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Acne:

Acné : évaluation de l'acupuncture

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

1. Systematic Reviews and Meta-Analysis

☆☆☆	Evidence for effectiveness and a specific effect of acupuncture
☆☆	Evidence for effectiveness of acupuncture
☆	Limited evidence for effectiveness of acupuncture
Ø	No evidence or insufficient evidence

1.1. Generic Acupuncture

1.1.1. Chen 2020 ☆

Chen Linling. [Systematic evaluation of the curative effect comparison between acupuncture and western medicine in the treatment of acne]. Shaanxi Journal of TCM. 2020. [212937].

Objective	To evaluate the efficacy and safety of acupuncture and moxibustion in the treatment of acne.
Method	A computer search of randomized controlled trials (RCTs) of acupuncture and moxibustion compared with western medicine in the treatment of acne was published in CNKI, WanFang Data, VIP, PubMed, Medline and The Cochrane Library. Two researchers independently screened the literature, and evaluated of the included literature according to Cochrane systematic evaluation methodology. Meta analysis was performed with RevMan 5. 3.
Results	**13 studies** were included, with **1,099 subjects**. Meta-analysis results showed that acupuncture and moxibustion compared with western medicine in the treatment of acne had statistical significance in terms of total effective rate [RR=1. 17, 95%CI (1. 12, 1. 22), Z=7. 03, P<0. 00001], but no statistical significance in terms of skin lesion score[MD=-2. 91, 95%CI (-6. 89, 0. 80), Z=1. 54, P=0. 12]and recurrence rate[RR=0. 65, 95%CI (0. 20, 2. 05), Z=0. 74, P=0. 46].
Conclusion	Compared with western medicine, acupuncture and moxibustion has certain advantages in the treatment of acne, but its conclusion still needs more high-quality and low-risk randomized controlled trials to verify and support.

1.1.2. Mansu 2018 ☆

Mansu SSY, Liang H, Parker S, Coyle ME, Wang K, Zhang AL, Guo X, Lu C, Xue CCL. Acupuncture for Acne Vulgaris: A Systematic Review and Meta-Analysis. Evid Based Complement Alternat Med. 2018. [157569].

Objectives	To conduct a systematic review and meta-analysis to determine the current best available evidence of the efficacy and safety of acupuncture and related therapies for acne vulgaris.

Methods	Eleven English and Chinese databases were searched to identify randomized controlled trials (RCTs) of acne vulgaris compared to pharmacotherapies, no treatment, and sham or placebo acupuncture. Methodological quality was assessed using Cochrane Collaboration's risk of bias tool. Meta-analysis was conducted using RevMan software.
Results	**Twelve RCTs were included** in the qualitative review and 10 RCTs were included in meta-analysis. Methodological quality of trials was generally low. The chance of achieving ≥30% change in lesion count in the acupuncture group was no different to the pharmacotherapy group (RR: 1.07 [95% CI 0.98, 1.17]; I2 = 8%) and ≥50% change in lesion count in the acupuncture group was not statistically different to the pharmacotherapy group (RR: 1.07 [95% CI 0.98, 1.17]; I2 = 50%).
Conclusions	While caution should be exercised due to quality of the included studies, **acupuncture and auricular acupressure were not statistically different to guideline recommended treatments but were with fewer side effects** and may be a treatment option. Future trials should address the methodological weaknesses and meet standard reporting requirements stipulated in STRICTA.

1.1.3. Mo 2015 ☆☆

Mo Qiu-Hong, Liang Li-Chang, Liao Jian-Qiong, Xu Xiu-Hong, Wang Sheng-Xu. [Meta-Analysis of Clinical Randomized and Controlled Trials of Treatment of Acne with Acupuncture and Moxibustion]. Guiding Journal of Traditional Chinese Medicine and pharmacy. 2015;12: 76-83. [186977]

Objectives	To comprehensively analyze the system efficacy and safety of acupuncture in the treatment of acne, and to provide powerful evidences for clinical treatment.
Methods	This thesis would utilize data from the CBM, CNKI, VIP, WANFANG, Pubmed, Medline, from January 2001 to March 2014, with the randomized controlled clinical trials on acupuncture treatment of acne. The selection of studies, assessment of methodological quality and data extraction were performed independently by two researchers. The methodological quality was assessed by the Cochrane system evaluation methodology, and then give a meta-analysis of the result by the soft Revman 5. 2.
Results	A total of **28 studies, involving 2409 patients** (1279 in treatment group, 1130 in control group) were indentified. The 28 papers all adopted the cure rate as the evaluation index, Meta-analysis showed that the effects of acupuncture and moxibustion was superior to western medicine in terms of total effectiveness [OR=4. 40, 95%CI (3. 38, 5. 73)], serum testosterone changes [OR=-0. 84, 95%CI (-1. 09, -0. 59)] and skin lesion score [OR=-0. 29, 95% CI (-0. 51, -0. 07)].
Conclusions	**The effects of acupuncture and moxibustion is superior to western medicine in treatment of acne**, but it still need more high-quality, low-risk randomized controlled trials to verify support.

