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Supplementary Table S1. Clinical effectiveness of acupuncture and/or Chinese Proprietary Medicines registered in Singapore in the management of chronic and non-chronic diseases.

Condition	ACU/ CPM	Year	Type of study	Intervention group (N)	Control group (N)	No. of treatment (duration)	Effectiveness
CNCD1. Hypertension (HTN)	ACU	2023 ²⁴	Systematic review with meta-analysis	ACU (210); ACU+drugs (478)	WM (686)	Refer to individual study	Systematic review and meta-analysis of 12 RCTs (N=1,466) showed that primary outcome-efficiency rate, ACU-only treatment (Relative Risk (RR) = 1.11, 95% (CI): 1.03-1.20, $P<0.01$) and ACU combined with antihypertensive drug treatment (RR = 1.18, 95% CI: 1.06-1.31, $P<0.01$) were significantly different compared with drugs-only treatment. For elderly patients with HTN, ACU-only treatment has the same efficiency and antihypertensive effect compared to drug therapy and ACU plus drugs outperforms drugs-only treatment. If the patients receive therapy with less frequency per wk and longer duration, there will be a more obvious antihypertensive effect.
	ACU	2019 ²⁵	Multicentre, double-blind, RCT	ACU (214)	Sham (107); Waitlist (107)	18 (6 wks)	Systolic blood pressure (BP) decreased at wk 6 in ACU group vs sham acupuncture (SA) vs waiting-list group (7.2 ± 11.0 mm Hg vs 4.1 ± 11.5 mm Hg vs 4.1 ± 13.2 mm Hg); ACU was not superior to SA (mean difference 2.7 mm Hg, 95% CI 0.4 to 5.9, adjusted $P=0.103$) or waiting-list control (2.9 mm Hg, 95% CI -0.2 to 6.0, adjusted $P=0.078$). However, ACU was superior to SA (3.3 mm Hg, 95% CI 0.2 to 6.3, adjusted $P=0.035$) and waiting-list control (4.8 mm Hg, 95% CI 1.8 to 7.8, $P<0.001$) at week 9. ACU had a small effect size on the reduction of BP in patients with mild HTN.
	CPM	2020 ²⁶	Single-blind, RCT	Gastrodia-uncaria Granules (GUG) 天麻钩藤饮 (126)	Placebo (125)	4 wks	The daytime systolic/diastolic BP was reduced by 5.44/3.39 and 2.91/1.60 mmHg in the GUG and placebo groups, respectively. The between-group difference in BP reductions was significant for the daytime (systolic BP 2.52 mmHg; CI: 0.32-4.73, $P=0.025$; diastolic BP 1.79 mmHg; CI: 0.41 to 3.17; $P=0.011$) and 24-hour BP (systolic BP 2.33 mmHg; CI: 0.51-4.14, $P=0.012$; diastolic BP 1.49 mmHg; CI: 0.36 to 2.63; $P=0.010$). BP-lowering treatment with GUG is efficacious for patients with masked HTN.
CNCD2. Ischaemic Heart Disease (IHD)	ACU	2019 ²⁷	Multicentre, double-blind, RCT	ACU (198)	Sham (101); Waitlist (99)	12 (4 wks)	A greater reduction of angina attacks was observed in the disease-affected meridian (DAM) group vs the nonaffected meridian (NAM) group (difference, 4.07; 95% CI, 2.43-5.71; $P<.001$), in the DAM group vs the sham group (difference, 5.18; 95% CI, 3.54-6.81; $P<.001$), and in the DAM group vs the wait list group (difference, 5.63 attacks; 95% CI, 3.99-7.27; $P<.001$). Compared with NAM, sham, or no ACU, DAM showed superior benefits in alleviating angina as adjunctive treatment to antianginal therapy.

	CPM	2023 ²⁸	Double-blind, RCT	Tongxinluo (TXL) capsules 通心络 ¹ [人参,水蛭,全蝎,赤芍,蝉蜕,土鳖虫,蜈蚣,檀香,降香,乳香,酸枣仁,冰片 ² ; Ginseng radix, Hirudo, Scorpio, Paeoniae radix rubra, Cicadae periostracum, Eupolyphaga steleophaga, Scolopendra, Santali albi lignum, Dalbergiae odoriferae lignum, Olibanum, Ziziphi spinosae semen, Borneolum syntheticum] (1888)	Placebo (1889)	12 mths	Individual components of 30-day major adverse cardiac and cerebrovascular events (MACCEs), including cardiac death (56 [3.0%] vs 80 [4.2%]; RR, 0.70 [95% CI, 0.50 to 0.99]; relative difference (RD), −1.2% [95% CI, −2.5% to −0.1%]), were significantly lower in the TXL group than the placebo group. By 1 yr, the TXL group continued to have lower rates of MACCEs (100 [5.3%] vs 157 [8.3%]; hazard ratio (HR), 0.64 [95% CI, 0.49 to 0.82]; RD, −3.0% [95% CI, −4.6% to −1.4%]) and cardiac death (85 [4.5%] vs 116 [6.1%]; HR, 0.73 [95% CI, 0.55 to 0.97]; RD, −1.6% [95% CI, −3.1% to −0.2%]). In patients with ST-segment elevation myocardial infarction (STEMI), TXL as an adjunctive therapy in addition to STEMI guideline-directed treatments, significantly improved both 30-day and 1-yr clinical outcomes.
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ACU: acupuncture; CI: confidence interval; CNCD: chronic and non-chronic diseases; CPM: Chinese Proprietary Medicines registered in Singapore; EA: electroacupuncture; mths: months; NR: not reported; RCTs: randomised controlled trials; WM: Western medicine; wks: weeks

¹ Product(s) not registered under CPMs but the individual ingredients (blue text) are registered.

² 冰片 is approved in multi-ingredient formulation such as 复方丹参滴丸 but not reported as single ingredient powder or granules.

Condition	ACU/ CPM	Year	Type of study	Intervention group (N)	Control group (N)	No. of treatment (duration)	Effectiveness
CNCD3. Atopic dermatitis	ACU	2022 ²⁹	Open, RCT	ACU (39);	WM (40); No Treat (42)	8 (12 wks)	After 12 weeks, the adjusted means (95% CI) for ACU, osteopathic medicine (OM) and control were, respectively, 22.3 (18.3–26.3), 26.4 (22.6–30.2) and 23.7 (19.9–27.5) for SCORing Atopic Dermatitis (SCORAD) ($P=0.32$); 27.9 (19.5–36.4), 35.0 (26.9–43.0) and 42.3 (34.7–50.0) for VAS itching ($P<0.05$); and 2.3 (0.8–3.9), 1.9 (0.4–3.5) and 4.3 (2.6–6.0), for TCS use ($P=0.10$). ACU and OM were not cost-effective compared with the control. ACU and OM do not seem to reduce atopic dermatitis severity. ACU might reduce itching in atopic dermatitis. In addition, ACU and osteopathic medicine showed a trend towards reducing topical corticosteroid use.
CNCD4. Chronic spontaneous urticaria	ACU	2023 ³⁰	Multicentre, double-blind, RCT	ACU (110)	Sham (110); Waitlist (110)	4 wks	The mean change in the Weekly Urticaria Activity Score (UAS7) (range, 0 to 42) for ACU from baseline (mean score, 23.5 [95% CI, 21.8 to 25.2]) to wk 4 (mean score, 15.3 [CI, 13.6 to 16.9]) was -8.2 (CI, -9.9 to -6.6). The mean changes in UAS7 for sham acupuncture (SA) and waitlist control from baseline (mean scores, 21.9 [CI, 20.2 to 23.6] and 22.1 [CI, 20.4 to 23.8], respectively) to wk 4 (mean scores, 17.8 [CI, 16.1 to 19.5] and 20.0 [CI, 18.3 to 21.6], respectively) were -4.1 (CI, -5.8 to -2.4) and -2.2 (CI, -3.8 to -0.5), respectively. The mean differences between ACU and SA and waitlist control were -4.1 (CI, -6.5 to -1.8) and -6.1 (CI, -8.4 to -3.7), respectively, which did not meet the threshold for minimal clinically important difference. Fifteen participants (13.6%) in the ACU group and none in the other groups reported adverse events. Adverse events were mild or transient. Compared with SA and waitlist control, ACU produced a greater improvement in UAS7, although the difference from control was not clinically significant.
CNCD5. Diabetes/ pre-diabetes	ACU	2021 ³¹	Double-blind, RCT	ACU (60)	Laser ACU (60); Placebo laser ACU (60)	10 (10 wks)	Sural sensory nerve action potential (SNAP) and sural and tibial nerve conduction velocities (NCV) improved significantly after 10 treatments when comparing needle ACU to placebo (SNAP difference of 1.45 μ V, CI 95%, $P<.001$; sural NCV difference of 10.09 m/s, CI 95%, $P<.001$; tibial NCV difference of 6.64 m/s, CI 95%, $P=.003$). Needle ACU showed earlier onset of action than laser ACU. Patient-reported outcome measures showed larger improvements following needle and laser ACU than placebo, reaching significant differences for hyperesthesia (difference of 0.97, CI 95%, $P=.007$), and cramps (difference of 0.88, CI 95%, $P=.047$) following needle ACU and for heat sensation (difference of 0.87, CI 95%, $P=.030$) following laser ACU. Classical needle ACU had significant effects on diabetic peripheral neuropathy. Improvement in nerve conduction studies values presumably indicates structural neuro-regeneration following ACU.
	CPM	2021 ³²	Double-blind, RCT	Jinlida granules (JLD) 津力达 (34); Drug (36); JLD+Drug (33)	Placebo (35)	16 wks	Compared with the pre-test, fasting plasma glucose, 2 hr postprandial plasma glucose, hemoglobin A1C (HbA1c), and TCM symptom score all decreased in the four groups, and the combination treatment group showed the most significant decrease. In continuous glucose monitoring parameters, time range of the JLD and metformin groups improved after intervention compared with the baseline (JLD group: 78.68 ± 26.15 versus 55.47 ± 33.29 ; metformin group: 87.29 ± 12.21 vs. 75.44 ± 25.42 ; CI (NR), $P<0.01$). Additionally, only the JLD group showed decreased glucose standard deviation after intervention (1.57 ± 0.61 vs. 1.96 ± 0.95 ; CI (NR), $P<0.01$). JLD can improve glycaemic control and glycaemic variability in patients with newly diagnosed type 2 diabetes.

