



Apex Ear Bloodletting, Dairy Product Restrictions and Scalp Acupuncture in Reducing Knee Pain among Patients Treated with Auricular Acupuncture-A Double Blind Study

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Abstract

Statement of the problem: According to Western medicine, chronic knee pain can have different causes. The problem is usually associated with sprained ligaments, meniscus tears, tendinitis, and runner's knee. In Traditional Chinese Medicine, the energy alterations related to it, is the imbalance of the Kidney and Liver.

Purpose: To observe the effectiveness of auricular acupuncture (AA), observing: age and gender, previous treatment, use or non-use of apex ear bloodletting (AEB), influence of dairy product restrictions on the results of patients suffering from knee pain, and a numerical analysis of the quantity of pain before and after AA treatment.

Methods: Research of over 900 AA patient records: 86 (9.6%) knee pain symptoms; 40 (4.4% of total records and 46.5% of those with knee pain symptoms) reached after phone-calling.

Results: Gender: 72% female; 28% male. Side: Right Knee: 27%; Left Knee: 35%; Both: 38%. In relation to the pain improvement, when the patient followed the dairy product restrictions, compared to the other dietary restrictions, the author obtained the following results respectively: Pain improvement up to 20% (5.41% versus 0.00%); from 21% to 50% (21.62% versus 5.41%); from 51% to 80% (21.62% versus 2.70%); above 80% (37.84% versus 5.41%). The average pain intensity reduction when the pain was one knee was 4.609 to 6.751, and when the pain was in both knees, the reduction was 2.426 to 5.708. Regarding apex ear bloodletting, the females were divided into three groups according to their intensity reduction: between 70 to 100% eighty percent improved (12 patients) and twenty percent did not (3 patients), between 40 to 70% sixty-two point five percent improved (5 patients) and thirty-seven point five did not (3 patients), and up to 40% eighty-three point three percent improved (5 patients) and sixteen point six seven did not (1 patient).

Conclusion: The majority of the subjects were females. There was a reduction of pain intensity mainly in the group who did apex ear bloodletting and when the knee pain was on one side. There was a co-relation between pain reduction intensity and the avoidance of dairy products.

Keywords: Knee pain, Auricular acupuncture, Dairy products, Scalp acupuncture, Traditional Chinese medicine, Hippocratic medicine, Chinese dietary counseling, Energy alterations

Introduction

The knee joints and thighs with the legs and is formed by two joints: one between the femur and tibia, and one between the femur and the patella. It is the largest joint in the human body. The knee is a modified hinge joint, which permits flexion and extension as well as slight internal and external rotation. The knees' biggest vulnerability is injuries and the development of osteoarthritis [1-3].

Western medicine points out risk factors that could be the cause or could increase considerably the risk of a patient's knee problems. The first one would be obesity. Being obese or even overweight increases stress on the knee joints, even during ordinary activities. Being overweight is also a major red flag for osteoarthritis, because it accelerates the breakdown of joint cartilage [5].

What also accounts as a risk factor is the lack of flexibility and strength. Tight or weak muscles offer less support for the knees because they don't absorb enough of the stress exerted on the joint [1-6].

The location and severity of knee pain may vary, depending on the cause of the problem. Signs and symptoms that sometimes accompany knee pain include swelling and stiffness, redness and warmth to touch, weakness or instability, popping or crunching noises, inability to fully straighten the knee [1-6].

For traditional Chinese medicine, knee pain can have different causes and treatments [7].

For the compilation of this article, the author based her perspective and pathways of treatment in a specific case of a patient the author had in 2006. This patient was a 70-year-old patient, who reported pain in the legs and was diagnosed with Kidney-Yang deficiency, according to TCM. He received treatment with Chinese dietary counseling, acupuncture and auricular acupuncture associated with apex

ear bloodletting [8-13].

With the treatment done, the pain in the legs diminished and the patient was submitted to an interview after the treatment. In this interview, 30 days after the treatment, the patient revealed that his eye pressure had also lowered with the treatment, as his ophthalmologist confirmed. During the treatment, he had not reported to be treating glaucoma in the last 40 years with no improvement of his condition. With the treatment performed, his pressure lowers from 40mmHg to 17mmHg [8-13].

This interesting case became the cornerstone of the author studies in the field, trying to comprehend how the treatment based on the root of the problem could treat different diseases and symptoms simultaneously and using the same methods [8-13].

