

Supplement 1. The search strategy used in each database

MEDLINE via PubMed

	Searches	Results
#1	Headache[MH] OR "Headache Disorders"[MH] OR headach*[TIAB] OR migrain*[TIAB] OR cephalgi*[TIAB] OR cephalalgi*[TIAB]	139,657
#2	Acupuncture[MH] OR "Acupuncture Therapy"[MH] OR "Acupuncture Points"[MH] OR acupunct*[TIAB] OR acupoint*[TIAB] OR "Dry Needling"[MH] OR "dry needling"[TIAB] OR "filiform needle"[TIAB]	39,702
#3	"Randomized Controlled Trial"[PT] OR "Controlled Clinical Trial"[PT] OR randomized[TIAB] OR placebo[TIAB] OR "Clinical Trials as Topic"[Mesh:noexp] OR randomly[TIAB] OR trial[TI]	1,582,690
#4	animals[MH] NOT humans[MH]	5,179,719
#5	(#1 AND #2 AND #3) NOT #4	491

Embase via Elsevier

	Searches	Results
#1	headache/exp OR 'headache and facial pain'/exp OR headach*:ab,ti OR migrain*:ab,ti OR cephalgi*:ab,ti OR cephalalgi*:ab,ti	427,544
#2	acupuncture/exp OR acupuncture*:ab,ti OR 'acupuncture point'/exp OR 'body meridian'/exp OR 'body meridian':ab,ti OR acupoint*:ab,ti OR 'dry needling'/exp OR 'dry needling':ab,ti OR 'filiform needle':ab,ti	64,595
#3	'crossover procedure':de OR 'double-blind procedure':de OR 'randomized controlled trial':de OR 'single-blind procedure':de OR (random* OR factorial* OR crossover* OR cross NEXT/1 over* OR placebo* OR doubl* NEAR/1 blind* OR singl* NEAR/1 blind* OR assign* OR allocat* OR volunteer*):de,ab,ti	3,253,041
#4	#1 AND #2 AND #3	1,687

CENTRAL

	Searches	Results
#1	MeSH descriptor: [Headache] explode all trees	5,947
#2	MeSH descriptor: [Headache Disorders] explode all trees	4,545
#3	(headach* OR migrain* OR cephalgi* OR cephalalgi*):ti,ab,kw	41,853
#4	#1 OR #2 OR #3	41,853
#5	MeSH descriptor: [Acupuncture] explode all trees	713

#6	MeSH descriptor: [Acupuncture Therapy] explode all trees	6,525
#7	MeSH descriptor: [Acupuncture Points] explode all trees	2,539
#8	MeSH descriptor: [Dry Needling] explode all trees	166
#9	(acupunct* OR acupoint* OR "dry needling" OR "filiform needle"):ti,ab,kw	22,387
#10	#5 OR #6 OR #7 OR #8 OR #9	22,737
#11	(#4 AND #10) in Trials	956

AMED via EBSCO

	Searches	Results
#1	SU Headache OR SU "Tension Type Headache" OR SU "Tension Headache" OR SU Migraine OR TX headach* OR TX migrain* OR TX cephalgi* OR TX cephalalgi*	2,455
#2	SU Acupuncture OR SU "Acupuncture Therapy" OR SU "Acupuncture Analgesia" OR SU Acupoints OR SU Needles OR SU Needling OR SU "Dry needling" OR TX acupuncture* OR TX acupoint* OR TX needl*	12,850
#3	#1 AND #2	408

Supplement 2. Excluded studies after full-text review

- Not randomized controlled clinical trials: 16

1. Chen B. Effect of Acupuncture on Serum Magnesium Level in Treatment of Migraine. *Journal of Traditional Chinese Medicine*. 2000;20(2):126-7.
2. Endres HG, Diener HC, Molsberger A. Role of acupuncture in the treatment of migraine. *Expert Rev Neurother*. 2007;7(9):1121-34.
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4. Govind N. Acupuncture for the prevention of episodic migraine. *Research in nursing & health*. 2019;42(1):87-8.
5. Gunduztepe Y, Mit S, Gecioglu E, Gurbuz N, Salkaci O, Severcan C, et al. The impact of acupuncture treatment on nitric oxide (NO) in migraine patients. *Acupuncture and Electrotherapeutics Research*. 2014;39:275-83.
6. Haller H. Acupuncture to prevent migraines: Does the choice of sham acupuncture points according to segmentanatomical criteria influence the specific effectiveness? *Deutsche Zeitschrift fur Akupunktur*. 2020;63(3):131-3.
7. He PR. Acupuncture treatment of migraine. *International Journal of Clinical Acupuncture*. 1994;5(1):49-52.
8. Kuruvilla A. Acupuncture outcome of patients with migraine. *Med Acupunct*. 2007;19(2):137-9.
9. Lan L, Gao Y, Zeng F, Qin W, Dong M, Liu M, et al. A central analgesic mechanism of acupuncture for migraine: An ongoing functional MRI study. *Neural Regen Res*. 2013;8(28):2649-55.
10. Li Y, Liang FR, Zheng H, Witt C, Roll S, Yu SG, et al. Acupuncture to treat migraine: a multi-center randomized controlled trial. *European journal of integrative medicine*. 2010;2(4):194-5.
11. Molsberger A. The role of acupuncture in the treatment of migraine. *CMAJ*. 2012;184(4):391-2.
12. Pickett H, Blackwell JC. Acupuncture for migraine headaches. *American Family Physician*. 2010;81(8):1036-7.
13. Pokladnikova J, Maresova P, Dolejs J, Park AL, Wang B, Guan X, et al. Economic analysis of acupuncture for migraine prophylaxis. *Neuropsychiatr Dis Treat*. 2018;14:3053-61.
14. Pokladnikova J, Stefancikova M, Haviger J, Bishop FL, Wang B, Guan X, et al. Effect of expectation on short- and long-term treatment response to Acupuncture in migraine patients. *Eur J Integr Med*. 2019;26:31-6.
15. Schnorrenberger CC, Baust W. [Acupuncture therapy of migraine in a double-blind trial]. *Med Welt*. 1979;30(11):425-8.

