



DOSSIER · THERAPY

Acupuncture

Acupuncture places fine needles at defined skin points; studies in humans show benefits for pain, sleep, nausea and other complaints.

3,035

STUDIES IN
TOTAL

2,109

IN HUMANS

1,371

OF WHICH
CONTROLLED

215

IN ANIMALS

9

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

Acupuncture at a glance

We evaluated 343 human studies on Acupuncture, including 44 randomised controlled trials and 294 meta-analyses or systematic reviews; the controlled studies include 11,913 participants in total. As of 30 September 2026.

1. What is Acupuncture? Origin, use and variants

Acupuncture is a method from traditional Chinese medicine in which fine needles are inserted at defined points of the skin. Studies usually compare it with sham acupuncture, usual care or a waiting list – this comparison determines what a result means.

Acupuncture originated in China, where it has been practised for more than two thousand years. Today it is used worldwide; in Germany, statutory health insurance has covered it since 2007 for chronic lower back pain and chronic knee pain.

Besides classic body acupuncture there is electroacupuncture, in which a weak current flows through the needles, ear acupuncture, laser acupuncture without needles, and the combination with moxibustion, the warming of the points.

Variants studied

- Body acupuncture
- Electroacupuncture
- Ear acupuncture (auriculotherapy)
- Laser acupuncture
- Acupuncture with moxibustion
- Acupuncture in addition to other treatments – the other components are named

Not covered on this page:

- Acupressure without needles → Acupressure
- Dry needling of trigger points → Dry Needling
- Cupping → Cupping
- Acupuncture in animals

2. What does Acupuncture do? Results by area

AREA	RESULT IN CONTROLLED STUDIES	STRENGTH OF EVIDENCE	STUDIES	PARTICIPANTS
Back, neck and joint pain	mostly improved	high	84 meta-analyses · 13 controlled · 2 other	4,876
Sleep, anxiety and depression	mostly improved	high	77 meta-analyses · 10 controlled · 1 other	1,529
Stroke and nervous system	mostly improved	high	43 meta-analyses · 6 controlled · 1 other	2,062
Stomach and gut	mostly improved	high	27 meta-analyses · 5 controlled · 1 other	1,453
Nausea and vomiting	mostly improved	high	16 meta-analyses · 2 controlled · 0 other	592
Gynaecology, pregnancy and fertility	mostly no difference	moderate	27 meta-analyses · 3 controlled · 0 other	442
Headache and migraine	mostly improved	moderate	22 meta-analyses · 1 controlled · 0 other	212
Smoking and addiction	mostly improved	moderate	2 meta-analyses · 0 controlled · 0 other	0
Other outcomes	mostly improved	high	140 meta-analyses · 19 controlled · 3 other	3,633

How to read the table: counted are human studies whose results concern the area. "High" means at least one meta-analysis and two controlled studies showing improvement, or at least three controlled studies of which three quarters show improvement, with at least 300 participants in total. "Moderate" means at least two controlled studies showing improvement, as a majority, or one meta-analysis. "Low" means one controlled study showing improvement. Everything else is "unclear". A study counts as showing improvement when at least half of its outcomes in this area improved.

3. What the studies show in detail

Acupuncture, back, neck and joint pain: human studies

In several meta-analyses, acupuncture reduced pain intensity more than control treatments, for example for neck and chronic pelvic pain and after cesarean section ⁵¹⁷⁹¹³⁷¹⁵³. Functioning also improved in several controlled studies, for example for neck pain, myofascial pain syndrome and chronic back pain ⁵¹¹³⁷¹⁹⁰. Special forms such as Fu's subcutaneous needling for cervical spondylosis ⁴² and cheek acupuncture for pain ⁶⁴ achieved higher response rates than the control groups. For knee osteoarthritis, electroacupuncture improved stiffness more than painkillers, while for pain and joint function it acted similarly ¹⁴⁰. Laser acupuncture improved pain, function and stiffness in knee osteoarthritis compared with placebo laser, but only in the short term ²²⁴. For cancer pain, ear acupuncture acted better than sham ear acupuncture and as an addition to medication, but alone it was not better than medication ²⁴¹. For chronic back pain, electroacupuncture was mostly not superior to manual acupuncture in a systematic review ²³⁵. Compared with spinal manipulation, acupuncture performed worse for pain and the same for function ²⁵⁵. The results apply to the variant investigated in each case, including body acupuncture, electroacupuncture, laser acupuncture and ear acupuncture. For lumbar disc herniation, moxibustion together with acupuncture reduced pain and functional impairment more than conventional treatment ³¹. Stimulation of acupuncture points in addition to opioids relieved severe tumor pain better than opioids alone; the authors do not yet consider the evidence conclusive ³⁷. For shoulder-hand syndrome after stroke, acupuncture or moxibustion in addition to rehabilitation relieved pain more than rehabilitation alone ⁴⁴.

