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Multiple Sclerosis

Sclérose en plaques : évaluation de l'acupuncture

Articles connexes: - conduites thérapeutiques - pathologie - acupuncture expérimentale - qigong -

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Yao 2025

Yao C, Cui Y, Zhou X, Zhang S, Wang Z, Yang J, Zeng X, Guo Y, Sun Z, Yin H. Clinical evidence on acupuncture for symptom improvement in multiple sclerosis. Complement Ther Med. 2025 Oct 27:103276. https://doi.org/10.1016/j.ctim.2025.103276

Background	Clinical trials on acupuncture for multiple sclerosis (MS) have been increasing, yet their findings remain controversial. This review aimed to evaluate the evidence from randomized clinical trials on the efficacy of acupuncture for MS.
Methods	PubMed, Embase, CENTRAL, Web of Science, four Chinese databases, clinical trial registries, gray literature, and reference lists were systematically searched. Risk of bias was assessed using RoB 2. Meta-analysis, subgroup analysis, meta-regression, and publication bias detection were performed with STATA 15.1. Certainty of evidence was evaluated using GRADE. The review protocol was registered in PROSPERO (CRD42024530800).
Results	**Eleven randomized controlled trials involving 574 patients** were included. Meta-analysis indicated that acupuncture combined with medication improved disability status and quality of life more effectively than medication alone. Adverse events related to acupuncture were rare and mild. The overall evidence quality was low due to substantial heterogeneity among studies.
Conclusion	Acupuncture appears to be a safe and potentially effective adjunct therapy for improving symptoms in multiple sclerosis. However, given methodological limitations and heterogeneity, the findings should be interpreted with caution.

1.1.2. Campbell 2016 ~

Campbell E, Coulter EH, Mattison PG, Miller L, McFadyen A, Paul L. Physiotherapy Rehabilitation for People With Progressive Multiple Sclerosis: A Systematic Review. Arch Phys Med Rehabil. 2016;97(1):141-51. [186582].

Objectives	To assess the efficacy of physiotherapy interventions, including exercise therapy, for the rehabilitation of people with progressive multiple sclerosis.

Methods	DATA SOURCES: Five databases (Cochrane Library, Physiotherapy Evidence Database [PEDro], Web of Science Core Collections, MEDLINE, Embase) and reference lists of relevant articles were searched. STUDY SELECTION: Randomized experimental trials, including participants with progressive multiple sclerosis and investigating a physiotherapy intervention or an intervention containing a physiotherapy element, were included. DATA EXTRACTION: Data were independently extracted using a standardized form, and methodologic quality was assessed using the PEDro scale.
Results	Thirteen studies (described by 15 articles) were identified and scored between 5 and 9 out of 10 on the PEDro scale. Eight interventions were assessed: exercise therapy, multidisciplinary rehabilitation, functional electrical stimulation, botulinum toxin type A injections and manual stretches, inspiratory muscle training, therapeutic standing, **acupuncture**, and body weight-supported treadmill training. All studies, apart from 1, produced positive results in at least 1 outcome measure; however, only 1 article used a power calculation to determine the sample size and because of dropouts the results were subsequently underpowered.
Conclusions	This review suggests that physiotherapy may be effective for the rehabilitation of people with progressive multiple sclerosis. However, further appropriately powered studies are required.

1.1.3. Karpatkin 2014 Ø

Karpatkin HI, Napolione D, Siminovich-Blok B. Acupuncture and multiple sclerosis: a review of the evidence. Evid Based Complement Alternat Med. 2014. [174612].

Objectives	Use of acupuncture to treat multiple sclerosis (MS) is fairly common, but little literature exists which studies its effectiveness. The purpose of this paper is to review the literature on the use of acupuncture to treat MS.
Methods-Results	A literature search resulted in twelve peer-reviewed articles on the subject that examined the use of acupuncture to treat MS related quality of life (QoL), fatigue, spasticity, and pain. The majority of the studies were poorly designed-without control, randomization, or blinding. Description of the subjects, interventions, and outcome measures as well as statistical analysis was often lacking or minimal.
Conclusions	Although many of the studies suggested that acupuncture was successful in improving MS related symptoms, lack of statistical rigor and poor study design make it difficult to draw any conclusions about the true effectiveness of this intervention in the MS population. Further studies with more rigorous designs and analysis are needed before accurate claims can be made as to the effectiveness of acupuncture in this population.

