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Restless Legs Syndrome

Syndrome des jambes sans repos : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Safarpour 2023 (in Chronic Kidney Disease)

Safarpour Y, Vaziri ND, Jabbari B. Restless Legs Syndrome in Chronic Kidney Disease- a Systematic Review. Tremor Other Hyperkinet Mov (N Y). 2023 Mar 29;13:10. https://doi.org/10.5334/tohm.752

Objectives	The objective of this review is to provide updated information on the epidemiology, correlating factors and treatment of chronic kidney disease associated restless legs syndrome (CKD-A-RLS) in both adult and pediatric population.
Materials and Methods	We have reviewed the Medline search and Google Scholar search up to May 2022, using key words restless legs syndrome, chronic kidney disease and hemodialysis and kidney transplant. The reviewed articles were studied for epidemiology, correlating factors, as well as pharmacologic and non-pharmacologic treatment options.
Results	Our search revealed 175 articles, 111 were clinical trials or cross- sectional studies and 64 were review articles. All 111 articles were retrieved and studied in detail. Of these, 105 focused on adults and 6 on children. A majority of studies on dialysis patients reported a prevalence between 15-30%, which is notably higher than prevalence of RLS in general population (5-10%). The correlation between presence of CKD-A-RLS with age, gender, abnormalities of hemogram, iron, ferritin, serum lipids, electrolytes and parathyroid hormones were also reviewed. The results were inconsistent and controversial. Limited studies have reported on the treatment of CKD-A-RLS. Non-pharmacological treatment focused on the effect(s) of exercise, **acupuncture**, massage with different oils and infra-red light whereas, pharmacologic treatment options include the effects of dopaminergic drugs, Alpha2-Delta ligands (gabapentin and pregabalin), vitamins E and C, and intravenous iron infusion.
Conclusion	This updated review showed that RLS is two to three times more common in patients with CKD compared to the general population. More patients with CKD-A-RLS demonstrated increased mortality, increased incidence of cardiovascular accident, depression, insomnia and impaired quality of life than those with CKD without RLS. Dopaminergic drugs such as levodopa, ropinirole, pramipexole and rotigotine as well as calcium channel blockers (gabapentin and pregabalin) are helpful for treatment of RLS. High quality studies with these agents are currently underway and hopefully confirm the efficacy and practicality of using these drugs in CKD-A-RLS. Some studies have shown that aerobic exercise and massage with lavender oil can improve symptoms of CKD-A- RLS suggesting that these measures can be useful as adjunct therapy.

1.2. Guay 2020

Guay A, Houle M, O'Shaughnessy J, Descarreaux M. Current Evidence on Diagnostic Criteria, Relevant

Outcome Measures, and Efficacy of Nonpharmacologic Therapy in the Management of Restless Legs Syndrome (RLS): A Scoping Review. J Manipulative Physiol Ther. 2020;43(9):930-941. [219111]. doi

Objective	The aim of this scoping review is to outline the current evidence regarding the management of restless legs syndrome (RLS) with nonpharmacologic approaches. To categorize the efficacy of conservative approaches in reducing symptoms of RLS, we have identified and summarized the current data regarding diagnostic criteria and relevant outcome measures, to inform future research and to guide clinical practice.
Methods	A scoping review was conducted using the National Center for Biotechnology Information; EBSCO; the Manual, Alternative and Natural Therapy Index System; the Cumulative Index to Nursing & Allied Health Literature; and Scopus. All literature related to RLS was extracted, screened, and reviewed based on titles and abstract contents. The authors then extracted data from the 24 admissible studies, that is, the ones about manual therapy, exercises, and alternative treatments for RLS. The Physiotherapy Evidence Database scale was used to rate the methodological quality of the included randomized controlled trials by 2 independent readers.
Results	In the 24 articles fulfilling the selection criteria, there was a consistent trend in the findings showing positive results in lowering RLS symptom severity. Most clinical studies based their diagnosis on the International Restless Legs Syndrome Study Group diagnostic criteria; the International Restless Legs Syndrome Study Group rating scale was the most often used outcome measure. The efficacy of exercise, yoga, massage, **acupuncture**, traction straight leg raise, cryotherapy, pneumatic compression devices, whole-body vibration, transcranial and transcutaneous stimulation, and near-infrared lights showed different effects on RLS symptom severity, and the level of evidence was evaluated.
Conclusion	Our results showed clinically significant effects for exercises, **acupuncture**, pneumatic compression devices, and near-infrared light. Short-lasting effects were identified with whole-body cryotherapy, repetitive transcranial stimulation, and transcutaneous stimulation. More studies are necessary to investigate efficacy of yoga, massage, traction straight leg raise, and whole-body vibration. No adverse effects were identified for moderate-intensity exercise, yoga, massage, and pneumatic compression devices.

