



**Acupuncture Research and Clinical Applications**  
**针灸研究与临床应用**

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# 临床卷

## 针灸激活痛源局部穴区不同神经传入的镇痛作用

景向红

中国中医科学院针灸研究所

jxhtjb@263.net

**摘要：**既往临床研究表明，痛源局部穴区的深、浅针刺均有可产生镇痛作用，躯体初级传入纤维在针灸镇痛中发挥了关键作用。而痛源局部穴区不同层次的哪类传入纤维被激活来缓解疼痛，目前还不清楚。本研究探讨不同针灸刺激激活痛源局不同层次（肌肉或皮肤）神经传入对肌肉炎性痛的缓解的作用，为临床精准针灸提供依据。结果表明 1 mA 低强度深刺电针激活肌肉 A-纤维可持续缓解炎性肌肉疼痛；痛源局部热灸样刺激和外用辣椒素均可激活皮肤的 C 纤维，产生持久的镇痛作用。深部弱刺激电针和局部 CAP 涂抹均可抑制肌肉炎症引起的 C-纤维自发活动。采用蛇毒注射破坏 A 纤维的髓鞘后，深部电针引起镇痛作用消失，而皮肤去神经后辣椒素涂抹也不能缓解疼痛。综上所述，本结果表明，痛源局部电针深刺和皮肤的热灸样刺激通过激活不同层次的初级传入神经来改善炎性肌肉疼痛，前者通过激活肌肉 A-纤维实现，后者通过激活皮肤 C-纤维介导。

**关键词：**躯体传入，镇痛，炎性痛，针灸样刺激

### Somatosensory Afferent Nerve Fibres in Local Distinct Layer Were Involved in Analgesia in Inflammatory Muscle Pain by Electroacupuncture and Moxibustion-like Stimulation in Rats

Xiang-Hong Jing

Institute of Acupuncture and Moxibustion, China Academy of Chinese Medical Sciences

jxhtjb@263.net

**Abstract:** Previous studies have shown that both superficial and deep acupuncture produced clinically relevant and persisted effect on chronic pain, and somatic primary afferent fibers played critical roles in acupuncture and moxibustion analgesia. However, which kind of afferent fibers in distinct layer of the pain area was activated to relieve pain precisely remains unclear. The purpose of the study is to investigate the roles of distinct peripheral afferents in different layers of the pain area (muscle or skin) for pain relief. Muscular A-fibers activated by deep electroacupuncture (dEA) with lower intensity (approximately 1 mA) persistently alleviated inflammatory muscle pain. Meanwhile, cutaneous C-nociceptors excited by noxious moxibustion-like stimulation (MS) and topical application of capsaicin (CAP) on local pain area produced durable analgesic effect. Additionally, spontaneous activity of C-fibers caused by muscular inflammation was also inhibited by dEA and CAP. Furthermore, decreases in pain behavior induced by dEA disappeared after deep A-fibers were demyelinated by cobra venom, whereas CAP failed to relieve pain following cutaneous denervation. Collectively, these results indicate that both dEA and MS ameliorate inflammatory muscle pain through distinct primary afferents in different layers of somatic tissue. The former is achieved by activating muscular A-fibers, while the latter is mediated by activating cutaneous C-fibers.

**Key words:** Somatosensory afferents, inflammatory muscle pain relief, electroacupuncture and moxibustion-like stimulation

## 针灸临床研究整合证据链的构建

陆丽明<sup>1</sup>, 张誉清<sup>2,3,4,5</sup>, 汤小荣<sup>1</sup>, 葛淑琦<sup>6</sup>, 文豪<sup>7</sup>, 曾婧纯<sup>8</sup>, 王莱<sup>9</sup>, 曾召<sup>10</sup>, Gabriel Rada<sup>11</sup>, Camila Ávila<sup>12</sup>, Camilo Vergara<sup>12</sup>, 汤煜媛<sup>1</sup>, 张培铭<sup>1</sup>, 陈柔皓<sup>1</sup>, 董昱<sup>1</sup>, 魏晓菁<sup>1</sup>, 罗雯<sup>9</sup>, 王琳<sup>1</sup>, Gordon Guyatt<sup>3,13</sup>, 唐纯志<sup>1</sup>, 许能贵<sup>1</sup>

1. 广州中医药大学针灸康复临床医学院华南针灸研究中心; 2. 中国中医科学院广安门医院循证综合医学中心; 3. 麦克马斯特大学卫生研究方法、证据和影响系; 4. 中国中医科学院针灸研究所; 5. 宁波诺丁汉大学 GRADE 中心; 6. 珠海中西医结合医院康复科; 7. 中山大学中山纪念医院神经内科; 8. 广州中医药大学第一附属医院针灸科; 9. 广州中医药大学医学信息工程学院; 10. 广州中医药大学图书馆; 11. 智利天主教大学 UC 证据中心; 12. 智利普罗维登西亚基金会; 13. 麦克马斯特大学健康科学学院医学系

**摘要:** 目的: 为针灸疗法的系统评价(SRs)提供路线图。方法: 在本分析中, 我们评估了针灸系统评价的数量和质量, 探讨了在临床实践和卫生政策中被证明有益的针灸疗法可能未被充分利用的问题, 确定了有前途和研究不足的领域, 并提出了实施有效针灸治疗的策略, 并为针灸疗法建立了资助机会和研究议程。结果: 我们在2000年至2020年期间在Web of Science中发现了2471篇关于针灸疗法的系统综述, 系统综述的数量每年都在增加(图1)。已发表的随机试验系统综述(1578篇, 63.9%)和观察性研究系统综述(893篇, 36.1%)主要集中在以下治疗领域: 肌肉骨骼和结缔组织疾病(865篇, 35.0%)、神经系统疾病(304篇, 12.3%)、癌症(287篇, 11.6%)和心血管疾病(235篇, 9.5%)。结论: 随着针灸疗法在临床实践中的广泛应用和研究兴趣的迅速增加, 利用大量现有证据为临床和政策决策提供信息, 并在全球范围内建立资助和研究议程, 这一点至关重要。创造针灸循证决策的氛围, 建立多方利益相关者协调工作以促进证据的产生和实施, 利用数字化知识库促进知识用户的获取, 可以采用更循证的方法, 为针灸疗法的实践、政策、研究议程和资助优先事项提供信息。

**关键词:** 针灸; 临床研究; 循证医学; 临床证据; 证据整合

### Construction of the Integrative Evidence Chain in Clinical Trial of Acupuncture and Moxibustion

Liming Lu, professor<sup>1</sup>, Yuqing Zhang, assistant professor<sup>2,3,4,5</sup>, Xiaorong Tang, researcher<sup>1</sup>, Shuqi Ge, researcher<sup>6</sup>, Hao Wen, researcher<sup>7</sup>, Jingchun Zeng, researcher<sup>8</sup>, Lai Wang, researcher<sup>9</sup>, Zhao Zeng, professor<sup>10</sup>, Gabriel Rada, consultant<sup>11</sup>, Camila Ávila, consultant<sup>12</sup>, Camilo Vergara, consultant<sup>12</sup>, Yuyuan Tang, researcher<sup>1</sup>, Peiming Zhang, researcher<sup>1</sup>, Rouhao Chen, researcher<sup>1</sup>, Yu Dong, researcher<sup>1</sup>, Xiaojing Wei, researcher<sup>1</sup>, Wen Luo, researcher<sup>9</sup>, Lin Wang, associate professor<sup>1</sup>, Gordon Guyatt, professor<sup>3,13</sup>, Chunzhi Tang, professor<sup>1</sup>, Nenggui Xu, professor<sup>1</sup>  
<sup>12</sup> Epistemonikos Foundation, Providencia, Santiago, Chile

1. South China Research Center for Acupuncture and Moxibustion, Medical College of Acu-Moxi and Rehabilitation, Guangzhou University of Chinese Medicine, Guangzhou, China
2. CEBIM (Center for Evidence Based Integrative Medicine)-Clarity Collaboration, Guang'anmen Hospital, China Academy of Chinese Medical Sciences, Beijing, China.
3. Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Ontario, Canada
4. Institute of Acupuncture and Moxibustion, China Academy of Chinese Medical Sciences, Beijing, China

作者简介: 陆丽明, 医学博士, 广州中医药大学教授, 研究方向包括中医药临床研究方法及基于人工智能算法的临床证据评估等, lulimingleon@gzucm.edu.cn。许能贵, 医学博士, 二级教授, 研究方向为针灸效应规律及其机理研究, ngxu8018@gzucm.edu.cn。

5. Nottingham Ningbo GRADE center, The University of Nottingham Ningbo, China.
6. Department of Rehabilitation, Zhuhai Hospital of Integrated Traditional Chinese and Western Medicine, ZhuHai, China
7. Department of Neurology, Sun Yat-sen Memorial Hospital of Sun Yat-sen University, Guangzhou, China,
8. Department of Acupuncture, First Affiliated Hospital of Guangzhou University of Chinese Medicine, Guangzhou, China
9. School of Medical Information Engineering, Guangzhou University of Chinese Medicine, Guangzhou, China
10. Library of Guangzhou University of Chinese Medicine, Guangzhou, China
11. Centro Evidencia UC, Pontificia Universidad Católica de Chile, Santiago, Chile
12. Epistemonikos Foundation, Providencia, Santiago, Chile
13. Department of Medicine, Faculty of Health Sciences, McMaster University, Hamilton, Canada.

**Abstract:** Objective To provide a route map regarding systematic reviews (SRs) of acupuncture therapies. Methods In this analysis, we assess the number and quality of systematic reviews of acupuncture, explore the possible underuse of proven beneficial acupuncture therapies in clinical practice and health policy, identify the promising and under-researched areas, and propose strategies to implement effective acupuncture treatments and establish funding opportunities and research agendas for acupuncture therapies. Results We identified 2471 systematic reviews of acupuncture therapies in the Web of Science between 2000 and 2020, with the number of systematic reviews increasing annually (fig 1). Published systematic reviews of randomised trials (1578, 63.9%) and observational studies (893, 36.1%) mainly focused on the following therapeutic areas: musculoskeletal and connective tissue diseases (865, 35.0%), neurological conditions (304, 12.3%), cancer (287, 11.6%), and cardiovascular diseases (235, 9.5%). Conclusion With the wide use of acupuncture therapies in clinical practice and rapid increase in research interest, it is vital to utilize the large existing body of evidence to inform clinical and policy decision-making and establish funding and research agendas globally. Creating the climate of acupuncture evidence-informed decision making, building a multi-stakeholder coordinate effort to facilitate the evidence generation and implementation, using digitized repositories to facilitate knowledge users' access enable a more evidence-based approach to inform practice, policy, research agenda and funding priorities for acupuncture therapies.

**Key words:** acupuncture and moxibustion; clinical trial; evidence-based medicine; clinical evidence; evidence integration.

## 岭南疏肝调神整合针灸治疗中度抑郁障碍的研究

符文彬

广东省中医院，广州市越秀区大德路 111 号，中国

**摘要：**研究目的：评价疏肝调神整合针灸疗法联合低剂量舍曲林治疗中度抑郁障碍的临床疗效，同时通过神经认知范式情绪 go/no-go (AGN) 任务与基于种子点的功能连通性分析方法探索疗效相关的情绪认知神经机制。研究方法：在 9 个中心共招募中度抑郁障碍受试者 592 例，按照 2:2:2:1 分随机分为 4 组，包括疏肝调神整合针灸疗法联合安慰药治疗组（针灸组）、低剂量舍曲林联合安慰针灸治疗组（西药组）、疏肝调神整合针灸联合低剂量舍曲林治疗组（针药组）与安慰针灸联合安慰药物治疗组（安慰组）。疗程共 12 周，随访 8 周。其中针灸或安慰剂治疗每周 3 次，共 36 次；低剂量舍曲林或安慰药物用量为每日 50mg。治疗过程中通过 HAMD-17、HAMA、PSQI 等量表评估临床疗效。治疗前后通过经认知范式情绪 go/no-go (AGN) 任务评价受试者情绪认知功能改变，基于种子点的功能连通性分析 CEN、DMN 和 SN 中枢节点全脑连接功能探索中枢机制。研究结果：针灸组对 HAMD-17 总分改善从第 8 周末开始持续优于药物组与安慰组，对 PHQ-9 评分改善在第 20 周末优于药物组。针药组对 HAMD-17 总分改善分别第 8 周末、20 周末优于药物组。针灸组与针药组疗效差异不明显。针灸组、针药组与药物组均会改变受试者负性情绪下的反应能力以及楔前叶相关连接功能，但具体影响模式存在差异。研究结论：疏肝调神整合针灸疗法治疗中度抑郁障碍优于低剂量舍曲林，但两者联合相比单一疗法无明显疗效优势。疏肝调神整合针灸治疗中度抑郁障碍的机制可能与负性情绪认知功能改善及楔前叶相关连接功能改变有关。

**关键词：**抑郁障碍；疏肝调神针灸；随机对照试验；认知神经机制

### Lingnan Liver-Soothing and Spirit-Regulating Integrative Acupuncture for the Treatment of Moderate Depressive Disorders

Wenbin Fu

Guangdong Provincial Hospital of Chinese Medicine, 111 Dade Road, Yuexiu District, Guangzhou, China.

**Abstract:** Objectives: To evaluate the clinical efficacy of liver-soothing and spirit-regulating integrative acupuncture therapy combined with low-dose sertraline in the treatment of moderate depressive disorder, and also to explore the efficacy-related emotional-cognitive neural mechanisms through the neurocognitive paradigm of the emotional go/no-go (AGN) task and the seed-based functional connectivity analysis method. Methods: A total of 592 subjects with moderate depressive disorders were recruited from 9 centers and randomly divided into 4 groups in a 2:2:2:1 ratio, including liver-soothing and spirit-regulating integrative acupuncture therapy combined with placebo medication (acupuncture group), low-dose sertraline combined with sham acupuncture (western medicine group), liver-soothing and spirit-regulating integrative acupuncture combined with low-dose sertraline (combined therapy group), and sham acupuncture combined with placebo medication (placebo group). The total treatment period was 12 weeks with 8 weeks of follow-up. The acupuncture or sham acupuncture was given 3 times per week for a total of 36 sessions; the low-dose sertraline or placebo drug dosage was 50 mg per day. Clinical efficacy was assessed by scales including HAMD-17, HAMA, and PSQI during the treatment. Subjects were evaluated before and after treatment for changes in emotional-cognitive via AGN task, and central mechanisms were explored by analyzing the whole-brain connectivity function of the CEN, DMN, and SN central nodes by the seed-based functional connectivity analysis method. Result:

第一作者与通讯作者：符文彬，13808888626，博士，主任中医师，研究方向：针灸治疗抑郁相关病症研究，fuwenbin@139.com。

The acupuncture group consistently outperformed the drug and placebo groups for HAMD-17 total score improvement from the end of the 8th week, and outperformed the drug group for PHQ-9 score improvement at the end of the 20th week. The acupuncture group improved the HAMD-17 total score better than the drug group at the end of week 8 and 20, respectively. The difference in efficacy between the acupuncture and combined therapy group was not significant. The acupuncture, combined therapy group and drug groups all altered subjects' reactivity under negative emotions and precuneus-related connectivity functions, but the specific patterns of effects differed. Conclusion: Liver-soothing and spirit-regulating integrative acupuncture therapy is superior to low-dose sertraline for the treatment of moderate depressive disorder, but the combination of the two has no significant efficacy advantage over monotherapy. The mechanism of liver-soothing and spirit-regulating integrative acupuncture for the treatment of moderate depressive disorder may be related to the improvement of negative emotional cognitive function and the alteration of precuneus-related connectivity function.

**Key words:** depressive disorders; liver-soothing and spirit-regulating acupuncture; randomized controlled trial; cognitive-neurological mechanisms

## 艾灸“治神”与心身疾病的治疗思路

常小荣

湖南中医药大学针灸推拿与康复学院，长沙，中国

**摘要：**心身疾病是一组心理社会因素引发的身体疾病，涵盖情绪、性格和生活事件等多重维度，中医对心身疾病的病机认识，主要包括形神合一论、五脏七情致病论和体质致病论。本文探讨了艾灸“治神”在心身疾病治疗中的理论和实践应用，提出“首辨心神、次辨阴阳、再辨气血和末辨脏腑”的治疗规律，突出了心神辨识、阴阳平衡、气血调和和脏腑功能调整的重要性，提出了一套综合治疗方案，旨在通过艾灸调节情志、气血和脏腑，以达到治疗心身疾病的目的。

**关键词：**艾灸；治神；心身疾病；治疗

### Moxibustion "Regulating the Spirit" and the Treatment Approach to Psychosomatic Illnesses

CHANG Xiao-rong

College of Acupuncture, Tuina and Rehabilitation, Hunan University of Chinese Medicine, Changsha, China

**Abstract:** Psychosomatic diseases are a group of physical diseases triggered by psychosocial factors, covering multiple dimensions such as emotions, personality and life events, etc. The understanding of the pathogenesis of psychosomatic diseases in Chinese medicine mainly includes the theory of the unity of form and spirit, the theory of the pathogenicity of the five viscera and seven emotions, and the theory of the pathogenicity of the physical constitution. This paper discusses the theoretical and practical application of moxibustion in the treatment of psychosomatic diseases, proposes the treatment law of "firstly identifying the heart and spirit, secondly identifying the yin and yang, then identifying the qi and blood, and lastly identifying the internal organs", and highlights the importance of the recognition of the heart and spirit, the balance of the yin and yang, the harmonization of qi and blood, and the adjustment of the functions of the internal organs. The importance of heart and spirit identification, yin and yang balance, qi and blood harmonization and viscera function adjustment is highlighted, and a comprehensive treatment plan is proposed, aiming at regulating the emotions, qi and blood and viscera through moxibustion to achieve the purpose of treating mental and physical diseases.

**Key words:** moxibustion; regulating the spirit; psychosomatic diseases; treatment

## 针灸可降低脑性麻痹(脑瘫)患者罹患吸入性肺炎的风险

孙茂峰✉

中国医药大学暨附属医院,台湾台中(404328)

**摘要:** 目的: 探讨以针灸治疗脑性麻痹(腦麻,腦癱)患者, 是否能降低罹患吸入性肺炎或其他各類型肺炎的风险。方法: 使用台湾健保数据库 2000 年 1 月 1 日至 2021 年 12 月 31 日的全人口数据作为数据来源, 由台湾卫生福利资料科学中心 Health and Welfare Data Science Center(HWDC)提供医疗保健信息, 包括门诊就诊、住院和处方药物用于本研究。在 2000 年到 2020 年取得重大伤病身分且以腦麻为主诊断, 診斷腦麻後接受三次以上中醫門診或一次以上針灸的患者被定義為中醫組, 未接受中醫治療者則被定義為非中醫組。在中醫組中, 起始日期定义为第一次接中醫治療的日期, 而无中醫組的起始日期则随机给予。在 2000 至 2021 年间被诊断出吸入性肺炎或各類型肺炎是这个试验的主要终点指标(endpoint)。所有患者都从起始日期开始追踪, 直到被诊断出吸入性肺炎或各類型肺炎、死亡或是已达到 2021 年 12 月 31 日。统计分析使用单变量和多变量 Cox 回归模型来估计与危险因素相关的吸入性肺炎及各類型肺炎的粗(crude)风险比和调整(adjusted)后的风险比, 绘制 Kaplan-Meier 曲线以比较吸入性肺炎的累积发病率。结果: 接受中醫治療的 759 名腦麻患者与本研究未接受中醫治療的 759 名腦麻患者相匹配。中醫組和非中醫組的平均年龄分别为 6.93 岁和 7.35 岁, 结果显示, 根据共变量的存在, 接受針灸治療的患者罹患吸入性肺炎的风险显著低于对照组 (调整后的 HR= 0.56, 95%CI= 0.37-0.86), 而中藥合併針灸對於各類型肺炎及吸入性肺炎具保護作用(调整后的 HR=0.41, 95%CI=0.24-0.70)。结论: 腦麻患者的预期寿命通常低于一般人群, 吸入性肺炎是最常见的死因, 我们的研究发现针灸降低了台湾腦麻患者罹患吸入性肺炎的风险, 这提示腦麻患者可以选择针灸作为辅助治疗, 除了改善原本的肌肉、神经功能以外, 也可降低吸入性肺炎的风险。详细的机制需要在未来的前瞻性研究中进一步阐明

**关键词:** 脑性麻痹(腦癱); 吸入性肺炎; 针灸

### Acupuncture Reduces Aspiration Pneumonia Risk in Cerebral Palsy Patients

SUN Mao-feng✉

China Medical University & Hospital, Taichung 404328

**Abstract:** Objective: This study aimed to determine whether acupuncture could reduce the aspiration pneumonia risk in cerebral palsy (CP) patients. Methods: We enrolled patients newly diagnosed CP and included in registry catastrophic illnesses patient database (RCIPD) between January 1, 2000 and December 31, 2020 from the Taiwanese National Health Insurance Research Database. Patients who received traditional Chinese medicine (TCM) therapy between 2000 and 2020 were defined as the TCM cohort and those who did not receive TCM were defined as the non-TCM cohort. The claim data for both the TCM cohort and non-TCM cohort were assessed from the index date to December 31, 2021. A Cox regression model adjusted for age, sex, comorbidities, and medication use was used to compare the hazard ratios of the two cohorts. The cumulative incidence of aspiration pneumonia was estimated using the Kaplan-Meier method. Results: After performing a propensity score matching with a 1:1 ratio, 759 patients with CP receiving TCM matched with 759 patients with CP who did not receive TCM in this study. Patients receiving acupuncture had a significantly lower risk of aspiration pneumonia than the control group (adjusted hazard ratio = 0.56, 95% confidence interval = 0.37–0.86) after considering potential confounding factors. The patients receiving medications combined with acupuncture tended to also have a lower risk of several kinds of pneumonia (adjusted HR=0.41,

通信作者: 孙茂峰, 中国医药大学暨附属医院, 台湾台中市学士路 91 号(404328), 特聘教授/顾问医师, 研究方向: 脑性麻痹、神经系统疾病及中风后遗症, 电话:886-4-22053366 ext.3131, E-mail:maofeng0822@gmail.com

95%CI=0.24-0.70).Conclusion: Aspiration pneumonia is often considered as the most common cause of death of CP patients. This study revealed that acupuncture decreased the risk of aspiration pneumonia in patients with CP in Taiwan. The detailed mechanisms can be further clarified through prospective studies.

**Key words:** aspiration pneumonia; cerebral palsy; acupuncture;



# 天一圆道循环治疗体系临床应用

李荣刚

天一中医针灸研发教育学院，加拿大温哥华

**摘要：**李荣刚博士，著有《天一针法学》，创立了天一针法治疗体系，治疗内科、妇科、皮肤科、五官科、癌症及疑难杂症，制订了天一针法诊断、腧穴、临床操作、处方等方面的标准，并根据九类最常见亚健康群体，制订临床操作标准和规范。从 2015 年至 2023 年期间，在加拿大、中国及世界各地举办了 300 多次天一针法培训班和演讲，超过 1 万多名中医针灸师受益于天一针法。

天一圆道循环治疗体系是天一针法治疗体系的重要组成部分，它的四大特点包括：天人合一、针人合一、力贯针中、激活腧穴，临床应用：天一圆道循环治疗内科疾病、五官科疾病、妇科疾病、皮肤科疾病、疑难杂症等。

天一圆道循环治疗体系体位体现了“天人合一”，它的临床应用包括：医者体位；患者体位；医者患者对应体位；脏腑病证体位术；补、泻体位术。宇宙在手，万法由心，针是手的延伸，针人合一是针刺的高级境界，只有做到针人合一，才能达到最佳的针刺效果，为了适应临床治疗的实际需求，天一圆道循环治疗体系，解决了针人合一的技术问题，从而在临床上真正实现了针人合一，大大提高了临床疗效，圆道循环治疗体系针人合一包括：医者针人合一；患者针人合一；医者\患者\针三者合一。实现针人合一的条件和方法：医者治神患者守神；实现医者针人合一的客观条件。力贯针中包括：进针前的力贯针中；进针后的力贯针中。圆道循环激活共振手法包括：直接飞入法（小指不接触皮肤）操作标准；间接飞入（小指接触皮肤）操作标准。

**关键词：**天一针法；天一圆道循环治疗体系；补、泻体位术；激活腧穴

## UTCM Acupuncture Clinical Application

Rong-gang LI

UTCM Acupuncture Research & Education College, Vancouver, Canada

**Abstract:** Dr. Ronggang Li, PhD in TCM and author of ‘UTCMH Science of Acupuncture’, founded the UTCMH Acupuncture Treatment System. This system addresses internal medicine, gynecology, dermatology, otorhinolaryngology, oncology, and complex conditions. Prof. Li established standards for diagnosis, acupoint selection, needling technique, clinical procedures, and prescriptions tailored to nine common suboptimal health conditions. From 2015 to 2023, over 300 UTCMH Acupuncture training sessions and lectures were held worldwide, benefiting more than 10,000 TCM and acupuncture practitioners.

The UTCMH Meridian Circulation Treatment System features four main characteristics:

-Harmony between nature and humanity

-Unity of needle and practitioner, an extension of the practitioner

-Focused power during needle insertion

-Activation (Stimulating) acupoints through tonifying and reducing techniques. Clinical applications include treatment for internal medicine, gynecology, otorhinolaryngology, dermatology, and complex disorders.

作者简介：李荣刚天一针法简介李荣刚博士、教授，国医大师刘志明弟子，博士班导师，电邮：devli65@hotmail.com 电话：778-798-9868，著有《天一针法学》。他长期专攻针法，拥有近 30 年的临床和教学经验，执教于加拿大多个国际中医学院，学生遍及多个国家和地区。创立了天一针法治疗体系，治疗内科、妇科、皮肤科、五官科、癌症及疑难杂症。天一针法改善体质提高免疫力并对各种慢性病、老年病和后遗症的预防、治疗及康复等方面独具特色，临床上屡获奇效。制订了天一针法诊断、腧穴、临床操作、处方等方面的标准，并根据九类最常见亚健康群体，制订临床操作标准和规范。从 2015 年至 2023 年期间，在加拿大、中国及世界各地举办了 300 多次天一针法培训班和演讲，超过 1 万多名中医针灸师受益于天一针法。

The UTCMH Meridian Circulation Posture Theorem embodies the concept of "cosmos in the palm, all phenomena arise from the mind" where the needle serves as an extension of the practitioner's hand. Achieving unity of needle and practitioner is essential for optimal acupuncture effects. The UTCMH Meridian Circulation Treatment System addresses technical challenges to enhance treatment efficacy significantly. Key aspects include: Unity of practitioner and needle, Unity of patient and needle, Unity of practitioner, patient, and needle to establish a Three-in-one healing pathway

Methods for achieving unity involve the practitioner treating the patient's spirit while the patient maintains their own spirit. Techniques include focusing power at the needle tip before and after insertion. Guidelines for activating qi resonance include standards for direct (where the little finger does not touch the skin) and indirect (where the little finger touches the skin) flying needle insertion techniques.

These advancements in acupuncture practice underscore the effectiveness of the UTCMH Acupuncture Clinical Application in enhancing patient outcomes.

**Key words:** UTCMH Acupuncture; UTCMH Meridian Circulation Treatment System; The posture for performing needle tonification/reduction manipulation; Stimulate Acupoint thru tonifying/reducing

## 三伏贴治疗过敏性鼻炎的有效性及安全性的 Meta 分析

朱翹楚<sup>1</sup>, 周仲瑜<sup>2,3</sup>, 韦丹<sup>2,3</sup>, 焦杨<sup>2,3</sup>, 张悦毓<sup>1</sup>, 石越<sup>1</sup>, 张阳普<sup>4</sup>, 宋爱群<sup>3</sup>

1 湖北中医药大学, 湖北省武汉市洪山区黄家湖西路 16 号, 中国

2 湖北省中医院, 湖北省武汉市武昌区花园山 4 号, 中国

3 湖北省中医药研究院, 湖北省武汉市洪山区珞喻路 856 号, 中国

4 湖北省中西医结合医院, 湖北省武汉市江汉区菱角湖路 11 号, 中国

**摘要:** 背景: 过敏性鼻炎 (Allergic rhinitis, AR) 是一种鼻粘膜炎症性疾病。过敏性鼻炎的症状包括鼻塞、鼻痒、流鼻涕和打喷嚏。三伏贴被认为是治疗过敏性鼻炎的有效方法。本研究旨在评估三伏贴治疗 AR 的有效性及其安全性。

**方法:** 从 2010 年 1 月至 2020 年 10 月检索了以下数据库: PubMed、EMBASE、Web of Science、Cochrane Library、中国知网 (CNKI)、中国生物医学文献数据库 (CBM)、维普数据库、万方数据库。本研究仅纳入以三伏贴 (Sanfu acupoint herbal patching, SAHP) 为主要干预措施的 RCT。主要结果为总有效率, 次要结果为 TNSS 评分、RQLQ 评分、复发率和不良事件数。使用 STATA 14.0 软件进行 Meta 分析。

**结果:** 本次荟萃分析共纳入了 25 项研究, 涉及 3536 名 AR 患者。在总有效率方面, SAHP 联合疗法 [RR = 1.278, 95% CI (1.217 to 1.343)] 和单纯 SAHP 疗法 [RR = 1.295, 95% CI (1.199 to 1.398)] 与单一疗法相比均有所提高。在 TNSS 评分方面, 与单一疗法相比, SAHP 联合疗法 [SMD = -0.83, 95% CI (-1.04 to -0.62)] 和 SAHP 单一疗法 [SMD = -1.01, 95% CI (-1.401, -0.621)] 具有优势。与单一疗法相比具有优势。在复发率方面, SAHP 联合疗法 [RR = 0.380, 95% CI (0.30 to 0.481)] 比单一疗法效果更好。与单一疗法相比效果更好。关于不良事件的数量, SAHP 并不比安慰剂更安全。 [RR = 1.73, 95% CI (0.58 至 5.18)]。在 RQLQ 评分方面, SAHP 联合疗法和单一疗法之间没有差异 [SMD = -0.531, 95% CI (-1.766 to 0.703)]。

**结论:** SAHP 能有效缓解 AR 患者的鼻部症状并预防复发。但是这种治疗方法仍然存在副作用。由于证据质量均属于较低或很低, 因此需要更多高质量的 RCT 来增加研究的可靠性。

**关键词:** 三伏贴, 过敏性鼻炎, 随机对照试验, Meta 分析, 系统综述

### The Effectiveness of Sanfu Acupoint Herbal Patching For Treating Allergic Rhinitis: A Systematic Review and Meta-analysis

Zhu Qiaochu [ 1 First author : Zhu Qiaochu, 13065138268, Ph.D. graduate student, Clinical and mechanism research of TCM rehabilitation in the treatment of nervous system diseases, 735726477 @ qq.com ], Zhou Zhongyu 2,3, Wei Dan 2,3, Jiao Yang 2,3, Zhang Yueyu 1, Shi Yue 1, Zhang Yangpu 4, Song Aiqun [ 2, 3 corresponding author : Song Aiqun, 13307183015, Doctor of Medicine, Chief Physician, Research on acupuncture regulating nerve, endocrine and immune function, 245855503 @ qq.com ], 3

1 Hubei University of Traditional Chinese Medicine, No.16 Huangjiahu West Road, Hongshan District, Wuhan City, Hubei Province, China

2 Hubei Provincial Hospital of Traditional Chinese Medicine, No.4 Huayuanshan, Wuchang District, Wuhan City, Hubei Province, China

3 Hubei Institute of Traditional Chinese Medicine, No.856 Luoyu Road, Hongshan District, Wuhan City, Hubei Province, China

4 Hubei Provincial Hospital of Integrated Traditional Chinese and Western Medicine, No.11 Lingjiaohu Road, Jiangnan District, Wuhan City, Hubei Province, China

作者简介: 第一作者: 朱翹楚, 13065138268, 博士研究生, 中医康复治疗神经系统疾病的临床及机制研究, 735726477@qq.com  
通信作者: 宋爱群, 13307183015, 医学博士, 主任医师, 针灸调节神经、内分泌及免疫功能的研究, 245855503@qq.com

**Abstract:** Objective: Allergic rhinitis (AR) is an inflammatory disease of the nasal mucosa. The symptoms of AR include nasal congestion, itching, runny nose, and sneezing. Sanfu acupoint herbal patching (SAHP) is regarded as an effective way in treating AR. This study aimed to evaluate the effectiveness of SAHP for treating AR. Methods: The following databases were searched from Jan. 2010 to Oct. 2020: PubMed, EMBASE, Web of Science, Cochrane Library, China National Knowledge Infrastructure (CNKI), China Biology Medicine disc (CBM), VIP Database, WANFANG Database. Only RCTs where SAHP was main intervention were included in this study. The main outcome was total effective rate; secondary outcomes were TNSS score, RQLQ score, recurrence rate and numbers of adverse events. Meta-analysis was operated with STATA 14.0 software. Results: In this meta-analysis, a total of 25 RCTs involving 3536 AR patients were included in the meta-analysis. For total effective rate, both SAHP combination [RR = 1.278, 95% CI (1.217 to 1.343)] and SAHP only [RR = 1.295, 95% CI (1.199 to 1.398)] increased compared with monotherapy. In TNSS score, SAHP combination [SMD = -0.83, 95% CI (-1.04 to -0.62)] and SAHP as sole [SMD = -1.01, 95% CI (-1.401, -0.621)] had advantages compared with monotherapy. For the recurrence rate, a SAHP combination [RR = 0.380, 95% CI (0.30 to 0.481)] had better effect compared to monotherapy. Regarding the numbers of adverse events, SAHP was no safer than the placebo [RR = 1.73, 95% CI (0.58 to 5.18)]. For RQLQ score, there was no difference between the SAHP combination and monotherapy [SMD = -0.531, 95% CI (-1.766 to 0.703)]. Conclusion: SAHP can effectively relieve the nasal symptoms of AR patients and prevent recurrence. However, side effects from this treatment still existed. Since the quality of evidence was low to very low, more high-quality RCTs are required to support the reliability of this study.

**Key words:** Sanfu acupoint herbal patching, Allergic rhinitis, Randomized controlled trials, Meta-analysis, Systematic review

## 针灸对美沙酮减量的疗效：一项随机临床试验

陆丽明\*<sup>1</sup>，陈晨\*<sup>1</sup>，陈一鸣\*<sup>1</sup>，董昱<sup>1</sup>，陈柔皓<sup>2</sup>，魏晓菁<sup>3</sup>，陶晨阳<sup>1</sup>，李翠<sup>1</sup>，王钰婷<sup>1</sup>，范宝超<sup>1</sup>，汤小荣<sup>4</sup>，徐世超<sup>5</sup>，何志球<sup>6</sup>，莫国栋<sup>7</sup>，刘益亮<sup>8</sup>，顾鸿<sup>9</sup>，李想<sup>9</sup>，曹方<sup>10</sup>，徐红霞<sup>6</sup>，张誉清<sup>11</sup>，黎国威<sup>12</sup>，刘新霞<sup>13</sup>，曾婧纯\*<sup>14</sup>，唐纯志\*<sup>4</sup>，许能贵<sup>4</sup>

1.广州中医药大学，针灸康复临床医学院，华南针灸研究中心，临床研究与大数据实验室，中国广州；

2.广东省中医院珠海医院，审计科，中国珠海；

3.中山市中医院，中国中山；

4.广州中医药大学，针灸康复临床医学院，华南针灸研究中心，中国广州；

5.广州医科大学附属脑科医院（广州惠爱医院），中国广州；

6.肇庆市第三人民医院，中国肇庆；

7.中山市第二人民医院，中国中山；

8.佛山市第三人民医院，中国佛山；

9.佛山顺德伍仲珮医院，中国佛山；

10.广州市白云区妇幼保健院，中国广州；

11.加拿大安大略省，汉密尔顿，麦克马斯特大学，健康研究方法、证据和影响系；中国中医科学院，广安门医院，中西医结合循证医学中心-团结协作组，中国北京；

12.广东省第二人民医院，临床流行病学与方法学中心，中国广州

13.中山市第三人民医院，精神科；中山市第三人民医院，研究实验室，中国中山；

14.广州中医药大学第一附属医院，针灸科，中国广州。

\*这些作者对本研究工作做出了同等贡献，并共同担任第一作者。

职称：研究员

联系电话：13751779800（020-39358428）

E-mail：lulimingleon@gzucm.edu.cn

研究方向：中医药临床研究方法学

现任广州中医药大学华南针灸研究中心临床研究与大数据实验室负责人。广东省首届青年科技创新奖获得者，广东“特支计划”科技创新青年拔尖人才。在 BMJ、Annals of internal Medicine 等发表论文 240 余篇。总引用达 2800 余次，H 指数 30。

学历：博士研究生

职称：二级教授

联系电话：13501524758

E-mail：ngxu8018@gzucm.edu.cn

研究方向：针灸效应规律及其机理研究

广州中医药研究院常务副院长，广东省中医针灸重点实验室华南针灸研究中心主任，国家“973 计划”项目首席科学家，主持国家“973 计划”项目、国家重点研发计划项目等省部级以上项目 20 余项；在 BMJ、Nature Communications 等发表论文 400 余篇。

**摘要：目的**

美沙酮维持治疗 (Methadone maintenance treatment, MMT) 可有效控制阿片类药物使用障碍, 但因其存在副作用, 理想情况下是使用能控制阿片类药物渴求的最低剂量进行治疗。本研究旨在评估针灸与假针灸在减少美沙酮剂量方面的疗效。

**方法**

这是一项多中心、双臂、随机、安慰剂对照试验 (中国临床试验注册号: ChiCTR2200058123)。试验在中国的六家 MMT 诊所进行。对象是年龄在 65 岁以下、每天到诊所就诊、接受美沙酮维持治疗至少 6 周的阿片类药物使用障碍成年患者。在 118 名符合条件的参与者中, 60 人被随机分配到针灸治疗, 58 人被随机分配到假针灸治疗 (2 人未接受针灸治疗)。试验干预包括针灸或假针灸, 每周 3 次, 持续 8 周。试验的两个主要结果是与基线相比美沙酮剂量减少  $\geq 20\%$  的参与者比例, 以及使用 100 毫米视觉模拟量表 (VAS) 测量的阿片类药物渴求度与基线相比的变化。

**结果**

第 8 周时, 与假针灸相比, 更多患者在接受针灸后美沙酮剂量减少了  $\geq 20\%$  (37 [62%] vs. 16 [29%]; 风险差异为 32% [97.5% CI, 13% to 52%];  $P < 0.001$ )。此外, 针灸在降低阿片类药物渴求方面比假针灸更有效, 平均差异为 -11.7 mm VAS (97.5% CI, -18.7 至 -4.8;  $P < 0.001$ )。无严重不良事件发生。在询问参与者接受哪种针灸时, 研究组之间没有明显的统计学差异。

**结论**

在减少美沙酮剂量和降低阿片类药物渴求度方面, 为期八周的针灸效果优于假针灸。

**关键词:** 针灸; 美沙酮维持治疗; 随机临床试验; 阿片类药物使用障碍

**Research Interests: Research on the law of acupuncture effect and its mechanism****Effect of Acupuncture for Methadone Reduction****A Randomized Clinical Trial**

Liming-Lu, MD;\*<sup>1</sup> Chen-Chen, MD;\*<sup>1</sup> Yiming-Chen, MD;\*<sup>1</sup> Yu-Dong, MD;<sup>1</sup> Rouhao-Chen, MM;<sup>2</sup> Xiaojing-Wei, MM;<sup>3</sup> Chenyang-Tao, MM;<sup>1</sup> Cui-Li, MM;<sup>1</sup> Yuting-Wang, MD;<sup>1</sup> Baochao-Fan, MD;<sup>1</sup> Xiaorong-Tang, MD;<sup>4</sup> Shichao-Xu, CMO;<sup>5</sup> Zhiqiu-He, CMO;<sup>6</sup> Guodong-Mo, CMO;<sup>7</sup> Yiliang-Liu, CMO;<sup>8</sup> Hong-Gu, CMO;<sup>9</sup> Xiang-Li, MM;<sup>9</sup> Fang-Cao, CNS;<sup>10</sup> Hongxia-XU, CNS;<sup>6</sup> Yuqing-Zhang;<sup>11</sup> Guowei-Li;<sup>12</sup> Xinxia-Liu;<sup>13</sup> Jingchun-Zeng, MD;\*<sup>14</sup> Chunzhi-Tang, MD,\*<sup>4</sup> Nenggui-Xu, MD.<sup>4</sup>

1. Clinical Research and Big Data Laboratory, South China Research Center for Acupuncture and Moxibustion, Medical College of Acu-Moxi and Rehabilitation, Guangzhou University of Chinese Medicine, Guangzhou, China;

2. Department of Audit Section, Guangdong Provincial Hospital of Chinese Medicine Zhuhai, Zhuhai, China;

3. Zhongshan Hospital of Traditional Chinese Medicine, Zhongshan, China;

4. South China Research Center for Acupuncture and Moxibustion, Medical College of Acu-Moxi and Rehabilitation, Guangzhou University of Chinese Medicine, Guangzhou, China;

PI of the Clinical Research and Big Data Laboratory, South China Research Center for Acupuncture and Moxibustion, Guangzhou University of Chinese Medicine. Recipient of the first Guangdong Youth Science and Technology Innovation Award. Top young talent in science and technology innovation under the Guangdong "Special Support Plan". He has published more than 240 papers in journals such as BMJ and Annals of internal Medicine. The total citations amounted to more than 2800, with an H-index of 30.

