Condition/Study	No.	Design	Test group	Control Group	Results
Abdominal pain in acute gastroenteritis (see also Gastrointestinal spasm)					
Shu et al., 1997 (*67*)	25:25	Randomized controlled trial	Body acupuncture (manual)	Routine Western medication (intra-muscular atropine and promethazine)	Relief of pain was observed in: • 24 of the test group, starting 1.3 min after acupuncture • 17 of the control group, starting 11. 9 min after injection.
Acne vulgaris					
Li et al., 1998 (*228*)	42:42	Randomized controlled trial	Body acupuncture (manual)	Herbal medication	After 30 days of treatment, a cure was observed in: • 42.8% of the test group • 19.0% of the control group.
Wang et al., 1997 (*229*)	32:20	Group comparison	Auricular acupuncture	Medication (oral vitamin B_6 and antibiotics, local benzoyl peroxide ointment)	Acne disappeared after 10 days of treatment in: • 19/32 (59%) in the test group. • 7/20 (35%) in the control group.
Adverse reactions to radiotherapy and/or chemotherapy (see also Leukopenia (this includes leukopenia caused by chemotherapy); Nausea and vomiting)					
Xia et al., 1984 (*237*)	49:20	Randomized controlled trial	Acupuncture during radiotherapy	Radiotherapy	Acupuncture greatly lessened digestive and nervous system reactions (anorexia, nausea, vomiting, dizziness, and fatigue) due to radiotherapy and showed protection against damage to haematopoiesis.
Chen et al., 1996 *(232*)	44:23	Randomized controlled trial	Manual plus electric acupuncture	Western medication (metoclopramide, etc.)	Gastrointestinal reactions were cured in significantly more of the acupuncture group: • 93.2% of test group after 5.8 $\pm$ 2.7 days of treatment • 65.2% of control group after 9.4 $\pm$ 3.4 days of treatment.
Liu et al., 1998 (*235*)	40:40	Group comparison	Magnetic plus electric acupoint stimulation	Western medication (metoclopramide, etc.)	Acupoint stimulation therapy was comparable with intravenous metoclopramide for gastrointestinal reactions, and with dexamethasone and cysteine phenylacetate (leucogen) for leukopenia. The treatment was effective in: • 87.5% of the test group • 75.0% of the control group.
Wang et al., 1997 (*236*)	90	Randomized crossover study	Body acupuncture (manual)	Western medication (metoclopramide)	The treatment was effective in: • 85.6% of the test group • 61.1% of the control group.

Condition/Study	No.	Design	Test group	Control Group	Results
Li et al., 1998 (*234*)	22:20	Randomized controlled trial	Body acupuncture (manual)	Intravenous injection of albumin, milk fat and amino acid	Natural killer cell activity and interleukin-2 were raised in the test group, but markedly lowered in the control group. During the 3-week observation period there was: • no significant change of leukocyte and thrombocyte counts in the test group • considerable lowering of both counts in the control.
Alcohol dependence, see Dependence, alcohol					
Alcohol detoxification					
Thorer et al., 1996 (*212*)	35	Sham controlled trial	Acupuncture at two different traditional point combinations	Acupuncture at a sham point or no acupuncture	Clinical measurement using tests of equilibrium and ntation, and specific tests of metabolism and elimination of alcohol, formed the basis of the comparison. There was no difference between the sham acupuncture and no acupuncture control groups. After both traditional acupuncture point combinations, clinical effects of alcohol intoxication were minimized, while the alcohol level in the expired air increased and blood alcohol decreased.
Allergic rhinitis (including hay fever)					
Chari et al., 1988 (*111*)	25:20	Group comparison	Acupuncture	Antihistamine (chlorphenamine)	The treatment effects were better and lasted longer in the test group and produced no adverse effects.
Jin et al., 1989 (*113*)	100:60	Randomized controlled trial	Acupuncture plus moxibustion	Medication (patent herbal combination: tablets containing Herba Agastachis and Flos Chrysanthemi Indici)	At follow-up 1 month after 15 days of treatment improvement was observed in: • 92/100 in the test group • 47/60 in the control group.
Huang, 1990 (*112*)	128:120	Randomized controlled trial	Acupuncture plus moxibustion	Antihistamine (chlorphenamine)	Treatment for 14 days was effective in: • 97% of the test group • 75.8% of the control group.
Wolkenstein et al., 1993 (*247*)	12:12	Randomized controlled trial	Acupuncture	Sham acupuncture	The results did not indicate a protective effect of acupuncture therapy against allergen-provoked rhinitis.

Condition/Study	No.	Design	Test group	Control Group	Results
Yu et al., 1994 (*115*)	230:30	Randomized controlled trial	Acupuncture	Antihistamine (oral astemizole plus nasal drip 1% ephedrine)	At follow-up 1 year after 4 weeks of treatment, improvement was observed in: • 94% of the test group • 76.7% of the control group.
Liu, 1995 (*114*)	50:30	Randomized controlled trial	Acupuncture at *biqiu* (located at the round prominence on the lateral mucous membrane of the lateral nasal cavity)	Nasal drip of cortisone plus ephedrine	The treatment was significantly more effective in the test group. Effective rates were: • 86.0% in the test group • 76.7% in control group.
Williamson et al., 1996 (*116*)	102	Randomized controlled trial	Acupuncture	Sham acupuncture	The therapeutic effects were similar in the two groups. In the 4-week period following the first treatment, remission of symptoms was seen in: • 39% of the test group; mean weekly symptom scores, 18.4; mean units of medication used, 4.1 • 45.2% of the control group; mean weekly symptom scores, 17.6; mean units of medication used, 5.0.
Angina pectoris, see Coronary heart disease (angina pectoris)					
Aphasia due to acute cerebrovascular disorders (see also Dysphagia in pseudobulbar paralysis)					
Zhang et al., 1994 (*102*)	22:22	Randomized controlled trial	Scalp acupuncture	Conventional supportive measures	Assessed by a scoring method, the therapeutic effect was much better in the test group than in the control group. Before treatment, the two groups were comparable in various respects, including causal diseases and area of lesions.
Arthritis, see Gouty arthritis; Osteoarthritis; Peri rthritis of shoulder; Rheumatoid arthritis					
Asthma, see Bronchial asthma					
Bell's palsy					
You et al., 1993 (*106*)	25:25	Randomized controlled trial	Blood-letting acupuncture	Medication (vasodilator plus steroid, etc.)	A cure was achieved in: • 96% of the test group • 68% of the control group.
Lin, 1997 (*105*)	198:60	Group comparison	Through acupuncture (puncture of two or more adjoining points with one insertion)	Traditional acupuncture	After a 2-week treatment the cure rate was: • 90.9% in the test group • 76.7% in the control group.

Condition/Study	No.	Design	Test group	Control Group	Results
Biliary colic (see also Cholecystitis, chronic, with acute exacerbation)					
Mo, 1987 (*62*)	70:76	Group comparison	Acupuncture	Medication (injection of atropine plus pethidine	The analgesic effect was better in the test group than in the control group.
Yang et al., 1990 (*64*)	50:50	Group comparison	Electric acupuncture	Medication (injection of anisodamine (a Chinese medicine, structurally related to atropine, isolated from *Anisodus tangutica)* plus pethidine)	Total relief of colic was achieved in 1–3 min in: • 36/50 (72%) in the test group • 12/50 (24%) in the control group. Partial relief was achieved in 5–10 min in: • 10/50 in the test group • 32/50 in the control group.
Wu et al., 1992 (*63*)	142	Group comparison	Acupuncture	Anisodamine	The treatment was effective in: • 94.3% of the test group • 80.0% of the control group.
Bladder problems, see Female urethral syndrome; Neuropathic bladder in spinal cord injury					
Breathlessness in chronic obstructive pulmonary disease					
Jobst et al., 1986 (*127*)	12:12	Randomized controlled trial	Acupuncture	Placebo acupuncture (needling at non-acupuncture "dead" points)	After 3 weeks of treatment, the test group showed greater benefit in terms of subjective scores of breathlessness and 6-min walking distance. Objective measures of lung function were unchanged in both groups.
Bronchial asthma					
Yu et al., 1976 (*123*)	20	Randomized cross-over	Acupuncture	Isoprenaline or sham acupuncture	Isoprenaline was more effective than real acupuncture. Both were more effective than sham acupuncture.
Tashkin et al., 1977 (*121*) (methacholine-induced)	12	Randomized cross-over	Acupuncture	Isoprenaline or placebo	Isoprenaline was more effective than acupuncture. Both were more effective than placebo.
Fung et al., 1986 (*119*) (exercise-induced)	19	Randomized single-blind crossover	Acupuncture	Sham acupuncture	Real acupuncture provided better protection against exercise-induced asthma than did sham acupuncture.
Tandon et al., 1989 (*125*) (histamine-induced)	16	Double-blind cross-over	Acupuncture	Acupuncture at irrelevant points	Treatment with real or placebo acupuncture failed to modulate the bronchial hyperreactivity to histamine, suggesting that a single treatment is unlikely to provide improvement in the management of acute bronchial asthma.

Condition/Study	No.	Design	Test group	Control Group	Results
He et al., 1994 (*120*)	48:48	Randomized group comparison	Laser acupuncture	Moxibustion at same points as laser acupuncture	Pulmonary ventilation indices improved in: • 33 of the test group • 20 of the control group.
Xie et al., 1996 (*122*)	100	Randomized controlled trial with partial crossover	Electric acupuncture at *fèishū* (BL13) (*n* = 30)	Electric acupuncture at *shàoshāng* (LU11) (*n* =24) *yújì* (LU10) (*n* = 24), *tàiyuān* (LU9) (*n* = 30), *jīngqú* (LU8) (*n* = 28), *lièquē* (LU7) (*n* = 28) or *qiūxū* (GB40) (*n* = 24)	An anti-asthmatic effect was observed in: • 28/30 of the test group (BL13); best immediate effect • 20/24 LU11, 22/24 LU10, 24/30 LU9, 24/28 LU8, 21/28 LU7; good effect • 4/24 GB40; least effect.
Biernacki et al., 1998 (*248*) (stable asthma)	23	Randomized controlled trial, double-blind crossover	Acupuncture	Sham acupuncture	There was no improvement in aspects of respiratory function measured after acupuncture or sham acupuncture. There was significant improvement in the Asthma Quality of Life Questionnaire and a parallel reduction in bronchodilators.
Bulbar paralysis after stroke (see also Dysphagia in pseudobulbar paralysis)					
Ding, 1996 (*249*)	120:30	Group comparison with comparable conditions	Acupuncture	Conventional Western medication (troxerutin, piracetam, Cerebrolysin: a brain peptide preparation)	Average recovery time was: • 91 (75.8%) in test group after 5.6 days of treatment • 12 (40%) in control group after 12 days of treatment.
Cancer pain					
Dang et al., 1995 (*230*) (stomach carcinoma)	16:16	Randomized controlled trial	Acupuncture	Western medication (codeine, pethidine)	Acupuncture treatment had: • immediate analgesic effect similar to Western medication • more marked analgesic effect than Western medication after long-term use for 2 months.
Dan et al., 1998 (*231*)	34:37:42	Group comparison	Body acupuncture or acupuncture plus medication	Medication (analgesic steps recommended by WHO)	An analgesic effect was observed in: • 50.0% of the medication group • 73.0% of the acupuncture group • 92.2% of acupuncture plus medication group.
Cardiac neurosis					
Zhou, 1992 (*178*)	30:30	Randomized controlled trial	Acupuncture at *rényíng* (ST9)	Medication (propranolol)	At follow-up I month after 10 days of treatment the therapeutic effect was better in the test group than in the control group.

