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Chronic Cough

Toux : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Lee 2025

Lee B, Kwon CY, Jeong YK, Ha NY, Kim KI, Lee BJ, Lee JH. Acupuncture-related therapy for chronic cough: A systematic review and meta-analysis. Integr Med Res. 2025 Mar;14(1):101121. https://doi.org/10.1016/j.imr.2025.101121

Background	Despite the high prevalence and socioeconomic burden of chronic cough, there has been an unmet medical need. Acupuncture may be promising for treating chronic cough with various pathophysiologies involving several neurotransmission mechanisms. We aimed to systematically compile evidence on the effect and safety of acupuncture-related therapy for chronic cough.
Methods	Through a search of 11 databases, randomized controlled trials (RCTs) published until February 15, 2024 that evaluated the effect of acupuncture-related therapy at acupuncture points (including acupuncture, acupoint herbal patching, and moxibustion) for patients with chronic cough were identified and analyzed without restrictions on the cause of cough or age. When there were two or more studies that measured the same outcome measures, a meta-analysis was performed, and the certainty of evidence was evaluated based on the GRADE methodology.
Results	A total of **30 RCTs with 2835 participants** were included. When acupuncture-related therapy was implemented in addition to conventional treatment including medicine and lifestyle guidance according to symptoms and causes, cough severity, cough-related quality of life, and the total effective rate (TER) were significantly improved with no difference in the incidence of adverse events. Furthermore, compared with conventional treatment, acupuncture-related therapy significantly improved cough severity and the TER. The certainty of the evidence was generally moderate due to the risk of bias. The most frequently used acupuncture points in the included studies were BL13, GV14, CV17, and EX-B1.
Conclusion	Acupuncture-related therapy might be an effective and safe treatment for patients with chronic cough of various causes with complex pathophysiologies.

1.1.2. Xiong 2021 (Cough-Variant Asthma)

Xiong J, Qi W, Yang H, Zou S, Kong J, Wang C, Zhou Y, Liang F. Acupuncture Treatment for Cough-Variant Asthma: A Meta-Analysis. Evid Based Complement Alternat Med. 2021. [218248]. doi

Background	In recent years, there have been many clinical reports on acupuncture treatment of cough-variant asthma, but no researcher has objectively analysed and evaluated the efficacy and safety of acupuncture treatment of cough-variant asthma from the perspective of evidence-based medicine.
Objective	To systematically evaluate the clinical efficacy and safety of acupuncture in treating cough-variant asthma and to provide reference values for clinical decision-making.
Methods	The comprehensive computer retrieval Chinese journal full-text database (CNKI), Chinese science and technology periodical database (VIP), ten thousand data knowledge service platform (WanFang Data), PubMed, Embase, and the Cochrane Library were used to collect literature for relevant randomized controlled trials (RCT) of acupuncture treatment of cough-variant asthma, as well as to retrieve papers and add reference retrieval after literature review, in accordance with the standard of literature filtering, data extraction, and quality evaluation. The data were meta-analysed using ReviewManager5.3 software recommended by Cochrane.
Results	A total of **11 randomized controlled clinical** studies were screened and included, comprising **929 patients**. The results of the meta-analysis showed that, compared with the control group, acupuncture intervention on CVA could enhance the total clinical effectiveness rate, reduce the relapse rate of drug withdrawal, relieve symptoms of cough, phlegm, and diaphragmatic congestion, and improve lung function-related indicators and immune inflammation indicators. There were statistically significant differences in all efficacy evaluation criteria.
Conclusion	The clinical curative effect of acupuncture treatment for cough-variant asthma is precise and has certain advantages in relieving symptoms and reducing the recurrence rate. However, the low quality of the evaluation in the RCT research literature is a problem, and more high-quality clinical randomized controlled trials are needed to further verify the comprehensive clinical efficacy and safety of this treatment.

1.2. Special Clinical Forms

1.2.1. Lung Cancer

1.2.1.1. Cao 2026

Cao M, Cheng X, Lee VHF, Lin CC, Cheung DST. Non-Pharmacological Interventions for Cough in Patients With Lung Cancer: A Systematic Review and Meta-Analysis. J Clin Nurs. 2026 Mar 15. https://doi.org/10.1111/jocn.70289

Background	Cough, a prevalent and debilitating symptom of lung cancer, remains poorly managed. Accumulating evidence on non-pharmacological interventions for lung cancer cough necessitates systematic evaluation to assess their efficacy.
Aim	To synthesise evidence on non-pharmacological interventions for managing cough in lung cancer patients.
Design	A systematic review and meta-analysis following the Preferred Reporting Items for Systematic reviews and Meta-Analyses reporting guideline.
Methods	Nine databases were searched from inception to December 2024 to identify randomised controlled trials. Study quality was appraised using the Revised Cochrane Risk-of-Bias Tool for Randomised Trials. Meta-analyses were performed for quantitative synthesis, with sources of heterogeneity examined using meta-regression and subgroup analyses.

Results	Thirty-eight studies representing 2995 lung cancer patients were identified. These studies investigated **acupuncture therapy, moxibustion**, pulmonary rehabilitation, self-management intervention, physical exercises, psychoeducation support, mindfulness, and multicomponent interventions. Non-pharmacological interventions showed positive effects on cough severity and cough-related quality of life. Additional benefits were observed for expectoration, dyspnea, and general quality of life. Pulmonary rehabilitation showed a greater effect on cough severity than other non-pharmacological interventions.
Conclusion	Non-pharmacological interventions are promising in improving cough, expectoration, dyspnea, and general quality of life among lung cancer patients. Pulmonary rehabilitation showed the most promising effect. Future research should adopt objective cough measures in addition to self-reported measures.
Implications	Non-pharmacological interventions demonstrated potential effects in relieving cough and additional benefits in improving expectoration, dyspnea, and general quality of life among lung cancer patients. Healthcare professionals may adopt pulmonary rehabilitation for cough and related symptoms in lung cancer patients.
Impact	As the first meta-analysis addressing non-pharmacological interventions for lung cancer cough, this study provides evidence supporting their clinical efficacy for improving cough and associated symptoms among patients with lung cancer.

