

## 21. Others

### Reference

Kuge H, Hatano Y, Mori H. Influence of fireless moxibustion on QOL (SF-36®) in elderly people. *Nihon Onsen Kiko Butsuri Igakkai Zasshi (The Journal of the Japanese Society of Balneology, Climatology and Physical Medicine)* 2008; 71(3): 180–6 (in Japanese with English abstract). Ichushi Web ID: 2008252546

#### 1. Objectives

To evaluate the effectiveness of fireless moxibustion at home to maintain QOL for elderly people.

#### 2. Design

Randomized controlled trial using sealed envelopes for allocation (RCT-envelope).

#### Setting

Subjects' homes, Japan.

#### 3. Participants

Twenty-seven elderly people living at home (10 males, 17 females, ages 66–94).

#### 4. Intervention

Arm 1: Fireless moxibustion group. Fireless moxibustion (Sennenkyu Taiyo®, Senefa Corporation) was used for about one hour each at the bilateral BL23 (腎兪) and ST36 (足三里) acupuncture points, every two days for a total of four treatments (n=11).

Arm 2: Sham fireless moxibustion group. Same treatment, but using Sennenkyu Taiyo® altered to give off no heat (n=16).

#### 5. Main outcome measures

SF-36™ Ver.2 acute Japanese version, evaluation on day 7, 14, and 21.

#### 6. Main results

Scores related to “bodily pain” in the SF-36 (questions seven and eight) improved significantly after treatment in Arm 1 ( $P<0.05$ ).

#### 7. Conclusions

Fireless moxibustion used at home relieves bodily pain in elderly people.

#### 8. From acupuncture and moxibustion medicine perspective

None.

#### 9. Safety assessment in the article

Not mentioned.

#### 10. Abstractor's comments

This study is of great significance for its focus on fireless moxibustion, which can be easily used at home to maintain or improve the QOL of elderly people, whose numbers continue to grow in Japan. The study evaluated low back and leg complaints; however, there was a pretreatment difference between the two groups. Therefore, the recruitment process might have been improved by stratifying participants by complaint after recruitment, or recruiting participants with low back and leg complaints. Masking subjects was difficult and bias might have been introduced as one type of moxa heated up to 50°C and the other did not heat up. It would be preferable to describe the timing of the trial and the success or failure of masking.

This therapy holds promise for elderly people trying to maintain or improve their QOL. Having a therapy that users can manage themselves, without frequent visits to a medical facility, is of great help to elderly people who live far from town or city centers. Further research is anticipated.

#### 11. Abstractor and date

Shimoichi Y, 11 September 2011.