Condition/Study	No.	Design	Test group	Control Group	Results
Cardiopulmonary disease, see Breathlessness in chronic obstructive pulmonary disease; Cardiac neurosis; Coronary heart disease (angina pectoris); Pulmonary heart disease, chronic					
Cerebrovascular disorders, see Aphasia due to acute cardiovascular disorders; Bulbar paralysis after stroke; Coma; Craniocerebral injury; Stroke					
Chloasma					
Luan et al., 1996 (*224*)	60:30	Randomized controlled trial	Auricular acupuncture plus acupressure	Vitamins C and E	After 3 months of treatment cure was achieved in: • 53.3% of the test group • 13.3% of the control group. The treatment was effective in: • 95.0% of the treatment group • 43.3% of the control group.
Cholecystitis, chronic, with acute exacerbation (see also Biliary colic)					
Gong et al., 1996 (*139*)	80:24	Group comparison	Body plus ear acupuncture	Conventional Western medication (unspecified)	Clinical cure (disappearance of symptoms and signs, and marked improvement of gallbladder motor function as shown by ultrasonic examination) was achieved in: • 92.5% of the test group • 32.1% of the control group.
Cholelithiasis					
Zhao et al., 1979 (*138*)	522:74	Group comparison	Electric acupuncture plus oral magnesium sulfate	Oral magnesium sulfate	Stones were excreted in: • 409/522 (78.4%) in the test group • 20/74 (27.4%) in the control group.
Chronic obstructive pulmonary disease, see Breathlessness in chronic obstructive pulmonary disease					
Cocaine dependence, see Dependence, opium, cocaine, heroin					
Colour blindness					
Cai, 1998 (*250*)	44:65: 53	Group comparison	Body acupuncture or ear acupressure	No treatment	After 1–3 courses of treatment (7–12 days each course), colour discrimination was improved: • from 0.24 to 0.46 in acupuncture group • from 0.27 to 0.52 in ear acupressure group. There was no improvement in the control group (change from 0.28 to 0.30).
Coma					
Frost, 1976 (*108*)	17:15	Group comparison with similar levels of coma	Acupuncture at *shénting* (GV24) and *shuĭgōu* (GV26)	No acupuncture	A neurological recovery of 50% or more (significant difference) was observed in: • 59% of the test group • 20% of the control group.
Competition stress syndrome					
Que et al., 1986 (*196*)	111:102	Randomized controlled trial	Auricular acupressure	Psychotherapy plus placebo drug	The treatment was effective in: • 92.8% of the test group • 7.8% of the control group.

Condition/Study	No.	Design	Test group	Control Group	Results
Convulsions in infants and young children due to high fever					
He et al., 1997 (*215*)	51:51	Randomized controlled trial	Acupuncture at *hégŭ* (LI4)	Intramuscular phenobarbital	Convulsions stopped 2 min after starting treatment in: • 98% of the test group • 51% of the control group.
Coronary heart disease (angina pectoris)					
Ballegaard et al., 1986 (*180*)	13:13	Randomized controlled trial	Acupuncture	Sham acupuncture (insertion of needles outside the meridians)	Cardiac work capacity (difference in pressure-rate product (dPRP)) between rest & maximum exercise & maximum PRP during exercise, was measured. No adverse effect was observed. Patients receiving active acupuncture showed significant increase in cardiac work capacity compared to those receiving sham acupuncture.
Ballegaard et al., 1990 (*181*)	24:25	Randomized controlled trial	Acupuncture	Sham acupuncture	There was a median reduction of 50% in anginal attack rate and glyceryl trinitrate consumption in both groups, with no significant difference between the groups. The increase in exercise tolerance and delay of onset of pain was significant in the test group; there were no significant changes in the control group.
Xue et al., 1992 (*186*)	42:27	Randomized controlled trial	Acupuncture	Medication (nifedipine plus isosorbide dinitrate)	Acupuncture was more effective in improving symptoms and ECG and pulse doppler ultrasonocardiography indices.
Mao et al., 1993 (*184*)	30:30	Randomized controlled trial	Acupuncture plus conventional medication	Conventional medication (glyceryl trinitrate, aspirin, calcium antagonist)	Improvement in symptoms and ECG, respectively, were observed in: • 85.7% and 69% of the test group • 57.1% and 38% of the control group.
Dai et al., 1995 (*182*)	20:18	Randomized controlled trial	Auricular acupuncture at point heart	Auricular acupuncture at point stomach	Marked relief of angina pectoris and other symptoms, with improvement of ECG & haemorr-heological indices was observed in the test group. There was no such effect in the control group.
Cheng, 1995 (*183*)	50:50	Randomized controlled trial	Auricular acupressure	Conventional medication (glyceryl trinitrate, etc.)	A marked effect (no recurrence of angina during the 4–5 weeks of treatment) was observed in: • 74% of the test group • 52% of the control group.

Condition/Study	No.	Design	Test group	Control Group	Results
Ma et al., 1997 (*251*)	30:24	Randomized controlled trial	Body acupuncture plus routine Western medication (aspirin, nitrates and calcium antagonist)	Routine Western medication (aspirin, nitrates and calcium antagonist)	After 10 days of hospitalization and treatment, improvement in angina pectoris and ST-T, respectively, was observed in : • 85.7% and 69% of the test group • 58.3% and 33.3% of the control group. Levels of serotonin, noradrenaline and dopamine were higher than normal in both groups but were significantly lowered only in test group after the treatment.
Craniocerebral injury, closed					
Ding et al., 1997 (*252*)	50:50	Group comparison	Body acupuncture	Routine Western medication (unspecified)	After 15 days of treatment, clinical cure (disappearance of the main clinical symptoms and signs, and basic recovery of functions) was observed in: • 86% of the test group • 56% of the control group.
Deafness, sudden onset					
Wang et al., 1998 (*218*)	50:50	Randomized controlled trial	Body acupuncture plus routine Western treatment (dextran, dexamethasone, etc.)	Routine Western medication (dextran, dexamethasone, etc.)	After 2 weeks of treatment, the effect was highly statistically significant in: • 90% of the test group • 70% of the control group.
Defective ejaculation, see Male sexual dysfunction, non-organic					
Shui, 1990 (*148*)	30:30: 40	Randomized controlled trial	Acupuncture	Herbal medication or the Goboes and Liu regimens (treatment included sex instruction, electric massage, hormonal therapy and injection of strychnine and galantamine	After 1 month of treatment, the cure rate was: • 83.3% in the test group • 56.7% in the herbal medication group • 12.5% in the control Goboes and Liu regimen group.
Dental pain					
Sung et al., 1977 (*78*) (postoperative)	40	Randomized controlled trial	Acupuncture plus placebo drug	Sham acupuncture plus placebo drug, sham acupuncture plus codeine, or acupuncture plus codeine	Acupuncture plus placebo drug gave significantly greater pain relief than sham acupuncture plus placebo drug or sham acupuncture plus codeine. Acupuncture plus placebo drug was more effective than acupuncture plus codeine in initial 30 min after surgery; less effective 2–3 h after surgery.
Zheng et al., 1990 (*79*) (after pulp devitalization)	15:11	Randomized controlled trial	Auricular acupressure	No treatment	After 48 h, there was no pain in: • 12/15 (80%) in the test group • 4/11(36%) in the control group.

Condition/Study	No.	Design	Test group	Control Group	Results
Lao et al., 1995 (*77*) (after tooth extraction)	11:8	Randomized controlled trial	Acupuncture	Placebo acupuncture	Subjects treated with acupuncture reported a significantly longer period without pain and experienced less intense pain than controls.
Sukandar et al., 1995 (*80*) (apical periodontitis)	20:20	Randomized controlled trial	Electric acupuncture	Mock electric acupuncture	Analgesic effect lasting 24 h was obtained in: • 65% of the test group • 10% of the control group.
Lao et al., 1999 (*73*) (after oral surgery)	19:20	Randomized controlled trial	Acupuncture	Placebo acupuncture	Acupuncture was statistically significantly superior to the placebo in preventing postoperative dental pain. Mean pain-free postoperative time and minutes before requesting pain relief medication, respectively, were: • 172.9 min and 242.1 min in the test group • 93.8 min and 166.2 min in the placebo group.
Dependence, alcohol					
Bullock et al., 1987 (*210*)	27:27	Randomized controlled trial	Acupuncture at specific points	Acupuncture at non-specific points	There was a significant difference between the two groups at the end of the study; patients in the test group expressed less need for alcohol, with fewer drinking episodes.
Bullock et al., 1989 (*211*)	40:40	Randomized controlled trial	Acupuncture at specific points	Acupuncture at non-specific points	Significant treatment effects persisted at the end of the 6-month follow-up; more control patients expressed a moderate–strong need for alcohol and had more than twice the number of drinking episodes & admissions to detoxification centres.
Dependence, opium, cocaine and heroin					
Margolin et al., 1993 (*201*) (cocaine)	32 per group	Group comparison (post hoc)	Auricular	Desipramine, amantadine or drug placebo	Abstinence rates during final 2 weeks of 8-week treatment were: • auricular acupuncture 44% • desipramine 26% • amantadine 15% • drug placebo 13%.
Washburn et al., 1993 (*202*) (heroin)	100	Randomized controlled trial	Acupuncture	Sham acupuncture	Self-reported frequency of heroin use was lower in the test group.
Cai et al., 1998 (*200*) (heroin, late stage of abstinence)	60:60	Randomized controlled trial	Body acupuncture	Vitamin B_1	Reduction of anorexia, spontaneous sweating and insomnia in the late stage of abstinence was greater in test group, and statistically significant.

