Review of Cochrane Reviews on Acupuncture: How Chinese Resources Contribute to Cochrane Reviews

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Abstract

Background: Cochrane Systematic Reviews (CSRs) are frequently referenced by acupuncture efficacy studies currently. In this study, the CSRs on acupuncture are reviewed, and the disease fields they covered and the conclusions they reached are analyzed. In order to explore the potential contribution to CSRs by Chinese resources, the authors analyzed whether the participation of Chinese reviewers, the utilization of Chinese databases, and the inclusion of Chinese clinical trials would affect the positive conclusion ratios of the CSRs.

Methods: Acupuncture-related CSRs in the Cochrane Library were searched and classified based on the International Classification of Diseases-10 (ICD-10). The CSRs were further designated as positive or negative according to the conclusion statements. CSRs with the participation of Chinese reviewers, the utilization of Chinese databases, or the inclusion of Chinese clinical trials were extracted, and the positive ratios of conclusions were compared separately with corresponding CSRs without those three Chinese resources.

Results: Thirty-two (32) CSRs were identified, 9 (28.1%) of which reached positive conclusions. The CSRs with positive conclusions were mainly about multifarious pains, nausea and vomiting, and functional disorders. Seventeen (17; 53.1%) included the participation of Chinese reviewers, 18 (56.3%) involved the utilization of Chinese databases, and 20 (62.5%) included Chinese clinical trials. No differences on the positive conclusion ratios were observed between CSRs with reviewers from Chinese institutions and those that did not (odds ratio [OR]: 0.32, 95% confidence interval [CI]: 0.06, 1.62), the utilization of Chinese databases and those that did not (OR: 0.51, 95% CI: 0.11, 2.44), or the inclusion of Chinese clinical trials and those that did not (OR: 1.29, 95% CI: 0.26, 6.49).

Conclusions: Most CSRs on acupuncture are inconclusive. No significant differences regarding the positive conclusion ratios were found between the CSRs with or without the utilization of Chinese resources.

Introduction

ACUPUNCTURE HAS BECOME acceptable internationally, especially after the Consensus Development Statement on Acupuncture developed by the National Institutes of Health in 1997.¹ Along with the development of evidence-based medicine, acupuncture efficacy studies for various diseases have drawn more and more interest from acupuncture researchers and practitioners.

The Cochrane Collaboration, an international nonprofit organization established in 1992, has prepared and maintained systematic reviews on various types of intervention. In 1996, the Cochrane Collaboration established a field for reviewing trials of complementary medicine.² After that, the guidelines and methods of conducting meta-analyses and systematic reviews of acupuncture became more standardized.³ Cochrane

Systematic Reviews (CSRs) on acupuncture, which are regarded as the highest level of evidence, are referenced with increasing frequency.

As the biggest user of complementary and alternative medicine (CAM), China has been publishing a significant number of articles in this field. How CSRs should best make use of Chinese resources caused some controversy. Some opinions held that Chinese reviewers might have a favorable attitude toward acupuncture efficacy, and clinical trials conducted or published in China are prone to have poor methodological quality⁴ or positive outcomes⁵ and thus introduce bias. However, one argument against this is that a significant number of controlled trials in CAM are published in languages other than English and in journals not indexed with MEDLINE,[®] so the exclusion of these trials from systematic reviews is likely to introduce certain levels of

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publication bias.^{4,6} Therefore, it is worth considering what impact Chinese resources have on current CSRs and how Chinese resources could better contribute to future CSRs.

The purposes of this study were (1) to review the clinical evidence of acupuncture on different diseases based on CSRs; and (2) to analyze whether the CSRs with the participation of reviewers from Chinese institutions, the utilization of Chinese databases, or the inclusion of Chinese articles had higher positive conclusion ratios than did those without utilization of the corresponding Chinese resources.

Materials and Methods

Search strategy

The strategies that were used to search The Cochrane Library (Issue May 5, 2011) are listed below.

ID	Search	Numbers
#1	MeSH descriptor Acupuncture explode all trees	122
#2	MeSH descriptor Acupuncture Therapy explode all trees	2,233
#3	(acupunctur*) Search All Text	5,838
#4	(elec*acupunctur*) Search All Text	784
#5	(#1 OR #2 OR #3 OR #4) Restricted by Cochrane Reviews	301

Selection criteria

All CSRs on acupuncture (including electroacupuncture, wrist acupuncture, auricular acupuncture, and acupressure) were included in this review. The CSRs on multiple interventions (such as nonhormonal interventions, complementary and alternative therapies, etc.) or other interventions related to acupuncture (such as moxibustion, massage, herbal medicine, etc.) were excluded.

