



**FOUNDATION FOR RESEARCH INTO
TRADITIONAL CHINESE MEDICINE**

ANNUAL REPORT

JULY 2008 TO JUNE 2009

Established in 1991, the Foundation provides an organisational base for promoting research into traditional acupuncture. Since June 2003 the Foundation has worked in partnership with the Department of Health Sciences, University of York. The Foundation's Research Director Hugh MacPherson has a joint appointment as a Senior Research Fellow with the Department of Health Sciences at the University of York.

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1. Introduction

The Foundation is a small yet dynamic organisation committed to promoting high quality research into our understanding of acupuncture as well as evaluating acupuncture's clinical effectiveness, cost effectiveness and safety. Established in 1991, the Foundation provides an organisational base for carrying out and promoting research into traditional acupuncture:

"The goal of the Foundation for Research into Traditional Chinese Medicine is to promote and conduct high quality research to develop the evidence base on traditional Chinese medicine, with a special focus on acupuncture".

The Foundation is involved in a number of research activities and projects. The largest project to date has been a pragmatic randomised controlled trial evaluating the effectiveness and cost effectiveness of acupuncture in the treatment of low back pain. The evidence on the safety of acupuncture has also been an important area of research for the Foundation, and surveys of practitioners' and patients' reports of adverse events have been published in leading medical journals.

With the appointment of the current Research Director, Dr Hugh MacPherson, to a joint post at the Department of Health Sciences, University of York, we now have an expanded range of new projects exploring acupuncture's potential for several conditions, as well as a neuroscience project exploring the brain images generated by acupuncture.

The Foundation for Research into Traditional Chinese Medicine is a research charity with a Patron, a Board of Trustees and Advisors (see Appendix 1 for details of who's who). Financial support has come from a combination of core funding from grant-making trusts and project funding from statutory and other sources. Donations from individuals and grant-making trusts have been a valued source of funding for the work of the Foundation.

2. Current and Ongoing Research Projects

2a. York Acupuncture for Low Back Pain Trial (YacBac): a pragmatic randomised controlled trial

Back pain is a major cause of ill health and time lost from work. The conventional medical treatments often have limited success and the NHS has identified back pain as a priority condition for research. In preparation for a randomised controlled trial, the Foundation carried out a feasibility study (Fitter & MacPherson, 1995) followed by a larger pilot study (MacPherson et al 1999). With Kate Thomas, then of the Medical Care Research Unit at Sheffield University, as Principal Investigator and funded by the Department of Health R & D Health Technology Assessment

Programme, we conducted a pragmatic randomised controlled trial to evaluate the clinical impact and cost effectiveness of acupuncture for chronic low back pain, publishing the protocol in 1999 (Thomas et al 1999).

In the full-scale trial, we recruited 43 general practitioners who referred 241 patients for up to 10 acupuncture treatments provided by six local acupuncturists. Patients were randomised to either acupuncture or usual GP care alone. The key outcome measure was bodily pain as measured by the SF-36 at 12 and 24 months after randomisation. Adjusting for baseline score and for any clustering by acupuncturist, the estimated intervention effect was +5.6 points (95% CI -0.2 to 11.4, $p=0.06$) in favour of acupuncture at 12 months, increasing to +8.0 points (95% CI 2.8 to 13.2 $p=0.003$) at 24 months. Acupuncture patients also reported a significantly greater reduction in worry about their back pain. In addition, the acupuncture service was found to be cost-effective. These results have now been published as a monograph by the Health Technology Assessment Programme (Thomas et al 2005) and in two British Medical Journal articles (Thomas et al 2006, Ratcliffe et al 2006).

