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This issue of *Acupuncture in Medicine* opens with an exploratory trial by Morais *et al* evaluating the effects of acupuncture on the mechanosensitivity of the median nerve in healthy volunteers assigned to receive needling at PC5 or LU5 (located between LU5 and LU6). Acupuncture reduced mechanosensitivity by increasing the range of movement during elbow extension immediately after treatment, as measured by the upper limb neurodynamic test. Although limited by the design and small size of the study, their findings should help guide further research into the effects of acupuncture on somatosensory function among patients with nerve-related pain and/or increased sensitivity to mechanical stimuli. Next up is a secondary analysis of a well-publicised trial of acupuncture for allergic rhinitis that was published in *Archives of Internal Medicine* back in 2013, which found that 12 sessions of acupuncture over 8 weeks (when provided as an adjunct to rescue medication) led to statistically significant improvements in disease-specific quality of life and conventional anti-histamine use compared with sham acupuncture plus rescue medicine as well as rescue medicine alone.¹ In this new follow-up report, Adam *et al* demonstrate apparent improvements in the number of days on which anti-histamines were required and thereby provide further (indirect) evidence of the clinical effectiveness of acupuncture for allergic rhinitis, which was endorsed by the American Academy of Otolaryngology 2015 guidelines as a reasonable non-pharmacological treatment option.² Next, Bergamo

et al provide us with an updated overview of the state of the evidence supporting the use of acupuncture in pregnancy by appraising sixteen individual systematic reviews of acupuncture trials with pregnant participants. The strongest evidence to date is in the application of acupuncture for intrapartum analgesia, breech presentation and pregnancy-associated musculoskeletal pain. Given the solid safety record of obstetric acupuncture,^{3–5} I hope that more and more practitioners of Western medical acupuncture (particularly physiotherapists, chiropractors, osteopaths and midwives) will feel comfortable treating women with low back and pelvic pain in pregnancy who may otherwise find themselves with limited treatment options in the antenatal period.

There next follows a series of preclinical papers. First, Tian *et al* demonstrate that verum manual acupuncture at PC6 and ST36 reduced acceleration-induced motion sickness (the inspiration for this issue's cover image) via effects on phosphorylation of insulin receptor β and extracellular regulated protein kinase in the dorsal motor nucleus of the vagus nerve in a rat model. Second, Lan *et al* show that electroacupuncture (EA) at PC6, ST36, SP6 and BL23 improves insulin resistance and attenuates endothelial dysfunction via the phosphatidylinositol 3-kinase protein kinase B signalling pathway in insulin resistant rats fed a high fat diet. Third, Zhang *et al* report that long term repeated EA stimulation at the site of a peripheral nerve lesion induced by a crush injury of the sciatic nerve is not superior to spontaneous healing 5 to 8 weeks later, despite early effects in the first 4 weeks. Lastly, Zheng *et al* illustrate that EA at GV4/6 or BL20/23 improves bone microarchitecture and bone mineral density of the femur and lumbar vertebrae, respectively (as well as serum markers of bone turnover) in rats with ovariectomy-induced postmenopausal osteoporosis.

Our June issue closes with my editor's choice article, which is a narrative review of the emerging role of acupuncture

in Emergency Medicine by Chia *et al*. Although the current state of the evidence is limited, and significantly more research is needed, a number of trials have shown the feasibility of its application in this particularly challenging clinical setting and have suggested that it could be effective when applied to a number of different acute pain conditions compared with conventional emergency department management strategies.

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