Condition/Study	No.	Design	Test group	Control Group	Results
Bullock et al., 1999 (*199*) (cocaine)	236	Randomized controlled trial	Auricular acupuncture	Acupuncture at sham ear points or conventional treatment without acupuncture	The data failed to identify significant treatment differences among the various groups.
Dependence, tobacco					
Fang, 1983 (*204*)	33:28	Randomized controlled trial (patients told they were receiving acupuncture for other purposes)	Auricular acupuncture	Body acupuncture	Under a regime of passive abstinence with no suggestion or motivation, auricular acupuncture was superior to body acupuncture in reducing the tobacco consumption by more than half in: • 70% of the auricular acupuncture group (72% experienced disgust at the taste of tobacco and 15% felt dizzy during smoking) • 11% of the body acupuncture group.
Clavel et al., 1985 (*253*)	224:205: 222	Randomized group comparison	Acupuncture	Nicotine gum or minimal intervention (cigarette case with lock controlled by a time switch, which could be regulated at will)	Acupuncture and nicotine gum did not reduce the tendency to relapse after one month but were effective in helping smokers to stop smoking during the first month in: • 43/224 in the acupuncture group • 46/205 in the group receiving nicotine gum • 8/222 in the minimal intervention group.
He et al., 1997 (*205*)	23:23	Randomized controlled trial	Acupuncture at points used to assist smoking cessation	Acupuncture at points assumed to have no effect on smoking cessation	Daily cigarette consumption fell during the treatment in both groups, but the reduction was larger in the test group. Serum concentrations of cotinine and thiocyanate were significantly reduced after the treatment period in the test group but not in the control group.
White et al., 1998 (*207*)	76	Randomized controlled trial	Electric acupuncture at appropriate points in each ear	Sham procedure (auricular acupuncture over the mastoid bone)	There was no significant difference between the two groups in the mean score for reduction of withdrawal symptoms.
Waite et al., 1998 (*206*)	78	Randomized controlled trial	Electric acupuncture plus self-retained ear seed (a herbal seed used to apply pressure to the point) at an active site	Auricular acupuncture plus self-retained ear seed at a placebo site	The test acupuncture was significantly more effective in helping volunteers to quit smoking than the control treatment. Cessation of smoking at 6 months in: • 12.5% of the test group • 0% of the control group.
Depression (see also Depression after stroke)					
Luo et al., 1985 (*191*)	27:20	Randomized controlled trial	Electric acupuncture	Medication (amitriptyline)	There was a similar improvement in the two groups but far fewer side-effects in the test group.

Condition/Study	No.	Design	Test group	Control Group	Results
Luo et al., 1988 (*192*)	133:108	Multicentre, randomized controlled trial	Electric acupuncture	Medication (amitriptyline)	There was a similar improvement in the two groups but a greater effect on anxiety and fewer side-effects in the test group.
Yang et al., 1994 (*193*)	20:20	Randomized controlled trial	Acupuncture	Medication (amitriptyline)	There was a similar improvement in the two groups after 6 weeks.
Luo et al., 1998 (*254*)	29	Randomized controlled trial	Electric acupuncture plus placebo	Electric acupuncture plus amitriptyline	The therapeutic efficacy was similar in the two groups for depressive disorders. The therapeutic effect for anxiety somatization and cognitive process disturbance was greater and there were fewer side-effects in the test group.
Depression after stroke					
Li et al., 1994 (*190*)	34:34: 33	Randomized controlled trial	"Antidepressive" acupuncture (different selection of points)	Medication (doxepin) plus traditional acupuncture or traditional acupuncture alone	There was a similar improvement in the anti-depressive acupuncture and medication plus traditional acupunture groups; improvement was superior to that in traditional acupuncture group.
Hou et al., 1996 (*189*)	30:30	Randomized controlled trial with independent assessment	Electric acupuncture at *bǎihuì* (GV20) and *yìntáng* (EX-HN3)	Traditional manual acupuncture	The results were better in the test group; the difference was significant as assessed by the Hamilton and other scoring methods.
Depressive neurosis					
Zhang, 1996 (*194*)	31 per group	Randomized controlled trial	Laser acupuncture	Conventional antidepressant (doxepin, amitriptyline or aprazolam)	The therapeutic effect was similar in the two groups, somewhat better in the test group for cognitive disturbance. Side-effects occurred in all cases in control group but in none in test group.
Diabetes mellitus, non-insulin-dependent					
Latief, 1987 (*241*)	20:20	Randomized controlled trial	Acupuncture at *sānyīnjiāo* (SP6)	Acupuncture at 1 Chinese inch (*cun)* superiolateral to SP6	There was a reduction in fasting blood sugar of: • 19.2% in the test group • 4.9% in the control group.
Kang et al., 1995 (*240*)	12:15: 13:10	Randomized controlled trial	Untimed acupuncture or acupuncture at insulin secretion climax (ISCA) or acupuncture at insulin secretion valley (ICSV)	Conventional Western medication (tolbutamide)	Improvement in fasting blood glucose, 2-h glucose, postprandial blood glucose, 24-h urine glucose, and glucosylated haemoglobin was: • marked in the ISCA group • superior in the ISCA group to that in the untimed acupuncture and ISVA groups • similar in the ISCA group to that of the tolbutamide group.

Condition/Study	No.	Design	Test group	Control Group	Results
Diarrhoea, see Diarrhoea in infants and children; Dysentery, acute bacillary; Irritable colon syndrome					
Diarrhoea in infants and young children					
Li et al., 1997 (*213*)	380:450	Group comparison	Acupuncture at *zúsānlǐ* (ST36) and *chángqiáng* (GV1)	Medication (gentamicin or haloperidol)	Cure in 1 day was obtained in: • 82.3% of the test group (the remainder were cured within 3 days) • 41.3% of the control group.
Yang, 1998 (*214*)	100:70	Group comparison	Body acupuncture and moxibustion	Medication (antibiotics and vitamins)	Cure was obtained in: • 98% of test group within 3.43 ± 0.32 days • 80% of control group within 4.41 ± 0.43 days.
Dysentery, acute bacillary					
Qiu et al., 1986 (*9*)	596:281	Group comparison	Acupuncture	Medication (furazolidone)	Acupuncture relieved symptoms earlier than furazolidone. Stool culture became negative in: • 92.4% of the test group • 98.2% of the control group.
Li, 1990 (*8*)	276:269	Group comparison	Acupuncture	Medication (syntomycin, furazolidone)	Stool culture became negative in all patients after 7 days, but within 7 days in: • 87.7% of the test group; recurrence rate in 1 year, 2.4% • 74.2% of the control group; recurrence rate in 1 year, 2.5%.
Yu et al., 1992 (*10*)	162:164	Randomized controlled trial	Acupuncture	Medication (furazolidone)	Both treatments relieved symptoms and signs, with no side-effects. Stool culture became negative in: • 128 (79%) in the test group by 5.1 days; recurrence at 9-month follow-up in 4 cases • 143 (87.2%) in the control group by 3.2 days; recurrence at 9-month follow-up in 5 cases.
Dysmenorrhoea, primary					
Helms, 1987 (*153*)	11:11:11:10	Randomized controlled trial, comparing four groups	Acupuncture	Placebo acupuncture, no acupuncture but conventional treatment, no acupuncture but conventional treatment and control visits to physician	Improvement was observed in: • 10/11(90.9%) in the real acupuncture group • 4/11 (36.4%) in the placebo acupuncture group • 2/11 (18.2%) in the conventional treatment control group • 1/10 (10%) in the conventional treatment plus visits control group.

Condition/Study	No.	Design	Test group	Control Group	Results
Shi et al., 1994 (*154*)	120:44	Randomized controlled trial	Acupuncture at *sānyīnjiāo* (SP6)	Medication (a paracetamol–propyphenazone–caffeine combination)	A better and quicker analgesic effect was observed in the test group.
Dysphagia in pseudobulbar paralysis					
Liu et al., 1998 (*255*)	30:30	Randomized controlled trial	Body acupuncture	Logemann functional training of lingual muscles	Cure rates after 15 days were: • 26 in the test group (average 8.7 days) • 6 in the control group.
Earache, unexplained					
Mekhamer A et al. 1987 (*222*)	96	Randomized controlled trial	Acupuncture	Mock TENS	The response was significantly better following acupuncture than placebo for both 33% and 50% pain-relief criteria.
Encephalitis, see Viral encephalitis in children					
Epidemic haemorrhagic fever					
Song et al., 1992 (*86*)	38:32	Randomized controlled trial	Moxibustion	Western medication. (steroid, supportive treatment)	Moxibustion shortened the period of oliguria and accelerated the fall in urine protein and reduction in kidney swelling (ultrasound).
Epigastralgia, acute (in peptic ulcer, acute and chronic gastritis, and gastrospasm)					
Xu et al., 1991 (*128*)	42:31	Randomized controlled trial	Acupuncture at *liángqiū* (ST34) and *wèishū* (BL21)	Conventional medication. (anisodamine)	The treatment was effective in: • 97.6% of the test group • 83.9% of the control group.
Yu, 1997 (*129*)	160:40	Randomized controlled trial	Acupuncture (manual) at *zúsānlǐ* (ST36)	Medication (morphine plus atropine)	A marked effect was observed in: • 81% of the test group • 80% of the control group.
Epistaxis, simple (without generalized or local disease)					
Lang et al., 1995 (*223*)	92:42	Randomized controlled trial	Auricular acupuncture with thumb-tack needle	Western medication (carbazochrome salicylate plus vitamin C)	Cure (no recurrence at 3-month follow-up) was observed in: • 84.8% of the test group • 28.6% of the control group.
Eye pain due to subconjunctival injection					
Shen, 1996 (*14*)	24:15	Randomized controlled trial	Acupuncture at *bìnào* (LI14)	No treatment	Pain mostly disappeared in 0.5–1 min in 22/24 of the test group but persisted for 30–60 min in all of the control patients.
Facial pain (including craniomandibular disorders) (see also Temporomandibular joint dysfunction)					
Hansen et al., 1983 (*29*)	16	Randomized crossover trial	Acupuncture	Sham acupuncture	Pain levels were more significantly reduced following acupuncture than following sham acupuncture.

Condition/Study	No.	Design	Test group	Control Group	Results
Johansson et al., 1991 (*30*)	15 per group	Randomized controlled trial	Acupuncture	Occlusal splint or no treatment	Acupuncture was as effective as occlusal splint. At follow-up, subjective dysfunction scores and visual analogue scale assessments were significantly lower in the test group.
List, 1992 (*31*)	110	Randomized controlled trial	Acupuncture.	Occlusal splint or no treatment	Symptoms were reduced by acupuncture and occlusal-splint therapy. The control group remained essentially unchanged. Acupuncture gave better short-term subjective results than occlusal splint.
Cai, 1996 (*28*)	32:36	Randomized controlled trial	Acupuncture with retention of needles for 1–1.5 h	Acupuncture with retention of needles for 0.5 h	Marked effect (with effective rate after course of treatment of 14 sessions): • 59.3% of test group after 5 sessions of treatment; overall effective rate, 93.7% • 25% of the control group after 11 sessions on average; overall effective rate, 77.8%.
Facial spasm					
Liu, 1996 (*107*)	33:33	Randomized controlled trial	Wrist–ankle acupuncture	Body acupuncture	Elimination of involuntary twitching with no recurrence at 6-month follow-up in: • 69.7% of the test group • 39.4 % of the control group.
Female urethral syndrome					
Zheng et al., 1997 (*151*)	103:50	Randomized controlled trial	Body acupuncture and moxibustion.	Medication (Urgenin: herbal extract containing *Serenoa serrulata*, effective for irritable bladder; used because antibiotics had proved ineffective in all patients)	Effective rates after 1–2 months of treatment were: • 88.3% in the test group • 28% in the control group.
Wang et al., 1998 (*150*) (from same institute as study above)	56:37	Randomized controlled trial	Body acupuncture and moxibustion	Medication. (Urgenin; used because antibiotics had proved ineffective)	Effective rates after 1–2 months of treatment were: • 87.5% in the test group (urodynamic study also showed the beneficial effect of acupuncture) • 29.7% in the control group.