In a sub-study we have set out the full description of actual treatments provided in the trial as well as explored the traditional acupuncture diagnostic concordance between the acupuncturists. (MacPherson et al 2004) We have also followed up patients for a further six years and found the effects of acupuncture were reduced to the point of no longer being significant. (Prady et al 2007) In sub-studies we used survey methods to explore recruitment issues (Bell-Syer et al 2008), qualitative methods to explore the practitioner experience of treatment (MacPherson et al 2006) and the role of lifestyle advice as an aspect of the acupuncture intervention. (MacPherson & Thomas 2008)

Key publications:

MacPherson H, Thomas K. Self-help advice as a process integral to traditional acupuncture care: implications for trial design. *Complementary Therapies in Medicine*. 2008; 16(2):101-6.

Bell-Syer SEM, Thorpe LN, Thomas K, MacPherson H. GP participation and recruitment of patients to RCTs: lessons from trials of acupuncture and exercise for low back pain in primary care. *Evidence-based Complementary and Alternative Medicine*, 2008. doi:10.1093/ecam/nen044.

Prady SL, Thomas K, Esmonde L, Crouch S, MacPherson H. The natural history of back pain after a randomised controlled trial of acupuncture vs usual care – long term outcomes. *Acupuncture in Medicine* 2007;25(4):121-129.

MacPherson H, Thomas K. Traditional acupuncture for low back pain: developing high quality evidence while maintaining the integrity of the intervention. *European Journal of Oriental Medicine*. 2007. 5(4): 26-30.

MacPherson H, Thomas KJ, Thorpe L. Beyond needling - therapeutic processes in acupuncture care: a qualitative study nested within low back pain trial. *Journal of Alternative & Complementary Medicine*, 2006; 12(9): 873-880.

Thomas KJ, MacPherson H, Thorpe L, et al. Randomised controlled trial of a short course of traditional acupuncture compared to usual care for persistent low back pain. *British Medical Journal*, 2006; 333: 623-626.

Ratcliffe J, Thomas KJ, MacPherson H, Brazier J. A randomised controlled trial of acupuncture care for lower back pain: cost effectiveness analysis. *British Medical Journal*, 2006; 333: 626-628.

Thomas KJ, MacPherson H, Thorpe L, Brazier J, Fitter M, Campbell M, Roman M, Walters S, Nicholl, J. "Longer term clinical and economic benefits of offering acupuncture to patients with chronic low back pain." Final report to NHS Health Technology Assessment Programme, 2005.

MacPherson H, Thorpe L, Thomas KJ, Campbell M. "Acupuncture for low back pain: traditional diagnosis and treatment of 148 patients in a clinical trial." *Complementary Therapies in Medicine*. 2004; 12(1): 38-44.

MacPherson H, Gould AJ, Fitter M. "Acupuncture for low back pain: results of a pilot study for a randomised controlled trial." *Complementary Therapies in Medicine*, 1999; 7(2): 83-90.

Thomas KJ, Fitter M, Brazier J, MacPherson H, Campbell M, Nicholl JP, Roman M. "Longer term clinical and economic benefits of offering acupuncture to patients with chronic low back pain assessed as suitable for primary care management." *Complementary Therapies in Medicine*, 1999; 7(2):91-100

2b. Standards for Reporting Interventions in Controlled Trials of Acupuncture (STRICTA)

The need for better standards of reporting of controlled trials of acupuncture is evident from the difficulties associated with their interpretation and analysis. Hugh MacPherson worked with an international group of acupuncture researchers and the editors of several leading journals in the field to address this issue. As a result a set of recommendations for better reporting of trials was developed, called the STRICTA recommendations: Standards for Reporting Interventions in Controlled Trials of Acupuncture. (MacPherson et al 2001) The guiding principle was a commitment to achieving a set of recommendations to aid interpretation and replication of acupuncture trials.

Participating journals who co-published these recommendations were *Acupuncture in Medicine*, *Clinical Acupuncture and Oriental Medicine*, *Complementary Therapies in Medicine*, *Journal of Alternative and Complementary Medicine* and *Medical Acupuncture*. These journals have added the STRICTA recommendations to their instructions for authors. Translations and re-publication in Japan, China and Korea has been of value in broadening their impact.

