

Editorial

House of Cards

1. Placebo

It was around 1970 that acupuncture and moxibustion treatment began to be recognized as a scientific research subject in Western societies. Since then 40 years has been spent to mainly pursue a single proposition. The special position is “acupuncture and moxibustion treatment is just placebo.” The placebo effect is defined in a medical dictionary as the phenomenon in which “actions such as pain relief occur after a placebo, pharmacologically inert or ineffective, on the patient with the intended disease was administered aiming for its psychological effect.” Although the existence of the placebo effect is hypothesized from the operational perspective and its mechanism and actual entity are unknown notions, the effect is widely recognized in the area of medicine. When acupuncture was going to cross the boarder and was to be incorporated into the medical domain, one of the challenges the acupuncture world was asked to address from a skeptical standing was to substantiate “acupuncture treatment is not placebo.” Since a mythical literature explaining “The powerful placebo” by Beecher in 1955 contributed the placebo effect, which existence is believed based on a priori assumption, it has become the methodological foundation for scientific assessments in the medical domain together with various anecdotes. One of the authoritative medical journals, New England Journal of Medicine (NEJM) carried a journal with aggressive title “Is the placebo powerless?” by Hróbjartsson and Gøtzsche in 2001.

This literature describes the first attempt to objectively identify the quantity of placebo effect by consolidating data of randomized trials conducted earlier. The results of this study were incredible, showing that compared to non-treatment, there were none or very few evidences, if any, of the placebo effect that had been believed to be tens of percent in all treatments – this is still fresh in my mind.

The editor in chief commented about the results that “as everyone believed that the witches in the Wizard of Oz had supernatural power, they had power...similarly we had not seen things beyond the curtain, so we thought placebo was powerful.” Mr. Bailar, the editor in chief of NEJM linked the people related to the medical field including himself to the inhabitants of the Oz. On the other hand, the keyword of in fact have not sufficiently substantiated is used as an obvious word, which functions as a high wall set up relentlessly before the persons who are trying to enter the medical territory.

Placebos have not been well accepted in the medical field, where they have been labeled and categorized as subjective and empirical things of no value. A factor contributed to the situation is that from a historical standpoint, physicians and surgeons have been dependent for a long period of time on what patients claimed. Other factor is that physicians and surgeons who were exposed to competition with practitioners of other fields have counteracted discourses of patients on the basis of objective and scientific theories to overwhelm and control patients and persons involved in other medicines. The emergency of Western medicine may have implications for the paranoid notion for placebos.

2. Is the “Sham Acupuncture” assumed placebo equivalent or not?

An intervention with sham acupuncture needles, which are made undistinguishable from real ones, is required for measuring the placebo effect and a wide variety of procedures have been attempted. The procedures can largely be grouped into invasive standard stimulation sham acupuncture, which applies needling into points considered inappropriate; invasive minimal sham acupuncture, which applies shallow needling into a fewer points to give as least stimulation as possible compared to real acupuncture; and noninvasive sham acupuncture, which seems like needles are inserted but they do not penetrate the skin. Although these are regarded as having validity because “those who have not experienced acupuncture cannot distinguish the differences between real acupuncture and sham acupuncture,” evidence-based studies on the other important factor “ineffective” about placebos has not been made and the placebo effect is dependent on the unverified hypotheses - (a) “ineffective” when needles are inserted into non-acupuncture points, and (b) as well as the effect, the amount of stimulation increases or decreases according to the number of needles inserted and the needling depths. Proving the placebo effect is now required in general but the situation seems notions are running up before proving.

A result of this was yielded from a large scale project called German Studies carried out in Germany in the first decade of this century. This project is Phase III clinical trials in which 100 people were engaged for each trial to study whether to cover the effects of acupuncture treatment in the adjuvant setting for chronic pains including low back pain, knee pain, and headache by the public health insurance. Participants recruitment called for mobilizing clinical practitioners for 100 orders per trial with these hyper multi centre trials. The result of these trials showed that the real acupuncture group and the control group of sham acupuncture had equivalent potency. This matter requires analysis on whether the treatment effect in the real acupuncture group was inadequate, or whether the effects in both groups were equivalent. However, monitoring information in multi-centers and other quality control information are insufficiently available to plan a process analysis, and although therapeutic protocols are described, the information of the procedures actually performed cannot be collected from these trials. About skill of practitioners, factors related to the effect of treatment are not found. Whatever the case, such recognition is necessary that the beliefs of (a) "needling at non-acupuncture points has no effect", (b) the amount of stimulation increases or decreases depending on the number of inserted needles and the insertion depths" are hypotheses.

3. To miss trigger points on purpose

Nonetheless, if you are asked if the parties in the East Asia region concerned with acupuncture and moxibustion are involved in the runaway of researchers in the United States and European countries, you will not say "they are not responsible for it." This is because it is the parties in the East Asia region that have emphasized the differences between the acupuncture points and non-acupuncture points at every opportunity in order to advocate the meridian/acupuncture point system.

Japanese traditional acupuncturists define concept of acupoint (acupuncture point) as the point where the needle is inserted and manipulated in acupuncture therapy. Acupoint include following points,

- Meridian point: a point on the fourteen meridians and location had been predefined in classical text books.
- Extra point: a point that is not located on the fourteen meridians but the position and the property such as statement of virtues were predefined in the text books.
- Ashi point: an acupuncture point with no specific name nor definite location, the site of which is determined by tenderness or other pathological responses in palpation. It is hard to differentiate the ashi point on muscle meridian from the trigger point.

In other words, the locations of all acupoints used in treatment are not determined before starting the session. Some points are determined based on the condition of the patient of the day. In treating the musculoskeletal system, the existence of ashi point often cannot be ignored. "Non-trigger points" in sham acupuncture or "acupuncture points not used for the related complaints" should be defined carefully.

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