
Objective: To estimate the efficacy of moxibustion between 34 and 38 weeks of gestation to facilitate the cephalic version of fetuses in breech presentation and the acceptability of this method by women.

Methods: We conducted a randomized controlled trial in a Swiss university hospital maternity unit. We proposed to stimulate the acupoint BL 67 by moxibustion daily for 2 weeks for 212 consenting women between 34 and 36 weeks of gestation with a single fetus in breech presentation. We did the intervention three times weekly in the hospital and a teaching session and information leaflet on the technique for additional daily therapy at home. The control group received expectant management care. The availability of external cephalic version was maintained for both groups. The main outcome measure was the comparison of the proportion of women with cephalic presentation at delivery.

Results: Baseline characteristics were similar between groups, except more nulliparous women were randomized to moxibustion. The percentage of versions was similar between groups: 18% in the moxibustion group compared with 16% in the control group (relative risk 1.12, 95% confidence interval 0.62 to 2.03). Adjustment for the imbalance in parity did not change these results. The frequency of Cesarean delivery was similar (64% compared with 58% in the moxibustion group and the control group, respectively). Acceptability of the intervention and women’s perceptions of moxibustion were favorable.

Conclusion: We observed no beneficial effect of moxibustion to facilitate the cephalic version of fetuses in breech presentation. Despite this lack of proven effectiveness, women had positive opinions on the intervention.


Generalized and persistent anxiety, accompanied by nervousness and other symptoms (Generalised Anxiety Disorder, GAD) is frequent in the general population and leads to benzodiazepine usage. Unfortunately, these substances induce sedation and have a high potential for drug abuse, and there is thus a need for alternatives. As the anxiolytic properties of lavender have already been demonstrated in pharmacological studies and small-scale clinical trials, it was postulated that lavender has a positive effect in GAD. A controlled clinical study was then performed to evaluate the efficacy of silexan, a new oral lavender oil capsule preparation, versus a benzodiazepine. In this study, the efficacy of a 6-week intake of silexan compared to lorazepam was investigated in adults with GAD. The primary target variable was the change in the Hamilton Anxiety Rating Scale (HAM-A-total score) as an objective measurement of the severity of anxiety between baseline and week 6. The results suggest that silexan effectively ameliorates generalized anxiety comparable to a common benzodiazepine (lorazepam). The mean of the HAM-A-total score decreased clearly and to a similar extent in both groups (by 11.3+/−6.7 points (45%) in the silexan group and by 11.6+/−6.6 points (46%) in the lorazepam group, from 25+/−4 points at baseline in both groups). During the active treatment period, the two HAM-A subscores ‘somatic anxiety’ (HAM-A subscore I) and ‘psychic anxiety’ (HAM-A subscore II) also decreased clearly and to a similar extent in both groups. The changes in other subscores measured during the study, such as the SAS (Self-rating Anxiety Scale), PSWQ-PW (Penn State Worry Questionnaire), SF 36 Health Survey Questionnaire and Clinical Global Impressions of severity of disorder (CGI item 1, CGI item 2, CGI item 3), and the results of the sleep diary demonstrated comparable positive effects of the two compounds. In conclusion, our results demonstrate that silexan is as effective as lorazepam in adults with GAD. The safety of silexan was also demonstrated. Since lavender oil showed no sedative effects in our study and has no potential for drug abuse, silexan appears to be an effective and well tolerated alternative to benzodiazepines for amelioration of generalised anxiety.
Results: A total of 237 outpatients were enrolled in four centres; 117 were assigned randomly to BT and 120 to paroxetine. The mean change in HAM-A scores showed an improvement in both groups with a significant advantage of BT compared to paroxetine (−12.0 vs −8.7; p < 0.001). Remission and sustained response rates were also significantly higher in the BT group (respectively 19% vs 7% and 51% vs 28%).

Conclusion: BT is an interesting way of treating GAD. Due to its safety profile it could also be tested in resistant forms of generalized anxiety and in patients who do not tolerate or are reluctant to use pharmacotherapies.


Objectives: Acupressure, a complementary and alternative medicine (CAM) treatment, uses fingertips, rather than needles, to stimulate acupoints on the skin and has been implicated as a successful treatment for a variety of medical disorders. However, acupressure’s underlying mechanisms remain unclear. One theory is that acupoint stimulation modulates autonomic nervous system activity. Previous studies have suggested that acupressure may positively affect heart rate and blood pressure. The current study investigated the effects of a type of acupressure, Jin Shin, on cardiovascular function in stroke survivors, a population that could especially benefit from a treatment promoting cardiovascular health. The study tested the hypothesis that active acupressure treatments would reduce heart rate and blood pressure (i.e., induce a greater relaxation response) above and beyond that seen during placebo acupressure treatments.

Methods: A randomised, placebo-controlled, single-blind crossover design was utilised, in which 16 participants received 8 weeks of either active or placebo acupressure followed by washout and crossover into the opposite treatment condition. Heart rate and blood pressure measurements were taken throughout treatments.

Results: Active acupressure treatments were associated with a significantly greater (p = 0.043, partial $\eta^2 = 0.30$) and faster (p = 0.002, partial $\eta^2 = 0.76$) reduction in heart rate compared to that seen during placebo acupressure treatments. Although no treatment effect on blood pressure was found, this could be due to 67% of participants taking antihypertensive medications during the study.


Examples of medicinal herbs that have been perpetuated along several generations based simply on a folk tradition are Cistus and green tea. The principal active constituents of the genus Cistus and green tea are polyphenolic compounds. Polyphenols exhibit a wide range of antibacterial, antifungal and antiinflammatory effects.

The present work aimed to investigate the clinical effect of a Cistus extract (CYSTUS052®) in comparison with green tea on 300 patients with infections of the upper respiratory tract. Due to the lack of clinical study data on their efficacy in patients, this is a report of the findings of our study on the clinical efficacy of CYSTUS052® in patients with the upper respiratory tract infections (URTIs). This study observed a total of 300 patients (277 completers) treated with CYSTUS052® given in lozenges compared with treatment with an extract of green tea. The patients scored the subjective severity of target symptoms using a predefined scale.

The score of subjective symptoms decreased over the course of treatment with CYSTUS052®, whereas treatment with green tea resulted in a less significant decrease of symptoms. CYSTUS052® therefore proved to be an effective adjuvant for the treatment of respiratory infections.


Introduction: Preliminary studies have suggested that balneotherapy (BT) is an effective and well-tolerated treatment for generalized anxiety disorder (GAD) and psychotropic medication withdrawal syndrome. We carried out a study in 4 spa resorts to assess the efficacy of BT in GAD.

Method: We compared BT to paroxetine in terms of efficacy and safety in a randomized multicentre study lasting 8 weeks. Patients meeting the diagnostic criteria of GAD (DSM-IV) were recruited. Assessments were conducted using the Hamilton Rating Scale for Anxiety (HAM-A) and other scales, by a specifically trained and independent physician. The primary outcome measure was the change in the total HAM-A score between baseline and week 8.