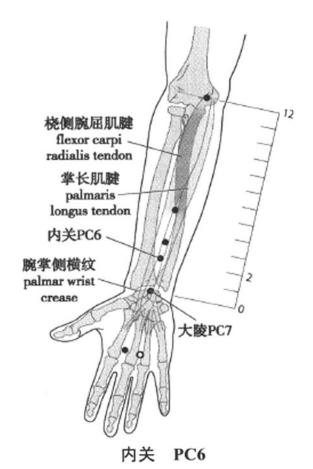
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## P6 Acupressure Effectiveness in Patients with Acute Vertigo

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Dear Editor:

WE READ WITH much interest the article by Marco Alessandrini and colleagues on the effectiveness of P6 acupressure on acute vertiginous patients. We appreciate the design of the study, including the collection of qualitative and quantitative nystagmus measures via recorded video-



**FIG. 1.** Location of neiguan(P6). Source: WHO Standard Acupuncture Point Locations in the Western Pacific Region[M]. Beijing, China: People's Medical Publishing House, 2010.

oculoscopy and electronystagmography. However, we noticed some inaccuracies in the text with regard to the description of acupressure technique. In the section reporting the acupoints chosen for the treatment of acute vertigo, the authors state that the P6 point is located three fingerbreadths from the wrist crease on the volar surface of the arm between the palmaris longus and the flexor carpi radialis. It should be noted that P6 is 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. Page 10 or 10 or

According to Traditional Chinese Medicine theory, the finger-cun measurement method refers to the proportional measurement method for locating acupuncture points based on the size of the fingers of the person to be measured. For the middle-finger cun, the distance between the ends of the two radial creases of the interphalangeal joints of the middle finger is taken as 1 F-cun when the thumb and the middle finger are flexed to form a circle. For thumb measurement, the width of the interphalangeal joint of the thumb is taken as 1 F-cun. For finger width measurement, when the index, middle, ring, and little fingers of the subject are extended and closed together, the width of the four fingers on the dorsal crease of the proximal interphalangeal joint of the middle finger is taken as 3 F-cun. Thus, three fingerbreadths is close to, but not equal to, 2 B-cun. The view in the article does not exist.

In conclusion, we underline the need for the utmost accuracy in the description of acupoints and for the use of universally accepted nomenclature in the conduct and interpretation of clinical trials.

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## **Disclosure Statement**

No competing financial interests exist.

## References

- Alessandrini M, Napolitano B, Micarelli A, et al. P6 acupressure effectiveness on acute vertiginous patients: a double blind randomized study. J Altern Complement Med 2012;18:1121–1126.
- 2. General administration of quality supervision, inspection and quarantine of the People's Republic of China, Standardization

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Administration of the People's Republic of China. Nomenclature and location of acupuncture points. Beijing, China: National Standards of the People's Republic of China, 2006.

- 3. Cheng X, ed. Chinese Acupuncture and Moxibustion. Beijing: Foreign Language Press, 1990.
- 4. World Health Organization. WHO Standard Acupuncture Point Locations in the Western Pacific Region. Manila, Phillipines: World Health Organization, 2008.

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