Contact phone number: 13501524758

E-mail: ngxu8018@gzucm.edu.cn

- 
5. The Affiliated Brain Hospital of Guangzhou Medical University (Guangzhou Huiai Hospital), Guangzhou, China;
  6. The Third People's Hospital of Zhaoqing, Zhaoqing, China;
  7. Zhongshan Second People's Hospital, Zhongshan, China;
  8. The Third People's Hospital of Foshan, Foshan, China;
  9. Shunde Wu Zhong Pei Hospital, Foshan, China;
  10. Guangzhou Baiyun District Maternal and Child Health Hospital, Guangzhou, China;
  11. Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Ontario, Canada; CEBIM (Center for Evidence Based Integrative Medicine)-Clarity Collaboration, Guang'anmen Hospital, China Academy of Chinese Medical Sciences, Beijing, China;
  12. Center for Clinical Epidemiology and Methodology (CCEM), Guangdong Second Provincial General Hospital, Guangzhou, China
  13. Department of Psychiatry, The Third People's Hospital of Zhongshan City, China; Research Laboratory, The Third People's Hospital of Zhongshan, China.
  14. Department of Acupuncture, First Affiliated Hospital of Guangzhou University of Chinese Medicine, Guangzhou, China.

\*These authors have contributed equally to this work and share first authorship.

Educational qualifications: Doctor Degree

Title: Professor

Contact phone number: 13751779800 ( 020-39358428 )

E-mail: lulimingleon@gzucm.edu.cn

Research Interests: Acupuncture clinical research methodology

Educational qualifications: Doctor Degree

Title: Level-2 Professor

acupuncture; methadone maintenance treatment; randomized clinical trial; opioid use disorders

Executive Vice President of Guangzhou Academy of Traditional Chinese Medicine, Director of South China Acupuncture Research Center of Guangdong Key Laboratory of Traditional Chinese Medicine and Acupuncture, chief scientist of National "973 Plan" project, presided over more than 20 provincial and ministerial level projects such as national "973 Plan" project and national key research and development Plan project; He has published more than 400 papers in BMJ and Nature Communications.

**Abstract:** Objective Methadone maintenance treatment (MMT) is effective for managing opioid use disorder, but side effects mean that optimal therapy occurs with the lowest dose that controls opioid craving. The purpose of the study was to assess the efficacy of acupuncture versus sham acupuncture on methadone dose reduction. **Methods** This was a multicenter, two-arm, randomized, placebo-controlled trial (Chinese Clinical Trial Registration Number: ChiCTR2200058123). The trial was conducted at six MMT clinics in China with adult patients with opioid use disorders who were under 65 years of age, attended the clinics daily, and had been on methadone maintenance treatment for at least 6 weeks. Of 118 eligible participants, 60 were randomized to acupuncture and 58 were randomized to sham acupuncture (2 did not receive acupuncture). The trial intervention consisted of acupuncture or sham acupuncture 3 times per week for 8 weeks. The two primary outcomes of the trial were the proportion of participants with a  $\geq 20\%$  reduction in methadone dose compared with baseline and the change from baseline in opioid cravings as measured using a 100-mm visual analog scale (VAS). **Results** At week 8 more patients reduced their methadone dose  $\geq 20\%$  with acupuncture than with sham acupuncture (37 [62%] vs. 16 [29%]; risk difference, 32% [97.5% CI, 13% to 52%];  $P < 0.001$ ). In addition, acupuncture was more effective in decreasing opioid craving than sham acupuncture with a mean difference of  $-11.7$  mm VAS (97.5% CI,  $-18.7$  to  $-4.8$ ;  $P < 0.001$ ). No serious adverse events occurred. There were no statistically significant differences between study groups when participants were asked which type of acupuncture they received. **Conclusion** Eight weeks of acupuncture were superior to sham acupuncture in reducing methadone dose and decreasing opioid craving.

**Key words:**



# 浮针治疗膝骨关节炎肌肉紧张：一项剪切波弹性成像和近红外光谱的试点试验

杨小林<sup>1</sup>, 王翰林<sup>2</sup>, 孙健<sup>3\*</sup>

1. 广州中医药大学第二临床医学院, 广州, 510405;
2. 广州中医药大学第二附属医院, 广州, 510030;
3. 广州中医药大学针灸康复临床医学院, 广州, 510006。)

**摘要:** 目的: 鉴于浮针与膝骨关节炎紧张肌肉和疗效之间相互作用的报道较少, 我们制定了临床研究方案, 并收集膝骨性关节炎患者的临床疗效和肌肉特征数据, 探讨浮针的作用机制, 评估该方案的可行性和安全性, 以指导未来的试验及其样本量计算。方法: 在这项前瞻性、单盲、自我对照研究中, 19 例早期至中期单侧膝骨关节炎患者接受为期 1 周 (4 次, 隔天一次) 的双膝浮针治疗。我们采用剪切波弹性成像测量了第一次和第四次治疗前后双侧股外侧肌的局部弹性模量、肌肉厚度、血流量和耗氧量, 同时记录近红外光谱指标 (含氧血红蛋白、脱氧血红蛋白、总血红蛋白和组织饱和度指数)。治疗前评估疼痛强度、功能状态和活动范围。结果: 所有 19 名受试者均无严重不良事件。浮针治疗 3 次后, 疼痛 ( $P < .001$ ) 和功能评分 ( $P < .001$ ) 均有显著变化。在基线或治疗前后期间, 肌肉特征没有观察到有意义的显著差异。治疗期间的近红外光谱结果显示, 浮针治疗后局部含氧血红蛋白和总血红蛋白显著增加 (首次治疗: 含氧血红蛋白  $P = 0.005$ , 总血红蛋白  $P = 0.006$ ; 第四次治疗: 含氧血红蛋白  $P = 0.002$ , 总血红蛋白  $P = 0.004$ ); 然而, 脱氧血红蛋白未见显著升高 (第一次治疗:  $P = 0.06$ ; 第四次治疗:  $P = 0.28$ )。治疗效果与收缩肌指数变化无线性相关。结论: 浮针可减轻膝骨性关节炎的疼痛, 改善关节功能, 同时增强患侧股外侧肌的血流量和氧合。

**关键词:** 浮针; 膝骨性关节炎; 近红外光谱; 剪切波弹性成像; 肌肉紧张

## Understanding Tightened Muscle in Knee Osteoarthritis and the Impacts of Fu's Subcutaneous Needling: A Pilot Trial with Shear-Wave Elastography and Near-Infrared Spectroscopy

*Authors: Xiao-lin Yang<sup>1</sup>, Han-lin Wang<sup>2</sup>, Jian Sun<sup>3\*</sup>*

1. The Second Clinical College of Guangzhou University of Chinese Medicine, Guangzhou, Guangdong Province, China, 510405. 2. Acupuncture Department, The Second Affiliated Hospital of Guangzhou University of Chinese Medicine, Guangzhou, Guangdong Province, China, 510030; 3. Clinical Medical College of Acupuncture Moxibustion and Rehabilitation of Guangzhou University of Chinese Medicine, Guangzhou, Guangdong Province, China, 510006.

**Abstract:** Objective: Given the scarce reports on the interplay between Fu's subcutaneous needling (FSN), tightened muscle, and therapeutic effects, we developed a clinical research protocol to synchronously collect data on clinical efficacy and muscle characteristics in patients with knee osteoarthritis, exploring the mechanism of FSN action. The primary aim was to assess the feasibility and safety of this protocol, guiding future trials and their sample size calculations. Methods: In this prospective, single-blind, self-controlled study, 19 patients with early to mid-stage unilateral knee osteoarthritis underwent FSN therapy on both knees over 1 week (4 sessions, every other day). We measured local elastic modulus, muscle thickness, blood flow volume, and oxygen consumption rate of bilateral vastus lateralis muscles using shear-wave elastography and near-infrared spectroscopy (NIRS) before and after the first and fourth treatments. Additionally, real-time NIRS indicators (oxygenated hemoglobin [O<sub>2</sub> Hb], deoxyhemoglobin [HHb],

作者简介: 第一作者: 杨小林, 18680237531, 博士研究生, 研究方向: 针灸机制研究。doctoxlyang@163.com。  
通信作者: 孙健, 13580504600, 博士, 主任医师, 研究方向: 针灸机制研究。sunj3610@163.com。

total hemoglobin [THb], and tissue saturation index [TSI]) were recorded during these treatments. Pain intensity (visual analogue scale [VAS]), functional status (Western Ontario and McMaster Universities Osteoarthritis Index [WOMAC]), and active range of motion were evaluated before these treatments. Results: All 19 participants completed the trial without serious adverse events. After 3 FSN treatments, significant changes were observed in VAS and WOMAC scores (VAS:  $P < .001$ ; WOMAC:  $P < .001$ ), and knee flexion ( $P < .001$ ) and external rotation ( $P = .02$ ), except for internal rotation. No meaningful significant differences were observed in muscle characteristics at baseline or between pre- and post-treatment periods. NIRS results during treatments indicated significant increases in local O<sub>2</sub> Hb and THb post-FSN therapy (First treatment: O<sub>2</sub> Hb:  $P = .005$ ; THb:  $P = .006$ . Fourth treatment: O<sub>2</sub> Hb:  $P = .002$ ; THb:  $P = .004$ ); however, no significant increases were observed for HHb (First treatment:  $P = .06$ ; Fourth treatment:  $P = .28$ ). No linear correlation was found between therapeutic effects and changes in tightened muscle indices. Conclusion: FSN reduces pain and improves joint function in knee osteoarthritis, while also enhancing blood flow and oxygenation in the vastus lateralis muscle of the affected side. Further revisions of this protocol are warranted based on our insights.

**Key words:** Fu's subcutaneous needling; knee osteoarthritis; near-infrared spectroscopy; shear-wave elastography; tightened muscle

## 针灸治疗帕金森病认知障碍临床观察：前瞻性随机对照试验研究方案

崔莹雪\*, 王少松\*, 仲俊泓, 李倩倩, 王鑫, 李彬✉, 孙敬青✉

首都医科大学附属北京中医医院针灸科, 100010, 北京市东城区美术馆后街 23 号, 中国

**摘要:** 目的: 随着全球老龄化趋势, 帕金森病 (PD) 的全球患病率逐年增加。认知功能障碍是 PD 常见的非运动症状之一, 目前尚无针对帕金森病认知障碍的特定治疗药物。针灸疗法被认为是帕金森病认知障碍的一种替代治疗方法。

**方法:** 本研究方案为一项随机、对照、单中心临床试验, 地点为首都医科大学附属北京中医医院。试验于 2024 年 7 月开始, 预计于 2026 年 2 月结束。60 名患有帕金森病认知障碍的患者 (年龄 35-80 岁, 男女不限) 将通过区组随机化和不透明信封随机分配到治疗组 (针灸组, 每周 3 次, 持续 8 周) 或对照组 (假针灸组, 每周 3 次, 持续 8 周), 比例为 1:1。针灸将在多个穴位进行。受试者将在第 12 周通过到研究中心进行随访评估来完成试验。

**结果:** 主要结果是总体认知功能的神经心理测量 (MoCA, PD-CRS)。次要结果包括脑电图评估、T&T 嗅觉计、血液计数、脂类、神经递质和健康相关的生活质量问卷 (PDQ-39)。

**结论:** 这是首个探讨针灸对帕金森病认知障碍疗效的标准化方案。我们将使用严格的方法来最大限度地减少偏倚, 并建立一个监督委员会以确保研究质量, 从而为更好地理解针灸对帕金森病认知障碍的作用提供可靠的证据。

**关键词:** 帕金森病; 认知障碍; 针灸

### Efficacy of Acupuncture for Mild Cognitive Impairment in Parkinson's disease: Study Protocol for a Prospective Randomized Controlled Trial

Cui Ying-xue\*, Wang Shao-song\*, Zhong Jun-hong, Li Qian-qian, Wang xin, Li Bin✉, Sun Jing-qing✉

Department of Acupuncture and Moxibustion, Beijing Hospital of Traditional Chinese Medicine, Capital Medical University, 100010, No. 23 Back Street, Art Museum, Dongcheng District, Beijing

**Abstract:** Objective: With the global aging trend, the global prevalence of Parkinson's disease (PD) is increasing year by year. Cognitive dysfunction is one of the common non-motor symptoms of PD, and there are no specific therapeutic agents for Parkinson's cognitive impairment. Acupuncture therapy is considered as an alternative treatment for Parkinson's cognitive impairment. Methods: This is the study protocol for a randomized, two-arm, single-center, clinical trial conducted at the Beijing Hospital of Traditional Chinese Medicine, Capital Medical University. The trial begins in July 2024 and is expected to end in February 2026. Sixty patients with cognitive impairment in Parkinson's disease (aged 35-80 years, male or female) will be randomly assigned in a 1:1 ratio to either the treatment group (acupuncture, 3 times per week for 8 weeks) or the control group (sham acupuncture, 3 times per week for 8 weeks) using block randomization and opaque envelopes. Acupuncture will be performed at multiple acupoints. Subjects will complete the trial by visiting the research center for a follow-up assessment at week 12. Results: The primary outcome was a neuropsychological measure of overall cognitive function (MoCA, PD-CRS). Secondary outcomes included the Health-Related Quality of Life Questionnaire (PDQ-39), T&T olfactometer, blood counts, lipids, neurotransmitters, and EEG assessments. Conclusion: This is the first standardized protocol to explore the efficacy of acupuncture for cognitive

作者简介: 第一作者: 崔莹雪, 博士, 副主任医师, yingxuecui@163.com 并列第一作者: 王少松, 博士, 主任医师, Wangssmail@163.com

通信作者: 李彬 博士, 主任医师 Li Bin: libin@bjzhongyi.com 并列通讯作者: 孙敬青, 硕士, 主任医师, Sunjingqing@bjzhongyi.com;

impairment in Parkinson's disease. We will use a rigorous methodology to minimize bias and establish an oversight committee to ensure the quality of our study, thus providing reliable evidence for a better understanding of acupuncture for cognitive impairment in Parkinson's disease.

**Key words:** Parkinson's disease; cognitive impairment; Acupuncture

## 杨氏絮罐在中风后肌张力障碍的临床疗效与创新

倪思铭, 魏翔宇, 沈卫东\*

上海中医药大学附属曙光医院, 中国

**摘要:** 目的: 比较单纯针刺和针刺结合絮刺火罐对中风后肌张力障碍的临床疗效, 并根据临床疗效差异, 进一步优化杨氏絮刺火罐结合针刺治疗中风后肢体肌张力障碍的方案。方法: 将 72 例中风后肌张力障碍患者随机分为单纯针刺组 (36 例) 和针刺结合絮刺火罐组 (36 例)。单纯针刺组选择水沟、内关、极泉、尺泽、委中、三阴交, 风市、足三里、曲泉、肩髃、曲泽、手三里 (除水沟外, 均双侧取穴) 等穴位进行针刺, 得气后, 患侧内关与曲泽, 三阴交与曲泉分别连接电针仪, 电针波形采用疏密波, 频率为 10/50Hz, 患者耐受为度。留针 30 分钟。每日治疗 1 次, 共治疗 28 次。针刺结合絮刺火罐组在单纯针刺组治疗方案的基础上, 于内关、曲泽、三阴交、曲泉加絮刺火罐。针刺结束后之后, 用七星针轻刺上述穴位, 每个穴位叩刺 60~80 次, 以局部潮红不出血为度, 再加拔罐 10 分钟。每周治疗 1 次, 共治疗 4 次。分别于治疗前后观察两组患者改良 Ashworth 痉挛评价量表 (Modified Ashworth Scale, MAS) 评分、肢体运动功能量表 (Functional Motor Assessment, FMA) 评分并评定两组患者临床疗效。结果: 治疗后针刺结合絮刺火罐组与单纯针刺组上下肢 MAS 评级低于治疗前 ( $P < 0.05$ ), FMA 评分高于治疗前 ( $P < 0.05$ ); 针刺结合絮刺火罐组上下肢 MAS 评级低于单纯针刺组 ( $P < 0.05$ ), FMA 评分高于单纯针刺组 ( $P < 0.05$ )。针刺结合絮刺火罐组总有效率为 80.56% (29/36), 高于单纯针刺组 50% (18/36,  $P < 0.05$ )。两组患者治疗期间均未出现严重不良反应及不良事件。结论: 杨氏絮刺火罐疗法能够显著改善缺血性中风患者肌张力障碍的临床症状, 有助于改善患者生活质量, 临床疗效优于单纯针刺治疗, 具有一定临床推广价值。

**关键词:** 中风后肌张力障碍; 杨氏絮罐; 临床应用; 创新

### Clinical Efficacy and Innovation of Yang's Pricking and Cupping Therapy in Post-stroke Dystonia

NI Si-ming, WEI Xiang-yu, SHEN Wei-dong\*

Department of Acupuncture, Shuguang Hospital Affiliated to Shanghai University of Traditional Chinese Medicine, China

**Abstract:** Objective: to compare the clinical efficacy of acupuncture alone and acupuncture combined with wadding fire canister on post-stroke dystonia, and to further optimise Yang's pricking and cupping therapy combined with acupuncture in the treatment of post-stroke limb dystonia based on the difference in clinical efficacy. METHODS: Seventy-two patients with post-stroke dystonia were randomly divided into simple acupuncture group (36 cases) and acupuncture combined with flocculating fire cistern group (36 cases). In the simple acupuncture group, acupuncture points such as Shuigou, Neiguan, Jiquan, Chize, Weizhong, Sanyinjiao, Fengshi, Zusanli, Ququan, Jianyu, Quze, and Shousanli (except for Shuigou, which were all taken bilaterally) were selected for needling, and after obtaining the qi, Neiguan and Quze on the affected side and Sanyinjiao and Ququan were connected to the electroacupuncture instrument, and the waveform of the electroacupuncture was adopted as a sparse waveform, with a frequency of 10/50Hz, to the extent that it was tolerated by the patient. The frequency was 10/50Hz, as tolerated by the patient. The needle was left in place for 30 minutes. The treatment was carried out once a day for a total of 28 times. In the acupuncture combined with Yang's pricking and cupping therapy group, on the basis of the treatment plan of the simple acupuncture group, flocculation fire pot was added to Neiguan, Quze, Sanyinjiao and Ququan. After the end of acupuncture, the above acupoints were lightly pricked with seven-star needles, and each acupoint was percussed 60-80

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作者简介: 倪思铭, 上海中医药大学博士研究生在读, 针灸临床机制研究, 362567753@qq.com

通信作者: 沈卫东, 博士, 主任医师, 针灸临床机制研究, shenweidong1018@163.com

times to the extent of local flushing without bleeding, and then cupping was added for 10 minutes. The treatment was carried out once a week for a total of 4 times. Before and after the treatment, we observed the Modified Ashworth Scale (MAS) score and Functional Motor Assessment Scale (FMA) score of the two groups of patients and evaluated the clinical efficacy of the two groups of patients. Results: After treatment, the MAS ratings of upper and lower limbs of the acupuncture combined with Yang's pricking and cupping therapy group and simple acupuncture group were lower than those of the pre-treatment group ( $P < 0.05$ ), and the FMA scores were higher than those of the pre-treatment group ( $P < 0.05$ ); the MAS ratings of upper and lower limbs of the acupuncture combined with Yang's pricking and cupping therapy group were lower than those of the simple acupuncture group ( $P < 0.05$ ), and the FMA scores were higher than those of the simple acupuncture group ( $P < 0.05$ ). The total effective rate of acupuncture combined with Yang's pricking and cupping therapy group was 80.56% (29/36), which was higher than that of the simple acupuncture group by 50% (18/18,  $P < 0.05$ ). There were no serious adverse reactions or adverse events during treatment in either group. Conclusion: Yang's pricking and cupping therapy can significantly improve the clinical symptoms of dystonia in patients with ischemic stroke, and help to improve the quality of life of the patients, the clinical efficacy is better than that of simple acupuncture treatment, and it has a certain clinical promotion value.

**Key words:** post-stroke dystonia; Yang's pricking and cupping therapy; clinical application; innovation

## 针刺治疗救援人员创伤后应激障碍:随机对照试验

路晓光<sup>1\*</sup>, 栾恒玉<sup>2\*</sup>, 李东尧<sup>3</sup>, 弓儒芳<sup>4</sup>, 李琼轩<sup>2</sup>, 关玲<sup>1†</sup>, 赛晓<sup>2†</sup>

- 1, 中国人民解放军总医院第六医学中心, 针灸科, 中国北京;
- 2, 中国人民解放军总医院研究生院, 统计学与流行病学教研室, 中国北京;
- 3, 中国人民解放军总医院第一医学中心, 针灸科, 中国北京;
- 4, 中国人民解放军总医院第一医学中心, 静脉药物配置中心, 中国北京。

**摘要:** 目的:评价针刺治疗创伤后应激障碍筛查阳性救援人员的临床疗效和安全性。

**方法:**采用 PTSD 检查表 DSM-5(PCL-5)和急性应激障碍量表(ASDS)对 2022 年 6-8 月 5098 名高应激救援人员进行筛查, 其中筛查阳性 149 人。60 名参与者被随机分为两组。对照组和治疗组分别给予心理动力治疗和针灸治疗, 每周 1 次, 连续 6 周。参与者对自己的分组不知情。疗效评价者、受试者和统计分析人员采用盲法。

**结果:**共纳入 43 名参与者(平均(P25, P75)年龄, 22(21,25)岁;43 名男性(97.7%)接受随机分组。人口统计学和基线特征在各组之间保持平衡。干预 6 周后, 两组患者的 ASDS 和 PCL-5 总分均显著降低。与对照组比较, 针刺组得分下降幅度明显大于对照组。组间差异为-7.87(95%CI, -15.48~-0.26;P=0.043)和-8.04(95%CI, -15.63~0.46;P=0.038)。无严重不良事件发生。

**结论:**针刺可作为一种安全有效的创伤后应激障碍筛查阳性救援人员的早期干预手段。针灸可以在灾难发生前、后实施, 以尽量减少救援人员的心理健康问题, 从而挽救尽可能多的生命。

**关键词:** 针灸疗法;救援工作;创伤后;应激障碍

### Acupuncture For Rescue Workers With Post-traumatic Stress Disorder: A Randomized Controlled Trial

Xiaoguang Lu, PhD,1\*† Hengyu Luan, MD,2\* Dongyao Li, BS,3 Rufang Gong, MD,4 Qiongxuan Li, PhD,2 Ling Guan, PhD,1† Xiaoyong Sai PhD2†

- 1.(Department of Acupuncture and Moxibustion, Chinese PLA General Hospital Sixth Medical Center, Beijing, China);
- 2.(Department of Statistics and Epidemiology, Graduate School of PLA General Hospital, Beijing, China);
- 3.(Department of Acupuncture and Moxibustion, Chinese PLA General Hospital First Medical Center, Beijing, China);
- 4 (Pharmacy in travenous admixture services, Chinese PLA General Hospital First Medical Center, Beijing, China).

**Abstract:** Objective: To evaluate the clinical efficacy and safety of acupuncture in treating rescue workers who screened positive for PTSD. Methods: The PTSD Checklist for DSM-5 (PCL-5) and the Acute Stress Disorder Scale (ASDS) were used to screen 5098 high-stress rescue workers between June and August 2022, of which 149 screening positive. Sixty participants were randomly selected and divided into two groups. The control and treatment groups received psychodynamic therapy and acupuncture treatment, respectively, once a week for 6 weeks. Participants were

通信作者: 路晓光, +8615101169298, 博士, 主治医师, 研究方向: 针灸治疗精神疾病的临床及作用机制研究, luxiaoguang1122@sina.com;关玲, +8613520575830, 博士, 主任医师, 教授, 研究方向: 针灸治疗各种疼痛、颈椎、腰椎病以及失眠、咳、喘、脏腑功能失调等慢性病; guanling301@sina.com 赛晓勇, +8613146029929, 博士, 副主任医师, 研究方向: 创伤后应激障碍的防治与照护者负担防治, saixiaoyong@163.com.

Ling Guan, +8613520575830, PhD, Chief physician, Professor; Acupuncture and moxibustion treat all kinds of pain, cervical spine, lumbar spine diseases and insomnia, cough, asthma, viscera dysfunction and other chronic diseases, guanling301@sina.com ;

Xiaoyong Sai, +8613146029929, PhD, Associate chief physician, Prevention and treatment of post-traumatic stress disorder and caregiver burden; saixiaoyong@163.com.

blinded to their own grouping. The efficacy evaluators, subjects and statistical analysts were blinded. Results: A total of 43 participants were enrolled (mean (P25, P75) age, 22(21, 25) years; 43 men [97.7%]) underwent randomization. The demographic and baseline characteristics were balanced between groups. After 6 weeks intervention, the ASDS and total PCL-5 scores of participants in both groups reduced significantly. Compared with the control group, acupuncture group resulted in a significantly greater decrease in scores. The between-group differences were -7.87(95%CI, -15.48 to -0.26; P=0.043) in the ASD score and -8.04(95%CI, -15.63 to -0.46; P=0.038) in PCL score. There were no serious adverse events. Conclusion: These findings suggest that acupuncture could serve as a safe and efficient early intervention for rescue workers who screened positive for PTSD. Acupuncture may be implemented before and after a disaster strikes in order to minimize mental health problems among rescue workers, and thus save as many lives as possible.

**Key words:** acupuncture therapy; rescue work; post-traumatic; stress disorder



## 火针结合腹针治疗顽固性失眠

杨光

北京市宣武中医医院，北京 100050

**摘要：**本文介绍了导致失眠的各种原因及相应的针灸处理方法。论述了失眠的中医认识机理，将各种失眠简化为阴虚阳亢，脾胃不和和心脾两虚三大类型，提出“阳不入阴、阴阳不相交”是失眠病症的根本病机。

本文重点介绍了阴虚阳亢型失眠的针灸治疗，其特点是采用国医大师贺普仁教授三通法中的火针、刺血、温灸等方法，以火针点刺放血头部调神诸穴为主，配合“引火归元”等刺灸法，比单纯毫针刺法明显提高了疗效。

脾胃不和和心脾两虚二大证型，配合运用薄智云腹针疗法。头部调神诸穴以火针点刺疏通脑络为主，腹部以“引气归元”组穴调理脏腑为主，达到阴平阳秘、脑神乃治的效果。

顽固性失眠往往伴有心理障碍和心身失调的情况，本文也对此提出了相应对策。

### Treatment of Refractory Insomnia With Fire Needle Combined With Abdominal Acupuncture

*Yang Guang*

Beijing Xuanwu Hospital of TCM, Beijing 100050, China

**Abstract:** This article introduces the various causes of insomnia and the corresponding acupuncture treatment methods. This paper discusses the understanding mechanism of insomnia in traditional Chinese medicine, and simplified all kinds of insomnia into Yin deficiency Yang hyperactivity, spleen and stomach disharmony and heart and spleen deficiency, and put forward that "Yang does not enter Yin, Yin and Yang disjoint" is the basic pathogenesis of insomnia.

This article focuses on the acupuncture treatment of Yin deficiency and Yang hyperactivity insomnia, which is characterized by the use of fire needle, blood pricking, warm moxibustion and other methods in the Chinese medical master professor He Puren's Three Tong Method, focusing on fire needle pricking method to let blood on the head and Tioshen points, combined with "guiding fire to origin" and other acupuncture moxibustion methods. Compared with simple acupuncture, this measure significantly improved the effect.

Combined with the use of Bo Zhiyun abdominal acupuncture therapy to treat spleen and stomach disharmony and heart and spleen deficiency two major syndromes. Using fire needle pricking method to dredge the brain collateral channels, meanwhile using the abdominal acupuncture to regulate the viscera, achieving a balance of yin and yang. It can achieve the purpose of helping sleep

Intractable insomnia is often accompanied by psychological disorders and psychosomatic disorders. This paper also puts forward corresponding countermeasures.

## “烧山火”七步针刺法探微

郝洪滨

中国山东省泰安市中医医院

**摘要：**“烧山火”针法属于复式补泻手法的一种，是热补法的代表性手法，由徐疾、提插、九六、捻转、呼吸、开阖等法组合而成，能够使被针刺者产生热感，广泛应用于虚寒性疾病的治疗。但该针法操作繁杂，加之古代文献描述简练，精微细节阐释不明，令人难以掌握。郝洪滨遍查文献，寻访名医，结合自身临床经验，最终成功破译，创造性提出了“针刺的核心在补泻，补泻的核心在手法，手法的核心在体悟”的全新理论，临床成功率颇高。本文简单梳理了近现代针灸名家对烧山火针法的见解，揭示烧山火针法成功的关键在于“审察虚实”和“体悟针感”，并介绍郝洪滨烧山火七步针刺法的操作要点，意在与针灸同道交流分享，以便更好地理解、掌握此种复合手法。

**关键词：**烧山火；热补法；补泻手法；虚实；针感

### The Exploration of Traditional Heat-reinforcing Needling: the Seven Step Needling Method of "Shaoshanhua"

*XI Hong-bin*

Tai'an Hospital of Traditional Chinese Medicine, Shandong, China

**Abstract:** The “Shaoshanhua” needling method belongs to one kind of compound acupuncture reinforcing-reducing manipulation, which is a representative technique of the heat-reinforcing needling method, and it is composed of the combination of slowness-rapidity, lifting-thrusting, stimulus quantity, twirling, breathing, and opening-closing, etc. It can make the person produce a sense of heat, and it is widely used in the treatment of deficiency-cold diseases. However, the operation of this method is complicated, and the ancient literature describes it in a concise manner, in which the subtle details are not clearly explained, making it difficult to grasp. Xi Hongbin searched a huge amount of literature, visited acupuncture celebrities, combined with his own clinical experience, and ultimately succeeded in deciphering the technique, creatively put forward "the core of acupuncture in the reinforcing-reducing techniques, the reinforcing-reducing techniques in the core of the acupuncture needle manipulation, the core of the manipulation in the perception" of a new theory, and achieved a high success rate in clinical practice. In this paper, we briefly sort out the insights of modern acupuncture masters on the Shaoshanhua needling method, revealing that the key to the success of “Shaoshanhua” lies in the "examination of the deficiency and excess" and "perception of the needling sensation", and introduces the operating points of XI Hong-bin's Seven-Step Needling Method of "Shaoshanhua". May this paper be shared and exchanged with fellow acupuncturists to make this complex technique better understood and mastered.

**Key words:** Shaoshanhua(Setting the Mountain on Fire); heat-reinforcing needling; reinforcing and reducing manipulation; deficiency and excess; needling sensation

# 薄氏腹针治疗多囊卵巢综合征合并胰岛素抵抗不孕症的疗效及可能机制研究

徐珉

广州中医药大学第二临床医学院, 中国

## 摘要: 目的:

检测薄氏腹针对多囊卵巢综合征合并胰岛素抵抗(PCOS-IR)不孕症患者体重指数(BMI)、腰臀比(WHR)、性激素水平、糖脂代谢、排卵率、临床妊娠率等的影响,观察薄氏腹针治疗PCOS-IR不孕症的临床疗效及可能机制。

## 方法:

将80例符合PCOS-IR不孕症患者随机分为对照组和试验组,对照组予单纯西药促排卵治疗,试验组在对照组的基础上联合薄氏腹针治疗,针刺中脘、下脘、气海、关元、天枢、气穴、水道、归来、子宫等穴位,疗程三个月经周期,治疗前后检测患者BMI、WHR、性激素水平、糖脂代谢水平、排卵期内膜、周期排卵率、临床妊娠率相关情况,SPSS 27.0数据分析。

## 结果:

腹针联合西药促排卵较单纯西药促排卵,BMI及WHR均显著下降( $P<0.05$ );能够降低LH、LH/FSH、T水平( $P<0.05$ ),在FSH、AMH方面差异无统计学意义;空腹血糖、胰岛素抵抗指数有显著下降( $P<0.05$ ),在空腹胰岛素方面,餐后2hr血糖、胰岛素差异无统计学意义;在脂代谢方面,试验组的甘油三酯水平明显低于对照组( $P<0.05$ ),在总胆固醇、低密度脂蛋白方面差异无统计学意义。

73例患者24例获得临床妊娠,试验组16例,临床妊娠率42.1%,对照组8例,临床妊娠率20.0%,差异有统计学意义( $P<0.05$ )。试验组共监测97个月经周期,排卵周期数为77,排卵率79.38%,对照组共监测94个月经周期,排卵周期数为62,排卵率65.96%,两组排卵率差异有统计学意义( $P<0.05$ )。试验组内膜形态为A和B型人数(35)较对照组(27)增加,差异有统计学意义( $P<0.05$ )。

## 结论:

薄氏腹针联合促排卵治疗PCOS-IR不孕症,可通过有效降低患者BMI以及腰臀比,调节性激素LH、LH/FSH、T水平,降低空腹血糖、胰岛素抵抗指数以及甘油三酯水平,改善糖脂代谢异常,改善内膜形态,从而提高临床排卵率及妊娠率,是安全有效且值得推广的治疗方法。

**关键词:** 薄氏腹针; 多囊卵巢综合征; 胰岛素抵抗; 不孕症

## The Therapeutic Effect of Bo's Abdominal Acupuncture on Polycystic Ovary Syndrome Combined with Insulin Resistance Infertility and Possible Mechanism Research

Xu Min

Second Clinical School of Guangzhou University of Traditional Chinese Medicine, China

### Abstract: Purpose:

Detect the effects of Bo's abdominal acupuncture on body mass index (BMI), waist to hip ratio (WHR), sex hormone levels, glucose and lipid metabolism, ovulation rate, and clinical pregnancy rate in patients with polycystic ovary syndrome complicated with insulin resistance (PCOS-IR) infertility, and observe the clinical efficacy and possible mechanisms of Bo's abdominal acupuncture treatment for PCOS-IR infertility. Method:

80 patients with PCOS-IR infertility were randomly divided into a control group and an experimental group. The control group received simple Western medicine ovulation induction treatment, while the experimental group received

combined treatment with Bo's abdominal acupuncture on the basis of the control group. Acupuncture was performed on acupoints such as Zhongwan, Xiawan, Qihai, Guanyuan, Tianshu, Qixue, Shuidao, Guilai, Zigong, etc. The treatment lasted for three menstrual cycles. Before and after treatment, the patient's BMI, WHR, sex hormone levels, glucose and lipid metabolism levels, ovulation period endometrium, ovulation rate, and clinical pregnancy rate were measured. SPSS 27.0 data analysis was conducted. Result:

The combination of abdominal acupuncture and Western medicine for ovulation induction showed a significant decrease in BMI and WHR compared to Western medicine alone ( $P<0.05$ ); Can reduce LH, LH/FSH, and T levels ( $P<0.05$ ), with no statistically significant difference in FSH and AMH; There was a significant decrease in fasting blood glucose and insulin resistance index ( $P<0.05$ ). In terms of fasting insulin, there was no statistically significant difference in postprandial 2-hour blood glucose and insulin; In terms of lipid metabolism, the triglyceride levels in the experimental group were significantly lower than those in the control group ( $P<0.05$ ), and there was no statistically significant difference in total cholesterol and low-density lipoprotein.

24 out of 73 patients obtained clinical pregnancy, with 16 in the experimental group and 42.1% in the clinical pregnancy rate, and 8 in the control group and 20.0% in the clinical pregnancy rate. The difference was statistically significant ( $P<0.05$ ). The experimental group monitored a total of 97 menstrual cycles, with a ovulation cycle count of 77 and an ovulation rate of 79.38%. The control group monitored a total of 94 menstrual cycles, with a ovulation cycle count of 62 and an ovulation rate of 65.96%. The difference in ovulation rates between the two groups was statistically significant ( $P<0.05$ ). The number of people in the experimental group with A and B endometrial morphology (35) increased compared to the control group (27), and the difference was statistically significant ( $P<0.05$ ). Conclusion:

The combination of Bo's abdominal acupuncture and ovulation induction therapy for PCOS-IR infertility can effectively reduce the patient's BMI and waist hip ratio, regulate the levels of sex hormones LH, LH/FSH, and T, lower fasting blood glucose, insulin resistance index, and triglyceride levels, improve glucose and lipid metabolism abnormalities, improve endometrial morphology, and thereby increase clinical ovulation and pregnancy rates. It is a safe, effective, and worth promoting treatment method.

**Key words:** Bo's abdominal needle; Polycystic ovary syndrome; Insulin resistance; sterility

## 微针刀治疗颈源性眩晕的--随机病例对照研究

郎伯旭, 郎珈望, 罗建昌, 王罗丹, 徐文斌

台州市立医院, 浙江 318000, 中国

**摘要:** 目的 观察微针刀疗法对颈源性眩晕的临床疗效。

**方法** 将 2017 年 1 月 1 日至 2019 年 12 月 31 日就诊的收治的 300 例颈源性眩晕患者按随机数字表法分为微针刀组(96 例, 脱落 4 例)、常规针刺组(96 例, 脱落 4 例)和口服药物组(95 例, 脱落 5 例)。微针刀组给予上颈段局部微针刀治疗, 隔日 1 次, 共治疗 7 次; 常规针刺组给予常规针刺治疗, 每日 1 次, 连续治疗 2 周; 口服药物组给予口服敏使朗片口服, 每次 6mg/次, 3 次/天, 连续口服 2 周。分别于治疗前、疗程结束时和疗程结束后 3 个月随访, 观察眩晕障碍量表(dizziness handicap inventory,DHI)DHI 评分并根据 DHI 评分进行疗效评定。结果 疗程结束时和结束后 3 个月随访, 3 组患者 DHI 评分较治疗前均明显下降( $P < 0.01$ ), 微针刀组治疗后同时点 DHI 评分低于常规针刺组和药物组( $P < 0.01$ ), 常规针刺组和口服药物组治疗后同时点比较差异无统计学意义( $P > 0.05$ )。根据 DHI 评分进行疗效评定三组中:, 微针刀组痊愈 50 例、显效 28 例、好转 14 例, 总有效率 95.83%; 常规针刺组痊愈 26 例、显效 24 例、好转 18 例, 总有效率 81.25%; 药物组痊愈 18 例、显效 20 例、好转 28 例, 总有效率 69.48%; 微针刀组总有效率明显高于另两组( $\chi^2=45.956$ ,  $P=0.000$ )。3 组治愈患者中, 微针刀组所需时间明显少于常规针刺组和药物组( $F=18.796$ ,  $P=0.000$ )。结论 微针刀松解寰枢段软组织对颈源性眩晕具有明显疗效, 临床治愈率及有效率以及痊愈患者所需治疗时间均优于常规针刺组及口服药物组。微针刀疗法治疗颈源性眩晕疗效明显优于常规针刺和口服药物, 且疗效迅速。

**关键词:** 颈源性眩晕; 微针刀; 眩晕障碍量表; 病例随机对照研究

### Case Control Study on Treatment of Cervical Vertigo with Micro Needle Knife

LANG Boxu, LUO Jianchang, LANG Jiawang, WANG Lluodan, Xu Wenbin.

(Taizhou municipal hospital, Zhejiang 318000)

**Abstract:** Objective: To observe the clinical effect of micro needle knife therapy on cervical vertigo. Methods: 300 patients with cervical vertigo from January 1, 2017 to December 31, 2019 were randomly divided into micro needle knife group (96 cases, 4 cases falling off) and traditional acupuncture group (96 cases, 4 cases falling off) and oral drug group (95 cases, 5 cases falling off). The micro needle knife group was treated with micro needle knife in the local upper cervical segment once every other day for 7 times; the traditional acupuncture group was treated with traditional acupuncture once a day for 2 weeks; the oral drug group was treated with taking betahistine mesilate tablets 6mg/time, 3 times/day, for 2 weeks. The Dizziness Handicap Inventory (DHI) scores of the three groups were observed before treatment, after treatment and at 3-month follow-up, and the curative effect was evaluated according to DHI score. Results: At the end of the course of treatment and 3 months after the end of the follow-up, DHI scores of the three groups were significantly lower than those before treatment ( $P < 0.01$ ), and the DHI scores of the micro needle knife group were lower than those of the traditional acupuncture group and the oral drug group at the same time point after treatment ( $P < 0.01$ ); There was no statistically significant difference in the scores of the traditional acupuncture group and oral drug group at the same time after treatment ( $P < 0.05$ ); In the micro needle knife group, 50 cases were cured, 28 cases were markedly effective, 14 cases were improved, the total effective rate was 95.83%; in the conventional

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通信作者: 郎伯旭 (1966- ), 男, 主任中医师, 浙江省名中医 E-mail: tsylbx@126.com

acupuncture group, 26 cases were cured, 24 cases were markedly effective, and 18 cases were improved, with the total effective rate of 81.25%; in the drug group, 18 cases were cured, 20 cases were markedly effective, and 28 cases were improved, with the total effective rate of 69.48%; the total effective rate of the micro needle knife group was significantly higher than that of the other two groups ( $\chi^2=45.956, P=0.000$ ).; Among the three groups of cured patients, the time required in the micro needle knife group was significantly less than that in the conventional acupuncture group and the drug group ( $F=18.796, P=0.000$ ). Conclusion: Micro needle knife has obvious curative effect on cervicogenic vertigo by releasing atlantoaxial soft tissue, and the clinical cure rate and effective rate as well as the treatment time of the cured patients were better than those of the conventional acupuncture group and the oral drug group. The curative effect of micro needle knife therapy in the treatment of cervical vertigo is obviously better than that of conventional acupuncture and oral medicine, and the curative effect is more rapid.

**Key words:** cervical vertigo; micro needle knife; dizziness handicap inventory (DHI); Case control study; randomized controlled trial.

