Review Article

The Quality of Methodological and Reporting in Network Meta-Analysis of Acupuncture and Moxibustion: A Cross-Sectional Survey

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Background. Acupuncture had long been a primary treatment in the healthcare system of China. In recent years, there were more and more network meta-analyses (NMAs) in the field of acupuncture and moxibustion, but the quality evaluation of NMAs was rare. Objectives. The goal of this study was to evaluate the methodological and reporting quality of NMAs and summarize the effects of different treatments of acupuncture and moxibustion.

Methods. PubMed, Embase, the Cochrane Library, China National Knowledge Infrastructure Database (CNKI), WanFang Database (WF), Chinese Scientific Journal Database (VIP), and Chinese Biomedical Literature Database (CBM) were searched from inception to January 2020 without any language restriction. In addition, the unpublished studies and the references of initially included literature were also retrieved manually. We included all relevant NMAs treated with acupuncture and moxibustion; other therapies such as traditional Chinese medicine and Western medicine may also be included, but at least three types fall under the category of acupuncture in each NMA. Outcome indicators were not limited. We selected AMSTAR2 and PRISMA-NMA to evaluate the methodological and reporting quality of eligible studies, respectively.

Results. In total, 29 NMAs were included finally, including 12 Chinese references and 17 English references. All eligible studies were published from May 2013 to August 2019. The number of interventions was between 4 and 22. The number of clinical trials included ranged from 10 to 121, with a total of 1098 clinical trials. The NMAs were involved in up to 23 diseases, knee osteoarthritis and primary dysmenorrhea covered with 3 NMAs separately, others focusing on chronic functional constipation, lumbar disc herniation, chronic fatigue syndrome, and the like. The Jadad scale and RoB scale were used as the bias risk assessment tools. Among them, 7 articles adopted the Jadad scale, 22 articles adopted the RoB scale (1 article adopted both the Jadad scale and RoB scale), and only 1 article did not mention the risk assessment tool. The AMSTAR2 methodological evaluation showed that the highest score was 13.5 points and the lowest was 4, with an average of 8.64 and a median of 9.5. According to the quality criteria, only one of them was in high quality, twenty-four were in medium quality, and four were in low quality. The PRISMA-NMA reporting quality evaluation showed that the highest score was 29 points and the lowest was 13.5, with an average of 23.62 and a median of 24.5; severe flaws also existed in some items, especially in “Structured summary,” “Protocol and registration,” “Search,” “Data collection process,” “Additional analyses,” “Risk of bias across studies,” and “Results of additional analyses.” Conclusion. The number of NMAs in the field of acupuncture and moxibustion was still in the initial stage. Overall, their methodology and reports were of moderate quality. However, severe flaws also existed in some items. Because the eligible NMAs were limited, the conclusion needed further research to confirm its authenticity and reliability.
1. Introduction

Acupuncture has a history of more than 4,000 years and is now commonly used in medical care in China. As a traditional oriental therapy, it has been widely used globally [1]. With the development of evidence-based acupuncture and moxibustion, acupuncture and moxibustion is more and more popular in clinics because of its simple treatment, quick effect, and nontoxic side effects. However, there are many kinds of acupuncture and moxibustion intervention methods, and the indications are similar. Traditional meta-analysis can only achieve pairwise direct comparison of intervention measures, but it cannot carry out indirect comparison of intervention measures without a direct comparative study, and let alone comparative analysis of various intervention measures; so, it is difficult to solve this problem.

Network meta-analyses (NMAs) are still named multiple-treatments meta-analysis (MTM) or mixed treatment comparison meta-analyses (MTC). Meta-analysis is an analytical method that evaluates the relative efficiency of treatments and synthesizes evidence using a randomized controlled trial network diagram. This method is based on the combination of traditional direct/head-to-head comparison and indirect comparison for meta-analysis, which can simultaneously compare the efficacy of three or more interventions. It was developed on the basis of classical meta-analysis, which resulted in a consistent and complete set of comparisons based on all available evidence from existing research studies [2–5]. The NMA provides evidence for clinical drug selection by quantifying different interventions to treat the same disease and ranking the benefits [6]. As an emerging evidence synthesis tool, NMAs are becoming more and more popular, which can make more decisions or choices than classic meta-analysis [7–10].

In recent years, NMA has made some progress in the field of acupuncture and moxibustion, and the number of publication of NMAs related to acupuncture and moxibustion is on the rise, but its quantity is still small, and its quality still lacks systematic evaluation. This study through retrieving NMAs of acupuncture and moxibustion published a comprehensive understanding of the present situation, and apply AMSTAR2 (a measurement tool to assess the methodological quality of systematic reviews) and PRISMA-NMA (PRISMA extension statement for reporting of systematic reviews incorporating network meta-analyses of health care interventions: checklist and explanations) to assess the methodological and reporting quality of the published NMAs in acupuncture and moxibustion field systematically, in order to offer reference to improve the quality of acupuncture and moxibustion in NMA.

2. Materials and Methods

2.1. Information Sources. PubMed, Embase, the Cochrane Library, China National Knowledge Infrastructure Database (CNKI), WanFang Database (WF), Chinese Scientific Journal Database (VIP), and Chinese Biomedical Literature Database (CBM) were searched from inception to January 2020 without any language restriction. In addition, the unpublished studies and the references of initially included literature were also retrieved manually. The comprehensive search strategy for PubMed is presented in Table 1. The retrieval of other electronic databases was similar to PubMed, which adopts the combination of subject words and keywords.

2.2. Eligible Criteria. We included all relevant NMAs treated with acupuncture and moxibustion; other therapies such as traditional Chinese medicine and Western medicine may also be included, but at least three types fall under the category of acupuncture in each NMA. Outcome indicators were not limited, while language limited in Chinese and English.

2.3. Exclusion Criteria. (1) Duplicate detection and republished literature. (2) Theoretical research. (3) Reviews, conference papers, and abstracts. (4) Incomplete data of the results. (5) Acupuncture interventions <3. (6) Non-Chinese and English literature.

