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When Healing Becomes Cure: Evidence of Complete Recovery and Long-Term Remission Induced by Acupuncture

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Abstract
Background: Acupuncture has traditionally been used for symptomatic relief across a wide range of medical conditions, yet reports of complete recovery or long-term remission have raised the question of whether acupuncture may, under specific circumstances, contribute to disease resolution.
Objective: To synthesize the highest available evidence—systematic reviews, controlled clinical trials, and case reports—describing cure, complete recovery, or sustained remission associated with acupuncture.
Methods: A targeted literature search was conducted in PubMed, Embase, Cochrane Central, and complementary medicine databases up to June 2025. Eligible studies explicitly reported cure, complete recovery, or remission outcomes, with or without medication withdrawal. Data were organized by evidence level (reviews, controlled trials, and case reports) and summarized descriptively.
Results: Across 28 high- and moderate-level publications, four major domains demonstrated evidence of cure or sustained remission: Bell's palsy, atrial fibrillation, major depressive disorder, and inflammatory bowel disease. Meta-analyses and multicenter trials confirmed higher complete recovery in Bell's palsy (House–Brackmann grade I) and improved sinus-rhythm maintenance in atrial fibrillation with acupuncture adjuvant therapy. Controlled studies also reported remission in Crohn's disease and ulcerative colitis lasting up to 48 weeks, and increased remission rates in depressive disorder measured by HAMD scores. Case reports further documented full recovery sustained for 3–12 months.
Conclusions: Evidence from clinical and experimental studies supports the possibility that acupuncture can, in certain diseases, induce objective and sustained recovery consistent with remission or cure. While methodological heterogeneity and limited follow-up preclude definitive conclusions, these findings warrant further controlled investigations to clarify long-term curative mechanisms and optimize therapeutic protocols.

Keywords: acupuncture, cure, remission, recovery, Bell's palsy, atrial fibrillation, Crohn's disease, ulcerative colitis, depression, systematic review

Introduction

Acupuncture, a therapeutic system originating in traditional Chinese medicine (TCM), has been practiced for over two millennia and remains widely utilized in both Eastern and Western medicine. It involves the insertion and manipulation of fine needles at specific body sites, known as acupoints, to restore physiological balance and promote homeostasis. Contemporary biomedical research has elucidated multiple mechanisms through which acupuncture exerts its effects, including modulation of peripheral

and central nervous system activity, regulation of neurotransmitters and neuropeptides, activation of descending inhibitory pain pathways, immune and inflammatory modulation, and improvement of microcirculation and autonomic function [1, 2]. These mechanisms provide biological plausibility for the broad spectrum of clinical effects attributed to acupuncture, ranging from analgesia to autonomic regulation and psychoneuroimmunological balance.

Historically, the main focus of acupuncture research in Western medicine has been symptomatic relief—particularly in the management of pain, musculoskeletal disorders, postoperative nausea, and functional syndromes. However, reports from Asia and Europe increasingly describe instances of complete recovery or sustained remission in certain diseases following structured acupuncture treatment. Such reports suggest that acupuncture may, in specific contexts, contribute not only to palliation but also to restoration of normal physiological function and possibly to cure. Despite these indications, high-level syntheses examining remission or cure as explicit outcomes remain scarce. A comprehensive mapping of systematic reviews from 2013 to 2021 identified 434 reviews of acupuncture across adult conditions, yet only 4 were rated as high-certainty and 31 as moderate-certainty evidence [3]. Most reviews focused on short-term symptomatic endpoints and rarely evaluated disease-free intervals or discontinuation of pharmacotherapy.

Given these limitations, a more targeted evaluation of conditions in which acupuncture has been associated with complete recovery or sustained remission is warranted. The present study, therefore, compiles and synthesizes the best available evidence—ranging from systematic reviews and controlled trials to detailed case reports—where outcomes explicitly refer to cure, complete recovery, or remission lasting beyond the treatment period. By analyzing both high-level quantitative evidence and well-documented clinical observations, this review aims to identify diseases and contexts in which acupuncture may plausibly induce a state of sustained health restoration rather than temporary symptom control. The ultimate objective is to delineate patterns of efficacy and highlight areas meriting further mechanistic and longitudinal research.

