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Amyotrophic Lateral Sclerosis

Sclérose latérale amyotrophique

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Nake 2022

Nnake I, Tulp OL, Einstein GP. Integrative therapies for amyotrophic lateral sclerosis disease using dynamic physiological systems. FASEB J. 2022 May;36 Suppl 1. https://doi.org/10.1096/fasebj.2022.36.S1.R2497.

Background	Amyotrophic Lateral Sclerosis (ALS) is a fatal motor neuron condition that is characterized by progressive loss of upper and lower motor neurons at the spinal or bulbar level with an incidence of about 1/100,000. ALS is categorized in two forms. The most common form is sporadic (90-95% of cases) which has no obvious genetically inherited component. The familial type of ALS (FAL5, represents ~10% of cases) is due to associated genetic dominant inheritance factors. The first onset of symptoms of ALS usually occurs between the ages of 50 and 65. The pathogenesis of ALS is unknown. There are two approved medications for ALS treatment: riluzole and edaravone, both of which have many reported side effects. ALS patients and their family members seek an effective therapy for treating the symptoms and/or delaying the progression of ALS.
Method	A comprehensive literature search consisting of 12 peer reviewed studies was conducted using PubMed, Medline and Nature review from inception to 2019, and meta-analysis used to evaluate the findings. Amyotrophic Lateral Sclerosis diagnosis was determined using El Escorial criteria. Exposures to agriculture chemicals, heavy metals, electrical magnetic fields, types of diet, and physical activity were all examined for association with ALS. Also, use of integrative therapies (IT) were evaluated among the treatment options reviewed.
Results	The results of the study did not indicate that factors of diet, smoking or cardiovascular disease increase the risk of developing ALS. Vitamins and Chinese herbal decoctions, Chinese herbal compounds, massage therapy, and **acupuncture** were the 5 most commonly used IT reported. In the meta-analysis reviewed, the most common reason for using IT was to treat weakness and fatigue in males (68.72% of males were IT users) and muscle atrophy in females (66.35% of females were IT users). Most of the effects of the IT therapies reported were improvements in subjective symptoms of the disorder.

Conclusion	This study could not identify smoking, physical activity, environmental exposure, occupational factors, or dietary habits as risk factors or protective factors for the onset or progression of ALS. ALS has multiple pathological mechanisms. Since integrative therapy contains various components which display multiple effects, it would be helpful in alleviating the pathological events affecting patients with ALS, thereby increasing the quality of life for the individuals and families of patients. However, more research must be performed regarding the efficacy and safety of integrative therapy or complementary and alternative therapy and clinical studies will be required to demonstrate the complimentary beneficial effects of integrative therapies in the management and treatment of ALS.

1.2. Special Acupuncture Techniques

1.2.1. Comparison of Acupuncture techniques

1.2.1.1. Shen 2026

Shen C, Wu XT, Yin H, Zuo JL, Zhang CH, Cao F, et al. Selected traditional Chinese medicines for treating amyotrophic lateral sclerosis: a Bayesian network meta-analysis based on randomised controlled trials. Front Pharmacol. 2026;17:1706211. https://doi.org/10.3389/fphar.2026.1706211

Background	Amyotrophic lateral sclerosis (ALS) is a progressive neurodegenerative disease with limited therapeutic options. This Bayesian network meta-analysis evaluated the comparative effectiveness of selected traditional Chinese medicine (TCM) therapies, used alone or combined with conventional treatments, in adults with ALS.
Methods	PubMed, Cochrane Library, EMBASE, Web of Science, and four Chinese databases were searched through December 15, 2024, for randomized controlled trials evaluating Chinese herbal medicines, preparations, or non-pharmacological TCM interventions alone or combined with conventional treatment. Comparators included no intervention, placebo, conventional treatment, or combinations. Primary outcomes were functional status measured by ALSFRS, ALSFRS-R, AALSS, and modified Norris scales. Bayesian network meta-analysis was performed and interventions were ranked using SUCRA values.
Results	Thirty-five RCTs evaluating 27 TCM therapies were included. No statistically significant differences in functional status or quality of life were found between TCM therapies, integrated conventional treatment (ICT), riluzole alone, and riluzole plus placebo. Nevertheless, several interventions had high SUCRA rankings: Shenmai injection plus ICT for ALSFRS and ALSFRS-R; Jiweiling injection plus placebo for ALSFRS; Jiawei Sijunzi decoction for ALSFRS-R; acupuncture plus rehabilitation exercises plus riluzole for AALSS (SUCRA = 0.928) and modified Norris scale (SUCRA = 0.863); and Shenzhe Jiangqi powder plus placebo for modified Norris scale. For quality of life, thunder-fire moxibustion plus riluzole and Jiweiling injection plus placebo ranked favorably for ALSAQ-40.
Conclusion	No significant comparative benefit in functional status was demonstrated among the evaluated TCM therapies, conventional treatment, riluzole alone, or riluzole plus placebo. Some interventions nevertheless achieved high probabilistic rankings, including acupuncture combined with rehabilitation and riluzole for selected functional scales. These SUCRA rankings should not be interpreted as evidence of statistically demonstrated superiority. Future research should assess long-term and real-world clinical outcomes.

1.3. Preclinical and mechanistic systematic reviews

Clinical Practice Guidelines

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

1. Japanese Society of Neurology (JSN, Japon) 2013 ⊕

Japanese Society of Neurology. Practical Guideline for Amyotrophic Lateral Sclerosis (ALS) 2013 . Tokyo: Nankodo Co. Ltd.; 2013 [in Japanese] . *Cited by* Okawa Y, Yamashita H, Masuyama S, Fukazawa Y, Wakayama I. Quality assessment of Japanese clinical practice guidelines including recommendations for acupuncture. Integr Med Res. 2022 Sep;11(3):100838. https://doi.org/10.1016/j.imr.2022.100838

Amyotrophic Lateral Sclerosis (ALS). No firm evidence, but recommend to use for pain. Grade C1 (out of A to D)

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Last update: **25 Oct 2026 15:35**