Purpose

To observe the effectiveness of auricular acupuncture (AA), observing: age and gender, previous treatment, use or non-use of apex ear bloodletting (AEB), influence of dairy product restrictions on the results of patients suffering from knee pain, and a numerical analysis of the quantity of pain before and after AA treatment.

Methods

This study was based on a literature review of PubMed articles regarding the treatment of different types of knee pain both in Western Medicine and other ancient medical traditions. It was done a double-blind retrospective study that consisted of the research of 900 patient medical records, in which it was evaluated the amount of patients who had knee pain.

These patients were treated at the Medical Acupuncture and Pain Management Clinic, of the author, in Franca, São Paulo, Brazil, between 2010 and 2012. The initial selection of the subjects was done by a third, not interested person, and consisted in filtering the patients which had knee pain diagnosis described on their records. From the 900 medical records studied, 86 had knee pain (9.5% of the total).

A third researcher started the process of reaching the patients and interviewing them. The researcher managed to reach 40 (46.5%) of the patients of those diagnosed with knee pain.

During their treatment in the clinic, each patient has a file, in which are contained notes about the Western medicine diagnosis and traditional Chinese medicine diagnosis. The questionnaire asked for the patients in their first consultation, to diagnose the energy deficiencies is described in Table 1.

The treatment the patients were submitted to consisted of Chinese dietary counseling, auricular acupuncture associated with apex ear bloodletting, always with the main goal of rebalancing *Yin, Yang, Qi* and Blood, observing and being cautious regarding the influence of external factors such as cold and wind.

All patients were also submitted to a questionnaire over the phone, which resulted on the research results. The questionnaire is described on the questions below:

1. Were you diagnosed with knee pain?
Yes__ No__
2. Which side did you have the knee pain?
Right__ Left__ Both__
3. What was the intensity of your knee pain on a scale of 0 to 10 before your auricular acupuncture treatment? Where "0" is no pain and "10" is very strong pain.
4. What was the intensity of your knee pain on a scale of 0 to 10 after your auricular acupuncture treatment? Where "0" is no pain and "10" is very strong pain.
5. How many acupuncture sessions did you have?
Up to Four__ Up to 8__ Up to 12__ Up to 16__ Up to 20__
More than 20__

6. What was the frequency of the sessions?

1/week__ 2/week__ 3/week__

7. Did you undergo Apex Ear Bloodletting?

Yes__ No__

8. Were needles used on your scalp?

Yes__ No__

9. Did you receive any dietary orientation to avoid certain kinds of food?

Yes__ No__

9.1. If yes, which kinds of food did you avoid?

Dairy Products?__ Coffee__ Soda__ Others__

10. Did you use a knee brace to reduce pain before the acupuncture treatment?

Yes__ No__

10.1. Did you stop using the knee brace after the acupuncture treatment?

Yes__ No__

11. Did you use a cane before the acupuncture treatment?

Yes__ No__

12. And after?

Yes__ No__

13. Did you use a walker before the acupuncture treatment?

Yes__ No__

14. And after?

Yes__ No__

15. Did you have difficulty in getting up from your chair?

Yes__ No__

16. And to sit down?

Yes__ No__

17. Besides pain, did you feel weak or that your knee was weak, or that it could not support you?

Yes__ No__

18. Did you have difficulty in doing what?

Going up the stairs?__ Going down the stairs?__

Walking?__ Others:__

19. Before the acupuncture treatment, did you have these dietary habits?

A. Drinking coffee? Yes__ No__

B. Consuming dairy? Yes__ No__

C. Drinking Soda? Yes__ No__

D. Drinking beer or other kinds of alcoholic beverages?

Yes__ No__

20. Has surgery been recommended for your knee problem before the acupuncture treatment?

Yes__ No__

21. Was it necessary to have surgery done on your knee after the acupuncture treatment?

Yes__ No__

22. How would you evaluate your auricular acupuncture treatment for knee pain?

Excellent__ Good__ Regular__ Bad__

23. How did you feel after your acupuncture treatment?

Cured__ Improved__ Still in treatment__ No improvement__

24. Would you recommend acupuncture treatment to others with the same problem?

Yes__ No__

25. Did you use any medication for your knee pain before the acupuncture treatment?

Yes__ No__ Which?__

26. Have you been using any medication over a long period?

Yes__ No__ For how long?__

27. Have you had any radiological exams of your knee before the acupuncture treatment?

Yes__ No__

Question	Does the patient have a daily bowel movement?	Does the patient have excessive sweating during day?	Does the patient feel cold in the extremities of the body? (Cold feet or hands)	Does the patient feel hot in the extremities?	Does the patient has dry mouth, bleeding gums, bad breath, acne and/or redness in the skin, abdominal pain, micro hematuria, or itching?
Meaning	The lack of daily bowel movements can mean Blood deficiency.*	This could be a symptom of <i>Qi</i> deficiency.	Commonly, this is a sign of <i>Yang</i> deficiency.	Commonly a sign of <i>Yin</i> deficiency.	Commonly this is a sign of Heat retention.