16. Swanson JW. Acupuncture is no more effective than sham acupuncture in the treatment of migraine. *Current neurology and neuroscience reports*. 2006;6(2):93-4.

- Not about only manual acupuncture: 6

1. Deng ZQ, Zheng H, Zhao L, Zhou SY, Li Y, Liang FR. Health economic evaluation of acupuncture along meridians for treating migraine in China: results from a randomized controlled trial. *BMC Complement Altern Med*. 2012;12:75.

2. Gao Z, Yan X, Wang-Sattler R, Covic M, Yu G, Ge F, et al. Metabolomics reveals reasons for the efficacy of acupuncture in migraine patients: The role of anaerobic glycolysis and mitochondrial citrate in migraine relief. 2023.

3. Jie Y, Fang Z, Yue F, Li F, Wei Q, Xuguang L, et al. A PET-CT study on the specificity of acupoints through acupuncture treatment in migraine patients. *BMC complementary and alternative medicine*. 2012;12(1):123-9.

4. Li Y, Zheng H, Witt CM, Roll S, Yu SG, Yan J, et al. Acupuncture for migraine prophylaxis: A randomized controlled trial. *CMAJ*. 2012;184(4):401-10.

5. Melchart D, Hager S, Hager U, Liao J, Weidenhammer W, Linde K. Treatment of patients with chronic headaches in a hospital for traditional Chinese medicine in Germany. A randomised, waiting list controlled trial. *Complement Ther Med*. 2004;12(2-3):71-8.

6. Zhao L, Chen J, Li Y, Sun X, Chang X, Zheng H, et al. The Long-term Effect of Acupuncture for Migraine Prophylaxis: a Randomized Clinical Trial. *JAMA internal medicine*. 2017;177(4):508-15.

- Not sham acupuncture or waiting list-controlled trials: 11

1. Dowson DI, Lewith GT, Machin D. The effects of acupuncture versus placebo in the treatment of headache. *Pain*. 1985;21(1):35-42.

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5. Musil F, Pokladnikova J, Pavelek Z, Wang B, Guan X, Valis M. Acupuncture in migraine prophylaxis in Czech patients: an open-label randomized controlled trial. *Neuropsychiatr Dis Treat*. 2018;14:1221-8.

6. Sun Zhong-Ren ET. Research Into Clinical Curative Effect of Acupuncture on Migraine and Its Biochemical Mechanism. *Shanghai journal of acupuncture and moxibustion*. 2002;21(1):16.

7. Sun ZR, Wu YJ, Li XJ. Study on the clinical effect of acupuncture on migraine and its biochemical mechanism. *Chinese Journal of Clinical Rehabilitation*. 2004;8(10):1994-5.
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10. Wang LP, Zhang XZ, Guo J, Liu HL, Zhang Y, Liu CZ, et al. Efficacy of acupuncture for migraine prophylaxis: A single-blinded, double-dummy, randomized controlled trial. *Pain*. 2011;152(8):1864-71.
11. Wang S, Cai YY. The clinical effect of point-through-point acupuncture on migraine and the investigation into its mechanism. *Shanghai journal of acupuncture and moxibustion*. 2003;22(2):18-20.

- Not reporting outcomes of interest appropriately: 17

1. Baust W, Sturtzbecher KH. [Management of migraine using acupuncture in a double-blind study]. *Medizinische Welt*. 1978;29(16):669-73.
2. Bollig G, Pothmann R, Thoiss W, Vogtmann T. One-point-acupuncture for the treatment of acute headache - First results. *Deutsche Zeitschrift fur Akupunktur*. 2000;43(3):172-4.
3. Ceccherelli F, Ambrosio F, Avila M, Duse G, Munari A, Giron GP. Acupuncture vs. placebo in the common migraine: a double blind study. *Cephalalgia*. 1987;7(Suppl 6):499-500.
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5. Hansen PE, Hansen JH. Acupuncture therapy for chronic tension headache. A controlled cross-over investigation. *Ugeskrift for Laeger*. 1984;146(9):649-52.
6. Hansen PE, Hansen JH. Acupuncture treatment of chronic tension headache--a controlled cross-over trial. *Cephalalgia*. 1985;5(3):137-42.
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13. Liu L, Qi W, Wang Y, Ni X, Gao S, Zhou Z, et al. Circulating exosomal microRNA profiles in migraine patients receiving acupuncture treatment: A placebo-controlled clinical trial. *Frontiers in Molecular Neuroscience*. 2023;15.
14. Michel-Cherqui M, Ma S, d'Ussel M, Ebbo D, Spassova A, Chaix-Couturier C, et al. Auriculotherapy in prevention of migraine attacks: an open randomized trial. *Frontiers in neurology*. 2023;14:1193752.
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- Only abstract available: 1

