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Thermology 2006 - literature survey

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Prof. DDr. Kurt Ammer

Österreichische Gesellschaft für Thermologie
Hernalser Hauptstr.204/14 A-1170 Wien, Österreich,
Phone & Fax (43 1) 480 54 23 :
e-mail:KAmmmer1950@aol.com

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Literatur

(1) International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. Can. Med Assoc J 1997;156;270-7.

(2) International Committee of Medical Journal Editors. Additional statements from the International Committee of Medical Journal Editors. Can. Med Assoc J 1997;156; 571-4.

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e-mail:KAmmer1950@aol.com

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Tables, Figures and Legends for illustrations should appear each on an extra sheet of paper.

Submission on computer discs with name of the used system is encouraged. A print of the disc content should be enclosed.

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in parentheses. Use the style of the examples below which are based on the formats used by the US National Library of Medicine in Index Medicus (complete list of examples on (1)).

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Chapter in a book

Gautherie M, Hachnel P, Walter JM, Keith L. Long-Term assessment of Breast Cancer Risk by Liquid Crystal Thermal Imaging. In: Gautherie M, Albert E, editors. *Biomedical Thermology*. New York Alan R. Liss Publ; 1982. p. 279-301.

Before publication proof prints will be mailed to the main author for corrections. Each author will receive 20 free copies of the reprint.

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- (1) International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. *Can. Med Assoc J* 1997;156;270-7.
- (2) International Committee of Medical Journal Editors. Additional statements from the International Committee of Medical Journal Editors. *Can. Med Assoc J* 1997;156; 571-4.

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Thermology 2006 – a computer-assisted literature survey

Kurt Ammer

Austrian Society of Thermology, Vienna, Austria
Medical Imaging Research Group, Faculty of Advanced Technology, University of Glamorgan, Pontypridd, U.K.

SUMMARY

This year, the comprehensive literature search in multiple databases yielded 3824 hits for the search terms “thermography”, “thermology”, “thermometry”, “temperature measurement”, “thermotherapy”, “skin temperature” and “core temperature”. Therefore, this literature survey is based only on publications listed in the medical database MEDLINE and EMBASE. After restricting the number of hits by combining the search terms with the key word “human”, 844 references were obtained. Clinical trials were reported in 117 papers, all other publications were related to other temperature measurements. This literature survey has demonstrated a continuously high interest in both temperature related physiology and temperature related treatment. Hypothermia for patients in a critical state of health and hyperthermia for tumor ablation or prostatic hyperplasia were the topics most frequently published.

KEY WORDS: literature search, thermology, temperature measurement

THERMOLOGIE 2005- EINE COMPUTERGESTÜTZTE LITERATURSUCHE

Für das Jahr 2006 erbrachte eine umfassende Literatursuche in mehreren Datenbanken für die Suchbegriffe Thermometry und Thermographie 1889 Treffer. Deshalb beruht diese Literatursuche nur auf Publikationen, die zwischen 1.1.2005 und 31.12.2005 in die medizinische Literatur-Datenbanken aufgenommen worden waren und zumindest einen der folgenden 4 Suchbegriffe enthielten: “Thermographie”, “Thermologie”, “thermal imaging”, und “infrared imaging”. Nachdem die Zahl der Treffer durch die Komination der Suchbegriffe mit dem Schlüsselwort “Mensch” eingeschränkt worden war, fanden sich 844 Zitate. Klinische Studien wurden in 117 Artikeln berichtet, alle anderen Publikationen bezogen sich auf andere Temperaturmessungen. Diese Literatursuche zeigte sowohl für die Temperatur abhängige Physiologie als auch an temperaturabhängigen Behandlungsmethoden ein anhaltend hohes Interesse. Die häufigst publizierten Themen waren die Hypothermie bei Patienten mit kritischem Gesundheitszustand und die Hyperthermie zur Tumorzerstörung und bei Hyperplasie der Prostata.

SCHLÜSSELWÖRTER: Literatursuche, Thermologie Temperaturmessung

Thermology international 2007; 17: 5-31

Introduction

In 2006, thermal imaging celebrated a 50 year long tradition of application in medicine after Lawson had published his first report on thermography assisted diagnosis of breast cancer in 1956 (1). Several literature reviews have described the ups and downs of thermal imaging (2,3,4). Whilst in medicine thermography is still struggling for scientific acceptance, industrial and technical applications of this technique seem to be out of debate. The later observation is based on growing numbers of publications on thermography and other methods of temperature measurements in applied sciences (3,4).

The 2006 literature survey on thermology is restricted to publications on thermography related to humans. This restriction was decided due to the expectation of high numbers of publications in fields outside of medicine and biology. In addition, 35 abstracts from the 10th European Conference of Thermology, held in Zakopane have been included in the database of this report.

Methods

A literature search was performed in the medical databases Journals@Ovid, British Nursing Index CINAHL, EMBASE, International Bibliography of the Social Sciences, INSPEC, Mantis, Ovid MEDLINE(R) In-Process, Other Non-Indexed Citations, Ovid MEDLINE(R), and SPORTDiscus using the following key words: “thermo-

graphy”, “thermology”, “thermometry”, “temperature measurement”, “thermotherapy”, “skin temperature” and “core temperature”. The time period selected was between 01. 01.2005 and 31. 12. 2005.

This search yielded 4467 publications and after removal of doubles 3824 hits remained in the database. Due to space restrictions, this amount of citations cannot be displayed in this article. Therefore, the literature search was repeated and restricted to the databases Ovid MEDLINE and EMBASE, but the keywords were combined with the search term “human”. The lists of hits in all databases were checked for doubles and identified double hits were excluded. Finally, 844 references remained in the database of this article.

However, all references from the first search in multiple databases will be included in the database of references for thermal imaging and temperature measurement available at the web site of the Medical Imaging Research Group, School of Computing, University of Glamorgan, at www.medimaging.org. The full list of all references will be also available from the author on request.