Table 1: How to Diagnose *Yin*, *Yang*, *Qi*, Blood and Heat Retention Imbalances?

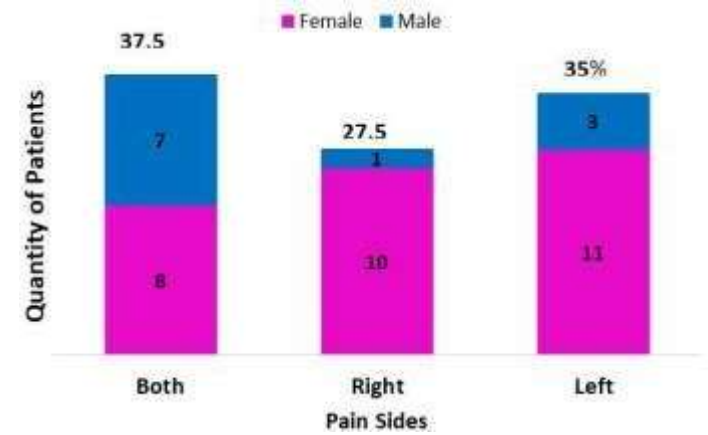
*Blood deficiency can be understood as anemia in the energy level. As Blood deficiency may take years to appear in the laboratory exams, the patient with constipation and a normal complete blood count (CBC) can still be considered a patient with Blood deficiency, per TCM based on the symptoms he/she may present.

28. If yes, which ones?
X-ray__ CAT scan_ fMRI__ Ultrasound__

Results

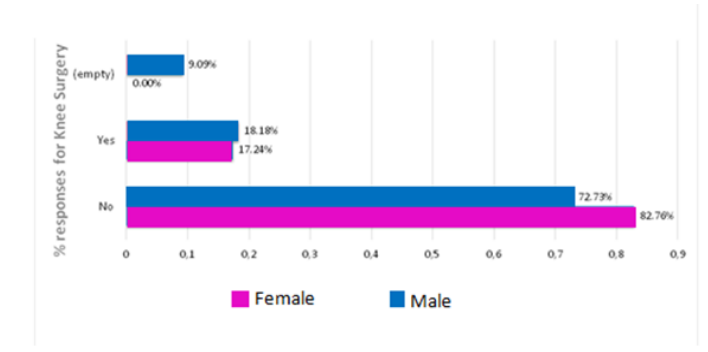
With respect to the proportion of males and females in this study, 29 patients or 72% were female, and 11 or 28% were males, among them 15(7 males and 8 females) or 38% of the patients had pain in both knees, 14(3 males and 11 females) or 35% had pain only on the left side, and 11(1 male and 10 females) or 27.5% on the right side, as showed and Figure 1.

Figure 1: Sides affected by knee pain.



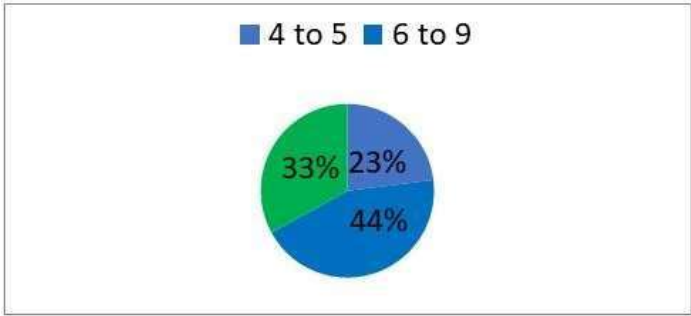
From the patients studied, 20% were recommended for knee surgery. Most of the patients (80%) answered that knee operations were not recommended, as showed on Figure 2.

Figure 2: Recommended for knee surgery before acupuncture treatment.



