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Axial spondyloarthritis

Spondylarthrite axiale : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Zhang 2026

Zhang J, Sun S, Bai R, Yin H, Chen J, Kong W. Efficacy of acupuncture in the management of ankylosing spondylitis: a systematic review and meta-analysis with insights. Front Neurol. 2026 Jan 13;16:1716550. https://doi.org/10.3389/fneur.2025.1716550

Background	Ankylosing spondylitis is a chronic progressive autoimmune disease of the axial skeleton. Although acupuncture has been explored for symptom relief its efficacy in ankylosing spondylitis remains inconclusive, motivating a systematic evaluation to inform clinical practice.
Objective	To assess the efficacy and safety of acupuncture for patients with ankylosing spondylitis.
Methods	This systematic review and meta-analysis followed PRISMA 2020 guidelines. Seven databases were searched for randomized controlled trials published up to December 25 2024. Methodological quality was assessed using the Cochrane Risk of Bias Tool version 2.0. Meta-analyses were conducted with RevMan 5.4 using random-effects models when heterogeneity was high. Subgroup and sensitivity analyses were performed as appropriate.
Results	**Thirty-five randomized controlled trials** were included. Significant improvements were observed across all six evaluated outcomes including BASDAI, BASFI, ASDAS, VAS, C-reactive protein and erythrocyte sedimentation rate. Mean differences showed clinically and statistically significant reductions for disease activity, functional impairment, pain and inflammatory markers. No serious acupuncture-related adverse events were reported, with only mild and transient reactions described in a small number of cases.
Conclusion	Acupuncture including electroacupuncture, warm acupuncture and fire acupuncture appears to be an effective and safe treatment for ankylosing spondylitis. However substantial heterogeneity and the limited availability of large high-quality trials restrict the strength of conclusions, highlighting the need for robust multicenter comparative studies.

1.1.2. Cao 2025

Cao X, Zhang Y, Xiao Z, Peng J. Efficacy and safety of acupuncture combined with Western medicine in the treatment of ankylosing spondylitis: A systematic review and meta-analysis. Medicine

(Baltimore). 2025 May 23;104(21):e42468. https://doi.org/10.1097/MD.0000000000042468

Backgound	An autoimmune disease called ankylosing spondylitis (AS) is known to cause stiffness and pain in the joints. Acupuncture is a traditional Chinese medicine that has been used extensively to treat AS. It has several advantages, including safety, affordability, and few adverse effects. However, there is limited data to support its therapeutic effects. As a result, the goal of the current study is to assess acupuncture's reliability in treating AS in its entirety.
Methods	Seven databases were searched from January 1, 2000, to July 31, 2024, for randomized controlled trials (RCTs) on acupuncture in conjunction with Western medicine to treat AS. The retrieved data was meta-analyzed using Review Manager 5.4 and Stata 17.0. The updated Cochrane risk of bias tool was used to evaluate the bias risk in RCTs.
Results	The results revealed that combining Acupuncture and Western medicine led to better outcomes as far as effective rate (RR = 1.25, 95% confidence intervals (CI): 1.16-1.34); thoracic mobility (MD = 0.58, 95% CI: 0.43-0.73); Schober test (SMD = 0.83, 95% CI: 0.57-1.09); bath ankylosing spondylitis disease activity index (MD = -1.11, 95% CI: -1.46 to -0.76); visual analog scale for pain (MD = -1.02, 95% CI: -1.44 to -0.60); CRP (MD = -2.79, 95% CI: -4.14 to -1.43); ESR: (MD = -5.33, 95% CI: -6.63 to -4.02); and adverse reactions (RR = 0.58, 95% CI: 0.35-0.95) in contrast to treating AS with just Western treatment.
Conclusion	When paired with Western therapy, acupuncture improves the effective rate, functional scores, and symptoms of people with AS while lowering adverse reactions.

