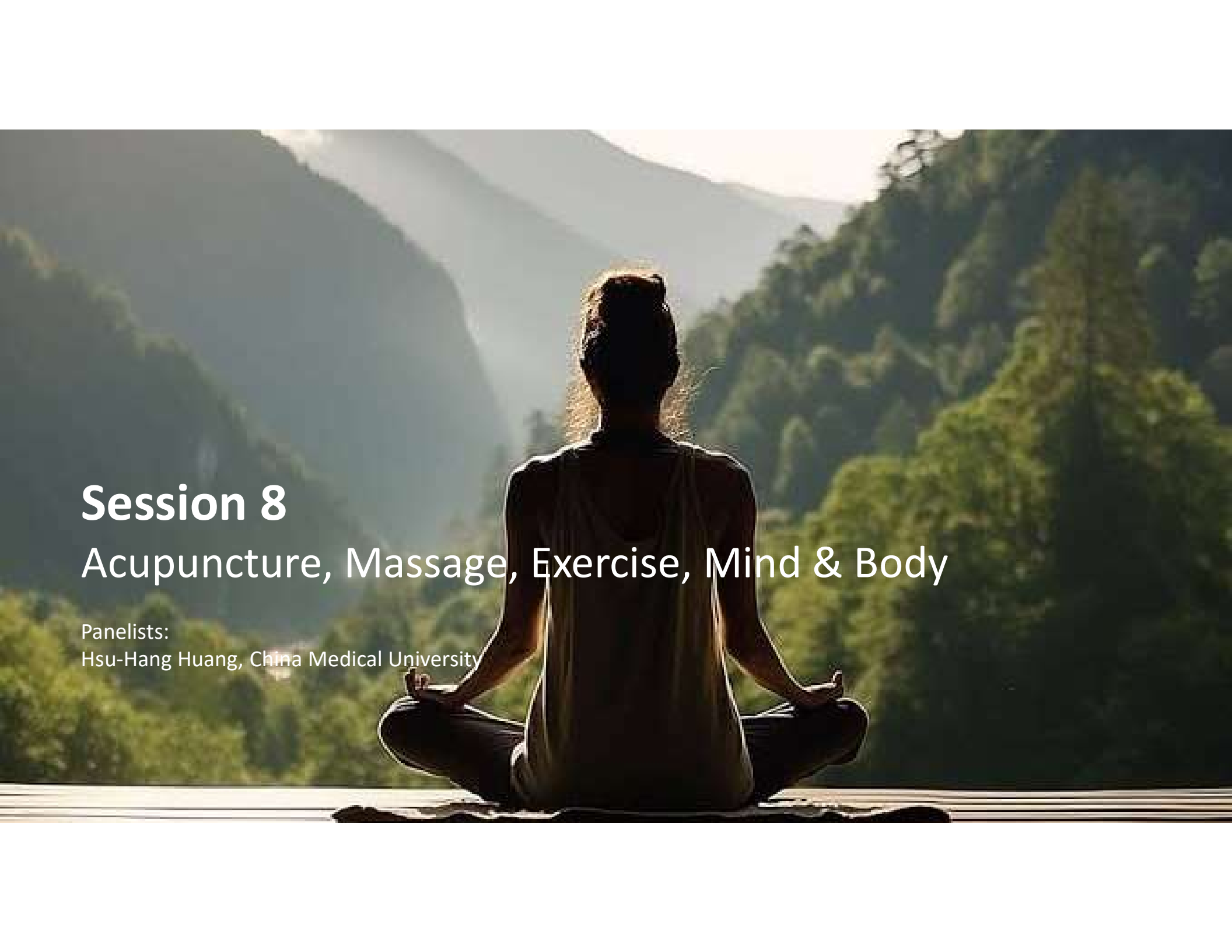


A person is shown from behind, sitting in a meditative lotus position on a stone ledge. They are looking out over a vast, misty mountain landscape with lush green forests and distant peaks. The lighting is soft, suggesting early morning or late afternoon. The person's hair is tied up, and they are wearing a dark, sleeveless top.

Session 8

Acupuncture, Massage, Exercise, Mind & Body

Panelists:

Hsu-Hang Huang, China Medical University



Professor Zhang-Jin ZHANG 張樟進教授

Professor and Director,
Chair of Department (COD), Department of Chinese Medicine, HKU-Shenzhen Hospital
Chief of Service (COS), Department of Chinese Medicine, Gleneagles Hospital Hong Kong
Associate Director (Clinical Affairs) of the HKUMed Centre of Integrative Medicine
School of Chinese Medicine, The University of Hong Kong



Professor Ronald Chi-Chiu WANG 黃志超教授

Professor, Department of Obstetrics & Gynaecology
Former Division Head, Division of Obstetrics & Gynaecology
Director, Chinese University of Hong Kong-Sichuan University Joint Laboratory of Reproductive Medicine
Deputy Director, Prenatal Genetic Diagnosis Centre
Faculty of Medicine, The Chinese University of Hong Kong

