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anosmia

Anosmie

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Wei 2026 (post-COVID-19 olfactory dysfunction)

Wei D, Leung C, Wong AY, Yang S, Du P, Wong Y, et al. Evaluating acupuncture as a therapeutic intervention for post-COVID-19 olfactory dysfunction: a systematic review and pilot study. Acupunct Herb Med. 2026;6(1):105-118. https://doi.org/10.1097/HM9.0000000000000189

Background	Olfactory dysfunction (OD) is a common and persistent symptom of coronavirus disease 2019 (COVID-19) for which effective treatments remain limited. The efficacy of acupuncture for post-COVID-19 OD remains uncertain. This study explored the feasibility and preliminary efficacy of acupuncture in patients with post-COVID-19 OD.
Methods	The study comprised two phases. Phase I was a systematic review conducted according to PRISMA guidelines and searched eight databases. Phase II was a pilot randomized controlled trial including 25 patients with moderate-to-severe post-COVID-19 OD, randomized to real or sham acupuncture. Participants received eight sessions over 4 weeks, with assessments at baseline, after cycle 1, after a 2-week washout, after cycle 2, and at 2-week follow-up. The primary outcome was change in the 12-item Assessment of Self-Reported Olfactory Functioning and Quality of Life (ASOF). Secondary outcomes included the short Questionnaire of Olfactory Disorders-Negative Statements (sQOD-NS) and the traditional Chinese version of the University of Pennsylvania Smell Identification Test (UPSIT-TC).
Results	The systematic review identified 22 studies (15 case reports and **seven RCTs**) suggesting possible beneficial effects of acupuncture on olfactory function. In the pilot RCT, no significant baseline differences were observed between groups. During cycle 1, the real-acupuncture group showed progressive improvement across all ASOF domains (SOC mean = 5.86; SRP mean = 3.26; ORQ mean = 3.98). After cycle 1, mean SOC and ORQ scores were higher with real than sham acupuncture (7.00 vs 4.67 and 3.98 vs 3.39, respectively). Improvements in secondary outcomes were also greater in the real-acupuncture group, whereas the sham group showed minimal change. Some decline occurred during cycle 2 and follow-up, although scores remained above baseline.
Conclusion	Acupuncture appeared safe and potentially effective for post-COVID-19 olfactory dysfunction in this small pilot study. The findings are preliminary and require confirmation in larger clinical trials.

1.1.2. Iqbal 2024

Iqbal IS, Carnino JM, Kariveda RR, Levi JR. Assessing the Efficacy of Acupuncture in the Treatment of Olfactory Dysfunction: A Systematic Review. Ann Otol Rhinol Laryngol. 2025 Feb;134(2):102-109. https://doi.org/10.1177/00034894241295477

Objective	This article seeks to systematically review existing literature on the use of acupuncture in treating olfactory dysfunction in order to better understand the methodology and efficacy of this alternative treatment modality.
Methods	A comprehensive search of PubMed, Cochrane Library, Embase, Web of Science, and Google Scholar was conducted. The review was conducted by 2 independent reviewers that authored this article. Inclusion criteria included all studies analyzing the efficacy of acupuncture for treatment of olfactory dysfunction. Articles were excluded if they were duplicates, opinion or review papers, incomplete or unavailable papers, or if they were in a language other than English.
Results	The review found **10 articles** matching the inclusion criteria that overall showed a positive improvement in olfactory dysfunction after acupuncture intervention in multiple settings. Challenges highlighted in this review include variability in acupuncture protocols, such as differences in point selection, session frequency, and overall treatment duration, as well as the lack of standardized outcome measures for assessing olfactory function.
Conclusion	This systematic review suggests acupuncture may have therapeutic effect on improvement of olfactory function across various types of olfactory disorders, most notably seen in post-viral anosmia. Given the variability in acupuncture protocols and lack of standardized outcome measures, there is a need for further research with standardized methods and larger sample sizes. Olfactory dysfunction is fundamentally a quality-of-life issue; advancing research could solidify acupuncture as a valuable and cost-effective addition to treatment plans, optimizing patient well-being.

