



臨床研究

國考題練習

操作練習



# 臨床研究

# 耳穴治療過重患者

*Acupunct Med.* 2014 Apr;32(2):132-8. doi: 10.1136/acupmed-2013-010435. Epub 2013 Dec 16.

## Randomised clinical trial of five ear acupuncture points for the treatment of overweight people.

Yeo S<sup>1</sup>, Kim KS, Lim S.

### ⊕ Author information

#### Abstract

神門、脾點、胃點、飢渴點、內分泌

**OBJECTIVE:** To evaluate the efficacy of the five ear acupuncture points (Shen-men, Spleen, Stomach, Hunger, Endocrine), generally used in Korean clinics for treating obesity, and compare them with the Hunger acupuncture point.

**METHODS:** A randomised controlled clinical trial was conducted in 91 Koreans (16 male and 75 female, body mass index (BMI)≥23), who had not received any other weight control treatment within the past 6 months. Subjects were divided randomly into treatment I, treatment II or sham control groups and received unilateral auricular acupuncture with indwelling needles replaced weekly for 8 weeks. Treatment I group received acupuncture at the five ear acupuncture points, treatment II group at the Hunger acupuncture point only and the sham control group received acupuncture at the five ear acupuncture points used in treatment I, but the needles were removed immediately after insertion. BMI, waist circumference, weight, body fat mass (BFM), percentage body fat and blood pressure were measured at baseline and at 4 and 8 weeks after treatment.

**RESULTS:** For the 58 participants who provided data at 8 weeks, significant differences in BMI, weight and BFM were found between the treatment and control groups. Treatment groups I and II showed 6.1% and 5.7% reduction in BMI, respectively (p<0.004). There were no significant differences between the two treatment groups.

**CONCLUSIONS:** This finding suggests that the five ear acupuncture points, generally used in Korean clinics, and the Hunger point alone treatment are both effective for treating overweight people.

PMID: 24342715 [PubMed - in process]

使用五個耳穴與單使用飢渴點同樣能達到降低BMI的效果。

# 耳穴幫助戒菸治療

## Effectiveness of auricular acupuncture combined with nicotine replacement therapy for smoking cessation

### ABSTRACT

**INTRODUCTION** The aim of this study was to establish if the auricular acupuncture treatment can play a complementary role in enhancing the smoking cessation rate of the smokers receiving conventional therapy, such as NRT and behavioral counseling.

**METHODS** This was a retrospective cohort study. Republic of Korea Air Force soldiers who visited the clinic with the intention to quit smoking from September 2016 to March 2017 were reviewed. The smoking cessation program consisted of a 6-weeks treatment period with follow-up at 3 and 6 months from the baseline. Smokers who chose to receive nicotine replacement therapy (NRT) were compared with those who chose to receive auricular acupuncture combined with NRT. Both groups received behavioral counseling.

**RESULTS** A total of 148 subjects were reviewed in the study. Of the 86 smokers who received combination therapy, 41 achieved continuous abstinence (47.7%), while 19 out of the 62 smokers stayed abstinent from the NRT group (30.6%). There was a significant difference between the two groups ( $p=0.037$ ). Minnesota Nicotine Withdrawal Scale scores significantly decreased after the treatment in both groups, but there was no significant difference between the two groups ( $p=0.681$ ). No serious adverse events were reported from both groups.

**CONCLUSIONS** The results of this study indicate that conventional treatments, such as NRT and behavioral counseling, when combined with auricular acupuncture could be a safer and more effective smoking cessation treatment than conventional treatments alone.

