UNIVERSIDADE FEDERAL DE ALFENAS

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O PAPEL DA ACUPUNTURA NO CUIDADO DA FERTILIDADE FEMININA: UMA REVISÃO INTEGRATIVA

ALFENAS/MG

2025

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Trabalho de Conclusão de Curso apresentado como parte dos requisitos para obtenção do título de Especialista em Acupuntura Sistêmica do curso de Pós-graduação *Latu Senso*, pela Universidade Federal de Alfenas. Área de concentração: Acupuntura.
Orientador(a): Prof. Dr. Marcelo Lourenço da Silva.
Coorientador(a): Gabrielly Santos Pereira

ALFENAS

2025

Sistema de Bibliotecas da Universidade Federal de Alfenas
Biblioteca Unidade Educacional Santa Clara

Araújo Vieira do Carmo, Mariana.
O papel da acupuntura no cuidado da fertilidade feminina: uma revisão integrativa / Mariana Araújo Vieira do Carmo. - Alfenas, MG, 2025.
35 f. -

Orientador(a): Marcelo Lourenço da Silva.
Trabalho de Conclusão de Curso (Especialização em Acupuntura) - Universidade Federal de Alfenas, Alfenas, MG, 2025.
Bibliografia.

1. Medicina Integrativa. 2. Saúde da Mulher. 3. Medicina Chinesa. 4. Práticas integrativas. I. Lourenço da Silva, Marcelo , orient. II. Título.

Ficha gerada automaticamente com dados fornecidos pelo autor.

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O (A) Presidente da banca examinadora abaixo assina a aprovação do Trabalho de Conclusão de Curso apresentado ao Programa de Pós-graduação como parte dos requisitos para a obtenção do título de Especialista em Acupuntura pela Universidade Federal de Alfenas. Área de Concentração: Acupuntura.

Aprovado em: 30 / 11 / 2025

Comissão examinadora:

Dr. Marcelo Lourenço da Silva

Universidade Federal de Alfenas Assinatura

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Este trabalho é dedicado à minha mãe, minha amiga e maior incentivadora para conclusão deste curso.

RESUMO

A reserva ovariana diminuída (ROD) constitui um dos principais fatores associados à infertilidade feminina, estando relacionada a alterações hormonais e a desfechos reprodutivos desfavoráveis. Nesse contexto, a acupuntura tem sido investigada como uma abordagem integrativa com potencial para auxiliar a função ovariana e a fertilidade. O objetivo deste estudo foi analisar as evidências científicas acerca do papel da acupuntura no cuidado da fertilidade feminina. Trata-se de uma revisão integrativa da literatura, na qual foram incluídos estudos clínicos e experimentais publicados entre 2017 e 2025, localizados nas bases de dados PubMed, SciELO e ScienceDirect. Os resultados indicam que a acupuntura pode contribuir para a regulação hormonal, melhora da função ovariana e aumento das taxas de gravidez, especialmente quando utilizados protocolos que envolvem pontos como CV4, SP6, LIV3, EX-CA1, ST36 e KI3. Conclui-se que a acupuntura representa uma prática promissora e segura no manejo da infertilidade feminina, podendo atuar como terapia complementar aos tratamentos convencionais.

Palavras-chave: Medicina integrativa. Saúde da mulher. Medicina chinesa. Práticas integrativas.

ABSTRACT

Diminished ovarian reserve (DOR) is one of the main factors associated with female infertility and is related to hormonal imbalance and unfavorable reproductive outcomes. In this context, acupuncture has been investigated as an integrative approach with potential benefits for ovarian function and fertility. This study aimed to analyze the scientific evidence regarding the role of acupuncture in female fertility care. This is an integrative literature review including clinical and experimental studies published between 2017 and 2025, retrieved from PubMed, SciELO, and ScienceDirect databases. The findings suggest that acupuncture may contribute to hormonal regulation, improvement of ovarian function, and increased pregnancy rates, particularly through protocols involving acupoints such as CV4, SP6, LIV3, EX-CA1, ST36, and KI3. In conclusion, acupuncture appears to be a promising and safe complementary therapy in the management of female infertility.

