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Melasma:

Mélasma : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Su 2025

Su J, Quan T, Liao T, Luo Y, Fan X, Pan M, Tang H. Effectiveness and safety of acupuncture for melasma: A meta-analysis of randomized controlled trials. Explore (NY). 2025 Jan 13;21(1):103108. https://doi.org/10.1016/j.explore.2024.103108

Backgound	Treating melasma remains challenging. We conducted a meta-analysis to assess the effectiveness and safety of acupuncture as a treatment option.
Methods	We searched three English and four Chinese databases up to January 2, 2024. The primary outcome was the total effective rate, while secondary outcomes included skin lesion area and color scores, total lesion score, and adverse effects. Study quality was assessed using the risk of bias tool, and data were analyzed with Review Manager 5.4. The GRADE approach evaluated evidence certainty.
Results	This study included **22 studies with 1644 participants**. Findings indicate that acupuncture significantly outperforms Western medicine and other treatments (risk ratio [RR] = 1.21, 95 % confidence interval [CI] (1.18, 1.30), P < 0.00001, I^2 = 34 %). Acupuncture effectively reduces the area of skin lesions (mean difference [MD] = -0.35, 95 % CI (-0.52, -0.19), P < 0.0001, I^2 = 93 %), lightens color (MD = -0.45, 95 % CI (-0.58, -0.31), P < 0.00001, I^2 = 89 %), and lowers the total score of skin lesions (MD = -1.00, 95 % CI (-1.29, -0.70), P < 0.00001, I^2 = 79 %). Adverse reactions were infrequent with acupuncture. The most common needling sites were in the facial lesion area, noted in 17 studies. Sanyinjiao (SP6) was the most frequently used acupoint (n = 8), followed by Hegu (LI4) (n = 7) and Xuehai (SP10) (n = 7). Other commonly used acupoints included Tianshu (ST25), Zusanli (ST36), Taichong (LR3), and Zhongwan (RN12). All secondary outcomes, except for the primary outcome, were rated as very low quality.
Conclusion	This review confirms that acupuncture therapy effectively reduces the area and color of melasma lesions and lowers lesion scores. Acupuncture therapy appears to be a safe and effective treatment option for melasma; however, results should be interpreted cautiously due to potential publication and regional biases.

1.1.2. Liang 2017

Liang Shuang , Huang Kai-Yu, Xu Yue-Ting , Sun Yi-Nong. Acupuncture for chloasma: A systematic review and meta-analysis of randomized controlled trials. European Journal of Integrative Medicine. 2017;14:37-45. [206077]. doi

Introduction	Chloasma is a common acquired facial skin disorder characterised by irregular brownish macules and patches. Acupuncture has been widely used for chloasma management in Asia. The objective of this review was to evaluate the efficacy and safety of acupuncture for chloasma.
Methods	Seven databases were searched for randomized controlled trials of acupuncture for chloasma against conventional treatment, sham acupuncture, and no treatment, published before the first of May 2017. The Cochrane risk of bias tool was used to assess the risk of bias. Effectiveness rate was the primary outcome. Secondary outcomes included lesion size score, lesion color score, and adverse events. Two reviewers extracted data independently. The data was pooled using RevMan V5.2. Risk ratio (RR) was used for dichotomous outcomes and mean difference (MD) was adopted for continuous outcomes. The confidence interval (CI) was established at 95%.
Results	**Twelve studies involving 912 participants** were included, which were generally of low methodological quality. Meta-analysis showed favorable effects of acupuncture on the effectiveness rate (RR = 1.31, 95%CI = 1.09 to 1.57), lesion size score (MD = −0.97, 95%CI = −1.55 to −0.39), and lesion color score(MD = −1.09, 95%CI = −1.67 to −0.50). Acupuncture appeared to be associated with few adverse events.
Conclusions	In summary, this systematic review and meta-analysis suggests that acupuncture might be effective and safe for chloasma. However, there is not enough evidence to draw any definite conclusion due to the low quality of included trials. Future clinical trials with strong methodology should be conducted.

1.1.3. Chai 2015 ☆

Chai Q, Fei Y, Cao H, Wang C, Tian J, Liu J. Acupuncture for melasma in women: a systematic review of randomised controlled trials. Acupunct Med. 2015;33(4):254-61. [185636].

