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Neuropathic Pain

Douleurs neuropathiques : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Feng 2023

Feng Z, Cui S, Yang H, Wang Y, Zhou X, Wong J, Lai L, Yang Z, Huang B, Zheng H, Xu M. Acupuncture for neuropathic pain: A meta-analysis of randomized control trials. Front Neurol. 2023 Jan 9;13:1076993. https://doi.org/10.3389/fneur.2022.1076993.

Background	Neuropathic pain (NP) is expected to increase due to the high risk of global population aging. Acupuncture has a definite clinical effect on NP. Therefore, a systematic review and meta-analysis were conducted to evaluate the effect on pain intensity and safety of acupuncture in patients with NP.
Methods	An encompassing search of specific authoritative databases in English, from their inception to 2022, was performed. The databases were as follows: Scopus, Ovid EMBASE, Ovid Cochrane Database of Systematic Reviews, Ovid Cochrane Central Register of Controlled Trials, Ovid MEDLINE(R) and Epub Ahead of Print, In-Process and Other Non-Indexed Citations, and Daily. All the randomized controlled trials regarding the acupuncture treatment of NP will be included. Methodological quality assessment of the included trials was assessed based on the risk of bias from the Cochrane handbook. A meta-analysis was performed for the main outcomes. In addition, sensitivity analysis, subgroup analysis, and funnel plot were also carried out.
Results	A total of **16 studies with 1,021 patients** with NP were evaluated in a systematic review. According to the results of the overall meta-analysis in eight RCTs with 338 participants, the acupuncture group was better than the control group in improving changes in pain intensity (SMD -0.59, 95% CI: -0.95 to -0.23, P = 0.001). In subgroup analysis, five trials indicated that acupuncture was more effective in improving changes in pain intensity than sham acupuncture (SMD -0.54, 95% CI: -0.95 to -0.13, P = 0.01), two trials evaluated the effect on changes in pain intensity in the comparison of acupuncture and conventional treatments, no significant difference existed (SMD -0.61, 95% CI: -1.83 to 0.61, P = 0.33), and one trial compared acupuncture with blank control evaluating the effect of changes in pain intensity with a significant difference. Eleven studies mentioned the safety conditions and acupuncture-induced AEs were mild and reversible. Both the sensitivity analysis and funnel plot analysis showed that the meta-analysis was stable and irreversible without publication bias. The GRADE was rated as “very low.”

Conclusion	The acupuncture group had higher effectiveness than sham intervention or blank control for changes in pain intensity, but there is no significant difference between acupuncture and conventional treatments in treating NP. The acupuncture-induced adverse events were mild and reversible. However, the interpretation of our results should be performed cautiously due to the low methodological quality of selected publications.
GRADE	⊕⊖⊖⊖ Very low

1.1.2. Zhao 2022

Zhao W, Huang H, Liu K, Wang S, Lin S, Long W, Li L, Zeng J, Lin G. Acupuncture and Moxibustion for Peripheral Neuropathic Pain: A Frequentist Network Meta-Analysis and Cost-Effectiveness Evaluation. Evid Based Complement Alternat Med. 2022 Mar 16;2022:6886465. https://doi.org/10.1155/2022/6886465

Purpose	Acupuncture and moxibustion techniques have been increasingly used to treat peripheral neuropathic pain (PNP). However, there is a paucity of comparative information and cost-effectiveness assessment for techniques on PNP management.
Patients and Methods	Randomized controlled trials studying the acupuncture or moxibustion treatments on PNP were identified from electronic databases. The quality of the included studies and the potential risk of bias was evaluated using the ROB 2.0 assessment tool. The primary outcome was at least 20% pain relief. The treatment effects were pooled through a frequentist-based network meta approach. Subsequently, the cost-effectiveness measured by incremental cost per additional responder (ICPR) was calculated.
Results	One three-arm trial and 15 two-arm trials comprising 1308 participants that satisfy the eligibility criteria were identified. Among the included studies, 12.5% were at low risk of bias, 68.75% had some concerns about the risk of bias, and 18.75% were at high risk of bias. The major sources of bias originated from the randomization processes of the studies. The patients were assigned to seven different acupuncture or moxibustion interventions and two pharmaceutical treatments. Except for acupoint injection, all the included acupuncture and moxibustion techniques showed superior improvements in PNP and were more cost-effective as compared to pharmaceutical treatments. Warm needling, fire needling, and moxibustion were the most effective treatments. Fire needling showed the lowest ICPR relative to the nonsteroidal anti-inflammatory drugs in the cost-effectiveness analysis of direct and indirect costs.
Conclusion	Acupuncture and moxibustion techniques are beneficial and cost-effective approaches for easing PNP and hence can be considered for PNP management.

