Table des matières

4. Systematic Reviews and Meta-Analysis 1
4.1. He 2026 1
4.2. Yan 2026 1
4.3. Abdi 2021 2
4.4. Leisegang 2021 3
4.5. Jiang 2018 3
4.6. Cui 2016 4
4.7. Lee 2009 4
5. Overviews of Systematic Reviews 4
5.1. Ma 2026 4
5.2. Ernst 2011 5
6. Clinical Practice Guidelines 6
6.1. Association Française d'Urologie, Société Francophone de Médecine Sexuelle (AFU/SFMS,France) 2024 Ø 6
6.2. Malaysia Health Technology Assessment Section (MaHTAS), Ministry of Health Malaysia 2024 Ø 6

Erectile Dysfunction

Dysfonction érectile : évaluation de l'acupuncture

4. Systematic Reviews and Meta-Analysis

4.1. He 2026

He X, Li T, Huang W, Liu G, Yang T, Zhang X, Li X, Feng Q. Comparative efficacy and safety of non-pharmacological interventions for erectile dysfunction: a systematic review and network meta-analysis. Sex Med Rev. 2026;14(1):qeag004. https://doi.org/10.1093/sxmrev/qeag004

Introduction	Many erectile dysfunction (ED) patients respond inadequately to phosphodiesterase type 5 inhibitors (PDE5is). Non-pharmacological interventions (NPIs) have emerged as potential alternative or adjunct treatments for improving erectile function.
Objectives	This study aimed to evaluate and compare the efficacy and safety of various NPIs for ED through a systematic review and network meta-analysis.
Methods	Registered in PROSPERO (CRD420251083286), this network meta-analysis followed PRISMA guidelines. Eight databases were searched for randomized controlled trials through December 2025. Evaluated NPIs included Electrical Stimulation (ES), Exercise, Low-intensity Extracorporeal Shockwave Therapy (Li-ESWT), **Acupuncture-Based Therapies (ABT)**, and Hyperbaric Oxygen Therapy (HOT). Outcomes were the International Index of Erectile Function-5 (IIEF-5), Erection Hardness Score (EHS), Peak Systolic Velocity (PSV) and Adverse Events (AEs). Risk of bias (RoB 2.0) and evidence certainty (CINeMA) were independently assessed.
Results	Thirty-one randomized controlled trials including 1874 participants were analyzed. For IIEF-5, ES combined with Exercise showed the greatest improvement versus Sham/Placebo (mean difference 6.81, 95% CI 3.50–10.12; SUCRA 98.1%; high-certainty evidence). ES alone also demonstrated significant benefit (mean difference 2.86, 95% CI 0.86–4.85; SUCRA 82.3%; high-certainty evidence). Li-ESWT produced modest improvements, while HOT and other modalities ranked lower. For secondary outcomes, ES was most strongly associated with EHS improvement, and Li-ESWT combined with Exercise with increased PSV. No serious adverse events were reported; minor events included transient muscle strain and headache. Evidence certainty ranged from low to high depending on the comparison.
Conclusion	This network meta-analysis suggests that non-pharmacological interventions, particularly ES-based therapies, can significantly improve erectile dysfunction. ES combined with Exercise provided the most consistent and clinically meaningful benefits. However, the overall quality of evidence is limited by intervention heterogeneity and small sample sizes. Further large-scale, high-quality trials are required to confirm long-term efficacy and safety across diverse patient populations.

4.2. Yan 2026

Yan M, Zhu T, Xue K, Zhang Z, Lu C, Xiao C, Ge P, Cui J. Efficacy and safety of acupuncture for erectile

dysfunction: a systematic review and meta-analysis of randomized controlled trials. Sex Med Rev. 2026;14(2):qeag042. https://doi.org/10.1093/sxmrev/qeag042