1.1.3. Zhang 2025

Zhang D, Zhang GL, Peng B, Wu ZP, Yi XD, Zhao TY, Sun JF. Acupuncture for ankylosing spondylitis: An updated systematic review and meta-analysis. J Back Musculoskelet Rehabil. 2025 Mar;38(2):364-382. https://doi.org/10.1177/10538127241289339

Backgound	Existing evidence is insufficient to support that acupuncture is effective in treating ankylosing spondylitis (AS) due to the constraints of acupuncture site and manipulation, and relatively straightforward study treatments and indicators.
Objective	By incorporating high-quality original literature, this study aims to evaluate the effectiveness of acupuncture for AS and to demonstrate acupuncture as a non-drug supplementary and alternative means for treating AS.
Methods	We searched seven databases from their inception to March 31, 2023. Only randomized controlled trials (RCTs) with PEDro score ≥ 6 that compared traditional acupuncture alone or in combination with non-acupuncture therapy on diagnostic AS were considered. The PEDro, ROB2, and STATA tools were used for quality evaluation and statistical analysis.
Results	A total of **21 RCTs covering 1884 patients** were included. Meta-analysis showed that acupuncture had positive effects on Western medicine effective rate (RR = 1.223, 95%CI: 1.150, 1.301, P < 0.001), traditional Chinese medicine effective rate (RR = 1.175, 95%CI: 1.111, 1.243, P < 0.001), pain score (visual analogue scale, SMD = -0.666, 95%CI: -0.801, -0.531, P < 0.001), spinal function including bath ankylosing spondylitis function index score (SMD = -0.827, 95%CI: -0.945, -0.708, P < 0.001), bath ankylosing spondylitis disease activity index score (SMD = -1.069, 95%CI: -1.190, -0.949, P < 0.001), and bath ankylosing spondylitis metrology index score (SMD = -0.699, 95%CI: -0.887, -0.511, P < 0.001), ankylosing spondylitis quality of life score(SMD = -0.619, 95%CI: -0.917, -0.322, P < 0.001), C-reactive protein levels (SMD = -0.980, 95%CI: -1.092, -0.868, P < 0.001) and erythrocyte sedimentation rate value (SMD = -0.701, 95%CI: -0.810, -0.591, P < 0.001).

Conclusion	Though with a high risk of bias, the high-quality studies indicate that acupuncture is a beneficial complementary and alternative therapy for AS patients, as it can reduce pain intensity and improve effective rate, spinal function, and anti-inflammatory response.

1.1.4. Xuan 2020

Xuan Y, Huang H, Huang H, Liu D, Hu X, Geng L, The Efficacy and Safety of Simple-Needling Therapy for Treating Ankylosing Spondylitis: A Systematic Review and Meta-Analysis of Randomized Controlled Trials.Evid. Based Complementary Altern. Med.2020. 4276380. [211869]. doi

Background	Clinical investigators have found that the use of needling in the treatment of ankylosing spondylitis (AS) has a good clinical application prospect in recent years. However, these studies were insufficient to provide evidence for the efficacy and safety of simple-needling for AS. So, we performed a systematic review and meta-analysis to evaluate the efficacy and safety of simple-needling for treating AS.
Methods	We searched the PubMed, Cochrane Library, Embase, China National Knowledge Infrastructure (CNKI), Chinese Biomedical Literature Database (CBM), Wangfang database (Wanfang), Chinese Science and Technology Periodical Database (VIP), and any other gray literature sources for randomized controlled trials (RCTs) that used simple-needling to treat AS before June 2019 with the language restriction of Chinese and English. Researchers evaluated the retrieved literature studies and extracted valid data according to relevant requirements and used RevMan5.3 software for meta-analysis.
Results	A total of **10 studies were included**, all of which were Chinese literature studies, involving **729 patients**. Compared with the control groups, simple-needling groups had a better effect on the clinical effective rate (RR = 1.20, 95% CI (1.11, 1.29),), TCM syndrome score (MD = −5.26, 95% CI (−5.99, −4.53),), symptom score (MD = −8.08, 95% CI (−10.18, −5.97),), and Schober test outcome (MD = 0.39, 95% CI (0.15, 0.64),). Sensibility analysis was based on the leave-one-out cross-validation procedure, and the results showed no significant changes. Most studies did not describe adverse reactions. The funnel plot suggested publication bias on clinical effectiveness.
Conclusion	This systematic review and meta-analysis demonstrated that **simple-needling was effective as an intervention for AS**. However, due to the low quality of the methodology of included studies, the designs of clinical trials were not rigorously standardized. Therefore, it is necessary to carry out multiquality RCTs for verification.

1.1.5. Li 2019

Li Ping, Wang Yinjie, Tian Jigang. [Meta Analysis of the Randomized Controlled Trial of Acupuncture for Ankylosing Spondylitis]. Rehabilitation Medicine. 2019;Issue 3:66-72. [201714].

Objective	To evaluate the clinical effect of acupuncture in the treatment of ankylosing spondylitis and provide evidence-based medical evidence for clinical practice.