## 针灸治疗鼻鼽选穴规律的数据挖掘探析

孟纯雪

宁夏医科大学, 中国

**摘要:** 目的 通过数据挖掘探讨针灸治疗鼻鼽的选穴规律。方法 检索 CNKI 中国知网、万方医学网、维普全文数据库, 近 25 年针灸治疗鼻鼽的中文临床研究文献, 提取针灸处方并创建数据库, 运用古今医案云平台 (V 2.3.7) 对研究数据进行清洗、标准化、分析与挖掘。结果 最终纳入文献 294 篇, 提取处方 335 条, 涉及腧穴 95 个, 应用频次前 4 位的腧穴为迎香 (253 次)、印堂 (217 次)、合谷 (181 次)、足三里 (160 次), 以大肠经、督脉、膀胱经腧穴应用频次最多; 选穴主要分布在头面部; 特定穴以五腧穴应用最多; 关联规则分析得出关联性最强穴对为“迎香-印堂”“迎香-合谷”; 复杂网络分析、聚类分析获得迎香、印堂、合谷、足三里为主要核心穴组; 聚类分析得到 3 个聚类群, 可分为主穴与配穴两大类。结论 针灸治疗鼻鼽的选穴以手阳明大肠经、督脉、足太阳膀胱经腧穴为主, 多取头面部腧穴, 推荐迎香、印堂、合谷、足三里为核心处方, 根据临床表现, 辨证配穴。

**关键词:** 变应性鼻炎; 鼻鼽; 数据挖掘; 针灸处方; 选穴规律

### Exploration of Data Mining on the Selection Rules of Acupuncture Points for Treating Allergic Rhinitis.

Meng Chunxue

Ningxia Medical University, China

**Abstract:** Objective To explore the rule of acupuncture through data mining. Methods Search CNKI, Wanfang Medical website, Weipu full-text database, Chinese clinical research literature of acupuncture and moxibustion treatment in the past 25 years, extracted acupuncture prescription and created a database, and cleaned, standardized, analyzed and mined the cloud platform (V 2.3.7). Results, 294 articles were included, Of the 335 extraction prescriptions, 95 acupoints are involved, The top 4 acupoints in the application frequency were Yingxiang (253 times), Yintang (217 times), Hegu (181 times), Zusanli (160 times), The large intestine meridian, du meridian and bladder meridian acupoints are applied most frequently; Holpoints are mainly distributed in the head and face; Specific acupoints are the most applications; The analysis of correlation rules shows that the most related points are "Yingxiang-Yintang" and "Yingxiang-Hegu"; Complex network analysis and cluster analysis obtained yingxiang, Yintang, Hegu and Zusanli as the main core hole groups; The cluster analysis yielded three cluster groups, It can be divided into main points and matching points. Conclusion The acupoint selection of acupuncture and moxibustion is mainly based on the bladder meridian of the sun, and the acupoints on the head and face, Yintang, Hegu, and Zusanli are recommended as the core prescriptions according to the clinical manifestations.

**Key words:** Allergic rhinitis; nasal; data mining; acupuncture prescription; acupoint selection rules

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作者简介: 孟纯雪, 第一作者, 研究生在读, 主治医师, 研究方向: 针刺治疗鼻肺疾病的机制研究, 手机号: 15204526061, E-mail: 448321077@qq.com; 郭斌, 通信作者, 教授, 硕导, 研究方向: 针药结合治疗疾病的机制与临床研究, 手机号: 18435158810, E-mail: Guo12200055@163.com.

## 基于临床-功能脑网络多维特征预测针刺治疗功能性消化不良疗效

尹涛<sup>1,2,3</sup>, 毛杨科<sup>1,2</sup>, 张攀<sup>1,2</sup>, 何昭璇<sup>1,2,3</sup>, 孙睿睿<sup>1,2,3</sup>, 曾芳<sup>1,2,3\*</sup>

1. 成都中医药大学针灸推拿学院, 四川成都;
2. 成都中医药大学针灸脑科学研究中心, 四川成都;
3. 针灸防治老年疾病教育部重点实验室, 四川成都

**摘要:** 研究目的针刺治疗功能性消化不良 (Functional dyspepsia, FD) 安全有效, 但不同患者间个体疗效差异显著。提前预判患者对针刺治疗的响应将有助于制定个性化处方, 从而提高针刺疗效。本研究旨在基于临床-神经影像标志构建机器学习模型, 预测4周针刺治疗后FD患者的个体症状改善, 并识别可能用作预测FD针刺疗效的关键特征。

研究方法从训练-测试集样本 (100名FD患者) 和独立验证集样本 (60名FD患者) 中提取临床-功能脑网络特征。基于这些特征和支持向量机算法, 在训练-测试集中建立针刺疗效预测模型, 对模型性能进行评估并提取关键预测特征。随后, 通过独立验证集样本评估提取的预测特征在预测针刺治疗FD疗效方面的外部稳健性。

研究结果建立的预测模型在预测针刺响应者/非响应者的准确性为88%, 预测患者消化不良症状缓解的解释度为0.453。预测患者更好针刺疗效的因素包括更强的眶额叶、尾状核、海马、前扣带相关功能连接, 以及较高的症状积分和较短的病程。此外, 独立样本验证了这些特征在预测FD针刺疗效方面的稳健性。

研究结论本研究肯定了基于治疗前的临床-功能脑网络标志物预测FD针刺疗效的可行性和可靠性。建立的预测框架将促进识别适合接受针刺治疗的FD患者, 从而提高针刺对FD的疗效并降低成本。

**关键词:** 针刺; 功能性消化不良; 机器学习; 功能连接; 神经影像; 精准医疗

### Predicting Acupuncture Efficacy For Functional Dyspepsia Based On Clinical-Functional Brain Networks Features

YIN Tao<sup>1,2,3</sup>, MAO Yang-ke<sup>1,2</sup>, ZHANG Pan<sup>1,2</sup>, HE Zhao-xuan<sup>1,2,3</sup>, SUN Rui-rui<sup>1,2,3</sup>, ZENG Fang<sup>1,2,3\*</sup>

1. Acupuncture and Tuina School, Chengdu University of Traditional Chinese Medicine, Chengdu, China; 2. Acupuncture and Brain Science Research Center, Chengdu University of Traditional Chinese Medicine, Chengdu, China; 3. Key Laboratory of Acupuncture for Senile Disease (Chengdu University of TCM), Ministry of Education, Chengdu, China

**Abstract:** Objective Whilst acupuncture has been shown to be an effective treatment for functional dyspepsia (FD), its efficacy varies significantly among patients. Knowing beforehand how each patient responds to acupuncture treatment will facilitate the ability to produce personalized prescriptions, therefore, improving acupuncture efficacy. The objective of this study was to construct the prediction model, based on the clinical-neuroimaging signature, to forecast the individual symptom improvement of FD patients following a 4-week acupuncture treatment and to identify the critical predictive features that could potentially serve as biomarkers for predicting the efficacy of acupuncture for FD. Methods Clinical-functional brain connectivity signatures were extracted from samples in the training-test set (100 FD patients) and independent validation set (60 FD patients). Based on these signatures and support vector machine algorithms, prediction models were developed in the training test set, followed by model performance evaluation and predictive features extraction. Subsequently, the external robustness of the extracted predictive features in predicting acupuncture efficacy was evaluated by the independent validation set. Results The developed prediction models possessed an accuracy of 88% in predicting acupuncture responders, as well as an R2 of 0.453 in forecasting symptom relief. Factors that contributed significantly to stronger responsiveness of patients to acupuncture therapy included higher resting-state functional connectivity associated with the orbitofrontal gyrus, caudate, hippocampus, and anterior insula, as well as higher baseline scores of the Symptom Index of Dyspepsia

作者简介: 第一作者: 尹涛, 博士, 副教授, 联系电话: 86-18202872289, 邮箱: yintao@cdutcm.edu.cn, 研究方向: 基于神经影像的针灸效应机理研究;

通信作者: 曾芳, 博士, 教授, Tel:18602839325, Email: zengfang@cdutcm.edu.cn, 研究方向: 针灸穴位效应。



and shorter durations of the condition. Furthermore, the robustness of these features in predicting the efficacy of acupuncture for FD was verified by the independent samples. Conclusion These findings suggest that it is both feasible and reliable to predict the efficacy of acupuncture for FD based on the pre-treatment clinical-neuroimaging signature. The established prediction framework will promote the identification of suitable candidates for acupuncture treatment, thereby improving the efficacy and reducing the cost of acupuncture for FD.

**Key words:** acupuncture; functional dyspepsia; machine learning; functional connectivity; neuroimaging; personalized medicine

## 面针美容抗衰技术与临床应用

惠建荣

陕西中医药大学

**摘要：**首先介绍面针的概念、面针的优势特色以及应用基础。接着介绍面针在临床中的应用情况，如面针治疗痤疮的方案、面针调节面部不对称方案、面针淡化眼部细纹方案、面针改善面部皮肤松弛方案、面针改善医美术后后遗症方案等，最后结合图片分享了一些典型的案例。

### **The Technology And Clinical Application Of Facial Acupuncture For Beauty And Anti-aging**

*HUI Jian-rong*

Shaanxi University of Traditional Chinese Medicine

**Abstract:** Firstly, we introduce the concept of facial acupuncture, its advantages and characteristics, as well as its theoretical basis. Secondly, we will introduce the application of facial acupuncture in clinical practice, such as the treatment of acne with facial acupuncture, the adjustment of facial asymmetry with facial acupuncture, the fading of fine lines around the eyes with facial acupuncture, and the improvement of facial skin laxity with facial acupuncture. We also introduce a plan for improving the postoperative sequelae of medical cosmetic surgery with facial acupuncture. Finally, we will share some typical cases with real pictures.

## 腹针疗法在脑病康复中的“脑肠轴”机制

白春艳, 王钢

北京航天总医院, 中国

**摘要:** 研究方法: 腹针治疗从脏腑入手, 能调节“脑肠轴”修复损伤脑组织, 从脏腑、经络、四海、腹部全息等多角度、揭示了腹针治疗的基本原理。研究目的: 证明腹针作为一种新疗法能够更加快速有效地作用于靶器官, 在脑血管病后遗症康复中疗效显著, 证明其临床价值。研究结果: 腹针以治病求本为治疗原则, 调节肠道菌群、抑制免疫炎症反应、作用神经-内分泌通路, 修复损伤脑组织, 对全身起到调节作用从而促进肢体运动功能恢复。结论: 中医学通过脏腑、经络以及腹部全息等多角度多层次揭示了腹针治疗脑卒中后肢体运动功能障碍的基本治疗原理, 为腹针治疗卒中后肢体运动功能障碍提供参考, 以期改善患者生活质量与预后。

**关键词:** 腹针; 脑肠轴; 脑血管病; 活动障碍; 康复

### The "Brain-Gut Axis" Mechanism of Abdominal Needle Therapy in Encephalopathy Rehabilitation

Bai Chunyan<sup>1</sup> Wang Gang<sup>2</sup>

Beijing Aerospace General Hospital, China

**Abstract:** Research method: The abdominal needle treatment starts from the viscera, can regulate the "brain-gut axis" to repair the damaged brain tissue, and reveals the basic principle of the abdominal needle treatment from the viscera, the meridians, the four seas, and the abdominal holography. Study objective: To prove that abdominal acupuncture, as a new therapy, can act on target organs more quickly and effectively, and is effective in the rehabilitation of sequelae of cerebrovascular disease, and prove its clinical value. Research results: The abdominal needle is the therapeutic principle of treatment, which regulates intestinal flora, suppresses immune inflammatory response, acts on nerve-endocrine pathway, repairs damaged brain tissue, plays a regulating role in the whole body and promotes the recovery of limb movement function. Conclusion: Traditional Chinese medicine reveals the basic treatment principle of abdominal acupuncture in the treatment of limb movement dysfunction after stroke through viscera, meridians and abdominal holography, providing reference for abdominal acupuncture in the treatment of limb movement dysfunction after stroke, in order to improve the quality of life and prognosis of patients.

**Key words:** abdominal needle; brain-gut axis; cerebrovascular disease; activity disorder; rehabilitation

## 全息视角下的腹针治疗：骨关节疾病治疗的新解读

薄聪雁

北京薄氏腹针医学研究院，中国

**摘要：**本研究采用全息视角，深入探讨了腹针治疗骨关节疾病的新解读及其确切疗效。研究首先回顾了腹针的基本原理和全息理论的概念，并系统性地分析了自 1990 年至 2020 年间具有代表性的腹针骨关节病研究成果。通过文献的综合评估，本文不仅揭示了腹针治疗在改善骨关节疾病症状方面的显著效果，还对腹针疗法中全息理论的应用进行了实证分析。研究表明，全息理论指导下的腹针治疗不仅仅是平面全息投影关系，而是印证了腹针发明人薄智云教授所提出的“经络是多层次的立体空间结构”，在腹针特有的全息理论指导下的针灸治疗更能够有效地缓解患者的症状，提高生活质量。本文进一步讨论了腹针全息理论在临床应用中的挑战与机遇，并对未来的研究方向提出了建议，以期为临床治疗提供更多的理论支持和实践指导。

**关键词：**腹针；骨关节；全息理论

### Abdominal Acupuncture from a Holographic Perspective: A New Interpretation of Osteoarticular Disease Treatment

Bo Congyan

(Beijing Bo's Abdominal Acupuncture Research Institute), China

**Abstract:** This study, from a holographic perspective, provides an in-depth exploration of the novel interpretations and confirmed therapeutic effects of abdominal acupuncture in treating osteoarticular diseases. The research begins with a review of the fundamental principles of abdominal acupuncture and the concept of holographic theory, followed by a systematic analysis of representative research findings from 1990 to 2020. Through an integrative assessment of the literature, this paper not only reveals the significant efficacy of abdominal acupuncture in alleviating symptoms of osteoarticular diseases but also conducts an empirical analysis of the application of holographic theory within abdominal acupuncture therapy. The findings indicate that abdominal acupuncture which guided by holographic theory, is not merely a planar holographic projection but corroborates that Meridians are multi-level three-dimensional spatial structures proposed by Professor Bo Zhiyun, the inventor of abdominal acupuncture. The acupuncture treatment under the guidance of the unique holographic theory of abdominal acupuncture can more effectively alleviate patients' symptoms and improve the quality of life. The paper further discusses the challenges and opportunities in the clinical application of the holographic theory of abdominal acupuncture and suggests future research directions to provide more theoretical support and practical guidance for clinical treatment.

**Key words**

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作者简介：腹针发明人薄智云嫡传弟子及学术思想第一传承人 北京薄氏腹针医学研究院 副院长。电话：18514512658 邮箱：644677503@qq.com。现任中国针灸学会理事、世界针联腹针传承委员会副主委、中国针灸学会腹针专业委员会副主委等学术职务。参与编写并出版了多部重要教材和书籍，包括但不限于：《中国国家标准——针灸技术操作规范 第 16 部分：腹针（外文版标准）》；国家中医药管理局《中医医疗技术手册（2023 版）》；人民卫生出版社《腹针入门》、《腹针疗法（经典版）》；中国中医药出版社《走出中医哲学困境》以及各类腹针系列教材等，同时发表数篇论文。创立“知行分修”教学法。组织主持海内外腹针学术活动若干，曾于美国哈佛医学院、荷兰神州中医学院、英国针灸学会、香港骨伤学会等机构进行学术专题演讲或教学工作。

## 针刺敏化穴治疗结直肠癌化疗后胃肠功能障碍患者的随机对照临床研究

陈子雯, 徐韬, 李啟福, 梁繁荣

成都中医药大学针灸推拿学院, 成都 610075

**摘要:** 目的: 评价针刺敏化穴干预结直肠癌 (Colorectal Cancer, CRC) 化疗后胃肠功能障碍的临床疗效及安全性。方法: 1. 采用病例对照研究, 根据胃肠道症状分级评分表 (Gastrointestinal symptom rating scale, GSRS) 判定胃肠功能情况, 采用电子 VonFrey 测痛仪测量机械痛阈值。2. 将 122 例患者随机分配到针刺组、假针组和基础治疗组。基础治疗组不进行针刺干预; 针刺组和假针组在基础治疗外, 从化疗前 1 天开始, 每日 1 次, 共治疗 3 次。使用 GSRS、大肠癌患者生命质量测定量表以及 Zung 焦虑自评量表 (SAS), Zung 抑郁自评量表 (SDS) 量表进行多维度评价。结果: 敏化穴为曲池、内关、足三里和上巨虚 ( $P < 0.05$ )。针刺组和假针组在治疗前后以及治疗前-随访, 能提高 GSRS 评分 ( $P < 0.05$ ); 三组在治疗前-随访和治疗后-随访期间生活质量评分均有提高 ( $P < 0.05$ )。针刺组在治疗前后 SAS 评分具有统计学差异 ( $P < 0.05$ ); 假针组和基础治疗组无差异 ( $P > 0.05$ )。三种干预措施在治疗前后对 SDS 评分的改善均无统计学差异 ( $P > 0.05$ )。结论: 高发敏化穴为曲池, 内关, 足三里和上巨虚。针刺敏化穴能改善 CRC 化疗后胃肠功能障碍及焦虑情绪。

**关键词:** 针刺; 敏化穴; 结直肠癌; 化疗; 胃肠功能障碍

## 薄氏腹针配参香黄连阿胶汤治疗女性更年期失眠症的报告

汪光亮<sup>1</sup>, 梅玢<sup>2</sup>, 薄聪雁<sup>3</sup>

指导: 杨光<sup>4</sup>, 薄智云<sup>3</sup>

1 浙江温州利民医院, 永嘉浦西工业园3号, 中国

2 北京水利医院, 海淀区玉渊潭南路19号, 中国

3 北京薄氏腹针医学研究院, 朝阳区松榆南路18号院1号楼, 中国

4 北京宣武中医医院, 西城区万明路8号, 中国

### 摘要: 目的:

观察薄氏腹针并结合运用传统中医药和认知行为治疗, 综合评估女性更年期失眠症的临床治疗效果, 旨在为更年期妇女提供更好的失眠症综合干预与治疗解决方案。

### 方法:

根据阿森斯 (Athens insomnia scale, AIS) 睡眠量表, 选取符合入组临床观察的60名45-55岁女性更年期失眠患者, 每7天为一疗程, 未采取随机双盲对照法。均采用薄氏腹针“引气归元”术法并结合中药汤剂参香黄连阿胶汤随症加减, 同时配合必要的认知行为疗法, 来综合评估其临床干预效果。

本研究立足于女性更年期失眠症的基本病因病机, 以传统中医药与针灸特有的“理、法、方、药、穴、术”为诊治纲要, 根据更年期失眠症“脾肾亏虚、阴阳失和”特点, 综合运用脏腑与经络辨证, 明确其病位主要在心、肾, 又与肝脾等脏腑密切相关。腹针选取“引气归元”主方 (中脘、下脘、气海、关元) 配合商曲、气旁、气穴、天枢等腹针常用穴; 中药以参香黄连阿胶汤随症加减, 适当辅以认知行为治疗和经颅磁刺激、HES 高压交变电场等物理疗法, 根据患者不同体质和临床表现进行施治。

### 结果:

入组观察共60人, 患者依从性好、无脱落。入组观察病例采用 Excel 表格记录并观察患者在每次治疗前后的失眠症状的改善情况, 结果采用 Microsoft Access 等软件进行统计分析。研究结果显示, 患者治疗总有效率92%、显效率为78%; 主诉每日总睡眠时长和睡眠维持时间, 均较前有不同程度增加, 每晚入睡时间变短、安眠药服用剂量减少, 睡眠质量在治疗期间明显得以提升。

### 讨论:

腹针疗法的处方要求辨证得当、取穴精准。腹针治疗痛苦小且安全可靠, 患者相对容易接受。我们建议此疗法作为国家中医药卫生适宜技术在全国加以推广普及。本研究的治疗原则以“调理脾肾、养心安神”为主, 患者据此治疗后的失眠症改善效果较为显著。但腹针改善更年期失眠症等心身疾病的机理机制尚还缺乏, 还需结合神经生物学等现代科学技术来进一步深入系统研究。

**关键词:** 薄氏腹针; 参香黄连阿胶汤; 更年期失眠症

## Case Report On The Treatment Of Female Climacteric Insomnia By Bo's Abdominal Acupuncture Combined With Shenxiang Huanglian E-jiao Decoction

Wang Guang-liang, Mei Fen and Bo Cong-yan

Directed by: Yang Guang and Bo Zhi-yun

1 Zhejiang Wenzhou Limin Hospital, Yongjia Puxi Industrial Park No.3, China

2 Beijing Water Conservancy Hospital, No.19 South Yuyuantan Road, Haidian District, China

作者简介: 第一作者: 汪光亮, 浙江温州永嘉利民医院睡眠中心主任、中国睡眠大会秘书长, 本科学历、中医师, 主要研究方向为睡眠, 13601154892。通信作者: 杨光, 北京宣武中医医院主任医师、教授, 研究生学历, 中国针灸学会腹针专委会副主委兼秘书长, 主要研究火针和腹针, 邮箱 2337537168@qq.com。

3 Beijing Bo 's Abdominal Acupuncture Medical Research Institute, Building 1, No.18, Songyu South Road, Chaoyang District, China

4 Xuanwu Hospital of Traditional Chinese Medicine, No. 8 Wanming Road, Xicheng District, Beijing, China

**Abstract:** Purpose:Observe Bo's abdominal acupuncture combined with traditional Chinese medicine and cognitive behavioral therapy to comprehensively evaluate the clinical treatment effect of female menopausal insomnia, aiming to provide better comprehensive intervention and treatment solutions for the majority of menopausal women.

How:According to the Athens insomnia scale (AIS) sleep scale, 60 women aged 45-55 years old with menopausal insomnia were selected for clinical observation, every 7 days for a course of treatment, and no random double-blind control method was adopted. The effect of clinical intervention was evaluated comprehensively by using Bo's abdominal acupuncture, combined with Shenxiang Huanglian Ejiao decoction and necessary cognitive behavior therapy.

This study is based on the basic etiology and pathogenesis of female climacteric insomnia, taking the "principles, methods, prescriptions, medicines, points and techniques" unique to traditional Chinese medicine and acupuncture as the diagnosis and treatment outline. According to the characteristics of "spleen and kidney deficiency, Yin and Yang imbalance" of climacteric insomnia, comprehensive use of zang-fu organs and meridians syndrome differentiation, it is clear that the disease location is mainly in the heart and kidney, and is closely related to the liver and spleen organs. Abdominal acupuncture selected "yin qi return to Yuan" main prescription (Zhongwan, Xiawan, Qihai, Guanyuan) with Shangqu, Qipang, Qixue, Tianshu and other commonly used abdominal acupuncture points; Traditional Chinese medicine Shenxiang Huanglian ejiao decoction increases and decreases with the disease, appropriately supplemented with cognitive behavioral therapy, transcranial magnetic stimulation, HES high pressure alternating electric field and other physical therapy, according to the different physical conditions and clinical manifestations of patients.

Result:A total of 60 patients were enrolled and observed, with good compliance and no shedding. The enrolled patients were recorded by Excel and the improvement of insomnia symptoms before and after each treatment was observed. The results were statistically analyzed by Microsoft Access and other software. The results showed that the total effective rate was 92% and the significant efficiency was 78%.The daily total sleep duration and sleep maintenance time were increased in varying degrees, the time to fall asleep every night was shorter, the dosage of sleeping pills was reduced, and the sleep quality was significantly improved during the treatment.

Discussion:The prescription of abdominal acupuncture therapy requires proper syndrome differentiation, precise point selection. This measure has little pain, safety and reliability, which is relatively easy for patients to accept. We recommend promoting and popularizing it as a national health appropriate technology of traditional Chinese medicine. The treatment principle of this study is "regulating the spleen and kidney, nourishing the heart and calming the mind", and the patients' insomnia improved significantly after treatment. However, the mechanism of abdominal acupuncture to improve psychosomatic diseases such as menopause insomnia is still lacking, and it needs to be combined with modern science and technology such as neurobiology to further in-depth systematic research.

**Key words:** Bo's Abdominal Acupuncture; Shenxiang Huanglian E-jiao Decoction; Female Climacteric Insomnia

## 针灸治疗桥本甲状腺炎临床研究的范围综述

王舫泽<sup>1</sup>, 杨超<sup>2</sup>, 曾炜美<sup>2</sup>, 赵吉平<sup>2</sup>

1 广东省中医院, 广州市越秀区大德路 111 号, 中国;

2 北京中医药大学东直门医院, 北京市东城区海运仓 5 号, 中国

**摘要:** 研究目的: 采用 Scoping review 的方法, 从研究设计、报告质量两方面系统评价针灸治疗桥本甲状腺炎 (Hashimoto's Thyroiditis, HT) 临床对照研究的现状, 探索未来临床研究或系统评价的价值和研究方向。研究方法: 基于 2018 年发布的 PRISMA-ScR 报告规范, 使用 scoping review 方法, 系统检索中国知网 (CNKI)、万方、维普、中国生物医学数据库 (SinoMed) 4 个中文数据库和 PubMed、Embase、Cochrane Library 3 个英文数据库。时间范围为自建库至 2021 年 4 月 6 日。纳入针灸治疗 HT 的系统评价和临床对照研究, 包括 RCT 和非随机对照研究 (Non-randomized control trial, NRCT), 对纳入文献的基本特征进行描述, 并采用 PRISMA 声明、CONSORT 2010 声明及 STRICTA 声明、TREND 清单对相应的研究类型进行报告质量评价。研究结果: 共检索到相关文献 267 篇, 共纳入 23 篇符合纳排标准的研究文献, 包括 2 篇系统评价、19 篇 RCT、3 篇 NRCT, 其中一篇系统评价与 RCT 为同一篇学位论文。23 篇文献涉及 19 项原始研究。2 篇系统评价的报告质量较高, 未报告的条目为方案注册信息。RCT 与 NRCT 的报告质量偏低, 未报告的条目主要集中在辅助干预措施、随机方法、样本量、辅助分析的统计方法和结果; 讨论部分的内容较少涉及外推性和同类研究的对比分析; 治疗方案合理性缺少充分的文献支持。使用次数最多的结局指标依次为甲状腺抗体 (22%)、甲状腺功能 (20%)、中医症状积分 (15%)、有效率 (13%)、甲状腺体积 (7%)。研究结论: 针灸治疗 HT 可能具有临床价值, 但研究质量偏低、治疗方案异质性较大, 今后需进一步探索更合理的针灸治疗方案, 并开展高质量的临床研究。**关键词:** 桥本病; 临床研究; 范围综述; 针灸

### A Scoping Review of Clinical Studies on Acupuncture and Moxibustion for Hashimoto's Thyroiditis

Shanze Wang<sup>1</sup>, Chao Yang<sup>2</sup>, Weimei Zeng<sup>2</sup>, Jiping Zhao<sup>2</sup>

1 Guangdong Provincial Hospital of Chinese Medicine, 111 Dade Road, Yuexiu District, Guangzhou, China.

2 Dongzhimen Hospital Affiliated to Beijing University of Chinese Medicine, 5 Haiyuncang, Dongcheng District, Beijing, China.

**Abstract:** Objective: Using a Scoping Review approach, we systematically evaluate the clinical research status of acupuncture and moxibustion for Hashimoto's thyroiditis (HT), regarding the research design and reporting quality, so as to explore the value and direction of future clinical research or systematic review. Methods: Based on the PRISMA-ScR report regulation released in 2018, using the scoping review approach, we systematically searched 4 Chinese databases (China Knowledge Network, Wanfang, Weipu, China Biomedical Database), and 3 English databases (PubMed, Embase, and Cochrane Library). The time range was from database establishment to April 6, 2021. Systematic reviews and clinical controlled studies of acupuncture and moxibustion treatment for HT, including RCT and non-randomized control trial (NRCT) were included. We described the basic characteristics of the included literature, and evaluated the report quality of the related research types using PRISMA statement, CONSORT 2010 statement and STRICTA statement, TREND list. Results: A total of 267 relevant literatures were retrieved, and 23 articles that met the criteria for inclusion and exclusion were included, including 2 systematic reviews, 19 RCTs, and 3 NRCTs, including one of the systematic reviews and RCT from the same graduate dissertation. The 23 articles involved

作者简介: 第一作者: 王舫泽, 18819300928, 博士, 主治医师, 研究方向: 针灸优势病种临床与循证研究, wangshanze@gzucm.edu.cn.

通信作者: 赵吉平, 13621382136, 硕士, 主任中医师, 研究方向: 针灸优势病种临床研究, zjp7883@sina.com.



19 original studies. The report qualities of the 2 systematic reviews were relatively high, and the unreported items were program registration information. The report quality of RCT and NRCT were relatively low, and the unreported items mainly focused on auxiliary intervention measures, random methods, sample size, statistical methods and results of auxiliary analysis; the discussion parts rarely involved extrapolation and comparative analysis of similar studies; the rationality of the treatment plan lacked sufficient literature support. The most frequently used outcome measures were thyroid antibody (22%), thyroid function (20%), TCM symptom score (15%), effective rate (13%), and thyroid volume (7%). Conclusion: Acupuncture treatment for HT may have clinical value, but the low quality of studies and heterogeneity of treatment protocols require further exploration of more rational acupuncture treatment protocols and high-quality clinical studies in the future.

**Key words:** hashimoto's disease; clinical research; scope review; acupuncture

## 中风病痉挛瘫痪的针灸策略与临床实践

章薇

湖南中医药大学第一附属医院，中国

**摘要：**中风后运动障碍是康复的首要任务，而痉挛瘫痪是影响生存质量最主要的因素。中风后痉挛性瘫痪主要表现为上肢屈肌和下肢伸肌痉挛的异常运动模式，针灸作为独具特色的中医疗法在卒中后运动障碍的康复中收效甚好，但目前临床治疗中多注重肌肉力量，而忽略肌张力的变化。因此，在针灸干预痉挛瘫痪的过程中需要讲究治疗策略，遵循“早期性、全面性、个体性、持续性、适量性、渐进性、主动性、参与性、综合性、合理性”的原则，治疗时应强调循序渐进，抑制异常运动模式，重现正常运动模式。Brunstrom 偏瘫分期理论认为痉挛瘫痪的演变是一个动态过程，因此治疗亦需进行动态的分期治疗、分型治疗、分经治疗、分部治疗、肢体-脑协同治疗等。本团队在长时间临床实践中，根据传统中医针灸经络理论和现代康复医学原理及偏瘫恢复发展的普遍规律，创立了针对卒中后痉挛状态的“张力平衡针法”，根据患者所处的不同疾病阶段，在阴阳两经中选取有效穴位，采用不同程度手法刺激，调整主动肌与拮抗肌之间肌张力关系，分期分部，分而治之，进而在肢体生物力学方面取得平衡，有效改善痉挛状态，达到运动协调而康复的目的。

### Acupuncture Strategies and Clinical Practice for Spastic Paralysis in Stroke Patients

**Abstract:** Post-stroke motor dysfunction is the primary focus of rehabilitation, with spastic paralysis being the most significant factor affecting quality of life. Spastic paralysis after a stroke typically manifests as abnormal movement patterns, with spasticity in the upper limb flexors and lower limb extensors. Acupuncture, a unique therapy within traditional Chinese medicine, has shown significant efficacy in rehabilitating post-stroke motor dysfunction. However, current clinical treatments for spastic paralysis often emphasize muscle strength while neglecting changes in muscle tone.

Therefore, effective acupuncture intervention for spastic paralysis requires a strategic approach, adhering to ten principles: early intervention, comprehensiveness, individualization, continuity, moderation, gradual progression, active participation, involvement, integration, and rationality. Treatment should focus on gradual progression, inhibition of abnormal movement patterns, and restoration of normal movement patterns.

The Brunstrom stage theory of hemiplegia suggests that spastic paralysis evolves dynamically, necessitating dynamic, stage-specific treatments. These include type-specific treatments, meridian-specific treatments, segmental treatments, and limb-brain coordinated treatments.

Through extensive clinical practice, our team has developed the "Tension Balance Acupuncture Method" for post-stroke spasticity. This method is based on traditional Chinese acupuncture meridian theory, modern rehabilitation medicine principles, and the general patterns of hemiplegia recovery and development. For patients in different stages of stroke, effective acupoints are selected from the Yin and Yang meridians. Various degrees of manual stimulation/techniques are applied to adjust the muscle tone relationship between agonist and antagonist muscles. Treatment is conducted in stages and segments to achieve biomechanical balance in the limbs, effectively improving spasticity and ultimately restoring motor coordination for rehabilitation.

## Electroacupuncture Exerts Neuroprotective Effects by Inhibiting CKLF1 to Regulate Microglial M1-to-M2 Polarization in Rats with Post-Stroke Spasticity

*You Zhang, Lin-Xing Huang, Li-Zhen Yi, Yi-Wen Tang, Hui-Yuan Huang, Yu-Ting Peng, Zi Yan, Jin Zhou, Yan-Rong Wei, Zeng-Hui Yue\*\**

College of Acupuncture, Massage and Rehabilitation, Hunan University of Chinese Medicine, Changsha 410208, China.

**Abstract:** Spasticity is a severe sequelae of stroke and a primary cause of disability, significantly hindering the rehabilitation process. Previous studies have demonstrated that CKLF1 influences neuroinflammation by regulating the M1/M2 polarization of microglia, which is associated with spastic hypertonia following stroke. Electroacupuncture (EA) has been widely used as a complementary therapy to promote neurological recovery after cerebral infarction. However, the underlying mechanisms of EA in treating post-stroke spasticity (PSS) remain poorly understood. We established a rat model of PSS to evaluate the antispasmodic and neuroprotective effects of EA and investigate the interaction between EA and CKLF1-regulated microglia. Our findings indicate that EA significantly reduces Zea Longa neurological function scores, MAS scores, and muscle tone signals, restores Glu/GABA neurotransmitter homeostasis, reduces the expression of M1 microglial markers (iNOS, CD32, CD16) and pro-inflammatory factors, while increasing M2 markers (Arg, CD206) and anti-inflammatory factors. EA also markedly inhibited CKLF1 expression in the infarct cortex, comparable to the effect of C19, a CKLF1-specific inhibitor. These results suggest that EA may alleviate neuroinflammation by targeting CKLF1 to shift M1 microglial polarization towards M2, thereby restoring Glu/GABA neurotransmitter balance and improving PSS.

**Key words:** post-stroke spasticity; electroacupuncture; CKLF1; microglia; neurotransmitters; neuroinflammation

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\* College of Acupuncture, Massage and Rehabilitation, Hunan University of Chinese Medicine, Changsha 410208, China.

<https://orcid.org/0000-0002-9234-3056> (Zenghui Yue)

## 针刺治疗卒中后抑郁的临床应用与研究

娄必丹

湖南中医药大学第一附属医院

**摘要：**卒中后抑郁（post-stroke depression, PSD）是卒中后常见的神经精神共病。基于其发病特征，创新性提出 PSD 的关键病机为“脑窍受损、心神失调”，并基于中医“心主神明”理论从心论治，开展了针刺治疗卒中后抑郁的临床疗效及效应机制研究。研究以针刺心经、心包经穴为干预措施，分别与口服舍曲林、假针刺治疗比较，评定患者治疗前后的 HAMD-24、SDS、FIM、MESSS 评分，并检测患者治疗前后的血 ACTH、Cort 及血 hs-CRP、IL-6、Hcy 含量。结果表明针刺可有效地改善 PSD 患者的抑郁状态，更好地提高患者的神经功能。并可降低 PSD 患者血清 ACTH、Cort 含量，平衡紊乱 HPA 轴，降低患者血 hs-CRP、IL-6、Hcy 的含量，抑制炎症状态。

### Clinical Application and Research of Acupuncture in the Treatment of Post-stroke Depression

*Lou Bidan*

The First Hospital of Human University of Chinese Medicine

**Abstract:** Post-stroke depression (PSD) is a common neuropsychiatric and psychiatric comorbidity that occurs after a stroke. Based on its pathological characteristics, the research team innovatively proposed that the key pathogenesis of PSD is "brain orifice damage and mental imbalance". They then conducted studies on the clinical efficacy and mechanism of acupuncture treatment for PSD, guided by the TCM theory of "the heart governing the spirit." The study used acupuncture at the Heart Meridian and Pericardial Meridian acupoints as the intervention measures, and compared its effects with those of oral sertraline and sham acupuncture treatment. Patients' HAMD-24, SDS, FIM, and MESSS scores were evaluated before and after treatment, and their blood levels of ACTH, Cort, as well as hs-CRP, IL-6, and Hcy were measured. The results showed that acupuncture could effectively alleviate depressive symptoms in PSD patients, improve their neurological function, and reduce serum levels of ACTH and Cort, thereby balancing the disrupted hypothalamic-pituitary-adrenal (HPA) axis. Furthermore, acupuncture decreased the levels of hs-CRP, IL-6, and Hcy in the blood, inhibiting the inflammatory state.

## 相对穴治疗失眠及刺法（适宜技术）

杨志新

承德医学院

**摘要：**“相对穴”是指上肢、下肢、头面、躯干身体各部位阴阳相对的两个腧穴相配伍，通过阴阳相济，发挥协同作用；是由杨志新教授创立的一种配穴方法。相对穴阴阳相配，配穴简便、独特、疗效确切，广泛适用于内、外、妇、儿等各科疾病。尤其对失眠、感冒、咳嗽、急慢性鼻炎等疾病、各种心脏疾病等，疗效独特，起效快且疗效稳定。

失眠是国内外常见难治性疾病，迁延难愈，严重影响患者身心健康，采用“相对穴”治疗失眠，用穴少，操作方便，疗效确切。

**关键词：**相对穴；阴阳相济；失眠；针灸疗法

### “Complementary Acupuncture Points” : Yin-yang Combinations, and Treatment of Insomnia (Clinical Appropriate Technique)

Yang Zhi-Xin

Chengde Medical University

**Abstract:** “Complementary Acupuncture points” theory and acupuncture method is put forward scientifically by Zhixin Yang, Ph.D., Professor. Complementary Acupuncture points (CA) refer to the acupoints that they are situation on the corresponding medial and lateral sides of the limbs or in the front and back parts of the body trunk, and adjusting the balance of Yin and Yang playing a synergistic effect by use of yin and yang interdependence, or each other aid of yin and yang. For example, PC 6 (nèi guān) and TE 5 (wài guān), Quchi (LI11) and Shaohai (HT3), Yinlingquan (SP9) and Yanglingquan (GB 34), Xuanzhong (GB 39) and Sanyinjiao (SP 6), Zhaohai (KI6) and Shenmai (BL62) etc. The CA are point combinations of one point in yin channel and the other in yang channel and this combinations is simple, unique, and curative effect affirmation. The characteristics of the CA is Yin and Yang interdependence, acupoints selection precision, operation simple and convenient, and significant effect. The CA are widely used in the internal diseases and surgery, diseases of gynecology and pediatrics. Especially in treatment cold, cough, acute or chronic rhinitis, heart diseases, etc. Their curative effect are quick and stable. Insomnia is a refractory disease and hard to recover, which affects the patients' physical and mental health. The CA prescription method, originated from 'interdependence of Yin and Yang' in Yin-Yang theory, by needling the two Complementary Acupoints with exterior-interior relationship, through regulating the balance of Yin and Yang, can improve the curative effect through the synergism of the two acupoints of Yin-Yang and provide the advantages of simple and obvious curative effect.

