



DOSSIER · THERAPY

Acupressure

Acupressure is one of the most extensively studied complementary medical procedures. The evidence base focuses on **fatigue**, **pain management**, and **oncological symptoms**, but also highlights methodological challenges: placebo controls are rarely standardised, and the comparability of application methods is limited.

885

STUDIES IN
TOTAL

741

IN HUMANS

569

OF WHICH
CONTROLLED

1

IN ANIMALS

0

IN THE LAB

Figures from the IHR study database · Last updated 2026-10-15

How to Read This Dossier

ESTABLISHED

measured in humans, with a comparison group

PLAUSIBLE

supported by mechanism, animal studies or observation

HYPOTHESIS

a likely connection that still needs to be tested

Acupressure at a Glance

ORIGIN:

Acupressure is a manual technique derived from **Traditional Chinese Medicine (TCM)**, in which pressure applied to defined body or ear points is intended to regulate the flow of vital energy (**Qi**). The method dates back to the Han Dynasty but was not systematically investigated in clinical studies until the 20th century. It is used both preventively and as supportive therapy for chronic pain, nausea, or sleep disorders and may be self-administered, applied by therapists, or delivered as auricular acupressure.

EVIDENCE BASE:

885 evaluated studies · 569 controlled human trials · 172 observational studies · 37 review articles · 1 animal study · 0 cell culture studies

STRONGEST EVIDENCE:

- **Oncology:** Systematic reviews and meta-analyses show an association between acupressure and reductions in cancer-related pain, chemotherapy-induced nausea and vomiting, and fatigue. Studies involving lung and breast cancer patients report improvements, albeit with low to moderate quality of evidence and high heterogeneity.
- **Fatigue and Stress** Six studies indicate improvements in fatigue and sleep disorders, particularly in oncology patients. A meta-analysis on primary insomnia shows improvements in sleep duration and efficiency through auricular acupressure, though with limited study quality and lacking long-term data.
- **Pain Management** A meta-analysis involving 806 participants suggests pain reduction through auricular acupressure (SMD: -1.59). Studies on acute hip fractures and emergency patients demonstrate rapid relief of pain and anxiety, though without long-term data or comparisons to established therapies.
- **Safety** Systematic reviews confirm that acupressure is a safe procedure. Serious adverse effects are rare; mild reactions such as pressure marks, skin irritation, or transient pain are reported. Most events are temporary and mild.

LIMITATIONS:

- The methodological quality of studies is inconsistent, particularly due to absent or contested placebo controls. Sham acupressure at non-classical points may itself elicit effects, introducing bias.
- Application protocols vary widely in pressure intensity, duration, frequency, and point combinations, complicating meta-analyses and generalisable conclusions.
- Evidence regarding symptom clusters in cancer patients shows initial promise but stands out as an area requiring further research.

CLASSIFICATION:

Acupressure is a well-studied, safe complementary medical technique from TCM with evidence of efficacy in the supportive therapy of oncological symptoms, pain, and sleep disorders. Its broader application is limited by methodological heterogeneity and a lack of standardisation.

1. What Acupressure Is and How It Is Performed

Acupressure is a manual technique in **Traditional Chinese Medicine (TCM)** involving pressure applied to defined body or ear points. The method is based on the premise that stimulating these points regulates the flow of vital energy (**Qi**) and thereby alleviates physical or psychological complaints. Unlike acupuncture, no needles are used; instead, pressure is applied with fingers, thumbs, or aids. The technique may be **self-administered**, delivered by therapists, or performed as **auricular acupressure** (ear acupressure). Historically, the practice dates back to the Han Dynasty but was not systematically investigated in clinical studies until the 20th century. Today, it is used in **prevention** as well as **supportive therapy**, for example, in chronic pain, nausea, or sleep disorders.

Understanding the evidence base requires recognising the **diversity of application methods**: acupressure is performed at different points, with variable pressure intensity, duration, and frequency. Additionally, **different schools** (e.g., Shiatsu, Tuina) exist, which differ in technique and theoretical background. **Auricular acupressure** utilises specific ear points selected according to the concept of somatotopy (a representation of the body on the ear). Since stimulation is often manual, **standardisation** is challenging—a central issue in assessing efficacy. Furthermore, a uniform **placebo standard** is lacking: control groups may receive no treatment, sham acupressure at non-classical points, or superficial pressure. This heterogeneity complicates meta-analyses and the derivation of generalisable conclusions.

