Reviews

Acupoint Location Guide
Alon Lotan

Paperback, Pages: 192, Price: $21.00
Etsem, Israel 2000
ISBN 965-222-735-8
Contact details: info@etsem.co.il

Alon Lotan started his working career as a battlefield paramedic in the Israeli army. This was a fairly brutal introduction to the structure and function of the human body, and he started to wonder about alternative ways of treating the individual. Consequently, following his time in the army, he sought training in TCM. He developed an interest in the process of education, and, combined with skills as an illustrator, he embarked on a project to help acupuncture students in learning point location. The result is this guide, which he describes as the tool he was looking for when learning point location himself. As well as drawing on his own experiences, he travelled to 30 traditional schools across the US to compile relevant information. In a somewhat self-effacing way, he does not consider himself to be an author, but rather a composer of illustrations and notes.

This book has an appearance unlike any other acupuncture point location guide. The most striking difference is in the novel diagrams used, and the space for the student’s notes alongside. The diagrams are very impressive line drawings that meld body surface outline with the relevant deeper, usually skeletal, structures. The diagrams illustrate appropriate orientations to facilitate practical point finding, and include all the relevant anatomical features for location. Another unique concept is the author’s suggestion that the student colour in the anatomical features in the diagrams. This is particularly sensible in regard of the blood vessels, usually arteries, included in some of the diagrams, as in their original form they are not prominent.

Whilst the diagrams are, for the most part, excellent anatomical representations, this reviewer would have liked to see more features relevant to safety, for example, the brain and spinal cord, pleural and pericardial reflections, and the kidneys. The notes are clear and concise; however, there is no mention of needle angulation or depth, two parameters that are critical to safe needling. Indeed there are no notes of caution for needling at any of the dangerous points, with the exception of a comment that ST17 is a reference point only, and not for needling.

This text does what it claims to do – aid the accurate location of acupuncture points. The diagrams are far superior to those in most of the existing point location guides. The book may be improved by the inclusion of ‘extra’ (i.e. non-meridian) points, and would certainly be more valuable with the addition of graphical material and text that promote safe needling practice; however, as a point location guide, it is certainly one of the best on the market.

Mike Cummings

Acupressure: Clinical Applications in Musculoskeletal Conditions
John R Cross

Paperback, Pages: 184, Price: £25.00
Butterworth-Heinemann 2000

Mr Cross’ book on acupressure provides an interesting overview of the eastern philosophies of healing. The introductory chapters describe the historical perspective of the Chi, Ki, Chakras and Prana (Ch 1), similar to the western philosophical concept of a Vital Force, and explain, with clear
diagrams and tables, the concepts of meridians, acupoints, zones, reflexes and chakras (Chs 2 & 3) inherent in these traditions of healing. Within this context, the basis of many complementary therapies are explained, including osteopathy and chiropractic, reflexology, kinesiology, neurolymphatic massage, acupuncture and acupressure.

The final chapters (Chs 6, 7 & 8) describe, in detail, principles and techniques for the treatment of numerous musculoskeletal conditions, empirically obtained over years of experience by the author. These treatment regimes are a mixture of eastern techniques and conventional musculoskeletal and physical therapies, and stand as a good recipe book for the practitioner of alternative therapy for those specific disorders.

There is a disappointing aspect of this book, however, in that it does not satisfy in its attempts to integrate western scientific thinking with eastern philosophies of healing. From the outset the reader is invited to “accept the underlying [eastern] philosophy and stand by it” (Introduction). There follows throughout the text, however, several exhortations that appear to run counter to scientific rationale such as “science can only prove that which is scientifically provable ... the existence of the Chi cannot be proved with scientific gadgetry” (Ch 2), and “biochemistry cannot ... explain the root of all healing” (Ch 2) and “… there are bound to be placebo effects during any double blind trials” (Ch 2). At the same time, attempts to align with scientific medicine are made by inclusion of the thalamus, gate control, and deQi theories of pain relief (Ch 2) and an explanation of the ‘harmony’ felt with the patient (Ch 4) in terms of the EEG pattern observed in yogis (low alpha, high amplitude rhythms of 7-8Hz). Similar ambivalence is suggested by declaring the importance of anatomy – “the origins and insertions of each muscle must be known” - in a chapter (Ch 5) which attempts to explain the association between muscles and organs ‘via the meridian system’, the apparent basis of kinesiology.