1.1.3. Falk 2021

Falk J, Thomas B, Kirkwood J, Korownyk CS, Lindblad AJ, Ton J, Moe S, Allan GM, McCormack J, Garrison S, Dugré N, Chan K, Kolber MR, Train A, Froentjes L, Sept L, Wollin M, Craig R, Perry D. PEER systematic review of randomized controlled trials: Management of chronic neuropathic pain in primary care. . Can Fam Physician. 2021;67(5). [219202]. doi

Objective	To determine the proportion of patients with neuropathic pain who achieve a clinically meaningful improvement in their pain with the use of different pharmacologic and nonpharmacologic treatments.

Data sources	MEDLINE, EMBASE, the Cochrane Library, and a gray literature search. Study selection: Randomized controlled trials that reported a responder analysis of adults with neuropathic pain-specifically diabetic neuropathy, postherpetic neuralgia, or trigeminal neuralgia-treated with any of the following 8 treatments: exercise, acupuncture, serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), topical rubefacients, opioids, anticonvulsant medications, and topical lidocaine.
Synthesis	A total of 67 randomized controlled trials were included. There was moderate certainty of evidence that anticonvulsant medications (risk ratio of 1.54; 95% CI 1.45 to 1.63; number needed to treat [NNT] of 7) and SNRIs (risk ratio of 1.45; 95% CI 1.33 to 1.59; NNT = 7) might provide a clinically meaningful benefit to patients with neuropathic pain. There was low certainty of evidence for a clinically meaningful benefit for rubefacients (ie, capsaicin; NNT = 7) and opioids (NNT = 8), and very low certainty of evidence for TCAs. Very low-quality evidence demonstrated that **acupuncture** was ineffective. All drug classes, except TCAs, had a greater likelihood of deriving a clinically meaningful benefit than having withdrawals due to adverse events (number needed to harm between 12 and 15). No trials met the inclusion criteria for exercise or lidocaine, nor were any trials identified for trigeminal neuralgia.
Conclusion	There is moderate certainty of evidence that anticonvulsant medications and SNRIs provide a clinically meaningful reduction in pain in those with neuropathic pain, with lower certainty of evidence for rubefacients and opioids, and very low certainty of evidence for TCAs. Owing to low-quality evidence for many interventions, future high-quality trials that report responder analyses will be important to strengthen understanding of the relative benefits and harms of treatments in patients with neuropathic pain.

1.1.4. Ju 2017

Ju ZY, Wang K, Cui HS, Yao Y, Liu SM, Zhou J, Chen TY, Xia J. Acupuncture for neuropathic pain in adults. Cochrane Database Syst Rev. 2017. [93184].

Background	Neuropathic pain may be caused by nerve damage and is often followed by changes to the central nervous system. Uncertainty remains regarding the effectiveness and safety of acupuncture treatments for neuropathic pain, despite a number of clinical trials being undertaken.
Objectives	To assess the analgesic efficacy and adverse events of acupuncture treatments for chronic neuropathic pain in adults.

