In this issue

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This issue of *Acupuncture in Medicine* opens with the editor's choice article, which is a new systematic review and meta-analysis of manual acupuncture (MA) for myofascial pain syndrome (MPS). Back in April, I wrote about the potential benefits of needling at myofascial trigger points (MTrPs), which differ from normal muscle tissue with respect to biochemistry, acid-base status, autonomic characteristics and spontaneous electrical activity.[1] Dry needling of MTrPs (a.k.a. *ah shi* points[2]) is a key component of both Western medical and traditional acupuncture practice styles[2 3] and induces analgesic effects[4] through both local and distant mechanisms, including modulation of endogenous opioids.[5] In a new systematic review presented in this issue, Wang and colleagues identified 10 sham-controlled randomised controlled trials of acupuncture in patients with MPS and pooled their results in a meta-analysis of MA versus sham acupuncture to evaluate efficacy. Interestingly, they found that MA administered at MTrPs, but not traditional acupuncture points, was associated with significant analgesic effects, reflected by reduced pain intensity and increased pressure pain threshold. The best estimate of the effect size was large (Cohen's d 0.9–1.0), although the lower 95% CI for both parameters was only 0.32, such that a true effect size of small/medium magnitude cannot be excluded. Interestingly, unlike other clinical applications of acupuncture for which a certain duration of treatment or number of sessions appears necessary, the efficacy of MA in MPS seemed independent of the number of treatments, given that significant analgesic effects of similar magnitude were demonstrated after only one session compared with eight sessions. This may reflect the anecdotal observation in clinical practice that targeted needling of MTrPs induces immediate relaxation of the region (often following a local twitch response) that can lead to rapid resolution of the presenting complaint. By contrast, central effects of acupuncture in less anatomically discrete conditions may need a longer time period or repetitive stimulation to become established, e.g. modulation of the descending inhibitory/excitatory pain pathways.

Next up inside this issue, Anna Emblom offers insight into the attitudes of Swedish physiotherapists specialising in Oncology (as well as cancer patients themselves) towards acupuncture for management of the side-effects of radiotherapy including pain, nausea and vasomotor symptoms. Given that physiotherapists are one of the largest professional groups practising acupuncture in the West,[3] their engagement with the integration of acupuncture and related techniques in Oncology is potentially invaluable, and may facilitate other clinical uses, for example, enhanced postoperative recovery following tumour resection[6] and management of chemotherapy-induced peripheral neuropathy,[7] arthralgias,[8] and nausea and vomiting.[9 10] Next, Li *et al* highlight some of the deficiencies in reporting of clinical trials of acupuncture analgesia, repeating a message that has been similarly conveyed by several other papers in recent months and years across a range of medical disciplines when it comes to acupuncture studies. The need for prospective clinical trial registration, which this journal now mandates, is once again emphasised.

Elsewhere, Yu *et al* demonstrate that electroacupuncture (EA) alleviates atrophy of the tibialis anterior muscle induced by sciatic nerve injection injury via modulation of agrin, a regulator of motor endplate formation, and differential expression of acetylcholine receptor subtypes. Shinbara *et al* show that MA-induced increases in muscle blood flow are blocked by theophylline and thereby attributable to adenosine release. Qiao *et al* demonstrate that EA reduces incisional neck pain via effects on cervical primary sensory neuronal expression of substance P, calcitonin gene-related peptide and γ-aminobutyric acid in the dorsal root ganglion, and Luo *et al* describe the effects of MA on G-protein activity in a rat model of Alzheimer's disease. Last, but not least, Nakada *et al* present the findings of their survey of Japanese medical residents regarding exposure to postgraduate acupuncture/moxibustion education.

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Notes