Data collection

Two (2) authors (SJ, KT) performed the data extraction and classification independently. If their conclusions conflicted, the third author (NH) would help in making the decisions.

In order to have a thorough understanding of the information in each CSR, a table was generated using Manheimer's table⁷ as a model. Data were extracted on the number of included trials, the total number of participants, the number of forest plots, and the number of forest plots with meta-analysis.

The CSRs were assigned into groups A, B, and C, based on the conclusion statements. CSRs with conclusions including the phrase "consistent evidence," "moderate evidence," etc. were considered as being in group A. CSRs with conclusions including the phrase "may be beneficial," "more effective than," "demonstrate benefit," "show better results," "have better results," "low strength evidence," "have greater improvements," etc. were considered as being in Group B. CSRs with conclusions including the phrase "insufficient evidence," "not enough evidence," "no consistent evidence," "without clear evidence," "lack of data," "not demonstrate benefit," "does not support," etc. were considered as being in Group C. CSRs in Groups A

and B were further designated as positive and those in Group C were designated as negative.

The CSRs were categorized based on the International Classification of Diseases-10 (ICD-10)⁸ in order to further analyze diseases of interest.

CSRs with the participation of reviewers from Chinese institutions, the utilization of Chinese databases, or the inclusion of clinical trials published in journals issued in China were extracted (including mainland China, Hong Kong, Macau, and Taiwan, no language restriction). The positive conclusion ratios of the CSRs with reviewers from Chinese institutions, the utilization of Chinese databases, or the inclusion of Chinese clinical trials were compared in pairs with those not having each of the three corresponding Chinese resources. The associations between the positive conclusion ratios and the utilization of the three Chinese resources were respectively analyzed.

Statistical analysis

The categorical variables were analyzed using χ^2 and Fisher's exact tests, as well as odds ratio and 95% confidence interval for comparison of proportions and statistical significance. Variables identified as significant ($p < 0.05$, two-sided) were then included in backward logistic regression models to examine the association between the utilization of Chinese resources and positive conclusions. All statistical analyses were performed using IBM SPSS Statistics 19.

Results

By using the searching strategies, 207 CSRs were identified. Of them, 32 were acupuncture-related and were included in this study (Fig. 1).

FIG. 1. Two hundred and seven Cochrane Systematic Reviews (CSRs) and 94 protocols were identified. Of them, 32 CSRs and 31 protocols were acupuncture related. The 32 CSRs on acupuncture were included in the analysis of this study.

TABLE 1. COCHRANE SYSTEMATIC REVIEWS WITH POSITIVE CONCLUSIONS

Group	Title and year published	Trial	Patient	Forest plots (N)	Meta-analysis (N)	Statistically significant meta-analyses (N) (%)	With Chinese reviewer ^a	Searched Chinese database	Included Chinese clinical trial N (%) ^b
Group A	Acupuncture for migraine prophylaxis. 2009 ⁹	22	4,419	82	60	22 (37)	No (No)	No	1 (4.5)
	Acupuncture for neck disorders. 2010 ¹¹	10	661	21	0	0	No (No)	Yes	0
	Acupuncture for tension-type headache. 2009 ¹⁰	11	2,317	30	13	9 (69)	No (No)	No	1 (9.1)
	Stimulation of the wrist acupuncture point P6 for preventing postoperative nausea and vomiting. 2011 ¹²	40	4,858	71	63	13 (21)	Yes (Yes)	No	1 (2.5)
Group B	Acupuncture and assisted conception. 2009 ¹³	13	2491	24	23	7 (30)	Yes (No)	Yes	0
	Acupuncture and dry-needling for low back pain. 2010 ¹⁴	35	2861	93	18	12 (67)	No (No)	Yes	5 (14.3%)
	Acupuncture for primary dysmenorrhea. 2011 ¹⁵	10	944	29	3	1 (33)	Yes (No)	Yes	4 (40%)
	Acupuncture for shoulder pain. 2008 ¹⁶	9	525	30	0	N/A	No (No)	No	2 (22.2%)
	Acupuncture-point stimulation for chemotherapy-induced nausea or vomiting. 2010 ¹⁷	11	1,247	17	13	4 (31)	No (No)	No	0
Yes 3/9 (1/9) ^c Yes 4/9 ^d									

^aIf the Chinese reviewer was the first or corresponding reviewer, "Yes" is shown in parentheses.

