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atopic dermatitis:

Dermatite atopique : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.2. Tan 2015 Ø

Tan HY, Lenon GB, Zhang AL, Xue CC. Efficacy of acupuncture in the management of atopic dermatitis: a systematic review. Clin Exp Dermatol. 2015. [184006].

Objectif	Atopic dermatitis (AD) has a high negative impact on quality of life. Acupuncture has antipruritic actions and may assist in treatment of AD; however, the current state of evidence for this remains unknown. We aimed to evaluate the efficacy of acupuncture against placebo/sham acupuncture in the management of AD.
Méthode	Electronic searches were conducted on a number of databases, from their inception until November 2013. Studies comparing the effects of acupuncture with those of placebo/sham acupuncture on severity of disease or symptoms/signs of AD were included.
Résultat	We did not find any studies that were eligible to be included in this systematic review. Among the excluded studies, there were two studies that evaluated the antipruritic effects of acupuncture and one study that evaluated the effects of acupuncture on IgE-mediated allergy. However, there were no randomized controlled trials evaluating the effects of acupuncture on AD as a disease. This finding therefore provides an indication of the current state of evidence of acupuncture in the management of AD, and highlights the research gap that exists, in that there is a lack of gold-standard studies (i.e. RCTs) to support valid conclusions.
Conclusion	There is currently no evidence of the effects of acupuncture in the management of AD, and no evidence-based recommendations or conclusions can be made from this review. Several studies indicated that acupuncture may have a role in reducing itch or regulating IgE-mediated allergy, both of which are major characteristics of AD. However, there were no RCTs evaluating the effects of acupuncture on AD as a disease. There is therefore an urgent need for rigorously designed RCTs to assess the efficacy of acupuncture in the management of AD.

1.3. Special Acupuncture Techniques

1.3.1. Comparison of Acupuncture techniques

1.3.1.1. Liu 2026

Liu Q, Wu Z, Wang X, Li T, Chen Y. Different acupuncture and moxibustion therapies for atopic dermatitis: a systematic review and network meta-analysis. Syst Rev. 2026;15(1):298. https://doi.org/10.1186/s13643-026-03314-7

Background	Acupuncture and moxibustion have been evaluated for atopic dermatitis (AD), but the comparative effectiveness of different techniques remains uncertain. This systematic review and network meta-analysis assessed their effects on clinical outcomes and compared the relative performance of different acupuncture- and moxibustion-related therapies.
Methods	PubMed, Embase, Cochrane Library, Web of Science, CNKI, Wanfang, and VIP were searched for randomized controlled trials evaluating acupuncture or moxibustion therapies for AD. Risk of bias was assessed using RoB 2.0. Pairwise and network meta-analyses were performed using Stata 17, with treatment rankings estimated using SUCRA.
Results	Twenty-three RCTs involving 1,658 participants were included. Pairwise meta-analysis showed that acupuncture and moxibustion therapies improved overall response rate compared with controls (OR = 2.83, 95% CI 2.05 to 3.89; I^2 = 43.7%) and reduced SCORAD score (SMD = -0.24, 95% CI -0.37 to -0.11; I^2 = 0%). Network meta-analysis suggested that moxibustion, embedding needling, and fire needling had the highest probabilities of benefit according to SUCRA rankings. However, these rankings were based partly on small trials and indirect comparisons and should not be interpreted as establishing definitive superiority.
Conclusion	Acupuncture- and moxibustion-related therapies may improve clinical outcomes in atopic dermatitis, with moxibustion showing the highest probability of benefit in the network analysis. However, small sample sizes and reliance on indirect evidence limit confidence in comparative rankings. Larger, high-quality randomized controlled trials are needed to confirm these findings and clarify optimal treatment strategies.

2. Clinical Practice Guidelines

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

2.1. Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften et al (AWMF, Germany and Austria, Switzerland) 2024 Ø

Werfel T, Heratizadeh A, Aberer W, Augustin M, Biedermann T, Bauer A, Fölster-Holst R, Kahle J, Kinberger M, Nemat K, Neustädter I, Peters E, von Kiedrowski R, Schmid-Grendelmeier P, Schmitt J, Schwennesen T, Simon D, Spindler T, Traidl-Hoffmann C, Werner RN, Wollenberg A, Worm M, Ott H. S3 Guideline Atopic dermatitis: Part 1 - General aspects, topical and non-drug therapies, special patient groups. J Dtsch Dermatol Ges. 2024 Jan 3. https://doi.org/10.1111/ddg.15230

