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PERSPECTIVE

Empirical versus Etiological Approaches in Oriental Medical Research

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Abstract
Although Oriental medicine, by nature, may be considered an etiology-based approach to healing, its role in modern research is primarily empirical. The absolute dependence on symptomatic presentation to establish acupuncture point selection goes against the grain of traditional Oriental methods, which emphasize pulse, tongue, and other diagnostic tools to determine the overall biological and psychological conditions of the patient. Recently introduced diagnostic methods in Oriental medical research indicate a potential shift from empirically to etiologically centered designs. This article reviews current mainstream approaches to efficacy trial designs and proceeds with the analysis of newer research models, such as a constitutional approach spearheaded in Korea by the field of four-constitutional medicine.

1. Introduction

An emphasis on empiricism in modern research has forced Oriental medicine to play a paradoxical role that contradicts its intrinsically holistic focus. The ancient medical teachings of the *Neijing*, for example, refer to an unskilled practitioner as one who addresses an illness after it has manifested, and a skilled practitioner as one who is dedicated to supporting health and preventing illness before it occurs [1]. Acupuncture, at its core, supports the natural healing processes of the body. Therefore, acupuncture needles are often inserted in areas of the body other than the site of injury, in order to target its root cause [2]. Diagnostic methods in Oriental medicine such as pulse and tongue diagnosis ascertain the ebb and flow of energy within the body to derive a protocol that supports its natural healing process [3]. Efficacy studies in acupuncture rarely take into account such etiological differences and therefore risk producing misleading results.

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Efficacy trials in acupuncture primarily focus on the implementation of empirically derived point locations that are indicated for the treatment of a given symptom. Zhang et al [4] offer just one example of this approach by observing the effects of acupuncture by inserting needles in local acupuncture points on the neck and head such as Baihui (GV 20), Wangu (GB 12), Fengchi (GB 20), Tianzhu (BL 10), and Neck-Jiaji (EX-B 2) to treat cervical headaches. As in most acupuncture efficacy trials, these authors did not indicate that a precise diagnosis was included and instead selected acupuncture points located along three acupuncture meridians, indicating three possible headache origins. This is an attempt to examine the effects of acupuncture for headaches related to any of the aforementioned three acupuncture meridians. The inclusion of Neck-Jiaji (EX-B 2), located adjacent to the spine, is also included to address a possible mechanical issue of the cervical vertebrae. This shot-in-the-dark approach and scattershot strategy go against the grain of traditional Oriental Medical diagnosis, which aims to pinpoint headache etiology through specific time-tested analytical techniques. The authors' method may be compared with prescribing several medications for an undiagnosed illness with the hope that one will eventually take effect. Although this protocol may provide some relief, without addressing headache etiology, there is no guarantee that symptoms will not return.

2. Etiology and Oriental medicine

Etiology-based approaches to acupuncture utilize point locations that address organ-related imbalances to reduce pain and encourage healing. Headaches, according to the principles of Oriental medicine, are commonly related to energetic imbalances of the stomach and liver meridians, and less often due to other organ-related etiologies. Points such as Taichong (LR3) and Xingjian (LR2), which are located between the first and second metatarsals along the liver meridian, are often selected to treat liver-related headaches, and Xiangu (ST43) and Neiting (ST44), which are located between the second and third metatarsals along the stomach meridian, are selected for stomach-related headaches [5]. At present, there are several etiology-based acupuncture approaches practiced in Korea, which involve the use of distal points located along the meridians of the arms and legs, to address headaches and other imbalances revealed through five-element-based diagnosis [6]. A recent study involving one of the aforementioned acupuncture methods suggests that distal, etiology-based acupuncture points play a significant role in reducing headache, trigeminal neuralgia, and retroauricular pain in facial palsy [7]. This study also portrays how the incorporation of etiology-based acupuncture points in headache treatment may address both organ-related imbalances and their symptomatic manifestations. Another study, involving the use of distal acupuncture points, selected according to meridian-based etiology, demonstrated a significant effect in reducing trapezius muscle pain by increasing intramuscular blood-oxygen levels [8]. In neither of these studies, however, was the effect of local point insertion based on symptomatology directly compared with distal point insertion based on organ or channel etiology, and therefore, further investigation into this relationship is warranted.

Empirically derived acupuncture points are often located at the site of or in close proximity to symptomatic manifestation and are utilized to elicit a local stimulatory or sedative effect on the nerves, muscles, and other tissues that cause pain or discomfort [9]. Their use does not require a precise diagnosis because they are prescribed according to symptomatic presentation and local stimulatory effects. In the absence of an etiological basis, there is little consistency between trials because of disagreement about which empirical points are more effective for each symptom. Recognizing a lack of consistency between trials, Plank et al [10] proposed the development of a standardized acupuncture protocol for headaches. Although their idea may provide a simplified procedure, it suggests a one-size-fits-all approach to acupuncture treatment for headaches, and reflects Plank and colleagues' limited understanding of Oriental medicine and its emphasis on etiology. Although a symptomatically focused, standardized approach to headache treatment may provide an attractive quick-fix model, it fails to consider the etiological differences between headache sufferers.

3. Challenges in etiology-based research

The use of empirical points in acupuncture research eliminates obscurity, because all participants undergoing active treatment in such trials are able to receive the same protocol, without interference from added variables. As a golden rule of research, it is crucial to minimize and control for the potential interference of confounding variables [11]. Therefore, this approach may appeal to researchers wishing to keep things simple and contribute to the reliability of their design.

Despite the aforementioned trends in acupuncture research, the practitioner of Oriental medicine would likely agree that diagnostic procedures, such as pulse and tongue diagnosis, are indispensable components of examination. However, the ability to differentiate between pulse texture and depth requires a tremendous amount of attentiveness and experience, which can take several years or more to master [12]. This level of skill is often accompanied by intuitive ability, which cannot be accounted for in quantitative research [13].

The complexity of pulse diagnosis is exemplified by subtle differences in texture, size, and depth, which depend heavily on the sensitivity of the practitioner. A superficial pulse, which feels stronger under light pressure, and a sinking pulse, which cannot be felt unless strong pressure is exerted, may seem strikingly different, but actually exhibit a variation in depth of only 2 mm [14,15]. What one practitioner experiences as a superficial pulse may be perceived as a sinking pulse by another practitioner.

Moreover, the etiology of a particular disease may extend beyond its current manifestation, rooted within inherent physiological and/or psychological inclinations that may not be determined solely by the pulse. Hence,