


Exploring the Potential Benefits of Acupuncture for Dysmenorrhea [Letter]

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Dear editor

I recently read the article “Dysmenorrhea, a Narrative Review of Therapeutic Options”,¹ I commend the authors for their comprehensive and informative overview of the pathophysiology and treatment options for dysmenorrhea. Their contribution to the field is invaluable.

However, I noticed that while the authors discuss the use of acupuncture as a potential treatment for dysmenorrhea, they primarily rely on an earlier Cochrane review² as their source of evidence. Given the rapid advancements in acupuncture research in recent years, it would be beneficial to supplement this discussion with more up-to-date findings from recent systematic reviews and randomized controlled trials (RCTs).

Recent developments in acupuncture research for primary dysmenorrhea have showcased three pivotal studies, prominently contributing to a deeper and more refined understanding of its efficacy. Liu et al³ conducted a systematic review and meta-analysis incorporating 13 RCTs with 675 participants, demonstrating that acupuncture and moxibustion surpassed controls in managing dysmenorrhea, as evidenced by significant improvements in both Visual Analog Scale (VAS) and Cox Menstrual Symptom Scale (CMSS) scores. This underscores the potential analgesic advantages of these traditional modalities.

Building upon this foundation, in 2024, Chen et al⁴ conducted a comprehensive network meta-analysis of an impressive 70 RCTs, encompassing 5772 patients and examining 25 diverse acupuncture techniques. Their findings revealed massage therapy combined with acupoint patching, acupuncture coupled with acupoint patching, and acupoint patching alone to be the most efficacious treatments for enhancing clinical outcomes and mitigating pain scores in primary dysmenorrhea. This study further diversifies the therapeutic landscape by highlighting the potential benefits of integrating various acupuncture-based interventions.

Recognizing the significance of the placebo effect in acupuncture trials, Sun et al⁵ conducted a meta-analysis of 13 RCTs, specifically investigating the placebo response to sham acupuncture in patients with primary dysmenorrhea. Their analysis documented a substantial placebo response, particularly for pain relief, and identified key factors associated with a diminished placebo effect, such as using blunt-tip needles and studies with a lower risk of bias. This insight underscores the importance of considering the placebo response when interpreting acupuncture outcomes and emphasizes the need for rigorous methodology in future trials.

Collectively, these studies underscore the potential therapeutic value of acupuncture and related techniques in managing primary dysmenorrhea while also highlighting the complexities involved in assessing their true efficacy. As the field continues to evolve, it becomes increasingly crucial to integrate such diverse findings into a coherent narrative that informs both clinical practice and future research endeavors.

Integrating these recent advancements into the article would fortify the discourse on acupuncture and offer readers a more contemporary and nuanced perspective on its potential benefits and limitations in managing dysmenorrhea. While acupuncture may not currently occupy a first-line position in treatment protocols, it emerges as a valuable complementary and alternative therapy, particularly resonating with those adhering to Eastern traditional medicine principles.

Acknowledging acupuncture as an additional therapeutic avenue underscores the expanding evidence base that portends a promising future for its potential impact. Given the inherent challenges in standardizing trials, ongoing efforts to enhance research quality and reporting rigor are paramount. Incorporating these insights into the article fosters a broadened view of acupuncture's role, spurring further exploration and potential optimization within clinical practice, ultimately benefiting current and future readers and researchers.

Funding

The author received no financial support for this communication's research, authorship, and publication.

Disclosure

The author declares that there is no conflict of interest in this communication.

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