**RCT of real versus placebo acupuncture in IVF**

Sir,

In 1993, the World Health Organization (WHO) published a booklet on the Standard Acupuncture Nomenclature after a WHO-consensus meeting in the Philippines (WHO, 1993). Needless to say that this publication, which was not at all peer reviewed, did not contain any reference to anatomic structures as we know them from the anatomic theatre or from our operation theatres. To the ‘acupoints’ mentioned in this book, like LR3, SP8, GV20 and so on, there is no anatomical correlate and actually they do not exist. To enlarge the confusion and add insult to injury, Chinese acupuncturists diagnose conditions as: ‘Kidney/Yang Yin deficiency’, ‘Liver Q stagnation’ and ‘Spleen Qi deficiency with Phlegm’.

Since the 1993 WHO-publication things have even become worse in this political body, numerically dominated by Third World countries, as in 2003 they published a report ‘Acupuncture: Review and Analysis of Reports on Controlled Clinical Trials’, which contained a list of diseases, symptoms or conditions for which acupuncture had been ‘proved’—through controlled trials—to be an effective treatment (WHO, 2003). These indications included adverse reactions to radiotherapy and/or chemotherapy, allergic rhinitis, biliary colic, acute bacillary dysentery, rheumatoid arthritis, tennis elbow and many others. For a and adjust Qi and blood perfusion of the uterus’.

So et al. performed a well-designed trial, for which they are to be commended, and their publication might well be one of the very few negative RCTs on acupuncture from the Chinese republic, which is encouraging. Vickers et al. (1998) could not find one single negative RCT on acupuncture from China, while trials done in the UK or the USA gave an average of 50–60% positive outcomes. Both figures point to the methodological weaknesses of many trials in acupuncture as was already discovered by ter Riet et al. (1989), who noticed that how the better the methodology is, the less chance there is of a positive result. They stated to expect that a perfect trial would most likely not show any effect above the placebo-effect. These early observations of ter Riet et al. were recently confirmed by biostatistician Barker Bausell (2007), who worked for some years in the CAM-research as it is stimulated and paid for by the National Center for Complementary and Alternative Medicine, Bethesda, USA. He came—after starting his job with an open mind—to the conclusion that ‘CAM therapies are nothing more than cleverly packed placebos’.

I think that medical journals should not publish papers on absurd forms of treatment and hope that Human Reproduction stops to surprise its readers with publications in which—quotes from So’s paper—treatments are tested that are supposed to ‘strengthen the essence of kidney and liver and adjust Qi and blood perfusion of the uterus’.

**References**


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