

## Letters to the Editor

### Re: Han J-S. Acupuncture analgesia: Areas of consensus and controversy. *Pain* 2011;152(3S):S41–8

To the Editor,

The article by Ji-Sheng Han [1] was aimed at summarizing the areas of consensus and controversy in acupuncture research. The author does not tell us how he judged any issue to be a “consensus” or a “controversy.” Are we to assume that the whole article is based on his own personal judgments, beliefs, or prejudices? Looking at his “areas of consensus,” one can only assume that this is so. How many unbiased experts would, for instance, agree with the “consensus” that “acupuncture has both local and distant analgesic effects...”? I had assumed that the era of “one man consensus” in medicine had long gone; after reading this article, one can only conclude that I was wrong.

#### Reference

- [1] Han J-S. Acupuncture analgesia: areas of consensus and controversy. *Pain* 2011;152:S41–8.

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#### Author's reply

To the Editor,

I would like to thank Professor E. Ernst for his attention to my review.

Dr. Ernst stated that my article was “aimed at summarizing the areas of consensus and controversies in acupuncture research” [1]. In fact, acupuncture research is far too broad a field to summarize all the diversity of ideas. My clearly stated aim was to review only a part of acupuncture research, specifically, the analgesic effect produced by acupuncture. Further, since acupuncture analgesia is, itself, an extensive area of research, the important question of whether the pain-modulating effects of acupuncture are mediated by both local and distant effects was one of several controversies on which my article focused. I hope that Dr. Ernst would agree that this is a topic of considerable interest for medical doctors and scientists in the fields of clinical and basic pain research.

In fact, recent evidence in support of both local and distant effects contributing to acupuncture analgesia was presented in my article. For example, a recent study in *Nature Neuroscience*

provides data for involvement of local (at the site of the needle) adenosine receptor mediation of acupuncture analgesia [2]. This study supports the generally accepted clinical practice of needling “Ashi” acupuncture points, that is, local sites painful to palpation. According to the *Internal Classics of the Yellow Emperor (Huang Di Nei Jing)*, “where there is pain, there is the acupoint” [4]. As for the “distant” effect of acupuncture, we can also take an example of a recent large-scale trial (n = 424) published in *PAIN*® [5]: the German Randomized Acupuncture Trial for chronic shoulder pain randomly assigned patients to receive Chinese acupuncture (verum), sham acupuncture (sham), or conventional conservative orthopedic treatment (COT). The acupoints used were mainly in the upper limb and the lower leg, distant from the shoulder. The 50% responder rate for pain was measured on a visual analogue scale 3 months after the end of treatment. Percentages of responders were: verum 65%, sham 24%, and COT 37%. The results are significant for verum over sham and verum over COT ( $P < 0.01$ ). Whether such distal effects are mediated through meridians, as the Chinese medicine explanatory model describes, or via neural pathways, as contemporary neurobiology describes, can be considered a “controversy,” but decades of basic and clinical research studies support a “consensus” that distal effects contribute to the clinical action of acupuncture analgesia.

I indicated in my review article in *PAIN*® that “acupuncture has both local and distant effects that may be mediated by different mechanisms” [3]. We certainly are not yet at the point of consensus as to whether the local and the distant analgesic effects of acupuncture are mediated by one and the same mechanism. The study of the mechanisms underlying acupuncture analgesia continues to be a major area of exploration and represents a vital bridge between Eastern and Western medicine.

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