1. Alecrim-Andrade J, Maciel-Júnior JA, Carne iCX, Correa-Filho HR, Machado HC, Vasconcelos GMS. The long-lasting response of acupuncture treatment for migraine prophylaxis: 44 weeks' post-treatment follow-up. *Cephalalgia*. 2005;25(10):942-3.

- Duplicated data: 2

1. Li Z, Zhou J, Cheng S, Lan L, Sun R, Liu M, et al. Cerebral fractional amplitude of low-frequency fluctuations may predict headache intensity improvement following acupuncture treatment in migraine patients. *Journal of traditional chinese medicine = chung i tsa chih ying wen pan*. 2020;40(6):1041-51.
2. Linde K, Streng A, Hoppe A, Brinkhaus B, Witt CM, Hammes M, et al. Treatment in a randomized multicenter trial of acupuncture for migraine (ART migraine). *Forsch Komplementmed*. 2006;13(2):101-8.

Supplement 3. Details of acupuncture treatment method

Study ID	Acupuncture protocol	Number of needles	Treatment points	Depth of insertion	Needle stimulation	Needle retention time	Needle type	Number of treatment sessions	Frequency	Other interventions	Qualification or experience on acupuncture
Alecrim 2008	Individualized	a maximum of 20 needles	individualized (bilateral)	NR	De qi, manipulation by rotation	30 min	Sterile disposable and steel needles (0.25 × 40 mm)	16	twice a week for the first 4 weeks, then once a week for 8 weeks*	Rescue medication as needed	experienced physicians specialized in acupuncture for more than 11 years
Allais 2011	Individualized	mean number 3.2 ± 0.23	Antero-internal part of the antitragus on the same side of pain (positive to needle contact test) (unilateral)	NR	NR	1 day	auricular semi-permanent needles	1	one session	NR	an experienced acupuncturist
Backer 2008	Semi-standardized	NR	GV20, GB20, EX-HN5, TE23, TE5, LR3, GB41 (bilateral)	NR	De qi, manipulation by rotation (a frequency of 2 to 4 Hz and an amplitude of approximately 90 to 120 degrees)	30 min	Sterile disposable and steel needles (0.25 × 40 mm)	12	NR	NR	2 experienced acupuncturists
Diener 2006	Semi-standardized	mean 15.4 ± 4.6 (10-25)	depending on TCM diagnosis predefined collections of obligatory and flexible points (bilateral)	2-20 mm	De qi	30 min	Sterile disposable and steel needles (0.25-0.30 × 25-40 mm)	10 (if moderate response further 5 sessions possible)	twice a week	NR	149 physicians with at least 140 hours' acupuncture training and 2 years' professional experience
Farahmand 2018	Standardized	NR	Shenmen, Autonomic, Thalamus, Frontal, Temple	NR	NR	4 hours	sterile metallic needles (0.25 x 13 mm)	1	one session	Rescue medication as needed	one operator who had been trained during 1 month course prior to sampling
Foroughipour 2014	Individualized	NR	according to involved meridians (Shaoyang, Yangming, Taiyang or Jueyin) and their pattern identification, thus adding individualized acupuncture	NR	De qi	30 min	Sterile disposable and steel needles (0.25 x 40 mm, 0.18 x 25 mm)	12	three times a week	continue prophylactic treatment	acupuncturist in Imam Reza hospital Chinese medicine and acupuncture clinic