We have reviewed the impact and utility of STRICTA and published the result in two articles. (Prady & MacPherson 2007, Prady et al 2008) The STRICTA Group are currently working with the CONSORT Group Executive (David Moher and Doug Altman) and the Chinese Cochrane Centre (Wu Taixiang and Li Youping) to revise the STRICTA guidelines as an "official" extension to CONSORT. We have conducted a consultation process

leading to a one-day consensus-building event where we addressed revisions to the content of STRICTA items.(MacPherson & Altman 2009) We expect the revised STRICTA to be published in 2010.

Key publications:

MacPherson H, Altman DG. Improving the quality of reporting acupuncture interventions: describing the collaboration between STRICTA, CONSORT and the Chinese Cochrane Centre. *Journal of Evidence-Based Medicine*. 2009; 2: 1-4.

Prady SL, Richmond SJ, Morton VM, MacPherson H. A Systematic Evaluation of the Impact of STRICTA and CONSORT Recommendations on Quality of Reporting for Acupuncture Trials. *PLoS ONE* 2008;3(2):e1577.

Prady SL, MacPherson H. Assessing the Utility of the Standards for Reporting Trials of Acupuncture (STRICTA): A Survey of Authors. *Journal of Alternative and Complementary Medicine*. 2007, 13(9): 939-944.

MacPherson H, White A, Cummings M, Jobst K, Rose K, Niemtzow R, for the STRICTA Group. "Towards better standards of reporting controlled trials of acupuncture: the STRICTA statement." *Complementary Therapies in Medicine*. 2001 9(4): 249-9

2c Acupuncture for Depression Programme

Depression is the second most common cause of disability in the world and in the UK it is the third most common reason for consulting in primary care. The limited evidence from the medical literature suggests acupuncture may have potential for use as a treatment of depression and some patients see it as an attractive non-drug option. An initial small study conducted by the Foundation with an uncontrolled case series of 10 patients has been published (MacPherson et al 2004).

The next phase of this research project was conducted in a collaboration involving the Department of Health Sciences at the University of York where the Research Director of the Foundation has a joint appointment and holds a National Institute for Health Research (NIHR) funded Career Scientist Award. We designed and assessed an acupuncture trial treatment protocol using the Nominal Group Technique. This protocol was designed to combine sufficient standardisation to allow replicability, with legitimate flexibility to accommodate expected patient variability (MacPherson & Schroer 2007). We have also conducted a pilot to determine the feasibility and design features of a full-scale trial of acupuncture as a treatment modality for patients with depression in primary care. In this 40 patient pilot three-arm trial, we compared acupuncture vs. counselling vs. usual GP care alone. (Schroer & MacPherson 2009)

Key publications:

Schroer S, MacPherson H, Adamson J, Designing an RCT of acupuncture for depression-- identifying appropriate patient groups: a qualitative study. *Fam Pract* 2009, doi:10.1093/fampra/cmp021.

Schroer S, MacPherson H. Acupuncture, or non-directive counselling versus usual care for the treatment of depression: a pilot study. *Trials*, 2009; 10:3.

MacPherson H , Schroer S. Acupuncture as a complex intervention for depression: a consensus method to develop a standardised treatment protocol for a randomised controlled trial. *Complementary Therapies in Medicine* 2007; 15(2): 92-100.

MacPherson H, Thorpe L, Thomas K. "Acupuncture for depression: first steps in a clinical evaluation." *Journal of Alternative & Complementary Medicine*. 2004; 10(6): 1083-1091.