使用耳穴加上一般保守治療(NRT及諮詢)比其單單保守治療能更有效的達到戒菸效果。

# 耳穴治療下背痛

## A Randomized Clinical Trial of Auricular Point Acupressure for Chronic Low Back Pain: A Feasibility Study

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Susan M. Cohen,<sup>1</sup> Dianxu Ren,<sup>1</sup> Li Chun Huang,<sup>6</sup> and Lorna Kwai-Ping Suen<sup>7</sup>

一組為針對背痛穴位  
一組非針對背痛穴位

*Objectives.* This prospective, randomized clinical trial (RCT) was designed to investigate the feasibility and effects of a 4-week auricular point acupressure (APA) for chronic low back pain (CLBP). *Methods.* Participants were randomized to either true APA (true acupoints with taped seeds on the designated ear points for CLBP) or sham APA (sham acupoints with taped seeds but on different locations than those designated for CLBP). The duration of treatment was four weeks. Participants were assessed before treatment, weekly during treatment, and 1 month following treatment. *Results.* Participants in the true APA group who completed the 4-week APA treatment had a 70% reduction in worst pain intensity, a 75% reduction in overall pain intensity, and a 42% improvement in disability due to back pain from baseline assessment. The reductions of worst pain and overall pain intensity in the true APA group were statistically greater than participants in the sham group ( $P < 0.01$ ) at the completion of a 4-week APA and 1 month followup. *Discussion.* The preliminary findings of this feasibility study showed a reduction in pain intensity and improvement in physical function suggesting that APA may be a promising treatment for patients with CLBP.

一個月的治療後 7成最差的下背痛有減輕;7成五的人整體疼痛有減輕;4成2的人由於背痛導致的行動不便有減輕

## Review Article

### Ear Acupuncture for Immediate Pain Relief— A Systematic Review and Meta-Analysis of Randomized Controlled Trials

# 耳針立即緩解疼痛

耳針是個減輕急性疼痛切低副作用的好選擇。

#### Abstract

**Objective.** To systematically review the literature on the effectiveness of ear acupuncture (EA) for immediate pain relief.

**Data sources.** AMED, CINAHL, Cochrane Reviews, Embase, PsycINFO, PubMed, Scopus Web of Science, from inception through March 2015.

**Study selection.** English publications, randomized controlled trials on human subjects involving EA as a treatment for pain, with outcomes recorded within 48 hours.

**Results.** Ten studies met inclusion criteria. Quality per PEDro scores: four excellent, four good, two fair. Based on their primary outcome measures, six studies showed EA being superior to its comparator, three showed no difference to comparators (which in all cases were analgesics), and one study showed significant pain decrease at the first time point and no significant decrease at the second. Meta-analysis was completed for the three studies that evaluated pain intensity as a primary outcome measure, and EA was superior to comparator (MD = -0.96, 95% CI = -1.82– -0.11), but the MD was small. Meta-analysis was completed for the six studies that evaluated analgesic requirements, and EA was superior (MD = -1.08, 95% CI = -1.78– -0.38], again with a small MD. Six studies reported side effects; all were minor and transient.

**Conclusions.** Ear acupuncture may be a promising modality to be used for pain reduction within 48 hours, with a low side effect profile. Rigorous research is needed to establish definitive evidence of a clinically significant difference from controls or from other pain treatments.

# 耳針在緊急情況下有緩解疼痛的作用嗎？

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## Does Ear Acupuncture Have a Role for Pain Relief in the Emergency Setting? A Systematic Review and Meta-Analysis

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在急診來說耳針能更有效緩解疼痛

### REVIEW

### ABSTRACT

**Objective:** Ear acupuncture might be the form of acupuncture best suited to improving acute pain management in the emergency department (ED). The primary aim of this review was to assess the analgesic efficacy of ear acupuncture in the ED. Secondary outcomes included measures of patient satisfaction, adverse effects, cost, administration techniques, and reduction of medication usage.

**Methods:** Seven databases and Google Scholar were searched up to April 27, 2017, using MeSH descriptors for three overarching themes (ear acupuncture, pain management, and emergency medicine). Meta-analyses were performed in 3 comparator groups: (1) ear acupuncture versus sham; (2) ear acupuncture-as-adjunct to standard care; and (3) ear acupuncture (both as sole therapy and adjuvant) versus control to calculate the standardized mean difference (SMD) and weighted mean difference (WMD) for pain scores out of 10.

