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# Inflammatory Bowel Disease

## Rectocolite hémorragique & maladie de Crohn

### 1. Systematic Reviews and Meta-Analysis

#### 1.1. Generic Acupuncture

##### 1.1.1. Chang 2025 (Crohn's Disease)

Chang ML, Mi KL, Cunningham RR, Catterall WA, Yared MA, Siegel CA, Yen RW. The Efficacy of Traditional Chinese Medicine for Crohn's Disease Treatment: A Systematic Review and Meta-Analysis. *J Gastrointestin Liver Dis.* 2025 Mar 28;34(1):98-107. <https://doi.org/10.15403/jgld-5729>

<b>Background and aims</b>	Crohn's disease (CD) is an inflammatory bowel disease with limited treatment options for patients with mild to moderately active disease. There is a lack of consensus for using traditional Chinese medicine (TCM) for symptom relief. This review aimed to assess the efficacy of TCM compared to placebo for CD symptom severity relief in patients with mild to moderate CD.
<b>Methods</b>	We searched MEDLINE via PubMed, the Cochrane Library, Scopus, and CINAHL for articles and reviewed results from Web of Science, Google Scholar, clinicaltrials.gov, and reference lists of included studies. We included randomized control trials comparing TCM to placebo in patients with mild to moderate CD to evaluate change in objective symptom severity [Crohn's Disease Activity Index (CDAI) and Crohn's Disease Endoscopic Index of Severity (CDEIS)]. We imported selected articles for dual blinded review, used random-effects models to calculate the mean CDAI and CDEIS differences between TCM and placebo, and qualitatively analyzed differences in inflammatory biomarkers and quality of life.
<b>Results</b>	The search identified 232 relevant studies. We included <b>five studies, totalling 292 participants</b> utilizing acupuncture and herb-partitioned moxibustion. The studies demonstrated a more significant decrease in mean CDAI score due to TCM compared to placebo [-49.91 (95% CI: -64.97, -34.84; p<0.00001); (I2 = 61%, p=0.03)]. Two studies also demonstrated an overall difference in mean CDEIS between TCM and placebo [-2.96 (95% CI: -6.31, 0.40; p=0.08); (I2 = 53%, p=0.140)]. Improvements in quality of life scores were greater in TCM versus placebo groups. There were mixed results for changes in inflammatory biomarkers.
<b>Conclusion</b>	Our findings suggest that TCM may improve objective CD symptoms compared to placebo. Additional studies with more extensive and diverse populations are necessary to determine TCM's true effects on CD patients.

##### 1.1.2. Jia 2025 (inflammatory bowel disease)

Jia J, Wu YB, Liu SW, Chen WJ, Li RL, Bai YL, Hu L. Effectiveness and safety of non-pharmacological therapies for the treatment of inflammatory bowel disease: a network meta-analysis. *Front Med*

