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cervical radiculopathy

Névralgie cervico-brachiale

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

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Zhao 2024

Zhao H, Wang C, Wang X, Ju J, Yan C, Shi B. Efficacy and Safety of Acupuncture in the Treatment of Radicular Cervical Spondylosis: A Systematic Review and Meta-Analysis. Comb Chem High Throughput Screen. 2024;27(19):2951-2962. https://doi.org/10.2174

Background	Cervical spondylotic radiculopathy is a serious and common degenerative disease of the cervical spine due to irritation and compression of the nerve roots of the cervical spine, resulting in a series of clinical symptoms based on sensory, motor and reflex disorders, such as numbness and pain in the neck, shoulders, upper limbs and fingers. Acupuncture is highly effective in treating CSR and has become a common treatment accepted by patients. This study aims to systematically review and analyze existing randomized controlled trials (RCTs) to evaluate the efficacy and safety of acupuncture in the treatment of CSR.
Methods	We used the following eight databases for literature data search: PubMed, EMBASE, The Cochrane Library, Web of Science, China National Knowledge Infrastructure, China Biology Medicine Disc (CBMdisc), Wanfang Database and China Science and Technology Journal Database (VIP). The search consisted of randomized controlled studies of acupuncture for CSR between 2000 and 2020 and the methodological quality of the included studies was assessed according to the Cochrane Collaboration's “Risk of Bias Assessment Tool.”RevMan 5.4 software was used for statistical analysis only. Study screening, data extraction and statistics, and assessment of the risk of bias of the included studies were performed independently by two reviewers.
Result	**27 studies with 3124 patients** were included. The results of the meta-analysis of the total efficiency index for acupuncture for CSR were [RR = 1.14,95% CI (1.09,1.19)]. The results of the meta-analysis of the PPI index were [MD = -0.35, 95% CI (-0.61,-0. 09)]. The results of META analysis of the total effective rate, VAS score, PRI(A) score, PRI(S) score and PRI(T) score showed heterogeneity in the studies included for each outcome index, and sources of heterogeneity were sought through subgroup analysis and sensitivity analysis to ensure more stable and reliable data results. The results of the combined meta-analysis showed that the treatment group was significantly more effective than the control group and more effective in lowering the nerves to reduce the pain index in patients with CSR, with a statistically significant difference (P<0.05). This indicates that acupuncture treatment is superior to traction for CSR.
Conclusion	Acupuncture is significantly more effective than traction therapy in the treatment of cervical spondylosis and can reduce the pain index of patients with CSR.

1.1.2. Plener 2023

Plener J, Csiernik B, To D, da Silva-Oolup S, Hofkirchner C, Cox J, Cancelliere C, Chow N, Hogg-Johnson S, Ammendolia C. Conservative Management of Cervical Radiculopathy: A Systematic Review. Clin J Pain. 2023 Mar 1;39(3):138-146. https://doi.org/10.1097/AJP.0000000000001092

Objective	The purpose of this systematic review was to assess the effectiveness and safety of conservative interventions compared with other interventions, placebo/sham interventions, or no intervention on disability, pain, function, quality of life, and psychological impact in adults with cervical radiculopathy (CR).
Methods	We searched MEDLINE, CENTRAL, CINAHL, Embase, and PsycINFO from inception to June 15, 2022 to identify studies that were randomized controlled trials, had at least one conservative treatment arm, and diagnosed participants with CR through confirmatory clinical examination and/or diagnostic tests. Studies were appraised using the Cochrane Risk of Bias 2 tool and the quality of the evidence was rated using the Grades of Recommendations, Assessment, Development, and Evaluation approach.
Results	Of the 2561 records identified, 59 trials met our inclusion criteria (n = 4108 participants). Due to clinical and statistical heterogeneity, the findings were synthesized narratively. There is very-low certainty evidence supporting the use of **acupuncture**, prednisolone, cervical manipulation, and low-level laser therapy for pain and disability in the immediate to short-term, and thoracic manipulation and low-level laser therapy for improvements in cervical range of motion in the immediate term. There is low to very-low certainty evidence for multimodal interventions, providing inconclusive evidence for pain, disability, and range of motion. There is inconclusive evidence for pain reduction after conservative management compared with surgery, rated as very-low certainty.
Discussion	There is a lack of high-quality evidence, limiting our ability to make any meaningful conclusions. As the number of people with CR is expected to increase, there is an urgent need for future research to help address these gaps.

1.1.3. Yin 2019

Yin Xunlu, Zhu Liguo, Feng Minshan, Wei Xu, Yu Jie, Liang Long. [Meta-analysis of Acupuncture Efficacy on Nerve Root Cervical Spondylosis Therapy]. Rehabilitation Medicine. 2018;4:63-69. [201745].