STUDY	DESIGN · PARTICIPANTS	PREPARATION · DOSE · DURATION · COMPARISON
⁴ Foster et al. 2021	meta-analysis · 20,827 participants	Acupuncture (body acupuncture, variant not further specified); vs. Sham acupuncture and non-acupuncture controls
⁵ Xie et al. 2025	meta-analysis · 9,549 participants	acupuncture, electroacupuncture, moxibustion, some with TCM/usual medicine; vs. usual medicine
⁶ Rubinstein et al. 2010	systematic review · 8,298 participants	Acupuncture (20 RCTs); short-term; vs. waiting list control or added to another intervention
⁷ Wan et al. 2025	meta-analysis · 8,287 participants	Manual acupuncture versus various sham acupuncture methods; vs. Waiting group, acupoint no penetration, nonacupoint
¹¹ Chi et al. 2021	systematic review · 7,113 participants	Eye acupuncture, needles around the orbit (horizontal outer orbital edge); small needles (φ0.25 × 13 mm), retained ≤30 min
¹² Yu et al. 2023	systematic review · 6,876 participants	Acupuncture (needling) or sham acupuncture; vs. Sham acupuncture (SANA, NPA, NPANA) and blank control
³¹ Du et al. 2026	meta-analysis · 4,399 participants	Moxibustion alone or combined with acupuncture, tuina, traction, TCM, conventional therapy; vs. conventional intervention
³⁷ Zhang et al. 2023	meta-analysis · 4,026 participants	Acupuncture-point stimulation (fire needle, body, auricular, electroacupuncture, moxibustion, TEAS, point embedding, warm needle)

Further studies in this area: ^{42 44 50 51 52 58 62 64 67 69 73 75 79 85 89 90 94 96 101 102 110 111 113 123 129 135 137 138 140 146 153 161 165 182 184 188 189 190 192 197 200 201 204 213 221 224 230 232 235 241 242 245 247 248 252 255 257 259 261 262 263 264 265 267 271 274 279 281 283 284 286 287 288 290 291 292 295 296 298 300 304 307 309 311 320 324 331 333 334 339 343}

Acupuncture, sleep, anxiety and depression: human studies

For sleep disorders, acupuncture improved subjective sleep quality compared with waiting list ³⁴ and sham acupuncture ⁶⁶, but not objective sleep values ⁶⁶. In cancer patients, it improved sleep quality compared with control groups ⁴⁹¹¹²¹⁹³, but differed hardly from sham acupuncture ²⁸⁰. For depression, acupuncture relieved complaints more than sham acupuncture and similarly to antidepressants ⁴¹; another meta-analysis found a small advantage compared with medication ¹⁵⁷. For anxiety disorders, acupuncture relieved complaints more than sham acupuncture and usual treatment or waiting list ¹⁵²¹⁷⁶. The findings apply to the variant investigated in each case, predominantly body and electroacupuncture, less often ear acupuncture ⁹⁸ or laser ear acupuncture ²⁸³. What remains open is the informative value compared with sham acupuncture for several endpoints, the transferability to individual acupuncture variants and the question of how strongly combined applications carry the results.

STUDY	DESIGN · PARTICIPANTS	PREPARATION · DOSE · DURATION · COMPARISON
³ Yeo et al. 2022	systematic review · 31,748 participants	Acupuncture (most frequent form) plus mind-body practices and natural products; vs. Western medicine, sham/placebo acupuncture
⁹ Tang et al. 2026	systematic review · 8,062 participants	Acupuncture and related therapies, partly combined; vs. western medicine, conventional rehabilitation, other acupuncture
¹⁰ Fang et al. 2026	meta-analysis · 7,791 participants	various acupuncture therapies; short-term and long-term; vs. conventional medication, sham acupuncture, other interventions

STUDY	DESIGN · PARTICIPANTS	PREPARATION · DOSE · DURATION · COMPARISON
¹⁵ Gui et al. 2026	meta-analysis · 5,864 participants	Manual or electroacupuncture, alone or as an adjunct to SSRIs; short-term, including four weeks; vs. sham acupuncture, w
¹⁹ Hu et al. 2025	meta-analysis · 5,362 participants	Electroacupuncture, mostly as complementary therapy; vs. Control group (usual care/sham)
²⁵ Yang et al. 2025	meta-analysis · 4,579 participants	Various acupuncture modalities, some combined with Western or Chinese medicine; vs. Comparison of acupuncture modal
²⁶ Liu et al. 2025	meta-analysis · 4,443 participants	Various acupuncture therapies, some combined with moxibustion or auriculotherapy; vs. Hypnotics
²⁹ Chen et al. 2025	meta-analysis · 4,406 participants	Acupuncture (manual, electro) alone or with CHM/WM; vs. Western medicine or other acupuncture combinations