(Lausanne). 2025 Jun 30;12:1593483. <https://doi.org/10.3389/fmed.2025.1593483>

<b>Background</b>	Inflammatory bowel disease (IBD), encompassing both Crohn's disease (CD) and ulcerative colitis (UC), is a chronic, inflammatory, and immune-mediated disorder of the gastrointestinal tract. If left inadequately treated, IBD can lead to disease progression, resulting in severe long-term complications, including irreversible structural damage to the intestinal tissues. While clinical symptoms are traditionally used to assess treatment efficacy, they do not always align with the underlying mucosal inflammation, particularly in CD. This limitation underscores the importance of exploring alternative treatment strategies. To address this gap, the present study evaluates the effectiveness of non-pharmacological treatments (NPTs) for IBD through a network meta-analysis (NMA), providing a thorough assessment of the available evidence.
<b>Methods</b>	We systematically reviewed randomized controlled trials (RCTs) from the following databases: PubMed, Embase, Springer, Cochrane Controlled Register of Trials (CENTRAL), and Web of Science, comparing various NPTs for IBD, including Cognitive Behavioral Therapy (CBT), diet interventions (DI), fecal microbiota transplantation (FMT), physical training (PT), and acupuncture and moxibustion (APMX). Outcomes assessed included clinical remission, disease activity, quality of life (QOL), serum biomarkers (fecal calprotectin [FC] and C-reactive protein [CRP]), and adverse effects. The quality assessment was assessed by Cochrane Handbook and GRADEpro software. The risk ratio (RR) was calculated for dichotomous outcomes while standardized mean difference (SMD) was used for continuous variables with 95% credible intervals (CI). Funnel plot was performed to evaluate publication bias. Surface under the cumulative ranking curve (SUCRA) was conducted to rank the included interventions. Data were analyzed with STATA 15.0 and Review Manager 5.3.
<b>Results</b>	A total of 62 eligible RCTs were identified in this NMA. The results showed that standard medical therapy (SMT) exhibited the highest probability in inducing clinical remission, as expected. Among non-pharmacological interventions, <b>APMX, a traditional Chinese medicine involving acupuncture and moxibustion</b> , showed promising results in both animal models and clinical trials, reducing serum TNF- $\alpha$ levels and improving intestinal health. DI was most effective in maintaining clinical remission and reducing serum FC levels. FMT emerged as the most effective treatment for reducing serum CRP levels and ranked second in terms of clinical remission induction.
<b>Conclusion</b>	<b>APMX</b> , DI, and FMT represent promising non-pharmacological options for managing IBD. APMX was the most effective for clinical remission and symptom relief, while DI was best for maintaining remission, and FMT showed promise in reducing inflammation. Further high-quality clinical trials are needed to strengthen the evidence and guide clinical practice in IBD management.

**1.1.3. Bae 2023 (Crohn's Disease)**

Bae JH, Kang SY, You SE, Jeong HI, Jang S, Kim KH. The Effects of Acupuncture on Crohn's Disease: a systematic review and meta-analysis. J Pharmacopuncture. 2023 Sep 30;26(3):211-226. <https://doi.org/10.3831/KPI.2023.26.3.211>

<b>Objectives</b>	Crohn's disease is a chronic gastrointestinal disease that belongs to inflammatory bowel disease. This systematic review aims to assess the level of evidence in randomized controlled trials (RCTs) on the effects of acupuncture for Crohn's disease.
<b>Methods</b>	We searched 12 databases from the date of the establishment of each database up to May, 2023 for relevant RCTs. The risk of bias of each study was assessed independently by three reviewers. The level of evidence of meta-analysis was assessed using GRADE (Grading of Recommendations, Assessment, Development, and Evaluation).

<b>Results</b>	A total of <b>12 studies</b> were included. The effective rate (odds ratio [OR] 3.23, 95% confidence interval [CI] 1.43, 7.30) for mild to moderate Crohn's disease patients showed a significant difference between the acupuncture with moxibustion group and the sham-acupuncture with sham-moxibustion group. CDAI change (mean difference [MD] -74.15, 95% CI -93.28, -55.01) for mild to moderate Crohn's disease showed a significant difference between the acupuncture with moxibustion group and the sham-acupuncture with sham-moxibustion group.
<b>Conclusion</b>	Although acupuncture with moxibustion showed significant effects compared to sham-acupuncture with sham-moxibustion, the effect of acupuncture alone is inconclusive. Moreover, only the effect of acupuncture treatment on mild to moderate Crohn's disease patients was derived as a remarkable result. To confirm the effectiveness of acupuncture treatment for Crohn's disease, studies using only acupuncture for intervention or more RCTs targeting various Crohn's disease patients according to the CDAI are required.

#### 1.1.4. Yang 2023

Yang X, He M, Tang Q, Wang Z, Jin D, Wu X, Yang Y, Ma D, Sun M, Li T. Assessment of anti-inflammatory efficacy of acupuncture in patients with inflammatory bowel disease: A systematic review and meta-analysis. *Complement Ther Med*. 2023 Jun;74:102946.

