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Review Article

Adverse Events of Auricular Therapy: A Systematic Review

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The aim of this study was to systematically evaluate the literature on adverse events associated with auricular therapy (AT). Case reports, case series, surveys, and all types of clinical trials reporting adverse events of AT were included. Relevant articles were mainly retrieved from 13 electronic databases and seven Chinese journals on complementary medicine. AT-related adverse events were reported in 32 randomized controlled trials, five uncontrolled clinical trials, four case reports, and two controlled clinical trials. For auricular acupuncture, the most frequently reported adverse events were tenderness or pain at insertion, dizziness, local discomfort, minor bleeding and nausea, and so forth. For auricular acupressure, local skin irritation and discomfort, mild tenderness or pain, and dizziness were commonly reported. Skin irritation, local discomfort, and pain were detected in auricular electroacupuncture, and minor infection was identified in auricular bloodletting therapy. Most of these events were transient, mild, and tolerable, and no serious adverse events were identified. Our findings provide preliminary evidence that AT is a relatively safe approach. Considering the patient’s safety, prospective or retrospective surveys are needed in future research to gather practitioner-reported and patient-reported adverse events on AT, and the quality of adverse events reporting in future AT trials should be improved.

1. Introduction

Being one of the most popular complementary therapeutic approaches, auricular therapy (AT) is defined as “a health care modality whereby the external surface of the ear, or auricle, is stimulated to alleviate pathological conditions in other parts of the body” [1]. The earliest record of AT can trace back to 500 to 300 B.C. in ancient China, where the Yellow Emperor’s Inner Canon (Huangdi Neijing) described that the ear is not isolated but intimately connected with the five viscera and the six bowels [2]. The modern system of AT was developed by the French neurologist Paul Nogier in the late 1950s, and it is recognized that the outer ear has a somatotopic arrangement with an inverted fetus pattern and each internal organ is corresponding to a sensitive point located in the auricle [3]. AT could produce a therapeutic effect for treating various types of disorders by stimulating the particular acupoint which corresponds to the targeted part of the body or organ [4]. Various modalities are adopted in AT practice including auricular acupuncture, acupressure, moxibustion, injection, and auricular bloodletting therapy.
unwanted miscarriage and infection could have occurred [13].

The ear possesses abundant capillaries which make it highly vulnerable to skin inflammations and other infections [13]. To minimize potential harms caused by AT, practitioners need to strictly follow standardized procedures of AT administration as well as fully understand the potential adverse events associated with it. It is important to assess the safety of AT in clinical practice. Unfortunately, different from other traditional therapies such as body acupuncture, moxibustion, and cupping, whose safety is well analyzed in surveys and/or systematic reviews [14–17], clinical evidence on the safety of AT has not been clearly established to date. Despite the increasing number of studies in recent years reporting harm data associated with AT, their results have not been systematically summarized. Up to now, there is no systematic review to evaluate the adverse events associated with AT. Therefore, the aim of this study was to evaluate the type and frequency of AT-related adverse events, to identify any avoidable adverse events associated with nonstandardized AT procedures, and to provide recommendations for future research and practice in this area.

2. Methods

A study protocol accompanied with a data extraction form was formulated and critically reviewed by two experts who were familiar with AT and systematic reviews before the initiation of the study.

2.1. Definition of Adverse Events. In this study, an adverse event was defined as “an undesirable experience associated with the use of a medical product in a patient” according to the US Food and Drug Administration [18]. A serious adverse event was defined when the event led to serious outcomes such as death, hospitalization, disability, and permanent damage or as being life-threatening [18].

2.2. Inclusion and Exclusion Criteria. Case reports, case series, prospective and retrospective surveys, and all types of clinical trials (randomized controlled trials, nonrandomized controlled clinical trials, or other uncontrolled clinical trials) reporting adverse events associated with AT in human subjects were included. Animal research, in vitro studies, and review papers were excluded. Types of AT could be auricular acupuncture, auricular electroacupuncture, auricular acupressure, auricular moxibustion, auricular injection, or auricular bloodletting therapy.

2.3. Data Sources and Searching Strategies. Relevant studies were retrieved from three sources: electronic database, manual search, and reference lists search for final included studies. Electronic search was conducted in 13 databases (from inception to May 8, 2014) including PubMed, EMBase, Cochrane Central Register of Controlled Trials (CENTRAL), CINAHL, PsycINFO, Allied and Complementary Medicine (AMED), Thomson Reuters Web of Science, Science Direct, Foreign Medical Journal Service (FMJS), China National Knowledge Infrastructure (CNKI), WanFang Data, Chinese Scientific Journal Database (CQVIP), and Chinese Biomedical Literature Database (CBM). No language restriction was applied for electronic search. Meanwhile, seven Chinese core journals on complementary medicine (Journal of Integrative Medicine, Chinese Acupuncture & Moxibustion, China Journal of Traditional Chinese Medicine and Pharmacy, Journal of Traditional Chinese Medicine, Chinese Journal of Basic Medicine in Traditional Chinese Medicine, Chinese Journal of Integrated Traditional and Western Medicine, Journal of Beijing University of Traditional Chinese Medicine, and Journal of Nanjing University of Traditional Chinese Medicine, issues within the latest three years) were manually retrieved for further relevant articles. Reference lists of the included papers were also checked to identify any potential eligible studies. All searches were conducted by two reviewers (Tan JY and Wang T) independently. Mesh terms, keywords, and free words such as “auriculotherapy,” “acupuncture, ear,” “adverse event,” “side effect,” “adverse effect,” “adverse health care event,” “safe,” and “risk” were used in the searching strategies. Table 3 presents three main search strategies for this review.

2.4. Study Selection and Data Extraction. Study characteristics and outcome data of each included article were extracted using the data extraction form, which included (1) first author, year of publication, study design, and setting; (2) participant characteristics (age, gender, sample size, diagnostic criteria, and reason for AT); (3) AT protocol (type of AT, practitioner, selected acupoints, type of AT equipment, and treatment duration); and (4) AT-related adverse events (type of adverse event, frequency, outcome, and causality). Study selection and data extraction were conducted by two reviewers independently, and disagreement was resolved through discussion.

2.5. Outcome Assessment. Type and frequency of AT-related adverse events were the main outcomes of this study. The likelihood of causality and quality of adverse events reporting were also judged by two reviewers and checked by two experts specialized in AT and acupuncture.

For adverse events reported in case reports or case series, the likelihood of causality was judged by the WHO-Uppsala Monitoring Centre (UMC) System for Standardized Case Causality Assessment [19]. The likelihood was classified into six grades including the following: (1) certain: a plausible time relationship that adverse events clearly occurred after receiving AT and disappeared after withdrawal, and these events could not be explained by other health problems or interventions; (2) probable/likely: a reasonable time relationship that the onset of symptoms was most likely related to AT and that was unlikely attributed to other health problems or interventions; (3) possible: a reasonable time relationship that the onset of symptoms was most likely related to AT but that could also be explained by other health problems or interventions, and the information on AT withdrawal was lacking or unclear; (4) unlikely: there was an improbable time relationship between AT and the adverse event; (5) conditional/unclassified: event occurred but more
For clinical trials, the quality of adverse events reporting was assessed using the CONSORT for Harms Data Recommendations [20, 21]. Seven items were employed for assessment [17, 20, 21]: (1) report of data on harms in the title or abstract; (2) report of AT-related harms in the introduction section; (3) prespecification of potential adverse events of AT (clinical and/or laboratory); (4) specification of approach for collecting harm-related information; (5) description of plans for presenting and analyzing adverse events of AT; (6) description of participant withdrawals due to adverse events of AT; and (7) report of the particular denominators for analyses on AT-related harms. The quality of each item was judged as “adequate,” “partially adequate,” “inadequate,” or “not reported” accordingly [17]. It was rated as “adequate” if an item was properly described in detail in the article or in the study protocol; “partially adequate” was given if an item was properly described but only in a brief format; when an item failed to be properly described, the quality was judged as “inadequate”; and “not reported” meant an item was not described [17].

3. Results

3.1. Characteristics of Analyzed Studies. Electronic and manual searches yielded 8015 records. After checking by reference management software, 1187 duplicated records were removed,
and another 6495 were further excluded after browsing the titles and abstracts. Full text of the remaining 333 records was retrieved for eligibility assessment, and 290 articles were finally excluded because they were reviews (n = 28), were study protocols (n = 5), were conference abstracts (n = 22), and were non-AT interventions (n = 34), and the adverse events were not reported (n = 201). Therefore, 43 studies [22–64] were identified for final analysis. The flow chart of study selection is presented in Figure 1.