2d. Acupuncture for Irritable Bowel Syndrome (IBS)

Irritable bowel syndrome (IBS) is the most common bowel disorder seen by primary care physicians and gastroenterologists. It is a gastrointestinal disorder that is believed to affect approximately 15%-20% of the adult population and is characterised by an array of symptoms including "abdominal distension, abdominal pain, and bowel dysfunction, characterised by loose bowels, constipation or a fluctuation between these two extremes". Many patients have been led to seek alternative therapies such as acupuncture to treat their IBS. The lack of good quality trials means that current evidence for acupuncture is inconclusive, and further investigation is warranted.

We conducted a pilot study to develop a platform for a full-scale randomised controlled trial to evaluate the clinical and economic benefits of offering acupuncture to patients being treated for irritable bowel syndrome. The project was based in South Birmingham and involved primary care referrals of patients with IBS to receive either a course of acupuncture or normal GP care alone. (Reynolds et al 2008)

In 2008 the University of York received £250,000 funding from the National Institute of Health Research, in their Research for Patient Benefit scheme, to conduct a full-scale trial. Managed by the York Trials Unit, the trial has now recruited 233 patients who are currently being followed up for a period of twelve months. We expect to complete data collection in June 2010 and publish the results in 2011.

Key publication:

Reynolds JA, Bland JM, MacPherson H. Acupuncture for irritable bowel syndrome: an exploratory randomised controlled trial. *Acupunct Med* 2008; 26(1):8-16.

2e Acupuncture for Osteoarthritis of the Knee

Osteoarthritis (OA) is most commonly located in the knee and is a major cause of pain, activity limitation and health care utilisation especially among older people. There appears to be an unmet need for treatment for this condition. Recent systematic reviews have provided evidence that acupuncture is more effective than placebo for osteoarthritis of the knee, yet a number of substantive questions remain regarding the effectiveness and cost-effectiveness of acupuncture for OA of the knee.

Working with the University of York, we have conducted a pilot for a full-scale cost-effectiveness study using a pragmatic randomised trial design.

This project was conducted by Harriet Lansdown, a Medical Research Council funded MSc student, and the results are currently in press. (Lansdown et al, in press)

Key publication:

Lansdown H, Howard K, Stephen Brealey S, Hugh MacPherson H. Acupuncture for pain and osteoarthritis of the knee: a pilot study for an open parallel-arm randomised controlled trial. BMC Musculoskeletal Disorders, in press)

2f Neuroimaging and acupuncture

There is a growing body of evidence for acupuncture, yet there are many sceptics who would like to see evidence in the form of biological mechanisms that establish how acupuncture works. One new area of research where such evidence has now become possible is in the mapping of the effect of acupuncture techniques on regionally-specific structures within the brain. Such specific and quantifiable data could extend our understanding of the mechanisms underlying acupuncture and potentially contribute to the explanations of its clinical impact. Some recent studies have suggested the remarkable possibility of correlations between classical acupuncture points and cerebral activity not linked by known neural pathways. This research suggests exciting opportunities for mapping the impact of needling specific acupuncture points on brain structures. We have been working closely with the York Neuroimaging Centre in a project to investigate the impact on brain images of needling Hegu (LI-4). Our aim is to compare the effect of deep and superficial needling on functional magnetic resonance images (fMRI) and magnetencephalography (MEG). We have conducted a small ancillary study exploring expert opinion on the sensations they would associate with the needle sensation of *de qi* (MacPherson & Asghar 2006). The fMRI results have already been published (MacPherson et al 2008), and further analysis is required of the MEG data.

Key publications:

MacPherson H, Green G, Nevado A, Lythgoe MF, Lewith G, Devlin R, Haselfoot R, Asghar AUR. Brain imaging of acupuncture: Comparing superficial with deep needling. Neuroscience Letters, 2008 434(1): 144-149.

MacPherson H, Asghar A. Acupuncture needle sensations associated with De Qi: a classification based on expert's ratings. J Alt Comp Medicine. 2006; 12(7): 633-7.

