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Surdité : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Zhong 2026 (sudden sensorineural hearing loss)

Zhong W, Zeng Z, Li X, Luo Y, Zhang B. The clinical efficacy of acupuncture therapy in patients with sudden sensorineural hearing loss: a systematic review, meta-analysis and network meta-analysis. Complement Ther Med. 2026:103461. https://doi.org/10.1016/j.ctim.2026.103461

Background	Acupuncture has received increasing attention as an adjunctive treatment for sudden sensorineural hearing loss (SSNHL). This systematic review, meta-analysis, and network meta-analysis evaluated and ranked acupuncture-based therapies for SSNHL.
Methods	PubMed, Embase, the Cochrane Library, Web of Science, SinoMed, CNKI, VIP, and Wanfang were searched from inception to January 1, 2026. Effect estimates were expressed as risk ratios (RRs), mean differences (MDs), and 95% confidence intervals. Analyses were conducted using R 4.4.1. Confidence in network estimates was assessed using CINeMA.
Results	Thirty-six studies involving 3,360 patients with SSNHL were included. Acupuncture combined with guideline-based treatment, particularly glucocorticoids, improved the overall effective rate (RR = 1.19, 95% CI 1.15 to 1.23; I^2 = 11.1%; *p* < 0.0001; 36 studies), with most trials also reporting improvements in pure-tone audiometry. Extra acupuncture ranked as the preferred adjunctive intervention, followed by routine acupuncture, while moxibustion may represent an alternative. A 3-week treatment course appeared optimal, with little evidence of additional benefit beyond this duration. Point injection was not supported. Evidence comparing acupuncture-related effects with hyperbaric oxygen therapy remained limited.
Conclusion	Certain acupuncture-based therapies may have a complementary or alternative role in sudden sensorineural hearing loss, particularly when added to guideline-based treatment. However, CINeMA rated the certainty of evidence as very low, so these findings should be considered tentative.

1.1.2. Ren 2024 (sudden sensorineural hearing loss)

Ren W, Tao B, Deng H. The efficacy and safety of acupuncture in the treatment of sudden sensorineural hearing loss: A systematic review and meta-analysis. Integr Med Res. 2024 Dec;13(4):101087. https://doi.org/10.1016/j.imr.2024.101087

Backgound	Despite numerous pharmacological and therapeutic options for sudden sensorineural hearing loss(SSNHL), treatment remains challenging due to various side effects and suboptimal efficacy. Acupuncture, as a complementary and alternative therapy, has achieved some success in this field. The objective of this study was to systematically evaluate the efficacy and safety of acupuncture for SSNHL, and to seek robust evidence-based medical evidence for the therapeutic effect of acupuncture.
Methods	The following databases were searched: PubMed, EMbase, Cochrane Library, China National Knowledge Infrastructure (CNKI), Wanfang Data Knowledge Service Platform, VIP Information Database, and China Biomedical Literature Database (SinoMed) up to September 1, 2024. The quality of the RCTs was evaluated utilizing the risk of bias assessment tool from the Cochrane Collaboration. Risk ratio (RR), risk difference (RD), mean differences (MD), and 95% confidence interval (CI) were used to estimate the effect. Data analysis was used RevMan 5.3.
Results	A total of **28 randomized controlled trials involving 2,456 patients** were included in this systematic review and meta-analysis. The meta-analysis results indicate that the integration of acupuncture with WMCT for SSNHL may enhance the total effective rate (RR=1.18, 95% CI: 1.14-1.23, P<0.00001), change in hearing threshold (MD=-10.71, 95% CI: -12.52 to -8.89, P<0.00001), and cure rate (RD=0.15, 95% CI: 0.11-0.19, P<0.00001) compared to WMCT alone. Acupuncture as a monotherapy seems to be superior to WMCT in terms of total effective rate (RR=1.19, 95% CI: 1.07-1.32, P=0.001) and cure rate (RD=0.11, 95% CI: 0.02-0.19, P=0.01). There was no significant difference observed between acupuncture alone and WMCT in improving pure tone hearing thresholds (MD=-5.45, 95%CI: -20.75 to 9.85, P=0.48). While the combination of acupuncture with WMCT may offer greater efficacy in reducing tinnitus symptoms (RR=1.12, 95% CI:1.01 to 1.24, P=0.03), but the reliability of this outcome is contested upon sensitivity analysis (RR=1.07, 95% CI:0.87-1.31, P=0.51).
Conclusions	The findings of the meta-analysis indicate that acupuncture, either as a standalone intervention or in conjunction with WMCT, may offer supplementary therapeutic advantages in certain respects. However, the results should be interpreted with caution due to the quality and potential bias of the included studies.

1.1.3. Chen 2019

Chen S, Zhao M, Qiu J. Acupuncture for the treatment of sudden sensorineural hearing loss: A systematic review and meta-analysis: Acupuncture for SSNHL. Complement Ther Med. 2019;42:381-388. [191422].

Background	Acupuncture as an alternative treatment method is widely used in the treatment of sudden sensorineural hearing loss (SSNHL) in China. We performed a systematic review and meta-analysis to assess the clinical efficacy of acupuncture for the management of SSNHL patients.
Materials and Methods	The PubMed, EMBASE, Cochrane Library, China National Knowledge Infrastructure and WanFang databases were searched. Searches were performed on April 27, 2018 and without language and publication year restrictions. We collected and analyzed the randomized controlled trials (RCTs) of acupuncture for the treatment of SSNHL patients to assess its efficacy and safety. The RevMan5.3 software was used for analysis. The fixed-effects model can be applied to calculate the risk ratio (RR) or weighted mean difference (WMD) if the chi-square test shows there was no significance of heterogeneity ($p > 0.10$, $I2<50\%$). Otherwise, the random effects mode was used.