<https://doi.org/10.1016/j.ctim.2023.102946>

<b>Background</b>	Inflammation has a significant role in the onset and progression of inflammatory bowel disease (IBD). Increasing attention has been paid to the use of acupuncture in IBD patients; however, its regulatory effects on inflammatory factors in IBD still require validation. Here, we systematically evaluated the effects of acupuncture on inflammatory factors in IBD patients.
<b>Methods</b>	Eight electronic databases were searched for studies that met the inclusion criteria. After evaluating the quality of the studies selected by two reviewers, the meta-analysis was performed to assess the efficacy of acupuncture in IBD patients and the impact on inflammatory factors (TNF- $\alpha$ , IL-1, IL-8 and IL-10).
<b>Results</b>	<b>Four randomized controlled trials with a total of 228 patients</b> satisfied the inclusion criteria. Acupuncture has a positive therapeutic impact on IBD (MD = 1.22, 95% CI [1.07, 1.39], P = 0.003). Moreover, it regulates the levels of TNF- $\alpha$ (MD = -60.58, 95% CI [-100.30, -20.89], P = 0.003), IL-8 (MD = -56.40, 95% CI [-60.02, -52.14], P < 0.00001) and IL-10 (MD = 35.96, 95% CI [11.02, 60.91], P = 0.005) in IBD patients. However, the P value of meta-analysis in IL-1 great than 0.05.(MD = -27.90, 95% CI [-97.82, 42.02], P = 0.11).
<b>Conclusion</b>	Acupuncture has a positive therapeutic impact on IBD and can effectively regulate inflammatory factors in IBD patients. TNF- $\alpha$ , IL-8 and IL-10 are more appropriate inflammatory indicators for clinically evaluating the anti-inflammatory response in the blood of IBD patients by acupuncture.

#### 1.1.5. Wang 2020 ☆

Wang X, Zhao NQ, Sun YX, Bai X, Si JT, Liu JP, Liu ZL. Acupuncture for ulcerative colitis: a systematic review and meta-analysis of randomized clinical trials. *BMC Complement Med Ther*. 2020;20(1):309. [219774]. [doi](https://doi.org/10.1186/s12907-020-01977-4)

<b>Background</b>	Ulcerative colitis, characterized by diarrhea, bloody stools and abdominal pain, is a chronic, idiopathic inflammatory disease of the colonic mucosa. In recent years, the incidence of ulcerative colitis presents an increasing trend year by year. Acupuncture, as a potential effective treatment for ulcerative colitis, is widely used in clinical practice.
<b>Methods</b>	We searched PubMed, the Cochrane Library, Chinese CBM Database, China National Knowledge Infrastructure, Chinese VIP Information, and Wanfang Database from the date of the establishment of each database up to March, 2019. We included randomized controlled clinical trials (RCT) comparing acupuncture versus conventional conventional medicine or comparing acupuncture combined with conventional medicine versus conventional medicine in participants with ulcerative colitis. Two authors screened all references, assessed the risk of bias and extracted data independently. We summarized data using risk ratios (RR) with 95% confidence intervals (CI) for binary outcomes. We performed meta-analyses using random effects model. We assessed overall quality of evidence using GRADE.
<b>Results</b>	We included <b>13 RCTs (1030 participants)</b> , 515 in the acupuncture group and 515 in the control group). Only one study tested head acupuncture, and the other 12 tested body acupuncture. The treatment duration ranged from 14 to 60 days. Seven trials compared acupuncture alone versus conventional medicine, and six compared acupuncture combined with conventional medicine versus conventional medicine. Acupuncture combined with mesalazine showed better clinical effect (improved clinical symptoms, colonoscopy results and stool examination results) (RR 1.25, 95% CI 1.19 to 1.41; 232 participants; 4 trials; low quality evidence) and better colonoscopy curative effect (RR 1.33, 95% CI 1.04 to 1.71; 108 participants; 2 trials; moderate quality evidence) compared to mesalazine. Acupuncture showed better clinical effect compared to the combination of metronidazole and sulfasalazine (RR 1.21, 95%CI 1.10, 1.34; 318 participants; 3 trials; moderate quality evidence). There was no significant difference in the incidence of adverse events between groups.
<b>Conclusions</b>	Both acupuncture alone and acupuncture combined with conventional medicine may be effective in treating ulcerative colitis compared to conventional medicine. Our findings must be interpreted with caution due to high or unclear risk of bias of the included trials.

**1.1.6. Wang 2018**

Wang Yuanyuan, Li Fei, Zhang Chi, Zhang Guoshan, Liu Mi, Yu Jie. [Meta-analysis on Acupuncture and Moxibustion in the Treatment of Inflammatory Bowel Disease]. Chinese Medicine Modern Distance Education of China. 2018;21:128-131. [201776].