The analyzed studies included 32 randomized controlled trials, five uncontrolled clinical trials, four case reports, and two nonrandomized controlled trials, with a total of 3396 participants receiving AT treatment. Six studies were from the United States, five from Taiwan, four from Germany, three from Hong Kong, two from Australia, two from Austria, two from the United Kingdom, 15 from China, and one each from Malaysia, Canada, Sweden, and Spain. Four AT modalities were utilized including auricular acupuncture in 18 studies [26–43], auricular acupressure in 21 studies [22–25, 44–60], auricular electroacupuncture in three studies [61–63], and auricular bloodletting therapy in one study [64]. AT was applied to deal with a variety of health problems such as drug dependence, smoking cessation, pain, constipation, insomnia, and obesity.

The clinical effectiveness of AT was descriptively summarized from the included 34 controlled clinical trials (randomized or nonrandomized) [26–32, 34–42, 44–50, 52–56, 58–63], as the data synthesis was not available due to the significant clinical heterogeneity in the types of disease, AT protocols, and intervention durations among analyzed trials. Twenty-three studies reported significantly positive effect of AT for the primary and/or secondary outcomes between groups, while eight studies only detected favorable changes within the AT groups. Of the controlled clinical trials that employed auricular acupuncture, 93.8% (15/16) stated positive outcomes of AT between or within groups, whereas it was 93.3% (14/15) in studies using auricular acupressure, respectively. Two out of three trials on auricular electroacupuncture showed clinical effectiveness of AT. The majority (30 studies) described the person who administered AT including acupuncturist, TCM practitioner, physician, psychiatrist, therapist, and nurse. The selection of acupoints for treatment was based on the targeted health problem but shenmen was the most commonly referred acupoint which was used in 35 studies for treating various types of disorders.

3.2. Case Reports. Table 1 presents AT-related adverse events reported in case reports. Four cases were located and the reported adverse events were dizziness in one case [22], somnolence in two cases [23, 24], and abdominal pain in one case [25]. No serious adverse events were identified. All cases were treated with auricular acupressure using vaccaria seeds, whereas only two [22, 23] specified the practitioner who administered AT (a physician).

In Ye’s report [22], a 48-year-old woman with constipation experienced dizziness five minutes after receiving auricular acupressure. The symptom gradually disappeared after removing the taped seeds. In two other reports [23, 24], two men (one was 41-year-old with lumbar muscle strain, and another was 43-year-old with dilated cardiomyopathy) reported drowsiness and somnolence at the 12th and 15th day, respectively, during the AT treatment. Their symptoms disappeared immediately after removing the taped seeds and reoccurred when seeds were taped again. Adverse events described in these three cases were assessed as probably/likely related to AT. In Ma’s report [25], a 58-year-old woman with chronic diarrhea suffered from abdominal pain 30 minutes after receiving auricular acupressure, and the symptom disappeared immediately after removing the taped seeds. The author described it as a rare event caused by AT and the causality was assessed as possible.

3.3. Clinical Studies

3.3.1. Quality of Adverse Events Reporting. Table 2 presents AT-related adverse events reported in clinical trials. For the quality of adverse events reporting, the overall results were not optimal. Twenty studies adequately or partially adequately described adverse events in the title and/or abstract (51.3%), whereas there were only nine studies appropriately describing safety issues of AT in the introduction (23.1%). AT-related adverse events were seldom prespecified (17.9%), and 16 studies properly described approaches for adverse events data collection such as investigator observation, questionnaire, or self-report (41.0%). Only six studies properly described plans for presenting and analyzing adverse events (15.4%). Twelve studies adequately or partially adequately reported whether there were any subjects that withdrew due to adverse events of AT (30.8%), and 13 studies appropriately described the denominators for analyzing adverse events (33.3%).

3.3.2. Auricular Acupuncture-Related Adverse Events. Auricular acupuncture-related adverse events were reported in 18 clinical studies [26–43] with a total of 1753 participants receiving AT (Table 2). Duration of treatment varied among studies and 10 studies offered AT for more than three weeks. The most frequently reported adverse events were tenderness or pain at the needling site, dizziness, discomfort at the needling site, local bleeding, nausea, headache, and inflammation at insertion. Most of these events were transient, minor, and tolerable.

Eleven studies reported 134 cases complaining of local pain and tenderness at the needling site. AT was performed by acupuncturist in eight studies [27, 31, 32, 34–36, 38, 39], by psychiatrist and nurse in two studies [37, 41], and by physiotherapist in one study [28]. Forty-three cases withdrew due to pain but the majority could tolerate AT and completed the treatment. Two studies [32, 35] did not take any measures to decrease adverse events and symptoms gradually declined, and one study [41] stopped AT temporarily or reduced treatment frequencies to deal with local pain.

Twenty-five cases in eight studies reported minor bleeding at insertion. AT was administered by an acupuncturist in five studies [27, 35, 38, 40, 42], by psychiatrist and nurse in two studies [37, 41], and by physiotherapist in one study [28]. Bleeding often happened during inserting and/or withdrawing the needle and stopped soon without any treatment.
Table 1: Adverse events associated with auricular therapy reported in case reports.

<table>
<thead>
<tr>
<th>Study and setting</th>
<th>Age (gender)</th>
<th>Reason for AT</th>
<th>Type of AT (method and duration)</th>
<th>Practitioner</th>
<th>Selected acupoints</th>
<th>AEs and severity</th>
<th>Outcomes</th>
<th>Causality*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ye, 2014 [22], Chinese PLA General Hospital, Beijing, China</td>
<td>48 (female)</td>
<td>Constipation</td>
<td>Method: auricular acupressure using auricular plaster with vaccaria seeds Duration: not reported</td>
<td>Physician</td>
<td>Shenmen, kidney, liver, spleen, stomach, temple, subcortex, forehead, occiput</td>
<td>Event(s): dizziness Severity: not reported</td>
<td>Recovery after removing taped seeds</td>
<td>Probable/likely</td>
</tr>
<tr>
<td>Yu and Xie, 2010 [23], Teda Hospital, Tianjin, China</td>
<td>41 (male)</td>
<td>Lumbar muscle strain</td>
<td>Method: auricular acupressure using auricular plaster with vaccaria seeds Duration: three days per treatment, 4 treatments in total (12 days)</td>
<td>Physician</td>
<td>Heart, liver, spleen, occiput, shenmen, sympathetic</td>
<td>Event(s): somnolence Severity: not reported</td>
<td>Recovery after removing taped seeds</td>
<td>Probable/likely</td>
</tr>
<tr>
<td>Huo et al., 2000 [24], Chinese PLA 546 Hospital, Xinjiang, China</td>
<td>43 (male)</td>
<td>Dilated cardiomyopathy</td>
<td>Method: auricular acupressure using auricular plaster with vaccaria seeds Duration: three days per treatment, 5 treatments in total (15 days)</td>
<td>Not reported</td>
<td>Heart, liver, lung, shenmen, spleen, sympathetic, occiput</td>
<td>Event(s): somnolence Severity: not reported</td>
<td>Recovery after removing taped seeds</td>
<td>Probable/likely</td>
</tr>
<tr>
<td>Ma, 1992 [25], Ningyang TCM Hospital, Shandong, China</td>
<td>58 (female)</td>
<td>Chronic diarrhea</td>
<td>Method: auricular acupressure using auricular plaster with vaccaria seeds Duration: 30 minutes</td>
<td>Not reported</td>
<td>Large intestine, small intestine, shenmen, liver, sympathetic, spleen</td>
<td>Event(s): abdominal pain Severity: severe</td>
<td>Recovery after removing taped seeds</td>
<td>Possible</td>
</tr>
</tbody>
</table>

AT: auricular therapy, AE: adverse event, PLA: People’s Liberation Army, and TCM: traditional Chinese medicine.