Results	**Twenty randomized controlled trials** met our inclusion criteria. The electroacupuncture(EA), manual acupuncture(MA) plus western medicine(WM) and EA plus WM groups lead to significantly better pure tone audiometry(PTA) than WM alone in cured rate ($P = 0.01$; $P < 00, 001$; $P < 0.006$, respectively). However, no significant differences were observed between MA and WM ($p = 0.27$). In terms of total effective rate, all of them showed significant improvement compared to WM alone (MA: $P = 0.03$; EA: $P = 0.01$; MA + WM: $P < 0.00001$; EA + WM: $P = 0.04$). In addition, no significant difference was found between the MA plus WM and WM alone groups in the improvement of tinnitus ($P = 0.37$). No trials reported serious adverse events.
Conclusion	Acupuncture could be a valid treatment option for SSNHL, especially for patients who could not be cured by drugs alone. However, the outcome was limited temporarily due to the lack of high-quality research support. High-quality evidence is needed to clarify the future efficacy and safety of acupuncture for SSNHL.

1.1.4. Jiang 2015

Jiang Y, Shi X, Tang Y. Efficacy and safety of acupuncture therapy for nerve deafness: a meta-analysis of randomized controlled trials. Int J Clin Exp Med. 2015;8(2):2614-20. [179320]

Background	Acupuncture is one of the important parts of therapeutic methods in traditional Chinese medicine, and has been widely used for the treatment of nerve deafness in recent years. The current study was to evaluate the efficacy and safety of acupuncture therapy for nerve deafness compared with conventional medicine therapy.
Methods	PubMed, the Chinese National Knowledge Infrastructure Database, the Chinese Science and Technology Periodical Database, the Chinese Biomedical Database, the Wanfang Database were searched for articles published to identify randomized controlled trials evaluating efficacy and side effects between acupuncture and conventional medicine therapies up to 2013/06.
Results	A total of **12 studies, including 527 patients** assessed the efficacy and safety of acupuncture therapy for nerve deafness. Overall, the efficacy of acupuncture was significantly better than that of the conventional western medication (RR: 1.54, 95% CI: 1.36-1.74) or traditional Chinese medicines (RR: 1.51, 95% CI: 1.24-1.84), and the efficacy of acupuncture in combination with conventional western medication or traditional Chinese medicine was better than that of the conventional western medication alone (RR: 1.51, 95% CI: 1.29-1.77) or traditional Chinese medicine alone (RR: 1.59, 95% CI: 1.30-1.95). Based on the comparison of number of deafness patients who were completely cured, the efficacy of acupuncture in combination with traditional Chinese medicines was better than that of traditional Chinese medicine alone (RR: 4.62, 95% CI: 1.38-15.47).
Conclusions	Acupuncture therapy can significantly improve the hearing of patients with nerve deafness, and the efficacy of acupuncture in combination with medication is superior to medication alone.

1.1.5. Zhang 2015

Zhang XC, Xu XP, Xu WT, Hou WZ, Cheng YY, Li CX, Ni GX. Acupuncture therapy for sudden sensorineural hearing loss: a systematic review and meta-analysis of randomized controlled trials. Plos One. 2015;10(4). [179330]

Objective	Acupuncture has commonly been used in China, either alone or in combination with Western medicine, to treat sudden sensorineural hearing loss (SSHL). The purpose of this systematic review is to assess the efficacy and safety of acupuncture therapy for patients with SSHL.
Methods	We searched PubMed, the Cochrane Library, Embase, China National Knowledge Internet (CNKI), Database for Chinese Technical Periodicals (VIP), and Chinese Biomedical literature service system (SinoMed) to collect randomized controlled trials of acupuncture for SSHL published before July 2014. A meta-analysis was conducted according to the Cochrane systematic review method using RevMan 5.2 software. The evidence level for each outcome was assessed using the GRADE methodology.
Results	**Twelve trials involving 863 patients** were included. A meta-analysis showed that the effect of manual acupuncture combined with Western medicine comprehensive treatment (WMCT) was better than WMCT alone (RR 1.33, 95%CI 1.19-1.49) and the same as the effect of electroacupuncture combined with WMCT (RR 1.33, 95%CI 1.19-1.50). One study showed a better effect of electroacupuncture than of WMCT (RR 1.34, 95%CI 1.24-1.45). For mean changes in hearing over all frequencies, the meta-analysis showed a better effect with the combination of acupuncture and WMCT than with WMCT alone (MD 10.85, 95%CI 6.84-14.86). However, the evidence levels for these interventions were low or very low due to a high risk of bias and small sample sizes in the included studies.
Conclusion	There was not sufficient evidence showing that acupuncture therapy alone was beneficial for treating SSHL. However, interventions combining acupuncture with WMCT had more efficacious results in the treatment of SSHL than WMCT alone. Electroacupuncture alone might be a viable alternative treatment besides WMCT for SSHL. However, given that there were fewer eligible RCTs and limitations in the included trials, such as methodological drawbacks and small sample sizes, large-scale RCTs are required to confirm the current findings regarding acupuncture therapy for SSHL.

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