1.3. Huang 2021

Huang C, Tang JF, Sun W, Wang LZ, Jin YS. Effectiveness of acupuncture in the management of restless leg syndrome: a systematic review and meta-analysis. Ann Palliat Med. 2021 Oct;10(10):10495-10505. https://doi.org/10.21037/apm-21-2309

1.4. Harrison 2019

Harrison EG, Keating JL, Morgan PE. Non-pharmacological interventions for restless legs syndrome: a systematic review of randomised controlled trials. Disabil Rehabil. 2019;41(17):2006-14. [203373]. DOI

Introduction	Restless legs syndrome (RLS) is a sensorimotor disorder characterised by an uncomfortable urge to move the legs. Management is primarily pharmacological. Effects for non-pharmacological, non-surgical options are published but lack systematic examination.

Objectives	To synthesise results of non-pharmacological/non-surgical treatment compared to no-treatment controls or alternative treatment for RLS on any relevant outcome. Methods: Databases and reference lists of reviews were searched for randomised controlled trials (RCTs) comparing non-pharmacological treatment to alternative or no treatment controls for idiopathic RLS. Search results were independently screened for inclusion by two researchers; disagreements regarding eligibility were resolved with discussion. Outcomes were summarised, and pooled where possible in meta-analysis.
Results	The search yielded 442 articles. Eleven trials met inclusion criteria. Repetitive transcranial magnetic stimulation, exercise, compression devices, counterstrain manipulation, infrared therapy, and standard acupuncture were significantly more effective for RLS severity than control conditions. Vibration pads, cryotherapy, and transcranial direct current stimulation were ineffective in reducing RLS severity. Vibration pads, cryotherapy, yoga, compression devices, and acupuncture significantly improved some sleep-related outcomes.
Conclusions	Few studies were identified and quality of evidence was not high. Some non-pharmacological interventions may be beneficial for reducing RLS severity and enhancing sleep. Implications for Rehabilitation The current management of restless leg syndrome is primarily pharmacological, and medications can have unwanted side effects. Repetitive transcranial magnetic stimulation, exercise, compression devices, counterstrain manipulation, infrared therapy, and **standard acupuncture** may reduce restless leg syndrome severity. Vibration pads, cryotherapy, yoga, compression devices, and acupuncture may improve some sleep-related outcomes in restless leg syndrome. Non-pharmacological interventions for RLS may cause placebo effects and rehabilitation professionals should control for this possibility in future investigations

1.5. Huang 2019

Huang CW, Lee MJ, Wang LJ, et al. Comparative efficacy and acceptability of treatments for restless legs syndrome in end-stage renal disease: a systematic review and network meta-analysis. Nephrol Dial Transplant. 2019. [202530]. DOI

Background	Restless legs syndrome (RLS) is common in end-stage renal disease (ESRD) patients and impairs health and quality of life significantly. However, the optimal treatment of RLS in ESRD patients is uncertain and less studied compared with idiopathic RLS patients.
Methods	We conducted a systematic review and network meta-analysis to compare the efficacy and acceptability of treatments for RLS in ESRD patients. Randomized controlled trials (RCTs) by February 2019 in the PubMed, Cochrane Library, Embase and ClinicalTrials.gov were reviewed. RLS severity reduction was treated as treatment efficacy, and adverse events were treated as acceptable. Both outcomes were appraised using a random effects model expressed as standardized mean differences and odds ratios with 95% confidence intervals (CIs), respectively, and were ranked using surface under the cumulative ranking curve (SUCRA) probabilities to obtain a hierarchy of interventions.
Results	A total of 12 RCTs were included, comprising 9 interventions and 498 participants. All the interventions significantly improved RLS severity without critical side effects compared with placebo. Gabapentin achieved the greatest decrease of RLS severity [standardized mean difference (SMD) = 1.95, 95% CI 0.81-3.09 (SUCRA: 79.3%)], despite its frequent adverse events [SMD = 0.18, 95% CI 0.02-1.50 (19.9%)]. The combination therapy of exercise plus dopamine agonist had better efficacy [SMD = 1.60, 95% CI 0.08-3.12 (59.8%)] and acceptability [SMD = 1.41, 95% CI 0.01-142.53 (63.9%)] compared with that of vitamin C plus vitamin E [SMD = 1.50, 95% CI 0.47-2.54 (56.6%); SMD = 0.32, 95% CI 0.04-2.86 (32.5%)].