*The WHO-Uppsala Monitoring Centre (UMC) System for Standardized Case Causality Assessment: certain—a plausible time relationship that adverse events clearly occurred after receiving AT and disappeared after withdrawal, and these events could not be explained by other health problems or interventions; probable/likely—a reasonable time relationship that the onset of symptoms was most likely related to AT and that was unlikely attributed to other health problems or interventions; possible—a reasonable time relationship that the onset of symptoms was most likely related to AT but that could also be explained by other health problems or interventions, and the information at withdrawal was lacking or unclear; unlikely—there was an improbable time relationship between AT and the adverse event; conditional/unclassified—event occurred but more data were essential for a proper causality assessment; unassessable/unclassifiable—an adverse event was suggested by a report but cannot be judged due to insufficient or contradictory information.
<table>
<thead>
<tr>
<th>Study</th>
<th>Reason for AT and practitioner</th>
<th>Intervention (details of AT) and control</th>
<th>Selected acupoints</th>
<th>AEs (number of Cases) of AT and outcome</th>
<th>Quality of AEs Reporting&lt;sup&gt;c&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prisco et al., 2013 [26]</td>
<td>PTSD-related insomnia</td>
<td>Intervention (true AT): &lt;br&gt; (i) Method: auricular acupuncture with spring handle needles (0.16 × 15 mm) &lt;br&gt; (ii) Duration: two treatments weekly (45 minutes per treatment) for 8 weeks &lt;br&gt; Control 1 (sham AT): auricular acupuncture at nonacupuncture points &lt;br&gt; Control 2: waiting list control</td>
<td>Shen men, liver, kidney, sympathetic, hippocampus</td>
<td>Uncomfortable at the needle site (n = 1)</td>
<td>Outcome: withdrawal</td>
</tr>
<tr>
<td>Lua and Talib, 2013 [27]</td>
<td>drug dependence</td>
<td>Intervention (MMT + AT): &lt;br&gt; (i) Method: auricular acupuncture (needles: 0.25 × 12.55 mm) &lt;br&gt; (ii) Duration: three treatments weekly (30 minutes per treatment) for 8 weeks &lt;br&gt; Control: MMT only</td>
<td>Shen men, sympathetic, kidney, liver, lung</td>
<td>Light headache (n = 17) &lt;br&gt; Tingling sensations (n = 19) &lt;br&gt; Pain (n = 17) and nausea (n = 19) &lt;br&gt; Drowsiness (n = 11) and dizziness (n = 19) &lt;br&gt; Dry mouth (n = 15) and slight fever (n = 19)</td>
<td>Outcome: not reported</td>
</tr>
<tr>
<td>Hunter et al., 2012 [28]</td>
<td>chronic low back pain</td>
<td>Intervention (exercise + AT): &lt;br&gt; (i) Method: auricular acupuncture with Seirin Pyonex ear needles (1.80 × 0.26 mm) &lt;br&gt; (ii) Duration: one treatment (48 hours) weekly for 6 weeks &lt;br&gt; Control: exercise only</td>
<td>Shen men, lumbar spine, cushion</td>
<td>Pain and redness (not reported) &lt;br&gt; Minor bleeding (not reported) &lt;br&gt; Swelling around the needle site (n = 1)</td>
<td>Outcome: not reported</td>
</tr>
<tr>
<td>Michalek-Sauberer et al., 2012 [29]</td>
<td>state anxiety before dental treatment</td>
<td>Intervention (true AT): &lt;br&gt; (i) Method: auricular acupuncture (needles: 0.2 × 15 mm) &lt;br&gt; (ii) Duration: twenty minutes until the start of dental treatment &lt;br&gt; Control 1 (sham AT): auricular acupuncture at non-specific points &lt;br&gt; Control 2: no intervention</td>
<td>True AT: relaxation, tranquilizer, master cerebral &lt;br&gt; Sham AT: tonal, finger, shoulder</td>
<td>Warmth or a strange feeling at the treated ear or dizziness (n = 26)</td>
<td>Outcome: not reported</td>
</tr>
<tr>
<td>Lien et al., 2012 [30]</td>
<td>obesity</td>
<td>Intervention (true AT): &lt;br&gt; (i) Method: auricular acupuncture (needles: 2 mm tip and 10 mm annular-shaped body) &lt;br&gt; (ii) Duration: three treatments weekly for 4 weeks &lt;br&gt; Control 1: auricular stimulation using magnetic pellets &lt;br&gt; Control 2 (sham AT): needles with the tips removed</td>
<td>Shen men, stomach, hunger, endocrine</td>
<td>Dizziness (n = 1)</td>
<td>Outcome: withdrawal</td>
</tr>
<tr>
<td>Study</td>
<td>Reason for AT and practitioner</td>
<td>Intervention (details of AT) and control</td>
<td>Selected acupoints</td>
<td>AEs (number of Cases) of AT and outcome</td>
<td>Quality of AEs Reporting&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
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</tr>
</tbody>
</table>
| Hsu et al., 2009 [31]       | R: obesity  
Taipei Hospital, Taiwan  
P: acupuncturist | Intervention (true AT):  
(i) Method: auricular acupuncture (needles: 2 mm tip and 10 mm annular-shaped body)  
(ii) Duration: two treatments weekly (3 days per treatment) for 6 weeks  
Control (sham AT): needles with the tips removed | Shenmen, stomach, hunger, endocrine | Minor inflammation at the needleling site  
(n = 1)  
Mild tenderness at the needleling site  
(n = 9)  
Outcome: not reported | (1) Adequate  
(2) Not reported  
(3) Not reported  
(4) Not reported  
(5) Not reported  
(6) Adequate  
(7) Not reported |
| Wang et al., 2009 [32]      | R: pregnant women with low back pain and posterior pelvic pain  
Yale-New Haven Hospital, New Haven, USA  
P: acupuncturist | Intervention (true AT):  
(i) Method: auricular acupuncture with Seirin Pyonex ear needles  
(ii) Duration: one week  
Control 1 (sham AT): auricular acupuncture at nonspecific points  
Control 2: no treatment | True AT: Shenmen, kidney, analgesia  
Sham AT: shoulder, wrist, extra-auricular point | Transient ear tenderness  
(n = 4)  
Outcome: resolved spontaneously | (1) Not reported  
(2) Not reported  
(3) Adequate  
(4) Adequate  
(5) Not reported  
(6) Not reported  
(7) Partially adequate |
| Harding et al., 2008 [33]   | R: hot flushes in prostate cancer patients with LHRH agonist treatment  
James Cook University Hospital, Middlesbrough, UK  
P: not reported | Intervention (AT):  
(i) Method: auricular acupuncture with 0.20 g sterile single-use needles  
(ii) Duration: weekly treatment (40 minutes) for 10 weeks  
Control: not applicable | Shenmen, liver, lung, autonomic, kidney | Transient exacerbation of vasomotor symptoms  
(n = 2)  
Outcome: resolved spontaneously  
(lasted only seconds) | (1) Adequate  
(2) Inadequate  
(3) Not reported  
(4) Not reported  
(5) Not reported  
(6) Adequate  
(7) Partially adequate |
| Courbasson et al., 2007 [34] | R: women with concurrent substance use problems and anxiety and depressive symptoms  
The Jean Tweed Centre, Toronto, Ontario, Canada  
P: acupuncturist | Intervention (AT + usual treatment):  
(i) Method: auricular acupuncture (details not described)  
(ii) Duration: three treatments weekly (45 minutes per treatment) (length of treatment not mentioned)  
Control: usual treatment | Not reported | Experiencing pain from needles (not reported)  
Outcome: not reported | (1) Not reported  
(2) Inadequate  
(3) Not reported  
(4) Partially adequate  
(5) Not reported  
(6) Inadequate  
(7) Not reported |
| Wu et al., 2007 [35]        | R: smoking cessation  
Smoking Cessation Clinics, Taipei Veterans General Hospital, Taiwan  
P: acupuncturist | Intervention (true AT):  
(i) Method: auricular acupuncture with 36 gauge 0.5 inch ear-piercing needles  
(ii) Duration: weekly treatment for 8 weeks  
Control (sham AT): auricular acupuncture at nonspecific points | True AT: Shenmen, lung, mouth, sympathetic  
Sham AT: eye, elbow, shoulder, knee | Hematoma  
(n = 1)  
Feeling of residual needling  
(n = 24)  
Tenderness sensation  
(n = 50)  
Minor bleeding  
(n = 3)  
Minor infection  
(n = 1)  
Nausea  
(n = 2) and dizziness  
(n = 4)  
Outcome: gradually declined | (1) Adequate  
(2) Not reported  
(3) Adequate  
(4) Adequate  
(5) Adequate  
(6) Inadequate  
(7) Adequate |
| Usichenko et al., 2007 [36] | R: postoperative pain  
Ambulatory Orthopedic Surgery Center of the Ernst Moritz Arndt University, Greifswald, Germany  
P: acupuncturist | Intervention (true AT + analgesia):  
(i) Method: auricular acupuncture with indwelling steel needles (0.22 × 1.5 mm)  
(ii) Duration: inserted before surgery and kept until the following morning  
Control (sham AT + analgesia): auricular acupuncture at nonacupuncture points | True AT: Shenmen, lung, knee joint  
Sham AT: nonacupuncture points located on the helix ipsilateral to the site of surgery | Dizziness and nausea  
(n = 1)  
Pain at insertion and sleep disturbance  
(n = 1)  
Outcome:  
(i) Disappeared after withdrawal of the needles (for dizziness and nausea)  
(ii) Not reported (for pain and sleep disturbance) | (1) Not reported  
(2) Not reported  
(3) Not reported  
(4) Not reported  
(5) Partially adequate  
(6) Partially adequate  
(7) Adequate |
<table>
<thead>
<tr>
<th>Study</th>
<th>Reason for AT and practitioner</th>
<th>Intervention (details of AT) and control</th>
<th>AEs (number of cases) of AT and outcome</th>
<th>Quality of AEs Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kunz et al., 2007 [37]</td>
<td>R: alcohol withdrawal P: psychiatrists or mental health nurses</td>
<td>Intervention (AT + usual treatment): (i) Method: auricular acupuncture with stainless-steel acupuncture needles (0.2 x 0.15 mm) (ii) Duration: daily treatment (45 minutes) for 5 consecutive days</td>
<td>Pain and mild bleeding (n = 6)</td>
<td>(1) Not reported (2) Partially adequate (3) Inadequate (4) Adequate (5) Partially adequate (6) Adequate (7) Adequate</td>
</tr>
<tr>
<td>Usichko et al., 2005 [38]</td>
<td>R: postoperative pain P: acupuncturist</td>
<td>Intervention (true AT + analgesia): (i) Method: auricular acupuncture with permanent press steel needles (0.22 x 1.5 mm) (ii) Duration: inserted the evening before surgery and kept for 3 days after surgery</td>
<td>Pain at the needle site (n = 3) Minor bleeding at the needle site (n = 2) Headache (n = 1)</td>
<td>(1) Not reported (2) Not reported (3) Not reported (4) Adequate (5) Partially adequate (6) Inadequate (7) Adequate</td>
</tr>
<tr>
<td>Berman et al., 2004 [39]</td>
<td>R: drug use problem, psychological symptoms, and physical discomfort in prison inmates P: acupuncturist</td>
<td>Intervention (true AT): (i) Method: auricular acupuncture with 36 gauge 0.5 inch needles (ii) Duration: a total of 14 treatments (40 minutes per treatment) for 4 weeks</td>
<td>Minor local bleeding (not reported)</td>
<td>(1) Adequate (2) Adequate (3) Partly adequate (4) Not reported (5) Not reported (6) Inadequate (7) Adequate</td>
</tr>
<tr>
<td>Gurevich et al., 1996 [41]</td>
<td>R: substance abuse problem P: psychiatrist and nurses</td>
<td>Intervention (receiving AT for 5 or more times): (i) Method: auricular acupuncture with sterile disposable needles (0.22 x 1.5 mm) (ii) Duration: daily treatment (20–40 minutes) for 7 months Control: receiving AT for 4 or fewer times</td>
<td>Infrequent minor bleeding (not reported)</td>
<td>(1) Partially adequate (2) Adequate (3) Inadequate (4) Not reported (5) Not reported (6) Inadequate (7) Not reported</td>
</tr>
</tbody>
</table>