2.4. Study Selection and Data Extraction. The search was conducted by NoteExpress 5.3.0 literature management software. NoteExpress 5.3.0 automatic duplicate check function was used and combined with manual duplicate check to eliminate the duplicate research. By reading the title and abstract, we excluded studies that obviously do not meet the inclusion criteria; downloaded and read the full text of the remaining studies to judge; and for research with incomplete data report, tried to contact the author and gain the complete data. The three evaluators (TY, XW, and JY) screened and extracted the literatures back to back independently according to the inclusion and exclusion criteria, and cross-checked the results. The included details were as follows: author information, year of publication, sample size, disease, type of study, diagnostic criteria, number of original study, description of interventions, number of interventions, comparators, outcome measures, and risk assessment tools for bias and adverse reactions. When there was any disagreement, it was resolved by the fourth researcher (JX).

2.5. Methodological and Reporting Quality Assessment Tools. Three independent researchers (TY, XW, and JY) evaluated the methodological and reporting quality back to back. The AMSTAR2 tool contained 16 aspects [11]. For each aspect, when the answer was “yes,” the score was 1, and when the answer was “no,” “cannot answer,” or “not applicable,” the score was 0. The total score of an NMA was calculated by counting the number of “yes” in 16 items on a scale of 0–16. A score of 12–16 was rated as “high quality;” a score of 7–11 was rated as “medium quality;” and a score of 0–6 was rated as “low quality.” The PRISMA-NMA contained 32 items [12]. For each item, a score of “1” means full compliance, “0.5” means partial compliance, and “0” means noncompliance [13, 14]. The total PRISMA-NMA score of an NMA was calculated by accumulating the scores of each item, with
a range of 0–32. A score of 26–32 was rated as “high quality,”
a score of 20–25.5 as rated as “medium quality,” and a score
of 0–19.5 as rated as “low quality.” When there was any
disagreement, it was resolved by the fourth researcher (JX).

2.6. Data Analysis. We analyzed the characteristics of in-
cluded studies through descriptive statistical methods. All
the data used were counted in the Excel 2007 spreadsheet.
We described the dichotomous data in terms of number and
percentage and the continuous variables in terms of median
with interquartile range (IQR). And we calculated the
number of papers per item, its percentage, and 95% con-
fidence intervals. We summarized the scores according to
the quality evaluation tool. AMSTAR2 and PRISMA-NMA
scored 16 and 32, respectively. Finally, we calculated the total
score through adding a list of each component.

3. Results

3.1. Search Results. 242 related references through searching
seven electronic databases and manual searches were re-
trieved. After reading the title and abstract, a total of 29
studies were included [15–43]. The literature screening
process is shown in Figure 1.

3.2. Study Characteristics. The characteristics of all included
NMAs were documented. After screening, 29 NMAs finally
met the inclusion criteria, including 12 Chinese references
(including 1 master’s thesis) and 17 English references. All
eligible studies were published from May 2013 to August
2019. The study contained 4–22 types of treatments and
10–121 RCTs for 1098 RCTs in total. The NMAs were in-
volved in up to 23 diseases, knee osteoarthritis and primary
dysmenorrhea covered with 3 NMAs separately, others
focusing on chronic functional constipation, lumbar disc
herniation, chronic fatigue syndrome, and the like. The
Jadad scale and RoB scale were used as the bias risk as-
sessment tools. Among them, 7 articles adopted the Jadad
scale, 22 articles adopted the RoB scale (1 article adopted
both the Jadad scale and RoB scale), and only 1 article did
not mention the risk assessment tool. The characteristics of
the eligible studies are presented in Table 2.

3.3. Methodological Quality Assessment. According to the
AMSTAR2 checklist, the median score and IQR of eligible
NMAs was 9.5 (6.5–10.75), and the details are presented in
Tables 3 and 4. The item with the best degree of compliance
was “comprehensive literature search” (100%) (Table 4).

3.4. Reporting Quality Assessment. According to the
PRISMA-NMA checklist, the median score and IQR of el-
igible NMAs was 24.5 (20.5–26.5). The item with the best
degree of compliance was item 1 “Title” (100%). Longitu-
dinal analysis, a good degree of compliance was with item
9 (93.1%), item 11 (79.31%), and items 1, 5, and 6
(75.86%). However, a poor degree of compliance was with
item 2 (17.24%) and item 3 (6.9%), and the worst degree of
compliance was with item 7 (0%) and item 10 (0%). The
details are presented in Tables 3 and 4 and Figure 2.

4. Discussion

4.1. Summary of Main Findings. The goal of this cross-
sectional survey was to evaluate the methodological and
reporting quality of NMAs and summarize the effects of
different treatments of acupuncture and moxibustion (Ta-
ble 6). A total of 29 acupuncture NMAs were included in this
study. From the perspective of the number and publication
time, the development of NMA in acupuncture and moxi-
bustion was still in the initial stage, with a small number, but
it had shown a trend of gradual growth. In terms of disease,
more than half were chronic pain. In terms of intervention
measures, more than half were acupuncture combined
therapy. It was not difficult to find that NMAs of acu-
puncture and moxibustion was still limited to several dis-
eases, and there were still large gaps in many aspects.
The methodological quality of NMAs was important, so we evaluated the methodological quality of NMAs in acupuncture and moxibustion according to AMSTAR2 tool. The results showed some methodological deficiencies, particularly with regard to item 2, item 3, item 7, and item 10. The highest NMA score for each item was 13.5, the lowest was 2.5, and the median and IQR was 9.5 (6.5–10.75), indicating average methodological quality.

The quality evaluation of the report showed that the quality of acupuncture NMAs was generally acceptable, indicating that the NMA researchers had a high level of evidence-based medical knowledge and scientific research literacy. Some items need to be improved, particularly with regard to the structured summary (item 2), protocol and registration (item 5), search (item 8), data collection process (item 10), data items (item 11), additional analyses (item 16), risk of bias across studies (Results section) (item 22), and results of additional analyses (item 23). From the perspective of a single NMA, the highest score was 29, the lowest was only 13.5, and the median and IQR was 9.5 (6.5–10.75), showing that the quality of reports included in the study was of average quality. PRISMA-NMA checklist was helpful to improve the reporting quality of acupuncture NMAs. Therefore, it was necessary to improve the comprehensiveness and standardization of the report.