Objective	To systematically review the efficacy and safety of acupuncture in the therapy of cervical spondylotic myelopathy.
Methods	Randomized controlled trials(RCT)about acupuncture therapy on nerve root type cervical spondylosis were electronically searched in CNKI, Pub Med, EMBase, Wanfang Data. After conducting quality evaluation according to the “bias risk assessment tool” in the Cochrane Collaboration, the results of Meta-analysis were analyzed by Rev Man 5.3 software.
Results	A total of **11 RCTs involved 974 patients** were finally included. Meta-analysis indicated that acupuncture combined with traction in the therapy of nerve root type cervical to improve spondylopathy pain relief [MD=-1.69,95% CI(-2.63,-0.75)]; to improve the current pain conditions(PPI)[MD=-0.41, 95% CI(-0.56,-0.26)]; pain relief [VAS(Mc Gill)] [MD=-1.43, 95% CI(-2.21,-0.6)]; total pain score(PRI)[MD=-2.43, 95% CI(-4.06,-0.80)]; pain perception total score [PRI(S)] [MD=-1.63, 95% CI(-2.07,-1.20)]; Pain Emotion Total Score [PRI(A)][MD=-0.89, 95% CI(-1.39,-0.38)]. The effect of acupuncture group in cervical spondylotic myelopathy therapy was better than that of the traction group, the difference was statistically significant(P<0.05).

Conclusion	Acupuncture has good curative effect and advantage in the therapy of cervical spondylosis of nerve root type. However, there are many deficiencies in low-quality inclusion studies and heterogeneity between studies in this systematic review, large-sample, high-quality randomized controlled trials are necessary for validation in the future.

1.1.4. Hu 2012 (versus traction) ☆

Hu J, Chu HR, Sun K, Xiao W, Song YC, Long XN. [Clinical effect of acupuncture in treatment of cervical spondylotic radiculopathy: a systematic review]. Journal of Anhui Traditional Chinese Medical College. 2012;5:39-43. [186982].

Objective	To assess and compare the clinical effects and safeties of acupuncture and traction therapy in the treatment of cervical spondylotic radiculopathy (CSR) by a systematic review.
Methods	A search was performed in various worldwide databases for a systematic review of randomised controlled trials of acupuncture and traction therapy for treating CSR. Methodological quality assessment was conducted according to Cochrane Handbook for Systematic Reviews of Interventions Version 5. 1. 0, and effect sizes were calculated. Meta-analysis or descriptive analysis was performed.
Results	**Fourteen studies involving 1 542 cases** were included. Acupuncture was safe in the treatment of CSR. Acupuncture showed better clinical effect than traction therapy in the treatment of CSR (RR: 1. 20;95% CI: 1. 13-1. 27 vs RR: 1. 14, 95% CI: 1. 09-1. 20). In addition, acupuncture had better analgetic effect and could reduce recurrence.
Conclusion	**Acupuncture is probably superior to traction therapy in the treatment of CSR**, but which is not definite due to relatively low level of evidence.

1.1.5. Sun 2009 (versus traction) ☆

Sun P, Du YH, Xiong J et al. [Acupuncture versus traction for cervical spondylotic radiculopathy: a systematic review]. Guangming Journal of Traditional Chinese Medicine. 2009. 24(10):1824–1830.[187023].

Objective	To assess the efficacy of acupuncture versus traction in the treatment of Cervical Spondylotic Radiculopathy.
Methods	Randomized controlled trials (RCTs)involving acupuncture versus traction in the treatment of Cervical Spondylotic Radiculopathy were searched from PubMed (1950 to 2008)，Ovid (1950 to 2008)，EBSCO (1973 to 2008)，Cochrane Library (Issue 2, 2008)，CBM (1978 to 2006)，CNKI (1979 to 2008)，VIP (1989 to 2008) and WANFANG Database (1998 to 2008). We also hand searched relevant journals and conference proceedings. Data were extracted and evaluated by two reviewers independently with a specially designed extraction form. The Cochrane Collaboration’s RevMan 4. 2. 8 software was used for data analyses.
Results	A total of **8 trials involving 1546 patient**s were included. Effective rate was used as the primary resultant index in all the eight syudies. Meta-analyses showed that effective rate between acupuncture group and traction group was significant difference [RR 1. 24, 95%CI (1. 16 to 1. 32)], significant difference was also noted when acupuncture plus traction group versus traction group [RR1. 10, 95%CI (1. 02 to 1. 18)]. MPQ score was used as the secondary resultant index in these three studies, there were significant differences between treatment group and control group as for VAS [WMD 1. 53, 95%CI (0. 85 to 2. 21)]and PPI [WMD 0. 61, 95%CI (0. 50 to 0. 71)].

Conclusion	**Acupuncture treatment is effective for Cervical Spondylotic Radiculopathy** and is superior to traction in the aspects of effective rate and pain alleviating. The curative effect of traction treatment could be improved when combining with acupuncture. However, the conclusion was uncertain because the quality of enrolled papers was partly low. Therefore, further high-quailty randomized controlled trials are required to prove the role of acupuncture in the treatment of Cervical Spondylotic Radiculopathy.