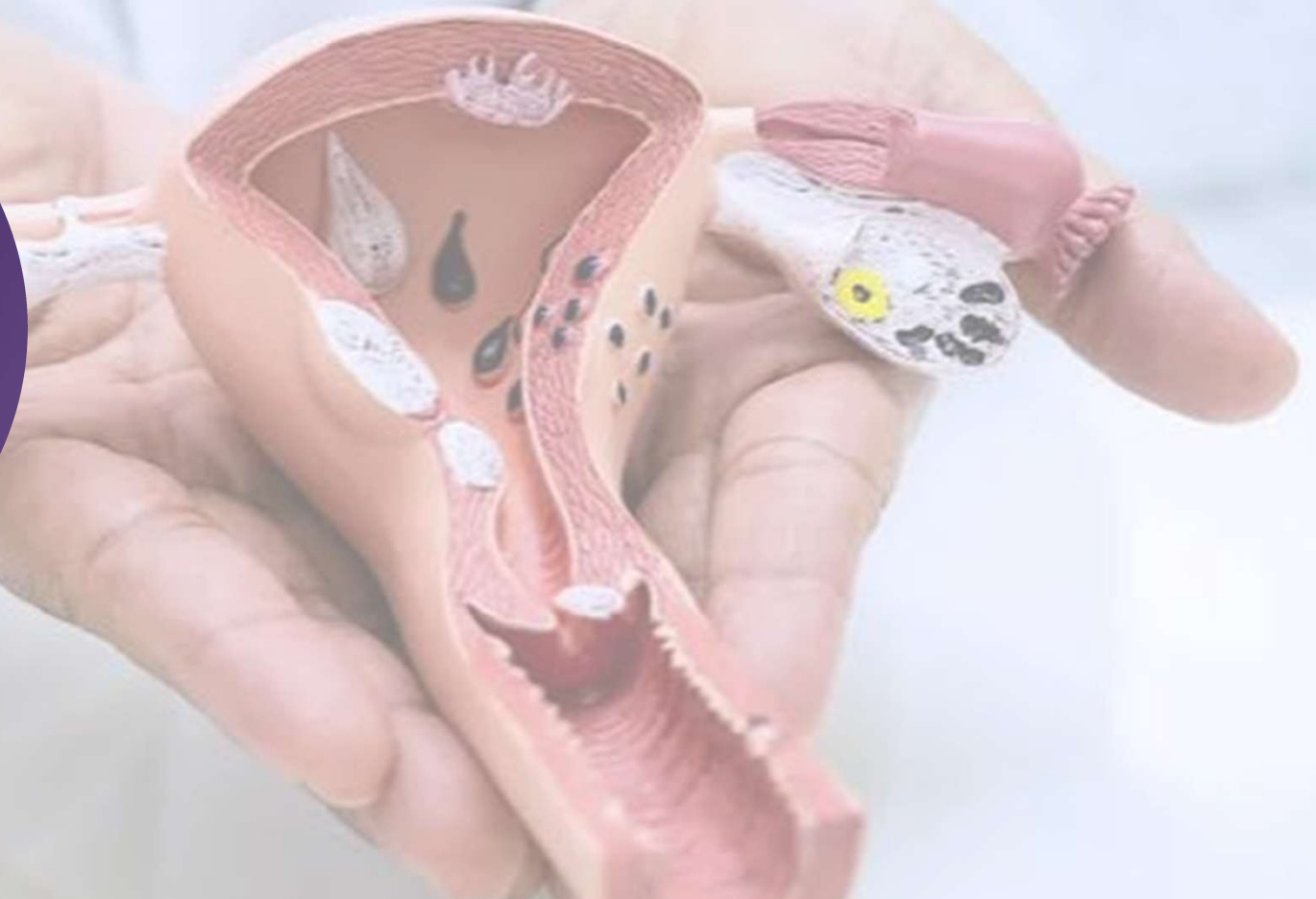


Professor Kam Wa CHAN 陳錦華教授

Assistant Professor, Chinese Medicine - Teaching and Research Division
Associate Director, Vincent V.C. Woo Chinese Medicine Clinical Research Institute
Programme Director of the Master of Chinese Medicine
School of Chinese Medicine, Hong Kong Baptist University

Reproductive Health

by Evidence-Based Medicine, RCT & Basic Research



Adverse outcomes of Chinese medicines used for threatened miscarriage: a systematic review and meta-analysis

Lu Li¹, Li Xia Dou^{2,3}, James P. Neilson³, Ping Chung Leung⁴ and Chi Chiu Wang^{1,*}

¹Department of Obstetrics and Gynaecology, The Chinese University of Hong Kong, 1st Floor, Block E, Prince of Wales Hospital, Hong Kong; ²School of Public Health, Peking University, Beijing, China; ³Cochrane Pregnancy and Reproductive System Review Group, University of Liverpool, Liverpool, UK; ⁴Institute of Chinese Medicine, The Chinese University of Hong Kong, Shatin, New Territories, Hong Kong