Keywords: Integrative medicine. Women’s health. Chinese medicine. Integrative practices.

SUMÁRIO

INTRODUÇÃO

A infertilidade feminina constitui um relevante problema de saúde pública, com impacto significativo nos âmbitos físico, emocional, social e econômico. Estima-se que uma parcela expressiva das mulheres em idade reprodutiva apresente dificuldades para engravidar, sendo a reserva ovariana diminuída um dos principais fatores associados a esse cenário. Essa condição caracteriza-se pela redução quantitativa e qualitativa dos folículos ovarianos, comprometendo a resposta aos estímulos hormonais e diminuindo as chances de concepção espontânea ou assistida.

Os avanços da medicina reprodutiva possibilitaram o desenvolvimento de diferentes estratégias terapêuticas para o manejo da infertilidade, incluindo tratamentos hormonais, procedimentos cirúrgicos e técnicas de reprodução assistida, como a fertilização in vitro. Entretanto, tais intervenções frequentemente estão associadas a efeitos adversos, custos elevados e impacto negativo sobre a qualidade de vida das pacientes, o que tem estimulado a busca por abordagens complementares e integrativas que possam potencializar os resultados clínicos e minimizar os efeitos indesejáveis.

Nesse contexto, a acupuntura, prática terapêutica milenar integrante da Medicina Tradicional Chinesa, tem ganhado destaque no cuidado à saúde da mulher e, especialmente, no tratamento da infertilidade feminina. Fundamentada na regulação do fluxo de energia vital (Qi) e no equilíbrio dos sistemas orgânicos, a acupuntura tem sido amplamente investigada quanto aos seus possíveis efeitos sobre o eixo hipotálamo-hipófise-ovariano, a perfusão sanguínea ovariana, a modulação neuroendócrina e a redução do estresse oxidativo e inflamatório.

Estudos experimentais e clínicos recentes sugerem que a acupuntura pode contribuir para a melhora dos marcadores da reserva ovariana, para a regulação dos hormônios reprodutivos e para o aumento das taxas de gravidez, tanto em concepções espontâneas quanto em ciclos de reprodução assistida. Apesar desses achados promissores, ainda há heterogeneidade metodológica entre os estudos, o que reforça a necessidade de sistematizar e analisar criticamente as evidências disponíveis.

Diante da relevância clínica do tema e da crescente incorporação das práticas integrativas no cuidado à saúde, este Trabalho de Conclusão de Curso apresenta um manuscrito científico no formato de revisão integrativa, cujo objetivo é analisar o papel da acupuntura no cuidado da fertilidade feminina, com ênfase nos seus efeitos sobre a reserva ovariana e os desfechos reprodutivos. O manuscrito a seguir reúne e discute evidências atuais da literatura, contribuindo para o aprofundamento do conhecimento científico e para a prática clínica baseada em evidências na área da acupuntura.

ARTIGO - The role of acupuncture in female fertility care: an integrative review

The role of acupuncture in female fertility care: an integrative review

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Abstract

Background: Diminished ovarian reserve (DOR) is a major factor in female infertility, often linked to hormonal imbalance and impaired reproductive outcomes. Acupuncture has been investigated as an integrative approach to support ovarian function and fertility. **Materials and Methods**: This integrative literature review analyzed clinical and experimental studies published between 2017 and 2025 in PubMed, SciELO, and ScienceDirect. **Results**: Findings suggest that acupuncture may regulate sex hormones, improve ovarian function, and increase pregnancy rates. These effects have frequently been associated with protocols involving acupoints such as CV4, SP6, LIV3, EX-CA1, ST36, and KI3, which are traditionally related to reproductive health and hormonal balance. **Conclusion**: Overall, the evidence indicates that acupuncture represents a promising tool for improving female fertility, offering benefits without the adverse effects commonly associated with conventional treatments.

