Comment on “The short-term effect of acupuncture on different ocular blood flow parameters in patients with primary open-angle glaucoma: a randomized, clinical study”

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Dear editor

We read with great interest the recent study by Leszczynska et al, who investigated the efficacy of acupuncture on patients with glaucoma. However, we noticed some inaccuracies in the details of the acupuncture treatment in their study.

First, the abbreviations for all the acupuncture points mentioned were incorrect. They should be described according to international standard acupuncture nomenclature. In addition, a uniform alphanumeric code should be used to facilitate international communication on acupuncture. The international standard nomenclature of acupuncture points that were inaccurately mentioned in the paper are listed in the following Table 1.

Second, the locations of some acupuncture points in the paper were inaccurate. For instance, Figure 2 in the original text shows that PC6 is located on the anterior aspect rather than on the posterior aspect of the forearm. The authors also imprecisely stated that ST36 and GB37 are located on tuberositas tibiae and on the leading edge of the fibula above the lateral malleolus. According to international standards, ST36 is located on the anterior aspect of the leg, on the line connecting Dubi (ST35) with Jiexi (ST41), 3 B-cun inferior to ST35, in the tibialis anterior muscle, while GB37 is on the fibular aspect of the leg, anterior to the fibula, 5 B-cun proximal to the prominence of the lateral malleolus. On the basis of traditional Chinese medicine theory, the accuracy of acupuncture-point location influences the curative effect of acupuncture. Therefore, the clinical results of this study are untrustworthy.

Third, the needling sensation deqi, one of the key factors influencing acupuncture effectiveness, was not described in the course of acupuncture treatment. In accordance with Chinese medicine theory, the deqi sensation induced by needle insertion into the acupuncture point stimulates the transmission of qi through the acupuncture channels. Therefore, deqi should be mentioned when performing acupuncture operations.

Considering these inconsistencies, we find it hard to accept the authors’ conclusion that acupuncture may affect ocular blood flow in patients with glaucoma.

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Table 1  International standard nomenclature of acupuncture points that were inaccurately mentioned in the original text

<table>
<thead>
<tr>
<th>Inaccurate abbreviations in original text</th>
<th>International standard nomenclature</th>
</tr>
</thead>
<tbody>
<tr>
<td>BI2</td>
<td>BL2 (bladder meridian)</td>
</tr>
<tr>
<td>Ex3</td>
<td>EX-HN4 (extra points, head and neck)</td>
</tr>
<tr>
<td>SJ23</td>
<td>TE23 (triplet-energizer meridian)</td>
</tr>
<tr>
<td>Gi1</td>
<td>GB1 (gallbladder meridian)</td>
</tr>
<tr>
<td>Di6</td>
<td>SI6 (small-intestine meridian)</td>
</tr>
<tr>
<td>Gb37</td>
<td>GB37 (gallbladder meridian)</td>
</tr>
<tr>
<td>KG6</td>
<td>CV6 (conception vessel)</td>
</tr>
<tr>
<td>Pe6</td>
<td>PC6 (pericardium meridian)</td>
</tr>
<tr>
<td>Ma36</td>
<td>ST36 (stomach meridian)</td>
</tr>
<tr>
<td>Mi6</td>
<td>SP6 (spleen meridian)</td>
</tr>
</tbody>
</table>

Acknowledgments

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Disclosure

The authors report no conflicts of interest in this communication.

References

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Dear editor

We thank the authors for their comment on our manuscript
“The short-term effect of acupuncture on different ocular
blood flow parameters in patients with primary open-angle
glaucoma: a randomized, clinical study”.

First of all, we agree that the nomenclature in our manu-
script may not adhere to the international standard. However,
at this point we think this issue may be considered a minor
factor, since the location of the points does not change and is
independent of the nomenclature used. In future studies, we
may consider using the international nomenclature to avoid
misunderstandings. At this point, we thank the authors for
their constructive comment.

Second, we agree that acupuncture point PC6 is illustrated
wrongly in the figure, but it was correctly applied during
acupuncture treatment on the anterior aspect of the forearm,
so we can exclude a methodological mistake concerning the
treatment itself. All acupuncture treatments in our study
were performed by a certified and experienced acupuncturist.
All acupuncture points in the present study were well checked
prior to the inclusion of patients. As stated in the manu-
script, acupuncture points were selected based on studies by
Professor Gerhard Litscher of Graz (Austria), a renowned
expert of acupuncture in traditional Chinese medicine, who
has done extensive research on this field and who observed
marked increases of blood flow in the ophthalmic artery after
stimulation of certain acupuncture points in the facial region.
As such, our acupuncture points (including GB37 and ST36
[Ma 36 in our nomenclature]) were chosen exactly according
to his publications and his personal and oral recommenda-
tions. Therefore, our points are consistent with the needling
points shown in Figure 2 and described in the methods sec-
tion of Litscher et al.1 Also, ST36 was applied according to
Litscher et al’s description of one finger breadth away from
the anterior crest of the tibia and of course not directly on
the bone of the tuberositas.

At this point, we also refer to Litscher et al2 and Litscher.3
Based on your comment, we rechecked the acupuncture points
and also the figures and cannot find further inaccuracies.

The present study was conducted as a randomized,
“placebo”-controlled study with adequate sample size
investigating the effect of acupuncture on ocular blood flow
in glaucoma patients. We were able to show that the acu-
 puncture regimen used had some effect on choroidal blood
flow, which is in fact consistent with previous findings of
Takayama et al.4 Our preliminary results may serve as a basis
for further research, as data on this topic are still very limited.
Also, it has to be clarified which acupuncture points appear
to be the most suitable for the optimal effect on ocular blood
flow. At present, this issue is still unclear.

In consideration of the aforementioned arguments and in
awareness of our results, we believe that ocular blood flow is
affected by a specific acupuncture regimen and do not agree
with the authors’ comments.

Disclosure

The authors report no conflicts of interest in this
communication.

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