The major energy disturbances in patients with knee pain symptoms, diagnosed from the first appointment, were firstly *Yin* deficiency, secondly *Yin* and *Yang* deficiency, and thirdly *Yang* deficiency. The pain level of the patients before their acupuncture treatment is shown in Figure 3, where light blue represents the pain between four and five, dark blue between six and nine, and green the maximum level of pain or 10.

Figure 3: Percentage of patients in relation to their pain levels before acupuncture treatment.



The main energy disturbances of the patients evaluated are described in Figure 4.

Figure 4: Energy disturbances in patients with knee pain.

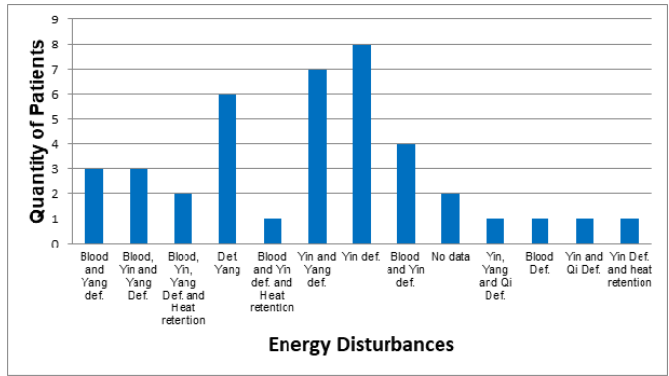
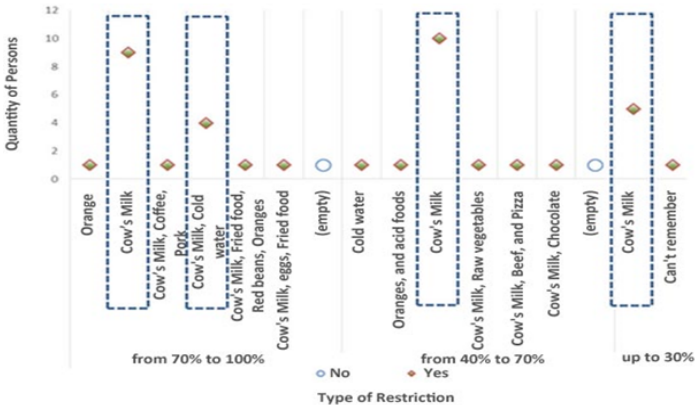


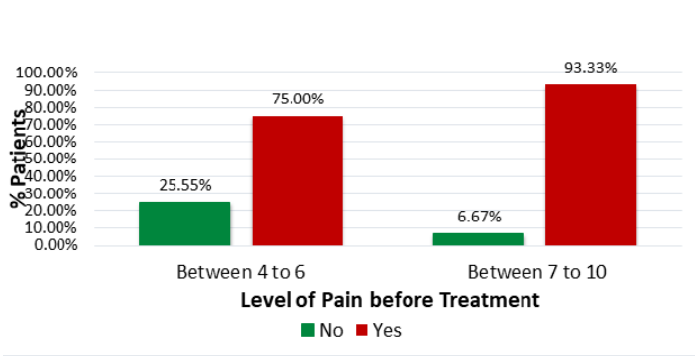
Figure 5 shows the major dietary restrictions accepted and practiced by the patients, as well as their pain intensity reduction. In the horizontal axis, we can see the type of restrictions, three different categories of pain intensity reduction, which are from 70% to 100%, 40% to 70% and up to 30%. In the vertical axis, it is possible to see the quantity of patients that followed the dietary recommendations, according to each category.

Figure 5: Major dietary restrictions compared to pain intensity reduction categories.



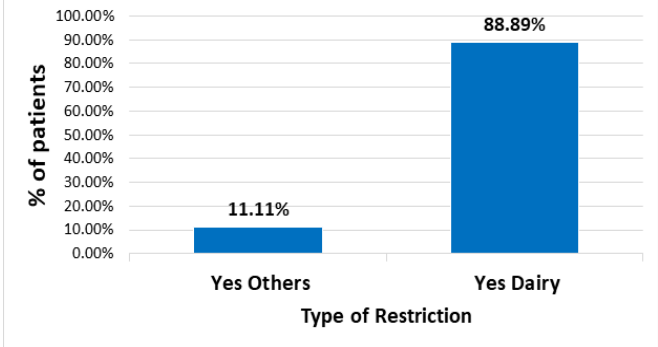
In Figure 6, it is possible to see the relation between the intensity of the pain and the use of dairy products before the acupuncture treatment. The patients were asked about how much pain they felt, using the Numerical Pain score Rating scale. The patients who avoided dairy, represented in green, and the patients who consumed dairy, represented in red, evaluated their pain in two groups, four to six and seven to ten. In the first group, where the pain was less, 75% consumed dairy. In the second group, where the pain intensity was higher, from seven to ten, almost a 100% were using dairy products in their diet.