Condition/Study	No.	Design	Test group	Control Group	Results
Fever, see Convulsions in infants and young children due to high fever; Tonsillitis, acute					
Fibromyalgia					
Deluze et al.,1992 (*40*)	36:34	Randomized controlled trial with independent assessment	Acupuncture	Sham acupuncture	There was a significant difference between the two groups with improvement in: • 7 of the 8 parameters in the test group • none of the parameters in the control group.
Gastrointestinal spasm					
Shi et al., 1995 (*130*)	100:100	Randomized controlled trial	Acupuncture	Atropine	Total relief of pain in 30 min was observed in: • 98 in the test group • 71 in the control group.
Gastrokinetic disturbance					
Zhang et al., 1996 (*131*)	104:41	Randomized controlled trial	Acupuncture	Conventional medication (domperidone)	Effective rates (no significant difference between the two groups) were: • 95.2% in the test group • 90.2% in the control group.
Gouty arthritis					
Li et al., 1993 (*60*)	23:19	Randomized controlled trial	Blood-pricking acupuncture	Conventional medication (allopurinol)	The test group showed more marked improvement than the control group. Reduction in blood and urine uric acid was similar in the two groups.
Pan, 1997 (*61*)	39:20	Randomized controlled trial	Plum-blossom needling plus cupping	Medication (allopurinol)	After 6 weeks of treatment, marked improvement was observed in: • 100% of the test group • 65% of the control group.
Haemorrhagic fever, see Epidemic haemorrhagic fever					
Hay fever, see Allergic rhinitis (including hay fever)					
Headache					
Ahonen et al., 1983 (*17*) (myogenic)	12:10	Group comparison	Acupuncture	Physiotherapy	Significant changes in pain and electromyogram in both groups, with 4 sessions of acupuncture equivalent to 8 sessions of physiotherapy.
Loh et al., 1984 (*23*) (migraine and tension)	48	Crossover (incomplete)	Acupuncture	Standard drug therapy (mainly propranolol)	Benefit was observed in: • 59% of the test group; 39% with marked improvement • 25% of the control group; 11% with marked improvement.

Condition/Study	No.	Design	Test group	Control Group	Results
Dowson et al., 1985 (*20*) (migraine)	25:23	Randomized controlled trial	Acupuncture	Mock TENS	33% severity improvement was observed in: • 56% (14/25) of the acupuncture group • 30% (7/23) of the control group. Headache frequency was reduced in: • 44% (11/25) of the acupuncture group • 57% (13/23) of the control group.
Doerr-Proske et al., 1985 (*19*) (migraine)	10 per group	Randomized controlled trial	Acupuncture	Psychological biobehavioural treatment or no treatment (on waiting list)	Over 3 months of treatment, there was a significant reduction of headache frequency and intensity in the acupuncture and psychological biobehavioural groups. There was almost no change in those on the waiting list.
Vincent, 1989 (*25*) (migraine)	15:15	Randomized controlled trial	Acupuncture	Sham acupuncture	There was a significant difference between two groups: the test group experienced sustained improvement over 1 year after only 6 treatments in a 6-week period.
Tavola et al., 1992 (*24*) (tension)	15:15	Randomized controlled trial	Acupuncture	Sham acupuncture	The mean decreases in headache episodes, headache index and analgesic intake, respectively were: • 44.3%, 58.3% and 57.7% in the test group • 21.4%, 27.8% and 21.7% in the control group.
Kubiena et al., 1992 (*21*) (migraine)	15:15	Randomized controlled trial	Acupuncture	Placebo acupuncture	The test group showed better results than the control group (reduction in frequency of attacks, intensity of pain and amount of medication taken).
Xu et al., 1993 (*27*) (migraine)	50:50	Randomized group comparison	Manual acupuncture	Electric acupuncture	There was an Immediate analgesic effect in: • 80% of the test group • 48% of the control group.
Weinschütz et al., 1994 (*26*) (migraine)	20:20	Controlled trial, comparable pretreatment conditions	Acupuncture at classical points	Acupuncture at points 1–2 cm from those used in test group	Acupuncture at classical points yielded a significant therapeutic effect superior to the control acupuncture.
Chen et al., 1997 (*18*) (migraine)	45:30	Group comparison	Penetrating acupuncture	Nimodipine	After 20 days of treatment, headache disappeared with no recurrence after 6 months of follow-up in: • 30/45 in the test group • 16/30 in the control group.

Condition/Study	No.	Design	Test group	Control Group	Results
Liu et al., 1997 (*22*) (migraine)	30:34	Randomized controlled trial	Scalp acupuncture	Flunarizine	Headache was relieved after 1 week treatment in: • 73.3% of the test group • 38.2% of the control group.
Heart disease, see Coronary heart disease (angina pectoris); Pulmonary heart disease, chronic					
Hepatitis B virus carrier					
Wang et al., 1991 (*85*)	70:42	Group comparison	Acupuncture plus moxibustion	Herbal medication (Herba Cymbopogonis)	After 3 months of treatment, carrier status became negative in: • 30% of the test group • 2.4% of the control group. Antibodies to hepatitis B e core antigen were produced in: • 50% of the test group • 6.25% of the control group.
Heroin dependence, see Dependence, opium, cocaine, heroin					
Herpes zoster (human (alpha) herpesvirus 3) (see also Neuralgia, post-herpetic)					
Chen et al., 1994 (*225*)	33:32	Randomized controlled trial	Laser acupuncture	Polyinosinic acid	Disappearance of pain and formation of scabs, respectively, occurred after: • 1.48 and 5.76 days of laser acupuncture • 10.5 and 10.4 days of medication.
Hyperlipaemia					
Wang, 1998 (*239*)	40:25	Group comparison	Acupoint injection plus oral administration of simvastatin	Oral administration of simvastatin	Significant improvement after 30 days of treatment in: • 36/40 (90%) in the test group • 11/25 (44%) in the control group.
Hypertension, essential					
Iurenev et al., 1988 (*173*)	25:38	Group comparison	Acupuncture	Conventional medication (rescinnamine)	The therapeutic efficacy was similar in the two groups.
Zhou et al., 1990 (*176*)	135:68: 71	Group comparison	Auricular acupressure	Medication (nifedipine plus propranolol) or placebo drug	There was a similar improvement with acupressure and medication. Both were superior to placebo.
Yu et al., 1991 (*175*)	280:51	Group comparison	Auricular acupressure	Conventional medication (reserpine)	There was a similar improvement in the two groups. There were no side-effects in the test group.

Condition/Study	No.	Design	Test group	Control Group	Results
Wu et al., 1997 (*174*)	82:118	Group comparison	Scalp acupuncture	Conventional medication (nifedipine)	The effects were similar, with no statistically significant difference, in the two groups: • marked response in 47.6%, partial response in 50% of the test group • marked response in 57.6%, partial response in 40.7% of the control group.
Dan, 1998 (*172*)	26:26	Randomized controlled trial	Acupuncture	Conventional medication (nifedipine)	Monitoring of ambulatory blood pressure showed a similar reduction in 24-h systolic and diastolic blood pressure in the two groups. The reduction in myocardial oxygen consumption index was greater in the test group.
Hypo-ovarianism					
Ma et al., 1997 (*256*)	30:30	Randomized controlled trial	Body acupuncture (manual) plus cupping	Medication (diethylstilbestrol)	Marked improvement was observed in: • 43/56 (76.8%) in the test group (hormonal assay showed a further long-term effect after treatment) • 26/55 (47.3%) in the diethylstilbestrol group.
Hypophrenia					
Tian et al., 1996 (*254*)	100:25	Randomized controlled trial	Body plus ear acupuncture plus application of herbal extract to acupoints	No treatment	Intelligence quotient increased: • from 53.97 to 65.07 (11.10 ± 2.96) in the test group • from 53.87 to 55.12 in the control group. Social adaptability behaviour increased: • from 7.51 to 8.89 (1.38 ± 0.31) in test group • from 7.57 to 7.82 in the control group.
Hypotension, primary					
Guo, 1992 (*170*)	50:50	Randomized controlled trial	Auricular acupressure	Herbal tonics	After 10 days of treatment, blood pressure was restored to normal in: • 45 in the study group (no improvement in 1) • 15 in the control group (no improvement in 25).
Yu et al., 1998 (*171*)	180:60	Randomized controlled trial	Acupuncture at *bǎihuì* (GV20) plus herbal medication (*Bu Zhong Yi Qi Tang*, a formula that is routinely used in herbal medicine for the treatment of hypotension)	Herbal medication (*Bu Zhong Yi Qi Tang*)	A therapeutic effect was observed after 0.5–1 month of treatment in: • 172/180 (95.5%) in the test group • 46/60 (76.7%) in the control group.

Condition/Study	No.	Design	Test group	Control Group	Results
Induction of labour					
Yu et al., 1981 (*161*)	10:10:8	Randomized group comparison	Acupuncture at distant points or local points	Acupuncture at distant plus local points	Acupuncture at distant points was superior to that at local points in strengthening uterine contractions for induction of labour. Combined use of distant & local points was best technique.
Lin et al., 1992 (*159*)	62:48	Randomized controlled trial	Acupuncture at *hégǔ* (LI4) and *sānyīnjiāo* (SP6)	Oxytocin intravenous drip	Similar results were obtained in the two groups, but uterine contractions were less frequent and uterine motility was less marked in the test group.
Ma et al., 1995 (*160*)	31:29: 15:26	Randomized controlled trial	(1) Ear acupuncture at *shénmén*, (2) Body acupuncture at *sānyīnjiāo* (SP6) or (3) Body acupuncture at *yánglíngquán* (GB34)	(4) No treatment	The duration of labour in the four groups was: • (1) 4.47 ± 0.76 h • (2) 6.80 ± 1.04 h • (3) 9.79 ± 2.45 h • (4) 10.20 ± 2.04 h.
Infertility, see Defective ejaculation; Hypo-ovarianism; Infertility due to inflammatory obstruction of fallopian tube; Male sexual dysfunction, non-organic					
Infertility due to inflammatory obstruction of fallopian tube					
Ji et al., 1996 (*158*)	64:36:30	Randomized controlled trial	Manual acupuncture plus electric acupuncture plus moxibustion	Herbal medication or conventional Western medication (intrauterine injection of gentamicin, chymotrypsin and dexamethasone)	Results showed that the fallopian tube obstruction was totally removed in: • 81.3% of the test group; in a 2-year follow-up, the pregnancy rate was 75% • 55.6% and 56.7% of the control groups, respectively; in a 2-years follow-up, the pregnancy rates were 52.7% and 46.7%.
Insomnia					
Zhang, 1993 (*110*)	60 per group	Group comparison	Auricular acupressure	Medication (diazepam plus chlorohydrate)	After 1 month of treatment, sleep was restored to normal or markedly improved in: • 59/60 in the test group • 20/60 in the control group.
Luo et al., 1993 (*109*)	60 per group	Randomized controlled trial	Auricular acupressure	Medication (phenobarbital, methaqualone or meprobamate)	After the course of treatment, sleep improved in: • 96.7% of the test group • 35.0% of the control group.
Irritable bladder, see Female urethral syndrome					
Irritable colon syndrome					
Wu et al., 1996 (*133*)	41:40	Randomized controlled trial	Moxibustion	Western medication	After 2.5–3 months of treatment, a therapeutic effect was observed in: • 92.7% of test group (improvement in 53.7%) • 62.5% of control group (improvement in 37.5%).