This is a good practical handbook for the converted – alternative therapist, or conventional physician – who wishes to obtain practical advice on the non-invasive complementary technique of acupressure in the treatment of some troublesome musculoskeletal disorders. The evidence base and theoretical basis of this treatment for those conditions, however, require further investigation.

Michael Harris

Clinical Acupuncture: Scientific Basis
Gabriel Stux, Richard Hammerschlag editors

Paperback, Pages: 227, Price: £ 17.00
Springer-Verlag, Berlin 2001
ISBN 3-540-64054-1

The names Stux, Pomeranz, and Hammerschlag have long been associated with the acupuncture literature. Some years ago, I bought ‘Basics of Acupuncture’ (1995, Stux and Pomeranz) and marvelled at the first chapter on the ‘Scientific Basis of Acupuncture’ which outlined the evidence for the neural pathways and transmitters released in producing acupuncture analgesia. Five years on, Stux and Hammerschlag have edited a new tome on the scientific basis of clinical acupuncture. It may appear to be a small book, but it is crammed with evidence and is a wonderful source of reference to dip into; however, it is not easy bedtime reading!

The first chapter looks at acupuncture analgesia. My sense of deja vu was justified when I compared the texts from the two books – they were virtually identical. Out of the latest 226 references, there were only 10 more recent references (1995 onwards) in the reviewed book, suggesting that there had not been much acupuncture analgesia research published between 1995 and 2000. Nevertheless, as a basic research summary, it is comprehensive.

Electroacupuncture is considered in its own right in chapter two. The complex acupuncture
analgesia afferent and efferent pathways are described based on animal experiments, together with the mechanism of analgesia produced by low frequency electrical stimulation of acupuncture points. Opioid peptides are crucial to any explanation of acupuncture and chapter three looks at these peptides (and antiopioids such as cholecystokinin) as a model to promote the understanding of neuropeptide interactions. Don’t let a sentence like “We know, for example, that the opioid peptide dynorphin and the putative antiopioid peptide orphanin FQ (nociceptin) have 50% homology in their amino acid structures, suggesting a common origin at the genomic level” put you off!

The integration of western and eastern concepts of acupuncture is discussed frequently throughout the book, with meridian theory and brain imaging such as functional MRI, used to test oriental medical theory. Studies have shown how brain cortical activity can be specifically related to an acupuncture point. Interestingly, BL67 stimulation shows increases in blood flow in the visual cortex compared to retinal stimulation with a flashing light. This may be an explanation of how acupuncture treats disease beyond the mechanism of pain relief and points the way for more research on these interesting observations.

Chapter six looks at the neurophysiological basis of auricular acupuncture. Such research has not revealed that Nogier’s ear maps have any connection with the brain; however, stimulation of the concha activates the vagus nerve, which stimulates hypothalamic neurones associated with weight control.

Acupuncture research trial methodology introduces the second half of the book. Evidence base, validity, and the results of systematic reviews are applied to the effectiveness of acupuncture in treating a wide range of conditions. As usual, lack of sufficient and properly organised trials hamper definitive conclusions. Stroke rehabilitation and drug dependence treatments are considered using a different approach – ‘qualitative research’ (stories of people’s lives) as a more appropriate way to consider oriental medicine. One universal problem is the considerable variety of descriptions of treatments for a particular condition, and a method of standardisation such as BRITS (Birch Relevant and Irrelevant Selection) is considered, so that a precise selection of treatment points and associated methods can be established. The ongoing difficulties of acceptable acupuncture research and some solutions are described.