Keywords: Integrative medicine; Women's health; Chinese medicine; Integrative practices.

Introduction

Decreased ovarian reserve (DOR) represents one of the main challenges in contemporary reproductive medicine, characterized by the quantitative and qualitative reduction of ovarian follicles, resulting in compromised fertility and a poor reproductive prognosis (1–3). This condition may be affected by advanced age (4,5), diseases, medications (2), chemotherapy (6–8), and lifestyle factors, such as excessive alcohol consumption and smoking (9,10). The prevalence of DOR increases with age but can also occur in younger women, with global estimates ranging from 19–26% (11) or higher,

depending on diagnostic criteria and study population. This reality has led to an increase in the search for fertility treatments and interventions.

Conventional infertility treatments include sex hormone therapy, tubal plastic surgery, and assisted reproductive technology (12). These therapies, however, often have significant side effects that can compromise patients' well-being and, paradoxically, affect reproductive outcomes (13). Different procedures and medications used in this context can have effects ranging from nausea and visual disturbances (14) to hyperstimulation syndrome (15) and depression (16).

In light of these considerations, acupuncture has emerged as a promising therapeutic modality, based on the principles of Traditional Chinese Medicine (TCM) and supported by growing scientific evidence. The proposed mechanisms of its action include modulation of the neuroendocrine system (17), improvement of ovarian blood perfusion (18), reduction of ovarian oxidative stress (19–21), and regulation of the hypothalamic-pituitary-ovarian axis (22). Experimental and clinical studies suggest that acupuncture can positively influence the levels of reproductive hormones, including follicle-stimulating hormone (FSH), anti-Müllerian hormone (AMH) and estradiol (23–25). The clinical application of acupuncture in the context of assisted reproduction and female fertility has shown varied results, with some studies reporting improvements in ovarian reserve markers (20,23–26), oocyte quality (27), and success rates in spontaneous pregnancy and *in vitro* fertilization (IVF) procedures (28,29). However, methodological heterogeneity among studies and variability in treatment protocols have limited definitive conclusions about its efficacy.

Considering the clinical relevance of this issue and the need to synthesize the available evidence, the results of the studies selected for this integrative review are

presented below, organized to allow a comprehensive analysis of the effects of acupuncture on decreased ovarian reserve and female fertility.

Materials and methods

This is an integrative review of studies evaluating the effect of acupuncture on reduced ovarian reserve and female fertility. The electronic search for articles in English was conducted freely on indexed article platforms, namely: PubMed, SciELO, and ScienceDirect, using the keywords: "Acupuncture AND fertility"; "Acupuncture AND ovarian reserve"; and "Acupuncture AND *in vitro* fertilization."

Clinical and preclinical studies published in the last nine years were selected and the inclusion criteria used are described by the acronym PICO, as follows: Population – women or animal models with reduced ovarian reserve and/or women undergoing in vitro fertilization; Intervention – acupuncture/electroacupuncture; Comparison – within-group baseline vs. post-intervention; use of placebo and control groups; Outcome – improvement or lack of improvement in ovarian reserve, reproductive hormones and *in vitro* fertilization procedures. As an exclusion criterion, articles characterized as review articles, fertility researches conducted with men, or male animal models were not used for this study. Eight studies were included: 3 randomized controlled trial, 3 experimental models, 1 prospective cohort and 1 prospective case series.

Results and discussion

Acupuncture and electroacupuncture, as a novel therapies for DOR, have been shown to produce promising findings in different types of studies (Table 1). The results revealed that acupuncture, electroacupuncture or combined interventions were associated with a significant reduction in serum FSH and luteinizing hormone (LH) concentrations,

alongside an increase in AMH levels, compared with controls receiving only conventional pharmacological therapy, hormonal treatment, or no intervention (23–25).