The database from the second search was analysed to show the origin of authors, the language and the journal and issue number of publication. Papers were allocated with respect to the topic of the publication into medical and non

medical publications. Non medical papers were further classified into basic sciences, applied sciences and biology.

Results

A total of 844 publications were found from the databases, which yielded 533 hits in EMBASE and 315 MEDLINE, plus 35 abstracts from the 10th European Congress of Thermology resulted 879 citations in total.

90.7 percent of all papers of this database were published in English. German was in the second rank with 16 publications. Chinese (12), Japanese (12) French (10) and Polish (9) were the next frequently used language for publication, followed by Russian (5), Spanish (3), Czech (3), Slovak and Turkish (each 2 papers), Korean and Dutch (each 1 paper).

682 institutes in 49 countries (Figure 1) were involved in temperature measurements. 25,7 % of these research facilities are located in the United States and 46,9 % of institutions are situated in European countries. 24.7 percent of research derived from Asia & Australia.

In total, 520 journals published papers on temperature related matters. Due to included abstracts, the highest number of publications, i.e. 38 were found in Thermology international. 6 journals published 10 or more papers. Top rank were the Journal of Applied Physiology (20 papers) together with International Journal of Hyperthermia. (15 papers). Next were the European Journal of Anaesthesiology (12 papers), European Journal of Applied Physiology and Journal of Medical Engineering & Technology (each 11 papers) and Anaesthesia. (10 papers). 63 journals published 2 papers, 29 journals 3 papers, 4 papers related to temperature appeared in 18 journals and 5 journals published 5 papers. The Journal of Physiology had 6 publications on temperature, Eye, Industrial Health and the Journal of Urology showed each 7 temperature publications. Anesthesia & Analgesia. and Paediatric Anaesthesia published each 8 papers and both the American Journal of Physiology and Medicine & Science in Sports & Exercise. related 9 papers to temperature.

20 papers reported animal experiments (12, 97, 107, 151, 288, 296, 325, 333, 432, 449, 453, 496, 568, 577, 579, 654, 656, 764, 822, 825). 117 publications reported clinical trials of which 36 were performed either in a controlled or randomised controlled study design. 14 papers were evaluation studies or validation studies. 112 review papers and 3 short surveys were related to temperature in medicine, 125 case reports were published. 17 editorials and 47 letters and 19 comments also dealt with temperature measurement. 22 conference papers were published.

In total 3305 authors were found. Of these, 161 authors appeared with two papers, 36 authors with three papers. 15 authors published 4 papers and 6 others had 5 contributions to temperature measurement. The physiologist GP Kenny was author in 6 papers.

Medical publications

Medline and Embase allocated their listed citations to distinct fields of medicine usually more allocations to more than just one field are made. However, in table 1 the cita-

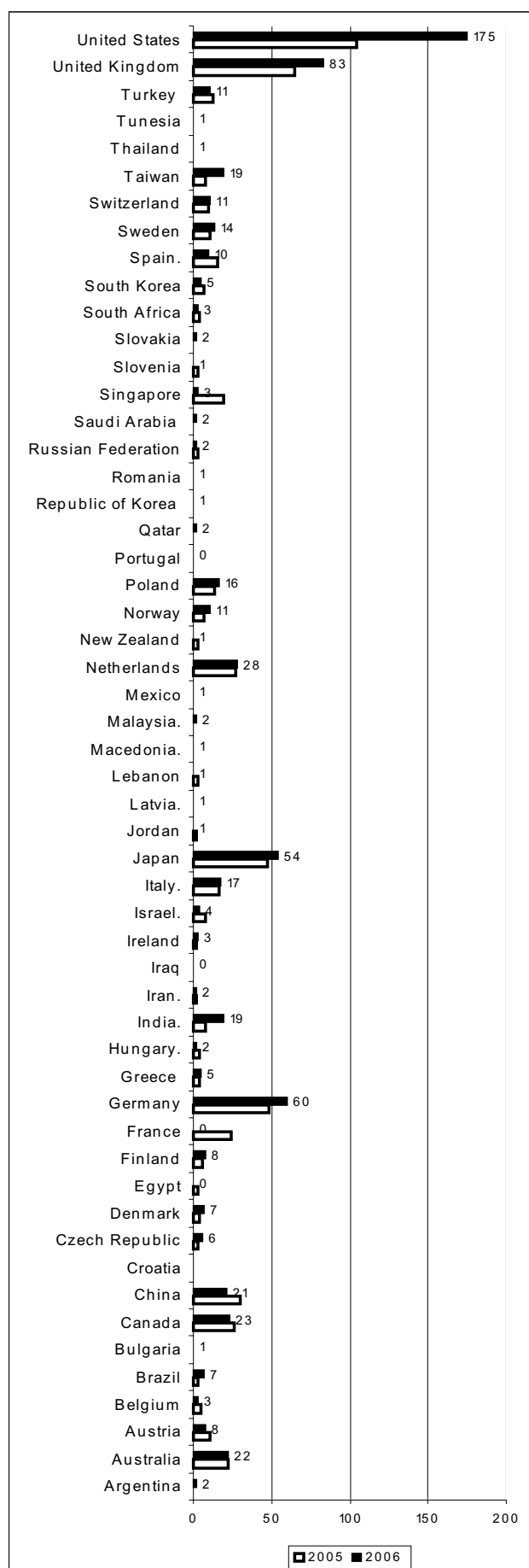


Figure 1, Countries, where research on thermology was performed in 2005 and 2006. Bars represent the number of institutions.

tion were allocated to one field only and multiple allocations have been avoided.