Habibabadi 2021	Semi-standardized	maximum of 4 needles in the most active points in each ear	Sympathetic, Gallbladder, GB3, GB40, Lesser occipital nerve, Thalamus, Ear apex, Forehead, Zero, Shenmen, Prostaglandin 1, Prostaglandin 2, Liver, Hypothalamus, Frustration, Temple, Occiput, local cervical point (back), local cervical point (front), worry point	NR	NR	NR	auricular semi-permanent needles	2	once every two weeks	propranolol 20 mg every 12 hours	an anesthesiologist and pain medicine specialist who had an auricular medicine certificate along with 15 years of experience
Li 2017	Standardized	6	AT1: GB34, GB40, TE5, AT2: GB33, GB42, TE8, AT3: ST36, ST42, LI6 (bilateral)	5-15 mm	De qi	30 min	Sterile disposable and steel needles	202	5 sessions for week	Rescue medication (ibuprofen) as needed	two licensed acupuncturists
Li 2023	Standardized	NR	GB20, LR3, EX-HN5, GV20, EX-HN1	NR	De qi, amplitude of lifting-thrusting: 0.3–0.5 cm; frequency: 60–90 times/min; twirling angle: 90°–180°	30 min	Sterile disposable and steel needles (0.30 x 40 mm)	10	once a day	Rescue medication as needed	NR
Linde 2004	Semi-standardized	12	GB8, GB20, LI4, LR3, SP6 (bilateral) *depending on the site of usual maximum headache -frontal pain: GB14 -temporal pain: EX-HN5 -occipital pain: BL10	10-30 mm	De qi, rotated manually every 10 min	30 min	Sterile disposable filiform needles (0.25 x 15 mm or 0.30 x 30 mm)	9	three times a month (8, 5, and 3 days before expected date of menstruation in three cycles)	Rescue medication as needed	experienced physiotherapists
Linde 2005	Semi-standardized	limited to 25	GB20, GB40, GB41, GB42, GV20, LR3, TE3, TE5, EX-HN5 (bilateral) *additional points according to individual symptoms	NR	De qi, stimulated manually at least once during each session	30 min	Sterile disposable and steel needles, physicians could choose needle length and diameter.	12	twice a week for first 4 weeks, then once a week for 4 weeks	Rescue medication as needed	physicians trained (at least 140 hours, median 500 hours) and experienced (median 10 years) in acupuncture
Wallasch 2012	Semi-standardized	6-10	LI4, ST36, TE5, GB41, SI3, BL62, GV20, GB20, EX-HN5, TE23, LR3, KI3 (bilateral)	NR	De qi, manually rotated to achieve a needle sensation	30 min	Sterile disposable and steel needles (0.30 x 35 mm)	8	once a week	NR	licensed, with long experience in TCM and history of practicing acupuncture methodology in China

Wang 2012	Semi-standardized	10-12	GV20, GV24, ST8, GB8, GB20 *according to different syndromes -Shaoyang headache: TE5, GB34 -Yangming headache: LI4, ST44 -Taiyang headache: BL60, SI3 -Jueyin headache: LR3, GB40 -nausea and vomiting: PC6 -dysphoria and susceptibility to rage: LR3	10-15 mm	De qi, stimulated manually by twirling and lifting–thrusting	30 min	Sterile disposable and steel needles (1.5-in. filiform needle, 0.32 x 40 mm)	1	one session	Rescue medication (Aspirin) as needed	acupuncturists with at least 20 years of clinical experience
Wang 2015	Semi-standardized	9-12	GB20 (bilateral), EX-HN5, GB8, LI4 (unilateral) *according to pattern identification -ascending hyperactivity of liver yang: GV20, LR2, LR3, KI3, GB39, SP6 -deficiency of both qi and blood: GV20, GV23, ST36, SP6 -wind phlegm blocking the meridians: ST40, CV12, SP9 -blood stasis: SP6, SP10, ashi point	10-30 mm	De qi, stimulation every 10 minutes	25 min	Sterile disposable and steel needles (0.25 x 30 or 40 mm)	16	twice a week for 4 weeks, once a week for next 4 weeks, once every two weeks for next 4 weeks, once a month for 2 months	Rescue medication as needed	one registered acupuncturist, with a 5-year bachelor degree and 3 years of clinical experience in acupuncture
Wang 2017	Standardized	NR	headache point (midpoint of the hollow in front of the juncture of the 1st and 2nd metatarsal bones on the dorsum of the foot)	25-40 mm	De qi, lifting-thrusting	no retention	Sterile disposable and steel needles (0.35 x 75 mm)	20	once a week, 5 times a week	Rescue medication (ibuprofen) as needed	NR
Xu 2020	Semi-standardized	NR	LI4, LR3, EX-HN5, GB20, GB8 (bilateral) *according to meridian diagnosis and the patient's symptoms -Yangming headache: ST8 (bilateral) -Taiyang headache: BL10 -Jueying headache: GV20	0.3-1.2 cun	De qi, manual manipulation for each acupoint lasted 10 seconds and was repeated four times with intervals of 10 minutes	30 min	Streitberger acupuncture needles (0.30 x 30 mm)	20	once every other day	usual care (lifestyle changes and migraine self-management), and rescue medication (diclofenac sodium) as needed	14 licensed acupuncturists with more than 5 years of clinical experience
Yu 2018	Semi-standardized	NR	LR3, LI4, SP6, GB20 *according to pattern identification -qi and blood deficiency: ST36 -qi stagnation and blood stasis: SP10 -liver and kidney yin deficiency: KI3 -liver fire: LR2	15-20 mm	De qi, manual rotation of approximately four times per second and an amplitude of approximately 1-2 full rotations at a 10-min interval	20 min	Sterile disposable and steel needles (0.18 x 30 mm)	9	three times a month	Rescue medication as needed	acupuncturist licensed by the college of TCM practitioners and acupuncturists of Ontario

Zhao 2014	Standardized	8	TE5, GB20, GB34, GB40 (bilateral)	2.5-3.5 cm	De qi, twisted with rotation (90°<amplitude<180°) at a frequency of 1–2 Hz	30 min	Sterile disposable and steel filiform needles (0.25-0.30 x 25-40 mm)	32	4 times a week	NR	two specialized acupuncturists with at least 5 years of training and 3 years of experience
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NR, not recorded; TCM, traditional Chinese medicine.

