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Migraine

Migraine : évaluation de l'acupuncture

Articles connexes : - [céphalées](#) - [céphalées de tension](#) - [céphalées neurovasculaires](#) - [acupuncture expérimentale](#) - [Traitements de référence](#) - [Qigong](#) -

1. Systematic review and Meta-analysis

☆☆☆	Evidence for specific efficacy and efficacy of acupuncture
☆☆	Evidence for efficacy of acupuncture
☆	Limited evidence for efficacy of acupuncture
∅	Lack of evidence or insufficient evidence

1.1. Generic Acupuncture

1.1.1. Giovanardi 2020 (vs Pharmacological Prophylaxis)☆☆

Giovanardi CM, Cinquini M, Aguggia M, Allais G, Campesato M, Cevoli S et al, Acupuncture vs. Pharmacological Prophylaxis of Migraine: A Systematic Review of Randomized Controlled Trials. *Front. Neurol.* 2020;11:576272. [doi](#)]

Introduction	Migraine is a chronic paroxymal neurological disorder characterized by attacks of moderate to severe headache and reversible neurological and systemic symptoms. Treatment of migraine includes acute therapies, that aim to reduce the intensity of pain of each attack, and preventive therapies that should decrease the frequency of headache recurrence. The objective of this systematic review was to assess the efficacy and safety of acupuncture for the prophylaxis of episodic or chronic migraine in adult patients compared to pharmacological treatment.
Methods	We included randomized-controlled trials published in western languages that compared any treatment involving needle insertion (with or without manual or electrical stimulation) at acupuncture points, pain points or trigger points, with any pharmacological prophylaxis in adult (≥ 18 years) with chronic or episodic migraine with or without aura according to the criteria of the International Headache Society.
Results	Nine randomized trials were included encompassing 1,484 patients . At the end of intervention we found a small reduction in favor of acupuncture for the number of days with migraine per month: (SMD: -0.37 ; 95% CI -1.64 to -0.11), and for response rate (RR: 1.46; 95% CI 1.16–1.84). We found a moderate effect in the reduction of pain intensity in favor of acupuncture (SMD: -0.36 ; 95% CI -0.60 to -0.13), and a large reduction in favor of acupuncture in both the dropout rate due to any reason (RR 0.39; 95% CI 0.18 to 0.84) and the dropout rate due to adverse event (RR 0.26; 95% CI 0.09 to 0.74). Quality of evidence was moderate for all these primary outcomes. Results at longest follow-up confirmed these effects.
Conclusions	Based on moderate certainty of evidence, we conclude that acupuncture is mildly more effective and much safer than medication for the prophylaxis of migraine.

1.1.2. Min 2020 (vs flunarizine)☆

Min J, Yun-Ling Z, Yan LU, Xing L, Xiao L, Jing-Jing W et al. [Systematic review and Meta-analysis on randomized controlled trial of efficacy and safety for acupuncture versus Flunarizine in treatment of migraine.] China Journal of Chinese Materia Medica (Zhongguo Zhong Yao Za Zhi). 2020 Nov;45(21):5083-5092. [Article in Chinese]

Aim	To systematically evaluate the effectiveness and safety of acupuncture versus flunarizine hydrochloride in the treatment of migraine.
Methods	Four Chinese databases (CNKI, VIP, WanFang, CBM), three English databases (the Cochrane Library EMBASE, Medline) and ClinicalTrial.gov were systematically and comprehensively retrieved. The retrieval time was from the establishment of each database to January 8, 2020. Randomized controlled trials (RCT) for acupuncture versus flunarizine in the treatment of migraine were screened out according to inclusion criteria and exclusion criteria. The included studies were evaluated with the Cochrane bias risk assessment tool, meta quantitative analysis of the included studies was conducted by RevMan 5.3, and the outcome indicators were evaluated for evidence quality and strength of recommendation by the GRADE system.
Results	A total of 1 033 literatures were retrieved, and 23 studies were finally included. Except for 4 multiarm tests, the total sample size was 1 548 , including 785 in acupuncture group and 763 in flunarizine group. The overall quality of the included studies was not high. Meta-analysis results showed that the acupuncture group was superior to the flunarizine group in reduction of headache frequency (SMD=1.00, 95%CI[1.45, 0.54], P<0.0001). In reduction of headache intensity, acupuncture group was superior to flunarizine group (SMD=1.05, 95%CI[1.41, 0.68], P<0.0001). In reduction of headache duration, acupuncture group was superior to flunarizine group (SMD=1.42, 95%CI[1.83, 1.02], P<0.0001). The acupuncture group was superior to flunarizine group (MD=0.17, 95%CI[0.21, 0.13], P<0.0001) in reduction of the painkillers taking frequency. The acupuncture group was superior to flunarizine group (SMD=0.94, 95%CI[1.35, 0.52], P<0.0001) in alleviation of Paroxysmal symptoms, such as nausea and vomiting. The GRADE system showed that the evidence level of the above indicators was extremely low, and the strength of recommendation was low. As for the occurrence of adverse reactions, the adverse reactions reported in the acupuncture group included in the study were all mild adverse reactions, like drowsiness, subcutaneous bleeding, local pain, subcutaneous hematoma and dizziness needle.
Conclusions	The available evidence showed that acupuncture has a better efficacy than flunarizine hydrochloride in the treatment of migraine in adult patients. However, due to the high bias risk in the included studies, the conclusions of this study shall be adopted with caution, and more high-quality studies shall be carried out for verification in the future.

1.1.3. Ou 2020 ☆☆☆

Ou MQ, Fan WH, Sun FR, Jie WX, Lin MJ, Cai YJ, Liang SY, Yu YS, Li MH, Cui LL, Zhou HH. A Systematic Review and Meta-analysis of the Therapeutic Effect of Acupuncture on Migraine. Front Neurol. 2020;11:596. [210326]. doi

Background	Migraine is an intractable headache disorder, manifesting as periodic attacks. It is highly burdensome for patients and society. Acupuncture treatment can be beneficial as a supplementary and preventive therapy for migraine.
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Objectives	This systematic review and meta-analysis aimed to investigate the efficacy and safety of acupuncture for migraine, and to examine transcranial doppler changes after acupuncture.
Methods	Reports, conference, and academic papers published before March 15, 2019 in databases including PubMed, Cochrane library, Embase, China National Knowledge Infrastructure, WANFANG Database, Chinese journal of Science and Technology, and China Biomedical were searched. Randomized controlled trials (RCTs) involving acupuncture, sham acupuncture, and medication in migraine were included. The Cochrane Collaboration software, RevMan 5.3, was used for data processing and migration risk analysis.
Results	Twenty-eight RCTs were included. 15 RCTs included medication only, 10 RCTs included sham acupuncture only, and 3 RCTs included both. The study included 2874 patients, split into 3 groups: acupuncture treatment group (n = 1396), medication control group (n = 865), and sham acupuncture control group (n = 613). The results showed that treatment was more effective in the acupuncture group than in the sham acupuncture group (MD = 1.88, 95% CI [1.61, 2.20], P < 0.00001) and medication group (MD = 1.16, 95% CI [1.12, 1.21], P < 0.00001). Improvement in visual analog scale (VAS) score was greater in the acupuncture group than in the sham acupuncture group (MD = -1.00, 95% CI [-1.27,-0.46], P < 0.00001; MD = -0.59, 95% CI [-0.81,-0.38], P < 0.00001), and their adverse reaction rate was lower than that of the medication group (RR = 0.16, 95% CI [0.05, 0.52], P = 0.002). The improvement of intracranial blood flow velocity by acupuncture is better than that by medication, but the heterogeneity makes the result unreliable.
Conclusions	Acupuncture reduced the frequency of migraine attacks, lowered VAS scores, and increased therapeutic efficiency compared with sham acupuncture. Compared with medication, acupuncture showed higher effectiveness with less adverse reactions and improved intracranial blood circulation. However, owing to inter-study heterogeneity, a prospective, multicenter RCT with a large sample is required to verify these results.

1.1.4. Chen 2019 (vs Propranolol) ☆☆

Chen YY, Li J, Chen M, Yue L, She TW, Zheng H. Acupuncture versus propranolol in migraine prophylaxis: an indirect treatment comparison meta-analysis. *J Neurol.* 2019 [199102].

Background	Propranolol is recommended as first-line treatment for preventing migraine attacks; acupuncture has not been compared with propranolol in a head-to-head trial.
Objective	To compare acupuncture with propranolol using indirect treatment comparison meta-analysis.
Method	We searched MEDLINE, EMBASE, and Cochrane Central Register of Controlled Trials (CENTRAL). Randomized controlled trials comparing acupuncture or propranolol with sham acupuncture, placebo, waiting-list control or usual care were included. We extracted information from the included trials using a standardized extraction form. The primary outcome was migraine episodes. The secondary outcomes included migraine days, migraine frequency, and adverse events.
Results	We included 19 RCTs (n = 3656) after screening 1078 articles. The analysis showed that acupuncture had a significant advantage over propranolol in reducing migraine episodes over a 4-week period (SMD - 0.74, 95% CI - 1.04 to - 0.44). Acupuncture also had a significant advantage over waiting-list control in decreasing migraine frequency (SMD - 1.57, 95% CI - 2.08 to - 1.06). Acupuncture caused fewer adverse events than propranolol (RR 0.82, 95% CI 0.11-5.94).
Conclusions	Acupuncture had a better effect than propranolol in reducing migraine episodes in indirect comparison. The result should be confirmed in subsequent head-to-head studies.

1.1.5. Pu 2019 ☆☆☆

Pu Shengxiong, Ouyang Qingrong, Yang Fei, Li Zhimin, Cao Xing, Luo Jiaming. [Life quality of acupuncture patients with migraine prophylaxis: a Meta-analysis]. Chongqing Medical Journal. 2019;1:106-11. [199991].

Objective	Acupuncture is widely used in migraine prevention, this systematic review specialized in evaluating the therapeutic effect of acupuncture on migraine prophylaxis life quality of patients to provide basis for clinical application of acupuncture.
Methods	Searched database from PubMed, Cochrane library, WanFang and CNKI prior to December 2017, screened the randomized controlled trials(RCT) of acupuncture for migraine prophylaxis. And then, the included studies would be assessed and extracted the medical outcome study for Meta-analysis.
Results	A total of 9 RCTs and 2015 migraineurs were included. There were pronounced difference (P<0.05) for physical component summary in acupuncture comparing to the control [MD=3.96,95%CI(2.11,5.81)], the sham group [MD=1.06,95%CI(0.15,1.96)] and the drug group [MD=2.47,95%CI(1.46,3.47)]. There were no difference (P>0.05) in the acupuncture group comparing the control group [MD=0.53,95%CI(-2.02,3.07)] and sham acupuncture [MD=0.92,95%CI(-0.08,1.91)], and statistical difference in acupuncture comparing the drug group [MD=1.18,95%CI(0.12,2.23)].
Conclusion	Acupuncture could be beneficial to life quality in acupuncture for migraine prophylaxis. There was specific therapeutic effects for physical assessment but the undefined effects for mental assessment

1.1.6. Shen 2019 ☆☆☆

Shen Feng-jiao, Xu Jia, Zhan Yi-Jun, Fu Qin-Hui, Pei Jian. Acupuncture for migraine: A systematic review and meta-analysis. World Journal of Acupuncture-Moxibustion. 2019;29(1):7-14. [199980].

Objective	The goal of this study is to systematically assess the effectiveness of acupuncture compared with medication for migraine.
Methods	The Cochrane Library, PubMed, MEDLINE, Embase, China National Knowledge Infrastructure (CNKI), Sinomed, the Chongqing VIP full-text periodical database (VIP) and Wanfang were searched by computer to identify the randomized controlled trails comparing acupuncture with medication for migraine from the beginning of these databases to August 2018, supplementing with literature retrospective and manual searches. Review Manager 5.2 was used for statistical analysis.
Results	A total of 13 trails including 1218 participants met the selection criteria. (1) The meta-analysis of 3 articles showed that acupuncture was more effective in reducing the frequency of migraine attacks (MD = -2.03; 95% CI: -2.77 to -1.30; P < 0.0001) than medication. (2) The meta-analysis of three articles showed that acupuncture was more effective in reducing the number of migraine days (MD = -1.65; 95% CI: -2.78 to -0.52; P = 0.004) than medication after treatment. (3) The meta-analysis of six articles showed that acupuncture was more effective in reducing VAS (MD = -1.26; 95% CI: -1.48 to -1.04; P < 0.0001) after treatment. (4) The meta-analysis of two articles showed that acupuncture was more effective in reducing VAS (MD = -1.07; 95% CI: -1.63 to -0.51; P = 0.0002) during follow-up. (5) The meta-analysis of seven articles showed that the total effective rate of acupuncture was higher than that of medication (MD = 1.27; 95% CI: 1.16 to 1.37; P < 0.0001). In addition, fewer adverse effects in acupuncture groups were reported than in medication groups. Overall the quality of the evidence was low.

Conclusion	The results of this meta-analysis showed that acupuncture is more effective and safer than medication for migraine. Acupuncture can be considered a treatment option for patients willing to undergo this treatment. But more high-quality studies, based on standardized, comprehensive and objective evaluation, are required to enhance the reliability of the conclusion.
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1.1.7. Chen 2018

Chen Le, He Xiaozuo, Xu Haiyan, Zhou Zhigen, Liu Can, Yang Zuozuo. [A Meta-analysis on randomized controlled trials of acupuncture for migraine]. Hunan Journal of Traditional Chinese Medicine. 2018;2:125-9. [199992].

Objective	通过Meta分析评价针灸治疗偏头痛的疗效及安全性□To evaluate the effectiveness and safety of acupuncture for migraine by meta-analysis.
Methods	计算机检索中国知网、维普及万方等数据库,检索2000~2017年的相关文献,收集针灸治疗偏头痛的随机对照试验。评价研究质量,提取资料,并采用Review Manage5.2进行系统分析□Computer retrieves databases such as China Knowledge Network and Weifang Wanfang, retrieves relevant documentation from 2000 to 2017 and collects randomized controlled trials on acupuncture for migraine. Evaluate the quality of the study, extract the data, and use Review Manage 5.2 for system analysis.
Results	共纳入文献18篇,包含1730例患者,Meta分析结果显示,针灸治疗组的总有效率优于对照组[OR=5.11,95%CI为(3.83,6.85),P<0.01];治愈率优于对照组[OR=1.62,95%CI为(1.41,1.86),P<0.01];不良反应率低于对照组[OR=1.13,95%CI为(0.05,0.34),P<0.01]□漏斗图的结果显示左右不对称,提示纳入评价的文献很可能存在发表性偏倚□In total, 18 articles were included in the literature, including 1730 patients . The meta-analysis showed that the total effective rate of the acupuncture treatment group was greater than that of the control group [OR = 5.11, 95% CI (3.83, 6.85), P <0.01]; The cure rate was better than that of the control group [OR = 1.62, 95% CI (1.41, 1.86), P <0.01], the adverse reaction rate was lower than that of the group control [OR = 1.13, 95% CI (0.05, 0.34), P <0.01]. Funnel chart results show left-right asymmetry, suggesting that the literature included in the journal is likely to have a publication bias.
Conclusions	针灸治疗偏头痛疗效优于单纯西药治疗,但由于本系统评价纳入研究质量较低,尚需更多高质量的随机对照试验验证其疗效及安全性□acupuncture on migraine is better than Western medicine alone, but due to the poor quality of this systematic review, high-quality randomized controlled trials are needed to verify efficacy and safety.

