Table des matières

Hashimoto thyroiditis

Thyroïdite d'Ashimoto

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Ren 2026

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Ren H, Li G, Liao C, Xia H, Wang Z. A systematic review, meta-analysis, and trial sequential analysis of the effect of acupuncture and moxibustion cake on thyroid function in patients with Hashimoto thyroiditis. Medicine (Baltimore). 2026;105(18):e48352.
https://doi.org/10.1097/MD.0000000000048352

Background	Hashimoto thyroiditis (HT) is a prevalent autoimmune thyroid disorder that currently lacks a specific treatment. While oral levothyroxine sodium tablets have been found to significantly enhance thyroid function, they do not contribute to a decrease in concentrations of thyroid-related antibodies. We aimed to design a systematic review, meta-analysis, and trial sequential analysis of the effect of acupuncture and moxibustion cake on thyroid function in patients with HT.
Methods	We conducted an unrestricted search up until March 29, 2024, across 7 databases. These included 4 international databases, namely, PubMed, Web of Science, Scopus, and Cochrane Library, as well as 3 Chinese databases such as CNKI, VIP, and Wanfang. We used Review Manager, version 5.3, for meta-analysis and presented the data as mean difference (MD) and 95% confidence interval to evaluate the role of acupuncture or moxibustion on biomarker levels in HT.
Results	A total of 306 records were identified through databases, and 15 articles were included in the meta-analysis. In the acupuncture group: thyroid peroxidase antibody (TPOAb): the pooled MD is -61.97 (P < .00001), thyroglobulin antibody (TGAb): the pooled MD is -44.78 (P = .001), thyroid-stimulating hormone (TSH): the pooled MD is -2.64 (P < .00001), free triiodothyronine: the pooled MD is 0.47 (P = .09), and free thyroxine: the pooled MD is 1.46 (P = .02). In the moxibustion group: TPOAb: the pooled MD is -11.44 (P = .0002), TGAb: the pooled MD is -8.63 (P = .004), TSH: the pooled MD is -1.00 (P = .27), free triiodothyronine: the pooled MD is 1.12 (P = .14), and free thyroxine: the pooled MD is 1.04 (P = .07).
Conclusion	The meta-analysis indicates that acupuncture and moxibustion may influence thyroid-related biomarkers (TPOAb, TGAb, and TSH) in patients with HT; however, the evidence is highly limited by methodological weaknesses, heterogeneity, and publication bias. These factors preclude reliable clinical recommendations at this stage. Further well-designed, large-scale randomized controlled trials are essential to determine whether these interventions have true clinical efficacy.

1.1.2. Wang 2024

Wang X, Li Y, Xie H, Dai Z, Ma L, Zhu X, Zhan T. Effect of acupuncture on Hashimoto thyroiditis: A systematic review and meta-analysis. Medicine (Baltimore). 2024 Mar 1;103(9):e37326. https://doi.org/10.1097/MD.0000000000037326

Backgound	Hashimoto thyroiditis (HT) is a common autoimmune thyroid disease for which there is no specific treatment. Oral levothyroxine sodium tablets significantly improved thyroid function but did not promote a reduction in thyroid-related antibody concentrations. Acupuncture can improve clinical symptoms and thyroid function in HT patients, reduce serum TPOAb and TGAb levels in HT patients, and improve patients' quality of life.
Methods	We conducted a systematic review and meta-analysis to evaluate the effect of acupuncture versus levothyroxine sodium tablets on Hashimoto thyroiditis. We searched Web of Science, Embase, China National Knowledge Infrastructure, WanFang, VIP, SinoMed and the Cochrane Central Registry of Controlled Trials to identify candidate randomized controlled trials (RCTs).
Results	A total of 1020 patients participated in **14 randomized controlled trials**. The results of meta-analysis showed that acupuncture regulated TPOAb content (mean difference [MD] = -63.18, 95%CI = -91.73 to -34.62, P < .00001), TGAb content (MD = -68.56, 95%CI = -101.55 to -35.57, P < .00001), serum free triiodothyronine (FT3) content (MD = 0.74, 95%CI = 0.20 to 1.27, P < .00001), serum free thyroxine (FT4) content (MD = 1.10, 95%CI = 0.29 to 1.92, P < .00001), TSH content (MD = -2.16, 95%CI = -3.14 to -1.19, P < .00001) had a significant effect.
Conclusion	Compared with levothyroxine sodium tablets alone, acupuncture can significantly regulate the contents of TPOAb, TGAb, FT3, FT4 and TSH.