Introduction	This systematic review and meta-analysis aimed to evaluate the clinical efficacy and safety of acupuncture for the treatment of erectile dysfunction (ED).
Methods	Eight Chinese and English databases were searched from inception to May 20, 2025, to identify randomized controlled trials. Risk of bias was assessed using the Cochrane RoB 2.0 tool. Meta-analyses were performed with RevMan 5.4, while sensitivity analyses, publication bias assessment, Trial Sequential Analysis (TSA), and GRADE evaluation were conducted to assess the robustness and certainty of the evidence.
Results	**Twenty-one randomized controlled trials** were included. Acupuncture significantly improved the International Index of Erectile Function-5 (IIEF-5) score [mean difference (MD)=3.28, 95% CI: 2.47-4.09], Erectile Hardness Score (EHS) [MD=0.75, 95% CI: 0.59-0.91], serum testosterone levels [MD=0.79, 95% CI: 0.14-1.44], and clinical efficacy rate [risk ratio (RR)=1.24, 95% CI: 1.17-1.32]. It also reduced traditional Chinese medicine symptom scores [MD=-4.82, 95% CI: -6.49 to -3.15], anxiety [standardized mean difference (SMD)=-0.86, 95% CI: -1.50 to -0.22], and depression [SMD=-0.85, 95% CI: -1.52 to -0.17]. According to GRADE, the certainty of evidence ranged from very low to moderate. TSA confirmed the robustness of the findings for IIEF-5 and clinical efficacy rate. No significant differences in adverse events were observed.
Conclusions	The certainty of evidence supporting acupuncture for erectile dysfunction ranged from very low to moderate. Although acupuncture was associated with improvements in erectile function and several secondary outcomes without an increase in adverse events, the overall weakness of the evidence precludes definitive conclusions and highlights the need for high-quality randomized controlled trials.

4.3. Abdi 2021

Abdi F, Alimoradi Z, Roozbeh N, Amjadi MA, Robatjazi M. Does acupuncture improve sexual dysfunction? A systematic review. J Complement Integr Med. 2021 Oct 1;20(1):1-16. https://doi.org/10.1515/jcim-2021-0194

Objectives	Sexual dysfunction can adversely affect the quality of life and interpersonal relationships. nowadays, a lot of attention is paid to traditional Chinese medicine with better curative effects and less adverse events. Recent studies have implied the promising effect of acupuncture on sexual function. This systematic review evaluate the effectiveness and safety of acupuncture in treating female and male sexual dysfunction.
Content	PubMed, Cochrane Central of Controlled Trials (CENTRAL), EMBASE, Web of Science, China National Knowledge Infrastructure (CNKI), Chinese Biomedical Literature Database (CBM), Scopus, and Google Scholar were searched up to 2021. No limitation to language and date. The methodological quality of the studies was assessed using the Mixed Methods Appraisal Tool (MMAT).
Summary	Among 160 initially assessed papers, **13 articles** were included. The findings showed that acupuncture improve sexual dysfunction in domains of desire, libido, erectile dysfunction and impotency. Most studies did not report any serious side effects from acupuncture, and only three studies reported minor adverse events.
Outlook	The available evidence indicate that acupuncture has positive on improvement of sexual dysfunction with no serious side effects. Although acupuncture has gained increasing popularity for the management of sexual dysfunction, high methodological quality evidence regarding its efficacy is lacking.

4.4. Leisegang 2021

Leisegang K, Finelli R. Alternative medicine and herbal remedies in the treatment of erectile dysfunction: A systematic review. Arab J Urol. 2021;19(3):323-339. [221863]. https://doi.org/10.1080/2090598x.2021.1926753

Objectives	To systematically review and discuss the current evidence from placebo-controlled clinical trials that investigated the use of alternative medicines and herbal remedies in the management of erectile dysfunction (ED).
Methods	A Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)-based systematic review using specific keyword combinations was conducted on the PubMed and Scopus databases. Randomised controlled trials investigating herbal medicine in at least one group and using the International Index of Erectile Function (IIEF) as an outcome in patients primarily diagnosed with ED were included for review.
Results	Following the literature search, screening and eligibility analysis, a total of 42 articles were included. The 42 articles were categorised as single herb extractions (n = 14), combination herbal formula (n = 5), combination of herbal formula and non-herbal nutraceuticals (n = 7), non-herbal nutraceuticals (n = 5), **acupuncture and moxibustion (n = 2)**, diet and nutrition (n = 3), exercise (n = 5), and topical treatments (n = 1). Based on the results, Korean ginseng, Pygnogenol and Prelox, Tribulus terrestris, Lepidium meyenii, L-arginine, acupuncture and lifestyle interventions were the more predominantly investigated treatments interventions for ED.
Conclusions	Panax ginseng, Pygnogenol, Prelox and Tribulus terrestris have promising evidence as herbal products, alongside L-arginine as a nutritional supplement, for ED based on IIEF outcomes, and warrant further clinical investigation. The mechanisms of action remain unclear, but each of these appears to in part increase nitric oxide synthesis. Importantly, improved diet and exercise should be considered, particularly in patients with obesity or diabetes mellitus.

