

A Commentary on Effect of Early-Intervention Acupuncture on Pain Relief Among Emergency Department Patients with Suspected Acute Renal Colic Due to Urinary Calculi: Study Protocol for a Randomized Clinical Trial [Letter]

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Dear editor

Recently, an article titled 'Effect of Early-Intervention Acupuncture on Pain Relief Among Emergency Department Patients with Suspected Acute Renal Colic Due to Urinary Calculi: Study Protocol for a Randomized Clinical Trial' published in the Journal of Pain Research, has captured our attention.¹ This randomized controlled clinical trial indicates that early acupuncture intervention can effectively alleviate pain symptoms in patients with suspected acute renal colic due to ureterolithiasis, thereby providing compelling evidence that acupuncture can serve as a safe and effective treatment for adults enduring acute renal colic. We sincerely commend the remarkable contributions of this study and wish to offer some constructive suggestions for consideration.

Firstly, as a randomized clinical trial, this study successfully avoids duplicating previous research while enhancing its findings' transparency and credibility. The innovative and significant nature of the theme establishes a solid foundation and potential influence for the application of acupuncture in addressing acute conditions within emergency settings, benefiting both academic inquiry and clinical practice.² However, the study is limited to specific timeframes and locations, which may not account for other potentially influencing variables, leading to certain biases in the results.

Secondly, the research evaluates the impact of early acupuncture intervention for pain relief in Emergency Department (ED) patients with suspected Acute Renal Colic due to Ureterolithiasis (ARCUC), marking it as a pertinent area worthy of further exploration. Nonetheless, the prolonged follow-up periods of the included randomized controlled trials (RCTs) might introduce potential biases, such as variations in patients' medication use and shifts in their overall health status, which could ultimately affect the study's outcomes.

Third, the acupuncture theory in traditional Chinese medicine (TCM) indicates that the choice of acupoints can affect its clinical efficacy.^{3,4} While the acupoints employed in the referenced RCTs were explicitly identified, this study failed to methodically clarify the selection criteria for these acupoints, did not provide an in-depth discussion regarding the rationale behind their selection, and neglected to conduct a comprehensive analysis of their clinical efficacy. Such omissions may influence the applicability of the findings of this study.⁵ We recommend that future studies undertake a stratified analysis based on the selection of acupoints.

In conclusion, we are very grateful for the work of Wang et al, as their research has made significant contributions to the early intervention of acupuncture in the field of suspected ureterolithiasis-induced acute renal colic in emergency

medicine. Our suggestions aim merely to enhance an already outstanding study. We look forward to more high-quality research in this area to further solidify the evidence-based efficacy of these treatments.

Disclosure

The authors report no conflicts of interest in this communication.

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