Figure 6: Initial pain x consumption of dairy.



On Figure 7, it is possible to see that the diet orientations received, dairy products were more avoided than the other recommendations the patients receive (for example, avoid drinking cold water or eating raw food).

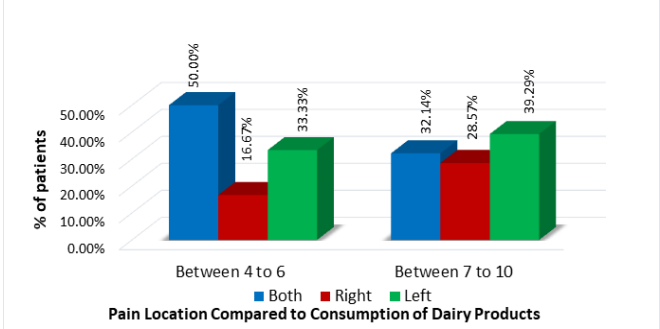
Figure 7: What was avoided on the diet?



In Figure 8, it is possible to see that among those patients who were consuming dairy products, in the group that had less pain, between

four and six, 50% of the patients experienced pain in both knees, and 33.33% had pain in the left knee, and 16.67% in the right knee. In the other group, where the pain intensity was between seven and ten, the distribution of pain in the three situations was 32.14% when in knees, 28.57% on the right side and 39.29% on the left side.

Figure 8: Pain location compared to consumption of dairy products.



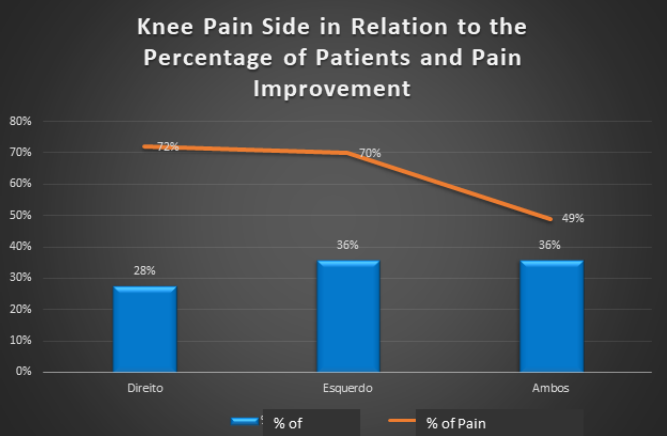
In Figure 9, comparing the group that avoided dairy with the group that followed other dietary restrictions, the patients were divided in four groups in relation to the pain intensity improvement: up to 20%, from 21% to 50%, from 51% to 80%, and those over 80%. The patients who followed dairy restrictions, had higher percentages of pain improvement in the four groups (5.41%, 21.62%, 21.62% and 37.84% respectively), compared to those who followed other kinds of dietary restrictions (0%, 5.41%, 2.7% and 5.41% respectively).

Figure 9: Dairy product restriction, compared to other dietary restrictions in relation to pain intensity improvement.



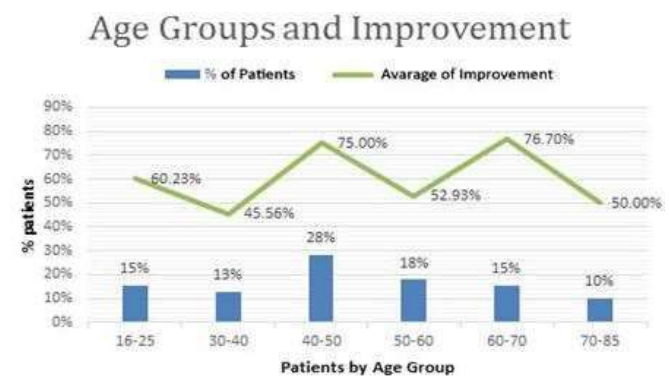
Figure 10 shows the knee pain side in relation to the percentage of patients and pain improvement.

Figure 10: Knee pain side in relation to the percentage of patients and pain improvement.



