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Cervical Vertigo:

Vertiges cervicaux : évaluation de l'acupuncture

Articles connexes: - syndrome de Menière - troubles de l'équilibre post-AVC - conduites thérapeutiques - pathologies - qigong - acupuncture expérimentale -

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Yang 2025

Yang R, Liu M, Tang C, Wang S. Effect of acupuncture combined with Western medicine on vertebrobasilar artery hemodynamics and efficacy in patients with CV: a systematic review and meta-analysis. Syst Rev. 2025 Apr 15;14(1):87. https://doi.org/10.1186/s13643-025-02810-6

Objective	To systematically evaluate the effect of acupuncture combined with Western medicine on vertebrobasilar artery hemodynamics and its clinical efficacy in patients with cervical vertigo. To provide a reliable evidence-based medical basis for the clinical treatment of CV.
Methods	This systematic review and meta-analysis will be reported in agreement with the Meta-Analyses (PRISMA2020) statement. MEDLINE, Embase, Web of Science, the Cochrane Library, CNKI, VIP, Wan Fang, and China Biology Medicine Disc (CBM) were searched until August 20, 2024. The quality of the included studies was assessed using the Cochrane Collaboration's tool for assessing the risk of bias, and the data were analyzed using Revman5.4, StataMP 18, and TSA0.9.5.10Beta software.
Results	A total of **7 randomized controlled trials involving 714 patients** were included. The meta-analysis results showed that acupuncture combined with Western medication was superior to simple Western medication in improving the blood flow velocity of the left vertebral artery, right vertebral artery, and basilar artery in patients with CV, improving the symptoms of cervical vertigo and improving its function and clinical efficacy. TSA analysis results again confirmed the robustness of the results of this meta-analysis.
Conclusion	Acupuncture combined with Western medicine has measurable benefits in improving vertebrobasilar hemodynamics and clinical efficacy in patients with CV, with certain safety. However, there are still methodological defects such as small sample size, different acupuncture treatment methods, and information on minimal clinically relevant differences is missing. In the future, RCTs with larger sample sizes and longer observations are still needed to further verify the efficacy of acupuncture combined with Western medicine, and an updated meta-analysis can be conducted to analyze the efficacy of acupuncture combined with Western medicine in the treatment of CV.

1.1.2. Zhang 2025

Zhang Y, Yang R, Zhang C, Han L. Dose-effect relationship between the number of acupuncture

sessions and efficacy for cervical vertigo: a meta-regression analysis based on randomized controlled trials. Zhongguo Zhen Jiu. 2025 Aug 12;45(8):1180-1186.
https://doi.org/10.13703/j.0255-2930.20240711-0002

Objective	To explore the dose-effect relationship between the number of acupuncture sessions and efficacy for cervical vertigo (CV).
Methods	Randomized controlled trials of acupuncture for CV were retrieved from CNKI, Wanfang, VIP, Web of Science, and PubMed from inception to June 28, 2024. Studies were included if patients were treated solely with acupuncture and the core prescription included Baihui (GV20)–Fengchi (GB20)–neck jiaji (EX-B2). Outcomes included the evaluation scale for cervical vertigo symptoms and function (ESCV) score and mean blood flow velocity of vertebrobasilar arteries. Study quality was assessed using the Cochrane Risk of Bias 2.0 tool. Dose-effect meta-regression was conducted using the robust-error meta-regression (REMR) method in Stata 17.0.
Results	**Nineteen RCTs involving 747 patients** in the experimental groups were included. After 10 sessions of acupuncture, the ESCV score reached 20.29 (95% CI 16.77–23.80), with a pre–post difference of 4.60 (95% CI 2.59–6.60) and an improvement rate of 0.36 (95% CI 0.26–0.46). After 20 sessions of acupuncture, the ESCV score increased to 21.55 (95% CI 18.87–24.22), with a difference of 5.42 (95% CI 3.87–6.97) and an improvement rate of 0.39 (95% CI 0.31–0.48). After 10 sessions of acupuncture, improvement rates for left vertebral artery, right vertebral artery, and basilar artery mean blood flow velocities were 0.08 (95% CI 0.05–0.12), 0.09 (95% CI 0.05–0.12), and 0.11 (95% CI 0.06–0.15), respectively. After 14 sessions of acupuncture, these improvement rates peaked.
Conclusion	A nonlinear dose-effect relationship exists between the number of acupuncture sessions and efficacy for CV. Fourteen sessions appear to be the optimal number of acupuncture treatments.

1.1.3. Chen 2018

Chen Ji-Xin, Chen Shu-Qi, Liu Rong. [Efficacy of acupuncture in treating posterior circulation ischemic vertigo: a meta-analysis of randomized controlled trials]. Chinese Journal of Gerontology. 2018;14:3329-3333. [201770].