4.5. Jiang 2018

Jiang Rongmin, Qu You, Wang Tao, Wan Yunli, Xu Wenbin. [Meta-analysis of clinical effectiveness of the acupuncture treatment for erectile dysfunction]. The Chinese Journal of Human Sexuality. 2018;2:82-85. [201795].

Objectives	To evaluate the clinical effectiveness of the acupuncture treatment for erectile dysfunction (ED).
Methods	According to the strict inclusion criteria, randomized controlled trial (RCT) which had been published regarding acupuncture for erectile dysfunction were searched in databases (such as CNKI,WAN FANG DATA,VIP).The software of Cochrane Hand book 5.1.0 were used to evaluate the bias risk. Revman 5.3 was applied for statistical analysis.
Results	**589 patients in 6 researches** were included. The result suggested that both using acupuncture alone and acupuncture combined with traditional Chinese medicine can improve the IIEF-5 score of patients. However, the clinic effective rates could not be combined due to the significant difference among the including groups.
Conclusion	Although the current evidence can confirm the therapeutic effect of acupuncture for erectile dysfunction, the including articles are short of rigorous design and objective indicators, so the conclusion should be treated with caution.

4.6. Cui 2016

Cui X, Zhou J, Qin Z, Liu Z. Acupuncture for erectile dysfunction: a systematic review. Biomed Res Int. 2016;2016:2171923. [176601].

Objective	Acupuncture is increasingly used to treat patients with erectile dysfunction (ED), and our systematic review aimed to evaluate the current evidence for the efficacy and safety of acupuncture in treating ED.
Methods	An electronic searchwas conducted in eight databases to identify randomized controlled trials (RCTs) of acupuncture for treating erectile dysfunction that were published in English and Chinese. The Cochrane Risk of Bias tool was used to assess the risk of bias.
Results	**Three RCTs with a total of 183 participants** met the inclusion criteria. One trial showed the beneficial effects of acupuncture compared with sham acupuncture while the others did not. One trial suggested that acupuncture combined with psychological therapy was superior to psychological therapy alone. However, the overall methodological and reporting quality of the studies was low. The safety of acupuncture for ED was unclear because there were too few reports on this topic.
Conclusion	The available evidence supporting that acupuncture alone improves ED was insufficient and the available studies failed to show the specific therapeutic effect of acupuncture.

4.7. Lee 2009

Lee MS, Shin BC, Ernst E. Acupuncture for treating erectile dysfunction: a systematic review. BJU Int. 2009;104:366-70. 153134

Objective	We evaluated the current evidence for the use of acupuncture to treat erectile dysfunction (ED).
Methods	Systematic searches were conducted in 15 electronic databases, with no language restrictions. Hand-searches included conference proceedings and our files. All clinical studies of acupuncture as a treatment for ED were considered for inclusion, and their methodological quality was assessed using the Jadad score.
Results	Of the four studies included, one randomized controlled trial (RCT) showed beneficial effects of acupuncture compared with sham acupuncture in terms of response rate, while another RCT found no effects of acupuncture. The remaining two studies were uncontrolled clinical trials. Collectively these data showed that RCTs of acupuncture for ED are feasible but scarce. Most investigations had methodological flaws, e.g. inadequate study design, poor reporting of results, small sample size, and publication without appropriate peer review process.
Conclusion	The evidence is insufficient to suggest that acupuncture is an effective intervention for treating ED. Further research is required to investigate whether there are specific benefits of acupuncture for men with ED.

5. Overviews of Systematic Reviews

5.1. Ma 2026

Ma J, Wei J, Li J, Yu M, Lu S, Zeng H, Xu L, Dong Y, Ma Z, Zhang P. Current treatment for erectile dysfunction: an umbrella review of systematic reviews and meta-analyses. Aging Male. 2026;29(1):2640765. https://doi.org/10.1080/13685538.2026.2640765

