Complaint against British Acupuncture Council & 400+ acupuncture Websites

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(22 December 2016)

Introduction
This report highlights misleading advertising claims for acupuncture published on United Kingdom (UK) websites, identifies problems with acupuncture research, includes informed conclusions from experts from the UK, United States of America (USA), Canada, Netherlands, France, Greece, New Zealand and Australia and challenges claims that acupuncture is effective for pain.

Background
In 1996, a report written by Chinese clinicians was published by the World Health Organization (WHO). It claimed that acupuncture was clinically proven to be effective for a range of disorders and diseases and that it was effective for many illnesses. This report was re-endorsed by WHO in 2003 and a summary was linked to their website. Following correspondence with Professor John Dwyer AO, in March 2014, WHO removed that link.

In 2013, the UK Committee on Advertising Practice (CAP) website (Health: Acupuncture) issued guidance rejecting the majority of claims made in the WHO report, but stated "acupuncture could be effective in pain relief". In November 2016, the National Institute for Clinical Excellence (NICE) guideline [NG59] "On Low back pain and sciatica in over 16s: assessment and management" recommended that health practitioners "do not offer acupuncture for managing non-specific low back pain with or without sciatica".

UK Websites making false claims
Over 400 UK websites continue to refer to, or link to, the WHO and other outdated reports as evidence that acupuncture works (Appendix A). This includes the peak body for traditional acupuncturists, the British Acupuncture Council, with over 3000 members.

Acupuncture Research
The majority of studies show that the evidence is inconclusive or that the studies have methodological limitations (refer attachment "Cochrane & acupuncture- ASA"). This is supported by the informed conclusions of international experts (Appendix B).

Most researchers accept a placebo effect for acupuncture of up to 40% reduction in severity of symptoms, but most of this apparent benefit is probably a consequence of a statistical artefact, regression to the mean. It is therefore of no real benefit to patients. This renders invalid even the argument that acupuncture has value as a placebo.

It is well recognised among people who design clinical trials that the choices one makes/or made at the design phase have a great impact on the likely outcomes. Clinical trials which do not include a sham or control group are common in acupuncture studies.

Acupuncturists also undertake studies with no scientific validity in settings where high-quality studies have already failed. Equipment has now been designed so that acupuncture studies can be perfectly controlled in a double-blind manner – but this is not being utilised by proponents of acupuncture.

Conclusion
After much promise and extensive investigation, it is abundantly clear that there is no robust evidence-based support for the use of acupuncture for any disease or disorder. The majority of rigorously conducted acupuncture trials show no benefit. Any effect size (the quantity of benefit) is tiny. This has led to NICE’s rejecting acupuncture for pain.

Despite clear guidance from CAP, hundreds of UK acupuncturists continue to mislead patients, either directly or by linking to the now discredited 1996 WHO report.

Acupuncture is not without harms, although they are mostly related to expense, inconvenience, and opportunity cost, specifically in delay in diagnosis and in effective treatment.

One of the functions of CAP is to provide advice to advertisers that they need to hold robust evidence to support therapeutic claims for acupuncture.

I understand that CAP requires robust evidence for all claims made in advertising. I therefore request that guidance be issued to reject therapeutic claims for acupuncture until such time as a strong evidence-base can be produced to support any claims made for its safety and efficacy.
Appendix A

Reports documenting Images from 400+ UK acupuncture websites promoting unproven claims originally listed by World Health Organization (WHO) and now withdrawn by WHO because of their lack of quality evidence:


Appendix B

Informed conclusions from experts

I have requested informed conclusions on acupuncture from international experts including:
- Sir Richard John Roberts, English biochemist and molecular biologist, 1993 Nobel Prize in Physiology or Medicine
- Prof Nikolai Bogduk AM, Emeritus Professor of Pain Medicine, University of Newcastle, Australia
- Prof Asimakis Kanellopoulos, PhD MSc. Prof. Applied Physiotherapy, TEI Lamia, Greece
- Prof Lesley Campbell AM, MBBS, FRACP FRCP(UK), Senior Endocrinologist, Diabetes Services, St Vincent's Hospital, Professor of Medicine, UNSW. Laboratory Co-Head, Clinical Diabetes, Appetite and Metabolism, Garvan Institute of Medical Research, SVH, NSW, Australia
- Emeritus Prof Donald M. Marcus, MD, Professor of Medicine and Immunology, Emeritus, Baylor College of Medicine, Houston, USA
- Dr Michael Vagg, MBBS(Hons) FAFRM(RACP) FFPMANZCA, Consultant in Rehabilitation and Pain Medicine, Barwon Health. Clinical Senior Lecturer, Deakin University School of Medicine. Fellow, Institute for Science in Medicine, Victoria, Australia
- Prof Bernie Garrett, The University of British Columbia, School of Nursing, Vancouver, BC, Canada
- A/Prof David H Gorski, MD PhD FACS, surgical oncologist, Barbara Ann Karmanos Cancer Institute, Team Leader, Breast Cancer Multidisciplinary Team, Co-Leader, Breast Cancer Biology Program, Co-Director, Alexander J Walt Comprehensive Breast Center, Chief, Section of Breast Surgery, A/Professor, Surgery, Wayne State University School of Medicine, , and Professor (Honorary) Hanoi Medical University, USA
- Prof Carl Bartecchi, MD, MACP, Distinguished Professor of Clinical Medicine, University of Colorado School of Medicine, USA
- Prof David Colquhoun, FRS, Dept of Pharmacology, UCL (UK)
- Prof Edzard Ernst, MD PhD FMEdSci FSB FRCP FRCP(Edin), Complementary Medicine, Peninsula Medical School, UK
- Prof Marcello Costa FAAS. Matthew Flinders Distinguished Professor and Professor of Neuropysiology (2012), Professor of Neuropsychology, Flinders University, Australia.
- Emeritus Prof Alastair H MacLennan AO MB CHb MD FRCOG FRANZCOG. The Robinson Research Institute, The University of Adelaide, Australia
- Prof John M Dwyer AO PhD FRACP FRCPI Doc Uni(Hon) ACU. Emeritus Professor of Medicine, University of New South Wales. Founder of the Australian Health Care Reform Alliance. Clinical consultant to the NSW Government’s Inter-Agency committee on Health Care Fraud, Australia
- A/Prof Steven M Novella, clinical neurologist Yale University School of Medicine, Connecticut, USA
- Prof William M London, EdD, MPH, Department of Public Health, California State University, Los Angeles, USA
- Dr Steven Barrett, MD, retired psychiatrist, author, co-founder of the National Council Against Health Fraud (NCAHF), US
- Prof. Steven L. Salzberg, Ph.D., Bloomberg Distinguished Professor of Biomedical Engineering, Computer Science, and Biostatistics, Johns Hopkins University School of Medicine, USA
- Prof Christopher C French, Head of the Anomalistic Psychology Research Unit, Department of Psychology, Goldsmiths, University of London, UK
- Dr Cees Renckens MD PhD, gynaecologist, past president of the Dutch Society against Quackery, Netherlands
- Dr Alain Braillon. MD PhD. Senior consultant. University hospital, France
- Dr John McLennan, MBBS FRACP, Paediatrician, Vic
- Prof Shaun Holt, BPharm(hons), MBChB(hons), Medical Researcher, Victoria University of Wellington, NZ

According to Sir Richard:
"From everything I have read about acupuncture I have to conclude that the evidence for efficacy is just not there. I can believe it has a very strong and effective placebo effect, but if it really worked as advertised why are the numbers of successful outcomes so small when compared to treatments such as drugs that really do work. As a scientist, who likes to see proper experiments carried out so that the results can be judged with a rational analysis, the experiments I have read about just don’t..."
meet even a low bar of acceptability, I certainly do not believe it should be endorsed as an effective treatment by any professional scientific or medical body that values its reputation.”

According to Professor Bogduk:
"Although studies have shown that acupuncture “works”, the definition of “works” is generous. Most studies show minimal to no effect greater than that of sham therapy. Needles do not need to be placed at specific points; so, learning about meridians is not required. Effectiveness is marginally greater in those patients who believe in acupuncture or expect it to work. However, no studies have shown that acupuncture stops pain, while also restoring normal function and removing the need for other health care.”