4.2 Strengths and Limitations. First, this was the first study that evaluated the methodological and reporting quality of NMAs comprehensively, which complied with the methodological and reporting guidelines in the field of acupuncture and moxibustion. Even though there were two studies regarding the methodological or reporting quality of NMAs in TCM, one English article excluded acupuncture and moxibustion [44] and one Chinese article included acupuncture and moxibustion literature incompletely [45]. Second, compared with published quality studies of NMAs in acupuncture and moxibustion, this review implemented a more comprehensive and detailed literature retrieval strategy. In addition, the unpublished studies and the references initially were also retrieved manually. As a result, the results were more credible.
| Study ID | Disease | Sample size | Number of interventions | Description of interventions                                                                                                                                                                                                                                                                                                                                 | Number of RCT | Outcome       | Risk assessment tool |
|----------|---------|-------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------------|
| Fu et al. [15] | Acute gouty arthritis | 4931 | 10 | Western medicine, acupuncture + pricking blood and cupping, Chinese medicine + cupping, acupuncture and moxibustion, Chinese medicine, Western medicine + pricking blood and cupping, pricking blood and cupping, Western medicine + acupuncture, Western medicine + massage, and Western medicine + Chinese medicine | 66 | Effective rate | Jadad               |
| Ding [16] | Abdominal distension after abdominal operation | 2047 | 7 | Acupoint application, acupoint injection, acupoint massage, moxibustion, TCM enema, TCM hot ironing, and routine nursing | 22 | Effective rate | Jadad               |
| Li [17] | Poststroke depression | 1895 | 13 | Acupuncture + Chinese medicine, ear bean + Chinese medicine, electric acupuncture + Chinese medicine, moxibustion + Chinese medicine, auricular acupoint electroacupuncture + Chinese medicine, head acupuncture + acupoint embedding, auricular acupoint electroacupuncture + acupuncture, ear bean + acupuncture, acupuncture + acupoint injection, acupuncture + wuxing music, wuxing music + Chinese medicine, SSRIs, and acupuncture + moxibustion | 23 | Effective rate | Jadad               |
| Bu et al. [18] | Optic atrophy | 1369 | 11 | Western medicine, acupuncture, acupuncture + moxibustion, ear point + Chinese medicine, electroacupuncture, acupuncture + Chinese and Western medicine, moxibustion + Chinese and Western medicine, electroacupuncture + Chinese and Western medicine, Chinese and Western medicine, Chinese medicine, and acupuncture + Western medicine | 16 | Effective rate, vision, horizon, and visual evoked potential | RoB             |
| Zhang [19] | Ankylosing spondylitis | 2208 | 9 | Sulfasalazine, acupuncture, moxibustion, bee acupuncture, acupuncture + moxibustion, acupuncture + moxibustion + cupping, and moxibustion + bee needle | 25 | Effective rate | RoB             |
| Song [20] | Polycystic ovary syndrome | 4605 | 14 | Acupuncture-medication therapy, Western medicine, acupuncture and moxibustion, acupuncture, acupuncture + ear points, moxibustion + Chinese medicine, acupuncture + ear points, acupuncture + placebo, placebo + Western medicine, Chinese medicine + Western medicine, placebo, acupuncture thread-embedding therapy and medication, Chinese medicine, and moxibustion | 39 | Ovulation rate and pregnancy rate | RoB             |
| Study ID | Disease                          | Sample size | Number of interventions | Description of interventions                                                                 | Number of RCT | Outcome                                                   | Risk assessment tool |
|---------|----------------------------------|-------------|------------------------|---------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------|----------------------|
| Yang et al. [21] | Lumbar disc herniation | 2589       | 4                      | Acupuncture, acupuncture + cupping, acupuncture + massage, and acupuncture + cupping + massage | 30            | Pain improvement, effectiveness, cure rate, recurrence rate, and economic indicators. | RoB                  |
| Li [22] | Primary dysmenorrhea               | 4600       | 6                      | Acupuncture, acupuncture + moxibustion, acupuncture + indirect moxibustion, warm acupuncture, electroacupuncture, and electroacupuncture + warm acupuncture | 56            | Effective rate, VAS, and dysmenorrhea symptom score | RoB                  |
| Jia et al. [23] | Chronic urticaria                | 1186       | 9                      | Acupoint catgut embedding, acupoint catgut embedding + loratadine, acupoint catgut embedding + mizolastine, acupoint catgut embedding + cetirizine, acupoint catgut embedding + epstein, loratadine, mizolastine, cetirizine, and epstein | 15            | Effective rate and adverse effect | RoB                  |
| Liu [24] | Knee osteoarthritis               | 3417       | 6                      | Hyaluronic acid (HA), needle knife, needle knife + HA, needle knife + internal medicine, needle knife + massage, and needle knife + acupuncture | 29            | Effective rate, VAS, and Lysholm function scores | Jadad                |
| Feng [25] | Primary dysmenorrhea              | 10259      | 9                      | Multipoint + conventional Chinese medicine therapy, multipoint + Western medicine conventional therapy, single point + TCM, TCM, single point, multipoint, Western medicine routine therapy, and placebo | 103           | Effective rate, VAS, CMSS, and SF-MPQ                | RoB                  |
| Liu [26] | Poststroke shoulder pain           | 1898       | 9                      | Rehabilitation, acupuncture, acupuncture + rehabilitation, acupuncture + massage, acupuncture + TCM fumigation + rehabilitation, acupuncture + massage + cupping, acupuncture + massage + rehabilitation, acupuncture + TCM + rehabilitation, and acupuncture + joint loosening + rehabilitation | 25            | Effective rate, FMA, and MBI | RoB                  |
| Yang et al. [27] | Premature ovarian insufficiency  | 3046       | 18                     | HRT, acupuncture, moxibustion, needle-warming moxibustion, electroacupuncture, catgut implantation at acupoint, TCM, acupuncture + TCM, moxibustion + TCM, electroacupuncture + TCM, acupoint application + TCM, auricular point sticking + TCM, acupressure + TCM, catgut implantation at acupoint + TCM, acupuncture + HRT, electroacupuncture + HRT, catgut implantation at acupoint + HRT, and acupuncture + TCM + HRT | 43            | Effective rate and adverse effect | RoB                  |
| Zhu et al. [28] | Chronic constipation              | 11032      | 10                     | Acupuncture, polyethylene glycol, lactulose, linaclotide, lubiprostone, bisacodyl, prucalopride, sham acupuncture, tegaserod, and placebo | 40            | Symptoms of chronic constipation and side effects | Jadad                |
| Study ID | Disease | Sample size | Number of interventions | Description of interventions | Number of RCT | Outcome | Risk assessment tool |
|----------|---------|-------------|-------------------------|------------------------------|---------------|---------|---------------------|
| Zheng [29] | Chronic functional constipation | 4324 | 8 | Acupuncture, mosapride, insoluble fiber, massage, mineral water, probiotic, TENS, and moxibustion | 33 | Weekly stool frequency, Bristol score, responder rate, and adverse event | RoB |
| Qin [30] | Chronic prostatitis/chronic pelvic pain syndrome | 1203 | 7 | Acupuncture, electroacupuncture, alpha-blockers, antibiotics, dual therapy, sham acupuncture, and placebo | 12 | NIH-CPSI QoL score | RoB |
| Li et al. [31] | Knee osteoarthritis | 2065 | 7 | Common manual acupuncture, electroacupuncture, fire needle, warm needle, placebo, sham needle, and education | 16 | WOMAC, stiffness, and physical function scores | RoB |
| Mo et al. [32] | Lumbar disc herniation | 13075 | 4 | Tuina, traction, acupuncture, and Chinese herbs | 121 | Invalid rate, cure rate, VAS, and JOA | RoB |
| Luo et al. [33] | Primary dysmenorrhea | 1511 | 8 | Traditional acupuncture, eye acupuncture, wrist-ankle acupuncture, superficial acupuncture, moxibustion, electroacupuncture, ear acupuncture, and abdominal acupuncture | 17 | Effective rate | RoB |
| Yeh et al. [34] | Psoriasis | 869 | 6 | Acupuncture, acupressure, acupoint bloodletting, acupoint catgut embedding, Chinese herbal medicine, and narrow-band ultraviolet B | 10 | PASI and TCM Jadin RoB | |
| Chen et al. [35] | Migraine | 3656 | 9 | Acupuncture, flunarizine, metoprolol, propranolol, propranolol + flunarizine, sham acupuncture, topiramate, usual care, and waiting list | 19 | Migraine episodes, the number of migraine days, migraine frequency, responder rate, and adverse event rate | RoB |
| Tan et al. [36] | Essential hypertension | 2649 | 15 | Electroacupuncture, moxibustion, warm needle therapy, sham acupuncture, behavioral therapy, angiotensin-converting enzyme inhibitors (ACEIs), angiotensin receptor blockers (ARBs), calcium channel blocker (CCB), beta-blocker, acupuncture-combined ACEI, acupuncture-combined CCB, acupuncture-combined behavior, electroacupuncture-combined CCB, sham acupuncture, and nontreatment | 31 | posttreatment BP changes, response rate, and MACE | RoB |
| Li et al. [37] | Myofascial pain syndrome | 1692 | 22 | Placebo-sham, MA, EA, DN, MET, TCT, MT, LTrP-I, MDIMST, MSN, TTM, BTX-A-TrP-I, FN, SWAM, EA&ESNC, SPM, DN&MET, BTX-P-I, TrP-DN&EDU, Stretch, DN&Stretch, laser, and PT | 33 | Pain measurement (VAS, NRS, and PPT), adverse events (ROM), and functional status | RoB |
Table 2: Continued.

