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Amyotrophic Lateral Sclerosis

Sclérose latérale amyotrophique

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Nake 2022

Nnake I, Tulp OL, Einstein GP. Integrative therapies for amyotrophic lateral sclerosis disease using dynamic physiological systems. FASEB J. 2022 May;36 Suppl 1. https://doi.org/10.1096/fasebj.2022.36.S1.R2497.

Background	Amyotrophic Lateral Sclerosis (ALS) is a fatal motor neuron condition that is characterized by progressive loss of upper and lower motor neurons at the spinal or bulbar level with an incidence of about 1/100,000. ALS is categorized in two forms. The most common form is sporadic (90-95% of cases) which has no obvious genetically inherited component. The familial type of ALS (FAL5, represents ~10% of cases) is due to associated genetic dominant inheritance factors. The first onset of symptoms of ALS usually occurs between the ages of 50 and 65. The pathogenesis of ALS is unknown. There are two approved medications for ALS treatment: riluzole and edaravone, both of which have many reported side effects. ALS patients and their family members seek an effective therapy for treating the symptoms and/or delaying the progression of ALS.
Method	A comprehensive literature search consisting of 12 peer reviewed studies was conducted using PubMed, Medline and Nature review from inception to 2019, and meta-analysis used to evaluate the findings. Amyotrophic Lateral Sclerosis diagnosis was determined using El Escorial criteria. Exposures to agriculture chemicals, heavy metals, electrical magnetic fields, types of diet, and physical activity were all examined for association with ALS. Also, use of integrative therapies (IT) were evaluated among the treatment options reviewed.
Results	The results of the study did not indicate that factors of diet, smoking or cardiovascular disease increase the risk of developing ALS. Vitamins and Chinese herbal decoctions, Chinese herbal compounds, massage therapy, and **acupuncture** were the 5 most commonly used IT reported. In the meta-analysis reviewed, the most common reason for using IT was to treat weakness and fatigue in males (68.72% of males were IT users) and muscle atrophy in females (66.35% of females were IT users). Most of the effects of the IT therapies reported were improvements in subjective symptoms of the disorder.

Conclusion	This study could not identify smoking, physical activity, environmental exposure, occupational factors, or dietary habits as risk factors or protective factors for the onset or progression of ALS. ALS has multiple pathological mechanisms. Since integrative therapy contains various components which display multiple effects, it would be helpful in alleviating the pathological events affecting patients with ALS, thereby increasing the quality of life for the individuals and families of patients. However, more research must be performed regarding the efficacy and safety of integrative therapy or complementary and alternative therapy and clinical studies will be required to demonstrate the complimentary beneficial effects of integrative therapies in the management and treatment of ALS.

1.2. Preclinical and mechanistic systematic reviews

Clinical Practice Guidelines

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

1. Japanese Society of Neurology (JSN, Japon) 2013 ⊕

Japanese Society of Neurology. Practical Guideline for Amyotrophic Lateral Sclerosis (ALS) 2013 . Tokyo: Nankodo Co. Ltd.; 2013 [in Japanese] . *Cited by* Okawa Y, Yamashita H, Masuyama S, Fukazawa Y, Wakayama I. Quality assessment of Japanese clinical practice guidelines including recommendations for acupuncture. Integr Med Res. 2022 Sep;11(3):100838. https://doi.org/10.1016/j.imr.2022.100838

Amyotrophic Lateral Sclerosis (ALS). No firm evidence, but recommend to use for pain. Grade C1 (out of A to D)

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