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Harnessing acupuncture for burnout management: A systematic review of its efficacy and applications in high-stress professions

Ejona Shaska¹, Vasileios Leivaditis², Alexandra Nikolopoulou³, Varvara Koutsantonidou³, Elias Liolis⁴, Andreas Antzoulas⁵, Levan Tchabashvili⁶, Konstantinos Tasios⁵, Dimitrios Litsas⁷, Vasiliki Garantzioti⁵, Panagiotis Leventis⁶, Francesk Mulita^{5,6*}

¹ Head of Department of Emergency Psychiatry, "Ali Mihali" Psychiatric Hospital, Vlora, Albania

² Department of Cardiothoracic and Vascular Surgery, Westpfalz-Klinikum, Kaiserslautern, Germany

³ Department of Anesthesiology, General Hospital of Aigio, Aigio, Greece

⁴ Department of Oncology, University Hospital of Patras, Patras, Greece

⁵ Department of General Surgery, University Hospital of Patras, Patras, Greece

⁶ Department of General Surgery, General Hospital of Aigio, Aigio, Greece

⁷ Department of General Surgery, General Hospital of Lamia, Lamia, Greece

Abstract

Background: Burnout syndrome is a significant public health concern, particularly in high-stress professions such as healthcare and education. Characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, burnout has severe implications for individual well-being and organizational productivity. This systematic review examines the role of acupuncture, a non-invasive and holistic therapeutic approach, in managing burnout symptoms.

Methods: A systematic search of databases including PubMed, Cochrane Library, PsycINFO, Scopus, and Google Scholar was conducted. Studies published in English within the last 15 years that investigated acupuncture's effects on burnout symptoms were included. Inclusion criteria required that acupuncture was the primary intervention and studies reported measurable outcomes related to burnout symptoms. Data extraction focused on study design, population characteristics, intervention protocols, and outcomes, with quality assessment guided by PRISMA and standardized risk of bias tools.

Results: Ten studies met the inclusion criteria, encompassing diverse populations such as healthcare professionals and students. Various forms of acupuncture, including electroacupuncture and auricular acupressure, were implemented, with intervention durations ranging from 6 to 10 weeks. Findings consistently demonstrated that acupuncture significantly alleviated symptoms of burnout, including anxiety, emotional exhaustion, and depersonalization, by modulating the autonomic nervous system and improving physiological markers such as heart rate variability. However, heterogeneity in intervention protocols and outcome measures limited direct comparability. Evidence also highlighted the importance of continuous or periodic treatment to sustain long-term benefits.

Conclusions: Acupuncture is a promising intervention for managing burnout syndrome, offering a non-invasive, low-risk alternative or complement to conventional therapies. Its ability to address both psychological and physiological aspects of burnout makes it a valuable tool in high-stress professions. Future research should focus on long-term, large-scale randomized controlled trials to confirm these findings, investigate cost-effectiveness, and standardize intervention protocols. Integrating acupuncture into workplace wellness programs and clinical practice could enhance individual well-being and organizational efficiency, addressing the growing challenge of burnout in modern occupational settings.

Keywords: acupuncture; burnout syndrome; stress management; emotional exhaustion; autonomic nervous system; heart rate variability; workplace wellness; complementary and alternative medicine.

*Corresponding author: Francesk Mulita
E-mail: oknarfmulita@hotmail.com

Introduction

Burnout syndrome is a major concern in workplace mental health, significantly affecting employees' well-being, particularly those in high-stress professions such as healthcare, education, and the corporate sector. The primary symptoms of burnout include emotional and physical exhaustion, frustration at work, and disengagement from professional responsibilities [1, 2]. These symptoms often manifest as psychosomatic complaints, such as headaches, unexplained body aches and pains, severe physical fatigue, and behavioral changes like irritability and intense anger [3]. Prevalence studies indicate that a substantial proportion of workers globally have experienced burnout symptoms at some point in their careers [4-7].

The prevalence of burnout varies across professions. For instance, surveys reported that up to 50% of project managers, 49% of healthcare service workers, 48% of social service and community workers, 47% of quality assurance professionals, and 45% of teachers and educators experience burnout [8-13]. Additionally, in 2019, the hotel, food services, and hospitality industry reported the highest burnout rate worldwide, with about 80% of employees feeling overwhelmed by their workload [14].

The etiology of burnout syndrome is multifaceted, involving both external and internal factors. External factors are often linked to unfavorable working conditions, such as prolonged working hours, insufficient support systems, and high or unrealistic job demands. Internal factors pertain to individual predispositions, including perfectionism and difficulty managing stress and emotions [15, 16]. Burnout syndrome not only adversely affects employees' quality of life but also has a profound impact on workplace productivity. If left untreated, burnout can escalate, leading to severe mental health disorders such as depression and anxiety, and even life-threatening conditions like cardiovascular diseases [17, 18].

Traditional treatments for burnout syndrome typically involve pharmacological and psychotherapeutic interventions, which have demonstrated efficacy in managing and alleviating symptoms [19]. However, these approaches may not be accessible or suitable for all individuals. Pharmacotherapy can be associated with side effects and may not address the underlying causes of burnout, while psychotherapeutic interventions require time and may not be readily available to everyone [20-22]. These limitations highlight the need for alternative management strategies.

Acupuncture, a key component of traditional Chinese medicine, has garnered increasing interest as a potential therapeutic option for stress-related conditions. This practice involves the stimulation of specific points on the body, aiming to restore the flow of energy ('Qi') and promote physiological balance [23]. Emerging evidence suggests that acupuncture may positively influence the autonomic nervous system, reduce cortisol levels, and stimulate endorphin production. These effects collectively contribute to lower stress levels and improved emotional well-being [23]. One of the significant advantages of acupuncture is its minimally invasive nature and its association with minimal side effects, making it an ap-

pealing alternative or adjunctive therapy for burnout syndrome. Over the past decades, studies have explored the efficacy of acupuncture in treating various emotional disorders, with promising findings indicating improvements in mood, reduced fatigue, and enhanced overall quality of life [24-26].

Research gap and objectives

Acupuncture, despite its growing popularity in the research field, remains relatively underexplored in the context of burnout syndrome treatment. Existing studies are often limited by methodological weaknesses, including small sample sizes, inconsistent outcome measures, and short follow-up periods. Additionally, the heterogeneity in study designs and patient populations has hindered the ability to draw definitive conclusions about the efficacy of acupuncture.

Most available research focuses on related symptoms, such as anxiety and stress, rather than examining the comprehensive effects of acupuncture on burnout syndrome as a whole. This fragmented approach limits the understanding of acupuncture's potential as a targeted therapy for burnout. These gaps reveal the need for a systematic review of existing studies to evaluate the effects of acupuncture on managing burnout syndrome symptoms.