I was impressed by the amount of data contained in this small volume. Although the definitive explanation of how acupuncture works is elusive, the book does present the latest ideas in a very concise manner, and is excellent value. The book is thoroughly recommended for the acupuncture reference bookshelf.

Colin Lewis

Herbal Medicine
Rudolf Weiss and Volker Fintelmann

Hardback, Pages: 438 with 184 illustrations
Price: DM 98,00
Thieme, Stuttgart (2nd revision) 2000
UK stockist: Momenta Publishing
Tel: 020 8542 2465
ISBN 3-13-126332-6

This book is part of a new series of English-language Complementary Medicine titles launched by the German publisher Thieme. Forthcoming titles will include An Introduction to Ear Acupuncture by Axel Ruback and Principles of Acupuncture by Georg Kampik.

The late Rudolf Fritz Weiss was Professor of Phytotherapy at the University of Tubingen and member of the Commission E. He dedicated his professional life to establishing herbal medicine as a scientifically founded and
accepted part of medicine. Volker Fintelmann is Professor and Specialist in Internal Medicine in Hamburg, and he is a member, and the chairman, of Commission E.

As a consequence of the preparation of the new German Drug Act in 1976 the Commission E was set up and made responsible for the authorisation and processing of herbal drugs. The formation of the Commission has been a turning point for phytotherapy; herbal medicines now have wider acceptance both by the general public and by practising physicians throughout Germany. The commission stipulates five fundamental criteria for proof of efficacy. The effect and effectiveness of herbal medicines must be established by 1) review articles, handbooks and/or textbooks published by reputable institutions; or 2) controlled studies comparing the test substance with a placebo; or 3) experimental study findings that provide the same evidence in cases where the findings of clinical tests alone do not suffice for issuance of an authorisation recommendation; or 4) through submission of scientifically gathered and analysed data; or 5) conclusive experimental findings or additional useful observations or remarks in cases where the empirical findings alone do not suffice for issuance of an authorisation recommendation.

This has resulted in approximately 250 completed monographs on individual herbs and combination preparations.

This book is beautifully produced and superbly illustrated. It provides the contraindications and interactions for a wide range of remedies as well as their practical applications, which are grouped under clinical headings. This edition of Herbal Medicine is a definitive work of study suitable for all clinicians interested in the use of phytochemicals for the treatment of their patients. The Commission E monographs are undoubtedly the way forward and it is to be hoped that their use will be extended to all plant based therapies whether they originate from the East or the West.

Adam Ward

The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine
Shigehisa Kuriyama

Hardback, Pages: 344, Price: £20.50
Zone Books, New York 1999
ISBN 0-942299-88-4

Until quite recently, books on traditional Chinese medicine invariably contained depictions of the body that were, to western eyes, almost comically at variance with those found in European medical texts. The Chinese diagrams typically portray a noticeably corpulent individual, over whose rather shapeless frame meander the lines of the so-called meridians. This is the starting point of Kuriyama's absorbing study of the differences, and also the resemblances, between western and eastern conceptions of the body in antiquity. His book is full of startling insights. Before reading it, for example, I hadn't realized that, until they were influenced by western notions of anatomy in the twentieth century, Chinese physicians simply didn't register the existence of muscles. But this is less surprising than it may at first appear, for the muscles are not really all that obvious. Even in the West, it takes exposure to art before we think of the body in this way. The perception of the body as, ideally, a system of well-defined musculature is learned, not innate. Go to the beach or the swimming pool and you will see few bodies that demonstrate the 'ideal' delineation of the musculature that is supposed to exist. In most of us, the muscles are concealed by subcutaneous fat.