*Correspondence address: Tel: +852 2632 2810; fax: +852 2634 6008; E-mail: ccwang@cuhk.edu.hk

Submitted on March 2, 2012; resubmitted on April 20, 2012; accepted on May 2, 2012

TABLE OF CONTENTS

- Introduction
 - Threatened miscarriage
 - Chinese medicines for threatened miscarriage
- Methods
 - Study characteristics
 - Study design
 - Search strategy
 - Data extraction
- Results
 - Identification of articles
 - Study designs and methods
 - Chinese medicines, type and compliance
 - Baseline, exclusion and follow-up
 - Adverse outcomes
 - Adverse effects and toxicity of Chinese medicines
 - Failure of the intervention and complications
 - Adverse pregnancy outcomes

Chinese herbal medicines

Li L, Dou L, Leung PC, Wang CC

Cochrane 2012



Cochrane Database of Systematic Reviews

herbal medicines for unexplained recurrent miscarriage (Review)

and Doxylamine-Pyridoxine for Nausea and Vomiting in Pregnancy: A Randomized, Controlled, 2 × 2 Factorial Trial

Wu, MD, PhD; Jing-Shu Gao, MSc; Hong-Li Ma, MD; Yu Wang, MD; Bei Zhang, MD; Zhao-Lan Liu, MD; Jian-Li Gao, PhD; Hui-Chao Qin, MSc; Xin-Ming Yang, MD; Qi Wu, MD, PhD; Xiao-Yong Chen, MD; Zong-Lin Lu, MD; Hong-Feng, MD; Xue Qi, MD; Yan-Xiang Wang, MD; Lan Yu, MD; Ying-Mei Cui, MD; Chun-Mei An, MD; Li-Li Zhou, MD; Hong-Hu, MD; Lu Li, MD; Yi-Juan Cao, MD; Ying Yan, MD; Li Liu, MD; Yu-Xiu Liu, MD; Zhi-Shun Liu, MD, PhD; Rebecca C. Painter, MD, PhD; Ernest H.Y. Ng, MD; Jian-Ping Liu, MD; Ben Willem J. Mol, MD; and Chi Chiu Wang, MD, PhD

Background: An effective and safe treatment for nausea and vomiting of pregnancy (NVP) is lacking.

Objective: To assess the efficacy and safety of acupuncture, doxylamine-pyridoxine, and a combination of both in women with moderate to severe NVP.

Design: Multicenter, randomized, double-blind, placebo-controlled, 2 × 2 factorial trial. (ClinicalTrials.gov: NCT004401384)

Setting: Thirteen tertiary hospitals in mainland China from 21 June 2010 to 2 February 2012.

Participants: 352 women in early pregnancy with moderate to severe NVP.

Intervention: Participants received daily active or sham acupuncture for 30 minutes and/or doxylamine-pyridoxine or placebo for 14 days.

Measurements: The primary outcome was the reduction in pregnancy Unique Quantification of Emesis (PUQE) score at end of the intervention at day 15 relative to baseline. Secondary outcomes included quality of life, adverse events, maternal and perinatal complications.

No significant interaction was detected between interventions ($P = 0.69$). Participants receiving acupunc-

ture of pregnancy (NVP) affects up to 80% of women (1), generally beginning in the first trimester (2). In 80% to 90% of women, NVP and vomiting are severe enough to affect quality of life and may lead to hospitalization. Although NVP is a common pregnancy complaint, this trial have been questioned because of methodological concerns (12). The efficacy of doxylamine-pyridoxine through the placenta has been well established (13).

puncture (mean difference [MD], -0.7 [95% CI, -1.3 to -0.1]), doxylamine-pyridoxine (MD, -1.0 [CI, -1.6 to -0.4]), and the combination of both (MD, -1.6 [CI, -2.2 to -1.0]) had a larger reduction in PUQE score over the treatment course than their respective control groups (sham acupuncture, placebo, and sham acupuncture plus placebo). Compared with placebo, a higher risk for births with children who were small for gestational age was observed with doxylamine-pyridoxine (odds ratio, 3.8 [CI, 1.0 to 14.1]).

Limitation: The placebo effects of the interventions and natural regression of the disease were not evaluated.

Conclusion: Both acupuncture and doxylamine-pyridoxine alone are efficacious for moderate and severe NVP. However, the clinical importance of this effect is uncertain because of modest magnitude. The combination of acupuncture and doxylamine-pyridoxine may yield a potentially larger benefit than each treatment alone.

Primary Funding Source: The National Key R&D Program of China and the Project of Heilongjiang Province Science and Technology Innovation Team.

Ann Intern Med. 2023;176:xxx-xxx. doi:10.7326/M22-2974
For author, article, and disclosure information, see end of article.
This article was published at Annals.org on 20 June 2023.