The present study aims to address this research gap by analyzing and synthesizing the available evidence. This analysis will help clarify acupuncture's role in alleviating burnout symptoms, identify research limitations, and highlight areas requiring further investigation. By doing so, the study seeks to contribute to a more comprehensive understanding of acupuncture's therapeutic potential and inform future research directions.

Based on these objectives, the research questions are formulated as follows:

1. What is the effectiveness of acupuncture in reducing the symptoms of burnout syndrome?
2. How do the outcomes of acupuncture compare to conventional treatments?
3. What are the methodological strengths and limitations of existing studies on this topic?

Materials and methods

Search strategy

This study employed a systematic literature review methodology to analyze the existing evidence on the role of acupuncture in managing burnout syndrome. The search was conducted across multiple electronic databases, including PubMed, Cochrane Library, PsycINFO, Scopus, and Google Scholar, chosen for their comprehensive coverage of medical, psychological, and complementary therapy literature.

The search terms included: "acupuncture," "burnout syndrome," "stress reduction," "auricular acupuncture," and "emotional exhaustion". Boolean operators (AND, OR, NOT) were used to combine terms and refine the search strategy. Filters were applied to restrict the search to studies published in English within the last 15 years and limited to clinical trials and observational studies. Additional manual searches of ref-

erence lists from relevant articles were conducted to identify further eligible studies.

Inclusion and exclusion criteria

To ensure relevance and quality, predefined inclusion and exclusion criteria guided the selection of studies:

Inclusion criteria:

- Studies that investigated acupuncture as the primary intervention.
- Participants diagnosed with burnout syndrome or presenting significant symptoms of stress and emotional exhaustion related to work or study environments.
- Studies reporting measurable outcomes related to the reduction of burnout symptoms.
- Peer-reviewed studies published in the last 15 years.
- Clinical trials and observational studies with well-defined methodologies.

Exclusion criteria:

- Studies that did not focus on acupuncture as the primary intervention.
- Articles lacking empirical data or presenting incomplete or inconclusive results.
- Studies without adequate outcome measures or reporting insufficient data on burnout-related symptoms.

Study selection and screening

All identified studies were screened by two independent reviewers in a two-step process. Titles and abstracts were ini-

tially reviewed to exclude irrelevant studies. Subsequently, the full texts of potentially eligible articles were evaluated against the inclusion and exclusion criteria. Discrepancies between reviewers were resolved through discussion or consultation with a third reviewer.

Quality assessment

The quality of the included studies was assessed using the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines and a standardized risk of bias tool. Critical factors evaluated included:

- Randomization methods.
- Blinding of participants and assessors.
- Sample size adequacy.
- Completeness and transparency in outcome reporting.

Studies were assigned a risk of bias rating (low, moderate, or high), and only studies with moderate to low risk were prioritized in the synthesis to ensure the reliability of conclusions. Any study with a high risk of bias was excluded from the final analysis.

Data extraction and synthesis

Data from included studies were systematically extracted into a predesigned template. Extracted data included study design, participant characteristics, intervention details, outcome measures, and key findings. A narrative synthesis approach was used to analyze the results, considering heterogeneity in study designs, populations, and outcome mea-

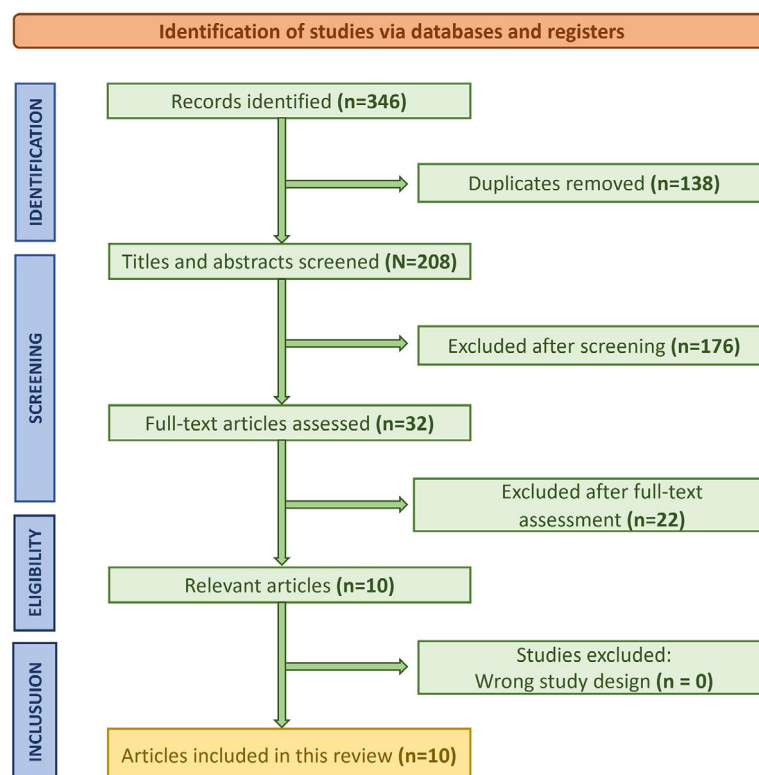


Figure 1. The PRISMA flow diagram illustrates the systematic process of identifying, screening, and including studies for this review. It details the number of records identified through database searches and other sources, the records excluded after screening, the full-text articles assessed for eligibility, and the final studies included in the qualitative and quantitative synthesis.

tures. Where applicable, findings were compared to highlight trends, gaps, and areas requiring further investigation.

The study selection process is summarized in the PRISMA flow diagram (Figure 1), which outlines the number of records identified, screened, excluded, and ultimately included in the systematic review, ensuring a transparent and rigorous methodology.

Results

The present systematic review analyzed 10 studies conducted across a diverse range of countries, including the United States, Switzerland, Brazil, Turkey, and China (Table 1). This geographic diversity highlights the global need for alternative therapeutic approaches to effectively treat burnout syndrome and demonstrates the widespread interest in the therapeutic potential of acupuncture.

Study characteristics

The sample sizes in the reviewed studies varied considerably, ranging from small cohorts of 11 participants to larger studies with over 300 subjects. Study populations included healthcare workers, medical students, and other individuals experiencing high job-related stress. While most studies reported a balanced gender distribution, some focused specifically on gender-defined groups, such as female nurses or predominantly male professional groups, reflecting the variable gender impact of burnout in different professions.

The duration of interventions also varied across studies, ranging from 6 to 10 weeks. Various forms of acupuncture were utilized, including auricular acupuncture, electroacupuncture, and traditional body acupuncture, with application frequencies ranging from once to three times per week. Outcome measures differed across studies, encompassing variables such as reductions in emotional exhaustion, depersonalization, and stress levels, as well as improvements in sleep quality, mood, and professional quality of life.