Conclusions	This network meta-analysis supports that gabapentin is the most effective treatment for RLS in ESRD patients. Exercise plus dopamine agonist is a favorable combination therapy concerning side effects. Future large RCTs with long-term treatment outcomes are necessary.
Acupuncture	Acupoint stimulation has also been applied in the treatment of idiopathic or ESRD associated RLS. Our analysis examined two RCTs evaluating the effect of two kinds of acupoint stimulation, acupuncture therapy (moxibustion) and near-infrared light therapy, on RLS treatment in ESRD patients and the results showed that acupoint stimulation could significantly reduce RLS severity and improve sleep quality compared with placebo.

1.6. Xu 2018

Xu XM, Liu Y, Jia SY, Dong MX, Cao D, Wei YD. Complementary and alternative therapies for restless legs syndrome: An evidence-based systematic review. Sleep Med Rev. 2018;:158-167. [181972].

Backgroung	Restless legs syndrome (RLS) is defined as an irresistible urge to move the legs, which is usually accompanied by paresthesias or dysesthesias at least twice weekly and affects 2%-4% of adults in Europe and North America.
Objectives	This systematic review assesses the current complementary and alternative options for RLS and the potential benefits of those treatments on sleep quality, mood disorder, and quality of life.
Methods	A systematic search of the PubMed, Embase, Cochrane, and Web of Science databases was conducted. Eighteen studies met the inclusion criterion, which included the use of the international RLS study group criteria.
Results and conclusions	Complementary and alternative therapies have been found to be effective in both primary and secondary RLS. The severity of primary RLS symptoms can be significantly ameliorated by exercise training, transcutaneous spinal direct current stimulation, pneumatic compression devices, light therapy, repetitive transcranial magnetic stimulation, and **acupuncture**. Pneumatic compression devices and yoga also improve RLS-related disorders. Exercise training is highly efficacious in the reduction of symptom severity in uremic RLS and related effects such as poor quality of life. Endovenous laser ablation may be a good choice for patients with concurrent RLS and superficial venous insufficiency.

1.7. Xie 2011 ☆

Xie Yi-Nan, Wang Shu, Zhao Ran, Yu Qi-Lin. [Acupuncture for restless legs syndrome : a systematic review]. Journal of Clinical Acupuncture and Moxibustion. 2011;27(6):7. (chi). [174455].

Objective	To assess the therapeutic effect of acupuiicture for restless legs syndrome.
Methods	The paper searched EMbase , MEDLINE, CNKI CBM, WANFANG,VIP, Database, and handsearched relevant journals and conference proceedings. It included all randomized controlled trials (RCTs) and quasi-RCTs of acupuncture treatment for patients with restless legs syndrome. Datawere extracted and evaluated by two reviewers independently with a specially designed extraction form. The Cochrane Collaborations RevMan4. 2. 10 software was used for data analysis. At the same time, we do Fail - safe number analysis and use Funnel plot for the possible existence of publication bias.

Results	A total of **8 trials involving 581 patients** were included. Meta - analysis showed that the total effective rate in the treatment group was better than that in the control group: Acupuncture group versus western medicine group (OR = 13. 87,95% CI [8. 03,23. 96]). Fail - safe number analysis revealed a relatively stable result. Furinelplot is asymmetrica, which showed the possible existence of publication bias.
Conclusion	**Acupuncture is better**, but further large - scale trials are required to define the role of acupuncture in the treatment of restless legs syndrome.

1.8. Cui 2008 ∅

Cui Y, Wang Y, Liu Z. Acupuncture for restless legs syndrome. Cochrane Database Syst Rev. 2008. 8(4):cd006457. [151006].

