### Table 2: Characteristics of the various studies included in the systematic review.

<table>
<thead>
<tr>
<th>Study</th>
<th>Intervention</th>
<th>Number of active patients</th>
<th>Number of placebo patients</th>
<th>Study start, Location</th>
<th>Duration of all symptoms (days)</th>
<th>Efficacy rated by physician (rated 1–5)</th>
<th>Risk of bias</th>
<th>Duration of itching (days)</th>
<th>Percentage of lesions with itching</th>
<th>Duration of virus excretion (days)</th>
<th>Percentage of lesions with virus excretion</th>
<th>Time to meaningful pain resolution (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bodsworth et al., 2002/USA (Study 1)</td>
<td>Placebo-controlled, Double-blind active intervention, applied five times per day for 5 days.</td>
<td>63 patients</td>
<td>63 patients</td>
<td>USA</td>
<td>7.8±3.7</td>
<td>4.44</td>
<td>Low risk</td>
<td>9.7±3.6</td>
<td>100.0%</td>
<td>9.8±3.7</td>
<td>100.0%</td>
<td>5.5</td>
</tr>
<tr>
<td>Bodsworth et al., 2002/USA (Study 2)</td>
<td>Placebo-controlled, Double-blind active intervention, applied five times a day for 5 days.</td>
<td>63 patients</td>
<td>63 patients</td>
<td>USA</td>
<td>7.8±3.7</td>
<td>4.44</td>
<td>Low risk</td>
<td>9.7±3.6</td>
<td>100.0%</td>
<td>9.8±3.7</td>
<td>100.0%</td>
<td>5.5</td>
</tr>
<tr>
<td>Fiddian et al., 1983/USA</td>
<td>Placebo-controlled, Double-blind active intervention, applied four times a day for 5 days.</td>
<td>225 patients</td>
<td>225 patients</td>
<td>USA</td>
<td>5.8</td>
<td>3.0</td>
<td>Low risk</td>
<td>5.8</td>
<td>50.0</td>
<td>5.8</td>
<td>50.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Fiddian et al., 1983/UK</td>
<td>Placebo-controlled, Double-blind active intervention, applied five times per day for 5 days.</td>
<td>225 patients</td>
<td>225 patients</td>
<td>UK</td>
<td>5.8</td>
<td>3.0</td>
<td>Low risk</td>
<td>5.8</td>
<td>50.0</td>
<td>5.8</td>
<td>50.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Raborn et al., 1989/Canada</td>
<td>Placebo-controlled, Double-blind active intervention, applied twice daily for 5 days.</td>
<td>40 patients</td>
<td>40 patients</td>
<td>Canada</td>
<td>5.0</td>
<td>3.5</td>
<td>Low risk</td>
<td>5.0</td>
<td>75.0%</td>
<td>5.0</td>
<td>75.0%</td>
<td>3.5</td>
</tr>
<tr>
<td>Spruance et al., 1982/USA</td>
<td>Placebo-controlled, Double-blind active intervention, applied twice daily for 5 days.</td>
<td>61 patients</td>
<td>61 patients</td>
<td>USA</td>
<td>5.0</td>
<td>3.5</td>
<td>Low risk</td>
<td>5.0</td>
<td>75.0%</td>
<td>5.0</td>
<td>75.0%</td>
<td>3.5</td>
</tr>
<tr>
<td>Spruance et al., 1983/Netherlands</td>
<td>Placebo-controlled, Double-blind active intervention, applied five times per day for 5 days.</td>
<td>72 patients</td>
<td>72 patients</td>
<td>Netherlands</td>
<td>5.0</td>
<td>3.5</td>
<td>Low risk</td>
<td>5.0</td>
<td>75.0%</td>
<td>5.0</td>
<td>75.0%</td>
<td>3.5</td>
</tr>
<tr>
<td>Spruance et al., 1989/Canada</td>
<td>Placebo-controlled, Double-blind active intervention, applied five times per day for 5 days.</td>
<td>74 cases</td>
<td>74 cases</td>
<td>Canada</td>
<td>5.0</td>
<td>3.5</td>
<td>Low risk</td>
<td>5.0</td>
<td>75.0%</td>
<td>5.0</td>
<td>75.0%</td>
<td>3.5</td>
</tr>
<tr>
<td>Spruance et al., 1996/Netherlands</td>
<td>Placebo-controlled, Double-blind active intervention, applied twice daily for 5 days.</td>
<td>13 patients</td>
<td>13 patients</td>
<td>Netherlands</td>
<td>5.0</td>
<td>3.5</td>
<td>Low risk</td>
<td>5.0</td>
<td>75.0%</td>
<td>5.0</td>
<td>75.0%</td>
<td>3.5</td>
</tr>
<tr>
<td>Spruance et al., 2001/Canada</td>
<td>Placebo-controlled, Double-blind active intervention, applied twice daily for 5 days.</td>
<td>21 patients</td>
<td>21 patients</td>
<td>Canada</td>
<td>5.0</td>
<td>3.5</td>
<td>Low risk</td>
<td>5.0</td>
<td>75.0%</td>
<td>5.0</td>
<td>75.0%</td>
<td>3.5</td>
</tr>
<tr>
<td>Spruance et al., 2002/USA (Study 2)</td>
<td>Placebo-controlled, Double-blind active intervention, applied five times per day for 5 days.</td>
<td>49 patients</td>
<td>49 patients</td>
<td>USA</td>
<td>5.8</td>
<td>3.0</td>
<td>Low risk</td>
<td>5.8</td>
<td>50.0%</td>
<td>5.8</td>
<td>50.0%</td>
<td>3.0</td>
</tr>
<tr>
<td>Spruance et al., 2002/USA (Study 1)</td>
<td>Placebo-controlled, Double-blind active intervention, applied five times per day for 5 days.</td>
<td>63 patients</td>
<td>63 patients</td>
<td>USA</td>
<td>5.8</td>
<td>3.0</td>
<td>Low risk</td>
<td>5.8</td>
<td>50.0%</td>
<td>5.8</td>
<td>50.0%</td>
<td>3.0</td>
</tr>
</tbody>
</table>

