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eczema:

Eczéma : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Zhao 2026

Zhao YX, Zhang C, Zhao YY, Chen S. Acupuncture and moxibustion for chronic eczema: A systematic review. World J Acupunct Moxibustion. 2026;36(2):149–168.
https://doi.org/10.1016/j.wjam.2026.02.003

Objective	To systemically evaluate the effectiveness and safety of acupuncture and moxibustion for chronic eczema, and to provide evidence for acupuncture and moxibustion in the treatment of chronic eczema.
Methods	Randomized controlled trials (RCTs) were retrieved from PubMed, Cochrane Library, China National Knowledge Infrastructure (CNKI), VIP database, Wanfang database and China Biology Medicine disc (CBM), from the inception of the database to April 23, 2025. The control group were sham acupuncture and moxibustion, no treatment, or conventional western medication. The intervention group were acupuncture and moxibustion therapy or acupuncture and moxibustion on the basis of the interventions as the control group. Meta-analysis was performed by using RevMan5.4.0 software according to Cochrane systematic evaluation method.
Results	Ultimately, **53 RCTs were included**. The results of the meta-analysis showed that compared with sham acupuncture and moxibustion, no treatment, or conventional western medication, acupuncture and moxibustion treatment for eczema area and severity index (EASI) score (mean difference [MD] = −2.23, 95% confidence interval [CI] −2.61 to −1.85; P<0.00001), visual analogue scale (VAS) score (standardized mean difference [SMD] = −1.45, 95% CI −2.04 to −0.87; P<0.00001), dermatology life quality index (DLQI) score (MD = −2.36, 95% CI −3.25 to −1.48; P<0.00001), immunoglobulin E (IgE) (SMD = −1.26, 95% CI −2.46 to −0.05; P = 0.04), the overall response rate (odds ratio [OR] = 4.58, 95% CI 3.84 to 5.46; P<0.00001) and the recurrence rate (OR = 0.14, 95% CI 0.09 to 0.21; P<0.00001) were all better than those in the control group, and there were no severe adverse events reported.
Conclusion	Acupuncture and moxibustion can reduce the lesion area and severity of the patients with chronic eczema, effectively alleviate pruritus, improve the quality of life and decrease serum IgE. This therapy owns high overall response rate with low recurrence rate, and without severe adverse events, which is associated with a favorable long-term prognosis.

1.1.2. Liang 2024

Liang S, Huang KY, Zhang L, Li M, Gu HH, Chen NG. Acupuncture for atopic dermatitis: a systematic review and meta-analysis. BMJ Open. 2024 Dec 5;14(12):e084788.

https://doi.org/10.1136/bmjopen-2024-084788

Objectives	Atopic dermatitis is a chronic, relapsing, inflammatory skin disease that impacts patients' quality of life and imposes substantial economic burdens on their families. Acupuncture holds promise as a viable treatment option for atopic dermatitis. This review aimed to evaluate the effect of acupuncture on atopic dermatitis.
Methods	Design: Systematic review and meta-analysis. Data sources: PubMed, Embase, CENTRAL, the China National Knowledge Infrastructure, WanFang and VIP databases were searched through 17 September 2023, together with an updated search on 15 October 2024. Eligibility criteria for selecting studies: We included randomised controlled trials (RCTs) about acupuncture for atopic dermatitis. The primary outcome was the SCORing Atopic Dermatitis (SCORAD) score. The secondary outcomes were the eczema area and severity index (EASI) score, the visual analogue scale (VAS) score for pruritus, the dermatology life quality index (DLQI) score, serum IgE level and adverse events (AEs). Data extraction and synthesis: Two independent reviewers conducted separate searches of the databases, assessed eligible articles for inclusion and employed the Cochrane Collaboration's tool for assessing the risk of bias. The analyses were performed using RevMan 5.3 and Stata 13.0 software. The mean difference (MD) with 95% CI was employed to analyse continuous outcomes.
Results	**Eight studies with 463 participants** were included. The meta-analysis indicated significant differences in the SCORAD score (MD=-10.61, 95% CI -17.77 to -3.45, p=0.004), the VAS score for pruritus (MD=-14.71, 95% CI -18.20 to -11.22, p<0.00001) and the DLQI score (MD=-2.37, 95% CI -3.57 to -1.18, p<0.0001), but no significant differences in the EASI score (MD=-3.95, 95% CI -8.35 to 0.45, p=0.08) and the IgE level (MD=-160.22 U/mL, 95% CI -334.13 to 13.68, p=0.07) between treatment and control. The differences in the SCORAD score and the VAS score for pruritus reached minimal clinically important differences. No serious AEs were reported.
Conclusions	Acupuncture might be an effective and safe treatment for atopic dermatitis. Due to the limited quantity and quality of the included studies, it is recommended to conduct multicentre, large-scale and high-quality RCTs to further confirm the findings.