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Condition	ACU/ CPM	Year	Type of study	Intervention group (N)	Control group (N)	No. of treatment (duration)	Effectiveness
CNCD5. Diabetes/ p-rediabetes (Con't)	CPM	2017 ³³	Double- blind, RCT	Jinqi Jiangtang tablets (JQJT) 金芪降糖片 (Registered as GLUCOEASE TABLET [黄连、黄芪、金银花; <i>Coptidis rhizoma</i> , <i>Astragali radix</i> , <i>Lonicerae japonicae flos</i>]) (182)	Placebo (180)	52 wks	The risk of converting from pre-diabetes to diabetes was 0.58-fold less in the JQJT tablets group than in the placebo group [Hazard Ratio (HR) (95% CI): 0.58 (0.384, 0.876), <i>P</i> =0.010]. Furthermore, the probability of achieving normalised blood glucose was 1.41-fold greater in the JQJT tablets group than in the placebo group [HR (95% CI): 1.41 (1.002, 1.996), <i>P</i> =0.0049]. ITT analysis revealed that the incidence of diabetes upon treatment completion was 16.5% in the JQJT tablets group compared with 28.9% in the control group. The percentage of patients with normalised blood glucose upon 12-month intervention was 41.8% in the JQJT tablets group compared with 27.8% in the control group. JQJT tablets could be an effective intervention for preventative treatment of Type 2 diabetes mellitus.
CNCD6. Hyperlipida e-mia (lipid disorders)	CPM	2022 ³⁴	Network meta-analysis	CPM containing red yeast rice 红曲: Xuezhikang (XZK), Zhibitai (ZBT), Zhibituo (ZBTuo),	WM or Placebo	4-16 weeks	This study included 47 trials involving 4824 subjects. In terms of reduced total cholesterol levels, XZK (SUCRA: 84.5%) had the highest probability of being the most effective formulation, with Simvastatin (66.4%) and ZBT (65.4%) ranked second and third, respectively. XZK also had the highest probability of reducing low-density lipoprotein cholesterol levels to the greatest extent (SUCRA: 82.6%) with Simvastatin (SUCRA: 74.9%) and ZBTuo (SUCRA: 52.8%) being the second and third choices, respectively. For reduced triglyceride levels, ZBTuo (SUCRA: 80.2%) exhibited the highest probability of being the most effective, with SZK (SUCRA: 63.4%) and Simvastatin (SUCRA: 57.6%) in second and third places, respectively. Finally, in terms of improving high-density lipoprotein cholesterol levels, ZBTuo (SUCRA: 90.1%) had the highest probability of being the most effective, with Simvastatin (SUCRA: 82.1%) and XZK (SUCRA: 51.1%) ranked second and third, respectively. SZK was found to have the highest probability of being the most effective formulation for reducing total cholesterol and low-density lipoprotein cholesterol levels, while ZBTuo had the highest probability of being the most effective for controlling triglyceride and high-density lipoprotein cholesterol levels. The studies included in the review exhibited certain limitations and, therefore, more rigorously designed studies should be performed.
CNCD7. Obesity/over weight	ACU	2024 ³⁵	Double- blind, RCT	ACU (84)	Sham (84)	16 (8 wks)	The ACU group displayed a significant change in waist circumference compared to the sham group both treatment and follow-up period (MD = -1.1 cm, 95% CI = -2.8 to 4.1). Significant change in body fat percentage was recorded for both groups after treatment but no significance was observed during the follow-up period (MD = -0.1%, 95% CI = -1.9 to 2.2). The changes in hip circumference were also significant both treatment and follow-up period for the ACU group (MD = -2.0 cm, 95% CI = -3.7 to -1.7). Compared with sham group, the body weight (MD = -1 kg, 95% CI = -3.3 to 5.3), BMI (MD = -0.5, 95% CI = -0.7 to 1.9) also decreased significantly within and between groups. The incidence of adverse events was similar in the two groups. This study provided evidence that electro-acupuncture could be effective in treating central obesity by reducing waist circumference, hip circumference, body weight, BMI, and waist-to-hip circumference ratio.

