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Inflammatory Bowel Disease

MALADIES INFLAMMATOIRES CHRONIQUES DE L'INTESTIN

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Chang 2025 (Crohn's Disease)

Chang ML, Mi KL, Cunningham RR, Catterall WA, Yared MA, Siegel CA, Yen RW. The Efficacy of Traditional Chinese Medicine for Crohn's Disease Treatment: A Systematic Review and Meta-Analysis. J Gastrointestin Liver Dis. 2025 Mar 28;34(1):98-107. https://doi.org/10.15403/jgld-5729

Background and aims	Crohn's disease (CD) is an inflammatory bowel disease with limited treatment options for patients with mild to moderately active disease. There is a lack of consensus for using traditional Chinese medicine (TCM) for symptom relief. This review aimed to assess the efficacy of TCM compared to placebo for CD symptom severity relief in patients with mild to moderate CD.
Methods	We searched MEDLINE via PubMed, the Cochrane Library, Scopus, and CINAHL for articles and reviewed results from Web of Science, Google Scholar, clinicaltrials.gov, and reference lists of included studies. We included randomized control trials comparing TCM to placebo in patients with mild to moderate CD to evaluate change in objective symptom severity [Crohn's Disease Activity Index (CDAI) and Crohn's Disease Endoscopic Index of Severity (CDEIS)]. We imported selected articles for dual blinded review, used random-effects models to calculate the mean CDAI and CDEIS differences between TCM and placebo, and qualitatively analyzed differences in inflammatory biomarkers and quality of life.
Results	The search identified 232 relevant studies. We included **five studies, totalling 292 participants** utilizing acupuncture and herb-partitioned moxibustion. The studies demonstrated a more significant decrease in mean CDAI score due to TCM compared to placebo [-49.91 (95% CI: -64.97, -34.84; p<0.00001); (I2 = 61%, p=0.03)]. Two studies also demonstrated an overall difference in mean CDEIS between TCM and placebo [-2.96 (95% CI: -6.31, 0.40; p=0.08); (I2 = 53%, p=0.140)]. Improvements in quality of life scores were greater in TCM versus placebo groups. There were mixed results for changes in inflammatory biomarkers.
Conclusion	Our findings suggest that TCM may improve objective CD symptoms compared to placebo. Additional studies with more extensive and diverse populations are necessary to determine TCM's true effects on CD patients.

1.1.2. Jia 2025 (inflammatory bowel disease)

Jia J, Wu YB, Liu SW, Chen WJ, Li RL, Bai YL, Hu L. Effectiveness and safety of non-pharmacological therapies for the treatment of inflammatory bowel disease: a network meta-analysis. Front Med

(Lausanne). 2025 Jun 30;12:1593483. https://doi.org/10.3389/fmed.2025.1593483

Backgound	Inflammatory bowel disease (IBD), encompassing both Crohn's disease (CD) and ulcerative colitis (UC), is a chronic, inflammatory, and immune-mediated disorder of the gastrointestinal tract. If left inadequately treated, IBD can lead to disease progression, resulting in severe long-term complications, including irreversible structural damage to the intestinal tissues. While clinical symptoms are traditionally used to assess treatment efficacy, they do not always align with the underlying mucosal inflammation, particularly in CD. This limitation underscores the importance of exploring alternative treatment strategies. To address this gap, the present study evaluates the effectiveness of non-pharmacological treatments (NPTs) for IBD through a network meta-analysis (NMA), providing a thorough assessment of the available evidence.
Methods	We systematically reviewed randomized controlled trials (RCTs) from the following databases: PubMed, Embase, Springer, Cochrane Controlled Register of Trials (CENTRAL), and Web of Science, comparing various NPTs for IBD, including Cognitive Behavioral Therapy (CBT), diet interventions (DI), fecal microbiota transplantation (FMT), physical training (PT), and acupuncture and moxibustion (APMX). Outcomes assessed included clinical remission, disease activity, quality of life (QOL), serum biomarkers (fecal calprotectin [FC] and C-reactive protein [CRP]), and adverse effects. The quality assessment was assessed by Cochrane Handbook and GRADEpro software. The risk ratio (RR) was calculated for dichotomous outcomes while standardized mean difference (SMD) was used for continuous variables with 95% credible intervals (CI). Funnel plot was performed to evaluate publication bias. Surface under the cumulative ranking curve (SUCRA) was conducted to rank the included interventions. Data were analyzed with STATA 15.0 and Review Manager 5.3.
Results	A total of 62 eligible RCTs were identified in this NMA. The results showed that standard medical therapy (SMT) exhibited the highest probability in inducing clinical remission, as expected. Among non-pharmacological interventions, **APMX, a traditional Chinese medicine involving acupuncture and moxibustion**, showed promising results in both animal models and clinical trials, reducing serum TNF-α levels and improving intestinal health. DI was most effective in maintaining clinical remission and reducing serum FC levels. FMT emerged as the most effective treatment for reducing serum CRP levels and ranked second in terms of clinical remission induction.
Conclusion	**APMX**, DI, and FMT represent promising non-pharmacological options for managing IBD. APMX was the most effective for clinical remission and symptom relief, while DI was best for maintaining remission, and FMT showed promise in reducing inflammation. Further high-quality clinical trials are needed to strengthen the evidence and guide clinical practice in IBD management.

1.1.3. Bae 2023 (Crohn's Disease)

Bae JH, Kang SY, You SE, Jeong HI, Jang S, Kim KH. The Effects of Acupuncture on Crohn's Disease: a systematic review and meta-analysis. J Pharmacopuncture. 2023 Sep 30;26(3):211-226. https://doi.org/10.3831/KPI.2023.26.3.211

Objectives	Crohn's disease is a chronic gastrointestinal disease that belongs to inflammatory bowel disease. This systematic review aims to assess the level of evidence in randomized controlled trials (RCTs) on the effects of acupuncture for Crohn's disease.
Methods	We searched 12 databases from the date of the establishment of each database up to May, 2023 for relevant RCTs. The risk of bias of each study was assessed independently by three reviewers. The level of evidence of meta-analysis was assessed using GRADE (Grading of Recommendations, Assessment, Development, and Evaluation).