*information from *Linde K, Allais G, Brinkhaus B, Fei Y, Mehring M, Vertosick EA, Vickers A, White AR. Acupuncture for the prevention of episodic migraine. Cochrane Database Syst Rev. 2016;2016(6):CD001218.*

Supplement 4. Results of testing inconsistency at the local level through the node splitting method.

(a) Headache pain intensity

Side	Direct comparison		Indirect comparison		Difference		p value
	Coefficient	SE	Coefficient	SE	Coefficient	SE	
AT WL	1.333515	0.3084614	1.866674	0.6233917	-0.5331587	0.6827231	0.435
AT SATS	0.4287293	0.1433069	-2.933106	551.2447	3.361835	551.2447	0.995
AT SATV	-0.5442294	0.5649827	2.818541	629.4517	-3.36277	629.452	0.996
SATS WL	1.109116	0.3129665	0.5758676	0.614562	0.5332481	0.682721	0.435

(b) Response rate

Side	Direct comparison		Indirect comparison		Difference		p value
	Coefficient	SE	Coefficient	SE	Coefficient	SE	
AT WL	-1.385841	0.3113524	-1.367913	0.5779875	-0.017928	0.5690105	0.975
AT SATS	-0.2824249	0.128896	3.216478	946.2885	-3.498903	946.2886	0.997
AT SATV	0.548566	0.8638623	-2.78497	1344.814	3.333536	1344.814	0.998
SATS WL	-1.088902	0.3177867	-1.106791	0.5631636	0.0178883	0.5690171	0.975

(c) Frequency of migraine attacks

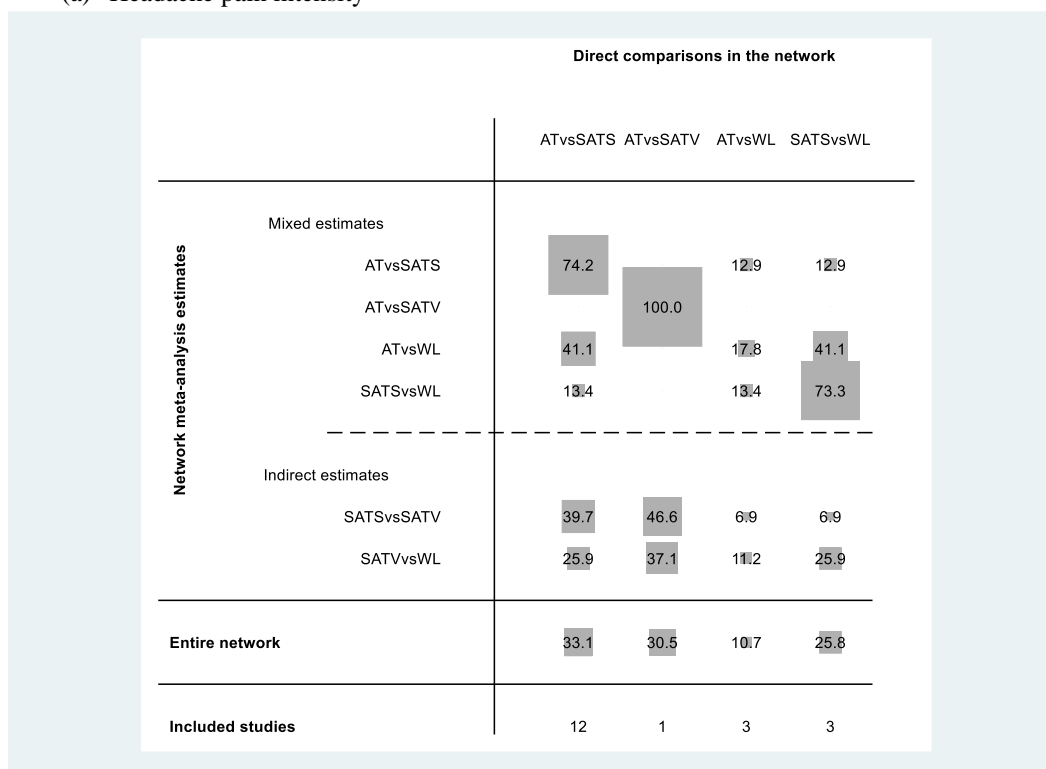
Side	Direct comparison		Indirect comparison		Difference		p value
	Coefficient	SE	Coefficient	SE	Coefficient	SE	
AT WL	0.6973213	0.1721473	1.721596	0.3981054	-1.024275	0.4226712	0.015
AT SATS	0.4958241	0.1220656	-1.59058	625.5491	2.086404	625.5491	0.997
AT SATV	-0.4060445	0.4626638	1.681852	626.0662	-2.087896	626.0664	0.997
SATS WL	0.5662731	0.1863988	-0.4580195	0.3786898	1.024293	0.4226715	0.015

Note. All the evidence about these contrasts comes from the trials which directly compare them.