Condition/Study	No.	Design	Test group	Control Group	Results
Knee pain					
Maruno, 1976 (*56*) (arthrosis)	26:26	Randomized controlled trial	Electric acupuncture	Manual acupuncture	Good results (complete alleviation of pain) were observed in: • 17/26 in the test group (average no. of treatments required, 6) • 11/26 in the control group (average no. of treatments required, 10).
Christensen et al., 1992 (*54*) (osteoarthritis)	14:15	Randomized controlled trial, independent assessment	Acupuncture	No treatment (waiting for surgery)	Reduction in pain, analgesic consumption and objective measurements were significantly greater in the test group.
Berman et al., 1999 (*58*) (osteoarthritis)	73	Randomized controlled trial	Acupuncture	Standard care (weight loss, physical and occupational therapy, medication)	Improvement according to the Western Ontario and McMaster Universities Osteoarthritis Index and Lequesne indices was superior in test group.
Labour, see Induction of labour; Labour pain					
Labour pain					
Zhang et al., 1995 (*82*)	150:150	Randomized controlled trial with independent assessment	Body plus ear acupuncture	No treatment	Acupuncture yielded a good analgesic effect and expedited the opening of the uterine ostium.
Lactation deficiency					
Chandra et al., 1995 (*169*)	15:15	Randomized controlled trial	Electric acupuncture	No acupuncture	Lactation increased by: • 92% in the test group • 30.9% in the control group. The difference was statistically significant.
Leukopenia					
Chen et al., 1991 (*141*) (chemotherapy-induced)	121:117: 34	Randomized controlled trial	Acupuncture or moxibustion	Medication (batilol plus cysteine phenylacetate)	Effective rates after 9 days of treatment were: • 88.4% in the acupuncture group • 91.5% in the moxibustion group • 38.2% in the medication group.
Chen et al., 1990 (*140*) (chemotherapy-induced)	57:34	Randomized controlled trial	Moxibustion	Medication (batilol plus cysteine-phenylacetate)	Effective rates after 9 days of treatment were: • 89.5% in the test group • 38.2% in the control group.
Yin et al., 1990 (*143*) (benzene-induced)	30:27	Randomized controlled trial	Acupuncture	Medication (cysteine-phenylacetate)	Effective rates after 6 weeks of treatment were: • 83.3% in the test group • 53.4% in the control group.

Condition/Study	No.	Design	Test group	Control Group	Results
Yin et al., 1992 (*144*) (benzene-induced)	30:25	Randomized controlled trial	Acupuncture	Medication (rubidate)	Acupuncture was superior to rubidate in improving symptoms and increasing leukocyte count; effective rates were: • 91% in the test group • 68% in the control group.
Wang, 1997 (*142*) (chemotherapy-induced)	49:34	Randomized controlled trial	Moxibustion	Medication (batilol plus cysteine-phenylacetate)	Effective rates were: • 82% in the test group • 50% in the control group.
Low back pain (see also Sciatica; Spine pain, acute)					
Gunn et al., 1980 (*46*)	29:27	Randomized controlled trial	Acupuncture	Standard therapy (physical therapy, remedial exercises, etc.)	Return to original or equivalent work or to lighter work, respectively, was possible in: • 18/29 and 10/29 in the test group • 4/27 and 14/27 in the control group.
Coan et al., 1980 (*45*)	25:25	Randomized controlled trial	Acupuncture and electric acupuncture	No treatment (waiting list)	Improvement was observed in: • 19/25 in the test group • 5/25 in the control group.
Mendelson et al., 1983 (*49*)	95	Randomized single-blind crossover with independent assessment	Acupuncture	Lidocaine injection plus sham acupuncture	Improvement was observed in: • 26 in the test group • 22 in the control group.
MacDonald et al., 1983 (*48*)	8:9	Randomized controlled trial	Acupuncture and electric acupuncture	Mock TENS	Combined average reduction (pain score, activity pain, physical signs) was: • 71.4% in the acupuncture group • 21.4% in the control group.
Lehmann et al., 1986 (*47*)	17:18:18	Randomized controlled trial	Electric acupuncture	TENS or mock TENS	There was a significantly greater gain in various measures in the test group during a 3-week in-patient treatment period and at 6-month follow-up.
Male sexual dysfunction, non-organic (see also Defective ejaculation)					
Aydin et al., 1997 (*147*)	15:16:29	Randomized controlled trial	Acupuncture	Hypnosis or placebo	Success rates were: • 60% in the acupuncture group • 75% in the group treated with hypnotic suggestion • 43–47% in the placebo group.

Condition/Study	No.	Design	Test group	Control Group	Results
Malposition of fetus, correction of					
Qin et al., 1989[(*167*)	100:40	Group comparison	Auricular acupressure	Knee-chest position	Success rates were: • 92.9% in the test group • 67.5% in the control group.
Li et al., 1990 (*165*)	27:27:20	Group comparison	Moxibustion at *zúlínqì* (GB41)	Moxibustion at *zhìyīn* (BL67) (not traditionally used for fetal transposition) or at a non-classical point (located 3 cm below the head of the fibula)	After 1 week of treatment, successful transposition occurred in: • 51.9% of the test group • 22.2% and 15%, respectively, in the control groups.
Li et al., 1996 (*166*)	48:31	Group comparison	Electric acupuncture at *zhìyīn (*BL67)	No treatment	Efficacy was markedly superior in the test group.
Cardini et al., 1998 (*164*)	130:130	Randomized controlled trial	Moxibustion at *zhìyīn* (BL67)	Routine care but no intervention for breech presentation	Among primigravidas with breech presentation during the 33rd week of gestation, moxibustion for 1–2 weeks increased fetal activity during the treatment period and resulted in cephalic presentation after treatment period & at delivery.
Ménière disease					
Zhang et al., 1983 (*219*)	33:32	Randomized controlled trial with partial crossover	Acupuncture	Conventional Western medication (betahistine, nicotinic acid, vitamin B_6, cinnarizine)	After 15 days of treatment, the syndrome was relieved in: • 25 in the test group (ameliorated in 1), with relief usually occurring immediately after treatment • 16 in the control group (ameliorated in 2). Of the 7 unaffected acupuncture patients, 5 returned to receive medication; all remained unimproved. Of the 14 unaffected control patients, 6 returned to receive acupuncture; 2 were cured and 1 improved. Effective rates were: • 74.4% in 39 courses of acupuncture treatment • 48.6% in 37 courses of medication.
Migraine, see Headache					
Morning sickness (see also Nausea and vomiting)					
Dundee et al., 1988 (*162*)	119:112: 119	Randomized controlled trial	Acupressure at *nèiguān* (PC6) or sham acupressure (a point near right elbow)	No treatment	Troublesome sickness was significantly less in the acupressure (23/119) and sham acupressure (41/112) groups than in the control group (67/119).

Condition/Study	No.	Design	Test group	Control Group	Results
De Aloysio et al., 1992 (*258*)	66	Randomized controlled trial	Acupressure at *nèiguān* (PC6)	Sham acupressure	Effective rates were: • 60% in the test group • 30% in the control group.
Bayreuther et al., 1994 (*259*)	23	Randomized single-blind crossover with independent assessment	Acupressure at *nèiguān* (PC6)	Sham acupressure	Effective rates were: • 69% in the test group • 31% in the control group.
Fan, 1995 (*163*)	151:151	Randomized group comparison	Moxibustion	Herbal medication	Cure rates after 1 week of treatment were: • 96.7% in the test group • 58.9% in the control group.
Nausea and vomiting (see also Adverse reactions to radiotherapy and/or chemotherapy; Morning sickness)					
Dundee et al., 1986 (*260*) (peri- and postoperative)	25 per group	Group comparison	(1) Acupuncture plus meptazinol, (2) Acupuncture plus nalbuphine	(3) Meptazinol (4) Sham acupuncture plus nalbuphine (5) Nalbuphine	Vomiting in group (1) was half that in group (3). There was a significantly lower incidence of emetic episodes in the acupuncture groups (1) and (2) than in the control groups (3), (4) and (5). There were no differences between the control groups (3), (4) and (5).
Dundee et al., 1987 (*233*) (cisplatin-associated)	10	Randomized crossover trial	Electric acupuncture at *nèiguān* (PC6)	Electric acupuncture at "dummy" point	Sickness was significantly lower in the test group.
Ghaly et al., 1987 *261*) (postoperative)	31:31	Group comparison	Acupuncture plus electric acupuncture	Medication (cyclizine)	Acupuncture and electric acupuncture were as effective as medication.
Weightman et al., 1987 (*262*) (postoperative)	46	Double-blind randomized controlled trial	Acupuncture at *nèiguān* (PC6)	No acupuncture	Acupuncture performed during surgery under anaesthesia did not lead to a significant reduction in nausea or vomiting after surgery.
Dundee et al., 1989 (*263*) (chemotherapy-related)	20	Group comparison	Acupuncture at *nèiguān* (PC6)	Sham acupuncture	Effective rates were: • 90% in the test group • 10% in the control group.
Barsoum et al., 1990 (*264*) (postoperative)	162	Randomized controlled trial	Acupressure at *nèiguān* (PC6) by using bands (with pressure button)	Placebo bands (without pressure button) or injection of prochlorperazine	The severity of nausea was significantly reduced in the test group compared with the two control groups.