1.2. Special Acupuncture Techniques

1.2.1. Comparison of Acupuncture techniques

1.2.1.1. Zhao 2025

Zhao S, Yang J. Network meta-analysis of tuina or acupuncture in combination with adjunctive therapy for cervical spondylotic radiculopathy. Front Neurol. 2025 Aug 8;16:1612024. https://doi.org/10.3389/fneur.2025.1612024

Backgound	Tuina and acupuncture therapy have been widely applied in patients with cervical spondylotic radiculopathy (CSR). This network meta-analysis (NMA) was carried out to compare the effects of tuina or acupuncture in combination with adjunctive therapy on the physical signs, symptoms, and clinical outcomes of patients with CSR.
Method	Relevant studies were searched in PubMed, Web of Science, Embase, Cochrane, China National Knowledge Infrastructure (CNKI), China Science and Technology Journal Database (VIP), Wanfang Data, and China Biology Medicine (CBM), up to June 15, 2023. Randomized controlled trials (RCTs) comparing tuina, acupuncture, or their combination with conventional Western medical adjunctive therapies were selected. Literature quality was assessed using the ROB2 tool, and statistical analyses were conducted using Stata SE15 and R 4.3.1.
Results	**90 studies involving 8,612 participants** were included. Compared to acupuncture alone, acupuncture + warm needle acupuncture (RR: 17.97; 95% CrI [1.98, 563.78]), acupuncture + cupping (RR: 15.84; 95% CrI [1.48, 538.41]), tuina + auricular acupuncture and conventional therapy (RR: 12.83; 95%CrI [1.31, 170.78]), acupuncture + moxibustion (RR: 8.55; 95% CrI [2.17, 40.28]), and acupuncture + warm needle acupuncture (RR: 8.62; 95% CrI [1.78, 50.25]) significantly improved the clinical response rate, with acupuncture + warm needle acupuncture exhibiting the best effect (SUCRA: 85.9%). Tuina (SUCRA: 75%) ranked highest in improving the cervical function of patients. Electroacupuncture + moxibustion and conventional therapy (SUCRA: 97%) was most effective in relieving pain. None of these therapies effectively improved patient physical signs.
Conclusion	Needling + warm needle acupuncture, warm needle acupuncture + auricular acupuncture, and warm needle acupuncture + conventional therapy may better alleviate symptoms in patients with CSR. However, more well-designed multicenter, large-sample RCTs are needed to further analyze the findings from this study.

1.2.2. Moxibustion

1.2.2.1. Zhang 2016 ☆

Zhang Yang , Zhou Mei-qi ,Tang Wei , Song Xiao-ge. System evaluation and Meta analysis on clinical efficacy of heat-sensitive moxibustion in treatment of cervical spondylotic radicuiopathy World Journal

of Acupuncture of Moxibustion. 2016;26(4):41. [178238].

Objectives	To systematically evaluate the efficacy of heat-sensitive moxibustion in treatment of cervical spondylotic radiculopathy (CSR).
Methods	Chinese National Knowledge Infrastructure (CNKI), China Biology Medical (CBM) database, Chinese Science and Technology Periodical Database (VIP), WanFang Data, Pubmed and Cochrane Library were retrieved to search the randomized controlled trials (RCT) on heat-sensitive moxibustion in treatment of CSR, and Meta analysis was conducted by applying RevMan 5.3 software.
Results	Eventually, **10 papers** were included in this study, including **1008 subjects**. Meta analysis result showed: the total effective rate of treatment group was higher than that of control group, and the difference was statistically significant [RR=1.13, 95%C1(1.06, 1.21), Z=3.54, P=0.000 4]; the cure rate of treatment group was higher than that of control group, and the difference was statistically significant [RR=1.80, 95%C1(1.52, 2.13), Z=6.82, P<0.000 01]; the improvement of short-form McGill pain questionnaire (SF-MPQ) of treatment group was superior to that of control group, and the difference was statistically significant [MD=-4.44, 95%Cl(-6.38, -2.50), Z=4.49, P<0.000 01]; visual analogue scale (VAS) of treatment group was lower than that of control group, and the difference was statistically significant [MD=-0.36, 95%Cl(-0.50, —0.23), Z=5.42, P<0.00001]; and the improvement of interleukin-6 (IL-6) of treatment group was superior to that of control group, and the difference was statistically significant [MD=-7.32, 95%Cl(-11.49, —3.14), Z=3.44, P=0.000 6].
Conclusions	It is indicated from the Meta analysis result that the clinical efficacy of **heat-sensitive moxibustion or acupuncture combined with heat-sensitive moxibustion in treatment of CSR is superior to that of simple acupuncture or traditional suspended moxibustion**, providing a new therapeutic method for treatment of CSR. However, the above mentioned conclusion still needs to be confirmed through randomized blind controlled trials with high quality and large sample size since the sample size of included studies was small, and the quality was low.