Methods	SEARCH METHODS: We searched CENTRAL, MEDLINE, Embase, four Chinese databases, ClinicalTrials.gov and World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) on 14 February 2017. We also cross checked the reference lists of included studies. SELECTION CRITERIA: Randomised controlled trials (RCTs) with treatment duration of eight weeks or longer comparing acupuncture (either given alone or in combination with other therapies) with sham acupuncture, other active therapies, or treatment as usual, for neuropathic pain in adults. We searched for studies of acupuncture based on needle insertion and stimulation of somatic tissues for therapeutic purposes, and we excluded other methods of stimulating acupuncture points without needle insertion. We searched for studies of manual acupuncture, electroacupuncture or other acupuncture techniques used in clinical practice (such as warm needling, fire needling, etc). DATA COLLECTION AND ANALYSIS: We used the standard methodological procedures expected by Cochrane. The primary outcomes were pain intensity and pain relief. The secondary outcomes were any pain-related outcome indicating some improvement, withdrawals, participants experiencing any adverse event, serious adverse events and quality of life. For dichotomous outcomes, we calculated risk ratio (RR) with 95% confidence intervals (CI), and for continuous outcomes we calculated the mean difference (MD) with 95% CI. We also calculated number needed to treat for an additional beneficial outcome (NNTB) where possible. We combined all data using a random-effects model and assessed the quality of evidence using GRADE to generate 'Summary of findings' tables.

Main Results	We included **six studies involving 462 participants** with chronic peripheral neuropathic pain (442 completers (251 male), mean ages 52 to 63 years). The included studies recruited 403 participants from China and 59 from the UK. Most studies included a small sample size (fewer than 50 participants per treatment arm) and all studies were at high risk of bias for blinding of participants and personnel. Most studies had unclear risk of bias for sequence generation (four out of six studies), allocation concealment (five out of six) and selective reporting (all included studies). All studies investigated manual acupuncture, and we did not identify any study comparing acupuncture with treatment as usual, nor any study investigating other acupuncture techniques (such as electroacupuncture, warm needling, fire needling).One study compared acupuncture with sham acupuncture. We are uncertain if there is any difference between the two interventions on reducing pain intensity (n = 45; MD -0.4, 95% CI -1.83 to 1.03, very low-quality evidence), and neither group achieved 'no worse than mild pain' (visual analogue scale (VAS, 0-10) average score was 5.8 and 6.2 respectively in the acupuncture and sham acupuncture groups, where 0 = no pain). There was limited data on quality of life, which showed no clear difference between groups. Evidence was not available on pain relief, adverse events or other pre-defined secondary outcomes for this comparison. Three studies compared acupuncture alone versus other therapies (mecobalamin combined with nimodipine, and inositol). Acupuncture may reduce the risk of 'no clinical response' to pain than other therapies (n = 209; RR 0.25, 95% CI 0.12 to 0.51), however, evidence was not available for pain intensity, pain relief, adverse events or any of the other secondary outcomes. Two studies compared acupuncture combined with other active therapies (mecobalamin, and Xiaoke bitong capsule) versus other active therapies used alone. We found that the acupuncture combination group had a lower VAS score for pain intensity (n = 104; MD -1.02, 95% CI -1.09 to -0.95) and improved quality of life (n = 104; MD -2.19, 95% CI -2.39 to -1.99), than those receiving other therapy alone. However, the average VAS score of the acupuncture and control groups was 3.23 and 4.25 respectively, indicating neither group achieved 'no worse than mild pain'. Furthermore, this evidence was from a single study with high risk of bias and a very small sample size. There was no evidence on pain relief and we identified no clear differences between groups on other parameters, including 'no clinical response' to pain and withdrawals. There was no evidence on adverse events. The overall quality of evidence is very low due to study limitations (high risk of performance, detection, and attrition bias, and high risk of bias confounded by small study size) or imprecision. We have limited confidence in the effect estimate and the true effect is likely to be substantially different from the estimated effect.
Authors' Conclusions	Due to the limited data available, **there is insufficient evidence** to support or refute the use of acupuncture for neuropathic pain in general, or for any specific neuropathic pain condition when compared with sham acupuncture or other active therapies. Five studies are still ongoing and seven studies are awaiting classification due to the unclear treatment duration, and the results of these studies may influence the current findings.

1.1.5. Pittler 2008

Pittler Mh, Ernst E. Complementary therapies for neuropathic and neuralgic pain: systematic review. Clin J Pain. 2008;24(8):731-3. [150460]

Objective	To assess the evidence from rigorous clinical trials, systematic reviews, and meta-analyses of complementary and alternative therapies for treating neuropathic and neuralgic pain.