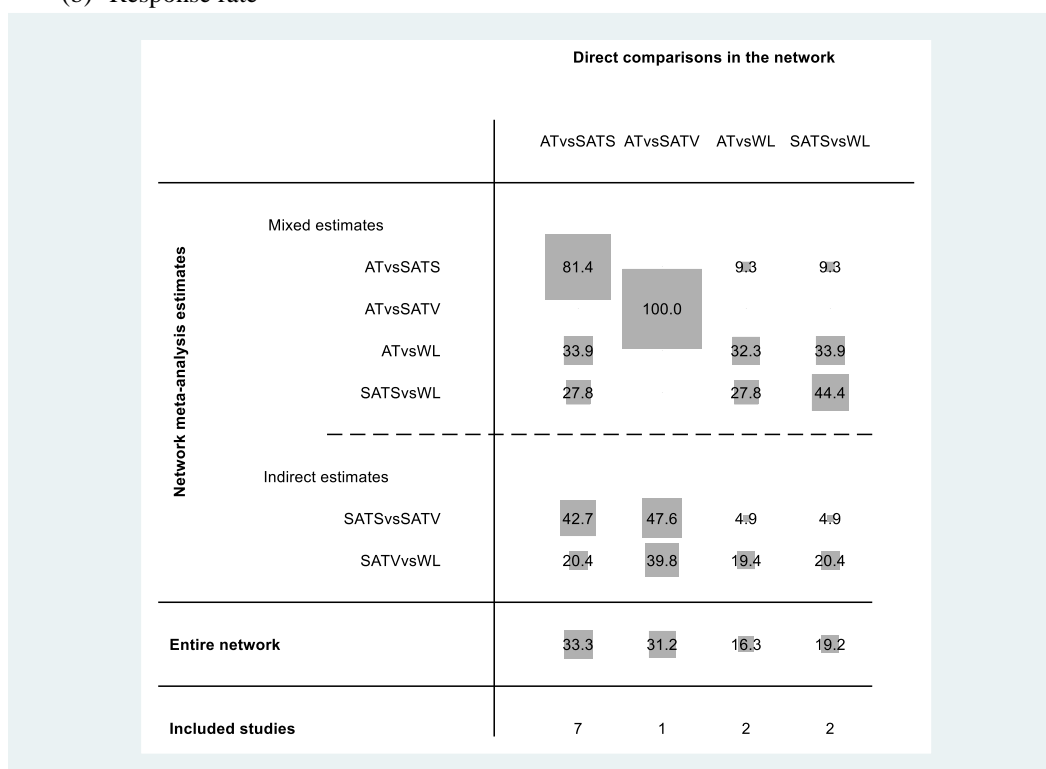
AT, acupuncture therapy; SATS, Sham acupuncture therapy at non-indicated sham points; SATV, Sham acupuncture therapy at the same acupuncture points as the verum acupuncture group; SD, standard deviation; WL, waiting list.

Supplement 5. Contribution matrix

(a) Headache pain intensity



(b) Response rate



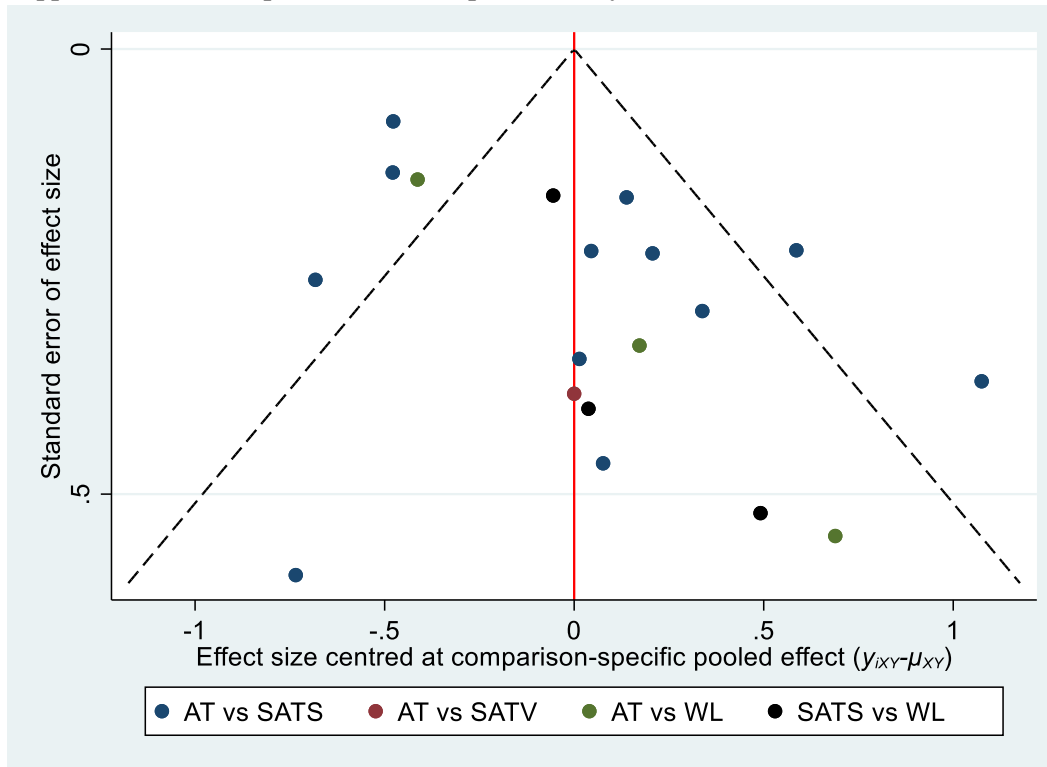
AT, acupuncture therapy; SATS, Sham acupuncture therapy at non-indicated sham points; SATV, Sham acupuncture therapy at the same acupuncture points as the verum acupuncture group; WL, waiting list.