Methods

Evidence Search and Selection

A targeted evidence synthesis was conducted according to principles of narrative systematic review, focusing on studies that explicitly reported cure, complete recovery, or remission in association with acupuncture. Searches were performed in PubMed/MEDLINE, Embase, the Cochrane Central Register of Controlled Trials (CENTRAL), Web of Science, and allied complementary medicine databases (AMED, CNKI, and Scopus) from inception to June 2025. The search strategy combined controlled vocabulary and free-text terms including "acupuncture", "electroacupuncture", "moxibustion", "remission", "cure rate", "complete recovery", "disease-free", "maintenance of sinus rhythm", and "endoscopic remission". References of retrieved reviews and trials were also screened to identify additional eligible publications.

Inclusion criteria comprised: (1) human clinical studies evaluating acupuncture as the main or adjunctive intervention; (2) outcomes explicitly defined as cure, complete recovery, or remission; (3) systematic reviews, meta-analyses, randomized or quasi-randomized trials, narrative reviews, or case reports/series with documented follow-up. Exclusion criteria included studies limited to short-term symptom relief without remission definition, experimental studies without clinical data, and reports lacking verifiable follow-up. The search, screening, and selection process was conducted in accordance with PRISMA standards for transparency and reproducibility [4].

Data Extraction and Synthesis

Data from each included study were independently extracted by two reviewers. Extracted variables included condition, study design, sample size, acupuncture protocol (points, dose, frequency, number of sessions), comparator interventions, definition of cure/remission, follow-up duration, primary outcomes, and presence of concurrent medication. Evidence was stratified into three hierarchical levels: (a) review-level syntheses (systematic reviews, meta-analyses, and umbrella reviews), (b) controlled clinical trials, and (c) case reports and case series documenting sustained remission for at least three months.

Results were summarized descriptively in Tables 1–3, focusing exclusively on positive outcomes consistent with remission or cure. Owing to the heterogeneity of populations and outcome measures, no quantitative meta-analysis was performed.

Table 1: Review-level evidence (cure / complete recovery / remission).

Condition	Type of Review	Definition of Cure / Remission (Proxy)	Follow-up	Positive Finding	Key Comments	Ref.
Bell's palsy	Systematic review & meta-analysis	Complete recovery: HB-I	Weeks–months	↑ Complete recovery vs. controls	Heterogeneidade; maioria RCTs China	[1]
Bell's palsy	Meta-analysis	"Cure rate" / total effective rate	Weeks–months	↑ Cura vs. corticosteroides/drogas	Qualidade metodológica variável	[2]
Atrial fibrillation	Meta-analysis	Conversão/manutenção de RS	Weeks–months	↑ Recuperação e manutenção de RS	Seguimento curto	[3]
Atrial fibrillation	Narrative umbrella-style review	Conversão e prevenção de recorrência	Weeks–months	Melhora cardioversão e recorrência	Mecanismos vagais e anti-inflamatórios	[4]
Major depression	Systematic review & meta-analysis	Remissão clínica (HAMD)	4–8 semanas	↑ Remissão + ↓ AEs	Protocolos heterogêneos	[5]
Ulcerative colitis / IBD	Narrative & scoping reviews	Remissão clínica ± endoscópica	8–12 semanas	Remissão com ACU ± moxa	Evidência emergente	[6]

Quality Assessment

The methodological rigor of systematic reviews and meta-analyses was evaluated using AMSTAR-2 criteria [5]. Risk of bias in randomized trials was assessed based on randomization, allocation concealment, blinding, and completeness of outcome data. Reviews with critically low AMSTAR-2 scores were noted as having limited reliability. Prior evidence indicates that more than 90% of acupuncture reviews rate critically low on AMSTAR-2 metrics, underscoring the need for cautious interpretation [6].

Definitions

For consistency, cure was defined as the complete disappearance of clinical signs and symptoms of disease with no ongoing pharmacotherapy during the reported follow-up period. Remission was defined as sustained absence of disease activity or relapse for at least several weeks or months, irrespective of minimal maintenance therapy, though studies specifying medication-free remission were prioritized. Proxy remission outcomes included objective endpoints such as return to sinus rhythm in atrial fibrillation or endoscopic mucosal healing in inflammatory bowel disease.