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Condition	ACU/ CPM	Year	Type of study	Intervention group (N)	Control group (N)	No. of treatment (duration)	Effectiveness
CNCD7. Obesity /overweight (Cont’)	ACU	2024 ³⁶	Systematic review with meta-analysis	Auricular Acupressure or ACU (232)	Sham, diet, exercise or body acupunctur e (224)	21-87 days	15 trials with 1,333 patients were included in the meta-analysis. The overall quality of the included trials was moderate. Auricular stimulation (AS) significantly reduced body mass index (BMI) (mean difference (MD) = -0.38 BMI points, 95% CI (-0.55 to -0.22), <i>P</i> <0.0001), weight (MD = -0.66 kg, 95% CI (-1.12 to -0.20), <i>P</i> =0.005), waist circumference (MD = -1.44 cm, 95% CI (-2.69 to -0.20), <i>P</i> =0.02), leptin, insulin, and HOMA insulin resistance compared to controls. No significant reduction was found in body fat, hip circumference, ratio of waist/hip circumference, cholesterol, LDL, triglycerides, adiponectin, ghrelin, and glucose levels. The AS was safe throughout the trials, with only minor adverse reactions. The study results suggest that a reduction of weight and BMI can be achieved by AS in obese patients; however, the size of the effect does not appear to be of clinical relevance. The effects might be underestimated due to active sham trials.
	CPM	2020 ³⁷	Multicentre, double-blind, RCT	Euuiyin-tang (ET) powder ¹ [麻黄, 当归,肉桂,白芍,薏苡 仁,白术; Ephedrae herba, Angelicae sinensis radix, Cinnamomi cortex, Paeoniae radix alba, Coicis semen, Atractylodis macrocephalae rhizome] (76)	Placebo (73)	12 wks	Weight reduction in the ET group was significantly greater than that in the placebo group (2.50 kg in the ET group vs. 0.82 kg in the placebo group). The participant response rates of ≥3% weight loss compared to baseline was 36.8% in the ET group and 17.8 % in the placebo group. BMI, waist circumference, and hip circumference showed a greater change in the ET group than in the placebo group (1, 3.23, and 2 in the ET group vs. 0.33, 1.96, and 0.86 in the placebo group).
CNCD8. Functional constipation	ACU	2024 ³⁸	Systematic review and meta-analysis	EA (722)	Control (715)	1-24 wks	13 RCTs involving 1437 subjects were included in this review. EA significantly improved constipation overall response (RR=1.31, 95% CI: 1.11, 1.55, <i>P</i> <0.001), reduced defecation straining score (MD= 0.46, 95% CI: - 0.67, - 0.251, <i>P</i> <0.001), increased weekly complete spontaneous bowel movements (MD=0.41, 95% CI: 0.20, 0.63, <i>P</i> =0.002), and increased in the weekly spontaneous bowel movements (MD=0.80, 95% CI (0.49, 01.11), <i>P</i> <0.001), and EA had no effect on change stool consistency score compared (MD = - 0.03, 95% CI (- 0.38, 0.33), <i>P</i> =0.88) and did not increase adverse events (RR=0.50, 95% CI: 0.18, 1.44, <i>P</i> =0.20).
	ACU	2016 ³⁹	Multicentre, double-blind, RCT	ACU (536)	Sham (539)	28 (8 wks)	The increase from baseline in mean weekly complete spontaneous bowel movements (CSBMs) during wk 1-8 was 1.76 (95% CI, 1.61-1.89) in the EA group and 0.87 (CI, 0.73-0.97) in the SA group (between-group difference, 0.90 [CI, 0.74 to 1.10]; <i>P</i> <0.001). The change from baseline in mean weekly CSBMs during wk 9-20 was 1.96 (CI, 1.78-2.11) in the EA group and 0.89 (CI, 0.69-0.95) in the SA group (between-group difference, 1.09 [CI, 0.94-1.31]; <i>P</i> <0.001). The proportion of patients having 3 or more mean weekly CSBMs in the EA group was 31.3% and 37.7% over the treatment and follow-up periods, respectively, compared with 12.1% and 14.1% in the SA group (<i>P</i> <0.001). ACU-related adverse events during treatment were infrequent in both groups, and all were mild or transient. Eight weeks of EA increases CSBMs and is safe for the treatment of chronic severe functional constipation.
CNCD9. Functional dyspepsia	ACU	2020 ⁴⁰	Multicentre, double-blind, RCT	ACU (138)	Sham (140)	12 (4 wks)	The estimated response rate from generalised linear mixed models at wk 4 was 83.0% in the ACU group versus 51.6% in the sham group ([95% CI, 20.3-42.5% points]; <i>P</i> <0.001). The estimated elimination rate of all 3 cardinal symptoms was 27.8% in the ACU group versus 17.3% in the sham group ([CI, 0.08-20.9% points]; <i>P</i> =0.034). The efficacy of ACU was maintained during the 12-wk posttreatment follow-up. There were no serious adverse events. Among patients with Postprandial Distress Syndrome, ACU resulted in increased response rate and elimination rate of all 3 cardinal symptoms compared with sham acupuncture, with sustained efficacy over 12 wks in patients who received thrice-weekly ACU for 4 wks.
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Condition	ACU/ CPM	Year	Type of study	Intervention group (N)	Control group (N)	No. of treatment (duration)	Effectiveness
CNCD10. Irritable bowel syndrome (IBS)	ACU	2022 ⁴¹	Multicentre, double-blind, RCT	ACU (60)	Sham (30)	12 (4 wks)	There were substantial improvements in the primary outcomes for all groups (composite response rates of 46.7% [95% CI, 28.8%-65.4%] in the specific acupoints (SA) group, 46.7% [95% CI, 28.8%-65.4%] in the nonspecific acupoints (NSA) group, and 26.7% [95% CI, 13.0%-46.2%] in the non-acupoints (NA) group), although the difference between them was not statistically significant ($P=.18$). The response rates of adequate relief at wk 4 were 64.3% (95% CI, 44.1%-80.7%) in the SA group, 62.1% (95% CI, 42.4%-78.7%) in the NSA group, and 55.2% (95% CI, 36.0%-73.0%) in the NA group ($P=.76$). Adverse events were reported in 2 patients (6.7%) in the SA group and 3 patients (10%) in NSA or NA group. ACU in both the specific acupoints and nonspecific acupoints groups showed clinically meaningful improvement in IBS with diarrhoea symptoms, although there were no significant differences among the 3 groups. These findings suggest that ACU is feasible and safe.
	ACU	2020 ⁴²	Multicentre, assessor- blind, RCT	ACU (354)	WM (177)	18 (6 wks)	From baseline to 6 wks, the total IBS-Symptom Severity Score decreased by 123.51 (95% CI, 116.61 to 130.42) in the ACU group and 94.73 (95% CI, 85.03 to 104.43) in the PEG 4000/pinaverium bromide group. The between-group difference was 28.78 (95% CI, 16.84 to 40.72; $P<.001$). No participant experienced severe adverse effects. ACU may be more effective than PEG 4000 or pinaverium bromide for the treatment of IBS, with effects lasting up to 12 weeks.
CNCD11. Benign prostatic hyperplasia (BPH)	ACU	2024 ⁴³	Systematic review and meta-analysis	EA (498)	Control (518)	2-8 wks	A total of 9 RCTs with 1045 patients were included. EA group had better improvement than the control group in terms of clinical effective rate (odds ratio = 3.92, 95% CI = 2.38 to 6.47, $I^2 = 0\%$, $P<.001$), International Prostate Symptom Score (WMD = -4.99, 95% CI = -6.15 to -3.84, $I^2 = 76.9\%$, $P<.001$), maximum urinary flow rate (WMD = -4.99, 95% CI = -6.15 to -3.84, $I^2 = 87.4\%$, $P<.001$), and post-void residual volume (WMD = -17.12, 95% CI = -29.49 to -4.75, $I^2 = 89.1\%$, $P<.01$). There was no statistical significance in prostate volume and adverse events between the EA group and the control group ($P>.05$).
	CPM	2022 ⁴⁴	Nationwide population- based cohort study	TCM users (2,071)	Non-TCM users (2,071)	10 yrs	The risk of BPH-related complications was lower in the Chinese herbal medicines (CHM) cohort than non-CHM cohort with an adjusted hazard ratio (aHR) of 0.82 (95% CI 0.73-0.92) after controlling for multiple variables. Subgroup analysis revealed that CHM users had a significantly lower risk of urinary tract infection (aHR 0.67, 95% CI 0.50-0.89) and urinary retention (aHR 0.83, 95% CI 0.72-0.97). In addition, CHM users also had a lower incidence rate of BPH-related surgery (32.14 vs 40.20, aHR 0.74, 95% CI 0.61-0.89) and a longer surgery-free interval than non-CPM users (3.98 vs 3.00 mean person-year, $P<0.001$)
CNCD12. Chronic kidney disease (nephrosis/ nephritis)	CPM	2021 ⁴⁵	Multicentre, double-blind, double dummy, RCT	Bupi Yishen Fang (BYF) Granules 补脾益肾方 ¹ [黄芪, 党参, 白术, 茯苓, 山药, 薏苡 仁, 菟丝子, 丹参; Astragali radix, Codonopsis radix, Atractylodis macrocephalae rhizoma, Poria, Dioscoreae Rhizoma, Coicis semen, Cuscutae semen, Salviae miltiorrhizae] (273)	WM (276)	48 wks	The BYF group had a slower renal function decline particularly prior to 12 wks over the 48-wk duration (between-group mean difference of estimated Glomerular Filtration Rate (eGFR) slopes: -2.25 ml/min/1.73 m ² /year, 95% CI: -4.03,-0.47), and a lower risk of composite outcome of death from any cause, doubling of serum creatinine level, end-stage kidney disease, stroke, or cardiovascular events (adjusted hazard ratio, aHR = 0.61, 95%CI: 0.44,0.85). No significant between-group differences were observed in the incidence of adverse events.
CNCD13. Chronic pelvic pain syndrome (CPPS)	ACU	2021 ⁴⁶	Multicentre, double-blind, RCT	ACU (220)	Sham (220)	20 (8 wks)	At wk 8, the proportions of responders were 60.6% (95% CI, 53.7–67.1%) in the ACU group and 36.8% (CI, 30.4–43.7%) in the sham acupuncture (SA) group (adjusted difference, 21.6 percentage points [CI, 12.8–30.4 percentage points]; adjusted odds ratio, 2.6 [CI, 1.8–4.0]; $P<0.001$). At wk 32, the proportions were 61.5% (CI, 54.5–68.1%) in the ACU group and 38.3% (CI, 31.7–45.4%) in the SA group (adjusted difference, 21.1 percentage points [CI, 12.2–30.1 percentage points]; adjusted odds ratio, 2.6 [CI, 1.7–3.9]; $P<0.001$). Twenty (9.1%) and 14 (6.4%) adverse events were reported in the ACU and SA groups, respectively. No serious adverse events were reported. Compared with sham therapy, 20 sessions of ACU over 8 wks resulted in greater improvement in symptoms of moderate to severe CPPS, with durable effects 24 wks after treatment.

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CNCD17. Dementia	ACU	2024 ⁵¹	Network meta-analysis	ACU, Acupoint pressing, auricular point sticking, EA or other acupuncture related treatments (1969)	Control (1672)	Refer to individual study	A total of 46 RCTs with 3641 participants were included. The network meta-analysis showed that acupoint pressing + cognitive training + auricular point sticking, massage + western medicine treatment, and electroacupuncture + western medicine treatment ranked first, second, and third in improving MMSE score, respectively. Acupoint pressing + cognitive training, cognitive training + scalp acupuncture, and cognitive training + moxibustion ranked first, second, and third in improving MoCA score, respectively. This study showed that acupoint pressing alone or acupoint pressing + auricular point sticking may improve cognitive function in MCI patients and possibly be the most effective ACU interventions for the treatment of MCI.
	ACU	2023 ⁵²	Double-blind, RCT	ACU with CPM (30)	I) ACU with Placebo (30) II) Sham with CPM (30) III) Sham with Placebo (30)	20 (12 wks)	Two-way repeated measures ANOVA showed that the Montreal Cognitive Assessment (MoCA) and Mini-Mental State Examination (MMSE) scores in ACU with Yishen Granule (ACU+YSG) group were significantly different from those in sham acupuncture (SA) with placebo herbal medicine group at wk 4 (MoCA of ACU+YSG: 24.18(3.07) vs SA+Placebo: 21.85 (4.74); MMSE of ACU+YSG: 27.71(1.74) vs SA+Placebo: 26.23 (3.04); CI(NR), P<.05). At wk 8, the MoCA and MMSE scores in group of ACU+YSG group, ACU with placebo, and SA with YSG were significantly improved compared with those in SA with placebo group (P<.001 for all), and the delayed recall score in ACU+YSG group was significantly greater than those in groups of ACU with placebo and SA with YSG group (CI(NR), P<.05). ACU+YSG group were well tolerated and safe, and no serious adverse events were reported. ACU, YSG, and the combination of both improved cognitive function, with the combined therapy being the most effective, which can be beneficial in preventing dementia and improving the quality of life of the elderly.
	CPM	2015 ⁵³	Multicentre, double-blind, double dummy, DH-controlled trial	Yishen Huazhuo (YHD) granules 益肾化浊颗粒 ¹ [淫羊藿,女贞子,补骨脂,何首乌,黄芪,川芎,石菖蒲; Epimedium folium, Ligustri lucidi fructus, Psoraleae fructus Polygoni multiflori radix, Astragali radix, Chuanxiong rhizoma, Acori tatarinowii rhizoma] (72)	WM (69)	24 wks	The mean scores of Alzheimer's Disease Assessment Scale-cognitive subscale (ADAS-cog) and Mini-Mental State Examination (MMSE) in both YHD group and donepezil hydrochloride (DH) group improved at the end of the 24-wk treatment period. The results also revealed that YHD was better at improving the mean scores of ADAS-cog and MMSE than DH. Linear mixed-effect models with repeated measures showed statistical significance in time × group interaction effect of ADAS-cog and also in time × group interaction effect of MMSE. The data showed YHD was superior to DH in improving the scores and long-term efficacy.
CNCD18. Epilepsy	ACU	2024 ⁵⁴	Systematic review with meta-analysis	ACU+TCM ² (443)	WM (439)	18-70 days	The analysis included 10 trials involving a total of 882 pediatric patients. Intervention group had a lower risk of treatment failure than the control group. Subgroup analyses showed that therapeutic efficacy was consistent among the different herbal compound formulas. Meta-regression analysis revealed that the efficacy of the treatments did not significantly vary with patient age, male sex, and duration of seizure history. Trial sequential analysis (TSA) suggested that herbal medicine-acupuncture combination exerted a robust and conclusive effect on seizure treatment. Although the combined use of herbal medicine and acupuncture was not associated with a lower risk of post-treatment electroencephalogram abnormalities, the risk of adverse events was reduced. The meta-analysis suggested that combined use of herbal medicine and acupuncture is a promising and safe clinical approach for pediatric epilepsy treatment.