According to Professor Kanellopoulos:
"According to the systematic reviews in the field of acupuncture, the benefits of the method, if any, are nothing more than a temporary placebo effect. From a scientific point of view, acupuncture is based on a theory, which has nothing to do with modern physiology and medicine. From a researcher’s point of view, any presented acupuncture effectiveness is due to methodological errors, data manipulation, statistical artefacts and (purposely?) poorly designed clinical trials in general. Finally, regarding the patient, any symptom’s relief comes from despair and post hoc fallacy. After decades of research and over 3000 clinical trials, any continuation of practicing, advertising, and research in the field of acupuncture is a waste of resources and puts the patients at risk, raising ethical issues for both science and society.”

According to Professor Campbell:
"Acupuncture holds great theatrical appeal through its dramatic and historical aspects, particularly to those who feel that conventional medicine has failed to offer pain relief or sufficient improvement in symptoms. However an extensive body of data now exists from rigorous approaches to testing the validity of its claims of benefit actually related to the placement of the needles and not to placebo effect. For example, most recently the beneficial effect achieved in relieving fatigue in Parkinson’s Disease (and there was one) was identical in a randomised controlled trial to that of placebo.”

According to Professor Donald M. Marcus:
"When trials of acupuncture for relief of pain of osteoarthritis of the knee or back pain include a sham acupuncture control, there is no clinically relevant difference in efficacy between the conventional and sham procedures. A number of sham procedures have been used, including toothpicks in a plastic guide tube in a study of back pain. It’s evident that relief of pain, and probably other complaints, by acupuncture is mediated by a placebo mechanism. Since there is no scientific evidence supporting its efficacy, medical insurance should not pay for acupuncture treatments. Moreover, it is unethical to deceive patients by providing a placebo treatment without disclosure.”

According to pain specialist Dr Vagg:
"Due to the lack of a scientifically plausible mechanism, and the poor quality of the bulk of the research concerning acupuncture in its many and varied forms, no credible body of pain medicine researchers or clinicians has endorsed any type of acupuncture as a recommended treatment for any identifiable group of patients with persistent pain. Moreover, there is no reason to suppose that further research of high quality will change this conclusion, given that high-quality, randomized and double-blinded studies have uniformly shown that any form of acupuncture is indistinguishable from placebo, making further research unwarranted.”

According to Professor Garrett:
"Current levels of evidence on acupuncture as a therapeutic intervention for any condition is very poor. Most studies reported are of very poor quality and are not reliable. Unfortunately, there is a strong element of propaganda in the dissemination of support for acupuncture in China, as it is a part of the Traditional Chinese Medicine supported by the government there. As such, much research has been demonstrated to involve data fabrication and extreme levels of confirmation bias. There are also strong ethical concerns about research involving acupuncture in China for anesthesia or other conditions where there is no established clinical theoretical basis for its use, and far better established therapeutics are available. Overall the current state of evidence on acupuncture is that the effectiveness of acupuncture as a treatment of any health condition remains unproven, and the only good quality trials have identified it has no better outcomes than placebo. Therefore, any claims of efficacy made against specific medical conditions are deceptive.”

According to Professor Gorski:
"Acupuncture seems to garner more belief because it seems more plausible. The reason is that, unlike many other alternative therapies, acupuncture actually involves a physical act, namely inserting needles into the skin. However, it is also the case that the more acupuncture has been studied, the more it has become clear that it is, as David Colquhoun and Steve Novella put it, nothing more than a theatrical placebo. Indeed, as acupuncture is more rigorously studied in randomized clinical trials with proper controls and proper blinding, the more its seeming effects disappear, so that it becomes indistinguishable from placebo. Nor is it without risk, either. Recommending acupuncture to treat any condition is, from an ethical and scientific view, indefensible.”
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According to Professor Bartecchi:
"Acupuncture has no medical value other than that of a placebo. Acupuncture as viewed by many of us in academic medicine is merely an elaborate, theatrical placebo, a pre-scientific superstition which lacks a plausible mechanism. It really fits the bill as an alternative medicine hoax."