A decline in ovarian reserve function directly compromises female reproductive capacity, commonly reflected by elevated FSH levels and reduced AMH (30). Since FSH plays a central role in stimulating follicular growth and regulating ovarian hormone production, abnormally high concentrations indicate impaired ovarian responsiveness, disrupted folliculogenesis, and a reduced probability of successful conception (31). As highlight in present review, by lowering FSH levels and reestablishing endocrine balance, acupuncture seems exert a favorable effect on ovarian reserve, supporting adequate follicular development and ovulation. This regulation enhances the synchrony between follicle maturation and endometrial receptivity, ultimately creating more favorable conditions for implantation and pregnancy. Regarding to AMH, it is a reliable biomarker for predicting ovarian response in assisted reproductive technologies, particularly IVF protocols. Serum AMH concentrations demonstrate a positive correlation with the number of oocytes retrieved during controlled ovarian stimulation, with elevated AMH levels typically associated with increased oocyte yield (32). The evidences pointed out herein, suggests that acupuncture interventions may enhance serum AMH levels, potentially translating into improved fertility outcomes.

The studies revealed that these integrative practices improved the folliculles count (23,24,33) and increased the number of retrieved mature oocytes (27), besides improvement in ovarian function (20). Moreover, has been reported that acupuncture treatment was associated with increased spontaneous pregnancy rates and improved IVF outcomes, with relative increases ranging from 30% to 100% compared with control groups or baseline values after the therapeutic intervention (28,29).

As regards the acupoints choice in each of studies, despite the different protocols with varying frequencies of application, it is possible to observe similarity among them, with acupoint that are frequently used. Of the eight studies presented, 75% of them used CV4 at some point during the treatment, while for the acupoints LIV3/LR3 and SP6 the observed frequency was 62.5%, 50% for ST36 and EX-CA1 and 37% for KI3.

Guanyuan (CV4) is a key acupoint in TCM frequently applied in fertility-related treatments, is positioned on the conception vessel, approximately one handbreadth below the umbilicus, it is traditionally regarded as essential for tonifying kidney energy, regulating menstrual function, and strengthening reproductive organs, thereby potentially enhancing fertility outcomes (34). CV4, EX-CA1 and SP6 acupoints or their corresponding meridians are anatomically located within the segmental innervation range (T11–L2, S2–S4) of the uterus, ovaries, and fallopian tubes, suggesting a favorable neuroanatomical position that may contribute to its effectiveness in enhancing fertility (34,35). Furthermore, Sanyinjiao (SP6) is the crossing point of the spleen, kidney, and liver meridians and is considered the key point in treating infertility (36) used to enhance pelvic blood flow (37), support ovarian and uterine function, and regulate hormonal balance (38). It is also applied to regulate menstrual cycles, reduce dysmenorrhea (39), and enhance endometrial receptivity and implantation in IVF protocols (36). Acupoint LIV3 (Taichong) has been shown to regulate the flow of Qi and blood, besides to be beneficial in reducing depression and anxiety scores associated with premenstrual tension (40), symptoms that can also affect women trying to get pregnant. In association with another acupoints, ST36 (Zusanli) regulates Qi and blood throughout the body, supporting uterine circulation, maintaining embryo implantation, promoting embryonic growth, relaxing the uterus, and preventing contractions (29,41). In TCM, the kidney plays a central role in reproduction by storing essence and governing growth and development.

KI3 (Taixi), recognized as the source point of the kidney channel, is considered essential for nourishing both kidney Yin and Yang. By tonifying kidney function, this acupoint helps regulate the uterus, harmonize the flow of Qi and blood within the reproductive system, and indirectly support blood production (42). In light of these considerations, these combined ou isolate acupoints contribute to improved female fertility and for the pregnancy maintenance.

