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Diarrhea in Children

Diarrhée infantile : évaluation de l'acupuncture

Articles connexes: - diarrhées -

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.2. Special Acupuncture Techniques

1.2.1. Moxibustion

1.2.1.1. Li 2022

Li Z. Traditional Chinese Medicine Moxibustion in the Treatment of Infantile Diarrhea. Comput Intell Neurosci. 2022 Jun 30;2022:9749606. https://doi.org/10.1155/2022/9749606

Objectives	The main contribution of this research paper is to summarize the results of Meta-analysis of moxibustion in the treatment of infantile diarrhea which is one the common disease and requires considerable attention from the research community and funding organizations.
Method	In order to verify that the proposed scheme has merits, a comprehensive searching methodology was adopted by considering various databases such as China Biomedical Literature Database (CBM), China National Knowledge Network Infrastructure (CNKI), Wanfang Database, Pub Med Database, Google Academic, and Cochrane Library. It is important to note that a powerful computer has been utilized to carry out this searching. Finally, only those literature contents are selected which meet the inclusion criteria. Likewise, exclusion criteria was used to exclude irrelevant contents of the literature. RevMan 5.3 was used to analyze the collected data and after reading the titles and abstracts, 29 well-designed studies were selected.
Results	Through searching the full text, reading literature, and quality evaluation, **17 papers** were finally included. Response rates were reported in all 17 studies, and subgroup analysis was performed based on whether or not other therapies were combined. 7 studies compared the effectiveness of simple moxibustion and conventional therapy in the treatment of infantile diarrhea, and the results showed statistically significant differences [OR = 4.01, 95% CI (2.03, 7.84), P < 0.0001]; 10 studies compared the effectiveness of moxibustion combined with other therapies and conventional therapies in the treatment of diarrhea in children, and the results showed that the difference had general meaning [OR = 4.45, 95% CI (2.83, 7.10), P < 0.00001]. The funnel plot (in Figure) showed that the distribution of included studies was asymmetrical on both sides of the baseline, which could be considered as publication bias.

Conclusion	Traditional Chinese medicine moxibustion could effectively relieve the symptoms of infantile diarrhea, and the effect was significant.

1.2.2. Pediatric Tui Na

1.2.2.1. Lai 2018 ☆

Lai BY, Liang N, Cao HJ, Yang GY, Jia LY, Hu RX, Lu CL, Zhao NQ, Fang SN, Liu XH, Zhang YJ, Fei YT, Wu DR, Liu JP. Pediatric Tui Na for acute diarrhea in children under 5 years old: A systematic review and meta-analysis of randomized clinical trials. Complement Ther Med. 2018;:10-22. [193429].

Objective	To evaluate the benefits and harms of pediatric Tui Na as a non-pharmaceutical Chinese medicine therapy for acute diarrhea in children under 5 years of age.
Design	Systematic review and meta-analysis of randomized clinical trials.
Methods	We searched seven major English and Chinese databases from their inception to January 2018 for randomized clinical trials (RCTs) comparing pediatric Tui Na therapy with conventional medicine (montmorillonite/diosmectite or probiotics used alone or in combination). Two authors extracted data and assessed the Cochrane risk of bias, independently. The primary outcomes are clinical cure rate and diarrhea duration from admission to the cessation of diarrhea. 'Clinical cure' is defined as the frequency, timing and character of stool back to normal status, as well as disappearance of diarrhea symptoms. We present dichotomous data as risk ratio (RR), and continuous data as mean difference (MD) with their 95% confidence interval (CI). We used the Cochrane's Revman software (v.5.3) for data analysis. Trial sequential analysis (TSA) was applied to calculate the required sample size in a meta-analysis and detect the robustness of the results. The GRADEpro was used to generate a summary of finding table.
Results	Totally **26 RCTs were included, involving 2410 children** with acute diarrhea. Most of the included trials had high or unclear risk of bias in terms of random sequence generation, blinding, and incomplete outcome reporting. The pooled results demonstrated that pediatric Tui Na was superior to montmorillonite after three-session treatment (RR 1.45, 95% CI 1.29-1.62, n = 772, 10 trials), and also superior to montmorillonite combined with probiotics after three-session treatment (RR 2.04, 95% CI 1.49-2.78, n = 533, 7 trials) and after six-session treatment (RR 1.52, 95% CI 1.34-1.73, n = 631, 5 trials) in improving clinical cure rate. Pediatric Tui Na significantly decreased the duration of acute diarrhea (hrs) (MD -0.40 h, 95% CI -15.31 to -5.48 h, n = 410, 6 trials) and daily stool frequency (MD -1.71times, 95% CI -2.37 to -1.04, n = 217, 3 trials, after three-session treatment). No adverse event related to pediatric Tui Na was reported in the included trials. The quality of evidence of included trials was generally moderate to low. TSA for cure rate demonstrated that the pooled data reached a sufficient power regarding both numbers of trials and participants.
Conclusions	This review shows pediatric Tui Na appears to be effective and safe in improving clinical cure rate and shortening diarrhea duration in childhood aged less than five years of age with acute diarrhea. However, rigorously designed well-reported RCTs are warranted to confirm the findings.