These divergent views of the body become apparent, in China and Europe respectively, as far back as the turn of the second and third centuries CE. They must surely reflect an important difference in outlook, but perhaps not exactly what most people tend to assume. Today we are often told that the differences between West and East depend on an opposition between holism and dualism, organicism and reductionism, nearly always with the implication that holism and organicism are good and their opposites bad. But Kuriyama shows that these are superficial
judgements that miss the real essence of the matter. The differences were not merely intellectual or conceptual but were intimately related to eastern and western ways of knowing the body, and hence the self; and these in turn depended on ways of seeing and of touching and feeling the body. Kuriyama repeatedly demonstrates that our modern views of ancient Chinese medicine are seriously over-simplified and in need of revision in the light of recent discoveries. Books on the ancient system written for westerners often still begin by stating that the earliest descriptions of the acupuncture channels, the ‘jingmo’, begin with the Neijing (The Yellow Emperor’s Classic of Internal Medicine). (The grossly misleading term ‘meridians’ isn’t even dignified with an entry in the index here.) In 1973, however, some remarkable manuscripts were discovered in the Mawangdui tombs. These were composed before 168 BCE and therefore predate the Neijing, and they require us to rethink our understanding of how classical Chinese medicine developed.

The ‘mo’ described in these ancient texts are clearly the close forerunners of the ‘jingmo’ of acupuncture, yet the astonishing thing is that the texts say nothing at all about acupuncture points nor, indeed, about acupuncture; the treatment they describe is moxibustion. This casts doubt on the hitherto plausible suggestion that the points were described first and the channels later postulated to link them up. More probably the sequence of events was the reverse, or perhaps the channels and the points were arrived at separately and only united in description at a later stage.

So how did the idea of acupuncture points arise? Kuriyama makes the very interesting suggestion that it may have been as a result of bloodletting, which was practised in China as well as in Europe; indeed, he goes even further, and considers the possibility that there may have been cross-cultural connections between East and West at this time that would have led to the diffusion of such practices. Today we generally regard bloodletting as an inexplicable aberration that was persisted in for centuries; however, what is not usually realized is that in much of antiquity, in both East and West, the site from which blood was taken was thought to make a difference. Blood might be taken from the leg or the arm to relieve pain in particular sites, say the head or the liver. There are close similarities between Hippocratic treatments using venesection and acupuncture.

Whatever the origins of acupuncture may have been, the treatment didn’t depend on knowledge of anatomy, for dissection was hardly carried out at all in China, and, even when it was, the focus of attention wasn’t on anatomy in the modern sense. The puzzling question isn’t why the Chinese didn’t study anatomy; other major medical traditions (Ayurvedic, Egyptian, even Hippocratic) also managed without it for thousands of years. The real puzzle is how and why it arose in the West when it did. Kuriyama suggests that interest in the muscles and how they work may be associated with the development of a preoccupation with the sense of an autonomous will, and hence with the western concept of what it is to be an individual. This is not to say that the idea of the person as an individual was lacking in ancient China, but it took a different course. In China, the individual was conceived of as a microcosm, a mini-world within the larger frame of the cosmos. And health and disease were thought of in the same terms as health and disease in society at large. Society was always menaced by chaos, which could only be counteracted by orderly government. In the individual, likewise, health depended on order, on resistance to disorder and chaos. And the essential threat to the integrity of the individual came to be identified with wind. Wind as such was not necessarily harmful; indeed, it could be beneficial, but disordered wind was the great danger; wind that arose in the wrong season, at the wrong time. Correct timing of things was held to be of enormous importance. ‘Empty’ winds were those that blew at the wrong time; these were the dangerous winds, in contrast to the proper ‘full’ winds that blew at the correct time. ‘Full’ winds would, at most, cause only minor illnesses that
people would recover from spontaneously; ‘empty’ winds were the real evil, that could cause serious or fatal illnesses. The importance of wind in classical Chinese medicine can hardly be exaggerated, although this was a gradual development. A physician in the sixth century BCE named six causes for disease (yin, yang, wind, rain, darkness, and brightness), but in the Neijing we find wind identified as “the beginning of the hundred diseases”. Modern commentators on Chinese medicine, Kuriyama believes, tend to play down the importance of wind in the classical scheme, preferring to concentrate on yin and yang and the five phases; but, although these are certainly essential components of the classical system, the influence of wind is crucial. Wind in this context is much more than an atmospheric phenomenon. It is thought of as a cosmic influence that is capable of inducing chaos, disrupting the orderly function of society and, also, of the internal economy of the individual, by exciting imbalances. Thus, it isn’t so much a cause of disease as disease itself, an alien invader.

