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Functional dyspepsia:

Dyspepsie : évaluation de l'acupuncture

Articles connexes: - conduites thérapeutiques -

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Li 2026

Li XX, Hu ZY, Li ZC, Tang J, Liu YY, Zeng DH, Zhou QQ, Ma WB, Lan L, Wang L. Efficacy and safety of acupuncture for functional dyspepsia: an updated meta-analysis of randomized controlled trials. Front Med (Lausanne). 2026 Feb 9;13:1718632. https://doi.org/10.3389/fmed.2026.1718632

Aim	Acupuncture has been used for the treatment of functional dyspepsia (FD); however, its effects remain uncertain. We aimed to assess the efficacy and safety of acupuncture for FD using systematic review and meta-analysis of randomized trials (RCTs).
Methods	We searched six databases and two trial registries up to March 13, 2025. Paired reviewers screened literature, extracted data, and assessed the risk of bias. We performed meta-analyses using random-effects models and assessed the certainty of the evidence using GRADE approach.
Results	We included **23 RCTs (2,454 participants)**. Compared to sham acupuncture, high to moderate certainty evidence shows that acupuncture probably improves FD symptoms (weighted mean difference [WMD] −14.46 points on the 195-point NDSI, 95% CI −16.31 to −12.62) and quality of life (WMD 10.39 points on the 100-point NDLQI, 95% CI 7.06 to 13.73) without an increase in adverse events (relative risk 1.15, 95% CI 0.63, 2.09). Compared to no treatment or usual care, moderate certainty evidence shows that acupuncture probably improves FD symptoms (WMD −20.19 points on the 195-point NDSI, 95% CI −30.22 to −10.15). When compared with prokinetics (itopride, mosapride, and domperidone), acupuncture probably improves quality of life (WMD 5.69 points on the 100-point NDLQI, 95% CI 4.36 to 7.02) and may improve FD symptoms (WMD −17.40 points on the 195-point NDSI, 95% CI −29.08 to −5.72).
Conclusion	Acupuncture probably improves FD symptoms and quality of life when compared with sham acupuncture, no treatment or usual care, and prokinetics.

1.1.2. Marcos 2026

Marcos MA, Ezquerra A, Moreira L, Barba E. Revisión sistemática sobre las estrategias terapéuticas en la dispepsia funcional: abordajes farmacológicos y no farmacológicos según el subtipo clínico. Gastroenterol Hepatol. 2026:502870. https://doi.org/10.1016/j.gastrohep.2026.502870

Background	Functional dyspepsia is a disorder of gut-brain interaction that substantially impairs quality of life and often responds incompletely to treatment. This systematic review evaluated pharmacological and non-pharmacological therapeutic strategies according to clinical subtype.
Methods	The review was conducted according to PRISMA 2020 and included randomized clinical trials published over the previous 10 years in adults meeting Rome III or IV criteria for functional dyspepsia. Therapeutic effects were examined according to clinical subtype, including postprandial distress syndrome and epigastric pain syndrome.
Results	Prokinetics showed no consistent benefit, except in some patients with overlapping subtypes. In postprandial distress syndrome, a low-FODMAP diet was not superior to conventional dietary advice, except in a subgroup with abdominal distension, while mirtazapine showed signals of benefit in patients with weight loss or early satiety. In epigastric pain syndrome, low-dose amitriptyline was superior to pantoprazole. Herbal therapies, **electroacupuncture, transcutaneous auricular vagus nerve stimulation**, and multidisciplinary care showed signals of benefit, mostly based on single trials, whereas cannabidiol was ineffective.
Conclusion	Current evidence supports a personalized, stepwise, and biopsychosocial approach to functional dyspepsia. Potential benefits from several pharmacological and non-pharmacological interventions appear to depend on clinical subtype and patient characteristics, while evidence for **electroacupuncture** and several other non-pharmacological strategies remains limited and is largely derived from single trials.

1.1.3. Liao 2024

Liao X, Tian Y, Zhang Y, Bian Z, Wang P, Li P, Fang J, Shao X. Acupuncture for functional dyspepsia: Bayesian meta-analysis. Complement Ther Med. 2024 May 16:103051. https://doi.org/10.1016/j.ctim.2024.103051

Backgound	Acupuncture stands out as a prominent complementary and alternative medicine therapy employed for functional dyspepsia (FD). We conducted a Bayesian meta-analysis to ascertain both the relative effectiveness and safety of various acupuncture methods in the treatment of functional dyspepsia.
Methods	We systematically searched eight electronic databases, spanning from their inception to April 2023. The eligibility criteria included randomized controlled trials investigating acupuncture treatments for FD. Study appraisal was conducted using the Cochrane risk of bias tool. Pairwise and network meta-analyses were conducted using RevMan 5.3 and ADDIS V.1.16.6 software. Bayesian network meta-analysis was performed to compare and rank the efficacy of different acupuncture therapies for FD symptoms.
Results	This study found that combining different acupuncture methods or using acupuncture in conjunction with Western medicine is more effective in improving symptoms of functional dyspepsia compared to using Western medicine alone. According to the comprehensive analysis results, notably, the combination of Western medicine and acupuncture exhibited superior efficacy in alleviating early satiation and postprandial fullness symptoms. For ameliorating epigastric pain, acupuncture combined with moxibustion proved to be the most effective treatment, while moxibustion emerged as the optimal choice for addressing burning sensations. Warming needle was identified as the preferred method for promoting motilin levels.
Conclusion	The findings of this study demonstrate that acupuncture, both independently and in conjunction with other modalities, emerged as a secure and effective treatment option for patients with functional dyspepsia.