**Interventions:**
- Placebo-controlled
- Double-blind
- Active intervention

**Risk of bias assessment:**
- Low risk
- NA

**Notes:**
- Analysis 1: Placebo ointment (polyethylene glycol base) vs. 5% acyclovir cream in modified aqueous cream vehicle
- Analysis 2: Placebo ointment (polyethylene glycol base) vs. 5% acyclovir cream (propylene glycol base)

**Significant differences (p value):**
- Analysis 1:
  - Duration of all symptoms: p=0.61
  - Duration of itching: p=0.67
  - Duration of virus excretion: p=0.64
  - Percentage of lesions with itching: p=0.24
  - Duration of virus excretion: p=0.67
- Analysis 2:
  - Duration of all symptoms: p=0.027
  - Duration of itching: p=0.024
  - Percentage of lesions with itching: p=0.027
  - Duration of virus excretion: p=0.027

**Efficacy:**
- 31% faster than the acyclovir arm.
- 74.7% healing time when treatment was initiated in the early phase.
- 80% healing time when treatment was initiated in the late phase.

**Treatment start:**
- 1. Treatment started within 1 hour of noticing the first sign/symptom.
- 2. Treatment started within 24 hours.

**Prodromal therapy treatment:**
- 1. Applied during prodromal phase.
- 2. Applied every 2 hours while awake for 4 days.

**Results:**
- 1. Pain relief up to 75%
- 2. 97.3% healing time when treatment was initiated in the early phase.
- 3. 94.5% healing time when treatment was initiated in the late phase.

**Drug used:**
- 3% acyclovir cream
- 1% penciclovir cream
- 10% n-docosanol cream
- 5% acyclovir cream in novel glycol base
- 5% acyclovir ointment (polyethylene glycol base)