

## Is Acupuncture in Medicine a fake medical journal?

In an article in the online business magazine *Forbes*,<sup>1</sup> Salzberg called *Acupuncture in Medicine* (*AiM*) a 'fake journal'. If true, this would be embarrassing for BMJ (publisher) and the BMAS (owner), and insulting to the reviewers and editorial board, all of whom are committed to *AiM*'s scientific integrity. I aim to counter Salzberg's accusation with some facts from the journal activity in 2015/6, a period which covers the current and previous editors.

The usual meaning of a 'fake' journal is one whose editorial board and peer review system are fictional, whose funding is not transparent, and which accepts articles for publication simply because the author pays. So Salzberg accuses *AiM*'s publishers of 'being more concerned about their bottom line than about scientific integrity'. But payment for open access is optional, reviewers and editors are blinded to payment, and payment was made for only 17% of *AiM*'s papers in 2015/6. The journal website<sup>2</sup> will confirm the authenticity of *AiM*'s editorial boards and the transparency of its funding, and also show that the journal: is widely indexed, including by Medline; is a member of the publication ethics organisation COPE; has a Journal Citation Reports impact factor over 2; and accepts only 28% of submissions—hallmarks of quality. Applying Beall's criteria for identifying fake journals<sup>3</sup> would readily confirm that *AiM* is far from fake.

But Salzberg adds further meanings to the term 'fake'. Starting from his personal beliefs that acupuncture is ineffective ('no more than a theatrical placebo') and can be dangerous, he concludes that any acupuncture journal publishing positive papers must lack scientific integrity and so be fake. He accuses peer reviewers and editors of being isolated from the scientific

mainstream and conspiring together to accept positive and reject negative submissions through biased scrutiny. The only evidence Salzberg cites to support these accusations is a published letter.<sup>4</sup>

I decided to examine Salzberg's claims. As a former Editor, I admit a conflict of interest and leave readers to judge the objectivity of my approach.

### 'AIM REJECTS NEGATIVE SUBMISSIONS'

Salzberg hypothesises that *AiM* rejects negative papers, and accepts only positive ones. I scrutinised the journal archive for abstracts of 100 rejected submissions, and the journal itself for 100 published items—papers, letters and research reviews—in both cases selecting the first 50 analysable items for 2015 and 2016. Articles were recorded as 'positive' if the author concluded, from data, that acupuncture was effective, safe or cost-effective, including 'suggested' or 'promising'. All adverse events were scored as 'negative', as were studies that showed no effect of acupuncture, including when compared with sham/placebo. Articles were 'neutral' if they showed no difference from a standard treatment, and articles without data were simply counted.

As shown in table 1, 71 rejected manuscripts had conclusions based on data, and four (6%) of these

were negative. The three neutral reports were feasibility studies.

Of the 79 published items drawing conclusions from data, 15 (19%) were classified as negative: five of these described adverse events, five were research reviews that described adverse events or trials with negative results, four studies showed no superiority over sham, and one showed no evidence for acupuncture points.

Conclusively, then, *AiM* publishes more negative acupuncture studies than it rejects.

### 'AIM REVIEW PROCESS INADEQUATE'

Salzberg claims that the editor and reviewers form a cartel, isolated from the scientific mainstream, conspiring to recommend each others' papers for publication regardless of scientific quality. Indications that review procedures were meaningful are that 34/100 rejected studies (above) were rejected after peer review; and that 50% of published papers had to be resubmitted twice, and 35% three times or more, before being accepted.

To investigate the reviewers' relationship to mainstream science, I selected 30 reviewers from the 2016 reviewer list using Excel's random number generator. I searched PubMed using their family name, initial AND 'acupuncture', and checked any mainstream journal citations against both family and

**Table 1** Analysis of conclusions regarding acupuncture's effectiveness, safety or cost-effectiveness among 100 rejected submissions and 100 published items in *Acupuncture in Medicine*, for years 2015–6

	Submissions rejected	Items published
Studies with conclusions from data	71	79
Positive		64 (90%)
Negative		59 (75%)
Neutral or not applicable		4 (6%)
		15 (19%)
Studies without conclusions from data	29	21
Total	100	100
Excluded from analysis	11*	8†

\*Letter (no abstract available), or duplicate entry, 6; out of journal's scope, 2; invited to resubmit as different publication type, 3.

†Editorials.

given names. Eighteen (60%) reviewers had at least one mainstream citation, four had none, and eight cases were undecided as there were several authors with the same name. This shows that it is simply incorrect to say that *AiM*'s reviewers are isolated from mainstream science publication.

## COMMENT

Where Salzberg seems to have first gone astray is in failing to distinguish between Traditional Chinese Acupuncture and Western Medical Acupuncture with its scientific basis—an important distinction described prominently on the journal website. Second, he misinterprets his evidence, deriding as ‘useless rubbish’ a published letter<sup>4</sup> whose authors describe how they assessed the risk of an acupuncture needle penetrating the kidney. Ironically, the publication of a letter that draws attention to the risks of acupuncture is actually evidence refuting Salzberg's claim that *AiM* is a fake journal.

This all leads to the conclusion that Salzberg's article is ill-informed and unscientific. His casual approach to evidence is not in the best interests of

patients. Claiming to be ‘delivering them from pseudoscience’, Salzberg could be depriving them of a safe<sup>5</sup> and effective<sup>6–8</sup> therapy.

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