



MEDIA RELEASE

TRUE ACUPUNCTURE WORKS BETTER THAN FAKE ACUPUNCTURE OR NO ACUPUNCTURE

Research shows that true acupuncture works and is more effective than fake or no acupuncture. Reports that it does not matter where acupuncture is applied or that acu-point location is not important are misinformed and misleading.

Two recent Cochrane Reviews (Acupuncture for Tension-Type Headache and Acupuncture for Migraine Prophylaxis) came out strongly in support of the use of acupuncture for migraine and tension-type headaches.

Tension-Type Headaches Review

The reviewers found that ‘. . . acupuncture could be a valuable non-pharmacological tool in patients with frequent episodic or chronic tension-type headaches.’

Where acupuncture was compared with routine care, the tension headache trials found ‘statistically significant and clinically relevant short-term (up to 3 months) benefits of acupuncture over control for response, number of headache days and pain intensity. Long-term effects (beyond 3 months) were not investigated. Six trials compared acupuncture with a sham acupuncture intervention . . . and statistically significant benefits of acupuncture over sham were found . . .’

Migraine Review

Similarly, the reviewers found that ‘there is consistent evidence that acupuncture provides additional benefit to treatment of acute migraine attacks only or to routine care . . . (and that) acupuncture is at least as effective as, or possibly more effective than, prophylactic drug treatment, and has fewer adverse effects’. The reviewers recommended that acupuncture should be considered a treatment option.

Sham or true acupuncture

AACMA disputes the assertion that ‘fake’ or ‘sham’ acupuncture is as good as ‘true’ acupuncture and that it does not matter where the needles are inserted.

In the migraine review, it was reported the variability of treatment and sham interventions meant that any results comparing ‘true’ acupuncture to ‘sham’ acupuncture should be interpreted with caution. In contrast, the tension headache review found statistically significant benefits of acupuncture over sham.

The use of ‘sham’ acupuncture as a control has major limitations, not least which is that the ‘sham’ treatment is not an inert intervention – it is an active intervention.

Firstly, in ‘double blinded’ acupuncture research, patients in a ‘sham’ control group are given treatment that is intended to simulate the sensation of acupuncture. This may involve the non-invasive stimulation of ‘true’ acupuncture points or the insertion of needles close to the ‘true’ acu-point. Simulation of a point without inserting a needle does result in a therapeutic effect. Similarly, as needle insertion involves both angle and depth, the actual site of the ‘true’ acupuncture may be inadvertently stimulated using ‘sham’ treatment. If the ‘sham’ points are at a distance from the ‘true’ points, those ‘sham’ points may well have a therapeutic effect in their own right.

The second issue is that ‘true’ acupuncture involves individualised treatment designed to treat the patient's actual condition. Acupuncture is not ‘one size fits all’ intervention. The formulaic approach used in a lot of acupuncture research to date, in which all patients in the trial receive the same active intervention, is not the way patients are treated with acupuncture in the clinical setting. This means that results will vary according to whether the formula used was appropriate to the individual trial participant and may mean that some active interventions may be comparing ‘sham’ treatment with another ‘sham’ control, both of which may be active interventions.

The third issue is that the quality of treatment being provided in some trials may not be indicative of what is actually happening in clinical practice, such as poor choice of formula.

The final issue is whether the acu-point location was accurate or matched the standard location of the acu-point. In order to avoid the errors and inconsistencies that may result from using varying locations of the one acu-point, the World Health Organization Western Pacific Regional Office published Standard Acupuncture Point Locations in 2008. This text will enable researchers to have point of reference on the standard acu-point location and allow for more accurate reporting if a non-standard location is used in a clinical trial.

This could explain why the results in some acupuncture clinical trials and meta-analyses show response rates below what qualified practitioners find in actual practice.

It underscores the importance of standards of education and training in acupuncture, not only for practitioners, but also for individuals undertaking research into this field.

AACMA supports research that is of a high quality and which provides information that is relevant to and can inform practice. Poorly designed research will lead to poor results and misinformation to the public and others about the clinical effectiveness of acupuncture.

Clinical trials using acupuncture should conform to STRICTA (Standards for Reporting Interventions in Controlled Trials of Acupuncture) which can be accessed at <http://www.stricta.info>.

To obtain acupuncture treatment from a qualified acupuncturist, contact the AACMA practitioner referral service on 1300 025 334.

Enquiries and further information

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