Table des matières

1. Systematic Reviews and Meta-Analysis 1
1.1. Generic Acupuncture 1
1.1.1. Wang 2019 1
1.1.2. Li 2014 1
1.2. Special Acupuncture Techniques 2
1.2.1. Comparison of Acupuncture techniques 2
1.2.1.1. Zhuang 2026 2

postmenopausal osteoporosis

Ostéoporose post-ménopausique : évaluation de l'acupuncture

Articles connexes : Ostéoporose

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Wang 2019

Wang Kaili, Zhang Yili, Xie Yanming, Wei Xu, Jiang Junjie, An Yifang. [Systemic review and meta-analysis of acupuncture in the treatment of postmenopausal osteoporosis]. Chinese Journal of Osteoporosis. 2019;Issue 4:452-460. [201717].

目的 评价针刺治疗绝经后骨质疏松症的有效性及安全性. 方法 电子检索中文和英文数据库共6个, 检索日期截至2017年11月, 根据Cochrane Hand book 5.3评价标准和工具评价纳入研究的质量, 并用Revman 5.3软件进行Meta分析. 结果 共纳入10篇文献, 包括710例患者, 试验组354例, 对照组356例.Meta分析显示:①针刺vs常规治疗[RR=1.36,95%CI(1.18,1.57),Z=4.34,P<0.0001]针刺+常规治疗vs常规治疗[RR=1.31,95%CI(1.14,1.50),Z=3.77,P=0.0002],在提高临床有效率上均优于对照组;②针刺vs常规治疗[MD=-2.36,95%CI(-4.20,-0.53),Z=2.53,P=0.01]针刺+常规治疗vs常规治疗[MD=-1.61,95%CI(-2.06,-1.16),Z=7.01,P<0.00001],在改善疼痛评分上均优于对照组. 结论 与单用常规治疗相比, 针刺或针刺联合常规治疗在提高临床治疗有效率、改善疼痛方面疗效更优, 适于临床采纳应用. 但考虑到纳入文献的局限性, 在今后的研究中需要更多高质量、大样本、多中心、方法学设计严谨的随机对照试验, 进一步佐证并提升针刺治疗绝经后骨质疏松症有效性和安全性证据强度	
[Automatic translation]	
Objective	To evaluate the efficacy and safety of acupuncture for postmenopausal osteoporosis.
Methods	A total of 6 Chinese and English databases were searched electronically. The search date was as of November 2017, and was included in the study according to Cochrane Hand book 5.3 evaluation criteria and tools. Quality, and meta-analysis using Revman 5.3 software.
Results	The results included 10 articles, including 710 patients, 354 patients in the experimental group, and 356 patients in the control group. Meta-analysis showed: 1 acupuncture vs conventional therapy [RR=1.36, 95% CI (1.18, 1.57), Z=4.34, P<0.0001], acupuncture + conventional treatment vs conventional treatment [RR=1.31, 95% CI (1.14, 1.50), Z=3.77, P=0.0002], in clinical improvement Efficiency is better than the control group; 2 acupuncture vs conventional treatment [MD = -2.36, 95% CI (-4.20, -0.53), Z = 2.53, P = 0.01], acupuncture + conventional treatment vs conventional treatment [MD =-1.61, 95% CI (-2.06, -1.16), Z=7.01, P<0.00001], superior to the control group in improving pain score.
Conclusion	Acupuncture or acupuncture combined with conventional treatment alone Conventional treatment is more effective in improving clinical treatment efficiency and improving pain, and is suitable for clinical adoption. However, considering the limitations of the included literature, more high quality and large need are needed in future research. Sample, multicenter, methodologically designed randomized controlled trials to further corroborate and enhance the efficacy and safety of acupuncture for postmenopausal osteoporosis.

1.1.2. Li 2014

Li Sheng, Zhang Fengzheng, Wang Hongdy, Jiang Yang, Pan Xiaoyan. [Systematic review of literatures of acupuncture and moxibustion for treatment of postmenopausal osteoporosis (PMO)]. Journal of Luzhou Medical College. 2014;5:461-467. [187010].