^bNumber of Chinese trials (% of Chinese trial in this CSR).

^cIn the nine CSRs, three included the participation of reviewers from Chinese institutions, and one included first or corresponding authors from Chinese institutions.

^dIn the nine CSRs, four searched Chinese databases. CSRs, Cochrane Systematic Reviews.

Analyses of conclusions and disease fields

In the 32 CSRs on acupuncture, 9 (28.1%) were considered as having positive conclusions. Four (4; 12.5%) were in Group A, including CSRs on migraine prophylaxis,⁹ tension-type headache,¹⁰ neck disorder,¹¹ and postoperative nausea and vomiting¹² (Table 1). The CSRs on migraine prophylaxis⁹ and tension-type headache¹⁰ were considered to have positive conclusions only in the latest version after adding supplemental material of several new randomized controlled trials (RCTs). The earlier versions concluded as having insufficient evidence. Five (5; 15.6%) were in Group B, including CSRs on assisted conception,¹³ low back pain,¹⁴ primary dysmenorrhea,¹⁵ shoulder pain,¹⁶ and chemotherapy-induced nausea or vomiting¹⁷ (Table 1). Twenty three (23; 71.9%) of the 32 CSRs on acupuncture were in Group C (Appendix 1).

The top three disease fields and their CSR quantities were (1) diseases of the nervous system (Chapter VI), 8 reviews; (2) and (3) mental and behavioral disorders (Chapter V) and diseases of the musculoskeletal system and connective tissue (Chapter XIII), 7 reviews (Table 2).

Analyses of CSRs with Chinese resources

Of the 32 CSRs on acupuncture, 17 (53.1%) included the participation of reviewers from Chinese institutions, and 12 (37.5%) included first or corresponding authors from Chinese institutions. Three (17.6%, 3/17) CSRs with the participation of reviewers from Chinese institutions reached positive conclusions, and 1 (8.3%, 1/12) CSR with first/ corresponding authors from Chinese institutions reached a positive conclusion. No significant difference in the positive conclusion ratio was found between the CSRs with and without the participation of reviewers from Chinese institutions or first/ corresponding authors from Chinese institutions (Table 3).

Eighteen (18; 56.3%) CSRs utilized Chinese databases and 4 (4/18; 22.2%) of these had positive conclusions. No significant difference in the positive conclusion ratio was found between the CSRs with or without the utilization of Chinese databases (Table 3).

Twenty (20; 62.5%) CSRs included clinical trials published in China, and six of these (6/20; 30%) had positive conclusions. No significant difference in the positive conclusion

TABLE 2. INTERNATIONAL CLASSIFICATION OF DISEASES-10 CATEGORIES AND CONCLUSIONS OF CSRs ON ACUPUNCTURE

ICD-10		CSRs' conclusion ^a			
Block	Title	Group A	Group B	Group C	Number of CSRs
I	Certain infectious and parasitic diseases	—	—	—	0
II	Neoplasms	—	—	—	0
III	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	—	—	1	1
IV	Endocrine, nutritional, and metabolic diseases	—	—	—	0
V	Mental and behavioral disorders	—	—	7	7
VI	Diseases of the nervous system	2	—	6	8
VII	Diseases of the eye and adnexa	—	—	1	1
VIII	Diseases of the ear and mastoid process	—	—	—	0
IX	Diseases of the circulatory system	—	—	—	0
X	Diseases of the respiratory system	—	—	1	1
XI	Diseases of the digestive system	1	—	1	2
XII	Diseases of the skin and subcutaneous tissue	—	—	—	0
XIII	Diseases of the musculoskeletal system and connective tissue	1	2	3	6
XIV	Diseases of the genitourinary system	—	1	—	1
XV	Pregnancy, childbirth, and the puerperium	—	1	1	2
XVI	Certain conditions originating in the perinatal period	—	—	—	0
XVII	Congenital malformations, deformations, and chromosomal abnormalities	—	—	—	0
XVIII	Symptoms, signs, and abnormal clinical and laboratory findings, not classified elsewhere	—	1	1	2
XIX	Injury, poisoning, and certain other consequences of external causes	—	—	1	1
XX	External causes of morbidity and mortality	—	—	—	0
XXI	Factors influencing health status and contact with health services	—	—	—	0
XXII	Codes for special purposes	—	—	—	0
Total		4	5	23	32
Percentage		12.5%	15.6%	71.9%	

^aAll the CSRs were assigned into three groups, A, B, and C, according to the strength of the evidence based on the CSRs' conclusion statements. CSRs that indicated consistent or moderate evidence for the efficacy of acupuncture were defined in Group A, CSRs that indicated better results than control or low-strength evidence for acupuncture were defined in Group B, and CSRs with no evidence for acupuncture were defined in Group C.

ratio was found between the CSRs that included or did not include Chinese clinical trials (Table 3).