1.2. Special outcome

1.2.1. Fatigue

1.2.1.1. Chang 2026

Chang H, Wang X, Shi Y. Comparative efficacy of non-pharmacological interventions on fatigue in people with multiple sclerosis: A systematic review and network meta-analysis. Int J Nurs Stud. 2026 Jan;173:105250. https://doi.org/10.1016/j.ijnurstu.2025.105250

Background	Fatigue is a common symptom of multiple sclerosis (MS) that adversely affects patients' health and quality of life and increases the burden on healthcare systems. Although non-pharmacological therapies are effective alternatives to pharmacological treatments, it remains unclear which non-pharmacological interventions are most effective in alleviating fatigue in people with MS.
Aims	To compare the effectiveness of non-pharmacological interventions in reducing fatigue among people with MS.
Methods	We searched seven databases from their inception to May 2024. After literature screening and data extraction, the Cochrane Bias Assessment Tool 2.0 version of randomized controlled trials (RCTs) was used to evaluate literature quality. A network meta-analysis was performed to evaluate the relative efficacy of non-pharmacological interventions on fatigue. Statistical analysis was performed using STATA 17.0 software.
Results	A total of 73 RCTs involving nine non-pharmacological interventions were included. The results of the network meta-analysis showed that exercise therapy (SMD = -0.53, 95% CI [-0.74, -0.33]), cognitive-behavioral therapy (SMD = -0.64, 95% CI [-1.05, -0.22]), **acupuncture** or massage therapy (SMD = -0.67, 95% CI [-1.28, -0.06]), eHealth interventions (SMD = -0.42, 95% CI [-0.66, -0.18]), and combined interventions (SMD = -0.79, 95% CI [-1.27, -0.31]) were more effective than the control group in improving MS fatigue. Among them, combined interventions may be the most effective non-pharmacological intervention to improve fatigue in people with MS.
Conclusion	This network meta-analysis found that combined interventions, **acupuncture** or massage therapy, cognitive-behavioral therapy, exercise therapy, and eHealth interventions can improve fatigue in people with MS. These findings provide evidence-based data to support clinical decision-making.

1.2.1.2. Haider 2024

Haider S, Fatmi W, Shoaib N, Sajjad M, Zahid M. Assessment of acupuncture's effectiveness in mitigating fatigue among patients afflicted with multiple sclerosis: a systematic review and meta-analysis. Complement Ther Clin Pract. 2024 Nov;57:101902.
https://doi.org/10.1016/j.ctcp.2024.101902

Background	Fatigue is a pervasive and debilitating symptom of multiple sclerosis (MS) that profoundly impairs quality of life and daily functioning. This review aimed to evaluate the effectiveness of acupuncture as a complementary therapy for alleviating MS-related fatigue, given the paucity of rigorous studies on this topic.
Methods	A comprehensive literature search was conducted across multiple databases to identify studies assessing the efficacy of acupuncture for MS-related fatigue. Primary outcomes included fatigue severity, quality of life, and disability. Both randomized controlled trials and observational studies were included.
Results	**Six studies** met inclusion criteria, comprising two observational studies and four randomized controlled trials. Despite variations in acupuncture protocols and outcome measures, meta-analysis demonstrated that acupuncture significantly reduced fatigue (MD = −0.92, 95% CI [−1.36 to −0.47], $p < 0.0001$) and improved quality of life (SMD = 0.91, 95% CI [0.07–1.74], $p = 0.03$), supporting its potential therapeutic benefit in MS management.
Conclusion	Acupuncture appears to alleviate MS-related fatigue and improve quality of life, suggesting its usefulness as an adjunctive treatment. Nevertheless, due to methodological limitations and small sample sizes, further large-scale, high-quality trials are required to confirm efficacy and safety.

1.2.2. Spasticity

1.2.2.1. Amatya 2024

Amatya B, Khan F, Song K, Galea M. Effectiveness of non-pharmacological interventions for spasticity management in multiple sclerosis: a systematic review. Ann Rehabil Med. 2024 Oct;48(5):305-343. https://doi.org/10.5535/arm.240064