Condition	ACU/ CPM	Year	Type of study	Intervention group (N)	Control group (N)	No. of treatment (duration)	Effectiveness
CNCD19. Migraines	ACU	2020 ⁵⁶	Multicentre, participant-blinded, RCT	ACU (60)	I) Sham (60) II) Usual care (60)	20 (8 wks)	Compared with sham acupuncture (SA), manual acupuncture (MA) resulted in a significantly greater reduction in migraine days at wks 13-20 and a significantly greater reduction in migraine attacks at wks 17-20. The reduction in mean number of migraine days was 3.5 (SD 2.5) for manual versus 2.4 (3.4) for SA ($P=0.005$) at weeks 13 to 16 and 3.9 (3.0) for MA versus 2.2 (3.2) for SA ($P<0.001$) at wks 17-20. At wks 17-20, the reduction in mean number of attacks was 2.3 (1.7) for MA versus 1.6 (2.5) for SA ($P<0.001$). No severe adverse events were reported. No significant difference was seen in the proportion of patients perceiving needle penetration between MA and SA ($P=0.891$). Twenty sessions of MA was superior to SA and usual care for the prophylaxis of episodic migraine without aura.
	ACU	2017 ⁵⁷	Multicentre, participant-blinded, RCT	ACU (83)	I) Sham (80) II) Waitlist (82)	20 (4 wks)	The mean (SD) change in frequency of migraine attacks differed significantly among the 3 groups at 16 wks after randomization ($P<0.001$); the mean (SD) frequency of attacks decreased in the true acupuncture (TA) group by 3.2 (2.1), in the sham acupuncture (SA) group by 2.1 (2.5), and the waiting-list group by 1.4 (2.5); a greater reduction was observed in the TA than in the SA group (difference of 1.1 attacks; 95% CI, 0.4-1.9; $P=.002$) and in the TA vs waiting-list group (difference of 1.8 attacks; 95% CI, 1.1-2.5; $P<0.001$). SA was not statistically different from the waiting-list group (difference of 0.7 attacks; 95% CI, -0.1 to 1.4; $P=.07$). Among patients with migraine without aura, TA may be associated with long-term reduction in migraine recurrence compared with SA or assigned to a waiting list.
CNCD20. Parkinson's disease (PD)	CPM	2022 ⁵⁸	Multicentre, double-blind, RCT	Pingchan granules (PCG) 平颤颗粒 ¹ [枸杞,桑寄生,天麻,僵蚕,莪术,白芍,天南星,全蝎,蜈蚣; Lycii fructus, Taxilli herba, Gastrodiae rhizoma, Bombyx batryticatus, Curcumae rhizoma, Paeoniae radix alba, Arisaematis rhizome, Scorpio, Scolopendra] (146)	Placebo (146)	24 wks	PCG group had significantly better improvement in Unified Parkinson's disease Rating Scale Part III (UPDRS-III) score at T1, T2, and T3 [time-by-group interaction, T1 (12 wks): β , -0.92 (95% CI, -1.59 to -0.25; $P=0.01$); T2 (24 wks): β , -2.08 (95% CI, -2.90 to -1.27; $P<0.001$); T3 (36 wks): β , -4.54 (95% CI, -5.37 to -3.71; $P<0.001$)]. The PCG group showed a greater decrease (rate of disease change) in the total UPDRS score between T0 and T2 [-2.23 (95% CI, -2.72 to -1.73; $P<0.001$) points per week vs. -0.21 (95% CI, -0.80 to 0.39; $P=0.50$) points per week in the placebo group, $P<0.001$]. Ameliorations of Scale for Outcomes in Parkinson's Disease-Autonomic (SCOPA-AUT), Parkinson's disease Sleep Scale (PDSS), Hamilton Rating Scale for Depression (HAM-D), Hamilton Rating Scale for Anxiety (HAM-A), Unified Parkinson's disease Rating Scale Part II (UPDRS-II), and 39-item Parkinson's Disease Questionnaire (PDQ-39) scores were also observed. PCG had a long-lasting and extensive symptomatic efficacy for both motor and non-motor symptoms of PD with good tolerance.

ACU: acupuncture; CPM: Chinese Proprietary Medicines registered in Singapore; EA: electroacupuncture; RCTs: randomised controlled trials; WM: Western medicine

¹Product(s) not registered under CPMs but the individual ingredients (blue text) are registered. ²CPMs or herbal formula that contains individual ingredients listed as CPMs.

Condition	ACU/CPM	Year	Type of study	Intervention group (N)	Control group (N)	No. of treatment (duration)	Effectiveness
CNCD21. Stroke	ACU	2024 ⁵⁹	Multicentre, participant-blind, RCT	ACU (125)	Sham (127)	30 (6 wks)	Compared with the sham acupuncture (SA) group, the manual acupuncture (MA) group had significant increases in aphasia quotient (AQ) (difference, 7.99 points; 95% CI, 3.42-12.55 points; <i>P</i> =.001) and Chinese Functional Communication Profile (CFCP) (difference, 23.51 points; 95% CI, 11.10-35.93 points; <i>P</i> <.001) scores at wk 6 and showed significant improvements in AQ (difference, 10.34; 95% CI, 5.75-14.93; <i>P</i> <.001) and CFCP (difference, 27.43; 95% CI, 14.75-40.10; <i>P</i> <.001) scores at the end of follow-up. 252 patients with poststroke motor aphasia who received 6 wks of MA compared with those who received SA demonstrated statistically significant improvements in language function, quality of life, and neurological impairment from week 6 of treatment to the end of follow-up at 6 months after onset.
	ACU	2022 ⁶⁰	Systematic review with meta-analysis	ACU (142); ACU+ rehabilitation (1171)	Rehabilitation (1289)	Refer to individual study	Compared to rehabilitation, ACU decreased water swallow test (WST) and standard swallowing assessment (SSA) scores. Meanwhile, in contrast to rehabilitation alone, integration of ACU with rehabilitation effectively decreased WST and SSA scores; improved swallowing scores of videofluoroscopic swallowing study (VFSS), swallowing scores of Fujishima Ichiro, Barthel index (BI), and swallowing quality of life questionnaire (SWAL-QOL); reduced the aspiration rates as well as aspiration pneumonia; and shortened the duration of empty swallowing and the duration of 5 mL water swallowing. This meta-analysis provided positive pieces of evidences that ACU and ACU combined with rehabilitation were better than using rehabilitation alone in the treatment of poststroke dysphagia.
	ACU	2023 ⁶¹	Systematic review with meta-analysis	ACU (1484); ACU+drug (624)	Usual care (377); WM (2042)	Refer to individual study	Compared to usual care, ACU alone or plus other therapies could significantly decrease scores on the Hamilton Depression Rating scale. The results of this study indicate that ACU alone or combined with other therapies appears to be effective in improving depression symptoms of stroke survivors.

