

Comment on “Efficacy and Safety of Acupuncture and Acupuncture-Combined Therapies in the Treatment of Sciatica Caused by Lumbar Disc Herniation: A Network Meta-Analysis” [Letter]

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Dear editor

We read with interest the network meta-analysis (NMA) evaluating acupuncture and acupuncture-combined therapies for sciatica due to lumbar disc herniation.¹ While the topic is clinically important, we wish to raise several concerns that may materially affect the certainty and applicability of the findings.

First, the evidence base is overwhelmingly derived from trials conducted in China and published predominantly in Chinese-language journals. Prior evaluations have documented pervasive shortcomings in trial reporting from this context, including incomplete adherence to CONSORT/CONSORT-for-TCM guidance and insufficient methodological transparency, which complicate risk-of-bias appraisal and may inflate effect estimates through publication and selective reporting biases.^{2,3} Language and location effects in meta-analyses are well recognized, with non-English and single-country evidence bases at higher risk for exaggerated benefits and limited external validity.⁴ These structural issues warrant heightened caution when interpreting pooled and ranked treatment effects.

Second, the absence of a GRADE assessment is a critical omission. An NMA that relies on diverse indirect comparisons across variably reported trials requires explicit grading of certainty across outcomes to inform clinical decision-making. Without GRADE, readers cannot judge the extent to which risk of bias, inconsistency, indirectness, imprecision, and publication bias downgrade confidence, nor can they translate SUCRA rankings into practice recommendations with an understanding of the underlying certainty of evidence.⁵ SUCRA-based hierarchies may be methodologically impressive yet clinically misleading if not anchored to transparent certainty judgments.

Third, most primary outcomes appear to be patient-reported (eg, Visual Analogue Scale, Oswestry Disability Index), which, although validated, are particularly vulnerable to performance and detection biases in unblinded or inadequately blinded settings. The authors note the practical challenges of blinding in acupuncture research; this reality heightens the imperative for rigorous allocation concealment, standardized co-interventions, and blinded outcome assessment where feasible, especially for subjective measures. In the absence of these safeguards, expectancy and context effects can produce non-trivial overestimation of benefits, and such biases are magnified when self-reported scales dominate the evidence base.²

We commend the authors for addressing an important clinical question. Strengthening reporting transparency and certainty appraisal will enhance the utility and trustworthiness of this NMA for patient care.

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