Further studies in this area: [33](#) [34](#) [39](#) [41](#) [49](#) [58](#) [63](#) [65](#) [66](#) [76](#) [77](#) [78](#) [85](#) [88](#) [92](#) [98](#) [107](#) [110](#) [112](#) [122](#) [124](#) [132](#) [133](#) [144](#) [146](#) [152](#) [156](#) [157](#) [160](#) [166](#) [168](#) [176](#) [178](#) [181](#) [185](#) [187](#) [193](#) [201](#) [202](#) [204](#) [207](#) [209](#) [211](#) [212](#) [214](#) [216](#) [221](#) [223](#) [226](#) [231](#) [234](#) [239](#) [242](#) [246](#) [253](#) [263](#) [264](#) [266](#) [268](#) [270](#) [271](#) [275](#) [279](#) [280](#) [283](#) [285](#) [288](#) [293](#) [294](#) [315](#) [316](#) [317](#) [320](#) [324](#) [326](#) [329](#) [332](#) [333](#) [335](#) [339](#)

Acupuncture, stroke and nervous system: human studies

After a stroke, manual acupuncture improved cognitive function more than sham acupuncture and waiting list ³⁰³; meta-analyses also found advantages compared with control groups ¹¹⁷¹²⁸¹⁹⁶. Swallowing function improved more than under sham acupuncture ³¹⁰. Scalp acupuncture performed better than conventional rehabilitation ¹⁷⁰; neck acupuncture improved swallowing function compared with control groups ¹¹⁴. For depression after stroke, electroacupuncture lowered not only depression scores but also neurological deficits on the NIHSS scale ²³⁴. The findings apply to the variant investigated in each case, often as an addition to conventional treatment; the control groups are very different.

STUDY	DESIGN · PARTICIPANTS	PREPARATION · DOSE · DURATION · COMPARISON
² Li et al. 2026	systematic review · 63,493 participants	Traditional Chinese acupuncture, incl. fire needling, CPBLC, Fu's needling, plum-blossom needle; vs. Randomized controll
¹³ Yin et al. 2026	meta-analysis · 6,259 participants	Acupuncture (body, electro, scalp) plus add-on therapies; vs. standard of care (SOC), single-modality acupuncture, conve
³⁶ Su et al. 2026	meta-analysis · 4,080 participants	acupuncture or electroacupuncture plus noninvasive brain stimulation; vs. single-modality therapies or conventional rehab
⁴⁴ Wang et al. 2026	systematic review · 3,730 participants	Acupuncture or moxibustion plus rehabilitation; vs. Rehabilitation alone
⁴⁵ Du et al. 2026	meta-analysis · 3,718 participants	moxibustion alone or combined with acupuncture, massage, herbal medicine; vs. conventional treatment
⁴⁷ Huang et al. 2024	meta-analysis · 3,604 participants	acupuncture plus conventional treatment; vs. conventional treatment alone
⁵⁷ Li et al. 2026	meta-analysis · 3,261 participants	acupuncture combined with rTMS; vs. rTMS alone
⁵⁸ Yu et al. 2025	systematic review · 3,248 participants	Acupuncture of various modalities added to standard PD therapy; ≥10 acupoints, thrice weekly, moderate session duration

Further studies in this area: [97](#) [100](#) [103](#) [105](#) [114](#) [117](#) [121](#) [126](#) [127](#) [128](#) [130](#) [134](#) [139](#) [141](#) [142](#) [145](#) [170](#) [179](#) [186](#) [187](#) [196](#) [206](#) [218](#) [228](#) [229](#) [234](#) [239](#) [243](#) [249](#) [250](#) [251](#) [262](#) [269](#) [272](#) [281](#) [297](#) [301](#) [303](#) [310](#) [315](#) [328](#) [339](#)

Acupuncture, stomach and gut: human studies

For functional gastrointestinal disorders and irritable bowel syndrome, body acupuncture showed higher response rates and a greater improvement in general gastrointestinal symptoms than sham acupuncture, usual treatment or Western medication in several controlled studies and meta-analyses ²¹¹⁹⁴³¹²³¹³. After cesarean section ⁷⁹ and after cancer surgery ¹¹⁹¹²³, acupuncture shortened the time to first passage of wind, also compared with sham acupuncture ¹¹⁹. For gastric cancer, acupuncture with moxibustion accelerated intestinal recovery after surgery and chemotherapy ¹⁷³. For cancer pain under opioids, constipation occurred less frequently when acupuncture procedures were used in addition, sometimes with Chinese herbal medicine applications ⁵³⁷¹²⁹. For functional dyspepsia, acupuncture improved complaints and quality of life more than sham acupuncture, without more adverse events ⁸⁷. For very severe chronic constipation, electroacupuncture in a randomized study acted overall similarly to prucalopride, weaker initially, with fewer adverse events ³⁰⁸. The findings apply to the variant investigated in each case, often as an addition to usual treatment; the comparisons range from sham acupuncture to usual treatment to medication.

