Editorial Commentary

Acupuncture for Hypertension
Can 2500 Years Come to an End?

Norman M. Kaplan

As one who tried and failed, I sincerely admire the accomplishments of the Stop Hypertension with the Acupuncture Research Program (SHARP) described in this issue of Hypertension. As Macklin et al note, this is the largest double-blind, randomized, sham-controlled clinical trial of acupuncture for treating hypertension to date. When the work involved in reaching their definitive conclusion is considered, it seems likely (and hopefully) to be the last such trial of acupuncture for hypertension. Again quoting Macklin et al, “Acupuncture has been used in traditional Chinese medicine to treat symptoms related to hypertension for over 2500 years” and “Today, acupuncture is commonly used to treat hypertension in China and the West.”

The amount of time, energy, and money expended to use acupuncture for hypertension over the past 2500 years can hardly be imagined. They must be bigger than Star Wars or NASA’s exploration of space. Millions of patients have been punctured with long needles put in strange places with the expectations of benefit likely providing the largest noncontrolled experience in medical history. Almost certainly, most have thought their blood pressure came down, but there has never before been a proper trial to find if this was a real or placebo effect.

Now, finally, with funding by the National Institutes of Health National Center for Complimentary and Alternative Medicine, a group of investigators has put the procedure to the test of modern clinical research. With only a fraction of the money and personnel used in the SHARP trial, we tried such a study but, not surprising, in retrospect, we failed, producing only an abstract that, as a manuscript, could never find a place in a reputable journal.

I have often thought that the $250,000 that we received for our study could have been better spent on more sophisticated research. In fact, there was a real need to prove or disprove the value of such a widely used procedure.

The Boston group, better at getting and spending a much larger grant, have provided a clear answer: Acupuncture is of no value for the treatment of hypertension. The validity of their data seems certain. Despite the usual litany of limitations at the end of the Discussion section, this trial comes as close as humanly possible to test the effects of repeated acupuncture.

The authors clearly recognized the pitfalls of such a trial and avoided them. To enroll and keep the large number of subjects in the trial is a tribute to the tenacity and organizing skill of the investigators. Likely, the Boston Red Sox looked to them for motivation to win (their only) World Series.

The consequences of this study should be profound. It has proved that, in the authors’ words: “Twice-weekly acupuncture is unlikely to be cost-effective relative to available pharmacological treatments for hypertension, nor is it likely to be widely embraced by patients solely on the basis of any mild antihypertensive effect given the significant time required for acupuncture therapy.”

Unfortunately, the nature of hypertension and the attractions of acupuncture will probably overcome the hope that it will not continue “to be widely embraced by patients.” Scientific medicine is doing a poor job of controlling the “silent killer,” and many patients are more than willing to grasp at straws and to embrace long needles stuck in strange places.

The money and effort expended in this trial should save even more wasted money and ineffectual effort. Acupuncture is receiving a number of proofs of inadequacy, but it may turn out that science cannot trump 2500 years of Asian tradition.

Disclosures
None.

References
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Hypertension. 2006;48:815; originally published online October 2, 2006;
doi: 10.1161/01.HYP.0000241069.80574.76

Hypertension is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 0194-911X. Online ISSN: 1524-4563

The online version of this article, along with updated information and services, is located on the
World Wide Web at:
http://hyper.ahajournals.org/content/48/5/815

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