

TABLE ONE: Acupuncture and Nausea during pregnancy**HG = hyperemesis gravidarum**

Author, date	Study Design	Outcome measured	Control Group (n)	Acupuncture Method and timing (n)	Additional Information	Conclusion
Mao <i>et al</i> , 2010	Prospective, randomised, controlled.	Changes in therapeutic effect, ketone bodies, carbon dioxide combining power (CO ₂ -CP) and electrolyte imbalance.	Group 1: Western medicine: Luminal 30 mg 3x day (n = 30). Group 2: Chinese Medicine: herbal concoction based on symptoms (n = 30).	Patients receiving acupuncture at Dazhu (BL 11), Shangjuxu (ST 37), Neiguan (PC 6), Gongsun (SP 4) (n = 30).	Patients had HG. All were also given supplements of water and sugar . All were treated for 7 days.	The total effective rate in the acupuncture group (96.7%) was significantly higher than both control groups. Acupuncture had the most obvious effect on reducing ketone bodies. Acupuncture is rapid and effective.
Neri <i>et al</i> , 2005	Prospective, randomised, controlled.	Nausea intensity and vomiting frequency. Ability to complete interventions, and changes in daily functioning.	Patients receiving metoclopramide infusion twice a week for 2 weeks, supplemented by vitamin B12 complex (n = 44).	Patients receiving TCM acupuncture twice a week for 2 weeks, together with acupuncture for 6-8hrs a day (n = 44).	Patients had HG. All interventions were performed in a hospital setting.	Both improved nausea symptoms and vomiting, but acupuncture was significantly better at improving daily functioning.
Habek <i>et al</i> , 2004	Prospective, randomised, controlled.	Compare the effects of acupuncture (AP) and acupuncture (APr) on symptoms.	Group 1: superficial intracutaneous placebo AP (n = 8); Group 2: placebo APr (n = 7)	Group 1: patients receiving bilateral manual AP of the Pc 6 (Neiguan) acupoint (n = 10); Group 2: patients receiving bilateral APr of the Pc 6 acupoint (n = 11).	Patients had HG.	Although some women needed additional Western medicines, it was concluded both interventions were effective. Acupuncture more so than acupuncture, and very little effect seen in the control/placebo groups.

Rosen <i>et al</i> , 2003	Prospective, randomised, controlled.	Changes in self-recorded symptoms according to the Rhodes Index of Nausea, Vomiting, and Retching (Rhodes Index). Secondary outcome measures were medication use, weight gain, and presence of urinary ketones.	Patients receiving a non-stimulating placebo device (n = 95) .	Patients receiving low-level nerve stimulation therapy over the volar aspect of the wrist at the P6 point (n = 92).	All patients in 1st trimester. Patients were blinded by being told they 'may or may not' feel tingling upon stimulation. Told to write down Rhode Index morning and night, together with a more complete questionnaire (weight gain, additional medications, adverse effects etc) on days 1–7, 9, 11, 13, 17, and 21.	Nerve stimulation therapy is effective in reducing nausea and vomiting and promoting weight gain in symptomatic women in the first trimester of pregnancy.
Smith <i>et al</i> , 2002b	Prospective, randomised, controlled.	Changes in nausea, dry retching, vomiting, and health status.	Group 1: no intervention (n = 149); Group 2: sham acupuncture (n = 148).	Group 1: Patients receiving personalised TCM depending on traditional diagnosis (n = 148). Group 2: Patients receiving P6 acupuncture only (n = 148).	Comparisons were made <i>between</i> groups. Treatment provided twice for one week, then weekly for 3 more.	No effect on vomiting, but both acupuncture interventions significantly improved nausea and dry-retching. Acupuncture groups reported less depression and improved social functioning. Some placebo effect was seen in the sham group.
Knight <i>et al</i> , 2001	Prospective, randomised, controlled.	Changes in nausea severity, anxiety and depression.	Patients receiving sham acupuncture (n = 28).	Patients receiving TCM acupuncture based on traditional diagnosis (n = 27).	All patients between 6 and 10 wks gestation. Interventions provided 3 or 4 times over 3 wks.	Both acupuncture and sham acupuncture improved all variables to the same extent. There was a strong evidence for a time-effect.

Carlsson <i>et al</i> , 2000	Prospective, controlled, cross-over.	Whether symptoms were relieved quicker if acupuncture is used in conjunction with Western medicine. Nausea, vomiting and food intake were assessed.	N/A	Group 1: Receiving true acupuncture (days 1 -2), followed by sham (superficial) acupuncture of P6 (days 5-6) (n = 17); Group 2: same procedure in reverse (n = 16).	All patients had HG. All were also given parenteral nutrition with 5% glucose. 2 days 'wash-out' period before changing acupuncture type. Acupuncture provided three times day, 30mins.	Nausea and vomiting were significantly improved by true acupuncture.
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