1.1.8. Cui 2018 ☆☆

Cui Qiu-yue, He Qiao-ying, Fang Jian-qiao, et al. [Meta-analysis of Time-effect Evaluation of Acupuncture Treatment for Migraine]. Shanghai Journal of Acupuncture and Moxibustion. 2018;37(4):466. [181189].

Objective	To evaluate the immediate, short-term and Long-term therapeutic effects of acupuncture on migraine.
Method	Computer searches of PubMed, Embase, Chinese Biomedical Literature Database (CBM), Chinese Scientific and Technological Journal Database (VIP) and Wanfang Standards Database (WFSD) were made in combination with manual searching to retrieve clinical data about acupuncture treatment for migraine. The outcome measure was the VAS pain score. The time was limited between Jan. 1 st, 200 1 and Dec. 31st, 20 1 6.
Result	Fifteen articles with randomized controlled trial were included. The meta-analysis showed no statistically significant difference in the immediate effect between acupuncture and sham acupuncture or Western drugs. The short-term and long-term effects of acupuncture were better than those of sham acupuncture or Western drugs.
Conclusion	Acupuncture is an effective way to treat and prevent migraine. The immediate therapeutic effect of acupuncture on migraine needs further study.

1.1.9. Jiang 2018 (Quality of Life) ☆☆

Jiang Y, Bai P, Chen H, Zhang XY, Tang XY, Chen HQ, Hu YY, Wang XL, Li XY, Li YP, Tian GH. The Effect of Acupuncture on the Quality of Life in Patients With Migraine: A Systematic Review and Meta-Analysis. *Front Pharmacol*. 2018. [189093].

Background	Acupuncture is frequently used as an efficient method to prevent and treat migraines. However, its effect on the quality of life remains controversial.
Methods	Seven databases, such as PubMed and Cochrane Library were searched to retrieve reference lists of eligible trials and related reviews. Randomized controlled trials that were published in Chinese and English were included.
Results	Acupuncture resulted in lower Visual Analog Scale scores than the medication group at 1 month after treatment (MD -1.22, 95%CI -1.57 to -0.87; low quality) and 1-3 months after treatment (MD -1.81, 95%CI -3.42 to -0.20; low quality). Compared with sham acupuncture, acupuncture resulted in lower Visual Analog Scale scores at 1 month after treatment (MD -1.56, 95%CI -2.21 to -0.92; low quality).
Conclusion	Acupuncture exhibits certain efficacy both in the treatment and prevention of migraines, which is superior to no treatment, sham acupuncture and medication. Further, acupuncture enhanced the quality of life more than did medication.

1.1.10. Xu 2018 ★

Xu J, Zhang FQ, Pei J, Ji J. Acupuncture for migraine without aura: a systematic review and meta-analysis. *J Integr Med*. 2018;16(5):312-321. [189777].

Background	Migraine without aura (MWOA), the most common type of migraine, has great impacts on quality of life for migraineurs. Acupuncture is used in the treatment and prevention of migraine for its analgesic effects.
Objective	The aim of this systematic review and meta-analysis is to systematically assess the therapeutic and preventive effect of acupuncture treatment and its safety for MWOA.
Methods	SEARCH STRATEGY: Nine electronic databases (PubMed, MEDLINE, Cochrane Library, Lilacs, Embase, China National Knowledge Infrastructure (CNKI), Chongqing VIP (CQVIP), Wanfang Data and Chinese Clinical Trial Registry (ChiCTR)) were systematically searched from their beginning through June 2017 using MeSH terms such as "acupuncture, acupuncture therapy, electro-acupuncture, ear acupuncture, acupuncture points, acupuncture analgesia," and "migraine disorders, cluster headache." Manual searching included other conference abstracts and reference lists. INCLUSION CRITERIA: Randomized controlled trials (RCTs) with a clinical diagnosis of MWOA, which were treated with acupuncture versus oral medication or sham acupuncture treatment. DATA EXTRACTION AND ANALYSIS: Two evaluators screened and collected literature independently; they extracted information on participants, study design, interventions, follow-up, withdrawal and adverse events and assessed risk of bias and quality of the acupuncture intervention. The primary outcomes were frequency of migraine (FM) and number of migraine days (NM). Secondary outcomes included the visual analogue scale (VAS) score, effective rate (ER) and adverse events. Pooled estimates were calculated as mean difference (MD) with 95% confidence interval (CI) for continuous data and relative risk (RR) with 95% CI for dichotomous data.

Results	Overall, 14 RCTs including 1155 participants were identified. The analysis found that acupuncture had a significant advantage over medication in reducing FM (MD = -1.50; 95% CI: -2.32 to -0.68; P < 0.001) and VAS score (MD = 0.97; 95% CI: 0.63-1.31; P < 0.00001) and had a higher ER (RR = 1.30; 95% CI: 1.16-1.45; P < 0.00001). Acupuncture also had a significant advantage over sham acupuncture in the decrease of FM (MD = -1.05; 95% CI: -1.75 to -0.34; P = 0.004) and VAS score (MD = -1.19; 95% CI: -1.75 to -0.63; P < 0.0001). Meanwhile, acupuncture was more tolerated than medication because of less side effect reports (RR = 0.29; 95% CI: 0.17-0.51; P < 0.0001). However, the quality of evidence in the included studies was mainly low (to very low), making confidence in the FM and VAS score results low.
Conclusion	Our meta-analysis shows that the effectiveness of acupuncture is still uncertain , but it might be relatively safer than medication therapy in the treatment and prophylaxis of MWOA. Further proof is needed.

1.1.11. Zuo 2018

Zuo Zuoyuan, Du Ruosang, Cui Hai, Yuan Hongzuo, Zhang Zuo, Wang Baohua, Zheng Shumei. [Meta-analysis of acupuncture treating migraine in recent 10 years]. Continuing Medical Education. 2018;4:157-8. [202141].

目的 系统评价针刺治疗偏头痛的疗效,为临床治疗提供医学依据.方法 计算机检索CNKI、CBM、VIP及万方Data数据库,搜集针刺治疗偏头痛的随机对照试验文章,并辅以追溯纳入的文献,及手工检索的方式以补充获得相关文献.检索年限为2007年1月1日—2016年12月31日,根据纳入、排除标准筛选文献并评价纳入研究质量,提取资料后,进行Meta分析.结果 共纳入24篇RCT,其中20篇对照组为西药,2篇对照组为安慰针,2篇对照组为中药.Meta分析结果显示,针刺组治疗偏头痛有效率优于西药组[RR=3.96,95%CI(3.02,5.19),P<0.00001],优于安慰针刺组[RR=5.70,95%CI(1.88,17.27),P=0.002],优于中药组[RR=7.58,95%CI(2.30,24.92),P=0.0009].结论 目前研究提示,针刺治疗偏头痛的有效率高于西药、中药、安慰针刺治疗,但高质量、大样本的研究相对不足,需要进一步证实.	
Objective	To systematically evaluate the efficacy of acupuncture in the treatment of migraine and provide medical evidence for clinical treatment.
Methods	The computer searched the CNKI, CBM, VIP, and Wanfang Data databases to collect randomized controlled trial articles on acupuncture for migraine, supplemented by retrospectively included Documents, and manual search methods to supplement relevant documents. The search period was from January 1, 2007 to December 31, 2016. The literature was screened according to the inclusion and exclusion criteria and the quality of the included studies was evaluated. After the data were extracted, meta-analysis was performed.
Results	A total of 24 RCTs were included, of which 20 were in the western medicine group, 2 in the control group were comfort needles, and 2 in the control group were traditional Chinese medicine. Meta analysis results showed that the acupuncture group was more effective in treating migraine than the western medicine group [RR = 3.96, 95% CI (3.02, 5.19), P < 0.00001], better than the comfort acupuncture group [RR = 5.70, 95% CI (1.88, 17.27), P = 0.002], better than the Chinese medicine group [RR = 7.58, 95% CI (2.30, 24.92), P = 0.0009].
Conclusion	The current study suggests that the effective rate of acupuncture for migraine is higher than that of western medicine, traditional Chinese medicine and comfort acupuncture, but the research of high quality and large samples is relatively insufficient. Needs further confirmation.

1.1.12. Pu 2017 ☆☆

Pu Shengxiong, Tan Ge, Deng Yong, Li Lunxi, Zhu Qiuwen, Jiang Huahua. [Effectiveness and safety of acupuncture versus drug treatment for migraine prophylaxis:a meta-analysis], Journal of Chongqing

Medical University. 2017;10:1293-8. [199990].

Objective	To systematically evaluate the effectiveness and safety of acupuncture and drugs for migraine prevention, and to illustrate the clinical application of acupuncture.
Methods	Databases of Pubmed, Cochrane library, EMBASE, CBM, VIP, Wan Fang Data and CNKI were searched from database foundation to October 2015. The randomized controlled trials(RCTs)of acupuncture and drugs for migraine prophylaxis were screened and retrieved. The outcome data were grouped 3-4 months after randomization and 5-6months after randomization based on follow-up. And then, the included studies were assessed and data were extracted to do meta-analysis.
Results	A total of 7 RCTs and 1 285 patients with migraine were included in this study. There were significant differences in response rate(RR=1.24,95%CI=1.04 to 1.47,P=0.020),migraine days(SMD=-0.30,95%CI=-0.45 to-0.16,P=0.000),intensity of headache(SMD=-0.32,95%CI=-0.52 to-0.11,P=0.000)during 3~4 months after randomization ; and also in migraine days(MD=-0.66,95%CI=-1.18 to-0.13,P=0.010),intensity of headache(SMD=-0.31,95%CI=-0.47 to-0.15,P=0.000)during 5-6 months after randomization; but there was no difference in response rate (RR=1.18,CI=0.97 to 1.43),P=0.110)during 5-6 months after randomization. Compared to drug therapy acupuncture group had more effectiveness, less migraine days, lighter headache intensity. It was fail to deal with heterogeneity(I ² =77%)of adverse events ; after descriptive analysis, there was less adverse events in research period.
Conclusion	Acupuncture had better clinically effectiveness and more safety than drug therapy in migraine prophylaxis. More high quality researches should be carried on to enhance the reliability.

1.1.13. Linde 2016 (prevention) ☆☆☆

Linde K, Allais G, Brinkhaus B, Fei Y, Mehring M, Vertosick EA, Vickers A, White AR. Acupuncture for the prevention of episodic migraine. Cochrane Database Syst Rev. 2016. [186250].

Background	Acupuncture is often used for migraine prevention but its effectiveness is still controversial. We present an update of our Cochrane review from 2009.
Objectives	To investigate whether acupuncture is a) more effective than no prophylactic treatment/routine care only; b) more effective than sham (placebo) acupuncture; and c) as effective as prophylactic treatment with drugs in reducing headache frequency in adults with episodic migraine.

Search Method	<p>We searched the Cochrane Central Register of Controlled Trials (CENTRAL: 2016, issue 1); MEDLINE (via Ovid, 2008 to January 2016); Ovid EMBASE (2008 to January 2016); and Ovid AMED (1985 to January 2016). We checked PubMed for recent publications to April 2016. We searched the World Health Organization (WHO) Clinical Trials Registry Platform to February 2016 for ongoing and unpublished trials. Selection Criteria: We included randomized trials at least eight weeks in duration that compared an acupuncture intervention with a no-acupuncture control (no prophylactic treatment or routine care only), a sham-acupuncture intervention, or prophylactic drug in participants with episodic migraine. Data Collection And Analysis: Two reviewers checked eligibility; extracted information on participants, interventions, methods and results, and assessed risk of bias and quality of the acupuncture intervention. The primary outcome was migraine frequency (preferably migraine days, attacks or headache days if migraine days not measured/reported) after treatment and at follow-up. The secondary outcome was response (at least 50% frequency reduction). Safety outcomes were number of participants dropping out due to adverse effects and number of participants reporting at least one adverse effect. We calculated pooled effect size estimates using a fixed-effect model. We assessed the evidence using GRADE and created 'Summary of findings' tables.</p>
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<p>Main Results</p>	<p>Twenty-two trials including 4985 participants in total (median 71, range 30 to 1715) met our updated selection criteria. We excluded five previously included trials from this update because they included people who had had migraine for less than 12 months, and included five new trials. Five trials had a no-acupuncture control group (either treatment of attacks only or non-regulated routine care), 15 a sham-acupuncture control group, and five a comparator group receiving prophylactic drug treatment. In comparisons with no-acupuncture control groups and groups receiving prophylactic drug treatment, there was risk of performance and detection bias as blinding was not possible. Overall the quality of the evidence was moderate. Comparison with no acupuncture Acupuncture was associated with a moderate reduction of headache frequency over no acupuncture after treatment (four trials, 2199 participants; standardised mean difference (SMD) -0.56; 95% CI -0.65 to -0.48); findings were statistically heterogeneous ($I^2 = 57\%$; moderate quality evidence). After treatment headache frequency at least halved in 41% of participants receiving acupuncture and 17% receiving no acupuncture (pooled risk ratio (RR) 2.40; 95% CI 2.08 to 2.76; 4 studies, 2519 participants) with a corresponding number needed to treat for an additional beneficial outcome (NNTB) of 4 (95% CI 3 to 6); there was no indication of statistical heterogeneity ($I^2 = 7\%$; moderate quality evidence). The only trial with post-treatment follow-up found a small but significant benefit 12 months after randomisation (RR 2.16; 95% CI 1.35 to 3.45; NNT 7; 95% 4 to 25; 377 participants, low quality evidence). Comparison with sham acupuncture Both after treatment (12 trials, 1646 participants) and at follow-up (10 trials, 1534 participants), acupuncture was associated with a small but statistically significant frequency reduction over sham (moderate quality evidence). The SMD was -0.18 (95% CI -0.28 to -0.08; $I^2 = 47\%$) after treatment and -0.19 (95% CI -0.30 to -0.09; $I^2 = 59\%$) at follow-up. After treatment headache frequency at least halved in 50% of participants receiving true acupuncture and 41% receiving sham acupuncture (pooled RR 1.23, 95% CI 1.11 to 1.36; $I^2 = 48\%$; 14 trials, 1825 participants) and at follow-up in 53% and 42%, respectively (pooled RR 1.25, 95% CI 1.13 to 1.39; $I^2 = 61\%$; 11 trials, 1683 participants; moderate quality evidence). The corresponding NNTBs are 11 (95% CI 7.00 to 20.00) and 10 (95% CI 6.00 to 18.00), respectively. The number of participants dropping out due to adverse effects (odds ratio (OR) 2.84; 95% CI 0.43 to 18.71; 7 trials, 931 participants; low quality evidence) and the number of participants reporting adverse effects (OR 1.15; 95% CI 0.85 to 1.56; 4 trials, 1414 participants; moderate quality evidence) did not differ significantly between acupuncture and sham groups. Comparison with prophylactic drug treatment Acupuncture reduced migraine frequency significantly more than drug prophylaxis after treatment (SMD -0.25; 95% CI -0.39 to -0.10; 3 trials, 739 participants), but the significance was not maintained at follow-up (SMD -0.13; 95% CI -0.28 to 0.01; 3 trials, 744 participants; moderate quality evidence). After three months headache frequency at least halved in 57% of participants receiving acupuncture and 46% receiving prophylactic drugs (pooled RR 1.24; 95% CI 1.08 to 1.44) and after six months in 59% and 54%, respectively (pooled RR 1.11; 95% CI 0.97 to 1.26; moderate quality evidence). Findings were consistent among trials with I^2 being 0% in all analyses. Trial participants receiving acupuncture were less likely to drop out due to adverse effects (OR 0.27; 95% CI 0.08 to 0.86; 4 trials, 451 participants) and to report adverse effects (OR 0.25; 95% CI 0.10 to 0.62; 5 trials 931 participants) than participants receiving prophylactic drugs (moderate quality evidence).</p>
<p>Authors' Conclusions</p>	<p>The available evidence suggests that adding acupuncture to symptomatic treatment of attacks reduces the frequency of headaches. Contrary to the previous findings, the updated evidence also suggests that there is an effect over sham, but this effect is small. The available trials also suggest that acupuncture may be at least similarly effective as treatment with prophylactic drugs. Acupuncture can be considered a treatment option for patients willing to undergo this treatment. As for other migraine treatments, long-term studies, more than one year in duration, are lacking.</p>