STUDY	DESIGN · PARTICIPANTS	PREPARATION · DOSE · DURATION · COMPARISON
⁵ Xie et al. 2025	meta-analysis · 9,549 participants	acupuncture, electroacupuncture, moxibustion, some with TCM/usual medicine; vs. usual medicine
²⁰ Zhang et al. 2026	systematic review · 5,311 participants	Acupuncture (variant not specified)
²¹ Wan et al. 2025	meta-analysis · 5,100 participants	Acupuncture (variant not specified); vs. Sham acupuncture, usual care, or Western medication
³⁷ Zhang et al. 2023	meta-analysis · 4,026 participants	Acupuncture-point stimulation (fire needle, body, auricular, electroacupuncture, moxibustion, TEAS, point embedding, wrist
⁵⁵ Liu et al. 2026	systematic review · 3,351 participants	acupuncture-related therapies (AA, AP, APA etc.), alone or with osmotic laxatives; vs. osmotic laxatives or other controls
⁶⁵ Xu et al. 2025	meta-analysis · 3,005 participants	non-pharmacological interventions incl. acupuncture, ear acupoints; treatment cycle partly >4 weeks; vs. conventional treat
⁷⁹ Liu et al. 2025	meta-analysis · 2,641 participants	Acupuncture (conventional and electroacupuncture); vs. Control group (not specified)
⁸⁶ Ou et al. 2024	systematic review · 2,459 participants	Acupuncture and moxibustion as adjunctive therapy; vs. Routine care (RC) alone

Further studies in this area: ^{87 106 109 111 119 123 129 136 173 194 210 217 222 231 233 256 265 274 288 306 308 312 313 321 340}

Acupuncture, nausea and vomiting: human studies

After colorectal cancer surgery ¹²³ and after laparoscopic gallbladder removal ²⁸⁶, nausea and vomiting occurred less frequently with acupuncture than in the control groups; a review after abdominal surgery reports fewer nausea cases ²⁷⁴. In addition to usual treatment, acupuncture improved complete control of acute and delayed vomiting during chemotherapy, while no difference was found for the other measures ⁸⁴. Together with antiemetics, acupuncture improved the frequency and severity of nausea and vomiting in cancer patients undergoing chemotherapy ³⁵. In combination with moxibustion, nausea and vomiting tended to occur less frequently in gastric cancer after surgery and chemotherapy ¹⁷³. Electrical stimulation of acupuncture points, by needle or through the skin, reduced only moderate to severe cases of chemotherapy-induced nausea, but not the overall frequency, compared with sham stimulation ²²⁰.

STUDY	DESIGN · PARTICIPANTS	PREPARATION · DOSE · DURATION · COMPARISON
⁵ Xie et al. 2025	meta-analysis · 9,549 participants	acupuncture, electroacupuncture, moxibustion, some with TCM/usual medicine; vs. usual medicine
³⁵ Chen et al. 2026	meta-analysis · 4,133 participants	Acupuncture (body acupuncture, points ST36, PC6, CV12); vs. Sham acupuncture or conventional treatment

STUDY	DESIGN · PARTICIPANTS	PREPARATION · DOSE · DURATION · COMPARISON
³⁷ Zhang et al. 2023	meta-analysis · 4,026 participants	Acupuncture-point stimulation (fire needle, body, auricular, electroacupuncture, moxibustion, TEAS, point embedding, wrist-ank
⁶⁷ Liu et al. 2024	meta-analysis · 3,003 participants	Acupuncture, electroacupuncture, TEAS, auricular acupoint therapy; vs. MA alone; comparisons between acupuncture forms
⁸⁴ Yan et al. 2023	meta-analysis · 2,503 participants	Acupuncture in addition to usual care; vs. usual care alone or sham acupuncture
¹¹¹ Lv et al. 2025	meta-analysis · 2,031 participants	Acupuncture assisted anesthesia (AAA); vs. Control group (without AAA)
¹²³ Qi et al. 2023	meta-analysis · 1,878 participants	acupuncture (needling); vs. usual care and sham acupuncture
¹²⁹ Wang et al. 2025	meta-analysis · 1,738 participants	Acupuncture (MA, EA, MOX, AI, ACE, AP, TN, TEAS) plus analgesics; vs. different acupuncture techniques compared with each

Further studies in this area: [131](#) [164](#) [173](#) [184](#) [213](#) [220](#) [274](#) [286](#) [305](#) [319](#)

Acupuncture, gynaecology, pregnancy and fertility: human studies

In gynecology, pregnancy and fertility, several meta-analyses found advantages of acupuncture procedures: In women with polycystic ovary syndrome, the ovulation rate under body acupuncture alone was higher than under sham acupuncture and than under pharmacotherapy, as was the case under body acupuncture in combination with herbal medicine compared with pharmacotherapy ²⁴. In women with PCOS undergoing artificial fertilization, clinical pregnancy and live birth rates increased ¹⁸⁰; in luteinized unruptured follicle syndrome, ovulation and pregnancy rates increased compared with control groups ²⁰³. For endometriosis, acupuncture as the sole treatment reduced pain intensity in a systematic review ²⁷⁶. Compared with sham acupuncture, electroacupuncture in PCOS during fertility treatment increased the pregnancy rate over several attempts, but not the live birth rate ³²⁷. Before induction of labor, labor did not begin spontaneously more frequently than under sham acupuncture, but did begin more frequently than without acupuncture ⁵⁶. In PCOS, acupuncture triggered ovulation about as often as clomiphene, without a reliable difference ³³⁶. The certainty of evidence is moderate; the findings apply to the variant investigated in each case, mostly body acupuncture, sometimes electroacupuncture, and many reviews examined combinations with moxibustion, herbal medicine or other procedures, so the contribution of the needles alone often remains open.

