

# INPLASY PROTOCOL

To cite: Li et al. Assessment of fire needle acupuncture for herpes zoster: an umbrella systematic review protocol. Inplasy protocol 202220111. doi: 10.37766/inplasy2022.2.0111

Received: 25 February 2022

Published: 25 February 2022

**Corresponding author:**  
Jianhong Li

[jianhong-cindy@163.com](mailto:jianhong-cindy@163.com)

**Author Affiliation:**  
Guangzhou University of Chinese Medicine.

**Support:** China Natural Science Foundation.

**Review Stage at time of this submission:** Piloting of the study selection process.

**Conflicts of interest:**  
None declared.

## INTRODUCTION

**Review question / Objective:** To assess the methodological and evidence quality of systematic and meta-analysis reviews compared fire needle with conventional drug therapy for herpes zoster.

**Condition being studied:** Herpes zoster (Herpes Zoster, HZ) is a skin disease caused by varicella-zoster virus. At

## Assessment of fire needle acupuncture for herpes zoster: an umbrella systematic review protocol

Li, J<sup>1</sup>; Jia, R<sup>2</sup>; Liu, K<sup>3</sup>; Li, Z<sup>4</sup>; Lin, G<sup>5</sup>.

**Review question / Objective:** To assess the methodological and evidence quality of systematic and meta-analysis reviews compared fire needle with conventional drug therapy for herpes zoster.

**Information sources:** The databases of PubMed, Web of Science, The Cochrane Library, EMBASE, CBM, CNKI, Wanfang and VIP are searched by computer. The time limit is from the establishment of the database to January 2022, and the combination of subject words and free words is used.

**INPLASY registration number:** This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 25 February 2022 and was last updated on 25 February 2022 (registration number INPLASY202220111).

present, the incidence of herpes zoster is increasing year by year and the incidence of herpes zoster tends to be younger. Epidemiology shows that the average incidence of herpes zoster is about 3.4% Mel 4.82% per thousand people. The economic cost of western medicine treatment is relatively high, and antiviral drugs have side effects such as gastrointestinal irritation, kidney injury and so on. For herpes zoster, TCM experts

generally recommend fire acupuncture, electroacupuncture, local acupuncture, pricking and bloodletting, cupping, moxibustion and other treatments. Acupuncture is one of the most effective methods to treat herpes zoster in dermatology clinic and combined with health economics, and acupuncture treatment of herpes zoster is listed as grade I acupuncture disease spectrum in Modern Acupuncture and Moxibustion Disease Spectrum. The databases of PubMed, Web of Science, The Cochrane Library, EMBASE, CBM, CNKI, Wanfang and VIP are searched by computer. The time limit is from the establishment of the database to January 2022, and the combination of subject words and free words is used.

## METHODS

**Participant or population:** Inclusion criteria. (1) study types: systematic review/Meta analysis based on randomized controlled trials (Randomized Controlled Trial, RCT) and controlled clinical trials (Controlled Clinical Trial, CCT). (2) subjects: patients with herpes zoster in accordance with the consensus of Chinese experts [1], regardless of sex, race and time of onset. (3) intervention measures: fire needle acupuncture, including fire needle or fire needle combined with electroacupuncture, cupping, moxibustion, bloodletting, etc. The control group was treated with chemical drugs, including oral, intravenous drip and external use; 1 acupuncture, Zhuang medicine thread moxibustion, fire needle, moxibustion, puncture and cupping, skin acupuncture, etc., and drug therapy (such as antiviral acyclovir or traditional Chinese medicine, etc.) in the control group. (4) main outcome index: effective rate (refer to the guiding principles of Chinese New Drug Clinical Research (trial)), secondary outcome index: pain evaluation (pain relief time, visual analogue VAS score), incidence of residual neuralgia PHN. 1.2 exclusion criteria. (1) repeatedly published literatures only include the newly published data or data with the largest sample size; (2) systematic reviews/Meta analysis at the stage of plans

and topics; (3) clinical trials for the study of post-herpetic neuralgia are not included; (4) abstracts of conference papers.

**Intervention:** The intervention group was mainly treated with fire needle acupuncture, including fire needle or fire needle combined with electroacupuncture, cupping, moxibustion, bloodletting, etc. The control group was treated with chemical drugs, including oral, intravenous drip and external use; electroacupuncture, fire needle, moxibustion, pricking blood and cupping, etc.

**Comparator:** Chemical drugs The control group was treated with medicine, including antiviral, nutritional nerve, anti-inflammatory and analgesic, etc.

**Study designs to be included:** systematic review / Meta analysis based on randomized controlled trials (Randomized Controlled Trial, RCT) and controlled clinical trials (Controlled Clinical Trial, CCT).

