### Usefulness of Acupuncture and Hypnosis for Anesthesia

*To the Editor*: I enjoyed reading the exchange of views by Bartecchi[1] and Martin[2] regarding the article by Martin et al[3] on improvement of fibromyalgia symptoms with acupuncture. I am a retired anesthesiologist, but the first 20 years of my professional life were spent in general practice and general surgery. During that time, I used hypnosis for obstetric procedures and minor surgeries.

At the height of the Maoist period in China, a few Western physicians traveled to that large country. They visited operating rooms and filmed various minor and major surgical procedures in which patients underwent acupuncture for anesthesia. Each patient had Mao's little red book to read and reinforce control of pain with acupuncture techniques. When I attended a meeting where the films from this visit were shown, it was clear to me that roughly 10% of the patients experienced no pain relief but were "toughing it out," knowing the consequences if they were to repudiate the supposed benefit of their Great Leader's choice of anesthesia for them.

Applied to the general population, hypnosis has about the same percentage of success as acupuncture in inducing anesthesia. As I learned more about acupuncture and compared its effects to those of hypnosis, it seemed clear to me then, as now, that there really is no difference in the outcomes of the 2 techniques. That practitioners of either art would not see the relationship is not surprising. Few people fully appreciate the usefulness of both modalities when used in appropriately selected patients, eg, those susceptible to suggestion in the proper setting. There is no correlation between the acupuncture meridians and its usefulness, nor is there any reason to ignore the neuroanatomy as many devotees of acupuncture do so blithely in favor of ancient Chinese interpretations of why this art was so successful.

Most of us are susceptible to any form of "magic," even when applied to our particular field of endeavor. Observing a cesarean section performed while the patient chats with her hypnotist quickly reinforces how little we understand about the capacity of the mind to reroute pain. The same holds true for the skillful application of acupuncture by a trained "believer," whether using needles alone or applying a small electrical current to the needle as well.

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**1.** Bartecchi CE. Efficacy of acupuncture vs placebo [letter]. *Mayo Clin Proc*. 2006;81:1263.
**2.** Martin DP. Efficacy of acupuncture vs placebo [letter reply]. *Mayo Clin Proc*. 2006;81:1263.
**3.** Martin DP, Sletten CD, Williams BA, Berger IH. Improvement in fibromyalgia symptoms with acupuncture: results of a randomized controlled trial. *Mayo Clin Proc*. 2006;81:749-757.

*In reply*: We appreciate Dr Belshe's interesting observations about acupuncture and hypnosis. Although hypnotic suggestion and political coercion might have influenced clinical experience in Maoist China, we do not believe these were significant factors in our placebo-controlled trial of acupuncture for fibromyalgia. Nevertheless, we thank him for writing to share his experiences and views, which contribute to the discussion and debate regarding these modalities.

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### Giant Cell Arteritis and Polymyalgia Rheumatica

*To the Editor*: The excellent historical review on giant cell arteritis and polymyalgia rheumatica by Hunder[1] reminded me of the difficulties in deciding whether both conditions are 1 or 2 clinical entities.

An article coauthored by Hunder that was published in *Mayo Clinic Proceedings* 30 years ago[2] showed that in 28% of temporal artery biopsies, the lesions skip and are sometimes extremely limited, involving as little as 330 μm in a 2.5-mm arterial segment. Clearly, a negative biopsy result in the clinical setting of polymyalgia rheumatica does not exclude the diagnosis of giant cell arteritis. By the same token, normal temporal artery biopsy results do not exclude the presence of giant cell arteritis in other arteries.

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**1.** Hunder GG. The early history of giant cell arteritis and polymyalgia rheumatica: first descriptions to 1970. *Mayo Clin Proc.* 2006;81:1071-1083.
**2.** Klein RG, Campbell RJ, Hunder GG, Carney JA. Skip lesions in temporal arteritis. *Mayo Clin Proc.* 1976;51:504-510.

*In reply*: I thank Dr González for providing comments on the historical review of polymyalgia rheumatica and giant cell arteritis. Whether polymyalgia rheumatica and giant cell arteritis are manifestations of 1 disease or 2 linked entities was not satisfactorily answered by 1970, at which time the article ended its story, and has still not been answered. Most investigators now recognize that the 2 syndromes are closely linked processes, but why they may occur separately or together simultaneously or in tandem is unknown. The answer, when it becomes known, is likely to be complex and dependent on multiple factors.

Regarding the certainty that vasculitis is absent at a given time in a patient with symptoms of polymyalgia rheumatica or giant cell arteritis if a temporal artery biopsy and imaging tests yield negative results is also unknown. One difficulty is that, even with an improved understanding of these conditions as a result of recent elegant studies of their pathophysiology and the development of new imaging techniques, there is no way to examine the entire arterial tree to detect early arteritis involving a limited segment. Fortunately, while we await further advances, enough information about the clinical characteristics of these conditions has been gained during the past decades to help clinicians establish an early diagnosis and make decisions about therapy that will relieve patients' mus-