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# endometriosis

# Endométriose : évaluation de l'acupuncture

## 1. Systematic Reviews and Meta-Analysis

### 1.1. Generic Acupuncture

#### 1.1.1. Mena-González 2026

Mena-González A, Leirós-Rodríguez R, Hernandez-Lucas P. Effectiveness of physical therapy techniques and methods in the management of endometriosis symptoms: A systematic review with meta-analysis. Braz J Phys Ther. 2026;30(4):101620. https://doi.org/10.1016/j.bjpt.2026.101620

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| **Background** | Endometriosis is a benign and chronic disease characterized by inflammation of the endometrial tissue outside the uterus. Numerous physical therapy interventions have been studied to alleviate the related symptoms. |
| **Objective** | To evaluate the effectiveness of different physical therapy methods and techniques in improving the symptoms triggered by endometriosis. |
| **Methods** | Systematic review of articles exclusively including women with endometriosis, quantitative studies, and interventions that included some form of physical therapy techniques. Difference in mean differences and their 95% confidence interval were calculated. The $I^2$ statistic was used to determine the degree of heterogeneity, and the GRADE approach was used to assess the certainty of the evidence. |
| **Results** | The interventions analyzed included manual therapy, education, electrotherapy, exercise, relaxation techniques, and **acupuncture**. Dyspareunia ($p = 0.001$; $I^2 = 95.6\%$) and pelvic pain ($p = 0.012$; $I^2 = 90.1\%$) were significantly reduced. Quality of life was significantly increased ($p < 0.001$; $I^2 = 94.9\%$). The certainty of the evidence obtained was moderate. |
| **Conclusion** | Massage therapy combined with perineal stretching, electrotherapy, **acupuncture**, exercise, and patient education are effective in improving chronic pelvic pain, dyspareunia, dysmenorrhea, non-menstrual pain, the basic and modular domains of quality of life, mental and physical health, and functional well-being in endometriosis. Healthcare professionals must recognize the importance of evaluating each case individually and tailoring treatments to the specific needs of each patient. |

#### 1.1.2. Zheng 2026

Zheng X, Wang Y, Li H, Zhang J, Liu J, Zheng X, Zhang J, Fan G, Sun Y, Li B, Jiao J, Zuo G, Fan X, She Y. Comparative Effectiveness of Non-Pharmacological Interventions for Pain and Quality of Life in Women with Endometriosis: A Systematic Review and Network Meta-Analysis. J Pain Res. 2026;19:577080. https://doi.org/10.2147/JPR.S577080

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| **Background** | Endometriosis is a chronic gynecological disorder characterized by pain and impaired quality of life (QoL). While pharmacological and surgical options exist, their limitations necessitate complementary strategies. The comparative effectiveness of non-pharmacological interventions remains uncertain. |
| **Objective** | This network meta-analysis (NMA) aimed to evaluate and rank the efficacy of non-pharmacological therapies for pain and QoL in women with endometriosis. |
| **Methods** | We systematically searched PubMed, Embase, CENTRAL, Web of Science, and CNKI from inception to August 31, 2025. Eligible randomized controlled trials (RCTs) compared structured non-pharmacological interventions-acupuncture (ACU), exercise (EXE), nutritional supplementation (NUT), physical therapy (PHY), or psychological interventions (PSY)-against conventional care (CON). Primary outcomes were pain (overall, pelvic, dysmenorrhea) and QoL; the secondary outcome was anxiety. |
| **Results** | **Thirty-three RCTs involving 2323 women** were included. For overall pain, PHY (SMD = -1.44), ACU (SMD = -1.27), and PSY (SMD = -1.22) were significantly superior to CON, with PHY ranking highest (SUCRA = 74.4%). ACU was most effective for pelvic pain (SMD = -4.53; SUCRA = 99.1%), while PHY was optimal for dysmenorrhea (SMD = -1.30; SUCRA = 82.3%). Both ACU (SMD = 4.09) and PHY (SMD = 4.18) significantly improved QoL compared to CON. No statistically significant differences were observed among interventions for anxiety. |
| **Conclusion** | Non-pharmacological interventions, particularly PHY and ACU, provide significant benefits for pain and QoL in endometriosis, with subtype-specific advantages. These findings support their integration into multimodal management pathways. |

### 1.1.3. Yang 2025

Yang F, Wang L, Wang YW, Chu LC. Acupuncture monotherapy for endometriosis-related pain: a systematic review and meta-analysis. Medicine (Baltimore). 2025 Aug 22;104(34):e44005. https://doi.org/10.1097/MD.0000000000044005

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| **Background** | This study evaluated the efficacy of acupuncture as a monotherapy for managing endometriosis-related pain (ERP) compared with non-acupuncture interventions. |
| **Methods** | Comprehensive searches of PubMed, EMBASE, Cochrane Library, CNKI, Wanfang, and VIP databases were conducted from inception to March 1, 2025, for randomized controlled trials comparing acupuncture alone with non-acupuncture treatments in ERP patients. Methodological quality was assessed using the Cochrane risk-of-bias tool, and data were analyzed with RevMan 5.4. |
| **Results** | **Nine RCTs including 535 patients** were analyzed. Acupuncture significantly reduced pain intensity (MD = –1.67, 95 % CI –2.85 to –0.49, P = .006) and improved clinical response rates (OR = 2.61, 95 % CI 1.38–4.95, P = .003). No significant differences were found for serum CA125 levels (MD = –1.46, 95 % CI –20.69 to 17.76, P = .88) or overall effective rate (OR = 2.18, 95 % CI 0.99–4.80, P = .05). |
| **Conclusion** | Acupuncture appears effective as a standalone therapy for endometriosis-related pain, especially for pain relief and clinical improvement. However, due to study heterogeneity and methodological limitations, larger high-quality RCTs are needed to confirm its long-term efficacy. |

