

## Foreword

### *The Melancholy of Acupuncture Researchers*

---

In the context of modern medicine, acupuncture is often placed in the same category as superstitions or supernatural phenomena<sup>i)</sup>. The statement of the National Council Against Health Fraud<sup>i)</sup> (NCAHF) is a typical sample of the skeptical attitude to acupuncture. One of the major complaints has been that quality of clinical trials of acupuncture have been poor for proof of specific effects of acupuncture.

In Japan there has been recognition since the early 1960s, the importance of randomized controlled trials (RCTs) to demonstrate the effectiveness of acupuncture. Despite the early implementation of RCT, the goal of determining specific effects has not been actively pursued. Clinical trials began somewhat later in the West, but focused on specific effects from the beginning of Acupuncture RCT.

Importance of randomization was recognized by both Western and Japanese researchers. However, Western researchers developed several types of sham acupuncture method as a self-evident placebo equivalent. The suitability of the methods used is an issue that should be addressed separately. This meant that no major adjustment of the clinical pharmacological research model was required fundamentally. Since 1975, it has been possible in those countries to test propositions regarding the specific effect of acupuncture therapy within a clinical trial context.

In drug studies, it is relatively easy to conceal the active ingredient that provides the drug's pharmacological effects, and to create a placebo tablet that is completely indistinguishable from the active drug. This is very different from the situation facing non-pharmacologic methods of medical intervention.

There is a dogmatic view that the methodology of clinical pharmacology should be applied to non-pharmacologic interventions as well. But it seemed that this idea be accepted a priori without exposing to the skeptical scrutiny that was being applied to acupuncture itself. It is impossible to gain an accurate understanding of acupuncture and moxibustion while ignoring the physical interaction between practitioner and patient. This is particularly a problem for Japanese acupuncture and moxibustion, in which palpation play important role on diagnosis..

It may be obvious to anyone that acupuncture treatment is realized through a process of physical interaction between the hands of a practitioner and the patient's skin. The concepts of Japanese acupuncture and moxibustion have been widely discussed in Europe and America in recent years, but Japanese acupuncture is not simply characterized by the use of finer needles and the application of lower levels of stimulus. Emphatically, the process also builds on the physical contact between the practitioner and the patient. We need consideration of such relationship in order to understand concepts and practices of Japanese acupuncture.

i. National Council Against Health Fraud. Acupuncture: the position paper of the National Council Against Health Fraud. *Clin J Pain*. 1991;7(2):162-6

**Hiroshi Tsukayama**  
**Center for Integrative Medicine**  
**Tsukuba University of Technology**  
**Tsukuba, Japan**