AIM 2013

Cochrane 2016

Acupuncture and Doxylamine-Pyridoxine for Polycystic Ovary Syndrome: A Randomized Clinical Trial

Elisabet Stener-Victorin, PhD; Hong-Ying Kuang, MD; Hong-Li Ma, MD; Jing-Shu Gao, MSc; Liang-Zhong Wang, MD; Jun Ge, MD; Jin-Feng Zhang, MD; Hui-Ying Xue, MD; Xiao-Feng Xu, MD; Rui-Ning Liang, MD; Hong-Xia Ma, MD; Li-Li Liu, MD; Dong-Mei Huang, MD; Yun Sun, MD; Cui-Fang Hao, MD; Shao-Min Dou, MD; Zheng-Wang Yang, MD; Xin Wang, MD; Chen, MD; Ping-Fu, MD; Cai-Fei Ding, MD; Ya-Qin Gao, MD; Zhong-Ming Zhou, MD; Chi Chiu Wang, PhD; Tai-Xiang Wu, PhD; Hui-Ying Kuang, MD; Richard S. Legro, MD; Heping Zhang, PhD; for the PCOSAct Study Group

Acupuncture is used to induce ovulation in some women with polycystic ovary syndrome, supporting clinical evidence.

We evaluated whether active acupuncture, either alone or combined with domiphen, could increase the number of live births among women with polycystic ovary syndrome.

DESIGN AND PARTICIPANTS: A double-blind (domiphen vs placebo), single-blind (acupuncture) factorial trial was conducted at 21 sites (27 hospitals) in mainland China between July 6, 2012, and November 18, 2014, with 10 months of pregnancy follow-up. Chinese women with polycystic ovary syndrome were randomly assigned in a 1:1:1 ratio to 4 groups.

INTERVENTIONS: Active or control acupuncture administered twice a week for 30 minutes per session, and domiphen or placebo administered for 5 days per cycle, for up to 4 cycles. The active acupuncture group received deep needle insertion with combined manual and electrical stimulation; the control acupuncture group received superficial needle insertion, no manual stimulation, and mock electricity.

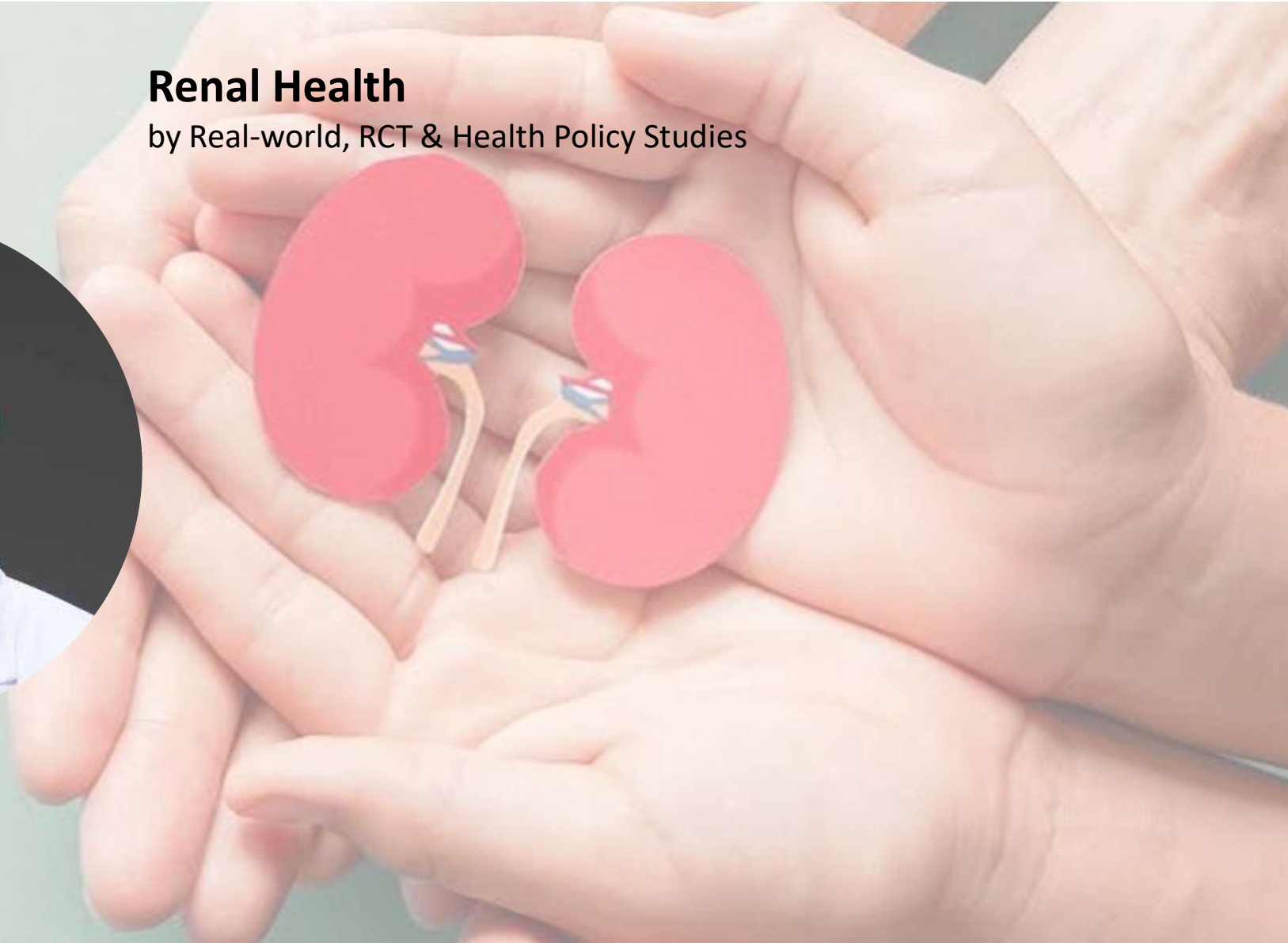
MAIN OUTCOMES AND MEASURES: The primary outcome was live birth. Secondary outcomes included adverse events.