### 1.1.4. Chen 2024

Chen C, Li X, Lu S, Yang J, Liu Y. Acupuncture for clinical improvement of endometriosis-related pain: a systematic review and meta-analysis. Arch Gynecol Obstet. 2024 Oct;310(4):2101-2114. https://doi.org/10.1007/s00404-024-07675-z

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| **Backgound** | Endometriosis is a common chronic gynecological condition characterized by the presence of endometrial tissue outside the uterine cavity, leading to chronic inflammation, pelvic nodules and masses, pelvic pain, and infertility. Acupuncture has been shown to improve pain associated with endometriosis by modulating abnormal levels of prostaglandins, β-endorphins, dynorphins, electrolytes, and substance P. This review aims to evaluate the clinical efficacy of acupuncture in treating endometriosis, specifically focusing on its efficacy in relieving pain associated with endometriosis. |
| **Methods** | A comprehensive search was conducted in eight databases (PubMed, EMBASE, Cochrane, Web of Science, China National Knowledge Infrastructure (CNKI), the China Biology Medicine (CBM), Wanfang, and Weipu database) to identify randomized controlled trials (RCTs) published from database inception to December 16, 2022, which investigated the use of acupuncture for endometriosis-related pain. Two researchers independently screened articles, extracted data, and assessed methodological quality using the Cochrane Collaboration's risk of bias tool. Meta-analysis was performed using Stata statistical software. |
| **Results** | A total of 1991 articles were identified, and ultimately, **14 studies involving 793 patients** (387 in the acupuncture group and 359 in the control group) were included. The control interventions in the included studies included placebo, traditional Chinese medicine (TCM), and Western medicine treatments. Meta-analysis results showed that compared to the control group, acupuncture treatment for pain associated with endometriosis demonstrated significant reductions in pain severity [SMD = - 1.10, 95% CI (- 1.45, - 0.75), P < 0.001], improved response rate [RR = 1.25, 95% CI (1.09, 1.44), P = 0.02], and decreased serum CA-125 levels [SMD = - 0.62, 95% CI (- 1.15, - 0.08), P = 0.024]. Furthermore, subgroup analysis revealed that electroacupuncture and auricular acupuncture were superior to the control group in reducing pain severity, while auricular acupuncture and warm needling showed greater clinical efficacy compared to the control group. However, there were no significant differences between electroacupuncture or fire needling and the control group in terms of pain relief. The findings suggest that acupuncture is effective in improving pain associated with endometriosis. |
| **Conclusions** | In conclusion, acupuncture is effective in alleviating dysmenorrhea and pelvic pain associated with endometriosis, reducing serum CA-125 levels, decreasing the size of nodules, improving patients' quality of life, and lowering the recurrence rate. However, it should be noted that the current evidence is limited by the design and quality flaws of the original studies, as well as a lack of research specifically focusing on subtypes of acupuncture. Therefore, caution should be exercised when interpreting the results. |

### 1.1.5. Giese 2023

Giese N, Kwon KK, Armour M. Acupuncture for endometriosis: A systematic review and meta-analysis. Integr Med Res. 2023 Dec;12(4):101003. https://doi.org/10.1016/j.imr.2023.101003

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| **Background** | Current endometriosis treatments do not always provide symptom relief, with many using complementary approaches. This study examined the effectiveness of acupuncture on pain and quality of life in people with endometriosis. |
| **Methods** | Searches were conducted on Cochrane Central Register of Controlled Trials (CENTRAL), PubMed, Allied and Complementary Medicine Database (AMED) and Embase (Ovid), Epistemonikos, and Cumulative Index to Nursing and Allied Health Literature (CINAHL; EBSCOhost) on 20 March 2023. Trials were included if they used penetrating acupuncture. Risk of bias was assessed with Cochrane RoB2 and GRADE for overall evidence certainty. Random-effects meta-analyses were undertaken, using Hedges' g or mean difference (MD) both with 95 % confidence intervals (CI). |

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| **Results** | **Six studies** involving a total of **331 participants** were included. Evidence for benefit was found for acupuncture compared to non-specific acupuncture on overall pelvic pain (g = 1.54, 95 % CI 0.92 to 2.16, 3 RCTs, n = 231, low certainty evidence, p<0.001), menstrual pain (g = 1.67, 95 % CI 1.23 to 2.12, 1 RCT, n = 106, moderate certainty evidence, p<0.001), and non-specified pelvic pain (MD -2.77, 95 % CI 2.15 to 3.38, 2 RCTs, n = 125, low certainty evidence, p<0.001), and compared to usual care on menstrual pain (g = 0.9, 95 % CI 0.15 to 1.64, 1 RCT, n = 19, very low certainty evidence, p = 0.02). Most studies reported low rates of adverse events. |
| **Conclusion** | Acupuncture treatment for endometriosis demonstrated clinically relevant improvements in pelvic pain and should be considered as a potential treatment intervention. |

### 1.1.6. Wang 2023

Wang Y, Coyle ME, Hong M, He S, Zhang AL, Guo X, Lu C, Xue CCL, Liang X. Acupuncture and moxibustion for endometriosis: A systematic review and analysis. Complement Ther Med. 2023 Sep;76:102963. https://doi.org/10.1016/j.ctim.2023.102963

