therapy which treats diseases by puncturing acupoints and meridians with various needling instruments. Data analysis was performed through RevMan 5.3 software and effect estimate was shown as relative risk (RR) or mean difference (MD) with a 95% confidence interval (CI).

Results: We got 60 trials which involved 4254 participants. These included RCTs were of poor methodological quality. Six types of acupuncture therapies were identified, including manual acupuncture, electro-acupuncture, needle knocking acupuncture, warm-needling and moxibustion, scalp acupuncture and mao-acupuncture. Meta-analysis showed that manual acupuncture had better effect on global symptom improvement compared with mecobalamin (RR: 1.30; 95%CI: 1.18 to 1.43), Vitamin B (RR: 1.56; 95%CI: 1.30 to 1.87), and no treatment (RR: 1.97; 95%CI: 1.15 to 3.38). Manual acupuncture combined with mecobalamin had better effect on global symptom improvement than mecobalamin alone (RR: 1.80; 95%CI: 1.32 to 2.47). Electro-acupuncture had better effect on global symptom improvement than mecobalamin (RR: 1.26; 95%CI: 1.15 to 1.40) and Vitamin B (RR: 2.07; 95%CI: 1.40 to 3.05). Needle knocking acupuncture combined with mecobalamin had better effect on global symptom improvement than mecobalamin alone (RR: 1.36; 95%CI: 0.87 to 2.11). Only 9 articles reported the adverse events.

Conclusion: Because of the high risk of bias and the potential publication bias of these trials of acupuncture therapy for DPN, we cannot draw confirmative clinical conclusion. Future researches need rigorously instituted, clearly defined and internationally recognized outcome measures.

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P5.019

Chinese herbal medicine combined with nucleotide analogues for compensated HBV-related cirrhosis: a systematic review of randomized controlled trials

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Purpose: This review is to systematically evaluate the effectiveness and safety of Chinese herbal medicine (CHM) plus nucleotide analogues (NAs) for treating compensated HBV-related cirrhosis.

Methods: We mainly searched six databases from their inception to October 9, 2014. The search terms were “cirrhosis”, “hepatitis B”, “compensat*”, “traditional Chinese medicine” and “herbal medicine” in English or Chinese. We included randomized controlled trials (RCTs) and quasi-RCTs. Trials involving HBV-related compensated participants received NAs and NAs plus CHM were included. The liver fibrosis biomarkers (LFsB) were the primary outcomes and the liver function biomarkers (LFCB), liver stiffness (LS), quality of life (QI) and adverse events were the secondary outcomes. According to the Cochrane risk of bias criteria, we assessed the methodological quality of the included trials. According to the Cochrane risk of bias criteria, we assessed the methodological quality of the included trials.

Results: 45 trials including 3497 participants were included. The quality of most of the trials was moderate and low. Three comparisons were included. The level of ALT, AST, TBiL could be reduced in all the comparisons. However, for ALB, two comparisons (CHM plus LAM versus LAM and CHM plus ETV versus ETV) showed the combined treatment could improve the level of ALB. The comparison of CHM plus ADV versus ADV suggested no significant difference in improving it (pooled MD-0.32; 95% CI [-1.20, 0.57]; P<0.00001; I²=91%). For the level of LS, the combined treatment was better in decreasing it. No trial evaluated QL and reported severe adverse events.

Conclusion: CHM plus NAs might have potential advantages in improving LFsB, LFCB and LS. However, considering the quality of the trials included, the conclusion should be given with caution and more standardized RCTs were needed. (Supported by the 973 Program of 2011CB505105.)

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P5.020

Analysis of the Co-occurrence of Accupoints and Pathologies Documented in the Classical Acupuncture Literature

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Purpose: This study aims to analyze the co-occurrence of pathological symptoms and corresponding acupoints as documented by the comprehensive acupuncture and moxibustion records in the classical texts of Far East traditional medicine as an aid to a more efficient understanding of the tacit treatment principles of ancient physicians.