2. What the Studies Show in Detail

The foundational human studies and key reviews—organised by application area, including population, duration, preparation, outcome measures, and results as reported in the original works. Figures are included only where the study provides them.

Distribution of controlled human trials by application area—the numbers are not additive, as a single study may be assigned to multiple areas:

APPLICATION AREA	CONTROLLED STUDIES
Fatigue and Stress	221
Safety and Tolerability	186
Cognition and Mental Health	158
Oncology	107

APPLICATION AREA	CONTROLLED STUDIES
Musculoskeletal System	42
Cardiovascular System	36
Gastrointestinal and Microbiome	35
Immune System	23

Oncology

A 2020 systematic review and meta-analysis evaluated randomised controlled trials (RCTs) investigating acupressure or acupuncture for the relief of cancer-related pain. The included studies involved patients with various cancer types and compared the techniques with sham controls, analgesic therapy, or standard care. The meta-analysis demonstrated a significant association between acupressure/acupuncture and a reduction in cancer-related pain, though the quality of evidence was rated as low to moderate. Study heterogeneity and risk of bias limit the conclusiveness of the findings ¹.

A 2021 randomised study examined the effect of auricular acupressure (AA) combined with Semen Vaccariae on cancer-related fatigue (CRF), sleep disturbances, and anxiety in 100 lung cancer patients undergoing chemotherapy. Participants were randomised into three groups: AA with Semen Vaccariae (Group A), AA with magnetic beads (Group B), or routine care (Group C). The intervention lasted nine weeks. Group A showed a significant reduction in CRF, particularly in physical and affective fatigue, compared to Group C ($F = 24.63$, $p < 0.01$). Group A was also more effective in reducing physical fatigue than Group B (difference: -1.75 , 95% CI: -2.69 to -0.82 , $p < 0.01$). Sleep quality improved significantly only in Group A (difference: -1.17 , 95% CI: -2.23 to -0.10 , $p = 0.03$), though only in the per-protocol analysis. Cognitive fatigue remained unaffected. The study does not isolate the effect of acupressure alone, as it was combined with Semen Vaccariae, so the findings describe the combined intervention rather than acupressure by itself ⁹.

A crossover study involving 10 children (age unspecified) investigated the effect of auricular acupressure on chemotherapy-induced nausea and vomiting (CINV). Following the first chemotherapy session (baseline), the children received either auricular acupressure at specific points (AAP) or at sham points (SAP) in addition to standard therapy. During the third chemotherapy phase, the groups were switched. The AAP group showed a reduction in CINV compared to the SAP group. The study demonstrated high compliance (88% complete datasets), though details on effect sizes and long-term effects are lacking ¹¹.

A randomised controlled trial involving 60 patients following subtotal gastrectomy for gastric cancer compared standard care with additional acupressure at the Neiguan (P6) and Zusanli (ST36) points over three days. The study suggests a simple, non-invasive method for improving postoperative comfort; however, further research is needed to clarify the mechanisms involved ¹⁴.

A randomised study involving 52 female breast cancer patients undergoing chemotherapy examined the effect of auricular acupressure on constipation. The experimental group received acupressure at seven ear points using Vaccaria seeds over six weeks, while the control group received standard care. The study reports the safety and acceptability of the method, though comparisons with other non-pharmacological interventions are lacking ¹⁵.

An observational study from 2016 discussed the importance of symptom clusters in cancer patients and identified five studies investigating non-pharmacological interventions (including acupressure among others) for managing symptom clusters such as pain, fatigue, sleep disturbances, or dyspnoea. The studies showed initial success for the examined interventions, but the evidence base remains insufficient to derive specific recommendations for any single method, including acupressure. Further research on its efficacy for symptom clusters is necessary.

A study involving 48 female breast cancer patients examined the effect of auricular acupressure on chemotherapy-induced nausea and vomiting. The experimental group received auricular acupressure in addition to standard medication for five days. Compared to the control group, a significant reduction in the frequency and intensity of nausea and vomiting was observed in both the acute and delayed phases ($p = 0.001$). The study recommends auricular acupressure as a complementary, non-invasive method, though details on long-term effects and comparisons with other complementary approaches are lacking ²¹.

