

# Efficacy of Moxibustion Smoke for Stage I Post-Stroke Shoulder-Hand Syndrome: Protocol for a Multi-Center, Single-Blind Randomized Sham-Controlled Trial [Letter]

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## Dear editor

We read with great interest the recent article “Efficacy of Moxibustion Smoke for Stage 1 Post-Stroke Shoulder-Hand Syndrome: Protocol for a Multi-Center, Single-Blind Randomized Sham-Controlled Trial”<sup>1</sup> published by Xiaonan Meng et al in the Journal of Pain Research. By reading this article attentively, I would like to share some thoughts and personal understanding to this article.

Firstly, most of the current research on moxibustion focuses on examining the clinical effects of heat rather than smoke generated from the combustion of moxa floss. In addition, there are few studies on the clinical effect of moxa burning smoke. This article connects moxibustion smoke with the treatment of post-stroke shoulder-hand syndrome for the first time, which is of great significance.

Secondly, smoke from conventional moxa with notable health risks and serious pollution in indoor air.<sup>2</sup> If it can be confirmed through a large number of prospective clinical trials that the amount of moxibustion smoke has no obvious relationship with the curative effect of MS. Further understanding the underlying mechanisms of action for the therapeutic effects of moxibustion and MS. It will be of certain significance to replace the conventional moxa with smokeless charcoal moxa in the treatment of this disease in the future. Therefore, this article has extraordinary significance.

However, some deficiencies in the design cannot be ignored. In this research, low MSC, medium MSC and high MSC three groups of subjects can identify the amount of smoke. Considering the primary outcome (VAS measurement) easily affected by the “Hawthorne Effect”.<sup>3</sup> Eventually, this can easily lead to untrue conclusions. I suggest that the author can refer to an article published by Witt et al<sup>4</sup> in the *Lancet* in 2005. The success rate of the single-blind method can be improved by subtly diverting the attention of the subjects.

Moreover, the moxibustion device used in this research is in direct contact with the skin. Given the heat generated by the combustion of moxa floss, it is easy to scald subjects' skin. To reduce the probability of adverse events, I suggest that the author can consider applying ointment at the selected acupoints, such as Vaseline ointment.

Therefore, if the author can further improve the research design and make it more scientific, the results of this study can be more convincing.

## Disclosure

The authors report no conflicts of interest in this communication.

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