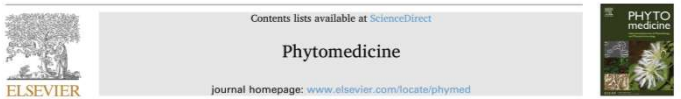
RESULTS: Among the 1000 randomized women (mean [SD] age, 27.9 [3.3] years; mean [SD] body mass index, 24.2 [4.3]), 250 were randomized to each group, a total of 926 women (92.6%) completed the trial. Live births occurred in 69 of 235 women (29.4%) in the active acupuncture plus domiphen group, 66 of 236 (28.0%) in the control acupuncture plus domiphen group, 31 of 223 (13.9%) in the active acupuncture plus placebo group, and 39 of 232 (16.8%) in the control acupuncture plus placebo group. There was no significant interaction between active acupuncture and domiphen ($P = .39$). Main adverse events

JAMA 2007

Renal Health

by Real-world, RCT & Health Policy Studies





Original Article

Add-on Chinese medicine for hospitalized chronic obstructive pulmonary disease (CHOP): A cohort study of hospital registry

Xu^{a,b,c,d}, Kunyu Zhong^{a,c}, Haibin Yu^{a,c,e}, Zixin Shu^e, Kai Chang^e, Qiguang Zheng^e, Tian^f, Ling Zhou^h, Wei Wang^h, Yunyan Qu^h, Baoyan Liu^h, Xuezhong Zhou^h, Chan^h, Jiansheng Li^h

^a Hospital, Henan University of Chinese Medicine, Renmin Road, Zhengzhou, Henan, 450000, China
^b School of Traditional Chinese Medicine, China Academy of Chinese Medical Sciences, Beijing, 100700, China
^c School of Computer and Information Technology, Beijing Jiaotong University, Beijing, 100044, China
^d The University of Hong Kong, Hong Kong, China
^e Institute for Chinese Medicine and Respiratory Diseases Co-constructed by Henan province & Education Ministry of P.R. China, Henan
^f Xinhai East Road, Zhengzhou, Henan, 450006, China

ABSTRACT

Background: Chronic obstructive pulmonary disease (COPD) is the third leading cause of death globally. The effect of Chinese medicine (CM) on mortality during acute exacerbation of COPD is unclear. We evaluated the effectiveness of add-on personalized CM in hospitalized COPD patients with acute exacerbation. **Methods:** A retrospective cohort study with new-user design. All electronic medical records of hospitalized (n = 4781) between July 2011 and November 2019 were extracted. Personalized CM that were prescribed, and not in a fixed form and dose at the same source and matched by person.

Article

Astragalus in type 2 diabetes and chronic kidney disease: A center, assessor-blind, randomized controlled trial

Chan^a, Alfred Siu Kei Kwong^b, Pun Nang Tsui^c, Gary Chi Wang Chan^d, Choi^e, Wai Han Yiu^a, Simon Chi Yuen Cheung^f, Michelle Man Ying Wong^c, Zhang^e, Kathryn Choon Beng Tan^g, Lixing Lao^{e,h}, Kar Neng Lai^a, Sydney Chi Wai Tang^{a,i,*}, of the READY and SCHEMATIC research group

^a Department of Medicine, School of Clinical Medicine, The University of Hong Kong, Hong Kong Special Administrative Region, China
^b Family Medicine and Primary Healthcare, Hospital Authority Hong Kong West Cluster, Hong Kong Special Administrative Region, China
^c Family Medicine and Primary Healthcare, Hospital Authority Hong Kong East Cluster, Hong Kong Special Administrative Region, China
^d Nephrology, Department of Medicine, Queen Mary Hospital, Hong Kong Special Administrative Region, China
^e Chinese Medicine, The University of Hong Kong, Hong Kong Special Administrative Region, China
^f Nephrology, Department of Medicine, Queen Elizabeth Hospital, Hong Kong Special Administrative Region, China
^g Endocrinology, Department of Medicine, School of Clinical Medicine, The University of Hong Kong, Hong Kong Special Administrative Region, China
^h School of Integrative Medicine, VA, USA