Fatigue and Stress

Some of the reviewed studies demonstrated a significant improvement in fatigue and sleep disturbances, particularly in oncology patients and postoperative care. However, the included studies exhibited high heterogeneity, and the quality of evidence was limited. The results suggest that acupressure may be a promising method for symptom relief, though further high-quality studies are required ².

A systematic review and meta-analysis from 2015 investigated the effect of auricular acupuncture using seed or bead attachment on primary insomnia. Fifteen studies involving 1,381 participants were included. Compared to sham acupuncture or placebo, auricular acupuncture showed significant improvements in clinical efficacy rate (RR = 1.40, 95% CI: 1.07 to 1.83), sleep duration (MD = 56.46 minutes, 95% CI: 45.61 to 67.31), sleep efficiency (MD = 12.86%, 95% CI: 9.67 to 16.06), and other sleep parameters. The quality of the studies was moderate, and while the results suggest potential efficacy, long-term data and comparisons with established therapies are lacking ¹⁹.

HYPOTHESIS The available studies suggest that acupressure may play a supportive role in managing fatigue and stress-related symptoms such as sleep disturbances. The question of specific application protocols or target groups stands out for further research. Standardised interventions and longer follow-up periods are needed to evaluate long-term efficacy and safety.

Bones and Joints

A randomised, double-blind, sham-controlled study from 2006 investigated the effect of auricular acupressure in 38 elderly patients with acute hip fractures during ambulance transport. The intervention group ($n = 18$) received acupressure at three specific ear points for hip pain, while the sham group ($n = 20$) received acupressure at non-specific points. Upon arrival at the hospital, the intervention group exhibited significantly lower pain levels ($F = 28$, $p = 0.0001$), reduced anxiety ($F = 4.3$, $p = 0.018$), and a lower heart rate ($F = 18$, $p = 0.0001$) compared to the sham group. The study suggests a rapid and non-invasive method for symptom relief, though details on long-term effects and generalisability to other patient groups are lacking ³.

Skin

A systematic review from 2014 examined adverse events associated with auricular acupuncture and auricular acupressure. The analysis included 32 randomised controlled trials, five uncontrolled clinical trials, four case reports, and two controlled clinical studies. For auricular acupuncture, the most commonly reported events were local pain, dizziness, discomfort, minor bleeding, and nausea. For auricular acupressure, skin irritation, mild pain, and dizziness were most frequently reported. Most events were transient and mild. No serious adverse events were identified. The study concludes that auricular acupuncture and acupressure are relatively safe procedures, though prospective studies are needed for systematic monitoring of side effects ⁴.

Further Research

A systematic review and meta-analysis from 2014 examined the efficacy of auricular acupuncture *and* auricular acupressure for pain management compared to sham or control groups. Thirteen RCTs involving 806 participants were included. The overall standardised mean difference (SMD) was -1.59 (95% CI: -2.36 to -0.82), indicating a significant pain reduction with these auricular procedures. The analysis suggests that auricular procedures, including acupressure, may contribute to pain relief, though the combined evaluation limits conclusions for acupressure alone. The study emphasises the need for further large-scale RCTs to confirm these findings for each method ⁵.

A systematic review from 2020 investigated the effect of acupuncture and acupressure on labour pain. The included studies showed heterogeneous results, with some reporting significant pain reduction with acupressure compared to sham or standard care. However, the quality of evidence was limited, and the studies exhibited methodological flaws. The authors conclude that further high-quality studies are necessary to evaluate the efficacy of acupressure in obstetrics ⁸.

A systematic review from 2015 analysed sham acupressure controls in randomised controlled trials. Six different sham acupressure methods were identified, with stimulation at 'non-acupuncture points' being the most commonly used. The studies demonstrated that the choice of sham intervention could influence outcomes. The authors emphasise the need for standardised sham controls to improve the validity of acupressure studies ⁷.

A systematic review and meta-analysis from 2017 examined integrative therapy approaches for controlling chemotherapy-induced nausea and vomiting (CINV) in children. Among the included studies, several methods, including acupressure, were investigated. Because the review covers many integrative methods and not acupressure alone, the authors note that the efficacy and safety of acupressure in paediatric oncology remain an open question that further research should clarify.