1.1.4. Cao 2015 Ø

Cao H, Yang G, Wang Y, Liu JP, Smith CA, Luo H, Liu Y. Complementary therapies for acne vulgaris. Cochrane Database Syst Rev. 2015. [176328].

Background	Acne is a chronic skin disease characterised by inflamed spots and blackheads on the face, neck, back, and chest. Cysts and scarring can also occur, especially in more severe disease. People with acne often turn to complementary and alternative medicine (CAM), such as herbal medicine, acupuncture, and dietary modifications, because of their concerns about the adverse effects of conventional medicines. However, evidence for CAM therapies has not been systematically assessed.

Objectives	To assess the effects and safety of any complementary therapies in people with acne vulgaris.
Methods	Search methods: We searched the following databases from inception up to 22 January 2014: the Cochrane Skin Group Specialised Register, the Cochrane Central Register of Controlled Trials (CENTRAL; 2014,Issue 1), MEDLINE (from 1946), Embase (from 1974), PsycINFO (from 1806), AMED (from 1985), CINAHL (from 1981), Scopus (from 1966), and a number of other databases listed in the Methods section of the review. The Cochrane CAM Field Specialised Register was searched up to May 2014. We also searched five trials registers and checked the reference lists of articles for further references to relevant trials. Selection criteria: We included parallel-group randomised controlled trials (or the first phase data of randomised cross-over trials) of any kind of CAM, compared with no treatment, placebo, or other active therapies, in people with a diagnosis of acne vulgaris. Data collection and analysis: Three authors collected data from each included trial and evaluated the methodological quality independently. They resolved disagreements by discussion and, as needed, arbitration by another author.

Main results:	We included 35 studies, with a total of 3227 participants. We evaluated the majority as having unclear risk of selection, attrition, reporting, detection, and other biases. Because of the clinical heterogeneity between trials and the incomplete data reporting, we could only include four trials in two meta-analyses, with two trials in each meta-analysis. The categories of CAM included herbal medicine, acupuncture, cupping therapy, diet, purified bee venom (PBV), and tea tree oil. A pharmaceutical company funded one trial; the other trials did not report their funding sources. Our main primary outcome was 'Improvement of clinical signs assessed through skin lesion counts', which we have reported as 'Change in inflammatory and non-inflammatory lesion counts', 'Change of total skin lesion counts', 'Skin lesion scores', and 'Change of acne severity score'. For 'Change in inflammatory and non-inflammatory lesion counts', we combined 2 studies that compared a low- with a high-glycaemic-load diet (LGLD, HGLD) at 12 weeks and found no clear evidence of a difference between the groups in change in non-inflammatory lesion counts (mean difference (MD) -3.89, 95% confidence interval (CI) -10.07 to 2.29, P = 0.10, 75 participants, 2 trials, low quality of evidence). However, although data from 1 of these 2 trials showed benefit of LGLD for reducing inflammatory lesions (MD -7.60, 95% CI -13.52 to -1.68, 43 participants, 1 trial) and total skin lesion counts (MD -8.10, 95% CI -14.89 to -1.31, 43 participants, 1 trial) for people with acne vulgaris, data regarding inflammatory and total lesion counts from the other study were incomplete and unusable in synthesis. Data from a single trial showed potential benefit of tea tree oil compared with placebo in improving total skin lesion counts (MD -7.53, 95% CI -10.40 to -4.66, 60 participants, 1 trial, low quality of evidence) and acne severity scores (MD -5.75, 95% CI -9.51 to -1.99, 60 participants, 1 trial). Another trial showed pollen bee venom to be better than control in reducing numbers of skin lesions (MD -1.17, 95% CI -2.06 to -0.28, 12 participants, 1 trial). Results from the other 31 trials showed inconsistent effects in terms of whether acupuncture, herbal medicine, or wet-cupping therapy were superior to controls in increasing remission or reducing skin lesions. Twenty-six of the 35 included studies reported adverse effects; they did not report any severe adverse events, but specific included trials reported mild adverse effects from herbal medicines, wet-cupping therapy, and tea tree oil gel. Thirty trials measured two of our secondary outcomes, which we combined and expressed as 'Number of participants with remission'. We were able to combine 2 studies (low quality of evidence), which compared Ziyin Qinggan Xiaocuo Granule and the antibiotic, minocycline (100 mg daily) (worst case = risk ratio (RR) 0.49, 95% CI 0.09 to 2.53, 2 trials, 206 participants at 4 weeks; best case = RR 2.82, 95% CI 0.82 to 9.06, 2 trials, 206 participants at 4 weeks), but there was no clear evidence of a difference between the groups. None of the included studies assessed 'Psychosocial function'. Two studies assessed 'Quality of life', and significant differences in favour of the complementary therapy were found in both of them on 'feelings of self-worth' (MD 1.51, 95% CI 0.88 to 2.14, P < 0.00001, 1 trial, 70 participants; MD 1.26, 95% CI 0.20 to 2.32, 1 trial, 46 participants) and emotional functionality (MD 2.20, 95% CI 1.75 to 2.65, P < 0.00001, 1 trial, 70 participants; MD 0.93, 95% CI 0.17 to 1.69, 1 trial, 46 participants).Because of limitations and concerns about the quality of the included studies, we could not draw a robust conclusion for consistency, size, and direction of outcome effects in this review.
Authors' conclusions	There is some low-quality evidence from single trials that LGLD, tea tree oil, and bee venom may reduce total skin lesions in acne vulgaris, but **there is a lack of evidence from the current review to support the use of other CAMs, such as herbal medicine, acupuncture,** or wet-cupping therapy, for the treatment of this condition. There is a potential for adverse effects from herbal medicines; however, future studies need to assess the safety of all of these CAM therapies. Methodological and reporting quality limitations in the included studies weakened any evidence. Future studies should be designed to ensure low risk of bias and meet current reporting standards for clinical trials

