

INPLASY

Cross-national comparison of acupuncture treatment guidelines: A scoping review protocol of acupuncture and moxibustion guidelines in Korea and China

INPLASY2025120082

doi: 10.37766/inplasy2025.12.0082

Received: 23 December 2025

Published: 23 December 2025

Corresponding author:

Tae-Hun Kim

rockandmineral@gmail.com

Author Affiliation:Kyung Hee university, Korean
Medicine Hospital.

Kim, TH; Liu, TX; Zhang, XH; Liu, RH; Wen, YQ; Liu, ZL.

ADMINISTRATIVE INFORMATION**Support** - None.**Review Stage at time of this submission** - The review has not yet started.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY2025120082**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 23 December 2025 and was last updated on 23 December 2025.**INTRODUCTION**

Review question / Objective Investigate the current status and gaps of acupuncture-related clinical practice guidelines (CPGs) in Korea and China.

Background Clinical practice guidelines are the most fundamental and essential tools provided to clinicians to support medical decision-making. They are indispensable for maintaining an appropriate standard of care. In today's society, where medical knowledge is expanding at an extraordinary pace, individual clinicians cannot realistically read all newly published evidence and incorporate it into daily practice. For this reason, governments and academic societies develop clinical practice guidelines that reflect the latest research findings and stakeholder perspectives, tailoring them to their national healthcare

environments and promoting their implementation in clinical settings. This trend is equally evident in the field of complementary and alternative medicine, including acupuncture.

Acupuncture is a major non-pharmacological intervention within Traditional East Asian Medicine, and its use has rapidly increased worldwide beyond the Asian region. However, acupuncture is an intervention that varies greatly across countries and practitioners, influenced by theoretical foundations, training systems, and clinical environments. Despite these variations, there are common elements that must be ensured—such as safe procedural environments, practitioner competency, and condition-specific treatment protocols—to guarantee safety and enhance therapeutic effectiveness. These components are typically incorporated into acupuncture clinical practice guidelines, and many countries have begun to publish guidelines for a range of

conditions to improve the quality of acupuncture practice.

Notably, Korea and China are among the most active countries not only in clinical use but also in research and guideline development in acupuncture medicine. Providing an overview of and comparing acupuncture-related guidelines developed in both countries can help us understand how each country views and approaches the same clinical conditions, as well as identify the direction in which each system is headed. Furthermore, such an analysis can serve as a foundation for developing internationally applicable acupuncture practice guidelines—particularly for healthcare professionals in countries where acupuncture is less commonly used—and can help identify key areas in which harmonization efforts between existing guidelines may be needed.

Rationale Clinical practice guidelines differ across countries in the development strategies and methods. Countries adopt de novo strategy, while others adopt guidelines developed by organizations such as the WHO, depending on national resources and healthcare contexts. These differing development approaches have led to substantial variation in guideline contents and quality [1]. Acupuncture is widely practiced in East Asian countries, and in particular, Korea and China incorporate acupuncture into their national healthcare systems, leading to active government-led guideline development. Such guidelines may ultimately be adopted by countries that do not yet possess their own acupuncture-related CPGs. In this context, analyzing the guidelines currently developed in both nations and identifying their similarities and differences can serve as an essential starting point for facilitating harmonization between the two countries or establishing an international standard for acupuncture guideline development.

[1] Mc Allister, M., Florez, I.D., Stoker, S. et al. Advancing guideline quality through country-wide and regional quality assessment of CPGs using AGREE: a scoping review. *BMC Med Res Methodol* 23, 283 (2023). <https://doi.org/10.1186/s12874-023-02101-5>.

METHODS

Strategy of data synthesis In Korea, all CPGs including contents on acupuncture or acupuncture specific guidelines are listed in the National Clearinghouse for Korean Medicine (<https://nikom.or.kr/engnckm/index.do>) so this database

will be searched, and full-text CPGs will be obtained for analysis.

In China, to ensure a comprehensive collection of authoritative guidance in China, our search strategy will encompass both organizational repositories and specialized academic databases. We will manually search the official records of the China Association of Acupuncture and Moxibustion (CAAM, <https://www.ntcamsac.ac.cn/cms/>), the World Federation of Acupuncture-Moxibustion Societies (WFAS, <https://www.wfas.org.cn/>), and the National Natural Science Foundation of China (NSFC, <https://grants.nsfc.gov.cn/>), obtaining all the full-text CPGs for detailed analysis. Recognizing the unique landscape of Chinese medical publishing, the search scope will be further expanded to include core comprehensive databases, namely CNKI, Wanfang Data, VIP, and SinoMed.