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| **Objectives** | This study aimed to examine the effect of acupuncture on symptoms and health-related quality of life in patients with endometriosis. |
| **Methods** | Nine biomedical databases were searched to April 2022 to identify randomized controlled trials of acupuncture and/or moxibustion used alone or as adjunct to guideline-recommended pharmacotherapy for the treatment of endometriosis. One reviewer extracted data and another verified the data. A random effects model was used to calculate mean differences. |
| **Results** | **Fifteen trials involving 1018 patients** met the inclusion criteria, but diversity in comparisons and outcome measures prevented meta-analysis. Compared to sham acupuncture, manual acupuncture was more effective at reducing dysmenorrhea VAS pain score (mean difference [MD] - 2.40, 95 % CI [- 2.80, - 2.00]; moderate certainty evidence), pelvic pain VAS score (MD - 2.65, 95 % CI [- 3.40, - 1.90]; high certainty evidence) and dyspareunia VAS scores (MD - 2.88, [- 3.83, - 1.93]), lessened the size of ovarian cyst (MD - 3.88, 95 % CI [- 7.06, - 0.70]), and improved quality of life. Compared to conventional therapy, manual acupuncture plus conventional therapy and warm needle alone resulted in greater improvements in quality of life than conventional therapy. Among the six studies that reported safety, fewer adverse events were reported in participants who received acupuncture or moxibustion. |
| **Conclusions** | Low to moderate certainty evidence from single studies showed that manual acupuncture may improve pain-related symptoms and quality of life; however, there is insufficient evidence on the overall effectiveness of acupuncture and moxibustion for endometriosis |

### 1.1.7. Mira 2018 ☆

Mira TAA, Buen MM, Borges MG, Yela DA, Benetti-Pinto CL. Systematic review and meta-analysis of complementary treatments for women with symptomatic endometriosis. Int J Gynaecol Obstet. 2018;143(1):2-9. [181372].

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| **Background** | Despite advances in treatments for endometriosis, some symptoms persist owing to the chronic inflammation observed in this disease. |
| **Objective** | To identify resources, methods, and/or complementary treatments to alleviate the pain symptoms of endometriosis, and to identify adverse effects of treatments. |

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| **Methods** | SEARCH STRATEGY: Lilacs, Scielo, PEDro, Scopus, Pubmed, CENTRAL Cochrane, Science Direct, and Google Scholar were searched for studies published in Portuguese, English, and Spanish to July 31, 2017, using the terms “physical therapy” OR “complementary treatment” AND “endometriosis”. SELECTION CRITERIA: Randomized controlled trials relating to complementary pelvic pain treatment and adverse effects. DATA COLLECTION AND ANALYSIS: Eight studies were identified; two studies were included in the meta-analysis. |
| **Main Results** | The complementary interventions studied were acupuncture, exercise, electrotherapy, and yoga. All were inconclusive in affirming benefit but demonstrated a positive trend in the treatment of symptoms of endometriosis. Meta-analysis of acupuncture showed a significant benefit in pain reduction as compared with placebo (P=0.007). |
| **Conclusions** | Numerous complementary treatments have been used to alleviate the symptoms of endometriosis, but **only acupuncture has demonstrated a significant improvement in outcomes**. Nevertheless, other approaches demonstrated positive trends toward improving symptoms; this should encourage investigators to design controlled studies to support their applicability. |

### 1.1.8. Xu 2017 ☆

Xu Y, Zhao W, Li T, Zhao Y, Bu H, Song S. Effects of acupuncture for the treatment of endometriosis-related pain: A systematic review and meta-analysis. PLoS One. 2017;12(10):. [176386].

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| **Background** | Endometriosis is a multifactorial, oestrogen-dependent, inflammatory, gynaecological condition that can result in long-lasting visceral pelvic pain and infertility. Acupuncture could be an effective treatment for endometriosis and may relieve pain. Our aim in the present study was to determine the effectiveness of acupuncture as a treatment for endometriosis-related pain. |
| **Methods** | In December 2016, six databases were searched for randomised controlled trials that determined the effectiveness of acupuncture in the treatment of endometriosis-related pain. Ultimately, 10 studies involving 589 patients were included. The main outcomes assessed were variation in pain level, variation in peripheral blood CA-125 level, and clinical effective rate. All analyses were performed using comprehensive meta-analysis statistical software. |
| **Results** | Of the **10 studies included**, only one pilot study used a placebo control and assessed blinding; the rest used various controls (medications and herbs), which were impossible to blind. The sample sizes were small in all studies, ranging from 8 to 36 patients per arm. The mean difference (MD) in pain reduction (pre- minus post-interventional pain level-measured on a 0-10-point scale) between the acupuncture and control groups was 1.36 (95% confidence intervals [CI] = 1.01-1.72, P<0.0001). Acupuncture had a positive effect on peripheral blood CA-125 levels, as compared with the control groups (MD = 5.9, 95% CI = 1.56-10.25, P = 0.008). Similarly, the effect of acupuncture on clinical effective rate was positive, as compared with the control groups (odds ratio = 2.07; 95% CI = 1.24-3.44, P = 0.005). |
| **Conclusions** | Few randomised, blinded clinical trials have addressed the efficacy of acupuncture in treating endometriosis-related pain. Nonetheless, **the current literature suggests that acupuncture reduces pain** and serum CA-125 levels, regardless of the control intervention used. To confirm these findings, additional, blinded studies with proper controls and adequate sample sizes are needed. |

### 1.1.9. Lund 2016 ☆

Lund I, Lundeberg T. Is acupuncture effective in the treatment of pain in endometriosis? J Pain Res