**Eligibility criteria:** Inclusion criteria. (1) study types: systematic review/Meta analysis based on. exclusion criteria. (1) repeatedly published literatures only include the newly published data or data with the largest sample size; (2) systematic reviews/Meta analysis at the stage of plans and topics; (3) clinical trials for the study of post-herpetic neuralgia are not included; (4) abstracts of conference papers. randomized controlled trials (Randomized Controlled Trial, RCT) and controlled clinical trials (Controlled Clinical Trial, CCT). (2) subjects: patients with herpes zoster in accordance with the consensus of Chinese experts [1], regardless of sex, race and time of onset. (3) intervention measures: 1 acupuncture, Zhuang medicine thread moxibustion, fire needle, moxibustion, puncture and cupping, skin acupuncture, etc., and drug therapy (such as antiviral acyclovir or traditional Chinese medicine, etc.) in the control group. (4) main outcome index: effective rate (refer to the guiding principles of Chinese New Drug Clinical Research (trial)), secondary outcome index: pain evaluation (pain relief

time, visual analogue VAS score), incidence of residual neuralgia PHN. exclusion criteria. (1) repeatedly published literatures only include the newly published data or data with the largest sample size; (2) systematic reviews/Meta analysis at the stage of plans and topics; (3) clinical trials for the study of post-herpetic neuralgia are not included; (4) abstracts of conference papers. exclusion criteria. (1) repeatedly published literatures only include the newly published data or data with the largest sample size; (2) systematic reviews/Meta analysis at the stage of plans and topics; (3) clinical trials for the study of post-herpetic neuralgia are not included; (4) abstracts of conference papers.

**Information sources:** The databases of PubMed, Web of Science, The Cochrane Library, EMBASE, CBM, CNKI, Wanfang and VIP are searched by computer. The time limit is from the establishment of the database to January 2022, and the combination of subject words and free words is used.

**Main outcome(s):** Therapeutic effect evaluation: refer to the guiding principles of Clinical Research of New drugs in China (trial), it is effective for partial regression of skin lesions, improvement of clinical symptoms, 70% > syndrome score reduction  $\geq$  50%.

**Quality assessment / Risk of bias analysis:** The evaluation was performed according to the bias risk assessment tool provided by Cochrane Handbook 5.2.0, and Rev Man 5.3.5 software was used to generate the bias risk map. The content includes methods for generating random sequences, allocation hiding, blinding subjects and researchers, blinding outcome evaluators, incomplete outcome data, selective publication, and other biases, which can be divided into "low risk" "unclear" and "High Risk" levels.

**Strategy of data synthesis:** Li and Lu used AMSTAR-2 to evaluate the methodology of the included study under the premise of hiding the author. AMSTAR-2 contains a total of 16 entries, with items 2, 4, 7, 9, 11,

13 and 15 as key entries. According to the satisfaction degree of the evaluation criteria, it is evaluated as "yes" and "no". Ruan and Lin, two evaluators, under the premise of hiding the author, aimed at efficiency, VAS score and incidence of residual neuralgia, applied GRADE to evaluate the evidence quality from five aspects of research limitation, inconsistency, indirectness, inaccuracy and publication bias, and comprehensively evaluated the evidence quality grade according to 5 downgrades and 3 upgrade conditions. The GRADE evidence body mass presented in this article may have a potential impact on the future revision of acupuncture guidelines for herpes zoster. (1) study types: systematic review / Meta analysis based on randomized controlled trials (Randomized Controlled Trial, RCT) and controlled clinical trials (Controlled Clinical Trial, CCT). (2) subjects: patients with herpes zoster in accordance with the consensus of Chinese experts, regardless of sex, race and time of onset. (3) intervention measures: 1 acupuncture, Zhuang medicine thread moxibustion, fire needle, moxibustion, puncture and cupping, skin acupuncture, etc., and drug therapy (such as antiviral acyclovir or traditional Chinese medicine, etc.) in the control group. (4) main outcome index: effective rate (refer to the guiding principles of Chinese New Drug Clinical Research (trial)), secondary outcome index: pain evaluation (pain relief time, visual analogue VAS score), PHN occurrence of residual neuralgia (different time periods).

**Subgroup analysis:** None.

**Sensitivity analysis:** Dichotomous data will be expressed as risk ratio (RR) with 95% confidence intervals (95% CIs), and continuous data as mean difference (MD) or standard mean difference (SMD) with 95% CI. The data extraction table was made by Excel, and the consistency among evaluators was evaluated by Kappa value.

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

**Keywords:** Fire needle plus cupping, Acupuncture, Acute herpes zoster,

---

**Randomized controlled trial,  
Protocolherpes zoster; acupuncture and  
moxibustion; meta-analysis; umbrella  
review.**

**Contributions of each author:**

**Author 1 - Jianhong Li.**

**Author 2 - Ruanwen Jia.**

**Author 3 - Kun Liu.**

**Author 4 - Zhuan Li.**

**Author 5 - Guohua Lin.**