Eligibility criteria

1. Clinical practice guidelines that include content related to acupuncture/moxibustion treatment or that exclusively address acupuncture/moxibustion treatment. Various types of acupuncture techniques including Fire Needling (Huo Zhen) and Bloodletting (Ciluo Fangxue) will be included but combination treatment with acupuncture and other interventions including Guasha (scraping), Cupping, and Point Application will be excluded.
2. Clinical practice guidelines developed and issued in Korea or China.
3. When multiple versions of guidelines for the same condition or intervention have been updated by the same developing organization, only the most recent version will be selected.
4. Guidelines will be included only if acupuncture and moxibustion are the primary treatments. If acupuncture or moxibustion is included merely as part of a multimodal or complex intervention, the guideline will be excluded.

Source of evidence screening and selection We will use each country's guideline-specific databases and gray literature sources with independent search strategies. Include both acupuncture-specific CPGs and disease-specific CPGs that contain sections on acupuncture or moxibustion. In Korea, all clinical practice guidelines including contents on acupuncture or acupuncture specific guidelines are listed in the National Clearinghouse for Korean Medicine (<https://nikom.or.kr/engnckm/index.do>) so this database will be searched, and full-text CPGs will be obtained for analysis. In China, all clinical practice guidelines listed in China association of acupuncture and moxibustion, World federation of acupuncture-moxibustion societies and national

natural science foundation of China will be searched and full-text CPGs will be obtained for analysis as well.

Data management Researchers from each country will identify their national CPGs and extract the following information from hard copies:

1.General Information of Clinical Practice Guidelines (CPGs)

Researchers will extract the following foundational data from the identified national CPGs:

Guideline Identity: Title of the guideline and the Year(s) of development/update.

Source Organization: Guideline development organization and the composition of the development group (e.g., number of members, multi-disciplinary fields).

Methodology: Development method (de novo or adaptation; evidence-based vs. expert consensus-based).

Scope: Specific diseases or clinical conditions addressed.

Recommendation Summary: Specific recommendations related to acupuncture, including the assigned Level of Evidence and Strength/Grade of Recommendation.

2.Extraction of Acupuncture Interventions

To analyze systematic differences, the following technical indicators will be extracted:

Technical Intervention Details: * Acupoint selection (differentiation between primary and secondary points).

Needling parameters: Depth of insertion, specific manipulation techniques (e.g., tonification or reduction), and needle retention time.

Treatment Regimens: Frequency of sessions (e.g., sessions/week) and the total course of treatment (total sessions or duration).

Adjunctive Therapies: Incorporation of supplementary modalities (e.g., electro-acupuncture, moxibustion, cupping, or gua sha).

3.Quality Assessment (AGREE II)

To ensure the methodological rigor of the included guidelines:

Assessor Training: All assessors will undergo standardized training on the AGREE II (Appraisal of Guidelines for Research & Evaluation II) instrument prior to the formal assessment.

Independent Evaluation: Each guideline will be independently evaluated across the six domains of AGREE II to determine its methodological quality.

Reporting results / Analysis of the evidence We will narratively compare the current status of acupuncture- and moxibustion-related clinical practice guidelines in the two countries. The comparison will cover: (1) the range of conditions addressed by each country's guidelines; (2) for

overlapping or similar conditions, differences and similarities in guideline recommendations, including development methods, the direction and strength of recommendations, and the level of supporting evidence; and (3) conditions that are addressed only in one country's guidelines. We will also explore potential reasons that may explain observed differences between the two countries. Finally, we will analyze what is needed to develop methodological guidance aimed at harmonizing international guidelines in the field of acupuncture and moxibustion.

Presentation of the results By quantifying and categorizing the details of acupuncture CPGs, we will be able to effectively evaluate whether distinct clinical patterns or systematic variations exist between Korea and China for the same disease conditions.

Language restriction There is no language restriction in this review.

Country(ies) involved Korea and China.

Keywords Clinical practice guideline; acupuncture; cross-national comparison; harmonization.

Contributions of each author

Author 1 - Tae-Hun Kim.

Author 2 - Tingxiu Liu.

Email: xj15501024355@163.com

Author 3 - Xiaohan Zhang.

Author 4 - Rihe Liu.

Author 5 - Yaqian Wen.

Author 6 - Zhaolan Liu.

Email: lzl1019@163.com