Note: AEs = adverse events; AT = acupuncture treatment; RCT = randomized controlled trial.
<table>
<thead>
<tr>
<th>Study</th>
<th>Reason for AT and practitioner</th>
<th>Intervention (details of AT) and control</th>
<th>Selected acupoints</th>
<th>AEs (number of Cases) of AT and outcome</th>
<th>Quality of AEs Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washburn et al., 1993 [42] RCT (N = 100) The Bayview-Hunters Point Foundation, San Francisco, USA</td>
<td>R: heroin addiction P: acupuncturist</td>
<td>Intervention (true AT + support service): (i) Method: auricular acupuncture with single-use disposable needles (ii) Duration: twenty-one days (20–45 minutes per treatment) Control (sham AT + support service): auricular acupuncture at nonacupuncture points</td>
<td>True AT: <em>shenmen</em>, lung, kidney, sympathetic sham AT: nonacupuncture points located close to the true points</td>
<td>Slight bleeding at insertion (not reported) Mild nausea and dizziness (not reported) Outcome: relief when the needles were removed</td>
<td>(1) Not reported (2) Inadequate (3) Partially adequate (4) Not reported (5) Not reported (6) Inadequate (7) Not reported</td>
</tr>
<tr>
<td>Zhang and Fan, 1986 [43] Non-RCT (N = 179) TCM Academy of Shanxi Province, China</td>
<td>R: cholecystolithiasis P: TCM practitioner</td>
<td>Intervention (AT): (i) Method: auricular acupuncture for main points and auricular acupressure for adjunct points (details were not described) (ii) Duration: not reported Control: not applicable</td>
<td>Liver, gallbladder, stomach, duodenum, <em>shenmen</em>, sympathetic, lung</td>
<td>Dizziness, upper limb numbness, and minor nausea (not reported) Outcome: disappeared after removing stimulation on acupoint &quot;sympathetic&quot;</td>
<td>(1) Not reported (2) Not reported (3) Not reported (4) Not reported (5) Not reported (6) Inadequate (7) Not reported</td>
</tr>
<tr>
<td>Vas et al., 2014 [44] RCT (N = 265) Ten Primary Healthcare Centres, Seville, Spain</td>
<td>R: chronic nonspecific spinal pain P: doctors and nurses with AT training</td>
<td>Intervention (true AT): (i) Method: auricular acupressure using auricular plaster with vaccaria seeds (ii) Duration: weekly treatment (seeds kept for 7 days) for 8 weeks Control (placebo AT): auricular acupressure using auricular plaster with inactive black plastic discs</td>
<td>Main acupoints: <em>shenmen</em>, thalamus Adjunct acupoints: not reported</td>
<td>Pressure ulcers in the pinna (n = 18) Worsened symptoms (n = 8) Outcome: (i) Healed within 10 days of removal (for pressure ulcers) (ii) Not reported (for worsened symptoms)</td>
<td>(1) Adequate (2) Adequate (3) Partially adequate (4) Adequate (5) Inadequate (6) Inadequate (7) Partially adequate</td>
</tr>
<tr>
<td>Li et al., 2014 [45] RCT (N = 99) Elderly Residential Care Home, Hong Kong</td>
<td>R: constipation P: not reported</td>
<td>Intervention (true AT): (i) Method: auricular acupressure using auricular plaster with magnetic pellets (ii) Duration: ten days Control 1 (placebo AT): auricular acupressure using auricular plaster with vaccaria seeds Control 2 (usual care): auricular acupressure using auricular plaster only</td>
<td>Large intestine, rectum, <em>San jiao</em>, spleen, lung, sympathetic, subcortex</td>
<td>Minor local itchiness (n = 27) Minor dizziness (n = 2) Outcome: (i) Spontaneously subsided after AT (25) and 2 withdrew (for itchiness) (ii) Spontaneously subsided after AT (1) and 1 withdrew (for dizziness)</td>
<td>(1) Partially adequate (2) Partially adequate (3) Adequate (4) Not reported (5) Inadequate (6) Adequate (7) Partially adequate</td>
</tr>
<tr>
<td>Zhang et al., 2013 [46] RCT (N = 43) RMIT University, Australia</td>
<td>R: smoking cessation P: acupuncturist</td>
<td>Intervention (true AT): (i) Method: auricular acupressure with stainless-steel press-pellet tapes (ii) Duration: weekly treatment for 8 weeks Control (sham AT): auricular acupressure at nonspecific points</td>
<td>True AT: <em>shenmen</em>, lung, mouth, extra, liver Sham AT: helix 2, shoulder, clavicle, occiput, tooth</td>
<td>Mild to moderate local discomfort (n = 5) Slight headache and dizziness (n = 1) Outcome: (i) All AEs were resolved without any medical intervention (for both) (ii) One subject withdrew (for ear discomfort)</td>
<td>(1) Adequate (2) Adequate (3) Not reported (4) Adequate (5) Inadequate (6) Adequate (7) Partially adequate</td>
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Table 2: Continued.