1.2.3. Acupotomy

1.2.3.1. Zhang 2026

Zhang YM, Li RG, Zhang XH, Wang ZY, Xu HH, Li XF, Zhang ZW. Needle knife therapy for cervical spondylotic radiculopathy: A systematic review and meta-analysis. World J Methodol. 2026;16(2):117496. https://doi.org/10.5662/wjm.v16.i2.117496

Background	Cervical spondylotic radiculopathy (CSR), a prevalent form of cervical spondylopathy, significantly impacts patients' quality of life. Current management primarily relies on conservative approaches. In recent years, needle knife therapy, as a new type of therapy, has been used in the treatment of CSR.
Aim	To evaluate the therapeutic efficacy of needle-knife therapy for CSR and compare its advantages over conventional treatments, including acupuncture, massage, and warm acupuncture.

Methods	Chinese Biomedical Literature Database, China National Knowledge Infrastructure, Wanfang, PubMed, VIP Chinese Science and Technology Journal Database, China Biology Medicine, and other databases were searched for randomized controlled trials (RCTs) of needle-knife therapy for CSR from the establishment of the database to November 3, 2025. Two independent researchers performed literature screening based on predefined inclusion and exclusion criteria, followed by secondary screening and quality assessment. The Cochrane risk of bias tool was utilized for assessing the methodological quality of the included RCTs. Data synthesis and analysis were performed using RevMan 5.4 software, focusing on treatment effective rates, Visual Analog Scale (VAS) scores, Neck Disability Index (NDI) scores, and Yasushi Tanaka cervical spondylitis symptom scale 20 (YT20) scores.
Results	A total of **15 RCTs**, encompassing **1184 patients** (592 in the experiment group and 592 in the control group), were included in this meta-analysis. Potential high risks of bias in randomization, allocation concealment, and blinding procedures may adversely affect the overall methodological quality of the included trials. The results of meta-analysis showed that the effective rate of the experiment group was significantly higher than that of the control group [mean differences (MD) = 0.10, 95% confidence interval (CI): 0.07-0.14, Z = 6.03, P ≤ 0.00001]; the safety and YT20 scores [safety: MD = 0.34, 95%CI: 0.14-0.83, Z = 2.36, P = 0.02, YT20 scores: standardized MD (SMD) = 2.05, 95%CI: 1.24-2.86, Z = 4.94, P ≤ 0.00001] in the experiment group were higher than those in the control group. The VAS score (SMD = -0.93, 95%CI: -1.59 to -0.27, P ≤ 0.0001), NDI score (SMD = -4.04, 95%CI: -5.01 to -3.07, P ≤ 0.0001) in the experiment group were lower than those in the control group. Significant heterogeneity was observed for VAS (I 2 = 99%) and NDI (I 2 = 84%) scores. Sensitivity analysis did not find significant reversal, indicating that the results of the included studies were reliable.
Conclusion	Needle-knife therapy for CSR presents a higher efficacy and improved clinical outcome scores when contrasted with conventional treatments. However, these findings are constrained by the generally low quality of the included trials and notable heterogeneity observed in some studies. Consequently, the results should be interpreted with caution and considered preliminary. Further validation through larger, high-quality RCTs is warranted, given the existing limitations in sample size and methodological rigor.

1.2.3.2. Choi 2025

Choi HK, Lee SH, Lee JH, Choi S, Park S, Lim YS, Kim HJ, Kim YI, Park TY. Effectiveness of acupotomy combined with nerve block therapy for cervical radiculopathy: A systematic review and meta-analysis. Medicine (Baltimore). 2025 Jun 13;104(24):e42771. https://doi.org/10.1097/MD.0000000000042771

Backgound	This systematic review and meta-analysis aimed to evaluate the effectiveness and safety of combining acupotomy with nerve block therapy (NBT) for cervical radiculopathy (CR) compared to NBT alone.
Methods	A comprehensive search was conducted across multiple databases to identify randomized controlled trials (RCTs) investigating the combined use of acupotomy and NBT for CR. Studies were assessed for risk of bias using the Cochrane Risk of Bias 2 tool. Data were synthesized through meta-analysis where applicable.
Results	**Four RCTs with a total of 540 patients** were included. Meta-analysis showed that the combination of acupotomy and NBT significantly improved the total effective rate compared to NBT alone (risk ratio 1.16, 95% confidence interval 1.08-1.24, P < .0001). However, no significant pain reduction was observed based on the pain visual analog scale (SMD - 2.55, 95% confidence interval -5.32 to 0.22, P = .07), and there was substantial heterogeneity among the included studies (I^2 = 99%). The overall risk of bias was high, and safety data were limited, with only one study reporting adverse events.

Conclusion	The findings suggest that acupotomy combined with NBT may enhance treatment effectiveness for CR, particularly in terms of overall therapeutic response. However, due to the high risk of bias, study heterogeneity, and insufficient safety reporting, further well-designed, large-scale RCTs with long-term follow-ups are needed to establish robust clinical evidence.