Methods	Randomized controlled trials(RCT) about acupuncture(trial group)compared with medicines(control group) in the treatment of ankylosing spondylitis were collected from five major databases at home and abroad(CNKI, VIP database, Chinese Biomedical Database, Wanfang database, PubMed) from January 2000 to February 2018.Two independent reviewers screened the articles, extracted data and assessed the risk of bias. The evaluation of the quality was performed using Cochrane Risk of Bias evaluation criterion and Modified Jadad Scales; besides the data was analyzed by using RevMan5.3 software. Bi-categorized variables were represented by risk rate(RR) or odds ratio(OR) and its 95% confidence interval(CI) and continuous variables were represented by weighted mean difference(MD) and its 95% CI.
Results	Finally, **11 clinical randomized controlled trials** were included. All of them were Chinese literatures. A total of **767 participants** involving 395 patients were included in the trial group and 372 patients in the control group. According to meta-analysis, the total effective rate of acupuncture in the treatment of ankylosing spondylitis was higher than that of the control group [RR=1.26, 95%CI(1.17, 1.35), P<0.000 01], and the difference was statistically significant(P<0.05). Thoracic distance [MD=0.41, 95%CI(0.26,0.56), P<0.000 01], finger distance [MD=-4.97, 95%CI(-9.06,-0.89), P=0.02], erythrocyte sedimentation rate [MD=-8.46, 95%CI(-14.00,-2.92), P=0.003], C-reactive protein [MD=-23.20,95%CI(-40.68,-5.73), P=0.009] of the trial group were significantly improved better than those of the control group, and the differences were statistically significant(P<0.05). However, there were no significant differences in improving the disease activity index of ankylosing spondylitis score [MD=-5.36, 95%CI(-12.99,-2.26), P=0.17], the functional index of ankylosing spondylitis score [MD=-4.25,95%CI(-8.81, 0.31), P=0.07] and the adverse reaction rate [OR=0.12, 95%CI(0.01, 1.64), P=0.11] between the two groups(P>0.05).The sensitivity analysis of the total effective rate was carried out by removing one of them one by one and then merging the effect quantity analysis. Meta-analysis results showed that the difference of total effective rate had statistical significance(P<0.05) after eliminating one of the documents in turn. The merging effect was determined by RR and the obtained RR was relatively stable. Sensitivity analysis showed that the research was homogeneous and the results of the meta-analysis were stable.
Conclusion	Acupuncture has certain advantages in the treatment of ankylosing spondylitis, and it is helpful to improve the activity of thoracic spine, the activity of lumbar spine and the inflammatory markers(erythrocyte sedimentation rate, C-reactive protein) in patients with ankylosing spondylitis as a result. So acupuncture in the treatment of ankylosing spondylitis is worthy of clinical use. However, this study is based on literature data; the quality and quantity of literature maybe have significant influence on the final results. Therefore, it is necessary to conduct more high-quality and large-sample studies, so as to provide a more reliable evidence-based basis for the treatment of ankylosing spondylitis by acupuncture.

1.1.6. Zhang 2018 ☆

Zhang Zhu-Heng, Wang Jing, Fu Yu, et al. [Meta Analysis of Clinical Randomized Controlled trials [Research Literature on Acupuncture and Moxibustion Treatment of Ankylosing Spondylitis]. Chinese Journal of Basic Medicine in TCM. 2018;24(12):1743. [193195].

Objective	Evaluate the clinical efficacy and safety of acupuncture in the treatment of ankylosing spondylitis (AS) , and provide evidence for the application of acupuncture in the treatment of ankylosing spondylitis.

Methods	Collect clinical randomized controlled trials (RCTs) of acupuncture treatment of AS. Search the medical electronic bases including PubMed, Embase, Cochrane library retrieval, China CNKI, Wanfang Data and VIP data by computer to find the application of acupuncture and Western medicine in the treatment of ankylosing spondylitis. Retrieval time were from inception to December 2016. The data were extracted independently by 2 researchers, and the data were extracted and evaluated independently according to the Cochrane system evaluation methodology. The Meta analysis was made by Revman 5. 3 software.
Results	A total of **21 studies** were included, involving a total of **1820 patient**s (950 in treatment group, 870 in control group). The results of Meta analysis showed that the effects of acupuncture was superior to western medicine in terms of the efficiency rate(RR = 3. 25, 95% CI 2. 52 to 4. 20) , thoracic expansion degree (SMD =0. 32, 95% CIO. 09 to 0. 54) , finger ground distance (SMD = - 1. 01 , 95% CI - 1. 27 to 0. 76) , pillow wall distance (SMD = -0.73,95% CI -1. 19 to 0.27), Schober test(SMD = 0.37,95% CIO. 22 to 0.53) , erythrocyte sedimentation rate (ESR) (SMD = -0.80, 95% CI - 1.21 to -0.40).
Conclusion	The acupuncture treatment of AS has certain advantages compared with western medicine, but it still needs more high-quality, low-risk randomized controlled literature to verify and support.