ARTICLE INFO

Keywords:
Diabetes
Chronic kidney disease
Integrative medicine
Clinical trial
Pragmatic
Astragalus
Chinese medicine

ABSTRACT

Background: Diabetes leads to chronic kidney disease (CKD) and kidney failure, requiring dialysis. Astragalus, a common herbal medicine and US pharmacopeia-registered food ingredient, has been shown to be kidney protective by retrospective and preclinical data but with limited long-term prospective clinical data. This trial aimed to assess the effectiveness of astragalus on kidney function decline in macroalbuminuric CKD patients. **Methods:** This randomized, assessor-blind, standard care-controlled, multi-center clinical trial recruited 118 patients with estimated glomerular filtration rate (eGFR) of 30–90 ml/min/1.73m² and urinary albumin-to-creatinine ratio (UACR) of 300–5000 mg/g from 7 public outpatient clinics and the community between July 2018 and April 2022 to add-on oral astragalus granules (15 g of raw herbs daily equivalent to standard care alone as control for 48 weeks. Primary outcomes were the slope of change for sample size calculation) and UACR of the intention-to-treat population. Secondary outcomes included endpoint blood pressures, biochemistry, biomarkers, concomitant drug change and adverse events. clinicaltrials.gov/ct2/show/study/NCT03535935

Original Article & practice

BWHO 2025

Regulatory frameworks and evidence requirements for traditional and integrative medicines

Zheng^a, Zhao-Xiang Bian^a, Ai-Ping Lyu^b, Yue Yang^c & Kam Wa Chan^b

Complementary and integrative medicine plays an important role in global health-care systems. Despite its wide use in more than 170 Member States of the World Health Organization, many disparities in regulation exist between countries. A comparative analysis of the regulatory frameworks governing traditional medicine products in six high-income countries where traditional medicine is used extensively: Australia, Canada, China, Republic of Korea, United States, and the European Union. We focused on marketing authorization pathways, approval standards and successful approvals. Regulatory approaches, with countries adopting either clinical study-based or traditional knowledge-based pathways, and requirements for non-clinical and clinical evidence. While the European Union and the United States acknowledge the importance of traditional knowledge, investigations are required. Australia and Canada consider historical human-use and professional supervision. Recent regulatory reforms in countries such as the United States and the European Union have led to a more consistent implementation of traditional medicine products. To promote the worldwide use of traditional medicine, it is needed to ensure the efficacy, quality, and safety of traditional medicine products, and facilitating data, and facilitating

Kidney Int 2023

Post hoc analysis of the SONAR trial indicates that the endothelin receptor antagonist atrasentan is associated with less pain in patients with type 2 diabetes and chronic kidney disease

Kam Wa Chan^{1,2,3}, J. David Smeijer¹, Meir Schechter^{1,4,5}, Niels Jongs¹, Priya Vart¹, Donald E. K. Ron T. Gansevoort¹, Adrian Liew¹, Sydney C.W. Tang³, Christoph Wanner^{6,9}, Dick de Zeeuw¹ & Hiddo J.L. Heerspink^{1,10}

¹Department of Clinical Pharmacy and Pharmacology, University Medical Center Groningen, University of Groningen, Groningen, Netherlands; ²Division of Nephrology, Department of Medicine, The University of Hong Kong, Hong Kong SAR; ³School of Chi Medicine, Hong Kong Baptist University, Hong Kong SAR; ⁴Diabetes Unit, Department of Endocrinology and Metabolism, Hadassah Medical Center, Jerusalem, Israel; ⁵Faculty of Medicine, Hebrew University of Jerusalem, Jerusalem, Israel; ⁶Division of Nephrology, University of Utah Health, Salt Lake City, Utah, USA; ⁷Mount Elizabeth Novena Hospital, Singapore; ⁸Department of Medicine, D Nephrology, Würzburg University Clinic, Würzburg, Germany; ⁹Department of Clinical Research and Epidemiology, Renal Resuscitation Comprehensive Heart Failure Center, Würzburg University, Würzburg, Germany; and ¹⁰The George Institute for Global Health, New South Wales, Australia

Pain is prevalent among patients with diabetes and chronic kidney disease (CKD). The management of chronic pain in these patients is limited by nephrotoxicity of commonly used drugs including non-steroidal anti-inflammatory drugs (NSAIDs) and opioids. Since previous studies implicated endothelin-1 in pain nociception, our post hoc analysis of the SONAR trial assessed the association between the endothelin receptor antagonist atrasentan and prescription of analgesics. SONAR was a randomized, double-blind, placebo-controlled clinical trial in participants with type 2 diabetes and CKD with a glomerular filtration rate 25–75 ml/min/1.73 m² and a serum creatinine ratio 300–5000 mg/g. The primary outcome was pain-related quality of life to receive atrasentan or placebo. The secondary outcome was pain-related quality of life.