<p>目的 对近5年针灸治疗炎症性肠病(IBD)的临床疗效与安全性进行系统评价. 方法 应用计算机检索中国期刊全文数据库、万方数据库、维普数据库、web of science数据库、MEDLINE数据库、PubMed数据库、Embase数据库、百度学术知识发现数据库、SPISCHLAR学术资源等在线数据库, 收集2013年1月-2018年1月发表的关于针刺治疗IBD的临床随机对照试验(RCT)文章. 由2名研究者按照Jadad质量评价标准对每个纳入试验进行偏倚风险和质量评估, 使用Revman 5.3软件进行Meta分析. 结果 共纳入符合条件文献11篇, 合计836例患者.Meta分析结果表明: 针灸组或针灸+西药组与西药对照组比较, 临床症状明显好转. 总有效率:OR =3.66,95%CI为[2.41,5.54] (P&lt;0.01),漏斗图结果显示基本对称. 不良反应发生率:OR =0.19,95%CI为[0.07,0.51](P&lt;0.01),差异均具有统计学意义. 结论 针灸治疗IBD的临床疗效明显优于常规西药组, 并且不良反应率较西药治疗组低.</p>	
<b>Objective</b>	To systematically evaluate the clinical efficacy and safety of acupuncture and moxibustion for inflammatory bowel disease (IBD) in the past 5 years.

<b>Methods</b>	The method uses computer to search Chinese journal full-text database, Wanfang database, VIP database, web of science database, MEDLINE database, PubMed database. Online database of Embase database, Baidu academic knowledge discovery database, SPISCHLAR academic resources, etc., collected a randomized controlled trial (RCT) article on acupuncture treatment of IBD published from January to February 2018. Two researchers followed Jadad quality evaluation criteria were used to evaluate the risk and quality of each included trial. Meta-analysis was performed using Revman 5.3 software.
<b>Results</b>	Results were included in <b>11 eligible articles, totaling 836 patients</b> . Meta-analysis showed that: acupuncture group or acupuncture + western medicine group Compared with the western medicine control group, the clinical symptoms were significantly improved. The total effective rate: OR = 3.66, 95% CI was [2.41, 5.54] (P < 0.01), and the funnel plot showed basic symmetry. The incidence of adverse reactions: OR = 0.19, 95% CI was [0.07, 0.51] (P<0.01), the difference was statistically significant.
<b>Conclusion</b>	The clinical efficacy of acupuncture in the treatment of IBD is significantly better than the conventional Western medicine group, and no The good response rate was lower than that of the western medicine treatment group.

### 1.1.7. Liu 2016 (vs salazosulfapyridine) ☆

Liu Zhao, Yang Jin-Sheng, Wu Yuan, Guo Lang-Tao, Zhang Hao-Bin, Qi Shu-Lan, Wang Ying-Ying. [Clinical efficacy differences in ulcerative colitis between acupuncture and salazosulfapyridine: A meta-analysis]. China Journal of Traditional Chinese Medicine and Pharmacy. 2016;2:472-478. [186917].

<b>Objectives</b>	To systematically evaluate the efficacy difference in ulcerative colitis (UC) between acupuncture and salazosulfapyridine (SASP).
<b>Methods</b>	Through the electronic retrieval from CNKI database, Wanfang database, VIP database, Pubmed, Embase and ScienceDirect, randomized controlled trial (RCT) literature regarding acupuncture and SASP in the treatment of UC from June of 2001 to June of 2015 was collected, and they were screened according to Inclusion and exclusion criteria. The included RCTs were evaluated, and RevMan 5. 2 software was used for data processing.
<b>Results</b>	A total of 25 RCTs were included in the analysis, involving 2 166 patients. The quality evaluation of literature showed that the quality score was 24. 48 (61. 2%), of which intervention description had the highest score (8. 32, 69. 33%);All the included RCTs presented methodology problems, leading to probability of bias. Mete-analysis results showed that compared with SASP, acupuncture had better efficacy on short-term effective rate (OR=5. 23, 95%CI [3. 88, 7. 05], Z= 10. 83, P<0. 05) and long-term effective rate (OR=4. 15, 95%CI [1. 87, 9. 20], Z=3. 51, P<0. 05);The acupuncture could significantly improve the tumor necrosis factor levels (SMD=1. 78, 95%CI [0. 40, 3. 15], Z=2. 54, P<0. 05), IgG levels (SMD=2. 05, 95%CI [0. 24, 3. 86], Z=2. 22, P<0. 05) and IgA content (SMD=4. 27, 95%CI [1. 11, 7. 42], Z=2. 65, P<0. 05), but it could not reduce the content of IgM (SMD=0. 13, 95%CI [-0. 15, 0. 42], Z=0. 90, P>0. 05)

