

A Data Mining Study for Analysis of Acupoint Selection and Combinations in Acupuncture Treatment of Carpal Tunnel Syndrome [Letter]

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Dear editor

We have carefully read the article by He et al entitled "A Data Mining Study for Analysis of Acupoint Selection and Combinations in Acupuncture Treatment of Carpal Tunnel Syndrome".¹ Through rigorous data mining methodologies, this study offers a comprehensive and systematic analysis of acupoint selection in acupuncture therapy for carpal tunnel syndrome, providing new insight and valuable reference for acupuncture treatment. While we commend the author's significant contributions, we identify several aspects of the writing that merit further exploration and refinement. We would like to offer some suggestions and opinions for your reference.

Firstly, regarding exploratory factor analysis and cluster analysis, the author analyzed high-frequency acupoints with a frequency more than ten times. However, whether this selection can be made through more scientific methods? Such as similar studies using the Price's algorithm² or average frequency algorithm.³

Secondly, in the Search Strategy, the author included "cupping therapy", "bloodletting", and "fire acupuncture" as categories, which belong to the category of acupuncture therapy, but differ slightly in acupoint selection theory and operational methods from conventional acupuncture. We suggest that it can be analyzed and summarized separately by subgroup in the future, which will provide a more comprehensive display of the selection rules of various acupuncture therapies.

Furthermore, in the inclusion criteria, the authors included studies that used combined therapy with acupuncture as an intervention, although it was emphasized in the section on Types of Outcome Measurements that the combined therapy needed to have a greater advantage over non-acupuncture groups, this cannot directly and clearly demonstrate the effectiveness of acupuncture used alone. The conclusion still contains the influence of these uncertain factors. The superiority of combined therapy proves that acupuncture is beneficial in it, summarizing its application rules will provide more diverse choices for clinical treatment decisions; therefore, we suggest that the authors also analyze and summarize the acupoint selection of combined applications of acupuncture and other therapies by subgroups in the future.

Finally, although the article provides a detailed analysis of commonly used acupoints and their combinations, with special emphasis on the core combinations of da-ling (PC7) and nei-guan (PC6), there is much room for improvement in interpreting the significance of these findings. Da-ling (PC7) and nei-guan (PC6) belong to the pericardium meridian, and the author also found that the pericardium meridian is commonly used. In fact, I think it can also be analyzed from the research progress of western medicine. In recent years, studies have found that carpal tunnel syndrome has a close correlation with amyloid disease of the heart, which has been praised as "numb hands are a window to the heart".⁴

In conclusion, this paper has important academic value and practical significance in the field of acupuncture, and we are looking forward to the potential impact of this important research result on the clinical treatment of carpal tunnel syndrome by acupuncture.

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Disclosure

The authors declare that there is no conflict of interest in this communication.

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