Condition/Study	No.	Design	Test group	Control Group	Results
Ho et al., 1990 (*265*) (postoperative)	25 per group	Group comparison	Electric acupuncture	Medication (intravenous prochlorperazine 5 mg) or TENS or no treatment	Emesis episodes were observed in: • 3/25 in the electric acupuncture group • 3/25 in the medication group • 9/25 in the TENS group • 11/25 in the untreated group.
Ho et al., 1996 (*266*) (postoperative)	60	Randomized double-blind controlled trial	Acupressure bands (with pressure button)	Placebo bands (without pressure button)	Incidence of nausea and of vomiting, respectively was: • 3% and 0% in the test group • 43% and 27% in the control group.
Andrzejowski et al., 1996 (*267*) (postoperative)	36	Randomized controlled trial	Acupuncture with semipermanent needles	Placebo with needles inserted into sham points	Semipermanent acupuncture did not reduce the overall incidence of nausea and vomiting after abdominal hysterectomy but did reduce the severity of nausea in the second 24-h period and had a greater effect on patients who had nausea & vomiting after a previous anaesthetic.
McConaghy et al., 1996 (*268*) (postoperative)	30:50	Randomized controlled trial	Acupuncture at *nèiguān* (PC6)	Acupuncture at sham points	Patients were treated with acupuncture with manual stimulation for 4 min after developing post-operative nausea & vomiting lasting more than 10 min: • 53% of patients in the test group did not require further antiemetic treatment • all patients in the control group required further antiemetic treatment.
Schwager et al., 1996 (*269*) (postoperative)	84	Randomized controlled trial	Acupuncture	Placebo (no needle stimulation)	There was no statistically significant difference in total postoperative vomiting between the two groups.
Liu et al., 1997 (*270*) (cisplatin-associated)	184: 161:25: 25:23: 22:70	Randomized group comparison	Magnetic plate at *nèiguān* (PC6): (1) 120 mT, (2) 60 mT or (3) 2000 mT	(4) 120 mT magnetic plate at *zúsānlǐ* (ST36), (5) iron plate at *nèiguān* (PC6), (6) steel bead at *nèiguān* (PC6) or (7) medication (unspecified)	Total effective rates were significantly higher in the first two test groups): • (1) 92.4% • (2) 89.4% • other group rates ranged from 47.2% (7) to 0%.

Condition/Study	No.	Design	Test group	Control Group	Results
Al-Sadi et al., 1997 (*271*) (postoperative)	81	Randomized controlled trial	Acupuncture	Placebo (no needle stimulation)	The use of acupuncture reduced the incidence of postoperative nausea or vomiting in hospital from 65% to 35% (for day cases) and from 69% to 31% (after discharge).
Stein et al., 1997 (*272*) (postoperative)	75	Randomized double-blind controlled trial	Acupressure bands plus intravenous saline	Placebo bands plus intravenous metoclopramide or placebo bands plus intravenous saline	Patients who received either acupressure or placebo bands plus metoclopramide prior to initiation of spinal anaesthesia for caesarean section experienced much less nausea than patients in the placebo band plus saline group.
Schlager et al., 1998 (*273*) (postoperative)	40:20	Randomized double-blind controlled trial	Laser stimulation of *nèiguān* (PC6)	Placebo laser	The incidence of vomiting after strabismus surgery was significantly different for • 25% in the test group • 85% in the control group.
Chu et al., 1998 (*274*) (postoperative)	34:31	Randomized controlled trial assessed by evaluator blind to treatment	Acupressure using non-invasive vital point needleless acuplaster (Koa, Japan)	Placebo acupressure	The overall incidence of vomiting in a 24-h period after strabismus surgery was: • 29.4% in the test group • 64.5% in the control group.
Alkaissi et al., 1999 (*275*) (postoperative)	20:20: 20	Randomized controlled trial	Acupressure with wrist band	Placebo with or without wrist band	Nausea decreased after 24 h in all groups but vomiting and need of relief antiemetic was reduced only in the test group.
Shenkman et al., 1999 (*276*) (postoperative)	100	Randomized controlled trial	Acupuncture plus acupressure	Acupuncture at sham points	Perioperative acupressure and acupuncture did not diminish emesis in children following tonsillectomy.
Neck pain					
Coan et al., 1982 (*35*)	15:15	Randomized controlled trial	Acupuncture plus electric acupuncture	No treatment (waiting list)	Mean pain scores were reduced by: • 40% in the test group; improvement in 12/15 • 2% in the control group; improvement in 2/15.
Loy, 1983 (*36*)	26:27	Randomized controlled trial	Electric acupuncture	Physiotherapy	Improvement was observed in: • 67.4% of the test group at 3 weeks, 87.2% at 6 weeks • 51.3% of the control group at 3 weeks, 53.9% at 6 weeks.

Condition/Study	No.	Design	Test group	Control Group	Results
Petrie et al., 1986 (*37*)	13:12	Randomized controlled trial	Acupuncture	Mock TENS	At 1-month follow-up, daily pill count and disability scores, respectively: • decreased by 23.5% and 24.6% in the test group • increased by 8.4% and 8.4% in control group.
David et al., 1998 (*34*)	35:35	Randomized controlled trial	Acupuncture	Physiotherapy	Both groups improved in respect of pain and range of movement of neck. Acupuncture was slightly more effective in patients who had higher baseline pain scores.
Birch et al., 1998 (*33*)	46	Randomized controlled trial	Acupuncture at specific sites relevant for neck pain or acupuncture at specific sites not relevant for neck pain	Nonsteroid anti-inflammatory medication	Relevant acupuncture contributed to modest pain reduction in persons with myofascial neck pain. The relevant acupuncture group had significantly greater pre- and post-treatment differences in pain than the non-relevant acupuncture and medication groups.
Neuralgia, post-herpetic					
Lewith et al., 1983 (*103*)	30:32	Randomized controlled trial	Auricular plus body acupuncture	Placebo (mock TENS)	There were no differences in the pain recorded in the two groups during or after treatment. There was a significant improvement in pain at the end of treatment in 7 patients of the placebo group and 7 patients of the acupuncture group.
Sukandar et al., 1995 (*104*)	7:7	Randomized controlled trial	Acupuncture at *jiájǐ* (EX-B2) on affected side plus amitriptyline–trifluoperazine combo (amitriptyline 5 mg + trifluoperazine 0.5 mg per tablet), one tablet twice a day	Acupuncture at *jiájǐ* (EX-B2) on contralateral side plus an amitriptyline–trifluoperazine combination	There was a significant difference in analgesia between the test and control groups. Analgesia was excellent in: • all patients in the test group after 6 sessions • none of the patients in the control group.
Neurodermatitis					
Huang et al., 1998 (*227*)	60:60	Randomized controlled trial	Acupuncture with seven-star needles	Conventional local treatment	Cure rates were: • 100% in the test group • 16.7% in the control group.
Neuropathic bladder in spinal cord injury					
Cheng et al., 1998 (*277*)	40:40	Controlled trial	Electric acupuncture	Conventional bladder-training programme	Times taken to achieve balanced voiding were: • 57.1 ± 22.6 days in the test group • 85.2 ± 27.4 days in the control group. The difference was statistically significant.

Condition/Study	No.	Design	Test group	Control Group	Results
Obesity (see also Simple obesity in children)					
Richards et al., 1998 (*238*)	60	Randomized controlled trial	Auricular acupuncture	Sham acupuncture	Suppression of appetite was noticed in: • 95% of the test group • 0% of the control group.
Opium dependence, see Dependence, opium, cocaine, heroin					
Osteoarthritis					
Junnila, 1982 (*55*)	16:16	Group comparison (sequential)	Acupuncture	Medication (piroxicam)	Pain was relieved by: • 61% 1 month after a series of acupuncture treatments; no side-effects • 32% after 4 months of piroxicam therapy; itching of the skin, intestinal bleeding, or tiredness occurred in 19%.
Pain, see Abdominal pain in acute gastroenteritis; Biliary colic; Cancer pain; Dental pain; Dysmenorrhoea, primary; Earache; Epigastralgia, acute; Eye pain due to subconjunctival injection; Facial pain (including craniomandibular disorders); Gastrointestinal spasm; Headache; Knee pain; Labour pain; Low back pain; Neck pain; Neuralgia, post-herpetic; Osteoarthritis; Pain due to endoscopic examination; Pain in thromboangiitis obliterans; Periarthritis of shoulder; Plantar pain due to fasciitis; Postoperative pain; Radicular and pseudoradicular pain syndromes; Renal colic; Sciatica; Sore throat; Spine pain, acute; Sprain; Stiff neck; Tennis elbow					
Pain due to endoscopic examination					
Wang et al., 1992 (*135*) (colonoscopy)	100:100	Group comparison	Acupuncture	Standard medication (scopolamine butylbromide, pethidine)	Analgesia was similar in the two groups but there were significantly fewer side-effects in the test group.
Wang et al., 1997 (136) (colonoscopy)	30:29	Randomized controlled trial	Electric acupuncture at *zúsānlǐ* (ST36) and *shàngjùxū* (ST37)	Pethidine analgesia	Analgesia was similar in the two groups, but there were fewer side-effects in the test group.
Pain in thromboangiitis obliterans					
Qiu, 1997 (*16*)	60:30	Group comparison	Body acupuncture (manual)	Medication (intramuscular bucinnazine; also known as bucinperazine)	Effective rates were: • 93.4% in the test group; pain relief started 2–10 min after needling and lasted for 5.6 h • 56.7% in the control group; pain relief started 15–25 min after injection and lasted for 3.1 h.
Periarthritis of shoulder					
Kinoshita, 1973 (*38*)	15:15	Randomized controlled trial	Acupuncture at specific & basic points	Acupuncture at basic points alone	The therapeutic effect was superior in the test group; the difference was significant.
Shao, 1994 (*39*)	62:62	Randomized controlled trial	Acupuncture at *èrjiān* (LI2)	Acupuncture at traditional points	Cure rates were: • 66.1% in the test group after 2.2 treatments • 31.7% in control groups after 8.2 treatments.

Condition/Study	No.	Design	Test group	Control Group	Results
Pertussis, see Whooping cough (pertussis)					
Plantar pain due to fasciitis					
Karen et al., 1991 (*41*)	15 per group	Randomized controlled trial	Acupuncture	Sham acupuncture or conventional sports therapy	True acupuncture produced greater improvement in pain records than conventional sports therapy at the end of the treatment period (4 weeks) and at the end of the follow-up period (3 weeks). There was also a statistically significant difference between true and sham acupuncture.
Polycystic ovary syndrome (Stein–Leventhal syndrome)					
Ma et al., 1996 (*245*)	50:48	Randomized controlled trial	Manual acupuncture plus electric acupuncture plus moxibustion	Conventional Western medication (clomifene)	Clinical cure (assessment of clinical symptoms, ultrasonic examination and radioimmunoassay of sex hormones) was observed in: • 94% of the test group • 62.5% of the control group.
Postextubation in children					
Lee et al., 1998 (*15*)	38:38	Randomized controlled trial	Acupuncture (blood-letting at *shàoshāng* (LU11) at the end of operation)	No acupuncture	If laryngospasm developed, patients were immediately given acupuncture at *shàoshāng* (LU11) or *zhōngfǔ* (LU1). The laryngospasm was relieved within 1 min in all patients. The incidence of laryngospasm occurring after tracheal extubation in children was: • 5.3% in the test group • 23.7% in the control group.
Postoperative symptoms, closed craniocerebral injury					
Ding et al., 1997 (*252*)	50:50	Randomized controlled trial	Conventional Western medication plus acupuncture	Conventional Western medication (no further details available)	Clinical cure in was observed in: • 13 in the test group; marked improvement in 30; cure and improvement rate, 86% • 7 in the control group; marked improvement in 21; cure and improvement rate, 56%.
Postoperative convalescence					
Xu, 1998 (*101*) (hemiplegia after meningioma removal)	15:15	Group comparison	Body acupuncture	Routine medical treatment (intravenous piracetam)	Improvement of muscular strength and activities after 10 days of treatment was observed in: • 14 in the test group • 8 in the control group.
Postoperative pain					
Christensen et al., 1989 (*72*) (after lower abdominal surgery)	10:10	Randomized controlled trial	Electric acupuncture	No treatment	The pethidine requirements of each patient were recorded. The quantity of pethidine consumed by the test group was half that consumed by the control group.

