

September *FACT* looks at acupuncture

Research published in the September issue of *Focus on Alternative and Complementary Therapies* is highlighted by **Helen Bond**

Two studies on stimulating a specific acupoint (P6) as a preventative measure against post-operative nausea and vomiting (PONV) are discussed in the September issue of *FACT*. The first study, from the University of Heidelberg, involved needle acupuncture on 212 women for 20 minutes, either before or after induction of anaesthesia for gynaecological or breast surgery, compared with a placebo. The second study, from the University of Toronto, involved the use of acupressure wristbands with a bead touching the acupoint, or placebo wristbands, on 152 cardiac surgery patients.

The Heidelberg study found that the incidence of vomiting was reduced by 18.5 per cent in women who received acupuncture and underwent gynaecological surgery. The timing of the intervention appeared to have no effect. In the Toronto study, the reports of nausea, vomiting, pain scores and analgesic and antiemetic requirements were similar in placebo and acupressure groups; however, analysis by gender suggested that acupressure might be an effective treatment for women.

FACT comments that before these studies it had been suggested that stimulation of acupoint P6 is effective in reducing the incidence of PONV. The Heidelberg results are in line with these previous findings, which also often focused on gynaecological surgery, since this is associated with high rates of PONV.

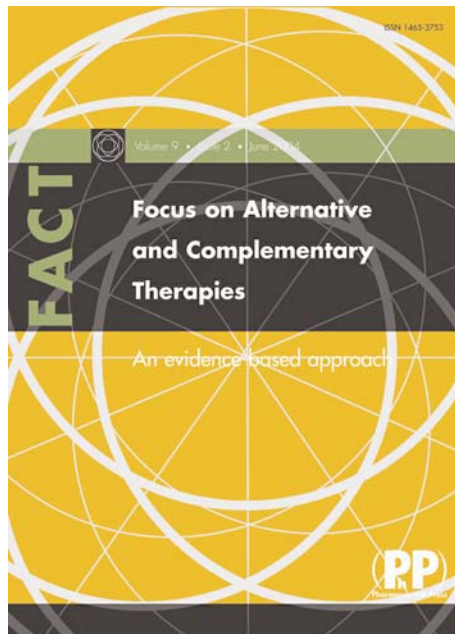
The negative results of the Toronto study may reflect either a lesser effect of the acupressure in men or men being less likely to report PONV. The subgroup analysis of women gave a positive result, suggesting an antiemetic effect in women only, but the sample size was small.

FACT concludes that the overall pattern of results is consistent with prior studies and highlights the need for additional research to refine our understanding of the antiemetic effects of acupoint stimulation.

Acupuncture for knee osteoarthritis?

A study from Birmingham has examined the effects of (1) acupuncture, (2) acupuncture plus standard care and (3) standard care alone followed by acupuncture, as therapy for knee osteoarthritis. The study reports that all groups showed significant improvements in pain and stiffness scores. These benefits were stated to have been maintained for one month after the course of acupuncture.

Discussing the results, *FACT* is cautious of the all-encompassing positive results of the study, and looks to compare the three groups of treatment for further clarification. *FACT* reveals that groups (1) and (2) are better off than group (3) at five weeks after treatment, but not any longer at the final visit and concludes that the five weeks' result could be the product of the small sample size.



Replying to *FACT*'s comments, the authors stated that the statistical analysis takes account of the small sample size. The authors note that they have now carried out a further, patient-blinded trial to shed further light on acupuncture for knee osteoarthritis.

Acupuncture for post-stroke spasticity

Researchers in Germany have investigated acupuncture as a treatment to reduce spasticity after a stroke in 25 patients. The patients received either two acupuncture sessions per week for four weeks, or the same treatment schedule but using a placebo "Streitberger needle". Patients were measured for improvements in spasticity, pain and walking speed.

The authors of the study found no beneficial effects of acupuncture and concluded that acupuncture may not be helpful to patients with chronic post-stroke spasticity.

FACT notes that, although in the 1990s it was suggested that acupuncture might indeed enhance post-stroke spasticity, unfortunately these positive results have not been replicated more recently. *FACT* says that there could be one or more reasons for the discrepancy between past and present studies. For example, post-stroke spasticity often resolves fairly quickly, although not often completely, after the stroke and this process could be enhanced by more care and attention. Thus, patients receiving acupuncture during this time could be benefiting from a placebo effect. In addition, since electrical current was often used in early trials, it could have been this and not the acupuncture that resulted in reduced spasticity.

In relation to the present study, however, *FACT* remarks that the question of acupuncture for post-stroke spasticity is not yet

resolved. The patients suffered from chronic post-stroke spasticity from strokes five years before the trial, on average; it is possible that acupuncture is beneficial in early stages after a stroke, but ineffectual in chronic stages.

Placebo effect in migraine?

In a recent study, over 400 patients with chronic headache (predominantly migraine) were allocated to receive up to 12 acupuncture treatments over three months or a control intervention offering usual care. Patients were tested for headache score, health status and use of medication. A secondary study investigated the cost effectiveness of the treatment.

At the end of the study, headache scores were lower in the acupuncture group. Additionally, compared with controls, the acupuncture group used 15 per cent less medication, made 25 per cent fewer visits to GPs and took 15 per cent fewer day off sick. The cost of acupuncture over a year was higher (£403) than for controls (£207) due to the acupuncture practitioners' costs.

The authors concluded that "Acupuncture for chronic headache improves health related quality of life at a small additional cost; it is relatively cost effective compared with a number of other interventions provided by the NHS."

Since the results were published, whether or not such a trial is scientifically convincing has been a major topic of debate. *FACT* commented that the studies were well-done pragmatic trials but that, from a scientific perspective, the lack of a control group and blinding (the patients knew whether or not they were receiving acupuncture) were shortcomings. However, the trial was a good representation of what actually happens in health care. *FACT* concludes that the trial provided valid and important information.

What is *FACT*?

Focus on Alternative and Complementary Therapies is an evidence-based journal that is a single point of reference for current information on complementary and alternative medicine (CAM) from around the world. Current literature is summarised and commented on by members of the *FACT* international editorial board, reviewing topics as diverse as herbal medicines, vitamins, minerals and supplements, homoeopathy, acupuncture and manipulative therapies, and giving readers a concise and objective view of the value of such therapies currently available. *FACT* also contains news, short reports, focus articles and debates on CAM.

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