

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

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Dear editor

It is with profound appreciation that we acknowledge the time and effort you have dedicated to a thorough read of our article, and for the constructive feedback predicated on the merits of our research. Your encouragement, grounded in the strengths of our article, is both gratifying and motivating. Moreover, the insightful recommendations you have proffered are instrumental in enhancing the quality of our work. We are confident that the implementation of your suggestions will significantly contribute to the refinement of our research. Below is our detailed response to the feedback you have so generously provided.

Firstly, regarding the selection of high-frequency acupoints, many studies have mostly chosen acupoints that rank in the top 15–30 in frequency,^{1–3} as this is determined by the characteristics of association rules, exploratory factor analysis, cluster analysis, and the number of commonly used clinical acupoints. But with the improvement of the research plan, as you mentioned, subsequent studies of the same type used more scientific methods to select high-frequency acupoints, such as the methods based on Price's algorithm or average frequency algorithm that you mentioned. The exemplar articles you cited were also written by our team, and we also adopted this high-frequency acupoint selection scheme in our subsequent research.⁴

Secondly, as you said, subgroup analysis of acupoint selection can be carried out according to different acupuncture intervention methods, but this is just like most meta-analysis studies in the field of acupuncture. Some meta-analyses analyze all acupoint therapies, and then in order to further refine, meta-analyses are carried out on specific acupuncture intervention methods. Therefore, due to the limitations of the length and research volume of a single article, further specialized research on subgroup analysis is needed in the future.

Furthermore, as you said, the efficacy of acupuncture combined with other therapies may not be solely attributable to acupuncture, but may also benefit from combination therapies. However, in such studies, the effect of acupuncture cannot be ignored. In addition, according to such studies, almost all of the control groups in the studies were simply using the combination therapies, while the research group added acupuncture treatment on this basis, which further demonstrated the effectiveness of acupuncture, and the scheme of such studies was more likely to clinical practice. However, conducting subgroup analysis on it may also be meaningful as it may uncover new knowledge.

Finally, thank you very much for providing relevant insights. I think this research progress is very interesting and can cleverly combine traditional Chinese medicine concepts with Western medicine insights, with profound significance.

In addition, the endorsement and encouragement you have extended to us are of paramount importance, serving as a catalyst for our continued pursuit of academic distinction. We express our deepest gratitude for the time, effort, and intellectual contribution you have made towards the enhancement of our scholarly endeavor.

We anticipate future opportunities for dialogue and collaboration with you, and we are hopeful that under your mentorship and with your support, we will be able to yield additional significant outcomes within the domain of Traditional Chinese Medicine research.

Disclosure

The author declares that there is no conflict of interest in this communication.

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