1.1.7. Zhang 2018 ☆

Zhang Xiao, Luo Xiaozhou, Cao Qiuyu, Deng Gan, Tang Chunzhi. [Efficacy of Acupuncture and Sulfasalazine for Ankylosing Spondylitis: A Network Meta-analysis]. Chinese Archives of Traditional Chinese Medicine. 2018;10:. [182494].

Objective	To evaluate the clinical efficacy of acupuncture and moxibustion in the treatment of ankylosing spondylitis by using the random effects model based on Bayesian theory.
Methods	A computer-controlled search of Google Scholar, Pub Med, Cochrane Library, CNKI, VIP, CBM and Wanfang database were published from the publication to October 2017. Randomized controlled trials/acombined randomized controlled trials on acupuncture for ankylosing spondylitis(RCT/CCT) literature were assessed the risk of quality and bias by two researchers in accordance with the Cochrane Handbook 5. 1. 0. Stata 14. 0 was used to draw the network structure diagram and Ge MTC 0. 14. 3 to do the statistics.
Results	The final 25 studies met the inclusion criteria, a total of 2208 cases, involving sulfasalazine, acupuncture, moxibustion, bee acupuncture, acupuncture + moxibustion, acupuncture + moxibustion + cupping, moxibustion +bee needle and other 9 kinds of interventions. The results of network Meta-analysis showed that the combination of sulfasalazine and acupuncture, sulfasalazine and moxibustion, sulfasalazine and acupuncture + moxibustion, sulfasalazine and acupuncture + moxibustion + canister, sulfasalazine and acupuncture + canister, sulfasalazine and acupuncture + bee needle, sulfasalazine and moxibustion + bee needle, needle and needle + moxibustion, acupuncture and acupuncture +moxibustion + cupping, moxibustion and acupuncture + moxibustion, moxibustion and acupuncture + moxibustion + cupping. The total effective rate between bee needle and acupuncture + moxibustion + cupping was statistically significant. According to the best possible curative effect, the order from high to low is acupuncture + moxibustion + cupping, acupuncture + moxibustion + bee, moxibustion + bee acupuncture, acupuncture + moxibustion, acupuncture + cupping, moxibustion, acupuncture, bee acupuncture, Sulfapyridine.
Conclusion	The existing research evidence shows that acupuncture and moxibustion is superior to monotherapy and sulfasalazine, acupuncture + moxibustion + cupping, acupuncture +moxibustion + bee, moxibustion + bee acupuncture for the best treatment of this disease. But the exact conclusion still needs a lot of high-quality RCTs to be confirmed.

1.1.8. Lv 2015 (vs Disease-modifying Antirheumatic Drugs) ★

Lv ZT, Zhou X, Chen AM. [Acupuncture Therapy versus Disease-modifying Antirheumatic Drugs for the Treatment of Ankylosing Spondylitis–a Meta-analysis]. Forsch Komplementmed. 2015;22(6):395-402. [190122]

Objectives	We conducted a meta-analysis evaluating the efficacy and safety of acupuncture compared to disease-modifying antirheumatic drugs in patients with ankylosing spondylitis.
Methods	Four databases including Pubmed, EMBASE, Cochrane library, and ISI Web of Science were searched in December 2014, taking also the reference section into account. Randomized controlled trials that aimed to assess the efficacy of acupuncture therapy were identified. The inclusion criteria for the outcome measurements were the clinical effect, ESR, occipital wall test, chest expansion, CRP and finger ground distance. Finally, six studies met these inclusion criteria. Two reviewers screened each article independently and were blinded to the findings of each other.
Results	We analyzed data from 6 RCTs involving 541 participants. Acupuncture therapy could further improve the clinical effect (OR = 3.01; 95% CI, 1.48-6.13; P = 0.002) and reduce ESR level (SMD = -0.77; 95% CI, -1.46 to -0.08; P = 0.03) compared to DMARDs; a combination of acupuncture and DMARDs could further improve clinical effect (OR = 3.20, 95% CI, 1.36-7.54; P = 0.008), occipital-wall distance (SMD = -0.84; 95% CI, -1.37 to -0.31; P = 0.002), chest expansion (SMD = 0.38; 95% CI, 0.16-0.60; P = 0.0009), and finger-ground distance (SMD = -0.48; 95% CI, -0.87 to -0.09; P = 0.02) as compared to DMARDs treatment alone.
Conclusions	Our findings support that acupuncture therapy could be an option to **relieve symptoms associated with AS**. These results should be interpreted cautiously due to the generally poor methodological qualities of the included trials.