Results	A total of **12 studies** were included. The effective rate (odds ratio [OR] 3.23, 95% confidence interval [CI] 1.43, 7.30) for mild to moderate Crohn's disease patients showed a significant difference between the acupuncture with moxibustion group and the sham-acupuncture with sham-moxibustion group. CDAI change (mean difference [MD] -74.15, 95% CI -93.28, -55.01) for mild to moderate Crohn's disease showed a significant difference between the acupuncture with moxibustion group and the sham-acupuncture with sham-moxibustion group.
Conclusion	Although acupuncture with moxibustion showed significant effects compared to sham-acupuncture with sham-moxibustion, the effect of acupuncture alone is inconclusive. Moreover, only the effect of acupuncture treatment on mild to moderate Crohn's disease patients was derived as a remarkable result. To confirm the effectiveness of acupuncture treatment for Crohn's disease, studies using only acupuncture for intervention or more RCTs targeting various Crohn's disease patients according to the CDAI are required.

1.1.4. Yang 2023

Yang X, He M, Tang Q, Wang Z, Jin D, Wu X, Yang Y, Ma D, Sun M, Li T. Assessment of anti-inflammatory efficacy of acupuncture in patients with inflammatory bowel disease: A systematic review and meta-analysis. Complement Ther Med. 2023 Jun;74:102946. https://doi.org/10.1016/j.ctim.2023.102946

Background	Inflammation has a significant role in the onset and progression of inflammatory bowel disease (IBD). Increasing attention has been paid to the use of acupuncture in IBD patients; however, its regulatory effects on inflammatory factors in IBD still require validation. Here, we systematically evaluated the effects of acupuncture on inflammatory factors in IBD patients.
Methods	Eight electronic databases were searched for studies that met the inclusion criteria. After evaluating the quality of the studies selected by two reviewers, the meta-analysis was performed to assess the efficacy of acupuncture in IBD patients and the impact on inflammatory factors (TNF-α, IL-1, IL-8 and IL-10).
Results	**Four randomized controlled trials with a total of 228 patients** satisfied the inclusion criteria. Acupuncture has a positive therapeutic impact on IBD (MD = 1.22, 95% CI [1.07, 1.39], P = 0.003). Moreover, it regulates the levels of TNF-α (MD =-60.58, 95% CI [-100.30, -20.89], P = 0.003), IL-8 (MD =-56.40, 95% CI [-60.02, -52.14], P < 0.00001) and IL-10 (MD =35.96, 95% CI [11.02, 60.91], P = 0.005) in IBD patients. However, the P value of meta-analysis in IL-1 great than 0.05.(MD =-27.90, 95% CI [-97.82, 42.02], P = 0.11).
Conclusion	Acupuncture has a positive therapeutic impact on IBD and can effectively regulate inflammatory factors in IBD patients. TNF-α, IL-8 and IL-10 are more appropriate inflammatory indicators for clinically evaluating the anti-inflammatory response in the blood of IBD patients by acupuncture.

1.1.5. Wang 2020 ☆

Wang X, Zhao NQ, Sun YX, Bai X, Si JT, Liu JP, Liu ZL. Acupuncture for ulcerative colitis: a systematic review and meta-analysis of randomized clinical trials. BMC Complement Med Ther. 2020;20(1):309. [219774]. doi

Background	Ulcerative colitis, characterized by diarrhea, bloody stools and abdominal pain, is a chronic, idiopathic inflammatory disease of the colonic mucosa. In recent years, the incidence of ulcerative colitis presents an increasing trend year by year. Acupuncture, as a potential effective treatment for ulcerative colitis, is widely used in clinical practice.
Methods	We searched PubMed, the Cochrane Library, Chinese CBM Database, China National Knowledge Infrastructure, Chinese VIP Information, and Wanfang Database from the date of the establishment of each database up to March, 2019. We included randomized controlled clinical trials (RCT) comparing acupuncture versus conventional conventional medicine or comparing acupuncture combined with conventional medicine versus conventional medicine in participants with ulcerative colitis. Two authors screened all references, assessed the risk of bias and extracted data independently. We summarized data using risk ratios (RR) with 95% confidence intervals (CI) for binary outcomes. We performed meta-analyses using random effects model. We assessed overall quality of evidence using GRADE.
Results	We included **13 RCTs (1030 participants**, 515 in the acupuncture group and 515 in the control group). Only one study tested head acupuncture, and the other 12 tested body acupuncture. The treatment duration ranged from 14 to 60 days. Seven trials compared acupuncture alone versus conventional medicine, and six compared acupuncture combined with conventional medicine versus conventional medicine. Acupuncture combined with mesalazine showed better clinical effect (improved clinical symptoms, colonoscopy results and stool examination results) (RR 1.25, 95% CI 1.19 to 1.41; 232 participants; 4 trials; low quality evidence) and better colonoscopy curative effect (RR 1.33, 95% CI 1.04 to 1.71; 108 participants; 2 trials; moderate quality evidence) compared to mesalazine. Acupuncture showed better clinical effect compared to the combination of metronidazole and sulfasalazine (RR 1.21, 95%CI 1.10, 1.34; 318 participants; 3 trials; moderate quality evidence). There was no significant difference in the incidence of adverse events between groups.
Conclusions	Both acupuncture alone and acupuncture combined with conventional medicine may be effective in treating ulcerative colitis compared to conventional medicine. Our findings must be interpreted with caution due to high or unclear risk of bias of the included trials.

1.1.6. Wang 2018

Wang Yuanyuan, Li Fei, Zhang Chi, Zhang Guoshan, Liu Mi, Yu Jie. [Meta-analysis on Acupuncture and Moxibustion in the Treatment of Inflammatory Bowel Disease]. Chinese Medicine Modern Distance Education of China. 2018;21:128-131. [201776].