According to Professor Colquhoun:
"After over 3000 trials, some of them very well designed, there is still argument about the effectiveness of acupuncture. If that were the case for a new drug, it would long since have been abandoned. The literature suggests that acupuncture has only a small and variable placebo effect: too small to be of noticeable benefit to patients. Most of its apparent effects result from a statistical artefact, regression to the mean. The continued use of acupuncture probably arises from the lack of effective treatments for conditions like non-specific low back pain. That cannot be justified. Neither is it worth spending yet more money on further research. The research has been done and it failed to produce convincing evidence."

According to Professor Ernst:
"The current evidence on acupuncture is mixed. Many trials are less than rigorous and thus not reliable. Much of the research comes from China where data fabrication has been disclosed to be at epidemic levels; it would therefore be a mistake to rely on studies from China which almost invariably report positive results. If we account for such caveats and critically review the literature, we arrive at the following conclusions:
- Acupuncture is clearly not free of risks, some of which are serious;
- The effectiveness of acupuncture as a treatment of any condition remains unproven, and
- The current research in this area is mostly pseudo-research aimed at promoting rather than testing acupuncture."

According to Professor Costa:
"Acupuncture as a part of Traditional Chinese Medicine is not based on science simply because, as for all pre-scientific medicines, whether Greco-Roman-European, Indian or any other, none are founded on any evidence. As a Neuroscientist, I teach medical and non medical students the very foundations of how the nervous system works and how sensory stimulation affects the brain. There simply is no evidence that twiggling the skin with needles or, for that matter with toothpicks, does any more than create an expectation to feel better. This is the well-known placebo effect. Selling placebos under the disguise of medicine is totally unethical."

According to Professor MacLennan:
"Acupuncture is elaborate quackery and like many placebos sold by those without responsibility for or knowledge of the wide range of health disorders and disease it can be dangerous. Dangerous because acupuncture may delay correct diagnosis and therapy, dangerous because it may delay possible evidence-based therapies and allow progression of disorders present and dangerous because it sucks limited health resources from the community. Acupuncturists derive their income from elaborate subterfuge, taking advantage of the gullible unwell who are desperate, uneducated and seek a magic cure. If there is a placebo effect it is usually temporary, and eventually disappointment from lack of long term effect may lead to secondary depression in the patient."

According to Professor Dwyer:
"Modern understanding of human anatomy and the distribution and function of the components of the human nervous system make a nonsense of theories that suggest there are invisible meridians criss-crossing the body wherein there are trigger spots which, when stimulated, can produce an array of benefits remote from that site. Scientists however, while dismissing the pre-scientific explanations offered by traditional Chinese medicine, have sought other reasons why acupuncture might provide clinical benefits particularly the relief of pain. Numerous theories have been addressed by numerous studies with many being conducted using disciplined scientific methods. The conclusions leave us with no doubt that acupuncture provides the scenario for a superb theatrical placebo; no more."

According to Dr Novella:
"Pain is a big problem. If you read about pain management centers, you might think it had been solved. It has not. And when no effective treatment exists for a medical problem, it leads to a tendency to clutch at straws. Research has shown that acupuncture is little more than such a straw. It is clear from meta-analyses that results of acupuncture trials are variable and inconsistent, even for single conditions. After thousands of trials of acupuncture and hundreds of systematic reviews, arguments continue unabated. In 2011, Pain published an editorial that summed up the present situation well."

According to Professor London & Dr Barrett:
"The optimistic article by Vickers et al did not consider an important point. Research studies may not reflect what takes place in most acupuncturist offices. Most acupuncturists are graduates of “oriental medical schools,” where they learn about 5-element theory, “energy” flow through meridians, and other fanciful traditional Chinese medicine (TCM) concepts that do not correspond with scientific knowledge of anatomy, physiology, or pathology. Practitioners of TCM typically rely on inappropriate diagnostic procedures (pulse and tongue diagnosis) and prescribe herbal mixtures that have not been sufficiently studied. Diagnoses based on TCM such as “Qi stagnation,” “blood stagnation,” “kidney Qi deficiency,” and “yin deficiency”
may not jeopardize patients who are treated in an academic setting, where they have received a medical diagnosis before entering the study. But what about people with conditions that TCM-trained acupuncturists are not qualified or inclined to diagnose? Real-world evaluations of acupuncture should also consider the cost of unnecessary treatment.”