1.1.9. Gong 2007 ★

Gong XM, Ren K. [Acupuncture therapy in the rehabilitative treatment of ankylosing spondylitis a systematic review]. Chinese J Rehabil Med. 2007;22:537. [181461].

目的:系统评价针灸促进强直性脊柱炎的康复和减少其远期发病率的效果. 方法:计算机互联网检索MEDLINE(1978-2006)□中国学术期刊全文数据库(1994-2006)、中国生物医学全文数据库(1995-2006)□Highwire 文献数据库, 获取所涉及针灸治疗强直性脊柱炎的随机或半随机对照试验;而后选择符合纳入标准的临床试验, 评价其方法学质量, 并从中获取患者基本情况、干预措施、终点指标和结果等相关资料进行系统评价. 结果:共有7个小规模的临床随机对照试验. 合计555例患者符合纳入标准, 但因其在试验设计、报道上存在明显缺陷, 以及试验之问存存较大差异. 不符合Meta分析条件, 因而只能进行定性分析;结果显示针灸治疗强直性脊柱炎具有一定的疗效(P□0.001).结论:针灸治疗强直性脊柱炎有效, 但入选的7个随机对照试验规模小, 质量不高, 降低了这一结论的可靠性. 开展高质量、内在真实性好的相关随机对照试验非常必要	
Automatic translation	
Objective	To evaluate the promotion of acupuncture ankylosing spondylitis rehabilitation and long-term effect of reducing its incidence.

Method	Computer Internet to retrieve MEDLINE (1978-2006), China Academic Journal Full-text Database (1994-2006), the full text of Chinese Biomedical Database (1995-2006), Highwire literature database, get involved in acupuncture and moxibustion treatment of ankylosing spondylitis randomized or quasi-randomized controlled trials; then select clinical trials met the inclusion criteria to evaluate methodological quality, and to obtain the basic condition of the patient, intervention and other measures, endpoints and results Info systematic evaluation.
Results	A total of **seven small-scale randomized controlled trials in patients with a total of 555 cases** met the inclusion criteria, but because there are obvious flaws in the experimental design, reports, and test it. Q. exist large differences exist does not meet the conditions of Meta-analysis, which can only qualitative analysis; results showed that acupuncture treatment of ankylosing spondylitis have a certain effect (P <0.001).
Conclusion	**Acupuncture effective treatment of ankylosing spondylitis**, but selected seven randomized controlled trials are small, the quality is not high, reducing the reliability of this conclusion. conduct high-quality, good internal validity relevant randomized controlled trials is necessary

1.2. Special Acupuncture Techniques

1.2.1. Comparison of Acupuncture techniques

1.2.1.1. Han 2025

Han K, Yu M, Chen J, Wang S. Different acupuncture therapies combined with sulfasalazine for the treatment of ankylosing spondylitis: Bayesian network meta-analysis. J Pain Res. 2025 Nov 8;18:5991-6006. https://doi.org/10.2147/JPR.S555916

