Table

Acupoint stimulation for nausea and vomiting of pregnancy, cont'd

Reference	Study Design/ Subjects/Duration	Intervention	Results
O'Brien[17]	RCT, n = 161 pregnant women (149 completed) Duration: 7 days	P6 acupressure bands Acupressure at placebo points No treatment	No significant difference between groups on Rhodes index of nausea and vomiting (all groups improved).
Belluomini[18]	RCT, n = 90 women (60 completed) with morning sickness Duration: 10 days	Self-administration acupressure bands on P6 or placebo point Treatments were given for 10 minutes, four times daily.	P6 group improved significantly more than control group for nausea (P = 0.002) but not vomiting, on Rhodes index.
Rayreuther[19]	Crossover RCT, n = 23 women (16 completed) with morning sickness Duration: 16 days (7-day phases, 2-day washout)	P6 acupressure bands vs. placebo points	Nausea, but not vomiting, scores were significantly lower on VAS during P6 phase than during placebo phase.
Evans[20]	Crossover RCT, n = 25 women (23 completed) with morning sickness during first 14 weeks of pregnancy Duration: 1 day (n = 7); 2 days (n = 18)	P6 stimulation with SAS wrist watch unit vs. inactive placebo device	Average scores for nausea (P < 0.05), but not vomiting, were significantly less on 3-point assessment (worsened, no change, improved) when using SAS units. Twenty-one women (87%) in the treatment group reported improved symptoms compared to 10 (43%) in the placebo group.
Stone[21]	RCT, n= 31 women with self-reported nausea and vomiting, 6-12 weeks pregnant Duration: 7 days	Acupressure with Sea Bands with pressure button Placebo wrist bands with no pressure Bands were used continuously for 7 consecutive days.	Significant reductions of nausea scores in the placebo group (P = 0.052). Mean nausea score in the control group was -0.3978 (SD = 0.657) and in the experimental group was 0.3232 (SD = 1.128).
de Aloysio[22]	Double-blind crossover RCT, n = 60 (54 completed) women with morning sickness, 7-12 weeks pregnant Duration: 12 days (3-day phases)	Four different combinations of P6 and sham point stimulation bilaterally with acupressure or placebo bands	Unilateral or bilateral P6 pressure significantly reduced or eliminated symptoms in acupressure group (66%), compared to placebo group (30%) (P < 0.05) on symptom severity scale. No difference found between unilateral vs. bilateral stimulation.
Hyde[23]	Crossover RCT, n = 22 (16 completed) women with morning sickness, first trimester of pregnancy Duration: 10 days (5-day phases)	Acupressure bands vs. no therapy	Compared to no therapy, acupressure significantly reduced nausea and/or vomiting in 12/16 subjects (P < 0.025) on a 5-point nausea and vomiting scale.
Dundee[24]	RCT, n = 350 (202 completed) women at first prenatal visit Duration: 4 days	Self-applied pressure at P6 point Self-applied pressure at "dummy" point (near the elbow) Filling out a form Treatment was given for 5 minutes every four hours	Significantly less severe symptoms were reported in the P6 group compared to both control groups (P < 0.001).

bleeding or needling pain, was 671/10,000 treatments (95% CI 42-1013). Another prospective mail survey, also in the United Kingdom, found no serious adverse events after 34,407 acupuncture treatments by 574 acupuncturists.[7]

Practitioners in a clinic in Australia experienced an average of one adverse event every 8-9 months of full-time practice, or one adverse event for every 633 consultations. The mean adverse event rate of non-medical practitioners was less than half the mean adverse event rate of medical practitioners. The most common adverse events associated with acupuncture were: fainting, nausea and vomiting, and increased pain.[8]

A prospective survey of Japanese acupuncture practitioners recorded only 94 minor adverse events related to 65,000 treatments. The most common events were forgotten needles and faintness; no serious adverse events occurred.[9]