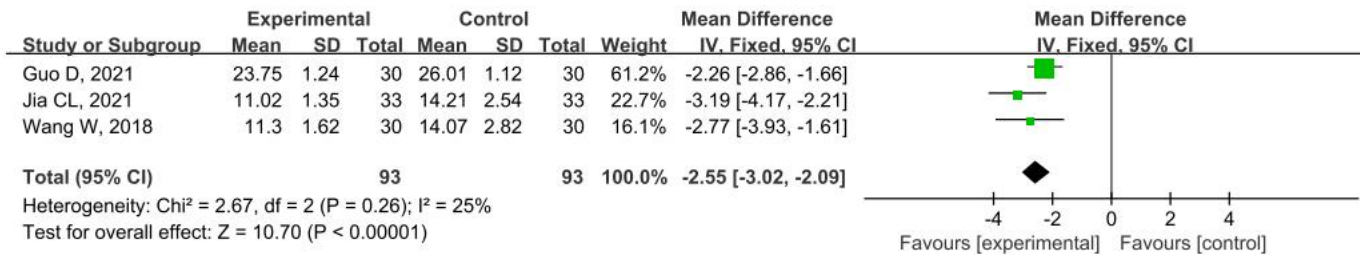


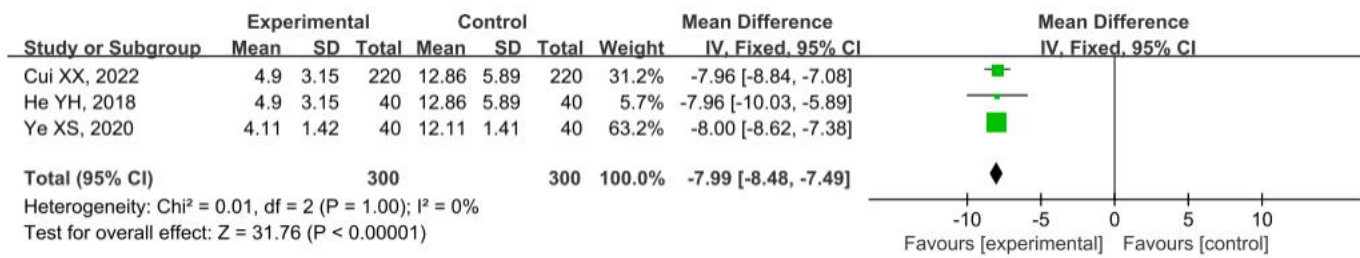
1

2 **Figure S1A** Effect of interventions in SN and CG on TER forest plot



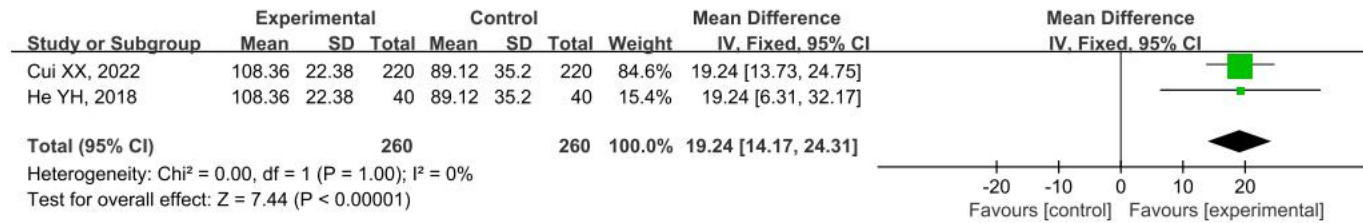
3

4 **Figure S1B** Effect of interventions in SN and CG on WHT forest plot



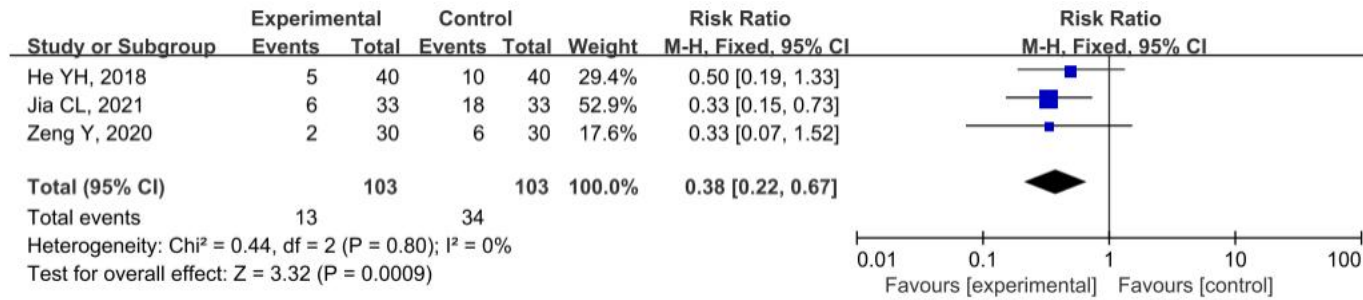
5

6 **Figure S1C** Effect of interventions in SN and CG on PRT forest plot



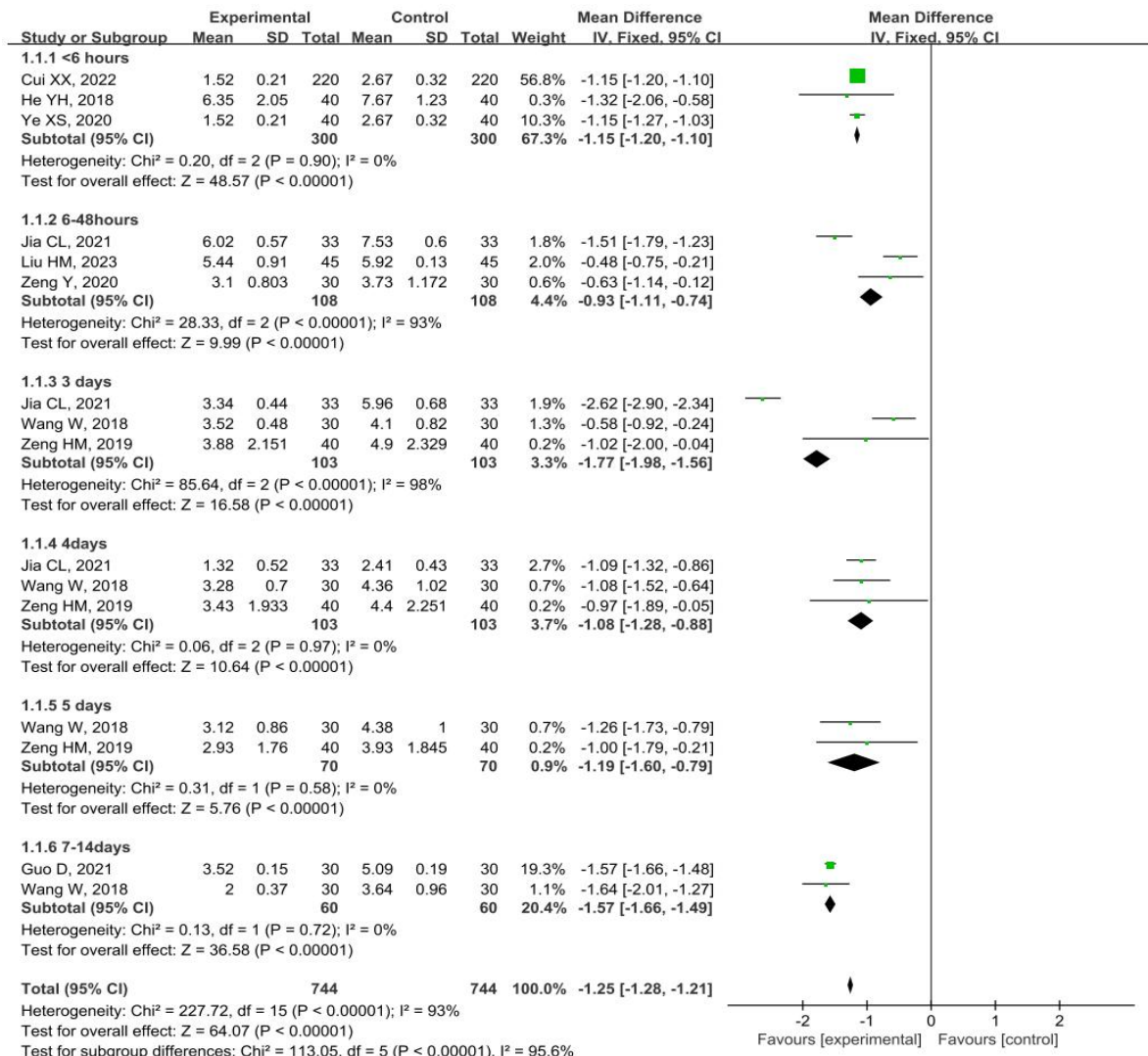
7

8 **Figure S1D** Effect of interventions in SN and CG on PDT forest plot



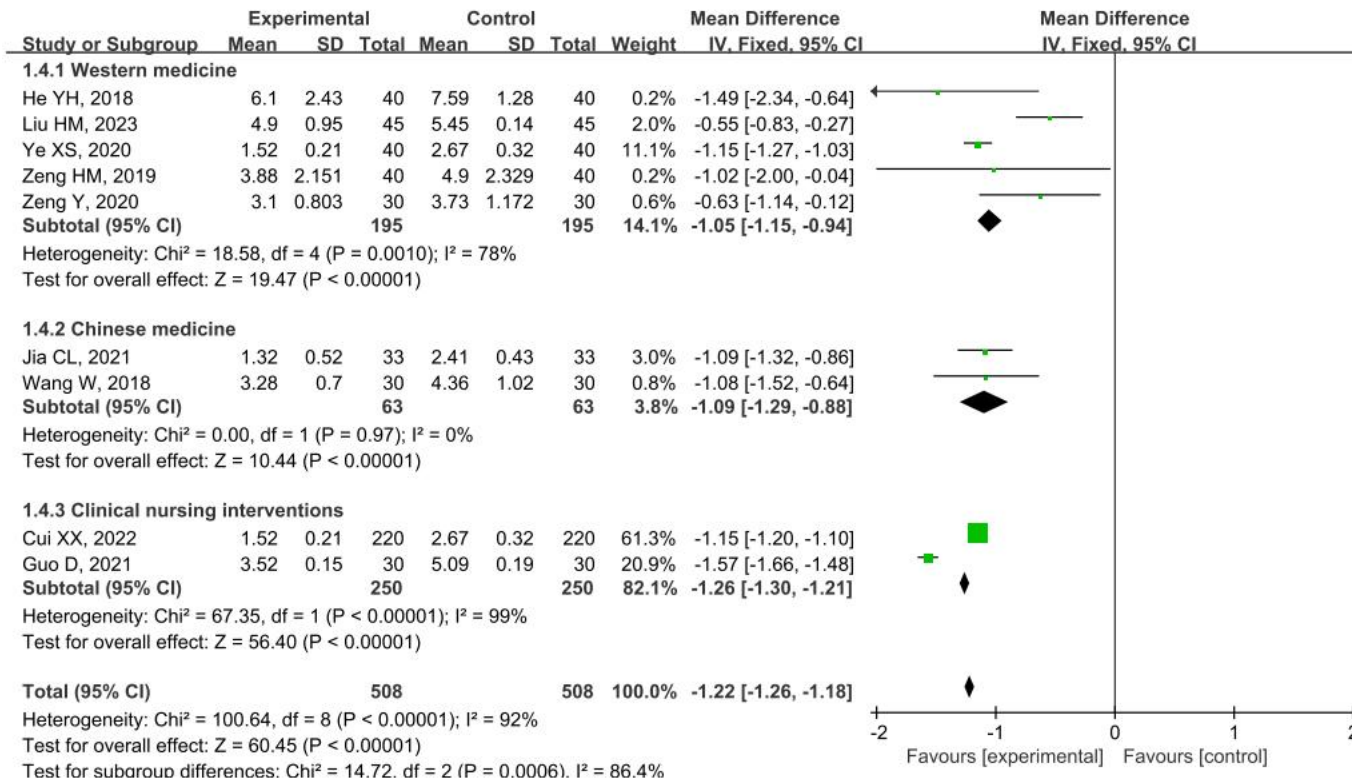
9

10 **Figure S1E** Effect of interventions in SN and CG on AEs forest plot



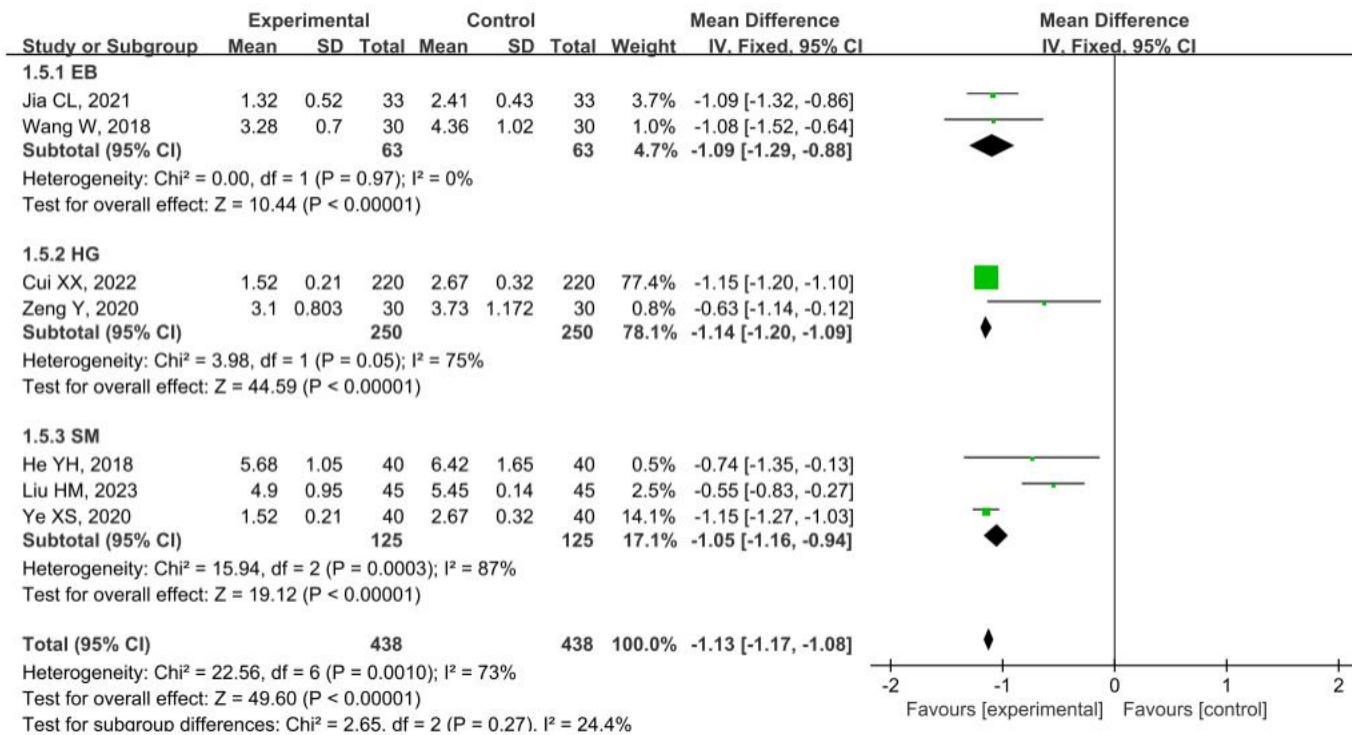
11

12 **Figure S2A** Subgroup analysis of VAS on different measurement times for CG



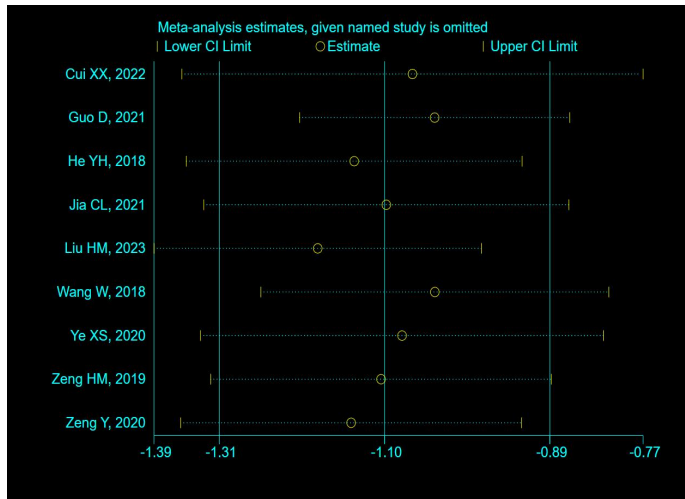
13

14 **Figure S2B** Subgroup analysis of VAS on different treatments for CG



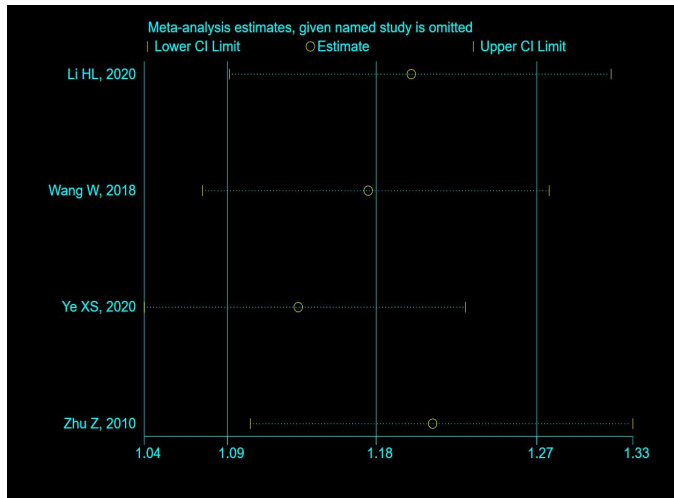
15

16 **Figure S2C** Subgroup analysis of VAS on different acupoints for CG



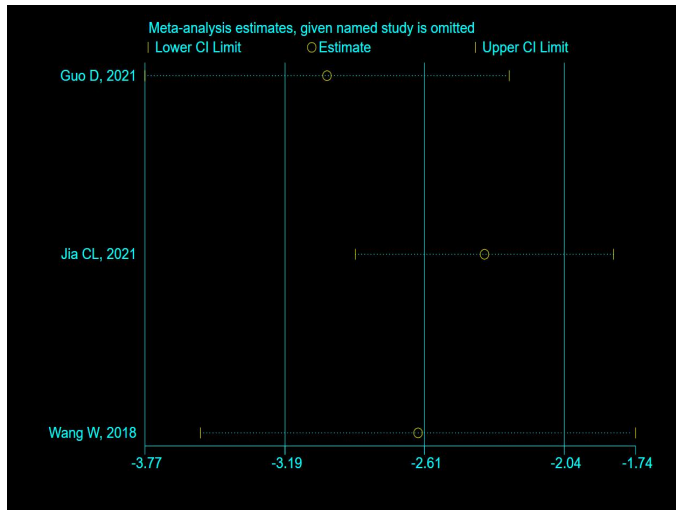
17

18 **Figure S3A** Statistical analyses of interventions in SN and CG on VAS



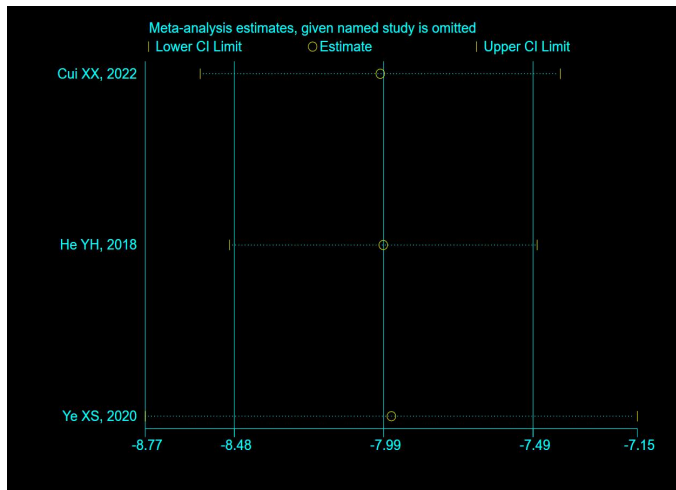
19

20 **Figure S3B** Statistical analyses of interventions in SN and CG on TER



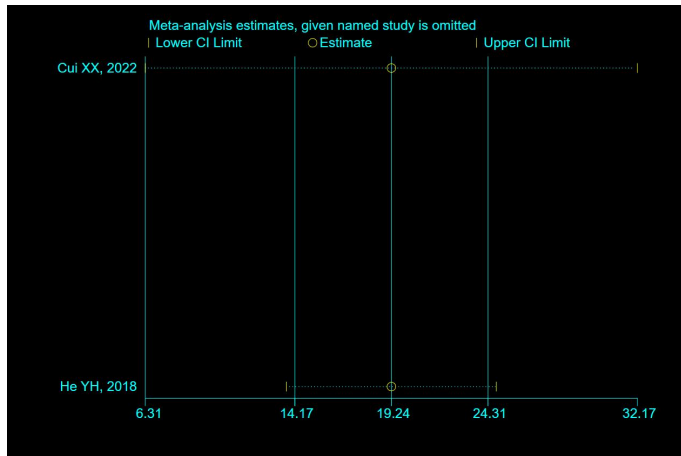
21

22 **Figure S3C** Statistical analyses of interventions in SN and CG on WHT



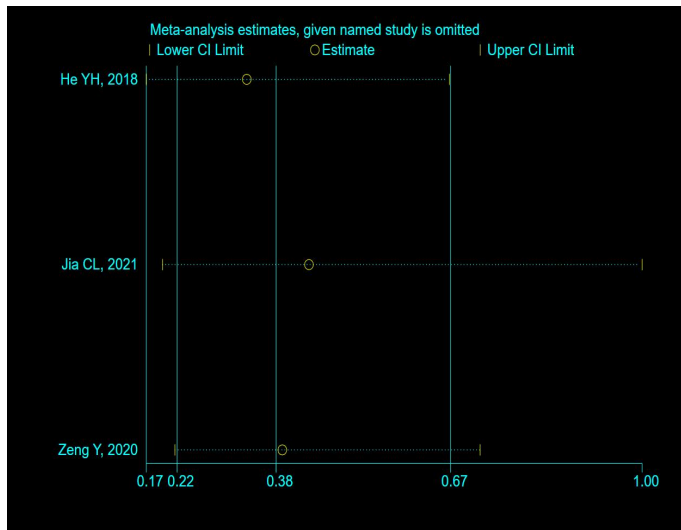
23

24 **Figure S3D** Statistical analyses of interventions in SN and CG on PRT



25