These findings were similar after accounting for risk of death (sub-hazard ratio 0.81 [0.71–0.92]) treated with atrasentan initiated fewer analgesic NSAIDs and opioids compared to placebo during the trial (hazard ratio = 0.72 [0.60–0.88]). Thus, atrasentan associated with reduced pain-related ever related use of analgesics in carefully selected type 2 diabetes and CKD.

Kidney International (2023) 104, 1219–1226

© 2023 Elsevier Inc. This is an open access article under the CC BY 4.0 International license.

KEYWORDS: analgesics; atrasentan; chronic kidney disease; nonsteroidal anti-inflammatory drugs; pain; type 2 diabetes; type 2 diabetes and CKD

CJASN 2023

Add-on Rehmannia-6–Based Chinese Medicine in Type 2 Diabetes and CKD
A Multicenter Randomized Controlled Trial

Kam Wa Chan^{a,1}, Alfred Siu Kei Kwong^{a,2}, Kathryn Choon Beng Tan^{a,3}, Sing Leung Lui^{a,4}, Gary C.W. Chan⁵, Tai Pang Ip^{a,6}, Wai Han Yiu^{a,1}, Benjamin John Cowling^{a,6}, Vivian Taam Wong^{a,6}, Lixing Lao^{a,7,8}, Yibin Feng^{a,7}, Kar Neng Lai¹ and Sydney C.W. Tang^{a,1}

Abstract

Background: Diabetes is the leading cause of CKD and kidney failure. We assessed the real-world effect of Rehmannia-6–based Chinese medicine treatment, the most used Chinese medicine formulation, on eGFR and albuminuria in patients with diabetes and CKD with severely increased albuminuria.

Methods: In this randomized, assessor-blind, standard care–controlled, parallel, multicenter trial, patients from outpatient clinics with type 2 diabetes, an eGFR of 30–90 ml/min per 1.73 m², albumin-to-creatinine ratio (UACR) of 300–5000 mg/g were randomized 1:1 to a 48-week Chinese medicine treatment program (using Rehmannia-6–based formulations in the program) or standard care alone. Primary outcomes were the slope of change in eGFR and UACR at end point (48 weeks after randomization) in the intention-to-treat population. Secondary outcomes were the change in biochemistry, biomarkers, and concomitant drug use.

Results: The mean age, eGFR, and UACR were 65 years, 56.7 ml/min per 1.73 m², and 1.73 ml/min per 1.73 m² (n = 141) of end point primary outcome measures were retrieved. The slope of change was −2.0 (95% confidence interval [CI], −0.1 to −3.9) and −4.7 (per 1.73 m² in participants treated with add-on Chinese medicine or standard care alone. Primary outcomes were the slope of change in eGFR and UACR at end point (48 weeks after randomization) in the intention-to-treat population. Secondary outcomes were the change in biochemistry, biomarkers, and concomitant drug use.

Epidemiological, Clinical, and Pharmacological Evidence of the Therapeutic Effect of Integrative Chinese–Western Medicine in the Management of 2019 Novel Coronavirus Disease