2016 Mar 24;9:157-65.[186541].

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| **Background** | Endometriosis is a multifactorial, estrogen-dependent, inflammatory gynecological condition - often with long-lasting visceral pelvic pain of different origin, and infertility among women. Current management options for patients' are often inadequate, with side effects for many for whom acupuncture techniques could be an alternative. Earlier studies have discussed the efficacy of acupuncture, but not its methodological aspects. |
| **Objectives** | To summarize the documented clinical effects of acupuncture on rated visceral pelvic endometriosis-related pain, and associated variables among individuals, within and between studied groups, and to discuss the methodological treatment aspects. |
| **Methods** | Published full text clinical studies, case reports, and observational studies with abstracts written in English were searched by using the keywords “Acupuncture and Endometriosis” in databases such as PubMed, Web of Science, and CINAHL. The reporting guidelines, Standards for Reporting Interventions in Clinical Trials of Acupuncture was used for the methodological report. |
| **Main results** | **Three studies were found including 99 women**, 13-40 years old, with diagnosed endometriosis. The studies were different in research design, needle stimulation techniques, and evaluation instruments. Methodological similarities were seven to12 needle insertions per subject/session, and 15-25 minutes of needle retention time. The needles were placed in lower back/pelvic-abdominal area, in the shank, feet, and hands. Treatment numbers varied from nine to 16 and patients received one to two treatments per week. Similarity in reported treatment effects in the quoted studies, irrespective of research design or treatment technique, was reported decrease of rated pain intensity. |
| **Discussion** | Meta-analysis is the standard procedure for the evaluation of evidence of treatment effects, ie, on a group level, usually without analysis of the individual responses even with obvious spread in the results leading to lack of guidance for treatment of the individual patient. By conceptualizing pain as subjective, the individual aspect should serve as the basis for the analysis to allow clinical recommendations. From a physiological and a western medical perspective, acupuncture can be regarded as a type of sensory stimulation that induces changes in the function of the central nervous system that partly can explain the decrease of perceived pain in response to acupuncture treatment irrespective of the technique. |
| **Authors' conclusions** | Endometriosis is often painful, although with various origin, where standard treatments may be insufficient or involve side effects. Based on the reported studies, **acupuncture could be tried as a complement as it is an overall safe treatment**. In the future, studies designed for evaluating effectiveness between treatment strategies rather than efficacy design would be preferred as the analyses of treatment effects in the individual patients. |

### 1.1.10. Rocha 2012 ☆

Rocha ALL, Reis FM, Petraglia F. New trends for the medical treatment of endometriosis. Expert Opin Investig Drugs 2012;21(7):905-919. [157188].

INTRODUCTION: Endometriosis is a benign sex hormone-dependent gynecological disease, characterized by the presence and growth of endometrial tissue outside the uterus; it affects 10% of women of reproductive age and is associated with infertility and pain. Treatment of endometriosis involves conservative or radical surgery, or medical therapies. The goals for endometriosis treatment may be the relief of pain and/or a successful pregnancy achievement in infertile patients. Treatment must be individualized with a multidisciplinary approach. The classical treatments carry adverse side effects and in some cases a negative impact on quality of life. New agents promise a distinct perspective in endometriosis treatment. AREAS COVERED: The aim of this paper is to systematically review the literature evidence of new medical treatments for endometriosis, defined as pharmacological

treatments not yet commonly available and currently under investigation. EXPERT OPINION: These new medical therapies would be used associated with surgical treatment and, in the future, will render possible the association of hormone therapy with non-hormonal treatment for endometriosis. [Several studies have demonstrated the positive effect of acupuncture in the relief of pelvic pain and treatment of infertility. Limited evidence from RCTs suggests that acupuncture is effective in treating dysmenorrhea].

### 1.1.11. Zhu 2011 ☆

Zhu X, Hamilton KD, Mcnicol ED. Acupuncture for pain in endometriosis. Cochrane Database Syst Rev 2011. CD007864. [160372].

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| **Background** | Endometriosis is a prevalent gynaecological condition, significantly affecting women's lives. Clinical presentations may vary from absence of symptoms to complaints of chronic pelvic pain, most notably dysmenorrhoea. The management of pain in endometriosis is currently inadequate. Acupuncture has been studied in gynaecological disorders but its effectiveness for pain in endometriosis is uncertain. |
| **Objectives** | To determine the effectiveness and safety of acupuncture for pain in endometriosis. |
| **Methods** | Search strategy: We searched the Cochrane Menstrual Disorders and Subfertility Group (MSDG) Specialised Register of controlled trials, Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library), MEDLINE, EMBASE, CINAHL, AMED, PsycINFO, CNKI and TCMDS (from inception to 2010) and reference lists of retrieved articles. Selection criteria: Randomised single or double-blind controlled trials enrolling women of reproductive age with a laparoscopically confirmed diagnosis of endometriosis and comparing acupuncture (body, scalp or auricular) to either placebo or sham, no treatment, conventional therapies or Chinese herbal medicine. Data collection and analysis: Three authors independently assessed risk of bias and extracted data; we contacted study authors for additional information. Meta-analyses were not performed as only one study was included. The primary outcome measure was decrease in pain from endometriosis. Secondary outcome measures included improvement in quality of life scores, pregnancy rate, adverse effects and rate of endometriosis recurrence. |
| **Main results** | Twenty-four studies were identified that involved acupuncture for endometriosis; however **only one trial, enrolling 67 participants**, met all the inclusion criteria. The single included trial defined pain scores and cure rates according to the Guideline for Clinical Research on New Chinese Medicine. Dysmenorrhoea scores were lower in the acupuncture group (mean difference -4.81 points, 95% confidence interval -6.25 to -3.37, $P < 0.00001$) using the 15-point Guideline for Clinical Research on New Chinese Medicine for Treatment of Pelvic Endometriosis scale. The total effective rate ('cured', 'significantly effective' or 'effective') for auricular acupuncture and Chinese herbal medicine was 91.9% and 60%, respectively (risk ratio 3.04, 95% confidence interval 1.65 to 5.62, $P = 0.0004$). The improvement rate did not differ significantly between auricular acupuncture and Chinese herbal medicine for cases of mild to moderate dysmenorrhoea, whereas auricular acupuncture did significantly reduce pain in cases of severe dysmenorrhoea. Data were not available for secondary outcomes measures. |
| **Authors' conclusions** | The evidence to support the effectiveness of acupuncture for pain in endometriosis is limited, based on the results of only a single study that was included in this review. This review highlights the necessity for developing future studies that are well-designed, double-blinded, randomised controlled trials that assess various types of acupuncture in comparison to conventional therapies. |