<b>Conclusions</b>	<b>It is believed that the efficacy of acupuncture is superior to SAPS on UC</b> , but due to the low methodological quality of included studies, this conclusion will need to more rigorous design, large sample and multicenter RCTs to confirm.
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### 1.1.8. Langhorst 2015 ☆

Langhorst J, Wulfert H, Lauche R, Klose P, Cramer H, Dobos GJ, Korzenik J. Systematic review of complementary and alternative medicine treatments in inflammatory bowel diseases. J Crohns Colitis. 2015;9(1):86-106. [184812].

<b>Objectives</b>	We performed a systematic review for Complementary and Alternative Medicine [CAM] as defined by the National Institute of Health in Inflammatory Bowel Disease [IBD], ie Crohn's disease [CD] and ulcerative colitis [UC], with the exception of dietary and nutritional supplements, and manipulative therapies.
<b>Methods</b>	A computerized search of databases [Cochrane Library, Pubmed/Medline, PsychINFO, and Scopus] through March 2014 was performed. We screened the reference sections of original studies and systematic reviews in English language for CAM in IBD, CD and UC. Randomized controlled trials [RCT] and controlled trials [CT] were referred and assessed using the Cochrane risk of bias tool.
<b>Results</b>	A total of: 26 RCT and 3 CT for herbal medicine, eg aloe-vera gel, andrographis paniculata, artemisia absinthium, barley foodstuff, boswellia serrata, cannabis, curcumin, evening primrose oil, Myrrhinil intest®, plantago ovata, silymarin, sophora, tormentil, wheatgrass-juice and wormwood; 1 RCT for trichuris suis ovata; 7 RCT for mind/body interventions such as lifestyle modification, hypnotherapy, relaxation training and mindfulness; and <b>2 RCT in acupuncture</b> ; were found. Risk of bias was quite heterogeneous. Best evidence was found for herbal therapy, ie plantago ovata and curcumin in UC maintenance therapy, wormwood in CD, mind/body therapy and self-intervention in UC, and acupuncture in UC and CD.
<b>Conclusions</b>	<b>Complementary and alternative therapies might be effective for the treatment of inflammatory bowel diseases</b> ; however, given the low number of trials and the heterogeneous methodological quality of trials, further in-depth research is necessary.

### 1.1.9. Ji 2013 ☆

Ji J, Lu Y, Liu H, Feng H, Zhang F, Wu L, Cui Y, Wu H. Acupuncture and Moxibustion for Inflammatory Bowel Diseases: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Evid Based Complement Alternat Med. 2013. [166675].

<b>Objectives</b>	Inflammatory bowel diseases (IBD) are recurrent and refractory which include ulcerative colitis (UC) and Crohn's disease (CD). Clinical researches about acupuncture and moxibustion treatments for IBD are increasing, while systematic reviews about their efficacy remains in a shortage. This study sought to evaluate the efficacy of acupuncture and moxibustion for IBD.
<b>Methods</b>	Seven significant databases both in and abroad were searched for randomized controlled trials (RCTs) which compared acupuncture and moxibustion as the main intervention to pharmacotherapy in treating IBD. A meta-analysis was performed.
<b>Results</b>	A total of <b>43 RCTs</b> were included. Among the 43 included trials, 10 trials compared oral sulphasalazine (SASP) with acupuncture and/or moxibustion treatments. A meta-analysis of the 10 trials indicated that acupuncture and moxibustion therapy was superior to oral SASP.