目的 对近5年针灸治疗炎症性肠病(IBD)的临床疗效与安全性进行系统评价. 方法 应用计算机检索中国期刊全文数据库、万方数据库、维普数据库□web of science数据库□MEDLINE数据库□PubMed数据库□Embase数据库、百度学术知识发现数据库□SPISCHLAR学术资源等在线数据库, 收集2013年1月-2018年1月发表的关于针刺治疗IBD的临床随机对照试验(RCT)文章. 由2名研究者按照Jadad质量评价标准对每个纳入试验进行偏倚风险和质量评估, 使用Revman 5.3软件进行Meta分析. 结果 共纳入符合条件文献11篇, 合计836例患者.Meta分析结果表明:针灸组或针灸+西药组与西药对照组比较, 临床症状明显好转. 总有效率:OR =3.66,95□CI为[2.41,5.54] (P□0.01),漏斗图结果显示基本对称. 不良反应发生率:OR =0.19,95□CI为[0.07,0.51](P□0.01),差异均具有统计学意义. 结论 针灸治疗IBD的临床疗效明显优于常规西药组, 并且不良反应率较西药治疗组低.	
Objective	To systematically evaluate the clinical efficacy and safety of acupuncture and moxibustion for inflammatory bowel disease (IBD) in the past 5 years.

Methods	The method uses computer to search Chinese journal full-text database, Wanfang database, VIP database, web of science database, MEDLINE database, PubMed database. Online database of Embase database, Baidu academic knowledge discovery database, SPISCHLAR academic resources, etc., collected a randomized controlled trial (RCT) article on acupuncture treatment of IBD published from January to February 2018. Two researchers followed Jadad quality evaluation criteria were used to evaluate the risk and quality of each included trial. Meta-analysis was performed using Revman 5.3 software.
Results	Results were included in **11 eligible articles, totaling 836 patients**. Meta-analysis showed that: acupuncture group or acupuncture + western medicine group Compared with the western medicine control group, the clinical symptoms were significantly improved. The total effective rate: OR = 3.66, 95% CI was [2.41, 5.54] (P < 0.01), and the funnel plot showed basic symmetry. The incidence of adverse reactions: OR = 0.19, 95% CI was [0.07, 0.51] (P<0.01), the difference was statistically significant.
Conclusion	The clinical efficacy of acupuncture in the treatment of IBD is significantly better than the conventional Western medicine group, and no The good response rate was lower than that of the western medicine treatment group.

1.1.7. Liu 2016 (vs salazosulfapyridine) ☆

Liu Zhao, Yang Jin-Sheng, Wu Yuan, Guo Lang-Tao, Zhang Hao-Bin, Qi Shu-Lan, Wang Ying-Ying. [Clinical efficacy differences in ulcerative colitis between acupuncture and salazosulfapyridine: A meta-analysis]. China Journal of Traditional Chinese Medicine and Pharmacy. 2016;2:472-478. [186917].

Objectives	To systematically evaluate the efficacy difference in ulcerative colitis (UC) between acupuncture and salazosulfapyridine (SASP).
Methods	Through the electronic retrieval from CNKI database, Wanfang database, VIP database, Pubmed, Embase and ScienceDirect, randomized controlled trial (RCT) literature regarding acupuncture and SASP in the treatment of UC from June of 2001 to June of 2015 was collected, and they were screened according to Inclusion and exclusion criteria. The included RCTs were evaluated, and RevMan 5. 2 software was used for data processing.
Results	A total of 25 RCTs were included in the analysis, involving 2 166 patients. The quality evaluation of literature showed that the quality score was 24. 48 (61. 2%), of which intervention description had the highest score (8. 32, 69. 33%);All the included RCTs presented methodology problems, leading to probability of bias. Mete-analysis results showed that compared with SASP, acupuncture had better efficacy on short-term effective rate (OR=5. 23, 95%CI [3. 88, 7. 05], Z= 10. 83, P<0. 05) and long-term effective rate (OR=4. 15, 95%CI [1. 87, 9. 20], Z=3. 51, P<0. 05);The acupuncture could significantly improve the tumor necrosis factor levels (SMD=1. 78, 95%CI [0. 40, 3. 15], Z=2. 54, P<0. 05), IgG levels (SMD=2. 05, 95%CI [0. 24, 3. 86], Z=2. 22, P<0. 05) and IgA content (SMD=4. 27, 95%CI [1. 11, 7. 42], Z=2. 65, P<0. 05), but it could not reduce the content of IgM (SMD=0. 13, 95%CI [-0. 15, 0. 42], Z=0. 90, P>0. 05)

Conclusions	**It is believed that the efficacy of acupuncture is superior to SAPS on UC**, but due to the low methodological quality of included studies, this conclusion will need to more rigorous design, large sample and multicenter RCTs to confirm.

1.1.8. Langhorst 2015 ☆

Langhorst J, Wulfert H, Lauche R, Klose P, Cramer H, Dobos GJ, Korzenik J. Systematic review of complementary and alternative medicine treatments in inflammatory bowel diseases. J Crohns Colitis. 2015;9(1):86-106. [184812].