Yet although Chinese medicine conceived of a resonance between macrocosm and microcosm, it also recognized the independence of the individual, and this brings it closer to the Greek ideal. We can resist the attacks of evil empty wind by maintaining our own inner fullness, by standing up against these incursions from outside. Wind can only enter the body and wreak havoc when it encounters emptiness. This helps to explain the corpulence of the figures depicted in the Chinese medical texts; they are fleshy because this is a sign of health, of fullness. Chinese and western traditions, Kuriyama concludes, express two different yet parallel ways in which people have tried to come to terms with an essential mystery: the mystery of what constitutes a person, and what separates the living from the dead. “Say that a living person possesses a soul, or spirit, or vital breath, and we have only invented names for ignorance.”

I find this a truly illuminating book that has done more to shape my understanding of the subject than almost anything else I have read. No one who wants to write about acupuncture in the future can afford to ignore it.

Anthony Campbell

Understanding Alternative Medicine: New Health Paths in America
Lawrence Tyler

Paperback, Pages: 112, Price: $24.00
The Haworth Press, Inc. 2000
ISBN 0-7890-0902-1

Lawrence Tyler is Professor of Sociology at Western Michigan University where he teaches courses in the Asian Studies Programme. In the 1980s he was a visiting professor in the language Department at Guangxi University in China and he has a special interest in TCM and related complementary therapies.

Anyone interested in Complementary and Alternative Medicine (CAM) will be provided with a fascinating insight into the development and use of CAM therapies in the United States. It is not a book from which to learn clinical skills but more to stimulate thought about wider issues. This includes discussion of the philosophical differences between East and West and the far reaching implications of global trading in rare plants and endangered species. Other topics included are ways of assessing effective therapy and the importance of spontaneous remissions and non-specific factors in healing.

CAM is big business in the States; in 1996 more people visited alternative practitioners (425 million) than primary-care physicians (388 million). This book highlights aspects of CAM which perhaps are not sufficiently considered by the busy clinician and is to be recommended.

Adam Ward
Acupuncture Made Simple
Qpuncture
(contributors from South Baylo University)

Cost: US$159 (plus shipping) on CD-ROM
Content: Acupuncture reference for point location, needling technique, indications, symptom patterns, and channel theory
Origin: USA

I was impressed by the appealing and professional presentation of this package, from the box, to a CDROM packed to capacity, and an attractive 130-page handbook covering much of the CD itself.

The program loaded within seconds onto my PII 450 MHz computer. It installs a folder with the basic program (191Kbytes), and updates and adds, if necessary, system files, and a QuickTime player. The CDROM must be in the CD drive for the program to run, thus sparing the hard disk drive!

The opening shots remind Americans that they are required by law to have a licence to practise acupuncture, before settling to a screen that shows black outer space with a central asteroid/supernova. The main titles are across the top of the screen and can be accessed at all times. Clicking on the Introduction title brings a submenu that includes; a brief introduction, acupuncture history, a glossary of traditional acupuncture terms, the Shu points, and a summary of the number of points for each meridian. These are presented mainly as scrollable texts.

The second main title is Acupuncture, which leads to a submenu detailing all aspects of practical technique. There is excellent use of multimedia in this section with animated graphics showing Qi flow in all meridians, but the best feature is the ability to show all the points on a meridian on a figure that can be rotated where necessary to show the whole length of that meridian. Then clicking over a point shows its location in great detail on a graphic together with a text box describing where to find it, what it does, when to use it, and how to needle it.

