

# Pain Induced by Rheumatoid Arthritis and Acupoint Skin Resistance

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Dear Professor Andrasik,

I enjoyed reading a recent article by Turner et al. (2013) in your journal. The article was a comparison between the acupoint-skin resistance of patients with Rheumatoid Arthritis (RA) and that of healthy counterparts in which the skin resistance was found higher in the RA group; the authors concluded that the measurement of skin resistance at the acupoints can differentiate between the pain (RA) and the non-pain (healthy) groups. But, I would like to express my opinions on their interpretations.

## Link Between Skin Resistance and Diseases

The authors (Turner et al. 2013) did not measure the skin resistance at non-acupoints, thus it is uncertain whether the alternation of skin resistance is globally detectable over the patients' skin or specifically detectable only over the acupoints. Interestingly, researchers without the concept of "acupoint" specificity also found that relatively higher skin resistance with reduced sweat glandular activity in diabetic patients (Hoeldtke et al. 2001) and lower skin resistance in patients with cystic fibrosis (Quinton 2007). In fact, RA can cause thinning of the skin collagen and the resultant reduction in water holding capacity of the skin (Pitt et al. 1986), in turn, the skin resistance increases with the dermal water decreases.

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## Egg First or Chicken First

The study (Turner et al. 2013) was a cross-sectional and between-subject (patients with RA versus healthy subjects) comparison, it did not demonstrate the chronological order regarding the acupoint-skin resistance and the pain induced by RA, whether the increased skin resistance occurred prior to the pain or vice versa, thus the proposed link between the pain and the acupoint-skin resistance is purely a theory without direct evidences.

## Practical Application

The severity of RA can be effectively evaluated with blood tests and medical imaging (Ngian 2010); performing additional assessment (skin resistance) when looking for a single abnormality (pain induced by RA) may be questionable as more assessments are performed, the higher the chance of obtaining confusable and unnecessary results.

## Summary

It may not be a holistic interpretation if researchers only associate the ancient description of acupoints to the pain induced by RA because the anatomical and physiological explanations related to the acupoint-skin resistance should also be considered.

Regardless of my comments, Turner et al. (2013) presented an appealing study and I would not hesitate in recommending their article to anyone interested in the field of alternative medicine.

## References

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