Objectives	We performed a systematic review for Complementary and Alternative Medicine [CAM] as defined by the National Institute of Health in Inflammatory Bowel Disease [IBD], ie Crohn's disease [CD] and ulcerative colitis [UC], with the exception of dietary and nutritional supplements, and manipulative therapies.
Methods	A computerized search of databases [Cochrane Library, Pubmed/Medline, PsychINFO, and Scopus] through March 2014 was performed. We screened the reference sections of original studies and systematic reviews in English language for CAM in IBD, CD and UC. Randomized controlled trials [RCT] and controlled trials [CT] were referred and assessed using the Cochrane risk of bias tool.
Results	A total of: 26 RCT and 3 CT for herbal medicine, eg aloe-vera gel, andrographis paniculata, artemisia absinthium, barley foodstuff, boswellia serrata, cannabis, curcumin, evening primrose oil, Myrrhinil intest®, plantago ovata, silymarin, sophora, tormentil, wheatgrass-juice and wormwood; 1 RCT for trichuris suis ovata; 7 RCT for mind/body interventions such as lifestyle modification, hypnotherapy, relaxation training and mindfulness; and **2 RCT in acupuncture**; were found. Risk of bias was quite heterogeneous. Best evidence was found for herbal therapy, ie plantago ovata and curcumin in UC maintenance therapy, wormwood in CD, mind/body therapy and self-intervention in UC, and acupuncture in UC and CD.
Conclusions	**Complementary and alternative therapies might be effective for the treatment of inflammatory bowel diseases**; however, given the low number of trials and the heterogeneous methodological quality of trials, further in-depth research is necessary.

1.1.9. Ji 2013 ☆

Ji J, Lu Y, Liu H, Feng H, Zhang F, Wu L, Cui Y, Wu H. Acupuncture and Moxibustion for Inflammatory Bowel Diseases: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Evid Based Complement Alternat Med. 2013. [166675].

Objectives	Inflammatory bowel diseases (IBD) are recurrent and refractory which include ulcerative colitis (UC) and Crohn's disease (CD). Clinical researches about acupuncture and moxibustion treatments for IBD are increasing, while systematic reviews about their efficacy remains in a shortage. This study sought to evaluate the efficacy of acupuncture and moxibustion for IBD.
Methods	Seven significant databases both in and abroad were searched for randomized controlled trials (RCTs) which compared acupuncture and moxibustion as the main intervention to pharmacotherapy in treating IBD. A meta-analysis was performed.
Results	A total of **43 RCTs** were included. Among the 43 included trials, 10 trials compared oral sulphasalazine (SASP) with acupuncture and/or moxibustion treatments. A meta-analysis of the 10 trials indicated that acupuncture and moxibustion therapy was superior to oral SASP.

Conclusions	**Acupuncture and moxibustion therapy demonstrates better efficacy than oral SASP in treating IBD**. However, given the limitations of this systematic review and the included literature, definitive conclusions regarding the exact efficacy of acupuncture and moxibustion treatment for IBD cannot be drawn. Extant RCTs still cannot provide sufficient evidence and multicentre, double-blind RCTs with large sample sizes are needed to provide higher-quality evidence.

1.1.10. Joos 2011 ☆

Joos S. Review on efficacy and health services research studies of complementary and alternative medicine in inflammatory bowel disease. Chinese Journal of Integrative Medicine. 2011;17(6):403-409. [186957].

Objectives	To assess the evidence of the use and efficacy for complementary and alternative medicine (CAM) in inflammatory bowel disease (IBD).
Methods	A systematic literature search in MEDLINE was performed for randomized controlled trials (RCTs) in Crohn's disease and ulcerative colitis. Moreover, a selective literature search for health services research studies on the use of CAM in patients with IBD was performed.
Results	Health services research studies showed a high use of CAM in adult and pediatric patients with IBD worldwide. In contrast to the high use among IBD patients, there was a lack of high-quality data for many of the used CAM methods. **Although most of the studies showed positive results, the methodological quality of most studies was rather low**;therefore, the results had to be interpreted with caution. While there were many studies for probiotics and fish oil, RCTs for the highly used method homeopathy, for most herbal products, and for traditional Chinese medicine methods apart from acupuncture RCTs were completely lacking.
Conclusions	The lack of high-quality studies might be the consequence of the problems associated with the funding of clinical trials involving CAM. However, having the high user rates in mind, high-quality studies assessing efficacy and safety of those methods are urgently needed. Furthermore, there is a need for better representation of CAM in undergraduate and postgraduate medical education.
Acupuncture	For acupuncture, there are only two RCTs, one for CD and one for UC, both showing promising results warranting confirmation in larger studies.

1.1.11. Mu 2007 ☆

Mu JP, Wu HG, Zhang ZQ, Liu HR, Zhu Y, Shi Z, Wang XM. [Meta-analysis on acupuncture and moxibustion for treatment of ulcerative colitis]. Zhongguo Zhen Jiu. 2007;27(9):687-90. [167680].

Objectives	To assess the effectiveness and safety of acupuncture and moxibustion for treatment of ulcerative colitis.
Methods	Randomized controlled trials or clinical controlled trials of acupuncture and moxibustion for interfere of ulcerative colitis in recent 10 years were reviewed and Meta-analysis was made for the literature results.
Results	Altogether 11 papers of clinical study were enrolled. Heterogeneous tests were conducted for the results of the 11 studies, as a result, chi2 = 8.55, P = 0.67. The fixed effect model was used for statistical analysis, after combination OR = 3.82, confidence interval of 95% was 2.65-5.52. The rhombus was located at the right side of the medium line. After Z test, Z = 7.14, P < 0.01, the therapeutic effect and the cured rate in the treatment group were significantly higher than those of the control group.

Conclusions	**The therapeutic effect of acupuncture and moxibustion on ulcerative colitis is superior to that of western medicine with safety and less adverse reactions**

1.2. Specific Acupuncture Techniques

1.2.1. Comparison of Acupuncture techniques

1.2.1.1. Li 2026

Li X, Sha Z. Systematic review and network meta-analysis of integrated traditional Chinese and conventional medicine for ulcerative colitis. Front Pharmacol. 2026;17:1785134. doi: 10.3389/fphar.2026.1785134.