Background	Restless legs syndrome (RLS) is a common movement disorder for which patients may seek treatment with acupuncture. However, the benefits of acupuncture in the treatment of RLS are unclear and have not been evaluated in a systematic review until now.
Objectives	To evaluate the efficacy and safety of acupuncture therapy in patients with RLS.
Methods	Search strategy: We searched the Cochrane Central Register of Controlled Trials (CENTRAL, The Cochrane Library, Issue 1, 2007), MEDLINE (January 1950 to February 2007), EMBASE (January 1980 to 2007 Week 8), Chinese Biomedical Database (CBM) (1978 to February 2007), China National Knowledge Infrastructure (CNKI) (1979 to February 2007), VIP Database (1989 to February 2007), Japana Centra Revuo Medicina (1983 to 2007) and Korean Medical Database (1986 to 2007). Four Chinese journals, relevant academic conference proceedings and reference lists of articles were handsearched. Selection criteria: Randomized controlled trials and quasi-randomized trials comparing acupuncture with no intervention, placebo acupuncture, sham acupuncture, pharmacological treatments, or other non-acupuncture interventions for primary RLS were included. Trials comparing acupuncture plus non-acupuncture treatment with the same non-acupuncture treatment were also included. Trials that only compared different forms of acupuncture or different acupoints were excluded. DATA collection and analysis: Two authors independently identified potential articles, assessed methodological quality and extracted data. Relative risk (RR) was used for binary outcomes and weighted mean difference for continuous variables. Results were combined only in the absence of clinical heterogeneity.
Main Results	Fourteen potentially relevant trials were identified initially, but twelve of them did not meet the selection criteria and were excluded. Only **two trials with 170 patients** met the inclusion criteria. No data could be combined due to clinical heterogeneity between trials. Both trials had methodological and/or reporting shortcomings. No significant difference was detected in remission of overall symptoms between acupuncture and medications in one trial (RR 0.97, 95% CI 0.76 to 1.24). Another trial found that dermal needle therapy used in combination with medications and massage was more effective than medications and massage alone, in terms of remission of unpleasant sensations in the legs (RR 1.36, 95% CI 1.06 to 1.75; WMD -0.61, 95% CI -0.96 to -0.26) and reduction of RLS frequency (WMD -3.44, 95% CI -5.15 to -1.73). However, there was no significant difference for the reduction in either the longest or the shortest duration of RLS (WMD -2.58, 95% CI -5.92 to 0.76; WMD -0.38, 95% CI -1.08 to 0.32).
Authors' conclusions	**There is insufficient evidence** to determine whether acupuncture is an efficacious and safe treatment for RLS. Further well-designed, large-scale clinical trials are needed.

2. Clinical Practice Guidelines

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

2.1. American Academy of Sleep Medicine (AASM, USA) 2024 Ø

Winkelman JW, Berkowski JA, DelRosso LM, Koo BB, Scharf MT, Sharon D, Zak RS, Kazmi U, Falck-Ytter Y, Shelgikar AV, Trotti LM, Walters AS. Treatment of restless legs syndrome and periodic limb movement disorder: an American Academy of Sleep Medicine clinical practice guideline. J Clin Sleep Med. 2025 Jan 1;21(1):137-152. https://doi.org/10.5664/jcsm.11390

There was insufficient and inconclusive evidence to make recommendations for the following: **acupuncture**, botulinum toxin, cognitive and behavioral therapy, clonidine, IV iron sucrose, near infrared light therapy, perampanel, tramadol, transcranial magnetic stimulation, transcutaneous spinal direct current stimulation, vitamin D, and yoga.

2.2. German Society for Neurology and the German Society for Sleep Research and Sleep Medicine (DGN, DGSM, Germany) 2024 Ø

Trenkwalder C, Stefani A, Bachmann CG, Maihöfner C, Mathis J, Muntean L, Mollin J, Paulus J, Heidbreder A. Restless legs syndrome: abbreviated guidelines by the German sleep society and the German neurological society. Neurol Res Pract. 2024 Nov 6;6(1):53. https://doi.org/10.1186/s42466-024-00353-0

Acupuncture : Insufficient evidence to make recommendations. Metanalysis of the Cochrane Collaboration [77]: negative, single more recent study positive [78]. At present, the studies are too heterogeneous, and there is insufficient evidence of the effectiveness of ear acupuncture.
77- Cui, Y., Wang, Y., & Liu, Z. (2008). Acupuncture for restless legs syndrome. Cochrane Database Systematic Review, 2008(4), CD006457.
78- Pan, W., et al. (2015). Actigraph evaluation of acupuncture for treating restless legs syndrome. Evid Based Complement Alternat Med, 2015, p343201.

