

INPLASY PROTOCOL

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Clinical acupuncture therapy for Chronic Cholecystitis: protocol of a systematic review and meta-analyses

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Review Stage at time of this submission: The review has not yet started.

Conflicts of interest:
None declared.

Review question / Objective: For more accurate conclusions, more high-quality randomized controlled trials and research mechanisms are needed to confirm its effectiveness, so as to more objectively evaluate the safety and effectiveness of acupuncture therapy in the treatment of chronic cholecystitis.
Information sources: We will conduct a comprehensive literature search in Medline, PubMed, Cochrane Database of Systematic Reviews(Cochrane Library,Wiley), Embase, Chinese Biomedical Literatures Database(CBM), China National Knowledge Infrastructure(CNKI), Wang Fang Database(WF), Chinese Scientific Journal Database(VIP) from inception to February 2021 without any language restriction.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 05 February 2021 and was last updated on 05 February 2021 (registration number INPLASY202120020).

INTRODUCTION

Review question / Objective: For more accurate conclusions, more high-quality randomized controlled trials and research mechanisms are needed to confirm its effectiveness, so as to more objectively evaluate the safety and effectiveness of

acupuncture therapy in the treatment of chronic cholecystitis.

Condition being studied: Chronic cholecystitis is a chronic persistent disease, which can be caused by bacterial infection, cholestasis, improper diet and other factors. It can cause chronic

gallbladder inflammation after repeated attacks of gallbladder stones or acute cholecystitis. The treatment cost of chronic cholecystitis in chronic digestive system diseases also very high. In clinical patient manifestations, its forms are different, whether there are obvious abdominal symptoms or the main manifestations are repeated right upper abdomen or upper middle abdomen distension or discomfort as the main manifestation and right upper abdomen tenderness or percussion pain, accompanied by abdominal distension. Accompanying symptoms of the digestive system such as belching, loss of appetite, etc. At present, the cause and mechanism of chronic cholecystitis are not completely clear. The cause of the disease can be summarized as four major factors: gallbladder stones, bacterial and fungal infections, changes in hemodynamics in the gallbladder and other factors. Its internal mechanism is believed by modern research that chronic cholecystitis is closely related to abnormal bile duct motility and lipid metabolism disorders. INF- α is a pro-inflammatory cytokine produced by monocytes and macrophages. It is widely involved in the body's immune response and inflammatory response. Increased TNF- α can cause interleukin 1 (IL-1).

METHODS

Participant or population: The inclusion of this literature must be RCT that meets the diagnostic criteria for chronic cholecystitis will be included. This article does not limit the age, gender and source of the patient. Exclude patients with other diseases in patients with chronic cholecystitis.

Intervention: Patients with chronic cholecystitis in the test group must use acupuncture therapy as the main program (could be combined with other treatments or used alone), and the control group cannot use acupuncture therapy.

Comparator: The control group can include blank control, medicine (traditional Chinese medicine, western medicine) treatment, conventional symptomatic treatment, etc.

Study designs to be included: 2.2.1. Type of studies For clinical controlled trials of acupuncture therapy in the treatment of chronic cholecystitis in published Chinese and English literature, manually search for related researches on acupuncture and moxibustion in the treatment of chronic cholecystitis. Of course, non-randomized controlled trials must be excluded. 2.2.2. Types of participants The inclusion of this literature must be RCT that meets the diagnostic criteria.

Eligibility criteria: The inclusion of this literature must be RCT that meets the diagnostic criteria for chronic cholecystitis will be included. This article does not limit the age, gender and source of the patient. Exclude patients with other diseases in patients with chronic cholecystitis.

Information sources: We will conduct a comprehensive literature search in Medline, PubMed, Cochrane Database of Systematic Reviews (Cochrane Library, Wiley), Embase, Chinese Biomedical Literatures Database (CBM), China National Knowledge Infrastructure (CNKI), Wang Fang Database (WF), Chinese Scientific Journal Database (VIP) from inception to February 2021 without any language restriction.

Main outcome(s): Including the total effective rate of the patient; the TCM symptom score of the patient includes: abdominal pain, tenderness in the right upper abdomen, etc.

Quality assessment / Risk of bias analysis: The use of Review Manager 5.4 inverted funnel chart to analyze the bias is due to the large number of literatures on acupuncture treatment of chronic cholecystitis. Of course, the funnel chart obtained is for reference only.

Strategy of data synthesis: Data synthesis Current data can be divided into counting data and measurement data. When there will be technical data in the data, it will be expressed by odds ratio (OR) and 95% confidence interval (CI); when there is measurement data, weighted mean

difference (WMD)) 95%, indicated by the confidence interval (CI). Use standardized mean difference (SMD) when there are some units that are not unified 2.6.2. Describe the heterogeneity of the data Use I² to test the heterogeneity. For the case of using the solid effect model, it will be in line with P>0.1 and I²<50%; when using the random effect model, it is in line with the case of P 50%. If substantial heterogeneity is found in the analysis process, descriptive analysis can be used. 2.6.3. Publication bias The use of Review Manager 5.4 inverted funnel chart to analyze the bias is due to the large number of literatures on acupuncture treatment of chronic cholecystitis. Of course, the funnel chart obtained is for reference only. 2.6.4. Subgroup analysis When there is a large heterogeneity, the included articles will be analyzed according to different control measures; 2.6.5. Sensitivity analysis Sensitivity analysis is to evaluate the authenticity of this systematic review, and we will use the software STATA 14.0 to perform sensitivity analysis.

Subgroup analysis: When there is a large heterogeneity, the included articles will be analyzed according to different control measures.

Sensitivity analysis: Sensitivity analysis is to evaluate the authenticity of this systematic review, and we will use the software STATA 14.0 to perform sensitivity analysis.

Country(ies) involved: China.

Keywords: acupuncture therapy; Chronic Cholecystitis; meta-analyses; systematic review.

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