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Editorial

Acupuncture in Gynecology and Assisted Reproduction – A Short Evidence-Based Review

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Abstract

Acupuncture has become an increasingly relevant complementary modality in modern gynecology and assisted reproduction. Its uses include the management of menstrual disorders, menopausal symptoms, infertility, polycystic ovary syndrome (PCOS), endometriosis, and others. Scientific progress in neurophysiology, laser acupuncture, and biomedical imaging has enabled a deeper understanding of the central and peripheral mechanisms underlying acupuncture's effects. This editorial summarizes current evidence regarding physiological mechanisms, applications in gynecology, safety, and integrative clinical practice. Special emphasis is placed on a 2025 systematic review and meta-analysis on acupuncture in assisted reproductive technologies (ART). Collectively, the evidence suggests that acupuncture is a safe, physiologically active, and clinically meaningful adjunct to standard

gynecologic and reproductive therapies. Continued high-quality research is essential to define its role within integrative medicine further.

Keywords
Acupuncture; gynecology; assisted reproduction; IVF; PCOS; endometriosis; menopause; integrative medicine; laser acupuncture; neurophysiology

Note to the Reader

This editorial is based on a lecture delivered by Gerhard Litscher at the international seminar of the Slovenian Acupuncture Society for Medical Doctors, held on 13 December 2025 in Laško, Slovenia. The associated presentation can be accessed here: https://www.lidsen.com/journals/icm/icm-10-04-053/obm.icm.2504053-supplementary.pdf. Please also refer to the acknowledgments at the end of the paper.

1. Introduction

Acupuncture's integration into gynecology and reproductive medicine has accelerated markedly over the past decades. This growing interest stems from a combination of patient demand, scientific innovation, and emerging clinical evidence. The present editorial provides an evidence-based overview of acupuncture's mechanisms and applications in women's health and assisted reproduction, reflecting some key points presented at the 2025 international seminar in Laško, Slovenia [1, 2].

2. Historical Overview

Acupuncture has been applied in East Asian medicine for several millennia. In the Western world, rigorous scientific study began in the late 20th century, enhanced by advances in neurophysiological recording, Doppler ultrasonography, optical technologies, and laser acupuncture. These developments facilitated an objective assessment of acupuncture's effects and also promoted its acceptance in integrative gynecologic care [3].

3. Mechanisms of Action (Western and Eastern Perspectives)

3.1 Eastern Medical Concepts

Traditional East Asian medicine views acupuncture as a means to harmonize the flow of *Qi* and blood along meridians. Reproductive health is linked to the coordinated function of the kidney, liver, and spleen systems, which acupuncture aims to regulate [4].

3.2 Western Biomedical Mechanisms

Modern research provides evidence for several complementary mechanisms:

- *Neurophysiological modulation*, including activation of peripheral afferents and central pain inhibition.
- *Neuroendocrine effects*, such as modulation of β-endorphin, cortisol, and the hypothalamic–pituitary–gonadal axis.
- *Enhanced uterine and ovarian blood flow*, demonstrated through Doppler imaging.
- *Immunomodulation*, including reduced proinflammatory cytokines in polycystic ovary syndrome (PCOS) and endometriosis.

These mechanisms form a coherent physiologic basis for acupuncture's clinical effects.

4. Applications in Gynecology

4.1 Menstrual Disorders

Acupuncture has demonstrated significant benefits for dysmenorrhea and cycle irregularities through modulation of uterine blood flow and central pain pathways (Figure 1).

Figure 1 Acupuncture and moxibustion treatment method in Wuhan, China. Photograph courtesy of Chenyang Kang and Professor Fengxia Liang.

4.2 Menopause

Evidence supports reductions in vasomotor symptoms, improved sleep, and enhanced quality of life, likely due to neuroendocrine and serotonergic modulation.

4.3 Infertility and In-Vitro-Fertilisation (IVF)

Acupuncture is among the most researched complementary treatments in assisted reproduction technology (ART). Reported benefits include:

- Reduced stress and sympathetic activity
- Improved endometrial receptivity
- Enhanced uterine perfusion
- Potential improvements in pregnancy rates, depending on protocol and timing

4.4 Polycystic Ovary Syndrome (PCOS)

Studies indicate enhanced insulin sensitivity, reduced androgen levels, and increased ovulatory frequency, suggesting systemic regulatory effects.

4.5 Endometriosis

Acupuncture does not treat underlying lesions but provides adequate analgesia and reduces inflammation-associated symptoms.

5. Scientific Evidence

The evidence base is extensive yet heterogeneous (Figure 2). High-quality studies strongly support acupuncture in pain management and menopausal symptoms. In assisted reproduction, findings vary across methods, including control conditions and point selection [1]. Nevertheless, the overall trend is positive, especially when individualized treatment protocols are applied.