But there is more! Most of the acupuncture points had a short movie showing the needle in place in the skin, which then rotated in 3D as the skin dissolved to show the underlying bony structures. The movies were in avi file format playing only for a few seconds, and I was surprised that they were not compressed. No wonder the CDROM was filled to capacity! There are some lapses in accuracy; for example, the graphic of CV17 suggests that the point is above the inter-nipple line, whilst the movie suggested it was below. The text did not mention the care that should be taken when needling this point, in case the patient had a congenital defect in the sternum at this point.

The third main title is Oriental Medicine, although I would have preferred Traditional Chinese Medicine. The submenu is large and there is much useful textual information covering TCM theory, diagnostic techniques, and formulae for treatment. The section on How does acupuncture work? is disappointing. The TCM explanation is brief, but the Scientific description is incomplete (no mention of immuno-neuro-physiology, segmental acupuncture, or trigger points) and contains irrelevant information. The subtitle and content on cautions should be expanded and moved to a prominent place early in the program.

Even worse is the fourth main title Western Medicine. Instead of trying to integrate the approaches of traditional Chinese acupuncture and scientific acupuncture, this section provides a poor glossary of western medicine in terms of a listing of diagnoses and associated symptoms and treatments which looks totally out of place on this CD. There are numerous spelling mistakes, and the interpretation of a laboratory value without a suitable medical qualification could be dangerous. How would it benefit an acupuncturist to know that upper GI bleeding is defined “as bleeding proximal to the ligament of Treitz’’?

The final main title is Information, and this covers details of the National Certification Commission for Acupuncture and Oriental
Medicine, together with examination dates and fees. The California Acupuncture Board is mentioned, but here is no reference to acupuncture organisations in non-American countries. Rather than use space on the CD, a paper insert relevant to the purchaser’s country, could advise specifically on acupuncture training available for that country.

Sadly, there is little evidence of West meeting East in the CD, which is focussed on traditional Chinese acupuncture. The WHO agreed system of nomenclature of acupuncture points is not followed. It is not possible to ‘minimise’ the program, to keep it in the background for reference. The program is easy to navigate, and the use of 3D animations makes use of the increasing potential of multimedia.

**Rating**

| Presentation | 9.5/10 |
| Content (Traditional Chinese acupuncture) | 9/10 |
| Content (Medical acupuncture) | 3/10 |
| Ease of use | 9.5/10 |

**System requirements**

Pentium 133MHz, Windows 95, 98, NT4.0 or 2000, 16 MB RAM, 10 MB hard disk space available, CD-ROM drive x4 speed, sVGA monitor, mouse or pointing device.

**For more details**

Contact Quncture
Tel: (800) 650-8222
Internet: www.qpuncture.com or www.westmeteast.com
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**Cefar Acus II**

Electroacupuncture stimulator

**Price: £695 (+VAT)**

**Contact details: [wwwCEFAR.com](http://wwwCEFAR.com)**

I bought my original electroacupuncture stimulator just over twenty years ago and have been very happy with it ever since, as have my patients God bless them. But I will never be satisfied with it again. Nor, I am afraid, will my patients, for we have tried that *Rolls-Royce* of stimulators the *Cefar Acus II*. It is not only a pleasure for the operator to use, but patients really do prefer it: there seems to be a more positive sensation to it and there is almost no chance of unintentionally over-stimulating. If only it were not so fearfully expensive…

The *Acus II*, a Swedish-made mains, or rechargeable-battery, operated stimulator, offers an excellent variety of thirteen pre-set modes ranging from simple bursts of 2Hz, through stimulation at randomised frequencies (2-100Hz) or a constant pulse of 10 or 80Hz, to Han's mixed 2/15Hz. The latter is my own favourite, as Han has shown that it releases the full range of endogenous opioids. Changing mode is very simple and, should anyone wish to do so, it is possible to give a different frequency (or two) through each of the four channels.