1.1.5. Cao 2013 ☆

Cao HJ, Yang GY, Wang YY, Liu JP. Acupoint stimulation for acne: a systematic review of randomized controlled trials. Med Acupunct. 2013;25(3):173-194. (eng). [170037]

Background	Acupoint stimulation-including acupuncture, moxibustion, cupping, acupoint injection, and acupoint catgut embedding-has shown a beneficial effect for treating acne. However, comprehensive evaluation of current clinical evidence is lacking.
Objective	The aim of this review was to assess the effectiveness and safety of all acupoint stimulation techniques used to treat acne vulgaris.
Methods	Design: A systematic review was conducted. It included only randomized controlled trials on acupoint stimulation for acne. Six electronic databases were searched for English and Chinese language studies. All searches ended in May 2012. Studies were selected for eligibility and assessed for quality. RevMan 5.1 software was used for data analysis with an effect estimate presented as risk ratios (RR) or mean difference (MD) with a 95% confidence interval (CI). Patients: Studies with subjects who were diagnosed with acne vulgaris, or papulopustular, inflammatory, adolescent, or polymorphic acne-regardless of gender, age, and ethnicity-were included. Intervention: Interventions included any acupoint stimulation technique-such as acupuncture, moxibustion, cupping, acupoint injection, and acupoint catgut embedding-compared with no treatment, placebo, or conventional pharmaceutical medication. Main outcome measure: Reduction of signs and symptoms and presence of adverse effects were examined.
Results	Forty-three trials involving 3453 patients with acne were included. The methodological quality of trials was generally poor in terms of randomization, blinding, and intention-to-treat analysis. Meta-analyses showed significant differences in increasing the number of cured patients between acupuncture plus herbal medicine and herbal medicine alone (RR: 1.60; 95% CI: 1.19-2.14; P=0.002), and between acupuncture plus herbal facial mask and herbal facial mask alone (RR: 2.14; 95% CI: 1.29-3.55; P=0.003). Cupping therapy was significantly better than pharmaceutical medications for increasing the number of cured patients (RR: 2.11; 95% CI: 1.45-3.07; P<0.0001). Serious adverse events were not reported in all included trials.
Conclusions	Acupoint stimulation therapies combined with other treatments appears to be effective for acne. However, further large, rigorously designed trials are needed to confirm these findings.

1.1.6. Li 2009 ☆

Li B, Chai H, Du YH, Xiao L, Xiong J. [Evaluation of Therapeutic Effect and Safety for Clinical Randomized and Controlled Trials of Treatment of Acne with Acupuncture and Moxibustion]. Chinese Acupuncture and Moxibustion. 2009;29(3):247-51.[152868]

Objectives	To evaluate the therapeutic effect and safety of acupuncture and moxibustion for treatment of acne, and to analyze the current situation of clinical studies at present.
Methods	Retrieve PubMed, Cochrane library, CBM databank, CNKI databank, etc., and collect the randomized and controlled trials of treatment of acne with acupuncture and moxibustion, and select clinical trials conforming with the enrolled criteria, and conduct evaluation of quality with Cochrane systematic manual 5.0, and RevMan 4.2.8 was used for statistical analysis.

