Letters

When one 0.30x30mm needle was inserted into subcutaneous tissue over the tibialis muscle, healthy subjects did not respond with increased blood flow. However, fibromyalgia patients did. When three small needles (0.20x15mm) were inserted into subcutaneous tissue (within an area of about 10mm diameter) over the trapezius muscle, increased blood flow was found in both healthy subjects and fibromyalgia patients alike, with fibromyalgia patients reporting significantly more pain sensation. Thus, it seems that site of needling, gauge and number of needles, level of pain elicited, and patient group may all be of importance in the blood flow response to subcutaneous needling.

Long after the climacteric studies were finished I investigated in a few subjects blood flow responses to the near placebo acupuncture procedure described above using the same points as in these studies (when possible). There was no increase in skin or muscle blood flow, thus strengthening the use of this procedure as a valid placebo for EA.

In summary, a complete, proper and concise description of the methods used in scientific acupuncture studies is a prerequisite enabling correct interpretation of the results as well as enabling replication of the study by others. As long as explicit definitions of different modes of acupuncture are missing, the needling procedures used have to be described in detail.

Author’s response

The dose of acupuncture

Editor – I should like to thank Margareta Sandberg for her letter about our recent paper, in which she raises some very interesting questions. On her first point, I would like to thank her for clarifying the fact that the four distinct papers referred to separate aspects of only two studies. Her second point goes right to the heart of the debate about what constitutes an adequate ‘dose’ of acupuncture for both clinical practice and acupuncture research. Does the ‘dose’ depend on the depth of insertion alone or does it relate to the number of needles, the location, the intensity of stimulation etc? It most likely depends on all of these factors. What constitutes an adequate control treatment in acupuncture studies? The IARF document, which represents a consensus of researchers in acupuncture, attempted to address this challenging question. The role of expectation of a therapeutic response is extremely complex and expectation may add to any specific effect on needling.

Basic studies on acupuncture ‘dose’ are slowly emerging, for example Paul Marcus’s paper on manual acupuncture, and Panos Barlas’s latest paper on intensity of electroacupuncture stimulation. In the UK most medical acupuncturists are taught that all needles will have some neurophysiological effect, in the absence of sensory loss or local anaesthesia, and that some points will have greater effects than others, based on such factors as nerve density, and the proximity of needling to a trigger point, for example. Is it a central effect or a peripheral segmental effect that is required? We suggested in our paper that for

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hot flushes, it was probably a central response mediated via changes in beta-endorphin, 5-HT and CGRP, and both ‘doses’ were effective, to a varying extent, in the papers we included. Lund and Lundeberg have pointed out in the last issue of Acupuncture in Medicine that neurophysiological mechanisms, only recently described, explain how superficial treatment could be effective.¹

Perhaps I can be forgiven for using the word ‘superficial treatment’ when Wyon et al actually used the term ‘superficial needle insertion’ in their paper,⁴ and the term ‘extremely superficial needling’ was used by Sandberg et al in 2002.⁵ Sandberg is to be commended for the clarity with which she described her needling and control techniques.⁶

If acupuncture is an all or nothing phenomenon, perhaps we should be looking for the smallest possible ‘dose’ of acupuncture to give a clinically useful effect. From a pragmatic clinical point of view, if patients with challenging symptoms after a life-changing diagnosis can gain long term relief from a simple treatment, perhaps we should continue our quest to study acupuncture in this area. Further formal research is currently in the development stage.

**The research colleagues involved in the trials of acupuncture for hot flushes mentioned by Sandberg were invited to contribute to this discussion - Ed**

**Acupuncture and menopausal hot flushes – more research is needed**

Climacteric symptoms including vasomotor symptoms with hot flushes and sweating, are very common in the Western world – up to 75% of women report such symptoms – and are often treated with a combination of oestrogens and progestogens, ie hormone therapy (HT). Some women with these kinds of symptoms do not want HT, others have contraindications or side effects, and therefore the development of alternative therapies is important. Moreover, during the last few years the use of HT has decreased dramatically, because prospective, randomised, placebo controlled studies have been unable to confirm the preventive effects on cardiovascular disease found in observational studies. Furthermore, long term HT has been associated with increased risk of breast cancer. The HABITS study (Hormones After Breast Cancer – Is It Safe) compared HT and non-hormonal alternatives as treatment of climacteric symptoms in women with cancer in situ or stage I breast cancer. This study was stopped because women in the HT arm had increased risk of recurrence compared to women who had non-hormonal therapy.¹ This has added to the need for alternative therapies. Pharmacological alternatives have been suggested but reduce vasomotor symptoms to a limited extent compared to HT. Prospective randomised studies on SSRI and SNRI preparations have been performed, and are ongoing,⁴,⁶ but even these alternatives have limited success in diminishing the symptoms. Therefore there is a need for development of other ways to help women who do not want to use, or are prohibited from using, HT as treatment of vasomotor symptoms.

In her letter, Margareta Sandberg discusses...
Author's response: the dose of acupuncture

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