Background	Melasma is a common facial skin disorder seen in women. Manual acupuncture (MA) is widely used alone or in combination with conventional treatments for melasma in China.
Objectives	To assess the effectiveness and safety of MA for melasma, and explore the range of treatments applied.
Methods	Six databases were searched systematically for randomised controlled trials (RCTs) on acupuncture for melasma in women up to November 2014. RevMan software was used for data analysis. The Cochrane tool of Risk of Bias was used to assess the methodological quality of the RCTs.
Results	**Eight RCTs involving 587 women were included.** Seven studies used the encircling needling method, four studies used the quick needling method and four studies used intensive needle manipulations. Five studies provided individualised acupuncture treatments. Points used with highest frequency were SP6, ST36 and SP10. MA was compared with oral tranexamic acid, vitamin C and E, vitamin C and tamoxifen, topical 20% azelaic acid, hydroquinone, vitamin A and no treatment. Studies were too heterogeneous to conduct a meta-analysis. For global outcome measures, seven trials showed that MA groups were significantly better than the conventional treatments either with a better cure rate or with a better combined cure rate and markedly effective rate, and one trial did not (MA vs vitamin A). No acupuncture-related adverse events were reported.
Conclusions	**MA appeared to be beneficial and safe for women with melasma, but insufficient evidence was found to reach conclusions**. The encircling needling method, the quick needling method, intensive needle manipulations and individualised points' selection were widely used. Well-designed trials are required.

1.2. Special Acupuncture Techniques

1.2.1. Comparison of Acupuncture techniques

1.2.1.1. Dai 2026

Dai Y, Li G, Hao P. Comparative effectiveness of acupuncture, fire needle, and herbal therapies for melasma: A Bayesian network meta-analysis. Medicine (Baltimore). 2026;105(16):e48240. https://doi.org/10.1097/MD.0000000000048240

Background	Melasma is a prevalent pigmentary disorder among reproductive-age Asian women. Although various treatment modalities exist, most demonstrate limited efficacy and carry the risk of adverse effects. In recent years, external Traditional Chinese Medicine (TCM) therapies (including acupuncture, fire needle, and herbal external applications) have attracted increasing attention as alternative interventions. However, their comparative effectiveness remains uncertain due to the lack of systematic evaluation.
Methods	A Bayesian network meta-analysis was conducted to assess the relative efficacy of different external TCM therapies for melasma. A total of 10 randomized controlled trials involving 944 participants were included. Primary outcomes were changes in melasma lesion area and pigmentation color. Subgroup analyses and surface under the cumulative ranking probabilities were employed to compare intervention rankings. Heterogeneity, publication bias, and consistency were assessed using standard meta-analytic methods.
Results	Compared with conventional treatments, external TCM therapies (including body acupuncture, fire needle, and herbal applications) did not demonstrate statistically significant improvements in melasma area or pigmentation color (all mean differences included or approached zero). Subgroup analysis indicated that fire needle therapy may offer relative improvement in pigmentation, while body acupuncture combined with conventional treatment showed a slight advantage in reducing lesion area; however, the overall strength of evidence was low. The presence of study heterogeneity, small sample sizes, and potential publication bias likely contributed to the lack of statistical significance.
Conclusion	Current evidence does not support a definitive advantage of external TCM therapies over conventional treatments in the management of melasma. Clinical decision-making should be individualized, and the application of external TCM therapies should be considered with caution. High-quality, large-sample, and methodologically standardized randomized controlled trials are warranted to further explore the therapeutic potential of these interventions.

1.2.2. Catgut Embedding

1.2.2.1. Luo 2019

Luo Jianyu, Feng Shulan, Li Guangyao. [System Evaluation and Meta - Analysis of Acupoint Catgut Embedding in Treating Chloasma]. Journal of Clinical Acupuncture and Moxibustion. 2019;35(9):57. [203036].

Objective	To systematically evaluate the clinical studies and carry out meta - analysis on acupoint catgut embedding in treating chloasma, thus to explore the clinical effect of acupoint embedding for chloasma.

Methods	Relative literatures of RCT/CCT(from the creation of Database to Oct. 2018) were collected from the databases of Cochrane Library, PubMed, Library, CNKI, vIP and WANFANG, quality eva1uation and risk assessment of the included studies were conducted using the standards provided by Cochrane5. 1. 0, and the efficiency and symptom scores of acupoint catgut embedding as the primary treatment for chloasma were statistically analyzed by using Revman5. 3 software.
Results	A total of 10 literatures were included, and the meta results showed that the effective rate of acupoint catgut embedding was superior to the conventional western medication in the treatment of chloasma (OR=5. 15, 95%CI [3.56, 7.45], P.0.01). In terms of the improvement of symptom scores, acupoint catgut embedding group was better than the conventional western medication group (SMD = 0. 68, 95% CI [0. 44, 0. 91] , P< 0. 01).
Conclusion	Acupoint catgut embedding is effective for chloasma in terms of efficiency and symptom improvement.

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