Methods	Systematic searches were carried out in the databases Medline, Embase, Amed, Scopus, the Cochrane Database of Systematic Reviews, Natural Standard, and the Natural Medicines Comprehensive Database. Each database was searched from its respective inception until March 2006. To be included, trials were required to state that they were randomized. Systematic reviews and meta-analyses were included if based on the results of randomized trials. No language restrictions were imposed.
Results	Five relevant systematic reviews and meta-analyses and 15 additional trials met the inclusion criteria and were reviewed. Data on the following complementary and alternative medicine treatments were identified: **acupuncture**, electrostimulation, herbal medicine, magnets, dietary supplements, imagery, and spiritual healing.
Conclusions	On the basis of our findings, the **evidence is not fully convincing for most complementary and alternative medicine modalities in relieving neuropathic or neuralgic pain**. However, for topically applied capsaicin there is evidence of effectiveness beyond placebo. The evidence can be classified as encouraging and warrants further study for cannabis extract, magnets, carnitine, and electrostimulation.

1.2. Special Clinical Forms

1.2.1. Neuropathic pain in older adults

1.2.1.1. Holmes 2024

Holmes A, Chang YP. Non-pharmacological management of neuropathic pain in older adults: a systematic review. Pain Med. 2024 Jan 4;25(1):47-56. https://doi.org/10.1093/pm/pnad112

Introduction	Neuropathic pain encompasses multiple diagnoses with detrimental impacts on quality of life and overall health. In older adults, pharmacological management is limited by adverse effects and drug interactions, while surgical management involves perioperative risk. Prior reviews addressing non-pharmacological interventions for neuropathic pain have not focused on this demographic. Therefore, this systematic review synthesizes the evidence regarding the effectiveness of non-pharmacological interventions in reducing neuropathic pain severity in older adults.
Methods	PubMed, CINAHL, Web of Science, and PsycInfo were searched using key terms, with inclusion criteria of age ≥ 65, neuropathic pain, non-pharmacological intervention, pain severity measurement, English language, peer-reviewed, and either randomized controlled trial (RCT) or quasi-experimental design. In total, 2759 records were identified, with an additional 28 records identified by review of reference lists. After removal of duplicates, 2288 records were screened by title and abstract, 404 full-text articles were assessed, and 19 articles were critically reviewed and synthesized.
Results	Of the 14 RCTs and 5 quasi-experimental studies included in the review, the most common intervention was electric and/or magnetic therapy, followed by **acupuncture**, mindfulness meditation, exercise, and light therapy. Several studies revealed both statistical and clinical significance, but conclusions were limited by small sample sizes and methodological shortcomings. The interventions were generally safe and acceptable.
Conclusions	Results should be interpreted with consideration of clinical vs statistical significance, mediators of pain severity, and individual variations in effectiveness. Further research should address multimodal and novel interventions, newer models of care, and technology-based interventions.

1.2.2. Postherpetic Neuralgia

See corresponding item

1.2.3. Neuropathic Pain after Spinal Cord Injury

See corresponding item

1.2.4. HIV-Neuropathy

1.2.4.1. Amaniti 2019

Amaniti A, Sardeli C, Fyntanidou V, Papakonstantinou P, Dalakakis I, Mylonas A, Sapalidis K. Pharmacologic and Non-Pharmacologic Interventions for HIV-Neuropathy Pain. A Systematic Review and a Meta-Analysis. Medicina (Kaunas). 2019;55(12). [203319].