1.1.14. Pu 2016 (acute attack) ☆☆

Pu Shengxiong, Tan Ge, Wang Dayan, Chen Jinjin, Jiang Li. [Analgesic effect of acupuncture during migraine acute attack period: a meta-analysis]. Chongqing Medical Journal. 2016;10:1353-135. [186966].

Objective	To evaluate the effect of acupuncture for treating migraine acute attack to offer some evidence-based basis for clinical application .
Methods	The Chinese and English literatures on the acupuncture for treating migraine acute attack were retrieved from January 1989 to December 2014 , the literatures were screened according to inclusion and exclusion criteria , the Meta-analysis was performed on these chose literatures .
Results	A total of 5 studies were included and 618 migraineurs were involved , four literatares were performed the Meta-analysis , and 1 literature was performed the description analysis . Meta-analysis re-sults showed that there was statistically significant differences between the acupuncture group and the sham acupuncture group in the VAS score reduction value at 2 h [MD=0 . 36 , 95% CI: 0 . 08 , 0 . 65 , P=0 . 01] , 4 h [MD=0 . 49 , 95% CI: 0 . 14 , 0 . 84 , P=0 . 007] after acupuncture;while when the VAS score was used as the evaluation indicator , there was no statistically significant differences were found at 2 h [MD= -0 . 38 , 95% CI: -0 . 83 , 0 . 07 , P=0 . 10] , 4 h [MD= -0 . 42 , 95% CI: -0 . 96 , 0 . 12 , P=0 . 12] after acupuncture in the VAS score between the acupuncture group and the sham acupuncture group .
Conclusion	Acupuncture could effectively relieve the intensity of headache in migraine , the analgesic effect of acupuncture for treating migraine attacks is significantly superior to the sham acupuncture group , while with the VAS score as the evaluation indicator , the difference between the acupuncture group and the sham acupuncture group has no statistical significance .

1.1.15. Pu 2016 (prevention)

Pu S. [Effectiveness and Safety of Acupuncture versus Drug Treatment for Migraine Prophylaxis: A Meta-Analysis]. Chongqing Medical University, Chengdu, China. 2016. [193216].

Cité Zhang 2019 [203221].

1.1.16. Song 2016 (prévention) ☆☆

Song Qian, Zhao Shoufa, Li Li, Shen Yan, Wang Shu. [Meta-analysis on prevention comparison of acupuncture with western medicine for migraine]. Liaoning Journal of Traditional Chinese Medicine. 2016;4:821-826;. [187034].

Objective	To evaluate the efficacy comparison of acupuncture and western medicine for migraine.
Methods	We searched the Cochrane Library, Pub Med, Medline, CNKI, VIP and Wan Fang to identify the randomized controlled trials comparing acupuncture with western medicine for migraine. The quality of included studies was critically assessed and the data analysis was performed with The Cochrane Collaboration' s Rev Man5. 2.

Results	Eighteen studies were included. The Meta-analysis showed in treating migraine, the short-term response rate [RR = 2.76, 95% CI (2.03, 3.77), P < 0.00001] and the long-term response rate [RR = 4.17, 95% CI (2.80, 6.20), P < 0.00001] of acupuncture was significantly better than that of western medicine. It also showed that acupuncture was significantly better than Metoprolol in reducing migraine times [RR = -0.79, 95% CI (-1.39, -0.20), P = 0.009].
Conclusion	The short and long-term effectiveness of acupuncture is significant better than that of western medicine in migraine treatment. However, due to the poor quality and small sample of the included trials, more large-scale multi-center randomized trials are needed.

1.1.17. Yang 2016 (vs sham) ☆☆☆

Yang Y, Que Q, Ye X, Zheng Gh. Verum versus sham manual acupuncture for migraine: a systematic review of randomised controlled trials. *Acupunct Med.* 2016;34(2):76-83.[190445].

Objectives	Manual acupuncture (MA) is commonly used as a treatment for migraine in China. However, its specific clinical effects have been challenged on the basis that some of its effects may relate to psychological or 'placebo' mechanisms. <i>Objective:</i> To identify the effectiveness of verum MA compared with sham acupuncture for the treatment of migraine.
Methods	Eight electronic databases were searched for randomised controlled trials (RCTs) evaluating the effect of verum versus sham MA on migraine. The quality of included trials was assessed using the 'risk of bias' tool provided by the Cochrane Handbook for Systematic Review of Intervention. RevMan 5.2 software was used for data analysis.
Results	Ten trials with 997 participants were included. Most trials had high methodological quality and were at low risk of bias. Meta-analysis showed superior effects of verum MA over sham acupuncture on the total effective rate, reflected by a reduction in the 'not effective' rate (relative risk (RR) 0.24, 95% CI 0.15 to 0.38; p<0.0001, four trials) and a reduced recurrence rate (RR 0.47, 95% CI 0.28 to 0.81; p=0.006, two trials), but no significant differences in headache intensity, frequency or duration, accompanying symptoms and use of medication. No severe adverse events related to acupuncture occurred during treatment with either verum or sham MA
Conclusions	Current clinical evidence suggests that verum acupuncture is superior to sham acupuncture in migraine, reflected by a higher total effective rate and decreased recurrence rate. Nevertheless, further large-scale RCTs with a rigorous design are required to confirm these findings in view of the relative paucity of eligible RCTs and small sample sizes of those included.

1.1.18. Dai 2015

Dai X, Lin C. [A meta-analysis of treating migraine by acupuncture]. *Clinical Journal of Chinese Medicine.* 2015;7(35):1-3. [197043].

Cité Zhang 2019 [203221].

1.1.19. Chen 2014

Chen W. [Systematic Reviews for Short-Term Effects of Acupuncture in Treating Migraine]. Chengdu University of Traditional Chinese Medicine, Chengdu, China. 2014. [159380].

Cité Zhang 2019 [203221].

1.1.20. Yang 2014 (vs flunarizine) ☆☆

Yang Jia, Shen Yan, Wang Shu. [Systematic review on efficacy for migraine treatment by acupuncture and flunarizine]. World Science and Technology-Modernization of Traditional Chinese Medicine. 2014;7:1608-161. [187070].

Objectives	This article was aimed to evaluate the efficacy of acupuncture and flunarizine for migraine treatment.
Méthods	Randomized controlled trials (RCTs) in migraine treatment by acupuncture and flunarizine were searched in the Pubmed, Cochrane Library, CNKI, VIP, and W anfang database. The quality of inclusion criteria was assessed according to the Cochrane Collaboration's recommended method and the effective data was extracted. Then, the RevMan5. 2 software was used in the summary and analysis of the effective literatures.
Result	The results showed that the total sample size was 893 cases, with 10 studies according to the inclusion criteria. Meta-analysis showed that the short-term efficacy of the treatment group was higher than the control group [RR = 1. 27, 95%CI (1. 11, 1. 45), P<0. 000 4]; the long-term efficacy of the treatment group was higher than the control group [RR = 1. 76, 95%CI (1. 05, 2. 94), P=0. 03]; headache degree of improvement was better than the control group [MD = -2. 00, 95%CI (-3. 01, -0. 99), P=0. 000 1].
Conclusion	It was concluded that acupuncture was more effective than flunarizine in migraine treatment . However, the whole study sample size was relatively small, the quality assessment was not high, and the funnel plot analysis was left-right asymmetry, which indicated the presence of publication bias. It was concluded that more high-quality clinical cases should be confirmed in the future.

1.1.21. Zheng 2012 ☆☆☆

Zheng Shu-Mei, Cui Hai. [Acupuncture for migraine: a meta-analysis]. Chinese Journal of Information on Traditional Chinese Medicine. 2012;6:20-23. [186949].

Objective	To evaluate the effectiveness of acupuncture treatment for migraine.
Methods	The randomized controlled trials (RCTs) in PubMed, Embase, CBM, CNKI, VIP and WanFang database from January 1, 2000 to December 31, 2010 were electronically searched, and the references in relevant reviews were also manually searched. The quality of the included studies was assessed. Two reviewers independently screened the trials according to inclusion and exclusion criteria, extracted the data, and assessed the methodology quality. Meta-analysis was performed using the Cochrane Collaboration's RevMan 5. 1 software.
Results	Thirty-three RCTs were finally included. The results of meta-analysis showed that compared with western medicine [28 RCTs, RR=1. 24, 95%CI (1. 16, 1. 34), P<0. 000 01], Chinese medicine [3 RCTs, RR=1. 29, 95%CI (1. 14, 1. 45), P<0. 000 01], and placebo acupuncture [3 RCTs, RR=1. 87, 95%CI (1. 17, 2. 98), P=0. 009], the improvement rates of acupuncture were significantly higher.
Conclusions	This study shows the improvement rates of acupuncture for migraine are higher than western medicine, Chinese medicine and placebo acupuncture , but it needs more higher quality of RCTs to enforce.

1.1.22. Gao 2011 ☆☆☆

Gao Xiao-Mei, Wang Bo-Song, Song Yan-Yan, Qi Hong, Rong Zheng-Xing, Wang Hao. [Acupuncture for migraine: a systematic review and meta-analysis of randomized controlled trials]. Chinese Journal of

Clinical Pharmacology and Therapeutics. 2011;5:530-537. [186939].

Aim:	To precisely assess the efficacy of acupuncture in migraine therapy, and analyze the reasons of different conclusions between domestic and foreign clinical trails.
Methods	: Pubmed, Cochrane Library, and Chinese Biomedical Literature Database (CMB) were searched to obtain the randomized controlled trials (RCTs) of acupuncture for the treatment of migraine. Data were synthesized using RevMan 5. 0 software provided by the Cochrane Collaboration.
Results	: Twelve high-quality RCTs comparing verum acupuncture with sham acupuncture were included in the meta-analysis. The results showed that at the end of treatment the responder rate of verum and sham acupuncture were 49. 5% and 43. 3%, respectively. Acupuncture treatment could significantly reduced the severity of migraine by increasing responder rate (OR=1. 28, 95%CI: 1. 02-1. 61, P=0. 03). The responder rate of verum and sham acupuncture at the end of follow-up were 47. 7% and 38. 5%, respectively, but the difference between them was not significant (OR=1. 33, 95%CI: 0. 70-2. 51, P=0. 39). In subgroup analysis, RCTs in China showed significantly amelioration of migraine by acupuncture either at the end of treatment or follow-up (P<0. 05), while RCTs in abroad showed no significant difference between two groups at the end of treatment or follow-up (P>0. 05).
Conclusion	The meta-analysis suggested that acupuncture was effective in the treatment of migraine but the effectiveness was not maintained after the withdrawal of acupuncture therapy. Since the conclusions of RCTs conducted in China and abroad are quite different, more full-scale RCTs following the principles of traditional Chinese medicine are recommended to further warrant the effectiveness of acupuncture.

1.1.23. Linde K 2009 (prevention) ☆☆

Linde K, Allais G, Brinkhaus B, Manheimer E, Vickers A, White AR. Acupuncture for migraine prophylaxis. Cochrane Database Syst Rev. 2009;1:CD001218. 153159

Purpose	To investigate whether acupuncture is a) more effective than no prophylactic treatment/routine care only; b) more effective than 'sham' (placebo) acupuncture; and c) as effective as other interventions in reducing headache frequency in patients with migraine.
Methods	Search strategy : The Cochrane Pain, Palliative & Supportive Care Trials Register, CENTRAL, MEDLINE, EMBASE and the Cochrane Complementary Medicine Field Trials Register were searched to January 2008. Selection criteria : We included randomized trials with a post-randomization observation period of at least 8 weeks that compared the clinical effects of an acupuncture intervention with a control (no prophylactic treatment or routine care only), a sham acupuncture intervention or another intervention in patients with migraine. Data collection and analysis : Two reviewers checked eligibility; extracted information on patients, interventions, methods and results; and assessed risk of bias and quality of the acupuncture intervention. Outcomes extracted included response (outcome of primary interest), migraine attacks, migraine days, headache days and analgesic use. Pooled effect size estimates were calculated using a random-effects model.