Acupuncture shall not be used for the therapy of AD.	↓↓	> 75% consensus-based

2.2. Italian Society of Dermatology and STD (SIDEMAST), Italian Association of Hospital Dermatologists (ADOI) and Italian Society of Allergological and Occupational Dermatology (SIDAPA) 2024 Ø

Argenziano G, Cusano F, Corazza M, Amato S, Amerio P, Naldi L, Patruno C, Pigatto PD, Quaglino P, Gisondi P, Chiricozzi A, Tonon F, Stingeni L, Calzavara-Pinton P, Wollenberg A, Kinberger M, Arents BW, Aszodi N, Avila Valle GL, Barbarot S, Bieber T, Brough HA, Christen-Zäch S, Deleuran M, Dittmann M, Dressler C, Fink-Wagner AH, Fosse N, Gáspár K, Gerbens LA, Gieler U, Girolomoni G, Gregoriou S, Mortz CG, Nast A, Nygaard U, Redding M, Rehbinder EM, Ring J, Rossi M, Serra-Baldrich E, Simon D, Szala I ZZ 1st, Szepietowski JC, Torrelo A, Werfel T, Flohr C. Italian S3-Guideline on the treatment of Atopic Eczema - Part 2: non-systemic treatments and treatment recommendations for special AE patient populations, adapted from EuroGuiDerm by the Italian Society of Dermatology and STD (SIDEMAST), the Italian Association of Hospital Dermatologists (ADOI) and the Italian Society of Allergological and Occupational Dermatology (SIDAPA). Ital J Dermatol Venerol. 2024 Jun;159(3):251-278. https://doi.org/10.23736/s2784-8671.24.07666-7

We recommend against acupuncture as standard therapy for AE

2.3. European guideline (EuroGuiDerm) 2022 Ø

European guideline (EuroGuiDerm) on atopic eczema. 2022. https://www.edf.one/dam/jcr:0a8bb62f-7abe-4f86-84d9-bc0a0b370efb/0_Atopic_Eczema_GL_full_version_Jun_2022_.pdf

We recommend against acupuncture as standard therapy for AE.

2.4. Polish Dermatological Society (Poland) 2019 Ø

Nowicki RJ, Trzeciak M, Kaczmarski M, Wilkowska A, Czarnecka-Operacz M, Kowalewski C, Rudnicka L, Kulus M, Mastalerz-Migas A, Peregud-Pogorzelski J, Sokołowska-Wojdyło M, Śpiewak R, Adamski Z, Czuwara J, Kapińska-Mrowiecka M, Kaszuba A, Krasowska D, Kręcisz B, Narbutt J, Majewski S, Reich A, Samochocki Z, Szepietowski J, Woźniak K. Atopic dermatitis. Interdisciplinary diagnostic and therapeutic recommendations of the Polish Dermatological Society, Polish Society of Allergology, Polish Pediatric Society and Polish Society of Family Medicine. Part II. Systemic treatment and new therapeutic methods. Postepy Dermatol Alergol. 2020 Apr;37(2):129-134. [209807]. doi

It is not recommended to use acupuncture, acupressure, bioresonance, homeopathy, or Chinese herbs in the treatment of atopic dermatitis.

2.5. Japanese Society of Allergology (JSA, Japan) 2017 ⊕

Katayama I, Aihara M, Ohya Y, Saeki H, Shimojo N, Shoji S, Taniguchi M, Yamada H; Japanese Society of Allergology.. Japanese guidelines for atopic dermatitis 2017. Allergol Int. 2017;66(2):230-247. [180925].

Many reports are published on the efficacy of acupuncture and moxibustion in journals of Eastern medicine. Balneotherapy, aromatherapy, herb therapy are also reported to be effective. However, since many of them lack scientific verification and such therapies may cause aggravation of cases, they should be performed under the supervision of a physician.

2.6. American Academy of Dermatology (AAD, USA) 2014 ≈

Sidbury R, Tom WL, Bergman JN, Cooper KD, Silverman RA, Berger TG, Chamlin SL, Cohen DE et al.

Guidelines of care for the management of atopic dermatitis: Section 4. Prevention of disease flares and use of adjunctive therapies and approaches. J Am Acad Dermatol. 2014;71(6):1218-33. [165725].

Acupuncture alone or in conjunction with TCM decreases signs and symptoms of AD, but the evidence is confined to small studies of limited quality.
The use of aromatherapy, naturopathy, hypnotherapy, acupressure, or autologous blood injections cannot be recommended for the treatment of atopic dermatitis at this time due to insufficient evidence.

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