26 **Figure S3E** Statistical analyses of interventions in SN and CG on PDT



27

28 **Figure S3F** Statistical analyses of interventions in SN and CG on AEs



PRISMA 2020 Checklist

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	Page 1
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	Page 1-2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	Page 2-4
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	Page 4
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	Page 5
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	Page 4
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	Appendices
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	Page 5
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	Page 5
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	Page 5
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	Page 5
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	Page 5-6
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	Page 6
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	Page 19
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	Page 6
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	Page 6
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	Page 6
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	Page 6
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	Page 6
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	Page 6
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	Page 6



PRISMA 2020 Checklist

Section and Topic	Item #	Checklist item	Location where item is reported
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	Page 6-7
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	N/A
Study characteristics	17	Cite each included study and present its characteristics.	Page 7
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	Page 7
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	Page 20-21
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	Page 8-9
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	Page 8-11
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	Page 9-10
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	Page 10-11
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	Page 8
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	Page 11
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	Page 11-13
	23b	Discuss any limitations of the evidence included in the review.	Page 13
	23c	Discuss any limitations of the review processes used.	Page 13
	23d	Discuss implications of the results for practice, policy, and future research.	Page 13
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	Page 4
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	Page 4
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	N/A
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	
Competing interests	26	Declare any competing interests of review authors.	Page 13
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	

Author(s): Huang QQ

Date: 2023-08-28

Question: VAS for Postoperative hemorrhoid pain