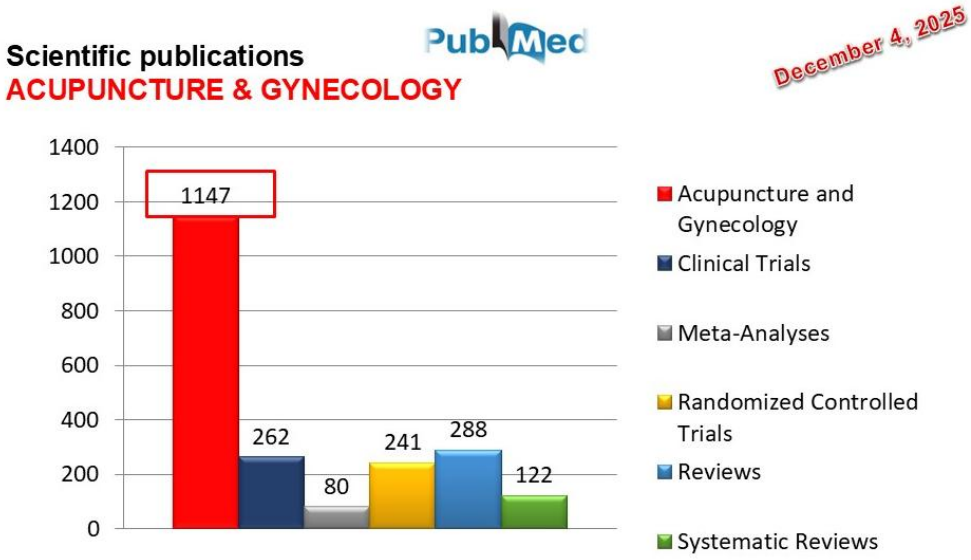

Figure 2 Bibliometric overview of acupuncture in gynecology — as of December 2025.

6. Risks and Safety

When performed by trained professionals, acupuncture is a very safe procedure. Adverse events are rare, mild, and self-limiting. In reproductive medicine, acupuncture has shown an excellent safety profile and is widely accepted as a complementary intervention.

In modern acupuncture practice, the long-held idea of “forbidden points” in pregnancy is giving way to a more nuanced understanding: safety is far less about the points themselves and far more about how they are used. Needling technique, insertion depth, the choice between tonifying or reducing stimulation, and the duration of treatment all shape the physiological response and determine whether an intervention is supportive or potentially disruptive. Moving the discussion from absolute prohibitions to technique-sensitive application may mark an essential step toward a more mature and clinically grounded approach (Figures 3 and 4).

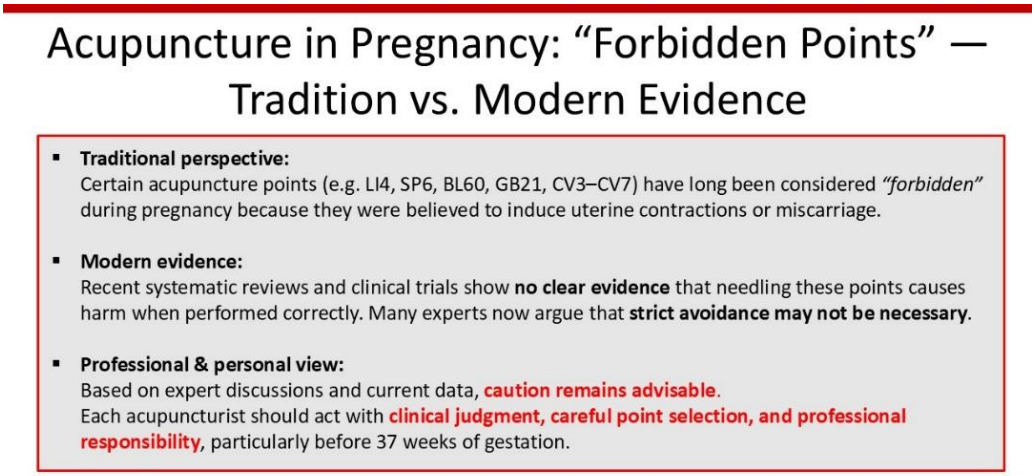

Figure 3 This figure summarizes the evolving view on "forbidden" acupuncture points in pregnancy. Historically considered risky for inducing uterine contractions, modern evidence suggests that when applied with proper technique, these points may be safely used. Clinical judgment, careful point selection, and professional responsibility remain essential, especially before 37 weeks of gestation.