HYPOTHESIS The available studies suggest that acupressure may be potentially effective in various applications, such as pain, nausea, and stress-related symptoms. However, the results are often heterogeneous, and the methodological quality of the studies varies considerably. In particular, standardised protocols, long-term data, and comparisons with established therapies are lacking to conclusively assess the clinical relevance of acupressure.

Cognition and Mental Health

A randomised, blinded study from 2003 investigated the effect of auricular acupressure on anxiety during ambulance transport in 36 patients with medical emergencies. Upon arrival at the hospital, the intervention group reported significantly less anxiety ($p = 0.002$) and a more positive attitude towards medical treatment ($p = 0.006$).

The intervention group received acupressure twice daily, while the control group received standard care. Following the intervention, the acupressure group exhibited significantly lower cortisol levels (difference: 4 µg/dl, $p < 0.05$), a lower heart rate (difference: 9.2 beats/minute, $p < 0.001$), and reduced anxiety and fatigue scores in the assessed questionnaires, indicating changes in the measured stress-related parameters rather than a clinical effect.

A systematic review from 2011 examined the evidence for shiatsu and acupressure in various health conditions. Nine shiatsu studies and 71 acupressure studies were included. The strongest evidence for acupressure was found in pain management (particularly dysmenorrhoea, back pain, and labour pain), postoperative nausea and vomiting, as well as anxiety and sleep disturbances. However, the quality of the studies was often limited, and standardised protocols are lacking ¹⁰.

A randomised controlled trial involving 305 women undergoing in vitro fertilisation (IVF) examined the effect of auricular acupressure on anxiety and IVF outcomes. The intervention group showed significantly lower anxiety scores and higher clinical pregnancy rates (CPR), implantation rates (IR), and live birth rates (LBR) compared to sham acupressure and standard care. The study suggests a potential role for auricular acupressure in IVF treatment, though further research is needed to confirm these findings ¹³.

An integrative review from 2019 investigated the effect of acupressure on sleep quality, depression, anxiety, and agitation in older adults. Nineteen studies were included, of which nine demonstrated a significant improvement in sleep quality and four showed a reduction in depression with acupressure. The results suggest a promising method, though standardised protocols and long-term data are lacking ²³.

Safety and Tolerability

A 2015 systematic review and meta-analysis examined the efficacy and safety of acupressure and acupuncture for postoperative pain. Thirteen of the included studies were RCTs involving 806 participants. The meta-analysis demonstrated a significant reduction in pain (VAS scores) and morphine consumption with acupuncture-point stimulation. No serious adverse events were reported. The evidence for efficacy was strongest for plaster therapy at body points (**Level I**) and auricular acupressure (**Level II**). However, the authors emphasise that the overall evidence remains insufficient to recommend acupressure as a standard therapy ¹².

A 2012 systematic review investigated the efficacy of acupressure, reflexology, and auricular acupressure for insomnia. Forty RCTs were included, of which only 10 used sham controls. The meta-analysis showed that acupressure as monotherapy was marginally superior to sham control, while auricular acupressure yielded inconsistent results. The studies exhibited methodological shortcomings, and the authors conclude that the evidence for the efficacy of these methods in insomnia is limited ²².

Musculoskeletal System

A 2017 systematic review and meta-analysis examined the efficacy of auricular acupressure for chronic low back pain. The meta-analysis demonstrated significant effects on pain reduction within 12 weeks (SMD = -1.13, 95% CI: -1.70 to -0.56, $p < 0.001$). However, no significant effect was observed for disability limitation (MD = -1.99, 95% CI: -4.93 to 0.95, $p = 0.18$). The study concludes that auricular acupressure may be a promising method for pain relief in chronic low back pain, though further high-quality studies are necessary to confirm the results ¹⁶.

Cardiovascular System

An observational study involving 14 healthy volunteers investigated the effect of auricular acupressure on autonomic function regulation. Participants received manual acupressure or vibrational stimulation at the 'heart' point of the ear. Following manual acupressure, a significant reduction in heart rate ($p \leq 0.001$) and an increase in heart rate variability (HRV, $p = 0.008$) were observed. Pulse wave velocity (PWV) tended to decrease, while the augmentation index (AIx) increased. The study suggests a potential modulation of autonomic functions by auricular acupressure, though further studies with larger samples and clinical populations are required ²⁰.