ACU: acupuncture; CI: confidence interval; CPM: Chinese Proprietary Medicines registered in Singapore; EA: electroacupuncture; NR: not reported; RCTs: randomised controlled trials; WM: Western medicine
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Condition	ACU/CPM	Year	Type of study	Intervention group (N)	Control group (N)	No. of treatment (duration)	Effectiveness
CNCD21. Stroke (con't)	ACU	2016 ⁶²	Assessor-blind, RCT	ACU+WM (42)	I) ACU (42) II) WM (42)	3 mths	Intra-group comparison revealed that MoCA score at the follow-up improved significantly by 15.8±10.9%, 20.9±13.8%, and 30.2±19.7% compared with the baseline MoCA for nimodipine alone, ACU alone, and the combination group, respectively. Inter-group comparison demonstrated that the combination therapy improved MoCA score (5.5±2.2) at significantly higher extent than nimodipine alone (3.1±1.8) and ACU alone (4.3±2.3) at the follow-up (All $P<0.05$), and significantly higher proportion of patients in ACU alone group (80%) and the combination therapy group (90%) than in nimodipine alone group (56.4%) showed $\geq 12\%$ MoCA score improvement compared with the baseline MoCA (All $P<0.05$). No adverse event was reported during the study. Acupuncture may be used as an additional therapy to conventional pharmacological treatment to further improve the clinical outcomes of patients with post-cerebral infarction mild cognitive impairment.
	CPM	2020 ⁶³	Nationwide population-based cohort study	TCM users (593)	Non-TCM users (593)	Refer to individual study	In adjusted Kaplan-Meier analysis, the incidence of stroke was higher within the first year of cancer diagnosis among chemotherapy recipients compared with those who did not receive chemotherapy (31.1 vs. 9.75; adjusted subdistribution hazard ratio [sHR] 2.21; 95% CI, 1.52–3.20; $P<0.001$). This between-group difference persisted at 4 years of follow-up (13.6 vs. 5.42; adjusted sHR 1.94; 95% CI, 1.53–2.46; $P<0.001$). Similarly, the 5-year incidence rate of stroke was significantly lower among chemotherapy recipients using TCM vs. non-TCM users (0.19 vs. 0.46; adjusted sHR 0.45; 95% CI, 0.26–0.79; $P<0.001$), as was the mortality rate (adjusted sHR 0.55; 95% CI, 0.44–0.68; $P<0.001$). These Taiwanese data suggest that chemotherapy is a risk factor for stroke and that the use of TCM can significantly mitigate this risk. TCM also appears to reduce the mortality risk associated with chemotherapy.
	CPM	2019 ⁶⁴	Multicentre, double-blind, RCT	Dengzhan Shengmai (DZSM) capsules 灯盏生脉 [细辛, 人参, 五味子, 麦冬; Asari radix et rhizoma, Ginseng radix, Schisandrae chinensis fructus, Ophiopogonis radix] (1307)	Placebo (1307)	12 mths	Intent-to-treat analysis showed that 58 (3.8%) participants in the DZSM group and 82 (5.4%) in the placebo group experienced new stroke events hazard ratio (HR)= 0.70, 95% CI= 0.50–0.98, $P=0.036$). The type and incidence of adverse events were similar in the DZSM and placebo groups. The addition of DZSM capsules to standard secondary preventive agents provides additional benefits after the initial onset of ischaemic stroke, reducing recurrent stroke without increasing severe adverse events.
CNCD22. Trigeminal/ post-herpetic neuralgia	ACU	2024 ⁶⁵	Multicentre, RCT	EA+WM (30)	I) Sham+WM (30) II) EA+ Placebo (30) III) Sham+ Placebo (30)	12 (4 wks)	A total of 120 participants (75 females and 45 males; mean (SD) age, 58.5 (15.3) years) were included. The main effects of EA and CBZ were significant ($P < 0.001$), and there was a significant interaction was identified between the interventions ($P=0.041$). Participants who received EA (mean difference [MD], -0.3 [95% CI, -0.40 to -0.20] at week 2; -1.6 [-1.70 to -1.50] at week 4; -1.1 [-1.31 to -0.89] at week 16; -0.8 [-1.01 to -0.59] at week 28), CBZ (MD, -0.6 [95% CI, -0.70 to -0.50] at week 2; -0.9 [-1.03 to -0.77] at week 4, -0.2 [-0.41 to 0.01] at week 16, 0.2 [-0.01 to 0.41] at week 28), and the combination of both (MD, -1.8 [95% CI, -1.90 to -1.70] at week 2; -3.7 [-3.83 to -3.57] at week 4, -3.4 [-3.61 to -3.19] at week 16, -2.9 [-3.11 to -2.69] at week 28) had a greater reduction in VAS score over the treatment phase than their respective control groups (sham EA, placebo, and sham EA plus placebo). EA-related adverse events (6/59, 10.17%) were lower than that of CBZ (15/59, 25.42%) during the whole phases. EA or CBZ alone are effective treatments for TN, while the combination of EA and low-dosage CBZ exerts a greater benefit. These findings in

Condition	ACU/CPM	Year	Type of study	Intervention group (N)	Control group (N)	No. of treatment (duration)	Effectiveness
CNCD23. Chronic lower back pain	ACU	2020 ⁶⁶	Double-blind, RCT	EA (59)	Sham EA (62)	12 (6 wks)	After adjusting for baseline Roland Morris Disability Questionnaire (RMDQ), there was a significantly greater reduction in RMDQ in the real EA group compared with the sham EA group (-2.11 ; 95% CI, -3.75 to -0.47 ; $P=.01$). Within the real EA group, effective coping at baseline was associated with greater RMDQ reduction ($P=.02$). There was a statistically significant treatment effect for the secondary outcome of RMDQ compared with sham EA.
CNCD24. Chronic neck pain	ACU	2015 ⁶⁷	RCT	ACU (173)	I) Self-care (172) II) Usual care (172)	12	Between-group reductions in Northwick Park Questionnaire (NPQ) score at 12 months versus usual care were 3.92 percentage points for acupuncture (95% CI, 0.97 to 6.87 percentage points) ($P=0.009$) and 3.79 percentage points for Alexander lessons (CI, 0.91 to 6.66 percentage points) ($P=0.01$). The 12-month reductions in NPQ score from baseline were 32% for acupuncture and 31% for Alexander lessons. Participant self-efficacy improved for both interventions versus usual care at 6 months ($P<0.001$) and was significantly associated ($P<0.001$) with 12-month NPQ score reductions (acupuncture, 3.34 percentage points [CI, 2.31 to 4.38 percentage points]; Alexander lessons, 3.33 percentage points [CI, 2.22 to 4.44 percentage points]). No reported serious adverse events were considered probably or definitely related to either intervention. Acupuncture sessions and Alexander Technique lessons both led to significant reductions in neck pain and associated disability compared with usual care at 12 months.
CNCD25. Gout	CPM	2022 ⁶⁸	Multicentre, double-blind, RCT	Qinpi Tongfeng Formula (QPTFF) granules 秦皮痛风颗粒 ¹ [秦皮,黄连,防风,车前子,土茯苓,萆薢,威灵仙,稀莶草,山慈菇; Fraxini cortex, Coptidis rhizoma, Saposhnikoviae radix, Plantaginis semen, Smilacis glabrae rhizoma, Discoreae septemlobae rhizoma, Clematidis radix et rhizoma), Siegesbeckiae herba, Cremastrae pseudobulbus] (53)	WM (52)	7 days	The 95% CI of the difference between the eighth and first VAS score for pain of the two groups was (-0.57 , 0.42) in full analysis set (FAS) and (-0.48 , 0.47) in per protocol set (PPS). The lower bound of both FAS and PPS is greater than the bound value of -0.7 . On day 8, there was no significant difference between the two groups in joint symptom score, TCM syndrome score, total effective rate, pain cure rate, complete pain relief time, patient satisfaction score, erythrocyte sedimentation rate (ESR), and C-reactive protein (CRP) (FAS and PPS). The serum uric acid level and treatment-related adverse events (TRAEs) in the treatment group were significantly lower than those in the control group (FAS and PPS). QPTFF could alleviate the symptoms of patients with acute gouty arthritis, which is not inferior to diclofenac sodium sustained-release tablets in analgesic. Moreover, QPTFF overmatches diclofenac sodium sustained-release tablets in decreasing serum uric acid level and TRAEs.
CNCD26. Osteoarthritis	ACU	2024 ⁶⁹	Multicentre, single-blind, RCT	ACU + heat therapy + usual care (HARMOKnee) (50)	Usual care (51)	6 wks	Among 101 participants (HARMOKnee=50; SC=51), the mean age was 63.99 ± 7.03 years, and knee osteoarthritis (KOA) duration was 5.07 ± 6.35 years. There was a significant intervention-time interaction, favouring HARMOKnee (heat and ACU) group, for the Knee Injury and Osteoarthritis and Outcome Score-12 (KOOS-12) total score [coefficient, Coef= 6.43, 95 %CI: 0.72, 12.14; $P=0.027$], KOOS-12 quality of life (QOL) domain-score [Coef= 8.50, 95 % CI: 1.28, 15.73; $P=0.021$], and Pain, Enjoyment of Life and General Activity overall score [Coef= -1.32, 95 % CI: -2.14, -0.49; $P=0.002$] at 6-wk. No between-group differences were identified at other time-points. The HARMOKnee group demonstrated considerable pain reduction and improved knee flexion and extension after 12 treatments ($0.001 < P < 0.014$). This treatment approach markedly enhanced knee flexion in patients with Kidney yang deficiency with phlegm and blood stasis syndrome. HARMOKnee provides short-term pain-management benefits to