Results	Twenty-two trials with 4419 participants (mean 201, median 42, range 27 to 1715) met the inclusion criteria. Six trials (including two large trials with 401 and 1715 patients) compared acupuncture to no prophylactic treatment or routine care only. After 3 to 4 months patients receiving acupuncture had higher response rates and fewer headaches. The only study with long-term follow up saw no evidence that effects dissipated up to 9 months after cessation of treatment. Fourteen trials compared a 'true' acupuncture intervention with a variety of sham interventions. Pooled analyses did not show a statistically significant superiority for true acupuncture for any outcome in any of the time windows, but the results of single trials varied considerably. Four trials compared acupuncture to proven prophylactic drug treatment. Overall in these trials acupuncture was associated with slightly better outcomes and fewer adverse effects than prophylactic drug treatment. Two small low-quality trials comparing acupuncture with relaxation (alone or in combination with massage) could not be interpreted reliably.
Conclusion	In the previous version of this review, evidence in support of acupuncture for migraine prophylaxis was considered promising but insufficient. Now, with 12 additional trials, there is consistent evidence that acupuncture provides additional benefit to treatment of acute migraine attacks only or to routine care. There is no evidence for an effect of 'true' acupuncture over sham interventions, though this is difficult to interpret, as exact point location could be of limited importance. Available studies suggest that acupuncture is at least as effective as, or possibly more effective than, prophylactic drug treatment, and has fewer adverse effects. Acupuncture should be considered a treatment option for patients willing to undergo this treatment.

1.1.24. Wang 2008 (Chinese Literature)

Wang YY , Zheng Z and Xue CCL. Acupuncture for Migraine: A Systematic Review of Chinese Literature. Australian Journal of Acupuncture and Chinese Medicine. 2008;3(1):3. [193129].

Introduction	Acupuncture is widely used for the treatment of migraine, but its effectiveness is inconclusive based on findings of two recent systematic reviews. However, these reviews included very few studies conducted in Asian countries. Research papers published in Chinese are yet to be reviewed to determine their role in the overall understanding of the effectiveness and safety of acupuncture for migraine.
Objectives	Is acupuncture more effective than no treatment, sham/placebo acupuncture, or as effective as other interventions for migraine?
Methods	Search Strategies: Electronic search was performed in the two most comprehensive Chinese e-databases, Vi Pu and Wan Fang. Keywords used were a combination of acupuncture, headache, migraine, Chinese medicine, electroacupuncture and point-stimulation. Selection Criteria: Randomised, controlled trials comparing acupuncture with any type of control interventions and reporting at least one of the clinically related outcome measures for migraine were selected. Data Collection and Analysis: Characteristics of the studies were extracted by two independent reviewers. Reporting quality and validity were assessed using the Jadad Scale, Internal Validity Scale and Oxford Pain Validity Scale. STRICTA was used to assess the reporting quality of acupuncture treatment. RevMan 4.2 was used for data analysis.

Results	Seventeen studies with a total of 2097 participants (median 91; range 62–216) met the inclusion criteria. Ten studies compared acupuncture alone with western medications. The remaining seven trials compared a combined therapy of acupuncture and other therapies with western medications. None of the studies compared acupuncture with no-treatment control or sham/placebo acupuncture. None of the 17 studies was considered of high quality. Studies indicated that acupuncture alone was superior to western medications (RR 1.55, 95% CI 1.27 to 1.88). In comparison to studies included in the other two reviews, the Chinese studies in this review had a larger sample size and acupuncture treatments were more frequent.
Conclusion	There is moderate evidence that acupuncture is more effective than western pharmacotherapy. Due to the poor quality and validity of included studies, this conclusion requires further assessment. Data from Chinese literature should be included in future systematic reviews.

1.1.25. Griggs 2006 ☆

Griggs C, Jensen J. Effectiveness of Acupuncture for migraine: critical literature review. J Adv Nurs. 2006;54(4):491-501. [141239].

Aim	The aim of this paper is to evaluate previous research studies on acupuncture for migraine with reference to the Standards for Reporting Interventions in Controlled Trials of Acupuncture guidelines.
Background	. It is estimated that around 2-15% of the world's population are affected by migraine headaches. Thirteen per cent of adults in the United Kingdom suffer with chronic pain, migraine headaches accounting for 7% of cases. Migraine pain relief is grounded in pharmacology. Acupuncture for migraine has been widely researched. However, inconsistent and low quality results have been produced. Recently, published Standards for Reporting Interventions in Controlled Randomized Trials of Acupuncture guidelines recommend important information that must be included in research in order to be valid and reliable.
Methods	. Searches were conducted between September 2003 and May 2004 using the Ovid Medline 1966-2004, British Medical Journal, Blackwell Synergy, Science Direct, The Lancet and Cochrane Library Issue 1 databases. Searches were limited to the previous 20 years and to publications in the English language only.
Findings	. Thirteen randomized controlled trials met the inclusion criteria and were critically reviewed for methodological quality, reporting of acupuncture needling details, practitioner background, control interventions and use of a diagnostic criterion. Findings agreed with previous literature reviews that the majority of studies of acupuncture for migraine research are of poor quality, with conflicting results. Few studies met the criteria of the Standards for Reporting Interventions in Controlled Trials of Acupuncture recommendations. Overall, the quality of research in this area must be questioned.
Conclusions	. In the light of these findings, practitioners may face a dilemma when considering the use of acupuncture for migraine. Therefore, large, high quality randomized controlled trials of acupuncture for migraine are needed. Until better quality research is published, with verification of the benefits of acupuncture for migraine, provision of this alternative therapy should not be expanded or withdrawn.

1.1.26. Scott 2006

Scott SW and Deare JC. Acupuncture for Migraine: A Systematic Review. Australian Journal of Acupuncture and Chinese Medicine. 2006;1(1):3-14. [190769].

Background	Migraine is a highly prevalent and often severely disabling disorder. Migraine patients often employ therapies such as acupuncture. To date a systematic review of acupuncture for migraine headache alone has not been published. Given that migraine has a pathophysiology that is distinct from other headaches, it is appropriate and timely that the studies of acupuncture for the treatment of migraine be systematically reviewed.
Objectives	To determine whether acupuncture is more effective than no treatment for migraine, more effective than 'sham' or placebo acupuncture for migraine, or as effective as other interventions used to treat and prevent migraine.
Methods	Selection criteria: Randomised controlled trials of needle acupuncture that breaks the skin for migraine headache. Data collection: The authors used a standardised collection form to abstract data independently. Information on acupuncture protocol, STRICTA criteria, methodological quality (Jadad, IVS) and treatment outcomes were collected.
Results	Twenty-five studies with a total of 3004 patients (median = 62; range = 30-794) met the inclusion criteria. Three trials compared acupuncture to waiting list. Eleven trials compared acupuncture to sham acupuncture studies. The results were heterogeneous. Five studies found no significant effects over the sham procedure. Four studies reported a trend in favour of acupuncture. The remaining two small studies reported results in which the acupuncture group did significantly better than those in the sham group. Thirteen studies compared acupuncture to various pharmacotherapies and all found acupuncture to be at least as effective as drug treatment.
Conclusion	The current evidence suggests that acupuncture is significantly superior to waiting list, at least as good as sham acupuncture, and of comparable efficiency to several proven drug therapies for the treatment and prevention of migraine.

1.1.27. Goslin 1999 ☆☆

Goslin RE, Gray RN, McCrory DC, Penzien D, Rains J, Hasselblad V. Behavioral and physical treatments for migraine headache AHRQ Technical reviews. 1999; 2.[169140].

Objectives	To identify and summarize evidence from controlled trials on the efficacy of behavioral and physical treatments for migraine.
Search strategy	A strategy combining the MeSH term "headache" (exploded) and a previously published strategy for identifying randomized controlled trials was used on the January 1966 to December 1996 MEDLINE database. Other computerized bibliographic databases, textbooks, and experts were also utilized. Selection criteria: English-language controlled trials involving patients with migraine in which at least one treatment offered was a behavioral or physical treatment were selected. Data collection and analysis: Measures of headache index and headache frequency reported as group means (and standard deviations) were used to calculate standardized mean differences (or effect sizes). Where similar trials provided data, meta-analysis of efficacy measures was performed. The number of patients obtaining at least a 50% reduction in headache index, frequency, or severity was recorded and used to calculate odds ratios.

Main results	Behavioral treatments for migraine have a consistent body of research indicating efficacy. Summary effect sizes from a meta-analysis of 18 trials suggest that relaxation training, thermal biofeedback combined with relaxation training, electromyographic (EMG) biofeedback, and cognitive-behavioral therapy are all modestly effective in treating migraine when compared to a wait-list control. Thermal biofeedback alone or combined with cognitive-behavioral therapy yielded similar effect sizes that failed to reach statistical significance. Physical treatments have been less often studied. Six small trials of acupuncture yielded mixed results. Other physical treatments for which controlled trials have been reported include transcutaneous electrical nerve stimulation (TENS) (2 trials), cervical mobilization and manipulation (1 trial), occlusal adjustment (1 trial), and hyperbaric oxygen (1 trial).
Conclusions	Each of the behavioral therapies considered has modest efficacy for migraine. There is little information about which patients will benefit from particular behavioral approaches; the choice among them may, for the present, depend more on availability and acceptability than on data about efficacy. There are insufficient data about any of the physical treatments to draw conclusions about their efficacy.

1.2. Special Clinical Forms

1.2.1. Menstrual Migraine

1.2.1.1. Zhao 2016

Zhao Y. [Data Mining and Systematic Review of Modern Acupuncture Treatment for Menstrual Migraine]. Chengdu University of Traditional Chinese Medicine, Chengdu, China. 2016. [196744]. [Cité Zhang 2019 [203221]. |

1.3. Specific techniques

1.3.1. Electroacupuncture

1.3.1.1. Li 2019

Li X, Dai Q, Shi Z, Chen H, Hu Y, Wang X, Zhang X, Tian G. Clinical Efficacy and Safety of Electroacupuncture in Migraine Treatment: A Systematic Review and Network Meta-Analysis. Am J Chin Med. 2019;47(8):1755-1780. [208484]. [doi](#)

Background	Considering the heavy burden of migraine, it is essential to update insufficient and/or outdated clinical evidence supporting electroacupuncture (EA) in migraine therapy.
Methods	In this study, a literature search of seven medical databases was performed. After data extraction and quality evaluation, 13 randomized controlled trials, including 1559 patients, were assessed in this analysis.

Results	Results demonstrated that EA was superior to control treatment (Western medicine, sham-EA, blank control, acupuncture, and acupoint catgut embedding) according to the visual analog scale (VAS) score, frequency of headache attack (Western medicine, sham-EA, blank control), self-rating anxiety scale (SAS [blank control]), self-rating depression score (SDS [Western medicine and blank control]), and clinical efficiency (Western medicine and sham-EA) after treatment ($P < 0.05$). Results of network meta-analysis (for VAS, SAS, and SDS) demonstrated statistically significant differences in VAS scores for EA compared with sham-EA, acupuncture with sham-EA, acupoint catgut embedding with sham-EA, and acupoint catgut embedding with blank control. Rank probability analysis of VAS, SAS, and SDS scores all demonstrated that EA ranked first. Most studies were symmetrically distributed on both sides of the midline in funnel plots for VAS, SAS, and SDS, which indicated a low likelihood of small sample effects. Sensitivity analysis confirmed the stability of the studies included in this research.
Conclusions	EA is one of several effective treatments for migraine pain symptoms, and, to some extent, anxiety and depression. Nevertheless, multi-center studies with large sample sizes and/or well-designed randomized controlled trials (RCTs) will be needed in the future.

1.3.2. Shaoyang acupoints

1.3.2.1. Duan 2019

Duan Kaixuan, Zhu Wei, Mao Fangqun, Zhang Wansheng, Li Ruiming. [Effectiveness of Shaoyang acupoint Penetration Acupuncture Versus Normal Acupuncture Treatment for Migraine prophylaxis: a Meta-analysis]. Chinese Journal of Ethnomedicine and Ethnopharmacy. 2019;1:58-64. [201729]. 目的: 系统评价少阳经透刺对比常规针刺对偏头痛的治疗效果, 为透刺的临床应用提供循证依据. 方法: 检索中国知网、万方数据库、维普期刊数据库、中国生物医学文献数据库、Pubmed和Cochrane library, 检索时间为建库至2018年1月, 收集少阳经穴位透刺和常规针刺治疗偏头痛的临床随机对照试验. 按照Cochrane系统评价手册评价纳入文献的质量并使用Review Manager 5.3软件对纳入研究进行Meta分析. 结果: 共纳入10项研究, 总样本量647例. Meta分析显示: 透刺在有效率[RR=1.14, CI(1.08, 1.22), $P < 0.0001$] 治疗后VAS值[MD=-2.16, CI(-2.54, -1.79), $P < 0.00001$] 即时镇痛VAS差值[MD=1.03, CI(0.62, 1.45), $P < 0.00001$] 头痛持续时间[MD=-0.32, CI(-0.46, -0.18), $P < 0.00001$]均明显优于常规针刺. 结论: 少阳经透刺相对于常规针刺治疗偏头痛有更好的疗效, 但还需要更多的高质量研究增强循证证据.

[Automatic translation].	
Objective	To systematically evaluate the therapeutic effect of Shaoyang acupoint penetration versus conventional acupuncture on migraine, and provide evidence-based evidence for clinical application of spurs.
Methods	Search China Knowledge Network, Wanfang Database, Weipu Journal Database, China Biomedical Literature Database, Pubmed and Cochrane library, the search time was from Jianku to January 2018, collecting randomized controlled trials of Shaoyang acupoint penetration and conventional acupuncture for migraine. According to the Cochrane systematic review manual, the quality of the included literature was evaluated and used. Review Manager 5.3 software for meta-analysis of the included studies.
Results	A total of 10 studies were included, with a total sample size of 647. Meta-analysis showed that the penetration was effective [RR=1.14, CI(1.08, 1.22), $P < 0.0001$] VAS value after treatment [MD=-2.16, CI(-2.54, -1.79), $P < 0.00001$], immediate analgesia VAS difference [MD=1.03, CI(0.62, 1.45), $P < 0.00001$], headache persistence Time [MD=-0.32, CI(-0.46, -0.18), $P < 0.00001$] was significantly better than conventional acupuncture.
Conclusion	Shaoyang acupoint penetration has better curative effect than conventional acupuncture for migraine, but More high-quality research is needed to enhance evidence-based evidence.