## 1.2. Special outcome

### 1.2.1. Quality of life

#### 1.2.1.1. Afreen 2024

Afreen S, Perthiani A, Sangster E, Lanka N, Acharya P, Virani S, Malasevskaia I. Comparing surgical, acupuncture, and exercise interventions for improving the quality of life in women with endometriosis: a systematic review. Cureus. 2024 Jul 24;16(7):e65257. https://doi.org/10.7759/cureus.65257

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|---|---|
| **Background** | Endometriosis is a chronic inflammatory condition that markedly impairs quality of life (QoL) through chronic pelvic pain and functional limitations. Several therapeutic strategies—including surgery, acupuncture, and exercise—have been explored for symptom relief and QoL improvement. |
| **Objective** | To compare the effects of surgical, acupuncture, and exercise interventions on quality of life in women with endometriosis. |
| **Methods** | A comprehensive search of PubMed, CENTRAL, Google Scholar, ClinicalTrials.gov, and WHO ICTRP identified randomized controlled trials and observational studies assessing the impact of these interventions on QoL. Ten studies (six RCTs, four observational; n = 493) met inclusion criteria. |
| **Results** | Laparoscopic excision of endometriotic lesions produced substantial pain reduction and QoL improvement. Acupuncture effectively alleviated pain and enhanced overall well-being. Exercise programs improved QoL, physical function, and pain control. Across modalities, benefits were consistent but varied in magnitude according to study design and patient characteristics. |
| **Conclusion** | Surgical, acupuncture, and exercise-based interventions each significantly improve quality of life in women with endometriosis. Personalized treatment plans and further research are needed to clarify long-term outcomes, optimal protocols, and mechanistic pathways underlying these benefits. |

## 1.3. Special Acupuncture Techniques

### 1.3.1. Comparison of Acupuncture techniques

#### 1.3.1.1. Su 2025

Su Y, Ji R, Zheng X, Jia Y, Zhu H, Li C, Yu Z, Zhu M, Yu S, Tian X, Yang J. Efficacy and safety of acupuncture-related therapies in symptomatic endometriosis: a systematic review and network meta-analysis. Arch Gynecol Obstet. 2025 Mar;311(3):697-714. https://doi.org/10.1007/s00404-025-07979-8

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| **Objective** | To compare the effectiveness and safety of various acupuncture-related therapies combined with pharmacotherapies for treating symptomatic endometriosis. |
| **Methods** | Eight databases (Chinese Biomedical Literature Service System, CNKI, Wanfang, China Science and Technology Journal Database, PubMed, Embase, Cochrane Library, Web of Science) were searched from inception to May 1, 2023. Methodological quality was assessed using the Cochrane risk of bias tool. The surface under the cumulative ranking (SUCRA) method was used to rank interventions. |

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| **Results** | **Twenty-three RCTs (n = 1,545)** were included. Ear electroacupuncture (SUCRA = 83.0%), needle-warming moxibustion with Modified Neiyi Zhitong Formula (SUCRA = 80.6%), and auricular needle-embedding (SUCRA = 79.6%) significantly reduced comprehensive symptoms compared with controls. Body electroacupuncture (OR = 4.33, 95 % CI 1.20–15.61), acupoint catgut embedding (OR = 4.32, 95 % CI 1.08–17.25), and auricular needle-embedding (OR = 7.56, 95 % CI 1.89–30.28) were significantly more effective than conventional treatments. |
| **Conclusion** | Acupuncture-related therapies appear effective for managing symptomatic endometriosis, with ear electroacupuncture and auricular needle-based methods ranking highest. Further high-quality randomized trials are needed to confirm efficacy and safety across modalities. |

#### 1.3.1.2. Li 2024

Li H, Wang X, Wang Y, Gao Y, Zheng X, Zhang X, Li X, Zheng X, Fan X, Zuo G, She Y. Acupuncture and related therapies for endometriosis: a network meta-analysis of randomized controlled trials. J Pain Res. 2024 Oct 2;17:3197-3216. https://doi.org/10.2147/JPR.S488343

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| **Background** | Acupuncture and related therapies are widely used to relieve pain and improve quality of life in women with endometriosis, but their comparative efficacy remains unclear. This study aimed to determine the most effective and safest acupuncture-related intervention for endometriosis-related pain. |
| **Methods** | Systematic searches were conducted in PubMed, EMBASE, Cochrane Library, Web of Science, China Biology Medicine, CNKI, Wanfang, and VIP databases up to April 21, 2024. Randomized controlled trials comparing acupuncture-related therapies for endometriosis were included. Pain visual analog scale (VAS) was the primary outcome. Quality was assessed with RevMan 5.4, and network meta-analysis (NMA) was performed using Stata 15.0. |
| **Results** | **Forty-two RCTs (n = 3,635)** assessing six acupuncture-related interventions were included. Combination therapy outperformed Western medicine and Chinese herbal medicine for pain VAS, serum CA125, and response rate. For pain VAS, acupuncture (SMD = –2.33, 95 % CI –4.37 to –0.29) and combination therapy (SMD = 1.79, 95 % CI 1.21–2.41) were superior to Western medicine. For CA125, acupoint application (SMD = –11.33, 95 % CI –20.28 to –2.97) and combination therapy (SMD = 6.20, 95 % CI 1.60–10.75) were more effective. For response rate, combination therapy (SMD = 0.20, 95 % CI 0.14–0.29) and auricular therapy (SMD = 8.01, 95 % CI 2.08–45.37) showed higher efficacy. SUCRA rankings identified acupoint catgut embedding as best for pain reduction, acupoint application for lowering CA125, and auricular therapy for improving response rate. |
| **Conclusion** | Acupoint catgut embedding, auricular therapy, acupoint application, and combination therapy appear most effective for endometriosis management. Further high-quality randomized trials are needed to confirm these findings and establish standardized protocols. |