1.1.4. Xiao 2023

Xiao G, Zhao Y, Chen X, Xiong F. Acupuncture is effective in the treatment of postprandial distress syndrome: A systematic review and meta-analysis. Medicine (Baltimore). 2023 Jun 23;102(25):e33968. https://doi.org/10.1097/MD.0000000000033968

Background	Traditional Chinese medicine advocates the use of acupuncture for the treatment of postprandial distress syndrome (PDS) in people with Functional dyspepsia, but large clinical trials of acupuncture have produced controversial results. This study aims to confirm the clinical significance of acupuncture in the treatment of PDS .
Methods	This study only randomized controlled trials were included from the following databases: CNKI, Medline, Cochrane Central, Web of Science, and Clinical Trial. The risk of bias in the included studies was assessed using Revman 5.4.1 (Revman 2020), and all 12 included studies were considered to have a low risk of bias. This study used Stata 16.1 for data analysis, including sensitivity analysis and publication bias test. The quality of each study was evaluated with the Cochrane tool. The main outcomes included the overall therapeutic rate, the SID score, the HADS Score, The NDI score, and Side effects.
Results	This study identified a total of 1532 studies interested in the curative effect of acupuncture on Postprandial discomfort syndrome (PDS) and finally included a total of **12 studies with 1113 patients** after identifying their abstracts, titles, and full text. The process of literature searches and identifying is shown in Figure 1 and data analysis showed that acupuncture is effective in the treatment of PDS and promotes the life quality of patients.
Conclusions	This study analyzed the effects of acupuncture on PDS from 5 aspects: overall therapeutic rate, SID, HADS, NDI, and side effects, overall therapeutic rate as primary outcome measure. Statistical analysis results showed that acupuncture has a significant effect on the treatment of PDS. In conclusion, it is an effective clinical treatment method. Also, the potential bias in the included studies, high-quality studies are needed to further confirm the possible side effects of acupuncture in treatment.

1.1.5. Du 2022 ☆☆

Du J, Feng Y, Yuan Q, Gong H, An J, Wu L, Dai Q, Xu B, Wang H, Luo J. Efficacy of Acupuncture Treatment for Postprandial Distress Syndrome: A Systematic Review and Meta-Analysis. J Immunol Res. 2022 Jun 2;2022:6969960. https://doi.org/10.1155/2022/6969960

Objective	This systematic review and meta-analysis was conducted to assess the efficacy of acupuncture treatment for postprandial distress syndrome (PDS).
Methods	Search the Web of Science, the Cochrane Library, PubMed, and Embase databases with acupuncture randomized controlled trials for the treatment of patients with PDS. Strictly according to inclusion and exclusion quality assessment standards, the qualified ones are used to study the optimum extraction and data by two independent reviewers. Stata 15.0 software was used for meta-analysis.

Result	We initially identified 63 studies, of which **five (1253 participants)** were eventually included in our analysis. There were 643 cases in the experimental group and 610 cases in the control group. Acupuncture had a significant effect on the total therapeutic effect (OTE) at week 4 (OR 4.74, 95% CI 02.88-7.83, Z = 6.10, P = 0 < 0.05). Significantly improved NDI (Nepean dyspepsia index) scores of PDS patients at week 4 (SMD 0.61, 95% CI 0.48 to 0.74). Significantly improved NDI scores in PDS patients at week 16 (SMD 0.49, 95% CI 0.27 to 0.71). After acupuncture treatment, the SID (dyspepsia symptom index) score of PDS patients decreased significantly at week 4 (SMD-0.52, 95% CI -0.73 to -0.32) and week 16 (SMD-0.59, 95% CI -0.81 to -0.36). Postprandial satiety scores (SMD-0.63, 95% CI -0.76 to -0.50) and early satiety scores (SMD-0.51, 95% CI -0.64 to -0.37) were also significantly lower at week 4 after acupuncture.
Conclusion	This study highlighted that the acupuncture could significantly improve the overall therapeutic effect of PDS patients, alleviate the symptoms of postprandial fullness and early satiety, and improve the quality of life of patients. Our results supported that acupuncture was an effective therapeutic strategy for postprandial distress syndrome.

1.1.6. Kwon 2021 ☆

Kwon CY, Ko SJ, Lee B, Cha JM, Yoon JY, Park JW. Acupuncture as an Add-On Treatment for Functional Dyspepsia: A Systematic Review and Meta-Analysis. Front Med (Lausanne).. 2021. [220896]. https://doi.org/10.3389/fmed.2021.682783

Background	We aimed to critically evaluate the effectiveness and safety of acupuncture as an add-on therapy to conventional Western medication (WM) and assess the quality of evidence (QoE) of these findings.
Methods	A total of 12 English, Korean, and Chinese databases were searched on December 18, 2020. Randomized controlled trials (RCTs) assessing the effectiveness of acupuncture as an add-on therapy to conventional WM for functional dyspepsia (FD) were included. The primary outcome was the symptom score of FD. The risk of bias of the included studies and QoE were evaluated using the Cochrane Collaboration's risk of bias tool and Grading of Recommendations, Assessment, Development, and Evaluation method, respectively.
Results	A total of **22 RCTs** were included. The total and individual FD symptom scores were significantly improved in the acupuncture combined with WM groups compared with the WM alone groups, except for in one study. The Nepean dyspepsia index score and total effective rate mostly improved significantly in the acupuncture group, regardless of the WM used and acupuncture type. FD-related biomarkers, such as ghrelin and gastrin levels, showed mixed results. The acupuncture group showed a significantly lower recurrence rate after 3-6 months of follow-up than the WM alone group. There were no differences in the incidence of adverse events between the two groups. The included studies generally had low methodological quality. The QoE for the main findings was generally very low to moderate.
Conclusion	Limited evidence suggests that acupuncture has the potential to improve FD treatment in combination with conventional WM. Furthermore, the methodological quality of the included studies and QoE of the main findings were generally low. Therefore, RCTs with a rigorous methodology, including sham acupuncture and multiethnic subjects, should be performed.