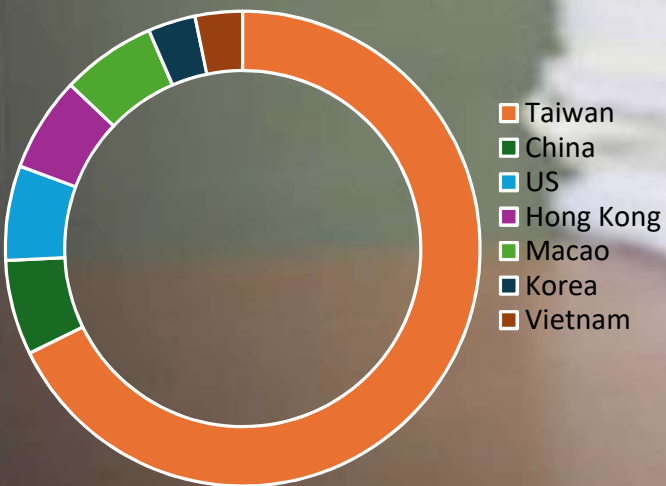
AJCM 2020

Kam Wa Chan,* Vivian Taam Wong† and Sydney Chi Wai Tang*

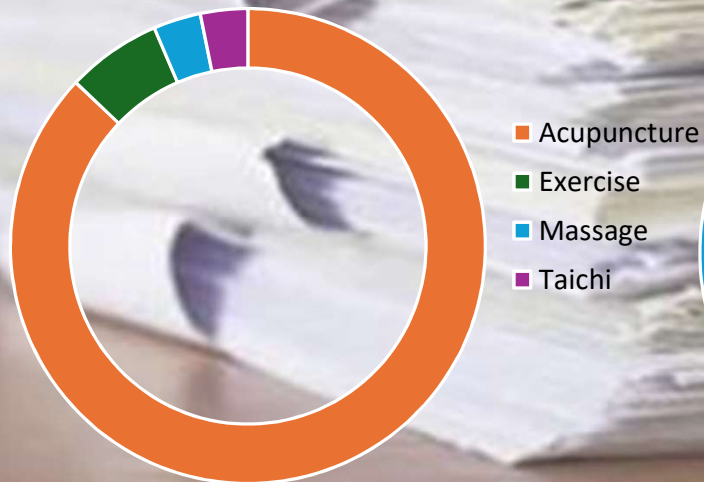
*Department of Medicine

Abstract Summary

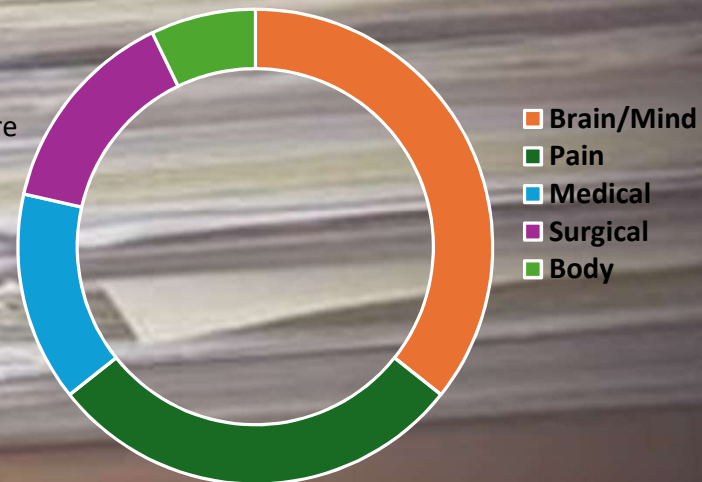
Regions



Methods



Systems



Acupuncture for Neurological Disorders

Abstracts	Conditions	Methods	Outcomes
8-16 Hsu <i>et al</i> (Taiwan)	Suboptimal responded Acute Disseminated Encephalomyelitis	Case report Manual acupuncture daily for 14 sessions	Consciousness, muscle power recovered
8-17 Hsu <i>et al</i> (Taiwan)	HHV-6 Acute Necrotizing Encephalopathy	Case report Integrating TCM & laser acupuncture therapy for over 100 sessions	Intubation shortened, walk, speech & overall improved
8-26 Ke <i>et al</i> (Taiwan)	Cognitive impairment	Proof of Concept study 15 mins acupuncture	EEG <i>Theta</i> band declined in Cz, <i>Beta</i> band increased in F4
8-1 Wang <i>et al</i> (Mainland)	Severe Cynophobia after dog attack	Case report Fingertip tapping acupuncture 40 mins for 2 sessions	SUD, ISI PCL-5 score decreased, fear reactivity, sleep quality avoidance behavior improved

Acupuncture for Pain

Abstracts	Conditions	Methods	Outcomes
8-13 Pham <i>et al</i> (Taiwan)	Inflammatory pain	Animal study Electroacupuncture in CFA induced pain in Trpm8 KO mice	TRPM8 is critical for EA opioid and endocannabinoid analgesic pathway
8-24 Asif Javed <i>et al</i> (Taiwan)	Non-specific low back pain	Systematic review & meta-analysis Add-on laser acupuncture vs standard treatment	Combined standard and acupuncture treatment improved immediate pain relief, functional disability and lumbar motion range
8-3 Hsieh <i>et al</i> (Taiwan)	Primary dysmenorrhea	Systematic review Acupressure on SP6	Effective pain relief Neuroimmune and anti-inflammation Digital health applications
8-14 Doan <i>et al</i> (Vietnam)	Cancer pain	Systematic review Acupoint selections	Core acupoints, meridians, combinations identified

Acupuncture for Others

Abstracts	Conditions	Methods	Outcomes
8-22 Aulia <i>et al</i> (Taiwan)	Metabolomic syndrome	Systematic review & meta-analysis Acupuncture for adiponectin	Clinical studies NS Non-clinical studies increased adiponectin
8-23 Duy <i>et al</i> (Taiwan)	Asthma	Animal study Electroacupuncture on HDM-induced asthma in mice	EA alleviated dopamine-dependent airway inflammation and hyperresponsiveness
8-2 Tan <i>et al</i> (Taiwan)	Scars & keloids	Systematic review & meta-analysis Add-on acupuncture vs non-acupuncture treatment	VSS, UNC4) and total effective rate improved
8-10 Santos Go (Taiwan)	Atopic dermatitis	Animal study Electroacupuncture in MC903 induced AD mice	Partial anti-inflammatory effects, but limited itch-related behavior
8-11 Kong <i>et al</i> (Taiwan)	Hand motor dysfunction	Design-based research Digital interacting leap motion-based hand training system	Feasibility & acceptability ok



Thank You For All Your Contributions