1.2.3.3. Zhao 2016

Zhao Meimei, Liu Fushui, Hong Tao, Zhou Fanzuo, Xie Hongwu. [Systematic review of acupotomy in the treatment of cervical spondylotic radiculopathy]. Traditional Chinese Medicine Journal (中医药通报). 2016;15(4):40-2;45. [182982].

系统评价针刀治疗神经根型颈椎病的临床疗效及其安全性。方法：计算机检索中国知网(1979-2015)、维普(1989-2015)、中国生物医学文献数据库(1978-2015)、Cochrane Library(2015年第4期)和美国图书馆PubMed (1966-2015),辅以手工检索相关论著及期刊, 按照Cochrane系统评价员手册5. 3的要求, 采用RevMan5.3.0软件进行数据分析。结果：纳入7项临床随机对照试验, 共941例神经根型颈椎病患者,Meta分析结果显示针刀组治疗神经根型颈椎病临床总有效率、治愈率高于其它治疗方式。针刀组报道了2例中等程度的不良反应, 均为非直视下针刀进至神经根管内口进行铲切剥离操作时, 突然出现剧烈的窜麻感。结论：临床治疗神经根型颈椎病可优先选择针刀疗法, 同时应进一步改善针刀的可视性操作, 提高其安全性；本研究纳入临床随机对照试验数量少且质量不高, 建议在临床上设计并开展较为严格及完善的随机对照试验来验证上述结论.	
Objective	Systematic review of the clinical efficacy and safety of needle knife in the treatment of cervical spondylotic radiculopathy.
Methods	Computer search of China HowNet (1979-2015), Weipu (1989-2015), Chinese Biomedical Literature Database (1978-2015), Cochrane Library (2015 Issue 4), and American Library PubMed (1966-2015) Relevant manuals and journals were supplemented by manual retrieval. According to the requirements of Cochrane systematic reviewer manual 5.3, RevMan 5.3.0 software was used for data analysis.
RESULTS	Seven randomized controlled trials were included. A total of 941 patients with cervical spondylotic radiculopathy were included. The meta-analysis showed that the total effective rate and cure rate of the needle-knife group in treating cervical spondylotic radiculopathy were higher than other treatment methods. The needle-knife group reported two cases of moderate-level adverse reactions. Both of them experienced a sharp numbness when they went to the inner root of the nerve root canal for cutting and stripping.
CONCLUSION	Needle-knife therapy should be preferentially selected for clinical treatment of nerve root type cervical spondylosis. At the same time, the visibility operation of needle-knife should be further improved to improve its safety. The number of randomized controlled trials included in this study is small and the quality is not high. Designed and carried out a more rigorous and complete randomized controlled trial to verify the above conclusions

1.2.3.4. Liu 2007 Ø

Liu XQ, Deng JF, Lin DK. [The evaluation of clinical articles about cervical spondylotic radiculopathy treated with acupotomy]. Chinese Journal of Traditional Medical Traumatology & Orthopedics 2007.15(4):34–37. [168341].

Objective	To evaluate the quality of clinical study and efficacy of the treatment for cervical spondylotic radiculopathy(CSR)by acupotomy.
Methods	Dialog Online Retrieval system was used, extracting targeted articles were selected about the treatment in CSR by acupotomy assessed. Grades of recommendation and level of evidence to evaluate and compare the methodological quality in these articles, and the efficacy in the treatment for CSR by acupotomy.
Results	Seventy-six articles were evaluated 12 randomized controlled trials, 8 non- randomized controlled trials and 56 clinical retrospective studies. The grades of evidence recommendation and the frequency: B level 12, C level 8, D level 56.The level of evidence and the frequency: 2a level 2, 2b level 4, 4 level 8, 5 level 56.The methodological quality and the frequency of 20 clinical controlled trials: diagnostic criteria, 13A, 7B.The inclusive criteria, 5A, 15C; exclusive criteria, 7A, 13C; randomized method, 7A, 5B, ¤8C; base line, 9A, 11C; follow-up, 1A, 19C;therapeutical effect, 6A, 13B; statistical algorithm, 9A, 11B; the sample evaluation, the randomized assignment protocol hiding, blind trial and lost to follow are 20C. The total effective rate was 80%□100%; Three results of the Meta-analysis about these clinical controlled trial: there is a great difference between the treatment of acupuncture and acupotomy; the group of acupotomy is better than that of acupuncture; there`s no damage on the nerve or on the circulation system, or fainting during the treatment,etc.
Conclusions	There is no enough high grades of evidence recommendation. the level of evidence is rather low; there`s some defects in clinical study on the treatment for CSR by acupotomy; treatment for CSR by acupotomy is safe and efficient treatment for CSR, but the bad quality of articles and the deficiency of methodological decline the efficacy and the reliability.