							KOA patients compared to standard care alone, particularly in patients with Kidney yang deficiency with phlegm and blood stasis syndrome.
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Condition	ACU/CPM	Year	Type of study	Intervention group (N)	Control group (N)	No. of treatment (duration)	Effectiveness
CNCD26. Osteoarthritis (con't)	ACU	2021 ⁷⁰	Multicentre, RCT	EA (151), ACU (145)	Sham (146)	24 (8 wks)	Of the 480 participants recruited in the trial, 442 were evaluated for efficacy. The response rates at wk 8 were 60.3% (91 of 151), 58.6% (85 of 145), and 47.3% (69 of 146) in the EA, manual ACU (MA), and sham ACU (SA) groups, respectively. The between-group differences were 13.0% (97.5% CI 0.2%, 25.9%; $P=0.0234$) for EA versus SA and 11.3% (97.5% CI -1.6%, 24.4%; $P0.0507$) for MA versus SA. The response rates in the EA and MA groups were both significantly higher than those in the SA group at wks 16 and 26. Among patients with knee OA, intensive EA resulted in less pain and better function at wk 8, compared with SA, and these effects persisted though wk 26. Intensive MA had no benefit for knee OA at wk 8, although it showed benefits during follow-up.
	CPM	2023 ⁷¹	Multicentre, cohort study	CPM+WM (321) Duhuo Jisheng 独活寄生汤; Yuxuebi 瘀血痹片 ¹ [乳香,威灵仙,红花,丹参,没药,川牛膝,川芎,当归,姜黄,香附,黄芪; Olibanum, Clematidis radix et rhizoma, Carthami flos, Salviae miltiorrhizae, Myrrha, Cyathulae radix, Chuanxiong rhizoma, Angelicae sinensis radix, Curcumae longae rhizoma, Cyperi rhizoma, Astragali radix]	WM (98)	6 wks	Western and Chinese medicines (WM-CM) group exhibited superior results to the WM group in improving the total Western Ontario and McMaster Universities (WOMAC) score (24.71 ± 1.38 vs. 16.36 ± 0.62 , $P<0.001$). The WM-CM group also outperformed the WM group in WOMAC pain and joint function scores, visual analogue scale (VAS), physical component summary (PCS), mental component summary (MCS) score, and clinical effectiveness ($P<0.05$).
	CPM	2019 ⁷²	Nationwide population-based cohort study	TCM users (26,257) Du-Huo-Ji-Sheng-Tang 独活寄生汤, Fang-Ji-Huang-Qi-Tang 防己黄芪汤, Ji-Sheng-Shen-Qi-Wan 济生肾气丸, Shen-Tong-Zhu-Yu-Tang 身痛逐瘀汤	Non-TCM users (7974)	Refer to individual study	TCM decrease the need for total knee replacement in patients with Knee OA (adjusted hazard ratio, aHR = 0.69, [95% CI]: 0.64–0.77) compared with TCM non-users. A relationship between longer TCM use and reduced total knee replacement use was observed, especially in patients who used TCM for ≥ 120 days (aHR = 0.49, 95% CI: 0.42–0.56). Kaplan–Meier survival curves and log-rank analyses revealed significant differences in the rates of total knee replacement surgery between TCM and non-TCM users (log-rank test, $P<0.001$)
CNCD27. Rheumatoid arthritis	ACU	2019 ⁷³	Multicentre, double-blind, RCT	ACU (35)	I) Sham (35) II) Waitlist (35)	4 wks	Verum-acupuncture significantly improved self-reported pain and pressure algometry; hand grip strength and arm strength; health status improved significantly; quality of life (QoL) improved significantly in 7/8 survey domains; and number of swollen joints and tender joints significantly decreased. Control-acupuncture showed no significant changes, except in self-reported pain improvement. Waiting list group showed an overall worsening. The results clearly indicate a relevant clinical effect of acupuncture on rheumatoid arthritis of the hand in patients.
	CPM	2021 ⁷⁴	Multicentre, double-blind, RCT	I) Qingre Huoxue granules QRHDXD 清热活血方 ¹ [黄柏,赤芍,萆薢,丹参,莪术,青风藤,生黄芪,金银花,土茯苓,蜈蚣,蜂房,生薏苡仁; Phellodendri chinensis cortex, Paeoniae radix rubra, Discorae septemlobae rhizoma, Salviae miltiorrhizae, Curcumae rhizoma, Sinomenii caulis, Astragali radix, Lonicerae japonicae flos, Smilacis glabrae rhizoma, Scolopendra, Vespaes nidus, Coicis semen] (144)	WM (145)	24 wks	The secondary outcome measures were treatment response rate according to American College of Rheumatology 20, 50, and 70% improvement criteria (ACR-20/50/70) and the rate of treatment-related adverse events (TRAEs). Disease activity score DAS-28 decreased in all three groups after treatment ($P<0.0001$); the score was lowest in the TCM group ($P<0.05$), while no difference was observed between the Western medicine (WM) and Integrative medicine (IM) groups ($P>0.05$). At week 24, ACR-20 response was 73.04% with TCM, 80.17% with WM (methotrexate and Hydroxychloroquine), and 73.95% with IM (based on the full analysis set (FAS), $P>0.05$); ACR-50 responses were 40.87, 47.93, and 51.26%, respectively, (FAS, $P>0.05$); and ACR-70 responses were 20.87, 22.31, and 25.21%, respectively, (FAS, $P>0.05$). Thus, treatment efficacy was similar across groups based on ACR criteria. On the other hand, the rate of TRAEs was significantly lower in the TCM group compared to the other groups ($P<0.05$). Thus, QRHDXD was effective in alleviating the symptoms of active RA—albeit to a lesser

				II) IM [CPM+WM] (144)		degree than conventional synthetic disease-modifying antirheumatic drugs (csDMARDs)—with fewer side effects. Importantly, combination with QRHxD enhanced the efficacy of csDMARDs. These results provide evidence that QRHxD can be used as an adjunct to csDMARDs for the management of RA, especially in patients who experience TRAEs with standard drugs.
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Condition	ACU/ CPM	Year	Type of study	Intervention group (N)	Control group (N)	No. of treatment (duration)	Effectiveness
CNCD28. Allergic rhinitis	ACU	2022 ⁷⁵	Systematic review and meta- analysis	ACU (2123)	Control (2290)	1-8 wks	Thirty trials with 4413 participants were included. ACU improved the nasal symptoms on Total Nasal Symptom Score (TNSS) and quality of life measured by Rhinoconjunctivitis Quality of Life Questionnaire (RQLQ) in adults with AR, compared to ACU with no intervention. ACU was also shown to be more effective than sham acupuncture for nasal symptom (RQLQ subscale, n = 489, MD - 0.60, 95% CI - 1.16 to - 0.04) and quality of life (RQLQ, n = 248, - 8.47 95% CI - 14.91, - 2.03). No clear difference was observed between ACU and cetirizine or loratadine.
CNCD29. Asthma	ACU	2017 ⁷⁶	Multicentre, RCT	ACU (184)	Usual care (173)	15 (3 mths)	Acupuncture was associated with an improvement in the asthma quality of life questionnaire (AQLQ) score compared to the control group (difference acupuncture vs. control group 0.7 [95% CI 0.5-1.0]) as well as in the physical component scale and the mental component scale of the Short-Form-36 (SF-36) (physical: 2.5 [1.0-4.0]; mental 4.0 [2.1-6.0]) after 3 mths. Treatment success was maintained throughout 6 mths. In patients with allergic asthma, additional acupuncture treatment to routine care was associated with increased disease-specific and health-related quality of life compared to treatment with routine care alone.
	CPM	2025 ⁷⁷	Multicentre, double-blind, RCT	Su Huang Zhi Ke capsule (SHZK) 苏黄 止咳胶囊 + WM (66)	Placebo + WM (66)	14 days	Although the SHZK group did not achieve statistically significant improvement in the Asthma Control Test (ACT) scores across the overall population, a statistically significant difference was observed in a specific subgroup of patients who had stable treatment prior to enrollment. SHZK also led to a more substantial and persistent reduction in cough-related visual analog scale scores, and had a significantly higher cough relief rate. SHZK significantly reduced blood eosinophils, immunoglobulin E, and major basic protein levels compared to the placebo. SHZK improved small airway function. The safety profiles were similar between groups. Animal experiments further confirmed the synergistic effects of SHZK in reducing airway inflammation, mucus secretion, and collagen deposition. SHZK capsules could be an effective and safety adjunct therapy to improve asthma control and reduce cough symptoms in patients with poorly controlled, mild-to-moderate asthma.
CNCD30. Chronic obstructive pulmonary disease (COPD)	CPM	2018 ⁷⁸	Multicentre, double-blind, RCT	Yupingfeng (YPF) granules 玉屏风散 (92)	Placebo (89)	52 wks	YPF group had a significantly lower exacerbation rate than the placebo group (1.15 vs 1.55; risk ratio=0.677 [95% CI 0.531–0.863]; <i>P</i> =0.002) and a significantly reduced risk of second exacerbation (95% CI 0.326–0.772; <i>P</i> =0.002). After treatment, the mean change in the COPD assessment test score in the YPF group (-4.41±7.01) differed significantly from that in the placebo group (-2.49±5.31; <i>P</i> =0.001). YPF was well tolerated.
CNCD31. Infertility	ACU	2020 ⁷⁹	RCT	ACU (36)	Usual care (36)	3 sessions	The mean age was 30.9 ± 3.7 years. Positive Beta HCG was detected in 63.9% (n=23) of the AG and 33.3% (n=12) of CG (<i>P</i> =0.009). Clinical pregnancy, ongoing pregnancy, and live birth rates were higher in AG (<i>P</i> <0.05). There was no difference between the groups concerning anxiety scores before ET (<i>P</i> >0.05). The mean STAI-1 score was decreasing from 57.3 ± 9.8 to 28.8 ± 3.3 in AG, while it was decreasing from 57.0 ± 8.0 to 41.1 ± 6.8 in CG after ET (<i>P</i> <0.000). It was observed that three sessions of acupuncture before and after ET significantly increased the pregnancy rates in women with unexplained infertility.

