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LETTERS TO THE EDITOR

Clinically meaningful nocebo effect in acupuncture?



The conclusion of Kooga et al. [1] that "the nocebo effect of acupuncture is clinically meaningful and the rate of patients with any adverse event may be a more appropriate indicator of the nocebo effect" deserves some comments.

First, opposing placebo and nocebo is a misconception. Indeed, conditioning and expectations are the main factors triggering a response, whether positive or negative. It is the cognitive information itself, which produces the response, for both the level and the direction [2]. If you place a placebo into a person's drink without telling him, it does not work!

Second, the selection of the trials is a limitation as subjectivity is present in most cases. Kooga et al. analyzed 31 and 39 trials, reporting adverse events and dropouts, respectively. However, allocation concealment was present in only 26 and patients blinding in only 15 (Table 1 of Kooga et al. [1]). Could they provide results when selecting trials, which meet these both basic conditions.

Finally, although statistically significant, how could the small difference they observed for adverse events be clinically relevant? Even the small analgesic effect of acupuncture seems to lack clinical relevance and cannot be clearly distinguished from bias [3].

Placebos do not have clinically meaningful objective effects: the subjective patient-reported alleviation is not significant, being observed in only one-third of the trials and only under certain conditions. Placebo is Latin for "I will please"; the doctor's duty is not to please but to help. There is no need for placebos to provide reassurance, comfort, and hope. Several factors are pivotal in establishing and maintaining relationships with patients: patience, openness, attentive listening, trust, sharing authority, and commitment. No placebo can replace them [4].

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Response to letter: Nocebo and placebo effects may not be separate in acupuncture



However, Dr. Alain Braillon argues that, although placebo and nocebo are not separate effects, we took a different attitude toward these two effects in our study [1]. We believe that this argument has arisen from his misconception of our article. Theoretically, patients receiving an inert substance should not present any change in symptoms. Nevertheless, in randomized placebocontrolled trials in which allocated treatments are concealed, patients treated with a placebo often show positive health outcomes and sometimes complain of negative outcomes. Clearly, these responses do not occur without patients' cognition. In this respect, we agree with the opinion of Dr. Alain Braillon that "it is the cognitive information ... which produces the response" [1]. Of these responses, we focused on the negative ones and found a significant nocebo effect in acupuncture. Besides considering previous findings of a placebo effect with acupuncture

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