Taken as a whole, acupuncture exerts therapeutic effects on female infertility through multiple biological pathways. Evidence shows that it restores reproductive endocrine balance by reducing excessive secretion of FSH and LH while increasing estrogen and progesterone levels. In addition, acupuncture improves ovarian function by protecting granulosa cells from apoptosis through modulation of apoptosis-related proteins (↑BCL-2, ↓BAX), reduces ovarian inflammation via downregulation of NGF, CRF, and ET-1, and enhances ovarian blood flow, collectively creating a more favorable microenvironment for follicular growth. Furthermore, acupuncture contributes to embryo implantation by promoting maternal immune tolerance, facilitating trophoblast invasion, stimulating angiogenesis, and supporting embryonic development within the endometrium via IGF-1 signaling. Together, these mechanisms suggest that acupuncture, through the main acupoints highlighted in this review, not only regulates endocrine function and ovarian health but also optimizes the uterine environment for implantation, which may explain its observed benefits in conditions such as DOR and in improving IVF outcomes (43).

Moreover, acupuncture may modulate hypothalamic activity, promoting the release of endogenous opioids. These neurochemical mediators regulate the stress response and contribute to improved function of the hypothalamic–pituitary–ovarian (HPO) axis, which plays a central role in ovulation and fertility (43).

Table 1. Characteristics and main findings of the studies included in the review

Author; Year; Country	**Sampling model and study design**	**Intervention**	**Main measurements**	**Main results**
Guven, Cayir and Borekci; 2020; Turkey.(29)	Randomized controlled trial with 72 infertile women undergoing IVF: - **Ac group (AG; n = 36) - Control group (CG; n = 36).	Three sessions of acupuncture, before and after embryo transfer. - 1st session: bilateral H-7, LI-4, GV-20, ear shenmen; - 2nd session: Bilateral CV-3,4,6, GV-20, LIV-3, ST-30, and SP-8 - 3rd session: Bilateral LI-4, SP-6,9, and ST-36.	Beta-HCG levels	↑ in the pregnancy rates: 63.9% in AG *versus* 33.3% in CG (p= 0.009). ↑ ongoing pregnancy and live birth rates in AG ($p < 0.05$).
Dandan et al.; 2025; China. (20)	Experimental model with 40 Female Sprague-Dawley rats of chemotherapy-induced ovarian dysfunction: - Normal control (N= 10), - Premature ovarian failure model (N= 10), -Progynova treatment (N= 10), - Acupuncture treatment (N= 10).	Animal acupoints: Guanyuan (RN4), bilateral Shenshu (BL23), bilateral Taichong (LR3), and Zigong (EX-CA1). 30 minutes for session; once daily for 28 days.	Ovary pathomorphology; stress oxidative levels, metabolomics and proteomics analyses.	Acupunture treatment: - ↑ numbers of healthy follicles and decreased; - ↓ apoptosis inhibition of granulosa cells in the ovarian tissue; - delay in the progression of follicular damage; - ↑ superoxide dismutase and glutathione peroxidase activities;

				- regulation of ovarian function ovarian function through PPAR signaling pathway related proteins
Dong et al.; 2019; China. (23)	Randomized controlled trial with 100 poor ovarian response women undergoing IVF-embryo transplantation - Control - Medication - Acupuncture - Acupuncture + medication (combined treatment)	- Control: Without intervention - Medication: Climen (estradiol valerate and cyproterone acetate), for 21 days, for 3 menstrual cycles. - Acupuncture: CV4 and bilateral KI3, SP6) and LR3 from day 8 to 15 of menstruation (follicular phase), once daily, for 3 menstrual cycles. - Acupuncture + medication: association of the two interventions	#FSH, LH, E2 and AMH levels, antral follicles count (AFC), pregnancy indexes and administration of dosage and days of gonadotropin (Gn).	- Medication, Acupuncture and Combined treatment: ↓FSH, LH, E2 and ↑AMH, AFC vs. baseline and control. - Combined treatment: more high-quality embryos vs. Medication ($p<0.05$). - Combined Treatment ↓FSH, LH, E2 and ↑AFC vs. Acupuncture. - Combined Treatment ↓ LH, Gn dose and days vs. Medication
Kim et al.; 2021; Korea.(27)	Randomized controlled trial with women diagnosed with poor ovarian response: - *IVF (N= 10) - *IVF + **Ac (N = 8)	*IVF + **Ac: 16 acupuncture sessions every 2 days (+1), at points CV3, CV4, EX-CA1, SP6, KI3, SP10, ST36, and LR3, plus 30-min infrared abdominal irradiation, for ~2 months before ovulation induction.	#FSH, LH, E2, TSH, PRL and AMH levels, antral follicle count and number of fertilized oocytes.	- IVF + Ac: ↑ number of retrieved mature oocytes in women (>37 years-old) and in those undergoing more than one controlled ovarian hyperstimulation cycle vs. IVF.