<table>
<thead>
<tr>
<th>Study</th>
<th>Reason for AT and practitioner</th>
<th>Intervention (details of AT) and control</th>
<th>Selected acupoints</th>
<th>AEs (number of Cases) of AT and outcome</th>
<th>Quality of AEs Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kong, 2012 [47]</td>
<td>RCT (N = 60)</td>
<td>Foshan Hospital of TCM, Foshan, China</td>
<td>Intervention (AT + intravenous analgesia): (i) Method: auricular acupressure using auricular plaster with vacaria seeds (ii) Duration: one treatment (3 hours after surgery), seeds kept for 3 days Control: intravenous analgesia only</td>
<td>Shenmen, liver, kidney, heel, lesser occipital nerve, great auricular nerve</td>
<td>Mild skin irritation (n = 2) Outcome: no obvious discomfort and AT continued</td>
</tr>
<tr>
<td>Yeh et al., 2012 [48]</td>
<td>RCT (N = 10)</td>
<td>A Large Children’s Hospital, Taiwan</td>
<td>Intervention (true AT + standard care): (i) Method: auricular acupressure using auricular plaster with plant seeds (ii) Duration: one treatment, seeds kept for 7 days Control (sham AT + standard care): auricular acupressure at nonspecific points</td>
<td>Shenmen, sympathetic, cardio, stomach, digestive subcortex Sham AT: external knee point, vision, shoulder joint, eye</td>
<td>Local itchiness (n = 3) Outcome: continued to complete the study</td>
</tr>
<tr>
<td>Li et al., 2012 [49]</td>
<td>RCT (N = 39)</td>
<td>Elderly Residential Care Home, Hong Kong</td>
<td>Intervention (true AT): (i) Method: auricular acupressure using auricular plaster with magnetic pellets (ii) Duration: three weeks Control (placebo AT): auricular acupressure using auricular plaster with vacaria seeds</td>
<td>Large intestine, rectum, San jiao, spleen, lung, sympathetic, subcortex</td>
<td>Mild, tolerable, and short-term itchiness of the ears (n = 7) Outcomes: not reported</td>
</tr>
<tr>
<td>Jin et al., 2012 [50]</td>
<td>RCT (N = 80)</td>
<td>Cangnan TCM Hospital of Zhejiang Province, Cangnan, China</td>
<td>Intervention (AT): (i) Method: auricular acupressure using auricular plaster with magnetic pellets (ii) Duration: one treatment, seeds kept for 7 days Control: standardized medication</td>
<td>Main acupoints: Shenmen, occiput, subcortex, sympathetic Adjunct acupoints: (based on TCM syndrome) heart, spleen, kidney, liver, stomach</td>
<td>Local redness at the taped site (n = 2) Outcome: recovery after treatment</td>
</tr>
<tr>
<td>Kung et al., 2011 [51]</td>
<td>Non-RCT (N = 45)</td>
<td>Taipei Veterans General Hospital, Taiwan</td>
<td>Intervention (AT): (i) Method: auricular acupressure using auricular plaster with magnetic pellets (ii) Duration: daily treatment (every night before sleep) for 4 weeks Control: not applicable</td>
<td>Shenmen, kidney, heart, brainstem, subcortex</td>
<td>Sensation of auricular tenderness (n = 2) Outcome: not reported</td>
</tr>
<tr>
<td>Xia et al., 2011 [52]</td>
<td>RCT (N = 60)</td>
<td>Baoan Hospital Affiliated to South Medical University, Shenzhen, China</td>
<td>Intervention (AT + Chinese medicine plaster): (i) Method: auricular acupressure using auricular plaster with vacaria seeds (ii) Duration: two treatments weekly for 2 weeks Control: Chinese medicine plaster only</td>
<td>Ashi point, kidney, liver, lumbosacral vertebrae, Shenmen, subcortex</td>
<td>Obvious pain at the taped site when receiving AT for the first time (n = 5) Outcome: completed the study by reducing pressing frequency and intensity</td>
</tr>
<tr>
<td>Study</td>
<td>Reason for AT and practitioner</td>
<td>Intervention (details of AT) and control</td>
<td>Selected acupoints</td>
<td>AEs (number of Cases) of AT and outcome</td>
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<tr>
<td>Xue et al., 2011 [53]</td>
<td>R: persistent allergic rhinitis</td>
<td>Intervention (true AT):</td>
<td>True AEs: <strong>shenmen</strong>, internal nose, lung, wind stream</td>
<td>Mild to moderate local and short-term discomfort ($n = 30$)</td>
<td>(1) Not reported</td>
</tr>
<tr>
<td>RCT (N = 63)</td>
<td>P: acupuncturist</td>
<td>(i) Method: auricular acupressure using auricular plaster with stainless-steel pellets</td>
<td>Sham AT: adrenal gland, helmet 2, shoulder, clavicle, occiput, teeth</td>
<td>Sore ear ($n = 9$)</td>
<td>(2) Not reported</td>
</tr>
<tr>
<td>Two Metropolitan RMIT Campus in Melbourne, Australia</td>
<td></td>
<td>(ii) Duration: eight weeks Control (sham AT): auricular acupressure at nonspecific points</td>
<td>Ear itch ($n = 7$)</td>
<td>Outcome: well tolerated</td>
<td>(3) Not reported</td>
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<td>(4) Partially adequate</td>
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<td>(5) Not reported</td>
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<td>(6) Inadequate</td>
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<td>(7) Not reported</td>
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<tr>
<td>Ji et al., 2010 [54]</td>
<td>R: functional constipation</td>
<td>Intervention (AT + usual care):</td>
<td>Main acupoints: large intestine, small intestine, rectum</td>
<td>Mild redness and skin breakdown at the taped site ($n = 1$)</td>
<td>(1) Adequate</td>
</tr>
<tr>
<td>RCT (N = 73)</td>
<td>P: nurse</td>
<td>(i) Method: auricular acupressure using auricular plaster with Liu Shen Wan (for excess syndrome) or magnetic pellets (for deficiency syndrome)</td>
<td>Adjunct acupoints: Lung, <strong>San Jiao</strong>, stomach (for excess syndrome), spleen, kidney, endocrine (for deficiency syndrome)</td>
<td>Outcome: recovery two days later after using entoiodine</td>
<td>(2) Not reported</td>
</tr>
<tr>
<td>Shuguang Hospital Affiliated to Shanghai University of TCM, Shanghai, China</td>
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<td>(ii) Duration: one month Control: usual care</td>
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<td>(3) Not reported</td>
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<td>(4) Adequate</td>
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<td>(5) Not reported</td>
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<td>(6) Inadequate</td>
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<td>(7) Not reported</td>
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<tr>
<td>Wing et al., 2010 [55]</td>
<td>R: smoking cessation</td>
<td>Intervention (true AT + hand acupressure):</td>
<td>True AEs: <strong>shenmen</strong>, lung, month, brain</td>
<td>Skin irritation (allergy) at the site of the adhesive tapes ($n = 3$)</td>
<td>(1) Adequate</td>
</tr>
<tr>
<td>RCT (N = 70)</td>
<td>P: not reported</td>
<td>(i) Method: auricular acupressure using auricular plaster with hard beads</td>
<td>Nonmeridian points: away from those selected for the treatment group</td>
<td>Outcome: withdrawal</td>
<td>(2) Partially adequate</td>
</tr>
<tr>
<td>Outpatient Clinics and The Community, Hong Kong</td>
<td></td>
<td>(ii) Duration: three weeks Control (sham AT + sham hand acupressure): auricular acupressure at nonmeridian points</td>
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<td>(3) Not reported</td>
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<td>(6) Adequate</td>
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<td>(7) Partially adequate</td>
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<tr>
<td>Sun, 2010 [56]</td>
<td>R: insomnia</td>
<td>Intervention (AT + psychological support):</td>
<td>Main acupoints: <strong>shenmen</strong>, sympathetic, endocrine, heart, subcortex</td>
<td>Skin irritation (allergy) at the site of the adhesive tapes ($n = 5$)</td>
<td>(1) Not reported</td>
</tr>
<tr>
<td>RCT (N = 173)</td>
<td>P: not reported</td>
<td>(i) Method: auricular acupressure using auricular plaster with vaccaria seeds</td>
<td>Adjunct acupoints: liver, stomach, spleen, kidney, pancreas and gallbladder, heart of dorsal surface</td>
<td>Outcome: changed to desensitization tapes and treatment continued</td>
<td>(2) Not reported</td>
</tr>
<tr>
<td>Department of TCM, Xuzhou First Hospital of Jiangsu Province, Xuzhou, China</td>
<td></td>
<td>(ii) Duration: twenty days Control: AT only</td>
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<td>(3) Not reported</td>
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<td>(6) Inadequate</td>
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<td>(7) Not reported</td>
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<tr>
<td>Peng, 2009 [57]</td>
<td>R: neurasthenia</td>
<td>Intervention (AT):</td>
<td>Main acupoints: <strong>shenmen</strong>, subcortex, endocrine, anterior ear lobe</td>
<td>Skin allergy and itchiness of the ear (not reported)</td>
<td>(1) Not reported</td>
</tr>
<tr>
<td>Non-RCT (N = 30)</td>
<td>P: not reported</td>
<td>(i) Method: auricular acupressure using auricular plaster with magnetic pellets</td>
<td>Adjunct acupoints: (based on TCM syndrome) liver, gallbladder, <strong>San Jiao</strong>, stomach, lung, heart</td>
<td>Outcome: symptom disappeared after changing magnetic pellets to vaccaria seeds</td>
<td>(2) Not reported</td>
</tr>
<tr>
<td>Hangguang Hospital of Handan City, Handan, China</td>
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<td>(ii) Duration: three days per treatment, 20 treatments in total (60 days) Control: not applicable</td>
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<td>(3) Not reported</td>
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<td>(4) Not reported</td>
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<td>(6) Inadequate</td>
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<td>(7) Not reported</td>
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<tr>
<td>Chen et al., 2009 [58]</td>
<td>R: vascular dementia</td>
<td>Intervention (AT):</td>
<td><strong>Shenmen</strong>, brain, kidney, occiput</td>
<td>Severe skin allergy and itchiness at the taped site ($n = 2$)</td>
<td>(1) Adequate</td>
</tr>
<tr>
<td>RCT (N = 180)</td>
<td>P: TCM practitioner</td>
<td>(i) Method: auricular acupressure using auricular plaster with vaccaria seeds</td>
<td></td>
<td>Outcome: withdrawal</td>
<td>(2) Partially adequate</td>
</tr>
<tr>
<td>TCM Hospital of Hainan Province, Haikou, China</td>
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<td>(ii) Duration: daily treatment for 12 weeks Control: standardized medication</td>
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<td>(3) Not reported</td>
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<td>(4) Inadequate</td>
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<td>(5) Not reported</td>
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<td>(6) Adequate</td>
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<td>(7) Not reported</td>
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<tr>
<td>Study</td>
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<td>Selected acupoints</td>
<td>AEs (number of Cases) of AT and outcome</td>
<td>Quality of AEs Reporting</td>
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</tbody>
</table>
| Wang et al., 2007 [59] | R: myopia  P: not reported | Intervention (AT):  
(i) Method: auricular acupressure using auricular plaster with vaccaria seeds  
(ii) Duration: four weeks for one treatment  
Control: standardized medication | Apex of ear, kidney, liver, eye, eye 2, spleen, | Skin allergy and local redness at the taped site ($n = 2$)  
Outcome: not reported | (1) Adequate  
(2) Not reported  
(3) Not reported  
(4) Not reported  
(5) Not reported  
(6) Inadequate  
(7) Not reported |
| Ding et al., 2006 [60] | R: motion sickness  P: acupuncturist | Intervention (AT + Neiguan acupressure):  
(i) Method: auricular acupressure using auricular plaster with magnetic pellets  
(ii) Duration: not reported  
Control: standardized medication | Stomach, occiput, shenmen, sympathetic | Itchiness at the taped site ($n = 2$)  
Outcome: not reported | (1) Adequate  
(2) Not reported  
(3) Not reported  
(4) Not reported  
(5) Not reported  
(6) Inadequate  
(7) Not reported |
| Schukro et al., 2013 [61] | R: obesity in female patients  P: not reported | Intervention (AT + diet based on TCM):  
(i) Method: auricular acupuncture with electrical stimulation using P-stim electroacupuncture device (needle: 27 gauge, 3 mm length)  
(ii) Duration: 4-day treatment per week for 6 weeks  
Control (placebo AT + diet based on TCM): auricular acupuncture with a P-stim dummy | Hunger, stomach, colon | Mild skin irritations behind the ear caused by the adhesive patch of the P-stim/placebo device ($n = 8$)  
Outcome: resolved immediately after the end of application | (1) Adequate  
(2) Not reported  
(3) Not reported  
(4) Not reported  
(5) Not reported  
(6) Inadequate  
(7) Not reported |
| Fritz et al., 2013 [62] | R: smoking cessation  P: registered nurse | Intervention (AT):  
(i) Method: auricular acupuncture with the Stim Flex 400A Transcutaneous Electrical Nerve Stimulation Unit (active, 80Hz)  
(ii) Duration: weekly treatment (20 minutes per treatment) for 5 consecutive weeks  
Control (sham AT): auricular acupuncture with the Stim Flex 400A Transcutaneous Electrical Nerve Stimulation Unit (inactive, 0 Hz) | Lung, shenmen, nicotine, point zero, palate | Auricle discomfort without redness or swelling ($n = 1$)  
Outcome: not reported | (1) Adequate  
(2) Not reported  
(3) Not reported  
(4) Partially adequate  
(5) Not reported  
(6) Partially adequate  
(7) Partially adequate |
| Bernateck et al., 2008 [63] | R: rhematoid arthritis  P: doctor with profound acupuncture experience | Intervention (AT):  
(i) Method: auricular acupuncture with electrical stimulation using P-stim device (needle: 27 gauge, 3 mm length)  
(ii) Duration: weekly treatment (48 hours per treatment) for 6 weeks  
Control: autogenic training | Shenmen, cushion, an individual point depending on the main pain spots | Pain and discomfort at the needle site ($n = 1$)  
Outcome: not reported | (1) Not reported  
(2) Not reported  
(3) Not reported  
(4) Not reported  
(5) Not reported  
(6) Inadequate  
(7) Not reported |
### Table 2: Continued.

