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LETTER

Fu's Subcutaneous Needling Combined with Kinematic Acupuncture versus Electroacupuncture in the Treatment of Cervical Spondylotic Radiculopathy: A Randomized Controlled Trial [Letter]

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Dear editor

We read with great interest the research paper titled "Fu's Subcutaneous Needling Combined with Kinematic Acupuncture versus Electroacupuncture in the Treatment of Cervical Spondylotic Radiculopathy: A Randomized Controlled Trial" by Lin et al, published in *Journal of Pain Research*.[1] This study, through a randomized controlled trial design, compares the efficacy of Fu's subcutaneous needling combined with kinematic acupuncture versus electroacupuncture for treating cervical spondylotic radiculopathy (CSR), providing valuable clinical evidence for the optimization of acupuncture therapies. However, after carefully reviewing the study, we believe there are several methodological issues worth discussing in detail. These issues may impact the interpretation of the results and their broader applicability, and we would like to engage in a dialogue with the authors on these concerns.

Generalizability Challenges of a Single-Center Design

As a single-center randomized controlled trial, this study provides valuable data on Fu's subcutaneous needling combined with kinematic acupuncture for CSR treatment. However, the results may be limited by regional differences in clinical practice and the specific characteristics of the patient population, which could affect the generalizability and clinical translational value of the conclusions.[2] Moreover, while the use of electroacupuncture as a positive control is methodologically sound, the absence of a placebo control (eg, non-penetrative sham acupuncture) and a comparison with conventional treatments (eg, NSAIDs or physical therapy) is a significant limitation. This gap prevents the study from distinguishing whether the observed clinical improvements are due to the specific therapeutic effects of the treatment or non-specific placebo effects.

Potential Risks from Sample Size Effects

Although the study conducted a sample size calculation, only 79 participants completed the trial (with one dropout in the subcutaneous needling group). This may reduce the statistical power for detecting secondary outcomes, such as the hand numbness score during follow-up (P=0.302). We recommend performing a post-hoc power analysis to verify the statistical strength of the findings.

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Unresolved Questions Regarding Efficacy Durability

Cervical spondylotic radiculopathy, being a chronic degenerative condition, is influenced by long-term factors such as lifestyle and occupational posture.[3] As such, the one-month follow-up period in the study is relatively short. We suggest extending the follow-up duration to 6–12 months to better assess the long-term efficacy and recurrence rates of the treatment.

Hidden Challenges and Safety Assessment

While the study describes the randomization method (sequence generated by SPSS), it does not provide details regarding the allocation concealment process (eg, whether sealed envelopes were independently managed). In terms of safety, only one dropout due to pain is reported. We recommend including a more comprehensive adverse events table (eg, needle breakage, hematoma incidence) to thoroughly assess the treatment's risk profile.

Conclusion and Suggestions

This study offers a new perspective on acupuncture for CSR treatment, but it still has several limitations. Future research should incorporate multi-center designs, extend follow-up periods, and use objective indicators to further validate the conclusions. Additionally, standardizing operational parameters and conducting stratified analyses based on Traditional Chinese Medicine syndrome differentiation would help optimize personalized treatment strategies.

Disclosure

The authors report no conflicts of interest in this communication.

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