For all four pairs of variables that did not have a significant difference (Table 3), backward logistic regression was not performed.

Discussion

CSRs and the conclusions

Manheimer and colleagues had completed a review in 2009, which stated that 26.9% (7/26) of CSRs on acupuncture

TABLE 3. ASSOCIATION ANALYSES

		With positive conclusion	With negative conclusion	χ^2 , p, ¥	OR (95% CI)
CSRs with reviewers from Chinese institutions	Yes	3	14	$\chi^2=1.97$, $p=0.24^a$	0.32 (0.06, 1.62)
	No	6	9		
CSRs with first/corresponding author from Chinese institutions	Yes	1	11	$\chi^2=3.72$, $p=0.10^a$	0.14 (0.02, 1.27)
	No	8	12		
CSRs searched Chinese databases	Yes	4	14	$\chi^2=0.71$, $p=0.45^a$	0.51 (0.11, 2.44)
	No	5	9		
CSRs included Chinese clinical trials	Yes	6	14	$\chi^2=0.09$, $p=1.0^a$	1.29 (0.26, 6.49)
	No	3	9		

^aNo significant differences regarding the positive conclusion ratios were found between the CSRs with and without the utilization of Chinese resources.

CSRs, Cochrane Systematic Reviews; OR, odds ratio; CI, confidence interval.

were considered beneficial.⁷ The present result, with a positive conclusion ratio of 28.1% (9/32), is consistent with theirs. In the book *Trick or Treatment* by Simon Singh and Edzard Ernst published in 2008, was the summary that the positive conclusions of CSRs on acupuncture were restricted to certain types of pain and nausea.¹⁸ In this study, in addition to pain and nausea, one CSR also reported beneficial effects for assisted conception.¹³

In this study, 71.9% (23/32) of CSRs were inconclusive, most of which were either due to insufficient qualified clinical trials or methodological limitations in the original clinical trials. In the CSRs on acupuncture for dysphagia in acute stroke,¹⁹ only one trial with 66 participants was included, and no conclusive result was reached. In another two CSRs, "Acupuncture for attention deficit hyperactivity disorder in children and adolescents"²⁰ and "Acupuncture for vascular dementia,"²¹ no RCT or quasi-RCT met the qualifying standard to be included. As to what is known from the two CSRs (acupuncture for migraine prophylaxis⁹ and tension-type headaches),¹⁰ new RCTs included might provide new evidence and change the conclusions of current CSRs. Therefore, more high-quality clinical trials are needed to help improve the conclusions of current CSRs.

CSRs and Chinese resources

In one review on acupuncture-related CSRs published in 2005, Chinese databases were searched in 2 of 10 CSRs.²² In this study, the CSRs with reviewers from Chinese institutions, the utilization of Chinese databases, and the inclusion of Chinese clinical trials were 17 (53.1%), 18 (56.3%), and 20 (62.5%), respectively. Compared to the study in 2005, more Chinese resources have been involved in CSRs during recent years.

In this study, the total positive ratio of the identified CSRs was 28.1% (9/32). The positive ratios of CSRs with reviewers from Chinese institutions, first/corresponding author from Chinese institutions, the utilization of Chinese databases, and the inclusion of Chinese clinical trials were 17.6% (3/17), 8.3% (1/12), 22.2% (4/18), and 30% (6/20), respectively. Although no statistical significance on the ratio of positive conclusions was observed between the CSRs that utilized Chinese resources and those that did not, fewer CSRs with reviewers from Chinese institutions, especially with first/corresponding author from Chinese institutions, reached positive conclusions. Due to the small number of the CSRs in this study, the difference might be eliminated or become more distinct in the future by supplements of new CSRs.

Using the same search strategy and selection criteria as the CSRs, the Cochrane Library (issue May 5, 2011) was searched for registered Cochrane protocols on acupuncture. Among the 31 identified protocols on acupuncture, 25 (80.6%) were with the participation of reviewers from Chinese institutions, and 29 (93.5%) were with the utilization of Chinese databases (Appendix 2). In contrast to the CSRs, more Chinese resources were involved in the Cochrane protocols on acupuncture. Compared to the CSRs, registered protocols were developed in some new fields based on ICD-10 and a wider range of conditions is covered, particularly in the protocols utilizing Chinese resources.^{23–28} Thus, how to make the best use of Chinese resources and avoid bias is critical in future CSRs.