1.1.7. Wang 2021 ☆☆☆

Wang XY, Wang H, Guan YY, Cai RL, Shen GM. Acupuncture for functional gastrointestinal disorders: A systematic review and meta-analysis. J Gastroenterol Hepatol. 2021 Nov;36(11):3015-3026. https://doi.org/10.1111/jgh.15645

Objectives	The therapeutic effect of acupuncture treatments (AT) on functional gastrointestinal disorders (FGIDs) is contentious. A meta-analysis was conducted to assess the efficacy and safety of acupuncture for FGIDs.
Methods	The Cochrane Library, EMBASE, PUBMED, Web of Science, Wanfang Database, China National Knowledge Infrastructure, and VIP Database were searched through December 31, 2019 with no language restrictions. Risk ratio (RR) with 95% confidence interval (CI) was calculated to determine the improvement in symptom severity after treatment.
Results	A total of 61 randomized controlled trials (RCTs) on FGIDs were included. The pooled results illustrated the following: compared to pharmacotherapy (RR 1.13, 95% CI 1.09-1.17), placebo acupuncture (RR 1.69, 95% CI 1.37-2.08), no specific treatment (RR 1.86, 95% CI 1.31-2.62), and AT as an adjuvant intervention to other active treatments (RR 1.25, 95% CI 1.21-1.30), AT had more favorable improvements in symptom severity; **sub-group analysis** results classified according to **functional dyspepsia (n=13)**, irritable bowel syndrome (n=19), and functional constipation (n=8) also supported this finding; and the incidence of adverse events was lower in AT than in other treatments (RR 0.75, 95% CI 0.56-0.99).
Conclusions	This meta-analysis found that AT was significantly associated with relief of FGIDs symptoms; however, the evidence level was moderate or low. Further data from rigorously designed and well powered RCTs are needed to verify the effectiveness and safety of AT as a FGIDs treatment.
GRADE	⊕⊕⊕⊖ Moderate ➔ ⊕⊖⊖⊖ Very low

1.1.8. Guo 2020 ☆

Guo Y, Wei W, Chen JD. Effects and mechanisms of acupuncture and electroacupuncture for functional dyspepsia: A systematic review. World J Gastroenterol. 2020;26(19):2440-2457. [209794]. doi

Background	Functional dyspepsia (FD) is a common digestive disease with limited therapeutic options. According to evidence-based clinical practice, acupuncture or electroacupuncture (EA) seems to be a promising therapy for patients with FD. However, there is still a lack of systematic reviews that have analyzed current clinical trials for a better understanding of mechanisms involved in the ameliorating effect of acupuncture and EA on FD.
Aim	To evaluate the results and qualities of existing clinical evidence for researching the underlying mechanisms of acupuncture/EA in treating FD.
Methods	A systematic search of the literature was performed to identify randomized controlled trials in which research on the mechanism of acupuncture or EA was conducted in FD patients. Databases searched included PubMed, EMBASE, Cochrane Library, and Web of Science. Data extraction and quality assessment were completed by two investigators independently and the results of quality evaluation were exported through Review Manager V5.3.
Results	**Eight studies** were included in this review with a total of 17 items for detecting techniques for mechanistic research. Positive effects of acupuncture and EA were observed in regulating gastric motility, gastric accommodation, mental status, gastrointestinal hormones, and central and autonomic functions while improving dyspeptic symptoms and quality of life.
Conclusion	The key findings of this systematic review support the potential of acupuncture and EA in altering the heterogeneous pathophysiology in patients with FD. However, high-quality studies with well-planned designs are necessary to provide more credible evidence.

1.1.9. Masui 2019 ☆

Masuy I, Van Oudenhove L, Tack J. Review article: treatment options for functional dyspepsia. Aliment Pharmacol Ther. 2019;49(9):1134-1172. [208493]. doi

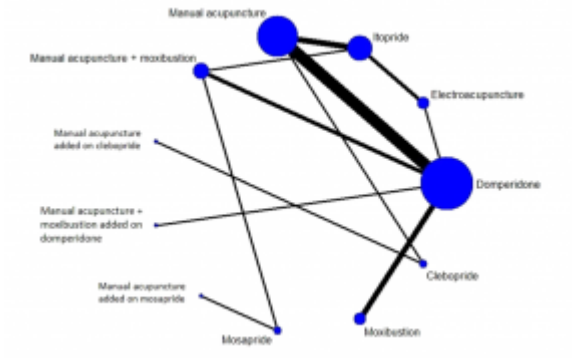
Background	Functional dyspepsia, consisting of epigastric pain syndrome and postprandial distress syndrome, is a prevalent functional gastrointestinal disorder. To date, only limited treatment options are available and conflicting results in terms of efficacy have been reported. Consequently, nonpharmacological treatment options are increasingly being explored for functional dyspepsia. AIM: To provide an overview of current pharmacological and nonpharmacological treatment options for functional dyspepsia.
Methods	A literature search was conducted on Pubmed and other sources to identify relevant studies.
Results	Acid suppressive therapy reduced symptoms in 30%-70% of the patients, with higher benefit in epigastric pain syndrome and superior effectiveness for proton pump inhibitors compared to H2 -antagonists. Prokinetic agents, primarily used to treat postprandial distress syndrome, showed variable efficiency: 59%-81% responder rate for dopamine receptor antagonists, 32%-91% for serotonin-4-receptor agonists and 31%-80% for muscarinic receptor antagonists. H Pylori eradication, recommended in infected patients, was effective in 24%-82%. Refractory symptoms are addressed with neuromodulators. However, their efficacy in functional dyspepsia remains incompletely elucidated, available data showing symptom reduction in 27%-71% of the patients. Regarding herbal agents, peppermint oil reduced symptoms in 66%-91%, rikkunshito in 29%-34% and iberogast in 20%-95%. Lastly, **acupuncture**, cognitive behavioural therapy and hypnotherapy may help to provide symptom control, but research on their efficacy remains sparse.
Conclusions	None of the available therapies is effective in the majority of patients without being associated with major side effects. Developing new treatment options is challenging due to the heterogeneity of functional dyspepsia, the lack of readily identified target mechanisms and the poor association between pathophysiological disturbances and symptoms.

1.1.10. Ho 2017 (network meta-analysis) ☆

Ho RST, Chung VCH, Wong CHL, Wu JCY, Wong SYS, Wu IXY. Acupuncture and related therapies used as add-on or alternative to prokinetics for functional dyspepsia: overview of systematic reviews and network meta-analysis. Sci Rep. 2017;7(1). [173303].

Background	Prokinetics for functional dyspepsia (FD) have relatively higher number needed to treat values. Acupuncture and related therapies could be used as add-on or alternative.
Methods	An overview of systematic reviews (SRs) and network meta-analyses (NMA) were performed to evaluate the comparative effectiveness of different acupuncture and related therapies. We conducted a comprehensive literature search for SRs of randomized controlled trials (RCTs) in eight international and Chinese databases. Data from eligible RCTs were extracted for random effect pairwise meta-analyses. NMA was used to explore the most effective treatment among acupuncture and related therapies used alone or as add-on to prokinetics, compared to prokinetics alone.