Overall Picture

The available studies indicate that acupressure may hold potential efficacy for symptom relief, particularly in alleviating pain, nausea, fatigue, anxiety, and sleep disturbances. The strongest evidence for acupressure exists for specific applications, such as chemotherapy-induced nausea and vomiting or cancer-related fatigue. Promising results are also observed in postoperative care and chronic pain management. These findings are part of a broader evidence base encompassing various interventions for these symptoms.

Despite these positive findings, the evidence base remains limited in many areas. Many controlled human trials exhibit methodological shortcomings, including small sample sizes, lack of sham controls, short intervention durations, and insufficient follow-up periods. Furthermore, standardised protocols for acupressure application are lacking, which complicates the comparability of studies. Particularly in domains such as cognition, mental health, and cardiovascular health, further high-quality studies are necessary to conclusively assess the efficacy and safety of acupressure.

Methodology of the Evidence Base

The included controlled human trials encompass a broad spectrum of designs, including randomised controlled trials (RCTs) and crossover studies. Study durations vary considerably: while some trials span only a few days (e.g., postoperative acupressure), others extend over several weeks or months (e.g., acupressure for chronic low back pain or fatigue). Outcomes are predominantly symptom-focused and include subjective parameters such as pain intensity (e.g., VAS, NRS), fatigue scores, anxiety and sleep quality measurements, as well as objective parameters like cortisol levels, heart rate variability, or clinical success rates (e.g., pregnancy rates in IVF). A systematic deficit in the controlled trials lies in the lack of standardisation of acupressure interventions. The selection of acupoints, duration and frequency of application, and materials used (e.g., seeds, magnetic beads, manual pressure) vary widely. Additionally, adequate sham controls are often absent, complicating the interpretation of results. Many controlled trials exhibit a high risk of bias, particularly in the domains of blinding, randomisation, and reporting. Long-term data and comparisons with established therapies are rare, which limits the clinical relevance of the findings.

Acupressure between the placebo problem and clinical relevance

A central

METHODOLOGICAL PROBLEM

in acupressure research is the **lack of standardisation in placebo controls**. Since the intervention is manual and subjectively experienced, creating an **inactive comparator** is challenging. Sham acupressure at non-classical points may itself trigger physiological or psychological effects—such as through **expectation bias** or **non-specific stimulation**. A systematic review of sham controls demonstrates that many ostensibly inactive placebos in studies exhibit **significant effects**, which distorts the interpretation of results. Additionally, **practitioner blinding** is often absent, as therapists actively stimulate pressure points. This introduces **risks of bias**, particularly for subjective endpoints such as pain or fatigue. A meta-analysis on cancer-related pain indicates an **association with improved pain relief**, but highlights **limitations due to placebo effects** and calls for stricter control conditions.

Another

CRITICAL ISSUE

is the **heterogeneity of application protocols**, which **complicates comparisons between studies**. Acupressure is administered with varying **pressure intensities**, **durations**, and **frequencies**—ranging from single applications to daily sessions over weeks. Furthermore, the **selected points** differ depending on the school (e.g., TCM vs. Japanese variants) or indication. A systematic review on symptom control reveals that even for similar complaints (e.g., nausea), **different point combinations** are used, undermining the **reproducibility** of results. Moreover, **dose-response studies** are often lacking, leaving unanswered whether longer or more intense stimulation yields stronger effects. The **lack of standardisation** also extends to **target populations**: many studies are conducted in **specific settings**, making it unclear whether findings are generalisable to other groups. Research on acupressure thus remains **indication-specific**, permitting **broadly applicable conclusions** only to a limited extent.

3. How Robust the Research Is

Research on acupressure is **broadly dispersed**, with a clear focus on **controlled human studies**. The majority of investigations centre on **three application areas**: **fatigue**, **safety aspects**, and **cognitive functions**. Acupressure is most frequently studied in **oncology**, particularly for alleviating **pain**, **nausea**, and **fatigue** during or after chemotherapy. Further areas of focus include the **musculoskeletal system**, **cardiovascular system**, and **gastrointestinal complaints**.

Immune system and **inflammatory processes** are less represented, as are **metabolic disorders**. The distribution indicates that acupressure is primarily investigated as a **supportive measure** in symptom control, rather than as a primary therapy.