Supplement 6. Risk of bias summary for all included studies

	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Blinding of participants (performance bias)	Blinding of personnel (performance bias)	Blinding of outcome assessment (detection bias)	Incomplete outcome data (attrition bias)	Selective reporting (reporting bias)	Other bias
Alecrim 2008	+	+	+	+	+	+	+	-
Allais 2011	+	?	+	+	+	-	+	?
Backer 2008	+	?	+	+	+	-	+	?
Diener 2006	+	+	+	+	+	+	+	+
Farahmand 2018	+	?	+	+	+	+	+	-
Foroughipour 2014	-	-	+	+	+	+	+	+
Habibabadi 2021	-	-	+	+	+	+	+	+
Li 2017	?	?	-	+	-	-	+	+
Li 2023	+	?	-	+	-	-	+	+
Linde 2004	+	?	+	+	+	+	+	+
Linde 2005	+	+	-	+	-	+	+	+
Wallasch 2012	?	?	+	+	+	-	-	+
Wang 2012	+	+	+	+	+	+	+	+
Wang 2015	+	+	+	+	+	+	+	+
Wang 2017	+	+	+	+	+	-	+	+
Xu 2020	+	+	-	+	-	+	+	+
Yu 2018	?	?	+	+	+	-	+	?
Zhao 2014	+	+	+	+	+	+	+	+

Low, unclear, and high risk, respectively, are represented with the following symbols: “+”, “?”, and “-”.

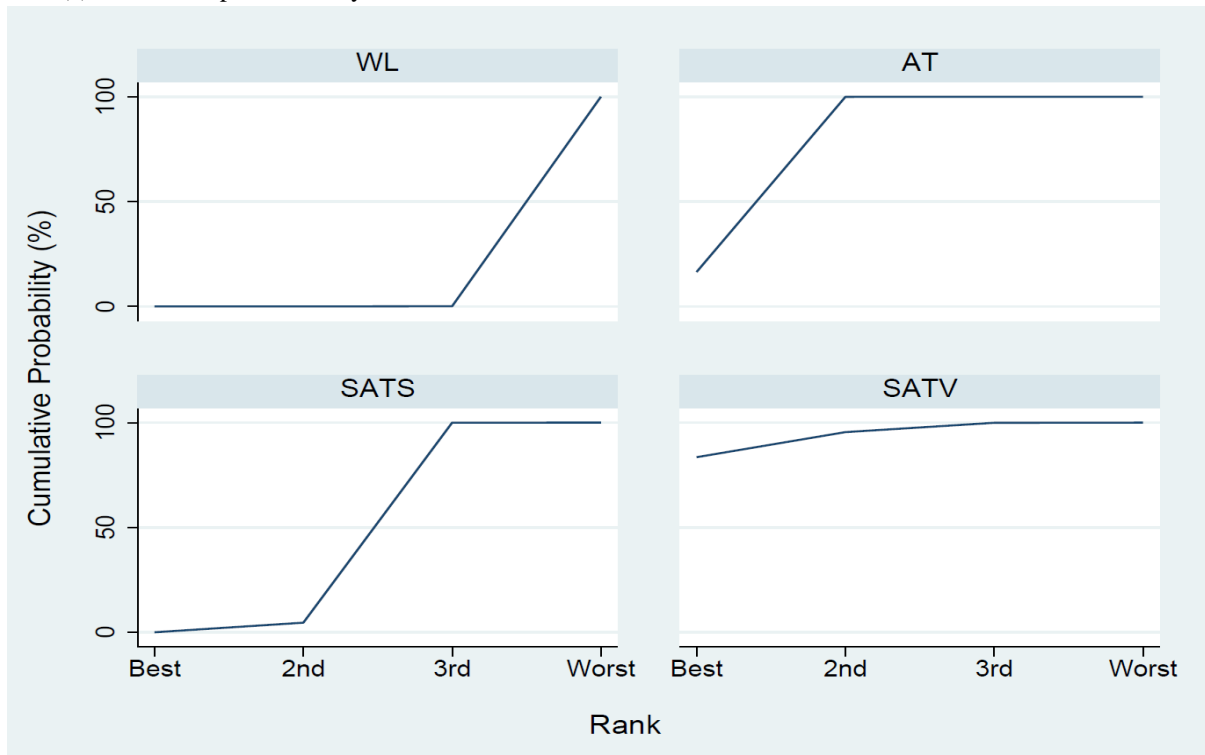
Supplement 7. Funnel plot for headache pain intensity