| Study | Reason for AT and practitioner | Intervention (details of AT) and control | Selected acupoints | AEs (number of Cases) of AT and outcome | Quality of AEs Reporting
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<tbody>
<tr>
<td>Yuan and Qiao, 1998 [64] Non-RCT (N = 170) Chinese PLA 34260 Hospital, Xiangfan, China</td>
<td>R: acute tonsillitis P: not reported</td>
<td>Intervention (AT): (i) Method: auricular bloodletting therapy with three-edged needle (ii) Duration: not applicable Control: not applicable</td>
<td>Helix 6 (Ashi point)</td>
<td>Minor infection at the needle site (n = 2) Outcome: not reported</td>
<td>(1) Not reported (2) Not reported (3) Not reported (4) Not reported (5) Not reported (6) Inadequate (7) Not reported</td>
</tr>
</tbody>
</table>


△ The CONSORT Recommendation for AEs: (1) report of data on harms in the title or abstract, (2) report of AT-related harms in the introduction section, (3) prespecification of potential adverse events of AT (clinical and/or laboratory), (4) specification of approach for collecting harms-related information, (5) description of plans for presenting and analyzing adverse events of AT, (6) description of participant withdrawals due to adverse events of AT, and (7) report of the particular denominators for analyses on AT-related harms. Quality grades for each item: adequate—item was properly described in detail in the article or in the study protocol; partially adequate—item was properly described but only in a brief format; inadequate—item failed to be properly described; not reported—item was not described.

*Happened in one participant who did not disclose a history of rheumatoid arthritis (one of the exclusion criteria for that study).
## Table 3: Selected searching strategies for the systematic review.

<table>
<thead>
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Seven studies [27, 29, 30, 35, 36, 42, 43] reported 51 cases experiencing dizziness after receiving auricular acupuncture; one study was conducted by a TCM practitioner [43] and one by an investigator with acupuncture diploma [29], while all others were carried out by acupuncturists. One study [35] took no action for dizziness and the symptom gradually disappeared, and three studies [36, 42, 43] reported that dizziness disappeared after removing the auricular stimulation, and only one case withdrew due to dizziness.

Minor nausea was reported in five studies (22 cases). AT was provided by an acupuncturist in four studies [27, 35, 36, 42] and by a TCM practitioner in one [43]. Three studies [36, 42, 43] stated that nausea subsided after withdrawing the ear stimulation, one study [35] did not take any action, and the symptom gradually declined, whereas one study [27] failed to report the outcome. Two studies [27, 38] (AT performed by an acupuncturist) reported 18 cases developing minor headache after AT, one did not report the outcome [27], and another stated that headache was resolved afterwards [38].