3. Completed Research Projects

3a. Acupuncture Safety Project: Two surveys of adverse events associated with acupuncture

In 1999 the British Acupuncture Council commissioned the Foundation to undertake a nation-wide prospective survey of practitioner reports on adverse events. The survey involved 574 practitioners who reported for

four weeks during May 2000 on all the significant events as well as any minor transient reactions that took place as a result of the treatment they provided. Between them the practitioners reported events covering over 34,000 acupuncture treatments. There were no serious adverse events and 43 significant minor adverse events. A short report was published in the British Medical Journal (MacPherson et al 2001) followed by a full report in *Acupuncture in Medicine* (MacPherson et al 2001).

As an extension of this work the British Acupuncture Council funded a follow-up survey of adverse events as experienced by patients. One third of all BAAC members helped us recruit 9,408 patients, of whom 6,348 (67%) completed three-month questionnaires. At three months 682 patients reported adverse events caused directly by the needling process. The most common was severe tiredness and exhaustion. Three events were serious, defined as requiring hospitalisation, causing permanent disability or being life threatening. There was no evidence that patients not funded by the National Health Service or not in contact with their general practitioner or hospital specialist were at greater risk. Six patients reported a worsening of symptoms after taking advice on medication and two patients reported delayed conventional treatment. Our published results show that acupuncture is a relatively safe intervention when practised by qualified and regulated practitioners (MacPherson et al 2004). Two sub-studies, one on the short-term reactions to treatment that patients experienced (MacPherson et al 2005) and one on the profiles of these patients (MacPherson et al 2006) have been published.

Key publications:

MacPherson H, Sinclair-Lian N, Thomas K. "Profiles of acupuncture patients: a national survey." *Complementary Therapies in Medicine*, 2006; 14(1): 20-30.

MacPherson H, Thomas KJ. Short-term reactions to acupuncture: a cross-sectional survey of patient reports. *Acupuncture in Medicine*. 2005; 23(3): 112-120.

MacPherson H. Strengthening the case that acupuncture is safe in competent hands. *European Journal of Oriental Medicine*. 2005; (1): 60-73.

MacPherson H, Scullion T, Thomas K, Walters S. "Patient reports of adverse events associated with acupuncture: a large scale prospective survey." *Quality & Safety in Health Care*. 2004; 13: 349-355]

MacPherson H, Thomas K, Walters S, Fitter M. Safety in numbers. "What practitioners reported about adverse events and treatment reactions following 34,000 acupuncture sessions." *European Journal of Oriental Medicine* 2002; 3(6): 13-22.

MacPherson H, Thomas K, Walters S, Fitter M. "A prospective survey of adverse events and treatment reactions following 34,000 consultations with professional acupuncturists." *Acupuncture in Medicine*. 2001; 19(2):93-102.

MacPherson H, Thomas K, Walters S, Fitter M. "The York Safety Study: a prospective survey of 34,000 treatments by traditional acupuncturists". *British Medical Journal*. 2001; 323(7311); 486-487.

3b. Acupuncture for Menorrhagia Project (ACUMEN)

With over 40,000 hysterectomies being performed every year in the UK, the need for women to have a less invasive and more supportive treatment for heavy menstrual periods continues to be an important issue. Because women can be on a waiting list for a hysterectomy for between one and two years, and many would rather not have one, there is an opportunity to evaluate acupuncture as an alternative treatment. Research in China suggests that around two-thirds of women with heavy menstrual periods can be significantly helped with acupuncture. Based on these findings, and the experiences of patients and practitioners in the West, the ACUMEN Project was designed by Alison Longridge, then a PhD student at the Department of Health Sciences at the University of York, in collaboration with the Foundation and Professor Kate Thomas. Funding has come from an independent grant-making trust and the Department of Health Sciences, University of York.

