INPLASY PROTOCOL

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Review Stage at time of this submission: **Preliminary searches.**

Conflicts of interest:
None.

Moxibustion for cervical vertigo: a protocol for a systematic review and meta-analysis

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Review question / Objective: **To evaluate whether moxibustion is effective in treating Cervical vertigo.**
Condition being studied: **Moxibustion has been widely used to relieve cervical vertigo(CV). However, the efficacy of moxibustion for CV is uncertain. The purpose of this study is to evaluate the efficacy and safety of the moxibustion for CV.**
Information sources: We were searched the following Electronic databases from their inceptions to June 2020: PubMed, the Cochrane Library, Embase, the China National Knowledge Infrastructure (CNKI), Wanfang Database, Chinese Science and Technology Periodical Database (VIP), and Chinese Biomedical Literature Database (CBM). Search terms consist of disease (cervical vertigo, dizziness, cervical spondylopasis of the vertebroarterial type) and intervention (moxibustion OR moxa OR moxabustion OR mugwort).

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 01 June 2020 and was last updated on 01 June 2020 (registration number INPLASY202060004).

INTRODUCTION

Review question / Objective: **To evaluate whether moxibustion is effective in treating Cervical vertigo.**

Condition being studied: **Moxibustion has been widely used to relieve cervical vertigo(CV). However, the efficacy of moxibustion for CV is uncertain. The purpose of this study is to evaluate the efficacy and safety of the moxibustion for CV.**

METHODS

Participant or population: **Participants with cervical vertigo must be diagnosed with a**

standard diagnostic criteria. There are no limits to research subjects' age, gender, race, condition duration or intensity.

Intervention: Moxibustion therapy includes all treatments using any type moxibustion, such as indirect moxibustion, direct moxibustion, heat-sensitive moxibustion etc. Mixed therapies based on moxibustion will also be included.

Comparator: The control group will receive an internationally recognized therapy such as conventional pharmacological therapies. No treatment, and placebo will also be included. Studies that compare the effect of different types of moxibustion will be excluded.

Study designs to be included: All randomized controlled trials (RCTs) of moxibustion for the treatment of patients with CV will be considered eligible.

Eligibility criteria: This study will include RCTs that compared the efficacy and safety of moxibustion with other treatments for patients with CV.

Information sources: We were searched the following Electronic databases from their inceptions to June 2020: PubMed, the Cochrane Library, Embase, the China National Knowledge Infrastructure (CNKI), Wanfang Database, Chinese Science and Technology Periodical Database (VIP), and Chinese Biomedical Literature Database (CBM). Search terms consist of disease (cervical vertigo, dizziness, cervical spondylopasis of the vertebroarterial type) and intervention (moxibustion OR moxa OR moxabustion OR mugwort).

Main outcome(s): Percentage of Clinical Efectiveness,Cervical vertigo symptoms , functional rating scale (ESCV) and visual analogue scale (VAS).

Quality assessment / Risk of bias analysis: In accordance with recommendations in the Cochrane Handbook of Systematic Reviews of Interventions, two reviewers independently evaluated the methodological quality of included trials using the Cochrane risk of bias assessment tool that included the following items: random sequence generation, allocation concealment, blinding of participants and personnel, blinding of outcome assessment, incomplete outcome data, selective reporting, and other bias. For each item, ROB was graded as high, low, or unclear. If the evaluation results were inconsistent, issues were resolved by rechecking the source papers and further discussions with the third reviewer.

Strategy of data synthesis: RevMan 5.3 software will be applied in this meta-analysis. For continuous variables, when outcomes are measured by the same scale, results will be reported as mean differences (MDs) with 95% confidence intervals (CIs); when outcomes are measured by different scales, results will be reported as standardized mean differences (SMDs) with 95% CI. Categorical data will be calculated with the risk ratio (RR) and 95% CI. The studies' heterogeneity was evaluated by χ^2 test and Higgins I^2 test, when $I^2 \leq 50\%$, $P \geq 0.10$, the fixed effect model was used; otherwise, a random effects model will be used after excluding significant clinical heterogeneity, Sensitivity analysis was used to assess the impact of the included trials on the final outcome.

Subgroup analysis: If the necessary data are available, subgroup analysis will be performed according to the type of control groups such as placebo, no treatment, and drug.

Sensibility analysis: To investigate the stability of study conclusions, we will undertake sensitivity analysis by excluding low quality studies.

Country(ies) involved: China.

Keywords: moxibustion, cervical vertigo, protocol, systematic review.

Contributions of each author:
Author 1 - Haiyan Li.
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