Two studies reported two cases experiencing minor inflammation (swelling or redness) around the needling site. AT was administered by an acupuncturist [31] and a physiotherapist [28], respectively. One study [28] stated that the subject who complained of swelling concealed a history of rheumatoid arthritis, which belonged to one of the exclusion criteria of that study. Twenty-seven cases in two studies [26, 29] reported discomfort or a strange feeling at insertion and one case withdrew. Only one study [35] reported minor infection around the needling site in one case and the condition gradually improved.

In addition, there were some other adverse events reported in a single study, including slight fever (19 cases) and dry mouth (15 cases), which focused on methadone maintenance treatment (MMT) for drug-dependent persons [27]. Transient exacerbation of vasomotor symptoms (2 cases) was found in one study which focused on the vasomotor symptoms associated with luteinizing hormone releasing hormone agonist treatment in prostate cancer patients [33]. Upper limb numbness was mentioned in one study [43] and it was resolved immediately after removing stimulation of acupoint “sympathetic.”

3.3.3. Auricular Acupressure-Related Adverse Events. Auricular acupressure-related adverse events were reported in 17 clinical trials [44–60] (Table 2). A total of 1266 participants were treated with auricular acupressure (true or sham intervention) and the majority employed vaccaria seeds and/or magnetic pellets performing acupressure. More than half of the studies provided AT for no less than two weeks. The commonly reported adverse events were local skin irritation, discomfort, tenderness or pain at the taped site, and dizziness, and most of them were also mild, short-term, and well tolerated.

Thirteen studies [45, 47–50, 53–60] reported 63 cases suffering from local skin irritation with itchiness, allergy, or redness after receiving auricular acupressure. Only half of the studies specified the professional conducting AT, which include acupuncturist in two studies [53, 60], TCM practitioner in two studies [50, 58], therapist in one study [48], and nurse in the other one [54]. Skin irritation was mostly attributed to the adhesive tapes. However, there was one study [57] reporting several subjects who were allergic to magnetic pellets. Seven cases withdrew due to skin irritation, and five cases changed adhesive tape to desensitization material and treatment continued, and those subjects who were allergic to magnetic pellets switched to vaccaria seeds and symptoms disappeared. Itchiness spontaneously subsided in 25 cases, and three cases recovered after treatment, while others tolerated well these symptoms and continued to complete treatment.

Three studies [51–53] reported tenderness or pain at the taped site (16 cases), and only two [51, 53] specified the AT practitioner (acupuncturist). No subjects withdrew, but one study [52] reported five cases experiencing obvious ear pain when receiving AT for the first time, and symptoms were relieved after reducing the pressing frequency and intensity of the taped seeds.

Two studies [46, 53] reported mild to moderate discomfort at the taped site (35 cases). Apart from one case that withdrew, others tolerated well the discomfort. Another two articles [45, 46] reported three cases experiencing minor dizziness during AT treatment and one subject withdrew. In one study [54] in which AT was administered by a nurse (the author did not declare whether the nurse had received any training in AT), ear skin breakdown was recorded in one subject, and the skin recovered two days later after using entoiodine. One study [44] reported pressure ulcers in the pinna in 18 subjects after receiving auricular acupressure and all ulcers healed within 10 days after removing the tapes.

3.3.4. Auricular Electroacupuncture-Related Adverse Events. Three articles [61–63] reported adverse events of auricular electroacupuncture (Table 2), which included 203 participants treated with true or sham AT. Treatment duration ranged from five to six weeks. Two studies described AT practitioners including a doctor with acupuncture experience in one [63] and nurse in another [62]. Reported adverse events included discomfort and pain at insertion and local skin irritation. All reactions were mild and tolerable.

Two studies [62, 63] mentioned two cases complaining of discomfort at the needling site but the outcome was not reported. One study [61] reported mild ear skin irritation in eight cases, and the author explained it was induced by the adhesive patch of the P-stim or placebo device. Skin irritations were resolved immediately after AT. One study [63] found one case experiencing pain at the needling site but no outcome was reported.

3.3.5. Auricular Bloodletting Therapy-Related Adverse Events. There was only one study [64] using auricular bloodletting therapy and 170 subjects were included. Two cases reported minor infection at the needling site but the outcome was not described.

4. Discussion

Our findings provide preliminary evidence that AT is a relatively safe approach in routine practice. The most frequently
reported adverse events were mainly confined to short-
term, mild, and tolerable reactions such as local discomfort,
transient tenderness and pain, local skin irritation, minor
bleeding, and dizziness. Some of them are potentially avoid-
able, and no serious adverse events were detected. However,
the clinical practice of AT still needs caution because some
adverse events like dizziness, somnolence, and infection
could also result in serious negative outcomes. Meanwhile,
the quality of adverse events reporting should be improved in
future research and related guidelines such as the Guidelines
for Case Reports of Adverse Events Related to Acupuncture
[65], and the CONSORT for Harms Data Recommendations
[20] should be followed.

Complementary therapeutic approaches such as body
acupuncture, moxibustion, cupping, and AT have been
widely used in dealing with a variety of disorders. Apart
from the increasing emphasis on their therapeutic effects,
safety of these interventions also received wide attention. The
safety of body acupuncture has been well summarized in the
literature and a number of serious adverse events have been
identified including pneumothorax, hepatitis, staphylococcal
infection, and central nervous system injuries [14]. Adverse
events of moxibustion were also systematically analyzed and
some rare but dangerous events, for instance, burns, cellulitis,
eczema, and hepatitis C, were reported [14, 16]. In a
recent systematic review [17], cupping-related adverse events
reported in South Korea were investigated, and anemia,
herpes viral infections, and skin lacerations were identified.
In our findings, no serious adverse events of AT were reported
and the reactions were mostly transient, mild, and tolerable.
Based on our findings, the safety of AT seems superior to
other traditional therapies such as body acupuncture, moxibustion,
and cupping.

Various adverse events were identified in studies using
auricular acupuncture, of which dizziness was one of the
most commonly reported symptoms. Similar reports can
also be found in body acupuncture [66–68], which viewed
dizziness as mild symptoms of acupuncture-related fainting.
This may be because of transient hypotension, as acupuncture
stimulation through the peripheral vagus nerve reflex could
dilate the peripheral blood vessels and reduce venous return
[68, 69]. As a result, decreasing in the brain blood supply
induces transient hypotension and causes symptoms such as
dizziness and weakness [68, 69]. Dizziness was often seen in
people who received AT for the first time, especially for those
who felt anxious or nervous before treatment and for those
with extremely weak condition or with hypoglycemia [12].
Although dizziness is generally mild and can spontaneously
subside, potential risks associated with it still need caution,
especially when applying AT in community or in clinical
settings. Most clients there would leave the clinic immedi-
ately after finishing AT, and if dizziness occurs afterwards,
accidental falls might happen. AT practitioners should pay
attention to this issue, particularly for those elderly patients
with osteoporosis.

As an invasive approach, auricular acupuncture may also
lead to some infections. But from our findings, only one
case was found with minor infection at insertion, and no
serious infections such as chondritis, cellulitis, and hepatitis
were detected. This finding is inconsistent with Norheim’s
study [70] which indicated that auricular chondritis was a
commonly reported infection in patients receiving acupunc-
ture on the ear. The infected cases came from the litera-
ture published 20–30 years ago, and the author concluded
that the hygienic problem, such as insufficient needle skin
disinfection, partially contributed to these infections [70].
Unqualified sterilization and disinfection for either skin or
needle equipment may be one of the crucial risk factors for
acupuncture-related infections at that time. In our analyzed
studies, the needles used in AT were generally sterilized
and disposable, and the ear skin was mostly reported well
disinfection. The gradually improved awareness of strict
hygienic procedures during AT could be one of the rea-
sons for the low incidence of infection identified in our
review. However, practitioners also need to prudently use
this approach on clients with poor wound-healing capacity,
such as patients with diabetes mellitus, extremely weak status,
or immunocompromised disorders [13], as potentially local
damage could result in some nonhealing wounds or even
systemic infections. Considering these circumstances, other
noninvasive AT modalities such as auricular acupressure
could be adopted instead.