Background	Ankylosing Spondylitis (AS) is a serious challenge to public health. Acupuncture can effectively improve pain symptoms, activity function and quality of life in patients with AS. However, there is still significant heterogeneity in the evidence of its efficacy. Therefore, by conducting a Bayesian network meta-analysis, the efficacy of different acupuncture methods can be evaluated more systematically, providing a scientific basis for the optimization of treatment strategies for AS.
Methods	Randomized controlled trials of acupuncture combined with Sulfasalazine (SASP) for AS published in commonly used databases. Time up to July 8, 2025. Analysis was conducted using R4.2.0 and Stata16.0.
Results	**31 studies included 9 acupuncture methods**. Network meta-analysis results: On the BASDAI indicator: Acupuncture combined with SASP did not have a significant advantage over SASP. In terms of BASFI, SASP and Acupotomy and Tuina or Fu's Subcutaneous needling and Traditional Chinese medicine had a significant advantage over SASP. In terms of Efficacy, compared with SASP, Acupotomy and SASP, Warm Needling and Tuina and SASP, Du Meridian Moxibustion and SASP Du Meridian Moxibustion and Traditional Chinese medicine and SASP, Du Meridian Moxibustion and Acupuncture and SASP Bowl moxibustio and SASP, Fu's Subcutaneous needling and Traditional Chinese medicine and SASP Acupuncture and SASP, Acupuncture and Traditional Chinese medicine and SASP have significant advantages. Du Meridian Moxibustion and Acupuncture and SASP are more effective than Du Meridian Moxibustion and SASP.

Conclusion	Based on the results of this study, Acupotomy, Du Meridian Moxibustion and Cupping and SASP combined with SASP have the best effects.

1.2.2. Moxibustion

1.2.2.1. Dong 2020

Dong Li, Bin-Bin Yang, Min-Min Chang, Xin Yuan, ... Shu-Jie Tang. Moxibustion for ankylosing spondylitis: A systematic review and meta-analysis. European Journal of Integrative Medicine. 2020;35. [212069]. doi

Introduction	Both moxibustion and western medicine are widely used in the treatment of Ankylosing Spondylitis in China. However, which is better for the disease? Up to now, no review and meta-analyses have been published and the answer is still unclear. The aim of this research was to compare the effectiveness of moxibustion versus western medicine in the treatment of ankylosing spondylitis.
Methods	The PubMed, Cochrane Library, EMBASE, China Biology Medicine Data, Web of Science, CNKI, VIP, and Wanfang database were searched from their inception through November 1st, 2019. A meta-analysis was performed using the RevMan 5.3 software and the evidence level was assessed using the GRADE system.
Results	**Seventeen studies with 1235 patients** were included. Pooled analysis showed a favorable effect of moxibustion in total effective rate (RR = 1.14, 95 % CI: 1.07–1.21; P < 0.0001), VAS (MD = −0.82, 95 % CI: −1.08 to −0.56; P < 0.00001), gastrointestinal reaction (RR = 0.11, 95 % CI: 0.03–0.44; P = 0.002), CRP (MD = −1.14, 95 % CI: −1.99 to −0.29; P = 0.008), TNF-α (MD = −1.32, 95 % CI: −2.21 to −0.43; P = 0.004), finger-to-floor distance (MD = −3.02, 95 % CI: −4.81 to −1.23; P = 0.0009; MD = −8.19, 95 % CI: −9.73 to −6.65; P < 0.00001) and Schober test (MD = 0.50, 95 % CI: 0.17–0.82; P = 0.003), while no significant differences were found in BASDAI (MD = 0.12, 95 % CI: −0.53 to 0.76; P = 0.72), abnormal liver function (RR = 0.20, 95 % CI: 0.02–1.66; P = 0.14), ESR (MD = −1.55, 95 % CI: −5.54 to 2.43; P = 0.45), occiput to wall distance (MD = −0.58, 95 % CI: −1.43 to 0.28; P = 0.19) and thoracic expansion (MD = 0.04, 95 % CI: −0.07 to 0.14; P = 0.50) between the two groups.
Conclusion	Compared with western medicine, moxibustion had a favorable effect in alleviating pain, improving lumbar activity and reducing inflammatory reaction in people with ankylosing spondylitis. However, considering the limitations of this study, the evidence is not conclusive and high quality trials are needed in the future to further confirm this conclusion.

1.2.2.2. Hu 2020

Hu J, Mao Y, Zhang Y, Ye D, Wen C, Xie Z. Moxibustion for the treatment of ankylosing spondylitis: a systematic review and meta-analysis. Ann Palliat Med. 2020;9(3):709-720. [217488]. doi

Background	To systematically evaluate the efficacy of moxibustion in the treatment of ankylosing spondylitis (AS).