Table 1 shows the allocations to fields of medicine. Physiology, Anaesthesiology, Emergency Medicine & Intensive Care, Ophthalmology and Physical Medicine, Rehabilitation and Sports Medicine were the most frequent allocated specialities of medicine. Neurology, Andrology, Urology & Reproduction, Drug Treatment, Cardiovascular Diseases & Cardiovascular Surgery and Pediatrics were the next in frequency of allocation. Occupational medicine, Genetics, Microbiology & Infective Diseases, Angiology, Dermatology and Surgery were other medical fields related to temperature measurements.

The therapeutic application, monitoring and management of hypothermia was the topic mostly discussed in 35 papers (38,48, 50, 69, 81, 84, 94, 142, 200, 204, 217, 234, 266, 271, 282, 298, 298, 313, 363, 396, 407,440, 451,466,476, 479, 563, 565, 623, 667, 708, 811, 848, 855,857, 878).23 papers reported thermoablation of tumors or cardiac fibrilla-

tions (119, 139, 186, 224,230, 270, 277, 438, 505, 514, 568, 594, 596, 651, 660, 725, 743, 788, 804, 605, 861, 868,875).

Non medical publications

Basic Sciences

A small number of papers were related to Physics (535), Chemistry (177,311,436) and Biochemistry (120, 138, 158, 373,374,785,866)

Applied Sciences

2 papers dealt with Climatology & Meteorology (592,741). Computing and Modeling (18, 20, 72, 351, 463, 554, 583, 670, 671,672,749,789,794) was the topic 13 papers.

Engineering, Bioengineering and Medical Instrumentation (47, 55, 85,109,112,126,133,134,139,146,152,153,154,165, 175, 181, 187, 201, 202, 210, 227, 230, 231, 238, 239, 252, 254, 279, 292, 294, 305, 310, 318, 321, 328, 336, 345, 349, 352, 356, 358, 360, 361, 379, 380, 391, 394, 404, 412, 420, 442, 448, 451, 473, 488, 489, 502, 514, 526, 533, 542, 547,

Table 1
Papers allocated to medical fields

Reference	Field
Anaesthesiology, Emergency Medicine and Intensive Care	7,22,33,48,65,69,84,110,142,179,185,195,217,219,225,237,275,277,282,292,297,298,313,350,363,365,381,407,411,434,440,452,583,545,663,679,698,701,,706,708,711,715,720,722,724,753,791,803,811,826,842,848,856,865
Anatomy and Histology General Pathology and Histopathology	64,226,353,359,814
Andrology, Urology and Reproduction	14,67,104,111,204,289,368,369,378,400,437,443,444,456,457,528,530,548,555,556,566,573,589,619,626,627,673,674,685,718,731,780,786,807,868
Angiology	44,68,147,222,236,281,423,425,450,498,578,666,682,721,735,759,770,796,843
Arthritis and Rheumatism	26,30,121,216,645,732,747
Cancer	13,36,169,176,209,224,268,307,355,376,409,438,472,515,651,659,729,768,805,816
Cardiovascular Diseases and Cardiovascular Surgery	52,91,150,267,285,333,339,340,362,364,396,479,481,492,509,568,594,596,623,653,655,683,713,745,755,773,774,783,804,812,828,830,853,851,872
Chest Diseases, Thoracic Surgery and Tuberculosis	53,62,189,270,392,455,461,577
Complementary Medicine	309,329,377,433,454,458,469,470,622,656,734,858
Dental Medicine	10,468, 539,586
Dermatology and Venereology	51,63,221,397,465,,496,505,517,518,519,540,570,631,641,832,871
Endocrinology, Nephrology and Nutrition	17,97,240,251,290,319,388,416,544,551,579,582,630,681,728,753,763,792,808,834
Forensic Medicine	213,272,273,367,421,478,669
Haematology,	122,124,287,334,639,695,831
Gastroenterology	654,760,838
General Surgery	103, 132,164,166,205,229,244,506,520,561,705,743,781,806,867
Genetics, Microbiology and Infective Diseases	6,8,9,56,136,137,141,180,194,282,300,371,390,403,414,446,450,459,549,611,621,644,699,703,709,723,748,809,810,822
Gerontology and Geriatrics	118,303,370,652,658,757,852
Immunology, Allergy; Cell Receptors	125,144,235,410,818
Medical Education, History of Medicine	24,25,29,206,522,603,632,726,778
Neurology , Neurosurgery and Neuroscience	16,23,54,71,79,80,171,184,207,228,232,234,260,261,262,263,264,271,312,317,393,405,406,466,475,476,484,497,536,545,557,574,677,679,746,777,784,800,847,864

Table 1 continued

Obstetrics, Gynaecology and Breast Disease	37,90,131,242,243,474,495,584,788
Occupational Health and Industrial Medicine	73,74,102,116,129,192,214,250,308,322,447,486,510,511,523,572,585,6090,617,636,712,736,801815
Ophthalmology	5,31,82,92,130,135,149,173,188,190,211,215,247,304,326,395,399,408,419,422,424,426,427,465,467,482,483,491,513,541,546,567,575,601,604,607,637,675,687,692,693,694,696,697,714,716,717,727,728,733,750,775,824,839,846,857
Orthopedic Surgery	274,290,341
Otorhinolaryngology	157,170,218,314,335,490,676,684,841
Pharmacology, Toxicology and Drug Therapy	12,57,58,70,76,151,208,241,245,246,295,315,324,337,338,342,389,396,415,428,524,531,569,595,628,642,661,751,761,762,764,776,802,817,821,833,860
Pediatrics and Pediatric Surgery	19,35,38,39,59,78,81,87,88,94,100,155,172,200,385,412,477,487,494,500,538,558,560,590,624,664,665,667,688,705,719,737,742,771,849
Psychology and Psychiatry	198,258,299,332,384,430,485,499,525,550,559,608,650,704,844
Physical Medicine and Rehabilitation, Sports Medicine	11,45,46,50,66,75,93,95,96,101,128,140,143,145,148,159,193,199,233,256,259,280,325,343,354,357,366,401,439,462,516,564,571,580,613,614,618,548,668,686,707,758,813,820,827,829,837,873
Physiology	21,40,41,42,49,50,61,77,86,98,99,105,107,113,114,115,117,127,156,160,162,167,168,178,185,191,196,197,220,223,253,257,259,265,266,276,278,284,286,288,294,302,316,320,330,344,346,347,383,386,402,417,418,432,445,449,480,504,507,508,512,521,527,529,537,543,565,576,588,600,612,638,640,647,649,662,690,691,702,730,740,752,756,765,769,779,782,790,798,799,819835,836,845,850,855,862,863
Public Health, Social Medicine and Epidemiology	32,161,163,174,182,183,255,382,387,441,471,532,534,823
Radiology, Imaging techniques	15,,7,28,34,83,89,106,119,123,248,249,306,327,375,429,493,501,503,606,657,660,680,725,870