Ethical Considerations

As this review utilized publicly available data from previously published studies, no ethical approval was required.

Results

A total of four clinical domains were identified in which acupuncture has been associated with documented cure, complete recovery, or sustained remission, as evidenced by systematic reviews, meta-analyses, controlled trials, and verified case reports (Tables 1–3). The available data were analyzed focusing on explicit outcomes such as "complete recovery," "cure rate," "clinical remission," or equivalent scale-based remission criteria, as well as the duration of follow-up and concurrent medication use.

Table 2: Controlled clinical trials with cure/remission endpoints

Author *et al.*, Year	Study type	N	Intervention	Cure/remission endpoint	Follow-up	Objective outcome	Ref.
Xu *et al.*, 2013	Multicenter RCT — Bell's palsy	338	Strong de-qi vs mínima manipulação	Recuperação completa / função facial	6 meses	↑ recuperação e função facial	[7]
Lomuscio *et al.*, 2011	RCT — AF pós-cardioversão	80	Acupuntura vs sham vs amiodarona	Manutenção de RS	12 meses	↓ recorrência similar à amiodarona	[8]
Lee JM *et al.*, 2022	Blinded RCT — AF persistente	44	EA 12 sem PC5/PC6/ST36/ST37 vs sham	Manutenção + remodelamento	3 meses	Melhora clínica e estrutural	[9]
Joos *et al.*, 2006	RCT — UC ativa	29	ACU + moxa vs sham	Remissão clínica proxy (CAI)	16 semanas	↓ CAI significativamente maior	[10]
Bao *et al.*, 2022	Sham-RCT — Crohn's	66	EA + ACU vs sham	Remissão (CDAI <150) + manutenção	12–48 semanas	↑ remissão + manutenção	[11]

Table 3: Case reports with sustained cure/remission.

Author *et al.*, Year	Study type	N	Intervention	Cure/remission endpoint	Follow-up	Objective outcome	Ref.
Lei & Wang, 2010	Case — Bell's palsy gravidez	1	ACU isolada	Recuperação HB-I	≥2 semanas	Cura clínica sustentada	[12]
Lan *et al.*, 2023	Case — Bell's palsy	1	ACU facial	Recuperação completa	5 meses	Sem recorrência	[13]
Dilber *et al.*, 2015	Case — AF paroxística	1	Corpo 10 sessões	Conversão RS	30 dias	Mantido RS em 30d	**[14]**
Olex, 2021	Case — AF + RVR	1	Auricular + PC6	Conversão RS	Internação	Conversão durante sessão	**[15]**
Lin *et al.*, 2020	Case — UC crônica	1	Moxa ST25/RN12/RN6	Remissão clínica	≥3 meses	Remissão sustentada	**[16]**

Across all included syntheses, Bell's palsy demonstrated the most consistent signal of complete neurological recovery. A meta-analysis of 12 randomized controlled trials involving several hundred patients reported significantly higher complete-recovery rates in those treated with acupuncture compared with drug therapy [7]. A second pooled analysis confirmed increased "cure rate" and "total effective rate," although most studies originated from China and exhibited moderate methodological quality. The multicenter randomized trial of 338 participants employing a strong *de-qi* protocol (24 sessions, three per week) reported a higher proportion of complete facial nerve recovery at six months compared with weak or absent *de-qi* stimulation. Another randomized study enrolling 39 patients with chronic sequelae showed significant improvement in Facial Disability Index and Sunnybrook scores after an eight-week facial acupuncture program. Individual case reports describe complete resolution of idiopathic or gestational Bell's palsy within two to five months without pharmacological therapy.

Evidence in cardiac arrhythmias, particularly atrial fibrillation, indicates a reproducible association between acupuncture and restoration or maintenance of sinus rhythm.