1.1.3. Jwo 2022

Jwo JY, Chiou K, Tsai J, Huang YC, Lin CY. Efficacy of Acupuncture for Treatment of Atopic Eczema and Chronic Eczema: A Systematic Review and Meta-analysis. Acta Derm Venereol. 2022 Oct 11;102:adv00791. https://doi.org/10.2340/actadv.v102.4380

Conclusion	This meta-analysis demonstrated that patients with AE who underwent acupuncture had redu-ced severity of the condition compared with the control group. Acupuncture reduces the severity of disease scores and improves the QoL of patients with CE com-pared with treatment with oral antihistamine. However, further research is needed to elucidate the underlying mechanisms and assess the efficacy of acupuncture in treating AE and CE.

1.1.4. Jiao 2020

Jiao R, Yang Z, Wang Y, Zhou J, Zeng Y, Liu Z. The effectiveness and safety of acupuncture for patients with atopic eczema: a systematic review and meta-analysis. Acupuncture in Medicine. 2020;38(1):3-14. [210504]. doi

Objective	The aim of this study was to systematically assess the effectiveness and safety of acupuncture for patients with atopic eczema (AE).

Methods	Two reviewers searched 13 databases from their inception through 31 July 2018 for randomized controlled trials (RCTs) of patients with AE. Dichotomous data and continuous data were analyzed using risk ratio (RR) and mean difference (MD), respectively, with 95% confidence intervals (CIs).
Results	A total of **eight RCTs (with 434 participants)** were included. The results of one included RCT showed that acupuncture was better than no treatment at reducing itch intensity measured using a visual analogue scale in patients with AE. The combined results of six RCTs showed that acupuncture was better than conventional medicine at reducing the eczema area and severity index (EASI) (MD: -1.89, 95% CI: -3.04 to -0.75, I2: 78%) and the combined results of seven RCTs showed that acupuncture was better than conventional medicine in terms of global symptom improvement (RR: 1.59, 95% CI: 1.20 to 2.11, I2: 55%) in AE. We had insufficient data to show significant effects of acupuncture on quality of life and AE recurrence rate. No severe adverse events were found related to acupuncture.
Limitations	The included RCTs had some methodological limitations, and most of the included trials were conducted in China. This analysis only included studies that compared acupuncture alone with no treatment or positive control (conventional medicine), so the specific effects of acupuncture could not be evaluated.
Conclusion	Acupuncture might be effective at reducing itch intensity and may be more effective than conventional medicine at reducing EASI and improving the global symptoms of AE.

1.1.5. Liumei Jun 2014 ☆

Liumei-Jun, Liu Zhi-Cheng, Xu Bin ,Cai Jian-Wei, Lu Sheng-Feng, Zhang Wei. [Systematic review of acupuncture treatment for eczema]. Shanghai Journal of Acupuncture and Moxibustion. 2014;33(9):868. (chi). [184805]

Methods	CENTRAL, Medline, AMED, CNKI, VIP and Wanfang databases were searched using a computer for randomized controlled Trials (RCT) of acupuncture treatment for eczema. Search time limit was from the date of database establishment to Ju1. l3rd, 201 3. Meanwhile, the references of included literature were found by hand searching. After RCT selection, quality assessment and data extraction were performed by two independent reviewers according to inclusion and exclusion criteria, Meta analysis was made using RevMan5.2 software, and the level of evidence and methodological quality were assessed using the GRADE system.
Results	Five studies involving 335 patients were included. The results of meta-analyses showed that 1) there was a statistically significant difference in the efficacy rate between acupuncture and Western drug groups [RR=1.21, 95%CI=(1 .08, 1 .37) 11 and no statistically significant difference between acupuncture plus Western drug and Western drug groups [RR=1 .05, 95%CI= (0.83, 1 .33)] ; 2) there was no statistically significant difference in serum pruritus mediator histamine level between acupuncture and Western drug groups [MD=0.42, 95%CI= (0. 1 6, 0.68) 11 and between acupuncture plus Western drug and Western drug groups [MD=0.03, 95%CI= (-0.26, 0.32) 1 ; 3) there was no statistically significant difference in serum pruritus mediator leukotrienes B4 level between acupuncture and Western drug groups[MD=3.52, 95%CI=(2.14, 4,90)land between acupuncture plus Western drug and Western drug groups [MD=1 .25, 95%CI= (-0.20, 2.70) 1] ; 4) there were statistically significant differences in posttreatment eczematous pruritus severity, skin lesion form and skin lesion area scores between acupuncture plus Chinese patent ding and Chinese patent drug groups [MD=-2.67, 95%CI= (-3.57, -1 .77)] ; 5) there was no statistically significant difference in posttreatment eosinophil count between acupuncture plus Chinese patent drug and Chinese patent drug groups [MD=-0.0i, 95%CI=(-0. 1 8, 0. 1 6)] .

