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Dystonia

Dystonies musculaires : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Antares 2025

Antares JB, Jones MA, Chak NTN, Chi Y, Li H, Li M, Chan EYW, Chen TMK, Lee CMY, Urquhart DM. Efficacy of non-surgical, non-pharmacological treatments for congenital muscular torticollis: a systematic review and meta-analysis. BMC Musculoskeletal Disorders. 2025;26:178. https://doi.org/10.1186/s12891-025-08407-3

Background	Congenital Muscular Torticollis (CMT) is the third most common musculoskeletal condition in infancy, and if untreated can lead to significant disability. While a range of conservative treatments are commonly used in the management of CMT, an understanding of their efficacy and safety is limited. This systematic review and meta-analysis, without language or discipline restriction, was conducted to address this knowledge gap.
Methods	Electronic searches of CENTRAL, PubMed, 22 other electronic databases, three trials registers and Google Scholar, were conducted for randomised controlled trials, which examined any non-surgical, non-pharmacological interventions, including but not limited to manual treatments, movement therapy, **acupuncture**, adjunctive therapies and physical support, in children aged 0 to 5 years with CMT. Two reviewers independently assessed the risk of bias of the included studies using the Cochrane Risk of bias 1 tool, rated their certainty of evidence using grading of recommendations assessment, development and evaluation (GRADE) framework, and performed random-effects meta-analyses.
Results	One hundred studies (80 from China) involving 8125 participants published between 1990 and 2023 were included. Adding manual therapy to an active control resulted in short-term improvements in passive cervical rotation (odds ratio (OR) 9.79, 95%CI 4.26,22.50), passive cervical lateroflexion (OR 2.66, 95%CI 1.17,6.04), active cervical rotation (OR 3.94, 95%CI 1.08,14.35), symmetric head posture (OR 4.55, 95%CI 2.57,8.05), sternocleidomastoid tumour thickness (mean difference (MD) -2.12 mm, 95%CI -2.98,-1.26) and development of symmetrical movement (standardised MD -0.70, 95%CI -0.95,-0.45). The addition of an electrophysical agent to an active control reduced sternocleidomastoid tumour thickness (MD -2.03 mm, 95%CI -2.67,-1.39) and optimised Tuina reduced tumour thickness more than traditional Tuina (MD -1.20 mm, 95%CI -1.80,-0.59). Adverse events were uncommon but poorly reported, with 71 (71%) of studies providing no data. Study heterogeneity limited pooling of data for meta-analysis, and there was very low to low certainty evidence for all results, due to high risk of bias, small sample sizes and study heterogeneity.

Conclusion	This review found that non-surgical, non-pharmacological treatments may be effective for CMT, but the certainty of evidence is very low to low. These findings are important in informing clinical guidelines and management for CMT and highlight an urgent need for large definitive trials that address the limitations of current studies.

1.1.2. Snaith 2011

Snaith A, Wade D. Dystonia. Clin Evid (Online). 2011; 13:. [156472].

Introduction	Dystonia is usually a lifelong condition with persistent pain and disability. Focal dystonia affects a single part of the body; generalised dystonia can affect most or all of the body. It is more common in women, and some types of dystonia are more common in people of European Ashkenazi Jewish descent.
Methods and outcomes	We conducted a systematic review and aimed to answer the following clinical questions: What are the effects of drug treatments, surgical treatments, and physical treatments for focal, and for generalised dystonia? We searched: Medline, Embase, The Cochrane Library, and other important databases up to February 2011 (Clinical Evidence reviews are updated periodically; please check our website for the most up-to-date version of this review). We included harms alerts from relevant organisations such as the US Food and Drug Administration (FDA) and the UK Medicines and Healthcare products Regulatory Agency (MHRA).
Results	We found 15 systematic reviews, RCTs, or observational studies that met our inclusion criteria. We performed a GRADE evaluation of the quality of evidence for interventions.
Conclusions	In this systematic review, we present information relating to the effectiveness and safety of the following interventions: acetylcholine release inhibitors (botulinum toxin), **acupuncture,** anticholinergic/antihistaminic drugs, anticonvulsants, atypical antipsychotic drugs, benzodiazepines, biofeedback, chiropractic manipulation, deep brain stimulation of thalamus and globus pallidus, dopaminergic agonists and antagonists, gamma-aminobutyric acid (GABA) analogues, microvascular decompression, muscle relaxants, myectomy, occupational therapy, osteopathy, pallidotomy, physiotherapy, selective peripheral denervation, serotonergic agonists and antagonists, speech therapy, and thalamotomy.

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Last update: **13 Dec 2025 08:29**