Background	Spasticity is a common and disabling symptom in people with multiple sclerosis (pwMS). This systematic review aimed to evaluate the effectiveness of non-pharmacological interventions for its management.
Methods	A comprehensive search of MEDLINE, Embase, CENTRAL, and CINAHL was performed to identify randomized controlled trials published up to April 2024. Additional manual searches and reference screening were conducted. Two authors independently selected studies, assessed methodological quality, and summarized evidence. Due to methodological, clinical, and statistical heterogeneity, meta-analysis was not feasible.
Results	Thirty-two randomized controlled trials involving 1,481 participants were included. Interventions assessed included physical activity, transcranial magnetic stimulation (iTBS, rTMS), electromagnetic therapy, transcutaneous electrical nerve stimulation, vibration therapy, shock wave therapy, self-management education, and acupuncture. All studies had low methodological quality, indicating high risk of bias. The evidence was of moderate to low certainty for physical activity programs (alone or combined with other interventions) and iTBS/rTMS, showing improvements in spasticity. Evidence for other modalities, including acupuncture, was of very low certainty.
Conclusion	There is limited and low-quality evidence supporting non-pharmacological interventions for spasticity management in multiple sclerosis. While physical activity and brain stimulation techniques show potential, further rigorous, large-scale trials with long-term follow-up are required to establish effectiveness, particularly for modalities such as acupuncture.

1.2.3. Comparison of Acupuncture techniques

1.2.3.1. Chen 2026

Chen R, Li H, Ben Y, Zhang B, Tang Q. A network meta-analysis of the performance of acupoint stimulation therapy in improving fatigue, neurological function, and activities of daily living in patients with multiple sclerosis. Front Neurol. 2026;17:1796876. https://doi.org/10.3389/fneur.2026.1796876

Background	Multiple sclerosis (MS) is a chronic autoimmune disease with a high disability rate, primarily characterized by inflammatory demyelination of the central nervous system. As a complementary and alternative therapy, acupoint stimulation exhibits potential in alleviating the symptoms of MS. However, the relative efficacy of different therapies remains unclear. This study sought to systematically compare the effects of various acupoint stimulation therapies on neurological function, fatigue, and activities of daily living in MS patients through a network meta-analysis (NMA).

Methods	Eight databases were systematically searched for relevant publications from their inception to August 3, 2025. Randomized controlled trials (RCTs) comparing different acupoint stimulation therapies (e.g., acupuncture, electroacupuncture, moxibustion, acupressure, acupoint injection) for treating MS were incorporated. A Bayesian NMA was implemented to comprehensively compare the impacts of various interventions on Expanded Disability Status Scale (EDSS) scores, Fatigue Severity Scale (FSS) scores, the Barthel index (BI), and response rates. The surface under the cumulative ranking curve (SUCRA) values were utilized to evaluate the relative ranking of each regimen. Twenty-three RCTs involving 1,384 patients and eight acupoint stimulation interventions were included.
Results	Electroacupuncture combined with acupoint injection demonstrated the greatest effectiveness in improving neurological function (EDSS) (MD = -2.9, 95% CrI: -3.4 to -2.3). Acupressure therapy performed the best in relieving fatigue (FSS) (SMD = -1.3, 95% CrI: -1.6 to -1.0). Electroacupuncture combined with acupoint injection demonstrated the best efficacy in improving activities of daily living (BI) (MD = 18, 95% CrI: 8.8 to 28).
Conclusion	The application of acupoint stimulation therapy in combination with standard pharmacotherapy has demonstrated potential value in relieving fatigue, improving neurological function, and enhancing quality of life in patients with MS. However, due to methodological limitations of the included studies and clinical heterogeneity among interventions, the findings should be considered exploratory evidence and are insufficient to support definitive clinical recommendations. The authors state that the results should be interpreted with caution and mainly serve to generate hypotheses and guide future research priorities.

2. Clinical Practice Guidelines

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

2.1. American Academy of Neurology (AAN, USA) 2014 ⊕

Yadav V, Bever C Jr, Bowen J, Bowling A, Weinstock-Guttman B, Cameron M, Bourdette D, Gronseth GS, Narayanaswami P. Summary of evidence-based guideline: complementary and alternative medicine in multiple sclerosis: report of the guideline development subcommittee of the American Academy of Neurology. Neurology. 2014 Mar 25;82(12):1083-92.. 2014;82(12):1083-92. [175868].

Because studies were unavailable or, where available, had a high risk of bias, were in conflict, or lacked statistical precision, we found the evidence insufficient to support or refute the effectiveness of the following therapies in MS (table 1): acetyl-L-carnitine, **acupuncture**, biofeedback, carnitine, chelation therapy, Chinese medicine, chiropractic medicine, creatine monohydrate, dental amalgam replacement, glucosamine sulfate, hippotherapy, hyperbaric oxygen, inosine, linoleic acid, low-dose naltrexone, massage therapy, mindfulness training, music therapy, naturopathic medicine, neural therapy, Padma 28, progressive muscle relaxation therapy, tai chi, threonine, transdermal histamine, and yoga.

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