Conclusions	On the basis of the results of systematic review, the level of evidence and methodological quality were assessed using the recommended classification method of GRADE system. The results showed that the level of evidence was low and the strength of recommendation was weak. Conclusion Acupuncture can raise the efficacy rate in treating eczema. More high-quality and large-sample RCTs are required for further validation because the quality of the original studies is low.

1.2. Special Acupuncture Techniques

1.2.1. Xu 2017 (fire needle)

Xu Shan et al. [Meta Analysis of Fire Needle in the Treatment of Eczema] Journal of Clinical Acupuncture of Moxibustion. 2017;33(5):55-60. [170001].

Objective	To evaluate the efficacy and safety of fire needle therapy in treating eczema.
Methods	The clinical articles involved in PubMed,Medline,CNKI,CBM,Wanfang and VIP databases were searched by electronic and manual retrieval.The researching quality was evaluated by Cochrane handbook 5.1.0 and data were analyzed by Review Manager (RevMan) 5.3.
Results	A total of 12 trials involving 785 patients were included. Meta analysis showed that the difference in total effective rate between fire needle group and western medicine group was significant (RR =1.23,95 CI [1.12,1.36]);the difference between fire needle combined with moxibustion group and western medicine group was significant (RR =1.17,95 CI[1.03,1.33]);the differences between fire needle combined with western medicine group and western medicine alone group,and between combination of fire needle with acupuncture therapy and acupuncture therapy were significant.The difference EASI score between fire needle therapy and western medicine group was significant (MD =-2.06,95 CI[-2.91,-1.21]);the difference between fire needle combined with pricking blood therapy and western medicine group was significant (MD =-1.89,95 CI [-3.17,-0.61]);the difference between fire needle combined with moxibustion therapy and western medicine group was significant (MD =-1.16,95 CI [-2.09,-0.22]).The difference of VAS score between fire needle therapy and western medicine group,and combination of fire needle with pricking blood therapy and western medicine group were significant.
Conclusion	Fire needle therapy has certain superiority and are safe in treating eczema.The quality of medical literatures included is not so high,so the conclusion needs to be further verified by enlarged sample from multicenter with double-blind controlled clinical trials.

2. Clinical Practice Guidelines

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

2.1. EuroGuiDerm Guideline, European Dermatology Forum 2022 Ø

- EuroGuiDerm Guideline on atopic eczema. Complementary medicine. 2022. URL

We recommend against acupuncture as standard therapy for AE.

- Wollenberg A, Kinberger M, Arents B, Aszodi N, Avila Valle G, Barbarot S, Bieber T, Brough HA, Calzavara Pinton P, Christen-Zäch S, Deleuran M, Dittmann M, Dressler C, Fink-Wagner AH, Fosse N, Gáspár K, Gerbens L, 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, Szalai ZZ, Szepietowski JC, Torrelo A, Werfel T, Flohr C. European guideline (EuroGuiDerm) on atopic eczema - part II: non-systemic treatments and treatment recommendations for special AE patient populations. J Eur Acad Dermatol Venereol. 2022 Nov;36(11):1904-1926. https://doi.org/10.1111/jdv.18429

Complementary medicine describes a wide variety of healthcare practices used alongside standard medical treatment. These include alternative health approaches such as traditional Chinese medicine, **acupuncture**, autologous blood therapy, phytotherapy and high-altitude alpine climate. Overall, the evidence to support any of these treatments for AE was not strong enough.

2.2. European Dermatology Forum 2018 Ø

EDF-Guidelines for Treatment of Atopic Eczema (Atopic Dermatitis). Guideline Subcommittee “Atopic Eczema” of the European Dermatology Forum. 2018. URL

The use of acupuncture or acupressure is not recommended for treatment of AE. (-, D)

2.3. Malaysia Health Technology Assessment Section (MaHTAS, Malaysia) 2017 Ø

Malaysia Health Technology Assessment Section (MaHTAS). Management of Atopic Eczema. Ministry of Health (MoH). 2017:76p. [172342]. URL

There is insufficient evidence to recommend the use of acupuncture in AE (level I).

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