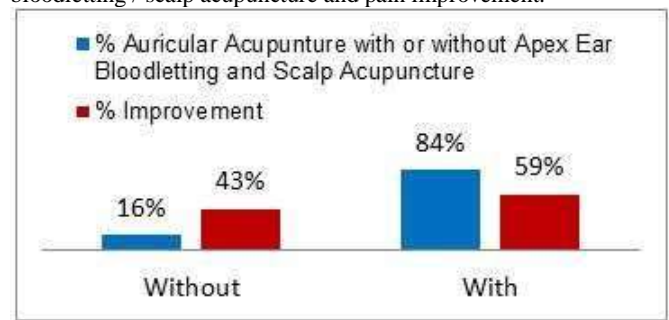
When age groups were correlated with the percentage of pain intensity improvement, as showed in Figure 11, the results showed that the group which had more pain improvement was those 60 to 70 years of age with an average of 76.70% improvement, as it can be seen on Figure 9. In second place, the group 40 to 50 had 75% improvement. Following this group was the 16 to 25 group, then the 50 to 60 group, the 70 to 85, and lastly the 30 to 40 group with 60.23%, 52.93%, 50% and 45.56% of pain intensity improvement respectively.

Figure 11: Age groups and improvement.



The influence of the use or non-use of apex ear bloodletting and scalp acupuncture on the results of the patients being treating for knee pain with auricular acupuncture were that when auricular acupuncture was used without apex ear bloodletting and scalp acupuncture (16% of the patients) they had 43% improvement of pain intensity and when we associated apex ear bloodletting and scalp acupuncture with auricular acupuncture (84% of the patients), the results were 59% of pain intensity improvement, as it can be seen on Figure 12.

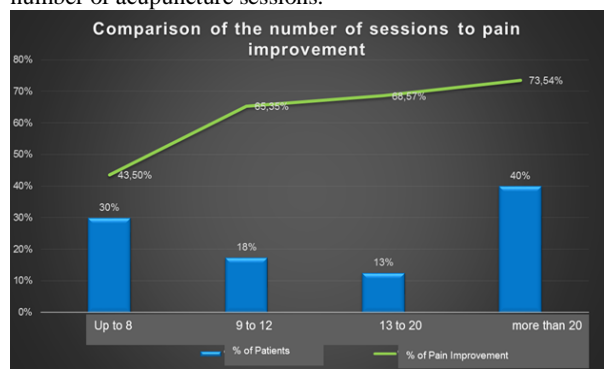
Figure 12: Auricular acupuncture associated or not with apex ear bloodletting / scalp acupuncture and pain improvement.



When the patient had pain in the right knee, the treatment was done on the right ear, and when the patient had pain in the left knee, the left ear was used. But when the patient had pain in both knees, the side with more intense pain was the ear side used to do the treatment. However, on the other ear, the points used were only those for the knee, both the front and back points, and also points for the Kidney and Liver.

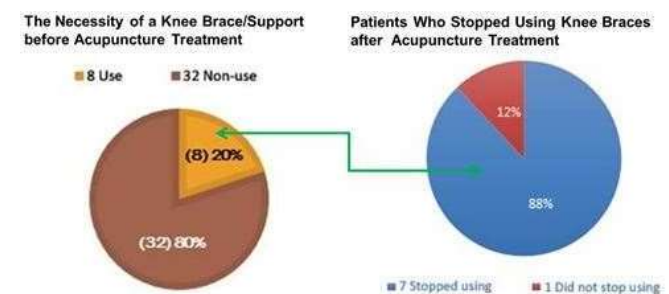
The pain intensity improvement was compared with the number of acupuncture sessions that each patient had. These sessions were classified in four groups according to quantity: up to 8 sessions; 9 to 12; 13 to 20 and more than 20. These groups corresponded to 30% of the patients, 18%, 13% and 40% respectively. Considering these groups, the pain intensity improvement was 43.5%, 65.35%, 68.57% and 73.54% respectively and observed as directly proportional to the number of sessions that the patient had done, as it can be seen on Figure 13.

Figure 13: Pain intensity improvement compared with the number of acupuncture sessions.