2.3. Brazilian Sleep Association (BSA, Brazil) 2022 ⊕

Frange C, Franco AM, Brasil E, Hirata RP, Lino JA, Mortari DM, Ykeda DS, Leocádio-Miguel MA, D'Aurea CVR, Silva LOE, Telles SCL, Furlan SF, Peruchi BB, Leite CF, Yagihara FT, Campos LD, Ulhôa MA, Cruz MGDR, Beidacki R, Santos RB, de Queiroz SS, Barreto S, Piccin VS, Coelho FMS, Studart L, Assis M, Drager LF. Practice recommendations for the role of physiotherapy in the management of sleep disorders: the 2022 Brazilian Sleep Association Guidelines. Sleep Sci. 2022 Oct-Dec;15(4):515-573. https://doi.org/10.5935/1984-0063.20220083

Willis-Ekbom disease/periodic limb movement disorder. Recommendation: acupuncture; strength: C

2.4. American Academy of Neurology (AAN, USA) 2016 Ø

Winkelman JW, Armstrong MJ, Allen RP, Chaudhuri KR, Ondo W, Trenkwalder C, Zee PC, Gronseth GS, Gloss D, Zesiewicz T. Practice guideline summary: Treatment of restless legs syndrome in adults. Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the

American Academy of Neurology Neurology. 2016;87(24):2585-93. [175863].

There is insufficient evidence to support or refute use of acupuncture in RLS (Level U).

3. Randomized Controlled Trials

3.1. Sources

1. **Acudoc2**: Base de données du Centre de documentation du GERA. ECR non inclus dans les autres sources
2. **Harrison 2019**: Harrison EG, Keating JL, Morgan PE. Non-pharmacological interventions for restless legs syndrome: a systematic review of randomised controlled trials. Disabil Rehabil. 2019;41(17):2006-14. [203373].
3. **Huang 2019** : Huang CW, Lee MJ, Wang LJ, et al. Comparative efficacy and acceptability of treatments for restless legs syndrome in end-stage renal disease: a systematic review and network meta-analysis. Nephrol Dial Transplant. 2019. [202530].
4. **Xu 2018**: Xu XM, Liu Y, Jia SY, Dong MX, Cao D, Wei YD. Complementary and alternative therapies for restless legs syndrome: An evidence-based systematic review. Sleep Med Rev. 2018;:158-167. [181972].
5. **Xie 2011**: Xie Yi-Nan, Wang Shu, Zhao Ran, Yu Qi-Lin. [Acupuncture for restless legs syndrome : a systematic review]. Journal of Clinical Acupuncture and Moxibustion. 2011;27(6):7. [174455].
6. **Cui 2008**: Cui Y, Wang Y, Liu Z. Acupuncture for restless legs syndrome. Cochrane Database Syst Rev. 2008. 8(4):cd006457. [151006].

3.2. List

2018	Mohammadi MM, Raygani AAV, Ghobadi A, Samadzadeh S, Salari N. Effect of Near-Infrared Light Therapy Based on Acupoints on the Severity of Restless Legs Syndrome in Patients Undergoing Hemodialysis: A Single-Blind, Randomized Controlled Trial. Clin Med Res. 2018;16(1-2):1-8. [198671].	Huang 2019
	Wang Yu-lin, Li Wei, Ruan Zhen-xu, et al. Therapeutic Observation of Acupuncture plus Auricular Point Sticking for Sleep Disorders in Restless Leg Syndrome Shanghai Journal of Acupuncture and Moxibustion. 2018;37(4):422. [181902].	Acudoc2
2017	Raissi GR, Forogh B, Ahadi T, Ghahramanpoori S, Ghaboussi P, Sajadi S. Evaluation of Acupuncture in the Treatment of Restless Legs Syndrome: A Randomized Controlled Trial. Journal of Acupuncture and Meridian Studies. 2017;10(5):346-350. [52126].	Acudoc2
	Wang Liu-Yun, Yuan Wen-Li, Tian Tong-Liang, Yu Feng-Ping. [Observations on the Efficacy of Penetrating Moxibustion plus Short Joint Needling in Treating Restless Leg Syndrome]. Shanghai Journal of Acupuncture and Moxibustion. 2017;36(11): 1307-1310. [113407].	Acudoc2
2016	Fang Xiang-jun. [Therapeutic Observation of Acupoint Thread Embedding plus Ultrashort Waves for Sleep Disorders Due to Restless Legs Syndrome]. Shanghai Journal of Acupuncture and Moxibustion. 2016;35(1):25-26. [191560]	Acudoc2
	Gao Y, Zhao J, Guo C. [Effect of governor moxibustion for restless legs syndrome of maintenance hemodialysis: a randomized controlled trial]. Chinese Acupuncture and Moxibustion. 2016;36(6):597-600. [192117].	Acudoc2