1.1.3. Zou 2024

Zou XY, Liu XH, Lu CL, Jin XY, He BX, Liao YL, Liu T, Dai YD, Qi SH, Sheng ZJ, Yan ZF, Yang GY, Stub T, Liu JP. Traditional Chinese medicine for post-viral olfactory dysfunction: A systematic review. Integr Med Res. 2024 Jun;13(2):101045. https://doi.org/10.1016/j.imr.2024.101045

Backgound	Post-viral olfactory dysfunction (PVOD) is the common symptoms of long COVID, lacking of effective treatments. Traditional Chinese medicine (TCM) is claimed to be effective in treating olfactory dysfunction, but the evidence has not yet been critically appraised. We conducted a systematic review to evaluate the effectiveness and safety of TCM for PVOD.
Methods	We searched eight databases to identified clinical controlled studies about TCM for PVOD. The Cochrane risk of bias tools and GRADE were used to evaluate the quality of evidence. Risk ratio (RR), mean differences (MD), and 95 % confidence interval (CI), were used for effect estimation and RevMan 5.4.1 was used for data analysis.
Results	**Six randomized controlled trials (RCTs) (545 participants)**, two non-randomized controlled trials (non-RCTs) (112 participants), and one retrospective cohort study (30 participants) were included. The overall quality of included studies was low. Acupuncture (n = 8) and acupoint injection (n = 3) were the mainly used TCM therapies. Five RCTs showed a better effect in TCM group. Four trials used acupuncture, and three trials used acupoint injection. The results of two non-RCTs and one cohort study were not statistically significant. Two trials reported mild to moderate adverse events (pain and brief syncope caused by acupuncture or acupoint injection).
Conclusions	Limited evidence focus on acupuncture and acupoint injection for PVOD and suggests that acupuncture and acupoint injection may be effective in improving PVOD. More well-designed trials should focus on acupuncture to confirm the benefit.

1.1.4. Helman 2022

Helman SN, Adler J, Jafari A, Bennett S, Vuncannon JR, Cozart AC, Wise SK, Kuruvilla ME, Levy JM. Treatment strategies for postviral olfactory dysfunction: A systematic review. Allergy Asthma Proc. 2022 Mar 1;43(2):96-105. https://doi.org/10.10372/j.1000-0607.20210559

Background	The coronavirus disease 2019 (COVID-19) pandemic has been associated with a dramatic increase in postviral olfactory dysfunction (PVOD) among patients who are infected. A contemporary evidence-based review of current treatment options for PVOD is both timely and relevant to improve patient care.
Objective	This review seeks to impact patient care by qualitatively reviewing available evidence in support of medical and procedural treatment options for PVOD. Systematic evaluation of data quality and of the level of evidence was completed to generate current treatment recommendations.
Methods	A systematic review was conducted to identify primary studies that evaluated treatment outcomes for PVOD. A number of medical literature data bases were queried from January 1998 to May 2020, with completion of subsequent reference searches of retrieved articles to identify all relevant studies. Validated tools for the assessment of bias among both interventional and observational studies were used to complete quality assessment. The summary level of evidence and associated outcomes were used to generate treatment recommendations.
Results	Twenty-two publications were identified for qualitative review. Outcomes of alpha-lipoic acid, intranasal and systemic corticosteroids, minocycline, zinc sulfate, vitamin A, sodium citrate, caroverine, intranasal insulin, theophylline, and Gingko biloba are reported. In addition, **outcomes of traditional Chinese acupuncture** and olfactory training are reviewed.
Conclusion	Several medical and procedural treatments may expedite the return of olfactory function after PVOD. Current evidence supports olfactory training as a first-line intervention. Additional study is required to define specific treatment recommendations and expected outcomes for PVOD in the setting of COVID-19.

2. Clinical Practice Guidelines

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

2.1. Clinical Olfactory Working Group [cOVID-19] (international) 2021 Ø

Addison AB, Wong B, Ahmed T, Macchi A, Konstantinidis I, et al. Clinical Olfactory Working Group consensus statement on the treatment of postinfectious olfactory dysfunction. J Allergy Clin Immunol. 2021;147(5):1704-19. [223633]. https://doi.org/10.1016/j.jaci.2020.12.641

Non-medical options such as acupuncture need to be further investigated.

2.2. US expert consensus 2020 Ø

Hura N, Xie DX, Choby GW, Schlosser RJ, Orlov CP, Seal SM, Rowan NR. Treatment of post-viral olfactory dysfunction: an evidence-based review with recommendations. Int Forum Allergy Rhinol. 2020;10(9):1065-86. [202524]. https://doi.org/10.1002/alr.22624

Consensus d'experts américains. Acupuncture . 1. Aggregate evidence:D (Level 3: 1 study, Level 4: 1 study). 2. Benefit: Improved TDI and UPSIT scores. 3. Harm: Minimal harm or treatment-related risk. 4. Cost: Minimal to moderate, depending on cost of. Therapy.. 5. Benefit-Harm assessment: Balance of benefit and harm. 6. Value judgments: Limited low-level evidence is beneficial,. But challenging to make a firm recommendation. Given few studies and low level of evidence. Much like. Surgical interventions, blinding proves challenging in. Treatment with TCA. 7. Recommendation level: No recommendation.

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