目的 运用Meta分析的方法评价针刺治疗后循环缺血性眩晕(PCIV)的临床疗效与安全性. 方法 分别用计算机检索英文数据库和中文数据库, 前者主要包括PubMed和Cochrane图书馆及Excerpta Medica Database(Embase),后者则以万方数据库、中国科技期刊全文数据库(简称维普,VIP)和中国期刊全文数据库(简称中国知网,CNKI)为主. 并收集所有与针刺治疗PCIV有关的随机对照试验(RCT),按照既定的纳入标准进行逐一排除, 对符合纳入标准的RCT进行方法学质量评价和相关资料提取后, 运用RevMan5.3统计软件分析相关研究指标. 结果 共纳入14个RCT,合计1046例患者.Meta分析结果显示:试验组治疗PCIV总有效率的合并分析效应为[RR=1.23,95%CI(1.17,1.29),P<0.001],说明试验组的总有效率高于对照组. 结论 针刺治疗PCIV效果比西药或中成药等治疗更具优势.	
Objective	To evaluate the clinical efficacy and safety of cyclic ischemic vertigo (PCIV) after acupuncture treatment by means of meta-analysis.

Methods	The method was to use computer to search English database and Chinese database respectively. The former mainly includes PubMed and Cochrane Library and Excerpta Medica Database. (Embase), the latter is based on Wanfang database, China Science and Technology Periodical Full-text Database (VIP) and China Journal Full-text Database (CNKI), and collects all randomization related to acupuncture treatment of PCIV. The control trials (RCT) were excluded according to the established inclusion criteria. After the methodological quality evaluation and related data extraction of the RCTs meeting the inclusion criteria, RevMan5.3 statistical software was used to analyze the relevant research indicators.
Results	The results included 14 RCTs. A total of 1046 patients. The results of the meta-analysis showed that the combined effect of the total effective rate of PCIV in the experimental group was [RR=1.23, 95% CI (1.17, 1.29), P < 0.001], indicating that the total effective rate of the test group was higher than that of the control group.
Conclusion	Acupuncture treatment of PCIV is more advantageous than Western medicine or Chinese patent medicine.

1.1.4. Hou 2017 ☆

Hou Z, Xu S, Li Q, Cai L, Wu W, Yu H, Chen H. The Efficacy of Acupuncture for the Treatment of Cervical Vertigo: A Systematic Review and Meta-Analysis. Evid Based Complement Alternat Med. 2017. [195941].

Objective	This study aims to evaluate the efficacy and safety of acupuncture for the treatment of cervical vertigo (CV).
Methods	Randomized controlled trials (RCTs) regarding effectiveness of acupuncture for treating CV were searched in 7 comprehensive databases prior to April 2016. The data analysis was performed by using RevMan version 5.3.
Results	A total of **10 studies with 914 participants** were included. Results showed that acupuncture was more effective than conventional medicine therapy (CMT) in effectiveness, improvement rate of vertigo and headache, and increased average blood flow velocity of vertebral-basilar artery. In the subgroup analysis, the results did not change in different acupuncture methods and drug categories substantially. Sensitivity analysis demonstrated that the results of this meta-analysis were stable. Meanwhile, the long-term safety of acupuncture for CV still remains uncertain. GRADE analysis indicated that the quality of evidence for all outcomes was from very low to low which limited the value of the meta-analysis.
Conclusion	Based on the systematic review, acupuncture appeared to be a promising therapeutic approach for CV based on low or very low quality of evidence. However, large-scale and high-quality trials are required to provide stronger evidence for the conclusion.

1.2. Special Acupuncture Techniques

1.2.1. Comparison of Acupuncture techniques

1.2.1.1. Yang 2026

Yang Z, Li P, Jiang L, Xu Y, Zhang Y, Yuan L, Li J, Lei C, Zhai K, Dong Y. Comparative effectiveness of acupuncture and Tuina for cervical vertigo: a systematic review and network meta-analysis of

randomized controlled trials. Front Neurol. 2026;17:1691312.
https://doi.org/10.3389/fneur.2026.1691312