The initial phase of this project involved an exploratory trial of acupuncture for menorrhagia, as a preparation for a full scale randomised controlled trial. Forty patients were randomised to the offer of acupuncture in conjunction with normal GP care while the other half received normal GP care only. The acupuncture group received up to 20 acupuncture sessions on a weekly basis. This research explored the feasibility of the design and acceptability of acupuncture to patients, as well as testing referral and other procedures, assessing outcome measures, and monitoring costs and safety. The results are now being written up for publication.

3c. Chinese Herbal Medicine Safety Project

With the aim of providing information about adverse events associated with herbal medicine, we conducted a pilot for a national survey project to assess the level of safety for patients receiving treatment with Chinese herbs. Our wider goal is to help patients make informed choices about treatment and provide policy makers with robust evidence on safety as a contribution to decision-making on widening access within the NHS.

In collaboration with MSc student Bin Liu and practitioner members of the Register of Chinese Herbal Medicine, 72 herbal practitioners helped us recruit 170 patients. Of these, 126 (74%) have provided us with details of adverse events that they associated with taking Chinese herbal medicine over a four week period. No serious adverse events were reported and fatigue was the most commonly reported minor adverse event. Recommendations for a full-scale study were also made, see MacPherson & Liu (2005), MacPherson & Liu (2006).

Key publications:

MacPherson H, Liu B. The safety of Chinese herbal medicine: a pilot for a national survey. *Journal of Complementary & Alternative Medicine* 2005; 11(4): 617-626.

MacPherson H, Liu B. What patients report on adverse reactions to prescribed Chinese herbal medicine. Register for Chinese Herbal Medicine Journal. 2006, March, 33-37.

3d Acupuncture for Chronic Neck Pain

Chronic neck pain is a prevalent problem in general practice and conventional treatments have limited success. Patients are seeking acupuncture outside the NHS in increasing numbers yet the current evidence on acupuncture for neck pain is inconclusive. As a result, there is a growing public and scientific imperative to know whether acupuncture is worth offering as a referral option in primary care. In this project we plan to conduct an open pragmatic randomised controlled trial of acupuncture for patients with neck pain, evaluating the clinical and economic impact when it is provided as an adjunct to normal GP management. As well as informing decisions made by patients and general practitioners, the knowledge gained on cost-effectiveness will contribute to policy decisions on access to acupuncture within primary care. In this project Gemma Salter, an MRC funded MSc student at the University of York, conducted a small pilot in which we recruited 24 patients and provided those randomised to acupuncture with 10 sessions of acupuncture. We have published a paper outlining the findings in the context of designing and conducting a large scale trial (Salter et al 2006).

Key publication:

Salter G, Roman M, MacPherson H. Acupuncture for chronic neck pain: a pilot for a randomised controlled trial. BMC Musculoskelet Disord. 2006 Dec 9;7(1):99.

3e Acupuncture for Non-cardiac Chest Pain

Patients with chest pain commonly present in primary care, followed by referral to cardiac clinics in secondary care. However, as many as 50% of patients referred to such cardiac clinics are found to have no problem with their hearts. The causes of non-cardiac chest pain are not always clear, although there is evidence that they could be musculo-skeletal, gastro-intestinal, respiratory or psychiatric, the commonest cause being musculo-skeletal. Non-cardiac patients are usually referred back to primary care where they often continue to experience chest pain, with as many as three-quarters experiencing limitations in activities, concern about the cause of their symptoms and dissatisfaction with medical care. Acupuncture is increasingly being used to treat non-cardiac chest pain despite an absence of research into effectiveness.

In an initial research phase we surveyed patients who attended the Rapid Access Chest Pain Unit at York Hospital, but whose chest pain was non-cardiac in origin. The survey has captured vital information about this population, including their diagnosis and treatment, their chest pain levels and, if still in pain, their interest in receiving acupuncture. Our collaborators included Dr Jo Dumville, a Research Fellow at the University of York, Dr Kathryn Griffith, a GP and Clinical Assistant in Cardiology at

the York District Hospital where she works at the Rapid Access Chest Pain Clinic, Bob Lewin, Professor of Cardiac Rehabilitation and statistician Dr Jeremy Miles. We have published two papers describing this research (Dumville et al 2007, MacPherson & Dumville 2007).