STUDY	DESIGN · PARTICIPANTS	PREPARATION · DOSE · DURATION · COMPARISON
⁸ Zheng et al. 2025	meta-analysis · 8,147 participants	Acupuncture and related therapies (e.g., moxibustion, cupping, acupoint injection); vs. conventional treatment
¹⁴ Li et al. 2026	meta-analysis · 5,937 participants	various acupuncture methods (incl. electro-acupuncture, acupoint catgut embedding); vs. placebo or standard treatment/medic
¹⁷ Chen et al. 2024	meta-analysis · 5,772 participants	25 acupuncture-related techniques, e.g. acupuncture, moxibustion, acupoint patching; vs. oral analgesics and other acupunctu
²⁴ Wei et al. 2025	meta-analysis · 4,827 participants	Acupuncture, partly combined with herbal medicine; optimal: 30 min, 29 acupoints, 3 sessions/week, 24 weeks; up to 24 weeks
²⁵ Yang et al. 2025	meta-analysis · 4,579 participants	Various acupuncture modalities, some combined with Western or Chinese medicine; vs. Comparison of acupuncture modalities
²⁸ Du et al. 2026	meta-analysis · 4,406 participants	Acupuncture-related therapies (12 regimens incl. acupuncture, moxibustion, electroacupuncture); vs. conventional medication

STUDY	DESIGN · PARTICIPANTS	PREPARATION · DOSE · DURATION · COMPARISON
29 Chen et al. 2025	meta-analysis · 4,406 participants	Acupuncture (manual, electro) alone or with CHM/WM; vs. Western medicine or other acupuncture combinations
40 Chen et al. 2024	meta-analysis · 3,903 participants	Meridian-based TCM interventions incl. acupuncture, electroacupuncture, warm needling, moxibustion, acupressure; vs. NSAID

Further studies in this area: [43](#) [46](#) [56](#) [68](#) [91](#) [156](#) [171](#) [172](#) [175](#) [178](#) [180](#) [181](#) [203](#) [205](#) [219](#) [261](#) [270](#) [276](#) [293](#) [305](#) [327](#) [336](#)

Acupuncture, headache and migraine: human studies

In migraine, acupuncture reduced attack frequency and pain intensity more than preventive medication [30148](#) and more than sham acupuncture [260](#). Electroacupuncture also reduced pain intensity compared with sham electroacupuncture [144](#), and auricular acupuncture reduced pain intensity, attack frequency and attack duration compared with control groups [244](#). Compared with sham acupuncture, the advantage was not consistent: one review found it for attack frequency, pain intensity and response rate, but not for migraine days [74](#). In menstrual migraine, acupuncture was not superior to sham acupuncture, but was superior to medication for pain intensity [236](#). In chronic migraine, acupuncture was not superior to botulinum toxin A for headache and migraine days [82](#). The certainty of evidence is moderate; the results apply to the respective variant studied. Acupuncture together with Chinese herbal medicine reduced migraine days more than flunarizine [322](#); for headache originating in the cervical spine, acupuncture with tuina was among the highest-rated combinations [81](#).

STUDY	DESIGN · PARTICIPANTS	PREPARATION · DOSE · DURATION · COMPARISON
22 Huang et al. 2024	meta-analysis · 4,880 participants	Sham acupuncture (placebo) compared with other sham interventions; vs. sham rTMS, sham tDCS, sham CBT, sham nVNS
27 Tao et al. 2024	meta-analysis · 4,426 participants	Acupuncture; vs. Tricyclic antidepressants (amitriptyline, amitriptylinoxide, clomipramine)
30 Song et al. 2023	meta-analysis · 4,405 participants	Acupuncture (manual, electroacupuncture, others) vs. drugs/psychotherapy; 12-week follow-up; vs. Prophylactic drugs (cal
32 Song et al. 2022	meta-analysis · 4,379 participants	Acupuncture-related therapies (13 different methods); vs. Network comparison of acupuncture methods against each other
59 Chen et al. 2024	systematic review · 3,221 participants	Acupuncture (needles at acupuncture points); Follow-up up to 6 months after treatment completion; vs. Sham acupuncture,
74 Li et al. 2022	systematic review · 2,725 participants	Acupuncture (needles); vs. Sham acupuncture
81 Yu et al. 2026	meta-analysis · 2,559 participants	Acupuncture combined with tuina and other therapies; vs. different combined treatment regimens in network comparison
82 Zheng et al. 2021	meta-analysis · 2,545 participants	Acupuncture (needles); 12 weeks; vs. Topiramate, BoNT-A, or placebo

Further studies in this area: [95](#) [108](#) [118](#) [143](#) [144](#) [148](#) [154](#) [155](#) [167](#) [185](#) [225](#) [236](#) [244](#) [260](#) [322](#)

Acupuncture, smoking and addiction: human studies

For smoking cessation, a meta-analysis found that more people remained smoke-free with acupuncture than in the control groups [237](#). The certainty of evidence is moderate. It remains open whether acupuncture is as effective for smoking cessation as medication.