Objective	This study conducted a network meta-analysis to systematically evaluate and compare the effectiveness of acupoint-based stimulation and manual therapies for cervicogenic vertigo. We examined needling-based stimulation, including manual acupuncture and electroacupuncture; thermal stimulation through moxibustion, including warm-needle techniques; acupotomy; manual therapy including tuina and Chinese osteopathic manipulation; and prespecified combinations of these approaches. By synthesizing evidence from parallel-group randomized controlled trials, we aimed to provide an evidence-based foundation for clinical decision-making and practice.
Methods	We systematically searched China National Knowledge Infrastructure, Wanfang Data, VIP Chinese Science and Technology Journal Database, PubMed, Embase, the Cochrane Library, Web of Science, and Ovid MEDLINE to identify eligible parallel-group randomized controlled trials. We performed a systematic review and network meta-analysis to evaluate the efficacy and safety of acupoint-based stimulation and manual therapy strategies, including manual acupuncture and electroacupuncture, moxibustion, acupotomy, Tuina and Chinese osteopathic manipulation, and prespecified combinations. We assessed outcomes using the Evaluation Scale for Cervical Vertigo, the Dizziness Handicap Inventory, and overall response measured as the total effectiveness rate. This study was registered in the International Prospective Register of Systematic Reviews (PROSPERO; CRD420251113507).
Results	Sixty-six parallel-group randomized controlled trials involving 5,797 patients and 18 intervention combinations were included. A combination of electroacupuncture and Tuina showed the most significant overall clinical benefit compared with Tuina alone (OR = 1.53; 95% CI: 1.23-1.89). The following highest effects were observed for a combination of electroacupuncture and moxibustion (OR = 1.52; 95% CI: 1.23-1.87) and a combination of electroacupuncture and acupotomy (OR = 1.50; 95% CI: 1.17-1.92). Electroacupuncture alone also outperformed Tuina (OR = 1.36; 95% CI: 1.12-1.67). For the Evaluation Scale for Cervical Vertigo, a combination of manual acupuncture and Chinese osteopathic manipulation produced the most significant improvement compared with tuina (mean difference = 12.52; 95% confidence interval: 8.51-16.54). A combination of manual acupuncture and moxibustion also significantly improved the Evaluation Scale for Cervical Vertigo vs. tuina (mean difference = 12.34; 95% confidence interval: 8.77-15.90), although the effect was slightly smaller. Among monotherapies, manual needle acupuncture was superior to tuina in improving the Evaluation Scale for Cervical Vertigo (mean difference = 8.38; 95% confidence interval: 4.66-12.11). For the Dizziness Handicap Inventory, warm needle moxibustion showed the largest reduction in dizziness-related disability compared with tuina (standardized mean difference = 2.04; 95% confidence interval: 1.49-2.58).
Conclusions	Acupuncture- and Tuina-based interventions may improve outcomes in cervicogenic vertigo; however, comparative rankings should be interpreted cautiously, given the predominance of low/very low certainty evidence. Combination regimens, particularly electroacupuncture plus tuina, tended to rank favorably for overall response, while manual acupuncture combined with Chinese osteopathic manipulation appeared promising for the Evaluation Scale for Cervical Vertigo; evidence for the Dizziness Handicap Inventory remains sparse. High-quality, internationally conducted head-to-head randomized controlled trials using validated outcomes and rigorous bias control are needed to confirm comparative effectiveness.

1.2.2. Combined with bone-setting

1.2.2.1. Chen 2026

Chen W, Ning Z, Li W, Wang H, Zhang L, Li S, Yu X. Efficacy and safety of acupuncture combined with bone-setting in the treatment of cervical vertigo: A systematic review and meta-analysis. Jt Dis Relat Surg. 2026 Jan 1;37(1):64-76. https://doi.org/10.52312/jdrs.2026.2416

Objectives	In this meta-analysis, we aimed to evaluate systematically the effectiveness and safety of acupuncture combined with bone-setting in the treatment of cervical vertigo (CV).
Materials and methods	A systematic search was conducted across three English databases (PubMed, the Web of Science and the National Library of Medicine) and two Chinese databases (the China National Knowledge Infrastructure and the Wanfang Database). The search timeframe spanned from the inception of each database until 31 January 2025. The search terms were as follows: (i) 'Bone-setting' OR 'Bone Setting' OR 'Chinese Osteopathy' OR 'Chiropractic manipulation'; (ii) 'Acupuncture and Moxibustion' OR 'Acupuncture' OR 'Traditional Chinese acupuncture' OR 'Electroacupuncture' OR 'fire acupuncture' OR 'warm acupuncture'; (iii) 'Cervical Vertigo' OR 'Vertebral Artery Cervical Spondylosis' OR 'CV'.
Results	A total of **15 articles** were included, all of which were randomized-controlled trials (RCTs), involving **2,320 participants**. The meta-analysis results showed that, compared to using acupuncture alone or bone-setting alone for CV, the combined therapy demonstrated a significantly higher overall clinical efficacy rate (odds ratio [OR]=3.88, 95% confidence interval [CI]: 2.89, 5.19, p<0.001), significantly better symptoms and functional assessment scores for CV (mean difference [MD]=4.01, 95% CI: 3.19, 4.83, p<0.001), significantly better mean flow velocity (Vm) in the vertebral artery (MD=3.21, 95% CI: 1.58, 4.84, p<0.001), significantly better Vm in the basilar artery (MD=5.09, 95% CI: 0.78, 9.40, p=0.02) and better quality of life scores (MD=9.83, 95% CI: 5.89, 13.77, p<0.001).
Conclusion	Acupuncture combined with bone-setting may be superior to monotherapy in improving symptoms, function and cerebral blood flow in patients with CV, with fewer and milder adverse effects. However, due to the limited methodological quality of the included studies, more high-quality, large-sample RCTs are needed to further validate these results.