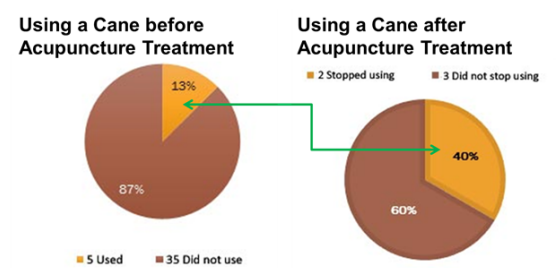
Of the 40 patients, only 8 or 20% used some kind of knee brace or support for their knee pain before their acupuncture treatment. From the 8 patients that were using a knee brace, seven of them stopped using it after their acupuncture treatment. The one that continuing using it, was a young female that did only eight sessions of acupuncture and did not undergo scalp acupuncture, as it can be seen on Figure 14.

Figure 14: The necessity of a knee brace/support before and after acupuncture treatment.



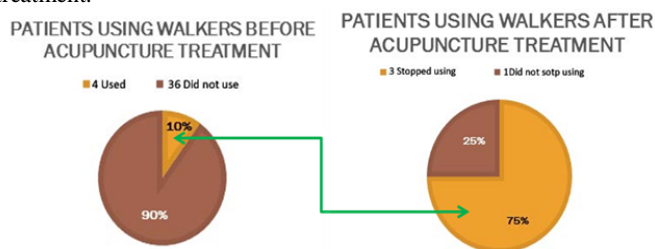
Of the total number of patients, 5 or 12.5% were using a walking cane before their treatment, and of these, 2 or 40% stopped using it after their treatment. Of the three who continued using the cane after the treatment, two of them had also been using a walker in the past, but stopped doing so after their acupuncture treatment, which indicates an improvement in their condition. The third patient, who continued the use of the cane, had less than eight acupuncture sessions, as it can be seen on Figure 15.

Figure 15: The necessity of a cane before and after acupuncture treatment.



Of the four patients who had been using walkers, three stopped using them after their acupuncture treatment. The patient, who maintained the use of the walker, was a female who had pain in both knees and was doing only one session a week of acupuncture, as it can be seen on Figure 16.

Figure 16: The necessity of a walker before and after acupuncture treatment.



Discussion

Western medicine management of knee pain

According to the study entitled Nonsurgical Management of Knee pain in adults, oral analgesics-most commonly nonsteroidal anti-inflammatory drugs and acetaminophen are used initially in combination with physical therapy to manage the most typical causes of chronic knee pain [14].

Knee pain is a common complaint that affects people of all ages. It may be the result of an injury, such as a ruptured ligament or torn cartilage. Medical conditions including arthritis, gout and infections also can cause knee pain. Many types of minor knee pain respond well to self-care measures. Physical therapy and knee braces also can help relieve knee pain. In some cases, however, your knee may require surgical repair [1-6].

According to a second study entitled knee pain in adults and adolescents: the initial evaluation, knee pain affects approximately 25% of adults, and its prevalence has increased almost 65% over the past 20 years, accounting for nearly 4 million primary care visits annually [5].

A third study entitled The Influence of Knee Pain Location on Symptoms, Functional Status and knee-related quality of life in older adults with chronic knee pain: data from the osteoarthritis initiative, demonstrates that the most common knee pain pattern was tibiofemoral only pain (62%), followed by patellofemoral only pain (23%) and combined pain (15%) [15].

Traditional Chinese medicine and knee pain

Traditional Chinese medicine and its tools have been widely used on the treatment of several different chronic pain, including knee pain related to injury or related to different diseases, such as osteoarthritis [7,16].

In Traditional Chinese Medicine, through the Five Elements Theory, each internal massive organ has an external sensory organ that they command. The Kidney and Liver meridians are linked to the knees, according to the Five Elements Theory. The hollow organ associated with the Liver meridian is the Gallbladder, responsible for the tendons [17].

Therefore, imbalances in the Gallbladder, Liver and Kidney meridians may result in pain in the knees. Another cause associated with knee pain is stagnant Qi. The Kidney energy is responsible for the growth and development of a child, memory and concentration, youth, for strengthening bones and teeth, for hearing and all reproduction and sexuality [17].

The imbalance of the Kidney energy can be caused by different factors. The first factor will depend on the patient's parents' kidney-energy, at the moment of conception. If this energy was weak, the individual born of this union will already be born with weak Kidney energy. When the patient experiences knee pain, this may be an indirect symptom signing a deficiency in the Kidney and/or Liver energy [18].

As previously explained, all massive organs have hollow coupled organs. In the case of the Liver, this organ is the Gallbladder [17].