<b>Conclusions</b>	<b>Acupuncture and moxibustion therapy demonstrates better efficacy than oral SASP in treating IBD.</b> However, given the limitations of this systematic review and the included literature, definitive conclusions regarding the exact efficacy of acupuncture and moxibustion treatment for IBD cannot be drawn. Extant RCTs still cannot provide sufficient evidence and multicentre, double-blind RCTs with large sample sizes are needed to provide higher-quality evidence.
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### 1.1.10. Joos 2011 ☆

Joos S. Review on efficacy and health services research studies of complementary and alternative medicine in inflammatory bowel disease. Chinese Journal of Integrative Medicine. 2011;17(6):403-409. [186957].

<b>Objectives</b>	To assess the evidence of the use and efficacy for complementary and alternative medicine (CAM) in inflammatory bowel disease (IBD).
<b>Methods</b>	A systematic literature search in MEDLINE was performed for randomized controlled trials (RCTs) in Crohn's disease and ulcerative colitis. Moreover, a selective literature search for health services research studies on the use of CAM in patients with IBD was performed.
<b>Results</b>	Health services research studies showed a high use of CAM in adult and pediatric patients with IBD worldwide. In contrast to the high use among IBD patients, there was a lack of high-quality data for many of the used CAM methods. <b>Although most of the studies showed positive results, the methodological quality of most studies was rather low;</b> therefore, the results had to be interpreted with caution. While there were many studies for probiotics and fish oil, RCTs for the highly used method homeopathy, for most herbal products, and for traditional Chinese medicine methods apart from acupuncture RCTs were completely lacking.
<b>Conclusions</b>	The lack of high-quality studies might be the consequence of the problems associated with the funding of clinical trials involving CAM. However, having the high user rates in mind, high-quality studies assessing efficacy and safety of those methods are urgently needed. Furthermore, there is a need for better representation of CAM in undergraduate and postgraduate medical education.
Acupuncture	For acupuncture, there are only two RCTs, one for CD and one for UC, both showing promising results warranting confirmation in larger studies.

### 1.1.11. Mu 2007 ☆

Mu JP, Wu HG, Zhang ZQ, Liu HR, Zhu Y, Shi Z, Wang XM. [Meta-analysis on acupuncture and moxibustion for treatment of ulcerative colitis]. Zhongguo Zhen Jiu. 2007;27(9):687-90. [167680].

<b>Objectives</b>	To assess the effectiveness and safety of acupuncture and moxibustion for treatment of ulcerative colitis.
<b>Methods</b>	Randomized controlled trials or clinical controlled trials of acupuncture and moxibustion for interfere of ulcerative colitis in recent 10 years were reviewed and Meta-analysis was made for the literature results.
<b>Results</b>	Altogether 11 papers of clinical study were enrolled. Heterogeneous tests were conducted for the results of the 11 studies, as a result, $\chi^2 = 8.55$ , $P = 0.67$ . The fixed effect model was used for statistical analysis, after combination $OR = 3.82$ , confidence interval of 95% was 2.65-5.52. The rhombus was located at the right side of the medium line. After Z test, $Z = 7.14$ , $P < 0.01$ , the therapeutic effect and the cured rate in the treatment group were significantly higher than those of the control group.

<b>Conclusions</b>	<b>The therapeutic effect of acupuncture and moxibustion on ulcerative colitis is superior to that of western medicine with safety and less adverse reactions</b>
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## 1.2. Specific Acupuncture Techniques

### 1.2.1. Comparison of Acupuncture techniques

#### 1.2.1.1. Zhang 2025

Frontiers in Medicine (Lausanne). 2025 Dec 12;12:1676608. Comparative clinical efficacy of acupuncture-related therapies for ulcerative colitis: a systematic review and network meta-analysis. <https://doi.org/10.3389/fmed.2025.1676608>