Objective	To optimize clinical management of ulcerative colitis (UC) and evaluate the efficacy of traditional Chinese medicine (TCM), conventional medicine (CM), and integrated TCM-CM therapies.
Methods	Randomized controlled trials (RCTs) investigating integrated TCM-CM treatment for UC were retrieved from PubMed, Embase, Web of Science, CNKI, Wanfang Data, VIP Database, and SinoMed from database inception to June 2025. Study quality was assessed using Review Manager 5.4 and the 7-point Jadad scale. Statistical analyses were performed using Stata MP 15 and R 4.3.1 with Rstudio.
Results	A total of 46 RCTs involving 3,763 patients with UC were included, comprising seven intervention regimens: four commercial Chinese polyherbal preparation (e.g., Yunnan Baiyao) and sixteen classical TCM decoctions (TCMDs; e.g., Baitouweng Decoction). The results showed that conventional medicine combined with TCMD and acupoint catgut embedding achieved the highest total effective rate. CM alone ranked highest in alleviating key clinical symptoms (e.g., diarrhea and abdominal pain) and in reducing inflammatory markers, including IL-8, C-reactive protein (CRP), and erythrocyte sedimentation rate (ESR). For cytokine regulation, comparative advantages varied across interventions: CM + TCMD + acupuncture ranked highest for IL-6 reduction, CM + TCMD ranked highest for IL-10 improvement, whereas CM alone ranked lower for these two outcomes.
Conclusion	Compared with the single use of conventinal medicine, the combined use of traditional Chinese and conventinal medicine in the treatment of ulcerative colitis demonstrates greater overall efficacy. Through network meta-analysis, this study identified optimal intervention regimens for different outcome indicators, including both monotherapy and combination therapy. In clinical practice, the optimal regimens may be selected according to individual patient conditions. Although TCM interventions can improve clinical symptoms and inflammatory biomarkers in patients with ulcerative colitis, relevant clinical score improvement and endoscopic mucosal healing evidence are still insufficient. Further high-quality clinical evidence is still required to confirm the definite clinical efficacy of TCM.

1.2.1.2. Zhang 2026

Zhang X, Yang S, Cheng X, Jin Y, Shi J, Wu H, et al. Efficacy and safety of different acupuncture-moxibustion therapies for patients with ulcerative colitis: a systematic review and network meta-analysis. J Acupunct Tuina Sci. 2026;24:514-530. https://doi.org/10.1007/s11726-026-1601-x

Background	Ulcerative colitis is a chronic inflammatory bowel disease for which several acupuncture- and moxibustion-based therapies are used as adjunctive or alternative approaches. This systematic review and network meta-analysis compared the clinical efficacy and safety of different acupuncture-moxibustion therapies for ulcerative colitis.
Methods	MEDLINE (via PubMed), EMBASE, Cochrane Library, CNKI, Wanfang, VIP, and SinoMed were searched from inception to July 26, 2024, for randomized controlled trials evaluating acupuncture-moxibustion therapies for ulcerative colitis. Two reviewers independently screened the literature. Study quality was assessed using Review Manager 5.3, and network meta-analysis was performed with Stata 16. Interventions were ranked using surface under the cumulative ranking curve (SUCRA) values.
Results	**Fifty-two randomized controlled trials involving 3,924 patients** were included. Interventions comprised acupuncture, moxibustion, point catgut embedding, acupuncture plus Western medicine, moxibustion plus Western medicine, point catgut embedding plus Western medicine, fire needling plus Western medicine, electropuncture plus Western medicine, warming needle therapy plus Western medicine, and Western medicine alone. Across SUCRA rankings for total effective rate, improvement in purulent bloody stool, diarrhea, abdominal pain, Baron index, reduction in adverse reactions, and recurrence rate, moxibustion alone or combined with Western medicine consistently ranked among the top three interventions.
Conclusion	Various acupuncture-moxibustion therapies were reported as effective and safe for ulcerative colitis, with moxibustion alone or combined with Western medicine showing particularly favorable rankings across multiple clinical outcomes. However, the abstract provides ranking data rather than detailed comparative effect estimates or certainty-of-evidence assessments.

1.2.1.3. Zhang 2025

Frontiers in Medicine (Lausanne). 2025 Dec 12;12:1676608. Comparative clinical efficacy of acupuncture-related therapies for ulcerative colitis: a systematic review and network meta-analysis. https://doi.org/10.3389/fmed.2025.1676608

Background	Ulcerative colitis (UC) is a chronic and recurrent inflammatory bowel disease. Current drug treatments are often associated with side effects, unstable efficacy, and high relapse rates. Therefore, exploring complementary and alternative therapies such as acupuncture is of significant importance for optimizing UC clinical management strategies. This study employs a network meta-analysis method to systematically compare the efficacy and safety of various acupuncture-related therapies in treating UC, aiming to provide evidence-based guidance for selecting the optimal clinical intervention.
Methods	We systematically searched 8 databases for randomized controlled trials (RCTs) of acupuncture-related therapies for ulcerative colitis, including China National Knowledge Infrastructure (CNKI), Wanfang Database, VIP Database, China Biological Medicine (CBM), PubMed, EMbase, the Cochrane Library, and Web of Science. The total effective rate, Mayo score, Baron endoscopic score were used for primary outcomes, interleukin-6 (IL-6) levels, tumor necrosis factor-alpha (TNF-α) levels, and relapse rate were selected as secondary outcomes. The Cochrane risk of bias tool (RoB 2.0) was used to assess the quality of the articles, and StataMP 18 was used for statistical analysis. Heterogeneity and consistency were assessed, and the comparative effectiveness of different acupuncture interventions was ranked using Surface under the cumulative ranking curve (SUCRA).

