

Acupuncture for Smoking Cessation?: Commentary

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Dear Sir,

The acupuncture study by Kang et al. raises several concerns.¹ The authors define their study as a case-control study, however it does not fit the criteria of a case-control study because it is not retrospective. Its design is a non-randomized, controlled clinical study, and thus cannot fully address the authors' aim of "determining the effect of smoking cessation using acupuncture."

Regarding the group allocation, there is no mention of informed consent or the information the students were given before they participated in the trial. The authors should have clarified whether the students were aware of which intervention they would receive, and that one acupuncture treatment was specific and the other was not. The lack of these disclosures significantly impacts the outcome of the study and also raises ethical issues.

To ensure the validity of intervention in acupuncture research, the authors should have reported the acupuncture rationale, needling details, practitioner's background and details of the control interventions²; e.g., the treatment regimen in which ear acupuncture was given once a week for a month does not reflect common practices and this could have hampered the possible effect of acupuncture. For smoking cessation, ear acupuncture is usually repeated twice a week for at least 3 or 4 weeks³.

The authors reported there was no significant difference between the two groups using a repeated-measures ANOVA test without checking the difference between the two groups over time (week). Given that this is their main finding, care should have been taken for this analysis. If the interaction between group and time is significant, then the interpretation of the difference between the two groups makes no sense.^{4,5}

In conclusion, Kang et al.'s study seems to not only have failed to answer to its own hypothesis, but has also failed to add anything to our knowledge.

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Author Reply

First and foremost, I would like to thank you for your suggestions. Below are some responses that we hope will clarify our research.

In a broad sense, this study can be classified as a case-control study. However, more specifically it was a randomized controlled clinical study.

Prior to participating in this study, the students attended a lecture that introduced various methods of smoking cessation. Signed written consent was received by all participants and they were provided with the following information:

"Within the realm of acupuncture, there are many protocols available to help patients quit smoking. However, none of them have yet been fully accepted as being effective. One of the most popular procedures is the use of indwelling acupuncture. Although several acupuncture points are considered by some to be effective, their validity has not yet been proven by clinical studies. This study examines the validity of one such method."

Your concerns regarding participant's knowledge and consent of the study are quite valid. We hope that the aforementioned material alleviates those concerns.

Gillams et al. also reported that there was no significant difference between their control group and acupuncture treatment group when the control group was given acupuncture stimulation on the remote areas specifically corresponding to lung acupuncture points on the ear.

Regarding your concerns about the treatment regimen, the regimen we described in detail is the most popular and well-known procedure of indwelling ear acupuncture. The following sentence was included in the article and demonstrates the detailed procedure:

"Acupuncture, made from metal with adhesion paper for indwelling, was placed on both ears on an alternative basis, every week."

Fig. 1 and 2. Show the indwelling needle shape used, one of the most popular and widely used in acupuncture. As noted in the article, the needle was applied to one ear and left there for one week. At that time, it was removed and another needle was applied to a stimulation site on the subject's other ear. We have relevant experience in the area of indwelling ear acupuncture treatment, and its procedures are relatively simple to perform.

This study was a follow-up to:

Kang HC, Shin KK, Choo SH, Kweon HJ, Youn BB. The effects of acupuncture for treatment for

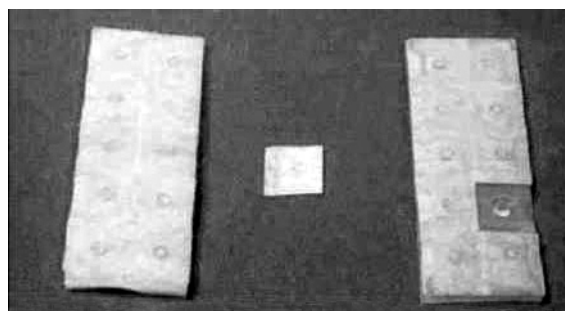


Fig. 1. Indwelling acupuncture set.

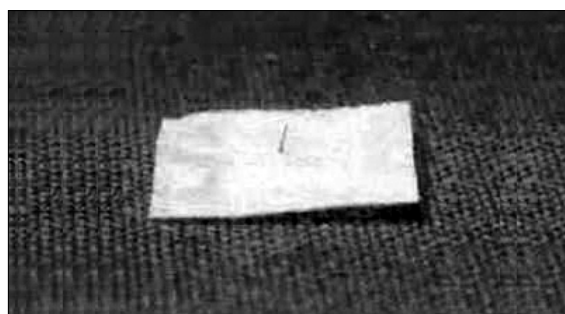


Fig. 2. A shape of indwelling acupuncture.

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The lack of interaction evaluation is a limitation of this study. We checked many variations in regards to successful smoking cessation, and failed to find any difference between the groups. However, in a clinical setting, we could not find the plausibility of such interaction. Regardless, we felt there was an influence on the desire to smoke and a corresponding reduction in cigarette consumption.

I sincerely hope that the above information adequately satisfies your concerns. Should you have any other queries or further suggestions please do not hesitate to contact us again. We thank you again for the interest you have shown in our study.

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