552, 553, 562, 563, 581, 591, 599, 602, 605, 620, 625, 633, 634, 635, 689, 700, 710, 747, 766, 767, 793, 795, 797, 840, 851, 854, 859, 869) had the highest number of hits in the allocation applied sciences. The use of various thermometer for fever detection and the accuracy and precision of these instruments was topic of most of the papers on medical instrumentation.

Various applications of lasers were discussed in 28 papers (5, 20, 30, 36, 68, 85, 120, 159, 216, 227, 231, 238, 307, 351, 360, 395, 399, 442, 464, 488, 515, 680, 775, 806, 816, 864, 868, 876) including laser Doppler flowmetry and imaging (227, 434, 488, 864). Radiofrequencies in the short and microwave range was the topic of 21 papers (137, 139, 169, 170, 218, 230, 277, 328, 358, 359, 369, 380, 437, 438, 472, 568, 598, 619, 674, 745, 868) and 11 papers were published on ultrasound (15, 17, 146, 306, 321, 327, 503, 514, 725, 772, 829).

Environmental Health and Pollution Control (108, 212, 301, 348, 431, 435, 597, 610, 629, 787) were also addressed. Some papers were related to Zoology (323) and Veterinary Medicine (453, 587, 615, 616, 825).

Discussion

The trend of finding each year more publications related to temperature continued also this year. As in last years survey, the first search in multiple databases yielded more hits than the survey in the previous year. The second search, restricted to the databases Embase and Medline and to the combination of search terms with the key word "human",

obtained a similar distribution of publications in subgroups of clinical medicine. High numbers of hits in physiology are probably caused by the key word "core temperature". Numerous investigations of physiological changes following exercise in different thermal environment, are the reason for a high number of publications in the field physical medicine & rehabilitation and sports medicine, respectively. Thermal ablation of eye tumors caused the high number of publication in ophthalmology.

The most frequently published topic in clinical medicine was hypothermia in critical situations such as cardiac arrest, cardiovascular surgery, stroke and liver disease. Similar to last year's survey, cardiovascular medicine, neurology, paediatrics, anaesthesiology remained the main fields of medical temperature measurements. Application of thermotherapy in urology and ophthalmology caused a high number of hits in these two fields.

Only one paper and three abstracts were related to thermal imaging in breast disease. Fever screening by thermal imaging and fever detection by infrared ear thermometers was much debated in a number of papers.

Due to search restrictions to applications of temperature measurements in humans, no paper of technical or industrial applications appear outside of bioengineering and medical instrumentation. Papers on temperature measurement in other fields of biology such as botany, entomology, crop and soil science are also not available in this selection of references, but some can be found in the more comprehensive first search. In this first search more papers are also available for basic sciences such as physics and chemistry

and for applied sciences such as astromomy, geology, climatology and meteorology.

English is the predominant language for medical publication related to temperature measurements. However, Chinese is already in the third rank of languages used for publication. In the comprehensive first survey, 20% of all papers were published in Chinese indicating the high interest of researchers in China on temperature related studies.

European scientists continue to dominante temperature related re search in medicine. The number of research institutes in Europe for temperature related matters in medicine is twofold of that in the United States. The remaining research facilities are located in Japan, China, Israel, South Korea, Taiwan and Australia. Still less than 4% of temperature related research is originated from countries in Africa, South America and the Middle East.

In conclusion, this years' literature survey was focused on temperature measurements in humans. It has demonstrated a high interest in both temperature related physiology and temperature related treatment. Hypothermia for patients in a critical state of health and hyperthermia for tumor ablation or prostatic hyperplasia were the topics most frequently published.

References

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Address for correspondence

Prof Dr med Kurt Ammer PhD

Austrian Society of Thermology

Hernalser Hauptstr 209/14, A-1170 Vienna, Austria

Email: KAmmer1950@aol.com

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Visualization of equipment dependent measurement errors, but not of meridian-like channels in complementary medicine - a thermographic human cadaver study

Gerhard Litscher ¹, Kurt Ammer ^{2,3}

¹ Research Unit of Biomedical Engineering in Anesthesia and Intensive Care Medicine, Medical University of Graz, Austria

² Institute for Physical Medicine and Rehabilitation, Hanuschkrankenhaus, Vienna, Austria

³ Medical Imaging Research Group, Faculty of Advanced Technology, University of Glamorgan, Pontypridd, UK

ABSTRACT

At the moment generally accepted proof for meridians in complementary medicine cannot be considered as being given. Goal of this study was to examine whether possible stimulation-induced meridian-like structures, as recently described by other authors, can be visualized and objectified in dead human subjects using infrared thermography.

Two infrared cameras at different wavelength ranges (2 - 5 mm and 7.5 - 13 mm) were used. To validate the method described by other authors, investigations in two dead subjects (72 and 84 years) were performed.