Effectiveness of acupuncture

The collective findings of the studies suggest that acupuncture plays a positive role in mitigating the emotional distress associated with burnout syndrome. For instance, Crawford et al. [27] demonstrated that training physicians in acupuncture techniques significantly reduced symptoms of depersonalization, a key symptom of burnout syndrome. Petitpierre et al. [28] reported notable reductions in emotional exhaustion and depersonalization following acupuncture interventions, accompanied by improvements in participants' overall well-being. Other studies highlighted similar benefits, with several reporting substantial improvements in participants' mood, reductions in stress levels, and enhanced sleep quality. These findings collectively support the potential of acupuncture as an effective therapeutic option for managing burnout syndrome.

Variability in findings

Despite these promising outcomes, the results also revealed variability in the reported effectiveness of acupuncture. This

variability may stem from differences in study designs, sample characteristics, intervention protocols, and outcome measures. For example, studies employing more rigorous designs and larger sample sizes tended to report more consistent and robust outcomes.

Acupuncture and burnout in healthcare professionals

A key finding that emerged from this systematic review is the potential role of acupuncture in enhancing the quality of life and work functioning among individuals, particularly those in emotionally and psychologically demanding professions. Healthcare professionals, who often face high levels of stress, long working hours, and emotionally intense work environments, appear to benefit significantly from acupuncture interventions [29-33].

The reviewed studies consistently highlighted the positive impact of acupuncture on coping mechanisms and overall well-being in these populations. For instance, Reilly et al. [29], Afrasiabi et al. [30], de Oliveira et al. [34], and Cutshall et al. [35] reported that regular acupuncture sessions led to substantial improvements in the working lives of participants. These improvements included enhanced patience and the capacity to establish and maintain caring relationships—qualities that are particularly crucial for healthcare providers. A randomized controlled trial investigated the effectiveness of a brief online Emotional Freedom Techniques (EFT) session in reducing stress, anxiety, and burnout among nurses caring for COVID-19 patients. The intervention group demonstrated significant reductions in these measures, while the control group showed no notable changes, highlighting the potential of these methods as a stress-management tools for healthcare workers [36].

These findings suggest that acupuncture not only alleviates burnout symptoms but also fortifies emotional resilience, which is essential for individuals in caregiving roles. By reducing emotional exhaustion and fostering greater psychological stability, acupuncture may contribute to a more sustainable professional life for healthcare workers, potentially mitigating the risk of long-term mental health issues.

HRV and Qi deficiency in burnout syndrome

Several studies have explored the physiological mechanisms underlying the effectiveness of acupuncture, shedding light on its role in addressing burnout syndrome. In particular, research by Liang et al. [31] and Acker et al. [32] highlights its impact on heart rate variability (HRV) and brain activity patterns, which are crucial for understanding how acupuncture may influence mental and emotional resilience.

The study by Liang et al. [31] demonstrated that acupuncture significantly enhanced HRV metrics, which are indicative of the body's ability to adapt to stress. HRV is widely recognized as a marker of autonomic nervous system function, with higher variability reflecting improved resilience to psychological and physiological stressors. This finding suggests that acupuncture may strengthen the body's natural coping mechanisms, helping individuals better manage the chronic stress associated with burnout syndrome.

Similarly, Acker et al. [32] observed a notable reduction

Table 1. Basic characteristics of included studies

Ref. Nr.	Authors	Year	Sample	Methodology	Type of Acupuncture	Frequency of Acupuncture	Results
[27]	Crawford et al.	2019	233 physicians	Cross-sectional survey	Not specified	Not specified	Reduction of symptoms of depersonalization
[28]	Petitpierre et al.	2022	11 patients with burnout syndrome	Observational study with pre- and post-acupuncture sessions	Body acupuncture	Multiple sessions	Reduction in emotional exhaustion, depersonalization, and low personal accomplishment
[33]	Dias et al.	2014	82 medical students	Randomized placebo-controlled with a control group	Electro-acupuncture	Weekly over 6-8 weeks	Improvement of sleep quality, burnout dimensions (cynicism, efficacy), and mental health symptoms
[30]	Afrasiabi et al.	2021	117 health-care workers	Randomized trial	Auricular acupuncture	Over 3 weeks	Reduction of burnout and secondary traumatic stress
[32]	Acker et al.	2015	10 burnout patients	Mood scales and EEG monitoring before and after acupuncture sessions	Body acupuncture	10 sessions	Improved positive mood, reduced negative mood, and normalized EEG patterns. Effects diminished after 1.5 years without follow-up sessions
[36]	Dincer & Inangil	2021	72 nurses treating COVID-19 patients	Randomized controlled trial	Not applicable	Single session	Significant reductions in stress, anxiety, and burnout
[29]	Reilly et al.	2014	Healthcare providers	Pre-post surveys	Auricular acupuncture	Multiple sessions	Reductions in state/trait anxiety, burnout, and stress. Improved caring capacity
[31]	Liang et al.	2018	175 burnout patients, 35 healthy volunteers	Comparative study on heart rate variability across various acupuncture protocols	Body acupuncture	10 sessions	Enhanced heart rate variability metrics associated with resilience
[34]	de Oliveira & Scivoletto	2017	Professionals working with maltreated children	Individualized acupuncture based on traditional energy diagnosis	Body acupuncture	Multiple sessions	Reduced stress and symptoms of depression
[35]	Cutshall et al.	2010	76 clinical nurse specialists	Descriptive exploratory correlational study on complementary therapy use	Not specified	Not specified	Acupuncture was among the most requested therapies, perceived as beneficial by participants

in negative mood during their study, accompanied by changes in brainwave patterns as measured through EEG monitoring. These changes included increased alpha wave activity, which is typically associated with relaxation and improved emotional states. This indicates that acupuncture may pos-

itively influence brain activity, promoting a calming effect and reducing stress-related mood disturbances.

Together, these findings point to the potential of acupuncture to address physiological aspects of burnout syndrome, particularly in individuals presenting with Qi deficiency –a

concept in traditional Chinese medicine that describes a lack of vital energy contributing to physical and emotional imbalance. By enhancing HRV and promoting beneficial brain interactions, acupuncture appears to support the restoration of both physical and emotional well-being.

Different types of acupuncture and stress-related symptoms

Various forms of acupuncture appear to have a positive impact on alleviating the symptoms of burnout syndrome, with some techniques demonstrating particular efficacy in addressing specific stress-related issues. For instance, Dias et al. [33] conducted a study on medical students, a population known to experience high levels of stress and fatigue due to the demanding nature of their academic environment. Their findings revealed that electroacupuncture sessions significantly improved sleep quality and reduced dimensions of burnout syndrome, such as cynicism and decreased academic efficacy.

Similarly, Afrasiabi et al. [30] investigated the effects of auricular acupressure on healthcare workers, another group frequently exposed to chronic stress and burnout. Their study showed significant reductions in both primary burnout symptoms and secondary traumatic stress, underscoring the potential of auricular acupressure as a targeted intervention for stress management.

