INPLASY PROTOCOL

To analyze the advantages of needle lag therapy based on randomized controlled trials

Chen, L; Luo, YX; Zhao, NN; Du, YH.

Review question / Objective: The purpose of this study is to explore the dominant diseases and application status of hysteresis therapy, so as to better guide the clinical practice and promotion. The selected research method was RCT test, in which 5 or more RCTS were identified as the dominant diseases, and RCTS with 10 or more RCTS were selected for evidence-based evaluation and efficacy analysis.

Condition being studied: Needle lag therapy. Research background: at the end of 1990’s, as the related report of rub method emerges successively, this technique is known by people gradually, also had the appellation that is used up to now at the same time, namely "sluggish needle art". So far, this method has been applied more and more widely in clinical practice with more and more frequency, and a relatively detailed operation and theoretical system has been gradually established, providing more ideas for clinical treatment of diseases.

Research channels: 8 domestic and foreign databases including CNQI, Wanfang Database and PubMed were searched, all literatures containing hysteresis needles or hysteresis needles were screened, the number of annual publications and classification of diseases were counted by bibliometrics, and randomized controlled trials were screened. Personnel reserve: The participants in this study are all postgraduate students in the First Affiliated Hospital of Tianjin University of Traditional Chinese Medicine. They have a solid foundation of basic theoretical knowledge and master scientific research skills. Under the leadership of well-known tutors, they have a serious and responsible attitude and work in unity.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 17 January 2022 and was last updated on 17 January 2022 (registration number INPLASY202210086).
which 5 or more RCTS were identified as the dominant diseases, and RCTS with 10 or more RCTS were selected for evidence-based evaluation and efficacy analysis.

Condition being studied: Needle lag therapy. Research background: at the end of 1990's, as the related report of rub method emerges successively, this technique is known by people gradually, also had the appellation that is used up to now at the same time, namely "sluggish needle art". So far, this method has been applied more and more widely in clinical practice with more and more frequency, and a relatively detailed operation and theoretical system has been gradually established, providing more ideas for clinical treatment of diseases. Research channels: 8 domestic and foreign databases including CNQI, Wanfang Database and PubMed were searched, all literatures containing hysteresis needles or hysteresis needles were screened, the number of annual publications and classification of diseases were counted by bibliometrics, and randomized controlled trials were screened. Personnel reserve: The participants in this study are all postgraduate students in the First Affiliated Hospital of Tianjin University of Traditional Chinese Medicine. They have a solid foundation of basic theoretical knowledge and master scientific research skills. Under the leadership of well-known tutors, they have a serious and responsible attitude and work in unity.

METHODS

Participant or population: Patients with dominant diseases and application status of hysteresis therapy.

Intervention: Randomized controlled trial: the treatment group received acupuncture alone or combined with other treatments.

Comparator: Other methods of treatment other than needle lag therapy.

Study designs to be included: Randomized controlled trial RCT.

Eligibility criteria: The classification of disease systems and types refers to the diagnosis and efficacy standards of TCM diseases issued by the State Administration of Traditional Chinese Medicine and the "Chinese Version of the Eleventh Revision of the International Classification of Diseases" issued by the State Health and Health Commission.

Information sources: 8 domestic and foreign databases including CNKY, Wanfang Database, China Biomedical Database, Chongqing VIP Database, PubMed and Medline were searched.

Main outcome(s): The indications of needle stagnation therapy cover a number of disease systems, up to 40 diseases, 6 dominant diseases, concentrated in the orthopaedic system of lumbar disc herniation, cervical spondylosis, medical system of insomnia, depression, stroke, surgical system of diabetic foot, etc. Analysis showed that 3 diseases with RCT of more than 10 belonged to the grade I disease spectrum of hysteresis acupuncture therapy, and the total clinical effective rate was above 89%. The existing advantages of needle stagnation therapy are more extensive and concentrated, represented by lumbar intervertebral disc herniation, cervical spondylosis and insomnia. However, its therapeutic indications and dominant diseases are dynamic changes, and it still has the potential to expand.

Quality assessment / Risk of bias analysis: Cochrane tool.

Strategy of data synthesis: SPSS software was selected for data analysis. If I square was greater than 50% and P<0.1, heterogeneity was considered, and random effect was selected to combine effect size. There was no heterogeneity, and the fixed effect combined with the effect size was selected.

Subgroup analysis: All the data included in the analysis were divided into smaller units, and the selected research method was RCT test. The RCTS with RCT>=5 were
identified as the dominant diseases, and the RCTS with RCT>= 10 were selected for evidence-based evaluation and efficacy analysis and design.

**Sensitivity analysis:** SPSS software for sensitivity analysis, analysis of the stability of the results.

**Country(ies) involved:** China.

**Keywords:** Needle stagnation therapy; Dominant disease, randomized controlled trial.

**Contributions of each author:**
Author 1 - Chen Lu.
Author 2 - LUO Yin Xiang.
Author 3 - ZHAO Na Na.
Author 4 - DU Yuan Hao.