague, has a clinical focus. The well-known *Shang Han Lun* formula – *Ban Xia Xie Xin Tang* for treating glomus – is evaluated for its clinical usage and further modification. The ability of master practitioners to use a few formulae with the knowledge to modify them for a range of specific complaints is integral to developing clinical skill.

The fourth article is a condensed version of a Cochrane Systematic Review on the Chinese herbal research on primary dysmenorrhea that was published in late 2007. Xiaoshu Zhu and co-authors have permitted us to reproduce the review of this very commonly presented clinical condition. Reviews such as this and the previous acupuncture study give us confidence in treating such conditions, and are also useful in informing

potential patients of the ability of herbal medicine and acupuncture to treat many common conditions.

Central to the development of a profession is education. To this end, the next article directs readers to the growing use of computer technology. The paper describes the four-stage quality assurance model SOPE and how it is used in the development of online materials for a subject on herbal pharmacology at an Australian university.

There are also book reviews, conference reports and clinical research summaries that will keep you up to date on the Australian and international scene.

Since the last issue in December 2007, we have had a number of important events occur in Australia. On the conference front, an international conference, the Third International Congress of Complementary Medicine Research (ICCMR) was held in Sydney in March. While the scope of the conference was broad, Chinese medicine and acupuncture were an integral component of the program. On the research front, the National Health and Medicine Research Council (NHMRC) complementary medicine grants were recently released. In the area of Chinese medicine and acupuncture, Professor Alan Bensoussan (University of Western Sydney) was successful in receiving a grant of \$590 200 for the clinical and physiological evaluation of Chinese herbal medicine for constipation predominant irritable bowel syndrome. The other recipient was Associate Professor Patricia Armati (University of Sydney), who will receive \$326 207 to investigate the neural mechanism of laser acupuncture in pain relief using rat peripheral nervous tissue models. Also released were the National Institute of Complementary Medicine (NICM) Collaborative Centre grants, a State and Commonwealth venture to increase the capacity for research into complementary medicine. The University of Sydney (representing a consortium of eight universities) was successful in obtaining \$734 000 to establish a national approach to evaluating Chinese medicine, including acupuncture and Chinese herbal medicine.

Finally, congratulations to the Division of Chinese Medicine at RMIT University, one of the only two organisations globally that have been recognised through the Wang Ding Yi Cup International Prize by the World Federation of Chinese

Medicine Societies (WFCMS). The conferring ceremony was held at the Great Hall of the People (the Chinese Parliament) on 15 April 2008. This award is recognition of RMIT's contribution to Chinese medicine education, research, clinical training and promotion of the internationalisation of Chinese medicine over a period of 15 years.

Readers are reminded to consider submitting manuscripts to the Journal, including letters to the editor and case studies,

as we need your support to continue to make the Journal a valuable resource for professional and clinical knowledge. I think I have accosted you in this editorial with enough acronyms to last a lifetime! Please read and enjoy, and we look forward to publishing an even bigger and better issue in late 2008.

*Chris Zaslowski
Deputy Editor*

Letters to the Editor

One of our readers recently contacted Sherman Gu regarding his case report, 'Thoracic Outlet Syndrome Treated with Acupuncture, Manual Techniques and Self-stretching Exercises', which was published in volume 2, issue 1 (2007) of AJACM. The reader had utilised some of the treatments described by Gu and enquired whether he could recommend any additional treatment for thoracic outlet syndrome (TOS). Gu's response is reprinted below.

Dear —,

I am pleased to hear that your patient is benefiting from the article I wrote.

You might instruct the patient to perform the following stretch exercises adapted from Travell and Simons, one of the references listed at the end of my article.

The patient is in the supine position; if the TOS is on the left side, then anchor his affected side arm by placing it behind the trunk. Put his other hand on the back of the head with the head in 45° rotation away from the affected side, and stretch the neck and shoulder gently and slowly. Repeat the same manoeuvre with the head in the position of 45° rotation

toward the affected side or neutral position (face up). The stretching can be repeated three or four times in each direction and performed in two or three sessions daily until the patient is pain free.

The details of the stretch can be obtained from the following:

Travell J, Simons D. Myofascial pain and dysfunction: the trigger point manual (Vol. 1). Baltimore, MD: Williams & Wilkins; 1983. p. 362–63.

Regards,
Sherman Gu