**Key words:** the Complementary Acupuncture points; mutual enhancing effects of yin and yang; insomnia; acupuncture therapy

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作者简介：杨志新，医学博士，博士研究生导师，二级教授，承德医学院针灸推拿学学科带头人，河北省神经损伤与修复重点实验室副主任。任上海针灸杂志、中国临床医生杂志编委，中国针灸学会临床分会常务委员，河北省针灸学会副会长，承德市针灸学会会长等职。创立“相对穴”，出版相对穴中英文专著及教材；专著《相对穴及临床应用》、*Complementary Acupuncture points*（相对穴英文版），人民卫生出版社；全国高等中医院校创新教材《相对穴》，《相对穴理论及临床应用》中国医药科技出版社。

## 肠道菌群与常见重叠性胃肠道疾病的关系:双向双样本孟德尔随机研究

黄语函<sup>1,2†</sup>, 康贞<sup>1,2†</sup>, 何雨函<sup>1,2</sup>, 邱懿<sup>1,2</sup>, 宋雨暉<sup>1,2</sup>, 刘未艾<sup>1,2\*</sup>

1. 湖南中医药大学第二附属医院, 湖南 长沙 410005;
2. 湖南中医药大学第二中医临床学院, 湖南 长沙 410005

**摘要:** 背景:功能性胃肠疾病(functional gastrointestinal disorders, FGIDs)主要包括功能性消化不良(functional dyspepsia, FD)和肠易激综合征(irritable bowel syndrome, IBS), 这些疾病常与胃食管反流病(gastroesophageal reflux disease, GERD)出现重叠症状, 给临床诊断和治疗带来挑战。肠道微生物群与 FGIDs 和 GERD 密切相关, 尽管因果关系尚未完全阐明。因此, 我们的目的是利用双向双样本孟德尔随机化(mendelian randomization, MR)分析来研究潜在的因果关系。材料和方法:211 个肠道微生物群的遗传数据来自 MiBioGen 联盟(N = 14,306, 从门到属水平), 肠道微生物群的遗传数据来自荷兰微生物组计划(N = 7738)。对于 FD 和 IBS, 我们使用了 Finngen 联盟, 而对于 GERD 数据分析, 我们使用了 IEU OpenGWAS 项目。逆方差加权(Inverse-variance weighted, IVW)是计算因果效应值的主要方法。敏感性分析也被执行, 以确认 MR 分析的主要发现的稳健性。此外, 进行了反向 MR 分析, 以评估反向因果关系的可能性。结果:结合初步分析和敏感性分析结果, 我们确定了 8 个与 FD 相关的肠道微生物类群。Lachnospiraceae 属 NK4A136 组(P = 3.63×10<sup>-3</sup>)和 Terrisporobacter 属(P = 1.13×10<sup>-3</sup>)与 FD 密切相关。同时, 我们发现 8 个肠道微生物类群与 IBS 相关。Prevotellaceae 科(P = 2.44×10<sup>-3</sup>)和 Clostridium leptum 种(P = 7.68×10<sup>-3</sup>)与 IBS 呈显著相关。此外, IVW 方法还发现了 5 个与胃食管反流相关的肠道微生物类群。在反向 MR 分析中, 发现 2 个肠道微生物分类群与 FD 相关, 5 个肠道微生物分类群与 IBS 相关, 21 个肠道微生物分类群与 GERD 相关。结论:该研究揭示了特定微生物类群对 FD、IBS 和 GERD 的潜在因果影响, 并可能为这些疾病的诊断和治疗提供新的见解。

**关键词:** 孟德尔分析; 肠道菌群; 功能性胃肠疾病

### Association between Gut Microbiota and Common Overlapping Gastrointestinal Disorders: A Bidirectional Two-sample Mendelian Randomization Study

Yuhan Huang<sup>1, 2†</sup>, Zhen Kang<sup>1, 2†</sup>, Yuhan He<sup>1, 2</sup>, Yi Qiu<sup>1, 2</sup>, Yuhui Song<sup>1, 2</sup> and Weiai Liu<sup>1, 2</sup>

<sup>1</sup>The Second Affiliated Hospital of Hunan University of Chinese Medicine, Changsha, Hunan, China

<sup>2</sup>The Second Clinical College of Hunan University of Chinese Medicine, Changsha, Hunan, China

**Abstract:** Background: The main functional gastrointestinal disorders (FGIDs) include functional dyspepsia (FD) and irritable bowel syndrome (IBS), which often present overlapping symptoms with gastroesophageal reflux disease (GERD), posing a challenge for clinical diagnosis and treatment. The gut microbiota is closely associated with FGIDs and GERD, although the causal relationship has not been fully elucidated. Therefore, we aim to investigate the potential causal relationship using bidirectional two-sample Mendelian randomization (MR) analysis. Materials and methods: The genetic data of the 211 gut microbiota were obtained from the MiBioGen consortium (N = 14,306, from phylum to genus level) and species level of gut microbiota were acquired from the Dutch Microbiome Project (N = 7738). For FD and IBS, we utilized the Finngen consortium, while for GERD data analysis, we obtained the IEU OpenGWAS project. Inverse-variance weighted (IVW) is used as the primary method to calculate causal effect values. Sensitivity analyses were also performed to confirm the robustness of the primary findings of the MR analyses. Moreover, a reverse MR

作者简介: 黄语函, 电话 17674056675, 本科学历, 住院医师, 研究方向: 针灸治病机制及临床研究, E-mail:824409127@qq.com  
通信作者: 刘未艾, 电话 13787016026, 博士学历, 主任医师, 博士研究生导师, 研究方向: 针灸治病的机理及临床研究, E-mail:55999630@qq.com

analysis was conducted to assess the likelihood of reverse causality. Results: Combining the results of the preliminary and sensitivity analyses, we identified 8 that gut microbial taxa were associated with FD. Genus *Lachnospiraceae NK4A136 group* ( $P = 3.63 \times 10^{-3}$ ), and genus *Terrisporobacter* ( $P = 1.13 \times 10^{-3}$ ) were strongly associated with FD. At the same time, we found that 8 gut microbial taxa were associated with IBS. Family *Prevotellaceae* ( $P = 2.44 \times 10^{-3}$ ) and species *Clostridium leptum* ( $P = 7.68 \times 10^{-3}$ ) display a robust correlation with IBS. In addition, 5 gut microbial taxa associated with GERD using the IVW approach. In reverse MR analysis, 2 gut microbial taxa were found to be associated with FD, 5 gut microbial taxa were found to be associated with IBS, and 21 gut microbial taxa were found to be associated with GERD. Conclusion: The study reveals the potential causal effects of specific microbial taxa on FD, IBS, and GERD, and may offer novel insights into the diagnosis and treatment of these conditions.

**Key words:** Mendelian randomization<sub>1</sub>, gut microbiota<sub>2</sub>, functional gastrointestinal disorders<sub>3</sub>.

## 基于“心-肾-冲任-胞宫”轴初探妇科生殖疾病的针灸治疗思路

朱墨豪<sup>1</sup>, 邱玲<sup>1</sup>, 韩文华<sup>1</sup>, 鄢天涯<sup>1</sup>, 邢艺璇<sup>1</sup>, 唐诗<sup>2</sup>, 刘未艾<sup>1\*</sup>

指导: 尤昭玲<sup>3</sup>

1. 湖南中医药大学第二附属医院, 湖南 长沙 410005;
2. 澳门科技大学, 澳门 999078; 3. 湖南中医药大学第一附属医院, 湖南 长沙 410007

**摘要:** 本文主要阐述全国名中医尤昭玲教授“心-肾-冲任-胞宫”生殖轴的具体理论, 诠释基于该理论下的“生殖十八针”针灸治疗方案。“生殖十八针”以调节妇科生殖疾病中紊乱的生殖轴为目的, 选取生殖轴主要脏腑经络上的穴位为主穴, 选取调节相关脏腑气血的穴位为配穴, 通过特定的操作手法, 达到调气血, 疏经络, 治脏腑, 从而养精助孕的治疗效果, 为妇科生殖疾病的针灸治疗提供思路与参考依据。

**关键词:** 尤昭玲; “心-肾-冲任-胞宫”生殖轴; 生殖十八针

### A Preliminary Exploration of Acupuncture Treatment Ideas for Gynecological Reproductive Diseases Based on the "Heart-Kidney-Chong Ren Uterus" Axis

ZHU Mo-hao<sup>1</sup>, QIU Ling<sup>1</sup>, HAN Wen-hua<sup>1</sup>, YAN Tian-ya<sup>1</sup>, XING Yi-xuan<sup>1</sup>, TANG Shi<sup>2</sup>, LIU Wei-ai<sup>1\*</sup>, Adviser: YOU Zhao-ling<sup>3</sup>

1. The Second Hospital of Hunan University of Chinese Medicine, Changsha, Hunan 410005, China;
2. Macau University of Science and Technology, Macau SAR 999078, China ;3. The First Hospital of Hunan University of Chinese Medicine, Changsha, Hunan 410007, China

**Abstract:** The purpose of this paper is to explain the specific theory of the "Heart-Kidney-Chong Ren-Uterus" reproductive axis of nationally renowned TCM doctor professor YOU Zhaoling and to explain the acupuncture therapy of "18 Acupuncture for Reproduction" based on this theory. The "18 Acupuncture for Reproduction" aims to regulate the disordered reproductive axis in gynecological reproductive diseases by selecting acupoints on the main organs and meridians of the reproductive axis as the main acupoints, and combining acupoints that regulate the qi and blood and relevant Zang-organs and Fu-organs as supporting acupoints. Through specific manipulation techniques, it can achieve the therapeutic effect of regulating qi and blood, dredging the meridians, and treating the viscera, thus nourishing essence and blood and promoting pregnancy, providing ideas and references for the acupuncture treatment of gynecological reproductive diseases.

**Key words:** You Zhao-ling; The "Heart-Kidney-Chong Ren Uterus" axis; 18 Acupuncture for Reproduction



## “调和致中”法针刺治疗功能性消化不良的临床观察

韩啸宇<sup>1</sup>, 储浩然<sup>2,3,4</sup>

1. 安徽中医药大学, 合肥 230031;
2. 安徽中医药大学第二附属医院, 合肥 230061;
3. 安徽省中医药科学院针灸临床研究所, 合肥 230038;
4. 安徽省针灸临床医学研究中心, 合肥 230061

**摘要:** 目的 观察“调和致中”法针刺对功能性消化不良 (FD) 患者的临床疗效。方法 选取 78 例功能性消化不良患者, 按随机数字表法分为针刺组和假针刺组, 每组 39 例。两组治疗腧穴相同, 针刺组予以“调和致中”法针刺治疗, 假针刺组予以假针刺治疗。比较两组患者治疗前后功能性消化不良总体症状积分、尼平消化不良指数 (NDI) 和汉密尔顿焦虑量表 (HAMA) 以评价“调和致中”法针刺的有效性。结果 两组患者治疗后功能性消化不良总体症状积分、NDSI、HAMA 积分均较治疗前明显降低 ( $P < 0.01$ ), NDLQI 积分较治疗前升高 ( $P < 0.01$ ), 且针刺组改善程度显著高于假针刺组 ( $P < 0.01$ ), 针刺组中医临床疗效明显优于假针刺组 ( $P < 0.01$ )。结论 “调和致中”法针刺能有效缓解 FD 患者的临床症状, 提高患者生活质量, 改善 FD 患者的焦虑情绪。

**关键词:** 功能性消化不良; “调和致中”法针刺; 临床研究; 随机对照

### Clinical Study on the Treatment of Functional Dyspepsia by “Reconcile to Harmony” Acupuncture

Han Xiaoyu<sup>1</sup> Chu Haoran<sup>2,3,4</sup>

1. Anhui University of Traditional Chinese Medicine, Hefei 230031 ;
2. Second Affiliated Hospital of Anhui University of Traditional Chinese Medicine, Hefei 230061 ;
3. Acupuncture Clinical Research Institute of Anhui Academy of Chinese Medical Sciences, Hefei 230038 ;
4. Anhui Acupuncture Clinical Medical Research Center, Hefei 230061 )

**Abstract:** Objective To observe the clinical effect of “reconcile to harmony” acupuncture on patients with functional dyspepsia ( FD ). Methods A total of 78 patients with functional dyspepsia were selected and divided into acupuncture group and sham acupuncture group according to the random number table method, with 39 cases in each group. The two groups were treated with the same acupoints. The acupuncture group was treated with “Reconcile to harmony” acupuncture, and the sham acupuncture group was treated with sham acupuncture. The total symptom score of functional dyspepsia, Niping Dyspepsia Index ( NDI ) and Hamilton Anxiety Scale ( HAMA ) were compared between the two groups before and after treatment to evaluate the effectiveness of “Reconcile to harmony” acupuncture. Results After treatment, the overall symptom scores, NDSI and HAMA scores of functional dyspepsia in the two groups were significantly lower than those before treatment (  $P < 0.01$  ), and the NDLQI scores were higher than those before treatment (  $P < 0.01$  ). The improvement of the acupuncture group was significantly higher than that of the sham acupuncture group (  $P < 0.01$  ). The clinical efficacy of traditional Chinese medicine in the acupuncture group was significantly better than that in the sham acupuncture group (  $P < 0.01$  ). Conclusion “Reconcile to harmony” acupuncture can effectively relieve the clinical symptoms of FD patients, improve the quality of life of patients, and improve the anxiety of FD patients.

**Key words:** functional dyspepsia; “Reconcile to harmony” acupuncture; clinical research; RCT

# 基于 Logistic 回归模型的针刺蝶腭神经节治疗变应性鼻炎疗效影响因素研究

张鹏, 商晓娟<sup>1</sup>, 谭翊<sup>1</sup>, 杨静<sup>1</sup>, 王奎吉, 许世闻, 汪芴, 孙三峰, 於堃, 赵新雨, 舒凝, 杨威<sup>1</sup>, 陈陆泉

1 首都医科大学附属北京同仁医院针灸科, 北京, 中国

2 首都医科大学附属北京同仁医院耳鼻喉头颈外科, 北京, 中国

3 北京市平谷区中医医院针灸科, 北京, 中国

4 北京市通州区中西医结合医院针灸科, 北京, 中国

5 北京市怀柔区中医医院康复科, 北京, 中国

6 首都医科大学附属复兴医院月坛社区卫生服务中心, 北京, 中国

7 北京市朝阳区中医医院针灸科, 北京, 中国

8 北京市丰台区洋桥门诊部, 北京, 中国

\*北京市东城区东交民巷 1 号首都医科大学附属北京同仁医院针灸科, 邮编: 100010, 电话: 010-58268094, E-mail: chenluquan@hotmail.com

**摘要:** 目的: 探讨影响针刺蝶腭神经节治疗变应性鼻炎 (AR) 疗效的医患因素。方法: 回顾 2017 年 4 月至 2018 年 6 月北京地区 7 个分中心收集的 222 例 AR 患者针刺蝶腭神经节治疗的病例报告, 提取可能影响疗效的医患因素, 计算患者针刺前后症状改善率, 采用  $\chi^2$  检验对提取因素进行: 患者体质, 医师年龄、年门诊量、学历是可能影响针刺疗效的因素, 相比阳虚质, 气虚质患者获得满意疗效的概率降低了 79.489%, 而平和质患者该概率增加了 198.937%; 相比 30 岁以下医师, 40~49 岁医师的患者获得满意疗效的概率降低了 76.018%, 50~59 岁医师的该概率降低了 97.472%; 相比本科学历医师, 研究生学历医师的患者获得满意疗效的概率降低了 85.925%, 该模型 ROC 曲线的 AUC 值为 0.751。结论: 平和质患者针刺治疗效果最佳, 规范培训可以帮助针灸医师掌握该项技术, 针刺蝶腭神经节治疗 AR 遵循中医针灸学理论指导。

**关键词:** 蝶腭神经节; 变应性鼻炎; 多中心研究; 针刺疗效影响因素; Logistic 回归模型

## Study on Influence Factors of Acupuncture Sphenopalatine Ganglion in Treating Allergic Rhinitis Based on Logistic Regression Model

ZHANG Peng<sup>1</sup>, SHANG Xiao-juan<sup>1</sup>, TAN Yi<sup>1</sup>, YANG Jing<sup>1</sup>, WANG Kui-ji<sup>2</sup>, XU Shi-wen<sup>3\*</sup>, WANG Xiang<sup>4</sup>, SUN San-feng<sup>5</sup>, YU kun<sup>6</sup>, ZHAO Xin-yu<sup>7</sup>, SHU Ning<sup>8</sup>, YANG Wei<sup>1</sup>, CHEN Lu-quan<sup>1</sup>

1Department of Acupuncture, Beijing Tongren Hospital, Capital Medical University, Beijing, China;

2Department of Otolaryngology Head and Neck Surgery, Beijing Tongren Hospital, Capital Medical University, Beijing, China;

3Department of Acupuncture, Beijing Pinggu District Chinese Medicine Hospital, Beijing 101200, China;

4Department of Acupuncture, Beijing Tongzhou District Integrated Chinese and Western Medicine Hospital, Beijing, China;

5Department of Rehabilitation, Huairou District Hospital of Traditional Chinese Medicine, Beijing, China;

6Yuetan Community Health Service Centre, Fu Xing Hospital Capital Medical University, Beijing, China;

7Department of Acupuncture, Chaoyang District of Traditional Chinese Medicine Hospital, Beijing, China;

8Beijing Fengtai District Yangqiao Outpatient Department, Beijing 100068, China

\*Postcode: 100010, Office telephone number: 010-58268094, E-mail: chenluquan@hotmail.com

作者简介: \*第一作者: 孔庆瑜、+852 39439475、硕士、副讲师、研究方向: 针灸、推拿、[adahung@cuhk.edu.hk](mailto:adahung@cuhk.edu.hk)  
通信作者: 王倩、+852 39433084、教授、研究方向: 针灸、[qianwang001@cuhk.edu.hk](mailto:qianwang001@cuhk.edu.hk)

**Abstract:** Objective: To investigate the doctor-patient factors affecting the therapeutic effect of allergic rhinitis (AR) by acupuncture Sphenopalatine ganglion. Methods: From April 2017 to June 2018, 222 cases of AR patients receiving sphenopalatine ganglion acupuncture treatment from 7 sub-centers in Beijing area were reviewed. The doctor-patient factors that might affect the curative effect were extracted, and the symptom improvement rate of patients before and after acupuncture treatment was calculated. The extraction factors were screened by  $\chi^2$  test. Then, the selection factors were analyzed by unconditioned Logistic regression model, and the predictive value of the model was evaluated. Results: The patient's physique, the physician's age, the number of outpatient visits and the educational background were the factors that may affect the curative effect of acupuncture. Compared with yang deficiency, the probability of obtaining satisfactory curative effect was reduced by 79.489% in patients with qi deficiency, and increased by 198.937% in patients with mild deficiency. Compared with 20~29 years old physicians, the probability of satisfactory efficacy was reduced by 76.018% for physicians aged 40~49 years and 97.472% for physicians aged 50~59 years. Compared with doctors with undergraduate degrees, the probability of patients with postgraduates obtaining satisfactory curative effect was reduced by 85.925%, and the AUC value of ROC curve of the Logistic regression model was 0.751. Conclusion: The best effect of acupuncture treatment is achieved in patients with mild condition. Standard training can help acupuncturists master this technique. The treatment of sphenopalatine ganglion follows the theoretical guidance of traditional Chinese medicine acupuncture.

**Key words:** sphenopalatine ganglion; allergic rhinitis; multicenter study; influencing factors of acupunctur effect; model of Logistic regression

## 调神益智针刺法治疗缺血性脑卒中恢复期认知障碍的疗效及对血清 P-Tau 蛋白水平的影响

迟静莹<sup>1</sup>, 朱瑞欣<sup>1</sup>, 陈成<sup>2</sup>, 翟伟<sup>2</sup>, 张衡才<sup>2</sup>, 闫朝勃<sup>2</sup>, 吕长姿<sup>2</sup>, 徐润蕾<sup>2</sup>, 左泽慧<sup>1</sup>, 魏琳<sup>1</sup>, 杜革术<sup>2\*</sup>

1. 湖南中医药大学, 湖南长沙 410208

2. 长沙市中医医院针灸康复科, 湖南长沙 410100

**摘要:** 目的 观察“调神益智”法针刺治疗缺血性脑卒中恢复期认知障碍的临床疗效及对患者血清 Tau 蛋白水平的影响。方法 将 72 例缺血性脑卒中恢复期认知功能障碍患者随机分为“调神益智法针刺结合认知训练”组(观察组)和“非经非穴浅刺结合认知训练”组(对照组), 各 36 例。在接受基础药物治疗和认知康复训练基础上, 观察组予以“调神益智”法针刺, 对照组予以非经非穴浅刺, 两组均每次 20 min, 每周治疗 3 次(每两天一次, 三次后休息一天), 共治疗 12 周。观察两组患者治疗前后生活质量量表(WHOQOL-BREF)及简明精神状态量表(MMSE)评分, 两组患者治疗前、治疗 6 周及 12 周 MoCA 指数评分。<sup>24</sup>同时观察两组患者治疗前后血清磷酸化 P-Tau 蛋白含量并比较两组临床疗效。结果 观察组总有效率高于对照组( $P < 0.05$ )。治疗后, 两组的 MMSE、MoCA 以及 WHOQOL-BREF 各领域评分均较治疗前有所提升( $P < 0.05$ ), 且观察组的各项评分明显高于对照组( $P < 0.05$ )。治疗后, 两组患者血清磷酸化 P-Tau 蛋白含量均低于同组治疗前( $P < 0.05$ ), 且观察组血清蛋白含量明显低于对照组( $P < 0.05$ )。结论 在基础药物治疗和认知康复训练的基础上, 使用“调神益智”针刺法治疗缺血性脑卒中恢复期认知障碍, 可以显著改善患者的认知功能, 提升患者生活质量, 并降低患者血清中磷酸化 P-Tau 蛋白的含量。

**关键词:** 缺血性脑卒中; 中风; 认知障碍; “调神益智”针刺法; P-Tau 蛋白

### The Therapeutic Effect of Tiao Shen Yi Zhi Acupuncture on Cognitive Impairment in the Recovery Period of Ischemic Stroke and Its Impact on Serum Tau Protein Levels

CHI Jing-ying, ZHU rui-xin, CHEN cheng, ZHAI wei, ZHANG heng-cai, YAN zhao-bo, LV chang-zi, XU run-lei, ZUO ze-hui, WEI lin, DU ge-shu

1. Hunan University of Chinese Medicine, Hunan Province, Changsha 410208, China;

2. Department of Acupuncture and Rehabilitation, Changsha Hospital of Traditional Chinese Medicine, Hunan Province, Changsha 410100, China)

**Abstract:** Objective Observation of the clinical efficacy of "Tiaoshen Yizhi" acupuncture in treating cognitive impairment during the recovery phase of ischemic stroke and its impact on serum Tau protein levels in patients. Methods A total of 72 patients with cognitive dysfunction during the recovery period of ischemic stroke were randomly divided into the "acupuncture combined with cognitive training" group (observation group) and the "non-meridian and non-acupoint superficial puncture combined with cognitive training" group (control group), with 36 cases in each group. On the basis of basic drug treatment and cognitive rehabilitation training, the observation group was given acupuncture by "adjusting the mind and intellectual", and the control group was given non-meridian and non-acupoint superficial puncture, both groups were treated for 20 min each time, 3 times a week (once every two days, and one day off after three times), for a total of 12 weeks. The scores of Quality of Life Scale (WHOQOL-BREF) and Brief Mental State Scale (MMSE) before and after treatment were observed in the two groups, the MoCA index scores

before treatment, 6 weeks of treatment and after treatment were observed, and the serum P-Tau protein expression levels of the two groups were observed after treatment, and the clinical efficacy of the two groups was compared. **Results** The observation group exhibited a higher overall efficacy rate compared to the control group ( $P<0.05$ ). Post-treatment, both groups showed significant improvements in MMSE, MoCA, and WHOQOL-BREF scores ( $P<0.05$ ), with the observation group scoring significantly higher than the control group ( $P<0.05$ ). Following treatment, serum levels of phosphorylated P-Tau protein were reduced in both groups compared to pre-treatment levels ( $P<0.05$ ), with the observation group showing significantly lower levels than the control group ( $P<0.05$ ). **Conclusion** Building on the foundation of pharmacological therapy and cognitive rehabilitation training, employing the "Tiaoshen Yizhi" acupuncture technique for treating cognitive dysfunction during the recovery phase of ischemic stroke can significantly enhance cognitive function, elevate the quality of life, and diminish the levels of phosphorylated P-Tau protein in the serum.

**Key words:** ischemic stroke; Stroke; cognitive impairment; "Mind and Intelligence" acupuncture method; P-Tau protein

## 名中医王竹行经验方浸浴改善中风后肢端肿胀的临床观察

朱利莉<sup>1</sup> 王竹行<sup>2</sup> 周熙 马晓林

(重庆市中医院王竹行工作室, 重庆 400021)

**摘要:** 中风后患侧肢端肿胀是常见的中风并发症之一,常伴有患肢僵硬、麻木疼痛等,轻者可通过良肢位摆放、抬高患肢等自行恢复,重者可日久不消,甚者加重,严重影响患肢功能恢复。西医对于中风后偏瘫肢体肿胀的治疗以甘露醇、呋塞米等脱水利尿药物治疗为主,辅以肌肉效贴、温热疗法、SUT-610系统治疗,这些方法在一定程度上能缓解肢体肿胀的症状,缺点为疗效个体差异性大、效果局限、治疗费用较昂贵以及导致水、电解质紊乱等<sup>[1]</sup>。中医认为,中风后肢体肿胀与气虚血瘀,经脉阻滞、水湿停滞等有关<sup>[2]</sup>。对于中风后肢体肿胀的治疗已成为广大临床医师密切关注的热点,经验方浸浴疗法简、便、廉、验,治疗中风后肢体肿胀方面显示出了广阔的应用前景。积极有效的治疗对于最大限度的促进脑卒中患者偏瘫肢体的恢复和提高患者的生活质量具有十分重要的临床意义。

**关键词:** 中风; 肢端肿胀; 临床观察

### Clinical Observation on Treatment of Limb Swelling after Apoplexy by Immersion Bath with Wang Zhuxing's Experience Formula

Li-li Zhu<sup>1</sup> Wang Zhuxing<sup>2</sup> Zhou Xi Ma Xiaolin

**Abstract:** After stroke, swelling is one of the common side complications of stroke, often accompanied by stiffness, numbness and pain, etc., light can recover through the good limb placement, raise the affected limb, heavy can not disappear for a long time, even aggravated, seriously affecting the functional recovery of the affected limb. Western medicine for hemiplegia limb swelling treatment after stroke with mannitol, furosemide dehydration diuretic drug treatment is given priority to, supplemented by muscle effect, warm therapy, SUT-610 system treatment, these methods to a certain extent can alleviate the symptoms of the swelling limbs, disadvantages for the effect of individual difference, the effect limitation, treatment is more expensive and cause water, electrolyte disorders [1]. Traditional Chinese medicine believes that limb swelling, qi deficiency and blood stasis, meridians block, water dampness stagnation after stroke and other related[2]. The treatment of limb swelling after stroke has become the focus of close attention of the majority of clinicians. Experience prescription immersion bath therapy, simple, convenient, cheap, test, the treatment of limb swelling after stroke shows a broad application prospect. Active and effective treatment is of great clinical significance for maximizing the recovery of hemiplegic limbs in stroke patients and improving the quality of life of stroke patients

**Key words:** stroke; limb swelling; clinical observation

## 针刺联合微针刀松解治疗过敏性鼻炎 70 例疗效观察

周贤华<sup>1</sup>, 叶娜莎<sup>1</sup>, 徐美爱<sup>1</sup>, 倪月琴<sup>1</sup>, 章正省<sup>1</sup>, 梅玲明<sup>1</sup>, 李正祥<sup>2</sup>

1. 浙江省三门县人民医院, 浙江 三门 317100;

2. 浙江省温岭市中医院, 浙江 温岭 317500

**摘要:** 目的 观察针刺联合微针刀松解治疗过敏性鼻炎的临床疗效。方法 将 70 例患者按就诊顺序分为两组, 治疗组 40 例采用针刺联合微针刀松解治疗, 对照组 30 例采用西药治疗, 比较两组患者 2 个疗程后的各项症状评分、临床疗效及显效病例 1 年后复发率。结果 治疗后, 两组各项症状评分比较, 治疗组优于对照组 ( $P < 0.01$ ), 治疗组显效率和总有效率明显高于对照组 ( $P < 0.05$ ), 治疗组显效病例 1 年后复发率明显低于对照组 ( $P < 0.01$ )。结论 针刺联合微针刀松解治疗过敏性鼻炎有显著疗效。

**关键词:** 过敏性鼻炎; 针刺疗法; 针刀疗法

### Treatment of Allergic Rhinitis by Acupuncture Combined with Micro - Needle Knife: A Clinical Observation of 70 Cases

ZHOU Xian-hua, YE Na-sha, XU Mei-ai, NI Yue-qin.

People Hospital of Sanmen County, Sanmen 317100, Zhejiang, China

**Abstract:** Objective To observe the clinical effect of acupuncture combined with micro needle knife in the treatment of allergic rhinitis. Method 70 patients were divided into two groups according to the order of medical treatment, 40 cases in the treatment group were treated by acupuncture combined with micro needle knife loosening, 30 cases in the control group were treated by Western Medicine, the scores of the symptoms, the clinical efficacy and the recurrence rate after 1 years were compared between the two groups of patients after 2 courses of treatment. Result After treatment, the scores of the two groups were compared, the treatment group was superior to the control group ( $P < 0.01$ ), the effective and total effective rate of the treatment group was significantly higher than that of the control group ( $P < 0.05$ ), the recurrence rate of the effective cases in the treatment group was significantly lower than that of the control group after 1 years ( $P < 0.01$ ). Conclusion acupuncture combined with micro needle knife in the treatment of allergic rhinitis has a significant effect.

**Key words:** Allergic rhinitis; Acupuncture; Acupotomy

## Clinical Observation On The Efficacy Of Nape Eight-needle Acupuncture In Treating Neck Pain Caused By Cervical Spondylotic Radiculopathy

WANG Ying<sup>1</sup>, GAO Yuan<sup>1</sup>, SHEN Wei-dong<sup>1</sup>

(<sup>1</sup>Shuguang Hospital Affiliated to Shanghai University of Traditional Chinese Medicine, Shanghai 200001, China)

**Abstract:** Objective: To observe the clinical efficacy of nape eight-needle acupuncture in treating neck pain caused by cervical spondylotic radiculopathy. Methods: 72 patients with cervical spondylotic radiculopathy are randomly divided into acupuncture group and traction group, 36 cases in each group. The acupuncture group is treated with nape eight-needle therapy while traction group with traction therapy. Both groups are treated 3 times a week, 2 weeks as a course with a total of 2 courses. NPQ score, ST-36 score, SF-MPQ score and clinical efficacy are observed during treatment. Results: ① After treatment, NPQ score of two groups are significantly reduced ( $P < 0.01$ ), and patients get markedly improved in the acupuncture group than traction group ( $P < 0.01$ ). ② After two courses' treatment, dimension of body function, body pain, emotional role, vitality, social function and total score of ST-36 scale grow up greatly in the acupuncture group ( $P < 0.05, P < 0.01$ ). In the traction group, dimension of physical role, emotional role, social function and total score have an increase after two courses ( $P < 0.05, P < 0.01$ ). Compared with traction group, there is a sharp advancement in the dimensions of body pain, vitality, social function and the total score in the acupuncture group ( $P < 0.01$ ). ③ The SF-MPQ total score, PRI emotional item, PRI total score, VAS, PRI sensory item and PPI score of acupuncture group fall down after treatment ( $P < 0.05, P < 0.01$ ). The total scores of PRI, SF-MPQ total score, VAS and PPI in the traction group get a decline after treatment. The scores of VAS, PPI and PRI in the acupuncture group are much lower than those in the traction group ( $P < 0.05, P < 0.01$ ). ④ After intervention, the total effective rate of acupuncture group reaches 88.89 %, which surpasses that of the traction group (72.22%) ( $P > 0.05$ ). Conclusion: Nape eight-needle acupuncture therapy can reduce neck pain caused by cervical spondylotic radiculopathy, ameliorating negative emotions and social activities, and furthermore improve quality of life, which is superior to traction therapy.

**Key words:** nape eight-needle acupuncture, cervical radiculopathy

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Brief introduction to the first author: WANG Ying, postgraduate, attending doctor. Research direction: TCM comprehensive intervention of cervical spondylosis, chronic fatigue syndrome and chloasma. Mobile phone number : 13916079396. E-mail: chrisyingsirhc@163.com.



## 火针通过调节 p62/Nrf2/Keap1 通路缓解溃疡性结肠炎

汪颖琦<sup>2</sup>, 金婷<sup>1,2</sup>, 刘伟萍<sup>2,3</sup>, 王小静<sup>2,3</sup>, 何龙<sup>2,3</sup>, 李龙<sup>1,2</sup>, 米红<sup>3</sup>, 刘凤斌<sup>3,4,5</sup>

1. 广州中医药大学第一临床医学院;
2. 广州中医药大学岭南医学实验研究中心;
3. 广州中医药大学第一附属医院脾胃病科;
4. 广州中医药大学第一附属医院白云分院脾胃病科;
5. 广州中医药大学第一附属医院岭南脾胃病研究所

**摘要:** 背景: 溃疡性结肠炎 (UC) 是一种慢性、非特异性的炎症性肠病, 尚无有效治疗靶点和根治性药物。NRF2/Keap1 通路是调节氧化应激反应的关键通路, 失调可能导致 UC 病情加重。火针是中医传统的外治法, 相关研究证明火针有抗炎和抗氧化作用, 用于治疗可能 UC 有一定优势。目的: 探讨火针对葡聚糖硫酸钠盐 (DSS) 诱导的结肠炎大鼠的疗效和潜在机制。方法: 将 UC 大鼠随机分为 5 组: 对照组、DSS 组、阳性对照组、火针组和假火针 (Sham-FA) 组。造模方法: 适应喂养 7 天后, 用 4%DSS 溶代替蒸馏水自由饮用 7 天。7 天后每组随机选两只大鼠进行活检评估的造模是否成功。成功造模后, 对大鼠进行不同处理 (Fig.1 A)。火针组和假火针组选取双侧下髂穴进行针刺治疗, 每日 1 次, 共 7 天。火针操作: 将针体的前三分之一在酒精灯的外火焰上加热 5 秒 (至针体前三分之一烧红), 然后快速刺入下髂穴中, 刺入 10 秒后出针。假火针组的穴位、进针手法、留针时间、治疗频率均与火针组的相同。唯一不同是假火针组针体不加热。阳性对照组予 5-氨基水杨酸灌胃 (300mg/kg/d, 2ml/d), 共 7 天。正常对照组及 DSS 组给予同样条件的保定及束缚。期间每日评估体重、疾病活动指数 (DAI), 治疗 7 天后取材, 观察结肠宏观和组织学结肠改变、结肠长度。通过 ELISA、RT-qPCR、免疫组化 (IHC) 或 Western blot 对分子机制进行进一步研究。

结果: 火针治疗显著增加 UC 大鼠结肠长度、降低宏观评分和 DAI 评分, 缓解结肠病理恶化程度 (图 1 C-G), 降低血清中的 TNF- $\alpha$  和 IL-1 $\beta$  水平以及肠组织中的 TNF- $\alpha$  和 IL-6 mRNA 水平 (图 2 A-D), 提高紧密连接蛋白 ZO-1 和 occludin1 的表达水平 (图 2 E)。此外, 火针组的 keap1、NRF2 和 SQSTM1/p62 的 mRNA 水平较 DSS 组升高, 而 keap1 和 p62 蛋白表达较 DSS 组降低, 同时 Nrf2 入核水平以及 NQO1 蛋白水平升高 (图 3)。在生理条件下, keap1 与 NRF2 结合, 通过泛素-蛋白酶体途径靶向降解。内源性 p62 的积累或 p62 的异位表达将 keap1 整合成聚集体, 可阻止 keap1 与 NRF2 的结合。因此, 我们认为火针通过激活内源性 p62 的转录表达增加 p62 与 keap1 的结合, 使 NRF2 得以入核, 并与 ARE 结合, 增加编码抗氧化和解毒蛋白的基因的转录, 进一步激活抗氧化通路, 缓解 DSS 诱导的大鼠结肠炎。

结论: 火针可减少炎症因子并恢复肠黏膜屏障从而缓解 UC。其获效机制可能是通过作用于 p62/Keap1/Nrf2 通路从而发挥抗炎和抗氧化作用。

**关键词:** 火针; 溃疡性结肠炎; 炎症反应; 氧化应激; p62/NRF2/keap1 通路

### Fire Acupuncture Alleviate Ulcerative Colitis via the p62/Nrf2/Keap1 Pathways

Wang Ying-qi<sup>1,2</sup>, Jin Ting<sup>1,2</sup>, Liu Wei-ping<sup>2,3</sup>, Wang Xiao-jing<sup>2,3</sup>, He Long<sup>2,3</sup>, Li Long<sup>1,2</sup>, Mi Hong<sup>3</sup>, Liu Feng-bin<sup>3,4,5</sup>

1. First Clinical Medical College, Guangzhou University of Chinese Medicine, Guangzhou;
2. Lingnan Medical Experimental Research Center, Guangzhou University of Chinese Medicine, Guangzhou;
3. Department of Gastroenterology, First Affiliated Hospital, Guangzhou University of Chinese Medicine, Guangzhou;
4. Department of Gastroenterology, Baiyun Hospital, First Affiliated Hospital, Guangzhou University of Chinese Medicine, Guangzhou;
5. Lingnan Institute of Spleen and Stomach Diseases, First Affiliated Hospital, Guangzhou University of Chinese Medicine, Guangzhou

作者简介: 第一作者: 汪颖琦, 博士研究生, 研究方向: 中医药治疗脾胃病。手机: 13145852973; 邮箱: wyq950101@126.com

**Abstract:** Background: Ulcerative colitis (Ulcerative colitis, UC) is a chronic, nonspecific inflammatory bowel disorder lacking effective therapeutic targets and radical drugs. The NRF2 (nuclear factor erythroid 2-related factor 2)/Keap1 (Kelch-like ECH-associated protein 1) pathway orchestrates cellular responses to oxidative stress, and dysregulation of this pathway has been implicated in UC. Although relevant studies have demonstrated the anti-inflammatory and antioxidant effects of fire acupuncture (FA), a traditional external treatment in Chinese Medicine, has demonstrated anti-inflammatory and antioxidant effects in related studies, suggesting potential advantages in the treatment of UC. While the effect of FA in UC and the underlying mechanisms are unclear. Objective: We attempted to investigate the potential therapeutic effect and underlying mechanism of fire acupuncture on dextran sulfate sodium salt (DSS) induced colitis in rats. Methods: UC model was established by administering 4% DSS solution into the drinking water of Sprague Dawley (SD) rat for 7 days. The UC rats were randomly divided into five groups: control group, DSS group (4% DSS solution), positive control group (4% DSS solution + 300mg/kg/d of 5-Aminosalicylic Acid (5-ASA)), fire acupuncture (FA) group (4% DSS solution + FA at *XiaLiao* (bilateral, BL34) once a day) and sham fire acupuncture (Sham-FA) group (4% DSS solution + Sham-FA at *XiaLiao* (bilateral, BL34) once a day). After 7 days of adaptation, normal water was replaced with 4% DSS solution (except control group) for the next 7 days. Two rats were randomly selected from each group for detection after a seven-day exposure to a 4% DSS solution. The success of the UC model was evaluated based on macroscopic and histological colonic alterations. After the experimental UC rat models were successfully established, the rats were exposed to different treatments. (Fig.1 A) In the FA and Sham-FA groups, the *XiaLiao* (bilateral, BL34) acupoints were selected. First restrain the rat well and clean up the hair in the sacral region of the rat. Then pinch up the rat's tail with thumb and middle finger, move the rat's tail up and down. The joint that can be moved is the combination of the 1st coccygeal vertebra and the sacrum. The spinous process of the first coccygeal vertebra is pointed, and the second spinous process that crosses upward after the pointed spinous process is the spinous process of the third sacrum, and the point 5-10mm aside from the middle of the interspace under the spinous process of the third sacrum is the point of *XiaLiao*(BL34). Heat the former third of the needle on the outer flame of an alcohol lamp for 5s and rapidly puncture into the BL34. Remove the needle after 10s. The sham-FA group had the same points, needle entry, and needle retention time as the FA group. The only difference is that the needles were not heated. Weight reduction, disease activity index (DAI), macroscopic and histological colonic alterations (observed by hematoxylin-eosin staining (H&E) staining), colon length were assessed. Further investigation on molecular mechanisms was conducted by ELISA, RT-qPCR, immunohistochemistry (IHC), or Western blot. Results: The 7-day FA treatment resulted in a remarkable improvement in colon length, macroscopic scores, and DAI, as well as a significant mitigation of colonic pathological deterioration in UC rats. (Fig.1 C~G). Additionally, FA decreased inflammatory cytokine expression, including TNF- $\alpha$  and IL-1 $\beta$  level in serum and the TNF- $\alpha$  and IL-6 mRNA levels in intestinal tissues. (Fig.2 A~D). The first line of intestinal defense consists of a layer of intestinal epithelial cells (IECs) and the intestinal tight junctions. FA treatment also enhanced the expression level of Zonula occludens 1 (ZO-1) and occludin1 proteins, two kinds of tight junction proteins. (Fig.2 E). Moreover, the mRNA levels of Keap1, NRF2, and Sequestosome-1 (SQSTM1/p62) were higher in the FA group than in the DSS group (Fig. 3A~C). However, the protein expression of Keap1 and p62 was degraded (Fig. 3 G, H, J), while Nrf2 nuclear translocation and the protein level of NQO1 was increased. (Fig. 3 D~F, I). Under physiological conditions, Keap1 binds to NRF2, targeting it for degradation via the ubiquitin-proteasome pathway. Accumulation of endogenous p62 or ectopic expression of p62 sequesters Keap1 into aggregates, resulting in the inhibition of Keap1-mediated Nrf2 ubiquitination and its subsequent degradation by the proteasome. Based on this, we suggested that FA may alleviate DSS-induced colitis in rats by activating the transcriptional expression of endogenous p62, which binds to Keap1 and allows NRF2 to enter the nucleus, where it binds to AREs in the DNA, increasing the transcription of genes that encode for antioxidant and detoxification proteins. Conclusion: These results indicate that FA treatment exerts an exceptional protective effect against UC by reducing inflammatory factors and restoring the intestinal mucus barrier. It may act on p62/Keap1/Nrf2 pathways, and

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exerting an anti-inflammatory and antioxidant effect.

