

# Table des matières

<b>1. Systematic Reviews and Meta-Analysis</b> .....	1
1.1. Iqbal 2024 .....	1
1.2. Helman 2022 .....	1
<b>2. Clinical Practice Guidelines</b> .....	2
2.1. Clinical Olfactory Working Group [cCOVID-19] (international) 2021 Ø .....	2
2.2. US expert consensus 2020 Ø .....	2

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# anosmia

## Anosmie

### 1. Systematic Reviews and Meta-Analysis

#### 1.1. Iqbal 2024

Iqbal IS, Carnino JM, Kariveda RR, Levi JR. Assessing the Efficacy of Acupuncture in the Treatment of Olfactory Dysfunction: A Systematic Review. *Ann Otol Rhinol Laryngol.* 2025 Feb;134(2):102-109. <https://doi.org/10.1177/00034894241295477>

<b>Objective</b>	This article seeks to systematically review existing literature on the use of acupuncture in treating olfactory dysfunction in order to better understand the methodology and efficacy of this alternative treatment modality.
<b>Methods</b>	A comprehensive search of PubMed, Cochrane Library, Embase, Web of Science, and Google Scholar was conducted. The review was conducted by 2 independent reviewers that authored this article. Inclusion criteria included all studies analyzing the efficacy of acupuncture for treatment of olfactory dysfunction. Articles were excluded if they were duplicates, opinion or review papers, incomplete or unavailable papers, or if they were in a language other than English.
<b>Results</b>	The review found <b>10 articles</b> matching the inclusion criteria that overall showed a positive improvement in olfactory dysfunction after acupuncture intervention in multiple settings. Challenges highlighted in this review include variability in acupuncture protocols, such as differences in point selection, session frequency, and overall treatment duration, as well as the lack of standardized outcome measures for assessing olfactory function.
<b>Conclusion</b>	This systematic review suggests acupuncture may have therapeutic effect on improvement of olfactory function across various types of olfactory disorders, most notably seen in post-viral anosmia. Given the variability in acupuncture protocols and lack of standardized outcome measures, there is a need for further research with standardized methods and larger sample sizes. Olfactory dysfunction is fundamentally a quality-of-life issue; advancing research could solidify acupuncture as a valuable and cost-effective addition to treatment plans, optimizing patient well-being.

#### 1.2. Helman 2022

Helman SN, Adler J, Jafari A, Bennett S, Vuncannon JR, Cozart AC, Wise SK, Kuruvilla ME, Levy JM. Treatment strategies for postviral olfactory dysfunction: A systematic review. *Allergy Asthma Proc.* 2022 Mar 1;43(2):96-105. <https://doi.org/10.10372/j.1000-0607.20210559>

<b>Background</b>	The coronavirus disease 2019 (COVID-19) pandemic has been associated with a dramatic increase in postviral olfactory dysfunction (PVOD) among patients who are infected. A contemporary evidence-based review of current treatment options for PVOD is both timely and relevant to improve patient care.
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<b>Objective</b>	This review seeks to impact patient care by qualitatively reviewing available evidence in support of medical and procedural treatment options for PVOD. Systematic evaluation of data quality and of the level of evidence was completed to generate current treatment recommendations.
<b>Methods</b>	A systematic review was conducted to identify primary studies that evaluated treatment outcomes for PVOD. A number of medical literature data bases were queried from January 1998 to May 2020, with completion of subsequent reference searches of retrieved articles to identify all relevant studies. Validated tools for the assessment of bias among both interventional and observational studies were used to complete quality assessment. The summary level of evidence and associated outcomes were used to generate treatment recommendations.
<b>Results</b>	Twenty-two publications were identified for qualitative review. Outcomes of alpha-lipoic acid, intranasal and systemic corticosteroids, minocycline, zinc sulfate, vitamin A, sodium citrate, caroverine, intranasal insulin, theophylline, and Gingko biloba are reported. In addition, <b>outcomes of traditional Chinese acupuncture</b> and olfactory training are reviewed.
<b>Conclusion</b>	Several medical and procedural treatments may expedite the return of olfactory function after PVOD. Current evidence supports olfactory training as a first-line intervention. Additional study is required to define specific treatment recommendations and expected outcomes for PVOD in the setting of COVID-19.

## 2. Clinical Practice Guidelines

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

### 2.1. Clinical Olfactory Working Group [cCOVID-19] (international) 2021 ∅

Addison AB, Wong B, Ahmed T, Macchi A, Konstantinidis I, et al. Clinical Olfactory Working Group consensus statement on the treatment of postinfectious olfactory dysfunction. *J Allergy Clin Immunol.* 2021;147(5):1704-19. [223633]. <https://doi.org/10.1016/j.jaci.2020.12.641>

Non-medical options such as acupuncture need to be further investigated.

### 2.2. US expert consensus 2020 ∅

Hura N, Xie DX, Choby GW, Schlosser RJ, Orlov CP, Seal SM, Rowan NR. Treatment of post-viral olfactory dysfunction: an evidence-based review with recommendations. *Int Forum Allergy Rhinol.* 2020;10(9):1065-86. [202524]. <https://doi.org/10.1002/alr.22624>

Consensus d'experts américains. Acupuncture . 1. Aggregate evidence:D (Level 3: 1 study, Level 4: 1 study). 2. Benefit: Improved TDI and UPSIT scores. 3. Harm: Minimal harm or treatment-related risk. 4. Cost: Minimal to moderate, depending on cost of. Therapy.. 5. Benefit-Harm assessment: Balance of benefit and harm. 6. Value judgments: Limited low-level evidence is beneficial,. But challenging to make a firm recommendation. Given few studies and low level of evidence. Much like. Surgical interventions, blinding proves challenging in. Treatment with TCA. 7. Recommendation level: No recommendation.

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