Results	A total of **76 RCTs were included, involving 7,484 participants**. Auricular acupressure combined with Chinese herbal medicine (AA + CHM) (RR 1.71, 95% CI: 1.47, 1.99, SUCRA = 99.9%) was shown to have effective to improving total effective rate. For Mayo score, the most effective intervention was acupuncture combination therapy (ACU-CT) (SMD -4.85, 95% CI: -6.66, -3.05, SUCRA = 97.5%). In terms of reducing Baron endoscopic score, ACU-CT (SMD -2.31, 95% CI: -3.81, -0.81, SUCRA = 84.1%) had the best efficacy. For IL-6 levels, warm acupuncture (WA) (SMD -3.10, 95% CI: -4.56, -1.65, SUCRA = 96.1%) showed the best efficacy. For TNF-α levels, warm acupuncture combination therapy (WA-CT) (SMD -2.32, 95% CI: -4.54, -0.10, SUCRA = 76.8%) demonstrated the best efficacy. For recurrence rate, Acupuncture (ACU) (OR 0.15, 95% CI: 0.03, 0.65, SUCRA = 89.3%) achieved the greatest reductions. SUCRA analysis showed that WA, ACU-CT, WA-CT, and acupoint catgut embedding (ACE) ranked highest in most of the outcomes. Acupoint frequency statistics revealed that the most commonly used acupoints for treating UC were Tianshu (ST25), Zusanli (ST36), Shangjuxu (ST37), Zhongwan (CV12), Guanyuan (CV4), Dachangshu (BL25), Pishu (BL20), Shenque (CV8), Qihai (CV6), and Sanyinjiao (SP6).
Conclusion	These findings may provide preliminary evidence-based guidance for acupuncture-related interventions as a potential complementary or alternative treatment for patients with UC, particularly those who have poor responses to conventional pharmaceutical treatment. In the future, more large-sample, high-quality RCTs are needed to further confirm the long-term efficacy and mechanisms of different acupuncture interventions.

1.2.2. Acupoint application

1.2.2.1. Tong 2023

Tong Y, Yu Y, Yin S, Lin S, Chen Y, Su X. Efficacy and safety of acupoint application in the treatment of ulcerative colitis: A systematic review and meta-analysis. Medicine (Baltimore). 2023 Aug 18;102(33):e34489. https://doi.org/10.1097/MD.0000000000034489

Background	The efficacy of acupoint application in the treatment of ulcerative colitis (UC) is still controversial. The purpose of this study is to systematically evaluate the clinical efficacy and safety of acupoint application in the treatment of ulcerative colitis.
Methods	The databases of China National Knowledge Infrastructure (CNKI), Chinese Biology Medicine (CBM), VIP, Wanfang, Embase, PubMed, the Cochrane Library and Web of Science were searched. The time limit was from the establishment of the database to July 2022. The published randomized controlled trials of acupoint application in the treatment of UC were analyzed by meta-analysis and trial sequential analysis.
Results	A total of **13 studies** were included, with a total sample size of 878 cases. Compared with conventional western medicine, acupoint application can effectively improve the effective rates of clinical comprehensive (risk ratio [RR] 1.13, 95% confidence interval [CI] 1.06-1.20, P = .0003), syndrome (RR 1.13, 95% CI 1.03-1.24, P = .009), and interleukin-4 (IL-4) (mean differences 2.62, 95% CI 1.96-3.28, P < .00001) in the treatment of UC, and reduce interferon-γ (mean differences -5.38, 95% CI -6.81 to -3.94, P < .00001). The effective rates of colonoscopy (RR 0.94, 95% CI 0.84-1.05, P = .25), pathological examination (RR 1.04, 95% CI 0.90-1.20, P = .60) and rate of adverse reaction (RR 0.55, 95% CI 0.25-1.21, P = .14) were the same. Trial sequential analysis indicated that the benefits of effective rates of clinical comprehensive and syndrome, IL-4, and interferon-γ were conclusive. Harbord regression showed no publication bias (P = .98). The evaluation of evidence quality suggested that the evidence quality of effective rates of clinical comprehensive and syndrome was moderate and the evidence quality of other indicators was low or very low.

Conclusion	Acupoint application is a safe and effective method for the treatment of UC, and has the prospect of clinical application.

1.2.3. Moxibustion

1.2.3.1. Lee 2010

Lee DH et al. Moxibustion for ulcerative colitis: a systematic review and meta-analysis. BMC Gastroenterol. 2010 Apr 7;10(1):36. [155352]

Objectives	Complementary and alternative medicine (CAM) is increasingly used for treatment of inflammatory bowel disease (IBD). Acupuncture-type treatments are among the most popular options. Several studies have reported that moxibustion is effective in ulcerative colitis (UC). The objective of this review was to assess the clinical evidence for or against moxibustion as a treatment for UC.
Méthods	We searched the literature using 18 databases from their inception to February 10, 2010, without language restrictions. We included randomized clinical trials (RCTs), in which human patients with UC were treated with moxibustion. Studies were included if they were placebo-controlled or controlled against a drug therapy or no treatment group. The methodological quality of all RCTs was assessed using the Cochrane risk of bias.
Results	In total, five RCTs were included. All were of low methodological quality. They compared the effects of moxibustion with conventional drug therapy. Three tested moxibustion against sulfasalazine and two against sulfasalazine plus other drugs. A meta-analysis of five RCTs showed favorable effects of moxibustion on the response rate compared to conventional drug therapy (n = 407; risk ratio = 1.24, 95% CI = 1.11 to 1.38; P < 0.0001; heterogeneity: I2 = 16%).
Conclusions	**Current evidence is insufficient to show that moxibustion is an effective treatment of UC**. Most of included trials had high risk of bias. More rigorous studies seem warranted.

1.3. Special outcome

1.3.1. Fatigue

1.3.1.1. Davis 2020

Davis SP, Bolin LP, Crane PB, Wei H, Crandell J. Non-pharmacological interventions to manage fatigue in adults with inflammatory bowel disease: A systematic review and meta-analysis. Complement Ther Clin Pract. 2020;41:101229. https://doi.org/10.1016/j.ctcp.2020.101229

Background and purpose	The prevalence of fatigue is higher in adults with inflammatory bowel disease (IBD). There is limited information on the effectiveness of non-pharmacological interventions to manage fatigue. The purposes of this review is to evaluate the effectiveness of these interventions to manage fatigue in adults with IBD.
Materials and methods	A systematic review was conducted based on the PRISMA guidelines. Comprehensive Meta-Analysis software was used to compute metaanalysis.