| Study ID          | Disease                                           | Sample size | Number of interventions | Description of interventions                                                                                     | Number of RCT | Outcome                                                                 | Risk assessment tool |
|-------------------|---------------------------------------------------|-------------|-------------------------|---------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------|----------------------|
| Zhu et al. [38]   | Diarrhea-predominant irritable bowel syndrome      | 9369        | 7                       | Acupuncture, sham acupuncture, pinaverium bromide, alosetron, eluxadoline, ramosetron, and rifaximin           | 29             | Effective rate, side effects (constipation and rash), and common acupuncture points. | Jadad                |
| Xiong and Chen [39]| Diabetic peripheral neuropathy                    | 2602        | 7                       | Manual acupuncture, electroacupuncture, needle knocking acupuncture, warm needling and moxibustion, mecobalamin, no interventions, and vitamin B | 40             | Global symptom improvement                                              | non                  |
| Yang et al. [40]  | Heart failure                                     | 2116        | 5                       | Acupuncture, moxibustion, acupuncture application, acupuncture injection, and warming acupuncture-moxibustion | 26             | HFC and LVEF                                                            | RoB                  |
| Zhang et al. [41] | Obesity                                           | 2283        | 6                       | AAS, EA, ACE, WA, AR: acupuncture and related therapies and combination of acupuncture and related therapies.  | 34             | BW, BMI, and adverse events                                             | RoB                  |
| Corbett 2013 [42]| Knee osteoarthritis                              | 9709        | 8                       | Interferential therapy, acupuncture, TENS, pulsed electrical stimulation, balneotherapy, aerobic exercise, sham acupuncture, and muscle-strengthening exercise | 114            | WOMAC pain                                                             | RoB                  |
| Wang et al. [43]  | Chronic fatigue syndrome                         | 2255        | 5                       | ChbAM, SAM, Chinese herbal medicine, Western medicine, and sham acupuncture                                  | 31             | Effective rate                                                          | RoB                  |

Note: CMSS, the Cox Menstrual Symptom Scale; FMA, Fugl - Meyer motor assessment scale; MBI, modified Barthel index; TCM, traditional Chinese medicine; MACE, major adverse cardiovascular events; HFC, changes in heart function classification; LVEF, left ventricular ejection fraction; AAS, auricular acupoint stimulation; WA, warming acupuncture; ACE, acupuncture catgut embedding; EA, electroacupuncture; AR, acupuncture and related therapies.