It is worth noting that there were several rare adverse
events reported in one trial in which the intervention group
received AT plus MMT while the control group received
MMT only [27]. The author claimed that dry mouth and
slight fever were AT-related adverse events. However, dry
mouth is a general side effect of methadone [71], and
sometimes fever is considered as one of the opioid withdrawal
symptoms during the induction phase of MMT [72]. Unfor-
tunately, the author did not measure methadone treatment-
related side effects; therefore, comparison of reported adverse
events between groups and causality assessment became
impossible. It is difficult for us to distinguish whether these
symptoms are caused by AT because the time relationship
between symptom onset and the administration of AT was
not reported, and the information on dechallenge and/or
rechallenge was lacking.

Comparing with auricular acupuncture, auricular acu-
pressure is noninvasive and much easier to access. In addition
to qualified AT practitioners, auricular acupressure is also
widely conducted by other healthcare professionals or even
unqualified persons [12]. In our analyzed studies, auricu-
lar acupressure was administered by acupuncturists, TCM
practitioners, physicians, therapists, and registered nurses;
however, more than half (52.4%) of the studies employ-
ing auricular acupressure failed to specify the person who
performed AT, which made us unable to analyze whether
there were any potentially avoidable adverse events caused by
unqualified practitioners. In terms of the risk-benefit balance,
either auricular acupuncture or auricular acupressure showed
positive effects in managing a variety of health problems
in our analyzed studies. However, for the adverse events,
cases of local pain and dizziness were much less in auricular
acupressure studies compared with those identified in studies
on auricular acupuncture, and there were no bleeding and
infection reports related to auricular acupressure. According
to our findings, it seems that auricular acupressure is superior
to other invasive AT approaches regarding its safety and convenience.

Adverse skin reactions, such as itchiness, redness, or allergy, were the most frequently reported adverse events in auricular acupressure, and the majority were associated with the adhesive tape used for tapping acupressure seeds, while there were also some rare reports that skin irritation was caused by allergy to magnetic pellets. Despite the frequent complaints on skin irritations, these symptoms could be easily handled by changing adhesive tapes to desensitization textures or changing magnetic pellets to plant seeds. Dizziness was also reported in auricular acupressure, but the frequency was much lower than that reported in auricular acupuncture. In one case report [22], the author analyzed that dizziness might be due to the continual stimulation of the sympathetic nerve fibers wrapped around the vasa labyrinthi which could narrow blood vessels and reduce labyrinth's blood supply and, hence, lead to transient loss of orientation. This indicated that dizziness might be partially managed by reducing the frequency and intensity of acupressure.

Two case reports mentioned somnolence or drowsiness caused by auricular acupressure; the author in one study explained that it might be because of the long-term manipulation of the taped seeds inhibiting the normal functions of the autonomic nerve [23]. These kinds of symptoms were also reported in body acupuncture treatment [66, 73], and the activation of central 5-hydroxytryptamine (5-HT) pathways from the raphe nuclei may partially be involved in the onset of drowsiness after receiving acupoint stimulation, where stimulation of the raphe nuclei and the 5-HT secretion could contribute to the symptoms of fatigue, tiredness, and drowsiness [74, 75]. AT practitioners should attach importance to these reactions as somnolence or drowsiness could lead to some dangerous outcomes such as drowsiness-related motor vehicle crash. It is noteworthy that one study [44] reported 18 cases of pressure ulcers. Auricular acupressure in this study was administered by doctors and nurses who had received training in AT. Pressure ulcers were possibly caused by the long treatment duration and continual pressure. Participants in this study received weekly AT consecutively for 8 weeks; auricular implants were kept for seven days during each treatment and participants were asked to press them three times daily. No rest period was mentioned between each treatment and the continual stimulated auricle skin might have not had enough time to heal.

AT-related harms in auricular electroacupuncture and bloodletting therapy were all transient and mild. However, this review cannot ascertain the safety of these two modalities because only four studies with a limited sample size were included for analysis, and the methodological quality of adverse events reporting was unsatisfactory.

Several limitations were identified in our analyzed articles, which could affect the strength of the evidence concluded from our findings. Participant sample sizes included in this review were relatively small, and one-third of the analyzed studies failed to specify the practitioner conducting AT. Quality of adverse events reporting in included clinical trials was generally unsatisfactory, the majority did not prespecify AT-related adverse events, more than half failed to report approaches for collecting and analyzing adverse events, time relationship between the onset of symptoms and the administration of AT was not clearly described, and one-third failed to report outcomes of adverse events, all of which made it difficult to evaluate the causality of adverse events reported in clinical trials. Also, it is noted that several types of needles were utilized in studies on auricular acupuncture, and some adverse events may be associated with the variations on the length and thickness of particular AT needle, depth of insertion, and the frequency and intensity of manual pressing on the needle area. However, the information was described insufficiently in the analyzed studies, which inhibited us to judge whether there were any adverse events associated with particular types of AT equipment and procedure. Meanwhile, certain information such as the particular AT practitioner, patient's medical history, details of AT procedure and equipment, and the adverse events outcome also failed to be reported clearly in the included case reports. Moreover, there was a possibility that AT-related adverse events were underreported because during the process of the literature sorting we found a great number of papers not including adverse events as the study outcome. In addition, case reports on AT-related adverse events were rare in the published literature which made us unable to access any new or previously unrecognized harms associated with AT.

This review itself also has some limitations. Although we have made efforts to retrieve all the relevant literature, the included studies were only English and Chinese articles, and language bias may occur. Meanwhile, as there is no specific tool for the causality assessment of adverse events reported in acupuncture (including AT) studies, we employed the tool developed by the WHO-UMC in this review; however, this tool is particularly designed for adverse drug reactions and some items might not be sensitive enough for evaluating acupuncture or AT-related adverse events. Furthermore, the originally designed outcome on the frequency of AT-related adverse events was finally not calculated, as the majority of the included literature only reported the absolute number of cases complaining of adverse events.

5. Implications for Future Research and Practice

This study has some implications for future research and practice. Firstly, invasive AT approaches such as auricular acupuncture (manual or electric), and bloodletting therapy, should be applied by qualified practitioners. Even for the one administering noninvasive AT like auricular acupressure, receiving AT training from a qualified practitioner before application is essential because nonstandardized practice could create more unintended harms to patients. Secondly, the patients’ condition needs to be well assessed before applying AT. Practitioners should identify beforehand if any clients are allergic to steel needles, adhesive tapes, magnetic pellets, or other AT materials. For weakened or elderly patients undergoing AT, semireclining position should be adopted to prevent potential harm induced by dizziness, and invasive AT should be applied with caution on patients.
with poor wound-healing capacity. Thirdly, the importance of patients’ education should be emphasized, and the informed consent should be provided before AT. Patients need to be well informed about the potential risks associated with adverse events such as dizziness, somnolence, and drowsiness. Working at heights or driving should be avoided if patients are undergoing AT treatment. Fourthly, treatment duration and pressure intensity of AT need to be reasonably arranged. Patients should avoid putting excessive pressure on the implanted needles or taped seeds, and de qi sensation (a subjective feeling of numbness, pressure sensation, heaviness, soreness, or distension) could be adopted as an indicator of stopping pressure. For those receiving long-term AT treatment, a reasonable rest period between each treatment course should be provided. Moreover, for future case reports on AT-related adverse events, more details on the qualification of the practitioner, the targeted auricular acupoints, the AT equipment, the instruction on manual press, the position of the practitioner, the targeted auricular acupoints, the AT treatment, are reasonablerest period between each treatment course are needed in future research to gather practitioner-reported and/or patient-reported outcomes. Future clinical trials on AT should include safety assessment as an important outcome measure, and related international guidelines such as the CONSORT for Case Reports of Adverse Events Related to Acupuncture could be considered [65]. Lastly, prospective or retrospective surveys on AT-related adverse events are needed in future research to gather practitioner-reported and/or patient-reported outcomes. Future clinical trials on AT should include safety assessment as an important outcome measure, and related international guidelines such as the CONSORT for Harms Data Recommendations [20] should be followed to report and analyze AT-related adverse events.

Disclosure
This systematic review did not receive any grants from any funding agencies.

Conflict of Interests
The authors declare that there is no conflict of interests regarding the publication of this paper.

Authors’ Contribution
Jing-Yu Tan undertook the study design, completed the literature searching and data extraction and analysis, and drafted and revised this paper. Alexander Molassiotis undertook the study design and critically revised this paper. Tao Wang completed the literature searching and data extraction. Lorna K. P. Suen undertook the study design and revised this paper.

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[50] L. H. Jin, Y. Y. Li, H. L. Cheng, and S. W. Han, “Therapeutic effect of auricular acupressure with magnetic pellets for severe