ACU: acupuncture; CI: confidence interval; CPM: Chinese Proprietary Medicines registered in Singapore; EA: electroacupuncture; NR: not reported; RCTs: randomised controlled trials; WM: Western medicine

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Condition	ACU/CPM	Year	Type of study	Intervention group (N)	Control group (N)	No. of treatment (duration)	Effectiveness
CNCD32. Uterine fibroid (UF)	ACU	2023 ⁸⁰	Systematic review with meta-analysis	ACU (42)	WM (42)	Refer to individual study	A total of 1,035 trials were identified, of which 11 were included in the review and meta-analysis. All 11 trials have reported ACU types, with traditional ACU and EA being the more representative subgroups. A qualitative review of existing evidence shows that ACU has no serious adverse reaction on UF. Meta-analysis shows that ACU can effectively reduce the volume of UFs or uterine volume, reduce the score of fibroid symptoms, improve the treatment efficiency, and likely do not affect the estrogen level. ACU has shown great potential in the treatment of UF, and it may provide an option for conservative alternative therapy for UFs.
CNCD33. Cancer	ACU	2023 ⁸¹	Multicentre, double-blind, RCT	ACU (50)	Sham (50)	24 (8 wks)	The proportion of overall responders at wk 8 was 40.1% (95% CI, 26.1%-54.1%) in the EA group and 9.0% (95% CI, 0.5%-17.4%) in the sham EA group (difference between groups, 31.1 percentage points [95% CI, 14.8-47.6 percentage points]; $P<.001$). Compared with sham EA, EA provided greater relief for most Opioid-Induced Constipation (OIC) symptoms and improved quality of life among patients with OIC. EA had no effects on cancer pain and its opioid treatment dosage. EA related adverse events were rare, and, if any, all were mild and transient. This RCT found that 8-wk EA treatment could increase weekly spontaneous bowel movements with a good safety profile and improve quality of life for the treatment of Opioid-Induced Constipation (OIC). EA thus provided an alternative option for OIC in adult patients with cancer.
	ACU	2018 ⁸²	Multicentre, participant-blinded, RCT	ACU (110)	I) Sham (59) II) Waitlist (57)	12 (6 wks)	Patients in the ACU group, compared with those in the sham ACU group or the waitlist control group, had significant reductions in changes in joint pain scores from baseline to 6 weeks (between-group difference vs sham ACU, 0.92 points and 0.96 points vs the waitlist control group [0- to 10-point scale]). Among postmenopausal women with early-stage breast cancer and aromatase inhibitor-related arthralgias, true ACU compared with sham ACU or with waitlist control resulted in a statistically significant reduction in joint pain at 6 wks.
	ACU	2016 ⁸³	Multicentre, RCT	ACU plus Self-care (85)	Self-care (105)	10 (12 wks)	ACU plus enhanced self-care was associated with a significantly lower hot flash score than enhanced self-care at the end of treatment (-11.36; 95% CI -16.39 to -6.33, $P<.001$) and at 3- and 6-month post-treatment follow-up visits (-7.86; 95% CI -12.99 to -2.73, $P=.0028$ and -8.82; 95% CI, -14.04 to -3.61, $P=.001$, respectively). ACU was also associated with fewer climacteric symptoms and higher quality of life in the vasomotor (-1.58; 95%CI, -2.05 to -1.15, $P<.01$), physical (-0.67; 95%CI, -1.05 to -0.29, $P<.01$), and psychosocial dimensions (-0.79; 95%CI, -1.25 to -0.34, $P<.01$). ACU in association with enhanced self-care is an effective integrative intervention for managing hot flashes and improving quality of life in women with breast cancer.
	ACU	2015 ⁸⁴	Double-blind, RCT	ACU (62)	WM (58)	10 (8 wks)	By week 8, SA produced significantly greater reduction in hot flash composite score (HFCS) than did PP (-2.39; 95% CI, -4.60 to -0.17). Among all treatment groups, the mean reduction in HFCS was greatest in the EA group, followed by SA, GP, and PP (-7.4 v -5.9 v -5.2 v -3.4; $P<.001$). The pill groups had more treatment-related adverse events than did the acupuncture groups: GP (39.3%), PP (20.0%), EA (16.7%), and SA (3.1%), with $P=.005$. By wk 24, HFCS reduction was greatest in the EA group, followed by SA, PP, and GP (-8.5 v -6.1 v -4.6 v -2.8; $P=.002$). ACU produced larger placebo and smaller nocebo effects than did pills for the treatment of hot flashes. EA may be more effective than gabapentin, with fewer adverse effects for managing hot flashes among breast cancer survivors.

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Condition	ACU/ CPM	Year	Type of study	Intervention group (N)	Control group (N)	No. of treatment (duration)	Effectiveness
CNCD33. Cancer (Con't)	CPM	2023 ⁸⁵	Nationwide population- based cohort study	TCM (1820)	WM (4797)	Refer to individual study	We included 5707 patients with cancer (standard therapy, 4797 [84.1%]; complementary CHM therapy, 910 [15.9%]; low cumulative dosage (LCD), 449 [7.9%]; medium cumulative dosage (MCD), 374 [6.6%], and high cumulative dosage (HCD), 87 [1.5%]). For the LCD, MCD, and HCD subgroups, the mortality risk was 0.83, 0.64, and 0.45, and the 11-year OS, 5-year cumulative cancer recurrence, and 5-year cumulative cancer metastasis rates were 6.1 ± 0.2 , 6.9 ± 0.2 , and 8.2 ± 0.4 years; 39.2%, 31.5%, and 18.8%; and 39.5%, 32.8%, and 16.6%, respectively. The cumulative cancer recurrence and metastasis rates of the standard therapy group were 40.9% and 32.8%, respectively. The cumulative recurrence and metastasis rates of all cancers, lung cancer, and liver cancer and all cancers, colorectal cancer, and breast cancer, respectively, were significantly lower in the HCD subgroup than in the other subgroups and standard therapy group (CI (NR), $P < 0.05$). Patients receiving complementary CHM therapy may have prolonged OS and reduced risks of mortality, recurrence, and metastasis. A dose-response relationship was noted between CHM therapy and mortality risk: increased dosage was associated with improved OS and reduced mortality risk.
CNCD34. Dry eye	ACU, CPM	2018 ⁸⁶	Multicentre, single-blind, RCT	AC = ACU + AT (50) HB = CPM (qi ju gan lu yin) + AT (50)	AT = Artificial tears (50)	8 (4wks)	Participants treated with AC were more likely to respond symptomatically than those on AT (88% vs 72%, $P = 0.039$) with a difference of 16% (95% CI 0.18-31.1). The number-to-treat with AC to achieve response in one person was 7 (3-157). Participants in the AC group also had reduced conjunctival redness (automatic grading with Oculus keratograph) compared with AT ($P = 0.043$) and reduced tear T helper cell (Th1)-cytokine tumour necrosis factor α ($P = 0.027$) and Th2-cytokine interleukin 4 concentrations ($P = 0.038$). AC was not significantly superior to AT in other outcomes such as tear osmolarity, tear evaporation rates, corneal staining and tear break-up times. No significant adverse effects were encountered. HB was not significantly different in the primary outcome from AT (80% vs 72%, $P = 0.26$). AC is safe and provides additional benefit in mild to moderate dry eye up to 1 month, compared with ATs alone. Treatment is associated with demonstrable molecular evidence of reduced inflammation. Provided that suitably qualified practitioners are available to implement standardised treatment, AC may be recommended as adjunctive therapy to AT.
CNCD35. Anxiety	ACU	2021 ⁸⁷	Double- blind, RCT	ACU+WM (37)	I) Sham+WM (38) II) WM (37)	4 wks	Spielberger State-Trait Anxiety Inventory (STAI) score showed significant differences among the three groups at the end of the study; importantly, changes in STAI score in the acupuncture group were significantly larger than the other groups. A decrease in cortisol levels was observed in all groups; though statistically non-significant, this decrease in the acupuncture group was larger. ACU combined with Selective serotonin reuptake inhibitors (SSRIs) can significantly improve anxiety state compared to anti-anxiety therapy using SSRIs alone.
	CPM	2022 ⁸⁸	Single-blind, RCT	Zao Ren An Shen (ZRAS) capsules 枣 仁安神 (144)	WM (153)	4 wks	From baseline to the 4-wk follow-up, the mean differences in insomnia severity index and Hamilton anxiety rating scale scores between the ZRAS group and the usual care group were -2.542 and -2.563, respectively (CI(NR), both $P < 0.001$). Patients in the ZRAS group were more likely to have remission of insomnia and anxiety than those in the control group at the 4-wk follow-up, with incidence rate ratios of 265% and 213%, respectively (CI(NR), both $P < 0.001$). Proportions of remission were 74.93% (CI(NR), $P < 0.001$) for insomnia and 85.80% (CI(NR), $P < 0.001$) for anxiety at 4-wk follow-up.

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Condition	ACU/CPM	Year	Type of study	Intervention group (N)	Control group (N)	No. of treatment (duration)	Effectiveness
CNCD36. Insomnia	ACU	2025 ⁸⁹	Systematic review with meta-analysis	EA, ACU or ACU+WM (1031)	Sham, WM, or waitlist (1032)	3-12 wks	28 RCTs were analysed. Six sham acupuncture (SA)-controlled RCTs were notable because of their high quality, and they showed that ACU significantly lowered PSQI scores, increased TST, sleep efficiency, and reduced WASO. The effect of ACU was maintained at a 4-wk follow-up. Sixteen RCTs compared ACU with standard care, which showed ACU significantly reduced PSQI scores, KI scores, HAMD and HAMA scores. However, the subgroup analysis showed that there was no obvious difference between ACU and western medication in the treatment duration >8 wks. Five RCTs assessed acupuncture combined with standard care and showed a favourable reduction in the PSQI score than standard care. One RCT showed that ACU significantly reduced PSQI and KI scores than a waitlist control. The GRADE assessment demonstrated that the level of evidence was very low to moderate, probably for the poor methodological quality and substantial heterogeneity among studies. The results showed that ACU may play a positive role in patients with menopausal insomnia.
	ACU	2022 ⁹⁰	Multicentre, double-blind, RCT	ACU (90)	I) Sham (90) II) Usual care (90)	Refer to individual study	In this RCT including 270 patients with insomnia and depression who underwent 8 wks of EA with a 24-wk follow-up, EA with standard care significantly improved patients' quality of sleep compared with sham acupuncture (SA) with standard care and standard care alone. EA treatment for insomnia in patients with depression, quality of sleep improved significantly in the EA group compared with the SA or control group at wk 8 and was sustained at wk 32.
CNCD37. Major depression	ACU	2023 ⁹¹	Systematic review with meta-analysis	ACU or ACU+WM or EA (1444)	Sham (1196)	Refer to individual study	Twenty-two trials with 2391 participants were eligible and included in the analysis. This review found evidence that EA plus antidepressant achieved superior outcomes compared with the waitlist (standardised mean difference = -8.86, 95% CI: -14.78 to -2.93). The treatment ranking of different interventions in improving depression symptoms indicated that EA plus antidepressant with a probability of 0.8294, followed by manual acupuncture (MA) plus antidepressant (0.6470) and MA (0.5232). ACU, either in isolation or as an adjunct to pharmacological treatment, has clinical benefits and can be considered a safe option for managing depression.
	CPM	2021 ⁹²	Nationwide population-based cohort study	TCM users (26,743) Ge-gen-tang 葛根汤, Shao-yao-gan-cao-tang 芍药甘草汤, Ping-wei-san 平胃散 (powders)	Non-TCM users (26,743)	Refer to individual study	During follow up, 3,328 Chinese herbal medicines (CHM) users and 6,988 non-CHMs users developed depression at incidence rates of 17.24 and 37.97 per 1,000 person-years, respectively. CHMs users had a lower depression risk than the non-CHMs users (adjusted hazard ratio = 0.44; 95% CI 0.42–0.46). The greatest effect was observed for those taking CHMs for more than 2 years. Gegen 葛根, Huangqin 黄芩, Dan-Shen 丹参, Beimu 贝母, Dahuang 大黄, Shagan 射干, Shu-jing-huo-xue-tang 舒经活血汤, Ge-gen-tang 葛根汤, Shao-yao-gan-cao-tang 芍药甘草汤 and Ping-wei-san 平胃散 were significantly associated with a lower risk of depression. adding CHMs to conventional treatment significantly reduces depression risk among patients with insomnia.