Settings: SN vs CG

Bibliography: SN versus CG for Postoperative hemorrhoid pain. Cochrane Database of Systematic Reviews.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	VAS	Control	Relative (95% CI)	Absolute		
VAS (Better indicated by lower values)												
9	randomised trials	serious ¹	no serious inconsistency ²	no serious indirectness	no serious imprecision	none	508	508	-	MD 1.1 lower (1.31 to 0.89 lower)	⊕⊕⊕○ MODERATE	CRITICAL
measuring time (Better indicated by lower values)												
9	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	744	744	-	MD 1.25 lower (1.28 to 1.21 lower)	⊕⊕⊕○ MODERATE	CRITICAL
measuring time - 0-6 hours (Better indicated by lower values)												
3	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	300	300	-	MD 1.15 lower (1.2 to 1.1 lower)	⊕⊕⊕○ MODERATE	IMPORTANT
measuring time - 6-48hours (Better indicated by lower values)												
3	randomised trials	serious ¹	serious ³	no serious indirectness	serious ⁴	none	108	108	-	MD 0.93 lower (1.11 to 0.74 lower)	⊕○○○ VERY LOW	IMPORTANT
measuring time - 3 days (Better indicated by lower values)												
3	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ⁴	none	103	103	-	MD 1.77 lower (1.98 to 1.56 lower)	⊕⊕○○ MODERATE	IMPORTANT

	trials		inconsistency ³	indirectness						1.56 lower)	LOW	
measuring time - 4days (Better indicated by lower values)												
3	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ⁴	none	103	103	-	MD 1.08 lower (1.28 to 0.88 lower)	⊕⊕○○ LOW	IMPORTANT