Background and Objectives	Among HIV infection symptoms, sensory neuropathy (HIV-SN) remains a main cause of suffering, with incidence varying from 13-50%. So far, numerous pharmacological and non-pharmacological treatments have been tested, although few evidence-based analgesic options are available. We conducted an up-to-date systematic review and meta-analysis of the literature in order to evaluate the efficacy and safety of pharmacologic and non-pharmacologic treatments for pain control, in patients with HIV neuropathy.
Materials and Methods	We searched MEDLINE, EMBASE, Scopus/Elsevier, The Cochrane Central Register of Controlled Trials (CENTRAL), USA Clinical Trials registry, and The International Web of Science up to April 2019. All randomized controlled trials evaluating efficacy and safety of non-pharmacologic and pharmacologic therapies were included. Efficacy was defined as pain reduction during the study period. Safety was estimated from adverse events. A meta-analysis was performed whenever possible.
Results	27 randomized controlled trials (RCTs) were included for analysis (7 evaluating non pharmacologic interventions, 20 pharmacologic therapies). Non-pharmacologic studies (n = 742) involved seven different therapeutic modalities. **Only Acupuncture/Moxibustion showed pain reduction over placebo**, Gracely Pain Scale Mean (SD): Acu/Moxa 0.85 (0.12), placebo 1.10 (0.09), p = 0.05. Pharmacologic studies, involving 2516 patients revealed efficacy for capsaicin 8% over placebo (mean difference -8.04 [95% CI: -14.92 -1.15], smoked cannabis (where pooling data for meta-analysis was not possible) and recombinant Nerve Growth Factor.
Conclusion	Despite various modalities for pain control in HIV-SN, strongest evidence exists for capsaicin 8% and smoked cannabis, although of low methodological quality. Among non-pharmacologic modalities, **only Acu/Moxa gave a marginal beneficial effect in one study**, possibly limited by inherent methodological flaws.

1.2.5. Post-mastectomy pain syndrome

1.2.5.1. Kannan 2022

Kannan P, Lam HY, Ma TK, Lo CN, Mui TY, Tang WY. Efficacy of physical therapy interventions on quality of life and upper quadrant pain severity in women with post-mastectomy pain syndrome: a systematic review and meta-analysis. Qual Life Res. 2022 Apr;31(4):951-973.

https://doi.org/10.1007/s11136-021-02926-x

Purpose	To determine the efficacy of physical therapy interventions on quality of life (QoL) and pain severity in post-mastectomy pain syndrome (PMPS).
Methods	Multiple databases were searched from database inception to October 2020. Searches were limited to human studies published in either English or Chinese in peer-reviewed journals with full text available for randomized controlled trials conducted on females. Trials comparing the effectiveness of physical therapy interventions against control conditions on QoL and pain were included.
Results	Eighteen trials were included in the review. The pooled analysis of the four exercise trials revealed a significant effect of the intervention on general [standardized mean difference [SMD]: 0.87 (95%CI: 0.36, 1.37); p = 0.001], physical [SMD: 0.34 (95%CI: 0.01, 0.66); p = 0.044], and mental health components [SMD: 0.27 (95%CI: 0.03, 0.51); p = 0.027] of QoL compared with the control condition. Meta-analyses of six exercise trials, two myofascial release trials, and **two acupuncture trials** revealed a significant improvement in pain severity in the treatment group than in the control group. However, meta-analyses of two studies revealed a non-significant effect of compression therapy compared to control on pain severity.
Conclusion	Our meta-analyses found that exercise is beneficial for improving the QoL and pain severity of women with PMPS. Future studies are needed to determine the optimal parameters for exercise interventions designed to improve QoL and pain severity in women with PMPS. The effect of **acupuncture**, myofascial release, and compression therapy remains inconclusive, and future research is required to validate the effect of these interventions on PMPS.

1.3. Specific Acupuncture Techniques

1.3.1. Traditional Chinese medicine (TCM) mind-body therapies

1.3.1.1. Zheng 2023

Zheng RX, Xu JW, Jiang BY, Tang W, Lu CL, Hu XY, Liu JP. Mind-body therapies in traditional Chinese medicine for Neuropathic Pain: A Systematic Review of Randomized Controlled Trials. Pain Manag Nurs. 2023 Apr;24(2):157-170. https://doi.org/10.1016/j.pmn.2022.10.003

Objectives	To evaluate the effectiveness and safety of traditional Chinese medicine (TCM) mind-body therapies in patients with neuropathic pain.
Methods	Design: This systematic review was undertaken according to the PRISMA 2020 statement. Data sources: We searched randomized controlled trials (RCTs) in seven English databases and four Chinese databases up to March 2022. Review/analysis Methods : The Cochrane Risk of Bias 2 was used for the quality assessment, and the mean difference with a 95% confidence interval for data pooling. The review was registered in the INPLASY (INPLASY202240016).

