

# In this issue

doi:10.1136/aim.2009.001503

Adrian White, editor

This is the journal's first issue since the publication of the National Institute for Health and Clinical Excellence (NICE) report on back pain, which is a landmark as the first NICE report to recommend acupuncture for the UK's national health service. NICE reports are an example of how evidence is translated into practice "from bench to bedside". In contrast to pharmaceutical research, acupuncture research starts at the bedside and moves to the bench, and the papers in this issue reflect this direction of progress, first with original papers then with the editorials.

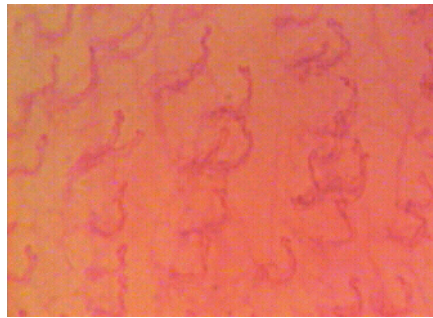
The clinical trial run by Glazov and his GP colleagues found that the symptoms and function of chronic low back pain patients improved when treated with laser acupuncture, though no more than they did with sham laser—but Baxter's commentary points out that a higher dose may have produced different results.

Borud's group have already reported their large randomised controlled trial of traditional acupuncture for menopausal hot flushes; in this further analysis published here, patients with any particular Traditional Chinese Medicine diagnosis did not respond any better than those with any other one. In fact, the most used eight points were common to all the traditional diagnoses, which is what one would anticipate if one used a modern, neurophysiological approach to acupuncture.

Simcock and colleagues report a feasibility study of acupuncture for xerostomia—the acupuncture was given in group format, for the sake of efficiency. This journal welcomes reports of feasibility studies; they should be read not as evidence of effectiveness, but as guidance on how to organise a definitive study. In this case, the study provided crucial information: one of

the proposed methods of measuring salivary production proved useless.

Moving now to research into the mechanisms of acupuncture, Scardina and colleagues run a department that makes extensive use of video-capillaroscopy to study blood flow. They also have an interest in acupuncture, so they combined the two specialties to produce some interesting data on the circulatory changes that can be seen with acupuncture.



**Figure 1** Capillary tortuosity induced by acupuncture.

The final original paper is on research methodology: Tough and colleagues found it more difficult than they expected to blunt acupuncture needles as a control device. They developed a special technique, and report here its validation in a clinical trial. Park's commentary adds an interesting note of caution.

For our first editorial, we invited Caroline Smith to summarise the current situation on acupuncture for obstetric problems. Her review shows the potential clearly, and points out that many women are seeking non-pharmacological interventions—though we still need more evidence on the best way acupuncture can help them.

Vickers and Maschino have developed a method of getting more subtle information out of the existing study results. They describe the Acupuncture Trialists Collaboration and how this will combine the individual patient data to enable more subtle and far-reaching analysis of the patient's response to acupuncture.

NICE included acupuncture in its recommendations for NHS treatment for chronic back pain—but only by a whisker, it seems. Cummings describes how small differences in evidence make substantial differences to health service policy. The evidence on cost-effectiveness of acupuncture for back pain comes from the UK; but a similar study on osteoarthritis of the knee was conducted in Germany. The NICE report on knee pain chose to rely on economic modelling—and ended up making the highly controversial and counter-intuitive recommendation against the use of electroacupuncture, even though clinical trials suggest it is more effective than manual stimulation for knee pain.

Finally, Kottow discusses the principles of the provision of acupuncture in an insightful editorial, suggesting five principles for investigation. Once the evidence has accumulated, then it becomes "ethically improper" to withhold acupuncture from the health service.

Our letters section carries some germs of ideas for future studies: Errington-Evans used group acupuncture for patients who were "stuck" in their chronic anxiety; and Cakmak speculates on possible mechanisms of action of acupuncture treatment for infantile colic.

**Provenance and peer review:** not commissioned; not externally peer reviewed.

## Dr Peter Baldry

The Editorial Board of *Acupuncture in Medicine* wish to express their deep gratitude to Peter Baldry, who has decided to retire from the Board after 21 years of service. He has contributed tirelessly to discussions on the development of the journal and has provided many detailed peer reviewed many papers over the years, often also spending his time subediting in order to make the text precise and clear in his own style, which is well recognised by his readership. He also contributed more than a dozen articles and letters to the journal over this period, including the flagship article: **The integration of acupuncture within medicine in the UK—the British Medical Acupuncture Society's 25th anniversary** (*Acupunct Med*, 2005;23:2–12).

We wish him well in his retirement.

*Acupunct Med* 2009;27:91. doi:10.1136/aim.2009.001545



**Dr Peter Baldry**

*Acupunct Med* 2009 27: 91  
doi: 10.1136/aim.2009.001545

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