measuring time - 5 days (Better indicated by lower values)												
2	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ⁴	none	70	70	-	MD 1.19 lower (1.6 to 0.79 lower)	⊕⊕○○ LOW	IMPORTANT
measuring time - 7-14days (Better indicated by lower values)												
2	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	60	60	-	MD 1.57 lower (1.66 to 1.49 lower)	⊕⊕⊕○ MODERATE	IMPORTANT
Different treatment modalities for CG (Better indicated by lower values)												
9	randomised trials	serious ¹	serious ³	no serious indirectness	no serious imprecision	none	508	508	-	MD 1.22 lower (1.26 to 1.18 lower)	⊕⊕○○ LOW	IMPORTANT
Western medical therapies (Better indicated by lower values)												
5	randomised trials	serious ¹	serious ³	no serious indirectness	no serious imprecision	none	195	195	-	MD 1.05 lower (1.15 to 0.94 lower)	⊕⊕○○ LOW	IMPORTANT
Chinese medical therapies (Better indicated by lower values)												
2	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ⁴	none	63	63	-	MD 1.09 lower (1.29 to 0.88 lower)	⊕⊕○○ LOW	IMPORTANT
Nursing routine interventions (Better indicated by lower values)												
2	randomised trials	serious ¹	serious ³	no serious indirectness	no serious imprecision	none	250	250	-	MD 1.26 lower (1.3 to 1.21 lower)	⊕⊕○○ LOW	IMPORTANT
acupuncture point (Better indicated by lower values)												
7	randomised trials	serious ¹	serious ³	no serious indirectness	no serious imprecision	none	438	438	-	MD 1.13 lower (1.17 to 1.09 lower)	⊕⊕○○ LOW	IMPORTANT