In 2011, there were over 100 journals in print in China related to Traditional Chinese Medicine.²⁹ A search of CNKI

(National Knowledge Infrastructure), the most often used Chinese database, for articles published in 2010 containing the keywords "acupuncture" or "electroacupuncture" found 7384 items. Therefore, it is difficult for reviewers to select high-quality Chinese articles efficiently and take full advantage of them. That might also explain part of the reason why Chinese articles of high quality were seldom cited by international peers of CAM.²⁹

First, the quality of Chinese articles should be improved, and those with poor quality should not be published. As reported by Manheimer, it was common that information about study quality dimensions was not described in published reports on acupuncture.³⁰ Thus, when reporting a RCT on acupuncture, reference to the CONSORT Statement (Consolidated Standards of Reporting Trials),³¹ especially the revised STRICTA (Standards for Reporting Interventions in Controlled Trials of Acupuncture),³² would make the report more detailed and understandable. Second, a comprehensive literature search and standardized evaluations of individual studies were suggested to be the optimal approach.²² Third, when including Chinese clinical trials in CSRs, the Cochrane Handbook for Systematic Reviews of Interventions³³ should be strictly followed to select studies, collect data, and assess risk of bias in the included studies. Through these means, the poor-quality trials and reports could be recognized and excluded from CSRs. In addition, the effort made by Chinese reviewers to identify the methodological weaknesses of the Chinese clinical trials and reports would eventually lead to an enhancement of the quality of future RCTs conducted and reported in China, which would help the Chinese articles contribute to the CSRs on a better level in the future.

Conclusions

About 28.1% of CSRs, mainly on multifarious pain, nausea and vomiting, and functional disorders, provide evidence for the efficacy of acupuncture. More high-quality clinical trials may improve future conclusions.

Chinese resources, including reviewers from Chinese institutions and the utilization of Chinese databases or articles, seem to contribute equally to the conclusions of CSRs compared to resources from countries other than China.

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No competing financial interests exist.

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(Appendix follows →)

APPENDIX 1. COCHRANE SYSTEMATIC REVIEWS WITH NEGATIVE CONCLUSIONS

<i>Title and year published</i>	<i>Trial</i>	<i>Patient</i>	<i>Forest plots (N)</i>	<i>Meta-analysis (N)</i>	<i>Statistically significant meta-analyses (N) (%)</i>	<i>With Chinese reviewer^a</i>	<i>Searched Chinese database</i>	<i>Included Chinese clinical trial N (%)^b</i>
Acupuncture and electroacupuncture for the treatment of rheumatoid arthritis. 2005 ¹	2	84	7	0	N/A	No (No)	No	0
Acupuncture and related interventions for smoking cessation. 2011 ²	24	4949	19	11	4 (36)	Yes (No)	Yes	3 (12.5%)
Acupuncture for acute management and rehabilitation of traumatic brain injury. 2011 ³	4	294	14	0	N/A	Yes (Yes)	Yes	4 (100%)
Acupuncture for acute stroke. 2005 ⁴	14	1208	19	18	5 (28)	Yes (Yes)	Yes	8 (57.1%)
Acupuncture for attention deficit hyperactivity disorder (ADHD) in children and adolescents. 2011 ⁵	0	0	0	0	N/A	Yes (Yes)	Yes	0
Acupuncture for Bell's palsy. 2010 ⁶	6	537	0	0	N/A	Yes (Yes)	Yes	6 (100%)
Acupuncture for cancer pain in adults. 2011 ⁷	3	204	3	0	N/A	No (No)	No	2 (66.7%)
Acupuncture for chronic asthma. 2003 ⁸	12	350	25	4	0 (0)	No (No)	No	0
Acupuncture for depression. 2010 ⁹	30	2812	32	15	2 (13)	No (No)	Yes	22 (73.3%)
Acupuncture for dysphagia in acute stroke. 2008 ¹⁰	1	66	3	0	N/A	Yes (Yes)	Yes	1 (100%)
Acupuncture for epilepsy. 2008 ¹¹	11	914	38	15	5 (33)	Yes (Yes)	Yes	10 (90.9%)
Acupuncture for glaucoma. 2010 ¹²	0	0	N/A	N/A	N/A	No (No)	Yes	0
Acupuncture for induction of labor. 2009 ¹³	3	212	8	1	1 (100)	No (No)	No	0
Acupuncture for insomnia. 2009 ¹⁴	7	590	46	3	2 (67)	Yes (Yes)	Yes	1 (14.3%)
Acupuncture for lateral elbow pain. 2008 ¹⁵	4	239	9	0	N/A	No (No)	No	1 (25%)
Acupuncture for peripheral joint osteoarthritis. 2010 ¹⁶	16	3498	143	48	39 (81)	Yes (No)	No	0
Acupuncture for restless legs syndrome. 2008 ¹⁷	2	170	6	0	N/A	Yes (Yes)	Yes	2 (100%)
Acupuncture for schizophrenia. 2010 ¹⁸	5	270	11	2	1 (50)	No (No)	No	4 (80%)
Acupuncture for stroke rehabilitation. 2009 ¹⁹	5	368	1	1	1 (100)	Yes (Yes)	Yes	4 (80%)
Acupuncture for treatment of irritable bowel syndrome. 2008 ²⁰	6	464	16	1	0 (0)	Yes (No)	Yes	3 (50%)
Acupuncture for uterine fibroids. 2010 ²¹	0	0	0	0	N/A	Yes (Yes)	Yes	0
Acupuncture for vascular dementia. 2009 ²²	0	0	0	0	N/A	Yes (Yes)	No	0
Auricular acupuncture for cocaine dependence. 2008 ²³	7	1433	10	5	0 (0)	No (No)	No	0
Total	Yes 14/23(11/23) Yes14/23							