Objective	This umbrella review aimed to summarize and provide a general evaluation of the effectiveness of current treatments for erectile dysfunction (ED) and assess the quality of evidence.
Methods	This umbrella review available in PubMed, Web of Science, the Cochrane Library, and Embase, covering studies published up to October 2025, was conducted. The International Index of Erectile Function (IIEF) or its simplified version and the erectile hardness score (EHS) were used as endpoints to evaluate the effectiveness of the treatments.
Results	Of 1191 studies, **23 published meta-analyses** were extracted, yielding 42 summary effects on IIEF (n = 20), the international index of erectile function-5 (IIEF-5) (n = 9), the international index of erectile function-erectile function (IIEF-EF) (n = 6), and EHS (n = 7) on 36 interventions. All meta-analyses were analyzed via the AMSTAR-2, of which 13 (56.5%) were rated as critically low quality, 7 (30.5%) were rated as low quality, 2 (8.7%) were rated as moderate quality, and 1 (4.3%) was rated as high quality. Of the 42 summary effects, only two studies were rated as high-quality and moderate-quality respectively, whereas 47.6% (n = 20) and 47.6% (n = 20) were rated low and very low, respectively.
Conclusion	The current evidence base for ED treatments is predominantly of low or very low quality. While statistically significant improvements in ED were observed with both pharmacological and nonpharmacological interventions, these findings should be interpreted with caution due to the limited number of patients and the subjective nature of outcome indicators. The treatment landscape for ED is increasingly diverse, yet the reliability of the evidence is poor. Further well-designed studies on single treatments and high-quality meta-analyses of intertreatment comparisons are urgently recommended.
Acupuncture	A meta-analysis was conducted to evaluate the effect of a nonpharmacological intervention on IIEF-5 scores, and the results were reported as a pooled effect estimate. The analysis revealed that acupuncture (SMD: 2.77; 95% CI: 1.28–4.25) exhibited a statistically significant effect.

5.2. Ernst 2011

Ernst E, Posadzki P, Lee MS. Complementary and alternative medicine (CAM) for sexual dysfunction and erectile dysfunction in older men and women: an overview of systematic reviews. Maturitas. 2011;70(1):37-41. [169139].

Background	Older patients with sexual dysfunction (SD) and/or erectile dysfunction (ED) often use complementary and alternative medicine (CAM).
Aim	The aim of this overview of systematic reviews is to critically evaluate the evidence for or against the effectiveness of CAM.
Methods	Six electronic databases were searched to identify all relevant systematic reviews (SRs). Their methodological quality was assessed independently by two reviewers using the Oxman score.
Results-conclusions	Four SRs met our inclusion criteria. They evaluated: **acupuncture**, ginseng, maca and yohimbine. The methodological quality of all of the SRs was good. However, the primary studies were often associated with considerable risk of bias. Cautiously positive conclusions were drawn for yohimbine and ginseng as treatment options for ED. **For acupuncture** and maca **the evidence was insufficient for ED and SD respectively**. It is concluded that there is some encouraging evidence but more and better studies are required to establish the value of CAM for SD and ED.

6. Clinical Practice Guidelines

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

6.1. Association Française d'Urologie, Société Francophone de Médecine Sexuelle (AFU/SFMS,France) 2024 Ø

Huyghe E, Kassab D, Graziana JP, Faix A, Grellet L, Schoentgen N, Boulenger de Hauteclocque A, Dupuis H, Chebbi A, Chelghaf I, Schirmann A, Freton L, Guillot-Tantay C, Lebâcle C, Roux S, Barkatz J, Ferretti L, Methorst C, Akakpo W, Madec FX, Burte C. Therapeutic management of erectile dysfunction: the AFU/SFMS guidelines. Fr J Urol. 2024 Dec 5:102842. https://doi.org/10.1016/j.fjurol.2024.102842

Many alternative or complementary treatments of ED have been proposed and tested (**acupuncture**, functional electrical stimulation and pelvic floor muscle strengthening, low frequency magnetic pulses, dynamic creative image synthesis). For all these treatments,evidence was insufficient to conclude on their effectiveness in ED management. ► Recommendations R7. It is not possible to recommend or to not recommend alternative or complementary therapies for ED management.

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6.2. Malaysia Health Technology Assessment Section (MaHTAS), Ministry of Health Malaysia 2024 Ø

Management of Erectile Dysfunction. Putrajaya: Ministry of Health Malaysia; 2024. https://www.acadmed.org.my/CPGdl/e-CPG%20Management%20of%20Erectile%20Dysfunction.pdf

Acupuncture was inconclusive in ED treatment due to scarce evidence

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