This is good, but the real glory of this machine is that you can programme in a further 86 (99 in all) personalised modes, adjusting the duration and form (continuous, intermittent or burst) for up to two frequencies, between 1Hz and 1000Hz, though for speed of use, frequencies between a hundred and a thousand are set in increments of 50Hz. Sadly though, this denies me another of my old favourites – Wen, in some of his original experimental work in the '70s and '80s, used 125Hz, and I have still not lost the habit of setting this for some of my most loyal (and long-lived) patients.

The pulse width too can be personalised, within the ideal range of 40µs, below which depolarisation will not occur, to 450µs, above which there may be excessive, painful, recruitment of C fibres. The waveform is a square wave with alternating polarity, ensuring optimal nerve depolarisation without tissue electrolysis.

For all modes, including dual frequency modes in which the intensity can be adjusted individually
for each frequency, the amplitude is simply set by pressing an arrow key to raise the current in steps of 0.1mA. This ensures that the optimum intensity can be achieved with no risk of causing pain through turning a knob too far, as could occur on my old machine; nor is there any kickback on switching off, as was common in early electrostimulators.

As with the amplitude settings, all the electronic programming is controlled by arrow keys, which, if pressed in the correct sequence, can set up a new mode to suit any patient within seconds – at least that’s how it works for my computer-literate children, who seem to have an intuitive feel for technology. I, on the other hand, invariably struggle to follow the instruction manual fast enough to prevent the machine getting bored, waiting for me to decide if I ought to vary the modulation ramp time, and switching itself out of programming mode so that I am forced to start all over again. I have often looked longingly at pictures of the more simple keyboard of Acus I, which has a similar variety of twelve pre-set modes, but no programming capability. Indeed, provided you check that your favourite modes and frequencies are included in the pre-sets, the simpler model would suit most normal clinical use, particularly if you find, like me, that advanced technology seems to induce brain cell atrophy! The cost of Acus I is, however, only £30 less than Acus II, so despite its ease of use and positive features, it does not seem particularly good value for money. If you intend to do research or perhaps wish to add new modes in the light of fresh evidence of efficacy, then go for the Acus II; the time spent mastering its programming features is well repaid in clinical versatility.

For such an expensive piece of equipment, the connecting cables (which are common to both models) are a disappointment. The manufacturers have tried to overcome the usual problem of a heavy clip and wire that is liable to pull out any superficially placed needle. In this they have been successful, but have substituted some equally irritating faults. The clip is flimsy – I broke one in the first week – and has a tiny hook to make contact with the needle. I like sometimes to clip two needles together: impossible with this connector. Also it can be awkward to engage the clip on the needle if you do not have direct, clear vision and, surprisingly, even disconnection can be difficult – I have several times unintentionally pulled out the needle whilst trying to disengage a clip. As a final irritation, the cable connection to the base of the unit is small and black, with an almost invisible, offset bulge so that it will fit in only one position. It is a matter of pure luck if you get this right first time. If you do not, the connection becomes progressively more damaged as you struggle to squeeze it in. As it is a non-standard connection, no other cable can be used, so, with a replacement cost of over £10, I shall feel a certain sense of frustration every time I have to order a new one.

Nonetheless, despite the poor cable design, the Acus II is undoubtedly the electroacupuncture stimulator nearest to perfection today. It will be outside the price range of all but your richest uncles, but the suppliers have indicated that a price reduction could be made for bulk orders, so if a group of colleagues was interested it might be worth negotiating a discount.

Simon Hayhoe
Acupressure: clinical applications in musculoskeletal conditions

Michael Harris

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doi: 10.1136/aim.19.1.73-a

Updated information and services can be found at:
http://aim.bmj.com/content/19/1/73.2.citation

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