1.2.4. Chimio-acupuncture

1.2.4.1. Zhang 2019

Zhang Wanjuan, Fu Fangling, Li Wu, Jiang Quanrui, Feng Xiang, Zhang Yuxing, Li Jiangshan. [Meta Analysis on the Clinical Effect of Acupuncture and Moxibustion Combined with Acupoint Injection in the Treatment of Cervical Spondylotic Radiculopathy]. Chinese Medicine Modern Distance Education of China. 2019;7:62-65. [201725].

的 对目针灸配合穴位注射治疗神经根型颈椎病临床随机对照试验进行临床疗效与方法 学质量评价. 方法 登录中国知网(CNKI)□万方数据知识服务平台、维普网(VIP),计算机检索针灸配合穴位注射治疗神经根型颈椎病的相关文献, 将得到的文献进行筛选、剔除后, 使用RevMan 5.3软件进行Meta分析. 结果 Meta分析结果 显示, 针灸配合穴位注射治疗神经根型颈椎病总有效率的合并OR=4.04,95□CI[2.81,5.83],Z=7.5,VAS改善值比较合并的MD为−1. 06, 95%置信区间为[−1. 73, −0. 39], 合并影响Z=3.1.结论 本研究结果 表明针灸配合穴位注射治疗CSR具有较好的临床疗效, 可以改善疼痛症状, 提高生活质量, 且优于常规针刺、温针灸及推拿等.

[Automatic translation].	
Objective	To evaluate the clinical efficacy and methodological quality of acupuncture combined with acupoint injection in the treatment of cervical spondylotic radiculopathy.
Methods	The method was applied to China Knowledge Network (CNKI), Wanfang Data Knowledge Service Platform, VIP Network (VIP), computer search for acupuncture. Combined with acupoint injection for the treatment of cervical spondylotic radiculopathy, the selected literature was screened and rejected, and meta-analysis was performed using RevMan 5.3 software.

Results	The results of meta-analysis showed that the total effective rate of acupuncture combined with acupoint injection for cervical spondylotic radiculopathy The combined OR=4.04, 95% CI [2.81, 5.83], Z=7.5, the VAS improvement value is compared with the combined MD of -1.06, the 95% confidence interval is [-1.73, -0.39], and the combined effect is Z=3.1.
Conclusions	The results of this study indicate that acupuncture combined with acupoint injection for CSR has a good clinical effect, can improve pain symptoms, improve quality of life, and is superior to conventional acupuncture, warm acupuncture and massage.

1.2.5. Wrist-ankle Acupuncture

1.2.5.1. Fu 2018 ☆

Fu Yingyue, Dong Longcong, Pan Jianxiang, Xiang Kaiwe. [A Meta-analysis on Treating Cervical Spondylotic Radiculopathy with Wrist-ankle Acupuncture and its Combination Therapy]. Journal of Guiyang University of Chinese Medicine. 2018;05:. [181223].

Objective	To evaluate the clinical efficacy of treating cervical spondylotic radiculopathy with wrist-acupuncture therapy and its combination therapy.
Methods	CNKI, WANGANG, CBM, Pub Med, Embass, and Medline databases were retrieved. The retrieval time is from the time the database was built to May2018. Two researchers screened the literature independently, extracted literature data, assessed the risk of bias and analyzed the data by using Rev Man 5. 3 software.
Results	A total of **12 RCTs were included in 979 cases**, with 510 cases in the test group and 469 cases in the control group. The results of the meta-analysis showed that 10 studies indicated that the efficiency of the wrist-ankle acupuncture and its combination therapy group was higher than that of the non-wrist-ankle acupuncture group [OR = 2. 79, 95% CI(1. 87, 4. 16), P < 0.00001], and the efficiency of the simple-use-wrist-ankle acupuncture group was as good as that of the non-wrist-ankle acupuncture group [OR = 0. 75, 95% CI(0. 24, 2. 31), P = 0. 62], while the efficiency of the combined therapy group was superior to that of the non-wrist-ankle acupuncture group [OR = 3. 14, 95%CI(1. 99, 4. 97), P < 0. 00001]. 8 studies indicated that the improvement of VAS scores of the wrist-ankle acupuncture group and its combination therapy group was better than that of the non-wrist-ankle acupuncture group [WMD =-1. 06, 95% CI(-1. 69-0. 43), P = 0. 001].
Conclusion	The wrist-ankle acupuncture and its combination therapy are more advantageous than the wrist-ankle acupuncture therapy in treating the disease and its clinical efficiency. However, limited by the quality and quantity of the included studies, the conclusions of this study may be biased, and more high-quality researches should be done to verify it.

1.2.6. Cervical Three-needle Acupuncture

1.2.6.1. Yin 2020

Yin Yueshan. [Meta-analysis of acupuncture with three cervical acupuncture for the treatment of cervical spondylotic radiculopathy]. The Journal of Cervicodynia and Lumbodynia. 2020. [212894].

Objective	To systematically evaluate the effectiveness and safety of cervical three-needle acupuncture for the treatment of cervical spondylotic radiculopathy (CSR).