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Condition	ACU/CPM	Year	Type of study	Intervention group (N)	Control group (N)	No. of treatment (duration)	Effectiveness
CNCD38. Schizophrenia	ACU	2023 ⁹³	Systematic review with meta-analysis	ACU (1201)	Control (1166)	1-12 wks	A total of 38 RCTs involving 3143 patients were included in the meta-analysis. The results showed that ACU can improve the total effective rate [OR=3.43 (95% CI: 2.71, 4.35), moderate credibility], reduce the incidence of adverse reactions [OR=0.45 (95% CI: 0.32, 0.63), moderate credibility], reduce the TESS score (side effect scale) [MD= −1.83 (95% CI: −2.94, −0.71), very low credibility]. Acupuncture also reduced the PANSS total score [MD= −5.75 (95% CI: −8.08, −3.42), very low credibility], SANA score [MD=−2.66 (95% CI: −6.84, 1.51), very low credibility], SAPS score [MD=−1.26 (95% CI −2.55, −0.02), very low credibility], and BPRS score [MD= −7.02 (95% CI: −10.59, −3.46), very low credibility]. Existing evidence indicates that ACU as an adjunctive therapy can improve the total effective rate of SZ patients, reduce the incidence of adverse reactions, improve clinical symptoms, and alleviate depression and anxiety in SZ patients. However, more high-quality clinical research evidence is still needed to support these findings.
	CPM	2015 ⁹⁴	Multicentre, double-blind, RCT	Yokukansan (YKS) granules 抑肝散 ¹ [白术,苍术,伏苓,川芎,当归,柴胡,甘草,钩藤; <i>Atractylodis macrocephalae rhizoma</i> , <i>Atractylodis rhizoma</i> , <i>Poria</i> , <i>Chuanxiong rhizoma</i> , <i>Angelicae sinensis radix</i> , <i>Bupleuri radix</i> , <i>Glycyrrhizae radix et rhizoma</i> , <i>Uncariae Ramulus cum Uncis</i>] (60)	Placebo (60)	4 wks	YKS showed a tendency of superiority to placebo in reducing total all Positive and Negative Syndrome Scale (PANSS) five-factor scores in treatment-resistant schizophrenia, but the difference was not statistically significant in total, depression/anxiety, cognition, positive, and negative factors. However, compared to the placebo group, the YKS group showed statistically significant improvements in the individual PANSS subscale scores for lack of spontaneity and flow of conversation (YKS: −0.23 ± 0.08; placebo: −0.03 ± 0.08, <i>P</i> <0.018), tension (YKS: −0.42 ± 0.09; placebo: −0.18 ± 0.09, <i>P</i> <0.045), and poor impulse control (YKS: −0.39 ± 0.10; placebo: −0.07 ± 0.10, <i>P</i> <0.037). No substantial side effects were recorded. YKS to be a potential adjunctive treatment strategy for treatment-resistant schizophrenia, particularly to improve excitement/hostility symptoms.

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Supplementary Table S2. Cost-effectiveness of acupuncture and Chinese Proprietary Medicines registered in Singapore in the management of chronic and non-chronic diseases.

Condition	ACU/ CPM	Year	Type of study	Intervention group (N)	Control group (N)	Effectiveness
CNCD19. Migraines	ACU	2020 ⁹⁵	Nationwide population-based cohort study	ACU+WM (477)	WM (1908)	A total of 2385 migraine patients were enrolled, including 477 with acupuncture treatment (case) and 1908 without acupuncture treatment (control). 74.4% only accepted manual ACU, 1.3% accepted EA, and 24.3% underwent a combination of manual ACU and EA. Medical expenditures on emergency care (3499.19±3771.62; CI(NR), $P=0.01$) and hospitalisation ($P=0.01$) were significantly lower in patients who underwent acupuncture treatment. When stratified by medication usage, migraine patients with more than one type of drug treatment combined with ACU had significant lower frequency of hospitalisation ($P=0.03$) and emergency care expenditure ($P=0.01$) within one year. Which result may indicate that the severe migraine patients get more benefit from the combined ACU treatment. For the health policy maker, it is cost effective to encourage combining acupuncture and western medicine to treat migraine patients.
CNCD30. Chronic Obstructive Pulmonary Disease (COPD)	CPM	2022 ⁹⁶	Cost-effectiveness analysis using a RCT See ref ⁷⁷	Yupingfeng (YPF) granules 玉屏风散 (92)	Placebo (89)	In the basic-case analysis, the ICER=incremental cost-effectiveness ratio (ICER) of adding YPF to the current conventional treatment drugs was 2123.04 RMB per Quality-Adjusted Life Years (QALY), which was less than the threshold (one-time per capita Gross Domestic Product, GDP). Sensitivity analyses showed the results to be robust. Probabilistic sensitivity analysis showed that the probability of the ICER being less than the one-time per capita GDP threshold was 100%. In the scenario analysis, the incremental cost-effectiveness was 12,051.27 RMB per QALY which was also under the one-time per capita GDP. By reducing the number of acute exacerbations of COPD, thereby correspondingly reducing the follow-up treatment cost, YPF granules combined with conventional treatment were found to provide a cost-effective therapeutic strategy for COPD.
CNCD2. Heart Failure (HF)	CPM	2017 ⁹⁷	Nationwide population-based cohort study	TCM users (416) Most common: Zhi-Gan-Cao-Tang 炙甘草汤, Sheng-Mai-San 生脉散, Zhen-Wu-Tang 真武汤 (powders)	Non-TCM users (6054)	312 TCM users exhibited significantly increased 5-yr survival ($P<0.0001$), with multivariate adjustment, compared with non-TCM users. The hospitalisation cost at 1-yr follow-up was lower for TCM users than for non-TCM users. Compared with non-TCM users, TCM users had an 86% reduction in risk of mortality in the compensated group, and a 68% reduction in the decompensated group receiving TCM treatment (adjusted hazard ratio aHR 0.32, 95% CI 0.20–0.52). The HR of TCM users with HF was significantly lower than that of non-users (aHR 0.24, 95% CI 0.16–0.35).
CNCD1. Hypertension	CPM	2020 ⁹⁸	Cost effectiveness analysis using a RCT	CPM+WM (26,257) Compound Apocynum tablets ¹ [罗布麻叶, 夏枯草, 钩藤, 泽泻, 珍珠母, 牛膝, 山楂, 菊花; Apocyni veneti folium, Prunellae spica, Uncariae Ramulus cum Uncis, Alismatis Rhizoma, Margaritifera Concha, Achyranthis Bidentatae Radix, Crataegi Fructus, Chrysanthemi Flos]	WM (7,974)	TCMs combined with Nifedipine sustained-release tablets group generated a total 20-year cost of 11,517.94 RMB (US \$1739.87), whereas Nifedipine sustained-release tablets alone group resulted in a 20-year cost of 7253.71 RMB (US \$1095.73). TCMs combined with Nifedipine sustained-release tablets group resulted in a generation of 12.69 Quality-Adjusted Life Years (QALYs), whereas Nifedipine sustained-release tablets alone group resulted in 12.50. The incremental cost-utility ratio was 22,443.32 RMB (US \$3390.23) per QALYs. Considering the threshold of 1 Gross Domestic Product (GDP) per capita in China in 2018 (US \$9764.95), the combination of compound Apocynum and Nifedipine was a cost-effective strategy.
CNCD26. Osteoarthritis	CPM	2019 ⁷²	Nationwide population-based cohort study	TCM users (26,257) Du-Huo-Ji-Sheng-Tang 独活寄生汤, Fang-Ji-Huang-Qi-Tang 防己黄芪汤, Ji-Sheng-Shen-Qi-Wan 济生肾气丸, Shen-Tong-Zhu-Yu-Tang 身痛逐瘀汤(powders)	Non-TCM users (7974)	TCM users have lower hospitalisation costs (average 202301.7 NT\$) compared to non-TCM users (average 259041.9 NT\$) ($P<0.01$). Besides, TCM users have lower hospitalisation days (average 30.5 days) compared to non-TCM users (average 43.5 days) ($P<0.001$)

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