During moxibustion near the body, different structures appear on thermal images of the human body which are clearly equipment dependent artifacts and which are not identical to what are known as meridians in complementary medicine.

The findings raise questions about the validity of the method described by other authors. Further studies using other techniques in alive human subjects are necessary regarding the possible visualization of meridians.

KEYWORDS: Meridians, thermography, dead subjects, infrared camera, complementary medicine

VISUALISIERUNG VON AUSRÜSTUNGSABHÄNGIGEN MESSFEHLERN, DIE NICHT DEN MERIDIANBAHNEN DER KOMPLEMENTÄREN MEDIZIN ENTSPRECHEN- EINE THERMOGRAPHISCHE UNTERSUCHUNG AN LEICHEN

Zum gegenwärtigen Zeitpunkt gibt es keinen allgemein akzeptierten Nachweis für Meridiane im Bereich der Komplementärmedizin. Ziel der vorliegenden Untersuchung war es, zu untersuchen, ob mögliche stimulationsinduzierte meridianähnliche Strukturen, wie sie vor kurzem von anderen Autoren beschrieben wurden, auch bei Leichen mit Hilfe der Thermographie visualisiert und objektiviert werden können.

Zwei Infrarotkameras mit unterschiedlichen Wellenlängenbereichen (2 – 5 mm und 7,5 – 13 mm) wurden verwendet. Um die Methode anderer Autoren zu validieren, wurden Untersuchungen an zwei Leichen (72 und 84 Jahre) durchgeführt.

Während Moxibustion in der Nähe des Körpers erscheinen in den Thermographiebildern unterschiedliche Strukturen, welche klar equipmentspezifische Artefakte darstellen und nicht identisch mit Leitbahnen sind, die in der Komplementärmedizin als Meridiane bekannt sind.

Die erhobenen Befunde stellen die Wertigkeit der von anderen Autoren beschriebenen Methode in Frage. Weitere Studien mit anderen Verfahren an Lebenden sind zur Visualisierung möglicher Meridianstrukturen notwendig.

SCHLÜSSELWÖRTER: Meridiane, Thermographie, Leichen, Infrarotkamera, Komplementärmedizin

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Introduction

The scientific and technological progress has truly revolutionized clinical medicine. Scientists attempt to shine scientific light upon the most spectacular of the eastern medical procedures: acupuncture. The usage of advanced exploratory tools, such as multidirectional transcranial ultrasound, cerebral near infrared spectroscopy, and magnetic resonance imaging, provides revealing insights (1-5). Attempts to visualize the course of “energetic paths” in acupuncture (called meridians in Traditional Chinese Medicine (TCM)) are described by different authors. However, the results are controversial, and at the moment generally accepted proof for meridians cannot be considered as being given (6-12).

Meridian-like channels (8-10) as well as equipment dependent artefacts (6,7,11,12) have been described by two research groups recently. The present study in cadavers was

designed to test whether these artifacts could also be observed in post-mortem subjects without any “energetic flow”. To our knowledge no post mortem studies have been conducted on this topic, neither in animals nor in humans. In this study the first thermal imaging data using two infrared thermographic (IR)-cameras with different wavelengths in dead adults are presented.

Methods

Thermal imaging

Similar to our first study in healthy volunteers, two infrared cameras at different wavelength ranges were used for the thermographic evaluation of possible stimulation effects (6).

The Agema Thermovision™ 470 PRO infrared camera system with optics of 20° (Flir Systems Inc., Portland, USA) operates at a wavelength range from 2 - 5 μm . Temperature measurements are possible in the range between -20 °C and +500 °C and can be increased to 2000 °C using filters. Sensitivity is 0.1 °C at 30 °C.

The second infrared camera was used simultaneously with the system above during all measurements. Here, a FLIR ThermoCAM™ S65 system with 24° optics was used. The spectral range of this camera was between 7.5 and 13 μm and the temperature range lies between -40 °C and 1500 °C (2000 °C optional). Temperature differences of less than 0.08 °C (30 °C, 50 Hz) can be registered with this camera. Using a special detector (FPA) with 320 x 240 pixel geometric resolution of 76.800 pixel per picture can be achieved.

The data was transferred to a Notebook using ThermoCAM QuickView™ software and analysed with ThermoCAM Researcher Pro 2.8 software (Flir Systems Inc., Portland, USA).

Advantages and limitations of infrared thermography have been discussed in previous review reports (11) and in previous reports on the specific topic (6,7).

Stimulation method

A burning moxibustion-cigar made of mugwort (length 20 cm, diameter 1.5 cm, Hunan, China) was used for stimulation. The mean temperature of the burning site of moxibustion-cigar is about 550 °C (measured with the FLIR ThermoCAM S65)(6).

Cadavers

Two cadavers of adults (one female, 84 years, and one male, 72 years) were studied. The investigations were approved by the chairman of the ethics committee of the Medical University of Graz (March 2006), and all work was conducted in accordance with 10 requirements of the local Institute of Pathology and with the Declaration of Helsinki. The investigations were performed 14 hours (female) and 18 hours (male) after the determination of death. Both patients died in hospital. The causes of death and underlying diseases are listed in Table 1. The time of death was documented by the responsible staff physician on the ward when the patient died. Death was defined by irreversible cessation of the entire brain (brain death in male subject) and by irreversible cessation of heart and respiratory activity, loss of spontaneous motor movements and ophthalmic brainstem reflexes, and by the presence of livor mortis. The study was conducted in the autopsy room of the Institute of Pathology of the Medical University of Graz at an average room temperature of 21 °C

Procedure

Different areas of the body (left leg, right leg, upper body) were stimulated at a distance of about 10 cm for several