Results	Eleven studies were included in the review. The interventions to manage fatigue included problem-solving therapy, solution-focused therapy, cognitive behavioral therapy, psychoeducational intervention, exercise advice with omega-3 supplements, **electro-acupuncture**, and AndoSan. The pooled evidence from the metaanalysis demonstrated that non-pharmacological interventions could decrease IBD-Fatigue (SMD = 0.33, 95% CI [0.10, 0.55], p = 0.005).
Conclusion	The pooled data indicate that non-pharmacological interventions are helpful in managing IBD-Fatigue. Additionally, the non-pharmacological interventions reviewed could be utilized to promote self-management in IBD.

1.3.1.2. Farrell 2020

Farrell D, Artom M, Czuber-Dochan W, Jelsness-Jørgensen LP, Norton C, Savage E. Interventions for fatigue in inflammatory bowel disease. Cochrane Database Syst Rev. 2020;4(4):CD012005. https://doi.org/10.1002/14651858.CD012005.pub2

Background	Inflammatory bowel disease (IBD) is an umbrella term used to describe a group of chronic, progressive inflammatory disorders of the digestive tract. Crohn's disease and ulcerative colitis are the two main types. Fatigue is a common, debilitating and burdensome symptom experienced by individuals with IBD. The subjective, complex nature of fatigue can often hamper its management. The efficacy and safety of pharmacological or non-pharmacological treatments for fatigue in IBD is not yet established through systematic review of studies.
Objectives	To assess the efficacy and safety of pharmacological and non-pharmacological interventions for managing fatigue in IBD compared to no treatment, placebo or active comparator.
Methods	*Search methods:* A systematic search of the databases Embase, MEDLINE, Cochrane Library, CINAHL, PsycINFO was undertaken from inception to July 2018. A top-up search was run in October 2019. We also searched the Cochrane IBD Group Specialized Register, the Cochrane Central Register of Controlled Trials, ongoing trials and research registers, conference abstracts and reference lists for potentially eligible studies. *Selection criteria.* Randomised controlled trials of pharmacological and non-pharmacological interventions in children or adults with IBD, where fatigue was assessed as a primary or secondary outcome using a generic or disease-specific fatigue measure, a subscale of a larger quality of life scale or as a single-item measure, were included. *Data collection and analysis*: Two authors independently screened search results and four authors extracted and assessed bias independently using the Cochrane 'Risk of bias' tool. The primary outcome was fatigue and the secondary outcomes included quality of life, adverse events (AEs), serious AEs and withdrawal due to AEs. Standard methodological procedures were used.

Main results	We included 14 studies (3741 participants): nine trials of pharmacological interventions and five trials of non-pharmacological interventions. Thirty ongoing studies were identified, and five studies are awaiting classification. Data on fatigue were available from nine trials (1344 participants). In only four trials was managing fatigue the primary intention of the intervention (**electroacupuncture**, physical activity advice, cognitive behavioural therapy and solution-focused therapy). **Electroacupuncture**: Fatigue was measured with Functional Assessment of Chronic Illness Therapy - Fatigue (FACIT-F) (scores range from 0 to 52). The FACIT-F score at week eight was 8.00 points higher (better) in participants receiving electroacupuncture compared with no treatment (mean difference (MD) 8.00, 95% CI 6.45 to 9.55; 1 RCT; 27 participants; low-certainty evidence). Results at week 16 could not be calculated. FACIT-F scores were also higher with **electroacupuncture** compared to sham electroacupuncture at week eight (MD 5.10, 95% CI 3.49 to 6.71; 1 RCT; 30 participants; low-certainty evidence) but not at week 16 (MD 2.60, 95% CI 0.74 to 4.46; 1 RCT; 30 participants; low-certainty evidence). No adverse events were reported, except for one adverse event in the sham electroacupuncture group. Cognitive behavioural therapy (CBT) and solution-focused therapy: Compared with a fatigue information leaflet, the effects of CBT on fatigue are very uncertain (Inflammatory Bowel Disease-Fatigue (IBD-F) section I: MD -2.16, 95% CI -6.13 to 1.81; IBD-F section II: MD -21.62, 95% CI -45.02 to 1.78; 1 RCT, 18 participants, very low-certainty evidence). The efficacy of solution-focused therapy on fatigue is also very uncertain, because standard summary data were not reported (1 RCT, 98 participants). Physical activity advice: One 2 × 2 factorial trial (45 participants) found physical activity advice may reduce fatigue but the evidence is very uncertain. At week 12, compared to a control group receiving no physical activity advice plus omega 3 capsules, FACIT-F scores were higher (better) in the physical activity advice plus omega 3 group (FACIT-F MD 6.40, 95% CI -1.80 to 14.60, very low-certainty evidence) and the physical activity advice plus placebo group (FACIT-F MD 9.00, 95% CI 1.64 to 16.36, very low-certainty evidence). Adverse events were predominantly gastrointestinal and similar across physical activity groups, although more adverse events were reported in the no physical activity advice plus omega 3 group. Pharmacological interventions: Compared with placebo, adalimumab 40 mg, administered every other week ('eow') (only for those known to respond to adalimumab induction therapy), may reduce fatigue in patients with moderately-to-severely active Crohn's disease, but the evidence is very uncertain (FACIT-F MD 4.30, 95% CI 1.75 to 6.85; very low-certainty evidence). The adalimumab 40 mg eow group was less likely to experience serious adverse events (OR 0.56, 95% CI 0.33 to 0.96; 521 participants; moderate-certainty evidence) and withdrawal due to adverse events (OR 0.48, 95%CI 0.26 to 0.87; 521 participants; moderate-certainty evidence). Ferric maltol may result in a slight increase in fatigue, with better SF-36 vitality scores reported in the placebo group compared to the treatment group following 12 weeks of treatment (MD -9.31, 95% CI -17.15 to -1.47; 118 participants; low-certainty evidence). There may be little or no difference in adverse events (OR 0.55, 95% CI 0.26 to 1.18; 120 participants; low-certainty evidence).
Authors' conclusions	The effects of interventions for the management of fatigue in IBD are uncertain. No firm conclusions regarding the efficacy and safety of interventions can be drawn. Further high-quality studies, with a larger number of participants, are required to assess the potential benefits and harms of therapies. Future studies should assess interventions specifically designed for fatigue management, targeted at selected IBD populations, and measure fatigue as the primary outcome.