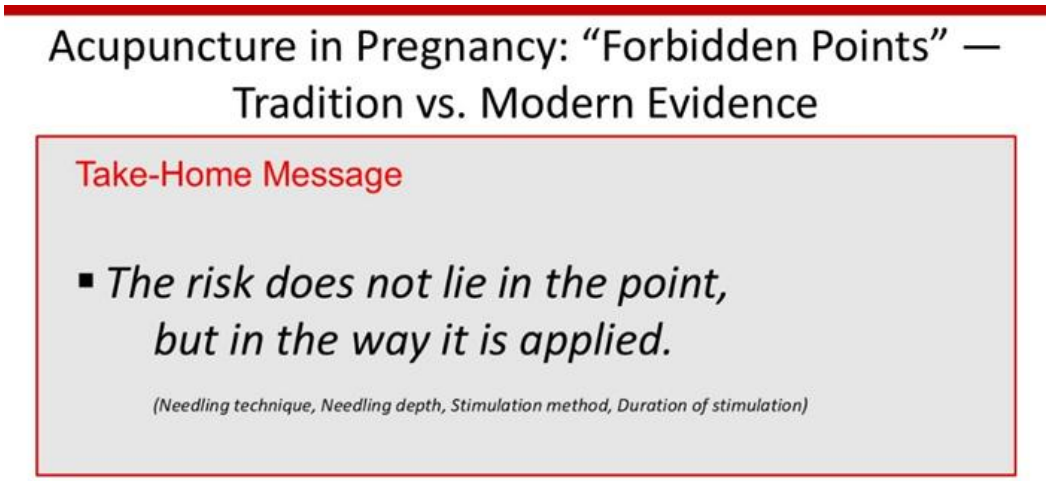

Figure 4 Safety in acupuncture during pregnancy depends on how points are needled—technique, depth, type of stimulation, and duration—rather than the points themselves.

7. Integration into Modern Gynecology

Modern gynecologic care increasingly adopts integrative medical models. Acupuncture is included in many fertility and women's health centers as part of patient-centered, multimodal therapy. In addition to measurable physiological effects, acupuncture provides psychological support and reduces treatment-related anxiety.

8. Acupuncture in Assisted Reproduction (ART): Systematic Review and Meta-Analysis (2025)

A recent meta-analysis (2025) [1] emphasizes:

- Improved uterine blood flow
- Reduced psychological stress during ART cycles

- Potential increases in pregnancy and live birth rates
- The need for standardized methodologies and individualized protocols

These findings support acupuncture's value as a scientifically grounded adjunct to ART.

9. Future Outlook: Integrative Medicine and Artificial Intelligence

Future research requires interdisciplinary collaboration and precision-based approaches, integrating neuroimaging, molecular biomarkers, microcirculatory assessment, and laser acupuncture. These developments will further clarify mechanisms and optimize treatment protocols.

Artificial intelligence (AI) and data-mining methods are increasingly being integrated into acupuncture research, especially in gynecology. These technologies enable researchers to analyze large volumes of clinical studies, treatment reports, and traditional literature systematically. Instead of relying solely on expert opinion or isolated trials, data-driven approaches identify recurring patterns, frequently used point combinations, and potential core prescriptions for specific gynecological conditions. In several recent analyses, AI-supported data mining was applied to conditions such as diminished ovarian reserve, premature ovarian failure, tubal infertility, and dysmenorrhea. These methods consistently highlighted certain acupoints as central to gynecological practice. For diminished ovarian reserve, the most frequently identified points include Guanyuan (CV4), Sanyinjiao (SP6), Zusanli (ST36), Shenque (CV8), Shenshu (BL23), and Zigong (EX-CA1), with SP6 and CV4 forming the most common pair. For tubal infertility, core combinations include CV4, SP6, EX-CA1, CV3, and CV6, with recurrent pairings such as SP6 + CV4 and CV4 + CV3. In the context of dysmenorrhea, the most consistently extracted points are SP6, CV6, and CV4, reflecting their central role across multiple datasets. These findings do not define clinical efficacy on their own but indicate which point combinations appear most frequently in existing treatment protocols [5, 6].

Overall, the use of AI and data mining in acupuncture research provides valuable insights into treatment tendencies and potential therapeutic structures. By highlighting frequently used point combinations, these methods support the development of more standardized protocols and help identify promising targets for future randomized controlled trials. While AI cannot replace clinical expertise or empirical validation, it offers an innovative tool for advancing evidence-informed acupuncture practice and for bridging traditional knowledge with modern analytical approaches.

10. Conclusion

Acupuncture is a physiologically active, evidence-supported, and safe complementary therapy in gynecology and assisted reproduction. Its diverse applications—from menstrual regulation to fertility support—align well with modern integrative medical strategies. Continued high-quality research will define its place within evidence-based women's healthcare [1, 5].

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Author Contributions

The author did all the research work for this study.

Competing Interests

The author hereby declares that no conflict of interests exists in connection with the publication of this editorial.

Data Availability Statement

All photos © G. Litscher. Additional references on these topics are available in the PowerPoint presentation.

AI-Assisted Technologies Statement

An AI tool (ChatGPT-5, OpenAI, 2025) was used for the initial translation of this contribution from German into English. The author has carefully reviewed and edited the final version, which was also polished by a native speaker. The author takes full responsibility for the content of the manuscript.

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