Results	From five SRs, 22 RCTs assessing various acupuncture and related therapies were included. No serious adverse events were reported. Two pairwise meta-analyses showed manual acupuncture has marginally stronger effect in alleviating global FD symptoms, compared to domperidone or itopride. Results from NMA showed combination of manual acupuncture and clebopride has the highest probability in alleviating patient reported global FD symptom. Combination of manual acupuncture and clebopride has the highest probability of being the most effective treatment for FD symptoms.
Conclusions	Patients who are contraindicated for prokinetics may use manual acupuncture or moxibustion as alternative. Future confirmatory comparative effectiveness trials should compare clebopride add-on manu al acupuncture with domperidone add-on manual acupuncture and moxibustion.



Network of comparison on patient reported global functional dyspepsia symptoms. Width of the lines represents the proportion of the number of trials for each comparison to the number of trials. Size of the nodes represents the proportion of the number of randomized patients (sample sizes) [Ho 2017].

1.1.11. Pang 2016 ☆

Pang B, Jiang T, Du YH, Li J, Li B, Hu YC, Cai QH. Acupuncture for Functional Dyspepsia: What Strength Does It Have? A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Evid Based Complement Alternat Med. 2016. [190918].

Objectives	Background. Although the effectiveness of acupuncture therapy on functional dyspepsia (FD) has been systematically reviewed, the available reports are still contradictive and no robust evidence has been provided to date. Objective. To assess the current evidence of high quality on the effects of acupuncture for patients with FD.
Methods	A comprehensive literature database search was conducted to identify randomized controlled trials (RCTs) comparing acupuncture therapies (including manual acupuncture and electroacupuncture) to sham acupuncture and medication use. A meta-analysis was performed following a strict methodology.
Results	**16 RCTs involving 1436 participants** were included. The majority of the trials were determined to be of low quality. Positive results were found for acupuncture in improving the Nepean Dyspepsia Index (NDI) and scores of the MOS 36-Item Short-Form Health Survey (SF-36), as well as in alleviating relevant symptoms (especially postprandial fullness and early satiation) of FD patients.

Conclusions	Based on current available evidence, acupuncture therapy achieves statistically **significant effect for FD in comparison with sham acupuncture and is superior to medication (prokinetic agents)** in improving the symptoms and quality of life of FD patients. Nonetheless, despite stringent methodological analyses, the conclusion of our review still needs to be strengthened by additional RCTs of higher quality.

1.1.12. Zhou 2016 ☆☆

Zhou W, Su J, Zhang H. Efficacy and Safety of Acupuncture for the Treatment of Functional Dyspepsia: Meta-Analysis. J Altern Complement Med. 2016;22(5):380-9. [94004].

Objectives	Functional dyspepsia (FD) is a common gastrointestinal disorder. Currently, no established optimal treatment is available. The aim of this study was to assess the efficacy of acupuncture in relieving symptoms and improving quality of life in patients with FD.
Methods	PubMed, MEDLINE, Web of Science, Sino-Med, China National Knowledge Infrastructure, VIP databases, and Google Scholar engine were searched from inception through April 2014 to identify randomized controlled trials of acupuncture therapy that reported on overall FD symptoms or FD-related quality of life as a primary outcome. The Cochrane Collaboration's risk of bias tool, RevMan 5.0, and Stata 12.0 software were used for meta-analysis. Data were pooled to calculate relative risk (RRs) and 95% confidence intervals (Cis) of substantial improvement after treatment for dichotomous data and mean differences (SMDs) and 95% Cis for continuous data using random-effects models.
Results	Twenty-four English- and Chinese-language articles describing randomized, placebo-controlled, clinical trials involving **3097 patients** were included. Acupuncture significantly improved FD symptoms in studies reporting outcomes using dichotomous (RR, 1.19; 95% CI, 1.12-1.27; $p < 0.001$) and continuous (standardized MD [SMD], -0.78; 95% CI, -1.21 to -0.35; $p = 0.0004$) variables. Pooled analyses showed that **acupuncture improved FD-related** (weighted MD [WMD], 5.97; 95% CI, 3.14-8.80; $p = 0.0002$) **and health-related** (WMD, 6.83; 95% CI, 3.02-10.65; $p = 0.004$) quality of life, without serious adverse events. However, acupuncture failed to increase plasma motilin concentration (SMD, 0.67; 95% CI, -0.07 to 1.42; $p = 0.08$).
Conclusions	Acupuncture appears to be efficacious in relieving FD symptoms and improving quality of life.

1.1.13. Kim 2015 ☆

Kim KN, Chung SY, Cho SH. Efficacy of acupuncture treatment for functional dyspepsia: A systematic review and meta-analysis Complement Ther Med. 2015;23(6):759-66. [185302].

Objectives	The use of acupuncture treatment (AT) for functional dyspepsia is increasing, particularly in Asia. However, the efficacy of AT and its side effects have not been assessed. We performed a systematic review and meta-analysis of studies related to the effectiveness of AT for functional dyspepsia.

Methods	Design: This study is a systemic review and meta-analysis. Seven electronic databases, including those in the English and Chinese languages, were systematically searched for randomized controlled trials of AT for functional dyspepsia through November 2012. There were no language restrictions. Setting: Randomized controlled trials (RCT) AT compared with placebo control or a comparative intervention were considered. The methodological qualities of the studies were evaluated using the risk of bias (ROB). Subgroups were analyzed according to the kinds of controls. Main outcome measures: The primary outcomes were symptom scores. These included visual analogue scale (VAS) and Nepean Dyspepsia Index (NDI). Secondary outcomes were the total effective rate and adverse effects.
Results	**Twenty studies, including 1423 individual cases**, were systematically reviewed. The risk of bias was high. Compared to sham AT, AT was associated with a significant positive effect in patients with functional dyspepsia (2.66, 95% CI 1.85-3.82). AT also improved symptoms for functional dyspepsia (1.18, 95% CI 1.01-2.60) compared to GI tract regulators on total effective rate. In addition, two articles produced a scale in favor of AT compared to medication (0.54, 95% CI 0.18-0.90). Two RCTs reported minimal AT-related adverse events.
Conclusions	**The evidence suggests that AT is effective for functional dyspepsia**. However, well-planned, long-term studies are necessary to evaluate the efficacy of AT for functional dyspepsia.

