Letter to the Editor

Letters to the Editor will be published, if suitable, as space permits. They should not exceed 500 words (typed double-spaced) plus 5 references in length and may be subject to editing or abridgment.

Comment on “Beyond Medications and Diet: Alternative Approaches to Lowering Blood Pressure: A Scientific Statement From the American Heart Association”

To the Editor:

I am responding to the classification of acupuncture as class III, no benefit for the treatment of hypertension, in the recent American Heart Association review entitled “Beyond Medications and Diet: Alternative Approaches to Lowering Blood Pressure” by Brook et al.1 It should be understood that there are difficulties involved in using drug research protocols such as the randomized, controlled trial to make recommendations for physical treatments. Also, based on the paucity of acupuncture citations offered in evidence for those findings, only 11 or 12 citations of 188, there really are not enough data for adequate insight into the treatment being investigated to draw conclusion. A recent study, “Evidenced-Based Chinese Medicine for Hypertension,” by Wang and Xiong,2 lists that they found 15 systemic reviews, 312 randomized controlled trials, and 7428 case reports.

Looking at the references the scientific statement provided for those conclusions, we find the study by Flachskampf in 2007 and the SHARP study by Macklin in 2006. But missing from the references are any of the subsequent articles providing analysis of those studies3 or discussing the problems inherent in providing a sham acupuncture treatment and drawing conclusions based on comparing 2 forms of acupuncture with each other. Dr Howard H. Moffet wrote several articles analyzing invasive sham acupuncture as control,4 finding it not scientifically valid.

Also unmentioned is the 2012 article by Zhou and Longhurst5 entitled “Neuroendocrine Mechanisms of Acupuncture in the Treatment of Hypertension,” which provides explication of acupuncture effects on hypertension; this team is now working on a study that continues this work, finding a 10-mm reduction in systolic pressure in 70% of those treated. It will be published in several months.6

Finally, the statement “and a substantial modification in medical education and training would be required to make acupuncture accessible” is a specious argument, considering the citations provided. Rather, it seems to advocate for lowering the standards of acupuncture licensure to enable nonacupuncturists to practice acupuncture more easily. However, this traditional medicine is an entirely different way of approaching and understanding health care and for the best professional practices that holistic mentality is not something that can be a quick study program addendum to an allopathic education but rather requires an entire new restart to the understanding of the human system before beginning the use of even basic acupuncture.

In this review, the conclusion is that there is no benefit from the modest, yet generally positive results found in randomized, controlled trials of acupuncture; but later they repeat that “even a small amount of change in BP can be significant in the long term.” It is appreciated that acupuncture was included in this research, but, largely because of the limited effort made in their research gathering, a more responsible classification from their review of acupuncture might have been inconclusive rather than no benefit. This conclusion would be closer to a scientific statement rather than simply another opinion.

Disclosures

None.

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