**Key words:** Fire acupuncture; Ulcerative colitis; Inflammatory response; Oxidative stress; P62/Nrf2/Keap1 pathway

## 雷射針灸治療難治性疼痛

胡文龍

台灣高雄市 833 鳥松區大埤路 123 號

**摘要：**目的：評估雷射針灸治療難治性疼痛的療效。

**方法：**本研究納入了 5 例難治性疼痛患者：坐骨神經痛、顳顎關節障礙、全膝關節置換術後疼痛、肋骨骨折和第 11 胸椎壓迫性骨。患者接受砷化鋁雷射針灸治療，急性疼每天治療一次，慢性疼痛每週治療三次。在治療過程中評估患者的疼痛視覺模擬量表和相關功能障礙。

**結果：**雷射針灸在以上五種病情均能有效緩解疼痛，單一治療後疼痛減輕 50% 以上，而常規醫療無法有效減輕患者的疼痛和相關功能障礙。

**結論：**雷射針灸結合了針灸和低強度雷射的優點，可活血行氣、緩解疼痛和抗發炎。由熟練醫生施行的雷射針灸可以減輕疼痛。生理效益和成本效率的最佳波長、劑量和強度需要進一步研究。

**关键词：**雷射針灸；顳顎關節障礙症；坐骨神經痛；全膝關節置換術後疼痛；壓迫性骨折；肋骨骨折

### Laser Acupuncture Treats Intractable Pain

No. 123, Dapi Rd., Niasong Dist., Kaohsiung 833, Taiwan

Department of Chinese Medicine, Kaohsiung Chang Gung Memorial Hospital and Chang Gung University College of Medicine, Kaohsiung, Taiwan

**Abstract:** Objective: Assess the therapeutic efficacy of laser acupuncture in the management of pain that is resistant to conventional treatment. Methods: This study involved five patients with intractable pain: sciatica, temporomandibular disorders, post-total knee replacement pain, rib fracture, and compression fracture of T11. Patients were administered GaAlAs laser therapy for acute pain once daily or for chronic pain three times weekly. The treatment involved specific parameters including a maximum power of 150 mW, a wavelength of 810 nm, a probe area of 0.03 cm<sup>2</sup>, a power density of 5 Wcm<sup>-2</sup>, and a pulsed wave at either Nogier or Bahr frequencies. The device delivered 0.375 joule of energy to each individual acupoint and 3 joules to Ashi points, with a duration of 5 seconds and 40 seconds, respectively. The pain visual analog scale and the corresponding impairment of the patients were evaluated during the course of the therapy. Results: Laser acupuncture treatment effectively managed pain in all five instances, resulting in over 50% pain reduction after a single session. Conventional medical therapy was ineffective in alleviating the patients' pain and associated limitations. Conclusion: Laser acupuncture combines the benefits of acupuncture with low-level lasers to activate circulation, move qi, and relieve pain and inflammation. Laser acupuncture by a skilled doctor may reduce pain. The optimal wavelength, dosage, and intensity for physiological benefit and cost efficiency needs further study.

**Key words:** laser acupuncture; sciatica; temporomandibular disorders; post-TKR pain; rib fracture; compression fracture

## 针灸可降低慢性荨麻疹患者罹患高血压的风险:进一步探讨

张恒伟<sup>1△</sup>, 林玮德<sup>2</sup>, 林橙莉<sup>3</sup>, 廖文伶<sup>4</sup>, 孙茂峰<sup>5✉</sup>

1. 恒元堂中医诊所, 台湾台中 404030;
2. 中国医药大学学士后中医系, 台湾台中 404328;
3. 中国医药大学附属医院临床试验中心, 台湾台中 404327;
4. 中国医药大学中西医结合所, 台湾台中 404328;
5. 中国医药大学暨附属医院, 台湾台中 404328

**摘要:** 目的: 探讨纯粹针灸排除同时使用中药者, 治疗慢性自发性荨麻疹患者, 是否也能降低其未来罹患高血压的风险, 且探讨针灸次数多寡, 降低风险的程度是否有差异。方法: 使用台湾健保数据库 2011 年 1 月 1 日至 2020 年 12 月 31 日的全人口数据作为数据来源, 由台湾卫生福利资料科学中心 Health and Welfare Data Science Center (HWDC) 提供医疗保健信息, 包括门诊就诊、住院和处方药物用于本研究。在 2011 年到 2020 年接受过针灸治疗的患者被定义为纯针灸组(排除同时使用中药者), 没有接受过针灸治疗的则被定义为无针灸组。在针灸群组中, 起始日期定义为第一次接受针灸的日期, 而无针灸群组的起始日期则随机给予。在 2011 至 2021 年间被诊断出高血压是这个试验的主要终点指标(endpoint)。所有患者都从起始日期开始追踪, 直到被诊断出高血压、死亡、退出健保或是已达到 2021 年 12 月 31 日。统计分析使用单变量和多变量 Cox 回归模型来估计与危险因素相关的高血压的粗(crude)风险比和调整(adjusted)后的风险比, 绘制 Kaplan-Meier 曲线以比较高血压的累积发病率。结果: 接受针灸的 16,293 名慢性自发性荨麻疹患者与本研究中未接受针灸的 16,293 名慢性自发性荨麻疹患者相匹配。针灸组和非针灸组的平均年龄分别为 40.41±12.88 岁和 40.24±12.76 岁, 结果显示, 根据共变量的存在, 接受针灸治疗的患者罹患高血压的风险显著低于对照组(调整后的 HR=0.43, 95%CI=0.4-0.46), 研究期间针灸超过六个疗程者, 罹患高血压的风险最低。结论: 我们的研究发现纯粹针灸不使用中药, 也能降低了台湾慢性自发性荨麻疹患者患高血压的风险, 且针灸超过六个疗程者, 降低风险的效果最好, 这提示慢性自发性荨麻疹患者只要选择针灸作为辅助治疗就可以降低罹患高血压风险, 同时, 治疗的次数较多者, 效果较好。详细的机制需要在未来的前瞻性研究中进一步阐明

**关键词:** 慢性自发性荨麻疹; 高血压; 针灸

### Acupuncture Reduces Hypertension Risk in Chronic Spontaneous Urticaria Patients : Further Discussion

ZHANG Heng-Wei<sup>1△</sup>, LIN Wei-de<sup>2</sup>, LIN Cheng-li<sup>3</sup>, LIAO Wen-ling<sup>4</sup>, SUN Mao-feng<sup>5✉</sup>

1. Heng Yuan-tang TCM clinic, Taichung 404030;
2. Department of Medical Research, China Medical University Hospital, Taichung 404333;
3. Clinical Trial Center, China Medical University Hospital, Taichung 404333,
4. Graduate Institute of Integrated Medicine, College of Chinese Medicine, China Medical University, Taichung 404333;

作者简介: <sup>△</sup>第一作者:张恒伟, 恒元堂中医诊所, 台湾台中市健行路 357-1 号(404030), 院长, 研究方向:荨麻疹、高血压、中风后遗症, 电话:886-4-22338380, Email:handway@gmail.com

通信作者: 孙茂峰, 中国医药大学暨附属医院, 台湾台中市学士路 91 号(404328), 特聘教授/顾问医师, 研究方向: 脑性麻痹、自闭症與發展遲緩、肌肉骨骼疾病、神经系统疾病及中风后遗症, 电话:886-4-22053366 ext.3131, E-mail:maofeng0822@gmail.com

<sup>△</sup>First Author: ZHANG Heng-wei, Heng Yuan-tang TCM clinic, No. 357-1, Jianxing Rd., North Dist., Taichung City, Taiwan (404030), Superintendent, Research Areas: Urticaria, Hypertension, Stroke Sequelae, Phone: 886-4-22338380, Email: handway@gmail.com

## 5. China Medical University &amp; Hospital, Taichung 404328

**Abstract:** Objective: This study aimed to determine whether acupuncture without herbs could reduce the hypertension risk in chronic spontaneous urticaria patients. And whether the number of packages of acupuncture would lead to different results. Methods: We enrolled patients newly diagnosed with CSU between January 1, 2011 and December 31, 2020 from the Taiwanese National Health Insurance Research Database (NHIRD). Patients who received acupuncture without herbs between 2011 and 2020 were defined as the acupuncture cohort and those who did not receive acupuncture were defined as the non-acupuncture cohort. The claim data for both the acupuncture cohort and non-acupuncture cohort were assessed from the index date to December 31, 2021. A Cox regression model adjusted for age, sex, comorbidities, and medication use was used to compare the hazard ratios of the two cohorts. The cumulative incidence of hypertension was estimated using the Kaplan–Meier method. Results: After performing a propensity score matching with a 1:1 ratio, 16,293 patients with CSU receiving acupuncture matched with 16,293 patients with CSU who did not receive acupuncture in this study. Patients receiving acupuncture had a significantly lower risk of hypertension than the control group (adjusted hazard ratio = 0.43, 95% confidence interval = 0.4–0.46) after considering potential confounding factors. The patients receiving more than 6 packages of acupuncture in the whole study period tended to have the lowest risk of hypertension. Conclusion: Comparing with the former study, this study revealed that acupuncture without herbs also decreased the risk of hypertension in patients with CSU in Taiwan, and more packages of acupuncture tend to have better results. The detailed mechanisms can be further clarified through prospective studies.

**Key words:** hypertension; chronic spontaneous urticaria; acupuncture

## 肩周炎的一针疗法

高树中

山东中医药大学, 250355, 山东省济南市长清区大学路 4655 号

**摘要:** 肩周炎表现为肩部疼痛、活动障碍, 又称漏肩风、五十肩, 是临床常见疾病。肩周炎属于本虚标实证, 风寒湿邪是发病的外在条件, 肝肾阴虚、阳气虚衰是其发病的内在基础。肩周炎病变常涉及手太阴经、手阳明经及手足太阳经, 重视经络辨证, 并将经络理论与生物全息理论结合用于诊治, 远端取穴, 特色刺法, 一针疗法, 起到良好的临床效果。

**关键词:** 肩周炎; 一针疗法

### One Needle Therapy for Shoulder Periarthritis

*Gao Shuzhong*

Shandong University of Traditional Chinese Medicine, 250355, No. 4655 Daxue Road, Changqing District, Jinan, Shandong

**Abstract:** Shoulder periarthritis is characterized by shoulder pain and movement disorders, also known as shoulder impingement syndrome, and is a common clinical disease. Shoulder periarthritis is the syndrome of deficiency in origin and excess in superficiality, with wind cold dampness as the external condition for its onset, and liver and kidney yin deficiency and yang qi deficiency as the internal basis for its onset. Shoulder periarthritis lesions often involve the Hand Taiyin Meridian, Hand Yangming Meridian, Hand Taiyang Meridian and Foot Taiyang Meridian. By meridian differentiation, diagnosis and treatment under the theory of meridian and biological holographic theory, remote acupoint selection, characteristic needling techniques, and one needle therapy, good clinical results have been achieved.

**Key words:** shoulder periarthritis; One needle therapy

## 触骨针法的临床应用

刘智斌

陕西中医药大学, 中国

**摘要:** 触骨针法是刘智斌教授在长期的针灸临床实践和科研工作中以中医经络、经筋理论为基础, 结合现代骨膜组织学、神经生理学、实验针灸学等多学科, 以疼痛性疾病为主要适应症, 不断探索总结出一种特殊且有效的针刺治疗方法。

触骨针法的适应证是以疼痛为主要症状的各种疾病, 诸如头痛、牙痛、三叉神经痛、坐骨神经痛、急性腰扭伤、颈椎病、腰椎间盘突出、膝关节痛、肘关节痛、痛经、腹痛、胁痛、腕或踝关节扭伤等。触骨针法理论重现中医古典理论中针刺深及骨的这种刺法将针刺深度与骨膜多感受器的创新性结合。此种针刺方法不仅疗效显著, 而且其治疗机制有着坚实的科学基础, 值得深入研究并推广应用。

### Clinical Application of Bone Acupuncture

*Liu Zhibin*

Shaanxi University of Chinese Medicine, China

**Abstract:** Bone Acupuncture is a special and effective acupuncture treatment method continuously explored and summarized by Professor Liu Zhibin in the long-term clinical practice and scientific research of acupuncture and moxibustion based on the theory of meridians and tendons of traditional Chinese medicine, combined with modern periosteal histology, neurophysiology, empirical acupuncture and moxibustion and other disciplines, with painful diseases as the main indication. The indications for bone touch acupuncture are various diseases with pain as the main symptom, such as headache, toothache, trigeminal neuralgia, sciatica, acute lumbar sprain, cervical spondylosis, lumbar disc herniation, knee joint pain, elbow joint pain, dysmenorrhea, abdominal pain, rib pain, wrist or ankle joint sprain, etc. The theory of bone touching acupuncture technique reproduces the innovative combination of acupuncture depth and multiple sensory receptors in the periosteum of traditional Chinese medicine. This acupuncture method not only has significant therapeutic effects, but also has a solid scientific basis for its treatment mechanism, which is worthy of in-depth research and promotion for application.



## 热敏灸在肿瘤康复中的应用

黄仙保

江西中医药大学附属医院针灸二科

**摘要：**主要介绍热敏灸在肿瘤康复中的四大独特优势：一是辅助肿瘤化放疗减毒增效：预防、减轻化放疗后骨髓抑制、白细胞低；对化疗后恶心、呕吐、食欲差等胃肠道反应，疗效显著。二是辅助肿瘤免疫靶向协同增效：辅助免疫靶向药物治疗晚期肝癌、肺癌、胃癌等肿瘤，达到扶正攻邪并重，中西医优势互补，协同增效的目的，实现高质量生活的人瘤共存。三是加速肿瘤术后功能康复：对乳腺癌、肺癌、胃癌、卵巢癌、宫颈癌、前列腺癌、甲状腺癌等术后疲乏、胃肠功能紊乱、睡眠障碍、免疫力差、胃肠动力障碍、肠麻痹、尿潴留、软组织损伤等症状，通过热敏灸温阳扶正，提升机体免疫力，加速机体功能康复。四是提高晚期肿瘤患者生活质量，延长生命时间：针对晚期肿瘤患者出现的癌性疲乏、食欲差、贫血癌性疼痛等多种并发症，改善症状，提高患者生活质量，延长生命时间。

### Application of Heat-Sensitive Moxibustion in Tumor Rehabilitation

Huang Xianbao

Second Department of acupuncture and moxibustion, Affiliated Hospital of Jiangxi University of Traditional Chinese Medicine

**Abstract:** This paper mainly introduces the four unique advantages of heat-sensitive moxibustion in tumor rehabilitation. The first is to assist tumor chemotherapy and radiotherapy to reduce toxicity and increase efficiency: prevention and reduction of bone marrow suppression and low white blood cells after chemoradiotherapy. It has a significant effect on gastrointestinal reactions such as nausea, vomiting and poor appetite after chemotherapy. The second is to assist tumor immune targeting synergy: auxiliary immune targeted drugs are used to treat advanced liver cancer, lung cancer, gastric cancer and other tumors, so as to achieve the purpose of paying equal attention to strengthening the body resistance and eliminating pathogenic factors, complementing the advantages of Chinese and Western medicine, and achieving synergistic effect, so as to achieve the coexistence of human tumors with high quality of life. The third is to accelerate functional rehabilitation after tumor surgery: for breast cancer, lung cancer, gastric cancer, ovarian cancer, cervical cancer, prostate cancer, thyroid cancer and other postoperative fatigue, gastrointestinal dysfunction, sleep disorders, poor immunity, gastrointestinal motility disorders, intestinal paralysis, urinary retention, soft tissue injury and other symptoms, through the heat-sensitive moxibustion Wenyang Fuzheng, enhance the body's immunity, accelerate the recovery of body function. The fourth is to improve the quality of life of patients with advanced cancer, prolong life time: for advanced cancer patients with cancer fatigue, poor appetite, anemia, cancer pain and other complications, improve symptoms, improve the quality of life of patients, prolong life time.

## 针灸治疗 PCI 术后

李昭凤

山东中医药大学, 250355, 山东省济南市长清区大学路 4655 号, 中国

**摘要:** 经皮冠状动脉介入治疗 (PCI) 为许多患者提供了一种心脏手术的替代方案, 其主要目标是恢复冠状动脉血流, 为心肌提供氧气和营养。与任何外科手术一样, PCI 治疗也有其风险和局限性, 患者必须继续改变生活方式和使用药物来控制风险因素。因此, 具有心血管调节功能的补充和替代疗法已成为治疗冠状动脉疾病的一种选择。针灸已传播到 196 个国家和地区, 获得了全世界的认可, 具有改善心血管疾病和焦虑、抑郁等心理问题的作用。虽然有研究表明针灸在 PCI 术后的治疗中起着重要作用, 但现有证据并不一致, 需要开展更充分的研究来证实针灸的作用机制和长期疗效。

**关键词:** PCI 术后; 针灸

### Can Acupuncture Help Patients Post Percutaneous Coronary Intervention?

*Li Zhaofeng*

Shandong University of Traditional Chinese Medicine, 250355, No. 4655 Daxue Road, Changqing District, Jinan, Shandong, China

**Abstract:** Percutaneous coronary intervention (PCI) offers an alternative to open-heart surgery for many patients, with its primary goal to restore blood flow in the coronary arteries that supply oxygen and nutrients to the heart muscle. As with any surgical procedure, PCI also has its risks and limitations, and patients must continue with lifestyle modifications and medications to manage their risk factors. So complementary and alternative therapies with cardiovascular regulation function have become an option for coronary artery diseases. Acupuncture has spread to 196 countries and regions and gained worldwide recognition and showed improvement for Cardiovascular disorders and psychological issues such as anxiety and depression. While there are studies suggest a role for acupuncture in the treatment post-PCI, the evidence is not uniform, and more research is needed to fully understand the mechanisms and long-term effects of acupuncture in these contexts.

**Key words:** post PCI; Acupuncture

## 梅花针联合小儿推拿对青少年近视的防治策略

王卫刚

陕西中医药大学附属医院，中国

**摘要：**随着电子产品的普及，青少年儿童患近视机率明显增加，严重影响青少年学习效率和生活质量。本团队运用梅花针循经叩击，联合小儿推拿八部推拿法防治青少年近视取得令人满意的临床疗效，本课题中介绍了近视的历史渊源、患病机理、治疗常见穴位、方法等。本法简单易行，无任何毒副作用，值得推广。

**The prevention and treatment strategy of plum blossom needle combined with pediatric massage for myopia in adolescents.**

*Wang Weigang*

the Affiliated Hospital of Shaanxi University of Traditional Chinese Medicine, China

**Abstract:** With the popularization of electronic products, the incidence of myopia in adolescents has significantly increased, seriously affecting their learning efficiency and quality of life. Our team has achieved satisfactory clinical results in the prevention and treatment of myopia in adolescents by using plum blossom needles and tapping along the meridians, combined with the eight part massage method of pediatric massage. This project introduces the historical origins, pathogenesis, common acupoints, and methods of treatment for myopia. This method is simple and easy to implement, with no toxic side effects, and is worth promoting.

## 针刺治疗慢性前列腺炎/慢性盆底疼痛综合征的随机对照临床试验

孙元杰<sup>1</sup>, 刘岩<sup>2</sup>, 刘保延<sup>1</sup>, 周科华<sup>3</sup>, 岳增辉<sup>4</sup>, 章薇<sup>5</sup>, 符文彬<sup>6</sup>, 杨骏<sup>7</sup>, 李宁<sup>8</sup>, 何丽云<sup>9</sup>, 臧志伟<sup>10</sup>, 苏同生<sup>11</sup>, 方剑乔<sup>12</sup>, 丁玉龙<sup>13</sup>, 秦宗实<sup>1</sup>, 宋虎杰<sup>14</sup>, 胡慧<sup>15</sup>, 赵宏<sup>16</sup>, 莫倩<sup>17</sup>, 周婧<sup>1</sup>, 吴佳霓<sup>1</sup>, 刘晓旭<sup>1</sup>, 王伟明<sup>1</sup>, 庞然<sup>1</sup>, 陈欢<sup>1</sup>, 王馨璐<sup>1</sup>, 刘志顺<sup>1</sup>

1. 中国中医科学院广安门医院;2 北京中医药大学东直门医院;3 达卡尔地区医疗中心;4 湖南中医药大学附属衡阳医院;5 湖南中医药大学第一附属医院;6 广东省中医院;7 安徽中医药大学第一附属医院;8 四川大学华西医院;9 中国中医科学院中医临床基础医学研究所;10 烟台市中医医院;11 陕西省中医医院;12 浙江中医药大学第三附属医院;13 北京丰台中西医结合医院;14 西安中医脑病医院;15 北京中医药大学东方医院;16 深圳市罗湖区中医院;17 贵州中医药大学

**摘要:** 目的: 针刺治疗慢性前列腺炎/慢性盆底疼痛综合征 (CP/CPSP) 前景良好, 但高质量证据不足。本研究旨在评价针刺治疗 CP/CPSP 的远期疗效。

**方法:** 研究设计为多中心、随机、假针刺对照临床研究 (ClinicalTrials.gov: NCT03213938)。中心研究为十家中国三甲医院, 纳入中重度 CP/CPSP 患者。有无针刺治疗史的受试者均可纳入。患者接受 8 周 20 次针刺或假针刺治疗, 治疗结束后随访 24 周。以应答率为主要结局指标, 即第 8 周和第 32 周美国国立卫生研究院慢性前列腺炎症状积分指数中文版(The National Institute of Health Chronic Prostatitis Symptom Index, NIH-CPSI)总分较基线减少 $\geq 6$ 分的受试者所占的百分比。两个时间点的组间差值均有统计学意义才能够证实针刺持续效应的存在。

**结果:** 本试验共纳入了 440 例 (每组 220 例) 受试者。8 周治疗结束后, 针刺组的应答率为 60.6% (95% CI : 53.7%, 67.1%), 假针刺组的应答率为 36.8% (95%CI: 30.4% ,43.7%), 两组的校正组间差值为 21.6%(95%CI: 12.8%, 30.4%), 校正 OR 值为 2.6 (95%CI: 1.8, 4.0) (P<0.001)。第 32 周, 针刺组应答率为 61.5% (96%CI: 54.5%, 68.1%), 假针刺组的应答率为 38.3% (95%CI: 31.7%, 45.4%), 两组的校正组间差值为 21.1% (95%CI: 12.2%, 30.1%), 校正 OR 值为 2.6 (95%CI: 1.7, 3.9) (P<.001)。针刺组有 20 (9.3%) 例受试者发生不良事件, 假针刺组有 14 (6.4%) 例受试者发生不良事件。两组均没有严重不良事件发生。

**结论:** 相对于假针刺, 8 周 20 针次的治疗能够显著缓解中重度 CP/CPSP 受试者的症状, 疗效在治疗结束后持续 24 周。

**关键词:** 针灸推拿; 慢性前列腺炎; 慢性疼痛; 持续效应

### Efficacy of Acupuncture for Chronic Prostatitis/Chronic Pelvic Pain Syndrome: A Randomized Trial

Yuanjie SUN, MD<sup>1</sup>\*, Yan LIU, MD<sup>2</sup>\*, Baoyan LIU, MD<sup>1</sup>, Kehua ZHOU, MD, DPT<sup>3</sup>, Zenghui YUE, MD<sup>4</sup>, Wei ZHANG, MD, PhD<sup>5</sup>, Wenbin FU, MD<sup>6</sup>, Jun YANG, MD<sup>7</sup>, Ning LI, MD<sup>8</sup>, Liyun HE, MD, PhD<sup>9</sup>, Zhiwei ZANG, MD<sup>10</sup>, Tongsheng SU, MD<sup>11</sup>, Jianqiao FANG, MD, PhD<sup>12</sup>, Yulong DING, MD<sup>13</sup>, Zongshi QIN, MD<sup>1</sup>, Hujie SONG, MD<sup>14</sup>, Hui HU, MD, PhD<sup>15</sup>, Hong ZHAO, MD, PhD<sup>16</sup>, Qian MO, MD, PhD<sup>17</sup>, Jing ZHOU, MD, PhD<sup>1</sup>, Jiani WU, MD, PhD<sup>1</sup>, Xiaoxu LIU, MD, PhD<sup>1</sup>, Weiming WANG, MD, PhD<sup>1</sup>, Ran PANG, MD, PhD<sup>1</sup>, Huan CHEN, MD, MSc<sup>1</sup>, Xinlu WANG, MD<sup>1</sup>, Zhishun LIU, MD, PhD<sup>1</sup>

(1 Guang'anmen Hospital, China Academy of Chinese Medical Sciences, Beijing, China; 2 Key Laboratory of Chinese Internal Medicine of Ministry of Education, Dongzhimen Hospital, Beijing University of Chinese Medicine, Beijing, China; 3 ThedaCare Regional Medical Center -Appleton, Appleton, Wisconsin; 4 Hengyang Hospital Affiliated to Hunan University of Chinese Medicine,

作者简介: 孙元杰, 女, 博士研究生, 北京市西城区北线阁 5 号, 中国中医科学院广安门医院针灸科, E-mail: puzhisun@163.com 刘岩, 男, 助理研究员, 东直门医院。E-mail: sasliu@yeah.net 孙元杰和刘岩为该文的共同第一作者。)

通信作者: 刘志顺, 博士研究生, 北京市西城区北线阁 5 号, 中国中医科学院广安门医院针灸科。E-mail: zhishunjournal@163.com

Hengyang, China; 5 The First Hospital of Hunan University of Chinese Medicine, Changsha, China; 6 Guangdong Provincial Hospital of Traditional Chinese Medicine, Guangzhou, China; 7 The First Affiliated Hospital of Anhui University of Chinese Medicine, Hefei, China; 8 West China Hospital of Sichuan University, Chengdu, China; 9 China Academy of Chinese Medical Sciences, Beijing, China; 10 Yantai Hospital of Traditional Chinese Medicine, Yantai, China; 11 Shaanxi Provincial Hospital of Traditional Chinese Medicine, Xi'an, China; 12 The Third Affiliated Hospital of Zhejiang Chinese Medical University, Hangzhou, China; 13 Beijing Fengtai Hospital of Integrated Traditional and Western Medicine, Beijing, China; 14 Xi'an TCM Brain Disease Hospital, Xi'an, China; 15 Dongfang Hospital Beijing University of Chinese Medicine, Beijing, China; 16 Luohu District Hospital of Traditional Chinese Medicine, Shenzhen, China; 17 Guizhou University of Traditional Chinese Medicine, Guiyang, China

\* Drs. Sun and Liu contributed equally to this work and share first authorship.)

## **Abstract: Introduction**

Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) involves urogenital pain, lower urinary tract symptoms, psychological issues, and sexual dysfunction. It affects 2% to 16% of the population in high-income countries and 11% in low- and middle-income countries. The negative effect of CP/CPPS on quality of life is similar to that of angina, myocardial infarction, congestive heart failure, diabetes mellitus, and Crohn disease. Although empirical antibiotics,  $\alpha$ -blockers, and anti-inflammatories are the mainstays of treatment in clinical practice, relief of CP/CPPS is limited to the period of medication use, and efficacy tends to fade after medication use is discontinued; an increased incidence of adverse events has to be taken into account with long-term use.

In a recent Cochrane review on CP/CPPS that assessed 20 nonpharmacologic interventions, only acupuncture and extracorporeal shockwave therapy were likely to result in symptom relief with a good safety profile (1). However, a clinically meaningful responder analysis found that acupuncture resulted in little or no difference compared with sham acupuncture in the number of persons who achieved the minimal clinically important difference of 6 points on the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI), although the quality of the evidence was very low. In addition, the durability of acupuncture effects is still not clear.

Our pilot study revealed that a significantly larger number of persons with CP/CPPS who received 8 weeks of acupuncture had positive outcomes 24 weeks after treatment compared with those receiving sham acupuncture, suggesting clinically meaningful and potentially long-lasting benefits of acupuncture for CP/CPPS. We therefore conducted this multicenter, large-scale, randomized trial to assess the long-term efficacy of acupuncture for CP/CPPS.

### **Methods**

#### Study design overview

This was a 10-center, randomized, sham-controlled trial involving men with CP/CPPS. Volunteers were recruited via newspapers, a website, and hospital posters. diagnosis of CP/CPPS was made by urologists using medical history, physical examinations, and laboratory tests. Men were eligible if they had experienced discomfort or pain in the pelvic region for at least 3 of the previous 6 months without evidence of infection (2), were aged 18 to 50 years, and reported a total score of at least 15 on the NIH-CPSI. We excluded men with other types of prostatitis; urogenital infection; history of genitourinary cancer; bladder outlet obstruction; overactive bladder; interstitial cystitis; neurogenic bladder; postvoid residual urine volume of 100 mL or greater; maximum flow rate of 15 mL/s or less; inflammatory bowel disease; neurologic impairment affecting the bladder; psychiatric disorder; severe cardiac, respiratory, or hematopoietic disorders; liver or renal dysfunction; or medical therapy for CP/CPPS in the previous 4 weeks. Participants with prior exposure to acupuncture were not excluded. Eligible participants were randomly assigned in a 1:1 ratio to acupuncture or sham acupuncture via the web-response system of the

Central Randomization System for Clinical Research. The randomization was performed with permuted blocks of size 4 or 6, stratified according to site. Participants, outcome assessors, and statisticians were blinded to treatment assignment, but acupuncturists were not.

#### Interventions

For the acupuncture group, acupoints of bilateral Zhongliao (BL33), Huiyang (BL35), Shenshu (BL23), and Sanyinjiao (SP6) were used. Stainless steel, single-use, sterile needles were inserted to a depth of 50 to 60 mm at BL33 (at an angle of 30° to 45° in an inferomedial direction) and BL35 (in a slightly superolateral direction); at BL23 and SP6, the needles were inserted vertically to a depth of 25 to 30 mm. After needle insertion, gentle and even manipulations (once every 10 minutes, 30 seconds each time) involving lifting, thrusting, twirling, and rotating were performed at all acupoints except BL33 to attain *deqi* (a sensation of aching, soreness, swelling, heaviness, or numbness). For the sham acupuncture group, minimally invasive needles were inserted to a depth of 2 to 3 mm at bilateral nonacupoints (15 mm lateral to BL23, BL33, and BL35 and 10 mm lateral to SP6) without manipulation.

Participants in both groups started treatment on the day of randomization and received twenty 30-minute sessions over 8 consecutive weeks: 3 sessions in each of the first 4 weeks (ideally every other day) followed by 2 sessions per week (ideally every 2 or 3 days) in the remaining 4 weeks. All participants were followed for 24 weeks after treatment. To test the success of blinding, within 5 minutes after either treatment session at week 8, participants were asked whether they had received traditional acupuncture in the previous weeks (yes, no, or unclear). Participants were encouraged to refrain from using medications or other therapies for management of CP/CPPS throughout the trial. If other therapies were used, details were documented on a concomitant medications form.

#### Assessments and Outcomes

The primary outcome was the proportion of responders, defined as those with a reduction of at least 6 points from baseline in the NIH-CPSI total score. The NIH-CPSI was administered at weeks 1 to 8, 20, and 32. Response was assessed immediately after the 8-week treatment (week 8) and 24 weeks after treatment (week 32); the between-group difference had to be statistically significant at both time points for us to conclude efficacy for at least 24 weeks. The NIH-CPSI is a universally accepted, reliable, and valid instrument recommended by consensus guidelines for clinical evaluation of and research on CP/CPPS (3). It measures pain (score range, 0 to 21), urinary function (score range, 0 to 10), and effect on quality of life (score range, 0 to 12), with a total score ranging from 0 to 43 and higher scores indicating worse conditions. A 6-point decrease in the total score was identified by receiver-operating characteristic curve as the optimal threshold, with high sensitivity, specificity, and discriminative ability to differentiate clinically important improvement. The NIH-CPSI correlated well with the global response assessment (GRA) (a 7-point assessment on participant-perceived improvement with treatment), which has been used in clinical trials to designate participants reporting marked or moderate improvement as clinical responders.

The GRA and the Chinese-version International Index of Erectile Function 5 (IIEF-5) were administered at weeks 4, 8, 20, and 32. The International Prostate Symptom Score (IPSS), the Hospital Anxiety and Depression Scale (HADS), and the EuroQol 5 Dimension 5 Level (EQ-5D-5L) were administered at weeks 8, 20, and 32. The IIEF-5 score ranges from 0 to 25, with lower scores indicating more severe dysfunction; the minimal clinically important difference is 5 points. The IPSS ranges from 0 to 35, with higher scores indicating more severe urinary symptoms. The HADS score ranges from 0 to 42, with higher scores indicating greater anxiety and depression. The EQ-5D-5L overall index ranges from -0.39 to 1.00, with a higher overall index indicating better generic health status. Peak and average urinary flow rates were assessed at weeks 8 and 32. Participants' expectations of acupuncture for general illness and for CP/CPPS were assessed before treatment. Blinding was assessed using the

James and Bang blinding indices. Adherence was assessed by counting the number of treatment sessions. Adverse events were documented by participants and outcome assessors on a form throughout the trial.

#### Statistical Analysis

On the basis of previously published data in similar populations, we anticipated a 46.7% responder rate in the sham acupuncture group. A sample size of 440 participants was estimated to provide 90% power to detect a between-group difference of 17 percentage points (63.7% vs. 46.7%; odds ratio, 2.0) at a 2-sided significance level of 5%. This proposed sample size included a 15% increase to account for dropouts.

The primary outcome was assessed by fitting a logistic generalized linear mixed model for repeated measures (SAS PROC GLIMMIX). Response or nonresponse at each scheduled postbaseline visit was the dependent variable. According to the prespecified protocol, participants who withdrew from the study without an NIH-CPSI score were considered nonresponders. The logistic generalized linear mixed model included the baseline NIH-CPSI total score as a covariate, with treatment group (acupuncture or sham acupuncture), visit, and treatment-by-visit interaction as fixed effects. Between-group comparisons at each visit were estimated by differences between least-squares means from the treatment-by-visit interaction and are presented as odds ratios with accompanying *P* values and 95% CIs. The predicted probability of response at each visit is also presented. An unstructured covariance pattern was used to estimate the variance–covariance of the within-subject repeated measures. To control for type I error, the 2 time points had to be positive in order for the trial to prove the durable efficacy of acupuncture. In addition, to estimate the risk difference between groups for the primary outcome, a post hoc analysis was performed using a generalized linear model with a binomial distribution and identity link (SAS PROC GENMOD) that included the same covariate as the logistic generalized linear mixed model.

The changes from baseline in the NIH-CPSI total score were analyzed by fitting linear mixed-effects models using the baseline value as a covariate and treatment, visit, and treatment-by-visit interaction as fixed effects (SAS PROC MIXED). The same approach was used for other continuous variables, such as the HADS score and the IPSS. Participants' expectations of acupuncture for general illness and for CP/CPPS, adherence, and adverse event data were provided for descriptive purposes only. The James and Bang indices were used to evaluate the success of blinding.

To assess the robustness of the primary analyses, 3 sensitivity analyses were performed. First, multiple imputation under the missing-at-random assumption was used to generate 100 imputed data sets for missing baseline NIH-CPSI total score and response data (SAS PROC MI). Second, data from participants who responded that they received sham acupuncture during the blinding assessment were excluded. Third, the acupuncturist variable was added as a random effect to account for clustering by acupuncturists.

All statistical analyses were performed according to the intention-to-treat principle using SAS, version 9.4 (SAS Institute), or Stata, version 15.1 (StataCorp), with a 2-sided *P* value less than 0.05 considered significant. No adjustment was made for multiple comparisons; therefore, secondary outcomes should be interpreted as exploratory.

#### Results

A total of 735 men were screened for eligibility between October 2017 and April 2019, of whom 440 were randomly assigned to acupuncture or sham acupuncture and 414 (94.1%) completed the trial. Baseline characteristics were similar between groups. The mean age of the included participants was 35.8 years (SD, 7.9), and the median duration of CP/CPPS symptoms was 2.0 years (range, 1.0 to 3.8 years).

Participants' expectations of acupuncture were similar in both groups at baseline. The 26 participants who withdrew without an NIH-CPSI score were considered nonresponders in the intention-to-treat analysis. In the blinding assessment, 1 (0.5%) participant in the acupuncture group and 13 (6.3%) in the sham acupuncture group perceived that they had received sham acupuncture at week 8. The mean number of treatment sessions was 18.9

(SD, 3.9) in the acupuncture group and 19.1 (SD, 3.5) in the sham acupuncture group; 94.1% of participants in the acupuncture group and 94.6% in the sham acupuncture group attended at least 16 ( $\geq 80\%$ ) sessions.

At week 8, the proportions of responders were 60.6% (95% CI, 53.7% to 67.1%) in the acupuncture group versus 36.8% (CI, 30.4% to 43.7%) in the sham acupuncture group (adjusted difference, 21.6 percentage points [CI, 12.8 to 30.4 percentage points]; adjusted odds ratio, 2.6 [CI, 1.8 to 4.0];  $P < 0.001$ ). At week 32, the proportions of responders were 61.5% (CI, 54.5% to 68.1%) in the acupuncture group versus 38.3% (CI, 31.7% to 45.4%) in the sham acupuncture group (adjusted difference, 21.1 percentage points [CI, 12.2 to 30.1 percentage points]; adjusted odds ratio, 2.6 [CI, 1.7 to 3.9];  $P < 0.001$ ) (Table 2). Sensitivity analyses showed similar results. The between-group difference in the proportion of responders increased gradually during the 8-week treatment, became notable around week 4, and was maintained during the 24-week follow-up after treatment.

The average decrease from baseline in the NIH-CPSI total score exceeded 6 points at week 7 and persisted through week 32 in the acupuncture group but was under 6 points throughout the 32 weeks in the sham acupuncture group (Figure 1, *bottom*). The average change from baseline in the total score was apparently higher in the acupuncture group than the sham acupuncture group starting at week 3, with between-group differences of  $-2.5$  (CI,  $-3.4$  to  $-1.6$ ) at week 8 and  $-2.6$  (CI,  $-3.5$  to  $-1.6$ ) at week 32. The between-group differences in the average change from baseline in the NIH-CPSI total and subscale scores followed similar trends of decreasing over the treatment period and stabilizing during follow-up.

Compared with the sham acupuncture group, larger proportions of participants in the acupuncture group reported marked or moderate improvements on the GRA at all assessment points. Participants in the acupuncture group had greater decreases in the IPSS and HADS scores (indicating greater symptom improvement) and greater increases in the EQ-5D-5L overall index (indicating better efficacy) for all assessments. No significant difference was found in changes in IIEF-5 score at all assessment time points or in peak and average urinary flow rates at week 8. In both groups, similarly small proportions ( $<5\%$ ) of participants used other treatments for CP/CPPS.

Twenty (9.1%) adverse events occurred in the acupuncture group, and 14 (6.4%) occurred in the sham acupuncture group. Treatment-related adverse events were mild and transient. No serious adverse events were reported in either group.

### Discussion

This multicenter randomized trial showed that, compared with sham acupuncture, 20 sessions of acupuncture over 8 weeks provided clinical relief of symptoms of moderate to severe CP/CPPS in a substantially higher proportion of participants, although the net between-group difference in the NIH-CPSI score was modest. Efficacy may last 24 weeks after treatment. Acupuncture also improved associated symptoms of pain, voiding dysfunction, anxiety, and depression as well as quality of life but not sexual dysfunction compared with sham acupuncture. Both acupuncture and sham acupuncture were safe.

It is intriguing that the results of the responder analyses did not correlate with overall symptom improvement based on mean symptom scores. The between-group differences in the mean NIH-CPSI total score were both less than 6 points (2.5 at week 8 and 2.6 at week 32), although the net changes from baseline were more than 7 points in the acupuncture group but less than 5 points in the sham acupuncture group at weeks 8 and 32. This discrepancy between surprisingly obvious responses and dismal overall differences in mean symptom scores was also found in a pharmaceutical trial of CP/CPPS, which indicated that some participants with CP/CPPS probably responded more favorably to the intervention than others. This discrepancy also suggests a substantial placebo effect of acupuncture on CP/CPPS. The decrease from baseline in the NIH-CPSI total score was 4.9 both after treatment and during follow-up in our sham acupuncture group, which exceeds the threshold of 4 points used as the minimal clinically important difference in some early-phase trials. This is consistent with previous studies that found that sham acupuncture itself was associated with larger effects than analgesics for chronic pain. However,



acupuncture is a complex therapy, and placebo effects are inherent in its overall therapeutic effects because of an intimate interaction among the patient, the clinician, and the treatment environment. In addition, although the sham procedure using superficial needling at nonacupoints has been proved to be valid in assessing the efficacy of acupuncture on CP/CPPS, it may still have physiologic effects and thus decrease the difference between groups.

This trial has limitations. First, sham acupuncture might have produced certain physiologic effects. Second, participants were relatively young but had moderate to severe CP/CPPS; this along with other demographic characteristics may limit the generalizability of the findings to clinical practice. Third, prior acupuncture exposure might have confounded the results, even though blinding assessment and sensitivity analysis confirmed its influence to be minimal. Finally, the protocol of 20 acupuncture sessions over 8 weeks might be a burden to patients in other countries.

In conclusion, 8 weeks of acupuncture may result in clinically important improvements in symptoms of moderate to severe CP/CPPS, with durable efficacy for at least 24 weeks after treatment. This trial showed long-term efficacy of acupuncture and provides high-quality evidence for clinical practice and guideline recommendations. Future research is needed to assess the generalizability of the results to other populations and countries and to identify characteristics of participants who are most likely to benefit from acupuncture.

