‘If it works on animals, it cannot be just a placebo.’ So we have always been willing to show images of acupuncture being given to animals with good effect, including ducks, horses and penguins. This time our image shows chimpanzees with osteoarthritis who were trained to sit down for acupuncture treatment. The animals’ pain behaviour was regularly monitored, reasonably objectively, and two out of three chimps clearly responded to acupuncture. The case series itself is summarised in our Research Summaries.

This journal is careful about the image of acupuncture that it presents to the world, and about any claims made for acupuncture. Ethical practitioners are equally cautious in what they promote. This is no place for a discussion on what conditions can and cannot be claimed as treatable by acupuncture, though it might start by noting that it’s patients that are treated, not conditions. That distinction seems to be ignored by the ‘authorities’ who have decided what can and cannot be claimed, at least in the UK. Bishop and colleagues had a good look at the information leaflets produced by 629 clinics; most were excellent, though there were a few examples where claims were not evidence based.

**COMPLEX**

Acupuncture is thought of as a ‘complex intervention’ because the needling is associated with other interactions that can be therapeutic, like expectation. But acupuncture is also ‘complex’ in its mechanisms, as is illustrated in this issue. Your starting point could be the diagram constructed by Zhang and colleagues showing the cerebral networks that are activated 5–15 min after acupuncture stimulation. Then Cui et al injected tracer into an ‘acupuncture point’ and confirmed that it is connected to the body by nerves—not by meridians, in case you wondered. The opioid mechanism literature is explored by Mayor; Chuang et al showed that brain cells respond to acupuncture by releasing a growth factor likely to reduce apoptosis; Rom moves this discussion on to a clinical level in her review of neuroprotection’s role in relation to eye diseases; and finally, Song and colleagues speculate on yet another potential mechanism, shown in the figure—local release of haemorphin from RBCs.

**DON’T TRY THIS AT HOME**

Two innovative cases of home acupuncture are described essentially by the patients themselves, with contributions from carers. The first patient (Walter and Curtis) thought of self-acupuncture because she lived over 300 miles (500 km) from her acupuncturist, and needed acute treatment for attacks of sphincter of Oddi spasm. Acupuncture has given her control over her problem—and her life—for over a year.

The other patient (Dyer et al) had temporomandibular joint disorder in which the pain was exacerbated by surgery, but responded to EA. Home acupuncture, given by her partner, has been successful for 4 years.

All this, and more. Readers will be aware that issues of *Acupuncture in Medicine* are putting on weight; and authors are having to wait 4 months from online to paper publication. Therefore, from the start of 2014, we are delighted to announce that there will be six issues a year, instead of four.

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**Figure 1** Needling may initiate the release of haemorphins derived from haemoglobin.