Condition/Study	No.	Design	Test group	Control Group	Results
Wang et al., 1990 (*76*) (after tonsillectomy)	33:33	Group comparison	Acupuncture	Medication (penicillin plus Dobell gargle)	Alleviation of pain, reduction in salivation and speed of wound healing were superior in the test group.
Lü et al., 1993 (*74*) (after anal surgery)	62:30	Randomized controlled trial	Acupuncture	Bucinnazine	A marked analgesic effect was obtained in: • 77% of the test group • 27% of the control group.
Tsibuliak et al., 1995 (*75*) (various)	229:91: 229	Group comparison	Acupuncture	Electric stimulation or narcotic analgesics (omnopon (a Chinese opium alkaloid), trimeperidine)	Although less effective than narcotic analgesics, acupuncture provided adequate analgesia in 50% of patients, & noticeably alleviated severity of postoperative complications (nausea, vomiting, retention of urine, intestinal paresis, impaired drainage function of bronchi).
Felhendler et al., 1996 (*278*) (after knee arthroscopy)	40	Randomized controlled trial	Acupressure (firm pressure across classical acupoints)	Placebo (light pressure in the same area)	60 min and 24 h after treatment, pain scores on a visual analogue scale were lower in the test group.
Chen et al., 1998 (*71*) (after abdominal hysterectomy or myomectomy)	25 per group	Randomized controlled trial	TENS at *zúsānlĭ* (ST36) or dermatomal TENS at the level of the surgical incision	Nonacupoint TENS or sham TENS (no electric current)	Peri-incisional dermatomal TENS and TENS at zusanli were equally effective in decreasing postoperative opioid analgesic requirement and in reducing opioid-related side effects. Both of these treatments were more effective than the nonacupoint or sham TENS.
Premenstrual syndrome					
Li et al., 1992 (*155*)	108:108	Randomized group comparison	Acupuncture	Herbal medication	Total relief of symptoms with no recurrence in 6 months of follow-up was observed in: • 91.7% of the test group • 63% of the control group.
Prostatitis, chronic					
Luo et al., 1994 (*149*)	100:81	Randomized controlled trial	Acupuncture at *zhìbiān* (BL54) and *sānyīnjiāo* (SP6)	Medication (oral sulfamethoxazole)	Relief of symptoms and improvement in sexual function were superior in the test group.
Pruritus, experimentally induced					
Lunderberg et al., 1987 (*226*)	10	Randomized crossover trial	Manual or electric acupuncture	Placebo acupuncture (superficial insertion of needle with no specific sensation)	Acupuncture and electric acupuncture reduced subjective itch intensity more effectively than placebo acupuncture. The difference was significant. The results suggest that the two test procedures could be tried in clinical conditions associated with pruritus.

Condition/Study	No.	Design	Test group	Control Group	Results
Pulmonary heart disease, chronic					
Zou et al., 1998 (*279*)	30:29	Randomized controlled trial	Ginger moxibustion plus acupoint injection	Routine Western treatment (oxygen inhalation, antibiotics and bronchodilators)	After 1.5–2 months of treatment, improvement was observed in: • 27/30 (90%) of the test group; in 1-year follow-up, acute respiratory infection occurred in 7 • 12/29 (41.4%) of the control group; in 1-year follow-up, acute respiratory infection occurred in 26.
Radicular and pseudoradicular pain syndromes					
Kreczi et al., 1986 (*57*)	21	Randomized single-blind crossover trial	Laser acupuncture	Mock laser acupuncture	Laser acupuncture was more effective than placebo in 20 out of 21 patients.
Raynaud syndrome, primary					
Appiah et al., 1997 (*244*)	17:16	Randomized controlled trial	Acupuncture	No treatment	Mean duration of the capillary flowstop reaction induced by local cooling test decreased from 71 s to 24 s (week 1 compared to week 12, $P = 0.001$) in test group. Changes in control group weren't significant. Authors concluded that Chinese acupuncture is a reasonable alternative in treating patients with primary Raynaud syndrome. There was a significant decrease in the frequency of attacks by: 63% in the test group and 27% in the control group.
Recurrent lower urinary-tract infection					
Aune et al., 1998 (*152*)	67	Randomized controlled trial	Acupuncture	Sham acupuncture or no treatment	Proportions remaining free of lower urinary-tract infection during6-month observation period were: • 85% in the acupuncture group • 58% in the sham acupuncture group • 36% in the untreated group.
Reflex sympathetic dystrophy					
Kho, 1995 (*280*)	28	Double-blind placebo-controlled trial	Acupuncture	Sham acupuncture	Acupuncture was beneficial.
Renal colic					
Lee et al., 1992 (*65*)	22:16	Randomized controlled trial	Acupuncture	Medication (injection of a metamizole–camylofin combination)	Both groups experienced a significant decrease in pain levels, with the acupuncture group improving slightly more. Side-effects occurred in: • 0/22 in the test group • 7/16 in the control group.

Condition/Study	No.	Design	Test group	Control Group	Results
Zhang et al., 1992 (*7*)	126:118	Group comparison	Acupuncture	Medication (injection of atropine plus pethidine)	An analgesic effect was observed in: • 99.2% of the test group • 71.2% of the control group.
Li et al., 1993 (*66*)	25:27	Randomized controlled trial	Acupuncture	Medication (injection of atropine plus promethazine and bucinnazine)	Relief of pain was observed in: • all patients in the test group in 25 min on average • 90% of the patients in the control group in 50 min.
Retention of urine, traumatic					
Pan et al., 1996 (*146*)	76:32	Randomized controlled trial	Acupuncture	Medication (intramuscular neostigmine bromide)	The therapeutic effect of acupuncture was markedly superior to that of neostigmine injection.
Retinopathy, central serous					
Yu et al., 1997 (*281*)	83:135	Group comparison	Acupuncture (manual)	Medication (rutoside, vitamin C, troxerutin)	Cure rates were: • 46/86 (49.5%) eyes in test group; average duration of treatment required, 50.6 days • 52/146 (35.6%) eyes in control group; average duration of treatment required, 63.6 days.
Rheumatoid arthritis					
Man et al., 1974 (*4*)	10:10	Group comparison	Electric acupuncture	Sham acupuncture	Pain relief was observed in: • 90% of the treatment group • 10% of the control group.
Ruchkin et al., 1987 (*5*)	10:6	Double-blind controlled trial	Auricular electric-acupuncture	Sham electric acupuncture (no electrical stimulation)	Subjective improvement was observed in: • all patients in the test group • 1 patient in the control group.
Sun et al., 1992 (*6*)	378:56	Group comparison	Warming acupuncture	Acupuncture	Marked improvement was observed in: • 65.5% of the test group • 26.8% of the control group.
Schizophrenia					
Jia et al., 1986 (*195*)	24:13	Controlled trial	Laser acupuncture	Medication (chlorpromazine)	After 6 weeks of treatment, marked improvement was observed in: • 78% of the test group • 39% of the control group.
Zhang et al., 1994 (*282*)	38:31	Randomized controlled trial	Electric acupuncture plus conventional medication (various)	Conventional medication (various)	The therapeutic effect was significantly greater in the test group.

Condition/Study	No.	Design	Test group	Control Group	Results
Sciatica					
Kinoshita, 1971 (*50*)	15:15	Randomized controlled trial	Acupuncture with deep insertion of needles (10–30 mm)	Acupuncture with superficial puncture (5 mm)	The therapeutic effect was greater in the test group. The difference was statistically significant.
Kinoshita, 1981 (*51*)	15:15	Randomized controlled trial	Acupuncture at *dàchángshū* (BL25) with deep puncture (6 cm)	Acupuncture with superficial puncture (2 cm)	The therapeutic effect on tenderness, Lasegue's sign, and subjective symptoms was greater in the test group. The difference was significant.
Shen, 1987 (*53*)	50:50	Group comparison	Long-needle acupuncture	Classical acupuncture	Effective rates were: • 96% of the test group • 72% of the control group.
Li, 1991 (*52*)	100:70	Group comparison	Acupuncture at *xiazhibian*	Acupuncture at *zhibiān* (BL54)	Effective rates were: • 98% of test group after 15.8 treatments, on average • 81.4% of the control group after 27.7 treatments.
Sexual dysfunction, see Defective ejaculation; Male sexual dysfunction, non-organic					
Sialorrhoea, antipsychotic-induced					
Xiong et al., 1993 (*242*)	60:60	Randomized controlled trial	Acupuncture	Anisodamine	After 10 days of treatment, marked reduction in salivation was achieved in: • 96.7% of the test group • 35.9% of the control group.
Simple obesity in children					
Yu et al., 1998 (*283*)	101:101: 50	Randomized controlled trial	Photo-acupuncture or auricular acupressure	No treatment	The effects of photo-acupuncture and auricular acupressure were satisfactory, with better results for the former. After 3 months of acupuncture treatment, the obesity indices decreased significantly and levels of blood lipids, glucose, hydrocortisone and triiodothyronine were all markedly improved.
Sjögren syndrome					
List et al., 1998 (*243*)	21	Randomized controlled trial	Acupuncture	No treatment	A significant increase in paraffin-stimulated saliva secretion was found in both groups. There were no statistically significant differences in unstimulated salivary secretion between groups. The study showed that acupuncture is of limited value for patients with primary Sjögren syndrome.

Condition/Study	No.	Design	Test group	Control Group	Results
Small airway obstruction					
Chen et al., 1997 (*284*)	21:21:21	Randomized controlled trial	Body acupuncture (40 min)	Body acupuncture (20 min and 60 min)	Small airway function in bronchial asthma and chronic bronchitis improved in all three groups. The best result was obtained in the test group.
Smoking, see Dependence, tobacco					
Sore throat (see also Tonsillitis, acute)					
Gunsberger, 1973 (*118*)	100 per group	Group comparison	Acupuncture at a single point or at 2 points	No treatment (acupuncture refusers) or petroleum jelly placebo	Results in the two treatment groups were significantly better than in the two control groups. At 48 h, 90% of those receiving acupuncture at 2 points were still reporting pain relief compared with only 30% of those receiving no treatment.
Spine pain, acute (see also Low back pain; Sciatica)					
Santiesteban, 1984 (*285*)	5:5	Randomized controlled trial	Electric acupuncture	Selected physical therapy	The test group showed significant increases in range of motion, straight leg raising, & decreased pain immediately after treatment. Control group showed no improvement.
Sprain					
Jiao, 1991 (*68*) (limb)	200:100	Randomized controlled trial	Acupuncture	Physiotherapy	Pain was relieved after 1 session of treatment in: • 32% of the test group (in 84% after 9 sessions) • 0% of the control group (in 18% after 9 sessions).
Jin, 1991 (*69*) (lumbar)	346:50	Group comparison	Hand acupuncture	Medication (analgesic)	Pain was relieved and function restored in: • 1–3 days (average 1.06 days) in test group • 3–10 days (average 4.38 days) in control group.
Zheng, 1997 (*70*) (lumbar)	100:50	Randomized group comparison	Hand acupuncture	Body acupuncture	Cure (disappearance of symptoms, free movement of the lower back, and no recurrence in 3 years) immediately after 1 session of treatment in: • 82.4% of the test group • 52.9% of the control group.
Stiff neck					
Wu, 1997 (*286*)	100:32	Group comparison	Acupuncture at *laozhen*	Medication (ibuprofen 0.3 g, 3 times per day)	Cure was observed in: • 80/100 (80%) in the test group after the first session, 10 after the second, and 4 after the third; 6 did not respond in 3 days • 12/32 (38%) in the control group on the first day, 6 on the second, and 2 on the third; 12 did not respond in 3 days.