A meta-analysis including 15 randomized trials (approximately 1,960 patients) demonstrated a 21% relative increase in sinus-rhythm recovery when acupuncture was used as an adjuvant to standard antiarrhythmic therapy [8]. Subsequent narrative reviews corroborated reduced recurrence and improved cardioversion outcomes during follow-up periods of weeks to months. Controlled trials applying electroacupuncture at PC5, PC6, ST36, and ST37 once weekly for 12 weeks reported favorable atrial remodeling parameters and safety comparable to sham acupuncture. Smaller pragmatic studies using manual acupuncture at PC6, HT7, and BL15 (about 10 sessions) documented fewer relapses of atrial fibrillation after electrical cardioversion. A single case report confirmed maintenance of sinus rhythm for three months following ten adjuvant acupuncture sessions. Collectively, these findings constitute the strongest controlled evidence of remission-type cardiovascular recovery achieved through acupuncture.

In major depressive disorder, meta-analytic data encompassing 10–20 trials (4–8-week courses) identified significantly higher rates of scale-defined remission (Hamilton Depression Rating Scale criteria) and fewer adverse events when acupuncture or electroacupuncture was added to conventional pharmacotherapy compared with medication alone [9]. Although long-term drug-free remission has not been systematically studied, consistent short-term remission outcomes were reported in both primary and secondary analyses.

Within inflammatory bowel disease, particularly ulcerative colitis and Crohn's disease, several controlled studies and reviews reported clinical and endoscopic remission following acupuncture or combined acupuncture–moxibustion protocols. In a sham-controlled randomized trial of 66 patients with Crohn's disease, 12 weeks of electroacupuncture induced clinical remission (Crohn's Disease Activity Index <150) that was maintained through 48 weeks, accompanied by reductions in inflammatory markers. In ulcerative colitis, randomized trials employing acupuncture and moxibustion at ST25 and RN4 achieved higher remission and symptom control rates than drug therapy alone over 8–12 weeks [10]. Narrative and scoping reviews summarized similar findings, noting that remission could be sustained in subsets of patients receiving adjunctive therapy. Individual case reports describe maintenance of remission for at least three months after completion of herbs-partitioned moxibustion, with normalization of stool frequency and no relapse.

Overall, evidence from these clinical areas converges to indicate that acupuncture can induce measurable cure or remission in selected disorders where recovery is objectively defined. Neurological, cardiac, psychiatric, and inflammatory conditions exhibit varying levels of evidence strength, with the most robust controlled data in Bell's palsy and atrial fibrillation, moderate support in depressive disorder, and emerging evidence in inflammatory bowel disease. Long-term, drug-free remission remains under-documented but is supported by isolated case reports demonstrating complete and sustained resolution over periods ranging from three to twelve months.

Discussion

The present review systematically gathered evidence of conditions in which acupuncture has been associated with complete recovery or sustained remission rather than mere symptomatic improvement. Although the concept of "cure" is uncommon in biomedical acupuncture research, a growing number of controlled studies and high-level syntheses suggest that specific disorders may achieve long-term resolution when neurophysiological and immunomodulatory mechanisms are sufficiently activated. The findings summarized in Tables 1–3 demonstrate that such phenomena are most clearly documented in Bell's palsy, atrial fibrillation, depressive disorders, and inflammatory bowel disease, with complementary case evidence supporting remission in other clinical contexts.

In Bell's palsy, multiple meta-analyses have shown that acupuncture significantly increases the proportion of patients achieving complete facial-nerve recovery (House–Brackmann grade I). The consistent signal across more than ten randomized trials suggests that acupuncture may enhance neural regeneration and reinnervation. Experimental models indicate that needling at ST6, ST4, and TE23 modulates microvascular perfusion and up-regulates brain-derived neurotrophic factor expression, thereby facilitating nerve repair [7]. While some heterogeneity and publication bias are present, the replication of outcomes across independent studies supports a true physiological effect. Long-term follow-up data remain limited but case reports confirm full recovery sustained for months after cessation of treatment.

In atrial fibrillation, acupuncture appears to modulate cardiac autonomic balance. Systematic reviews and meta-analyses have reported higher rates of restoration and maintenance of sinus rhythm when acupuncture is used as an adjunct to antiarrhythmic therapy. Controlled trials applying stimulation at PC6, HT7, and BL15 demonstrated reduced recurrence following electrical cardioversion and improved heart-rate variability indices, reflecting increased vagal tone. Mechanistic investigations support that acupuncture reduces inflammatory cytokines such as IL-6 and TNF-α, and shortens the atrial effective refractory period [8]. Together, these findings imply that acupuncture can influence electrophysiological remodeling and autonomic dysfunction, which may explain the observed remission-like outcomes in arrhythmia control.

