

ferred a myocardial infarction would be facilitated by better communication between the general practitioner who has the key role, the hospital and the doctor working in industry.

Following the symposium, a brief questionnaire completed by participants showed that more than half had changed their practice in direct response to what they had heard. The most frequently cited changes were those related to getting people back to work and their normal duties much earlier than before, certainly by six weeks after uncomplicated myocardial infarction or cardiac surgery.

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How Effective is Acupuncture in the Management of Pain?

Sir,

Dr Lewith has earned our gratitude for reviewing the literature on the efficacy or otherwise of acupuncture as an analgesic, (*May Journal*, p.275). The lesson is that this subject is asking for attention.

If, however, he wishes his favourable verdict to be convincing, he must know that it is not enough to give a superficial appearance of open-mindedness; he must learn to think with as much rigour as he would expect to find in a well-designed clinical trial.

Three classical examples of sloppy thinking:

1. *Begging the question*, p.276. 'Therefore, studies using random needling are perhaps best thought of as an evaluation of acupuncture versus a less effective form of needle puncture.' Who said 'less effective'?
2. *Not comparing like with like*, p.276. 'The acupuncture group,' (compared with the placebo group,) 'had needles inserted into their tender trigger points on the back.' Acupuncture points and 'tender trigger points' only occasionally coincide. Acupuncture, unfortunately, is not defined here, but few if any of its practitioners restrict their

needling to 'tender trigger points'.

3. *Non sequitur*. Dr Lewith reports his own results in the treatment of post-herpetic neuralgia. 'Acupuncture resulted in improvement in 24 per cent of patients and the placebo in a 21 per cent response.' These figures are so bizarre coming from a writer who is happy to accept a 30 per cent placebo response that one wonders if there is not a misprint somewhere. They make a poor introduction to his glib first conclusion, that 'Acupuncture has an analgesic effect in approximately 60 per cent of patients suffering from chronic pain.'

As I have practised acupuncture myself, I would love to think acupuncture as effective as some claim, but faint praise is no more damning than muddled over-praise. The subject yells for unbiased attention.

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Sir,

Dr G. Lewith (*May Journal*, p.275) has pointed out how fashionable acupuncture has once again become in the last few years. He reviews the results from 20 trials that have attempted to evaluate acupuncture as a treatment for painful musculoskeletal conditions. He concludes that these studies show an analgesic effect in 60 per cent of patients suffering from chronic pain; that the effect of acupuncture was greater than that of placebo and that acupuncture was as effective for musculoskeletal pain as were more conventional treatments.

Of the 20 studies that he cites, he acknowledges that 11 of them (including his own study) showed no significant advantage of acupuncture over placebo or conventional therapy. Six studies had serious methodological flaws that cast doubt on the validity of the conclusions, or numbers so small that the likelihood of detecting a significant difference, where in truth none exists, becomes embarrassingly large. Three studies showed significant differences between the effects of acupuncture and placebo or conventional treatment.

In weighing up the conclusion to be drawn from these studies, Dr Lewith has his foot on the scales. Surely the balance doesn't swing in favour of acupuncture. His conclusions are all the more remarkable, when of the same studies, he pointed out in the *British Medical Journal* that 'These trials have not, however, convinced the sceptics. Most were poorly designed, with small numbers of patients, muddled entry

criteria, short follow-up and no clear definition of success or failure.' 'We would have to effectively suspend our critical faculties to become true believers on the evidence so far. P. Skrabanek has reviewed the literature on controlled trials in acupuncture² and emerged with his critical faculties intact, concluding that the claims made for acupuncture have no scientific validity.'³

The current vogue is for fringe medicine, better known as alternative medicine, and now to be known as holistic medicine. We should leave our minds open to the claims of acupuncture, homoeopathy, transcendental meditation, chiropractic and other more exotic techniques. But not so open that our brains fall out.⁴ So far, their only tangible benefit has been to make poor men richer.

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3. Skrabanek P. Acupuncture and the age of unreason. *Lancet* 1984; **i**: 1169-1171.
4. Glymour C, Stalker D. Engineers, cranks, physicians, magicians. *New Eng J Med* 1983; **308**: 960-963.

Sir,

Readers of Dr Lewith's article (*May Journal*, p.275) on acupuncture in pain management may be left with the impression that acupuncture is a single form of treatment. Acupuncture incorporates a number of widely differing diagnostic and therapeutic approaches. Therefore, in comparing it to other methods, it is vital to include some details of the approach that was used and something of the competence and experience of the practitioner.

The most common ways that acupuncture is practised in this country are:

1. The 'traditional' approach using concepts and terminology which seem archaic, foreign and scientifically unacceptable to western trained doctors.
2. Formula or 'cookbook' techniques which involve a scanty basic knowledge of acupuncture and use relatively fixed combinations of points for treatment.
3. The use of trigger points and the periosteum for needling.
4. Uneasy and irrational combinations of all three.