Methods	The computer searched Wanfang, HowNet, Weipu, Pubmed, Highwire, Springer, EBSCO and other databases, randomly collected the relevant randomized controlled research literature of cervical three-needle + other therapies, after evaluating the quality of the literature, Revman5. 3 was used for data analysis.
Results	A total of **10 randomized controlled studies** were included. The clinical effective rate [OR=3. 79 (95%CI: 2. 49□5. 78), P<0. 001] of patients treated with cervical three-needle therapy was significantly higher than that of patients without cervical three-needle therapy. The VAS score (WMD =-1. 38, 95%CI is -1. 62□-1. 13, P<0. 001), NDI (WMD=-9. 23, 95%CI is -18. 20□-0. 25, P<0. 04) is significantly lower than that of non-neck three-needle patients . None of the literature reports the incidence of adverse reactions.
Conclusion	Cervical three-needle acupuncture treatment of CSR can improve the clinical effectiveness, reduce the level of pain, and reduce the degree of cervical spine dysfunction. Its safety needs further research.

1.2.7. Catgut Embedding

1.2.7.1. Liang 2020

Liang Long. [Systematic Review of Acupoint Embedding Treating for Cervical Radiculopathy]. Guiding Journal of TCM and Pharmacy. 2020. [212900].

Objective	To systematically evaluate the efficacy and safety of acupoint embedding in the treatment of cervical radiculopathy.
Methods	All randomized controlled trials of acupoint embedding in the treatment of cervical spondylotic radiculopathy were retrieved by computer. The quality assessments were performed using the Cochrane risk of bias tool. Meta-analysis was carried out with RevMan 5. 3 and Stata 12. 0 software.
Results	A total of nine articles were included and 1128 cases were studied. The results showed that acupoint embedding could improve clinical efficacy better than acupuncture and electro-acupuncture [OR =3. 85, 95% CI (2. 35, 6. 31), P <0. 000, 01]. In terms of improving VAS score, acupoint embedding is better than ordinary acupuncture[SMD=-1. 19, 95%CI (-1. 85, -0. 53), P=0. 000, 4]; in terms of improvement of NDI index, the acupoint embedding is superior to acupuncture [SMD=-0. 61, 95%CI (-1. 08, -0. 14), P=0. 01] in trems of improving Tianzhong Jingjiu scale, the acupoint embedding is superior to acupuncture and electro-acupuncture groups [SMD=1. 31, 95%CI (0. 89, 1. 73), P<0. 000, 01]; In terms of safety, the number of adverse reactions that occur after acupoint embedding was more than that of acupuncture.
Conclusion	Acupoint embedding can effectively alleviate the pain of patients with cervical radiculopathy, improve the functional status of patients and improve clinical efficacy, but the safety is lower than that of acupuncture.

1.2.8. Abdominal acupuncture

1.2.8.1. Peng 2023

Peng Y, Wu J, Wu Y, Chen F. Abdominal acupuncture therapy for cervical spondylotic radiculopathy: A systematic review and metaanalysis. Asian J Surg. 2023 Dec;46(12):5776-5778. https://doi.org/10.1016/j.asjsur.2023.08.138

1.3. Special Clinical Forms

1.3.1. Thoracic Outlet Syndrome (TOS)

1.3.1.1. Wei 2026

Wei X, Du Q, Ma D, Guo X, Yang Q. Efficacy and Safety of Acupuncture Combined with Traditional Chinese External Therapy for the Treatment of Scalenus Anticus Syndrome: A Systematic Review and Meta-Analysis. J Pain Res. 2026;19:609709. https://doi.org/10.2147/JPR.S609709

Objective	To systematically evaluate the efficacy and safety of acupuncture combined with traditional Chinese medicine (TCM) external therapy for Scalenus Anticus Syndrome (SAS) and explore the certainty and limitations of the current evidence.
Methods	A comprehensive search of eight electronic databases identified eligible randomized controlled trials (RCTs), and **11 RCTs involving 746 patients** met the inclusion criteria. All included studies were conducted in China and enrolled patients with neurogenic SAS.
Results	Meta-analysis demonstrated that acupuncture combined with TCM external therapy significantly improved overall clinical effectiveness compared with control interventions (RR = 1.21, 95% CI: 1.13-1.29), reduced pain intensity as reflected by lower visual analogue scale scores (MD = -1.04, 95% CI: -1.58 to -0.50), and decreased recurrence rates (RR = 0.32, 95% CI: 0.14-0.70). Sensitivity analyses supported the robustness of the pooled findings, whereas Egger's test indicated potential publication bias. Subgroup analyses were conducted to explore sources of heterogeneity in pain outcomes; however, no statistically significant subgroup differences were identified. Safety evidence remained insufficient because only one study reported mild adverse reactions and most studies did not document adverse events.
Conclusion	These findings suggest that acupuncture combined with TCM external therapy may provide clinically meaningful benefits for patients with SAS. However, the overall certainty of evidence was low because of methodological limitations, insufficient safety reporting, publication bias, and heterogeneity across studies. Further high-quality multicenter randomized controlled trials with standardized outcome measures and long-term follow-up are required to confirm efficacy and safety.