The **methodological quality** of studies is **inconsistent**. While controlled human trials predominate, **placebo control** remains a key issue: many studies compare acupressure with no treatment or with sham acupressure at non-classical points, the suitability of which as a placebo is debated. A systematic review of sham acupressure controls shows that sham interventions are often not inert and may themselves produce effects. Additionally, **application protocols** vary widely—from single stimulations to multi-week series, with differing pressure intensities and point combinations. The most cited studies suggest **positive trends**, but the **heterogeneity of results** precludes definitive conclusions. **Safety data** are robust: serious adverse effects are rare, with mild reactions such as pressure marks or transient discomfort reported. The **generalizability** of findings is limited, as many studies are conducted in **specific populations**.

4. What Is Frequently Claimed—and What the Data Show

STATEMENT	EVIDENCE
Acupressure relieves chronic pain more effectively than medication.	The body of research shows no direct comparison with pharmacological therapies. Controlled studies indicate symptomatic relief , but no superiority over standard care.
Acupressure prevents all forms of nausea equally well.	Acupressure has been investigated for the prevention of nausea; controlled results focus primarily on chemotherapy-induced nausea and are inconsistent. For some conditions, acupressure is as effective as medication.
Auricular acupressure is as effective as body acupressure.	Most studies focus on body acupressure . Auricular variants are less frequently investigated, and direct comparisons are lacking.
Acupressure can be used as a standalone therapy for fatigue.	Research examines acupressure almost exclusively as a supportive measure , not as monotherapy . The effects are moderate and context-dependent .

5. The Most Robust Studies

Ranked by evidence strength, not by popularity. The full evaluation includes significantly more studies; only the most robust are listed here.

Controlled Human Studies

- ¹ Clinical Evidence for Association of Acupuncture and Acupressure With Improved Cancer Pain: A Systematic Review and Meta-Analysis (2020)
- ² The efficacy of acupressure for symptom management: a systematic review (2011)
- ³ Out-of-hospital auricular acupressure in elderly patients with hip fracture: a randomised double-blind trial (2006)
- ⁴ Adverse events of auricular therapy: a systematic review (2014)
- ⁵ Efficacy of auricular therapy for pain management: a systematic review and meta-analysis (2014)
- **** Auricular acupressure as a treatment for anxiety in prehospital transport settings (2003)
- ⁶ Auricular acupressure relieves anxiety and fatigue, and reduces cortisol levels in post-caesarean section women: A single-blind, randomised controlled trial (2016)
- ⁷ Sham Acupressure Controls Used in Randomised Controlled Trials: A Systematic Review and Critique (2015)
- ⁸ Acupuncture or acupressure for pain management during labour (2020)
- ⁹ Auricular acupressure for cancer-related fatigue during lung cancer chemotherapy: a randomised trial (2021)
- ¹⁰ The evidence for Shiatsu: a systematic review of Shiatsu and acupressure (2011)
- ¹¹ Reduction in nausea and vomiting in children undergoing cancer chemotherapy by either appropriate or sham auricular acupuncture points with standard care (2012)
- **** Acupuncture and related interventions for symptoms of chronic kidney disease (2016)

- ¹² Acupuncture-Point Stimulation for Postoperative Pain Control: A Systematic Review and Meta-Analysis of Randomised Controlled Trials (2015)
- ¹³ Auricular acupressure reduces anxiety levels and improves outcomes of in vitro fertilisation: a prospective, randomised and controlled study (2014)
- ¹⁴ Acupressure improves the postoperative comfort of gastric cancer patients: A randomised controlled trial (2015)
- ¹⁵ Effects of Auricular Acupressure on Constipation in Patients With Breast Cancer Receiving Chemotherapy: A Randomised Control Trial (2018)
- ¹⁶ Efficacy of Auricular Acupressure for Chronic Low Back Pain: A Systematic Review and Meta-Analysis of Randomised Controlled Trials (2017)
- **** Auricular acupressure for pain relief in adolescents with dysmenorrhoea: a placebo-controlled study (2013)
- **** Auricular acupressure for managing postoperative pain and knee motion in patients with total knee replacement: a randomised sham control study (2012)
- **** Effects of Auricular Acupressure Therapy on Primary Dysmenorrhoea for Female High School Students in South Korea (2016)
- **** Auricular acupressure for analgesia in the perioperative period of total knee arthroplasty (2013)
- ¹⁷ Effects of acupressure on chemotherapy-induced nausea and vomiting—a systematic review with meta-analyses and trial sequential analysis of randomised controlled trials (2017)
- ¹⁸ The effectiveness of acupressure for the control and management of chemotherapy-related acute and delayed nausea: a randomised controlled trial (2014)

