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meniere's syndrome:

Syndrome de Menière : évaluation de l'acupuncture

Articles connexes: - vertiges cervicaux - troubles de l'équilibre post-AVC - conduites thérapeutiques - pathologies - qigong - acupuncture expérimentale -

1. Systematic Reviews and Meta-Analysis

1.1. He 2016 ☆

He J, Jiang L, Peng T, Xia M, Chen H. Acupuncture Points Stimulation for Meniere's Disease/Syndrome: A Promising Therapeutic Approach. Evid Based Complement Alternat Med. 2016. [187765].

Objective	This study aims to explore evidence for acupuncture points stimulation (APS) in treatment of Meniere's disease (MD).
Method	A literature search was conducted in seven databases including EMBASE, Medline, Cochrane Library, Web of Science, CBM, CNKI, and WangFang database and the data analysis was performed by using the RevMan version 5.3.
Results	**12 RCTs with 993 participants** were acquired after the search. The quality of most eligible studies was very low which limited the value of the meta-analysis. Compared with western medicine comprehensive treatment (WMCT), the APS alone or in combination with WMCT had a significant positive effect in controlling vertigo; however, the result was negative in hearing improvement and DHI. No adverse events were reported in the studies.
Conclusion	The APS might be a promising therapeutic approach for MD. However, the currently available evidence is insufficient to make a definitive conclusion for the poor quality of included studies. More high-quality researches with larger sample size are urgently needed to assess the effectiveness and safety.

1.2. Long 2011

Long AF, Xing M, Morgan K, Brettle A. Exploring the evidence base for acupuncture in the treatment of meniere's syndrome–a systematic review. Evid Based Complement Alternat Med. 2009. [153310] .

Objectives	Ménière's syndrome is a long-term, progressive disease that damages the balance and hearing parts of the inner ear. To address the paucity of information on which evidence-based treatment decisions should be made, a systematic review of acupuncture for Ménière's syndrome was undertaken.
Method	The method used was a systematic review of English and Chinese literature, from six databases for randomized, non-randomized and observational studies. All studies were critically appraised and a narrative approach to data synthesis was adopted.

Results	Twenty-seven studies were included in this review (9 in English and 18 in Chinese languages): **three randomized controlled trials**, three non-randomized controlled studies and four pre-test, post-test designs. All but one of the studies was conducted in China. The studies covered body acupuncture, ear acupuncture, scalp acupuncture, fluid acupuncture point injection and moxibustion. The studies were of varying quality. The weight of evidence, across all study types, is of beneficial effect from acupuncture, for those in an acute phase or those who have had Ménière's syndrome for a number of years. The review reinforces the importance of searching for studies from English and Chinese literature. The transferability of the findings from China to a Western context needs confirmation. Further research is also needed to clarify questions around the appropriate frequency and number of treatment/courses of acupuncture.
Conclusions	**The weight of evidence suggests a potential benefit of acupuncture for persons with Ménière's disease**, including those in an acute phase and reinforces the importance of searching for published studies in the Chinese language.

2. Overviews of systematic reviews

2.1. Chun 2026

Chun WB, Nguyen SA, Mills JF, Chen K, Monaghan NP, Brennan EA, Nguyen JP, Meyer TA. Intervention Outcomes for Meniere's Disease: An Umbrella Review. Laryngoscope. 2026 Jul 8. https://doi.org/10.1002/lary.70736

Objective	To assess and summarize the outcomes of major pharmacologic, device-based, and surgical interventions reported in systematic reviews and meta-analyses for the treatment of Meniere's disease.
Data sources	CINAHL, Cochrane, PubMed, Scopus.
Review methods	Twenty-two systematic reviews with meta-analyses of randomized and nonrandomized studies were identified, assessing interventions including gentamicin, corticosteroids, betahistine, positive pressure therapy, adjunctive acupuncture, endolymphatic sac decompression, and cochlear implantation. The review was reported in accordance with PRISMA 2020 and PRISMA-S, and methods followed Cochrane Handbook guidance. Four investigators extracted data. When possible, data were pooled using a random-effects model. Outcomes included vertigo control, tinnitus improvement, and adverse events.
Results	Intratympanic gentamicin showed the highest vertigo control rate (89%) but carried a mild hearing loss risk and a 23% subjective hearing reduction rate. Intratympanic steroids offered modest benefit with fewer auditory risks. Positive pressure therapy showed mixed results, while **acupuncture** demonstrated symptomatic benefit when combined with other therapies. Endolymphatic sac decompression achieved 75%-82% control of vertigo initially but declined over time. Cochlear implants improved speech perception and tinnitus in profound hearing loss. No eligible meta-analyses evaluated antivirals, ventilation tubes, vestibular nerve section, or labyrinthectomy.
Conclusion	Intratympanic gentamicin provides the strongest vertigo control but is backed by low-quality evidence and risks hearing loss. Conservative treatments like intratympanic steroids and betahistine show modest benefit with mixed evidence. Adjunctive options like **acupuncture** require cautious interpretation due to low-quality evidence. Surgical and device-based options demonstrate variable effectiveness, highlighting the need for individualized, symptom-driven care and further high-quality trials.

3. Overviews of systematic reviews

4. Clinical Practice Guidelines

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

4.1. American Academy of Otolaryngology and Head and Neck Surgery Foundation’s (AAO-HNSF’s, USA) 2020 Ø

Basura GJ, Colandrea M, Walsh SA, Kuch AA, Monjur TM. Plain Language Summary: Ménière's Disease. Otolaryngol Head Neck Surg. 2020;162(4):435-45. [212226]. doi

Thus, overall, there is a lack of sufficient evidence at this point to recommend acupuncture.

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