### 1.3.2. Acupuncture combined with Chinese herbal medicine

#### 1.3.2.1. Xu 2025

Xu Z, Wang N, Liu J, Li C. Acupuncture combined with Chinese herbal medicine versus Chinese herbal medicine alone to improve clinical efficacy in treating endometriosis-associated pain: a systematic review and meta-analysis. Front Med (Lausanne). 2025 Oct 16;12:1649980.

https://doi.org/10.3389/fmed.2025.1649980

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| **Background** | Endometriosis-associated pain significantly impairs quality of life, and complementary non-hormonal treatments such as acupuncture and Chinese herbal medicine (CHM) are increasingly used. This review evaluated whether combining acupuncture with CHM offers superior outcomes compared with CHM alone. |
| **Methods** | Eight electronic databases (PubMed, Web of Science, EMBASE, Cochrane Library, CNKI, Wanfang, VIP, SinoMed) were searched for randomized controlled trials assessing acupuncture plus CHM versus CHM monotherapy. Data extraction and meta-analysis were performed using RevMan 5.4, and risk of bias was evaluated per the Cochrane Handbook criteria. |
| **Results** | **Sixteen RCTs** involving women with endometriosis-related pain were included. Compared with CHM alone, the combination therapy significantly improved clinical efficacy (OR = 3.75; 95% CI 2.58–5.45; $p < 0.00001$) and reduced pain intensity measured by VAS (MD = –1.49; 95% CI –2.43 to –0.56; $p < 0.0001$). |
| **Conclusion** | Acupuncture combined with CHM appears to be an effective, non-hormonal option for alleviating endometriosis-associated pain and enhancing quality of life. Nonetheless, confirmation through large, high-quality RCTs is required before firm recommendations can be made. |

### 1.3.3. Moxibustion

#### 1.3.3.1. Li 2026

Li W, Xu H, Zhu G, Nchama MOO, Xu Y, Zhang H, Zhou X, Zhou Y. Efficacy and safety of moxibustion as an adjuvant therapy for endometriosis: A systematic review of 20 randomized controlled trials. Eur J Integr Med. 2026;85:102692. https://doi.org/10.1016/j.eujim.2026.102692

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| **Introduction** | This systematic review evaluated the efficacy and safety of moxibustion as an adjuvant therapy for endometriosis (EMs), focusing on symptom relief and reproductive outcomes. |
| **Methods** | Randomized controlled trials (RCTs) comparing moxibustion combined with conventional therapy versus conventional therapy alone were identified from seven databases. Data were synthesized using meta-analysis. The robustness of the effect estimates was verified using trial sequential analysis and sensitivity analysis. Effects were measured by mean differences (MDs), risk ratios (RRs) and their 95% confidence intervals (CIs). The certainty of evidence was assessed using the GRADE approach. |

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| **Results** | **Twenty RCTs (n = 1513)** were included. Pooled results demonstrated that, compared with the control group, adjuvant moxibustion significantly improved dysmenorrhea, evidenced by significantly greater reductions in Visual Analogue Scale (VAS) (MD −1.11, 95% CI −1.78 to −0.45, $I^2$ = 90%; n = 508) and Cox Menstrual Symptom Scale (CMSS) severity scores (MD −2.54, 95% CI −4.18 to −0.91, $I^2$ = 96%; n = 385). A significantly higher pregnancy rate (RR 2.71, 95% CI 1.31 to 5.63; one RCT, n = 70) and greater reductions in volume (MD −2.21 $cm^3$, 95% CI −4.03 to −0.39, $I^2$ = 84%; n = 192) and maximum cross-sectional area (MD −2.41 $cm^2$, 95% CI −3.30 to −1.52; one RCT, n = 70) of pelvic masses were also observed in the moxibustion group. Furthermore, moxibustion significantly improved serum inflammatory markers, hemodynamic parameters, and quality of life, but had no significant effect on dysmenorrhea duration. Subgroup analyses indicated that ≥30 moxibustion sessions, direct moxibustion, and concurrent treatment with Chinese herbal medicine were associated with greater improvements in CMSS severity scores or TNF-α levels. Moxibustion showed sustained benefits in reducing IL-6 levels and the recurrence rate of pelvic masses, but showed no sustained long-term improvement in VAS, CA125 and TNF-α levels. Adverse events were mild. |
| **Conclusion** | Current evidence, ranging from moderate to very low certainty, suggests that adding moxibustion to conventional treatments for EMs may alleviate dysmenorrhea, reduce pelvic masses, modulate inflammation, and enhance fertility without evidence of harm. However, the effects of moxibustion on dysmenorrhea duration and long-term VAS, CA125, and TNF-α levels remain uncertain. |

# 2. Clinical Practice Guidelines

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

## 2.1. German Society for Gynecology and Obstetrics (DGGG), Austrian Society for Gynecology and Obstetrics (OEGGG), Swiss Society for Gynecology and Obstetrics (SGGG) 2026 ⊕

Burghaus S, Schäfer SD, Bär KJ, Bartley J, Beckmann MW, Behrens A, Beyer K, Bianchi N, Brandes I, Brünahl C, Burandt EC, Chvátal R, Dietzel F, Ditzen B, Drahoňovský J, Eickhoff A, Erlenwein J, Fehm T, Fehr PM, Felberbaum RE, Georgieff R, Grab D, Grimm-Glang D, Hackethal A, Hancke K, Häuser W, Hoopmann M, Houbois C, Krautz C, Krentel H, Künzel K, Linsenbühler S, Manegold-Brauer G, Mayer-Hrusa I, Mechsner S, Meden H, Müller M, Nothacker M, Oppelt PG, Oppelt P, Pasiecznyk B, Pogatzki-Zahn E, Renner SP, Röhrig M, Rosenberger D, Ruhland F, Sänger N, Schmid J, Schweppe KW, Siedentopf F, Sirbu H, Speer R, Thorn P, Trufa DI, von Versen-Höynck F, Vogeler F, Weidner K, Wischmann T, Wittek K, Wölfler M, Zraik I, Ulrich UA. Diagnosis and Therapy of Endometriosis. Guideline of the DGGG, OEGGG and SGGG (S2k-Level, AWMF Registry No. 015/045, April 2025). Geburtshilfe Frauenheilkd. 2026 Feb 11;86(2):133-188. https://doi.org/10.1055/a-2760-4867