Results	**Seventeen papers, including 1,613 cases**, conformed with the enrolled criteria. Seventeen studies adopted the cured rate as the evaluation index, Meta-analysis showed treatment of acne by acupuncture and moxibustion with routine western medicine as control, significant difference for inter-group comparison [combined RR (random efficacy model) = 2.96, 95% CI (1.63, 4.91), Z=4.08. P<0.0001]; comprehensive acupuncture and moxibustion therapy was controlled with single acupuncture moxibustion therapy, significant difference for inter-group comparison [combined RR (fixed efficacy model) = 2.51, 95% CI (1.76, 3.57), Z=5.11, P<0.00001].
Conclusions	Acupuncture-moxibustion is safe and effective for treatment of acne, and it is possibly better than routine western medicine, and the comprehensive acupuncture-moxibustion therapy is better than single acupuncture-moxibustion therapy. The conclusion has not been determined yet, because lower quality of a part of literature enrolled.

1.2. Special Acupuncture Techniques

1.2.1. Luo 2017 (fire needle)

Luo Xiao-zhou, Li Ke-song, Tang Chun-zhi, Zhang Bin. Efficacy of fire-needle for acne: a systematic review and meta-analysis of randomized controlled trials World Journal of Acupuncture-Moxibustion. 2017;27(2):77-84. [52074].

Objective	To evaluate the efficacy of fire-needle therapy for acne to provide an objective basis for clinical decisions.
Method	PubMed, Chinese Biomedical Medicine disc (CBM), Chinese National knowledge infrastructure (CNKI), and Wanfang database were searched to include eligible randomized controlled trails. Bias risk was assessed and data were extracted. Meta-analysis was performed and as was subgroup analysis.
Results	**Thirty-three RCTs involving 3362 patients** were included. Most of them had a high risk or unclear risk of bias regarding allocation concealment, incomplete outcome data and selective reporting. Compared with control groups, meta-analysis revealed that fire needle therapy had an overall higher total effectiveness rate (RR=1. 19, 95□ CI:1. 16-1. 22, P□0. 000 01). Subgroup analysis showed fire-needle therapy was associated with an increased total effective rate (RR=1. 20, 95□CI:1. 14-1. 28, P□0. 000 01), when compared against drug therapy. Fire-Needle therapy was associated with an increased total effective rate (RR=1. 18, 95□CI:1. 12-1. 24, P□0. 000 01), when fire-needle plus other TCM therapy was compared against other therapy. fire-needle therapy was associated with an increased total effective rate (RR=1. 18, 95□CI:1. 13-1. 24, P□0. 000 01), when fire-needle plus Chinese herb therapy was compared against Chinese herb therapy alone. Fire needle therapy was associated with an increased total effective rate (RR=1. 28, 95□CI:1. 18-1. 39, P□0. 000 01), when compared fire-needle plus Western drug therapy against western drug therapy alone. Adverse events were not reported in most articles.
Conclusion	Our study showed that **fire-needle appears to be an effective therapy for treating acne**, but the evidence is currently insufficient due to the poor quality of the studies. The safety of fire-needle therapy is also uncertain due to the small sample size and the lack of reporting in included articles. Larger sample, higher quality studies are needed.

1.2.2. Li 2018 (autohemotherapy at acupoint)

Li C, Wang S. [Efficacy and safety of autohemotherapy at acupoint for acne: systematic review]. Chinese Acupuncture and Moxibustion. 2018;38(10):1135-9. [197527].

Objective	To evaluate the efficacy and safety of autohemotherapy at acupoint for acne.
Methods	Randomized controlled trials (RCTs) regarding autohemotherapy at acupoint for acne were searched in CNKI, WanFang, VIP database and PubMed. According to the inclusion and exclusion criteria, two investigators performed the literature screening, data extraction and basis evaluation, independently. Meta-analysis was performed by using Review Manager 5.3 software.
Results	**Eight RCTs** were included, involving **573 patients**. The combined effect of effective rate was 1.21 (95% CI : 1.12, 1.30); the combined effect of skin lesions improvement was -1.00 (95%CI: -2.14, -0.14, Z=1.73, P=0.08); the combined effect of recurrence rate was 0.44 (95%CI: 0.09, 2.15, Z=1.01, P=0.31).
Conclusion	The autohemotherapy at acupoint has better efficacy and skin lesions improvement for acne than control treatment, and autohemotherapy is safer.

2. Clinical Practice Guidelines

⊕ positive recommendation (whatever the level of evidence stated)
Ø negative recommendation (or lack of evidence)

2.1. Duodecim EBM Guidelines (Finland) 2021 Ø

French Version (EBMFrance.net). Acné. Duodecim 2021.
https://www.ebmfrance.net/fr/Pages/ebm/ebm00285.aspx

Il n'existe aucune évidence scientifique au sujet des régimes spéciaux (par ex. à faible indice glycémique), de la médecine par les plantes, des vitamines, oligo-éléments ou des traitements des médecines alternatives (par ex. l'**acupuncture**) en traitement de l'acné D.