Table 3: Methodological quality assessment of the included NMAs.

| Item       | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | Score |
|------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|-------|
| Fu et al. [15] | Y | N | N | P | Y | Y | N | P | P | N | N | N | N | Y | N | 5.5   |
| Ding [16]   | Y | N | N | P | Y | N | N | N | Y | Y | N | N | N | N | P | 5     |
| Li [17]     | Y | N | N | P | Y | N | N | P | Y | N | Y | N | N | P | N | N | 5.5   |
| Bu et al. [18]| Y | N | N | Y | Y | N | P | Y | N | P | N | P | N | N | P | 7     |
| Zhang [19]  | Y | N | N | Y | N | P | Y | N | N | N | P | Y | N | P | 6     |
| Song [20]   | Y | N | N | Y | Y | Y | N | Y | N | N | P | P | P | Y | P | 8     |
| Yang et al. [21]| Y | N | N | P | N | Y | N | Y | N | Y | N | Y | N | N | P | 8     |
| Li [22]     | Y | N | N | Y | Y | N | N | Y | Y | Y | Y | Y | Y | P | P | 11    |
| Jia et al. [23]| Y | N | N | P | Y | N | Y | N | Y | N | N | P | N | P | 9.5    |
| Liu [24]    | Y | N | N | Y | Y | Y | N | Y | N | Y | N | Y | N | N | P | 9.5   |
| Feng [25]   | Y | N | N | P | Y | N | Y | Y | N | Y | Y | Y | P | N | N | 10    |
| Liu [26]    | Y | N | N | P | N | N | N | N | Y | Y | N | N | N | P | N | 5.5    |
| Yang et al. [27]| Y | N | N | Y | Y | Y | N | N | Y | Y | Y | Y | Y | Y | P | 11    |
| Zhu et al. [28]| N | N | N | Y | Y | Y | N | N | Y | N | N | N | N | Y | P | 6.5   |
| Zheng [29]  | P | Y | Y | Y | Y | N | P | Y | N | N | Y | Y | Y | Y | P | 11    |
| Qin [30]    | Y | N | N | Y | Y | Y | N | Y | N | Y | Y | Y | Y | N | Y | 11    |
| Li et al. [31]| Y | N | N | P | Y | Y | N | P | Y | N | N | Y | Y | Y | Y | 11    |
| Mo et al. [32]| P | N | N | Y | Y | N | P | Y | N | P | N | N | N | Y | Y | 7.5   |
| Luo et al. [33]| Y | N | N | P | N | N | N | P | Y | N | Y | Y | Y | N | N | 6.5   |
| Yeh et al. [34]| P | N | N | P | Y | Y | N | P | Y | N | Y | Y | Y | Y | P | 10    |
| Chen et al. [35]| P | Y | N | Y | Y | N | N | P | Y | N | Y | N | N | P | N | 7.5   |
| Tan et al. [36]| Y | N | N | P | Y | N | Y | Y | N | Y | Y | Y | Y | N | Y | 10.5  |
| Li et al. [37]| Y | Y | N | Y | Y | N | Y | N | Y | Y | Y | Y | Y | N | N | P | 10.5  |
| Zhu et al. [38]| P | N | N | Y | Y | N | P | Y | N | Y | Y | Y | P | Y | P | 10    |
| Xiong and Chen [39]| P | N | N | P | N | N | N | P | Y | N | N | N | N | N | N | Y | 2.5    |
| Yang et al. [40]| Y | Y | N | P | Y | Y | N | P | Y | N | Y | Y | Y | N | Y | Y | 11    |

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his research also had presented some limitations: first, there was no specific methodological quality assessment tool for NMAs, even though AMSTAR2 was generally used in the quality evaluation of systematic review and meta-analysis. Second, in this study, the quality of each NMA was quantified by the assignment method, and there were some controversies on whether the weight of each item was consistent. Third, even if a comprehensive literature search strategy was used, there

| Table 3: Continued. |
|----------------------|
| Item | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | Score |
|----------------------|
| Zhang et al. [41] | Y | N | N | P | Y | Y | N | Y | Y | N | Y | Y | N | N | Y | 9.5 |
| Corbett 2013 [42]  | Y | Y | Y | Y | Y | N | P | Y | N | Y | Y | Y | Y | 13.5 |
| Wang et al. [43]   | Y | N | N | P | N | Y | N | Y | Y | N | Y | Y | Y | Y | Y | 10.5 |
| Score              | 20 | 5 | 2 | 15 | 22 | 22 | 0 | 14 | 27 | 0 | 23 | 16 | 16 | 14 | 13 | 11 | 8.64/9.5 |

Y, yes (1 point); N, no (0 point); P, partial satisfaction (0.5 point). Item 1, did the research questions and inclusion criteria for the review include the components of PICO? Item 2, did the report of the review contain an explicit statement that the review methods were established prior to the conduct of the review and did the report justify any significant deviations from the protocol? Item 3, did the review authors explain their selection of the study designs for inclusion in the review? Item 4, did the review authors use a comprehensive literature search strategy? Item 5, did the review authors perform study selection in duplicate? Item 6, did the review authors perform data extraction in duplicate? Item 7, did the review authors provide a list of excluded studies and justify the exclusions? Item 8, did the review authors describe the included studies in adequate detail? Item 9, did the review authors use a satisfactory technique for assessing the risk of bias (RoB) in individual studies that were included in the review? Item 10, did the review authors report on the sources of funding for the studies included in the review? Item 11, if meta-analysis was performed, did the review authors use appropriate methods for statistical combination of results? Item 12, if meta-analysis was performed, did the review authors assess the potential impact of RoB in individual studies on the results of the meta-analysis or other evidence synthesis? Item 13, did the review authors account for RoB in individual studies when interpreting/discussing the results of the review? Item 14, did the review authors provide a satisfactory explanation for, and discussion of, any heterogeneity observed in the results of the review? Item 15, if they performed quantitative synthesis, did the review authors carry out an adequate investigation of publication bias (small study bias) and discuss its likely impact on the results of the review? Item 16, did the review authors report any potential sources of conflict of interest, including any funding they received for conducting the review?