While all forms of acupuncture demonstrated positive effects in minimizing burnout symptoms, electroacupuncture emerged as particularly effective in addressing acute stress symptoms. This finding highlights the potential of electroacupuncture to provide immediate relief from severe stress, making it an essential tool in managing acute phases of burnout. The ability of electroacupuncture to produce such results may stem from its capacity to stimulate deeper and more targeted responses in the autonomic nervous system, further enhancing its therapeutic value.

Time range of acupuncture effect

An important finding from this review is the degree to which acupuncture provides long-term benefits in maintaining the mental well-being of individuals diagnosed with burnout syndrome. While acupuncture has demonstrated significant short-term efficacy, its effects over extended periods remain an area of interest.

For instance, Acker et al. [32] reported a significant reduction in anxiety symptoms following ten sessions of acupuncture. This finding demonstrates acupuncture's potential as a short-term intervention for alleviating stress-related symptoms. However, in a follow-up assessment conducted one and a half years later, many participants reported a partial return of symptoms, particularly among those who did not continue with periodic acupuncture sessions.

These results highlight the time-sensitive nature of acupuncture's effects and suggest that ongoing or booster sessions may be necessary to sustain the benefits. The recurrence of symptoms might also point to the chronic nature of burnout syndrome, emphasizing the need for a comprehensive, multi-faceted treatment approach that includes regular

maintenance therapies such as acupuncture alongside other supportive interventions.

Discussion

Mechanisms of acupuncture

The primary finding of this review is the ability of acupuncture to significantly reduce key symptoms of burnout syndrome, such as anxiety, emotional exhaustion, and depersonalization. This effect is primarily attributed to acupuncture's modulation of the autonomic nervous system (ANS), a critical system governing stress responses and emotional regulation. By enhancing parasympathetic nervous system activity, acupuncture promotes relaxation and counteracts the overactivation of the sympathetic nervous system, which is often observed in individuals experiencing chronic stress and burnout [37, 38].

The link between acupuncture and autonomic balance is further supported by evidence that the stimulation of specific acupoints improves heart rate variability (HRV), a widely recognized marker of stress resilience and emotional regulation [39, 40]. Higher HRV indicates a well-balanced ANS, which enables individuals to adapt more effectively to stress. This physiological response positions acupuncture as a promising intervention for not only alleviating the symptoms of burnout but also addressing its underlying mechanisms by restoring emotional equilibrium.

The broader implications of these findings are significant. Stress-related disorders, including burnout, are often characterized by a vicious cycle of autonomic dysregulation and emotional instability. Acupuncture's capacity to disrupt this cycle highlights its potential as a preventive as well as a therapeutic tool. For example, integrating acupuncture into workplace wellness programs could serve to proactively reduce stress in high-risk professions, mitigating the development of burnout over time.

Reduction of emotional exhaustion

Emotional exhaustion is one of the most debilitating symptoms of burnout, marked by persistent fatigue, lack of motivation, and detachment from work or personal relationships. The present study identified that acupuncture can result in reduced emotional exhaustion. The findings are justified by related previous research investigating chronic stress disorders because chronic stress was identified to cause emotional exhaustion, a state characterized by feeling fatigued and detached [41, 42]. This review confirms that acupuncture can effectively reduce emotional exhaustion by improving the body's tolerance to chronic stress. Research suggests that one of the mechanisms underlying this effect is a reduction in cortisol levels, the primary stress hormone associated with physical and emotional fatigue [43]. Chronic elevation of cortisol not only exacerbates burnout symptoms but is also linked to long-term health complications such as cardiovascular disease and immune dysfunction.

Additionally, acupuncture's ability to regulate the ANS provides further support for its role in reducing emotional exhaustion. By promoting parasympathetic activation, acu-

puncture fosters a state of rest and recovery, helping individuals to replenish their emotional and physical resources. This dual action—lowering stress hormones and restoring autonomic balance—demonstrates acupuncture’s holistic approach to managing burnout symptoms [44].

Moreover, this mechanism opens avenues for broader application in populations beyond traditional burnout sufferers. For example, individuals recovering from trauma or those experiencing caregiver fatigue could benefit from similar interventions, suggesting acupuncture’s utility across a spectrum of stress-related disorders.

The role of different forms of acupuncture

This review highlights the diverse therapeutic applications of different forms of acupuncture, such as electroacupuncture and auricular acupressure. These modalities demonstrated significant benefits in alleviating symptoms of anxiety, emotional distress, and burnout in varied populations, including healthcare workers and students [45, 46]. Electroacupuncture, in particular, emerged as a highly effective approach for addressing acute stress symptoms. Its targeted stimulation appears to activate deeper physiological responses, such as enhanced neuroendocrine modulation, which may explain its superior efficacy in acute scenarios [47].

Auricular acupressure, on the other hand, showed significant promise in promoting emotional stability and reducing secondary stress, particularly in healthcare professionals. These findings underline acupuncture’s versatility as a treatment modality and its ability to address specific stress-related challenges in different populations. Furthermore, the use of tailored approaches based on individual needs highlights the adaptability of acupuncture as a personalized treatment, which is an important consideration for addressing the complex and multifaceted nature of burnout syndrome [41].

Physiological processes, such as improved HRV, were consistently observed across these modalities, reinforcing the role of acupuncture in fostering resilience to stress. Liang et al. [31] identified HRV as a central marker of autonomic balance and stress tolerance, further validating the efficacy of diverse acupuncture techniques [48]. The integration of these approaches into existing mental health frameworks could offer a cost-effective, minimally invasive alternative to conventional treatments.

Long-term effects of acupuncture

One of the key insights from this review is the importance of continuity in acupuncture treatment to achieve long-term benefits. While short-term improvements are well-documented, sustaining these effects often requires periodic booster sessions. For instance, Lu et al. [49] reported that the benefits of a 20-session acupuncture program persisted for up to 20 weeks, indicating a lasting impact. However, participants who discontinued treatment were more likely to experience a return of symptoms, emphasizing the need for ongoing maintenance therapy.

Additionally, several studies demonstrated the efficiency of acupuncture on treatment of migraine symptoms [50-53]. For instance, Chen et al. [50] demonstrated that acupuncture

provided relief from migraine symptoms for up to nine months post-treatment. Although not directly related to burnout, these findings suggest that acupuncture may offer durable benefits for various chronic conditions when administered within a structured follow-up protocol. This aligns with meta-analyses indicating that both therapeutic and placebo effects of acupuncture follow a time-sensitive profile, necessitating regular sessions to sustain benefits [49].

Structured maintenance programs could involve quarterly or biannual acupuncture sessions, potentially integrated with other stress-reduction strategies such as mindfulness or cognitive-behavioral therapy. This multimodal approach could enhance long-term outcomes and address the complex interplay of physical, emotional, and psychological factors that contribute to burnout syndrome.