**Results:** Six randomized controlled trials and 2 observational studies, totaling 458 patients, were retrieved after exclusions. The meta-analysis used data from 4 randomized studies representing 286 patients. The above 3 comparator groups resulted in SMDs of 1.69, 1.68, and 1.66, and WMDs of 2.47, 2.84, and 2.61 respectively, all favoring acupuncture. Battlefield (ear) acupuncture was the most commonly used technique. There were no significant adverse effects and patient satisfaction improved. Results regarding if acupuncture reduced medication use were equivocal. Significant study bias and heterogeneity were found.

**Conclusions:** While study numbers are limited, ear acupuncture, either as stand-alone or as-an-adjunct technique, significantly reduced pain scores and has potential benefits for use in the ED. Further studies will define acupuncture's role and if it reduces use of analgesic medications.

**Keywords:** ear acupuncture, auriculotherapy, emergency medicine, pain management, systematic review, meta-analysis

# 耳針對於懷孕相關的下背及骨盆帶疼痛的效果

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ORIGINAL RESEARCH ARTICLE

相較於一般孕期照護，使用耳針能減輕懷孕所帶來的下背及骨盆帶疼痛

## Effect of ear acupuncture on pregnancy-related pain in the lower back and posterior pelvic girdle: A multicenter randomized clinical trial

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Inmaculada Aguilar<sup>1</sup> | Francisco Rivas Ruiz<sup>5,6</sup> 

### Abstract

**Introduction:** Ear acupuncture carried out in primary care by trained midwives, with no specialist training in acupuncture, may be effective in alleviating pregnancy-related lower back and/or posterior pelvic girdle pain (LBP GP). The objective of this study was to assess the effect of ear acupuncture associated with standard obstetric care, in the primary-care setting, on LBP GP experienced by pregnant women.

**Material and methods:** This four-group, multicenter, randomized controlled trial was conducted at 18 public primary care centers in three regions in Spain, with the participation of 220 pregnant women at 24-36 weeks of gestation, aged 18 years or more, diagnosed with pregnancy-related LBP GP and who had not previously received ear acupuncture. The trial was conducted from March 2014 to December 2016. Participants were randomly assigned (1:1:1:1) to receive standard obstetric care plus two sessions (over 2 weeks) of verum ear acupuncture, or nonspecific ear acupuncture, or placebo ear acupuncture, or standard obstetric care alone. The primary outcome was change in pain intensity, assessed using a visual analog scale (0-100 mm) from baseline to the end of treatment (T2). Secondary outcomes included change or presence of pain at 3 months (T3) and at 1 year (T4) postpartum, and changes in responses to the Roland-Morris disability questionnaire (RMDQ) and Short Form-12 Health Survey (SF-12) at the end of treatment.

**Results:** A total of 55 women were randomized to each group, and 205 completed the study. With respect to baseline values, the reduction in pain intensity among the verum ear acupuncture group vs standard obstetric care was significantly greater, both at T2 (65.8%, 95%CI 56.2-75.3 vs 25.1%, 95%CI 15.3-34.9) and at T3 (93.8%, 95%CI 88.7-99.0 vs 67.9%, 95%CI 55.3-80.5). Moreover, significant changes were found in the verum ear acupuncture group vs standard obstetric care at T2, in reduced RMDQ scores (70.9%, 95%CI 61.8-80.1 vs 21.2%, 95%CI 8.6-33.7) and in increased SF-12 scores on the physical scale (40.5%, 95%CI 31.5-49.4 vs 8.1%, 95%CI 0.8-15.5).





