

Acupuncture Proven to Relieve Knee Osteoarthritis

A study conducted by the National Institute of Health has revealed that acupuncture provides pain relief and improves function for people suffering from osteoarthritis of the knee. The largest and longest controlled and randomized phase III clinical trial of acupuncture ever conducted, the study followed the progress of 570 patients age 50 or older, with osteoarthritis of the knee. Prior to the study, every participant had significant pain in their knee the month before the study, had never experienced acupuncture, had not had knee surgery in the past six months and had never used steroid injections.

During the study, patients continued to see their primary physicians and continued to take their routine medications such as anti-inflammatory drugs and COX-2 selective inhibitors. Divided into three groups, one group received "sham" acupuncture, one group received real acupuncture, and the control group followed the Arthritis Foundation's Arthritis Self-Help course.

By eight weeks, the group receiving acupuncture was showing a significant increase in function, and by week 14 a significant decrease in pain, compared to the sham and control groups. Overall, those receiving true acupuncture had a 40 percent decrease in pain and nearly 40 percent improvement in function.

Nearly 20 million Americans suffer from osteoarthritis, while only an estimated 2.1 million adults in the U.S. use acupuncture. The practice of acupuncture, inserting needles into specific body points to improve health and well-being, originated in China more than 2,000 years ago.



Recruiting Researchers

Three well-known chiropractic researchers and leaders, David Jackson, D.C., Matthew McCoy, D.C., and Robert Blanks, Ph.D., have formed Research and Clinical Science (RCS), a private sector research company. RCS is set to conduct a syndromic surveillance project with vertebral subluxation as the dependant variable. The data collected during the project will cover the correlation between subluxations and state of wellness.

RCS is developing an International Scientific Advisory Panel featuring DCs, MDs, PhDs, medical researchers and other highly accredited individuals to compile, analyze and interpret the data collected from the project. Qualified applicants are being accepted for a two-day training session on April 3-through May 1 at the University of California, Irvine. There is a fee to participate in the project and it is a three-year commitment. In addition to RCS training, accepted applicants must complete the National Institutes of Health Office of Human Subjects online training course. For more information about the project and panel, call (800) 909-1354 (inside the U.S.) or 1 (480) 303-1694 (outside the U.S.).

Canadian Patient Study Reveals Rate of Adverse Events in Hospitals



A recent landmark study estimated that 7.5 percent of people hospitalized in Canada have experienced an adverse event as a result of their care. The first national study of patient safety in Canadian Hospitals, researchers found that 185,000 of the almost 2.5 million people admitted to Canadian hospitals in 2000 experienced some kind of adverse event resulting in death, disability or prolonged hospital stay caused by their care, not their underlying condition.

The study reviewed 3,745 adult patient charts from 20 acute care hospitals across five provinces. They found that the majority of adverse events resulted in temporary disability, while only five percent of patients experienced permanent disability, and only 1.6 percent of adverse events resulted in death. Surgical care resulted in the largest number of adverse events, and close to 37 percent or 70,000 cases were potentially preventable.

Adverse events occurred more frequently in teaching hospitals due to the complexity of care needed for some cases, and the number of health care providers who commonly treated a single patient. Similar studies have been conducted in the U.S. and Australia, which found the rates of adverse events to be 2.9 percent and 16.6 percent respectively. ■

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