


Kerry Hampton and Danielle Mazza

Primary Care Research, Faculty of Medicine, Nursing and Health Sciences, Monash University, Australia

1Correspondence address. E-mail: danielle.mazza@med.monash.edu.au
doi:10.1093/humrep/dep322
Advanced Access publication on September 17, 2009

**RCT of real versus placebo acupuncture**

Sirs,

I read the letter titled ‘RCT of real versus placebo acupuncture in IVF’ by Renckens, in which he regards acupuncture as a type of placebo therapy. I think it is too early to make the final conclusion, because whether the effectiveness of acupuncture is completely the result of placebo needs more studies.

Up to now, many RCTs and systemic reviews have confirmed that acupuncture is effective in the treatment of pain (Linde et al., 2009a, b), post-operative nausea and vomiting (Lee and Fan, 2009), but many RCTs failed to investigate whether placebo effect plays a big role in acupuncture due to trial design. As an interventional method, it is difficult to perform blindly to patients and clinicians in an acupuncture trial. That means the bias is inevitable, partly due to patients’ expectation. In addition, how to separate the real acupuncture from placebo acupuncture remains undefined. There are two kinds of commonly used placebo acupuncture: minimal acupuncture with shallow needling and non-acupoint puncturing. Both of them have limitations. First, shallow needling is one kind of acupuncture manipulation in traditional Chinese medicine (TCM) theory, and imaging studies have proven each kind of stimulation will produce responses in the brain, no matter how shallow or deep. Secondly, the location of acupoint is not restricted to the 14 meridians; there are extra-points and a-shi point which is also called as pain point in given conditions.

A recent fMRI imaging study (Kong et al., 2009) examines to what extent treatment and expectation effect pain, indicated that although both real acupuncture and sham acupuncture induced subjective reports of analgesia of equal magnitude, fMRI analysis showed that real acupuncture produced a greater fMRI signal decrease in pain-related brain regions.

In conclusion, imaging evidence has been provided that the mechanism of how acupuncture or expectancy evoked placebo works is different. I think that, for the particularity and complexity of acupuncture, further well-designed RCTs are needed to investigate the specific effect of acupuncture and give clear answer to whether acupuncture is a type of placebo therapy.

**References**


Tingting Ma

Acupuncture and Tuina Department, Chengdu University of TCM, Sichuan, China

1Correspondence address. E-mail: matingtingcn@yahoo.com.cn
doi:10.1093/humrep/dep352
Advanced Access publication on October 3, 2009

**Evaluation of impact factor using two different methods**

Sirs,

Impact factor is one of the most important tools in evaluating the quality of science journals. Perhaps, it is the only factor known to most researchers today and it has been used by many individuals and institutions. For instance, authors prefer to publish in high impact journals, editors make effort to increase the journal’s impact factor and academic institutions take impact factors into consideration for hiring, promotion or financial incentives. In addition, granting agencies use it to evaluate the quality of applicant’s publications, and governments rank academic institutions based on impact factors.

Thomson Reuters, the owner of the Institute of Scientific Information (ISI), a company specialized in producing various research analysis tools, produces impact factors of numerous journals. ISI