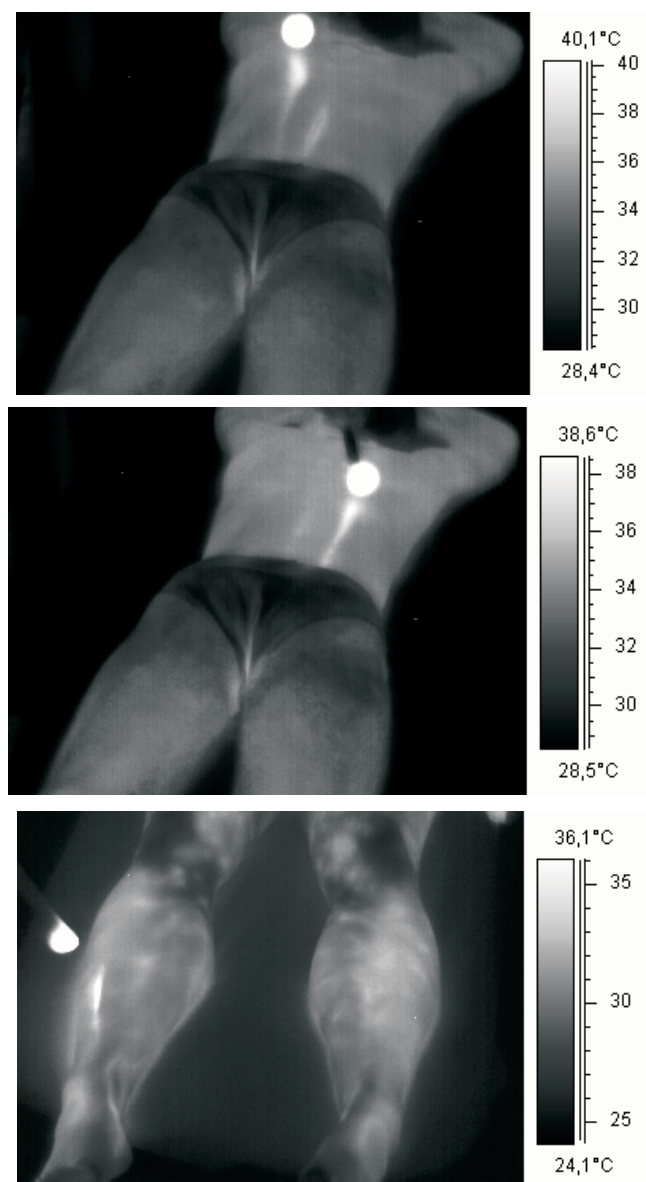


Figure. 1
Thermal images of a 30-year-old healthy volunteer showing equipment dependent measurement errors. The moxa-cigar is the circular white area. Depending on the reflection angle, technical artifacts can appear as line structures on any part of

minutes as described in earlier investigations (6-12). After a resting period of 5 minutes, the procedure was repeated in both subjects.

Results

Typical equipment dependent technical artifacts in healthy volunteers can be seen in Figure 1 (modified from (6)).

Figure 2 shows the stimulation with the burning moxa-cigar in a dead subject on the left side. Additionally the original thermogram (right) is presented. The moxa-cigar is shown as a white area in the middle of the thermal image.

Table 1: Characteristics of two dead subjects undergoing infrared thermography.

Patient no.	Age (years)	Gender	Diagnosis	Interval death – study (hours)
1	84	female	Cardiac failure	14
2	72	male	Coma dépassé	18

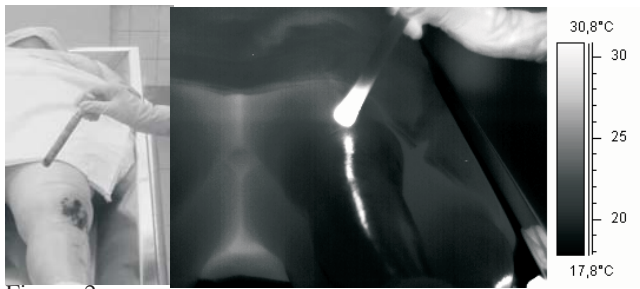


Figure 2

Thermal image (right) from an 84-year-old dead subject with equipment dependent artifacts. The moxa-cigar is visible as a white area in the middle of the image. Note in addition the reflection of the moxa-cigar on the metal surface (white area in the lower right-hand corner of the thermal image).

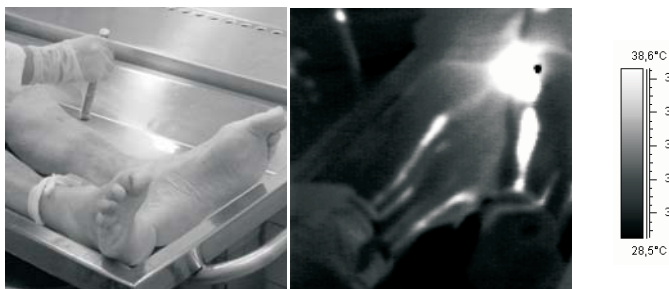


Figure 3:

Thermal image of equipment dependent artifacts (right) with the infrared camera at the 2 - 5 μm wavelength range. Note the massive expression of the artifact at this wavelength.



Figure 4

Visualization of paths (artifacts) on the thorax and the neck in the thermal image (right) of the male cadaver.

Below this heat source a reflection artifact appears on the left leg in the shape of a yellow and orange structure similar to a line. Body temperature in this case is calculated to be 20.5 °C.

In Figure 3 the reflection artifacts are demonstrated on the leg of the other dead subject using the infrared camera at the 2 – 5 μm wavelength range. Stimulation using the moxa-cigar was performed at a distance of about 10 cm from the body.

Figure 4 shows similar artifacts, registered also with an IR camera that operates at a wavelength range of 2 – 5 μm . In this case, the artifacts are more pronounced than those recorded with the camera at a wavelength of 7.5 – 13 μm . Note the different geometric characteristics of the artifacts (line structures and larger areas). It is also interesting to observe that the artifacts appear on the body (Figs. 1 – 4) as

well as on the linen sheet (Fig. 4) and on the metal (Figs. 2 and 3).