To replenish the energy of the Kidney properly, it is also important for the patient to sleep at least eight hours per night. In addition, it is important to hydrate properly as the main energy of the Kidney comes through proper hydration. Normally, it is advised for the patients to drink 1 liter of water for every 25 kg of the weight per day. On the case of intake of soda, the same amount of water has to be intake. On the case of intake of beer, it is necessary to drink two times the amount of beer in water, to avoid dehydration and consequentially reduction of Kidney energy [18].

There are some foods, which cause a decrease in Kidney energy, increasing the chance of the patient experiencing knee pain. These are: coffee, matte tea and soda [19 -20].

Another factor that can compromise Kidney energy may be frequent sexual activity or excessive masturbation, especially in men, for there is loss of Kidney essence through the elimination of semen. Semen is responsible for maintaining the youth of man and when constantly lost in sexual activities may be a cause of loss of Kidney energy, leading to knee pain [18].

When treating these specific patients, for those who had pain on the knee on both sides, the placement of the auricular acupuncture points were only on one side (usually on the side where the knee pain is stronger). Because the author found that using the auricular acupuncture only in one side, it would act on both knees. But, with the questionnaire done, it was found that the patients still had pain on the other side, the side not treated, so it would be of major importance of placing bilateral points on both ears when the patient has pain on both knees, to have a better result, and not only in one side, as demonstrated in this study [7].

Acupuncture is recognized as medical specialty in Brazil since 1995, by the Brazilian Federal Medical Council.

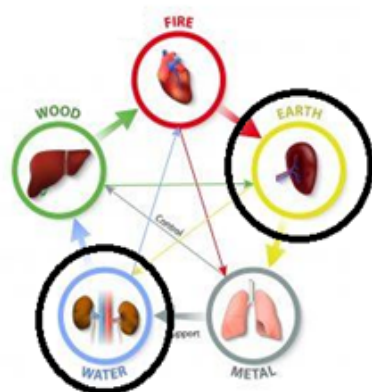
Dairy consumption and knee pain

For all cases of joint pain in any joint of the body, it is recommended to avoid the intake of dairy products. A study published in The Journal of Nutrition in 2015 found that eating dairy increased low-grade inflammation in a small sample of German adults. Another study of more than 40,000 people with osteoarthritis found that those who ate more dairy products were more likely to need hip replacement surgery [21].

In traditional Chinese medicine, it is recommended to avoid dairy products to prevent and treat osteoporosis.

In fact, this food instead of preventing and treating, as it is common sense in Western medicine, may be inducing the formation of osteoporosis, because it causes energy deficiency of the Spleen-pancreas leading to the weakening Kidney's energy that is responsible for maintaining the bone, on the cycle demonstrated on Figure 17, in which the Earth element (Spleen-pancreas), according to the control cycle, the Water element (Kidney), will lose strength, becoming weaker in energy, leading to weakness of all that is commanded by the Kidney, including the bones. According to the generation cycle, the imbalance of the Spleen-pancreas will also lead to imbalance of the Metal element (Lung) [17].

Figure 17: Five Elements Theory.



Study the effect of dairy products on knee pain was important for the author, because the consumption of dairy products is extremely common in Brazil, being present in almost all dishes of Brazilian cuisine [22].

However, not only dairy products imbalance the spleen-pancreas meridian. Other causes of imbalance in diet may be: Cold water, raw foods and sweets. Emotionally, it may be caused by excessive worry [17].

***Yin and Yang* metaphor of Western and traditional Chinese medicine**

In order to treat patients with knee pain in a more effective way, the physician has to comprehend the importance of the different medicine perspectives. The body, and therefore, the possible treatments, is not only physical and constituted by organs and tissues. It is formed by energy. In Figure 18, a metaphor of *Yin* and *Yang* as the different kinds of medicine was created by the author. Nowadays, these two perspectives are separated, but they can be complementary [8-13].

Figure 18: Traditional Chinese Medicine and Western Medicine-*Yin* and *Yang* Metaphor.



Traditional Chinese medicine can be considered as *Yang* energy, and Western medicine is considered *Yin* energy, already materialized. In the same way of the relationship of *Yin* and *Yang*, traditional Chinese medicine starts where western medicine ends, and vice-versa [8-13].

Conclusion

The conclusion of this study is that the use of apex ear bloodletting, restriction of dairy products consumption and use of scalp acupuncture is effective in reducing knee pain among patients treated with auricular acupuncture.

The majority of the subjects were females. There was a reduction of pain intensity mainly in the group who did apex ear bloodletting and when the knee pain was on one side. There was a co-relation between pain reduction intensity and the avoidance of dairy products.

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