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Peptic Ulcer

Ulcère gastro-duodénal

Articles connexes: - évaluation thérapeutique - conduites thérapeutiques - pathologie - acupuncture expérimentale - qigong -

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Tian 2017 ☆

Tian Y, Yan YN, Guan HY, Ma JJ, Wang ZY, Ma HF, Xing ZH. [Systematic Evaluation and Meta-analysis on Acupuncture for Peptic Ulcer]. Zhen Ci Yan Jiu. 2017; 42(3): 275-82. [168525].

Objective	To systematically evaluate the clinical efficacy of acupuncture for peptic ulcer.
Methods	Randomized controlled trials of acupuncture for peptic ulcer were searched from China National Knowledge Infrastructure (CNKI), WanFang Database, Chinese Scientific and Technological Journals (VIP), China Biomedicine (CBM), PubMed and the Cochrane Library from the establishment time of databases to September, 2016. Data extraction and quality evaluation were implemented for the literature which met the inclusive criteria. The RevMan 5.3 software was used to make Meta-analysis.
Results	Sixteen papers including 1 570 patients of peptic ulcer were included. The results of Meta-analysis showed that there was no statistical significance between acupuncture and western medicine in the effective rate, the healing rate of ulcer area and the HP negative rate (all $P > 0.05$); the recurrence rate of acupuncture was significantly lower than that of western medicine [$RR = 0.35$, 95%CI (0.14, 0.84), $P < 0.05$]. Acupuncture plus western medicine was significantly different from simple western medicine in the effective rate, the healing rate of ulcer area and the recurrence rate [$RR = 1.20$, 95% CI (1.04, 1.38), $P = 0.01$; $RR = 1.29$, 95% CI (1.06, 1.58), $P = 0.01$; $RR = 0.27$, 95% CI (0.16, 0.45), $P < 0.00001$]. The analysis of evidence grade (GRADE) pre-sented that the healing rate of ulcer area and the HP negative rate of acupuncture were “low grade”, and others were “extremely low grade”.
Conclusions	Acupuncture combined with western medicine has some advantages for peptic ulcer compared with the conventional western medicine , which needs further confirmation due to the lower evidence grade. Larger samples, randomized controlled trials with high quality are highly recommended.

1.1.2. Cheng 2011 ☆☆

Cheng Chen, Hai-Fu Cui, Fu-Chun Wang. [A meta-analysis of randomized controlled trials assessing efficacy and safety of acupuncture and moxibustion in the treatment of peptic ulcer]. World Chinese Journal of Digestology. 2011;22:2399-240. [187062].

Objectives	To evaluate the efficacy and safety of acupuncture and moxibustion in the treatment of peptic ulcer (gastric and duodenal ulcers).
Methods	The Wan Fang, VIP, CNKI and PubMed databases were searched to retrieve randomized controlled trials RCTs assessing the efficacy and safety of acupuncture and moxibustion versus conventional therapy in the treatment of peptic ulcer. The quality of the included studies was evaluated using the Jadad score. Statistical analysis was carried out using RevMan 4. 2.
Results	Ten studies involving a total of 1122 patients were included. The results of metaanalysis showed significant differences between patients undergoing acupuncture and moxibustion and those undergoing conventional therapy in terms of total response rate [total RR = 1. 10, 95%CI (1. 05, 1. 16), Z = 4. 02, P < 0. 0001], conversion rate from H. pylori positive to negative status [total RR = 1. 12, 95%CI (1. 03, 1. 21), Z = 2. 71, P = 0. 007], and recurrence rate [total OR = 0. 42, 95%CI (0. 24, 0. 74), Z = 3. 05, P = 0. 002], but demonstrated no significant difference in the healing efficiency between the two groups [total RR = 1. 02, 95%CI (0. 97, 1. 08), Z = 0. 75, P = 0. 45].
Conclusions	Acupuncture and moxibustion are effective in the treatment of peptic ulcer in the immediate and long term.

1.2. Special Acupuncture Techniques

1.2.1. Acupuncture combined with Chinese herbal medicine

1.2.1.1. Liang 2026

Liang YF, Qu WW, Zhu MD, Liu GF, Zheng X, Jiang Q, Han YL, Wang Q. The efficacy of acupuncture combined with Chinese herbal medicine in the treatment of gastric ulcer: A systematic review and meta-analysis. Medicine (Baltimore). 2026 Mar 13;105(11):e47743.
<https://doi.org/10.1097/MD.00000000000047743>

Background	This study aimed to evaluate the efficacy of acupuncture combined with Chinese herbal medicine in the treatment of gastric ulcers (GU) through a meta-analysis.
Methods	A comprehensive search was conducted in Chinese databases (CNKI, VIP, and Wanfang) and international databases (PubMed, Embase, and the Cochrane Library) to identify available randomized controlled trials (RCTs) published from the inception of each database through January 2025. The primary outcomes considered included overall efficacy rate, Helicobacter pylori (Hp) eradication rate, recurrence rate, gastrin levels, and adverse events. The quality of each included study was assessed using the Cochrane Collaboration's Risk of Bias Tool, and data were analyzed using RevMan 5.3 software.
Results	A total of 1288 articles were initially identified, of which 17 RCTs involving 1632 patients were ultimately included. The meta-analysis demonstrated that acupuncture combined with Chinese herbal medicine was superior to non-acupuncture combined with Chinese herbal medicine in terms of clinical efficacy (OR = 4.83, 95% confidence intervals [CI] = 3.36-6.93, P < .00001), Hp eradication rate (OR = 3.94, 95% CI = 2.35-6.6, P < .00001), recurrence rate (OR = 0.19, 95% CI = 0.1-0.35, P < .00001), and gastrin levels (MD = -18.39, 95% CI = -20.68 to -16.11, P < .00001). Due to the small sample size and low quality of the RCTs included, the overall certainty of the evidence is low.

Conclusion	Compared with the control intervention measures, acupuncture combined with traditional Chinese medicine therapy may be an effective complementary therapy for treating GU. It has shown good clinical efficacy, significantly improving the eradication rate of Hp, gastrin levels, and having a relatively low recurrence rate. No increase in adverse events has been reported, suggesting a favorable safety profile in clinical practice. However, further high-quality, large-scale studies are needed to confirm these results.
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