Results	Twenty-three RCTs were identified, including 1,693 patients with lumbar herniated discs (LHD), cervical spondylotic radiculopathy (CSR), sympathetic cervical spondylosis (SCS), trigeminal neuralgia, and central poststroke pain. Pooled results showed that for LHD, TCM mind-body therapy used alone (MD: -0.57, [-0.77, -0.36], P□0.01, week 8) or combined with physiotherapy (MD: -1.02, [-1.12, -0.91], P□0.01, week 4) showed advantages over physiotherapy alone on pain relief. However, there was no statistical difference on physical function. For CSR, TCM mind-body movement combined with physiotherapy had better effect than physiotherapy alone on pain relief (MD: -1.15, [-1.37, -0.94], P□0.01, week 4). Six trials reported safety. Nausea, dizziness, fatigue, and pain at the acupuncture point were observed.
Conclusions	Low-quality evidence showed that TCM mind-body therapies might reduce pain intensity and improve physical function when used as an adjuvant therapy or monotherapy. There is a need to conduct high-quality trials to confirm the effectiveness and safety of TCM mind-body therapies for neuropathic pain.

1.3.2. Comparison of acupuncture techniques

1.3.2.1. Zhao 2022

Zhao W, Huang H, Liu K, Wang S, Lin S, Long W, Li L, Zeng J, Lin G. Acupuncture and Moxibustion for Peripheral Neuropathic Pain: A Frequentist Network Meta-Analysis and Cost-Effectiveness Evaluation. Evid Based Complement Alternat Med. 2022 Mar 16;2022:6886465. https://doi.org/10.1155/2022/6886465

Purpose	Acupuncture and moxibustion techniques have been increasingly used to treat peripheral neuropathic pain (PNP). However, there is a paucity of comparative information and cost-effectiveness assessment for techniques on PNP management. Patients and Methods. Randomized controlled trials studying the acupuncture or moxibustion treatments on PNP were identified from electronic databases. The quality of the included studies and the potential risk of bias was evaluated using the ROB 2.0 assessment tool. The primary outcome was at least 20% pain relief. The treatment effects were pooled through a frequentist-based network meta approach. Subsequently, the cost-effectiveness measured by incremental cost per additional responder (ICPR) was calculated.
Results	**One three-arm trial and 15 two-arm trials comprising 1308 participants** that satisfy the eligibility criteria were identified. Among the included studies, 12.5% were at low risk of bias, 68.75% had some concerns about the risk of bias, and 18.75% were at high risk of bias. The major sources of bias originated from the randomization processes of the studies. The patients were assigned to seven different acupuncture or moxibustion interventions and two pharmaceutical treatments. Except for acupoint injection, all the included acupuncture and moxibustion techniques showed superior improvements in PNP and were more cost-effective as compared to pharmaceutical treatments. Warm needling, fire needling, and moxibustion were the most effective treatments. Fire needling showed the lowest ICPR relative to the nonsteroidal anti-inflammatory drugs in the cost-effectiveness analysis of direct and indirect costs.
Conclusion	Acupuncture and moxibustion techniques are beneficial and cost-effective approaches for easing PNP and hence can be considered for PNP management.

1.3.3. Electro-acupuncture

1.3.3.1. Zhou 2017

Zhou Jie, Chen Qin, Liang Yi. [Systematic review of electro-acupuncture in the treatment of neuropathic pain]. China Modern Doctor. 2017;2. [52382].