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## 改良温针针刺治疗肌筋膜疼痛综合征的临床观察

向维聂, 冯国强, 徐 锋, 章 媛, 余桃春, 余海瑞

**摘要:** 目的: 肌筋膜疼痛综合征发病率高、就诊率低、易反复发作, 温针针刺治疗肌筋膜疼痛综合征在基础实验中已被证明有效, 本研究旨在观察改良温针针刺治疗肌筋膜疼痛综合征的临床疗效。方法: 选取 60 例腰背部、颈肩部肌筋膜炎患者, 随机分为观察组和对照组, 各 30 例, 对照组采取常规针刺疗法, 观察组于阿是穴采用改良式温针针刺治疗。每天治疗 1 次, 每周治疗 5 次, 共治疗 10 次。比较患者治疗前后及两组间的简化 McGill 疼痛问卷表 (SF-MPQ) 评分、健康状况调查问卷 (SF-36)、视觉模拟评分 (VAS) 及临床疗效。结果: 两组患者治疗后 SF-MPQ、SF-36、VAS 评分及临床疗效均较治疗前改善 ( $P < 0.05$ ), 总有效率为 100%; 并且治疗后观察组 SF-MPQ、SF-36、VAS 评分及临床疗效较对照组有显著改善。结论: 改良式温针针刺阿是穴治疗肌筋膜疼痛综合征对患者疼痛、生活质量等状况有较好疗效。

**关键词:** 改良温针针刺; 治疗; 肌筋膜疼痛综合征; 临床研究

### Clinical Observation on Modified Warm Acupuncture for Treatment of Myofascial Pain Syndrome

**Abstract:** Objective: Myofascial pain syndrome has a high incidence, low attendance rate, and is prone to recurrence. Warm-needle acupuncture has been proven effective in basic experiments for the treatment of myofascial pain syndrome. This study aims to observe the clinical efficacy of modified warm-needle acupuncture for the treatment of myofascial pain syndrome. Methods: Sixty patients with myofascial pain syndrome in the lumbar and cervical regions were randomly divided into an observation group and a control group, with 30 patients in each group. The control group received conventional acupuncture therapy, and the observation group received modified warm-needle acupuncture at the acupoints. Treatment was given once a day for 5 days a week for 10 treatments in total. The simplified McGill Pain Questionnaire (SF-MPQ), the Health Survey Questionnaire (SF-36), the Visual Analog Scale (VAS), and clinical efficacy were compared before and after treatment in both groups. Results: The SF-MPQ, SF-36, VAS scores, and clinical efficacy of both groups improved after treatment ( $P < 0.05$ ), with a total effective rate of 100%; and the SF-MPQ, SF-36, VAS scores, and clinical efficacy of the observation group were significantly better than those of the control group after treatment. Conclusion: Modified warm-needle acupuncture at the acupoints for the treatment of myofascial pain syndrome has better effects on the patient's pain and quality of life.

**Key words:** modified warm acupuncture; treatment; myofascial pain syndrome; clinical study

## 針藥結合治療突發性耳聾一例

梁祐爾

奇美醫學中心，台南，台灣

**摘要：**突發性耳聾是一項耳鼻喉科的急症，患者會出現突然聽力下降，大多為單側發生，常伴隨耳悶、耳塞、耳鳴、眩暈等症狀。目前西醫第一線治療用藥為類固醇且在發生後兩週內接受治療則預後較良好。由於目前突發性耳聾的真正病因尚未明確，也增加治療方式及療效的不確定性，因此有許多病患會尋求中醫協助。本案例為一位 70 歲女性，於 COVID-19 感染後出現突發性耳聾伴隨耳鳴，中醫辨證為風熱鬱滯鼻咽，上擾耳竅，加上患者本身肝腎、氣血不足，復原較慢，以針灸配合中藥治療，循經選取三焦經的穴位，亦針對病機辨證取穴，經治療於一周後聽力恢復、三週後耳鳴緩解。此有效案例希望可以提供同道作為突發性耳聾的治療參考。

**关键词：**中醫；突發性耳聾；針灸；中藥

### Acupuncture Combined with Chinese Medicine Treatment of Sudden Sensorineural Hearing Loss: A Case Report

Yu-Erh Liang\*

\*Department of Chinese Medicine, Chi Mei Medical Center, Tainan, Taiwan

**Abstract:** Sudden Sensorineural Hearing Loss (SSNHL) is an otorhinolaryngological emergency characterized by a sudden decrease in hearing, typically unilateral, often accompanied by symptoms such as aural fullness, ear blockage, tinnitus, and vertigo. Currently, the first-line treatment in Western medicine is corticosteroids, with better prognoses if treatment is received within two weeks of onset. Due to the unclear etiology of SSNHL, there is uncertainty in treatment methods and efficacy, leading many patients to seek TCM assistance. This case study involves a 70-year-old female who experienced SSNHL accompanied by tinnitus following a COVID-19 infection. TCM differentiation identified the condition as Wind-Heat stagnation in the nasopharynx disturbing the ear orifices, compounded by the patient's pre-existing Liver and Kidney deficiency and Qi and Blood insufficiency, leading to a slower recovery. Treatment involved acupuncture combined with herbal medicine, selecting acupoints along the Sanjiao meridian, and targeting points based on pathogenesis differentiation. After one week of treatment, her hearing was restored, and tinnitus was alleviated after three weeks. This effective case aims to provide a reference for fellow practitioners in the treatment of SSNHL.

**Key words:** Traditional Chinese medicine; Sudden Sensorineural Hearing Loss; SSNHL; Acupuncture; Chinese herbal medicine

## 腰痛的辨经论治

李思康

芜湖市中医医院针灸一科

**摘要：**本文主要探讨了腰痛的概述、病因病机分析、辨经论治以及典型病案的相关内容。首先，文件简要介绍了腰痛的定义及其对患者生活质量的影响。随后，深入分析了腰痛的各种病因和病机，包括内因与外因的综合作用，如肾虚、寒湿侵袭、气滞血瘀等。接着，文件从中医的角度，依据不同的经络辨证，提出了针对性的治疗方案。最后，文件通过举例典型病案，展示了具体的诊疗过程及疗效，为临床上针灸分经论治腰痛提供了有价值的参考。

### Diagnosis and Treatment of Low Back Pain Based on Meridian Theory

*Li Sikang*

Department of Acupuncture, Wuhu Traditional Chinese Medicine Hospital

**Abstract:** This article primarily discusses the overview, analysis of etiology and pathogenesis, differentiation of meridians and treatment, and relevant case studies related to low back pain. Firstly, the document briefly introduces the definition of low back pain and its impact on patients' quality of life. It then delves into the various causes and mechanisms of low back pain, including the combined effects of internal and external factors such as kidney deficiency, invasion of cold and dampness, and qi stagnation and blood stasis. Subsequently, from the perspective of traditional Chinese medicine (TCM), the document proposes targeted treatment plans based on the differentiation of meridians. Finally, by illustrating typical cases, the document demonstrates the specific diagnostic and therapeutic processes and their effectiveness, providing valuable references for clinical practice in acupuncture and meridian-based treatment of low back pain.

## 火针治疗帕金森慢性疼痛的随机对照研究

王迷娜<sup>2</sup>, 任雅铄<sup>1</sup>, 李彬<sup>2</sup>, 陈鹏<sup>2</sup>

1. 北京中医药大学, 北京, 100029, 中国
2. 首都医科大学附属北京中医医院针灸中心, 北京, 100010, 中国

**摘要:** 目的: 探讨火针疗法缓解帕金森病慢性疼痛的疗效和安全性。方法: 将帕金森慢性疼痛患者随机分为火针组和对照组, 治疗 8 周, 随访 4 周。主要结局是国王帕金森氏疼痛量表, 次要结局包括视觉模拟量表、统一帕金森病评定量表 III 和帕金森病问卷 39。结果: 60 名参与者被随机分配, 其中 30 名在火针组, 30 名在对照组。与对照组相比, 火针组在第 4 周 (均值差[95%CI]:-20.693[-27.619, -13.767],  $P<0.001$ )、第 8 周 (均值差[95%CI]:44.680[-52.359, -37.000],  $P<0.001$ ) 和第 12 周 (均值差[95%CI]:-44.982[-52.771,-37.193],  $P<0.001$ ) 的 KPPS 量表时间交互作用显著。而 VAS、UPDRS-III 和 PDQ-39, 在第 4 周、第 8 周和第 12 周, 各组之间存在显著差异。结论: FNT 可能是治疗 PD 相关慢性疼痛的有效和安全的方法。然而, 仍需大样本、多中心的研究进一步验证此结论。

**关键词:** 帕金森; 疼痛; 火针

### Fire Needling Therapy Versus Usual Care for Parkinson's Disease-Related Chronic Pain: A Pilot Randomized Controlled Trial

Mina Wang<sup>1,2</sup>, Yashuo Ren<sup>1</sup>, Bin Li<sup>2</sup>, Peng Chen<sup>2</sup>

1. Graduate School, Beijing University of Chinese Medicine, Beijing 100029, China
2. Department of Acupuncture and Moxibustion, Beijing Hospital of Traditional Chinese Medicine, Capital Medical University, Beijing 100010, China

**Abstract:** Objective: To detect the effect and safety of fire needling therapy (FNT) for PD-related chronic pain relief. Methods: Patients with PD-related chronic pain were randomly allocated to FNT group and control group with a treatment phase of 8 weeks and a follow-up phase of 4 weeks. Primary outcome was the King's Parkinson's Pain Scale (KPPS), Secondary outcomes included Visual Analogue Scale (VAS), Unified Parkinson's Disease Rating Scale-III (UPDRS-III), and the Parkinson's Disease Questionnaire-39 (PDQ-39). Results: 60 participants were randomized, with 30 in the FNT group and 30 in the control group. KPPS was significantly influenced by the interaction of treatment and time, with a significant reduction in pain observed in the FNT group compared to the control group at Week 4 (difference [95% CI]: -20.693[-27.619,-13.767],  $P<0.001$ ), Week 8 (difference [95% CI]: 44.680[-52.359,-37.000],  $P<0.001$ ), and Week 12 (difference [95% CI]: -44.982[-52.771,-37.193],  $P<0.001$ ). For VAS, UPDRS-III, and PDQ-39, there were significant differences between groups at Week 4, Week 8, and Week 12. Conclusion: FNT could be an effective and safe method for managing PD-related chronic pain. However, large-sample studies conducted in multiple centers are necessary to further verify the findings in the future.

**Key words:** parkinson's disease; pain; fire needling therapy

作者简介: 第一作者: 王迷娜, 手机号: 15201010876, 学历: 博士研究生在读, 研究方向: 针刺治疗神经系统疾病, Email : WMNmmm@126.com

通信作者: 李彬, 手机号: 18910781852 学历: 博士, 研究方向: 针刺治疗神经系统疾病, Email: libin@bjzhongyi.com; 陈鹏, 手机号: 13810830776, 学历: 硕士, 研究方向: 针刺治疗神经系统疾病, Email: chenpeng@126.com

## 苗医弩药针疗法在治疗癌性疼痛中的应用

税会利<sup>1,2</sup>, 唐东昕<sup>2\*</sup>

(1 贵州中医药大学, 贵阳 550000; 2 贵州中医药大学第一附属医院, 贵阳 550000)

**摘要:** 癌性疼痛是恶性肿瘤中晚期常见的主要症状之一,世界卫生组织推荐的“三阶梯止痛疗法”虽是治疗癌性疼痛的主要方法,但尚未能理想地控制所有癌症患者的疼痛,其副作用给患者及家人的身心带来了巨大的痛苦,严重的影响了患者生存质量。有效的控制癌性疼痛和减轻阿片类药物所带来的毒副作用,也成为当今肿瘤界所关切的重要问题。苗医弩药针疗法是一种“以毒攻毒”从外治内的复合外治法,近年来,经前期的基础与临床研究证实具有显著的抗炎、镇痛、抑制致炎因子的表达作用,对于癌性疼痛具有较好的镇痛效果,简便易行,具有独特的优势。本文通过对苗医弩药针疗法的溯源,分析苗医理论对癌性疼痛的认识,探索苗医弩药针疗法治疗癌性疼痛的作用机理,整理苗医弩药针疗法治疗癌性疼痛的基础研究与临床研究,归纳其在推广应用中的局限性,以期能够推动苗医弩药针疗法的传承与发展。

**关键词:** 苗医; 弩药针疗法; 复合外治法; 癌性疼痛。

### Miao Medicine Crossbow Medicine Needle Therapy In The Treatment Of Cancer Pain

SHUI Huili<sup>1,2</sup>, TANG Dongxin<sup>2</sup>

(1. Guizhou University of Traditional Chinese Medicine, Guiyang 550000, China; 2. The First Affiliated Hospital of Guizhou University of Traditional Chinese Medicine, Guiyang 550000, China)

**Abstract:** Cancer pain is one of the main symptoms common in the middle and late stages of malignant tumors. Although the "three-step analgesic therapy" recommended by the World Health Organization is the main method for the treatment of cancer pain, it has not been able to control the pain of all cancer patients ideally, and its side effects have brought great pain to patients and their families, seriously affecting the quality of life of patients. Effective control of cancer pain and reduction of the side effects of opioids have become an important issue of concern in the oncology community. Miao medicine needle therapy is a compound external treatment method of "fighting poison with poison" from the outside and treating the inside. In recent years, it has been proved by preliminary basic and clinical studies that it has significant anti-inflammatory, analgesic and inhibiting the expression of inflammatory factors, and has a good analgesic effect for cancer pain, which is simple and easy, and has a unique advantage. By tracing the origin of the Miao medicine needle therapy, this paper analyzes the Miao medicine theory's understanding of cancer pain, explores the mechanism of action of Miao medicine needle therapy in the treatment of cancer pain, summarizes the basic research and clinical research of Miao medicine needle therapy in the treatment of cancer pain, and summarizes the limitations of its promotion and application, so as to promote the inheritance and development of Miao medicine needle therapy.

**Key words:** Miao medicine; Crossbow Medicine Needle Therapy; Compound external treatment; Cancer pain.

## Effects of superficial Acupuncture of tensioned subcutaneous connective tissue spots at symptoms area

Meyer, Thomas

*Physical Therapy and Sports Psychology, Karlsruhe, Germany*

**Abstract:** Purpose Palpation of subcutaneous connective tissue (SCT) is a standard method of diagnosis in physical therapy in Germany. Using Palpation of tension of SCT parallel to the spine together with a modified version of Standing Flexion Test, to document the effect of Acupuncture (Meyer 2022). Additional Palpation of tension of SCT all over the body can be used to find and acupuncture Ashi Points.

Method Palpating most tensioned spot around the symptoms area. Stroking most tensioned spot in different directions -mostly one direction better relaxed. Acupuncture superficial horizontal this direction, manipulating for 5 seconds. Palpating the tensioned spots again, if there is a relaxation response, massage the connective tissue for 1- 2 minutes for better blood circulation and reflex effect. Palpation SCT and Standing Flexion Test before and after intervention. Documentation of tensioned spots (maximum 5).

Result 15 Patients 11.-12. 6. 2024, 9 women, 6 men. Average age 40,8. Before intervention 65 tensioned spots, after intervention 23 tensioned spots, 42 disappeared. Reduction of tensioned spots 64, 6%. In comparison to study 2022, the effect of a 7. 30 min relaxation treatment was 62, 5 % and after relaxation training the reduction was 55, 8%. In comparison of a study of 2024, superficial Acupuncture most tensioned spot parallel of spine was 75, 6%.

Conclusion Superficial horizontal Acupuncture of the most tensioned subcutaneous connective tissue spot at symptoms area, reduce muscular and connective tissue tension directly around the symptoms area and reduces spine imbalances. This technique is very fast and shows very clear effects. Useful on acute injuries also on chronic pain syndromes.

**Key words:** *Palpation of subcutaneous connective tissue, Standing Flexion Test, Ashi point, superficial horizontal Acupuncture*

### References

T. Meyer, Back to the roots- Palpation and Acupuncture Ashi Points. In: Promotion of TCM Acupuncture, Protecting Global Health. Abstract Band of the Tenth General Assembly and 2022 World Conference on Acupuncture-Moxibustion of World Federation of Acupuncture-Moxibustion Societies, P. 47ff. Singapore (2022).

## **Effects of superficial Acupuncture of tensioned subcutaneous connective tissue spots parallel to the spine**

*Meyer, Thomas*

Physical Therapy and Sports Psychology, Karlsruhe, Germany

**Abstract:** Purpose Palpation of subcutaneous connective tissue (SCT) is a standard method of diagnosis in physical therapy in Germany. The tension of SCT parallel to the spine can be used to find and acupuncture Ashi Points. Additionally using a modified version of Standing Flexion Test, to document the effect of Acupuncture (Meyer 2022).

Method Palpating most tensioned spot parallel to the spine. Stroking tensioned spot in different directions -mostly one direction better relaxed. Acupuncture superficial horizontal this direction, manipulating for 5 seconds. Palpation SCT and Standing Flexion Test before and after intervention. Documentation of tensioned spots (maximum 5).

Result 22 Patients between March 25-28, 2024. 7 women, 15 men. Average age 62,8. Before intervention 78 tensioned spots, after intervention 19 tensioned spots, 59 disappeared. Reduction of tensioned spots 75, 6%. In comparison to study 2022, the effect of a 7. 30 min relaxation treatment was 62, 5 % and after relaxation training the reduction was 55, 8%.

Conclusion Superficial horizontal Acupuncture of the most tensioned subcutaneous connective tissue spot parallel to the spine reduce pain, muscular and connective tissue tension and spine imbalances. This technique is very fast and shows very clear effects. Useful on acute injuries also on chronic pain syndromes.

**Key words:** *Palpation of subcutaneous connective tissue, Standing Flexion Test, Ashi point, superficial horizontal Acupuncture*

### **References**

T. Meyer, Back to the roots- Palpation and Acupuncture Ashi Points. In: Promotion of TCM Acupuncture, Protecting Global Health. Abstract Band of the Tenth General Assembly and 2022 World Conference on Acupuncture-Moxibustion of World Federation of Acupuncture-Moxibustion Societies, P. 47ff. Singapore (2022).



## The effect of acupuncture stimulation on the brain trace substances.

*Hiroyuki NAKAZAWA<sup>1</sup>*

<sup>1</sup> *Faculty of Health Promotional Science, Tokoha University, JAPAN.*

*nakazawas@hm.tokoha-u.ac.jp*

**Abstract:** [Purpose]The aim of this study is to investigate the effects of acupoint stimulation on autonomic function and stress symptoms. It is well established that stress can have a negative impact on our daily lives, both physically and mentally. Acupuncture is a traditional Chinese medicine that stimulates acupoints and has been shown to have a variety of effects, including on autonomic function. These effects have been observed in many studies and are thought to be beneficial in reducing stress symptoms. We therefore investigated the effects of acupoint stimulation on trace substances in the brain related to the serotonin nervous system, which are thought to be involved in anti-stress effects.[Material/Method]The experimental subjects were male Wistar rats. The rats were divided into two groups: a stimulation group (A) in which stimulation was applied to the area corresponding to ST-36, and a non-stimulation group (C) in which no stimulation was applied. Disposable stainless steel needles were used for acupuncture stimulation.For the evaluation, trace amounts of neurotransmitters in the brain were extracted using microdialysis and examined using high-performance liquid chromatography.For the statistical analysis, a Student's t-test was performed, followed by a Dunnett's multiple comparison test after ANOVA.[Discussion/Conclusion]The results of the experiment indicated that there was no observable trend for serotonin release in group C to either increase or decrease over time, and that no statistically significant difference was observed. In contrast, in group A, 20 minutes after the intervention with acupoint stimulation, there was an average increase of 20.2% compared to the baseline, a statistically significant difference ( $p=0.036$ ), and the same progress was followed thereafter. These results suggest that acupuncture stimulation in rats may have an effect on the serotonin nervous system in the brain.

**Key words:** *acupuncture stimulation, serotonin nervous system,*

## 东贵荣教授治疗肩痛症经验摘要

刘应超, 黄海婷, 周亮, 李毅, 鲍春龄, 东红升, 东贵荣<sup>✉</sup>

(上海中医药大学附属岳阳中西医结合医院, 上海 200437)

**摘要:** 介绍东贵荣教授运用“东氏针灸”治疗肩痛症的学术思想和证治经验。肩痛症属痛症范畴, 对应于现代医学的肩周炎和臂丛神经炎等疾病。东教授基于针灸古典医籍, 临证依据不同的病机、病症, 将肩痛症分为肩痛期、肩凝期、肩缩期, 并依据经络循行分为六型。治疗过程中强调针刺刺法和手法、以及选穴配穴原则的灵活运用, 有机整合了半刺、豹文刺、关刺、合谷刺、输刺、偶刺、远道刺、巨刺、恢刺、运动针法、颈夹脊穴和头穴透刺等刺法, 形成系统而规范的“东氏针灸”治疗肩痛症方案, 临床证明本方案疗效显著。

**关键词:** 肩痛症; 肩痹; 臂痹; 东氏针灸; 刺法

### Dong Guirong's experience in treating shoulder pain

LIU Ying-chao, Huang Hai-ting, ZHOU Liang, Li Yi, BAO Chun-ling, DONG Hongsheng, DONG Gui-rong \*

(Yueyang Hospital of Integrated Traditional Chinese and Western Medicine, Shanghai University of Traditional Chinese Medicine, Shanghai 200437, China)

**Abstract:** Professor Dong Guirong's academic thought and experience in the treatment of shoulder pain with acupuncture and moxibustion are introduced. Shoulder pain belongs to the category of pain, which corresponds to shoulder periartthritis and brachial plexus neuritis in modern medicine. Based on the classical medical record of acupuncture, and according to different pathogenesis and disease symptoms, Professor Dong divides shoulder pain into shoulder pain stage, shoulder coagulation stage and shoulder contraction stage, and divided into six types according to the meridian course. The treatment emphasizes the flexible application of acupuncture methods and manipulations, as well as the principles of acupoint selection and matching. The systematic and standardized “Dong's acupuncture” treatment scheme for shoulder pain is formed by organic integration of Ban needling, Baowen needling, Guan needling, Hegu needling, Shu needling, Ou needling, Yuandao needling, Ju needling, Hui needling, movement needling, cervical Jiaji acupoints and penetrating needling at head point.

**Key words:** Shoulder pain; Shoulder periartthritis; Brachial plexus neuritis; Dong's acupuncture; Acupuncture manipulation

## **Osteopathic and Acupuncture Management of Sacroiliac Joint Dysfunction in Low Back Pain.**

*Tianyi JIN M<sub>ost</sub> – a registered osteopath in the UK with training in western medical acupuncture with the British Medical Acupuncture Society. Academic background includes a Bachelor of Science in Medical Science and Medical Physics from University College London and a Masters in Osteopathy from Swansea University.*

*Contact information – maxjin@live.co.uk*

**Abstract:** The sacroiliac joints (SIJs) are the largest axial joints in the body, connecting the spine to the pelvis and facilitating load transfer from the lumbar spine to the lower extremities. According to the literature, SIJ dysfunction contributes to 30% of low back pain (LBP) cases. Despite this, the SIJ is often overlooked as a source of symptoms. As primary care practitioners, osteopaths are trained to identify and diagnose SIJ dysfunction and are well-equipped to treat it. Additionally, acupuncture is a treatment modality growing in popularity that has strong evidence supporting its effectiveness in treating low back pain. The combination of these two disciplines presents a treatment approach that compensates for the shortcomings of each when used alone and provides excellent results for both practitioners and patients. This paper presents two cases exploring low back pain stemming from SIJ dysfunction and its resolution through acupuncture and osteopathic manipulative therapy.

**Key words:** Sacroiliac joint, SIJ, low back pain, acupuncture, osteopathic manipulative treatment, OMT.

## RESEARCH ON THE EFFECT OF THE ELECTRO-BIG-LONG NEEDLE METHOD (BOA-ACUPUNCTURE) COMBINED WITH NUTRITIONAL CONSULTATION IN THE TREATMENT OF OVERWEIGHT AND OBESE PEOPLE

*Tran Van Thanh*<sup>1</sup>, *Vu Nam*<sup>2</sup>, *Pham Quoc Binh*<sup>3</sup>, *Nguyen Quoc Huy*<sup>3</sup>, *Nguyen Duy Luat*<sup>1</sup>, *Tran Duc Huu*<sup>3</sup>, *Han Huy Truyen*<sup>2</sup>, *Hoang Quoc Hop*<sup>1</sup>, *Bui Thi Phuong Thao*<sup>2</sup>, *Phi Thi Viet Ha*<sup>3</sup>, *Dang Hong Quan*<sup>1</sup>

<sup>1</sup> National Hospital of Acupuncture, 49 Thai Thinh Street, Ha Noi, Viet Nam

<sup>2</sup> National Hospital of Traditional Medicine

<sup>3</sup> Viet Nam University Of Traditional Medicine & Pharmacy

**Abstract:** The study aims to evaluate the effects of boa-acupuncture combined with nutritional counseling in the treatment of overweight and obese people and evaluate the unwanted effects of the boa-acupuncture method. Intervention study, comparison before and after and with control. 70 overweight and obese patients were divided into two groups. The study group received nutritional counseling combined with boa-acupuncture for 30 minutes per day for 30 days, the control group received nutritional counseling. Research results showed that after 30 days of treatment, the average weight of the study group decreased by 4.6 kg, and the control group lost 2.5 kg (with  $p < 0.05$ ). Boa-acupuncture method reduces subjective symptoms, significantly improves the patient's waist circumference, buttocks, thigh circumference and blood fat index in a beneficial direction. There were no cases of complications during the study. This is a convenient, safe method and can be commonly applied to all treatment routes.

**Key words:** Boa-acupuncture; Obesity; Losing weight.

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## 淺談針灸治療不孕症的臨床體會

梁東雲

**摘要：**針灸有效治療不孕症已被臨床證實，作者通過大量的實踐，找出了不孕患者治療的針灸共性，予以調理月經，分期治療，精準取穴。在補腎健脾，調理衝任的同時，注重安神定志、心肝兼顧，男女同治的理念，大量的科學實驗已充分證明針灸可以促進卵巢儲備功能，增加卵子的質量，改善子宮內膜的容受性，使成功受孕的幾率增加。此治療方法具有臨床普及意義，可為同行借鑒。

**Abstract:** Acupuncture has proven effective in treating infertility. The author has found common characteristics of acupuncture treatments for infertility after utilizing it in many cases. These include: regulating menstruation, accurately selecting acupoints, and adjusting the treatment plan to the stage of the menstrual cycle. While strengthening the kidney and the spleen, and regulating Chong and Ren were typical, the treatment was also focused on calming the mind, soothing nerves, and harmonizing the heart and the liver. Modern researcher has approved acupuncture can improve ovarian reserve function, increase egg quality, promote endometrial receptivity, and achieve an increased rate of pregnancy.

## **Brief Discussion - The Treatment of Female Reproductive Diseases with Bagua Abdominal Acupuncture**

*Yan Li<sup>1</sup>, Ning Zhang<sup>2</sup>, Yang Xiao<sup>3</sup>, Yongying Liang<sup>4</sup>, Lijun Pu<sup>1</sup>, Xinyue Hu<sup>2</sup>, Xueyang Peng<sup>1</sup>, Jufu Deng<sup>2</sup>.*

1. Department of TCM, Xigong Hospital in Guiyang, Guizhou, China.

2. College of Acumox, Guizhou University of TCM, Guizhou, China.

3. Guizhou Traditional Chinese Medicine Cultural Exchange and Dissemination Center, Guizhou, China.

4. Guanghua Hospital in Shanghai, Shanghai, China.

**Abstract:** In the context of the rapid development of the social economy, modern women bear more social and family pressure, so women's reproductive health problems have also become a major health issue. With the change of the times, the promotion and deepening of Chinese medicine acupuncture in the world, the treatment effect of acupuncture for reproductive system diseases has attracted more and more attention and development. In the Inner Canon of Huangdi, "yin and yang are balanced" is the state of balance of yin and yang in the human body. The female reproductive system is an important part of the balance of yin and yang. If the yin and yang are imbalanced, the changes of yin and yang transformation, ascending, descending, and entering will lead to the occurrence of diseases. Bagua abdominal acupuncture is a special needle therapy, which can be used to treat related diseases caused by female reproductive system diseases by applying needle insertion and moxibustion on the abdomen of the human body. This paper mainly introduces the connotation and mechanism of action of Bagua abdominal acupuncture, and combines it with the theory of viscera in traditional Chinese medicine, discussing its mechanism of action in the treatment of female reproductive system diseases. It also provides new ideas and methods for the treatment of female reproductive system diseases in traditional Chinese medicine acupuncture, which is expected to bring better results for the treatment and recovery of patients, and promote the development of traditional Chinese medicine.

**Key words:** Acupuncture; Bagua Abdominal Acupuncture; The Female Reproductive System

## 中医针灸美容

李彤博士

**摘要:** 中医针灸美容已经有几千年的历史。我们认为要拥有真正的美，必须调整全身的状态，由内向外体现美丽容颜。我们根据过去四十多年的行医和临床经验，对衰老和抗衰老发展了一套自己的理论体系，其中包括十字理论、丰字理论和李陈济五行美容线，并据此设计出一个非常有特色的中医针灸美容疗法，就是李陈中医针灸美容疗法。这个疗法建基于李陈济五行线这个中医理论，其中包括颈部五行线、面部五行线和额头五行线。李陈中医针灸美容疗法将李陈济五行线理论，与特色面部点穴按摩、特色面部刮痧、特色面部拔罐、特色针灸等治疗相结合，通过刺激经络穴位来调和阴阳、扶正祛邪、疏通经络、调和五脏和调理气血，从而达到养护皮肤，美化容颜，延缓衰老的功效。

Traditional Chinese Medicine Facial Rejuvenation and Cosmetics Acupuncture

Dr. Diana Tong Li

**Abstract:** Traditional Chinese Medicine (TCM) cosmetology boasts a history spanning thousands of years. We firmly believe that genuine beauty stems from harmonizing the body's overall state, radiating outward to manifest a beautiful appearance. Drawing upon over 40 years of medical practice and clinical experience, we have cultivated our own comprehensive theoretical framework dedicated to aging and anti-aging strategies, including “Cross-shape” Beauty Competence, Holistic Beauty and Aging, and Dr. Li-Chen Five Elements Beauty Uplines. Based on this framework, we have crafted our signature TCM cosmetic acupuncture therapy—Dr. Li-Chen TCM Facial Rejuvenation and Cosmetics Acupuncture. This therapy is rooted in the principles of the Dr. Li-Chen Five Elements Beauty Uplines theory and combines various signature facial treatments, such as acupressure massage, guasha, cupping and acupuncture. By stimulating the meridians and acupoints to balance yin and yang, fortify the body, expel toxins, enhance meridian flow, harmonize the five internal organs, and regulate qi and blood circulation, these treatments help to support skin health, improve appearance, and postpone signs of aging.

## Acupuncture Management of Psychological Disorders Caused by Covid-19—Review of 62 Cases

*Dan Jiang & Fanyi Meng*

**Abstract:** Psychological disorders, including anxiety, depression and sleep disturbances, are the most common symptoms during and after Covid-19 infection. Some people can also appear or be triggered psychological disorders when they are engaged in special environment of pandemic Covid-19. Acupuncture has been proven to be effective in managing conditions of anxiety, depression and insomnia. Author summarized 62 cases based on standard clinic case records. All cases are treated under guidance of TCM's identification of syndrome with classic acupuncture points' selection and needling techniques. The treatment phase lasted 1 month with 4 treatment sessions, to 3 months with 12 treatment sessions. The review measured the clinical condition changes based on the severity of the symptoms and the number of the symptom for a convenient method of comparison. All reviewed cases were self-referred to the clinics, not recruited for pre-agreed research purposes. At the point of this review is completed, more than 60% patients achieved total clinical symptoms relieve, with no symptom in psychological concern, and about 30% have significant improvement, only handful 5% did not improve enough. Our case study provide insight into how reliable is acupuncture in treatment of short-term psychological problems caused by Covid-19 and this provide useful clue of clinical trial or large scale clinical survey for verifying the clinical effect, and provide solid evidence for clinical practice.

**Key words:** Psychological disorders, Stress, Anxiety, Depression, Sleeping disturbances, Insomnia; Covid-19; Post Covid-19 Syndrome, Acupuncture, TCM



## Traditional Chinese Medicine Strategy and Advantage in Recurrent Implantation Failure

*Qing Zhang*

Southampton,UK, [www.tcmcentre.co.uk](http://www.tcmcentre.co.uk)

**Abstract:** Recurrent Implantation failure (RIF) is a common condition. It affects about 10 % undergoing in assisted reproductive technologies (ART). Author from TCM philosophy discuss RIF 's ethology, pathogenesis, and traditional Chinese medicine (TCM) treatment's strategy, principle, Chinese herbs formula, and acupuncture points. From TCM philosophy: the best way of the supporting RIF is: prevention is better than cure. About seeds theory. Good crop depending good quality seeds, good quality soil, and good climate. For supporting implantation successfully with Chinese herbs and acupuncture preparing good quality eggs (seeds); preparing good quality endometrium and endometrial receptivity (soil); preparing good body environment (body constitutions); author indicates: improve endometrial receptivity are key point of improve recurrent implantation failure. Author also explains the current situation of research about endometrial receptivity, about Western's Endometrial Receptivity Assay, how Western medicine approach to deal with RIF. Combination of western medicine, TCM support RIF with holistic way, concentrate to treat the roots causes rather than the symptoms, and treatment-based individual, TCM works on stimulate body's own self-healing ability to improve and heal ovarian function, uterus function and improve eggs quality, and endometrial receptivity. So that TCM has advantage in support recurrent implantation failure, safe and no side effect. Author also shares three medical cases.

**Key words:** implantation, infertility, In Vitro fertilisation (IVF), traditional Chinese Medicine, TCM, acupuncture, Chinese herbs.

## Case Report: Treatment of Imbalance and Urinary Incontinence with Acupuncture

*Chi-Ao Yang, Kwan Yuet Cheung, Ying Chen, Juno Youn, Long Tran, Shi-Mu Yang, Yong Shuang Cai, Yongzan Chen, Youwen Feng, Bin Xu, Yemeng Chen*

New York College of Traditional Chinese Medicine, Mineola, New York, USA

chiyang@nyctcm.edu

**Abstract:** JP is a 72-year-old female with primary complaint of unsteady gait for the past 2 years. She had to walk with a cane, with a tendency to fall on the right side. She also reports urinary incontinence and nocturia, wakes up 7-8 times every night, and uses 8 diapers throughout the day. Head CT and MRI showed no abnormalities. Malignancies were ruled out.

Initial assessment showed pale red tongue with thin white coating. Cracks in Upper Jiao area; Overall moderate pulse, wiry at Guan on left side. BP: 172/66 mmHg HR: 68 BPM. Initial pattern identified as Kidney Qi Deficiency,

Patient has been coming to the Teaching Clinic of New York College of Traditional Chinese Medicine for acupuncture treatment on a weekly basis for the past 6 months. We applied Jiao Head Acupuncture and ear seeds on auricular points. In addition, we also applied body acupuncture, alternated between protocols with the patient lying in prone and supine positions. Master Tung Acupuncture points were also applied. The protocols focus on improving Kidney and Lower Burner function.

After treatment for 1 month, the patient started reporting noticeable improvement in both balancing and urination, and continues to improve steadily. She is now able to walk steadily, without cane assistance or falling toward sides. She now uses just 2-3 diapers per day, and is able to sleep through the night for 7 straight hours.

The results show promising potential for acupuncture management of various conditions, with combination of ear therapy, head and classic body and Master Tung Acupuncture being efficacious treatment protocol.

Patient continues to be under our care on a weekly basis. We consistently monitor her clinical changes and improvements.

**Key words:** *Head acupuncture, ear therapy, Master Tung acupuncture, incontinence, imbalance*

## Two Case Reports: Acupuncture with Electrical Stimulation (AES) on Lian Quan-S (CV23-S) and Shang Lian Quan-S (Ex-HN21-S) Treats Obstructive Sleep Apnea Syndrome (OSAS)

Shang-Jin Shi<sup>1\*</sup>, Lon Kai Pang<sup>2</sup>, Dingbo Shi<sup>1</sup>

<sup>1</sup> Shi Acupuncture & Herbal Clinic, 1906 West Alabama Street, Houston, Texas 77098, USA.

<sup>2</sup> Baylor College of Medicine, 1 Baylor Plz, Houston, Texas 77030, USA.

**Abstract:** [Purpose] To use AES on Lian Quan-S (CV23-S, 0.5 inches (1.27 cm) on both sides of CV23) and Shang Lian Quan-S (Ex-HN21-S, 0.3 inches (1.27 cm) on both sides of Ex-HN21) to treat OSAS.

Case 1. A 55 year-old male was seeking acupuncture treatments for a previous diagnosis of OSAS. The patient only slept well with the use of a continuous positive airway pressure (CPAP) machine. However, his face was swollen every morning after using the CPAP machine. He wanted to stop using the CPAP machine.

Case 2. A 26 year-old male complained of tiredness, hunger, and sleepiness. The patient noticed snoring when he sleeps. He was seeking acupuncture treatments for these symptoms.

[Method] Case 1. AES: CV23-S and Ex-HN21-S. Supplemental acupoints: PC6, LU7, LI4, ST36, ST40, SP6, KI6, LI20, and GV20. The treatments were performed every other day for one week, totaling four treatments. Each treatment was 20 minutes in duration.

Case 2. AES: CV23-S and Ex-HN21-S. Supplemental acupoint: GV20. The patient received four trials of care, totaling 24 treatments in 10 months. For the first trial of care, the treatments were performed every day for 8 days, each treatment lasted 30 minutes. For subsequent trials of care, the treatment frequencies were decreased but the treatment duration was gradually increased. For the last trial of care, treatments were every three weeks apart, each treatment was 50 minutes in duration.

[Results] Case 1. After AES treatments on CV23-S and Ex-HN21-S, the patient stopped using the CPAP machine and noticed reduced facial swelling. The patient subjectively described his sleep quality increased from poor to good. His uninterrupted sleep time increased from 3 hours to 8 hours per night.

Case 2. After AES treatments on CV23-S and Ex-HN21-S, the patient found relief of symptoms. He noted more energy during the day.

[Conclusions] AES on CV23-S and Ex-HN21-S reduced symptoms of OSAS.

**Key words:** *Acupuncture Electrical Stimulation, Obstructive Sleep Apnea Syndrome, Lian Quan-S, CV23-S, Shang Lian Quan-S, Ex-HN21-S*

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Shang-Jin Shi, 1984, MD, Shanghai Second Medical University, China. 1995, PhD, Osaka University Medical School, Japan. 2013, MS, American College of Acupuncture & Oriental Medicine, USA. 2013-Present, Acupuncturist, Shi Acupuncture & Herbal Clinic, USA.

## **A case report of the application of Jiao's head acupuncture in paralysis treatment**

*Kwan Yuet Cheung, Dezhang Fang, Chi-Ao Yang, Long Tran, Juno Youn, Hye Jin Yang, Hansol Lee, Xin Dai, Yeonwoo Lee*  
1 New York College of Traditional Chinese Medicine, New York, NY, United States. Email: kwacheu@nyctcm.edu  
2 New York College of Traditional Chinese Medicine, New York, NY, United States. Email: dezfang@nyctcm.edu

**Objective:** This study investigated the efficacy of Jiao's head acupuncture in the treatment of a 46-year-old male who experienced quadriplegia due to cervical spinal cord injury after a head injury accident. Western medicine predicted that he would be unlikely to walk again, necessitating lifelong reliance on a wheelchair. Following three years of treatment and surgical interventions under conventional Western medical protocols, the patient showed no substantial improvement and continued to require assistance for daily activities. In this case, traditional western approaches did not yield the desired outcomes. Method: The treatment plan mainly used Jiao's Head Acupuncture for the Motor Zone, Sensory Zone, Foot Motor-Sensory Zone and Balance Zone. It also combined auricular stimulation with traditional acupuncture to target key points. Acupuncture sessions were conducted weekly for one hour. Results: The patient was able to stand up from the wheelchair during 2-3 sessions. The patient used a walker during sessions 7-8 and achieved independent walking under supervision by session 12. Noticeable improvement in muscle tone, range of motion, and mobility were observed within a two-month period. The patient's muscle strength in the quadriceps and anterior tibia muscles has notably improved from a scale of 1 to 4 out of 5. Discussion: This case study highlighted the efficacy of Jiao's head acupuncture in restoring motor function in patients with cervical spinal cord injury, helping to repair damaged nerves, especially in cases where western medicine treatment couldn't see promising positive outcome and is worthy of further research and inclusion in clinical rehabilitation practice.

**Key words:** Jiao's head acupuncture, cervical spinal injury, paralysis, quadriplegia, traditional Chinese medicine, neurological rehabilitation, brain injur

## Acupuncture Differentially Affects the High-Frequency Spectral Energy in Radial Pulse Positions Depending on Type of Lower Back Pain

*Yu-Chen Lee*

Chairman ,Graduate Institute of Acupuncture Science ,China Medicinal University, Taichung, Taiwan

**Abstract:** In traditional acupuncture, pulse palpation is an important clinical diagnostic technique that guides practitioners in their treatment strategies as they evaluate the effectiveness of the treatment. This study investigated the acupuncture effect on specific radial pulse spectral energies in 41 individuals with lower back pain (LBP), in response to a single acupuncture treatment delivered bilaterally at acupoints BL23, BL25, and BL40. Our findings suggest that the right Chi pulse is an effective indicator to assess the effects of acupuncture in individuals with fixed, distended, or sharp pain, whereas the left Guan pulse is a potentially useful diagnostic technique to determine acupuncture's effects in individuals with dull, aching pain. The acupoints BL23, BL25, and BL40 provide effective treatment for LBP. Study participants with dull, aching pain had a significant improvement in their lumbar ranges of motion, and their pain rating scores were markedly decreased after acupuncture treatment.