Implications for practice

The findings of the present study have significant practical implications, particularly for designing interventions targeting workers in high-stress occupations such as healthcare and education. Acupuncture emerges as a feasible, low-risk, and cost-effective intervention that can mitigate and potentially prevent burnout syndrome [54]. Its application holds promise not only for alleviating symptoms of emotional distress and exhaustion but also for enhancing the overall psychological and physical well-being of workers. By improving employee well-being, acupuncture can contribute to greater work efficiency and higher quality of service delivery, particularly in demanding professions like healthcare, where the stakes are high.

Benefits of acupuncture in practice

The non-invasive nature of acupuncture positions it as an appealing alternative to pharmacological treatments, which often come with side effects that can negatively affect individuals’ quality of life. Unlike pharmacotherapy, acupuncture offers a holistic approach, addressing both the physical and emotional dimensions of burnout without the burden of adverse reactions. This makes it a viable option for individuals seeking effective stress management strategies without compromising their overall health [55].

Furthermore, acupuncture can complement existing stress and anxiety management programs, significantly enhancing the care provided in clinical and workplace settings. For instance, organizations could establish onsite acupuncture clinics or subsidize sessions for employees identified as being at high risk of burnout. These proactive measures could serve not only as therapeutic interventions but also as preventive strategies, fostering a healthier, more resilient workforce [29, 56].

Training and integration in workplace settings

An innovative strategy to facilitate the broader adoption of acupuncture involves organizing training seminars for healthcare professionals in basic acupuncture techniques [56]. Such training would empower professionals to deliver early interventions and promote the integration of acupuncture into routine care. For example, emergency room staff or primary

care providers trained in auricular acupuncture could offer immediate relief to patients or colleagues experiencing acute stress.

Integrating acupuncture into workplace wellness programs also has potential for wide-reaching benefits. Employers could incorporate acupuncture sessions into employee assistance programs or partner with local practitioners to provide accessible, affordable care. These efforts could be particularly impactful in high-stress industries such as healthcare, where burnout is both prevalent and costly.

Beyond the workplace: Implications for patient care

The findings also suggest broader applications of acupuncture in clinical settings for patient care. Stress-related disorders, including anxiety and chronic pain, are among the most common reasons patients seek medical attention. Acupuncture could serve as a complementary treatment, enriching the suite of therapeutic options available to patients while reducing reliance on medications. Clinics could adopt a multidisciplinary approach by integrating acupuncture alongside conventional therapies such as cognitive-behavioral therapy or physiotherapy, providing patients with comprehensive care tailored to their unique needs [57].

Economic and social benefits

From a public health perspective, implementing acupuncture programs could yield economic and social benefits. By reducing burnout and associated health issues, organizations could see a decrease in absenteeism, presenteeism, and healthcare costs. At the societal level, promoting mental health and well-being through accessible interventions like acupuncture could alleviate the burden on healthcare systems, improve workforce productivity, and contribute to overall community resilience [58, 59].

Future directions

To build upon the findings of this study and address its limitations, future research should focus on closing the identified gaps. Several key areas require further exploration to enhance the understanding and application of acupuncture in managing burnout syndrome effectively.

Long-term randomized controlled trials

One of the primary recommendations is the need for more long-term randomized controlled trials (RCTs). While existing studies demonstrate promising short-term benefits of acupuncture, there is limited evidence regarding its sustained efficacy over time [60]. Longitudinal studies can not only validate the long-term benefits of acupuncture but also determine the factors that influence the persistence of these effects. For instance, such studies could investigate whether periodic booster sessions are necessary and, if so, at what frequency they should be administered to maintain therapeutic outcomes.

RCTs with larger sample sizes and diverse participant demographics are particularly crucial to generalize findings across different populations and occupational groups. Including a variety of stress-prone professions, such as health-

care workers, educators, and first responders, could provide insights into how acupuncture can be tailored to meet the unique needs of these populations [61, 62].

Cost-effectiveness analysis

Future studies should also focus on evaluating the cost-effectiveness of acupuncture in burnout prevention and management, especially within occupational health settings. By quantifying the economic benefits of reduced absenteeism, enhanced productivity, and lower healthcare costs, researchers can provide compelling evidence for integrating acupuncture into workplace wellness programs. Cost-effectiveness analyses could also compare acupuncture with other interventions, such as pharmacological treatments or cognitive-behavioral therapy, to determine its relative value in burnout management [63-65].

Mechanistic studies

Understanding the physiological and neurological mechanisms underlying acupuncture's effects on burnout is another important area for future research. Advanced imaging techniques, such as functional MRI, and biomarkers, such as cortisol levels and heart rate variability (HRV), could be used to elucidate how acupuncture influences stress-related systems. These mechanistic insights could pave the way for optimizing acupuncture protocols and identifying individuals most likely to benefit from the intervention [66].

Comparative effectiveness research

Future studies should also compare acupuncture with other established burnout interventions, such as mindfulness-based stress reduction, yoga, and psychotherapeutic approaches. Such research could help identify scenarios where acupuncture is particularly effective, either as a standalone treatment or as part of a multimodal strategy. For example, studies could explore whether combining acupuncture with mindfulness or counseling enhances its therapeutic effects, providing a holistic approach to burnout management [67-68].

Technology-driven approaches

Emerging technologies offer opportunities for innovative research on acupuncture [69]. For instance, wearable devices could monitor real-time physiological responses to acupuncture, such as HRV or skin conductance [70]. Mobile applications could track symptom improvements over time, enabling researchers to collect longitudinal data more efficiently. These tools could also facilitate remote or self-administered acupuncture techniques, broadening access to care and increasing adherence to treatment protocols [71].

Broader populations and cultural contexts

Finally, future research should explore the effectiveness of acupuncture in broader populations, including individuals from various cultural and socioeconomic backgrounds. Investigating cultural perceptions of acupuncture and addressing barriers to its acceptance could enhance its global applicability. Additionally, studying its effects in underserved or rural communities, where access to conventional mental health services is limited, could provide valuable insights into

acupuncture's potential as an accessible and scalable intervention [72].

Strengths and limitations

This study has several strengths that contribute to its value in understanding the role of acupuncture in managing burnout symptoms. One significant strength is the systematic research strategy employed, which ensured a comprehensive and methodologically sound approach to identifying and analyzing relevant studies. The inclusion of studies that adopted diverse methodological strategies and involved varied populations provided a more holistic picture of acupuncture's potential contributions. By encompassing research across different settings and demographic groups, this study broadens the understanding of how acupuncture can address burnout symptoms in diverse contexts, such as health-care, education, and other high-stress occupations.

Additionally, the review considered multiple forms of acupuncture, including traditional body acupuncture, electroacupuncture, and auricular acupressure. This diversity allowed for a richer analysis of how different modalities may yield varying outcomes and offered insights into the versatility of acupuncture as a treatment modality. Such breadth enhances the applicability of the findings to real-world scenarios, where tailored interventions may be required to meet individual needs.