| Table 4: Summary of methodological quality assessment. |
|----------------------|
| Number | Item | Completely reported | Partially reported | Not reported |
|----------------------|
| 1 | Components of PICO question? | 22 (75.86%) (0.58, 0.94) | 6 (26.69%) (0.12, 0.53) | 1 (3.45%) (0.08, 0.56) |
| 2 | Review protocol? | 5 (17.24%) (0.16, 0.50) | 0 | 24 (82.75%) (0.68, 0.98) |
| 3 | Explanation of study design? | 2 (6.90%) (0.28, 0.42) | 0 | 27 (93.10%) (0.84, 1.03) |
| 4 | Comprehensive literature search strategy | 16 (55.17%) (0.31, 0.80) | 13 (44.83%) (0.18, 0.72) | 0 |
| 5 | Study selection in duplicate? | 22 (75.86%) (0.58, 0.94) | 1 (3.45%) (0.08, 0.56) | 6 (20.69%) (0.12, 0.53) |
| 6 | Data extraction in duplicate? | 22 (75.86%) (0.58, 0.94) | 0 | 7 (24.14%) (0.08, 0.56) |
| 7 | List of excluded studies and justify the exclusions? | 0 | 0 | 29 (100%) |
| 8 | Study characteristics | 14 (48.27%) (0.22, 0.74) | 14 (48.27%) (0.22, 0.74) | 1 (3.45%) (0.08, 0.56) |
| 9 | Satisfactory technique for assessing risk of bias? | 27 (93.10%) (0.84, 1.03) | 1 (3.45%) (0.08, 0.56) | 1 (3.45%) (0.08, 0.56) |
| 10 | Sources of funding for each study? | 0 | 0 | 29 (100%) |
| 11 | Appropriate methods? | 23 (79.31%) (0.63, 0.96) | 3 (10.34%) (0.24, 0.45) | 3 (10.34%) (0.24, 0.45) |
| 12 | Assess potential impact of risk of bias on the results? | 16 (55.17%) (0.31, 0.80) | 1 (3.45%) (0.08, 0.56) | 12 (41.38%) (0.14, 0.69) |
| 13 | Account for risk of bias when interpreting/discussing? | 16 (55.17%) (0.31, 0.80) | 5 (17.24%) (0.16, 0.50) | 8 (27.59%) (0.03, 0.59) |
| 14 | Satisfactory explanation for and discussion of any heterogeneity? | 14 (48.27%) (0.29, 0.81) | 2 (6.90%) (0.08, 0.56) | 13 (44.83%) (0.18, 0.72) |
| 15 | Publication bias (small sample bias) assessed and discussed? | 13 (44.83%) (0.18, 0.72) | 4 (13.79%) (0.20, 0.48) | 12 (41.38%) (0.14, 0.69) |
| 16 | Publication bias (small sample bias) assessed and discussed? | 11 (37.93%) (0.09, 0.67) | 15 (51.72%) (0.26, 0.77) | 3 (10.34%) (0.14, 0.69) |
Figure 2: AMSTAR2 percentage distribution diagram (%).

Table 5: Reporting quality assessment of the included NMAs.
| Item | Section/topic | Fu 2019 | Ding 2019 | Li 2018 | Bu 2017 | Zhang 2018 | Song 2019 | Yang 2016 | Li 2017 | Jia 2018 | Liu 2016 | Feng 2018 | Liu 2019 | Yang 2017 | Zhu 2018 | Zheng 2018 |
|------|---------------|---------|-----------|---------|---------|------------|------------|-----------|---------|---------|---------|------------|---------|---------|---------|-----------|
| 1    | Risk of bias within individual studies | 1       | 1         | 1       | 1       | 1          | 1          | 1         | 1       | 1       | 1       | 1          | 1       | 1       | 1       | 1         |
| 12   | Summary measures | 1       | 0.5       | 1       | 0.5     | 0.5       | 0.5       | 1          | 1       | 1       | 1       | 1          | 1       | 1       | 1       | 1         |
| 13   | Planned methods of analysis | 1       | 0         | 1       | 1       | 0          | 1          | 1         | 1       | 1       | 0       | 1          | 1       | 1       | 1       | 1         |
| 14   | Assessment of inconsistency | 1       | 0         | 1       | 1       | 1          | 1          | 1         | 1       | 1       | 0       | 1          | 1       | 1       | 1       | 1         |
| S2   | Risk of bias across studies | 1       | 0         | 0       | 1       | 0          | 1          | 1         | 1       | 1       | 0       | 1          | 1       | 1       | 1       | 1         |
| 15   | Additional analyses | 0       | 0         | 0       | 0       | 0          | 1          | 0         | 1       | 1       | 0       | 0          | 0       | 1       | 1       | 1         |
| 16   | Study selection | 1       | 1         | 0.5     | 1       | 0.5       | 0.5       | 1          | 1       | 1       | 1       | 1          | 1       | 1       | 1       | 1         |
| 17   | Presentation of network structure | 1       | 1         | 1       | 1       | 1          | 0          | 1         | 1       | 1       | 1       | 1          | 1       | 1       | 1       | 1         |
| S3   | Summary of network geometry | 1       | 0.5       | 0.5     | 0.5     | 0         | 0.5       | 0.5       | 0.5     | 0.5     | 0.5     | 0         | 0       | 0       | 0       | 0         |
| 18   | Study characteristics | 1       | 1         | 1       | 1       | 1          | 1          | 1         | 1       | 1       | 1       | 1          | 1       | 1       | 1       | 1         |
| 19   | Risk of bias within studies | 1       | 1         | 1       | 1       | 1          | 1          | 1         | 1       | 1       | 1       | 1          | 1       | 1       | 1       | 1         |
| 20   | Results of individual studies | 0       | 0         | 0       | 0       | 0          | 1          | 0         | 1       | 0       | 1       | 0          | 1       | 1       | 1       | 1         |
| 21   | Synthesis of results | 1       | 1         | 1       | 1       | 0.5       | 1          | 1         | 1       | 1       | 1       | 1          | 1       | 1       | 1       | 1         |
| S5   | Exploration for inconsistency | 1       | 0         | 0       | 1       | 1          | 1          | 1         | 1       | 1       | 1       | 1          | 1       | 1       | 1       | 1         |
| 22   | Risk of bias across studies | 1       | 0         | 0       | 0       | 0          | 1          | 0         | 1       | 1       | 0       | 1          | 0       | 0       | 1       | 0         |
| 23   | Results of additional analyses | 0       | 0         | 0       | 1       | 0          | 0         | 0         | 0       | 0       | 1       | 0          | 0       | 1       | 0       | 0         |
| 24   | Summary of evidence | 1       | 0         | 1       | 0       | 0.5       | 1          | 1         | 1       | 1       | 1       | 1          | 1       | 1       | 1       | 1         |
| 25   | Limitations | 1       | 1         | 1       | 1       | 1          | 1          | 1         | 1       | 1       | 1       | 1          | 1       | 1       | 1       | 1         |
| 26   | Conclusions | 1       | 1         | 0.5     | 1       | 1          | 0.5       | 1          | 1       | 1       | 1       | 1          | 1       | 1       | 1       | 1         |
| 27   | Funding | 0       | 1         | 0       | 1       | 1          | 1          | 1         | 0       | 1       | 0         | 1          | 1       | 1       | 0       | 1         |
|      | Summary of evidence | 24      | 17        | 20       | 20.5     | 20        | 24        | 18.5      | 27.5     | 26       | 26       | 27        | 22       | 25       | 25.5     | 25        |