Objective	To assess the effectiveness of acupuncture and moxibustion therapy and drug therapy for PMO.
Methods	Acupuncture, moxibustion, PMO, etc. were selected as the theme words to retrieve the related medical data base at home, such as CNKI、VIP、Wan fang etc. and clinically randomized controlled trials were used as enrolled criteria and the treatment group was mainly treated with acupuncture, and the control group with medicine. The total effective rate and BMD changed values were used as assessment indexes. After the methodological quality assessment, all studies were conducted for Meta-analysis by Rev Man-5. 1.
Results	Altogether 31 studies were enrolled. Among them **9 studies were conducted for Meta-analysis**, treatment group (365 cases, control group 252 cases). The total RR of the total effective rate in 4 studies was 1. 38 with 95%CI [1. 15, 1. 65]; and the total WMD of the BMD changed values in 6 studies was 0. 06 with 95%CI [0. 02, 0. 10]. Each index in the acupuncture group on PMO was superior to that in the medicine group (P < 0. 05).

Conclusion	Acupuncture and moxibustion therapy for PMO is effective, but more high-quality studies are required to prove this viewpoint.

1.2. Special Acupuncture Techniques

1.2.1. Comparison of Acupuncture techniques

1.2.1.1. Zhuang 2026

Zhuang J, Su D, Gao Q, Hu L, Jiang Y, Yu G, Chen X, Xi D. Evaluating combined acupuncture and antiresorptive therapy in Chinese women with postmenopausal osteoporosis: a systematic review and network meta-analysis. Front Endocrinol (Lausanne). 2026;17:1784394. https://doi.org/10.3389/fendo.2026.1784394

Background	Postmenopausal osteoporosis (PMOP) is a common metabolic disorder in middle-aged and older women, leading to fractures, disability, and increased mortality. Current treatments include bisphosphonates (BPs), calcitonin (CT), vitamin D (VD), and acupuncture (Acu), often used in combination, but comparative evidence on different combined strategies remain limited.
Objective	To systematically compare the efficacy and safety of acupuncture combined with various medications for PMOP, supporting evidence-based clinical decisions.
Methods	We searched eight databases from inception to April 11, 2026 for randomized controlled trials (RCTs) evaluating acupuncture plus pharmacotherapy for PMOP. Primary outcomes included lumbar spine (LS) and femoral neck (FN) bone mineral density (BMD), clinical efficacy, Traditional Chinese Medicine (TCM) syndrome scores, and Visual Analog Scale (VAS) pain scores. Secondary outcomes were procollagen type I N-terminal propeptide (PINP), C-terminal telopeptide (CTX), estradiol (E2), alkaline phosphatase (ALP), and osteocalcin (OCN). A Bayesian network meta-analysis was performed, ranking treatments by surface under the cumulative ranking curve (SUCRA).
Results	We included 112 RCTs (9, 908 patients, 83 treatment strategies). For LS-BMD, Calcitriol (Cal)_Electroacupuncture (ElecAcu) ranked highest. For FN-BMD, CT_VD_Traditional Chinese Medicine (TCM)_Fire dragon moxibustion (FDMox) (without BP) and CT_VD_BP_TCM_Acu (with BP) were best. TCM_Acu showed the best clinical efficacy. For TCM syndrome total score, CT_VD_Du-moxibustion (DuMox) ranked lowest. For low back pain, TCM_Acu (without BP) and CT_VD_BP_Acu_Moxibustion (Mox) (with BP) were best. CT_VD_BP_Acu_Point Application Therapy (Pat) ranked lowest for VAS. CT_VD_BP_Acupoint injection (AcuInj) produced the lowest PINP, CT_VD_TCM_Acu the lowest CTX, and CT_VD_BP_TCM_Acupoint catgut embedding (ACE) the highest E2. For ALP, CT_VD_BP_Acu ranked lowest with BP, and CT_VD_Mox highest without BP. For OCN, CT_VD_Mox ranked highest without BP, and CT_VD_BP_TCM_Acu_Mox highest with BP.
Conclusion	Acupuncture combined with pharmacotherapy offers differential benefits across efficacy outcomes in PMOP. However, fracture data were nearly absent (only one trial reported two hip fractures) and follow-up was short (≤12 months), limiting any inference on fracture prevention. Treatment selection should be individualized based on therapeutic priorities and patient characteristics, supporting personalized integrative management strategies.

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