STUDY	DESIGN · PARTICIPANTS	PREPARATION · DOSE · DURATION · COMPARISON	RESULT
⁶⁰ Xu et al. 2026	meta-analysis · 3,174 participants	Acupuncture (unspecified); vs. conventional rehabilitation	Craving reduction: unc
²³⁷ Tahiri et al. 2012	meta-analysis · 823 participants	Acupuncture (variant not specified); Outcomes at 6 or 12 months; vs. Control groups of included trials	Smoking cessation (pc

Acupuncture: further outcomes in studies

Further meta-analyses found advantages over control groups in chronic urticaria ¹²⁴, mouth ulcers ¹⁵⁸, tic disorders in children under scalp acupuncture ¹⁵¹ and COPD under electroacupuncture ¹⁹⁹. Most of these meta-analyses themselves rate the certainty of their findings as low to moderate. Mostly body acupuncture was studied, as well as electroacupuncture, auricular acupuncture, laser acupuncture and acupuncture with moxibustion, sometimes as an addition to other treatments. It remains open which acupuncture variant and which comparison (sham acupuncture, usual care, waiting list) support the results in each case.

STUDY	DESIGN · PARTICIPANTS	PREPARATION · DOSE · DURATION · COMPARISON
¹ Lu et al. 2022	systematic review · 138,995 participants	Acupuncture therapies (various modalities); vs. Randomised controlled trials in meta-analyses
⁵ Xie et al. 2025	meta-analysis · 9,549 participants	acupuncture, electroacupuncture, moxibustion, some with TCM/usual medicine; vs. usual medicine
¹⁰ Fang et al. 2026	meta-analysis · 7,791 participants	various acupuncture therapies; short-term and long-term; vs. conventional medication, sham acupuncture, other interven
¹¹ Chi et al. 2021	systematic review · 7,113 participants	Eye acupuncture, needles around the orbit (horizontal outer orbital edge); small needles (φ0.25 × 13 mm), retained ≤30 mi
¹⁵ Gui et al. 2026	meta-analysis · 5,864 participants	Manual or electroacupuncture, alone or as an adjunct to SSRIs; short-term, including four weeks; vs. sham acupuncture, v
¹⁶ Yang et al. 2026	meta-analysis · 5,797 participants	Acupuncture (manual, electro, warm-needle moxibustion), sometimes combined with Tuina/acupotomy/manipulation; vs.
¹⁸ Luo et al. 2025	systematic review · 5,492 participants	Acupuncture vs inserted and non-inserted sham acupuncture vs no treatment; vs. sham acupuncture (inserted/non-inser
¹⁹ Hu et al. 2025	meta-analysis · 5,362 participants	Electroacupuncture, mostly as complementary therapy; vs. Control group (usual care/sham)

Further studies in this area: ²⁰ ²¹ ²³ ²⁷ ³³ ³⁶ ³⁷ ³⁸ ⁴² ⁴⁴ ⁴⁸ ⁵⁰ ⁵¹ ⁵² ⁵³ ⁵⁴ ⁵⁷ ⁵⁸ ⁵⁹ ⁶⁰ ⁶¹ ⁶⁴ ⁶⁵ ⁶⁷ ⁷⁰ ⁷¹ ⁷² ⁷⁷ ⁸⁰ ⁸³ ⁸⁹ ⁹³ ⁹⁴ ⁹⁵ ⁹⁶ ⁹⁸ ⁹⁹ ¹⁰¹ ¹⁰⁴ ¹⁰⁸ ¹¹⁰ ¹¹¹ ¹¹³ ¹¹⁴ ¹¹⁵ ¹¹⁶ ¹¹⁸ ¹¹⁹ ¹²⁰ ¹²³ ¹²⁴ ¹²⁵ ¹²⁶ ¹³⁴ ¹³⁵ ¹⁴⁷ ¹⁴⁸ ¹⁴⁹ ¹⁵⁰ ¹⁵¹ ¹⁵⁸ ¹⁵⁹ ¹⁶² ¹⁶³ ¹⁶⁴ ¹⁶⁵ ¹⁶⁶ ¹⁶⁷ ¹⁶⁹ ¹⁷² ¹⁷³ ¹⁷⁴ ¹⁷⁷ ¹⁷⁹ ¹⁸² ¹⁸³ ¹⁸⁴ ¹⁸⁵ ¹⁸⁶ ¹⁸⁷ ¹⁹¹ ¹⁹² ¹⁹⁴ ¹⁹⁵ ¹⁹⁶ ¹⁹⁸ ¹⁹⁹ ²⁰¹ ²⁰² ²⁰⁴ ²⁰⁸ ²¹² ²¹³ ²¹⁴ ²¹⁵ ²¹⁸ ²²¹ ²²³ ²²⁷ ²²⁸ ²³⁰ ²³³ ²³⁴ ²³⁶ ²³⁸ ²³⁹ ²⁴⁰ ²⁴¹ ²⁴² ²⁴⁵ ²⁴⁸ ²⁵⁴ ²⁵⁸ ²⁶¹ ²⁶² ²⁶⁴ ²⁶⁵ ²⁶⁶ ²⁷⁰ ²⁷¹ ²⁷² ²⁷³ ²⁷⁴ ²⁷⁷ ²⁷⁸ ²⁸⁰ ²⁸² ²⁸³ ²⁸⁴ ²⁸⁵ ²⁸⁷ ²⁸⁹ ²⁹⁷ ²⁹⁹ ³⁰² ³¹¹ ³¹⁴ ³¹⁵ ³¹⁸ ³¹⁹ ³²³ ³²⁴ ³²⁵ ³²⁶ ³²⁷ ³³⁰ ³³¹ ³³³ ³³⁶ ³³⁷ ³³⁸ ³³⁹ ³⁴¹ ³⁴²

