GUEST EDITORIAL

Our Place in Nature: Reconnecting with the Earth for Better Sleep
j.L. Osclnnan

LETTERS TO THE EDITOR

Effects of *Morinda citrifolia* on Quality of Life and Auditory Function in Postmenopausal Women /.
  *Langford, A. Doughty, M. Wang, L. Clayton, and M. Babich* 737

Adherence to Acupuncture Treatment for Chronic Pain
  * A. Moroz, S. Sptoack, and M.H.M. Lee* 739

Factors Influencing the Use of Complementary and Alternative Medicine in Children *MS. Davis, F.J. Meaney, and B. Duncan* 740

Schizophrenia: A Shamanic Call or Not? *BM. Spaiglit* 742

PHOTOESSAY

Tradition and Modernity in Mongolian Medicine
  *B. Cerke* 743

ORIGINAL PAPERS

The Healing Presence: Can It Be Reliably Measured?
  *W.B. Jonas and C.C. Crawford* 751

Hemodynamic Observations on a Yogic Breathing Technique Claimed to Help Eliminate and Prevent Heart Attacks: A Pilot Study
  *D.S. Shamtahoff-Klitsa, B.B. Sramek, M.B. Kennel, and S.W. Jamieson* 757

The Biologic Effects of Grounding the Human Body During Sleep as Measured by Cortisol Levels and Subjective Reporting of Sleep, Pain, and Stress *M. Glialy and D. Teplfa* 767

Long-Term Effects of Integrated Rehabilitation in Patients with Advanced Angina Pectoris: A Nonrandomized Comparative Study
  *S. Ballegaard, E. Borg, B. Karpatschof, j. Nyboe, and A. Johannessen* 777

The Unexpected Outcomes of Acupuncture: Case Reports in Support of Refocusing Research Designs
  *D. Schulnuni* 785

(continued)
ADHERENCE TO ACUPUNCTURE TREATMENT FOR CHRONIC PAIN

Dear Editors:

We would like to share our experience in conducting an acupuncture efficacy research study in a setting of an urban municipal hospital and describe the difficulties we encountered.

We attempted to investigate the outcome of acupuncture treatment performed at an urban tertiary care center. However, we encountered several difficulties.

This prospective observational study was conducted from August 2000 through August 2001 at the Acupuncture Clinic at Bellevue Hospital Center of New York City. All treatments were provided by a licensed acupuncturist possessing a Master of Science degree trained in Traditional Chinese Medicine, Acupuncture Physical Medicine, and Kiiko Matsumoto's Japanese style of acupuncture.

Thirty five (35) patients consecutively referred to the clinic were screened. Exclusion criteria were severe clotting disorders, anticoagulant therapy, pregnancy, inability to speak English or Spanish, and severe or progressive neurologic deficits. A physician interviewed every patient to confirm eligibility and collect baseline data.

Two patients were excluded because of a language barrier and one because of cognitive deficits. The remaining 32 patients were advised to undergo ten acupuncture treatments, once weekly.

An evaluation instrument was created to assess pain perception and quality of life using visual, verbal (English/Spanish), and numerical ratings. The same test was administered to all patients during each visit. Final interviews of each participant were conducted by telephone to inquire about current health and issues encountered during the study. For the patients that withdrew from the program, a reason for termination was recorded.

Baseline demographic and medical data are presented in Tables I and 2, respectively. Chronic pain was the most common reason for seeking acupuncture, and conventional medical interventions had failed to relieve these subjects' pain.

Of the 32 participants in the study, only 13 completed all ten acupuncture treatments (Table 3). Six (6) reported significant pain relief, 3 were disappointed with the outcome, and 4 participants felt the same. Reasons for treatment interruption and the number of visits completed are recorded in Table 3. Of the remaining 19 patients, 5 were lost to follow-up, 5 had severe illness, 1 died, 1 experienced pain relief, and 7 reported no pain relief or other reasons for termination.

Some of the difficulties we encountered are generic to acupuncture research. When referring to areas of difficulty of assessing the results of acupuncture, most researchers outline the selection of appropriate controls, an appropriate de-
**LETTERS TO THE EDITOR**

**TABU-3. REASON FOR TREATMENT TERMINATION**

<table>
<thead>
<tr>
<th>Reason for slopping/outcome</th>
<th>Number of participants</th>
<th>Completed JO visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed treatment/not improved</td>
<td>7 (21)</td>
<td>Yes</td>
</tr>
<tr>
<td>Completed treatment/improved</td>
<td>6 (19)</td>
<td>Yes</td>
</tr>
<tr>
<td>Unable to contact/lost to follow-up</td>
<td>5 (16)</td>
<td>No</td>
</tr>
<tr>
<td>Illness/surgery</td>
<td>5 (16)</td>
<td>No</td>
</tr>
<tr>
<td>Not improved</td>
<td>4 (13)</td>
<td>No</td>
</tr>
<tr>
<td>Improved a lot</td>
<td>1 (3)</td>
<td>No</td>
</tr>
<tr>
<td>Death</td>
<td>1 (3)</td>
<td>No</td>
</tr>
<tr>
<td>Insurance changed</td>
<td>1 (3)</td>
<td>No</td>
</tr>
<tr>
<td>Lost appointment card</td>
<td>1 (3)</td>
<td>No</td>
</tr>
<tr>
<td>Was sent to acupuncture by mistake</td>
<td>1 (3)</td>
<td>No</td>
</tr>
</tbody>
</table>

**REFERENCES**


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**FACTORS INFLUENCING THE USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE IN CHILDREN**

**Dear Editor:**

In the last 20 years, numerous studies have estimated the use of complementary and alternative medicine (CAM) by children. Children with disabilities and chronic illnesses are more likely to receive CAM than other children, and previous empirical studies estimating CAM use in children with