1.1.14. Wu 2015 ☆

Wu Xiao-Wei, Ji Hong-Zan, Xu Lian-E, Wang Fang-Yu. [The effect of acupuncture and moxibustion on functional dyspepsia compared with prokinetic agents: a meta-analysis]. Chinese Journal of Integrated Traditional and Western Medicine on Digestion. 2015;2:100-104. [186956].

Objectives	To systematically compare the effect of acupuncture and moxibustion with prokinetic agents on functional dyspepsia (FD).
Methods	Databases of China National Knowledge Infrastructure (CNKI), China Biology Medicine disc (CBM), PubMed, EMBASE and Cochrane Library were retrieved, and the randomized-controlled trials which compared the effect of acupuncture and moxibustion with prokinetic agents on FD were collected. Jadad quality scale was used for quality assessment. Meta-analysis was performed with RevMan5. 3software.
Results	**Sixteen studies involving 1088 FD patients** were enrolled. The total effective rate in acupuncture and moxibustion group was significantly higher than that in prokinetic agents group (RR=1. 18, 95%CI=1. 11~1. 24, P<0. 00001). No serious adverse events were reported.
Conclusions	**Acupuncture and moxibustion were more effective than prokinetic agents for the treatment of FD with high safety**. The findings should be interpreted cautiously due to low quality of included studies and potential biases.

1.1.15. Lan 2014 Ø

Lan L, Zeng F, Liu Gj, Ying L, Wu X, Liu M, Liang FR. Acupuncture for functional dyspepsia. Cochrane Database Syst Rev. 2014. [177429].

Background	Functional dyspepsia (FD) has been a worldwide complaint. More effective therapies are needed with fewer adverse effects than are seen with conventional medications. Acupuncture, as a traditional therapeutic method, has been widely used for functional gastrointestinal disorders in the East. Manual acupuncture and electroacupuncture have been recognized treatments for FD, but to date, no robust evidence has been found for the effectiveness and safety of these interventions in the treatment of this condition.
Objectives	This review was conducted to assess the efficacy and safety of manual acupuncture and electroacupuncture in the treatment of FD.
Methods	Search methods: Trials meeting the inclusion criteria were identified through electronic searches of the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, the Allied and Complementary Medicine Database (AMED), Chinese Biology Medicine Disc (CBMdisc), China National Knowledge Infrastructure (CNKI), the Wanfang Database, the VIP Database, and six trial registries. Handsearching was done to screen the reference sections of potential trials and reviews. Selection CRITERIA: Randomized controlled trials (RCTs) were included if investigators reported efficacy and safety of manual acupuncture or electroacupuncture for patients with FD diagnosed by Rome II or Rome III criteria, compared with medications, blank control, or sham acupuncture. Data collection and analysis: Data were extracted by independent review authors. Study limitations were assessed by using the tool of The Cochrane Collabration for assessing risk of bias. For dichotomous data, risk ratios (RRs) and 95% confidence intervals (95% CIs) would be applied, and for continuous data, mean differences (MDs) and 95% CIs. A fixed-effect model was applied in the meta-analysis, or a descriptive analysis was performed. The quality of evidence for the outcome measure was assessed by the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methods.
Main results	Seven studies were included in the review, involving 542 participants with FD (212 males and 330 females). These studies generally had an unclear risk of bias based on inadequate descriptions of allocation concealment and a high risk of bias based on lack of blinding. None of the studies reported on outcomes of the Functional Digestive Disorder Quality of Life questionnaire (FDDQL), the Satisfaction With Dyspepsia Related Health scale (SODA), the Digestive Health Status Instrument (DHSI), or effective/inefficient rate and symptom recurrence six months from completion of acupuncture treatment. Four RCTs of acupuncture versus medications (cisapride, domperidone, and itopride) were included in the review. No statistically significant difference was noted in the reduction in FD symptom scores and the frequency of FD attack by manual acupuncture, manual-electroacupuncture, or electroacupuncture compared with medications. In three trials of acupuncture versus sham acupuncture, all descriptive or quantitative analysis results implied that acupuncture could improve FD symptom scores and scores on the Neck Disability Index (NDI), the 36-Item Short Form Health Survey (SF-36), the Self-Rating Anxiety Scale (SAS), and the Self-Rating Depression Scale (SDS) more or as significantly as sham acupuncture. With regard to adverse effects, acupuncture was superior to cisapride treatment (one study; all minor events), but no statistically significant difference was reported between acupuncture and sham acupuncture. No adverse effects data were reported in studies examining manual acupuncture versus domperidone, manual-electroacupuncture versus domperidone, or electroacupuncture versus itopride. Nevertheless, all evidence was of low or very low quality. The body of evidence identified cannot yet permit a robust conclusion regarding the efficacy and safety of acupuncture for FD.
Authors' conclusions	It remains **unknown whether manual acupuncture or electroacupuncture is more effective or safer than other treatments for patients with FD**.

1.2. Special Acupuncture Techniques

1.2.1. Electroacupuncture

1.2.1.1. Mao 2020 ☆☆

Mao X, Guo S, Ni W, Zhang T, Liu Q, Du S, Luo M, Pan Y, Wu B, Su X, Yang Y, Guo Y, Chen JJD, Rong P, Wei W. Electroacupuncture for the treatment of functional dyspepsia: A systematic review and meta-analysis. Medicine (Baltimore). 2020;99(45). [213997]. doi