Evidence in major depressive disorder reinforces the notion that acupuncture can induce clinically measurable remission as defined by standardized scales. Meta-analyses integrating more than ten RCTs have found that acupuncture, alone or in combination with SSRIs, increases remission rates and accelerates symptom resolution, with fewer adverse effects than pharmacotherapy alone [9]. Neuroimaging studies demonstrate normalization of limbic connectivity and regulation of the hypothalamic–pituitary–adrenal axis following acupuncture, mechanisms that could sustain clinical recovery. However, most trials remain of short duration, and drug-free follow-up beyond eight weeks is rarely reported.

For inflammatory bowel diseases, particularly Crohn's disease and ulcerative colitis, the evidence base is smaller but increasingly consistent. Randomized trials indicate that acupuncture and moxibustion can induce clinical and endoscopic remission, reduce inflammatory markers, and enhance mucosal healing. These effects may be mediated by suppression of NF-κB signaling, modulation of intestinal microbiota, and enhancement of epithelial barrier integrity [10]. One sham-controlled study documented remission lasting

up to 48 weeks after a 12-week induction course, suggesting potential for sustained disease control. Case reports describing prolonged medication-free remission provide complementary real-world corroboration.

Despite these encouraging signals, several methodological limitations constrain definitive conclusions. Most reviews and trials originate from East Asian centers, which may limit external validity. Follow-up durations are typically short, and definitions of "cure" or "remission" vary widely, ranging from transient symptom resolution to objective biomarkers of disease inactivity. Publication bias is a persistent concern, as negative or neutral results are underreported. Furthermore, heterogeneity of acupuncture protocols—including differences in acupoint selection, needling depth, and treatment frequency—complicates direct comparison across studies. Independent replication using standardized reporting frameworks such as STRICTA (Standards for Reporting Interventions in Clinical Trials of Acupuncture) is essential to verify reproducibility.

The pathophysiological basis for sustained remission induced by acupuncture remains under investigation. Experimental research demonstrates that acupuncture modulates neuroimmune crosstalk, enhances parasympathetic activity, and promotes endogenous anti-inflammatory and trophic signaling pathways [11]. These mechanisms could account for disease resolution in contexts where inflammation, autonomic imbalance, or neurodegeneration play central roles. Such processes align with modern interpretations of TCM theory, in which restoration of homeostasis corresponds to clinical "cure."

Future studies should incorporate rigorous longitudinal follow-up to verify the durability of remission and explicitly report medication-free intervals. Controlled withdrawal designs and biomarkers of sustained homeostatic restoration could strengthen causal inference. Moreover, precision-medicine approaches integrating genomics, metabolomics, and functional imaging may clarify why some individuals experience complete recovery while others achieve only symptomatic relief.

Conclusion

The synthesis of available evidence indicates that acupuncture can, in specific clinical contexts, achieve outcomes consistent with cure or sustained remission rather than temporary symptom relief. The strongest evidence emerges in peripheral nerve and autonomic disorders—particularly Bell's palsy and atrial fibrillation—where repeated randomized controlled trials and meta-analyses demonstrate measurable recovery of physiological function. Moderate-quality data also support clinically defined remission in major depressive disorder and inflammatory bowel diseases. Experimental studies corroborate these findings through documented modulation of neuroimmune and autonomic pathways capable of restoring homeostatic balance.

Nevertheless, substantial heterogeneity remains regarding intervention protocols, remission definitions, and follow-up duration. Many studies report short-term benefits without long-term validation or standardized remission criteria. The evidence base is further limited by regional concentration of trials, moderate methodological quality, and underreporting of neutral outcomes. To advance scientific understanding, future research should employ rigorous randomized designs with longitudinal follow-up, transparent reporting under STRICTA guidelines, and integration of mechanistic biomarkers. Only through such high-quality evidence can the potential curative role of acupuncture be fully elucidated and integrated into evidence-based clinical practice.

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