

Real vs. "Sham" Acupuncture: Challenging Recent Negative Research

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When a 2005 [research article](#) in *JAMA* reported, "Acupuncture treatment no more effective than sham treatment in reducing migraine headache," it raised doubts in the minds of the general public and the medical/scientific community as to acupuncture's efficacy.¹ This year, the online science news journal *Science Daily* printed what appeared to be a [continuation of that study](#).² The article was titled, "Acupuncture Stops Headaches, But 'Faked' Treatments Work Almost as Well." This particular report was picked up by the international news and reported as a statement of fact that acupuncture was a questionable modality, especially regarding the application by professional practitioners. It was emphatically questioned whether "better trained acupuncturists really achieve better results than those with basic training only."

True needling consists of actual penetration of the needle with manual stimulation, whereas sham needling is carried out by a special needle that touches the skin but may only penetrate superficially or touch the skin's surface. In cases of both true and sham, [the de qi phenomenon](#) is reported and the subject feels the needle at the point of contact.

Superficial needle stimulation is a known and accepted acupuncture procedure within a variety of European and Asian-American acupuncture techniques. Within acupuncture research, however, it is considered a placebo. Conclusions will be drawn and reported as such to an unsuspecting public. These sham acupuncture needles, which are internationally accepted and referred to as Streitberger or Park needles, are used by virtually every researcher conducting studies within the area of acupuncture. It is the standard for the scientific industry. This fact alone makes any research using this needle procedure a "sham," as it ignores that nonpenetrating acupuncture is a valid technique.

But that hasn't stopped the research. Also this year, the *Journal of Alternative and Complementary Medicine* reported the [results of a study](#) titled "Sham Acupuncture May Be as Efficacious as True Acupuncture: A Systematic Review of Clinical Trials."³ The conclusion was: "The findings cast doubt on the validity of traditional acupuncture theories about point locations and indications ... and the theoretical basis for traditional acupuncture practice needs to be re-evaluated." In this particular study, studies were categorized by use of wrong points, nonpoints, and normal insertion and stimulation versus superficial insertion or minimal stimulation. The researchers obviously discounted superficial stimulation, as in various forms of Japanese acupuncture, as a valid treatment despite its thousand-plus-year history. They further discounted any acupuncture points as invalid or wrong other than those illustrated on the human acupuncture mannequin or a typical acupuncture chart.

The *Clinical Journal of Pain* [reported](#) on "Acupuncture for treatment of persistent arm pain due to repetitive use" last year.⁴ The study was conducted by researchers from [Harvard Medical School](#), among others, and funded by a grant from the [National Center for Complementary and Alternative Medicine](#). The study objective was: "to compare true and sham acupuncture in their abilities to

relieve arm pain and function." The conclusion of the study was: "Arm pain scores improved in both groups during the treatment period, but improvements were significantly greater in the sham group than in the true acupuncture group. The true acupuncture group experienced more side effects, predominately mild pain at time of treatments."

Overall, this study did not find evidence to support the effectiveness of true acupuncture in treatment of persistent arm pain. Sham acupuncture and true acupuncture achieved similar response, with the possibility of sham acupuncture being more effective. This particular research relied on a "manualized" approach, meaning a cookbook procedure for arm pain with the addition of all participants receiving needling (sham or true) to LIV (LR) 3 on the contralateral side and LI 4 on the side of pain. Nonmeridian local points (*ah shi*), which researchers discount as being nonpoints, were included in the study.

A consensus team of "senior acupuncturists" selected 20 allowable acupuncture points based upon a manualized approach. The researchers obviously felt this gave them acceptability within the scientific community as a valid source, as certain acupuncture prescriptions have been printed and published. The sources of these formulas, however are unknown. Practitioners could select no more than eight additional points at each treatment and could include local area points traditionally used to affect specific regions (LI 5, P 5, P 6, P 7 and TW 5) and local and distal sensitive *ah shi* points. No other specific points were allowed in the research. Why these specific points were chosen remains a question of considerable merit.

Recently, a major research institute attached to a very prominent university received a grant to conduct acupuncture research. They chose as their topic the treatment of colitis and diverticulitis via acupuncture. They sought my input and expertise into the matter. To say I was honored and humbled would be an understatement. When I inquired as to my role, I was shocked to learn they wanted to know, "What points do you treat for this condition?"

They did not have a clue what acupuncture was. They only wanted to know what points to use for gastrointestinal distress. I reminded them that was a very general condition with many potential causes. I advised against using federal funds to finance such a study since their final results would be flawed. They were totally unaware of pulse, tongue diagnosis, system review or [electromeridian imaging through ryodoraku](#). When I asked what their goal for the research was, I was told: "To determine if acupuncture was effective in gastrointestinal distress."

It is very apparent that those who are conducting what would otherwise be considered valid and scientific research at extremely impressive and recognized institutes are in fact guilty of the highest malfeasance with the models they have chosen to use regarding the effectiveness of acupuncture. Unfortunately, the general public and the scientific community regard research from these sources as gospel and would never question the validity of these studies. Acupuncture research conclusions cannot be accepted as long as the research is being conducted as shown in the examples I cited. True blind or double-blind studies comparing needle and sham treatment may essentially be impossible within acupuncture research due to the fact that as long as a patient is able to feel a sensation at the point of needle contact (whether actual or simulated), it cannot be considered a valid blind study. Thus, it is my opinion that the methods utilized in most acupuncture research are, without question, a "sham."

References

1. Linde K, Streng A, Juergens S, et al. [Acupuncture for patients with migraine: a randomized controlled trial](#). *JAMA*, May 4, 2005;293(17):2118-25.
2. "Acupuncture Stops Headaches, But 'Faked' Treatments Work Almost as Well." *Science*

Daily. www.sciencedaily.com/releases/2009/01/090120204801.htm.

3. Moffet HH. Sham acupuncture may be as efficacious as true acupuncture: a systematic review of clinical trials. *J Altern Complement Med*, March 2009;15(3):213-6.
4. Goldman RH, Stason WB, Park SK, et al. Acupuncture for treatment of persistent arm pain due to repetitive use. *Clin J Pain*, Mar-Apr 2008;24(3):211-8.

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