# 國考題練習

## 109-1 臨床四

37. 有關耳針的敘述，下列何者正確？



- 《小兒按摩經·察耳篇》：「耳上屬心...耳下屬腎...耳後耳裏屬肺...耳後耳外屬肝...耳後耳中屬脾。」
- 《靈樞·厥病》：「耳聾無聞，取耳中。」
- 《千金方》：「耳中穴，在耳門孔上橫梁是，針灸之，治馬黃黃疸、寒暑疫毒等病。」
- 《針灸大成》：「耳尖二穴，在耳尖上，卷耳取尖上是穴，治眼生翳膜。」

(A) 《千金方》中說耳尖兩穴治眼生翳膜

(B) 《針灸大成》寫道耳聾無聞，取耳中

(C) 《靈樞·厥病》敘述耳中穴治馬黃黃疸，寒暑疫毒

(D) 《小兒按摩經·察耳篇》記載耳後耳外屬肝





## 107-2 臨床四

43.耳穴中，腦點位於下列那一區？

面部	耳垂	三角窩	盆腔、內生殖器
耳屏	五官	對耳輪	脊柱軀幹
對耳屏	頭部、腦、神經系統	對耳輪上腳	下肢
耳甲腔	胸腔	對耳輪下腳	臀
耳甲艇	腹	耳舟	上肢
耳輪腳	橫隔、消化道	耳廓背面	背
屏上切跡	外耳道、心臟點	屏間切跡	內分泌