Discussion

The human skin reflects infrared of wavelengths below 6 μm (13). According to Kirchhoff's Law adsorption and emission of energy is equal and if the sum of absorbed and reflected energy is equal to 1, skin emissivity should be on the same high level throughout the whole range of the infrared spectrum, if reflection does not occur (14). Already Hardy (15) had shown that uniform emissivity with a value close to 1 starts from wavelengths of 8 μm on, although another peak of emissivity with values between 0.8 to 0.9 exists at the wavelength band between 4.5 and 5.5 μm . Skin emissivity is in the range between 0.5 and 0.8 at wavelengths 5.5 to 8 μm . Therefore, reflection of infrared waves will occur in the wavelength bands of 3 – 4.5 which is within the sensitivity of the infrared camera used for stimulated meridian detection (14).

Non perfused and non biologic structures can yield equipment dependent artifacts in thermal images which are not meridian-like channels. These artifacts can occur in healthy volunteers (6,7,12) as well as in dead subjects. Our results of the present study demonstrate that while burning a moxibustion stick as a directed heat source in proximity to a dead body region, artifacts in form of structures or areas can be revealed. However, these artifacts are not identical or similar to what are known as meridians in all textbooks of complementary medicine. After removing the stick, the effects disappear. When moving the moxibustion stick, the artifacts of course move too.

The technical, but obviously not biological reflection phenomena described in this study in dead subjects and in previous studies, which were performed in healthy volunteers, can be applied to any desired area of the body. The fact that we are here dealing with equipment dependent technical artifacts and not biological phenomena can be justified by the following, as partly discussed in a previous publication (6).

Reflections can be applied to optional parts of the body depending on the position of the moxa-cigar in connection with the angle of incidence of both cameras. Thus, correspondence with the meridian structures according to Traditional Chinese Medicine is not given (Figs. 1 – 4). The moxa-cigar radiates heat with a maximum temperature of 550 °C at a wavelength between 3 and 3.5 μm . The radiation curve flattens markedly between 7.5 and 13 μm , thus, stronger reflections in the range of 2 - 5 μm occur than in the long-wave infrared range. This has been illustrated for the first time in a previous publication (6) and in the present post-mortem study using two infrared cameras simultaneously. The artifacts are also reproducible in both wavelength ranges in non-vital structures other than the human body such as linen sheets (Fig. 4) or a metal surface (Fig. 2). The artifacts can be projected horizontally or diagonally at any angle on a dead subject. In addition, no path equivalent meridians on the body surface could be visualized in any healthy volunteer during acupuncture stimulation (manual needle acupuncture and laser needle stimulation as well as moxibustion) as demonstrated in a previous publication (6).

Conclusions

In this study we have visualized equipment dependent thermographic artifacts in dead subjects in whom generally no energy flow is supposed to occur. The present study of course failed to find any kind of meridian-like structures using an already described stimulation method. The measurements demonstrate once again clearly that it is not allowed to interpret these artifacts as any kind of meridian-like structures according to TCM as other authors do.

The publications of other authors (8-10) neither help acupuncture to achieve the status of a valid medical treatment nor to understand the mechanism of action of Traditional Chinese Medicine (14).

Acknowledgments

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Address for correspondence

Gerhard Litscher, Prof MSc PhD MDsc

Research Unit of Biomedical Engineering in Anesthesia and Intensive Care Medicine, Medical University of Graz
Auenbruggerplatz 29. A-8036 Graz Austria

Tel. ++43 316 385 3907, Fax ++43 316 385 3908

Email: gerhard.litscher@meduni-graz.at

(Manuscript received on 20.12. 2006, accepted on 10.01 2006).

Meetings

16th-18th March 2007

10th NATIONAL CONGRESS OF THE POLISH
ASSOCIATION OF THERMOLOGY, Zakopane, Poland

REGISTRATION FEE: 200.- Euro

ABSTRACT DEADLINE January 15th 2007

Information: ajung@wim.mil.pl or a.jung@spencer.com.pl

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21st April 2007

Tampa, Florida

Conference on Recent developments in Musculoskeletal In-
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In association with University of South Florida CME of-
fice.

Topic::Recent developments in Musculoskeletal Infrared
Thermography and in the Management of Complex Re-
gional Pain Syndrome / Reflex Sympathetic Dystrophy.

Programme Committee:

Bernie Batas, M.D

Gerald S. Goldberg, M.D

Srini Govindan, M.D

Robert Schwartz, M.D

Programme Chairmen:

Robert Schwartz MD

Gerald S. Goldberg, M.D.

Programme coordinator:

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USF CME Coordinator

Kandi Smith,

Office of Continuing Professional Development, 12901

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Phone: 813-974-6237 FAX: 813-974-3217

PROGRAMME

7.45-8.00 AM Registration

8.00-8.10 Welcome address: Bernie Batas MD

8.10 to 12.15:

Thermography, history, guidelines, physiology, and auto-
nomic testing.

Session Moderators:

Bernie Batas MD and Anthony F. Kirkpatrick, MD.,Ph.D.

8.10- 8.50 Jeffrey M. Cohen M.D. Discuss the history of
thermography, clinical indications for thermography and
some representative cases imaged at the Rusk Institute of
Rehabilitation Medicine Chronic Pain Laboratory.

8.50-9.35 Robert Schwartz MD An overview of the AAT
Guidelines and clinical applications in Musculoskeletal
Infrared Thermography

9.35-10.00 Kraiyuth Vongxaiburana, MD.:
Neurophysiology of Pain

10.00-10.30 Ram Purohit DVM, PhD, Thermographic
evaluation of long term effects of neurectomies on pe-
ripheral circulation and its reassessment.