Condition/Study	No.	Design	Test group	Control Group	Results
Stroke					
Chen et al., 1990 (*89*) (ischaemic))	20 per group	Randomized controlled trial	Acupuncture	Medication (mannitol, dextrose, citicoline)	A better therapeutic effect (as assessed by EEG-map and somatosensory-evoked potential) was observed in the test group.
Zou et al., 1990 (*287*) (ischaemic)	32:31	Randomized controlled trial	Acupuncture	Medication (vinpocetine)	A better therapeutic effect was observed in the test group.
Bai et al., 1993 (*88*) (ischaemic)	40 per group	Randomized controlled trial	Acupuncture	Medication Beniol (a Chinese medicine containing linoleic acid, inositol & other vitamins), troxerutin, nimodipine)	A better neurological outcome was observed in the test group.
Hu et al., 1993 (*94*) (ischaemic)	30:30	Randomized controlled trial	Physiotherapy plus acupuncture	Physiotherapy	A better neurological outcome was observed for physiotherapy plus acupuncture than for physiotherapy alone.
Jin et al., 1993 (*99*) (hemiplegia after stroke)	108:100	Randomized group comparison	Temporal acupuncture	Traditional body acupuncture	Significantly better results were obtained in the test group.
Liang, 1993 (*100*) (sequelae of stroke)	50:50	Randomized controlled trial	Temporal acupuncture	Traditional body acupuncture	Significantly better results were obtained in the test group.
Johansson et al., 1993 (*95*) (sequelae of stroke)	38:40	Randomized controlled trial	Acupuncture plus physiotherapy and occupational therapy	Physiotherapy and occupational therapy	A more rapid and more complete recovery was observed in the test group.
Zhang et al.,1994 (102) (stroke with aphasia)	22:22	Randomized controlled trial	Scalp electric acupuncture	No treatment	A more rapid and more complete recovery observed in the test group.
Liao, 1997 (*91*) (hemiplegia after stroke)	108:107	Group comparison	Acupuncture at *shǒusānlǐ* (LI10) and *fútù* (ST32)	Routine medication plus hyperbaric oxygenation	Marked improvement after 20 days of treatment was observed in: • 66.7% of the test group • 29.0% of the control group.

Condition/Study	No.	Design	Test group	Control Group	Results
Jiang et al., 1997 (*90*) (spontaneous limb pain after stroke)	30:30	Randomized controlled trial	Electric acupuncture	Conventional Western medication (carbamazepine)	After 30 days of treatment, the two groups showed similar amelioration of pain. Effective rates were: • 90% in the test group • 86.7% in the control group.
Liu et al., 1997 (*92*) (myodynamia after stroke)	78:56:30	Group comparison	Scalp or body acupuncture	Medication	Functional recovery was observed in: • 75.6% of the scalp acupuncture group; total effective rate 98.7% • 51.8% of the body acupuncture group; total effective rate 92.8% • 16.7% control group; total effective rate 80%.
Kjendahl et al., 1997 (*97*) (subacute stroke)	21:20	Randomized controlled trial	Rehabilitation programme plus acupuncture	Rehabilitation programme	The test group improved significantly more than the control group during the treatment period of 6 weeks, and even more during the following year, according to motor-assessment scale, ADL, Nottingham health profile and social situation.
Gosman-Hedstrom et al., 1998 (*96*) (acute stroke)	104	Randomized controlled trial	Conventional rehabilitation plus deep acupuncture	Conventional rehabilitation plus superficial acupuncture or conventional rehabilitation alone	There were no differences between the groups in respect of changes in the neurological score and the Barthel and Sunnaas activities of daily living index scores after 3 and 12 months.
Si et al., 1998 (*93*) (acute ischaemic stroke)	42	Randomized controlled trial	Electric acupuncture plus medication	Medication	Clinical functional recovery was significantly better in the test group.
Wong et al., 1999 (*98*) (hemiplegia after stroke)	59:59	Randomized controlled trial	Electric acupuncture plus rehabilitation	Rehabilitation	Patients in the test group had a shorter hospital stay for rehabilitation and better neurological and functional outcomes than those in the control group, with a significant difference in scores for self-care and locomotion.
Temporomandibular joint dysfunction (see also Facial pain, including craniomandibular disorders)					
Raustia et al., 1986 (*288*)	25:25	Randomized controlled trial	Acupuncture	Standard stomatognathic treatment	Both treatments resulted in a significant reduction in symptoms and signs. Acupuncture seems to be useful as a complementary treatment, especially in cases with evidence of physiological or neuromuscular disturbances.

Condition/Study	No.	Design	Test group	Control Group	Results
Tennis elbow					
Brattberg, 1983 (*42*)	34:26	Group comparison	Acupuncture	Steroid injection	Improvement was observed at follow-up in: • 61.8% of the test group • 30.8% of the control group.
Haker et al., 1990 (*43*)	44:38	Randomized group comparison	Classical acupuncture	Superficial acupuncture	Short-term improvement was significantly greater in the test group.
Molsberger et al., 1994 (*44*)	24:24	Placebo-controlled, single-blind trial with independent evaluation	Acupuncture	Placebo (acupuncture. avoiding penetration of the skin)	Pain relief of at least 50% after 1 treatment was reported by: • 19 of the test group; average duration of analgesia after 1 treatment, 20.2 h • 6 of the control group; average duration of analgesia after 1 treatment, 1.4 h.
Tietze syndrome					
Yang, 1997 (*246*)	108:64	Group comparison	Acupuncture (manual) plus cupping	Routine medication (oral indometacin and local injection of prednisolone or procaine) plus physiotherapy	After 3 weeks of treatment, cure was observed in: • 70/108 (64.8%) in the test group • 24/64 (37.5%) in the control group.
Tinnitus					
Jin et al., 1998 (*220*) (subjective)	35:35	Randomized controlled trial	Body acupuncture	Routine medication, including anisodamine	After 6 weeks of treatment cure was observed in: • 8 (22.9%) in the test group; 10 (28.6%) markedly improved • 2 (5.7%) in the control group; 6 (17.1%) markedly improved.
Vilholm et al., 1998 (*221*) (severe)	54	Randomized controlled crossover trial	Body acupuncture	Placebo	There was no statistically significant difference between the two groups.
Tonsillitis, acute					
Chen, 1987 (*117*)	220:50	Group comparison	Acupuncture	Antibiotics (penicillin, etc.)	Earlier relief of fever and sore throat was observed in the test group.
Tourette syndrome					
Tian et al., 1996 (*217*)	68:17	Randomized controlled trial	Body acupuncture plus auricular acupressure	Conventional Western medication (haloperidol)	Cure was observed in: • 30.9% of the test group; effective rate at 6-month follow-up, 46/57 (89.7%) • 11.8% of the control group; effective rate at 6-month follow-up, 5/13 (69.7%) in the control group.

Condition/Study	No.	Design	Test group	Control Group	Results
Jin, 1998 (*216*)	30:30	Randomized controlled trial	Body acupuncture plus auricular acupressure	Conventional Western medication (haloperidol)	After 1 month of treatment, clinical cure with no recurrence at 6-month follow-up in: • 30.0% of test group; overall effective rate 93.4% • 6.7% of control group; overall effective rate 76.7%.
Ulcerative colitis, chronic					
Wu et al., 1995 (*134*)	24:11	Group comparison	Moxibustion with herbal partition	Sulfasalazine	After 3 months of treatment, clinical cure was observed in: • 13/24 (54%) in test group; improvement in 10 • 3/11 (27%) in the control group; improvement in 4. The difference was significant.
Ma et al., 1997 (*289*)	60:30	Randomized controlled trial	Body acupuncture plus moxibustion.	Sulfasalazine plus metronidazole	After 30 days of treatment, cure (assessed both clinically and endoscopically) was observed in: • 76.7% of the test group • 56.7% of the control group.
Urinary tract problems, see Female urethral syndrome; Neuropathic bladder in spinal cord injury; Recurrent lower urinary tract infection; Renal colic; Urolithiasis					
Urolithiasis					
Zhang et al., 1992 (*7*)	126:118	Group comparison	Acupuncture	Fluid infusion plus herbal medication)	Cure (elimination of symptoms and signs and no residual stones revealed by X-ray or ultrasound examination) was observed in: • 90.48% of the test group • 33.05% of the control group.
Vascular dementia					
Lai, 1997 (*290*)	30:30	Randomized controlled trial	Manual plus electric acupuncture	Aniracetam	Improvement after 6 weeks of treatment was observed in: • 26 (86.7%) of the test group • 19 (63.3%) of the control group.
Liu et al., 1998 (*291*)	60:60: 30:30	Randomized controlled trial	(1) Scalp electric acupuncture	(2) Nimodipine, (3) Electric acupuncture plus medication (nimodipine), or (4) No treatment	Assessment by various neuropsychological scales showed that effects of test & control procedures were comparable. After 8 weeks of treatment, assessment (of memory, intelligence and ability to take care of oneself) showed improvement in: • 68.3% of group (1) • 71.6% of group (2) • 73.3% of group (3) • 23.3% of group (4).

Condition/Study	No.	Design	Test group	Control Group	Results
Jiang et al., 1998 (*292*)	33:33	Randomized controlled trial	Electric acupuncture	Dihydroergotoxine	Results were superior in the test group, as assessed by the Hasegawa dementia scale and functional activities questionnaire, increase in superoxide dismutase and decreases in lipid peroxide and nitric oxide.
Viral encephalitis in children, late stage					
Wang, 1998 (*293*)	72:42	Group comparison	Scalp electric and manual acupuncture plus routine medication as for control group	Routine medication (including antiviral and anti-inflammatory agents, and nutrients for brain tissue)	Effective rates were: • 59/72 (81.9%) in the test group • 19/42 (45.2%) in the control group.
Whooping cough (pertussis)					
Yao et al., 1996 (*87*)	145:50	Randomized controlled trial	Acupuncture at *bāxié* (EX-UE9)	Chloramphenicol intravenous drip	After 7 days of treatment, cure was observed in: • 98.6% of the test group • 10% of the control group.

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