Mao; 2017; Denmark. (28)	Prospective case studies with women with $^{+}$DOR and low AMH who had unsuccessful *IVF (N= 20)	Treatement for three menstrual cycles, 6 sessions per 28-day cycle: - Phase 1 (d1–3): No acupuncture if no imbalance. - Phase 2 (d4–7): GV20, ST36, SP6; electroacupuncture (EA) at ST29 and EX-CA1. If blood stagnation: add BL32, LR8, GB34. 1 session. - Phase 3 (d8–13): GV20, ST36, SP6, LI4, LR3; EA at ST29 and EX-CA1. ≥2 sessions (more if cycle >28 days). At embryo transfer: same points as Phase 3 + CV3, HT7, KI3, no EA. - Phase 4 (d14–17): Same as Phase 3 + HT7, KI3. 1 session. Quick puncture at BL23 and BL32 (applied in Phases 2–4).	Pregnancy success	17 cases got pregnant by *IVF and 3 naturally.

		- Phase 5 (d18–28): BL18, BL20, BL23, BL32, SP6, LU7, KI8; quick puncture at ST36 before prone position. 2 sessions.		
Xiong et al.; 2021; China (26)	Prospective cohort study with 57 women < 40 years old, with $^{+}$DOR: - Electro-acupuncture (EA) (N= 29) - Medication group: Chinese herbs with or without hormone replacement therapy (N= 28)	<u>EA group</u>: - Prescription A: BL33 - Prescription B: ST25, EX-CA1 and CV4. Two acupuncture prescriptions applied alternately. Each session lasted 20 min; 5 sessions/week for 4 weeks, then 3 sessions/week for 8 weeks, totaling 44 sessions. <u>Medication group:</u> - herbal decoctions (individual formulae) twice a day with or without progesterone capsules (200 mg) and progynova (1 mg) once a day, for 12 weeks.	$^{\#}$FSH, LH, E2	Regular FSH levels = 51.3% (EA) *versus* 32.1% (medication group) at week 12 and 51.3% vs 25.0% , respectively, at week 24.

Liu et. al; 2025; China (24)	Experimental model with 36 healthy female Sprague-Dawley rats aged 8 weeks: - Blank group (N= 12) - Model group (N = 12) - Acupuncture group (N= 12)	- Blank group: NaCl 0.9% by gavage for 14 days - Model group: Tripterygium wilfordii 75 mg/kg·d-1 by gavage for 14 days - Acupuncture group: Tripterygium wilfordii 75 mg/kg·d-1 by gavage for 14 days + GV20, CV4, KO4, SP6 acupoints.	#FSH, LH, E2 and AMH levels and ovarian tissue morphology	<u>AMH and E2 levels and Primary follicle number (p<0.05):</u> ↑Acupuncture vs ↓Model group <u>FSH (p<0.05) and LH levels (p<0.01):</u> ↓Acupuncture vs ↑Model group
Zhang et. al; 2018; China. (33)	Experimental model with 45 female C57/BL6 mice - Control group (N= 15) - Model group (N = 15) - Electro-acupuncture (EA) group (N= 15)	- Control group: NaCl 0.9% intraperitoneally - Model group: 75mg/kg cyclophosphamide intraperitoneally - EA group: 75mg/kg cyclophosphamide intraperitoneally + CV4 and bilateral ST 36; 30min a day for 7 days.	#FSH, LH, E2 and AMH levels, fertility preservation and ovarian tissue morphology	<u>AMH and E2 levels, litter sizes and Primordial follicle number (p<0.05):</u> ↑EA vs ↓Model group <u>FSH and LH levels (p<0.05):</u> ↓EA vs ↑Model group

