

Meta-analysis of scalp acupuncture for acute hypertensive intracerebral hemorrhage.

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Abstract

OBJECTIVES:

Scalp acupuncture (SA) is a commonly used therapeutic approach for primary intracerebral hemorrhage (ICH) in Traditional Chinese Medicine (TCM), but the efficacy and safety of SA therapy are still undetermined. The aim of this study is to systematically evaluate the efficacy and safety of SA therapy for the treatment of acute hypertensive ICH.

METHODS:

Literature reports with randomized controlled clinical trials and controlled clinical trials on SA therapy for acute hypertensive ICH were searched, and the efficacy and safety of SA therapy were evaluated by using the Cochrane systematic review methods. The primary outcome measures were death or dependency at the end of long-term follow-up (at least 3 months) and adverse events. The secondary outcome measure was neurological deficit improvement at the end of the treatment course.

RESULTS:

Seven (7) independent trials (230 patients) were included in this study. All trials described the methods of randomization in which four trials had adequate concealment of randomization at the level of grade A, but no trial included sham acupuncture as a control group. None of the trials included "death or dependency" as a primary outcome measure. Four (4) trials contained safety assessments and stated that no adverse event was found, whereas the other three trials did not provide the information about adverse events. By using random effects statistical model, it was found that patients with acute hypertensive ICH who received SA therapy had significantly improved neurological deficit scores ($Z = 4.97$, $p < 0.01$).

CONCLUSIONS:

Although SA therapy is widely used to treat acute hypertensive ICH in TCM, the efficacy and safety of SA therapy remain to be further determined. No evidence is available on whether SA therapy can be used to treat acute ICH according to the primary outcome measure. However, SA therapy appears to be able to improve neurological deficit in patients with acute hypertensive ICH.