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Rhumatology-orthopedics

Rhumatologie-orthopédie générale : évaluation de l'acupuncture

☆☆☆	Evidence for effectiveness and a specific effect of acupuncture.
☆☆	Evidence for effectiveness of acupuncture.
☆	Limited evidence for effectiveness of acupuncture.
Ø	No evidence or insufficient evidence.

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Berman 2000

Berman BM et al. The evidence for acupuncture as a treatment for rheumatologic conditions. Rheumatic Disease Clinics of North America. 2000;26(1):103-15. [70437].

> Individuals with rheumatic disorders, particularly those with more severe, chronic conditions, are likely to be frequent users of complementary and alternative medical therapies. Although large-scale clinical trials have yet to be conducted, there is moderately strong evidence that acupuncture may be effective for treating both osteoarthritis and fibromyalgia. The utility of acupuncture in treating rheumatoid arthritis has not been demonstrated in large, randomized controlled trials. Physicians who treat patients with rheumatic conditions should become knowledgeable about the literature on both the effectiveness of acupuncture for these conditions as well as its potential to cause adverse side effects in particular patient groups.

1.1.2. Jacobs 1991 Ø

Jacobs Jw, Rasker JJ , Van Riel PL, Gribnau FW, Van de Putte LB. [Alternative treatment methods in rheumatic diseases ; a literature review]. Ned Tijdschr Geneeskd. 1991;135(8):317-22. [29952].

> To evaluate the effectiveness of several types of complementary medicine in patients with rheumatic diseases, a literature search was performed. Clinical trials, blind or open, comparing the effectiveness of forms of complementary medicine with that of placebo or another control therapy in patients with rheumatoid arthritis, osteoarthritis, soft tissue rheumatism and the fibromyalgia syndrome were selected until half of 1989, using electronic databases. Abstracts and summaries were excluded. The investigation was performed at the department of rheumatology of the Medisch Spectrum Twente hospital at Enschede in cooperation with the department of internal diseases of the Sint Radboud hospital at Nijmegen. For each type of complementary treatment, the results of all the clinical trials were summarized. Furthermore, the placebo-controlled trials were graded according to convincing trials or trials that seemed to be less valid and/or difficult to interpret. Data concerning **acupuncture**, balneotherapy, dietary measures, enzymic therapy, Seatone, homeopathy, manual therapy and fever few were found. Of these types of complementary medicine in rheumatic diseases, **we found no convincing prove that they are more effective than the control or placebo treatment**. A considerable number of the studies however can be criticized. It is necessary to perform further studies on the effect of

frequently used types of complementary medicine in patients with rheumatic diseases, by or in cooperation with the physicians or paramedics who prescribe or perform these kinds of treatment. This is nearly always possible; directives are given to realize further studies of this kind. If a particular treatment proves to be no more effective than placebo treatment, its use should be discouraged.

1.2. Special Acupuncture Techniques

1.2.1. Choi (moxibustion) 2011 ☆

Choi Ty, Kim Th, Kang Jw, Lee Ms, Ernst E. Moxibustion for rheumatic conditions: a systematic review and meta-analysis. Clin Rheumatol. 2011;30(7):937-45. [154605].

Background	Moxibustion, an acupuncture-like intervention, is increasingly used in the management of rheumatic conditions.
Âim	The aim of this review is to summarize and critically evaluate the trials testing effectiveness of moxibustion for major rheumatic conditions.
Methods	Fourteen databases were searched from their inception through May 2010, without language restriction. Randomized clinical trials (RCTs) were included if moxibustion was used as the sole treatment or as a part of a combination therapy with conventional drugs for rheumatic conditions. Cochrane criteria were used to assess the risk of bias.
Results	A total of 14 RCTs met our inclusion criteria. All were of low methodological quality. The meta-analysis of the **eight RCTs suggested favorable effects of moxibustion on the response rate compared with conventional drug therapy** [n = 631; relative risk (RR), 1.13; 95% confidence intervals (CIs), 1.02 to 1.26; P = 0.02] with high heterogeneity (I (2) = 58%). A subgroup analysis showed significant effects of moxibustion on the RR compared with drug therapy in patients with knee osteoarthritis, whereas it failed to do so in rheumatoid arthritis. The results of meta-analysis of the six RCTs suggested favorable effects of moxibustion plus drug therapy on the response rate compared with conventional drug therapy alone (n = 433; RR, 1.25; 95% CIs, 1.09 to 1.43; P = 0.02) with high heterogeneity (I (2) = 62%).
Conclusions	**This systematic review fails to provide conclusive evidence for the effectiveness of moxibustion compared with drug therapy in rheumatic conditions.** The total number of RCTs included in this review and their methodological quality were low. These limitations make it difficult to draw firm conclusions.

1.2.2. Schuller (laser acupuncture) 2007 ☆

Schuller BK, Neugebauer EA. [Evidence for laser acupuncture in cases of orthopedic diseases : a systematic review.]. Schmerz. 2007;22(1):9-15. [146270].

Objectives	The aim of this review is to evaluate the evidence for laser acupuncture in selected orthopaedic diseases
Methods	Randomized controlled studies, meta-analyses and systematic reviews were identified by a systematic search strategy in Medline and the Cochrane library. The studies were evaluated using the quality criteria of the Oxford Centre of Evidence Based Medicine.

Results	For the selected orthopedic diseases (medial and lateral epicondylitis, myofascial pain syndrome of the neck, back and shoulder and osteoarthritis), meta-analyses, systematic reviews and eight randomized controlled studies were found. All other published studies used laser therapy without consideration of classical acupuncture points. All studies had significant drawbacks in methodological quality and the number of patients included. In more recent trials, improvement towards higher methodological quality was obvious. Although current evidence is equivocal, positive effects can be assumed in myofascial pain syndromes of the neck, back and shoulder. Laser acupuncture is advantageous in terms of side effects compared to classical acupuncture techniques.
Conclusions	Better, well designed randomized studies with higher power are mandatory in orthopedic disease

2. Overviews of Systematic Reviews

2.1. Ernst 2010 ☆

Ernst E, Lee MS. Acupuncture for rheumatic conditions: an overview of systematic reviews. Rheumatology (Oxford). 2010;49(10):1957-61. [156371].

Objective	Several systematic reviews (SRs) have assessed the effectiveness of acupuncture for rheumatic conditions, often with contradictory conclusions. Our aim is to provide a critical evaluation and summary of these data.
Methods	Electronic searches were conducted in 15 databases to locate all SRs on acupuncture for rheumatic conditions published since 2000. Data were extracted by the authors according to pre-defined criteria.
Results	We found 30 SRs that met our inclusion criteria. They related to the following rheumatic conditions: FM, low back pain, lateral elbow pain, musculoskeletal pain, orthopaedic diseases, OA, RA, shoulder pain, frozen shoulder, neck disorder, AS and sciatica. Their conclusions were in several instances contradictory. Relatively clear evidence emerged to suggest that acupuncture is effective for OA, low back pain and lateral elbow pain and ineffective for FM and RA.
Conclusion	Many SRs have recently been done. Only for OA, low back pain and lateral elbow pain is the evidence sufficiently sound to warrant positive recommendations of this therapy in routine care of rheumatic patients.

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Last update: **18 Jan 2021 06:56**