✓ (A) 對耳屏

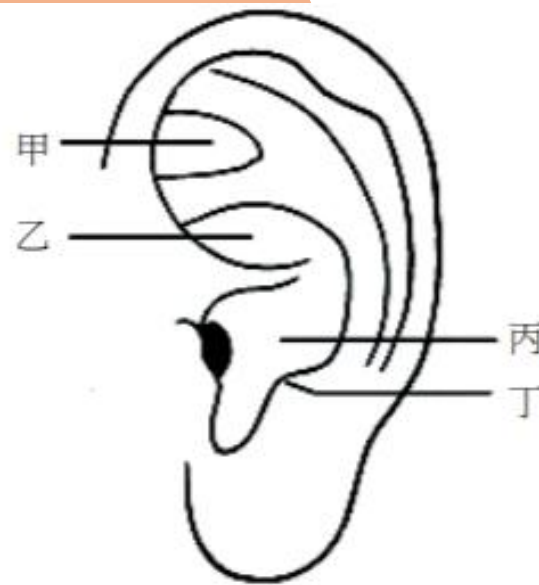
(B) 耳屏

(C) 三角窩

(D) 耳舟

## 107-2 臨床四

48. 「耳甲腔」位於圖中的何區？



(A)甲

(B)乙

(C)丙

(D)丁

# 107-1 臨床四

47. 如圖，「耳甲艇」位於何區？



(A)甲

(B)乙

(C)丙

(D)丁

## 106-2 臨床四

44. 耳針療法中，耳穴的分布，將耳輪向耳屏對折時，耳廓上尖端處的穴區主治下列何者？



(A) 糖尿病

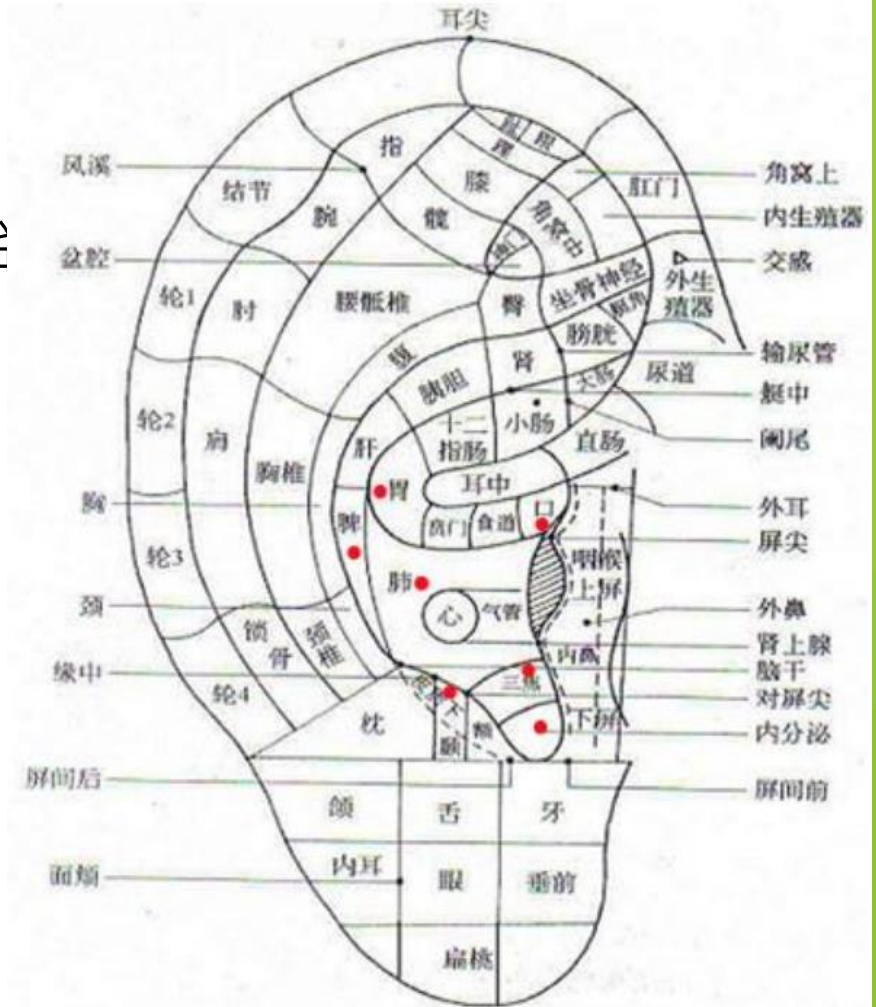
(B) 氣喘

(C) 高血壓

(D) 呃逆

# 106-2 臨床四

48.處理月經不調、白帶、經痛、盆腔炎，甚至治用的耳穴區為圖中何區？



✓ (A) 甲

(B) 乙

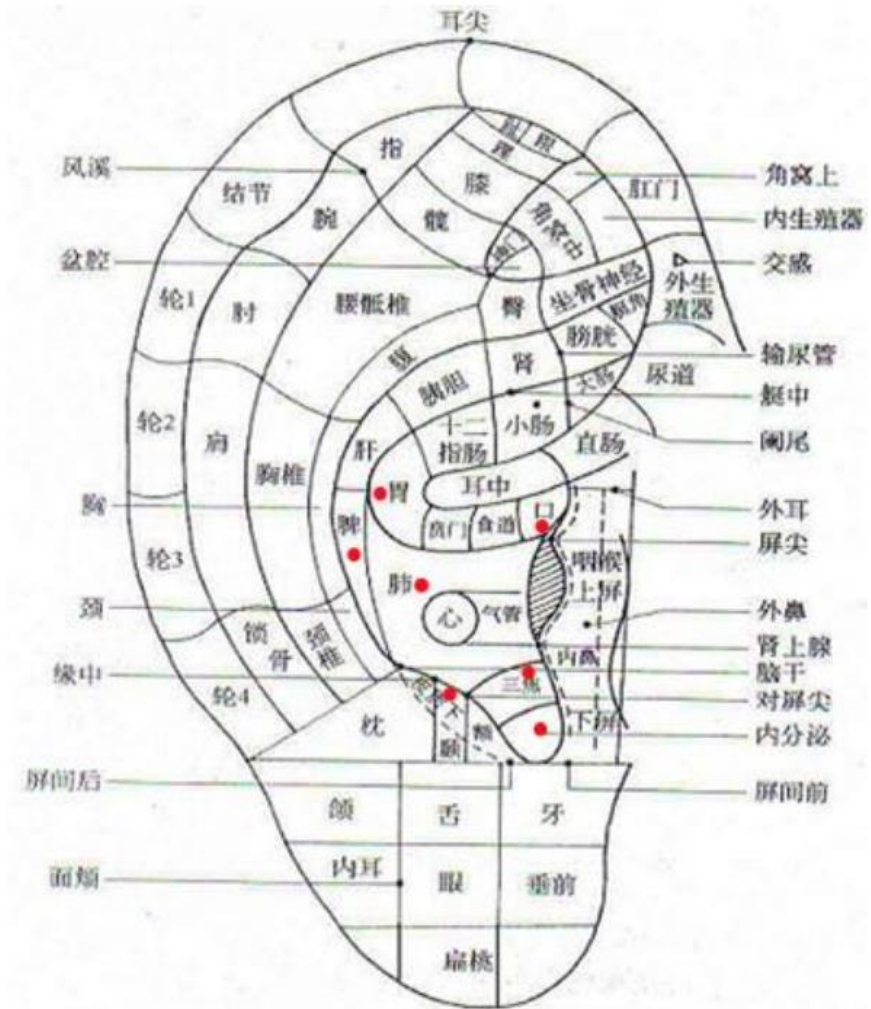
(C) 丙

(D) 丁



# 106-2 臨床四

48. 耳穴中，心臟，肺臟，位於圖中何區？



(A) 甲

(B) 乙

✓ (C) 丙

(D) 丁

# 106-1 臨床四

44. 有關耳穴的敘述，下列何者錯誤？

面部	耳垂		三角窩	盆腔、內生殖器
耳屏	五官		對耳輪	脊柱軀幹
對耳屏	頭部、腦、神經系統		對耳輪上腳	下肢
耳甲腔	胸腔	與內臟 相對應	對耳輪下腳	臀
耳甲艇	腹		耳舟	上肢
耳輪腳	橫隔、消化道		耳廓背面	背