Key publications:

MacPherson H, Dumville JC. Acupuncture as a potential treatment for non-cardiac chest pain – a survey. *Acupuncture in Medicine* 2007;25(1-2):18-21.

Dumville JC, MacPherson H, Griffith K, Miles JN, Lewin RJ. Non-cardiac chest pain: a retrospective cohort study of patients who attended a Rapid Access Chest Pain Clinic. *Fam Pract.* 2007; 24(2):152-7.

4 Miscellaneous Publications 2008-2009

Deadman P, **MacPherson H**, Maxwell D, Moir F, Scheid V. Chinese medicine in the West 2009. *Journal of Chinese Medicine*, 2009, 50, 6-18.

Zollman C, **MacPherson H**. The challenges of interpreting and applying the evidence for CAM and Integrated Medicine. *Journal of Holistic Healthcare*, 2009; 6(1): 16-21.

Preference Collaborative Review Group (Adamson SJ, Bland JM, Hay EM, Johnson RE, Jones GT, Kitchener H, Moffett JA, Macfarlane GJ, **MacPherson H**, McLean S, Nelson L, Salisbury C, Thomas E, Tilbrook HE, Torgerson DJ). Patients' preferences within randomised trials: systematic review and patient level meta-analysis. *British Medical Journal*. 2008 Oct 31;337:a1864. doi: 10.1136/bmj.a1864.

MacPherson H, Thomas K, Armstrong B, de Valois B, Relton C, Mullinger B, White A, Flower A, Scheid V. Developing research strategies in complementary and alternative medicine. *Complementary Therapies in Medicine*. 2008; 16: 359–362.

MacPherson H, Nahin R, Paterson C, Cassidy CM, Lewith GT, and Hammerschlag R. Developments in acupuncture research: big-picture perspectives from the leading edge. *Journal Of Alternative And Complementary Medicine*, 2008; 14(7): 883–887.

Schnyer R, Lao L, Hammerschlag R, Wayne P, Langevin HM, Napadow V, Harris R, Park JB, Milley R, Cohen M, **MacPherson H**. Society for Acupuncture Research: 2007 Conference Report: The status and future of acupuncture research: 10 years post-NIH consensus conference. *Journal Of Alternative And Complementary Medicine*, 2008; 14(7): 859–860.

5 Recent conference presentations 2008-2009

8th September 2009. International Association for the Study of Asian Medicine and the Bhutan Institute for Traditional Medicine Services. On pragmatic research to explore real world benefits.

22nd May 2009. Traditional Chinese Medicine Kongress, Rothenburg, Germany. TCM Science Day: Acupuncture for irritable bowel syndrome: a pragmatic trial to answer a real world question.

21st May 2009. Traditional Chinese Medicine Kongress, Rothenburg, Germany. TCM Science Day: Acupuncture, science and building an evidence base.

14th April 2009. Integrated health: putting people first. Prince of Wales' Foundation for Integrated Medicine, King's Fund, London. Making sense of the evidence, what works and what doesn't in complementary medicine.

28th February 2009. European Traditional Chinese Medicine Association, Zurich. Acupuncture for low back pain: a pragmatic clinical evaluation.

28th February 2009. European Traditional Chinese Medicine Association, Zurich. Acupuncture research to explore real world benefits.

20th January 2009. Beijing University of Chinese Medicine and Zhongzhimen Hospital, Beijing. Pragmatic randomised controlled trials and research into acupuncture.

20th January. Beijing University of Chinese Medicine and Zhongzhimen Hospital, Beijing. Acupuncture for low back pain: a pragmatic trial.

2nd October 2008. STRICTA – CONSORT Consensus meeting, Freiburg, Germany. What have we learned about STRICTA? Insights from reviews and expert opinion.