1.4. Preclinical and mechanistic systematic reviews

1.4.1. Zhang 2026

Zhang J, Zheng X, Zuo G, Wang Y, Zheng X, Sun Y, She Y. A systematic review and meta-analysis of acupuncture for intestinal protection and underlying mechanisms in animal models of ulcerative colitis. Medicine (Baltimore). 2026;105(31):e49951. https://doi.org/10.1097/MD.0000000000049951

Background	Although acupuncture has exhibited potential in the therapy of ulcerative colitis (UC), its particular protective mechanisms remain controversial, and meta-analyses examining these mechanisms are lacking. Accordingly, this investigation endeavors to systematically appraise the intestinal protective effectiveness of acupuncture using animal models and to explore its potential mechanisms of action in depth.
Methods	We searched PubMed, Web of Science, Embase, Cochrane Library, China National Knowledge Infrastructure, Chinese Biomedical Literature Database, Wanfang, and Chinese Science and Technology Journal Database. The time frame was from the establishment of the databases to June 2025. An assessment of the included studies' quality was conducted using the 10 criteria specified by the Systematic Review Centre for Laboratory Animal Experimentation bias risk assessment tool. After extracting the complete data, statistical analysis was conducted using Stata 12 software (StataCorp LP). Additionally, results were validated through subgroup analysis, sensitivity analysis, and assessment of publication bias.
Results	A total of **31 studies** were included, involving **597 animals**. Meta-analysis results revealed that acupuncture intervention substantially decreased the disease activity index score and expression levels of tumor necrosis factor-α, interleukin-1β, and interleukin-6 in UC animal models, concurrently enhancing the protein expression of Zonula occludens-1 and Occludin. The subgroup analysis indicated that the research heterogeneity might be attributed to various factors: the differences in modeling methods might be related to the heterogeneity of disease activity index and interleukin-6; while the variations in acupuncture retention time might be associated with the heterogeneity of tumor necrosis factor-α and interleukin-1β.
Conclusions	The findings indicate that in animal models of UC, acupuncture may confer protection through the inhibition of inflammatory responses and the restoration of the intestinal mucosal barrier.

2. Overviews of systematic reviews

2.1. Wang 2024

Wang D, Wang Q, Wang Y, Li T, Tian M. Effects of acupuncture and moxibustion on ulcerative colitis: An overview of systematic reviews. Heliyon. 2024 Mar 8;10(6):e27524. https://doi.org/10.1016/j.heliyon.2024.e27524

Background	Ulcerative colitis (UC) is a gastrointestinal disease with an unknown etiology that severely affects patients' quality of life. Acupuncture and moxibustion therapies are effective in the treatment of UC, but existing systematic reviews (SRs) and meta-analyses (MAs) on this subject have variable methodological and outcome quality.
Aim	Therefore, this study aimed to summarize and evaluate the evidence of existing SRs and MAs to provide more reliable evidence for clinical practice. Data were extracted from seven databases through systematic search and evaluated in terms of the methodological quality, reporting quality, risk of bias, and quality of evidence using the AMSTAR-2, PRISMA, ROBIS, and GRADE systems, respectively.

Results	**Ten studies** were finally included, and all of them showed many problems with the overall design and quality of outcomes. Because of the lack of high-quality evidence to support the findings from the existing studies, we should take this conclusion with caution and strictly implement the registration, design, and implementation of trials based on evidence to provide high-quality results in future studies.

3. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported) Ø negative recommendation (or lack of evidence)
Statement 12. Inflammatory bowel disease nurses should assess and manage **pain** in patients with IBD through structured counselling, supporting coping strategies, and facilitating access to effective and adjunctive therapies [acupuncture] (EL3) *Statement 13.* Inflammatory bowel disease nurses should assess and manage **fatigue** in patients with IBD through structured counselling, supporting coping strategies, and facilitating access to effective therapies [acupuncture] (EL3)

Supporting evidence:

- 164. Rajai N, Abbasi Z, Pishgooie AH, Teymouri F, Imanipour M. Effects of self-acupressure on quality of life and abdominal pain severity among patients with inflammatory bowel disease: a randomized sham-controlled trial. J Ayurveda Integr Med. 2025;16:101080.
- 175. Farrell D, Artom M, Czuber-Dochan W, Jelsness-Jørgensen LP, Norton C, Savage E. Interventions for fatigue in inflammatory bowel disease. Cochrane Database Syst Rev. 2020;4(4):CD012005. https://doi.org/10.1002/14651858.CD012005.pub2
- 176. Davis SP, Bolin LP, Crane PB, Wei H, Crandell J. Non-pharmacological interventions to manage fatigue in adults with inflammatory bowel disease: A systematic review and meta-analysis. Complement Ther Clin Pract. 2020 Nov;41:101229. https://doi.org/10.1016/j.ctcp.2020.101229
- 177. Horta D, Lira A, Sanchez-Lloansi M, et al. A prospective pilot randomized study: electroacupuncture vs. sham procedure for the treatment of fatigue in patients with quiescent inflammatory bowel disease. Inflamm Bowel Dis. 2020;26:484-492.
- 178. Huang C, Czuber-Dochan W, Norton C. Home-based transcutaneous electrical acupuncture-point stimulation for depressive symptoms in inflammatory bowel disease: a randomized feasibility study. Eur J Gastroenterol Hepatol. 2025;37:1326-1336.

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Last update: **28 Oct 2026 15:18**