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Acupuncture in Psoriatic Arthritis: Available Evidence and Research Perspectives

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Abstract

Background: Psoriatic arthritis (PsA) is a chronic inflammatory disease within the spondyloarthritis spectrum, associated with cutaneous psoriasis and characterized by clinical heterogeneity and significant functional impairment. Despite therapeutic advances with biologic agents, many patients continue to experience pain and reduced quality of life, prompting interest in complementary therapies such as acupuncture.

Objective: To critically review the available literature on acupuncture in PsA, including case reports and observational studies, highlighting current evidence, limitations, and future research directions.

Methods: A systematized narrative review was conducted based on searches in PubMed/MEDLINE, SciELO, Web of Science, and grey literature, without language restrictions, up to September 2025. Only primary studies involving patients diagnosed with PsA who underwent acupuncture were included.

Results: Three case reports were identified describing improvements in pain, stiffness, and joint function following acupuncture, along with one prospective Chinese cohort suggesting symptomatic benefit in adults. No randomized controlled trials or robust case series were found.

Conclusion: The current evidence is of low quality, relying solely on case reports and a single uncontrolled observational study. Future research should include multicenter trials, standardized protocols, and clinically meaningful outcomes to better assess the efficacy and safety of acupuncture as a complementary intervention in PsA.

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Keywords: psoriatic arthritis, acupuncture, integrative medicine, complementary therapy, quality of life

Introduction

Psoriatic arthritis (PsA) is a chronic inflammatory condition within the spectrum of spondyloarthritis, affecting peripheral joints, the axial skeleton, and the skin. Approximately 30% of individuals with psoriasis are at risk of developing PsA at some point in their lifetime. The global prevalence ranges from 0.05% to 1%, depending on the population studied ^[1,2].

The pathophysiology of PsA involves a complex interplay between genetic, immunological, and environmental factors. Activation of the IL-23/IL-17 immune axis plays a central role, leading to chronic inflammation, enthesitis formation, and bone erosion. T helper 17 (Th17) lymphocytes and activated dendritic cells release pro-inflammatory cytokines such as TNF- α , IL-17, and IL-22, which perpetuate inflammation and joint damage ^[1,3].

In recent years, significant advances have been made in PsA treatment with biologic and targeted therapies, including TNF inhibitors and agents targeting interleukins 17 and 23. Despite these improvements in disease control, many patients continue to experience residual symptoms such as pain, fatigue, and functional limitations in daily activities—not to mention challenges related to accessibility of high-cost therapies and their potential adverse effects ^[4].

Acupuncture, an ancient practice of Traditional Chinese Medicine, has been increasingly investigated in rheumatologic conditions such as rheumatoid arthritis and osteoporosis, demonstrating positive effects in pain reduction and inflammation modulation, as well as central and peripheral nervous system influences^[5]. However, research specifically addressing its use in PsA remains scarce and insufficiently explored. This article critically examines the available evidence on acupuncture in PsA, highlighting relevant studies and outlining future directions for clinical research.

Methods

A systematized narrative review was conducted in September 2025. Searches were performed in PubMed/MEDLINE, SciELO, Web of Science, and grey literature, including Chinese repositories and journals of Traditional Chinese Medicine.

Search strategy

The following terms were used: *psoriatic arthritis*, *acupuncture*, *moxibustion*, *case report*, and *cohort study*, combined with Boolean operators. Equivalent terms in Chinese were also applied for searches in regional databases.

Inclusion criteria

Primary studies involving patients with a confirmed diagnosis of PsA who underwent acupuncture, either alone or in combination with conventional treatment, were included. Clinical outcomes had to be reported, including pain, stiffness, function, or laboratory markers. Studies focusing exclusively on cutaneous psoriasis or other inflammatory diseases were excluded.

Data extraction and analysis

The following data were extracted: year, country, study design, number of participants, clinical characteristics, acupuncture protocol, frequency and duration of sessions, assessed outcomes, and adverse events.

Methodological quality was assessed descriptively, considering diagnostic clarity, standardization of treatment, presence of a control group, sample size, and transparency in the reporting of results.

Results

Four studies were included: three case reports and one prospective cohort study. A summary of the included studies, including their design, interventions, and main outcomes, is presented in Table 1.

Table 1: Summary of studies on acupuncture in psoriatic arthritis.

Author/Year (Ref.)	Country	Study Design	N (Participants)	Patient Characteristics	Intervention / Technique	Acupuncture Points Used	Frequency / No. of Sessions	Outcomes Assessed	Main Findings
Martin, 2020 ^[5]	USA	Case report	1	Female, 73 years old, dactylitis in interphalangeal joints	Traditional acupuncture + supplementation (turmeric, sarsaparilla, vitamin D3)	LI4 (Hegu), ST36 (Zusanli), SP6 (Sanyinjiao), BL23 (Shenshu), EX-HN3 (Yintang)	2 sessions, once weekly	Pain, stiffness, edema, range of motion	Immediate improvement in pain, stiffness, and edema; sustained benefits for 12 months; effect confounded by concomitant supplementation
Marchetti, 2020 ^[6]	Italy	Case report	1	Adolescent with severe pain in hips, lower limbs, and feet	Traditional acupuncture	LI4 (Hegu), LI11 (Quchi), ST36 (Zusanli), SP6 (Sanyinjiao)	4 sessions, once weekly, 30 minutes each	Pain, functional mobility, adverse events	Complete resolution of pain and functional improvement after 4 weeks; no adverse events reported
Smith, 2016 ^[7]	USA	Case report (non-indexed journal)	1	Adult with polyarticular psoriatic arthritis	Combined acupuncture techniques (manual + electroacupuncture)	Not clearly specified; general reference to points for joint pain	6 sessions over 3 weeks	Pain, stiffness, function	Subjective improvement reported, without objective measures; limited by lack of peer review
Li, 2017 ^[8]	China	Prospective cohort	68	Adults with confirmed psoriatic arthritis treated in TCM centers	Acupuncture combined with conventional treatment	Variable protocols including ST36, SP6, LI4, BL23, GB34	2–3 times per week for 6 months	Pain, morning stiffness, joint function	Reduction in pain and functional improvement in a subset of patients; absence of control group and methodological limitations