<b>Background</b>	Ulcerative colitis (UC) is a chronic and recurrent inflammatory bowel disease. Current drug treatments are often associated with side effects, unstable efficacy, and high relapse rates. Therefore, exploring complementary and alternative therapies such as acupuncture is of significant importance for optimizing UC clinical management strategies. This study employs a network meta-analysis method to systematically compare the efficacy and safety of various acupuncture-related therapies in treating UC, aiming to provide evidence-based guidance for selecting the optimal clinical intervention.
<b>Methods</b>	We systematically searched 8 databases for randomized controlled trials (RCTs) of acupuncture-related therapies for ulcerative colitis, including China National Knowledge Infrastructure (CNKI), Wanfang Database, VIP Database, China Biological Medicine (CBM), PubMed, EMBASE, the Cochrane Library, and Web of Science. The total effective rate, Mayo score, Baron endoscopic score were used for primary outcomes, interleukin-6 (IL-6) levels, tumor necrosis factor-alpha (TNF- $\alpha$ ) levels, and relapse rate were selected as secondary outcomes. The Cochrane risk of bias tool (RoB 2.0) was used to assess the quality of the articles, and StataMP 18 was used for statistical analysis. Heterogeneity and consistency were assessed, and the comparative effectiveness of different acupuncture interventions was ranked using Surface under the cumulative ranking curve (SUCRA).
<b>Results</b>	A total of <b>76 RCTs were included, involving 7,484 participants</b> . Auricular acupressure combined with Chinese herbal medicine (AA + CHM) (RR 1.71, 95% CI: 1.47, 1.99, SUCRA = 99.9%) was shown to have effective to improving total effective rate. For Mayo score, the most effective intervention was acupuncture combination therapy (ACU-CT) (SMD -4.85, 95% CI: -6.66, -3.05, SUCRA = 97.5%). In terms of reducing Baron endoscopic score, ACU-CT (SMD -2.31, 95% CI: -3.81, -0.81, SUCRA = 84.1%) had the best efficacy. For IL-6 levels, warm acupuncture (WA) (SMD -3.10, 95% CI: -4.56, -1.65, SUCRA = 96.1%) showed the best efficacy. For TNF- $\alpha$ levels, warm acupuncture combination therapy (WA-CT) (SMD -2.32, 95% CI: -4.54, -0.10, SUCRA = 76.8%) demonstrated the best efficacy. For recurrence rate, Acupuncture (ACU) (OR 0.15, 95% CI: 0.03, 0.65, SUCRA = 89.3%) achieved the greatest reductions. SUCRA analysis showed that WA, ACU-CT, WA-CT, and acupoint catgut embedding (ACE) ranked highest in most of the outcomes. Acupoint frequency statistics revealed that the most commonly used acupoints for treating UC were Tianshu (ST25), Zusanli (ST36), Shangjuxu (ST37), Zhongwan (CV12), Guanyuan (CV4), Dachangshu (BL25), Pishu (BL20), Shenque (CV8), Qihai (CV6), and Sanyinjiao (SP6).

<b>Conclusion</b>	These findings may provide preliminary evidence-based guidance for acupuncture-related interventions as a potential complementary or alternative treatment for patients with UC, particularly those who have poor responses to conventional pharmaceutical treatment. In the future, more large-sample, high-quality RCTs are needed to further confirm the long-term efficacy and mechanisms of different acupuncture interventions.
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## 1.2.2. Acupoint application

### 1.2.2.1. Tong 2023

Tong Y, Yu Y, Yin S, Lin S, Chen Y, Su X. Efficacy and safety of acupoint application in the treatment of ulcerative colitis: A systematic review and meta-analysis. *Medicine (Baltimore)*. 2023 Aug 18;102(33):e34489. <https://doi.org/10.1097/MD.00000000000034489>