Background	Functional dyspepsia (FD) is a common functional gastrointestinal disease. Acupuncture, including electroacupuncture (EA) is widely used as a complementary and alternative treatment for patients with FD. This study aimed to explore the effectiveness of EA for the treatment of FD.
Methods	We searched Embase, PubMed, and the Cochrane Central Register of Controlled Trials (Cochrane Library) for randomized controlled trials of FD treated by EA from inception to February 3, 2020. Two reviewers will independently screen studies for data extraction and assess the quality and risk of bias. The Cochrane Collaboration's risk of bias tool, RevMan 5.3 software were used for meta-analysis. Data were pooled to calculate relative risk and 95% confidence intervals (CIs) of substantial improvement after treatment for dichotomous data and mean differences (SMDs) and 95% CIs for continuous data.
Results	**Seven randomized clinical trials included 853 patients**. This meta-analysis investigated the effectiveness of EA alone in the treatment of FD relative to sham-EA or pharmacologic medication (PM). The results showed that EA could significantly improve clinical symptoms. Compared with sham-EA, EA was more effective in reducing symptom scores (SMD -3.44, 95% CI -4.21 to -2.67) and increasing normal slow waves of electrogastrogram (SMD 0.93, 95% CI -0.30 to1.55). When EA was combined with PM, there was no significant difference in reducing symptom scores (SMD -0.18, 95% CI -0.51 to 0.16), increasing the effective rate of clinical symptoms (risk ratio 1.04, 95% CI 0.96 to 1.13), enhancing the level of plasma motilin (SMD 0.93, 95% CI -0.30 to1.55), and reducing gastric half-emptying time (SMD 0.02, 95% CI -0.16 to 0.20). The results also showed that there were very few adverse events reported.
Conclusion	This meta-analysis suggests that EA is better than the placebo (sham-EA) in treating FD, and the therapeutic effect of EA on FD is equivalent to that of PM on FD. Compared with PM, EA for FD is safer and has fewer adverse reactions. Despite limitations due to the quality and number of the included studies, EA might be used as an effective and safe treatment for FD.

1.2.2. Moxibustion

1.2.2.1. Han 2019

Han Yong-Li, Hong-Xing Zhang, Xiao-Li Pan, Song Chen. Meta-analysis of moxibustion in the management of functional dyspepsia. World Journal of Acupuncture-Moxibustion. 2019;29(2):140. [202970].

Objective	To analyze the efficacy and safety of moxibustion (A kind of complementary and alternative methods of traditional Chinese medicine) for the Functional dyspepsia (FD).

Methods	Six electronic databases were searched for randomized controlled trials investigating the efficacy of moxibustion in the treatment of FO. The search period was from inception to February 25, 2019. Eligible reports of RCT on the moxibustion compare with medication were enrolled. Article's quality was evaluated with the Cochrane Risk Bias Tool in the Cochrane Handbook by two independent reviewers. The Review Manager 5.3 was used to evaluate the publication bias.
Result	Eleven eligible reports comprising a total of 870 participants were enrolled. The risk of bias was generally high. In the primary outcome, compared with medications, moxibustion significantly alleviated overall FD symptoms but there was a moderate inconsistency among studies (11 RCT5, RR= 1.27, 95% CI 11.20, 1.36]). Moxibustion appears to be associated with few adverse events but the evidence is limited due to poor report quality.
Conclusion	Moxibustion showed greater improvement in terms of clinical efficacy in the treatment of FD than pharmacological medications, and although it was not possible to draw a definitive conclusion due to the small sample size, high risk of bias, and low quality of the reports. Large multi-center and long-term high-quality randomized control trials are needed.

1.2.3. Auricular acupuncture

1.2.3.1. Lee 2025

Lee B, Kwon CY, Jeong YK, Sclocco R, Kuo B, Napadow V, Lee JH, Kim H. Transcutaneous auricular vagus nerve stimulation for functional dyspepsia: A systematic review and meta-analysis. Complement Ther Med. 2025 Nov;94:103243. https://doi.org/10.1016/j.ctim.2025.103243

Background	Transcutaneous auricular vagus nerve stimulation (taVNS) is a potential noninvasive treatment for functional dyspepsia (FD). We aimed to systematically analyze the clinical evidence of taVNS for FD.
Methods	Eight databases were searched to identify randomized controlled trials (RCTs) using taVNS in patients with FD published by June 27, 2024. The primary outcome was dyspepsia symptoms, whereas the secondary outcomes were the total effective rate (TER), quality of life, anxiety, depression, and incidence of adverse events. The certainty of the evidence was assessed using the GRADE methodology. Detailed information on the taVNS parameters and the suggested underlying mechanism were also extracted.
Results	**Six RCTs with 716 participants** were included. Compared to the sham intervention, taVNS significantly improved dyspepsia symptoms, quality of life, and clinician-rated anxiety and depression with moderate certainty of evidence. The TER based on dyspepsia symptoms was also significantly higher with high certainty of evidence. When taVNS was used as an add-on therapy, dyspepsia symptoms were significantly improved with moderate certainty of evidence. No serious adverse events related to taVNS were reported. The stimulation sites for taVNS were concha and tragus, with common pulse frequencies of 25 or 20 Hz twice a day for 2-4 weeks. Gastric accommodation, electrogastrogram, heart rate variability, and functional magnetic resonance imaging were measured to explore the mechanism of taVNS.
Conclusion	Considering the certainty of the evidence, taVNS can improve dyspepsia symptoms, quality of life, anxiety, and depression in patients with FD without serious adverse events. Additional high-quality studies are needed to establish optimal treatment protocols.

1.2.4. Comparison of Acupuncture Techniques

1.2.4.1. Zhang 2020

Zhang J, Liu Y, Huang X, Chen Y, Hu L, Lan K, Yu H. Efficacy Comparison of Different Acupuncture Treatments for Functional Dyspepsia: A Systematic Review with Network Meta-Analysis. Evid Based Complement Alternat Med. 2020. [207650]. doi