Objective	To evaluate the efficacy and safety of electro-acupuncture on neuropathic pain.
Methods	Randomized controlled trials on electro-acupuncture in the treatment of neuropathic pain were searched from CNKI, WanFang Data, VIP, CBM, Embase, Pub Med and the Cochrane Library via computer. The treatment group was treated with electro-acupuncture or electro-acupuncture combined with other conventional treatment, and the control group was given conventional treatment. The search period was from October 1996 to October 2016. The literatures were screened and the data were extracted by two investigators independently according to the inclusion and exclusion criteria, and the Cochrane risk-bias assessment tool was applied to conduct the risk assessment of bias for the included literatures. Meta-analysis was performed using Rev Man 5. 3 software.
Results	17 pieces of literature were included, with a total of 1107 subjects. The results of Meta-analysis showed that the treatment group was superior to the control group in improving the total effective rate of treatment [OR=3. 77, 95%CI (2. 61, 5. 46), P<0. 00001]. There were no differences between the treatment group and the control group in terms of reducing VAS scores [MD=-0. 29, 95%CI (-0. 65, 0. 06), P=0. 10], and reducing the recurrence rate [OR=0. 47, 95%CI (0. 12, 1. 94), P=0. 30].
Conclusion	The existing evidence suggests that electro-acupuncture in the treatment of neuropathic pain can improve the total effective rate. There was no significant difference between the two groups in reducing the VAS score and reducing the recurrence rate. However, the conclusion of this study needs to be verified by more high quality experiments due to the limitations of included study samples.

2. Clinical Practice Guidelines

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

2.1. American College of Occupational and Environmental Medicine (ACOEM, USA) 2025

American College of Occupational and Environmental Medicine (ACOEM). Chronic pain. ACOEM Practice Guidelines. Reed Group; 2025. Updated December 22, 2025.
https://www.dir.ca.gov/dwc/DWCPropRegs/2026/MTUS/Chronic-Pain.pdf

Acupuncture: no recommendation, insufficient evidence (I)

2.2. Fédération Bruxelloise de Soins Palliatifs et Continus (FBSP, Belgique) 2023 ⊕

Douleur neuropathique. Palliaguide - Guidelines de soins palliatifs. Belgique 2023. 2023-12-05 : Réactualisation complète du domaine.
https://www.palliaguide.be/douleur-neuropathique-soins-palliatifs/

Les techniques telles que l'**acupuncture** et les techniques de neurostimulation transcutanée (TENS) peuvent aider. A contrario, en cas d'allodynie, les stimuli déclenchants (mécaniques, thermiques) doivent être supprimés, dans la mesure du possible.

2.3. College of Family Physicians of Canada (CFPC, Canada) 2022 ∅

Korownyk CS, Montgomery L, Young J, Moore S, Singer AG, MacDougall P, Darling S, Ellis K, Myers J, Rochford C, Taillefer MC, Allan GM, Perry D, Moe SS, Ton J, Kolber MR, Kirkwood J, Thomas B, Garrison S, McCormack JP, Falk J, Dugré N, Sept L, Turgeon RD, Paige A, Potter J, Nickonchuk T, Train AD, Weresch J, Chan K, Lindblad AJ. PEER simplified chronic pain guideline: Management of chronic low back, osteoarthritic, and neuropathic pain in primary care. Can Fam Physician. 2022 Mar;68(3):179-190. https://doi.org/10.46747/cfp.6803179

Neuropathic pain. No benefit: **acupuncture**, topical ketamine, topical.

Supporting evidence:

- Falk J, Thomas B, Kirkwood J, Korownyk CS, Lindblad AJ, Ton J, Moe S, Allan GM, McCormack J, Garrison S, Dugré N, Chan K, Kolber MR, Train A, Froentjes L, Sept L, Wollin M, Craig R, Perry D. PEER systematic review of randomized controlled trials: Management of chronic neuropathic pain in primary care. Can Fam Physician. 2021 May;67(5):e130-e140. https://doi.org/10.46747/cfp.6705e130
- Lewith GT, Field J, Machin D. Acupuncture compared with placebo in post-herpetic pain. Pain. 1983;17(4):361-8. https://doi.org/10.1016/0304-3959(83)90167-7
- Garrow AP, Xing M, Vere J, Verrall B, Wang L, Jude EB. Role of acupuncture in the management of diabetic painful neuropathy (DPN): a pilot RCT. Acupunct Med. 2014;32(3):242-9. https://doi.org/10.1136/acupmed-2013-010495
- Shin KM, Lee S, Lee EY, Kim CH, Kang JW, Lee CK, et al. Electroacupuncture for painful diabetic peripheral neuropathy: a multicenter, randomized, assessor-blinded, controlled trial. Diabetes Care. 2018;41(10):e141-e142. https://doi.org/10.2337/dc18-1254