1.2.2. Gastroesophageal reflux disease

1.2.2.1. Choi 2026

Choi TY, Ang L, Lee MS. Efficacy of acupuncture-related therapies for gastroesophageal reflux-related chronic cough: a systematic review and meta-analysis. Front Med (Lausanne). 2026 Mar 4;13:1712003. https://doi.org/10.3389/fmed.2026.1712003

Background	Gastroesophageal reflux disease (GERD) may present as chronic cough, known as GERD-related chronic cough (GERC). Conventional treatment, including proton pump inhibitors, is often suboptimal. Acupuncture has been proposed as a complementary therapy, however, its clinical effectiveness for GERC remains unclear. This study aimed to evaluate the efficacy and safety of acupuncture-related therapies for GERC.
Methods	We systematically searched 11 international and regional databases up to June 2025 for randomized controlled trials (RCTs) on acupuncture for GERC. Primary outcomes were daytime and nighttime cough symptom scores; secondary outcomes included the Leicester Cough Questionnaire (LCQ) score and total effective rate (TER). A random-effects model was used for meta-analysis. Risk of bias was assessed with RoB 2, and certainty of evidence with GRADE.
Results	**Five RCTs involving 390 participants** were identified. Compared with Western medicine alone, acupuncture significantly reduced daytime (MD = -0.41, 95% CI [-0.75, -0.07]) and nighttime cough scores (MD = -0.38, 95% CI [-0.59, -0.17]). LCQ scores improved (MD = 2.29, 95% CI [1.99, 2.60], $p < 0.00001$), and TER was higher in the acupuncture group (RR = 1.13, 95% CI [1.01, 1.27]). No serious adverse events were reported. The overall risk of bias was moderate, mainly due to blinding and allocation limitations.
Conclusion	Acupuncture may be a safe and effective complementary therapy for GERC, improving cough symptoms and quality of life. However, the current evidence is limited; larger, high-quality RCTs with standardized protocols are warranted.

1.3. Special Acupuncture Techniques

1.3.1. Acupoint sticking therapy

1.3.1.1. Tu 2022

Tu H, Zhang Q. Assessment of Acupoint Therapy of Traditional Chinese Medicine on Cough Variant Asthma: A Meta-analysis. Biomed Res Int. 2022 Jul 30;2022:4168308. https://doi.org/10.1155/2022/4168308

Background	Acupoint application has been used in China to treat various illnesses for ages. In cough variant asthma (CVA), the main clinical sign is episodic night cough. Acupoint application therapy of traditional Chinese medicine is an effective procedure to treat cough variant asthma.
Methods	The current study is designed to systematically assess the effectiveness of acupoint application therapy in traditional medicine for patients with cough variant asthma. The comprehensive computer retrieval related to comparison between acupoint application and nonacupoint application therapy for cough variant asthma was carried out in various databases (n = 8) from database establishment until July 4, 2021. Both English and Chinese articles about original investigations in humans were searched. Two independent authors extracted the data, and disagreements were resolved by discussion. ReviewManager 5.3 software provided by Cochrane did a meta-analysis of selected randomized controlled trials (RCTs). Quality of experimentation and risk bias were analyzed by the Cochrane Handbook tool.
Results	A total of **thirteen randomized controlled clinical** articles along with **1237 patients** were included in the study. Findings of meta-analysis showed that compared with nonacupoint application treatment, the total effective rate of acupoint application treatment is more effective (RD = 0.13, 95% CI (0.09, 0.17), Z = 6.70, P < 0.00001). Besides, acupoint application can improve patients' lung function, the lung function index FVC (mean difference = 0.55, 95% confidence interval (0.42, 0.68), Z = 8.40, P < 0.00001), FEV1 (MD = 0.35, 95% CI (0.23, 0.47), Z = 5.86, P < 0.00001), FEV1/FVC (%) (MD = 12.68, 95% CI (4.32, 21.03), Z = 2.97, P = 0.003), FEV1 (%) (MD = 8.63, 95% CI (8.01, 9.25), Z = 27.44, P < 0.00001), and PEF (day) (MD = 0.62, 95% CI (0.52, 0.71), Z = 12.40, P < 0.00001) of patients treated by acupoint application therapy were increased. Moreover, acupoint application might lower the level of immunoglobulin E (MD = -54.58, 95% CI (-63.54, -45.61), Z = 11.93, P < 0.00001) and EOS (MD = -0.21, 95% CI (-0.35, -0.06), Z = 2.77, P = 0.006). The LCQ (Leicester cough questionnaire) total score of CVA patients was also increased (MD = 2.30, 95% CI (1.55, 3.06), Z = 5.98, P < 0.00001).
Conclusions	Acupoint application therapy is effective in controlling symptoms of CVA. It also has a positive effect in improving lung function and life quality of patients. It can reduce the eosinophil levels and peripheral blood IgE levels of patients as well.

2. Clinical Practice Guidelines

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

2.1. Agency for Healthcare Research and Quality (ARQ, USA) 2013 Ø

X. Assessment and Management of Chronic Cough Agency for Healthcare Research and Quality (ARQ, USA). 2013. 256p. [192678].

Still, our systematic review of the literature identified only two studies of nonpharmacological interventions for chronic cough; one was published in 1988 and one in 2006, and neither involved complementary or alternative medical approaches that have recently garnered attention by patients, clinicians, researchers. Only one study included in our review involved such an approach.

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