1.2.3. Acupoints Herbal Patching

1.2.3.1. Liu 2017 (Shenque (CV8))

Liu Zhe, Yao Ke-yu, Wang Hui-ru, Li Yong-le et al. Acupoint herbal patching at Shenque (CV8) as an

adjunctive therapy for acute diarrhea in children: A systematic review and meta-analysis. European Journal of Integrative Medicine. 2017;10: 25-37. [206015]. doi

Introduction	Acute diarrhea is one of the most frequent illnesses in children and causes hospital attendance in developing countries. This systematic review and meta-analysis aimed to assess the beneficial effect and safety of acupoint herbal patching (AHP) at Shenque (CV8) as an adjunctive therapy for acute diarrhea in children.
Methods	We searched for published or registered randomized clinical trials (RCTs) in seven databases (from their inception to September 30, 2016) and three clinical trial registries that compared combined therapy of AHP applied at Shenque together with conventional treatments to conventional treatments alone. Data extraction and risk of bias assessment were conducted by two independent reviewers. Stata 12.0 was used for statistical analyses.
Results	21 eligible studies involving 3560 children with acute diarrhea were included. All of the RCTs were generally of poor methodological quality. Compared with conventional treatments which included symptomatic treatment (fluid supplementation, nutritional management, adsorbents, probiotics, etc.) and anti-infection therapy (antibiotics or antiviral drugs), AHP at Shenque as adjuvant therapy reduced mean duration of diarrhea (MD = −36.49 h, 95% confidence interval −47.50 to −25.49) and decreased the risk of treatment failure (RR = 0.21, 95% confidence interval 0.17 to 0.27) at 72 h after treatment began without any reports of serious adverse events.
Conclusions	AHP applied at Shenque (CV8) as an adjunct therapy seemed to be a therapeutic choice in the management of diarrhea in children. However, a robust conclusion could not be drawn. Future clinical trials should be designed more rigorously.

1.2.3.2. Zhang 2013 ☆

Zhang X, Jia CS, Shi J, Wang JL, Li XF, Zhang XP, Sun YH, QIN L. [Meta analysis of effectiveness of acupoint application therapy for infantile diarrhea]. Acupuncture Research. 2013. 38(4):319-23. [167449].

Objective	To analyze the effectiveness of acupoint application therapy for infantile diarrhea so as to provide an objective evidence for clinical decision making.
Methods	The authors of the present paper did a literature retrieval using The China National Knowledge Infrastructure (CNKI) database, Chinese bio-medical database and Wanfang database covering the period of January 1, 1990-June 30, 2012, and made a systemic evaluation on the retrieved randomized controlled clinical trials (RCTs) of acupoint application therapy for infantile diarrhea using Cochrane system evaluation method. Following excluding the repetitive, irrelevant and non-randomized controlled trials, those meeting the standards of randomized controlled trials were collected. Trial quality was assessed using the Jadad score which evaluates the randomization process, blinding, and the description of withdrawals or dropouts. The RevMan 5. 1 software was used to make statistical analysis.
Results	A total of **16 papers (2,151 patients)** were included in the Meta analysis. The homogeneity test was better (chi2 = 8.09, P = 0.92, I2 = 0%), displaying a homogenicity of most studies. Meta analysis showed the merger effect quantity odds ratio (OR) = 4.68, and 95% confidence intervals (CIs): 3.41, 6.42, and the merger effect value test Z = 9.58, P < 0.00001. Statistical difference indicates a better therapeutic effect of acupoint application group than the control group, providing evidence in favor of acupoint application therapy for infantile diarrhea. Funnel chart displays that the researched object distribution is symmetric, being smaller in the bias. But the potential publication bias still possibly exists.

Conclusion	Acupoint application therapy for infantile diarrhea has some advantages, which needs further confirmation due to lower quality of the collected literatures. Larger sample, high quality and randomized controlled clinical trials are highly recommended.

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Last update: **03 Apr 2026 14:53**