However, like any study, this review has limitations that must be considered when interpreting the results. A notable limitation is the relatively small sample of studies included. For instance, only 12 studies were analyzed, which could impact the generalizability of the findings. A larger pool of studies might have provided more robust evidence and enabled a deeper exploration of patterns and trends across interventions.

Moreover, the heterogeneity in intervention protocols and outcome measures poses challenges for direct comparisons. Variability in factors such as acupuncture techniques, session frequency, duration, and participant characteristics can influence results and complicate the synthesis of findings. Similarly, differences in the tools and metrics used to evaluate outcomes—such as emotional exhaustion, anxiety levels, or heart rate variability—limit the ability to draw definitive conclusions about the efficacy of acupuncture.

Another limitation lies in the reliance on published data, which may introduce publication bias. Studies with positive findings are more likely to be published, potentially skewing the overall conclusions of the review. This bias underlines the importance of future efforts to include unpublished studies or grey literature in systematic reviews to achieve a more balanced perspective.

Addressing these limitations will require future studies to adopt more rigorous methodologies. Large-scale, randomized controlled trials with standardized protocols and consistent outcome measures are essential for validating the findings of this review. Additionally, efforts should be made to include a wider variety of populations, especially those

from underrepresented groups or different cultural backgrounds, to enhance the generalizability of results.

Conclusions

This systematic review demonstrates the promising role of acupuncture as a therapeutic intervention for managing burnout syndrome, effectively reducing symptoms such as anxiety, emotional exhaustion, and depersonalization through its modulation of the autonomic nervous system and improvement of physiological markers like heart rate variability. The versatility of acupuncture, including modalities such as electroacupuncture and auricular acupressure, has shown effectiveness across diverse populations, making it a valuable option for addressing burnout in high-stress environments. Its non-invasive nature, minimal side effects, and potential for long-term benefits position acupuncture as a viable alternative or complementary treatment to conventional therapies. However, the small number of studies, methodological heterogeneity, and limited evidence on long-term efficacy highlight the need for more rigorous, large-scale, and standardized research to validate these findings. Despite these limitations, acupuncture offers significant potential as a tool for mitigating burnout and enhancing individual well-being, with implications for both clinical and workplace settings. Integrating acupuncture into wellness programs and mental health strategies could improve both personal and organizational outcomes, underlining its relevance in managing the challenges of modern occupational stress.

References

1. Bridgeman PJ, Bridgeman MB, Barone J. Burnout syndrome among healthcare professionals. *Am J Health Syst Pharm*. 2018; 75(3): 147-52. doi: 10.2146/ajhp170460.
2. Bianchi R, Schonfeld IS, Laurent E. Is it Time to Consider the "Burnout Syndrome" A Distinct Illness? *Front Public Health*. 2015; 3: 158. doi: 10.3389/fpubh.2015.00158.
3. Tavella G, Hadzi-Pavlovic D, Parker G. Burnout: Redefining its key symptoms. *Psychiatry Res*. 2021; 302: 114023. doi: 10.1016/j.psychres.2021.114023.
4. Almeida GD, Souza HR, Almeida PC, et al. The prevalence of burnout syndrome in medical students. *Archives of Clinical Psychiatry (São Paulo)*. 2016; 43(1): 6-10. doi: 10.1590/0101-6083000000072.
5. Monsalve-Reyes CS, San Luis-Costas C, Gómez-Urquiza JL, et al. Burnout syndrome and its prevalence in primary care nursing: a systematic review and meta-analysis. *BMC Fam Pract*. 2018; 19(1): 59. doi: 10.1186/s12875-018-0748-z.
6. Cañadas-De la Fuente GA, Vargas C, San Luis C, et al. Risk factors and prevalence of burnout syndrome in the nursing profession. *Int J Nurs Stud*. 2015; 52(1): 240-9. doi: 10.1016/j.ijnurstu.2014.07.001.
7. Gómez-Urquiza JL, De la Fuente-Solana EI, Albendín-García L, et al. Prevalence of Burnout Syndrome in Emergency Nurses: A Meta-Analysis. *Crit Care Nurse*. 2017; 37(5): e1-e9. doi: 10.4037/ccn2017508.
8. Maslach C, Leiter MP. Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*. 2016; 15(2): 103-11. doi: 10.1002/wps.20311.