Methods: The Classic of Supporting Life with Acupuncture and Moxibustion (Zhenjiu Zisheng Jing; hereinafter ZZJ), which contains the largest amount of treatment cases and left a strong impact on the Far East medical history, was selected as the primary reference book for the analysis. ZZJ was first digitized and co-occurring pathology-acupoint pairs were extracted and preprocessed into an analyzable format. The pathology-acupoint co-occurrence analysis was performed by applying 5 values of set-theoretic measures (weighted Euclidean distance, Canberra distance, Euclidean distance, chi-squared distance, and Jaccard similarity), which measure the distance between the observed and expected co-occurrence counts, and 2 values of probabilistic measures (association strength and Fisher’s exact test), which measure the probability of observed co-occurrences. The analysis results were used for a prediction simulation in order to measure and compare the extent to which pathologies can be predicted from acupoints.

Results: The treatment records contained in ZZJ were preprocessed, which yielded 4162 pathology-acupoint sets. Co-occurrence was performed applying 7 different analysis variables, followed by a prediction simulation. The prediction simulation results revealed the weighted Euclidean distance
had the highest prediction rate with 24.31%, followed by Canberra distance (23.14%) and association strength (21.29%).

**Conclusion:** The weighted Euclidean distance among the set-theoretic measures and the association strength among the probabilistic measures were verified to be the most efficient analysis methods in analyzing the correlation between acupoints and pathologies found in the classical medical texts.

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**P5.021**

Spatial patterns of indications of acupuncture points: Possible visualization of the meridian system

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**Purpose:** Indications of acupoints have been considered to be highly associated with the line of the meridian system. Using data mining methods, we aimed to analyze the characteristics of indications of each acupoint and visualize the associations between acupoints and diseases sites from the classical medical text ChimGuGyungHumBang in Korean Medicine.

**Methods:** Using a term frequency-inverse document frequency (tf-idf) method, we extracted valuable information on indications of each acupoint based on the co-occurrence frequencies data between 11 acupoints and 19 disease sites throughout the book. We also visualized the spatial patterns of indications of each acupoint on the body map based on the tf-idf value.

**Results:** We found that each acupoint in the different meridian exhibited different patterns of constellations of disease sites. Spatial patterns of indication of each acupoint were highly associated with the route of the corresponding meridian from ancient Diagram of Meridians and Collaterals.

**Conclusion:** We demonstrated that the information on indications of each acupoint is mainly associated with the corresponding meridian system. Our findings suggest that the route of the meridian have clinical implications for telling us the constellations of indications of acupoints.

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**P5.023**

Exploratory Structural Analysis on Formulation in Wenbingtiaobian by Network Analysis

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**Purpose:** By using network analysis, the purpose of this study is to analyse whether the prescription grouping is well-divided according to three disease process, upper/middle/lower energizer, and warming-heat/dampness-heat which treatment method is differentiated with clearing method and warming method.

**Methods:** We separated prescriptions in Wenbingtiaobian into upper/middle/lower energizer process and warming-heat/dampness-heat division. Netminer, one of the network analysis program, is utilized to analyze each structure. Glycyrrhiza uralensis is applied widely for harmonizing other herbs. According to our judgement, Glycyrrhiza uralensis is not main herb that influences the treatment method, so Glycyrrhiza uralensis is ruled out at the analysis.

**Results:** As a result of analysis following disease process of upper/middle/lower energizer, there is not definite division but somewhat tendency. As a result of analysis following warming-heat/dampness-heat division, there is not definite division in upper energizer, but there is comparatively definite division in middle/lower energizer.

**Conclusion:** For the consequence of network analysis of prescriptions in Wenbingtiaobian, the prescriptions are not made up quite separately for upper/middle/lower energizer process and it means there are some herbs that used in Wenbingtiaobian; commonly throughout upper/middle/lower energizer. At warming-heat/dampness-heat division, as well as there is different treatment method clearing method and warming method, prescriptions are made up more separately.

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