

Benefits of dry needling or acupuncture are:

Pain

A 2012 [meta-analysis](#) conducted by the Acupuncture Trialists' Collaboration found "relatively modest" efficiency of acupuncture (in comparison to sham) for the treatment of four different types of [chronic pain](#), and on that basis concluded it "is more than a placebo" and a reasonable referral option. [\[58\]](#)

Commenting on this meta-analysis, both

[Edzard Ernst](#)

and

[David Colquhoun](#)

said the results were of negligible clinical significance.

[\[59\]](#)

[\[60\]](#)

A 2011 overview of high-quality [Cochrane reviews](#) suggested that acupuncture is effective for some but not all kinds of pain. [\[18\]](#)

overview of

[systematic reviews](#)

found that numerous reviews have shown little convincing evidence that acupuncture is an effective treatment for reducing pain.

[\[15\]](#)

The same review found that neck pain was one of only four types of pain for which a positive effect was suggested, but cautioned that the primary studies used carried a considerable risk of bias.

[\[15\]](#)

A 2010 systematic review suggested that acupuncture is more than a placebo for commonly occurring chronic pain conditions, but the authors acknowledged that it is still unknown if the overall benefit is clinically meaningful or cost-effective.

[\[61\]](#)

A 2009 systematic review and meta-analysis found that acupuncture had a small analgesic effect, which appeared to lack any clinical importance and cannot be discerned from bias.

[\[24\]](#)

The same review found that it remains unclear whether acupuncture reduces pain independent of a psychological impact of the needling ritual.

[\[24\]](#)

Peripheral osteoarthritis

A 2012 review found acupuncture to provide clinically significant relief from knee [osteoarthritis](#) pain and a larger improvement in function than sham acupuncture, standard care treatment, or waiting for treatment.

[\[62\]](#)

A review from 2008 yielded similar positive results.

[\[63\]](#)

The Osteoarthritis Research Society International released a set of

[consensus](#)

recommendations in 2008 that concluded acupuncture may be useful for treating the symptoms of osteoarthritis of the knee.

[\[64\]](#)

A 2010 Cochrane review found that acupuncture shows

[statistically significant](#)

benefit over sham acupuncture in the treatment of peripheral joint

[osteoarthritis](#)

; however, these benefits were found to be so small that their

[clinical significance](#)

was doubtful, and "probably due at least partially to placebo effects from incomplete blinding".

[\[65\]](#)

Headaches and migraines

A 2012 review found that acupuncture has demonstrated benefit for the treatment of [headache](#) [s](#), but that safety needed to be more fully documented in order to make any strong recommendations in support of its use.

[\[66\]](#)

A 2009 Cochrane review of the use of acupuncture for

[migraine](#)

prophylaxis treatment concluded that "true" acupuncture wasn't more efficient than sham acupuncture, however, "true" acupuncture appeared to be as effective as, or possibly more effective than routine care in the treatment of migraines, with fewer adverse effects than prophylactic drug treatment.

[\[67\]](#)

The same review stated that the specific points chosen to needle may be of limited importance.

[\[67\]](#)

A 2009 Cochrane review found evidence that suggested that acupuncture might be considered a helpful non-pharmacological approach for frequent episodic or chronic tension-type headache.

[\[68\]](#)

Low back

A 2011 overview of Cochrane reviews found inconclusive evidence regarding acupuncture efficacy in treating [low back pain](#). ^[18] A 2010 review found that sham acupuncture was as effective as real acupuncture for chronic low back pain. ^[2]

The specific therapeutic effects of acupuncture were small, whereas its clinically relevant benefits were mostly due to contextual and psychosocial circumstances.

^[2]

Brain imaging studies have shown that traditional acupuncture and sham acupuncture differ in their effect on limbic structures, while at the same time showed equivalent analgesic effects.

^[2]

A 2005 Cochrane review found there is insufficient evidence to recommend for or against either acupuncture or

[dry needling](#)

for acute low back pain.

^[69]

The same review found there is low quality evidence for pain relief and improvement compared to no treatment or sham therapy for chronic low back pain only in the short term immediately after treatment.

^[69]

The same review found acupuncture is not more effective than conventional therapy and

[CAM](#)

treatments.

^[69]

A 2005 review suggests there is insufficient evidence that acupuncture is more effective than other therapies.

^[70]

A review for the

[American Pain Society](#)

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[American College of Physicians](#)

from 2007 found fair evidence that acupuncture is effective for chronic low back pain.

^[71]

Fibromyalgia

A 2013 Cochrane review found low to moderate evidence that acupuncture improves pain and stiffness in treating people with [fibromyalgia](#) compared with no treatment and standard care. ^[7]

^[2]

Shoulder and elbow

A 2011 overview of Cochrane reviews found inconclusive evidence regarding acupuncture efficacy in treating [shoulder pain](#) and lateral elbow pain. ^[18]

Post-operative

A 2014 overview of systematic reviews found insufficient evidence to suggest that acupuncture is effective for surgical or postoperative pain. [\[73\]](#) For the use of acupuncture for post-operative pain there was sometimes contradictory evidence.

[\[73\]](#)