9. Rothenberger DA. Physician Burnout and Well-Being: A Systematic Review and Framework for Action. *Dis Colon Rectum*. 2017; 60(6): 567-76. doi: 10.1097/DCR.0000000000000844.
10. Azam K, Khan A, Alam MT. Causes and Adverse Impact of Physician Burnout: A Systematic Review. *J Coll Physicians Surg Pak*. 2017; 27(8): 495-501.
11. Green S, Markaki A, Baird J, et al. Addressing Healthcare Professional Burnout: A Quality Improvement Intervention. *Worldviews Evid Based Nurs*. 2020; 17(3): 213-20. doi: 10.1111/wvn.12450.
12. Cocker F, Joss N. Compassion Fatigue among Healthcare, Emergency and Community Service Workers: A Systematic Review. *Int J Environ Res Public Health*. 2016; 13(6): 618. doi: 10.3390/ijerph13060618.
13. Agyapong B, Obuobi-Donkor G, Burbach L, Wei Y. Stress, Burnout, Anxiety and Depression among Teachers: A Scoping Review. *Int J Environ Res Public Health*. 2022; 19(17): 10706. doi: 10.3390/ijerph191710706.
14. Asensio-Martínez Á, Leiter MP, Gascón S, et al. Value congruence, control, sense of community and demands as determinants of burnout syndrome among hospitality workers. *Int J Occup Saf Ergon*. 2019; 25(2): 287-95. doi: 10.1080/10803548.2017.1367558.
15. Bayes A, Tavella G, Parker G. The biology of burnout: Causes and consequences. *World J Biol Psychiatry*. 2021; 22(9): 686-98. doi: 10.1080/15622975.2021.1907713.
16. Drummond D. Part I: Burnout Basics - Symptoms, Effects, Prevalence and the Five Main Causes. *Mo Med*. 2016; 113(4): 252-5.
17. de Paiva LC, Canário ACG, de Paiva China ELC, Gonçalves AK. Burnout syndrome in health-care professionals in a university hospital. *Clinics (Sao Paulo)*. 2017; 72(5): 305-9. doi: 10.6061/clinics/2017(05)08.
18. DeCaporale-Ryan L, Sakran JV, Grant SB, et al. The undiagnosed pandemic: Burnout and depression within the surgical community. *Curr Probl Surg*. 2017; 54(9): 453-502. doi: 10.1067/j.cpsurg.2017.07.001.
19. Jaworska-Burzyńska L, Kanaffa-Kilijańska U, Przysiężna E, Szczepańska-Gieracha J. The role of therapy in reducing the risk of job burnout—a systematic review of literature. *Archives of Psychiatry and Psychotherapy*. 2016; 18(4): 43-52. doi: 10.12740/APP/65815
20. Li CJ, Shah YB, Harness ED, et al. Physician Burnout and Medical Errors: Exploring the Relationship, Cost, and Solutions. *Am J Med Qual*. 2023; 38(4): 196-202. doi: 10.1097/JMQ.0000000000000131.
21. West CP, Dyrbye LN, Erwin PJ, Shanafelt TD. Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. *Lancet*. 2016; 388(10057): 2272-81. doi: 10.1016/S0140-6736(16)31279-X.
22. Catapano P, Cipolla S, Sampogna G, et al. Organizational and Individual Interventions for Managing Work-Related Stress in Healthcare Professionals: A Systematic Review. *Medicina (Kau-nas)*. 2023; 59(10): 1866. doi: 10.3390/medicina59101866.
23. Lin JG, Kotha P, Chen YH. Understandings of acupuncture application and mechanisms. *Am J Transl Res*. 2022; 14(3): 1469-81.
24. Kelly RB, Willis J. Acupuncture for Pain. *Am Fam Physician*. 2019; 100(2): 89-96.
25. Zhao XF, Hu HT, Li JS, et al. Is Acupuncture Effective for Hypertension? A Systematic Review and Meta-Analysis. *PLoS One*. 2015; 10(7): e0127019. doi: 10.1371/journal.pone.0127019.
26. Cox J, Varatharajan S, Côté P, Optima Collaboration. Effectiveness of Acupuncture Therapies to Manage Musculoskeletal Disorders of the Extremities: A Systematic Review. *J Orthop Sports Phys Ther*. 2016; 46(6): 409-29. doi: 10.2519/jospt.2016.6270.
27. Crawford PF 3rd, Rupert J, Jackson JT, et al. Relationship of Training in Acupuncture to Physician Burnout. *J Am Board Fam Med*. 2019; 32(2): 259-63. doi: 10.3122/jabfm.2019.02.180204.
28. Petitpierre M, Stenz L, Paoloni-Giacobino A. Epigenomic Changes after Acupuncture Treatment in Patients Suffering from Burnout. *Complement Med Res*. 2022; 29(2): 109-19. doi: 10.1159/000521347.
29. Reilly PM, Buchanan TM, Vafides C, et al. Auricular acupuncture to relieve health care workers' stress and anxiety: impact on caring. *Dimens Crit Care Nurs*. 2014; 33(3): 151-9. doi: 10.1097/DCC.000000000000039.
30. Afrasiabi J, McCarty R, Hayakawa J, et al. Effects of Acupuncture and Acupressure on Burnout in Health Care Workers: A Randomized Trial. *J Trauma Nurs*. 2021; 28(6): 350-62. doi: 10.1097/JTN.0000000000000614.
31. Liang FX, Chen ZB, Wu S, et al. High-Tech Acupuncture for Prevention of Lifestyle Diseases-A Sino-Austrian Cooperation Research Protocol on Heart Rate Variability. *Chin J Integr Med*. 2018; 24(6): 423-8. doi: 10.1007/s11655-017-2548-4.
32. Acker H, Schmidt-Rathjens C, Acker T, et al. Acupuncture-brain interactions as hypothesized by mood scale recordings. *Med Hypotheses*. 2015; 85(3): 371-9. doi: 10.1016/j.mehy.2015.05.013.
33. Dias M, Vellarde GC, Olej B, et al. Effects of electroacupuncture on stress-related symptoms in medical students: a randomised placebo-controlled study. *Acupunct Med*. 2014; 32(1): 4-11. doi: 10.1136/acupmed-2013-010408.
34. de Oliveira CCC, Scivoletto S. Impact of acupuncture on stress levels of professionals working with maltreated children. *Acupunct Med*. 2017; 35(4): 303-4. doi: 10.1136/acupmed-2016-011231.
35. Cutshall S, Derscheid D, Miers AG, et al. Knowledge, attitudes, and use of complementary and alternative therapies among clinical nurse specialists in an academic medical center. *Clin Nurse Spec*. 2010; 24(3): 125-31. doi: 10.1097/NUR.0b013e3181d86cd1.
36. Dincer B, Inangil D. The effect of Emotional Freedom Techniques on nurses' stress, anxiety, and burnout levels during the COVID-19 pandemic: A randomized controlled trial. *Explore (NY)*. 2021; 17(2): 109-14. doi: 10.1016/j.explore.2020.11.012.
37. Li YW, Li W, Wang ST, et al. The autonomic nervous system: A potential link to the efficacy of acupuncture. *Front Neurosci*. 2022; 16: 1038945. doi: 10.3389/fnins.2022.1038945.
38. Arai YC, Sakakima Y, Kawanishi J, et al. Auricular acupuncture at the "shenmen" and "point zero" points induced parasympathetic activation. *Evid Based Complement Alternat Med*. 2013; 2013: 945063. doi: 10.1155/2013/945063.
39. Matsubara T, Arai YC, Shiro Y, et al. Comparative effects of acupressure at local and distal acupuncture points on pain conditions and autonomic function in females with chronic neck pain. *Evid Based Complement Alternat Med*. 2011; 2011: 543291. doi: 10.1155/2011/543291.
40. Wang L, Cheng G, Sheng Z, et al. Clinical teleacupuncture between China and Austria using heart rate variability in patients with depression. *Chinese Medicine*. 2011; 2(2): 71. doi: 10.4236/cm.2011.22013
41. Jiang T, Zhang Q, Yuan F, et al. Efficacy of acupuncture and its influence on the emotional network in adult insomnia patients: protocol for a randomized controlled clinical trial. *Trials*. 2022; 23(1): 11. doi: 10.1186/s13063-021-05913-2.
42. Jiang TF, Chen ZY, Liu J, et al. Acupuncture modulates emotional network resting-state functional connectivity in patients with insomnia disorder: a randomized controlled trial and fMRI study. *BMC Complement Med Ther*. 2024; 24(1): 311. doi: 10.1186/s12906-024-04612-0.