**Yu-Chen Lee MD.PHD.**

E-mail: 005167@tool.caaumed.org.tw

ORCID: <https://orcid.org/0000-0002-9510-3146>

Reference:

Hui-Ping Ng, Chin-Ming Huang, Wen-Chao Ho, **Yu-Chen Lee\*** , Acupuncture Differentially Affects the High-Frequency Spectral Energy in Radial Pulse Positions Depending on Type of Lower Back Pain , *Evidence-based Complementary and Alternative Medicine* , 2019 Nov, 2019(4024501):16, SCI

## 中医治疗高龄女性不孕及辅助生殖技术反复失败的助孕策略和思路

赵丽琴(英国仲景医圣堂)

Email: fertilitycare@zhongjinguk.com

**摘要:** 高龄妇女不孕及辅助生殖技术反复失败是临床上一个棘手难题!其主要问题是卵子质量及卵巢储备功能下降,甚或卵巢早衰,子宫内膜容受性降低,自然妊娠率和辅助生殖成功受孕率明显下降。西医尚无很好解决办法,而中医针灸对高龄妇女的调经助孕有独特优势和疗效,

### TCM Treatment Strategies for Female Infertility with Advanced Age and Repeated Failure of Assisted Reproductive Technology

*Liqin Zhao*

*Zhong Jing TCM UK, 74 Ecclesall Road South, Sheffield, S11 9PG, UK*

**Abstract:** Infertility in women with advanced age and repeated failure of Assisted Reproductive Technology, such as In-Vitro Fertilisation (IVF) and Intrauterine Insemination (IUI) etc. are currently a clinical challenge faced by the gynaecologists!

With the development of this modern society, the fast pace of life and high stress of work, more and more people choose to have children relatively late, resulting in an increase of infertility in women with advanced age; or after years of trying IVF/IUI without any success, and finally seek traditional Chinese medicine (TCM) treatment. Consequently, most of them are over 35 years old, and some of them are even over 40 years old.

For those women with advanced age, the quality of eggs and ovarian reserve decreases and even develop to premature ovarian failure, the receptivity of the endometrium decreases, the rate of natural pregnancy and success rate of IVF/IUI decreases, while the miscarriage rate increases. Studies have proved that TCM can improve women's ovarian function, egg quality and endometrial receptivity, therefore enhance the successful pregnancy rate of women with advanced age and repeated IVF-ET failure.

TCM has its unique advantages and efficacy in regulating menstruation and improve fertility for women with advanced age. The author has been practicing TCM in the UK for nearly 30 years, working with gynaecologists in the hospitals and IVF centres. She has treated hundreds of infertile women aged over 35 years old and has gained versatile clinical experiences.

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本文作者在英行医 30 年, 诊治无数高龄不孕患者, 并与当地妇科医院及辅助生殖技术治疗中心合作, 积累了丰富的临床经验, 研究证明中医针灸可以改善卵巢功能和卵子质量, 增强子宫内膜容受性, 提高受孕率。本文将阐述作者研发总结出的中医针灸对高龄妇女的助孕策略和方案, 强调诊疗关键是遵循中医的辨证论治原则, 结合女性的生理病理特征和调周疗法, 制定个体方案, 针药并用, 临床疗效满意。

This article will describe the TCM treatment strategies and programs which is developed and summarized by the author to help women conceive. It is proposed that the key to TCM treatment should follow the TCM concept of syndrome pattern differentiation, combine women's physiological and pathological characteristics and menstrual cycle therapy, using Acupuncture and Chinese medicine. The clinical outcome is satisfactory and encouraging!

## 于氏轻柔正骨松肌解筋手法

于学俊 英国伯明翰

sarahxuejun@yahoo.com

**摘要：**《于氏轻柔正骨松肌解筋手法》是一套摆脱针药灸刮敷贴等侵入性或器械性治疗，而完全使用手法调理全身疾病纯绿色的治疗方法。通过非常轻柔的手法松解劳损受伤而僵紧的肌肉和筋膜，使被其牵拉移位的骨骼回位，达到筋柔骨正的状态，从而气血畅通，恢复脏腑原有的位置，使其不受干扰地发挥最大的功能而祛病养生。治疗效果立竿见影，且轻松持久，患者毫无恐惧和痛苦，更没有对副作用的担忧。几乎适合所有的患者，也适合各种治疗师学习，即使是身材矮小、气力不足者，面对高大体硕的欧洲人也能轻松应对，因这套手法是通过精准的诊断，杠杆巧力来完成的。

**关键词：**轻柔、立效、持久

### Yu's Gentle Bone Setting and Tendon Release Technique

*Author: Yu Xuejun Birmingham, UK*

sarahxuejun@yahoo.com

**Abstract:** <Yu's Gentle Bone Setting and Tendon Release Technique> is a set of pure green treatment methods that are free from invasive treatments such as acupuncture, moxibustion, scraping, plastering, etc., and use manipulation to regulate whole-body diseases. Through very gentle manipulation to loosen the muscles and fascia that are stiff and tightened due to strain and injury, and make the bones that are pulled and displaced back to the position, to achieve the state of tenderness of muscles and bones, so that the blood and Qi flow smoothly, and to restore the original position of the internal organs, so that they will not be interfered with to play the maximum function to get rid of the discomfort and maintain the health of the body. The therapeutic effect is immediate, easy and long-lasting, without fear and pain, not to mention the worry of side effects. It is suitable for almost all patients and for all kinds of therapists, because this set of techniques is done through precise diagnosis and leveraged skillful force.

**Key words:** gentle, immediate, long-lasting

## 针刺、手法治疗颈源性形体感知障碍 2 例

孙盛德

俄罗斯中医药学会，俄罗斯，莫斯科

**摘要：**形体感知障碍[1]，属于精神科疾病，通常用心理和西药治疗无明确的疗效。近些年我们在临床中发现 2 例患者的发病与颈椎病相关，用中医的针灸、手法治疗获得了临床治愈的效果。本文将叙述治疗过程及对其病因作初步探讨。为同道们临床研究提供参考。

**关键词：**形体感知障碍、颈痹、针灸、整脊。

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### Two Cases of Cervicogenic Body Perception Disorder Treated with Acupuncture and Manual Treatment Techniques

*Sun Shengde*

*Russian Association of Traditional Chinese Medicine, Russia, Moscow*

**Abstract:** body perception disorder is a psychiatric disease, and is usually treated with psychological and Western medicine without clear efficacy. In recent years, we have found in clinical practice that the review of 2 patients was related to cervical spondylosis, and they achieved clinical treatment results with acupuncture and manual treatment of traditional Chinese medicine. This article describes and makes a preliminary discussion of the treatment process and causes. It also provides clinical and research reference for colleagues.

**Key words:** *body perception disorder, cervical paralysis, acupuncture, manual treatment techniques.*

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## 早期肠内营养配合复元针法在脓毒症急性胃肠损伤患者中的应用研究

彭小菊

**摘要:**目的: 探讨早期肠内营养配合复元针法在脓毒症急性胃肠损伤患者中的应用效果。方法: 选择我院 2018 年 1 月至 2022 年 1 月收治的 130 例脓毒症急性胃肠损伤患者作为研究对象, 采用随机数字表法将其分为观察组 (n=65) 和对照组 (n=65), 对照组患者入院后给予常规处理及早期肠内营养支持, 观察组在对照组基础上增加复元针法进行干预, 对比两组干预前后的腹内压、腹围、肠鸣音, 对比两组自开通肠内营养至肠内营养达标时间、入住重症监护室 (ICU) 时间及住院总时间, 对比两组干预前后的急性生理与慢性健康评分 II (APACHE II)、急性胃肠损伤 (AGI) 分级, 对比两组干预前后的血清转铁蛋白 (TF)、血清总蛋白 (ALB)、血红蛋白 (Hb)、前清蛋白 (PA) 的表达水平。结果: 干预后观察组腹内压低于对照组, 腹围短于对照组, 肠鸣音多于对照组, 观察组营养达标时间、入住 ICU 时间及住院总时间短于对照组, 干预后对照组的 APACHE II 评分及 AGI 评分低于对照组, 干预后观察组 TF、ALB、Hb、PA 高于对照组, 差异有统计学意义 ( $P < 0.05$ )。结论: 早期肠内营养联合复元针法能改善脓毒症胃肠损伤患者腹部症状, 促进患者康复, 改善患者机体整体状况及营养状况。  
**关键词:** 早期肠内营养; 复元针法; 脓毒症; 胃肠损伤;

### Study on the application of early enteral nutrition combined with recovery acupuncture in patients with acute gastrointestinal injury in sepsis

**Abstract:** objective: to explore the effect of early enteral nutrition combined with recovery acupuncture in patients with acute gastrointestinal injury in sepsis. Methods: 130 patients with septic acute gastrointestinal injury treated in our hospital from January 2018 to January 2022 were randomly divided into observation group (n = 65) and control group (n = 65). The patients in the control group were given routine treatment and early enteral nutrition support, and the observation group was treated with compound acupuncture on the basis of the control group. the intra-abdominal pressure, abdominal circumference and bowel sounds of the two groups before and after intervention were compared. The time from enteral nutrition to enteral nutrition, the time of hospitalization in intensive care unit (ICU) and the total time of hospitalization were compared between the two groups. The acute physiology and chronic health score II (APACHE II) and the grade of acute gastrointestinal injury (AGI) were compared between the two groups before and after intervention. The expression levels of serum transferrin (TF), serum total protein (ALB), hemoglobin (Hb) and prealbumin (PA) were compared between the two groups before and after intervention. Results: After intervention, the intra-abdominal pressure in the observation group was lower than that in the control group, the abdominal circumference was shorter than that in the control group, and the intestinal sound was more than that in the control group. The time of reaching the standard of nutrition, the time of staying in ICU and the total time of hospitalization in the observation group were shorter than those in the control group. The scores of APACHE II and AGI in the observation group were lower than those in the control group, and the levels of TF, ALB, Hb and PA in the observation group were higher than those in the control group after intervention, the difference was statistically significant ( $P < 0.05$ ). Conclusion: early enteral nutrition combined with recovery acupuncture can improve the abdominal symptoms, promote the rehabilitation and improve the overall body and nutritional status of patients with gastrointestinal injury in sepsis.

## 中草药医疗技术治疗多种难愈性深度创面临床疗效观察

秦宜梅 秦氏诊所

**摘要：**本研究回顾性分析了2010年至2024年在秦氏中医治疗的2572例烧伤和烫伤病例，重点观察了难愈性深度创面的治疗效果。结果显示，传统中草药技术能够有效治疗各种难愈性深度创面，其中二度创面实现无疤痕愈合，三度创面实现轻度疤痕愈合，无功能障碍或需手术干预。中草药治疗在缓解疼痛、降低感染率、避免手术植皮及减少疤痕增生方面具有显著优势，是治疗难愈性深度创面的最佳选择。

难愈性深度创面是指由于各种原因（如创伤、烧伤、压疮、糖尿病足等）导致的超过一个月仍未愈合且无愈合倾向的溃疡和创面，组织损伤严重，修复困难，治疗难度大。

本研究患者包括2572例，男性1562例，女性1010例，年龄范围2天至92岁，平均年龄50.96岁。主要损伤类型为烧伤烫伤（2400例）、电击伤（60例）、糖尿病足（60例）、褥疮（20例）及其他损伤（10例）。治疗方法包括全身治疗和局部治疗，全身治疗注重营养支持及基础疾病管理，局部治疗则包括定时换药和中草药外敷。

典型案例展示了中草药技术在电击伤、新生儿皮肤缺失、火焰烧伤、铁水烫伤、沸水烫伤及小儿手指功能障碍恢复中的应用效果，特别是通过中药膏外敷和功能训练，促进创面自然愈合，无明显疤痕，恢复正常功能。

结论表明，传统中草药技术在促进深度创面自然愈合、减少疤痕形成和防止感染方面表现显著，显示出将传统中医药与现代医疗实践相结合治疗难愈性创面的巨大潜力。

### Clinical Observation on the Effectiveness of Traditional Chinese Herbal Medicine in Treating Various Refractory Deep Wounds

Qin's Clinic - Qin Yimei

**Abstract:** This study retrospectively analyzes 2,572 cases of burns and scalds treated at Qin's Traditional Chinese Medicine Clinic between 2010 and 2024, focusing on the effectiveness of treating refractory deep wounds. The results indicate that traditional Chinese herbal medicine can effectively treat various types of refractory deep wounds. Second-degree wounds healed without scarring, while third-degree wounds healed with minimal scarring and without functional impairment or the need for surgical intervention. Chinese herbal treatment has significant advantages in relieving pain, reducing infection rates, avoiding surgical skin grafting, and minimizing scar formation, making it the best choice for treating refractory deep wounds.

Refractory deep wounds refer to ulcers and wounds that, due to various causes (such as trauma, burns, pressure sores, diabetic foot, etc.), have not healed after more than a month and show no signs of healing. These wounds are characterized by severe tissue damage, difficult repair, and high treatment challenges.

The study included 2,572 patients, of which 1,562 were male and 1,010 were female, with ages ranging from 2 days to 92 years and an average age of 50.96 years. The primary types of injuries were burns and scalds (2,400 cases), electrical injuries (60 cases), diabetic foot (60 cases), pressure sores (20 cases), and other injuries (10 cases). Treatment methods included both systemic and local treatments. Systemic treatment focused on nutritional support and management of underlying conditions, while local treatment involved regular dressing changes and the external application of Chinese herbal medicine.

Typical cases demonstrated the effectiveness of Chinese herbal medicine in treating electrical injuries, neonatal skin defects, flame burns, molten iron burns, scalds from boiling water, and the recovery of finger function in children. Specifically, the use of herbal ointment application and functional training promoted natural wound healing, resulting in

minimal scarring and the restoration of normal function.

The conclusion indicates that traditional Chinese herbal medicine plays a significant role in promoting natural healing of deep wounds, reducing scar formation, and preventing infections, highlighting the great potential of integrating traditional Chinese medicine with modern medical practices in treating refractory wounds.

## 毫针刺三其穴综合十二正经腧穴治疗痔疮疼痛疾病临床观察

许柏光

**摘要:** 痔疮是一种最常见的肛肠科疾病,中医学认为痔疮的发生多和饮食、情志、劳力、大便不调,脏腑本虚,加上风、寒、暑、湿、燥、火六淫邪气,最终导致气血失调,瘀滞经脉。女性发病率高于男性。在治疗中,中医医家根据痔疮的病因病机进行辨证分型,针对不同类型的痔疮,分为外痔、内痔以及混合痔。中医在痔疮的治疗上有着独特的疗法,目前临床上中医内、外治法主要有内服中药、针灸、中药熏洗等疗法。临床多采用一种或多种疗法综合治疗,取得了较好疗效。近年来笔者采用毫针刺三其穴综合十二正经腧穴治疗痔疮疼痛疾病临床观察均能获得显著疗效。

**关键词:** 三其针刺法、十二正经腧穴、治疗痔疮疼痛

**Abstract:** Haemorrhoids is one of the most common anorectal diseases. Traditional Chinese medicine (TCM) believes that the occurrence of haemorrhoids is mostly associated with improper diet, emotions, intensive labour, and chronic constipation. This leads to deficiency of the internal viscera, and with the six pathogenic factors of wind, cold, heat, dampness, dryness, and fire invading our body. It will eventually cause the imbalance of *qi* and blood resulting in flow stagnation of the meridians. The incidence rate of haemorrhoids is higher in women than in men. In TCM treatment, syndrome differentiation is conducted based on the etiology and pathogenesis of haemorrhoids. Different types of haemorrhoids are divided into external haemorrhoids, internal haemorrhoids, and mixed haemorrhoids. TCM has its unique therapies in the treatment of haemorrhoids. Currently, the internal and external TCM treatment methods mainly include oral Chinese medicine, acupuncture, Chinese medicine steam bath and other therapies. In clinical practice, one or more combined therapies are often used, and have achieved clinical effectiveness. From recent years, it has been observed clinically that manual acupuncture using *sanqi* acupoints (三其穴) combined with acupoints from the 12 main meridians can significantly reduce haemorrhoidal pain and its conditions.

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医师(医学硕士) TCM PHYSICIAN(MMed. TCM)

新加坡中医师公会、新加坡中华医院特需医师、新加坡中华医院主治医师、新加坡筋伤痛症专病组临床技术导师、新加坡筋伤痛症专病组临床技术顾问、新加坡卫生部中医管理委员会注册中医师、新加坡卫生部中医管理委员会注册针灸师、广西中医药大学(骨伤专科学院)医学硕士

## Concentrated Growth Factor Application via Acupuncture Points with Cosmetic Acupuncture Application

*Prof. Dr. Mehmet Tuğrul Cabioğlu*

**Abstract:** Ankara Mediol Universty, Medical Faculty

Cosmetic Acupuncture is applied to acupuncture points, especially on the face and other parts of the body, for cosmetic purposes. Cosmetic Acupuncture; strengthens skin tone, it gives elasticity to the skin, increases blood supply to the skin, eliminates small wrinkles, it balances the electrical load on the skin. Initially, needles are inserted into acupuncture points located on various parts of the face and body. The entry of the acupuncture needle into the point causes a controlled microtrauma and collagen, elastin and fibronectin fibers are broken down in the skin. It causes at the point cause physiological regeneration. After the acupuncture application, intensive plasma injection of "Growth Factors" is made over the acupuncture points. I think that the injection of growth factor-rich plasma right after this point accelerates and strengthens this regeneration. According to my clinical observations, I think that the injection of growth factor-rich plasma from acupuncture points is more effective than the application of acupuncture alone in cosmetic applications.

**Key words:** Cosmetic Acupuncture, Growth Factors, Microtrauma, Regeneration, Skin

## Acupuncture/Moxibustion Treatment of Lumbago in Patients with Proven Herniated Discs

*Dr. med. Thomas Braun B.AC. (M. D.)*

*Vicepresident of WFAS*

*Member Education Working Committee of WFAS*

*D-92444 Rötzt*

*An: wfaspapers@atcm.co.uk*

### **Objective:**

To investigate the effectiveness of acupuncture/moxibustion treatment in patients with low back pain and confirmed lower lumbar disc herniation.

### **Method:**

In the outpatient clinic in Rötzt (Germany), the files of 20 patients were randomly selected from the files, who had been treated with acupuncture/moxibustion for pain in the distal half of the lumbar spine and had an evidence of one or more herniated discs in the L3/L4, L4/L5 or L5/S1 segments with magnetic resonance imaging. These were people who either came for the purpose of treatment (referral) or who had been receiving treatment for a long time with various complaints (family doctor). The documented pain levels were transferred to the visual analogue pain scale (VAS): "none" with 0, "moderate" with 2, "medium" with 4, "severe" with 6, "very severe" with 8 and "unbearable" with 10.

**Results:** The patients were between 29 and 75 years old (mean 54.6 years). 6 of them were female, 14 male. 7 patients had a herniation L3/L4, 11 had a herniation L4/L5 and 9 had a herniation L5/S1. In addition, 7 patients had significant spinal canal stenosis and 4 had already undergone previous surgery for a herniation. At the start of therapy, the intensity of pain reported by the patients ranged from "moderate" (2) to "very severe" (8), and at the end of therapy from "none" (0) to "very severe" (8). The mean value at the start of therapy was 5.85 (n=20), and at the end of therapy it was 0.55 (n=20). This change was highly significant. The number of therapy sessions with acupuncture/moxibustion carried out, ranged from 3 to 23. Freedom from pain from the lumbar pain two stages after the end of treatment was not documented in 7 cases; in the other 13 cases it was between 14 and 380 days. Including patients who were pain-free after the last session but did not return afterwards (n=18; 2 still had pain after the end of treatment), the average follow-up time was 72.7 days.

**Discussion** The patient files were selected by staff at random, but there was of course no randomization in the classic sense. Over two thirds of the patients were male (14) and just under a third were female (6). Statistically, this corresponds roughly to the gender distribution given in the literature. There was no control group, so there is only level V in the hierarchy of external evidence. 7 patients had a herniation L3/L4, 11 a herniation L4/L5 and 9 a herniation L5/S1. The literature states that 90% of lumbar disc herniations affect the L4/L5 and L5/S1 segments. The distribution in the available case reports is therefore not unusual. The average age of the patients was 54.6 years. This is also unremarkable, especially since many patients had already suffered from pain for many years. In terms of pain intensity, no patient was above "very severe". Patients with unbearable pain would probably be more likely to be treated as inpatients than outpatients.

## 耳针改善胰脏癌化疗病人癌因性疲惫之疗效评估

黄泽宏

林口长庚纪念医院

长庚大学中医系

中华针灸医学会

**摘要:** 目的: 胰脏癌之疾病和治疗造成生活质量严重受损。本研究探讨耳穴在胰脏癌合并化学治疗病人是否能改善癌因性疲惫。

**研究方法:** 本研究为随机对照实验, 在台湾北部某医学中心, 共 82 位胰脏癌合并化学治疗病人, 实验组接受 4 周耳针治疗, 在神门(Shenmen, TF4)、交感(Sympathetic, AH6)、肝(Liver, CO12)、脾(Spleen, CO13)、皮质下(Subcortex, AT4)等进行耳针刺激, 对照组则接受 4 周常规护理, 评估工具为 Brief Fatigue Inventory-Taiwan (BFI-T)、Pittsburgh Sleep Quality Index (PSQI)、EORTC QLQ-C30、EORTC-QLQ-PAN26、3-day Physical Record (3-day PAR)等。

**结果:** 经过 4 周耳针治疗后, 在第 1 周至第 4 周的 EORTC QLQ-C30 之失眠, 以及在第 2 至第 3 周 EORTC QLQ-C30 之便秘, 均具统计上显著差异。EORTC QLQ-C30-失眠、EORTC QLQ-PAN26-消化不良、EORTC QLQ-PAN26-胀气, 症状分数下降>20 分, 具有显著的临床意义。

**结论:** 耳穴可以改善胰脏癌合并化学治疗病人的睡眠及生活质量-失眠、便秘、消化不良、胀气等症状, 值得加以运用在癌症临床照护。

**关键词:** 胰脏癌、耳针、癌因性疲惫

### The efficacy of auricular acupuncture of cancer-related fatigue in patients receiving chemotherapy for pancreatic cancer

Tse-Hung Huang

Director, Department of Chinese medicine, Chang Gung Memorial Hospital, Linkou, Taipei and Taoyuan Branches, Taiwan

Director, Department of Chinese medicine, Chang Gung Memorial Hospital, Linkou, Taipei and Taoyuan Branches, Taiwan  
School of Traditional Chinese Medicine, Chang Gung University, Taoyuan City, Taiwan  
Chinese Medical Association of Acupuncture, Taiwan

**Abstract:** Objective: Pancreatic cancer disease and treatment cause severe impairment of quality of life. This study explores whether auricular acupuncture can improve cancer-related fatigue in patients with pancreatic cancer combined with chemotherapy. Methods: This study is a randomized controlled trial. A total of 82 patients with pancreatic cancer combined with chemotherapy were enrolled in a medical center in northern Taiwan. The experimental group received 4 weeks of auricular acupuncture treatment. Auricular acupuncture stimulation is performed at Shenmen (TF4), Sympathetic (AH6), Liver (CO12), Spleen (CO13), Subcortex (AT4), etc.. The control group received 4 weeks of routine care, and the assessment tool was Brief Fatigue Inventory-Taiwan (BFI-T), Pittsburgh Sleep Quality Index (PSQI), EORTC QLQ-C30, EORTC-QLQ-PAN26, 3-day Physical Record (3-day PAR), etc. Results: After 4 weeks of auricular acupuncture treatment, there were statistically significant differences in EORTC QLQ-C30 insomnia from weeks 1 to 4, and EORTC QLQ-C30 constipation in weeks 2 to 3. EORTC QLQ-C30-Insomnia, EORTC QLQ-PAN26-dyspepsia, EORTC QLQ-PAN26-flatulence, symptom scores decreased by >20 points, which has significant clinical difference. Conclusion: Auricular acupuncture can improve the sleep and quality of life of patients with pancreatic cancer combined with chemotherapy - insomnia, constipation, indigestion, flatulence and other symptoms, and is worthy of application in clinical cancer care.

**Key words:** Pancreatic cancer, ear acupuncture, cancer-related fatigue

Tse-Hung Huang MD.PHD.

E-mail : [huangtsehung@gmail.com](mailto:huangtsehung@gmail.com)

F-ORCID: <https://orcid.org/0000-0002-5231-9932>



## 观察穴位埋线治疗颈型颈椎病合并项部脂肪垫的临床疗效

兰彩虹

**摘要：**目的：观察穴位埋线治疗颈型颈椎病合并项部脂肪垫的临床疗效。

**方法：**将符合纳入标准的 66 例患者按 1:1 随机分配到普通针刺组与穴位埋线组。普通针刺组采用华佗牌 0.22×40mm 一次性无菌针灸针，取颈夹脊穴、天柱、后溪、申脉及悬钟、大椎穴、以大椎穴为中心，上下左右各旁开 1 寸选取 4 个穴位进行针刺，每周治疗五次，1 周为 1 个疗程，总治疗 4 周。埋线组选用医用可吸收性外科缝线，取颈夹脊穴、大椎穴、以大椎穴为中心，上下左右各旁开 1 寸选取 4 个穴位进行穴位埋线，每周治疗一次，1 周为 1 个疗程，总治疗 4 周。两组分别于基线期、第 4 周结束后比较观察两组患者项背部脂肪垫厚度、VAS 评分、NDI 评分，评价临床疗效。

**结果：**

共纳入 66 例患者，4 例脱落，共 62 例完成所有治疗，基于符合方案集(Per Protocol Set, PPS)分析原则，只对完成治疗方案的病例进行统计分析，将 62 例患者全部纳入统计分析，组间基线资料差异无统计学意义 ( $P > 0.05$ )，具有可比性。

### 1. 主要指标：

项部脂肪垫的厚度改善情况：①组内比较：与治疗前相比，治疗 4 周后，普通针刺组与穴位埋线组项部脂肪垫的厚度均明显降低( $P < 0.05$ )。②组间比较：治疗后，穴位埋线组项部脂肪垫的厚度改善情况优于普通针刺组 ( $P < 0.05$ )。

### 2. 次要指标：

(1) VAS 评分：①组内比较：与治疗前相比，治疗 4 周后，普通针刺组与穴位埋线组 VAS 评分均明显降低 ( $P < 0.05$ )。②组间比较：治疗后，普通针刺组评分低于穴位埋线组 ( $P < 0.05$ )。

(2) NDI 评分：①组内比较：与治疗前相比，治疗 4 周后，普通针刺组与穴位埋线组 NDI 评分均明显降低 ( $P < 0.05$ )。②组间比较：治疗后，普通针刺组评分低于穴位埋线组 ( $P < 0.05$ )。

(3) 总有效率：普通针刺组痊愈 4 例，显效 4 例，有效 19 例，无效 3 例。普通针刺组总有效率 90.00%，穴位埋线组痊愈 1 例，显效 3 例，有效 21 例，无效 7 例，穴位埋线组总有效率 78.13%，两组相比，普通针刺组在改善颈型颈椎病合并项部脂肪垫患者的临床症状方面优于穴位埋线组 ( $P < 0.05$ )。

3. 安全性评价：在整个研究过程中，穴位埋线组发生 3 例不良反应，普通针刺组发生 2 例不良反应，不良反应发生率分别为 9.40% 和 6.67%，组间比较无差异 ( $P > 0.05$ )，提示两种治疗方法安全性均较高。

4. 依从性评价：两组患者依从性均为 100%。提示穴位埋线组与普通针刺组治疗颈型颈椎病合并项部脂肪垫依从性均较好。

结论:

1. 普通针刺组与穴位埋线组均能有效地缩小颈型颈椎病合并项部脂肪垫患者的项部脂肪垫的厚度以及改善颈部疼痛、麻木、颈椎功能障碍等临床症状。
2. 普通针刺组在改善颈型颈椎病合并项部脂肪垫患者的颈部疼痛、麻木、颈椎功能障碍等临床症状方面优于穴位埋线组。
3. 穴位埋线组在缩小颈型颈椎病合并项部脂肪垫患者的项部脂肪垫的厚度方面优于普通针刺组，提示临床可选择穴位埋线治疗项部脂肪垫。

**关键词:** 穴位埋线；颈型颈椎病；项部脂肪垫；临床疗效

### **Observation of the clinical effectiveness of the acupuncture point embedding method in the treatment of cervical spondylosis**

**Abstract:** Objective: Observation of the clinical effectiveness of the acupuncture point embedding method in the treatment of cervical spondylosis in combination with fat pads in the collar. Methods: The 66 cases that met the criteria were divided 1:1 according to the criteria and assigned to the needlestick groups and the neanderliners. The acupuncture mends were performed with a sterile acupuncture with a cascade 0.22 cylinder that inhibits the neck and has the height of the bush, a stream, ham leg and screed and the spine in the center, going down one centimeter at a time and over four people treated five times a week and four cycles accordingly. The probe was used for removable surgical sutures that remove the back of the neck and carry the spine as the center of the worm. Four-centimeter-long and approximately one-centimeter-long cranial quadrants were placed in which four karma shafts were treated alternately and treated only once for one week. But the two groups were measured first after the "baseline" phase and at the end of the fourth treatment (wsa) with the thickness of the fat pads, served and NDI to evaluate the clinical effect. Results:

It concerns 66 patients, 4 of whom are compliant with the program, 62 of whom are compliant with all treatment methods and based on the principle of being compliant with the program. 62 patients were excluded from the program and the statistical deviation from the baseline data was not very significant ( $P > 0.05$ ). Be comparable. 1. the primary indicators:

Thickness of padding under sections: ① compared with the joints, the thickness of the forced and neon layers measured at the beginning of the treatment was significantly reduced ( $P < 0.05$ ). ② the between: after because of, at least buried XianZu one of the fat. The improvements better one needle ( $P < 0.05$ ). 2. Secondary indicators:

(1)VAS rating: ① compared with before the four-paragraph treatment, both the acupuncture - and the hostess - zacks Were equally weak towards the treatment with four gymnastics ( $P < 0.05$ ). ② the between: after because of, needle the scores under at least buried XianZu ( $P < 0.05$ ).

(2)NDI rating: compared with before the four-paragraph treatment, both the acoustic acoustic and acoustic ndi groups were significantly reduced ( $P < 0.05$ ). ② the between: after because of, needle the scores under at least buried XianZu ( $P < 0.05$ ).

(3) efficiency: healing ability of four simple needle stick healings with four healings, 19 healings and 3 eggs. Although the acupuncture and neanderthal groups achieve 90.00%, replace good results in three cases and are more efficient in seven cases, and acupuncture is 78.13% more efficient, the two groups are not better ( $P > 0.05$ ) than the normal group in terms of improving the clinical symptoms of cervical disease. 3. evaluation of safety: in the course of the study, three negative reactions were detected in the neandertler groups, two in the general acupuncture, in 9 % of

cases and 6.67 % of cases, with no difference ( $P > 0.05$ ) ,between the groups, which makes both therapies safer.4. Adherence evaluation: in both patient groups, the dependency is 100%. The stab wounds, for example, lie well in the treatment of cervical neck limb and general needles. Conclusion:

1. Acupuncture and necrotizing groups can make good progress in reducing the thickness of the punctures in the hypercusion of throat cancer and resolve the same clinical symptoms such as sore throat, numbness and necromancy.

2. The general acupuncture group was superior to the acupoint burrowing group in improving clinical symptoms such as neck pain, numbness, and cervical spine dysfunction in patients with cervical cervical spondylosis combined with collar fat pads.

3. the nearchgraphing groups prefer the thickness of the subpads in the neck cancer (hypodermic) fat pads well before normal acupuncture, according to which the needles are preferred in the subcentral treatment.

**Key words:** Acupuncture point burrowing; Cervical cervical spondylosis; Collar fat pad; Clinical efficacy

## 基于“从肝论治”电针肝经腧穴治疗 DOR 的临床探索

杨志虹

**摘要:** 目的: 本研究采用随机对照研究, 评价基于“从肝论治”电针治疗卵巢储备功能下降的临床疗效。方法: 筛选符合标准的 DOR 女性患者, 通过设立肝经组和非经非穴组, 肝经组用“从肝论治”方案电针治疗: 太冲(双)、蠡沟(双)、曲泉(双)、急脉(双); 非经非穴组用电针非经非穴治疗: 分别在大腿外侧、小腿外侧、跟骨外侧共选择 4 处非经非穴(双)。观察两组患者治疗前后的 AMH、bFSH、bLH、bE2、AFC、改良 Kupperman 评分、MENqol 评分、SAS 量表、SDS 量表的变化, 同时观察治疗结束三个月后的妊娠率情况。结果: 电针非经非穴组治疗后较治疗前 AMH 水平降低、FSH、LH、E2 水平升高, AFC 减少; 电针肝经组治疗后 AMH 水平较治疗前升高、FSH、LH 水平较治疗前降低, E2 水平升高, AFC 增加。

### Clinical study on electroacupuncture liver meridian acupoints treatment of DOR based on the theory of "cong gan lun zhi"

**Abstract:** Objective: A randomized controlled study was used in this study. To evaluate the clinical effectiveness based on the theory of "cong gan lun zhi" acupuncture in the treatment of Diminished ovarian reserve (DOR).

#### Methods

female patients with Diminished ovarian reserve who met the criteria were screened by setting up a liver meridian treatment group and non-meridian non-acupoints group. The liver meridian group was treated with electro-acupuncture using the "cong gan lun zhi" protocol: Taichong(LR3), Ligou(LR5), Ququan(LR8), and Jimai(LR12). The control group was treated with electro-acupuncture at four non-meridian non-acupoints on the lateral thigh, the lateral calf, and the lateral heel bone, respectively. We observed the changes of anti-Mullerian hormone (AMH), basic follicle-stimulating hormone (bFSH), basic luteinizing hormone (bLH), basic estradiol, the number of antral follicles (AFC), the modified Kupperman score, MENqol score, SAS score and SDS score were assessed before and after treatment by two groups. At the same time, the pregnancy rates were observed three months after the end of treatment.

#### Results

##### 1 Baseline general data

There was no significant difference in age and course of disease between the two groups ( $P > 0.05$ ), which were comparable.

##### 2 Ovarian function

##### (1) Serum AMH

The level of AMH decreased in the non-meridian non-acupoints group ( $P < 0.01$ ) and increased in the liver meridian group ( $P < 0.01$ ) after treatment. And the level of AMH in the liver meridian group were higher than in the non-meridian non-acupoints group ( $P < 0.01$ ).

##### (2) Serum FSH content, Serum LH content, Serum E2 content

The level of FSH, the level of E2 and the level of LH increased ( $P < 0.01, P < 0.05$ ) in the non-meridian non-acupoints group after treatment, the level of FSH and LH decreased ( $P < 0.05$ ) and the level of E2 level increased ( $P < 0.01$ ) in the liver meridian group after treatment. Compared with the non-meridian non-acupoints group, the level of FSH and LH were lower ( $P < 0.01$ ) and the level of E2 was higher than in the liver meridian group ( $P < 0.05$ ).

**(3)The number of antral follicles**

The number of AFC decreased ( $P < 0.05$ ) in the non-meridian non-acupoints group and the number of AFC increased ( $P < 0.01$ ) in the liver meridian group after treatment. The number of AFC in the liver meridian group was higher than in the non-meridian non-acupoints group after the treatment ( $P < 0.01$ ).

**(4)The Pregnancy rates**

Compared the pregnancy of the two groups at 3 months after the end of treatment, it was found that the pregnancy rate of the liver meridian group was 13.33%, and the clinical pregnancy rate of the non-meridian non-acupoints group was 0.

**3 Emotional symptoms scale****(1)The modified Kupperman score**

The modified Kupperman score was decreased ( $P < 0.05$ ) in the non-meridian non-acupoints group and the modified Kupperman score was also decreased ( $P < 0.01$ ) in the liver meridian group. Compared with the non-meridian non-acupoints group, the modified Kupperman score in the liver meridian group decreased better than in the non-meridian non-acupoints after treatment ( $P < 0.05$ ).

**(2)The MENqol score**

The MENqol score decreased ( $P < 0.01$ ) in both groups after treatment. Compared with the non-meridian non-acupoints group, the MENqol score in the liver meridian group decreased better than in the non-meridian non-acupoints after treatment ( $P < 0.05$ ).

**(3)The SAS score**

The SAS score decreased ( $P < 0.01$ ) in both groups after treatment. Compared with the non-meridian non-acupoints group, the SAS score in the liver meridian group decreased better than in the non-meridian non-acupoints after treatment ( $P < 0.05$ ).

**(4)The SDS score**

The SDS score decreased ( $P < 0.01$ ) in both groups after treatment. Compared with the non-meridian non-acupoints group, the SDS score in the liver meridian group decreased better than in the non-meridian non-acupoints after treatment ( $P < 0.01$ ).

## Clinical Experience and Advantages of Laser Acupuncture in the Department of TCM of Keelung CGMH : A Case Series Study of Post-stroke Shoulder-Hand Syndrome

Reporter : Yu-Wei Chang, M.D.<sup>a,b,c</sup>

<sup>a</sup> Department of Traditional Chinese Medicine, Chang Gung Memorial Hospital, Keelung Medical Center, Keelung, Taiwan, ROC.

<sup>b</sup> Ph.D. Program for Cancer Molecular Biology and Drug Discovery, Taipei Medical University, Taipei, Taiwan, ROC.

<sup>c</sup> Chinese Medical Association of Acupuncture, CMAA

### Abstract: Introduction

The Department of Traditional Chinese Medicine at Keelung Chang Gung Hospital utilizes laser acupuncture to treat a variety of conditions, collaborating with different Western medicine specialties within the hospital. These collaborative efforts cover areas such as cancer adjuvant therapy, post-stroke sequelae, pediatric autism, and weight management.

Specifically, in a case series study on post-stroke shoulder-hand syndrome, the department worked together with the hospital's Rehabilitation Department. The aim was to identify suitable acupuncture points and laser frequencies for the treatment of shoulder pain following stroke, and to subsequently conduct a follow-up randomized controlled trial.

### Materials and methods

In cooperation with the Keelung CGMH Rehabilitation Department, patients experiencing shoulder pain during the subacute stage of stroke were recruited for the study. Participants received laser acupuncture treatments twice per week for a total of two weeks, amounting to four sessions. The five-shu acupuncture points were selected at each meridian location on the affected shoulder, and different laser device frequencies and energy levels were tested.

### Result

The case series study enrolled a total of seven patients, and it was found that the combination of 292 Hz and 584 Hz frequencies with Jing and Shu acupuncture points was the most effective, resulting in the most significant improvements in both pain scale and range of motion (abduction, flexion, and external rotation) of the shoulder.

### Conclusion

According to this case series study, laser acupuncture appears to have a certain therapeutic effect on patients with post-stroke shoulder pain. A double-blind, randomized controlled trial is now being conducted based on these findings.

**Key words:** Laser acupuncture, Post stroke shoulder pain (PSSP)

## 运用手法针刺干预抑制负性记忆的效果研究

长森夏弥子(崔迈)<sup>1</sup>, 崔萌<sup>2</sup>

(<sup>1</sup>日本长津田まい针灸院; <sup>2</sup>英国 谢菲尔德大学研究生毕业)

**摘要:** 研究目的: 负性记忆是引起多种疾病的重要原因。给与受过精神刺激的患者中医辨证施针和手法针刺, 观察其抑制负性记忆的效果。研究方法: 1. 研究对象: 89 例。将他们随机分成中医辨证施针加手法针刺 A 组 52 例和单纯中医辨证施针 B 组 37 例。患者不知自己被分在哪组。两组患者在年龄、病程之间无统计学差异, 在症状程度上也无统计学差异 ( $X^2 = 0.7 P > 0.05$ )。2. 研究过程: 患者初诊时填写了问诊表, 项目为年龄、性别、病程及伴随症状。询问诱发原因, 记录其负性记忆的程度。之后进行一次针刺治疗, 一周后复诊, 记录其负性记忆的程度和伴随症状的变化。3. 方法: 全部患者接受了传统辨证施针。只对 A 组患者增加了前顶、四神聪前后二穴的手法操作(各穴得气后守气 1 分钟), 留针 30 分钟, 同时嘱患者做意念配合, 对负性记忆进行提取消除治疗。4. 负性记忆程度的评价法: 把负性记忆以非常痛苦、痛苦、在意、有点在意和不在意作为程度的观察指标, 参考日本精神科评价尺度研究会所定的重度分类法 (PRS), 用最重度、重度、中等度、轻度、极轻度进行评价。5. 统计学检验法: 据年龄、病程的均数和标准差做出各自总体均数 95% 的可信区间的估计, 用两个样本的总体均数之间差异显著性检验法做了两组之间的年龄、病程有无显著差异的检验。两组治疗前和各组治疗前后的症状重度度比较用了卡方检验法。研究结果: 治后所有患者未见副作用。在 A 组最重度者治前 16 例治后 0 例; 重度治前 19 例, 治后 2 例; 中等度治前 15 例, 治后 21 例; 轻度治前 2 例, 治后 6 例; 极轻度治前为 0, 治后 23 例。经卡方检验, 治疗前后症状程度之间在 A 组出现了非常显著性差异 ( $X^2 = 55.76 P < 0.01$ ); 在 B 组没呈现有意义的统计学差异 ( $X^2 = 1.8 P > 0.05$ )。研究结论: 本次研究观察到了手法针刺前顶、四神聪前后二穴, 对于抑制负性记忆是一个安全有效的治疗方法, 值得推广。

**关键词:** 负性记忆; 针刺治疗; 头针

### Evaluation of the Effect of Acupuncture Intervention on Negative Memory

Nagamori Koyaco (Cui Mai)<sup>1</sup>, Cui Meng<sup>2</sup>

(<sup>1</sup>Japan Nagatsuta Mai Acupuncture Clinic; <sup>2</sup>Master's graduate of the University of Sheffield)

**Abstract:** Objective: Negative memory can cause various diseases. This paper examines the curative effect of TCM (traditional Chinese medicine) syndrome-differentiation-based acupuncture and manipulative acupuncture on negative memory. Methods: 1. Research subject: 89 patients are involved in the blind experiment, randomly divided into 2 groups: group A and group B. 52 patients in group A are treated with TCM syndrome-differentiation-based acupuncture and manipulative acupuncture, while 37 patients in group B are treated with only TCM syndrome-differentiation-based acupuncture. Statistical difference is not found neither between patients' age and course of disease nor between age and symptom level ( $X^2=0.7, P > 0.05$ ). 2. Research process: Patients' age, gender, disease course and accompanying symptoms are collected via diagnosis questionnaire. Inducing causes and the extent of negative memory are recorded during inquiry. And then acupuncture treatment is applied, one week after which, the extent of negative memory and the change of accompanying symptoms are recorded in a follow-up visit. 3. Method: All patients receive TCM syndrome-differentiation-based acupuncture. Additionally, manipulative acupuncture on Qinding point (GV21) and front and back points of Sishencong (EX-HN1) is applied to patients in group A. During the treatment, to extract and eliminate negative memory, needles are left in body for 30 minutes and patients are asked to cooperate with mindfulness at the same time. 4. Evaluation of the extent of negative memory: extent of negative memory is observed and assorted into 5 levels: strongly painful, painful, noticeably painful, minorly painful and barely noticeable. Referring to Psychiatric Rating Scale (PRS) derived by Japanese Society of Psychiatric Rating Scales (JSRPS), 5 levels mentioned

above are rated as very severe, severe, moderate, mild and very mild. 5. Statistical test: 95% confidence interval is calculated with the mean and standard deviation of age and disease course. Mean of the data of age and disease course in 2 groups are used to do the significance test, to verify whether there is significant difference between 2 groups in respect of patients' age and disease course. Besides, chi-square test is used to compare the severity of symptoms before and after the treatment. Results: No side effect shows in both groups. After the treatment, in group A, very severe patients and severe patients reduce from 16 to 0 and 19 to 2. Moderate patients, mild patients and very mild patients increase from 15 to 21, 2 to 6 and 0 to 23. Significant difference is found between symptoms before and after the treatment through chi-square test ( $X^2=55.76$ ,  $P<0.01$ ), while in group B, no such statistical difference is found ( $X^2 = 1.8$ ,  $P > 0.05$ ). Conclusion: Manipulative acupuncture on Qianding point (GV21) and front and back points of Sishencong (EX-HN1) can effectively and safely suppress negative memory. According to the results, this treatment method could be further researched and widely used.