10.30-10.45 Coffee Break

Autonomic Testing:

Moderators. Gerald S. Goldberg, MD. and Ram Purohit
DVM, PhD

10.45 – 11.30 Philip Hoekstra. PhD: Autonomic challenge,
methodology, clinical indications and quality assurance.

11.30 – 12.15 Timothy D Conwell, DC: Functional Cold
H₂O Autonomic Challenge Testing – Physiology, Pathol-
ogy, Interpretation

12.15- 1.15 Lunch

Afternoon Session. 1.15 to 4.30 PM:

MRI/EMG correlation, animal model for pain research, recent developments, drug testing and "RSD Look Alikes and Unusual Syndromes" and sports injury.

Moderators. Jeffrey M. Cohen M.D. Robert Schwartz MD

1.15 – 1.45 Gerald S. Goldberg, M.D. Neurological indications for thermography in chronic pain syndromes. Correlation with MRI and EMG.

1.45 – 2.15 Ram Purohit DVM, PhD Thermographic evaluation of Sensory-Sympathetic Pain in Animals. Discussion on animal model for pain research.

2.15 - 3.00 Anthony F. Kirkpatrick, M.D., Ph.D.: Recent Developments in the Management of Complex Regional Pain Syndrome / Reflex Sympathetic Dystrophy.

3.00 - 3.15 Coffee Break

Moderators: Anthony F. Kirkpatrick, M.D., Ph.D. Philip Hockstra. PhD

3.15 - 3.30 Srinivas Govindan MD Monitoring drug effect in migraine and Chronic Pain.

3.30 - 3.50 Robert Schwartz MD. New applications and Role of thermography in "RSD Look Alikes and Unusual Syndromes".

3.50 - 4.15 Richard Herrick MD Sports injury RSD and use of thermography. Clinical cases and use of thermography in monitoring treatment and prognosis

4.15 - 4.30 Q&A

2nd-3rd May. 2006

IPEM & UKTA Meeting, Cardiff International Arena

Clinical Temperature Measurement and Thermography

Abstracts should be submitted by 2nd February 2007 to:

Information: Dr John Pickett, Clinical Physics

Bart's and The London NHS Trust
The Royal London Hospital
London E1 2BL

Tel. 020 7377 7000 ext. 2202 Fax. 020 7377 7100

E-mail: j.a.pickett@qmul.ac.uk

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7th-9th June 2007

33rd AAT Congress and 7th International Congress of Thermology in Auburn, Alabama, USA

Information: See pages 39-40

Prof Dr. David Pascoe

Auburn University

Email: pascodd@auburn.edu

27th- 29th June 2007

15th International Conference on Thermal Engineering and Thermogrammetry (THERMO) in the House of Technology Budapest, V., Kossuth Lajos tér 6-8.

Information:

Application Forms and abstracts/papers should be sent to:

Dr. Imre BENKÖ,

MATE Secretariat, House of Technology,

III. 318.H 1372 Budapest, POB. 451., Hungary

Fax: +361-353-1406,

Phone: +361-332-9571., E-mail: mate@mtesz.hu

www.mate.mtesz.hu/eng/Pages/2007/Thermo2007/index.php

For any further information and personal inquiries please contact the following address:

Dr. Imre BENKÖ, H 1112 Budapest, Cirmos u. 1, 6/38, Hungary

Phone/fax: +361 310-0999. E-mail: ibenko@freestart.hu

July 2007

8th Course on the Theory and Practice of Infra Red Thermal Imaging in Medicine,
University of Glamorgan. Pontypridd CF37 1DL, UK

Information:

Prof Francis Ring

Medical Imaging Research Group,

Faculty of Advanced Technology,

University of Glamorgan, Pontypridd CF37 1DL, UK

Email: efring@glam.ac.uk

October 2007

20th Symposium of the Austrian Society of Thermology, SAS Hotel Vienna, Austria

Topic: What is the place of thermal imaging in Medicine?

Information

Prof Kurt Ammer MD, PhD

Austrian Society of Thermology

Hernalser Hauptstr 209/14

Email: KAmmer1950@aol.com

10th National Congress of the Polish Association of Thermology

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Abstracts will be published in Thermology International and Acta Bio-Optica et Informatica Medica

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Registration form is required before Feb. 12 to ensure hotel reservation. After registration number is issued, delegates are committed to payment of the fee. Registration includes welcome dinner Saturday 17th – Lunch and accomodation. Extra night + breakfast Monday + 50.- Euro. Accompanying person – 150 Euro.

March in Zakopane is very attractive, being surrounded by the Tatra Mountains covered with snow. The International airport or Krakow, is a 2hr journey away. Travel options from the airport or rail station or bus station at Krakow will be supplied on request.

33RD ANNUAL MEETING AMERICAN ACADEMY OF THERMOLOGY *and the* INTERNATIONAL COLLEGE OF MEDICAL THERMOLOGY

Seeking: Submission of abstracts for tutorials and scientific presentations (oral communication and posters). We are actively seeking conference participation from thermologists from all countries and disciplines. *Please see reverse for abstract submission form.*

Scientific Papers: Current research or clinical papers pertaining to infrared thermography. 20-minute oral presentations (15-minute talk/5-minute question period) or posters. Topic areas include: pain, worker's comp, international presenters track, veterinary medicine, student presentations, basic physiology and IR, neuromuscular, breast, musculoskeletal pathology, equipment, and other.

Tutorials: Critical reviews, analysis, or material relevant to the current state of knowledge or information that will promote scientific understanding of thermography (30-minute presentations). May include historical presentations, evaluation of current procedures/techniques, basic physiology as imaged by infrared thermography, tips for improving scientific/clinical presentations, preparation for journal publication, etc. Authors will be requested to send an abstract and a brief outline of the content area to be covered.

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David D. Pascoe, Ph.D., Chairman, Scientific Program at pascodd@auburn.edu

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