2015	Pan W, Wang M, Li M, Wang Q, Kwak S, Jiang W, Yamamoto Y. Actigraph evaluation of acupuncture for treating restless legs syndrome. Evid Based Complement Alternat Med. 2015. [178965].	Harrison 2019, Xu 2018
2012	Ma Bi-Wei, Wang De-Wei, Lin Hao, Pan Qin-Guan. [Observations on the efficacy of acupuncture plus warm pedicure in treating restless leg syndrome]. Shanghai Journal of Acupuncture and Moxibustion. 2012;31(6):419. [175573].	Acudoc2
2011	Wang Jian-Xiong, Zhang Jun-Feng. [Observation on acupuncture plus moving cupping for restless legs syndrome]. Shanghai Journal of Acupuncture and Moxibustion. 2011;30(12):836. [177207].	Acudoc2
2010	Zhang Weiguo, Wang Huidong. [Clinical observation of acupuncture combined with Levodopa in treatment of restless leg syndrome], Zhejiang Journal of Integrated Traditional Chinese and Western Medicine. 2010;20(8):480-1. [143358].	Xie 2011
2009	Lu Qinmei. [Head-body acupuncture combined with restless legs syndrome in 58 cases], Hebei Journal of TCM. 2009;31(12):1844-45. [142244].	Xie 2011
2008	Wu YH, Sun CL, Wu D, Huang YY, Chi CM. [Observation on therapeutic effect of acupuncture on restless legs syndrome]. Chinese Acupuncture and Moxibustion. 2008;28(1):27. [148105].	Xie 2011
2007	Li Lixia, Wang Guoming, Wen Fengyun, et al. [Observation on the therapeutic effect of acupuncture on restless leg syndrome]. Chinese Archives of TCM. 2007;25(3):621-2. [202372]	Xie 2011
2006	Dai Xiao-Yu, Li Yan, Song Qiu-Zhen, et al. Clinical observation of warm acupuncture at biguan (St 31) in treating post-apoplectic restless legs syndrome. Journal of Acupuncture and Tuina Science. 2006;4(3):174. [143376]. Dai XY, Li Y, Song QZ, AL. [Observations on the efficacy of biguan warming acupuncture for treating post-apoplectic restless legs syndrome]. Shanghai Journal of Acupuncture and Moxibustion. 2006;25(1):23. [142647].	Xie 2011, exclu de Cui 2008 (All subjects had experienced cerebrovascular diseases)
2005	Zhou W, Wang DH, Yang RK, Zhou H. [Comparison of therapeutic effects of acupoints selected along different meridians on restless legs syndrome]. Chinese Acupuncture and Moxibustion. 2005;25(9):616-8. [123916].	Acudoc2
2003	Shi Yili, Wang Yuemin. [Observation on therapeutic effect of acupuncture plus steaming-washing with chinese herbs for treatment of 40 cases of restless legs syndrome]. Chinese Acupuncture and Moxibustion. 2003;23(11):651. [122765].	Cui 2008, Xie 2011
2001	Zhang Zhiyong. [Acupuncture for 32 Cases of Restless Leg Syndrome]. Journal of Fujian College of TCM. 2001;11(2):32-3. [202369].	Xie 2011, exclu de Cui 2008 (The four essential diagnostic criteria defined by IRLSSG were only partly met).
1993	He Yan, Shao Jihong. [Observation on the therapeutic effect of acupuncture on holographic acupoints for restless leg syndrome] Journal of Ningxia Medical College. 1993;15(4):397-8. [202481]	Xie 2011

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