1.3.3. Pricking Blood Therapy

1.3.3.1. Du 2014

Du YZ, Jia CS, Shi J, Liu X, Zhang XX, Wang JL, Sun YH, Li XF, Zhang XP, Zhang X, Gang WJ. [A meta-analysis on pricking blood therapy for migraine]. *Acupuncture Research*. 2014;39(3):232-7. [174692].

Objective	To evaluate the therapeutic effect of pricking blood therapy for migraine.
Methods	: We searched all the original papers about pricking blood therapy for migraine in common databases as the Chinese National Knowledge Infrastructure Database (CNKI), Chinese Biomedical Library (CBM), Ovid, Science Direct, Socolar, and Sci Finder (1949-2012), Wanfang Data (1998-2012) and Foreign Medical Journal Service (FMJS, 1990-2012). The original articles were searched in accordance with a pre-defined standards (simple pricking blood treatment, or the pricking blood therapy was the principal approach), while those about other diseases (such as cerebrovascular disease, cervical spondylosis, etc.) evoked migraine, pricking blood used as a complementary therapy, case report, specialists' experience summary, reviews, surveys, news articles, animal studies were excluded. Then, a Meta-analysis was made by software Review Manager 5.1.
Results	: A total of 11 clinical trial papers involving 826 cases of migraine were included in the present paper. Three of them were high-quality researches, and the other eight were low quality researches. Results of Meta-analysis indicated that the therapeutic effect of the pricking blood therapy was significantly superior to that of non-bleeding therapies in relieving migraine [OR = 6.23, 95% CI: (4.03, 9.63), Z = 8.24, P < 0.00 001]. However, the poor symmetry of funnel plot suggested a risk of bias.
Conclusion	The pricking blood therapy is effective for relieving migraine , but larger sample clinical trials, particularly randomized controlled trials are definitely needed for confirming the conclusion.

2. Overviews of Systematic Reviews

2.1. Li 2020

Li YX, Xiao , Zhou J, He MX, Shi LH, Li J, Zheng H, Jin RJ. Effectiveness and Safety of Acupuncture for Migraine: An Overview of Systematic Reviews. *Pain Res Manag*. 2020. [207643]. [doi](#)

Background	Migraine is a common neurological disease, which burdens individuals and society all over the world. Acupuncture, an important method in Traditional Chinese Medicine, is widely used in clinical practice as a treatment for migraine. Several systematic reviews (SRs) have investigated the effectiveness and safety of acupuncture for migraine.
Objective	To summarize and critically assess the quality of relevant SRs and present an objective and comprehensive evidence on the effectiveness and safety of acupuncture for migraine.

Methods	Data Sources. MEDLINE, Embase, Cochrane Library, PROSPERO database, Chinese National Knowledge Infrastructure (CNKI), Chinese Biological Medicine (CBM), China Science and Technology Journal (SCTJ), and WanFang database (WF) were searched from inception to December 2019 and grey literatures were manually searched. Selection Criteria. SRs which meet the criteria were independently selected by 2 reviewers according to a predetermined protocol. Data Extraction. Characteristics of included SRs were independently extracted by 2 reviewers following a predefined data extraction form. Review Appraisal. The methodological quality, risk of bias, and reporting quality of included SRs were assessed, respectively, by a Measurement Tool to Assess Systematic Reviews (AMSTAR) 2, the Risk of Bias in Systematic reviews (ROBIS) tool, and the Preferred Reporting Item for Systematic Review and Meta-analysis-Acupuncture (PRISMA-A) statement. The quality of outcomes was evaluated by the Grading of Recommendations Assessment, Development, and Evaluation (GRADE).
Results	A total of 15 SRs were included. All the SRs were published between 2011-2019. Based on AMSTAR 2, 14 out of 15 SRs were rated critically low quality and 1 was rated low quality. According to ROBIS tool, 9 SRs (60%) were low risk of bias. With the PRISMA-A checklist, we found 11 out of 15 SRs were found adequately reported over 70%. With the GRADE tool, we found high quality of evidence indicated that the effective rate of acupuncture was superior to western medicine in treatment of migraine. Besides, acupuncture reduced more headache days and the times of using painkiller and was more effective in reducing the frequency and degree of headache than western medicine and sham acupuncture. Limitations. There might be some missing information. The accuracy of the conclusions may be decreased reduced since we were unable to synthesis all the evidence.
Conclusion	Based on high quality of evidence, we concluded that acupuncture may be an effective and safe therapy for migraine. However, the quality of SRs in acupuncture for migraine still needs more improvement.

2.2. Zhang 2019

Zhang XT, Li XY, Zhao C, Hu YY, Lin YY, Chen HQ, Shi ZF, Zhang XY, Shang HC, Tian GH. An Overview of Systematic Reviews of Randomized Controlled Trials on Acupuncture Treating Migraine. Pain Res Manag. 2019. [203221].

Objectives	To review the evidence of acupuncture for acute and preventive treatment of migraine for further awareness of the effect of acupuncture for migraine. Design: An overview of systematic reviews and meta-analyses (SR/Mas) for randomized controlled trials.
Material and Methods	We searched PubMed, Embase, the Cochrane Library, China Knowledge Resource Integrated Database, VIP Chinese Journal Full Text Database, WANFANG Data, and China Biology Medicine disc from their establishment to May 27, 2018. SR/Mas of randomized controlled trials comparing the effect of the acupuncture intervention with another treatment control in migraine patients were included.
Results	428 SRs were identified, and 15 of them were included . Only 4 SR/Mas were assessed by GRADE, which showed certainty of most evidence being low or very low. Assessed by AMSTAR-2, fourteen was critically low rating overall confidence in the results, and 1 was low rating overall confidence in the results. Evidence suggested that acupuncture has a significant advantage of pain improvement, efficacy, and safety relative to blank control, sham acupuncture, or drug treatment, but some of these results are contradictory.
Conclusions	We found that acupuncture on treating migraine has the advantage for pain improvement and safety, but the quality of SR/Mas of acupuncture for migraine remains to be improved.

3. Clinical Practice Guidelines

⊕ positive recommendation (whatever the level of evidence stated)
 ∅ negative recommendation (or lack of evidence)

3.1. Brazilian Headache Society (Brazil) 2019 ⊕

Kowacs F, Roesler CAP, Piovesan ÉJ, Sarmiento EM, Campos HC, Maciel JA Jr, Calia LC, Barea LM, Ciciarelli MC, Valença MM, Costa MENM, Peres MFP, Kowacs PA, Rocha-Filho PAS. Consensus of the Brazilian Headache Society on the treatment of chronic migraine. *Arq Neuropsiquiatr.* 2019;77(7):509-520. [200284].

Acupuncture. Recommendation : B, evidence : 1 class I trial and 2 class II trials

3.2. European Headache Federation (EHF) 2019 ∅

Steiner TJ, Jensen R, Katsarava Z, Linde M, MacGregor EA, Osipova V, Paemeleire K, Olesen J, Peters M, Martelletti P. Aids to management of headache disorders in primary care (2nd edition) : on behalf of the European Headache Federation and Lifting The Burden: the Global Campaign against Headache. *J Headache Pain.* 2019;20(1):57. [200002].

Prophylactic management of episodic migraine: Acupuncture has differing forms, and is highly dependent on the skill of the therapist. There is limited evidence that acupuncture can be effective in reducing intensity and frequency of migraine attacks, but large clinical trials have failed to distinguish between acupuncture and sham procedures. Benefits experienced by some patients may be attributable to placebo effect.

3.3. National Institute for Health and Clinical Excellence (NICE, UK) 2019 ⊕

Nice CKS Clinical knowledge summaries).. Migraine. London (UK): National Institute for Health and Clinical Excellence (NICE). 2019:54p. [196017].

Consider non-pharmacological therapies as an adjunct or alternative to pharmacological therapy depending on the specific clinical situation and the person's preference, including: Acupuncture (up to 10 sessions over 5-8 weeks) if both topiramate and propranolol are unsuitable or ineffective.

3.4. Société Suisse pour l'étude des Céphalées (SSC, Switzerland) 2019 ⊕

Céphalées et algies faciales, Recommandations thérapeutiques Révision 2019, 10e édition Société Suisse pour l'étude des Céphalées (SSC). 2019.9p. [203683]. [doi](#)

Traitement de la crise : L'effet bénéfique de l'acupuncture a été démontré.

3.5. Deutschen Gesellschaft für Neurologie & Deutschen Migräne- und Kopfschmerzgesellschaft (DGN & DMKG, Germany) 2018 ⊕

- Diener HC, Gaul C, Kropp P. Leitlinien für Diagnostik und Therapie in der Neurologie. Therapie der Migräne-attacke und Prophylaxe der Migräne Deutschen Gesellschaft für Neurologie (DGN), Deutschen Migräne- und Kopfschmerzgesellschaft (DMKG). 2018:100p. [202168].

- Diener HC, Holle-Lee D, Nagel S, Dresler T, Gaul C, Gobel H et al. Treatment of migraine attacks and prevention of migraine: Guidelines by the German Migraine and Headache Society and the German Society of Neurology. *Clinical and Translational Neuroscience*. 2019;3(1). [203759]. doi

Acupuncture can be used to prevent migraine in patients who refuse or can not tolerate drug prophylaxis.

The superiority of a classical acupuncture over a sham acupuncture is minimal.

3.6. Kaiser Permanente Washington (KPWA, USA) 2018 ⊕

Migraine and Tension Headache Guideline. Kaiser Permanente Washington (KPWA). 2018:21p. [198815].

Options for migraine prophylaxis: Acupuncture Moderate evidence supports the effectiveness of acupuncture over sham acupuncture in reducing migraine frequency and medication use in adult patients who have not responded to prophylactic medications. There is no evidence on the impact of acupuncture on migraine severity. There is no evidence of the effectiveness of acupuncture in teens.

3.7. Canadian Medical Association (CMA, Canada) 2017 ⊕

Lignes directrices canadiennes relatives  l'utilisation des opioides pour le traitement de la douleur chronique non cancéreuse, Canadian Medical Association. 2017:110P. [196698].

Recommandation 1: Lorsqu'on envisage le traitement d'un patient atteint de douleur chronique non cancéreuse nous recommandons l'optimisation de la pharmacotherie non opioide et du traitement non pharmacologique plutot qu'un essai d'opioides (Recommandation Forte).

Le tableau 2 numere certains des traitements specifiques disponibles pour la prise en charge de la douleur chronique non cancéreuse ainsi que les donnees probantes appuyant chacun de ces traitements .

Douleurs dorsales, osteo-arthrite du genou, douleurs cervicales, fibromyalgie, cephalees graves ou migraines. Qualite des donnees probantes : Faible ou tres faible. Therapies dont l'efficacite est appuyee par certaines donnees probantes : **acupuncture**, yoga, massotherapie, manipulation rachidienne, manipulation osteopathique, tai-chi et approches de relaxation peuvent aider certains patients  gerer leur douleur.

3.8. Taiwan Headache Society (TGSOTHS, Taiwan) 2017 ⊕

Huang TC, Lai TH, Taiwan Headache Society TGSOTHS. Medical Treatment Guidelines for Preventive Treatment of Migraine. *Acta Neurol Taiwan*. 2017;26(1):33-53. [200003].

Although acupuncture in alternative therapy is a preference of Chinese people, it is still difficult to quantify the location, extent, depth and time of acupuncture. In 2016, Cochrane empirical resources systematic literature review and comprehensive analysis of 22 trials (20), compared with no The acupuncture (acupuncture), the relative risk ratio (RR) for a 50% reduction in the frequency of headaches was 2.40 (95% CI: 2.08-2.76); compared to the pseudo-needle (sham acupuncture), it was 1.23 (95% CI: 1.11) -1.36); 1.24 (95% CI: 1.08-1.44) compared to prophylactic drug therapy. Therefore, acupuncture can reduce the incidence of migraine, but it is only slightly better than pseudo-needle, so it is recommended to provide a choice for patients who are willing to receive this treatment, the recommended level is (B, III).

3.9. Toward Optimized Practice, Institute of Health Economics (TOP, IHE, Canada) 2016 ⊕

Toward Optimized Practice. Primary Care Management of Headache in Adults. Edmonton (AB): Toward Optimized Practice. 2016. 76P. [168209].

Do : Acupuncture can be considered in the prophylactic treatment of patients with migraine. Treatment should consist of at least one to two sessions per week for several (2 or more) months, with each treatment lasting approximately 30 minutes (Systematic review).

3.10. National Institute for Health and Clinical Excellence (NICE, UK) 2015 ⊕

Headaches in over 12s: diagnosis and management. National Institute for Health and Clinical Excellence (NICE, UK). 2015:30p. [198812].

Migraine with or without aura . Prophylactic treatment 1.3.20 . If both topiramate and propranolol[2012] are unsuitable or ineffective, consider a course of up to 10 sessions of acupuncture over 5–8 weeks according to the person's preference, comorbidities and risk of adverse events. [2012, amended 2015] The updated evidence review did not look at acupuncture so this part of the recommendation is unchanged and the use of gabapentin has been removed.

3.11. Australian and New Zealand College of Anaesthetists (ANZCA, Australia-New Zealand) 2015 ⊕

Acute Pain Management: Scientific Evidence. Australian and New Zealand College of Anaesthetists. 2015:714P. [196721].

4. Acupuncture may be effective in other acute pain settings (S) (Level I [PRISMA]), including *acute burns* and *back pain* (New) (Level I [PRISMA]), *tension-type headaches* and *migraine* (New) (Level I [Cochrane Review]).

3.12. Société Suisse pour l'étude des Céphalées (SSC, Switzerland) 2014 ⊕

Céphalées et algies faciales, Recommandations thérapeutiques Révision 2014, 9e édition, Société suisse pour l'étude des céphalées (SSC). 2014. 65p. [203685]. [doi](#)

Traitement préventif : L'effet bénéfique de l'acupuncture a été démontré.

3.13. Institute for Clinical Systems Improvement (ICSI, USA) 2013 ⊕

Beithon J, Gallenberg M, Johnson K, Kildahl P, Krenik J, Liebow M, Linbo L, Myers C, Peterson S, Schmidt J, Swanson J. Diagnosis and treatment of headache. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI). 2013; :92P. [157651].

Acupuncture. A systematic (Cochrane) review of acupuncture in migraine prophylaxis demonstrated that adding acupuncture to patients getting only acute treatment for headaches reduced the number of headaches patients had. When true and sham acupuncture were compared, they both reduced the number of headaches. There was no difference in benefit between true and sham acupuncture groups when results for all trials were pooled. Acupuncture demonstrated slightly better outcomes and fewer adverse effects than drugs shown to be helpful for prophylaxis (Linde, 2009 [Systematic Review]).

