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## WHY NOT?

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# Why not reconsider acupuncture?

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JESUIT missionaries returning home from China in the early seventeenth century brought to Europe reports of seemingly miraculous cures produced by acupuncture. The Chinese tradition of acupuncture probably extends back to the Stone Age, but the earliest known manuscript describing the art, *Huangdi Nei Jing*, was compiled around 200 BC, prior to the Han dynasty. Since that time there has been a wealth of Chinese literature on the subject, but little has been published in European languages or in reputable journals. However, in recent years there has been much Western research.

### Scientific evidence

One of the major difficulties that Western doctors have had in accepting acupuncture was that Chinese explanations of its mechanism involved concepts which were totally unfamiliar and scientifically unacceptable. However, following the isolation of enkephalins by Hughes and colleagues (1975) and the subsequent discovery of endorphins, it became increasingly likely that the pain relief of acupuncture is mediated by endogenous opiates. It has now been clearly shown that  $\beta$ -endorphin is produced after electroacupuncture for recurrent pain (Clement-Jones *et al.*, 1980), and that there is a sound scientific explanation for acupuncture analgesia. Different types of acupuncture for varying medical problems have been shown to release serotonin (Cheng and Pomeranz, 1979), methionine enkephalin (Clement-Jones *et al.*, 1979) and ACTH (Malizia *et al.*, 1979). The final answer is likely to be a complex one, possibly involving other neuropeptides being researched.

Mann (1978) reports a British series of 1,000 patients with various diseases treated by acupuncture. He found significant improvements in 73 per cent. Similar results are reported in most uncontrolled series of acupuncture treatment for chronic pain. Controlled trials are difficult to design, since there is no such thing as placebo acupuncture. Nonetheless, a number have been reported for chronic pain (Mendelson, 1977), giving average success rates of 60 per cent. As a placebo response rate of 35 per cent is generally accepted in studies of pain relief, acupuncture should be regarded as a useful addition to the medical armamentarium.

### Patients favour acupuncture

When I surveyed 150 patients attending the surgery of a group practice in Lancashire, I found that 86 per cent of them thought acupuncture to have a place in modern medical treatment. If recommended to do so by their general practitioner, 67 per cent would be willing to have acupuncture and 47 per cent actually claimed they would prefer this to conventional treatment by drugs.

Patients in Europe are now used to acupuncture being available, either from their general practitioner or from medical acupuncture specialists. Some countries have even introduced a national acupuncture training programme for medical graduates (*WHO Chronicle*, 1980). In Britain, regular and increasing use is being made of the technique in hospital pain clinics (Spoerel and Leung, 1974), and a British Medical Acupuncture Society has recently been formed which can recommend courses or supply a list of doctors using acupuncture. So why not take acupuncture seriously? Your patients do.

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