13. Diseases of the Musculo Skeletal System and Connective Tissue

Reference

1. Objectives
To assess the difference in subjective sensation between patients treated with real acupuncture and patients treated with sham acupuncture in a pilot study preceding clinical trials of acupuncture treatment of shoulder pain.

2. Design
Randomized controlled trial (RCT).

3. Setting
Two Oriental hospitals (Oriental Medical Hospital at Gwangju, Wonkwang University, and Public Health Center in Hwa-sun), Republic of Korea.

4. Participants
Patients who responded positively to the question “Do you agree to participate in a clinical trial comparing the feeling of real acupuncture with that of Kim sham acupuncture? If you agree, please write down your sex, age, name, and sign the form” (n=60).

5. Intervention
Arm 1: Real acupuncture (n=29). Arm 2: Kim sham acupuncture (n=31). Both types of acupuncture needles were applied to local points such as Jianliao (TE14, 肩髎), Jianyu (LI15, 肩髃), and distant points such as Quchi (LI11, 曲池), Zhongzhu (TE3, 中渚), Houxi (SI3, 後谿), and Hegu (LI4, 合谷) once for 30 minutes.

6. Main Outcome Measures
Assessment of the feeling difference between real acupuncture and sham acupuncture.

7. Main Results
Patients were able to distinguish real acupuncture from sham acupuncture treatment \(P<0.05\) when acupuncture points such as Jianliao (TE14), Jianyu (LI15), and Houxi (SI3) were used.

8. Conclusions
In the Kim sham acupuncture treatment, blinding of the Jianliao (TE14), Jianyu (LI15), and Houxi (SI3) acupuncture points is not possible.

9. Safety assessment in the article
Not mentioned.

10. Abstractor’s comments
Inclusion of a placebo control group in clinical trials of acupuncture (like clinical trials of medical devices) is difficult. This study was designed to determine whether subjects could discriminate real from sham acupuncture. This findings of this study may have important implications for future clinical trials of acupuncture. In Asian people including Koreans, discrimination of real from sham acupuncture is unimportant. Stratification of subjects based on acupuncture treatment frequency is suggested.

11. Abstractor and date
Kim HJ, 17 August 2010.