Methods	Seven electronic databases were systematically searched for relevant studies for inclusion from databases inception to December 31, 2018. Randomized controlled trials investigating the efficacy of moxibustion for AS treatment versus Western medicine (Wm) treatment were included for systematic review and meta-analysis. Effect estimates were pooled using the fixed or random-effects models. Between-study heterogeneity and publication bias were also assessed. Stratification analyses were further performed based on the treatment plan of experimental groups.
Results	**Twenty-six studies** were eligible for inclusion with a total of **1,944 AS patients**. Meta-analysis showed that compared with those receiving Wm treatment alone, patients receiving moxibustion combined with Wm treatment or moxibustion alone had a higher clinical efficacy rate [odds ratio (OR) =4.21, 95% confidence interval (CI): 2.91 to 6.10, P<0.001 for moxibustion combined with Wm versus Wm; OR =2.43, 95% CI: 1.62 to 3.65, P<0.001 for moxibustion alone versus Wm]. In addition, patients receiving moxibustion combined with Wm treatment had lower levels of C-reactive protein [weighed-median difference (WMD) =-6.33, 95% CI: -9.64 to -3.01, P<0.001] and erythrocyte sedimentation rate (WMD =-7.86, 95% CI: -11.26 to -4.46, P<0.001) after treatment, respectively. Furthermore, moxibustion could also improve Schober test scores (WMD =0.85, 95% CI: 0.15 to 1.55, P=0.017), occipital-wall distances (WMD =-0.55, 95% CI: -0.92 to -0.19, P=0.003), and finger-ground distances (WMD =-3.64, 95% CI: -5.61 to -1.68, P<0.001) of AS patients.
Conclusions	This study suggests that moxibustion is an effective complementary treatment for AS patients. However, further large-scale multicenter clinical trials are needed to confirm these findings.

1.2.2.3. Lu 2018 ☆

Lu Yang , Sun Shu-Ning , Chen Guo-Ming , et al. [Meta-analysis of the Clinical Efficacy of Moxibustion in Treating Ankylosing Spondylitis]. Shanghai Journal of Acupuncture and Moxibustion. 2018;37(5):583. [188158].

Objective	To evaluate the clinical efficacy of moxibustion in treating ankylosing spondylitis.
Method	By computer retrieval, literatures about randomized controlled trial on moxibustion in treating ankylosing spondylitis were collected from Pubmed, Embase, China Biology Medicine disc (CBMdisc), China National Knowledge Infrastructure (CNKI), and WanFang database. After data extraction and quality evaluation by using Cochrane Review Handbook 5 . 1, the eligible clinical trials underwent meta-analysis by using RevMen5 .3 software.
Result	A total of **25 articles** met the inclusion criteria, **including 2 087 cases** with 1 048 cases in the experiment group and 1 039 cases in the control group. The meta-analysis showed that the total effective rate of moxibustion in treating ankylosing spondylitis was superior to that of Western medicine [RR=1 . 1 7, 95%CI (1 .04, 1 .32), P=0.008]. Moreover, the total effective rate of moxibustion plus Western medicine in treating ankylosing spondylitis was superior to that of Western medicine [RR=1.14, 95%CI (1.09, 1.18), P<0.01].
Conclusion	Compared to Western medicine alone, moxibustion and moxibustion plus Western medicine can produce a better clinical efficacy and less adverse reactions. But due to the relative low quality of the eligible clinical studies, more randomized double-blind clinical trials with multiple centers and high quality are expected for further verification.

1.2.2.4. Sun 2018 ☆

Sun Shu-Ning , Lu Yang , Chen Guo-Ming , Chen Xing-Hua , Chen Xin-Lin. [Meta-analysis of Adjuvant

Therapy with The Moxibustion in The Treatment of Ankylosing Spondylitis]. Journal of Basic Chinese Medicine. 2018;24(8):1122. [181093].

0bjective	To systematically review the effectiveness and safety of adjuvant therapy with the Moxibustion in the treatment of Ankylosing Spondylitis AS.
Method	Such databases as Pubmed, Embase, CBM,CNKI, VIP database and WanFang Data are searched to collect randomized clinical trials on the effectiveness and safety of Moxibustion Combined with Western medicine contrast using Western medicine for Ankylosing Spondylitis. According to the inclusion and exclusion criteria, literature was screened, data were extracted, and the methodological quality of included studies was also assessed. Then, Meta-analysis was performed using RevMan 5. 3 software.
Results	**18RCTs were included eventually among a total of 1452 cases** on Moxibustion combined with Western medicine in the treatment of Ankylosing Spondylitis. Compared with the control group, the effectiveness of Moxibustion combined with Western medicine in the treatment of AS is superior than using Western medicine. It can improve the ESR score, the CRP score and shorten the Lime of morning stiffness. And there are less untoward effect by using Moxibustion.
Conclusion	The clinical effects of Moxibustion Combined with Western medicine in the treatment of Ankylosing Spondylitis certain and the safety is superior to the western medicine group. But the existing researches need to be verified in more high-quality randomized and double-blind multicenter studies due to their poor quality.