According to Professor Salzberg:
"Acupuncture is a pre-scientific practice that persists only because of relentless and often very clever marketing by its proponents. The claimed mechanisms by which acupuncture works are clearly and obviously false: modern physiology, neurology, cell biology, and other scientific disciplines explain how pain signals are transmitted in the body, and none of them support the supposed "qi" or energy fields flowing along “meridians,” as acupuncturists describe them. Hundreds of scientific studies have shown that acupuncture doesn't work for any medical condition. Acupuncture proponents ignore the evidence and persist, primarily because they profit from their practices. There are also documented risks of complications from acupuncture, ranging from infections to punctured lungs. For these and other reasons, recommending acupuncture for any patient is simply unethical. Acupuncturists make profits by putting patients at risk.”

According to Professor French:
"Acupuncture has been extensively evaluated with respect to its possible therapeutic effectiveness for a wide range of disorders. The overall conclusion from meta-analyses of such studies is that any beneficial effects reported are small in terms of effect size and probably best accounted for in terms of statistical artefacts and placebo effects, etc. In general, the higher the quality of the study, the less likely are any beneficial effects to be reported. In light of this, it would be unwise and unethical to recommend acupuncture as the treatment of choice for any condition.”

According to Dr Renckens:
"In 1683 the Dutch physician Willem ten Rhijne published the first book in the western world in which the word ‘acupuncture’ was mentioned, which referred to – as the Dutch title of the book was – ‘The Chinese and Japanese way of curing all diseases and especially the podagra by burning moxa and stabbing the Golden Needle’. This exotic treatment did not gain any popularity in the Netherlands and was mainly ridiculed. This heavenly situation remained unchanged until Nixon’s trip to China (1972) and the ‘successful’ acupuncture-treatment of the journalist James Reston of the New York Times. His story in that influential newspaper caused worldwide interest in acupunctures possible benefits. Also in the Netherlands and as early as 1989 a series of systematic reviews on the efficacy of acupuncture in a number of diseases was published in the Huisarts & Wetenschap, a journal of GP’s in the Dutch language (Ter Riet et al. H&W,1989;32:308-312). Their final conclusion was: ‘the main achievement of Chinese acupuncture is to have discovered a number of spots on the human body into which needles can be safely inserted’. The huge amount of scientific research into acupuncture has since been unable to undermine this right conclusion.”

According to Dr Braillon:
"No discrimination! The US Federal Trade Commission announced that homeopathic drugs should "be held to the same truth-in-advertising standards as other products claiming health benefits"; very soon, homeopathic products will include statements indicating: “There is no scientific evidence backing homeopathic health claims” and “Homeopathic claims are based only on theories from the 1700s that are not accepted by modern medical experts.” In Australia, the Royal Australian College of General Practitioners formally recommended GPs to ban homeopathic products from their prescriptions and pharmacists to ban them from their shelves. The same should be required for acupuncture.”

According to Dr McLennon:
"Despite claims for effectiveness, there have been very few studies of acupuncture on children that have confirmed significant benefits. Conditions such as headache, abdominal pain, bed wetting and fibromyalgia and behaviour problems such as ADHD have been investigated. More trials with better structure have universally been recommended. A double blinded trial on the treatment of headaches with laser acupuncture illustrates the problems. The number of patients was quite small (21 in each arm), the diagnoses were reasonable medically but required rediagnosis to fit Traditional Chinese Medicine criteria and treatments were individualised based on these diagnoses. It was not made clear whether the patients were completely blinded i.e. unaware they received active treatment or placebo. Until blinding can be guaranteed, trials of acupuncture will remain inconclusive.”

According to Professor Holt:
"Unlike some alternative therapies, acupuncture has been extensively studied for many medical conditions and a summary would be that the higher the quality of the study, the less likely it is that a benefit other than a placebo effect is found. Studies have shown conclusively that a key aspect of acupuncture, putting needles into energy lines for medical benefits, is not true, and the same effect is elicited wherever the needles are placed. Acupuncture is not a science-based practice, can cause side effects and is not recommended for any medical condition.”