

ICU Patients Recover Faster with Help of Acupuncture

Researchers have recently conducted a mini review to investigate the clinical outcome and proposed mechanisms of action of acupuncture in [intensive care unit](#) (ICU) patients.



Study

Advancements in extracorporeal life support and precision monitoring have led to a significant decline in [ICU mortality rates](#). Despite this progress, patients often experience complications, such as persistent pain, delirium, ICU-acquired weakness (ICU-AW), and gastrointestinal dysmotility, which hinder functional recovery and diminish quality of life.

Recent multicenter studies have shown that ICU-AW affects 40 to 50 % of patients, perpetuating a cycle of muscle weakness, increased infection risk, and prolonged hospitalization. In general, these patients are treated with [opioids](#), benzodiazepines, muscle relaxants, and prokinetic agents, which can relieve symptoms but frequently cause adverse effects like respiratory depression, drug resistance, and delirium. Therefore, there is an urgent need for non-pharmacologic interventions with minimal side effects that are compatible with current monitoring technologies.

Acupuncture is a traditional Chinese medicine practice that involves inserting fine needles into specific points on the body to [alleviate pain](#) and promote healing. It works by stimulating nerves to release natural painkillers such as endorphins, or by balancing the body's vital energy (Qi) as it flows through meridians. Contemporary clinical research focuses on neurophysiological and immunomodulatory mechanisms rather than traditional energy-based explanations.

Acupuncture is used to treat a range of conditions, including chronic pain, headaches, and nausea. Due to its multi-target regulatory effects, adaptability, and reproducibility, acupuncture has attracted increasing interest from [critical care](#) practitioners.

Findings

Managing analgesia and sedation in mechanically ventilated patients is a complex process. Although severe illness often requires increased opioids and [benzodiazepines](#), it raises the risks of respiratory depression, tolerance, and delirium.

Excessive sedative and analgesic use can prolong weaning, trigger delirium, and lead to ICU-AW that reduces mobility, slows recovery, lengthens hospital stays, and raises readmission rates, especially among patients requiring prolonged [mechanical ventilation](#). Currently, clinicians recommend early maintenance of muscle strength and functional training in the ICU.

Gastrointestinal problems are common in ICU patients, ranging from constipation and gastric retention to diarrhea and increased [gut permeability](#). These issues are often caused by a combination of illness, medications, and nutrition strategies.

The key effects of acupuncture on ICU patients are discussed below.

Acupuncture, particularly [electroacupuncture](#) (EA) and transcutaneous electrical acupoint stimulation (TEAS), is being increasingly explored in ICU recovery protocols. These methods may help reduce sedative and pain medication use, support ventilator management, and shorten both mechanical ventilation and ICU stays, likely due to the benefits of continuous electrical stimulation.

Acupuncture regulates gut function by improving constipation and reducing [diarrhea](#). Clinical studies report that acupuncture increases bowel movements and relieves opioid-induced constipation, while also reducing the incidence of diarrhea in patients receiving enteral nutrition.

In China, acupuncture is now commonly incorporated into ICU-AW rehabilitation programs. Early studies suggest that it may enhance muscle strength, [neuromuscular function](#), and muscle mass, as well as reduce mechanical ventilation time. Larger studies are needed to confirm these benefits.

Conclusion

Acupuncture offers a potentially low-risk adjunct option for intensive care, helping reduce [drug dependence](#), support ventilator weaning, lessen ICU-AW and delirium, and improve gastrointestinal function.

These benefits, achieved through multi-pathway mechanisms, make acupuncture especially valuable when conventional therapies are limited. However, current evidence quality is limited, and acupuncture should be viewed as a complementary rather than a [replacement therapy](#).

Future research should prioritize large-scale trials, standardization of acupuncture procedures, and the collection of long-term real-world outcome data. A deeper investigation into mechanisms, along with attention to ethical and [regulatory issues](#), will be essential to integrating acupuncture as a standardized component of ICU care.

Source:

<https://www.news-medical.net/news/20260106/Acupuncture-may-help-ICU-patients-recover-faster.aspx>