22nd September 2008. Society for Acupuncture Research, Washington DC. Pooled data from systematic reviews of acupuncture for chronic pain

6th September 2008. British Acupuncture Society, Royal Holloway University, London. Acupuncture and evidence based medicine: is there cause for optimism?.

2nd June 2008. Yorkshire Rheumatology Multidisciplinary Group, Wetherby. Complementary medicine: an overview.

17th May 2008. Acupuncture Association of Chartered Physiotherapists, Bedford. Acupuncture for low back pain in primary care: evidence over the longer term from a randomised controlled trial.

1st May 2008. Traditional Chinese Medicine (TCM) Congress Rothenburg. Acupuncture for low back pain.

11th April 2008. Society of Homeopaths, Leicester. Research strategies for building a relevant evidence base for complementary and alternative medicine

6. Appendix 1:

Who's who at the Foundation for Research into Traditional Chinese Medicine

Patron

Rt. Hon. Lord Colwyn CBE, BDS, LDS, RCS is President of the Parliamentary Group for Alternative and Complementary Medicine and President of the Natural Medicines Society.

Board Of Trustees

Richard Blackwell is Principal of the Northern College of Acupuncture, and has worked for the Foundation for Research into Traditional Chinese Medicine as its first Research Director 1992 to 1993.

Dr Jennifer Dale is an acupuncturist with the British Acupuncture Council and a member of the Management Committee of the Acupuncture Research Resources Centre.

Dr. Mike Fitter (Chair of the Trustees) worked for the Medical Research Council for 19 years and more recently has been Research Director first at the Foundation from 1993 to 1997 and then at the Northern College of Acupuncture from 1997 to 2003.

Mark Tempest is a solicitor based in York with a special interest in medical litigation.

Professor Sonia Williams MBE is Emeritus Professor at the University of Leeds with professional expertise in dentistry, nutrition and more recently, as a consultant working supporting the research agenda of the Northern College of Acupuncture.

Consultants

Sato Liu was Executive Director of the Natural Medicines Society, for many years, followed by working for the Prince of Wales' Foundation for Integrated Health. She currently works for the Royal Homeopathic Hospital in London.

Kate Thomas is Professor of Complementary Medicine Research at the University of Leeds. She is a collaborator with the Foundation on a number of projects.

Board of Advisers

Dr Stephen Birch is a practising acupuncturist based in Amsterdam where he heads the Stichting (Foundation) for Traditional East Asian Medicine, an independent institute with a particular interest in acupuncture research.

Professor Roy Carr-Hill is based at the Centre for Health Economics, University of York, and is an expert advisor to the UK Clearing House on Health Outcomes at Leeds.

Dr. Peter Davies is Head of the School of Integrated Health, University of Westminster and a Trustee of the Research Council for Complementary Medicine.

Dr Kim Jobst is a Consultant Physician at the Nuffield Hospital Hereford, Visiting Professor of Complementary Medicine at Oxford Brookes University, and editor of the Journal of Alternative and Complementary Medicine.

Dr Julian Kenyon is Medical Director of the Dove Clinic for Integrated Medicine, near Winchester, Hampshire, as well as Founder/President of the British Society for Integrated Medicine.

Professor George Lewith heads the Complementary and Integrated Medical Research Unit at the University of Southampton where he is also an Honorary Consultant Physician, and is a Visiting Professor at the University of Westminster.

Dr David Reilly is a clinician and researcher who is Lead Consultant at the Glasgow Homeopathic Hospital and consultant to Harvard Medical School.

Foundation Staff

Dr Hugh MacPherson has been Research Director of the Foundation for Research into Traditional Chinese Medicine since 1997. He founded the Northern College of Acupuncture in 1988. Since June 2003 he has a joint appointment as a Senior Research Fellow with the Department of Health Sciences, University of York.