Abbreviations: BL: Bladder; EX-HN: Extra Head and Neck points; GB: Gallbladder; LI: Large Intestine; SP: Spleen; ST: Stomach; TCM: Traditional Chinese Medicine

The first report describes a 73-year-old female patient presenting with dactylitis affecting the interphalangeal joints. Two sessions of traditional acupuncture were performed, combined with oral supplementation of turmeric, sarsaparilla, and vitamin D3. Immediate improvements were observed in pain, stiffness, and swelling, along with increased range of motion. A 12-month follow-up indicated sustained benefits. However, the presence of co-interventions precludes determining whether the observed improvement was attributable solely to acupuncture [5].

The second report describes a pediatric case involving an adolescent with severe pain in the hips, lower limbs, and feet. The patient underwent four weekly acupuncture sessions, each lasting 30 minutes. At the end of treatment, complete resolution of pain and significant functional improvement were reported, with no adverse effects [6].

The third report was published in a low-visibility journal and described the treatment of psoriatic arthritis using multiple acupuncture styles. Although it provides supplementary information, the lack of peer review and limited methodological detail restrict its reliability [7].

The prospective Chinese cohort study, conducted in 2017, included adults diagnosed with PsA treated in Traditional Chinese Medicine clinics. Patients received acupuncture in combination with conventional therapy over a six-month period. The study reported reductions in joint pain, improvement in morning stiffness, and increased functional capacity in a subset of participants. However, the absence of a control group, lack of standardized acupuncture protocols, and incomplete methodological reporting limit the validity of these findings. Furthermore, as the study is available only in a low-visibility repository, its results should be interpreted with caution [8].

Discussion

The available literature on acupuncture in PsA remains limited and is based on low-quality evidence. All identified case reports demonstrated significant clinical improvements in pain, stiffness, and joint function, with no reports of serious adverse events [5-7]. These findings are consistent with evidence from other inflammatory conditions, such as rheumatoid arthritis, in which acupuncture has shown analgesic potential and modulatory effects on pro-inflammatory cytokines [5].

The pathophysiology of PsA involves abnormal immune system activation, with a central role played by the IL-23/IL-17 axis, infiltration of T helper 17 (Th17) cells, and production of cytokines such as TNF- α and IL-22, which drive synovial inflammation, enthesitis, and bone remodeling [1, 3]. Experimental studies suggest that acupuncture may modulate these processes by influencing neuroimmune pathways, reducing levels of inflammatory cytokines, and promoting autonomic nervous system balance. These mechanisms may partly explain the beneficial effects observed in the analyzed reports.

Despite its promising potential, the available evidence has important limitations. Individual case reports are inherently subject to biases, including placebo effects, therapist-related influences, and external factors. In one of the reports, the simultaneous oral administration of supplements precludes attributing outcomes exclusively to acupuncture [5]. Although the Chinese cohort study provides additional population-level data, the absence of a control group and lack of methodological standardization limit the interpretability of

its findings [8].

Nevertheless, the present analysis has notable strengths. A comprehensive search strategy was employed, encompassing not only conventional databases but also hard-to-access journals and grey literature, allowing identification of the most complete body of evidence currently available. Moreover, this review highlights specific knowledge gaps and provides clear directions for future clinical investigations.

To advance the field, well-designed randomized controlled trials are essential. These should include sham-controlled groups, standardized acupuncture protocols, and validated outcome measures such as DAPSA (Disease Activity Index for Psoriatic Arthritis), PsAID (Psoriatic Arthritis Impact of Disease), and ACR20 (American College of Rheumatology 20% improvement criteria). In addition, incorporating quality-of-life assessments and imaging techniques such as ultrasonography may provide further insights into the underlying pathophysiological mechanisms and clinical impact of acupuncture in PsA. Future studies should also focus on long-term safety evaluation.

Conclusion

The use of acupuncture as a complementary approach for managing symptoms of psoriatic arthritis appears promising based on the currently available studies. However, the existing evidence is limited to three case reports and one low-quality prospective cohort, which is insufficient to support robust clinical recommendations. Well-designed, large-scale, multicenter controlled studies are essential to accurately determine the benefits and risks of this intervention in the context of psoriatic arthritis.

Declarations

Author Contributions

Jozélio Freire de Carvalho: Conceptualization, study design, literature review, data interpretation, and manuscript drafting. Walter Viterbo: Study design, critical revision of the manuscript, and final approval of the version to be published. All authors have read and approved the final version of the manuscript.

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Conflicts of Interest

The authors declare that they have no conflicts of interest related to this work.

Ethics Approval and Consent to Participate

Not applicable. This study is a narrative review based on previously published data.

Consent for Publication

Not applicable.

Availability of Data and Materials

All data analyzed in this study are included in the published articles cited in the reference list.

Use of Artificial Intelligence

The authors declare that artificial intelligence tools were used to assist in language refinement and manuscript preparation.

All content was critically reviewed, validated, and approved by the authors, who take full responsibility for the integrity and accuracy of the work.

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