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LETTER

The Effectiveness of Acupuncture on Myofascial Trigger Points Versus Traditional Chinese Medicine Acupoints for Treating Plantar Fasciitis With Low Back Pain: A Study Protocol for a Randomised Clinical Trial [Letter]

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Dear editor

The Effectiveness of Acupuncture on Myofascial Trigger Points Versus Traditional Chinese Medicine Acupoints for Treating Plantar Fasciitis with Low Back Pain: A Study Protocol for a Randomized Clinical Trial,[1] an article published in the Journal of Pain Research investigated the efficacy of acupuncture at trigger points and traditional acupoints in patients with plantar fasciitis accompanied by low back pain. By comparing these two needling techniques, the authors provided novel insights into integrative Chinese-Western medicine. We value the authors' research but identified limitations that warrant discussion and refinement to ensure the safety and efficacy of trigger point acupuncture in clinical practice.

Participants were recruited from a single hospital in Guizhou. Their regional and ethnic homogeneity may limit the generalizability of the findings. Genetic and environmental factors were not considered in the analysis. Clinical research should be scientific and generalizable to ensure the reliability of the results and their clinical applicability.[2] This issue can be addressed by conducting multicenter, large-sample studies encompassing populations from diverse regions, climates, and lifestyles. Stratified randomization can control confounding variables (such as body mass index and activity level) to enhance the results' universal applicability and translational value.

Because acupuncturists cannot be blinded, the inherent subjectivity in the treatment techniques may introduce bias when standardizing parameters such as needle depth, stimulation intensity, and manipulation techniques such as rotation or lifting-thrusting between the traditional acupoint and trigger point groups is difficult.[3] The study exclusively compared the two acupuncture techniques without introducing sham or conventional treatment groups (eg, physiotherapy). The omission of a control group makes it challenging to differentiate between the specific effects of acupuncture and the placebo effect. Future studies should optimize the blinding design. Sham acupuncture control using non-penetrating needles or needling at locations distant from recognized acupoints/trigger points should be incorporated to minimize placebo effects, enhancing the scientific rigor and credibility of the results.

The numerical pain rating scale was used as the primary outcome measure. This highly subjective metric is susceptible to patients' emotions, perceptions, and individual differences, which may have affected the stability and reliability of the results. The absence of objective measures such as imaging or biomarkers makes it challenging to verify changes in the tissue structure or physiological functions caused by needling.[4] Although plantar fascia thickness (assessed via ultrasound) was included as a secondary outcome, future research can improve scientific rigor by adding

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MRI to quantify the degree of inflammation and by measuring blood inflammatory markers, such as IL-1, IL-6, and C-reactive protein, providing a comprehensive basis for evaluating treatment efficacy.

Although this study presents a valuable framework for using acupuncture to treat plantar fasciitis with low back pain, its limitations must be acknowledged. Future research should refine the study design through interdisciplinary collaboration and explore individualized treatment parameters aligned with precision medicine principles. We look forward to the emergence of high-quality evidence that will support the inclusion of acupuncture in international clinical guidelines, ultimately improving patients' pain management and functional rehabilitation.

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Disclosure

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