Note: *IVF: in vitro fertilization; **Ac: acupuncture; +DOR: diminished ovary reserve; #FSH: Serum folliclestimulating hormone; LH: luteinizing hormone; E2: estradiol; TSH: thyroidstimulating hormone; AMH: Anti-Müllerian hormone; PRL: prolactin.

Conclusions

In conclusion, acupuncture and related therapy, specially protocols with CV4, SP6, LIV3, EX-CA1, ST36 and KI3 acupoints, emerge as a promising integrative practice for the management of DOR and female infertility. By promoting hormonal balance, supporting reproductive health and enhancing ovarian function and pregnant rates, they offer a safe and complementary therapeutic approach that may improve fertility outcomes and overall well-being. Nevertheless, despite these encouraging findings, further clinical studies with standardized protocols and more homogeneous samples are needed to strengthen the evidence and confirm its effectiveness.

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3 CONSIDERAÇÕES FINAIS

A presente revisão integrativa permitiu analisar, de forma sistematizada, as evidências científicas disponíveis acerca do papel da acupuntura no cuidado da fertilidade feminina, com ênfase na reserva ovariana diminuída e nos desfechos reprodutivos. Os estudos incluídos indicam que a acupuntura, isoladamente ou associada a outras terapias, apresenta efeitos positivos sobre a regulação hormonal, a função ovariana e as taxas de gravidez, tanto em concepções espontâneas quanto em procedimentos de reprodução assistida.

Os achados demonstram que a acupuntura pode contribuir para a redução dos níveis séricos de hormônio folículo-estimulante e hormônio luteinizante, bem como para o aumento do hormônio anti-Mülleriano, refletindo melhora nos marcadores da reserva ovariana. Além disso, evidências experimentais apontam efeitos benéficos sobre a morfologia ovariana, a preservação folicular, a redução do estresse oxidativo e da inflamação, bem como a proteção das células da granulosa, aspectos fundamentais para a manutenção da capacidade reprodutiva feminina.

Do ponto de vista da Medicina Tradicional Chinesa, a utilização recorrente de pontos como CV4, SP6, LIV3, EX-CA1, ST36 e KI3 reforça a importância da tonificação do rim, da regulação do Qi e do sangue e do equilíbrio dos sistemas envolvidos na reprodução. Sob a ótica biomédica, os mecanismos propostos incluem a modulação do eixo hipotálamo–hipófise–ovariano, a melhora da perfusão sanguínea uterina e ovariana e a regulação neuroendócrina e imunológica, o que contribui para um ambiente mais favorável à ovulação, à implantação embrionária e à manutenção da gestação.

Apesar dos resultados promissores, observa-se heterogeneidade metodológica entre os estudos analisados, especialmente no que se refere aos protocolos de acupuntura, à frequência das sessões, à seleção dos pontos e ao tamanho das amostras. Essas limitações reforçam a necessidade de novos ensaios clínicos randomizados, com maior rigor metodológico e padronização dos tratamentos, a fim de fortalecer o nível de evidência científica e permitir conclusões mais consistentes.

Diante do exposto, conclui-se que a acupuntura se apresenta como uma prática integrativa segura e potencialmente eficaz no manejo da infertilidade feminina, podendo atuar como terapia complementar aos tratamentos convencionais. Sua incorporação no cuidado à saúde da mulher pode contribuir não apenas para a melhora dos desfechos reprodutivos, mas também para a promoção do bem-estar físico e emocional das pacientes, ampliando as possibilidades terapêuticas no campo da medicina reprodutiva.

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