2.4. Société française pour l'étude et le traitement de la douleur (SFETD, France), Société française de neurologie (SFN, France) 2020 Ø

Moisset X, Bouhassira D, Avez Couturier J, Alchaar H, Conradi S, Delmotte MH, Lanteri-Minet M, Lefaucheur JP, Mick G, Piano V, Pickering G, Piquet E, Regis C, Salvat E, Attal N. Pharmacological and non-pharmacological treatments for neuropathic pain: Systematic review and French recommendations. Rev Neurol (Paris). 2020;176(5):325-352. [172345]. doi

Recommendation: The evidence concerning the level of recommendation for aromatherapy, **auricular acupuncture** and low-level laser therapy was inconclusive, as it was obtained in single low- or moderate-quality trials. This does not rule out the potential efficacy of mirror therapy, hypnosis and **acupuncture** in neuropathic pain, which have been evaluated in randomized controlled studies in which neuropathic pain was assessed at early time points (before 3 weeks) or in trials not focusing on neuropathic pain.

Supporting evidence:

- 153- Estores I, Chen K, Jackson B, Lao L, Gorman PH. Auricular acupuncture for spinal cord injury related neuropathic pain: a pilot controlled clinical trial. J Spinal Cord Med 2017;40:432–8. http://dx.doi.org/10.1080/10790268.2016.1141489

2.5. Canadian Pain Society (CPS, Canada) 2012 Ø

Mailis A, Taenzer P. Evidence-based guideline for neuropathic pain interventional treatments: spinal cord stimulation, intravenous infusions, epidural injections and nerve blocks. Pain Res Manag. 2012;17(3):150-8. [197042].

While members of the CPS indicated that cognitive behavioural therapy, acupuncture and transcutaneous electrical nerve stimulation were treatments of great interest to practicing clinicians, the existing literature on these approaches does not focus on their effectiveness for patients with neuropathic pain. As a result, evidence-based recommendations for these modalities in the treatment of neuropathic pain are not possible at this time.

2.6. Société Française d'Etude et de Traitement de la Douleur (SFETD, France) (neuropathic pain) 2010 ⊕

Martinez V, Attal N, Bouhassira D, Lantéri-Minet M. Les douleurs neuropathiques chroniques diagnostic, évaluation et traitement en médecine ambulatoire. Douleurs : Evaluation - Diagnostic - Traitement. 2010; 11(1):3-21. [156885].

Acupuncture : peut être proposée dans la douleur post-zostérienne. Niveau de preuve scientifique : 2. Grade de recommandation : B (présomption d'efficacité dans la douleur post-zostérienne).

2.7. Croatian Society for Neurovascular Disorders, Croatian Medical Association (Croatie) 2008 Ø

Demarin V, Basić-Kes V, Zavoreo I, Bosnar-Puretić M, Rotim K, Lupret V, Perić M, Ivanec Z, Fumić L, Lusić I, Aleksić-Shihabis A,. Recommendations for neuropathic pain treatment. Acta Clin Croat. 2008;47(3):181-91. [153107].

Acupuncture is a complementary and alternative medical modality. Since 1998, a considerable number of acupuncture studies have been reported . It has been integrated into palliative care medicine. Most of controlled clinical trials (23/27) have shown results favoring acupuncture use for the conditions such as headache or pain. They also have shown that acupuncture is safe and clinically cost-effective for the management of common symptoms in palliative care and hospice patients. There is a risk of skin irritation or an allergic reaction from the application of needles to the skin, but these problems are relatively rare and easily managed by shifting the needle position. Thereare not yet enough evidence-based treatment recommendations.

2.8. European Federation of Neurological Societies (EFNS) 2007 ⊕

Cruccu G, Aziz TZ, Garcia-Larrea L, Hansson P, Jensen TS, Lefaucheur JP, Simpson Ba, Taylor RS. EFNS guidelines on neurostimulation therapy for neuropathic pain. Eur J Neurol. 2007;14(9):952-70. [146664].

High-frequency transcutaneous electrical nerve stimulation (TENS) may be better than placebo (level C) although worse than electroacupuncture (level B).

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