**Acupuncture treatment** (about eight sessions) along with other forms of treatment may be considered to relieve lower abdominal pain and/or menstrual symptoms in women with endometriosis. Level of consensus ++

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## 2.2. Society of Obstetricians and Gynaecologists of Canada (SOGC, Canada) 2026 ⊕

Yong PJ, Allaire C, Bedaiwy M, Bougie O, Kives S, Maheux-Lacroix S, Murji A, Singh SS; SOGC Clinical Gynaecology Committee (2026); Amir B, Antaki R, Brain P, Brennan L, Bougie O, Clancy A, Dufour S, Evans D, Elwood C, Jodoin A, Kives S, Luhning K, McQuillan S, Motan T, Pereira N, Pham A, Potestio F, Rittenberg D, Schulz J, Thorne S, Vinturache A, Zakhari A; SOGC Guideline Management Oversight Committee (2026); Bloch C, Bujold E, Chamberlain S, Cook J, Francoeur D, Guthrie B, Harris K, Healey S, Metcalfe A, Murji A, Papillon-Smith J, Poliquin V, Potestio F, Smith A, Stortini B, Willows K, Wilson RD, Wong K. Guideline No XX: Clinical Management of Endometriosis. J Obstet Gynaecol Can. 2026 Apr 24:103382. https://doi.org/10.1016/j.jogc.2026.103382

Complementary and alternative treatments for pelvic pain, particularly **acupuncture**, were part of the SOGC's Chronic Pelvic Pain Guideline (2024)129. Multiple meta-analyses on **acupuncture** and Chinese medicine for endometriosis have been published since 2023, which have suggested a possible benefit for the symptoms of endometriosis 171. However, there are methodologic limitations to some of these studies, and it is unclear whether these are primarily treatments of pain or of the endometriosis itself. Some studies have evaluated these treatments for impact on endometriosis-specific biomarkers, with variable outcomes 174.

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- 171. Giese N, Kwon KK, Armour M. Acupuncture for endometriosis: A systematic review and meta-analysis. Med Res. https://www.ncbi.nlm.nih.gov/pubmed/38033648. 2023;12:101003.
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## 2.3. Collège National des Gynécologues et Obstétriciens Français (CNGOF, France), Convergences PP 2025 ⊕

Fritel X, Chabbert-Buffet N, Brillac T, Bailleul A, Acapo S, Bautrant E, Calvarin E, Canis M, Chalut-Natal C, Cornillet-Bernard M, Garcia E, Lacoste C, Ponomareva A, Sabaté JM, Saracco P, Suc A, Tyson S, Fauconnier A, Levesque A. Douleurs pelviennes associées à l'Endométriose, conseils pour la pratique clinique. Un consensus formalisé d'experts par le CNGOF & Convergences PP [Clinical Practice Guidelines for Pelvic Pain Associated with Endometriosis. A Consensus-Based Approach by CNGOF & Convergences PP]. Gynecol Obstet Fertil Senol. 2025 Jun 9:S2468-7189(25)00152-7. https://doi.org/10.1016/j.gofs.2025.06.003

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| 21) L'acupuncture peut être proposée dans la prise en charge complémentaire des douleurs pelviennes chroniques associées à l'endométriose. |

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2. Smith CA, Armour M, Zhu X, Li X, Lu ZY, Song j. Acupuncture for dysmenorrhoea. Cochrane Database Syst Rev 2016;4(4):CD007854.

## 2.4. Korean Society of Endometriosis (Korea) 2024 Ø

Lee HJ, Yoon SH, Lee JH, Chung YJ, Park SY, Kim SW, Hong YH, Kim SE, Kim Y, Chun S, Na YJ. Clinical evaluation and management of endometriosis: 2024 guideline for Korean patients from the Korean Society of Endometriosis. Obstet Gynecol Sci. 2024 Dec 11. https://doi.org/10.5468/ogs.24242

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| Experts recommend that clinicians discuss non-medical strategies, such as **acupuncture**, physiotherapy, electrotherapy, psychological interventions, dietary interventions, and Chinese medicine, to address the quality of life and psychological well-being of women with endometriotic symptoms. However, clinicians should acknowledge that no recommendations can be made for any specific non-medical intervention to reduce pain or improve quality-of-life measures in women with endometriosis, since the potential benefits and harms are unclear (grade D) |

*No reference cited*

## 2.5. European Society of Human Reproduction and Embryology (ESHRE) 2022 Ø

Endometriosis. Guideline of European Society of Human Reproduction and Embryology. 2022. [219845]. https://www.eshre.eu/guideline/endometriosis

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| *Treatment of endometriosis-associated pain. Non-medical management strategies.* The GDG recommends that clinicians discuss non-medical strategies to address quality of life and psychological well-being in women managing symptoms of endometriosis. However, no recommendations can be made for any specific non-medical intervention (Chinese medicine, nutrition, electrotherapy, **acupuncture**, physiotherapy, exercise, and psychological interventions) to reduce pain or improve quality of life measures in women with endometriosis, as the potential benefits and harms are unclear.<br>*Non-medical management strategies for infertility.* Regarding non-medical strategies on infertility, there is no clear evidence that any non-medical interventions for women with endometriosis will be of benefit to increase the chance of pregnancy. No recommendation can be made to support any non-medical interventions (nutrition, Chinese medicine, electrotherapy, **acupuncture**, physiotherapy, exercise, and psychological interventions) to increase fertility in women with endometriosis. The potential benefits and harms are unclear. |