1.2.2.2. Guo 2017

Guo Rusong, Huang Fan, Zhao Siyi, Fan Zhiyong, Lu Xiaobo, Wu Shan. [Efficacy and safety of bone-setting combined with acupuncture in the treatment of cervical vertigo: a meta-analysis]. Chinese Journal of Evidence-Based Medicine. 2017;17(12):1428. [175855].

Objectives	To systematically review the efficacy and safety of bone-setting combined acupuncture in the treatment of cervical vertigo.
Methods	PubMed, CNKI, VIP, CBM and WanFang Data databases were searched to collect randomized controlled trials (RCTs) on bone-setting combined acupuncture in the treatment of cervical vertigo from inception to February 15th, 2017. Two reviewers independently screened literature extracted data and assessed the risk of bias of the included studies. Meta-analysis was performed by RevMan 5.3 software.

Results	**Eighteenth RCTs involving 1 915 patients** were included. The results of meta-analysis showed that, compared with acupuncture or bone-setting alone group, the effective rate in bone-setting combining acupuncture group was higher (RR acupuncture=1.17, 95%CI 1.12 to 1.23, P<0.000 01; RR bone-setting=1.16, 95%CI 1.10 to 1.23, P<0.000 01). Improvement of the cervical vertigo symptom and function in the combined group was better than that in the acupuncture group or bone-setting group (MD acupuncture=3.42, 95%CI 2.29 to 4.56, P<0.000 01; MD bone-setting=6.45, 95%CI 5.56 to 7.33, P<0.000 01). Average flow velocity of cervical vertigo basilar artery (BA) in the combined group was superior to the bone-setting group (MD=7.54, 95%CI P=0.02). 1.08 to 13.99,
Conclusions	Bone-setting combining acupuncture treatment of cervical vertigo in terms of effectiveness and function improvement are better than those of acupuncture alone or pure bone-setting. Due to the limited quality and quantity of the included studies, more high-quality studies are required to verify above conclusions

1.2.3. Moxibustion at Baihui

1.2.3.1. Mai 2023

Mai W, Bu XZ, Miao FR, Rui JL, Huang LL, Zhao XJ, Fan YS. [Moxibustion at Baihui combined with acupuncture for cervical vertigo: a Meta-analysis and trial sequential analysis]. Zhen Ci Yan Jiu. 2023 Jan 25;48(1):95-101. Chinese. https://doi.org/10.13702/j.1000-0607.20211054

Objective	To evaluate the efficacy and safety of moxibustion at Baihui (CV20) combined with acupuncture in treatment of cervical vertigo.
Methods	From the databases, such as CNKI, VIP, WanFang, CBM, PubMed, Cochrane Library and Embase, the studies of randomized controlled trials (RCTs) on moxibustion at CV20 combined with acupuncture for cervical vertigo were searched from inception to September 15th, 2021. The Cochrane risk of bias assessment tool was utilized to evaluate the quality of the included literature. Using RevMan5.3, Stata12.0 and TSA0.9.5.0 10 Beta software, the Meta-analysis and trial sequential analysis (TSA) were performed.
Results	**Seventeen RCTs with 1 232 patients** were included. Meta-analysis showed that in the trial group (moxibustion at CV20 combined with acupuncture), the total effective rate (RR=1.17, 95%CI□1.12, 1.22□, P<0.000 1), the curative and remarkably-effective rate (RR□1.28□95%CI□1.20□1.36□□P<0.000 1) and the score of cervical vertigo (WMD=2.88, 95%CI□1.87, 3.89□, P<0.000 1) were all better when compared with the control group (simple acupuncture or electroacupuncture group). The results of trial sequential analysis indicated that for the cumulative Z-score of each RCT, the Z-curve crossed the conventional test boundary and TSA boundary, which further confirmed the clinical efficacy of moxibustion at CV20 combined with acupuncture on cervical vertigo.
Conclusion	The clinical efficacy of moxibustion at CV20 combined with acupuncture is determined in treatment of cervical vertigo.

2. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation (or lack of evidence)

2.1. Duodecim EBM Guidelines (Finland) 2019 ⊕

Version française (EBMFrance.net). Vertiges. Duodecim 2019. [220457].
https://www.ebmfrance.net/fr/Pages/ebm/ebm00745.aspx

Origine cervicale : étirement, augmentation de l'activité physique, physiothérapie, **acupuncture** ; éventuellement un antidépresseur tricyclique comme traitement médicamenteux.