### Table 5: Continued.

| Item | Qin 2016 | Li 2018 | Mo 2019 | Luo 2018 | Yeh 2016 | Chen 2019 | Tan 2019 | Li 2017 | Zhu 2018 | Xiong 2018 | Yang 2019 | Zhang 2018 | S. 2013 | Wang 2017 |
|------|----------|---------|---------|----------|----------|-----------|----------|---------|----------|------------|-----------|------------|--------|----------|
| 1    | 1        | 1       | 1       | 1        | 1        | 1         | 1        | 1       | 1        | 1          | 1         | 1          | 1      | 1        |
| 2    | 0.5      | 0.5     | 0.5     | 0.5      | 1        | 0.5       | 1        | 0.5     | 0.5      | 1          | 0.5       | 1          | 0.5    | 1        |
| 3    | 1        | 1       | 1       | 1        | 1        | 1         | 1        | 1       | 1        | 1          | 1         | 1          | 1      | 1        |
| 4    | 1        | 1       | 1       | 1        | 1        | 1         | 1        | 1       | 1        | 1          | 1         | 1          | 1      | 1        |
| 5    | 0        | 0       | 0       | 0        | 0        | 1         | 0        | 1       | 0        | 0          | 1         | 0          | 1      | 0        |
| 6    | 1        | 1       | 0.5     | 1        | 0.5      | 0.5       | 1        | 1       | 0.5      | 0.5        | 1         | 1          | 0.5    | 1        |
| 7    | 1        | 0.5     | 1       | 0.5      | 1        | 1         | 1        | 1       | 0.5      | 0.5        | 1         | 1          | 0.5    | 1        |
| 8    | 1        | 0       | 1       | 0        | 0        | 1         | 1        | 1       | 0        | 1          | 1         | 0          | 1      | 0        |
| 9    | 1        | 1       | 0.5     | 1        | 1        | 1         | 1        | 1       | 0        | 1          | 1         | 1          | 1      | 0        |
| 10   | 1        | 0.5     | 0.5     | 0.5      | 0.5      | 0.5       | 0.5      | 0.5     | 0.5      | 0.5        | 0.5       | 1          | 0.5    | 0.5      |
| 11   | 1        | 0.5     | 0.5     | 0.5      | 0.5      | 0.5       | 0.5      | 0.5     | 0.5      | 0.5        | 0.5       | 0.5        | 0.5    | 0.5      |
### Table 5: Continued.

| Item | Section/topic | Fu 2019 | Ding 2019 | Li 2018 | Bu 2017 | Zhang 2018 | Song 2019 | Yang 2016 | Li 2017 | Jia 2018 | Liu 2016 | Feng 2018 | Liu 2019 | Yang 2017 | Zhu 2018 | Zheng 2018 |
|------|---------------|---------|-----------|---------|--------|------------|-----------|----------|---------|---------|----------|----------|---------|---------|---------|-----------|
| S1   |               | 1       | 1         | 1       | 1      | 0          | 0         | 1        | 0       | 0       | 0        | 0        | 0       | 0       | 0       |
| 12   |               | 1       | 1         | 1       | 1      | 1          | 1         | 1        | 0       | 1       | 1        | 1        | 1       | 1       | 1       |
| 13   |               | 1       | 1         | 1       | 1      | 0.5        | 0.5       | 0.5      | 1       | 0.5     | 1        | 0.5      | 0.5     | 0.5     | 0.5     |
| 14   |               | 1       | 1         | 0       | 1      | 1          | 1         | 0        | 1       | 0.5     | 1        | 1        | 1       | 0       | 0       |
| S2   |               | 1       | 1         | 1       | 0      | 0          | 1         | 1        | 1       | 1       | 0        | 1        | 0       | 0       | 0       |
| 15   |               | 1       | 1         | 1       | 1      | 1          | 1         | 1        | 0       | 1       | 0        | 1        | 0       | 0       |
| 16   |               | 1       | 1         | 0       | 0      | 0          | 0         | 0        | 1       | 0       | 1        | 1        | 1       | 1       | 1       |
| 17   |               | 1       | 1         | 1       | 1      | 0.5        | 1         | 1        | 1       | 1       | 1        | 1        | 1       | 1       | 1       |
| S3   |               | 1       | 1         | 1       | 1      | 1          | 1         | 1        | 1       | 1       | 1        | 1        | 1       | 1       | 1       |
| S4   |               | 0.5     | 0.5       | 0.5     | 0.5    | 0.5        | 0.5       | 0.5      | 0.5     | 0.5     | 0.5      | 0.5      | 0.5     | 0.5     | 0.5     |
| 18   |               | 1       | 1         | 1       | 1      | 1          | 1         | 1        | 1       | 0.5     | 1        | 0.5      | 1       | 0.5     | 1       |
| 19   |               | 1       | 1         | 1       | 1      | 1          | 1         | 1        | 1       | 0       | 1        | 1        | 0.5     | 1       |
| 20   |               | 1       | 1         | 1       | 1      | 1          | 1         | 1        | 0       | 1       | 1        | 1        | 1       |
| 21   |               | 1       | 1         | 1       | 1      | 1          | 1         | 1        | 1       | 1       | 0.5      | 1        |
| S5   |               | 1       | 1         | 1       | 0      | 1          | 1         | 1        | 1       | 1       | 0        | 1        |
| 22   |               | 0       | 1         | 1       | 1      | 0          | 1         | 1        | 0       | 1       | 0        | 0        |
| 23   |               | 1       | 1         | 0       | 0      | 0          | 0         | 0        | 1       | 0       | 0        | 0        |
| 24   |               | 1       | 1         | 1       | 1      | 1          | 1         | 1        | 1       | 0       | 1        | 1        |
| 25   |               | 1       | 1         | 1       | 1      | 1          | 1         | 1        | 1       | 0       | 1        | 1        |
| 26   |               | 1       | 1         | 1       | 1      | 1          | 1         | 1        | 1       | 1       | 1        | 1        |
| 27   |               | 1       | 1         | 1       | 0      | 0          | 1         | 1        | 1       | 0       | 1        | 1        |
| Score|               | 29      | 27.5      | 24.5    | 21.5    | 20.5       | 25        | 25       | 28.5    | 27      | 13.5     | 28        | 24.5    | 19      | 24.5/    |
|      |               |         |           |         |         |            |           |          |         |         |           |           |         |         | 23.62   |

