

Acupuncture and multiple sclerosis

To the Editor: The recent widespread publicity of acupuncture has included statements that this technique could have a beneficial effect on multiple sclerosis and even that it could cure the disease. This has led many patients with this disease to seek acupuncture treatment. Since the treatment is not readily available some have tried to obtain it at all costs, even from questionable sources.

Although we were unable to find in the literature any reports of well documented cases where acupuncture had been successful, we undertook to treat eight patients with multiple sclerosis by using this technique. The patients who consented to the trial had a well established diagnosis and had been selected by neurologists who examined each patient after a course of treatment. Acupuncture was performed by a family-trained acupuncturist from Hong Kong who is presently working as a research associate with the Department of Anaesthesia of the University of Western Ontario, and a Taiwan-trained acupuncturist who is a student at the University of Western Ontario.

Of the three patients treated by the acupuncturist from Hong Kong, one showed some functional improvement initially, claiming to have gained a better sense of balance and the ability to walk without a cane. There was improvement in his ability to perform certain tasks such as climbing stairs and he even started to take up golf again. However, subsequent treatments (over 30 in a six-month period) did not produce any further improvement. A neurological examination revealed no difference in the patient's condition or in his functional level when compared to his level before acupuncture treatment. When the treatment was discontinued the functional improvement regressed. The second patient, with 25 treatments in four months, showed similar but less dramatic functional improvement which regressed after the treatment was discontinued. The third patient who received 23 treatments in

four months, showed virtually no change. Neurological examination of the patients before and towards the end of the course of treatment showed no change in the signs and symptoms of the disease and no objective functional improvement.

Five patients with multiple sclerosis were treated by the Taiwan-trained acupuncturist. These patients have had multiple sclerosis between 5 and 23 years. Three of them were permanently confined to wheelchairs because of lower limb weakness. The predominant symptom in one was ataxia and one had weakness confined mostly to one leg.

Each of these patients was given between 9 and 28 acupuncture treatments over a period of three months. The number of treatments was determined by the severity of the disease. Two of the patients were initially treated in a control fashion, that is, by the insertion of needles without electrical stimulation. One of the patients was then treated with the regular acupuncture technique.

In none of the patients was there any objective improvement. Most of them including those treated without electrical stimulation had some temporary subjective improvement at the beginning of treatment. There was no clear-cut improvement either in strength of individual muscle groups or in functional capacity. Two of the patients reported that they were having less in the way of urinary symptoms but this could not be confirmed by objective assessment.

From this trial in two small groups of patients treated and observed independently of each other, we have concluded that there is no evidence that acupuncture has any effect on the disease process producing multiple sclerosis. In some patients there may be transient functional improvement and a feeling of well-being; however, we have not observed any lasting functional improvement which would, in our opinion, warrant continuation of the trial.

In view of the scarcity of documented information about acupuncture,

particularly in relation to neurological diseases, we believe we should inform physicians of the impressions we have gained in these eight patients. Although we believe that acupuncture may be a valuable treatment for some medical conditions and deserves intense investigation and the attention of medical science, we have been unable to observe any lasting effects or changes in patients with multiple sclerosis that would justify the use of acupuncture in the management of this disease.

W. E. SPOEREL, M.D.
D. W. PATY, M.D.
A. KERTESZ, M.D.
C. Y. LEUNG, PH.D.

Departments of Anaesthesia and
Clinical Neurological Sciences
University of Western Ontario
London, Ont.

Dr. John Stewart Henry

To the Editor: The moving obituary of John Stewart Henry by Dr. Alan Ross (*Can Med Assoc J* 109: 912, 1973) brought back to our memories the essential role which he played in the early work on gynecological endocrinology carried on in collaboration with us in the 1930s.

We are reminded of his clear thinking, wise counsel, unflinching enthusiasm and steadfastness in carrying out the clinical and pathological aspects of these studies. In these ways he greatly contributed to the discoveries which were made regarding the nature of the excretion of urinary gonadotropins of pituitary and chorionic origin in the normal human menstrual cycle and pregnancy. Information on the excretion of estrogens and pregnanediol glucuronide was also broadened.

Most of this work was entirely new and original at the time. Later he contributed even more importantly to the extension of these studies to abnormal conditions: irregularities of the menstrual cycle, infertility, spontaneous abortion, toxemia of pregnancy, and the effect of hormonal treatment on them.

Entirely independently he conducted studies on uterine motility in the various stages of the menstrual cycle and