Table 1 - Therapeutic effect of acupuncture on premenstrual syndrome. Literatures yield 4 studies and 10 different techniques as interventions (the result of previous systematic review is included, Kim S-Y[10]). It comprises of acupuncture points and technique, treatment sessions marking the period of the session(either at luteal phase(LP) or at both LP and follicular phase as L/FP), Duration of the session as in weeks and by menstrual cycles, Baseline score and the outcome score, the control type, and p-value.

#	Acupuncture Points	Tx sessions	Baseline	Outcome	Control	p-value
1	SP6 CV6 +LR3, LR2, SP10, LI4 or +ST36[7]	13 @ L/FP 2/wk, 8wks (2cycles)	MSSL 16.78±4.30	7.56±2.36	SI 5, ST 40	P<0.05
2	DU20 LI4 H3 REN3,4,6 PE6 GB34 UB23, Auriculoacu-point Shenmen[8]	2~4 @ LP (1cycle)	n/a	77.8% reduction	Sham acupuncture	p<0.008
3	Hand acupuncture therapy[9] A5,A6,A8,A12,A16,A18,N18,F6	10 @ L/FP 3/wk, 4wks (1cycle)	MSSL 20.63±10.32	3.94±1.66	no treatment received	p<0.001
4	Hand moxibustion therapy[9] A5,A6,A8,A12,A16,A18,N18,F6	10 @ L/FP 3/wk, 4wks (1cycle)	MSSL 20.65±6.12	3.40±1.78	no treatment received	p<0.001
5	Back-Shu points[10] BL15,17,18,20,21,23	30 @ LP 7/wk (3 cycles)	n/a	Better than CG	standard acupuncture	p<0.05
6	GV 20, CV4,6, Jagong, SP6, ST 36[10]	30 @ LP 7/wk (3 cycles)	n/a	Clinially Improved	Back-shu points	p<0.05
7	Point-through-point GV3~8 BL18~23 BL47~52[10]	30 @ LP 7/wk (3 cycles)	n/a	Better than CG	medication	p<0.05
8	BL17,18,20,23 GV20 CV4,17 SP6 PC6 LR3[10]	30 @ LP 7/wk (3cycles)	n/a	Better than CG	medication	p<0.05
9	Electroacupuncture on Scalp[10] MS1,5 +MS2,3,4	30 @ L/FP 3/wk (3 cycles)	n/a	Better than CG	medication	p<0.05
10	GV20 Ex-HN3,5 SP6,10 + LR3 CV17 LR14 Ex-CA1 CV4 SP9 ST36 CV6 PC6 HT7 BL23 GV4 KI3[10]	21 @ LP 3~4/wk (3 cycles)	n/a	Better than CG		p<0.05