6. Summary

Acupressure is most extensively studied in oncology as a supportive measure for alleviating pain, fatigue, nausea and vomiting, as well as in the treatment of sleep disorders and acute pain conditions (e.g., hip fractures). The safety of the procedure is well documented through systematic reviews, with rare and mostly mild side effects. Studies demonstrate significant effects in controlled settings, albeit with limitations due to methodological heterogeneity and a lack of standardisation. Auricular acupressure (ear acupressure) is particularly frequently used for symptom control and shows consistent trends towards efficacy in meta-analyses, especially for pain and sleep disorders.

HYPOTHESIS The available data suggest that acupressure may be a promising supportive method for symptom relief in fatigue, stress, and psychological burdens such as anxiety. Studies involving emergency patients and postoperative settings indicate rapid, non-invasive effects that could justify broader application in acute care. **Hypothesis:** However, due to the heterogeneity of studies, it remains unclear which application protocols (duration, frequency, point combinations) are optimal for specific indications. The positive trends in oncology and pain therapy may suggest that acupressure is particularly effective when combined with conventional therapies, though direct comparative studies are lacking. **Hypothesis:** The assumption that acupressure works via the regulation of Qi remains hypothetical; possible physiological mechanisms, such as modulation of the autonomic nervous system or endogenous opioids, could explain the observed effects but are insufficiently investigated.

Future research should focus on the development and validation of standardised application protocols to improve the comparability of studies. High-quality randomised controlled trials with uniform placebo controls (e.g., standardised sham acupressure) are necessary to conclusively assess efficacy in specific indications such as chronic pain, fatigue, or anxiety disorders. Long-term studies with adequate follow-up periods are currently lacking and are essential to clarify the durability of effects and potential late sequelae. Additionally, studies should investigate the efficacy of acupressure in comparison to established non-pharmacological therapies (e.g., physiotherapy, cognitive behavioural therapy) to contextualise its clinical relevance. Mechanistic studies could help elucidate the physiological foundations of acupressure, particularly the role of the autonomic nervous system, endogenous opioids, or anti-inflammatory processes. Finally, larger studies are needed in underrepresented areas such as the immune system, metabolic diseases, and paediatric oncology to evaluate the potential of acupressure in these fields.

7. Unresolved Questions

- **Long-term effects:** It remains unclear whether repeated acupressure leads to sustained changes or only provides short-term relief.
- **Mechanisms:** The **neurobiological foundations** (e.g., endorphin release, autonomic regulation) are **hypothesis-based** but not fully elucidated.
- **Cost-benefit ratio:** There is a lack of **health economic studies** assessing the effort of application against its benefits.

Frequently Asked Questions

Can acupressure be safely used in children?

The evidence base for **children** is **limited** but exists. Controlled studies show **no serious adverse effects**, for example in **chemotherapy-induced nausea**. Mild reactions such as **skin redness** or **temporary discomfort** have been reported. **Application should be age-appropriate**, for instance with reduced pressure. **Safety data** primarily derive from **oncological settings**; for other indications, the evidence is **sparser**.

How long does the effect of an acupressure session last?

The **duration of effect** varies depending on the study and indication. In controlled trials on **postoperative pain** or **nausea**, effects often last **for a few hours**, rarely exceeding 24 hours. For **chronic conditions** (e.g., fatigue), **multi-week regimens** are investigated, with **cumulative effects**. However, **most studies** measure only **short-term endpoints**, so **long-term data are lacking**. The **heterogeneity of protocols** (duration, frequency) complicates generalised conclusions.

Can acupressure be combined with other therapies?

Acupressure is frequently used in studies **as an adjunctive measure**, for example in **oncology** (pain, nausea) or **postoperative care**. Controlled studies show **no negative interactions** with standard therapies, but also **no systematic assessment of synergies**. A meta-analysis on cancer-related pain emphasises that acupressure is **not a substitute** for established therapies but may have a **supportive role**. **Combination studies** with physiotherapy or medications are **rare** and do not permit **general recommendations**.

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