3.14. Latin american consensus (Latin America) 2013 ⊕

Giacomozzi AR, Vindas AP, Silva AA Jr, Bordini CA, Buonanotte CF, Roesler CA, et al.,. Latin american consensus on guidelines for chronic migraine treatment. *Arq Neuropsiquiatr.* 2013;71(7):478-86. (eng). [170663]

The use of non-pharmacologic measures and complementary therapies for chronic migraine is limited due to the lack of studies for this specific condition. One exception to this affirmation is acupuncture, which has been evaluated and obtained promising results.

3.15. Colorado Division of Workers' Compensation (USA) 2012 ⊕

Colorado Division of Workers' Compensation. Traumatic brain injury medical treatment guidelines. Denver (CO): Colorado Division of Workers' Compensation. 2012; :119P. [168082].

There is strong evidence that acupuncture and sham acupuncture are prophylactic for migraines. There is good evidence that acupuncture has similar results as medication prophylaxis. There is some evidence that sham acupuncture is better than no treatment for migraine prophylaxis. These procedures should only be continued if functional gains are documented.

3.16. Danish Headache Society (DHS, Denmark) 2012 Ø

Bendtsen L, Birk S, Kasch H, Aegidius K, Sørensen PS, Thomsen LL, Poulsen L, Rasmussen MJ, Kruuse C, Jensen R. Reference programme: diagnosis and treatment of headache disorders and facial pain (2nd Edition). *J Headache Pain.* 2012;13(suppl 1):1-29. [202379].

Migraine with and without aura: Controlled trials of the effect of acupuncture have yielded diverging results.

3.17. National Institute for Health and Clinical Excellence (NICE, UK) 2012 ⊕

National Clinical Guideline Centre. Headaches: diagnosis and management of headaches in young people and adults. London (UK): National Institute for Health and Clinical Excellence (NICE). 2012; :38P. [167732]. Appendices. 630P. [200007].

Migraine with or without aura, Prophylactic treatment. 1.3.20 If both topiramate and propranolol are unsuitable or ineffective, consider a course of up to 10 sessions of acupuncture over 5-8 weeks according to the person's preference, comorbidities and risk of adverse events. [2012, amended 2015]

3.18. Società Italiana per lo Studio delle Cefalee (SISC, Italia) 2012 ⊕

Sarchielli P, Granella F, Prudenzano MP, Pini LA, Guidetti V, Bono G, Pinessi L, Alessandri M, Antonaci F, Fanciullacci M, Ferrari A, Guazzelli M, Nappi G, Sances G, Sandrini G, Savi L, Tassorelli C, Zanchin G. Italian guidelines for primary headaches: 2012 revised version. *J Headache Pain.* 2012;13 Suppl 2:S31-70. [202377].

Acupuncture
Preventive treatment: level of evidence (A), level of recommendation (II).
Symptomatic treatment: level of evidence (-) Level of recommendation (IV)

3.19. Société française d'étude des migraines et des céphalées (SFEMC, France) 2012 Ø

Lanteri-Minet M, Valade D, Geraud G, Lucas C, Donnet A. Prise en charge diagnostique et thérapeutique de la migraine chez l'adulte et chez l'enfant. *Revue Neurologique*. 2013. 169:14-29. [173328].

Les données de la littérature ne permettent pas de conclure quant à l'efficacité de l'acupuncture (méthodologie grade A)

3.20. Société Suisse pour l'étude des Céphalées (SSC, Switzerland) 2012 ⊕

Céphalées et algies faciales, Recommandations thérapeutiques Révision 2012, 8e édition, Société suisse pour l'étude des céphalées (SSC). 2012. 17P. [168599]. [doi](#)

Traitement préventif, Mesures de médecine alternative: celles-ci sont controversées. Les résultats obtenus en pratique sont contradictoires. On manque par ailleurs d'observations à long terme. Seul l'effet bénéfique de l'acupuncture a été démontré. L'acupuncture est efficace dans la prophylaxie de la migraine.

3.21. British Association for the Study of Headache (BASH, UK) 2010 ⊕

BASH. Guidelines for all healthcare professionals in the diagnosis and management of migraine, tension-type headache, cluster headache, medication-overuse headache; British Association for the Study of Headache. 2010;53P. [196913].

Acupuncture may provide additional benefit to routine care.

3.22. Scottish Intercollegiate Guidelines Network (SIGN, Scotland) 2008 ⊕

Scottish Intercollegiate Guidelines Network (SIGN). Diagnosis and management of headache in adults. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN). 2008. 88P. [156330].

Acupuncture should be considered for preventive management in patients with migraine (grade of recommendation: B).

3.23. European Headache Federation (EHF) 2007 ⊕

European Headache Federation. European principles of management of common headache disorders in primary care *J Headache Pain*. 2007;8:S1-47. [169126].

Acupuncture benefits some people with migraine or tension-type headache although large clinical trials have failed to distinguish between acupuncture and sham procedures. It requires skilled and individualised therapy.

3.24. National Association of Pediatric Nurse Practitioners (NAPNP, USA)

2007 Ø

Gunner KB, Smith HD, Ferguson LE, et al. Practice guideline for diagnosis and management of migraine headaches in children and adolescents: Part two. *J Pediatr Health Care*. 2007;22(1):52-9. [202300].

Evidence-based treatment recommendations in children for the use of hypnosis, acupuncture, transcutaneous electrical nerve stimulation, chiropractic or osteopathic cervical manipulation, occlusal adjustment, and hyperbaric oxygen as preventive or acute therapy for migraine are not yet possible.

3.25. Société française d'étude des migraines et des céphalées (SFEMC, France) 2004 Ø

Géraud G, Lantéri-Minet M, Lucas C, et al. French Guidelines for the Diagnosis and Management of Migraine in Adults and Children. *Clinical Therapeutics*. 2004;26(8):1305-18. [202028].

Data in the literature are insufficient to draw conclusions about the efficacy of acupuncture, homeopathy and cervical manipulation for the prevention of migraine.

3.26. Agence Nationale d'Accréditation et d'Évaluation en Santé (ANAES, France) 2002 Ø

Prise en charge diagnostique et thérapeutique de la migraine chez l'adulte et chez l'enfant : aspects cliniques et économiques. ANAES 2002. [134033].

Les données de la littérature ne permettent pas de conclure quant à l'efficacité de l'acupuncture dans la prévention de la migraine.

3.27. American Academy of Neurology (AAN, USA) 2000 Ø

Campbell JK, Penzien DB. Evidenced-based guidelines for migraine headache: behavioral and physical treatments. *American Academy of Neurology*. 2000;:29p. [202247].

Silberstein SD. Practice parameter: evidence-based guidelines for migraine headache (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology*. 2000;55(6):754-62. [202274].

Evidenced-based treatment recommendations are not yet possible regarding the use of hypnosis, acupuncture, TENS, cervical manipulation, occlusal adjustment, and hyperbaric oxygen as preventive or acute therapy for migraine.

3.28. Canadian Headache Society 1998 (CHS, Canada) Ø

Pryse-Phillips WE Et Al. Guidelines for the nonpharmacologic management of migraine in clinical practice. *Canadian Headache Society*. *CMAJ*. 1998. 159(1):47-54. [58787]

Transcutaneous electrical stimulation (level II-2 evidence) and acupuncture (level I evidence, class B recommendation) have been claimed in small series to provide some relief from migraine. Patients who enquire about transcutaneous electrical stimulation and acupuncture should be made aware of the lack of firm evidence as to the benefits and costeffectiveness of these treatments in the management of migraine (class C recommendation).

4. Randomized controlled trials

4.1. Sources

Systematic reviews and guidelines for a listing of randomized control trials included:

1. **Giovanardi 2020**: Giovanardi CM, Cinquini M, Aguggia M, Allais G, Campesato M, Cevoli S et al, Acupuncture vs. Pharmacological Prophylaxis of Migraine: A Systematic Review of Randomized Controlled Trials. *Front. Neurol.* 2020;11:576272. doi (n=9)
2. **Ou 2020** : Ou MQ, Fan WH, Sun FR, Jie WX, Lin MJ, Cai YJ, Liang SY, Yu YS, Li MH, Cui LL, Zhou HH. A Systematic Review and Meta-analysis of the Therapeutic Effect of Acupuncture on Migraine. *Front Neurol.* 2020;11:596. [210326]. doi.
3. **Chen 2019** : Chen YY, Li J, Chen M, Yue L, She TW, Zheng H. Acupuncture versus propranolol in migraine prophylaxis: an indirect treatment comparison meta-analysis. *J Neurol.* 2019 [199102].
4. **Kowacs 2019**: Kowacs F, Roesler CAP, Piovesan ÉJ, Sarmento EM, Campos HC, Maciel JA Jr, Calia LC, Barea LM, Ciciarelli MC, Valença MM, Costa MENM, Peres MFP, Kowacs PA, Rocha-Filho PAS. Consensus of the Brazilian Headache Society on the treatment of chronic migraine. *Arq Neuropsiquiatr.* 2019;77(7):509-520. [200284].
5. **Shen 2019** : Shen Feng-Jiao, Xu Jia, Zhan Yi-Jun, Fu Qin-Hui, Pei Jian. Acupuncture for migraine: A systematic review and meta-analysis. *World Journal of Acupuncture-Moxibustion.* 2019;29(1):7-14. [199980].
6. **Jiang 2018** : Jiang Y, Bai P, Chen H, Zhang XY, Tang XY, Chen HQ, Hu YY, Wang XL, Li XY, Li YP, Tian GH. The Effect of Acupuncture on the Quality of Life in Patients With Migraine: A Systematic Review and Meta-Analysis. *Front Pharmacol.* 2018. [189093].
7. **Xu 2018** : Xu J, Zhang FQ, Pei J, Ji J. Acupuncture for migraine without aura: a systematic review and meta-analysis. *J Integr Med.* 2018;16(5):312-321. [189777].
8. **Linde 2016** : Linde K, Allais G, Brinkhaus B, Fei Y, Mehring M, Vertosick EA, Vickers A, White AR. Acupuncture for the prevention of episodic migraine. *Cochrane Database Syst Rev.* 2016. [186250].
9. **Yang 2016** : Yang Y, Que Q, Ye X, Zheng Gh. Verum versus sham manual acupuncture for migraine: a systematic review of randomised controlled trials. *Acupunct Med.* 2016;34(2):76-83.[190445].
10. **Scott 2006** : Scott SW and Deare JC. Acupuncture for Migraine: A Systematic Review. *Australian Journal of Acupuncture and Chinese Medicine.* 2006;1(1):3-14. [190769].

4.2. List

	RCT	Control	Sources
2018	Musil F, Pokladnikova J, Pavelek Z, Wang B, Guan X, Valis M. Acupuncture in migraine prophylaxis in Czech patients: an open-label randomized controlled trial. <i>Neuropsychiatr Dis Treat.</i> 2018 ;14:1221-1228.		Chen 2019
2018	Tastan K, Ozer Disci O, Set T. A Comparison of the Efficacy of Acupuncture and Hypnotherapy in Patients With Migraine. <i>Int J Clin Exp Hypn.</i> 2018;66(4):371-385. [197922].		Ou 2020
2018	Wu Jiamin, Li Xinhao, Wu Jinzhen, et al. [Clinical Observation of Zhu's Scalp Acupuncture Treating Migraine]. <i>Journal of Clinical Acupuncture and Moxibustion.</i> 2018;34(8):52. [184339].		Ou 2020

	RCT	Control	Sources
2018	Xiao Lei, Wang Yan, Wang Sheng, Wang Li-Xin, Cui Qi, Zhang Chen, Yao Lu-Hong, Shao Jing-Yu, Xing Jun. [Clinical Study on Electro-acupuncture Treatment of Migraine in Surface Projection Zone of the Pyramid Decussation]. Chinese Journal of Information on TCM. 2018;25:97-9. [210641].		Ou 2020
2018	Yang J , Shen Y , Wang S . [Observation of clinical effect of acupuncture compared with flunarizine hydrochloride in the treatment of migraine. Modern Tradit Chin Med Mater Mater-World Sci Technol]. 2018;20(5):750-5 .		Shen 2019
2018	Zhao Z, Se JH, Shi G, Li N. The observation on different effectiveness between the embedding needle therapy and medication in the preventative treatment of chronic migraine. World Journal of Acupuncture-Moxibustion. 2018;28(4):242. [196511].	Flunarizine	Giovanardi 2020
2017	Chen K. [Analysis of the application and clinical effect of acupuncture and moxibustion for migraine]. Jia Ting Yi Yao. (1):35-6.		Ou 2020
2017	Huang G, Sun Q, and Huang R. Observation on the curative effect of acupuncture combined with gabapentin in the treatment of migraine. Clin. Med. Eng. 2017 ;24 :615-616.		Jiang 2018
2017	Li D. [Clinical Study on Treatment of Migraine with Hyperactivity of Liver Yang by means of "Ping Wan Li Zhi Acupuncture Manipulation"]. [M.Medicine]. Kunming: Yunnan University of TCM. 2017		Jiang 2018
2017	Liu L. Clinical study on acupuncture for migraine. Contemp. Med. Forum. 2017;15:128-129.		Jiang 2018
2017	Liu Q, Qin X, and Zhang Y. [Warming-unblocking needling for migraine without aura: 30 cases]. TCM Res. 2017;30:37-40		Jiang 2018
2017	Naderinabi B, Saberi A, Hashemi M, Haghighi M, Biazar G, Abolhasan Gharehdaghi F, Sedighinejad A, Chavoshi T. Acupuncture and botulinum toxin A injection in the treatment of chronic migraine: A randomized controlled study. Caspian J Intern Med. 2017;8(3):196-204. [171531].	-Valproate -Botulinum toxin	Giovanardi 2020, Kowacs 2019
2017	Shu W, Peng T, Huang X, Hu S, Zhou C, Xie G, et al. [Observations on the efficacy of intermittent liver-nourishing and mind regulating acupuncture in preventive treatment of migraine]. Shanghai J Acup Moxib. 2017;36:727-730.		Ou 2020, Jiang 2018
2017	Wang J, Qin X, Xie W, Wang W. [Migraine without aura treated with balance acupuncture therapy: a randomized controlled trial]. Chinese Acupuncture and Moxibustion. 2017;37(8):805-809. [52222].		Ou 2020
2017	Yan MH , Cai YW , Fu QH , Pei J . [A brief analysis of acupoint compatibility of acupuncture in treating migraine]. Chin J Acupunct Moxi. 2017;6(12):69-73 .		Shen 2019
2017	Zhang K, Chen J, Shi Q. [Effect analysis of acupuncture acupoint injection in the treatment of 60 cases with migraine]. Chinese Community Doctors. 2017;(33):98-9. [210577].		Ou 2020
2017	Zhao L, Chen J, Li Y, Sun X, Chang X, Zheng H et al . The long-term effect of acupuncture for migraine prophylaxis: a randomized clinical trial. JAMA Intern Med. 2017;177:508-515.	-Sham acupuncture -Waiting list	Ou 2020, Chen 2019