^aIf the Chinese reviewer was the first or corresponding reviewer, "Yes" is shown in parentheses.

^bNumber of Chinese trials (% of Chinese trials in this Cochrane Systematic Review).

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APPENDIX 2. COCHRANE PROTOCOLS ON ACUPUNCTURE

<i>Title</i>	<i>Chinese reviewers</i>	<i>Chinese databases</i>
Acupressure for motion sickness. ¹	No	No
Acupuncture for angina pectoris. ²	No	Yes
Acupuncture for autistic spectrum disorder. ³	Yes	Yes
Acupuncture for children with cerebral palsy. ⁴	Yes	Yes
Acupuncture for chronic constipation. ⁵	Yes	Yes
Acupuncture for chronic fatigue syndrome. ⁶	Yes	Yes
Acupuncture for chronic hepatitis B virus infection. ⁷	Yes	Yes
Acupuncture for functional dyspepsia. ⁸	Yes	Yes
Acupuncture for Gilles de la Tourette syndrome. ⁹	Yes	Yes
Acupuncture for Guillain-Barré syndrome. ¹⁰	Yes	Yes
Acupuncture for hypertension. ¹¹	Yes	Yes
Acupuncture for hypoxic ischemic encephalopathy in neonates. ¹²	Yes	Yes
Acupuncture for menopausal hot flashes. ¹³	Yes	Yes
Acupuncture for multiple sclerosis. ¹⁴	Yes	Yes
Acupuncture for mumps in children. ¹⁵	Yes	Yes
Acupuncture for myopia in children and adolescents. ¹⁶	Yes	Yes
Acupuncture for neuropathic pain in adults. ¹⁷	No	No
Acupuncture for overweight or obese people. ¹⁸	Yes	Yes
Acupuncture for pain in endometriosis. ¹⁹	No	Yes
Acupuncture for Parkinson disease. ²⁰	Yes	Yes
Acupuncture for polycystic ovarian syndrome. ²¹	Yes	Yes
Acupuncture for postherpetic neuralgia. ²²	Yes	Yes
Acupuncture for poststroke upper limb pain. ²³	Yes	Yes
Acupuncture for premenstrual syndrome. ²⁴	Yes	Yes

(continued)

APPENDIX 2. (CONTINUED)

<i>Title</i>	<i>Chinese reviewers</i>	<i>Chinese databases</i>
Acupuncture for symptomatic treatment of diabetic peripheral neuropathy. ²⁵	Yes	Yes
Acupuncture for the treatment of postoperative pain. ²⁶	No	Yes
Acupuncture for tinnitus. ²⁷	Yes	Yes
Acupuncture for treating acute ankle sprains in adults. ²⁸	No	Yes
Acupuncture for treating fibromyalgia. ²⁹	Yes	Yes
Acupuncture for treatment of erectile dysfunction. ³⁰	Yes	Yes
Auricular acupuncture for opiate dependence in substance misuse treatment programs. ³¹	Yes	Yes
Total	Yes 25/31	Yes 29/31

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