

The Society for Acupuncture Research

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The Society for Acupuncture Research (SAR) is a nonprofit professional organization originally formed to foster scientifically sound enquiries and stimulate scholarship in acupuncture and Oriental medicine. The SAR was co-founded by Stephen Birch, Hannah Bradford, and Patricia Culliton in 1993; it began as an informal group (the Committee for Acupuncture Research), which first met in 1991. Those who attended the first meeting were interested in discussing methodological concerns in acupuncture research. After several further meetings in 1991 and 1992, the group evolved to become a formal organization, the Society for Acupuncture Research.

The mission of the SAR is to promote, advance, and disseminate scientific inquiry into Oriental medicine systems, which include acupuncture, herbal therapy, and other modalities. We value quantitative and qualitative research addressing clinical efficacy, physiological mechanisms, patterns of use, and theoretical foundations.

To this end, the SAR sponsors annual symposia on acupuncture and Oriental medicine research. In addition, the SAR maintains a website that provides:

- Useful information on acupuncture and Oriental medicine events.
- Links to other related websites and research databases.
- An affiliate-only password-protected section with information on active acupuncture and Oriental medicine research, commonly utilized outcome measures, an

annotated list of sham acupuncture controls, condition-specific systematic reviews, and methodological issues in acupuncture and Oriental medicine research.

Our affiliate base consists of individuals and institutions and includes researchers, educators, students, acupuncturists, health care practitioners, members of the public, acupuncture and Oriental medicine schools, vendors, and other organizations.

The SAR is currently guided by Co-Presidents Lixing Lao and Rosa Schnyer and an additional 10 board members: Richard Hammerschlag, Terry Oleson, Helen Langevin, Karen Sherman, Peter Wayne, Vitaly Napodow, Misha Cohen, Hugh MacPherson, Richard Harris, and Jongbae Park. All activities of the SAR are organized and directed by an active participation of the Board.

The SAR is hosting a special conference to mark the 10th anniversary of the 1997 NIH Consensus Conference on Acupuncture: "The Status and Future of Acupuncture Research: 10 Years Post-NIH Consensus Conference"; November 8–11, 2007 at the University of Maryland in Baltimore, MD.

For more information please visit our website: www.acupunctureresearch.org.

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The Treatment of Hepatitis C and Chronic Liver Disease with *Sho-saiko-to* (Minor Bupleurum Decoction [*Xiao Chai Hu Tang*])

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A Clinically Documented Herbal Preparation for Treating Chronic Liver Disease

Chronic liver disease is the 12th leading cause of death in the United States. Traditional Kampo medicine in Japan is a scientific and highly regulated, prescription-filled system based on the tenets of Traditional Chinese Medicine (TCM). One of the best-known herbal medicines for liver support in Japan is called *Sho-saiko-to* (SST). The herbal formula is also called Minor Bupleurum Formula or *Xiao Chai Hu Tang* in Chinese. This seven-herb ancient formulation has anti-inflammatory, anti-fibrotic, and chemo-preventive properties that both pre-clinical and clinical research suggest are effective for various forms of liver diseases, including chronic hepatitis.

The Prevalence of Liver Diseases

Chronic liver disease (CLD) is a significant public health concern in the United States and worldwide. CLD ranks 12th in the causes of mortality in the United States and is responsible for the deaths of more than 25000 Americans annually. CLD covers several conditions from hepatitis B and C to fibrosis and cirrhosis. An estimated 350 million persons worldwide, mostly in Asia, are chronically infected with the hepatitis B virus (HBV). In the United States, there are an estimated 1.25 million hepatitis B infections. HBV infections produce an increased risk of developing cirrhosis, hepatic decompensation, and hepatocellular carcinoma (HCC) [1]. Two therapeutic agents are commonly used for the treatment of chronic hepatitis B: interferon-alpha and lamivudine.

An estimated 3% of the world's population, or almost 200 million individuals, have

chronic hepatitis C virus (HCV) infection. This has become a significant public health problem in the United States in recent years, where approximately five million individuals have been infected with HCV [2]. Hepatitis C infection is a major risk factor for HCC. It has been estimated from a number of prospective studies that 80% of patients exposed to HCV will develop chronic hepatitis C, of which 15% develop cirrhosis, and approximately 5% will progress to HCC [3–6]. Further, chronic hepatitis C infection is a leading cause of liver transplantation in the United States [7]. The current treatment regimen for chronic hepatitis C consists of therapy based on pegylated interferon [-alpha] with or without ribavirin (a synthetic broad-spectrum antiviral agent used to inhibit DNA and RNA replication). However, interferon-based therapy is only effective for approximately 40% of treated patients with HCV genotype 1, the most difficult type of the virus to treat when infected. The combination therapy of pegylated interferon and ribavirin offers a 50–55% sustained response rate for HCV genotype 1 [8–10].

Adverse effects are frequently encountered during interferon treatment [11]. More than half of all patients experience flu-like symptoms. Other frequently reported events include nausea, vomiting, anorexia, dizziness, dyspnea (difficulty breathing), insomnia, irritability, alopecia (hair loss), rash, and pruritus (itching). Interferon commonly causes leukopenia (abnormally low white blood cell count) and occasionally thrombocytopenia (low platelet count), and the addition of ribavirin frequently leads to anemia with significant changes in hemoglobin, the oxygen-carrying protein in the blood. Patients may discontinue therapy due to intolerance to adverse side-effects, experience a specific contraindication to therapy, or they may simply not respond to therapy. Such patients have no other treat-