	RCT	Control	Sources
2017	Zhou Z. [Clinical research on chronic migraine treated by nourishing liver and kidney acupuncture therapy]. Si Chuan Zhong Yi. 2017;35:204-206.		Jiang 2018
2016	Cai Taojian. [Clinical observation of balancing acupuncture at headache points in patients with migraine without aura]. Guangzhou University of Traditional Chinese Medicine, MA thesis. [210579].		Ou 2020
2016	Chen F. [Clinical observation of ashi point treating migraine with syndrome of hyperactivity of liver Yang]. J Pract Trad Chin Med. 2016;32:259-260.		Jiang 2018
2016	Han S, Guo Y, Wei Y, Sun YZ. [Clinical study on migraine treated by acupuncture based on different periods and preconditioning]. Zhen Jiu Lin Chuang Za Zhi 2016;32(9):27		Xu 2018
2016	Jiang J, and Zheng Y. [Clinical observation of acupuncture on the treatment of migraine and its influence on headache integral]. Hebei J Tradit Chin Med. 2016;38:1382-1384.		Jiang 2018
2016	Liang R, Zhang S, and Xie Y. [Study about influence of brain metabolism in patients with chronic migraine after acupuncture at shaoyang specific acupoints]. Chin Arch Tradit Chin Med. 2016;34:918-920.		Jiang 2018
2016	Liu B. [Clinical efficacy of electric acupuncture therapy in the treatment of patients with migraine]. China Foreign Med Treat. (35):7-9.		Ou 2020
2016	Liu B, and Yan J. [Observation of clinical effect about syndrome differentiation acupuncture therapy on chronic migraine and autonomic nerve function]. Shanghai J Tradit Chin Med. 2016;50:65-67.		Jiang 2018
2016	Su HY , Li J , Du YH . [Clinical observation of 35 cases of migraine treated by tiaoxue and shugan acupuncture]. Hunan J Tradit Chin Med.2016;32(8):102-3 .		Ou 2020, Shen 2019, Jiang 2018
2016	Sun Y, Guo W, and Sun Y. [Observation on acupuncture for migraine without aura]. J Front Med. 2016;6:307-308.		Ou 2020, Jiang 2018
2016	Wang SJ, Ye GX, Liu XF, Guan ST. [Clinical study on treatment of migraine with acupuncture combined with phlebotomy therapy between the eyebrows]. Xian Dai Zhong Yi Yao. 2016;36(6):62-4		Xu 2018
2016	Zhang X. [Clinical Research of Acupuncture Treatment of Vestibular Migraine (Dizzy-Wind Yang Interference)]. [M. Medicine]. Jilin: Changchun University of Traditional Chinese Medicine. 2016		Jiang 2018
2016	Zhang Y. [Clinical Study on Warming-unblocking Needling for Migraine of Blood Stasis Type]. [M. Medicine]. Lanzhou: Gansu University of Chinese Medicine. 2016		Ou 2020, Jiang 2018
2016	Zheng C. [Through Clinical Observation of Acupoint Needle Head with Shaoyang Meridian in Treatment of Chronic Migraine]. [M. Medicine]. Harbin: Heilongjiang University of Traditional Chinese Medicine. 2016.		Jiang 2018
2015	Chen S. [Clinical Study of Lai's Tong-Yuan Therapy in Migraine With Aura With Excessive Rising of Liver-Yang]. Dissertation/Ph.D. thesis. Guangzhou University of Chinese Medicine, Guangzhou, China. [210601].		Ou 2020

	RCT	Control	Sources
2015	Meng XH, Yu JN, Wu CF. [Clinical observations on the immediately analgesic effect and curative effect of the combination adjacent and remote acupoints for acute migraine attack]. Zhongguo Zhong Yi Ji Chu Yi Xue. 2015;21 (8):1004-5. 1020.		Xu 2018
2015	Qu Xiao Xiao, Shen Yan. [Comparison of curative effect between acupuncture and flunarizine hydrochloride in preventive treatment of migraine]. Shaanxi Journal of TCM. 2015;(6):723-4. [210642].		Ou 2020, Jiang 2018
2015	Wang Y, Xue CC, Helme R, Da Costa C, Zheng Z. Acupuncture for frequent migraine: a randomized, patient/ assessor blinded, controlled trial with one-year follow-up. Evidence- Based Complement Alter Med 2015:1-14	Sham acupuncture	Chen 2019, Jiang 2018, Linde 2016
2015	Wen L. [Clinical curation effect evaluation of acupuncture treatment of migraine in acute stage]. Chin Commun Doctors. 2015;31:98-99.		Jiang 2018
2015	Zeng L, and Li G. [Effect of acupuncture in migraine patients and its influence on serum MMP -2 Activity]. Liaon J Tradit Chin Med. 2015;42:1971-1974.		Jiang 2018
2014	Cao L. [An Efficacy Study of the Clinical Curative Effect of Electric Acupuncture Treatment of Migraine]. Dissertation/Master's Thesis. Ningxia Medical University, Yinchuan, China. 2014. [210580].		Ou 2020
2014	Chen Hui-Min, Chang Xiao-Rong, Yan Jie, Luo Yong. [Clinical effect of acupuncture at specific acupoints of Shaoyang meridian in treatment of migraine:a report of 30 cases]. Hunan Journal of TCM. 2014;(8):97-9. [210621].		Ou 2020
2014	Chen J. Evaluating the Prophylaxis and Long-Term Effectiveness of Meridian-Based Acupuncture for Migraine: A Randomized, Controlled Trial. Dissertation/Ph.D. thesis. Chengdu University of TCM, Chengdu, China. [210587].		Ou 2020
2014	Feng Z, Wang Y, Jin S, Wu L, and He W. [Observation of the clinical curative of Xing Nao Kai Qiao acupuncture with differentiation in the treatment of migraine of Tan Zhuo Shang Rao Type]. Chinese Commun Doctors 2014:82-85.		Jiang 2018
2014	Foroughipour M, Golchian AR, Kalhor M, Akhlaghi S, Farzadfard MT, Azizi H. A sham-controlled trial of acupuncture as an adjunct in migraine prophylaxis. Acupunct Med 2014;32(1):2-6.	Sham acupuncture	Ou 2020, Xu 2018, Exclu de Linde 2016 : Methods: randomisation probably inadequate (dropouts in groups were replaced)
2014	Mohsen (?)		Jiang 2018
2014	Wu F. [The Clinical Curative Effect of Acupuncture for Migraine at Acupoints on Involved Meridian and Its Impact on Plasma]. [M. Medicine]. Chengdu: Chengdu University of Chinese Medicine. 2014		Jiang 2018

	RCT	Control	Sources
2014	Yang M. [Efficacy Study of Acupuncture for Migraine Prophylaxis and Its Correlation With Patient Expectation]. Dissertation/Master's Thesis. Chengdu University of TCM, Chengdu, China. 2014. [210588].		Ou 2020
2014	Zhang M, and Huang Z. [Acupuncture for migraine: 40 cases]. Nei Mongol J Tradit Chin Med. 2014;33:34-35.		Jiang 2018
2014	Zhang Zhiming. [Clinical study on the treatment of migraine by acupuncture at specific points of the Shaoyang meridian]. Guangzhou University of Chinese Medicine, PhD dissertation. 2014. [210600].		Ou 2020, Jiang 2018
2014	Zhao, D. (2014b). Treatment of Migraine without Aura by Penetration Acupuncture at the Acupoint of Shaoyang Meridian. [M. Medicine]. Beijing: Beijing University of Chinese Medicine.		Jiang 2018
2014	Zhao L, Liu J, Zhang F, Dong X, Peng Y, Qin Wet al (2014) Effects of long-term acupuncture treatment on resting-state brain activity in migraine patients: a randomized controlled trial on active acupoints and inactive acupoints. PLoS ONE 9 :e99 538.	Sham acupuncture	Chen 2019, Xu 2018, Linde 2016
2014	Zhao ZX . Clinical observation on the treatment of migraine with Chinese dragon and tiger fighting analgesic acupuncture. Chin J Inf Tradit Chin Med 2014;21(7):109-10 .		Shen 2019
2013	Facco E , Liguori A , Petti F , Fauci AJ , Cavallin F , Zanette G. Acupuncture versus valproic acid in the prophylaxis of migraine without aura: a prospective controlled study. Minerva Anesthesiol 2013;79(6):634-42	Valproate	Giovanardi 2020, Shen 2019, Jiang 2018, Linde 2016
2013	Lin HB, Yu BS, Chang XR, et al. Clinical observation on short-term effect and TCD in acupuncture therapy of migraine with specific acupoints on Shaoyang meridian. China Journal of Traditional Chinese Medicine and Pharmacy 2013;28:846-8.		Yang 2016
2013	Liu J. [Therapeutic effect of poking baihui bazhen points on migraine and its effects on brain blood flow velocity]. Med Inform. (44):119-20.		Ou 2020
2013	Liu P, Guo X, Lu G, and Li J. [Observation on curative effect of acupoint injection in treatment of menstrual migraine]. Matern. Child Health Care China.28, 4542-4543. doi: 10.7620/zgfybj.j.issn.1001-4411.2013.28.42		Jiang 2018
2013	Qian L, and Wan Q. [Acupuncture treatment of paroxysmal migraine random parallel control study]. Shiyong zhong yineike zazhi. 27, 76-78. doi: 10.3969/j.issn.1671-7813.2013.09		Jiang 2018
2013	Wan MY, Huang YL, Liang XS, He WG, Liang FR, Jia HY, et al. The study on efficacy evaluation of treatment of the type of hyperactivity of liver yang of migraine without aura by meridian. Shizhen Guo Yi Guo Yao 2013;24 (4):986-8 [Chinese with abstract in English].		Xu 2018, Jiang 2018
2013	Yang, X. (2013). Study on curative effects of acupuncture for treatment of migraine. J. Zhejiang Univ. Tradit. Chin. Med. 5, 617-619. doi: 10.3969/j.issn.1005-5509.2013.05.044		Jiang 2018
2013	Yang XQ . Clinical observation of acupuncture on migraine. J Zhejiang Chin Med Univ 2013;37(5):617-19 .		Shen 2019
2013	Zhang B, Dong W. Clinical study on treatment of migraine without aura with acupuncture of deep insertion. Zhongguo Yi Yao Zhi Nan 2013;11(21):305-6 [Chinese].		Xu 2018

	RCT	Control	Sources
2013	Zheng, S., Wu, Y., Jiao, J., Wei, L., Xu, M., Lian, J., et al. (2013). Clinical efficacy of Chifeng Yingyuan manipulation for migraine and its effects on endothelin and nitric oxide. <i>World J. Acupunct. Moxibustion</i> . 29, 45–48. doi: 10.3969/j.issn.1005-0779.2013.06.018 Zheng Sheng-Hui, Wu Yu-Juan, Jiao Jian-Kai. [Clinical efficacy of chifeng yingyuan acupuncture therapy on migraine and effects on tcd]. <i>Journal of Clinical Acupuncture and Moxibustion</i> . 2013;29(6):45. [175325].		Ou 2020, Jiang 2018, Exclu de Linde 2016 : Control: flunarizine for only 4 weeks
2012	Chang, X., Liu, W., and Liu, M. (2012). “Acupuncture at shaoyang specific acupoints for acute migraine and its VAS scores and headache intensity of immediate effects in different phases,” in <i>Collection of Academic Papers for The Twelfth Session National Acupuncture and Moxibustion Symposium of China Association for Acupuncture and Moxibustion</i> . Guiyang.		Jiang 2018
2012	Gao, Y. (2012). <i>Dynamic Impact of the Specific Acupoints of the Shaoyang Meridian on Brain Function of Migraineurs: a fMRI Study</i> . Ph.D. thesis. Chengdu: Chengdu University of Chinese Medicine.		Jiang 2018
2012	Li Y, Zheng H, Witt CM, Roll S, Yu SG, Yan J et al (2012) Acupuncture for migraine prophylaxis: a randomized controlled trial. <i>Can Med Assoc J</i> . 184:401-410. Li Y, Liang FR, Zheng H, Witt C, Roll S, Yu SG, et al. Acupuncture to treat migraine: A multi-center randomized. controlled trial. <i>European Journal of Integrative Medicine</i> 2010;2(4):194-5.	Sham acupuncture	Ou 2020, Chen 2019, Jiang 2018, Linde 2016
2012	Liu WA, Chang XR, Liu M, et al. Effect of acupuncture at specific acupuncture of Shaoyang channel on acute migraine of 30 cases. <i>J Tradit Chin Med</i> 2012;53:1562–5.		Yang 2016
2012	Min, D. (2012). <i>Acupuncture Hand-Foot-Shaoyang Meridian Points Treat the Migraine and Clinical Observation Immediate Analgesic Effect and Long Term Curative Effect</i> . [M. Medicine]. Harbin: Heilongjiang University of Chinese Medicine		Jiang 2018
2012	Ren YD. Treatment observation on the instant effects of needling Siguan points matching penetration of Qubin and Shuaigu in treating migraine. <i>Sichuan Zhong Yi</i> 2012;30(6):113–5 [Chinese with abstract in English].		Xu 2018
2012	Song YF, Jiang RM, Qu Y. Clinical observations on effect of needling Sitian points in treating migraine. <i>Jiangsu Zhong Yi Yao</i> 2012;44(2):51–2 [Chinese].		Xu 2018
2012	Wallasch, T., Weinschuetz, T., Mueller, B., and Kropp, P. (2012). Cerebrovascular response in migraineurs during prophylactic treatment with acupuncture: a randomized controlled trial. <i>J. Alter. Complement. Med</i> . 18, 777–783. doi: 10.1089/acm.2011.0308	Sham acupuncture	Jiang 2018, Yang 2016, Linde 2016
2012	Wang LP, Zhang XZ, Guo J, et al. Efficacy of acupuncture for acute migraine attack: a multicenter single blinded, randomized controlled trial. <i>Pain Med</i> 2012;13:623–30.		Yang 2016
2012	Wei Z. [The Clinical Research of Migraine Treated With Acupuncture Combined With Blood-Letting Therapy]. <i>Dissertation/Master’s Thesis</i> . Guangxi University of Chinese Medicine, Nanning, China. 2012. [210589].		Ou 2020