	trials			indirectness	imprecision					1.08 lower)	LOW	
acupuncture point - EB (Better indicated by lower values)												
2	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ⁴	none	63	63	-	MD 1.09 lower (1.29 to 0.88 lower)	⊕⊕○○ LOW	IMPORTANT
acupuncture point - HG (Better indicated by lower values)												
2	randomised trials	serious ¹	serious ³	no serious indirectness	no serious imprecision	none	250	250	-	MD 1.14 lower (1.2 to 1.09 lower)	⊕⊕○○ LOW	IMPORTANT
acupuncture point - SM (Better indicated by lower values)												
3	randomised trials	serious ²	serious ³	no serious indirectness	no serious imprecision	none	125	125	-	MD 1.05 lower (1.16 to 0.94 lower)	⊕⊕○○ LOW	IMPORTANT

¹ Lack of clarity in allocation concealment

² Heterogeneity is large, but can be explained

³ High heterogeneity and unexplained

⁴ Small sample size, large confidence intervals

Author(s): Huang QQ

Date: 2023-08-28

Question: WHT for Postoperative hemorrhoid pain

Settings: SN vs CG

Bibliography: SN versus CG for Postoperative hemorrhoid pain. Cochrane Database of Systematic Reviews .

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	WHT	Control	Relative (95% CI)	Absolute		

WHT (Better indicated by lower values)												
3	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	93	93	-	MD 2.55 lower (3.02 to 2.09 lower)	⊕⊕○○ LOW	IMPORTANT

¹ Blindness and allocation hide ambiguity

² Small sample size, large confidence intervals

Author(s): Huang QQ

Date: 2023-08-28

Question: TER for Postoperative hemorrhoid pain

Settings: SN vs CG

Bibliography: SN versus CG for Postoperative hemorrhoid pain. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	TER	Control	Relative (95% CI)	Absolute		
TER												
4	randomised trials	serious	no serious inconsistency	no serious indirectness	no serious imprecision	none	152/156 (97.4%)	129/156 (82.7%)	RR 1.18 (1.09 to 1.27)	149 more per 1000 (from 74 more to 223 more)	⊕⊕⊕○ MODERATE	IMPORTANT
								84.1%		151 more per 1000 (from 76 more to 227 more)		

Author(s): Huang QQ

Date: 2023-08-28

Question: Should AEs be used for Postoperative hemorrhoid pain?

Settings: SN vs CG

Bibliography: SN versus CG for Postoperative hemorrhoid pain. Cochrane Database of Systematic Reviews.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	AEs	Control	Relative (95% CI)	Absolute		
AEs												
3	randomised trials	serious	no serious inconsistency	no serious indirectness	serious ¹	none	13/103 (12.6%)	34/103 (33%)	RR 0.38 (0.22 to 0.67)	205 fewer per 1000 (from 109 fewer to 257 fewer)	⊕⊕○○ LOW	IMPORTANT
								25%		155 fewer per 1000 (from 82 fewer to 195 fewer)		

¹ Small sample size, large confidence intervals

Author(s): Huang QQ

Date: 2023-08-28

Question: Should PRT be used for Postoperative hemorrhoid pain?

Settings: SN vs CG

Bibliography: SN versus CG for Postoperative hemorrhoid pain. Cochrane Database of Systematic Reviews.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	PRT	Control	Relative (95% CI)	Absolute		
PRT (Better indicated by lower values)												
3	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	300	300	-	MD 7.99 lower (8.48 to 7.49 lower)	⊕⊕⊕○ MODERATE	IMPORTANT

¹ Blindness and allocation hide ambiguity

Author(s): Huang QQ

Date: 2023-08-28

Question: Should PDT be used for Postoperative hemorrhoid pain?

Settings: SN vs CG

Bibliography: SN versus CG for Postoperative hemorrhoid pain. Cochrane Database of Systematic Reviews.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	PDT	Control	Relative (95% CI)	Absolute		
PDT (Better indicated by lower values)												
2	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	260	260	-	MD 0 higher (14.17 to 24.31 higher)	⊕⊕○○ LOW	IMPORTANT

¹ Blindness and allocation hide ambiguity

² Small sample size, large confidence intervals

Pain, Chronic[Title/Abstract])) OR (Pain, Chronic Post-operative[Title/Abstract])) OR (Post operative Pain, Chronic[Title/Abstract])) OR (Chronic Post-operative Pain[Title/Abstract])) OR (Chronic Post operative Pain[Title/Abstract])) OR (Postoperative Pain, Acute[Title/Abstract])) OR (Pain, Acute Postoperative[Title/Abstract])) OR (Acute Postoperative Pain[Title/Abstract])) OR (Acute Post-operative Pain[Title/Abstract])) OR (Acute Post operative Pain[Title/Abstract])) OR (Post-operative Pain, Acute[Title/Abstract])) OR (Pain, Acute Post-operative[Title/Abstract])) OR (Post operative Pain, Acute[Title/Abstract])) AND (("Hemorrhoids"[Mesh]) OR (((external hemorrhoid[Title/Abstract]) OR (internal hemorrhoid[Title/Abstract])) OR (mixed hemorrhoids[Title/Abstract]))) AND (("Acupuncture, Ear"[Mesh]) OR (((((((((((((((snap button[Title/Abstract]) OR (press needle[Title/Abstract])) OR (bell peg[Title/Abstract])) OR (ear pin[Title/Abstract])) OR (Ear acupuncture[Title/Abstract])) OR (Acupunctures, Ear[Title/Abstract])) OR (Ear Acupunctures[Title/Abstract])) OR (Auricular Acupuncture[Title/Abstract])) OR (Acupuncture, Auricular[Title/Abstract])) OR (Acupunctures, Auricular[Title/Abstract])) OR (Auricular Acupunctures[Title/Abstract])) OR (hypodermic needle[Title/Abstract])) OR (intradermal needle[Title/Abstract])) OR