4. How is Acupuncture used? Procedure, frequency and duration in studies

The studies investigated mainly body acupuncture, as well as electroacupuncture, ear acupuncture, laser acupuncture and acupuncture with moxibustion. Acupuncture was often used in addition to other treatments, such as medication, rehabilitation or herbal medicine. The results apply in each case to the variant and preparation investigated; the doses are shown in the table.

PREPARATION OR FORM	DOSE	DURATION	STUDY
Standard acupuncture (SA) or SA plus maintenance (EA), added to usual care	SA: 8-15 sessions over 12 weeks; EA: plus 4-6 maintenance sessions	12 weeks treatment, follow-up up to 12 months	²⁹⁶

PREPARATION OR FORM	DOSE	DURATION	STUDY
Acupuncture plus atlantoaxial bone-setting (group A), acupuncture alone (group B), tiapride (group C)	—	2 months of treatment	297
Acupuncture by licensed acupuncturists plus usual care	in the ED and twice weekly in follow-up clinic	1 month	298
Acupuncture plus breathing exercises	—	3 months	299
Electroacupuncture (EA) vs. sham acupuncture (SA)	3 sessions per week for 6 weeks	6-week treatment, 30-week follow-up	300
Electroacupuncture	Sessions over 4 weeks	4 weeks treatment, 4 weeks follow-up	301
Acupuncture (body acupuncture) versus sham acupuncture	20 sessions over 8 weeks	8 weeks treatment, 24 weeks follow-up	302
Manual acupuncture (MA)	36 sessions over 12 weeks	12 weeks treatment, 24 weeks follow-up	303
Electro-acupuncture or auricular acupuncture	—	10 weeks treatment, endpoint week 12	304
Active or sham acupuncture, 30 minutes daily; doxylamine-pyridoxine or placebo	Acupuncture 30 minutes daily; doxylamine-pyridoxine dose not reported	14 days	305
Electroacupuncture	—	8 weeks treatment, effects up to 24 weeks	308
Electroacupuncture (EA), three intensities: strong, weak, sham	strong EA > 2 mA, weak EA < 0.5 mA, sham EA at non-acupoints	5 sessions per week for 2 weeks	309
Verum acupuncture (body acupuncture)	10 sessions over 14 days	14 days	310
Acupuncture (needles) vs. massage	weekly for 10 weeks, then monthly boosters up to 26 weeks	26 weeks follow-up	311
Acupuncture (15 sessions) vs. sham acupuncture with blunt-tipped needles at non-acupoints	15 sessions over 6 weeks	6 weeks treatment, 12 weeks follow-up (18 weeks total)	312

5. Is Acupuncture safe? Side effects in studies

The studies report predominantly mild and temporary side effects such as local reactions at the insertion sites. In several papers, adverse events under acupuncture were less frequent than under comparison treatments ¹⁹²⁷⁴². Under acupuncture in addition to antipsychotics, adverse events were less frequent than under antipsychotics alone ³³. Serious adverse events related to acupuncture were not reported ²⁶. Details are shown in the table.

STUDY	REPORTED SIDE EFFECTS
² Li et al. 2026	Acupuncture decreased adverse reactions
³ Yeo et al. 2022	Safety was an aim, but no specific adverse events reported
⁵ Xie et al. 2025	constipation, nausea/vomiting, dizziness reported as outcomes
⁷ Wan et al. 2025	Adverse event rates comparable among sham acupuncture groups
¹⁰ Fang et al. 2026	99 adverse events (5.59%), no significant differences
¹¹ Chi et al. 2021	18 studies (22.2%) reported adverse events
¹⁵ Gui et al. 2026	fewer treatment-related adverse events with adjunctive acupuncture

STUDY	REPORTED SIDE EFFECTS
¹⁶ Yang et al. 2026	Safety assessed, no specific data reported
¹⁹ Hu et al. 2025	Adverse reactions less frequent with electroacupuncture (RR = 0.54)
²¹ Wan et al. 2025	No differences in adverse events versus sham acupuncture or Western medication
²³ Lixia et al. 2026	described as safe
²⁶ Liu et al. 2025	No serious adverse events related to acupuncture reported

6. What remains open: limits of the evidence

- Many studies examined only short periods; long-term effects are contradictory.
- The comparison differs between studies: sham acupuncture, usual treatment, waiting list or medication.
- Combinations of several procedures were often investigated, so the contribution of the needles alone remains open.
- The acupuncture variant was not consistently named in all papers.
- The transferability to individual acupuncture variants is limited.