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## 2.6. Japan Society of Obstetrics and Gynecology (JSOG, Japan) 2022 ⊕

Harada T, Taniguchi F, Kitajima M, Kitawaki J, Koga K, Momoeda M, Mori T, Murakami T, Narahara H, Osuga Y, Yamaguchi K. Clinical practice guidelines for endometriosis in Japan (The 3rd edition). J Obstet Gynaecol Res. 2022 Sep 26. https://doi.org/10.1111/jog.15416

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| The above results demonstrate that acupuncture, acupressure, and electroacupuncture may be as effective as or more effective than analgesics. |

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## 2.7. Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) 2021 ⊕

Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). Endometriosis: Clinical practice guideline. Melbourne: RANZCOG, 2021. https://ranzcog.edu.au/wp-content/uploads/2022/02/Endometriosis-clinical-practice-guideline.pdf

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| Advise people that there is limited evidence on the effectiveness of acupuncture for the management of endometriosis pain (very low to moderate) |

## 2.8. American College of Obstetricians and Gynecologists 2018 ⊕

Dysmenorrhea and endometriosis in the adolescent. ACOG Committee Opinion No. 760. American College of Obstetricians and Gynecologists. Obstet Gynecol. 2018;132:e249-58. [197580].

Adolescents with endometriosis often benefit from ongoing education and support and integration of other multidisciplinary services such as biofeedback, pain management teams, **acupuncture**, and herbal therapy.

## 2.9. Collège National des Gynécologues et Obstétriciens Français / Haute Autorité de Santé (CNGOF / HAS, France) 2017 ⊕

- HAS et CNGOF. Prise en charge de l'endométriose. Haute Autorité de Santé. 2017. Recommandations. 39P. [99725]. Argumentaire. 399P. [99726].
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Pour l'évaluation des traitements physiques, l'aveugle est difficile à obtenir. La notion de placebo, quand il est possible, est également complexe et sa validité limitée. **L'acupuncture**, l'ostéopathie et le yoga ont montré une amélioration de la qualité de vie chez des patientes ayant des douleurs liées à l'endométriose (NP4). Les prises en charge non médicamenteuses qui ont montré une amélioration de la qualité de vie peuvent être proposées en complément de la prise en charge médicale de l'endométriose (Accord d'experts).

## 2.10. German and Austrian Societies for Obstetrics and Gynecology (Germany, Austria) 2014 ⊕

Ulrich U, Buchweitz O, Greb R, Keckstein J, von Leffern I, Oppelt P, Renne SP, Sillem M, Stummvoll W, De Wilde, Schweppe KW, and for the German and Austrian Societies for Obstetrics and Gynecology. National German Guideline (S2k): Guideline for the Diagnosis and Treatment of Endometriosis. Geburtshilfe Frauenheilkd. 2014;74(12):1104-1118. [192685].

Owing to the lack of controlled, randomized studies to date on complementary and integrative approaches to the treatment of endometriosis, no recommendations can be made. **Women with chronic recurrent endometriosis and corresponding symptoms may obtain relief of symptoms and an improvement in quality of life from the use of complementary therapies . In particular, these include the methods of acupuncture and Chinese medicine,** classical homeopathy, herbal medicine, physiotherapy, etc. This should always be preceded by appropriate clinical screening for potential organ changes (endometriomas, hydronephrosis). Although results from larger scale, randomized and controlled studies are not yet available, initial investigations clearly point to acupuncture and Chinese herbal medicine having an effect on endometriosis-induced pain.

## 2.11. American Society for Reproductive Medicine (ASRM, USA) 2014 ⊕

Practice Committee of the American Society for Reproductive Medicine. Treatment of pelvic pain associated with endometriosis: a committee opinion. Fertil Steril. 2014;101(4):927-35. [197666].

Acupuncture can also be considered an adjunctive therapy for pelvic pain associated whith endometriosis.

### 2.12. European Society of Human Reproduction and Embryology (ESHRE) 2013 Ø

Guideline on the management of women with endometriosis. European Society of Human Reproduction and Embryology. 2013:97P. [196756].

From the limited included evidence, we conclude that the effectiveness of high-frequency TENS, dietary supplements, acupuncture and traditional Chinese medicine are not well established for pain management in women with endometriosis.
Recommendation The GDG does not recommend the use of nutritional supplements, complementary or alternative medicine in the treatment of endometriosis-associated pain, because the potential benefits and/or harms are unclear. However, the GDG acknowledges that some women who seek complementary and alternative medicine may feel benefit from this.

### 2.13. World Endometriosis Society (WES) 2013 ⊕

Johnson NP, Hummelshoj L, World Endometriosis Society Montpellier Consortium. Consensus on current management of endometriosis. Human Reproduction. 2013;28(6):1552-68. https://doi.org/10.1093/humrep/det050

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## 3. Randomized Controled Trials / Essais contrôlés randomisés

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| | RCT | comparator | Sources |
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| **2023** | Li PS, Peng XM, Niu XX, Xu L, Hung Yu Ng E, Wang CC, Dai JF, Lu J, Liang RN. Efficacy of acupuncture for endometriosis-associated pain: a multicenter randomized single-blind placebo-controlled trial. Fertil Steril. 2023 May;119(5):815-823. https://doi.org/10.1016/j.fertnstert.2023.01.034 | Sham | Yang 2025, Giese 2023 |
| **2022** | Du J, Cong H. [Therapeutic mechanism of elongated fast needling in treating endometriosis based on intestinal microorganism]. J Clin Acupunct Moxibustion. 2022;38(01):32-36. | | Wang 2023 |
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