2. Overviews of Systematic Reviews

2.1. Chen 2025

Chen R, Chen J, Cao D, Du C, Zhong J, Liu A. Acupuncture for the Treatment of Cervical Spondylotic Radiculopathy: An Overview of Systematic Reviews. Int J Gen Med. 2025 Sep 29;18:5959-5975. https://doi.org/10.2147/IJGM.S553977 .

Background	Acupuncture has been extensively applied in the clinical management of cervical spondylotic radiculopathy (CSR). This overview aims to systematically summarize the efficacy and safety of acupuncture for the treatment of CSR, as well as to assess the methodological rigor and quality of evidence of the included studies.

Methods	A comprehensive literature search for systematic reviews and meta-analyses was conducted across four Chinese and five international databases (PubMed, Web of Science, Cochrane Library, MEDLINE, Embase, China National Knowledge Infrastructure Database, Wanfang Database, Chinese Biomedical Literature Database, and Chongqing VIP). The search covered the inception of each database to May 2025 (1996–2025). The PRISMA 2020 statement, AMSTAR 2, ROBIS, and GRADE tools were used to assess reporting quality, methodological quality, risk of bias, and evidence strength. Qualitative and quantitative evaluations were also performed.
Results	**Six SR/MA** studies were included. One study had relatively complete reporting with a PRISMA score of 24.5, while five showed reporting deficiencies (scores 18–20). All six studies scored very low on methodological quality according to AMSTAR 2. Only one study was rated as low risk of bias by ROBIS, while five were high risk. GRADE assessment of 41 outcomes showed 2.4% moderate quality, 24.3% low quality, and 73.2% very low quality, mainly downgraded due to study design limitations and publication bias.
Conclusion	Acupuncture combined with conventional treatment may provide therapeutic benefits for CSR patients compared to conventional treatment alone. However, the safety of acupuncture for CSR has not been systematically evaluated, and the overall evidence quality is low, so conclusions should be interpreted cautiously.

2.2. Wei 2015

Wei X, Wang S, Li J, Gao J, Yu J, Feng M et al. Complementary and alternative medicine for the management of cervical radiculopathy: an overview of systematic reviews. Evid Based Complement Alternat Med 2015. [183367].

Background	Complementary and alternative medicine (CAM) is widely applied in the clinical practice of neck pain owing to cervical radiculopathy (CR). While many systematic reviews exist in CAM to improve CR, research is distributed across population, intervention, comparison, and setting.
Objective	This overview aims to summarize the characteristics and evaluate critically the evidence from systematic reviews.
Methods	A comprehensive literature search was performed in the six databases without language restrictions on February 24, 2015. We had identified relevant systematic reviews that examined the subjects with neck pain due to cervical radiculopathy undergoing CAM. Two authors independently appraised the methodological quality using the revised assessment of multiple systematic reviews instrument.
Results	We had included eight systematic reviews. The effectiveness and safety of acupotomy, acupuncture, Jingfukang granule, manual therapies, and cervical spine manipulation were investigated. Based on available evidence, the systematic reviews supported various forms of CAM for CR. Nevertheless, the methodological quality for most of systematic reviews was low or moderate. In addition, adverse reactions of primary studies were infrequent.
Conclusions	Current systematic reviews showed potential advantages to CAM for CR. Due to the frequently poor methodological quality of primary studies, the conclusions should be treated with caution for clinical practice.

3. Clinical Practice Guidelines

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

3.1. Danish Health and Medicines Authority (DHMA, Danemark 2016) Ø

- Danish Health and Medicines Authority. National clinical guideline for the non-surgical treatment of recent onset nerve root compromise in the neck with symptoms radiating to the arm (cervical radiculopathy). Copenhagen: Danish Health and Medicines Authority. 2016. 2p. [195992].

It is not good practice, on a routine basis, to offer acupuncture to patients with recent onset cervical radiculopathy as an add-on to other treatment.

- Kjaer P, Kongsted A, Hartvigsen J, Isenberg-Jørgensen A, Schiøttz-Christensen B, Søborg B, Krog C, Møller CM. National clinical guidelines for non-surgical treatment of patients with recent onset neck pain or cervical radiculopathy. Eur Spine J. 2017;26(9):2242-2257. [178861].

For treatment, guidelines suggest acupuncture for neck pain but not for cervical radiculopathy.

3.2. American College of Occupational and Environmental Medicine (ACOEM, USA 2011) Ø

American College of Occupational and Environmental Medicine (ACOEM). Cervical and thoracic spine disorders. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM). 2011; 332P. [166312].

Radicular Pain Syndromes. Not recommended: Routine use of acupuncture for acute radicular pain (I)

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