43. Gao XY, Wang L, Gaischek I, et al. Brain-modulated effects of auricular acupressure on the regulation of autonomic function in healthy volunteers. *Evid Based Complement Alternat Med*. 2012; 2012: 714391. doi: 10.1155/2012/714391.
44. Li YW, Li W, Wang ST, et al. The autonomic nervous system: A potential link to the efficacy of acupuncture. *Front Neurosci*. 2022; 16: 1038945. doi: 10.3389/fnins.2022.1038945.
45. Hauck M, Schröder S, Meyer-Hamme G, et al. Acupuncture analgesia involves modulation of pain-induced gamma oscillations and cortical network connectivity. *Sci Rep*. 2017; 7(1): 16307. doi: 10.1038/s41598-017-13633-4.
46. Gong Y, Li N, Lv Z, et al. The neuro-immune microenvironment of acupoints-initiation of acupuncture effectiveness. *J Leukoc Biol*. 2020; 108(1): 189-98. doi: 10.1002/JLB.3AB0420-361RR.
47. Li Y, Yang M, Wu F, et al. Mechanism of electroacupuncture on inflammatory pain: neural-immune-endocrine interactions. *J Tradit Chin Med*. 2019; 39(5): 740-9.
48. Li Z, Wang C, Mak AF, Chow DH. Effects of acupuncture on heart rate variability in normal subjects under fatigue and non-fatigue state. *Eur J Appl Physiol*. 2005; 94(5-6): 633-40. doi: 10.1007/s00421-005-1362-z.
49. Lu L, Zheng H, Zheng Q, et al. The long-term effect of acupuncture for patients with chronic tension-type headache: study protocol for a randomized controlled trial. *Trials*. 2017; 18(1): 453. doi: 10.1186/s13063-017-2188-9.
50. Chen J, Zhao L, Zheng H, et al. Evaluating the prophylaxis and long-term effectiveness of acupuncture for migraine without aura: study protocol for a randomized controlled trial. *Trials*. 2013; 14: 361. doi: 10.1186/1745-6215-14-361.
51. Chen J, Zhou S, Sun M, et al. Manual acupuncture as prophylaxis for migraine without aura: study protocol for a multi-center, randomized, single-blinded trial. *Trials*. 2022; 23(1): 574. doi: 10.1186/s13063-022-06510-7.
52. Zhao L, Chen J, Li Y, et al. The Long-term Effect of Acupuncture for Migraine Prophylaxis: A Randomized Clinical Trial. *JAMA Intern Med*. 2017; 177(4): 508-15. doi: 10.1001/jamainternmed.2016.9378.
53. Li Q, Feng J, Zhang X, et al. Efficacy of contralateral acupuncture in women with migraine without aura: protocol for a randomized controlled trial. *BMJ Open*. 2022; 12(6): e061287. doi: 10.1136/bmjopen-2022-061287.
54. Cohen C, Pignata S, Bezak E, et al. Workplace interventions to improve well-being and reduce burnout for nurses, physicians and allied healthcare professionals: a systematic review. *BMJ Open*. 2023; 13(6): e071203. doi: 10.1136/bmjopen-2022-071203.
55. Smith CA, Armour M, Lee MS, et al. Acupuncture for depression. *Cochrane Database Syst Rev*. 2018; 3(3): CD004046. doi: 10.1002/14651858.CD004046.pub4.
56. Buchanan TM, Reilly PM, Vafides C, Dykes P. Reducing Anxiety and Improving Engagement in Health Care Providers Through an Auricular Acupuncture Intervention. *Dimens Crit Care Nurs*. 2018; 37(2): 87-96. doi: 10.1097/DCC.0000000000000288.
57. Yang J, Wahner-Roedler DL, Zhou X, et al. Acupuncture for palliative cancer pain management: systematic review. *BMJ Support Palliat Care*. 2021; 11(3): 264-70. doi: 10.1136/bmjspcare-2020-002638.
58. Barth J, Schaefroth L, Witt CM. Overlap and Differences Between Patient and Provider Expectations for Treatment Outcomes: The Case of Acupuncture. *J Pain*. 2016; 17(6): 685-93. doi: 10.1016/j.jpain.2016.01.477.
59. MacPherson H, Vertosick EA, Foster NE, et al; Acupuncture Trialists' Collaboration. The persistence of the effects of acupuncture after a course of treatment: a meta-analysis of patients with chronic pain. *Pain*. 2017; 158(5): 784-93. doi: 10.1097/j.pain.0000000000000747.
60. Witt CM. Clinical research on acupuncture - Concepts and guidance on efficacy and effectiveness research. *Chin J Integr Med*. 2011; 17(3): 166-72. doi: 10.1007/s11655-011-0662-x.
61. Dorsher PT. The 2001 STRICTA recommendations for reporting acupuncture research: a review with implications for improving controlled clinical trial design. *J Altern Complement Med*. 2009; 15(2): 147-51. doi: 10.1089/acm.2008.0141. PMID: 19183071.
62. Lewith GT, White PJ, Kaptchuk TJ. Developing a research strategy for acupuncture. *Clin J Pain*. 2006; 22(7): 632-8. doi: 10.1097/01.ajp.0000210908.42299.1a. PMID: 16926579.
63. Skonnord T, Fetveit A, Skjeie H, et al. Cost-effectiveness analysis of acupuncture compared with usual care for acute non-specific low back pain: secondary analysis of a randomised controlled trial. *Acupunct Med*. 2022; 40(2): 123-32. doi: 10.1177/09645284211055747.
64. Taylor P, Pezzullo L, Grant SJ, Bensoussan A. Cost-effectiveness of Acupuncture for Chronic Nonspecific Low Back Pain. *Pain Pract*. 2014; 14(7): 599-606. doi: 10.1111/papr.12116.
65. Zhao W, Huang H, Liu K, et al. Acupuncture and Moxibustion for Peripheral Neuropathic Pain: A Frequentist Network Meta-Analysis and Cost-Effectiveness Evaluation. *Evid Based Complement Alternat Med*. 2022; 2022: 6886465. doi: 10.1155/2022/6886465.
66. Lin JG, Chen YH. The mechanistic studies of acupuncture and moxibustion in Taiwan. *Chin J Integr Med*. 2011; 17(3): 177-86. doi: 10.1007/s11655-011-0664-8.
67. Jo HR, Noh EJ, Oh SH, et al. Comparative effectiveness of different acupuncture therapies for neck pain. *Medicine (Baltimore)*. 2022; 101(33): e29656. doi: 10.1097/MD.00000000000029656.
68. Wang L, Chen Y, Cao W, et al. Comparative effectiveness of different acupuncture courses in functional constipation: A Bayesian network meta-analysis of clinical trials. *Appl Nurs Res*. 2023; 70: 151651. doi: 10.1016/j.apnr.2022.151651.
69. Li LC, Ahmad MA, Hou TC, et al. Comparing the effects of computerized versus manual methods of identifying point-specific acupuncture as an adjunct to physiotherapy in the management of knee osteoarthritis: A randomized controlled trial protocol. *PLoS One*. 2025; 20(1): e0313761. doi: 10.1371/journal.pone.0313761.
70. Chi L, Zhang Q. Application of Wearable Sensors in the Treatment of Cervical Spondylosis Radiculopathy with Acupuncture. *J Healthc Eng*. 2022; 2022: 8428518. doi: 10.1155/2022/8428518. Retraction in: *J Healthc Eng*. 2023; 2023: 9754869. doi: 10.1155/2023/9754869.
71. Beck SL, Smith R, Mindes J, et al. Feasibility and Usability of EnergyPoints: A Mobile Health App to Guide Acupressure Use for Cancer Symptom Management. *Integr Cancer Ther*. 2024; 23: 15347354231223965. doi: 10.1177/15347354231223965.
72. Joshi YM. Acupuncture—a critical evaluation. *J Assoc Physicians India*. 1992; 40(3): 184-9.