### Table 6: Summary of reporting quality assessment.

| Section | Item | Completely reported | Partially reported | Not reported |
|---------|------|---------------------|--------------------|-------------|
|         |      | Frequency (%)       | 95% CI             | Frequency (%)| 95% CI    | Frequency (%)| 95% CI    |
| Title   | 1    | 29 (100%)           | 0                  | 0           |
| Abstract| 2    | 5 (17.24%)          | (−0.16, 0.50)      | 24 (82.76%) | (0.68, 0.98)| 0           |
| Introduction | 3  | 26 (89.65%) | (0.78, 1.01) | 3 (10.34%) | (−0.24, 0.45) | 0 |
|          | 4    | 28 (96.55%)         | (0.90, 1.03)       | 1 (3.45%)   | (−0.32, 0.39)| 0           |
| Methods | 5    | 5 (17.24%)          | (−0.16, 0.50)      | 0           | 24 (82.76%) | (0.68, 0.98)| 0    |
|          | 6    | 19 (65.52%)         | (0.44, 0.87)       | 10 (34.48%) | (0.05, 0.64)| 0           |
|          | 7    | 22 (75.86%)         | (0.58, 0.94)       | 5 (17.24%)  | (−0.16, 0.50)| 0           |
|          | 8    | 12 (41.38%)         | (0.14, 0.69)       | 0           | 17 (58.62%) | (0.35, 0.82)| 0    |
|          | 9    | 22 (75.86%)         | (0.58, 0.94)       | 2 (6.70%)   | (−0.28, 0.42)| 5 (17.24%)  | (−0.16, 0.50)| 0 |
|          | 10   | 5 (17.24%)          | (−0.16, 0.50)      | 23 (79.31%) | (0.63, 0.96)| 1 (3.45%)   | (−0.32, 0.39)| 0 |
|          | 11   | 3 (10.34%)          | (−0.24, 0.45)      | 26 (89.65%) | (0.78, 1.01)| 0           |
| S1      | 12   | 16 (55.17%)         | (0.31, 0.80)       | 0           | 13 (44.83%) | (0.18, 0.72)| 0    |
| S2      | 13   | 18 (62.07%)         | (0.40, 0.85)       | 11 (37.93%) | (0.09, 0.67)| 0           |
| S3      | 14   | 23 (79.31%)         | (0.63, 0.96)       | 1 (3.45%)   | (−0.32, 0.39)| 5 (17.24%)  | (−0.16, 0.50)| 0 |
| S4      | 15   | 23 (79.31%)         | (0.63, 0.96)       | 0           | 6 (20.69%)  | (−0.12, 0.53)| 0    |
|         | 16   | 14 (48.27%)         | (0.29, 0.81)       | 0           | 15 (51.72%) | (0.26, 0.77)| 0    |
was no guarantee that all relevant literatures were identified. Finally, since only Chinese and English studies were included, there may be a lack of data to influence the results.

5. Conclusion

The NMAs methodological and report quality related to acupuncture and moxibustion were general, and there was still room for improvement in some aspects. For example, the researchers should design the scheme in advance before carrying out the study, design and carry out the study strictly in accordance with PICOS, and present the network structure, so as to improve the prospective and reliability of the study. Considering the importance of PRISMA-NMA checklist to NMA, we advise that the researchers should strictly follow the PRISMA-NMA checklist when writing a NMA.

Abbreviations

AMSTAR2: A measurement tool to assess the methodological quality of systematic reviews
PRISMA-NMA: PRISMA extension statement for reporting of systematic reviews incorporating network meta-analysis of health care interventions
NMA: Network meta-analysis.

Data Availability

The data used to support the findings of this study are available from the corresponding author upon request.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

Authors’ Contributions

JX obtained funds for this study, JX and TY made contributions to the conception and design of the review. FYJ revised the search strategy. TY, JY, and XW searched, extracted, and analyzed data for studies. YT, JY, XW, and JX conducted methodological and reporting quality evaluation. FYJ, HXZ, KL, and LLX assisted. Ting Yuan wrote the original draft. All authors reviewed the manuscript, agreed to all the contents, and agreed the submission.

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