7. Bottom line: what is established about Acupuncture

Acupuncture is a procedure from traditional Chinese medicine in which fine needles are placed at defined skin points. Studies in humans show improvements for several areas of application, most clearly for pain, sleep disorders, nausea and vomiting as well as for stroke and the nervous system. The findings come predominantly from meta-analyses, many of which rate the certainty of their own results as low. The results apply in each case to the variant investigated and the respective comparison; many studies examined combinations of several procedures, and contradictory results are available on long-term effects.

Frequently Asked Questions

How well has Acupuncture been studied in humans?

We evaluated 343 human studies on Acupuncture, including 44 randomised controlled trials and 294 meta-analyses or systematic reviews; the controlled studies include 11,913 participants in total. As of 30 September 2026.

Does Acupuncture help with back, neck and joint pain? What the studies show

We evaluated 84 meta-analyses or systematic reviews, 13 controlled studies and 2 further studies; the controlled studies include 4,876 participants in total. Result of the controlled studies: mostly improved. Strength of evidence under our published rules: high. Sources: [4567](#)

Does Acupuncture help with sleep, anxiety and depression? What the studies show

We evaluated 77 meta-analyses or systematic reviews, 10 controlled studies and one further study; the controlled studies include 1,529 participants in total. Result of the controlled studies: mostly improved. Strength of evidence under our published rules: high. Sources: [391015](#)

Does Acupuncture help with stroke and nervous system? What the studies show

We evaluated 43 meta-analyses or systematic reviews, 6 controlled studies and one further study; the controlled studies include 2,062 participants in total. Result of the controlled studies: mostly improved. Strength of evidence under our published rules: high. Sources: [2133644](#)

Does Acupuncture help with stomach and gut? What the studies show

We evaluated 27 meta-analyses or systematic reviews, 5 controlled studies and one further study; the controlled studies include 1,453 participants in total. Result of the controlled studies: mostly improved. Strength of evidence under our published rules: high. Sources: [5202137](#)

Does Acupuncture help with nausea and vomiting? What the studies show

We evaluated 16 meta-analyses or systematic reviews and 2 controlled studies; the controlled studies include 592 participants in total. Result of the controlled studies: mostly improved. Strength of evidence under our published rules: high. Sources: [5353767](#)

Does Acupuncture help with gynaecology, pregnancy and fertility? What the studies show

We evaluated 27 meta-analyses or systematic reviews and 3 controlled studies; the controlled studies include 442 participants in total. Result of the controlled studies: mostly no difference. Strength of evidence under our published rules: moderate. Sources: [8141724](#)

What is acupuncture and how is it examined in studies?

Acupuncture is a procedure from traditional Chinese medicine in which fine needles are placed at defined points on the skin. In studies, it is usually compared with sham acupuncture, usual treatment or a waiting list. This comparison determines what a result means.

For which complaints do studies in humans show benefits?

Improvements were shown, among other things, for neck and pelvic pain [51137153](#), after cesarean section [79](#), for sleep disorders [344966112168193](#), for anxiety disorders [152176](#) as well as for nausea and vomiting [123286](#). After a stroke, acupuncture improved cognitive function [117128196303](#) and swallowing function [114170310](#). The results apply in each case to the variant investigated.

Are there also results without a difference?

Yes, in several areas studies found no differences. For chronic back pain, electroacupuncture was mostly not superior to manual acupuncture in a systematic review [235](#). In cancer patients, acupuncture differed hardly from sham acupuncture for sleep quality and insomnia severity [280](#); in fibromyalgia, it did not reliably improve sleep quality [201](#). In menstrual migraine, acupuncture was not superior to sham acupuncture for frequency, duration and severity of attacks [236](#).

How well tolerated is acupuncture?

The studies report predominantly mild and temporary side effects such as local reactions at the insertion sites. In several papers, adverse events under acupuncture were less frequent than under comparison treatments [192742](#). Under acupuncture in addition to antipsychotics, adverse events were less frequent than under antipsychotics alone [33](#). Serious adverse events related to acupuncture were not reported [26](#).

What limitations do the studies have?

Many studies examined only short periods, and contradictory results are available on long-term effects. The comparison differs between studies: sham acupuncture, usual treatment, waiting list or medication. Combinations of several procedures were often investigated, so the contribution of the needles alone remains open. The acupuncture variant was not consistently named in all papers.

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