<b>Background</b>	The efficacy of acupoint application in the treatment of ulcerative colitis (UC) is still controversial. The purpose of this study is to systematically evaluate the clinical efficacy and safety of acupoint application in the treatment of ulcerative colitis.
<b>Methods</b>	The databases of China National Knowledge Infrastructure (CNKI), Chinese Biology Medicine (CBM), VIP, Wanfang, Embase, PubMed, the Cochrane Library and Web of Science were searched. The time limit was from the establishment of the database to July 2022. The published randomized controlled trials of acupoint application in the treatment of UC were analyzed by meta-analysis and trial sequential analysis.
<b>Results</b>	A total of <b>13 studies</b> were included, with a total sample size of 878 cases. Compared with conventional western medicine, acupoint application can effectively improve the effective rates of clinical comprehensive (risk ratio [RR] 1.13, 95% confidence interval [CI] 1.06-1.20, $P = .0003$ ), syndrome (RR 1.13, 95% CI 1.03-1.24, $P = .009$ ), and interleukin-4 (IL-4) (mean differences 2.62, 95% CI 1.96-3.28, $P < .00001$ ) in the treatment of UC, and reduce interferon- $\gamma$ (mean differences -5.38, 95% CI -6.81 to -3.94, $P < .00001$ ). The effective rates of colonoscopy (RR 0.94, 95% CI 0.84-1.05, $P = .25$ ), pathological examination (RR 1.04, 95% CI 0.90-1.20, $P = .60$ ) and rate of adverse reaction (RR 0.55, 95% CI 0.25-1.21, $P = .14$ ) were the same. Trial sequential analysis indicated that the benefits of effective rates of clinical comprehensive and syndrome, IL-4, and interferon- $\gamma$ were conclusive. Harbord regression showed no publication bias ( $P = .98$ ). The evaluation of evidence quality suggested that the evidence quality of effective rates of clinical comprehensive and syndrome was moderate and the evidence quality of other indicators was low or very low.
<b>Conclusion</b>	Acupoint application is a safe and effective method for the treatment of UC, and has the prospect of clinical application.

## 1.2.3. Moxibustion

### 1.2.3.1. Lee 2010 $\emptyset$

Lee DH et al. Moxibustion for ulcerative colitis: a systematic review and meta-analysis. *BMC Gastroenterol*. 2010 Apr 7;10(1):36. [155352]

<b>Objectifs</b>	Complementary and alternative medicine (CAM) is increasingly used for treatment of inflammatory bowel disease (IBD). Acupuncture-type treatments are among the most popular options. Several studies have reported that moxibustion is effective in ulcerative colitis (UC). The objective of this review was to assess the clinical evidence for or against moxibustion as a treatment for UC.
<b>Méthodes</b>	We searched the literature using 18 databases from their inception to February 10, 2010, without language restrictions. We included randomized clinical trials (RCTs), in which human patients with UC were treated with moxibustion. Studies were included if they were placebo-controlled or controlled against a drug therapy or no treatment group. The methodological quality of all RCTs was assessed using the Cochrane risk of bias.
<b>Résultats</b>	In total, five RCTs were included. All were of low methodological quality. They compared the effects of moxibustion with conventional drug therapy. Three tested moxibustion against sulfasalazine and two against sulfasalazine plus other drugs. A meta-analysis of five RCTs showed favorable effects of moxibustion on the response rate compared to conventional drug therapy (n = 407; risk ratio = 1.24, 95% CI = 1.11 to 1.38; P < 0.0001; heterogeneity: I <sup>2</sup> = 16%).
<b>Conclusions</b>	<b>Current evidence is insufficient to show that moxibustion is an effective treatment of UC.</b> Most of included trials had high risk of bias. More rigorous studies seem warranted.

## 2. Overviews of systematic reviews

### 2.1. Wang 2024

Wang D, Wang Q, Wang Y, Li T, Tian M. Effects of acupuncture and moxibustion on ulcerative colitis: An overview of systematic reviews. *Heliyon*. 2024 Mar 8;10(6):e27524.  
<https://doi.org/10.1016/j.heliyon.2024.e27524>

<b>Background</b>	Ulcerative colitis (UC) is a gastrointestinal disease with an unknown etiology that severely affects patients' quality of life. Acupuncture and moxibustion therapies are effective in the treatment of UC, but existing systematic reviews (SRs) and meta-analyses (MAs) on this subject have variable methodological and outcome quality.
<b>Aim</b>	Therefore, this study aimed to summarize and evaluate the evidence of existing SRs and MAs to provide more reliable evidence for clinical practice. Data were extracted from seven databases through systematic search and evaluated in terms of the methodological quality, reporting quality, risk of bias, and quality of evidence using the AMSTAR-2, PRISMA, ROBIS, and GRADE systems, respectively.
<b>Results</b>	<b>Ten studies</b> were finally included, and all of them showed many problems with the overall design and quality of outcomes. Because of the lack of high-quality evidence to support the findings from the existing studies, we should take this conclusion with caution and strictly implement the registration, design, and implementation of trials based on evidence to provide high-quality results in future studies.

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