	RCT	Control	Sources
2011	Dai, M., Jin, M., and Shen, W. (2011). Clinical observation on acupuncture for migraine. <i>J. Acupuncture Tuina Sci.</i> 9, 84–87. doi: 10.1007/s11726-011-0477-5		Jiang 2018
2011	Jiang, C. (2011). A Study of Effects and fMRI: Acupuncture for Treating Migraine With Acupoints and Non-acupoints. [M. Medicine]. Chengdu: Chengdu University of TCM.		Jiang 2018
2011	Li DP , Ji FY , Liu P , Tao CC , Shi Y . Clinical observations on migraine treated by acupuncture combined with ear acupuncture. <i>J Clin Acupunct Moxi</i> 2011;27(6):25–6 .		Shen 2019, Xu 2018
2011	Qi, P. (2011). Clinical Study on Penetrated Needling on Preventive Treatment for Common Migraine. [M. Medicine]. Beijing: Beijing University of Chinese Medicine.		Jiang 2018
2011	Wang LP , Zhang XZ , Guo J , Liu HL , Zhang Y , Liu CZ , et al. Efficacy of acupuncture for migraine prophylaxis: a single-blinded, double-dummy, randomized controlled trial. <i>Pain</i> 2011;152(8):1864–71 .	Flunarizine	Giovanardi 2020, Ou 2020, Shen 2019, exclu de Linde 2016: Control: only 4-week treatment with flunarizine as control
2011	Wu JP , Gu SJ . Randomized controlled trail of acupuncture for the treatment of migraine without aura. <i>Acupunct Res</i> 2011;36(2):128–49 .		Shen 2019, Xu 2018, exclu de Linde 2016: Control: only 4-week treatment with flunarizine as control
2011	Zhao, L. (2011). Functional Connectivity Network involved in Acupuncture Along Meridians Based on fMRI Study. Ph.D. thesis, Chengdu: Chengdu University of TCM.		Jiang 2018
2011	Yang CP , Chang MH , Liu PE , Li TC , Hsieh CL , Hwang KL , et al. Acupuncture versus topiramate in chronic migraine prophylaxis: a randomized clinical trial. <i>Cephalalgia</i> 2011;31(15):1500–21	Topiramate	Kowacs 2019, Shen 2019
2010	Ren, J. (2010). Acupuncture for migraine: 120 cases. <i>Shanghai J. Acup. Moxib.</i> 731. doi: 10.3969/j.issn.1005-0957.2010.11.731		Jiang 2018
2010	Song,Q., Zhao, S., Li, L., Shen, Y., andWang, S. (2016). Acupuncture for preventive treatment of migraine compared with medication: a meta-analysis. <i>Liaon. J. Tradit. Chin. Med.</i> 43, 821–826. doi: 10.13192/j.issn.1000-1719.2016.04.053		Jiang 2018
2009	Chai, L. (2009).Observation on acupuncture for refractory migraine. <i>World Health Digest.</i> 6, 6–7. doi: 10.3969/j.issn.1672-5085.2009.33.002		Jiang 2018
2009	Chang XR, Yan J, Chen XM, et al. Clinical research of acupuncture specific acupoints on Shaoyang meridian to treat migraine. <i>J Chin Med</i> 2009;27:1593–5		Yang 2016
2009	Chen HW , Yang GR , Tang YC . Observation of efficacy of electro acupuncture in treating migraine. <i>Shanghai Zhenjiu</i> 2009;28(6):353–4		Shen 2019
2009	Li, D., and Jia, B. (2009). Clinical study on excessive rising of liver migraine with acupuncture. <i>Liaon. J. Tradit. Chin. Med.</i> 36, 1579–1581. doi: 10.13192/j.ljtcn.2009.09.143.lidm.053		Jiang 2018

	RCT	Control	Sources
2009	Liu, F. (2009). Clinical Observation on the Acupuncture Therapying the Menstruation Migraine. [M. Medicine]. Guangzhou: Guangzhou University of Chinese Medicine.		Jiang 2018
2009	Yang XG, Liang FR. A randomized controlled trial of acupuncture for treating migraine with selecting acupoints along meridian [dissertation]. Chengdu: Chengdu Univ TCM, 2009.		Yang 2016
2009	Ye GX, Ma J. Acupuncture at points of lesser yang meridians for treatment of migraine. Liaoning Zhong Yi Yao Da Xue Xue Bao 2009;11(12):134-5 [Chinese with abstract in English].		Xu 2018
2009	Zeng, S. (2009). Clinical Observation on Acupunctue Treatment with Migraine Without Aura. [M. Medicine]. Chengdu: Chengdu University of TCM.		Jiang 2018
2009	Zhang X. [Observation on the Penetration Acupuncture at the Head Acupoint of Shao Yang Meridian to Treat Migraine]. [M. Medicine]. Guangzhou: Guangzhou University of Chinese Medicine.		Jiang 2018
2009	Zhong GW, Li W, Luo YH, Wang SE, Wu QM, Zhou B, Chen JJ, Liu BL. [Acupuncture at points of the liver and gallbladder meridians for treatment of migraine: a multi-center randomized and controlled study]. Chinese Acupuncture and Moxibustion. 2009;29(4):259-63. [154761]		Ou 2020
2008	Alecrim-Andrade J, Maciel-Junior JA, Carne X, Severino Vasconcelos GM, Correa-Filho HR (2008) Acupuncture in migraine prevention: a randomized sham controlled study with 6-months posttreatment follow-up. Clin J Pain 24:98-105. Alecrim-Andrade J, Maciel-Júnior JA, Carnè X, Vasconcelos GMS, Correa-Filho HR. Acupuncture in migraine prevention: a randomized sham controlled study with 6- months post-treatment follow-up. Journal of Alternative and Complementary Medicine 2007;13(8):891.	Sham acupuncture	Chen 2019, Jiang 2018, Linde 2016
2008	Facco E, Liguori A, Petti F, et al. Traditional acupuncture in migraine: a controlled, randomized study. Headache 2008;48:398-407		Yang 2016, Linde 2016
2008	Jena S, Becker-Witt C, Brinkhaus B, Selim D, Willich S. Effectiveness of acupuncture treatment for headache - the Acupuncture in Routine Care Study (ARC-Headache). Focus on Alternative and Complementary Therapies 2004;9 Suppl:17. Jena S, Witt CM, Brinkhaus B, Wegscheider K, Willich SN. Acupuncture in patients with headache. Cephalalgia 2008; Vol. 28, issue 9:969-79.		Linde 2016
2008	Marcus (?)		Jiang 2018
2006	Alecrim-Andrade J, Maciel-Junior J, Cladellas X, Correa-Filho H, Machado H. Acupuncture in Migraine Prophylaxis: A Randomized Sham-Controlled Trial. Cephalalgia 26:520-529.	Sham acupuncture	Chen 2019, Jiang 2018, Linde 2016

	RCT	Control	Sources
2006	Diener HC, Kronfeld K, Boewing G, Lungenhausen M, Maier C, Molsberger A, et al. GERAC Migraine Study Group. Efficacy of acupuncture for the prophylaxis of migraine: a multicentre randomised controlled clinical trial. <i>Lancet Neurology</i> 2006;5(4):310-6. Molsberger AF, Boewing G, Diener HC, Endres HG, Kraehmer N, Kronfeld K, et al. Designing an acupuncture study: the nationwide, randomized, controlled German acupuncture trials on migraine and tension-type headache. <i>Journal of Alternative and Complementary Medicine</i> 2006;12 (3):237-45.	-Beta blockers, flunarizine or valproate - Sham acupuncture	Giovanardi 2020, Linde 2016, Scott 2006
2006	Li Y, Zheng H, Witt CM, Roll S, Yu SG, Yan J et al (2012) Acupuncture for migraine prophylaxis: a randomized controlled trial. <i>Can Med Assoc J.</i> 184:401-410.		Chen 2019
2006	Linde, K., Streng, A., Hoppe, A., Brinkhaus, B., Witt, C., Hammes, M., et al. (2006). Treatment in a randomized multicenter trial of acupuncture for migraine (ART migraine). <i>Forsch. Komplementarmed.</i> 13, 101-108. doi: 10.1159/000091999		Jiang 2018
2006	Streng A, Linde K, Hoppe A, Pfaffenrath V, Hammes M, Wagenpfeil S, et al. Effectiveness and tolerability of acupuncture compared with metoprolol in migraine prophylaxis. <i>Headache: The Journal of Head and e Pain</i> 2006;46:1492-502. doi:10.1111/j.1526-4610.2006.00598	Metoprolol	Giovanardi 2020, Chen 2019, Linde 2016
2005	Agro F, Liguori A, Bangrazi Pretti F, Cataldo R, Petitti T, Totonelli A. Acupuncture versus pharmacological therapy in the treatment of migraine without aura: clinical results. <i>The Pain Clinic.</i> 2005;17:245-7. [200009].		Scott 2006
2005	Alecrim-Andrade, J., Maciel-Júnior, J., and Cladellas, XC. (2005). Efficacy of acupuncture in migraine attack prophylaxis: a randomized sham-controlled trial. <i>Cephalalgia</i> 25:942.	Sham acupuncture	Chen 2019, Linde 2016, Scott 2006
2005	Linde K, Streng A, Jiirgens S, Hoppe A, Brinkhaus B, Witt C et al (2005) Acupuncture for patients with migraine: a randomized controlled trial. <i>JAMA</i> 293:2118- 2125. [136346] Linde K, Streng A, Hoppe A, Brinkhaus B, Witt CM, Hammes M, et al. Treatment in a randomized multicenter trial of acupuncture for migraine (ART migraine). <i>Forschende Komplementärmedizin</i> 2006;13(2):101-8. [119183]	-Sham acupuncture -Waiting-list	Chen 2019, Jiang 2018, Yang 2016, Linde 2016, Scott 2006
2005	Linde M, Fjell A, Carlsson J, Dahlof C (2005) Role of the Needling per se in Acupuncture as Prophylaxis for Menstrually Related Migraine: A Randomized Placebo-Controlled Study. <i>Cephalalgia</i> 25:41-47.		Yang 2016, Scott 2006
2005	Melchart D, Hager S, Hager U, Liao J, Weidenhammer W, Linde K. Treatment of patients with chronic headaches in a hospital for traditional Chinese medicine in Germany: a randomised, waiting list controlled trial. <i>Complement Ther Med.</i> 2005;12(2-3):71-8. [202199].		Scott 2006
2004	Li Z, Sun ZR. Evaluation of clinical effectiveness of acupuncture for migraine on the basis of evidence-based medicine [dissertation]. Hei longjiang: Hei longjiang Univ TCM, 2004.		Jiang 2018, Yang 2016
2004	Linde M, Fjell A, Carlsson J, Dahlöf C. Role of the needling per se in acupuncture as prophylaxis for menstrually related migraine: a randomized placebo-controlled study. <i>Cephalalgia</i> 2004;25(1):41-7.	Sham acupuncture	Linde 2016

	RCT	Control	Sources
2004	Vickers AJ, Rees RW, Zollman CE, McCamey R, Smith CM, Ellis N et al. Acupuncture for chronic headache in primary care: large, pragmatic, randomised trial. <i>BMJ</i> 328:744. Vickers A, Rees R, Zollman C, Smith C, Ellis N. Acupuncture for migraine and headache in primary care: a protocol for a pragmatic, randomized trial. <i>Complementary Therapies in Medicine</i> 1999;7(1):3-18. Vickers AJ, Rees RW, Zollman CE, McCarney R, Smith CM, Ellis N, et al. Acupuncture of chronic headache disorders in primary care: randomised controlled trial and economic analysis. <i>Health Technology Assessment</i> 2004;8 (48):1-50.		Chen 2019, Kowacs 2019, Linde 2016, Scott 2006
2003	Melchart D, Thormaehlen J, Hager S, Liao J, Linde K, Weidenhammer W (2003) Acupuncture versus placebo versus sumatriptan for early treatment of migraine attacks: a randomized controlled trial. <i>J Intern Med</i> 253:181-188		Chen 2019, Scott 2006
2002	Allais G , De Lorenzo C , Quirico PE , Airola G , Tolardo G , Mana O , et al. Acupuncture in the prophylactic treatment of migraine without aura: a comparison with flunarizine. <i>Headache</i> 2002;42(9):855-61 .	Flunarizine	Giovanardi 2020, Ou 2020, Shen 2019, Chen 2019, Jiang 2018, Linde 2016, Scott 2006
2002	Lao JX , Lai XS . Observation of clinical curative effect of point penetration in the treatment of migraine without aura. <i>Zhongguo Zhenjiu</i> 2002;22(7):448-50 .		Shen 2018
2002	Liu KY , Liu XM , Ma CF , Qin PS , Zhao P . A comparative study of clinical efficacy between acupuncture and medication in the treatment of migraine. <i>Zhongguo Zhenjiu</i> 2001;21(9):515-17 .		Shen 2019, Xu 2018
2001	Wu, J. (2001). Study on Clinical Effect and Biochemistry Mechanism of Migraine with Acupuncture Therapy. [M. Medicine]. Harbin: Heilongjiang University of Chinese Medicine.		Jiang 2018
2000	Linde MA, Carlsson JY, Dahlöf CG. Impact of acupuncture as add-on therapy to pharmacological treatment of migraine: a pilot study. <i>Pain Clinic</i> 2000;12:247-52.		Linde 2016
2000	Yu, W., Shen, F., Weng, Z., Hu, D., Wu, J., and Chen, G. (2000). Clinical research in acupuncture treatment of acute attack of vascular headache. <i>Shanghai J Acup Moxib.</i> 19, 18-19. doi: 10.13460/j.issn.1005-0957.2000.02.009		Jiang 2018
1999	Gao Shuyuan et al. A comparative study on the treatment of migraine headache with combined distant and local acupuncture points versus conventional drug therapy. <i>American Journal of Acupuncture.</i> 1999;27(1-2):27-30. [59183].		Scott 2006
1997	Shai (?)		Jiang 2018
1997	Wylie KR et al. Does psychological testing help to predict the response to acupuncture or massage/relaxation therapy in patients presenting to a general neurology clinic with headache? <i>Journal of TCM.</i> 1997;17(2):130-9. [56892].		Scott 2006
1994	Hesse J, Mogelvang B, Simonsen H. Acupuncture versus metoprolol in migraine prophylaxis: a randomized trial of trigger point inactivation. <i>Journal of Internal Medicine</i> 1994;235(5):451-6.	Metoprolol	Giovanardi 2020, Linde 2016, Scott 2006

	RCT	Control	Sources
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