LETTER

Analysis of Acupoint Selection Rules for Guasha Treatment of Primary Headaches Based on Data Mining [Letter]

Tianai Shi, Zili Liu [ID]

Department of Acupuncture and Moxibustion, The Second Affiliated Hospital to Yunnan University of Traditional Chinese Medicine, Kunming, People's Republic of China

Correspondence: Zili Liu, Department of Acupuncture and Moxibustion, The Second Affiliated Hospital to Yunnan University of Traditional Chinese Medicine, 161 Dongjiao Street, Guandu District, Kunming, Yunnan, 650000, People's Republic of China, Email 2395818725@qq.com

Dear editor

We express our keen interest in the manuscript by Zhang et al,[1] which explores the application of data mining techniques in Guasha therapy for primary headaches. The study provides valuable insights into acupoint selection, potentially enhancing the effectiveness of Guasha treatments. While the work commendably bridges data science and traditional Chinese medicine, we propose several improvements to enhance its precision and impact.

Firstly, while the authors have utilized multiple databases in both Chinese and English for their literature retrieval, we recommend the inclusion of the Chongqing VIP database. This database is a major repository that contains a wealth of Guasha-related reports, which could provide additional relevant studies and enhance the comprehensiveness of the research.

Secondly, the authors incorporated "primary headache" as a English search term. However, it is important to recognize that primary headaches include various subtypes such as tension headache, cluster headache, and trigeminal autonomic headache.[2] If these specific terms are included in the search strategy, the research results can be more accurate and comprehensive.

Thirdly, regarding the exclusion criteria, the study did not exclude Guasha studies that showed poor outcomes compared to the control group. If the aim of the reseach is to comprehensively evaluate the overall efficacy of Guasha therapy, it is not necessary to exclude studies with poor outcomes. However, the author's research objective is to analyze Guasha acupoints demonstrating therapeutic benefits. Therefore, only acupoints of Guasha showing therapeutic effects should be analyzed and patterned. Figure 2 (the title might be misspelled, it should be "flow", instead of "fow") indicates that studies with a quality rating of C or lower were excluded, yet the specific criteria for exclusion were not explicitly stated in the paper. Moreover, the author excluded studies lacking explicit detail on Guasha acupoints. Since Guasha researches often focus on meridian pathways, all acupoints along these pathways should be considered in the analysis, even if not directly mentioned in these researches.

For the inclusion criteria, the author only indicated that the clinical studies were included for analysis, but Figure 2 also included pilot studies, empirical reports and case reports, which did not strictly meet the definition of clinical studies. Therefore, the inclusion criteria may need to be modified.

Finally, if the included studies combine main acupoints with secondary acupoints for various TCM syndromes or associated conditions, the authors should detail the extraction process for acupoint data more explicitly.

In conclusion, the manuscript by Zhang et al is a valuable contribution to the field of Guasha research. By enhancing the literature screening, refining data analysis, and focusing on future research priorities could boost its scholarly impact. The author's comprehensive discussion combining traditional Chinese and Western medicine perspectives is undoubtedly commendable. We look forward to more high-quality research results in this field.

Funding

Disclosure

The authors have no conflicts of interest to declare for this communication.

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