Background	Acupuncture has been found to be an effective treatment for functional dyspepsia (FD). Currently, several types of acupuncture have been developed but it is not clear which type is suitable for FD. Currently, doctors often rely on experience to decide which form of acupuncture to apply. Herein, we employed network meta-analysis (NMA) to compare the effectiveness of various methods of acupuncture in the treatment of functional dyspepsia.
Methods	We searched for randomized controlled trials (RCTs) of acupuncture treatments for functional dyspepsia in seven databases; PubMed, the Cochrane Library, Embase, Wanfang database, China National Knowledge Infrastructure (CNKI) database, Chinese Science and Technique Journals (CQVIP), and Chinese Biomedical Database (CBM) from the date of database inception to October 10, 2019. Cochrane risk of bias tool was used to analyze the risk of bias of the included RCTs. Pairwise meta-analyses were performed with RevMan 5.3 and the network meta-analysis of the included RCTs was performed using the frequentist framework.
Results	: A total of **35 studies involving 3301 patienst** and 10 interventions were eligible for this study. NMA results showed that five types of acupuncture (manual acupuncture, acupoint application, moxibustion, acupoint catgut embedding, and warm acupuncture alone) all were superior to prokinetics (itopride, mosapride, and domperidone) and sham acupuncture in terms of improving the symptoms of functional dyspepsia. Specifically, manual acupuncture and electroacupuncture were more effective in improving the MOS 36 Item Short-Form Health Survey (SF-36) compared to itopride and sham acupuncture, and electroacupuncture was the best among the three acupuncture therapies (acupuncture, electroacupuncture, and acupoint catgut embedding). Moxibustion and manual acupuncture were more effective in improving Nepean Dyspepsia Life Quality Index (NDLQI) compared to itopride, domperidone, and sham acupuncture; moxibustion ranks first among the three acupuncture therapies (acupuncture, electroacupuncture, moxibustion).
Conclusions	These results showed that manual acupuncture alone was the most effective therapy for FD. It should, therefore, be considered as an alternative treatment for FD patients who are unresponsive to prokinetics or intolerant to the adverse effects of prokinetics. We recommend further multiple centers and high-quality RCT studies to confirm the present findings.

1.3. Special outcome

1.3.1. Anxiety and depression in functional dyspepsia

1.3.1.1. Xu 2024

Xu Z, Zhang X, Shi H, Liang M, Ning F, Wang Q, Jia H. Efficacy of acupuncture for anxiety and depression in functional dyspepsia: A systematic review and meta-analysis. PLoS One. 2024 Mar 7;19(3):e0298438. https://doi.org/10.1371/journal.pone.0298438

Objective	To assess the effectiveness of acupuncture for treating depression and anxiety in patients diagnosed with functional dyspepsia (FD).
Methods	PubMed, Embase, Cochrane Library, Web of Science, CNKI, Wanfang Data, Sinomed, and VIP Database were searched until April 30, 2023 for Randomized Controlled Trials (RCTs) comparing acupuncture to placebo or drugs for symptom alleviation. Two independent reviewers conducted the study search, data extraction, and bias risk assessment using the Cochrane Risk of Bias tool. Mean difference (MD), risk ratio (RR), and corresponding 95% confidence intervals (CI) were computed. Subgroup and sensitivity analyses were also performed. The Grading of Recommendations Assessment, Development, and Evaluation (GRADE) system was employed to evaluate the evidence level.
Results	A total of **16 RCTs involving 1315 participants** were included. Acupuncture demonstrated marked superiority over placebo (MD = -7.07, 95%CI: -11.03 to -3.10, very low quality evidence) in mitigating Self-Rating Anxiety Scale (SAS) scores and was found to be more effective in reducing Self-Rating Depression Scale (SDS) scores than either placebo (MD = -4.63, 95%CI: -6.28 to -2.98, low quality evidence) or first-line drugs (MD = -2.71, 95%CI: -5.19 to -0.23, very low quality evidence). In terms of attenuating Hamilton Anxiety Rating Scale (HAMA) and Hamilton Depression Rating Scale (HAMD) scores, acupuncture consistently outperformed both placebo (HAMA: MD = -2.58, 95%CI: -4.33 to -0.83, very low quality evidence; HAMD: MD = -1.89, 95%CI: -3.11 to -0.67, low quality evidence) and first-line drugs (HAMA: MD = -5.76, 95%CI: -10.18 to -1.35, very low quality evidence; HAMD: MD = -5.59, 95%CI: -7.59 to -3.59, very low quality evidence). However, no significant difference was observed between acupuncture and placebo in terms of improvement in Hospital Anxiety and Depression Scale (HADS) scores.
Conclusions	Based on current clinical evidence, acupuncture might have a positive effect on depression and anxiety in patients with FD. Further large-sample, multi-center, high-quality RCTs validation are required, as the conclusion is limited by the quantity and quality of the included studies.

2. Overviews of Systematic Reviews

2.1. Quan 2026

Quan KJ, Huang ZP, Li XX. Effectiveness of acupuncture treatment for functional dyspepsia: an umbrella review. Eur J Integr Med. 2026;85:102674. https://doi.org/10.1016/j.eujim.2026.102674

Introduction	Many systematic reviews (SRs) and meta-analyses (MAs) on acupuncture for functional dyspepsia (FD) have been published; however, their conclusions regarding the efficacy of acupuncture for FD are not consistent, and the quality of evidence varies widely. This umbrella review aimed to systematically evaluate and synthesize evidence supporting the effectiveness of acupuncture for FD.
Methods	Eight databases were searched for SRs/MAs on acupuncture for FD. We employed the A Measurement Tool to Assess Systematic Reviews 2 (AMSTAR-2) to assess methodologies, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement to evaluate reporting quality, and the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) system to evaluate the certainty of evidence of the included studies.

Results	**Fifteen SRs/MAs** were included for analysis. Compared with sham acupuncture or conventional medicine, acupuncture may improve the effectiveness, symptom score, and the Nepean Dyspepsia Index in patients with FD. According to AMSTAR-2, one study was rated high quality, three as low quality, and the remaining studies as critically low quality. According to the PRISMA statement, none of the included SRs/MAs fully analyzed and reported all 27 items. Based on the GRADE system, an evaluation of 39 outcome indicators from the included studies found that the certainty of evidence was low for 23 outcomes and moderate for 16.
Conclusion	Compared with sham acupuncture or conventional medicine, acupuncture may improve effective rate, symptom score, and the Nepean Dyspepsia Index in patients with FD; however, this should be interpreted cautiously, as the included studies generally have low methodological quality, poor reporting quality, and low certainty of evidence.