屏上切跡	外耳道、心臟點		屏間切跡	內分泌

(A) 耳垂部含眼、齒點

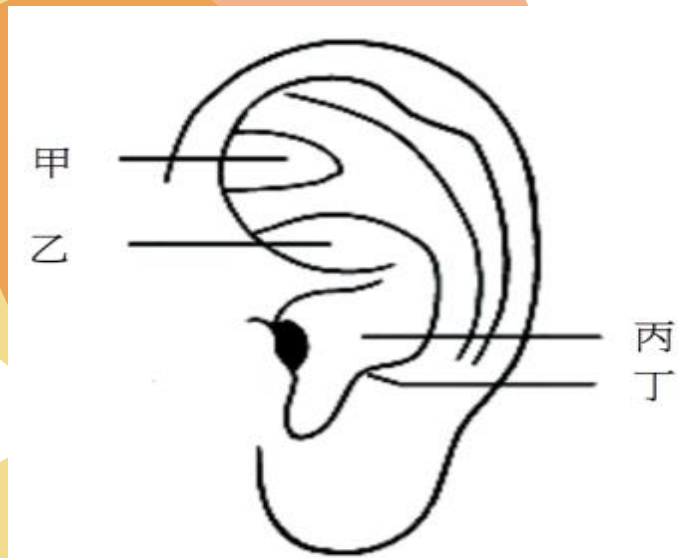
(B) 對耳屏部含有腦點、枕部、額部

✓ (C) 耳甲腔含子宮、神門

(D) 耳輪腳周圍，有胃、大小腸、食道

# 106-1 臨床四

48. 耳穴中, 心臟, 肺臟, 位於圖中何區?




- (A) 甲    (B) 乙  (C) 丙    (D) 丁

THANKS



# 操作練習

The background features a complex arrangement of overlapping geometric shapes. On the left, there are several overlapping squares and triangles in shades of light green, reddish-brown, and yellow. On the right, a large, multi-layered structure of overlapping triangles and squares in various shades of green, yellow, and orange dominates the space. A thin, light-colored line runs diagonally across the lower right portion of the image.