(countersunk (of needle[Title/Abstract])) OR
 (Acupuncture[Title/Abstract])) AND (("randomized controlled
 trial"[Publication Type] OR "randomized"[Title/Abstract] OR
 "placebo"[Title/Abstract] OR "RCTs"[Title/Abstract]))

EMBASE

Embase session results (16 Aug 2023)

No.	Query	Results
#13	#9 AND #10 AND #11 AND #12	7
#12	#4 OR #8	1430831
#11	#3 OR #5	101503
#10	#2 OR #6	40412
#9	#1 OR #7	12941

No.	Query	Results
#8	randomized:ti,ab,kw OR placebo:ti,ab,kw OR rcts:ti,ab,kw OR 'controlled trial, randomized':ti,ab,kw OR 'randomised controlled study':ti,ab,kw OR 'randomised controlled trial':ti,ab,kw OR 'randomized controlled study':ti,ab,kw OR 'trial, randomized controlled':ti,ab,kw OR 'randomized controlled trial':ti,ab,kw	1197110
#7	'anus haemorrhoid':ti,ab,kw OR 'haemorrhoid':ti,ab,kw OR 'hemorrhoid syndrome':ti,ab,kw OR 'hemorrhoids':ti,ab,kw OR 'internal hemorrhoid':ti,ab,kw OR 'external hemorrhoid':ti,ab,kw OR 'mixed hemorrhoids':ti,ab,kw	6128
#6	'snap button':ti,ab,kw OR 'press needle':ti,ab,kw OR 'bell peg':ti,ab,kw OR 'ear pin':ti,ab,kw OR 'acupunctures, ear':ti,ab,kw OR 'ear acupunctures':ti,ab,kw OR 'auricular acupuncture':ti,ab,kw OR 'acupuncture, auricular':ti,ab,kw OR 'acupunctures, auricular':ti,ab,kw OR 'auricular acupunctures':ti,ab,kw OR 'hypodermic needle':ti,ab,kw OR 'intra dermal needle':ti,ab,kw OR (countersunk:ti,ab,kw AND 'of needle':ti,ab,kw) OR acupuncture:ti,ab,kw OR 'acupuncture, ear':ti,ab,kw OR 'acupuncture,	40255

No.	Query	Results
	earlobe':ti,ab,kw OR 'auriculo-acupuncture':ti,ab,kw OR 'auriculoacupuncture':ti,ab,kw OR 'auriculotherapy':ti,ab,kw OR 'ear acupuncture':ti,ab,kw OR 'earlobe acupuncture':ti,ab,kw	
#5	'post-surgical pain':ti,ab,kw OR 'pain, post-surgical':ti,ab,kw OR 'post surgical pain':ti,ab,kw OR 'pain, post-operative':ti,ab,kw OR 'pain, post operative':ti,ab,kw OR 'postsurgical pain':ti,ab,kw OR 'pain, postsurgical':ti,ab,kw OR 'post-operative pain':ti,ab,kw OR 'post operative pain':ti,ab,kw OR 'post-operative pains':ti,ab,kw OR 'postoperative pain':ti,ab,kw OR 'postoperative pain, chronic':ti,ab,kw OR 'pain, chronic postoperative':ti,ab,kw OR 'chronic postoperative pain':ti,ab,kw OR 'chronic post-surgical pain':ti,ab,kw OR 'chronic post surgical pain':ti,ab,kw OR 'pain, chronic post-surgical':ti,ab,kw OR 'chronic postsurgical pains':ti,ab,kw OR 'pain, chronic postsurgical':ti,ab,kw OR 'post-surgical pain, chronic':ti,ab,kw OR 'chronic postsurgical pain':ti,ab,kw OR 'postsurgical pain,	55274

No.	Query	Results
	chronic':ti,ab,kw OR 'persistent postsurgical pain':ti,ab,kw OR 'pain, persistent postsurgical':ti,ab,kw OR 'postsurgical pain, persistent':ti,ab,kw OR 'post-operative pain, chronic':ti,ab,kw OR 'pain, chronic post-operative':ti,ab,kw OR 'post operative pain, chronic':ti,ab,kw OR 'chronic post-operative pain':ti,ab,kw OR 'chronic post operative pain':ti,ab,kw OR 'postoperative pain, acute':ti,ab,kw OR 'pain, acute postoperative':ti,ab,kw OR 'acute postoperative pain':ti,ab,kw OR 'acute post-operative pain':ti,ab,kw OR 'acute post operative pain':ti,ab,kw OR 'post-operative pain, acute':ti,ab,kw OR 'pain, acute post-operative':ti,ab,kw OR 'post operative pain, acute':ti,ab,kw	
#4	'randomized controlled trial'/exp	781066
#3	'postoperative pain'/exp	89203
#2	'auricular acupuncture'/exp	806
#1	'hemorrhoid'/exp	11952

