

Response to “The Effect of Neiguan Point (P6) Acupressure With Wristband on Postoperative Nausea, Vomiting, and Comfort Level: A Randomized Controlled Study” from Lu et al



To the Editor:

In the captioned article, the authors concluded that the wristband P6 (Neiguan) acupoint is effective in preventing nausea and vomiting in the postoperative period and recommended its usage as an alternative to pharmacologic methods in the gynecologic surgery population.¹ We have read the article in detail and have the following concerns and suggestions from a practitioner’s point of view:

1. The International Standard Code of Acupoint “Neiguan” should be professionally represented as “PC6” instead of the simplified “P6.”² The proper description of its location, according to the traditional Chinese Medicine theory, should be “on the anterior aspect of the forearm, between the tendons of the palmaris longus and the flexor carpi radialis, 2 B-cun proximal to the palmar wrist crease,”³ or “one sixth of the distance from the distal wrist crease to the cubital crease”⁴ (Figure 1). The description of its location in the article “2-3 cm proximal to the distal wrist crease,”¹ in reality, is shorter than “2 B-cun” in normal adults.
2. The “Neiguan” acupoint is renown and has been widely used for preventing emesis (nausea and vomiting) after surgery and anesthesia as an alternative approach.⁵ However, according to our previous experiences, its effectiveness is limited to mild cases. In this research, we are much concerned that two cases have been excluded from the experimental group because of persistent postoperative nausea and vomiting (PONV).¹ From a statistical perspective, this is already a reporting bias. It is also vital that the severity of the PONV should be compared before any acupressure and antiemetic drug interventions. In the article, it

seems insufficient to assess “vomiting” using a Bernoulli distribution “yes/no vomiting,” or simply use a visual analog scale to describe “nausea intensity.” Currently, the most prominently used indices to classify and assess gagging severity are the Gagging Severity Index and the Gagging Prevention Index.⁶ Both of these scales use five descriptions to assess gagging, with one being a normal gag reflex and five being severe gagging that cannot be controlled. In our opinions, the severity of the PONV symptoms should be better assessed by the Gagging Severity Index or the Gagging Prevention Index, to truly determine the PC6 effectiveness in treating the more serious cases.

We sincerely hope that our recommendations can assist to attract more acupuncturists and



Figure 1. Location of Neiguan (PC6). Longxiang H. WHO Standard Acupuncture Point Locations in the Western Pacific Region (Chinese-English bilingual edition) [M]. Beijing: People’s Medical Publishing House, 2010.

practitioners' attention on this article and better reflect the effectiveness of PC6 for PONV in the medical industry.

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Conflict of interest: None to report.

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Reply from the Editor:

Thank you for your contributions and suggestions for our article.

1. As in the literature used,¹⁻³ pericardium 6 point (Neiguan) was shortened to P6 and is referred to as P6 in our article. Traditional Chinese Medicine theory was used for PC6 (P6) point location, and PC6 regional location was not explained in detail.
2. During the research, 2 patients were given antiemetic drugs for optimal benefit and removed from the research because they expressed that their nausea did not stop. Thus, harm was prevented for these patients. In the evaluation of postoperative nausea and vomiting, a visual analog scale was preferred because the Gagging Severity Index and Gagging Prevalence Index should be used after validity and reliability analysis, which would significantly extend this master's degree thesis process.

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