1.2.2.5. Dong 2018 (Moxibustion on Governor Vessel)☆

Dong Long-Cong, Deng Lu-Da, Lan Wei-Ya, Fu Ying-Yue, Pan Jian-Xiang, Xiang Kai-Wei. [Meta-analysis of Clinical Efficacy of Moxibustion on Governor Vessel in Treating Ankylosing Spondylitis]. Rheumatism and Arthritis. 2018;(9):30-5. [181201].

Objective	To systematically evaluate the clinical efficacy of moxibustion on Governor Vessel in treating ankylosing spondylitis.
Methods	Databases such as Pub Med, Embase, The Cochrane Library, CBM, CNKI, VIP and WANFANG DATA were retrieved by computer to find randomized controlled trials(RCT)of treating ankylosing spondylitis with moxibustion on Governor Vessel alone or combined with western medicine(from the establishment of the databases to March 2018).Two researchers independently screened the literature, extracted the literature and assessed the risk of bias, and analyzed the data using software Rev Man 5.3.
Results	A total of **10 RCT articles with 705 sample cases** were included, including 352 experimental groups and 353 control groups. The results of Meta-analysis showed that the effective rate of moxibustion on Governor Vessel was higher in seven articles(RR = 1.23, 95%CI = [1.13, 1.35], P < 0.000 01), and their VAS(WMD =-1.35, 95%CI =[-2.16, 0.53], P = 0.001), morning stiffness time(WMD =-1.35, 95%CI =[-2.16, 0.53], P = 0.001), C-reactive protein(WMD =-10.36, 95%CI =[-17.48, -3.24], P = 0.004)and erythrocyte sedimentation rate(WMD =-8.80, 95%CI =[-12.11, -5.49], P < 0.000 01)were better than those of the control group. Six of them mentioned adverse reactions, and 4 of them didn’t.
Conclusion	Moxibustion on Governor Vessel has some advantages over other treatments with Western medicine alone. Higher-quality randomized controlled double-blind trials will be needed to verify the curative effect of moxibustion on Governor Vessel in treating ankylosing spondylitis.

2. Clinical Practice Guidelines

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

2.1. American College of Rheumatology (ACR, USA) 2026 ⊕

American College of Rheumatology. 2026 update of the American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network recommendations for the treatment of axial spondyloarthritis in adults and children/adolescents [Internet]. https://assets.contentstack.io/v3/assets/bltee37abb6b278ab2c/blt424f1e71604af245/axspa-guideline-summary-2026.pdf

Adults. We conditionally recommend acupuncture and massage therapy [63.2]. Strength: Conditional. Level of evidence: Low.
Children and adolescents: We conditionally recommend complementary/integrative medicine modalities such as acupuncture and massage therapy over no treatment by these modalities [63.2]. Strength: Conditional. Level of evidence: Low.

2.2. Korean Society of Spondyloarthritis Research 2023 Ø

Seo MR, Yeo J, Park JW, Lee YA, Lee JH, Kang EH, Ji SM, Kwon SR, Kim SK, Kim TJ, Kim TH, Kim HW, Park MC, Shin K, Lee SH, Lee EY, Cha HS, Shim SC, Yoon Y, Lee SH, Lim JH, Baek HJ; Korean Society of Spondyloarthritis Research. Korean treatment recommendations for patients with axial spondyloarthritis. J Rheum Dis. 2023 Jul 1;30(3):151-169. https://doi.org/10.4078/jrd.2023.0025.

Seo MR, Yeo J, Park JW, Lee YA, Lee JH, Kang EH, Ji SM, Kwon SR, Kim SK, Kim TJ, Kim TH, Kim HW, Park MC, Shin K, Lee SH, Lee EY, Cha HS, Shim SC, Yoon Y, Lee SH, Lim JH, Baek HJ; Korean Society of Spondyloarthritis Research. Korean treatment recommendations for patients with axial spondyloarthritis. Korean J Intern Med. 2023 Sep;38(5):620-640. https://doi.org/10.3904/kjim.2023.194. Epub 2023 Jul 24. PMID: 37482652.

Recommendation 17. We suggest that spa and acupuncture not be provided to patients with axSpA as therapies (GoE, low; SoR, weak; LoA, 80.6%)

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