Web of Science

TS= ("Pain, Postoperative" OR "Post-surgical Pain" OR "Pain, Post-surgical" OR "Post surgical Pain" OR "Pain, Post-operative" OR "Pain, Post operative" OR "Postsurgical Pain" OR "Pain, Postsurgical" OR "Post-operative Pain" OR "Post operative Pain" OR "Post-operative Pains" OR "Postoperative Pain" OR "Postoperative Pain, Chronic" OR "Pain, Chronic Postoperative" OR "Chronic Postoperative Pain" OR "Chronic Post-surgical Pain" OR "Chronic Post surgical Pain" OR "Pain, Chronic Post-surgical" OR "Post-surgical Pain, Chronic" OR "Chronic Postsurgical Pain" OR "Chronic Postsurgical Pains" OR "Pain, Chronic Postsurgical" OR "Postsurgical Pain, Chronic" OR "Persistent Postsurgical Pain" OR "Pain, Persistent Postsurgical" OR "Postsurgical Pain, Persistent" OR "Post-operative Pain, Chronic" OR "Pain, Chronic Post-operative" OR "Post operative Pain, Chronic" OR "Chronic Post-operative Pain" OR "Chronic Post operative Pain" OR "Postoperative Pain, Acute" OR "Pain, Acute Postoperative" OR "Acute Postoperative Pain" OR "Acute Post-operative Pain" OR "Acute Post operative Pain" OR "Post-operative Pain, Acute" OR "Pain, Acute Post-operative" OR "Post operative Pain, Acute") AND TS=("Hemorrhoids" OR "external hemorrhoid" OR "internal hemorrhoid" OR "mixed hemorrhoids" OR "anus haemorrhoid" OR

"haemorrhoid" OR "hemorrhoid syndrome" OR "hemorrhoid") AND TS= ("Acupuncture, Ear" OR "snap button" OR "press needle" OR "bell peg" OR "ear pin" OR "Ear acupuncture" OR "Acupunctures, Ear" OR "Ear Acupunctures" OR "Auricular Acupuncture" OR "Acupuncture, Auricular" OR "Acupunctures, Auricular" OR "Auricular Acupunctures" OR "hypodermic needle" OR "intra dermal needle" OR "countersunk of needle" OR "Acupuncture") AND TS=("randomized controlled trial" OR "randomized" OR "placebo" OR "RCTs")

CBM

序号	检索表达式	命中文献数
16)	"痔疮"[常用字段:智能] OR "混合痔"[常用字段:智能] OR "内痔"[常用字段:智能] OR "外痔"[常用字段:智能] OR "痔"[常用字段:智能]	27511
17)	"痔"[不加权:扩展]	21769
18)	"揸针"[常用字段:智能] OR "皮内针"[常用字段:智能] OR "耳针"[常用字段:智能] OR "埋针"[常用字段:智能]	7367
19)	"皮内针疗法"[不加权:扩展]	130
20)	"疼痛, 手术后"[不加权:扩展]	20909
21)	"手术后疼痛"[常用字段:智能] OR "术后疼痛"[常用字段:智能]	

OR "术后镇痛"[常用字段:智能]	69304
22) "随机化"[常用字段:智能] OR "随机"[常用字段:智能] OR "随机分配"[常用字段:智能] OR "随机分组"[常用字段:智能] OR "抽签"[常用字段:智能] OR "随机试验"[常用字段:智能]	1903943
23) (((("随机对照试验"[不加权:扩展]) OR "随机分配"[不加权:扩展]) OR "随机对照试验(主题)"[不加权:扩展]) OR "随机过程"[不加权:扩展])	238208
24) ((#16) OR (#17))	27511
25) ((#18) OR (#19))	7367
26) ((#20) OR (#21))	69304
27) ((#23) OR (#22))	1904644
28) (((#24) AND (#25))) AND (#26)	57
29) (#28) AND (#27)	42

Wanfang

主题:(痔疮 OR 混合痔 OR 痔 OR 内痔 OR 外痔) and 题名或关键词:(术后疼痛 OR 手术后疼痛) and 主题:(揸针 OR 皮内针 OR 埋针 OR 耳针) and 摘要:(随机 OR 随机配对 OR 随机分组 OR 随机化 OR 随机过程 OR 抽签法 OR 随机试验)

VIP

(((((题名或关键词=揸针 OR 题名或关键词=耳针) OR 题名或关键词=皮内针) OR 题名或关键词=埋针) AND ((((((摘要=随机对照 OR 摘要=随机分组) OR 摘要=随机) OR 摘要=rct) OR 摘要=RCT) OR 摘要=随机化) OR 摘要=抽签) OR 摘要=随机过程)) AND ((((((题名或关键词=痔疮 OR 题名或关键词=haemorrhoid) OR 题名或关键词=haemorrhoids) OR 题名或关键词=hemorrhoids) OR 题名或关键词=痔核) OR 题名或关键词=混合痔) OR 题名或关键词=痔) OR 题名或关键词=外痔) OR 题名或关键词=内痔)) AND ((题名或关键词=手术后疼痛 OR 题名或关键词=手术后并发症) OR 题名或关键词=术后疼痛))

CNKI

(主题：揸针 + 方便揸针 + 耳穴揸针 + 清铃揸针 + 穴位揸针 + 督脉揸针 + 皮内针 + 埋针 + 耳针(精确)) AND (主题：痔疮 + 环状混合痔 + 混合痔 + 内痔 + 炎性痔疮 + 外痔 + 痔(精确)) AND (篇关摘：术后疼痛 + 手术后疼痛 + 术后(精确)) AND (全文：随机试验 + 随机 + 随机化 + 随机分组 + 随机分配 + 抽签(精确))