2.2. Huang 2022

Huang J, Liu J, Liu Z, Ma J, Ma J, Lv M, Wang F, Tang X. Reliability of the Evidence to Guide Decision-Making in Acupuncture for Functional Dyspepsia. Front Public Health. 2022 Apr 1;10:842096. doi: 10.3389/fpubh.2022.842096. https://pubmed.ncbi.nlm.nih.gov/35433619

Background and aims	There has been a significant increase in the number of systematic reviews (SRs)/meta-analyses (MAs) investigating the effects of acupuncture for functional dyspepsia (FD). To systematically collate, appraise, and synthesize the current evidence, we carried out an umbrella review of SRs/MAs.
Methods	Systemic reviews/meta-analyses on acupuncture for FD were collected by searching major medical databases. The included studies were evaluated in terms of methodological quality, reporting quality, and evidence quality using the criteria from the Assessment of Multiple Systematic Reviews 2 (AMSTAR-2) tool, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement, and the Grades of Recommendation, Assessment, Development, and Evaluation (GRADE) system, respectively.
Results	**Ten SRs/MAs** were analyzed for this study. The methodological quality, reporting quality, and evidence quality of the included SRs/MAs were generally unsatisfactory. Lack of protocol registration, no list of excluded trials, or lack of a comprehensive search strategy were the main limitations. No high-quality evidence was found to support the effects of acupuncture for FD; the qualitative data synthesis relied on low quality trials with small sample sizes and was the main factor for evidence degradation.
Conclusions	Acupuncture seems to have a promising efficacy in the treatment of FD. It provides a new and prospective therapeutic method for FD. Although the quality of the included SRs/MAs was generally low and defects were frequent, this umbrella review highlights areas where improvement in methodology is required.

3. Clinical Practice Guidelines

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

3.1. German Society for Neurogastroenterology and Motility (DGNM, Germany) 2026

Storr M, Andresen V, Frieling T, Gschossmann JM, Keller J, Langhorst J, Pehl C, Stengel A, Tebbe J,

Wiemer K, Madisch A, Stengel M. S1 Guideline of the German Society for Neurogastroenterology and Motility (DGNM) on Functional Dyspepsia (FD), a Disorder of Gut-Brain Interaction (DGBI) [English Language Edition]. Gastroenterol Res Pract. 2026 May 5;2026:2610765. https://doi.org/10.1155/grp/2610765

Statements–Recommendations. 8.2. Manual and electroacupuncture can be effective in treating FD.

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3.2. World Federation of Chinese Medicine Societies (WFCMS) 2025 ⊕

Zhang SS, Zhao LQ, Hou XH, Bian ZX, Zheng JH, Tian HH, Yang GH, Hong WS, He YY, Liu L, Shen H, Li YP, Xie S, Shu J, Zeng BF, Li JX, Liu Z, Xiao ZH, Xiao JD, Zheng PY, Huang SG, Chen SL, Fei GJ. International clinical practice guideline on the use of traditional Chinese medicine for functional dyspepsia (2025). J Integr Med. 2025 May 10:S2095-4964(25)00064-0. https://doi.org/10.1016/j.joim.2025.05.002

Recommendation 34: All FD patients with various syndromes could receive acupuncture treatment (GPS).
Recommendation 35: FD patients with the syndrome of spleen deficiency with qi stagnation and deficiency cold in the spleen and stomach could receive moxibustion treatment (GPS).

3.3. Italian societies of gastroenterology and endoscopy (SIGE), Neurogastroenterology and motility (SINGEM), hospital gastroenterologists and endoscopists (AIGO), digestive endoscopy (SIED) and general medicine (SIMG). 2025 ⊕

Sarnelli G, Pesce M, Barbara G, de Bortoli N, Sario AD, Esposito G, Frazzoni M, Galloro G, Gatta L, Ghisa M, Londoni C, Marabotto E, Meggio A, Pisani A, Ribolsi M, Usai Satta P, Savarino V, Scarpignato C, Stanghellini V, Tosetti C, Visaggi P, Zingone F, Barberio B, Savarino EV. Italian guidelines for the diagnosis and treatment of functional dyspepsia - joint consensus from the Italian societies of gastroenterology and endoscopy (SIGE), Neurogastroenterology and motility (SINGEM), hospital gastroenterologists and endoscopists (AIGO), digestive endoscopy (SIED) and general medicine (SIMG). Dig Liver Dis. 2025 Sep;57(9):1730-1747. https://doi.org/10.1080/09638288.2025.2453640

3.2.10 Statement 2.11: the panel recognizes that CAM therapy might be useful in dyspeptic patients, however, most studies involving CAM treatments have poor methodology. *Level of evidence*: Low Quality Evidence. *Recommendation*: Consensus Recommendation

Another CAM modality evaluated in dyspepsia is acupuncture. According to a recent study, among patients with PDS, acupuncture resulted in increased response and elimination rate of all 3 cardinal symptoms (postprandial fullness, upper abdominal bloating, and early satiation) compared with sham acupuncture, with sustained efficacy over 12 weeks in patients who received thrice-weekly acupuncture for 4 weeks [124]. Nonetheless, a Cochrane systematic review comprising 7 RCTs (542 FD patients) concluded that manual and electroacupuncture is not known to be more effective than other treatments [125].

3.4. British Society of Gastroenterology 2022 ~

Black CJ, Paine PA, Agrawal A, Aziz I, Eugenicos MP, Houghton LA, Hungin P, Overshott R, Vasant DH, Rudd S, Winning RC, Corsetti M, Ford AC. British Society of Gastroenterology guidelines on the management of functional dyspepsia. Gut. 2022 Jul 7:gutjnl-2022-327737. https://doi.org/10.1136/gutjnl-2022-327737

In patients with PDS, acupuncture was superior to a sham procedure in one Chinese trial recruiting over 200 patients, but this needs confirmation in other geographical regions.

3.5. American College of Gastroenterology (ACG) Canadian Association of Gastroenterology (CAG) 2019 Ø

Moayyedi P, Lacy BE, Andrews CN, Enns RA, Howden CW, Vakil N. ACG and CAG Clinical Guideline: Management of Dyspepsia. Am J Gastroenterol. 2017;112(7):988-1013. [197243].

STATEMENT 12. We do not recommend the routine use of complementary and alternative medicines for FD. Conditional Recommendation, very low quality evidence.
A Cochrane review (179) of acupuncture in FD identified seven studies involving 542 FD patients. Again the authors felt that the data were of very low quality and concluded it was unclear whether acupuncture was effective in FD. CAM may be appropriate for individual patients interested in exploring these approaches provided they are aware that there is insufficient evidence to determine the benefit or risk of these interventions.

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