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diarrhea

Diarrhées : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Guo 2020

Guo J, Xing X, Wu J, Zhang H, Yun Y, Qin Z, He Q. Acupuncture for Adults with Diarrhea-Predominant Irritable Bowel Syndrome or Functional Diarrhea: A Systematic Review and Meta-Analysis. Neural Plast. 2020. [215399]. doi

Objective	To evaluate the clinical effectiveness and safety of acupuncture therapy in the treatment of diarrhea-predominant irritable bowel syndrome (IBS-D) or functional diarrhea (FD) in adults.
Method	Five electronic databases-PubMed, EMBASE, CNKI, VIP, and Wanfang-were searched, respectively, until June 8, 2020. The literature of clinical randomized controlled trials of acupuncture for the treatment of IBS-D or FD in adults were collected. Meta-analysis was conducted by Using Stata 16.0 software, the quality of the included studies was assessed by the RevMan ROB summary and graph, and the results were graded by GRADE.
Result	**Thirty-one studies with 3234 patients were included**. Most of the studies were evaluated as low risk of bias related to selection bias, attrition bias, and reporting bias. Nevertheless, seven studies showed the high risk of bias due to incomplete outcome data. GRADE's assessments were either moderate certainty or low certainty. Compared with loperamide, acupuncture showed more effectiveness in weekly defecation (SMD = -0.29, 95% CI [-0.49, -0.08]), but no significant improvement in the result of the Bristol stool form (SMD = -0.28, 95% CI [-0.68, 0.12]). In terms of the drop-off rate, although the acupuncture group was higher than the bacillus licheniformis plus beanxit group (RR = 2.57, 95% CI [0.24, 27.65]), loperamide group (RR = 1.11, 95% CI [0.57, 2.15]), and trimebutine maleate group (RR = 1.19, 95% CI [0.31, 4.53]), respectively, it was lower than the dicetel group (RR = 0.83, 95% CI [0.56, 1.23]) and affected the overall trend (RR = 0.93, 95% CI [0.67, 1.29]). Besides, acupuncture produced more significant effect than dicetel related to the total symptom score (SMD = -1.17, 95% CI [-1.42, -0.93]), IBS quality of life (SMD = 2.37, 95% CI [1.94, 2.80]), recurrence rate (RR = 0.43, 95% CI [0.28, 0.66]), and IBS Symptom Severity Scale (SMD = -0.75, 95% CI [-1.04, -0.47]). Compared to dicetel (RR = 1.25, 95% CI [1.18, 1.32]) and trimebutine maleate (RR = 1.35, 95% CI [1.13, 1.61]), acupuncture also showed more effective at total efficiency. The more adverse effect occurred in the acupuncture group when comparing with the dicetel group (RR = 11.86, 95% CI [1.58, 89.07]) and loperamide group (RR = 4.42, 95% CI [0.57, 33.97]), but most of the adverse reactions were mild hypodermic hemorrhage.
Conclusion	Acupuncture treatment can improve the clinical effectiveness of IBS-D or FD, with great safety, but the above conclusions need to be further verified through the higher quality of evidence.

1.1.2. Cui 2012 ☆

Cui Hai-Fu, Chen Cheng, Yu Lu, Yan Xing-Ke. [Meta-analysis of randomized controlled clinical trials of acupuncture treatment function diarrhea]. China Journal of Traditional Chinese Medicine and. 2012;11:2910-291. [186911].

Objectives	To assess the efficacy of the acupuncture treatment on functional diarrhea, and evaluate the quality of the related literatures.
Methods	Retrieve randomized controlled clinical trials literatures about acupuncture on functional diarrhea from VIP, CNKI and Pubmed databases during 2000 to 2010 period, select RCT and CCT literatures according to request, and meta-analysize the literatures using RevMan 4. 2 software.
Results	A total of **19 literatures and 1888 patients** were analysized. The results showed: the total effective rate of acupuncture group on functional didarrhea was higher than drug group, RR=1. 21, 95%CI [1. 17, 1. 26], Z=10. 19, P<0. 00001;antidiarrheal time of acupuncture group shorter than drug group, OR=-27. 45, 95%CI [-33. 22, -21. 67], Z=9. 32, P<0. 00001;symptom total scores different with drug group, OR=-3. 19, 95%CI [-3. 84, -2. 54], Z=9. 58, P<0. 00001.
Conclusions	**Acupuncture was more effective than drugs on treating functional diarrhea from total effective rate, antidiarrheal time and symptom total scores aspects**. However, due to less amounts of RCT and CCT literatures, especially high quality, large sample, multi-centre clinical reports, bias, lack of random, blind method, adverse reaction and follow-up reports, completely positive clinical conclusions hadn't been made and needed to been confirmed further by high qualified evidences.

1.2. Special Acupuncture Techniques

1.2.1. Qin 2015 (ST25 acupoint) ☆

Qin Zongshi, Liu Xiaoxu, Liu Zhishun. [ST25 treatment for chronic diarrhea: A meta-analysis]. Modern Journal of Integrated Traditional Chinese and Western Medicine. 2015;25:2753-275. [187049].

Objectives	It is to assess the therapeutic effect and safety of acupuncture ST 25 treatment for chronic diarrhea with a systematic review.
Methods	We searched PubMed, EMBASE, Cochrane Library, Citation Information by National Institute of Informatics (CiNii) , Chinese Biomedical Literature Database (CBM) , Wan - Fang Database , China National Knowledge Infrastructure (CNKI), and from their inception to December 2014. All randomized controlled trials related with acupuncture Tianshu (ST25) for chronic diarrhea were included and meta -analysis would be performed.
Results	Altogether **4 studies were included, including 403 patients**. The result showed that acupuncture Tianshu (ST25) had better effect in global assessment than non - acupuncture points [RR=1. 80, 95%CI (1. 51, 2. 13), P<0. 01], and Daheng (SP15) [RR=1. 18, 95%CI (1. 01, 1. 39), P<0. 01], however there was no difference in the curative effect between Tianshu (ST25) and Tzu-sanli (ST36) [RR=1. 08, 95%CI (0. 91, 1. 28), P=0. 39], 4 studies had not mentioned adverse effect .
Conclusions	**Acupuncture Tianshu ST25 is effect to chronic diarrhea** and the it is based on specificity of acupuncture effect , however the degree of evidence is low , more high quality randomized controlled trials related to acupuncture Tianshu ST 25 for chronic diarrhea and long terms follow-up are needed.

1.3. Special Clinical Forms

1.3.1. Infantile diarrhea

see corresponding item

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