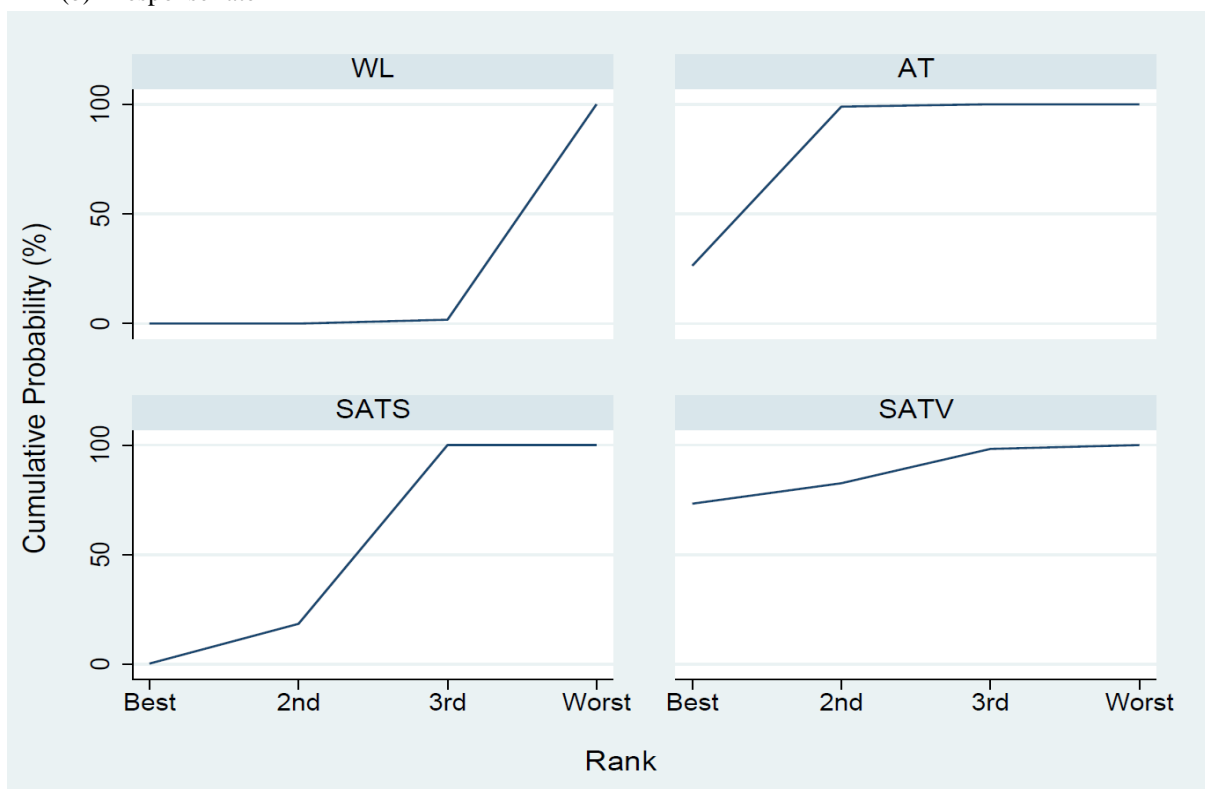
AT, acupuncture therapy; SATS, Sham acupuncture therapy at non-indicated sham points; SATV, Sham acupuncture therapy at the same acupuncture points as the verum acupuncture group; WL, waiting list.

Supplement 8. SUCRA plots

(a) Headache pain intensity



(b) Response rate



AT, acupuncture therapy; SATS, Sham acupuncture therapy at non-indicated sham points; SATV, Sham acupuncture therapy at the same acupuncture points as the verum acupuncture group; WL, waiting list.

Supplement 9. The certainty of the evidence

Comparison		Direct evidence	Indirect evidence	Network meta-analysis
Headache pain intensity				
AT	SATS	Low Inconsistency (-1) Publication bias (-1)	Moderate	Moderate
AT	SATV	High	-	Moderate Imprecision (-1)
AT	WL	Moderate Risk of bias (-1)	Low	Moderate
SATS	SATV	-	Low	Very Low Imprecision (-1)
SATS	WL	Moderate Risk of bias (-1)	Low	Moderate
SATV	WL	-	Moderate	Moderate
Response rate				
AT	SATS	High	Moderate	High
AT	SATV	High	-	Moderate Imprecision (-1)
AT	WL	Moderate Risk of bias (-1)	Moderate	Moderate
SATS	SATV	-	High	Moderate Imprecision (-1)
SATS	WL	Moderate Risk of bias (-1)	Moderate	Moderate
SATV	WL	-	Moderate	Moderate

AT, acupuncture therapy; SATS, Sham acupuncture therapy at non-indicated sham points; SATV, Sham acupuncture therapy at the same acupuncture points as the verum acupuncture group; WL, waiting list.