**Key words:** negative memory; acupuncture; scalp acupuncture



## 针灸治疗酒精性神经病变之手脚无力病案报告

杨欣颖<sup>1</sup>、阮膺旭<sup>1</sup>

<sup>1</sup>佛教慈济财团法人大林慈济中医部, 嘉义县大林镇民生路 2 号, 台湾

**摘要:** 本案例是一位 49 岁男性, 过去有车祸脑外伤史, 无特殊遗传疾病史, 无中风史, 无脊髓损伤史。患者自 18 岁开始有饮酒习惯并且酒精成瘾, 于 2017 年发觉手脚力气有逐渐变小及有麻木感, 且体重在一年内迅速下降, 经神经内科诊断为酒精性周边性神经病变。由于手脚无力情况持续, 于 2021 年开始于中医科接受针灸与药物治疗。予以加味逍遥散加减之中药与针刺穴位百会、神庭、朱氏头皮针上下肢区、合谷、阳陵泉、阴陵泉等穴位, 经过一年多治疗, 上肢肌力与活动力恢复明显, 患者持续回诊中。

**关键词:** 酒精性周边性神经病变; 手脚无力; 针灸; 中药

### A Case Report Of Acupuncture Treatment For Weakness In Limbs With Alcohol Polyneuropathy

Hsin-Yin Yang<sup>1</sup>, Juan Ying-Hsu<sup>1</sup>

<sup>1</sup> Department of Traditional Chinese medicine, Dalin Tzu Chi Hospital

**Abstract:** This case is a 49-year-old man with a history of brain trauma related to car accident. He has no past history of special genetic diseases, stroke, and other spinal cord injury. He started to drink alcohol at the age of 18 and became an alcoholic. In 2017, he noticed that his strength of hands and feet was gradually decreased, and his weight dropped rapidly within a year. He was diagnosed with alcoholic polyneuropathy by neurologist. Due to persistent weakness of hands and feet, he came for acupuncture therapy since 2021. We arranged Chinese medicine powder of Modified Jia Wei Xiao Yao San and acupuncture at specific acupoints, including Baihui, Shenting, Zhu's scalp acupuncture points on the upper and lower limbs, Hegu, Yanglingquan, Yinlingquan and so on. After a treatment period of more than one year, his muscle strength and mobility of the upper limbs were gradually increased. Now, patient still continue his treatment.

**Key words:** Alcoholic polyneuropathy; muscle weakness; acupuncture; Chinese medicine

## Effect of Non-Invasive Acupuncture Using Microcones on Shoulder Pain and Presenteeism in the Workplace

H. Hoshikawa<sup>\*1</sup>, K. Sawazaki<sup>1</sup>, and T. Murakami<sup>1</sup>

*1Tokoha University, Faculty of Health Promotional Sciences, Hamana-ku, Miyakoda-cho 1230, Hamamatsu, Shizuoka, Japan. \*hoshi-h@hm.tokoha-u.ac.jp*

**Abstract:** Presenteeism, defined as the reduction in workplace productivity due to health problems, presents significant challenges for organizations, with shoulder pain being a primary contributor. While acupuncture has proven effective in alleviating shoulder pain and improving presenteeism, its invasive nature and need for professional administration limit its accessibility. Recent studies highlight the potential of non-invasive skin stimulation using microcones in reducing shoulder pain. This study aims to evaluate the impact of this non-invasive method on shoulder pain and presenteeism among employees. <METHOD> The study involved ten employees (9 male and 1 female). Participants were selected based on a preliminary questionnaire indicating shoulder pain or neck discomfort, and the severity of their shoulder pain was assessed using the Visual Analog Scale (VAS). Specific acupoints associated with shoulder pain were identified by an acupuncturist, and participants applied a non-invasive skin stimulation tool (SOMAREZON® , TOYO RESIN Co.) with microcones at these points for two weeks. Follow-up assessments measured changes in shoulder pain and presenteeism using the VAS and the World Health Organization Health and Work Performance Questionnaire (WHO-HPQ), respectively. <RESULTS> Results showed significant reductions in VAS scores, from a median of 66.8 to 28.2 (P=0.0371). However, changes in presenteeism were varied, with some participants experiencing improvements while others saw no change or a decrease. Overall, presenteeism scores did not significantly change. The correlation between changes in VAS and presenteeism scores showed a moderate negative trend but was not statistically significant (r=-0.54, P=0.10588). <DISCUSSION> This study indicates that non-invasive skin stimulation can significantly reduce shoulder pain, suggesting potential benefits for presenteeism. However, the lack of significant changes in presenteeism suggests the need for more rigorous studies, including double-blind randomized controlled trials and larger sample sizes, to validate these findings and better understand the relationship between pain reduction and productivity.

**Key words:** *Presenteeism, Shoulder Pain, Non-invasive Skin Stimulation*

## A Case Report on Intergrated Korean Medicine Therapy for Trigger Finger in a Patient with Insulin-Dependent Diabetes

*Gihun Bak<sup>1</sup>, Yejin Hong<sup>2</sup>, Seungjin Noh<sup>1</sup>, Searom Jeon<sup>3</sup>, Kyungmin Park<sup>3</sup>, Yongsuk Kim<sup>2</sup>  
Dongwoo Nam<sup>2</sup>,*

1. Department of Clinical Korean Medicine, Graduate School, Kyung Hee University, 26 Kyungheedae-ro, Dongdaemun-gu, Seoul, 02447, South Korea

2. Department of Acupuncture and Moxibustion, Kyung Hee University Korean Medicine Hospital, Seoul, Republic of Korea

3. Department of Acupuncture & Moxibustion, College of Korean Medicine, Kyung Hee University, Seoul Republic of Korea

**Abstract:** Objectives: The purpose of this study is to investigate the effect of integrated therapy with pharmacopuncture treatment using hominis palcenta, Dong-si acupuncture and Dong-Qi Therapy on pain and discomfort of both hands by in a 66-year-old female, complaining of trigger finger with insulin-dependent diabetes. Methods: Patient was treated with pharmacopuncture treatment using hominis placenta on 2nd, 3th, 4th finger of the left hand and 3th, 4th fingers of the right hand. Furthermore, two acupoints including 重子穴(22.01) and 重仙穴(22.02) in Dong-si acupuncture was used with Dong-Qi therapy. Patient's symptoms were assessed by Visual Analog Scale(VAS) and Quinnell's classification of triggering. The treatment was executed once a day from September, 5th to September, 15th of 2017. Observation of symptoms and adverse effects was done through September, 2nd to November, 19<sup>th</sup> of 2017. Results: After 11 days of combined Korean Medicine treatment, VAS scores declined from an average of 7.67 to 2.15 in the right hand and 4.03 to 0.40 in the left hand. Patient-reported discomfort during phalangeal movement improved, while Quinnell's Classification of Triggering also changed from grade 2 to grade 1 on the right hand. Adverse effects were not reported during the treatment. Conclusions: The study results elicited that integrated treatment of pharmacopuncture treatment using hominis placenta, Dong-si acupuncture and Dong-Qi Therapy can be an effective way to improve pain and discomfort of a patient with trigger finger accompanying insulin-dependent diabetes

**Key words:** Trigger finger, pharmacoacupuncture, hominis placenta, Dong-si acupuncture, Dong-Qi therapy

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**Conflict of interest:** The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

## A Case Report of Hwata Acupuncture Therapy on a Patient with Right Shoulder Pain due to Right Adhesive Capsulitis

*Seungjin Noh<sup>1</sup>, Yejin Hong<sup>2</sup>, Searom Jeon<sup>3</sup>, Gihun Bak<sup>1</sup>, Kyungmin Park<sup>3</sup>,  
Dongwoo Nam<sup>2</sup>, Yongsuk Kim<sup>2</sup>*

1. Department of Clinical Korean Medicine, Graduate School, Kyung Hee University, 26 Kyungheedae-ro, Dongdaemun-gu, Seoul, 02447, South Korea

2. Department of Acupuncture and Moxibustion, Kyung Hee University Korean Medicine Hospital, Seoul, Republic of Korea

3. Department of Acupuncture & Moxibustion, College of Korean Medicine, Kyung Hee University, Seoul Republic of Korea

**Abstract:** Objectives: The purpose of this report is to demonstrate the therapeutic effects of Hwata acupuncture therapy for a patient who has been complaining of pain and limited range of motion in right shoulder due to right adhesive capsulitis. Methods: A 44-year-old female patient with right shoulder pain was treated with Hwata acupuncture. Symptoms were assessed by Numeral Rating Scale (NRS), Range of Motion (ROM), and Shoulder Pain and Disability Index (SPADI). Treatment was conducted for a total of 10 days from January 29, 2023 to February 9, 2023. Pre-treatment evaluation was conducted on January 28, a day before the treatment session. Intra-treatment and post-treatment evaluation were observed on the 5th and 10th day, respectively. Results: After treatment, NRS decreased from 4 points to 3 points on the 5th day, and to 2 points on the 10th day. External rotation ROM of the tubercular joint improved from 30 degrees to 45 degrees on the 10th day, while there were no improvements in the 5th day. SPADI scores showed improvements on the 10th day of treatment; pain scale changed from 76% to 68%, disability scale changed from 66% to 41.25%, and the total score changed from 70% to 51.5%. Conclusions: The results suggest that integrated Korean medicine treatment including Hwata acupuncture could be an effective therapeutic approach in improving pain and functional disabilities induced by adhesive capsulitis.

**Key words:** Adhesive capsulitis, Hwata Acupuncture, Numeral Rating Scale (NRS), Range of Motion (ROM), Shoulder Pain and Disability Index (SPADI)

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**Funding:** This research was supported by a grant of the Korea Health Technology R&D Project (Clinical Practice Guideline Development) through the Korea Health Industry Development Institute (KHIDI), funded by the Ministry of Health and Welfare, Republic of Korea (grant number: HF21C0127).

**Conflict of interest:** The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

## Hip and Finger Degenerative Arthritis Case Series Protocol for Applying Korean Medicine Clinical Pathway

*Yejin Hong<sup>1</sup>, Seungjin Noh<sup>2</sup>, Gihun Bak<sup>2</sup>, Searom Jeon<sup>3</sup>, Kyungmin Park<sup>3</sup>,  
Yongsuk Kim<sup>1</sup>, Dongwoo Nam<sup>1</sup>*

1. Department of Acupuncture and Moxibustion, Kyung Hee University Korean Medicine Hospital, Seoul, Republic of Korea

2. Department of Clinical Korean Medicine, Graduate School, Kyung Hee University, 26 Kyungheedaero, Dongdaemun-gu, Seoul, 02447, South Korea

3. Department of Acupuncture & Moxibustion, College of Korean Medicine, Kyung Hee University, Seoul Republic of Korea

**Abstract:** Objectives: The aim of this study is to set out case series study protocol to complete clinical pathway (CP) of hip and finger degenerative arthritis by applying CP, based on Korean medicine clinical practice guideline developed by clinical experts, to clinical field. Methods: The treatments included Manual acupuncture, acupoint injection, electroacupuncture, laser acupuncture, cupping, moxibustion, chuna, and physiotherapy. They were conducted in the 2nd week of admission and 4th week of out patient department (OPD) days. We carried out 10-point Likert scale questionnaires on the clinical usefulness and the satisfaction of patients and staff after applying CP. Appropriateness and improvement on patients were conducted using a 10-point Likert scale. An open-ended questionnaire was also conducted to ask if there was any requirement to be added. Results: In past research studies, there were no related studies about Korean medicine CP on hip and finger degenerative arthritis. Final version of CP is going to be completed based on the questionnaire. Conclusions: This evidence-based case series study protocol is expected to contribute development of hip and finger degenerative arthritis.

**Key words:** case series protocol, clinical pathway, hip and finger degenerative arthritis, Korean medicine, clinical practice guideline

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**Funding:** This research was supported by a grant of the Korea Health Technology R&D Project(Clinical Practice Guideline Development) through the Korea Health Industry Development Institute (KHIDI), funded by the Ministry of Health and Welfare, Republic of Korea (grant number: HF21C0127).

**Conflict of interest:** The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

## Safety and efficacy of 650 nm invasive laser acupuncture on non-specific chronic low back pain: A protocol for a multicenter randomized placebo-controlled trial

Kyungmin Park<sup>1</sup>, Yejin Hong<sup>2</sup>, Seungjin Noh<sup>3</sup>, Gihun Bak<sup>3</sup>, Searom Jeon<sup>1</sup>, Kyungmin Park<sup>3</sup>,  
Yongsuk Kim<sup>2</sup>, Dongwoo Nam<sup>2</sup>

1. Department of Acupuncture & Moxibustion, College of Korean Medicine, Kyung Hee University, Seoul Republic of Korea

2. Department of Acupuncture and Moxibustion, Kyung Hee University Korean Medicine Hospital, Seoul, Republic of Korea

3. Department of Clinical Korean Medicine, Graduate School, Kyung Hee University, 26 Kyungheedaero, Dongdaemun-gu, Seoul, 02447, South Korea

**Background:** We aim to obtain clinical trial data regarding the safety, efficacy, and usefulness of invasive laser acupuncture (ILA) for non-specific chronic low back pain (NSCLBP) through a randomized placebo-controlled trial.

**Methods:** Our clinical trial will be an assessor- and patient-blinded, prospective, parallel-arm, multi-center, randomized placebo-controlled clinical trial. One hundred and six participants with NSCLBP will be allocated evenly to the 650 ILA or control group. All participants will receive education on exercise and self-management. The 650 ILA group will undergo 650 nm ILA for 10 min, and the control group will undergo sham ILA for 10 min per visit, twice a week for 4 weeks, at bilateral GB30, BL23, BL24, and BL25. The primary outcome will be the proportion of responders ( $\geq 30\%$  reduction in pain visual analogue scale [VAS] without increased use of painkillers) at 3 days after the intervention ends. The secondary outcomes will include changes in the scores of the VAS, European Quality of Life Five Dimension Five Level scale, and Korean version of the Oswestry Disability Index at 3 days after the intervention ends and 8 weeks after the intervention ends.

**Discussions:** The results of our study will provide clinical evidence concerning the safety and efficacy of 650 nm ILA for the management of NSCLBP.

**Key words:** safety, efficacy, non-specific chronic low back pain, study protocol, randomized controlled trial, laser acupuncture

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### Clinical trial registration:

[https://cris.nih.go.kr/cris/search/detailSearch.do?search\\_lang=E&focus=reset\\_12&search\\_page=M&page Size=10&page=undefined&seq=21591&status=5&seq\\_group=21591, identifier KCT0007167](https://cris.nih.go.kr/cris/search/detailSearch.do?search_lang=E&focus=reset_12&search_page=M&page Size=10&page=undefined&seq=21591&status=5&seq_group=21591, identifier KCT0007167).

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## Update for a Clinical Practice Guideline of Korean Medicine Treatment for Non-specific Chronic Low Back Pain

*Yejin Hong<sup>1</sup>, Seungjin Noh<sup>2</sup>, Searom Jeon<sup>3</sup>, Gihun Bak<sup>2</sup>, Kyungmin Park<sup>3</sup>,  
Yongsuk Kim<sup>1</sup>, Dongwoo Nam<sup>1</sup>*

1. Department of Acupuncture and Moxibustion, Kyung Hee University Korean Medicine Hospital, Seoul, Republic of Korea

2. Department of Clinical Korean Medicine, Graduate School, Kyung Hee University, 26 Kyungheedaero, Dongdaemun-gu, Seoul, 02447, South Korea

3. Department of Acupuncture & Moxibustion, College of Korean Medicine, Kyung Hee University, Seoul Republic of Korea

**Background:** Non-specific chronic low back pain (NCLBP) is a common musculoskeletal disorder that affects a majority of people in one's life time, which lasts for more than 12 weeks and is irrelevant with any underlying spinal disease. Korean medicine treatment, including acupuncture is known as a conservative treatment for pain management of LBP. Low back pain is one of the most commonly treated disease with Korean medicine, and as entering an aging society, the socioeconomic burden of patients with NCLBP is expected to increase.

**Objectives:** The objective of this study is to establish Korean Medicine clinical guideline for non-specific chronic low back pain.

**Methods:** A development committee was established comprised with clinical experts, methodological experts, patients, caregivers, and practitioners. The core question was defined as "Does traditional Korean medicine treatment for patients with NCLBP show improvements in pain and function-related scales compared to control treatments?" Variations of this question were applied to each intervention. The study targeted adults aged 18 and older with NCLBP, defined as pain persisting for over three months without pathological anatomical disorders. Interventions included acupuncture, moxibustion, cupping, venomous herbal acupuncture, pharmacopuncture, manual therapy, tuina treatment, herbal medicine, and herbal medicine. Outcome measures encompassed all variables related to chronic pain and functional quality of life. Data were collected through database review and analysis, and Grading of Recommendations Assessment, Development, and Evaluation (GRADE) criteria were used for evidence grading and recommendation levels. Through the Delphi method, a draft of the Korean medicine clinical guideline for non-specific chronic low back pain was established.

**Results:** Our study outlines a treatment algorithm for treating NCLBP, emphasizing the evaluation of pain levels and functional impairment, while integrating various Korean Medicine treatment approach for managing NCLBP. We have established pre-existing acupuncture guidelines for low back pain and reinforced it by searching recently published papers. Among these data, we focused on non-specific chronic low back pain, excluding acute pain and specific diseases like HIVD. Further clinical studies of electroacupuncture, thread-embedding therapy for treating NCLBP will be conducted to verify the effects of Korean medicine. After the completion of these research we are looking forward

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for a final development of Korean medicine clinical guideline for NCLBP.

**Conclusions:** This study developed a clinical practice guideline for treating NCLBP based on Korean medicine. More rigorous, well designed and large scaled RCTs in various fields of Korean medicine are in need to improve the quality of clinical guideline.

Key Words : Nonspecific chronic low back pain, clinical guideline, Korean Medicine



## The Effectiveness of Pharmacopuncture in Patients with Lumbar Spinal Stenosis: A Protocol for a Multi-Centered, Pragmatic, Randomized, Controlled, Parallel Group Study

Searom Jeon<sup>1</sup>, Kyungmin Park<sup>1</sup>, Yejin Hong<sup>2</sup>, Seungjin Noh<sup>3</sup>, Gihun Bak<sup>3</sup>,  
Yongsuk Kim<sup>2</sup>, Dongwoo Nam<sup>2</sup>

1. Department of Acupuncture & Moxibustion, College of Korean Medicine, Kyung Hee University, Seoul Republic of Korea

2. Department of Acupuncture and Moxibustion, Kyung Hee University Korean Medicine Hospital, Seoul, Republic of Korea

3. Department of Clinical Korean Medicine, Graduate School, Kyung Hee University, 26 Kyungheedaero, Dongdaemun-gu, Seoul, 02447, South Korea

**Purpose:** Lumbar spinal stenosis (LSS) is a chronic degenerative disease. Non-surgical intervention is recommended, considering the risks and benefits for the affected age group, as well as the characteristics of the disease. However, to date, no studies have compared various non-surgical interventions to ascertain the appropriate first-line non-surgical treatment for LSS. Therefore, the objective of this study will be to assess the efficacy of pharmacopuncture as a non-surgical, conservative treatment for LSS.

**Patients and Methods:** A multi-centered, pragmatic, parallel-group study will be conducted. In total, 98 patients will be recruited at seven institutes; recruitment began in May 2022. After two treatment sessions per week over a period of 12 weeks, follow-up assessments will be held at weeks 13, 25, and 53.

**Results:** The efficacy of pharmacopuncture and conservative care will be pragmatically compared in patients radiologically diagnosed with LSS. Pain severity will be measured using the numeric rating scale and visual analog scale. Walking distance will also be evaluated. Patient-centered evaluations will include the Zurich Claudication Questionnaire, Short-Form 12 for Health-Related Quality of Life, EuroQoL 5 Dimension 5 Levels, and Patient Global Impression of Change.

**Conclusion:** The results of this study will confirm the efficacy of pharmacopuncture in comparison to conventional non-surgical treatment and will thus facilitate the prioritization of patient-centered interventions for LSS.

**Keywords:** Lumbar spinal stenosis (LSS), constriction, non-surgical intervention, acupuncture, pragmatic clinical trial, protocol

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**Clinical trial registration:** This study was registered at Clinicaltrials.gov (registration identifier: NCT05242497) and CRiS (registration identifier: KCT0007145).

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**Conflict of interest:** The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

## 针灸治疗甲状腺功能异常的临床研究

胡军

美国中医公会

[ushu.jun@yahoo.com](mailto:ushu.jun@yahoo.com)

**摘要:** 目的: 向针灸师介绍一种安全、有效、简便的针灸治疗甲状腺功能异常疾病的方法。

方法: 以针灸疗法治疗甲亢和甲减, 是本文作者在上海中医药大学攻读针灸学硕、博士学位期间, 在何金森教授的具体指导下, 对沪上名医金舒白老先生的临床经验总结基础上, 通过数千例临床样本对照观察, 总结形成的一个有效的方案。以后, 作者在美国近 20 年的临床实践中, 对该方案进行了适当调整, 使其更加安全、易于操作, 符合海外病患的就诊和治疗特色。

结果: 针灸疗法对轻、中度甲亢或甲减的病人有确定的疗效。针灸与小剂量西药结合后两者有明显的协同效应。

结论: 针灸治疗甲亢或甲减是一种安全、有效、性价比较高、可供临床选择的治疗手段。

**关键词:** 针灸 甲亢 甲减

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作者简介: 胡军博士曾先后师从陈汉平、李鼎教授, 1994 年于上海中医药大学获针灸学博士学位, 是李鼎教授的第一位博士生。曾担任上海中医药大学附属岳阳中西医结合医院副院长, 上海中医药大学教授、博士生导师。现任世界针灸联合会副主席、美国中医公会荣誉会长、美国加州五系中医药大学博士班教授。[2] 胡军 等. 针药结合治疗 Graves 病的临床观察. 针灸临床杂志, 1994;(2):36[3] 胡军 等. 不同针刺间隔时间治疗甲亢临床疗效比较. 中国针灸, 1995;(6):1

Dr. Hu Jun received her doctoral degree of acupuncture from Shanghai University of TCM in 1994. She was the Vice President of Yueyang Hospital of Integrated Traditional Chinese and Western Medicine, affiliated with Shanghai University of TCM from 1999 to 2003. She was also a professor and a supervisor of doctoral degree candidates at Shanghai University of TCM. Currently, Dr. Hu Jun is the Vice Chair of the World Federation of Acupuncture-Moxibustion Societies (WFAS). She is also the Honorary President of the American Association of Chinese Medicine and a professor in the doctoral program of the Five Branches University in California, USA.

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## Clinical study on acupuncture treatment of thyroid dysfunction

*Jun Hu*

*American Association of Chinese Medicine and Acupuncture*

ushujun@yahoo.com

**Abstract:** Purpose: To introduce a safe, effective, and simple acupuncture method to treat thyroid dysfunction diseases to acupuncturists.

**Methods:** The acupuncture therapy treating hyperthyroidism and hypothyroidism is rooted in the clinical experience of Mrs. Jin, Shubai, a well-known doctor in Shanghai. It was studied deeply during the author's Master's and Doctoral studies in acupuncture at Shanghai University of T.C.M, under the specific guidance of Professor Jinsen He. The author summarized and devised an effective treatment plan after comparatively observing thousands of clinical cases based on the clinical experience summary from Mrs. Jin Shubai. While practicing in the United States in the last 20 years, the author continued improving and adjusting the treatment protocol to make it safer, easier to apply, and more suitable for patients in the U.S. **Results:** Acupuncture therapy has definite effects on patients with mild to moderate hyperthyroidism or hypothyroidism diseases. The combination of acupuncture and low-dose Western medication has obvious synergetic effects.

**Key words:** *Acupuncture Hyperthyroidism Hypothyroidism*

## 顽固性皮肤病的中医针灸临床诊疗思路及典型病案

澳大利亚中医药学会-曾世宗博士

**摘要：**顽固性皮肤病是指病程长，病因病机复杂，长期反复发作，绵绵难以治愈的慢性皮肤病。如慢性湿疹，慢性皮肤溃疡，银屑病，牛皮癣，白癜风，慢性荨麻疹，慢性手足癣，甲癣，慢性皮肤瘙痒症等。临床诊断以辨病与辨证相结合，全面仔细了解病情，分辨主次，重视局部与整体的关系，综合判断病情，为制定治疗方案提供依据，治疗以内治与外治相结合，针药结合，针对不同体质，病情轻重缓急等因素，制定个性化的治疗方案。本文通过一例顽癣（慢性湿疹合并真菌感染）用顽湿汤治疗和一例皮疽疔疮-慢性皮肤溃疡用托里消毒逐瘀汤治疗分析探讨顽固性皮肤病的诊疗思路。

**关键词：**慢性皮肤病，中医针灸，病案，诊疗思路

**Abstract:** Stubborn skin diseases refer to chronic skin diseases with long course, complex etiology and pathogenesis, long-term recurrence, and long-term difficulty in curing. Such as chronic eczema, chronic skin ulcers, psoriasis, psoriasis, vitiligo, chronic urticaria, chronic tinea pedis, onychomycosis, chronic skin pruritus, etc. Clinical diagnosis combines disease differentiation with syndrome differentiation, comprehensively and carefully understands the condition, distinguishes the primary and secondary, pays attention to the relationship between the local and the whole, and comprehensively judges the condition to provide a basis for formulating treatment plans. Treatment combines internal treatment with external treatment, acupuncture and medicine, and formulates personalized treatment plans for different constitutions, the severity of the condition, and other factors. This article aims to analyze and explore the diagnosis and treatment ideas of stubborn skin diseases by introducing typical clinical cases.

**Keywords:** chronic skin diseases, traditional Chinese medicine and acupuncture, medical records, diagnosis and treatment ideas

# 机制卷

## 电针调控蓝斑下核 $\alpha$ 区谷氨酸能神经元活性改善心肌梗死小鼠心脏功能

段文秀<sup>1,2</sup>, 吴立斌<sup>1,2</sup>, 张帆<sup>1,2</sup>, 余情<sup>2,3</sup>, 蔡荣林<sup>2,3</sup>, 吴子建<sup>2,3,4,\*</sup>, 胡玲<sup>2,3,\*</sup>

1. 安徽中医药大学, 合肥 230012;
2. 安徽省中医药科学院针灸经络研究所, 合肥 230038;
3. 经脉脏腑相关安徽省重点实验室, 合肥, 230038;
4. 合肥综合性国家科学中心大健康研究院, 合肥, 230000)

**摘要:**目的: 观察电针对蓝斑下核 $\alpha$ 区谷氨酸能神经元(SubCA<sup>Glu</sup>)的影响, 探究电针通过蓝斑下核 $\alpha$ 区改善心脏功能的神经调控机制。方法: 将雄性 C57BL/6 小鼠随机分为伪手术组(Sham)、急性心肌梗死模型组(MI)、电针心经组(EA), 每组 7 只, 采用冠状动脉左旋前降支结扎的方法复制 MI 模型, 电针心经组于造模后连续 7 天给予电针双侧“神门”“通里”, 20 分钟/次/天。通过 power lab 标准 1 导联采集 ECG 信号, LabChart8 计算 Heart Rate、ST Height, PhysioZoo 分析心率变异性(Heart Rate Variability, HRV); HE 染色法观察心肌细胞病理变化; 病毒示踪法探究蓝斑下核 $\alpha$ 区心脏上游神经元集群分布, 光纤光度法记录 SubCA<sup>Glu</sup> 神经元活性变化; 化学遗传手段操控 SubCA<sup>Glu</sup> 神经元观察心肌组织变化。结果: 与假手术组相比, 模型组小鼠 ST 段抬高 ( $P < 0.01$ ); 与模型组相比, 电针心经组心肌组织的损伤程度有所改善; 心脏上游蓝斑下核 $\alpha$ 区 EGFP 阳性神经元集群主要分布于 $\alpha$ 区; 与模型组相比, 电针心经组 $\Delta$ ST 较下降 ( $P < 0.01$ )。化学遗传抑制 SubCA<sup>Glu</sup> 神经元后, 电针效应减弱,  $\Delta$ ST 升高 ( $P < 0.01$ ), 坏死心肌细胞增多 ( $P < 0.01$ )。结论: 针刺可改善 MI 小鼠心肌损伤, 其机制可能与激活 SubCA<sup>Glu</sup> 神经元活性, 进而调节心脏功能有关。

**关键词:** 针刺; 蓝斑下核 $\alpha$ 区; 心肌梗死; 病毒示踪; 化学遗传

### Electroacupuncture modulation of glutamatergic neuron activity in the alpha region of the subglottic nucleus improves cardiac function in myocardial infarction mice

DUAN Wenxiu<sup>1,2</sup>, WU Libin<sup>1,2</sup>, ZHANG Fan<sup>1,2</sup>, YU Qing<sup>2,3</sup>, CAI Rongli<sup>2,3</sup>, WU Zijian<sup>2,3,4,\*</sup>, HU Ling<sup>2,3,\*</sup>

1. Anhui University of Chinese Medicine, Hefei, 230012;
2. Institute of Acupuncture and Meridian, Anhui Academy of Chinese Medicine, Hefei, 230038;
3. Anhui Province Key Laboratory of Meridian Viscera Correlation, Hefei, 230038;
4. Institute of Health and Medicine, Hefei Comprehensive National Science Center, Hefei, 230000

**Abstract:** OBJECTIVE: To observe the effects of electroacupuncture on glutamatergic neurons (SubCA<sup>Glu</sup>) in the  $\alpha$ -region of the subglottic nucleus, and to investigate the neuromodulatory mechanism of electroacupuncture to improve cardiac function through the  $\alpha$ -region of the subglottic nucleus. Methods: Male C57BL/6 mice were randomly divided into pseudo-surgery group (Sham), acute myocardial infarction model group (MI), and electroacupuncture cardiac meridian group (EA), 7 mice in each group, and the MI model was replicated by ligating the anterior descending branch of the coronary artery with left rotation, and the electroacupuncture cardiac meridian group was given electroacupuncture to the bilateral "Shenmen" and "Tongli" branches of the coronary artery for 7 consecutive days after modeling. The electroacupuncture group was given bilateral "Shenmen" and "Tongli" for 7 consecutive days after

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作者简介: 段文秀 (1992-), 2022 级博士研究生。

通信作者: 胡玲 (1956-), 教授, 从事针刺效应及其作用机理研究。

modeling, 20 minutes/times/day. The ECG signals were collected by power lab standard L lead, LabChart8 calculated Heart Rate, ST Height, and Phys ioZoo analyzed Heart Rate Variability (HRV); HE staining method was used to observe the pathological changes of cardiomyocytes; viral tracer method was used to investigate the distribution of neurons in upstream of the heart in the  $\alpha$ -region of the sub-blue nucleus; fiber optic light was used to investigate the distribution of neurons in the upstream of the heart in the alpha-region of the sub-blue nucleus. neuron cluster distribution in the sub-blue spot nuclear  $\alpha$ -zone, fiber optic photometry to record the activity changes of SubCAGlu neurons; chemical genetic means to manipulate SubCAGlu neurons to observe myocardial tissue changes. Results: Compared with the sham-operated group, ST-segment elevation was observed in the model group ( $P < 0.01$ ); the degree of myocardial tissue damage was improved in the electroacupuncture group compared with the model group; EGFP-positive neuron clusters in the  $\alpha$ -region of the subblue nucleus upstream of the heart were mainly distributed in the  $\alpha$ -region; and the  $\Delta$ ST of the electroacupuncture group was decreased compared with that of the model group ( $P < 0.01$ ). After chemical genetic inhibition of SubCAGlu neurons, electroacupuncture effect was weakened,  $\Delta$ ST was elevated ( $P < 0.01$ ), and necrotic cardiomyocytes increased ( $P < 0.01$ ). CONCLUSION: Acupuncture can improve myocardial injury in MI mice, and the mechanism may be related to the activation of SubCAGlu neuron activity, which in turn regulates cardiac function.

**Key words:** Acupuncture, subglottic nucleus, myocardial infarct, virus tracing; chemical genetics

## 电针通过调节神经元兴奋性和抑制平衡促进中风恢复的机制研究

汤小荣<sup>1</sup>, 陈思韵<sup>1</sup>, 石佳卉<sup>1</sup>, 林舒敏<sup>1</sup>, 何芷茵<sup>1</sup>, 崔帅<sup>2</sup>, 狄文惠<sup>1</sup>, 吴军尚<sup>1</sup>, 郭斌<sup>1</sup>, 王琳<sup>1</sup>, 唐纯志<sup>1</sup>, 陆丽明<sup>1</sup>, 许能贵<sup>1†</sup>, 姚露露<sup>†</sup>.

1. 广州中医药大学针灸康复临床医学院华南针灸研究中心, 广州, 510006;
2. 安徽中医药大学针灸经络研究所, 合肥, 230000

**摘要:** 目的: 电针可有效促进中风后遗症的恢复, 然而其背后的神经生物学机制仍然不明确。据报道, 中风后运动功能障碍与受损脑区的锥体神经元和抑制性中间神经元的病理改变, 以及谷氨酸神经递质受体 N-甲基-D-天门冬氨酸受体 (NMDAR) 有关。本研究旨在进一步探索电针刺激中风恢复的神经基础, 重点研究兴奋性神经元和抑制性神经元的作用及 NMDARs 的功能。方法: 利用光栓法构建单侧运动皮层梗死的中风模型小鼠, 并应用行为测试光纤记录、药理学调控、在体电生理、离体电生理记录、免疫荧光和免疫蛋白印迹法以评估中风和电针对运动皮层兴奋性与抑制性神经元的影响。结果: 小鼠在中风后, 对侧运动皮层的兴奋性神经元活动增加, 同时抑制性神经元活动减少, 而电针可以特异性逆转神经元兴奋性与抑制性的时长, 改善 NMDAR 的表达与功能, 最终提高中风后小鼠的运动功能。结论: 电针可以通过调节兴奋性和抑制平衡恢复促进中风后运动功能的恢复。

**关键词:** 缺血性中风; 电针; 运动功能; 兴奋性与抑制性神经元; 运动皮层

### Neuron Excitability And Inhibition Balance Modulate The Process Of Electroacupuncture For Stroke Rehabilitation

*Authors: Xiaorong Tang<sup>1</sup>; Siyun Chen<sup>1</sup>; Jiahui Shi<sup>1</sup>; Shumin Lin<sup>1</sup>; Zhiyin He<sup>1</sup>; Shuai Cui<sup>2</sup>; Wenhui Di<sup>1</sup>; Junshang Wu<sup>1</sup>; Bin Guo<sup>4</sup>; Lin Wang<sup>1</sup>; Chunzhi Tang<sup>1</sup>; Liming Lu<sup>1</sup>; Nenggui Xu<sup>1†</sup>; Lulu Yao<sup>1†</sup>.*

1. South China Research Center for Acupuncture and Moxibustion, Medical College of Acu-Moxi and Rehabilitation, Guangzhou University of Chinese Medicine, Guangzhou, China, 510006.
2. Research Institute of Acupuncture and Meridian, Anhui University of Chinese Medicine, Hefei, Anhui Province, China, 230000.

**Abstract:** Objective: Electroacupuncture (EA) stimulation has been shown to be beneficial in stroke rehabilitation, however the neurological mechanism behinds it remains unclear. Post-stroke disability especially impaired motor function was reported to be related to the pathological alteration of pyramidal neurons and inhibitory interneurons neurons, as well as the glutamatergic neurotransmitter receptor N-methyl-D-aspartate receptor (NMDAR). This study aimed to further explore the neurological basis of EA-mediated stroke recovery, focusing on the role of pyramidal neurons and inhibitory neurons, and the function of NMDARs. Methods: Photothrombotic model mice induced by focal unilateral motor cortex occlusion in the primary motor cortex forelimb motor area (M1FL) were employed to evaluate the effect of EA at Dazhui(GV14) acupoint. Behavioral tests were performed to assess sensorimotor ability. Fiber photometry recording, in vivo pharmacogenetic manipulations, in vivo and in vitro electrophysiological recording, immunofluorescence and western blot were applied to evaluate the changes of contralateral M1FL pyramidal and interneurons neurons after stroke and EA stimulation. Results: (1)Pyramidal neuronal activity increased along with a decrease of interneurons neuronal activity in the contralateral M1FL at 6h, 1D, 3D and 7D after stroke surgery, while EA could specifically reduce the pyramidal neuronal activity and increase the interneurons neuronal activity

作者简介: 汤小荣, 13751716019, 博士后, 研究方向: 针灸治疗脑病的效应及其机制研究。tangxr@gzucm.edu.cn。

通信作者: 许能贵, 13501524758, 博士, 二级教授, 研究方向: 针灸效应规律及其机制研究, ngxu8018@163.com。姚露露, 18689262857, 博士, 副研究员, 研究方向: 针灸机制研究。yaolulu@gzucm.edu.cn。

simultaneously. (2)EA could regulate the expression/function of NMDAR altered by stroke pathology. (3)The sensorimotor ability of stroke mice were reversed after EA stimulation at GV20. Conclusion: EA could restore the disturbed neuronal activity through regulating the pyramidal and interneurons neurons, and NMDARs function plays an important role in this EA-mediated improvement of the sensorimotor ability during the stroke rehabilitation.

**Key words:** Ischemic stroke; Electroacupuncture; Sensorimotor ability; Pyramidal and interneurons neurons; MIFL



## 电针调控外侧缰核兴奋性神经元改善小鼠中风后抑郁睡眠障碍机制

吴震南<sup>△</sup>, 苏钰童, 李莹佳, 姚露露, 许能贵\*

广州中医药大学针灸康复临床医学院华南针灸研究中心, 广东广州 510006; 中国

**摘要:** 研究目的:观察电针(Electroacupuncture, EA)是否通过调节外侧缰核(Lateral Habenula, LHb)兴奋性神经元改善中风后抑郁(Post-stroke depression, PSD)小鼠的睡眠障碍机制。

**研究方法:** 将小鼠随机分成伪手术组、PSD组、PSD+EA组, 每组20只。模型组给予血管内皮素进行左侧前额叶皮层(Medial prefrontal cortex, mPFC)局部缺血性梗死所诱导, 为评估中风后抑郁睡眠障碍表型, 通过激光散斑、糖水偏好率、强迫游泳不动时间、悬尾不动时间等行为学检测确定其中风和抑郁的行为学表型, 利用脑电肌电评估睡眠障碍; EA治疗参数: 疏波2Hz, 电流1mA, 刺激15min, 连续治疗7天; 采用免疫荧光技术和光纤记录等技术体外和在体检测兴奋性神经元的活性变化情况。进一步利用化学遗传技术调控兴奋性神经元活性观察其在PSD睡眠障碍小鼠中的作用。

**研究结果:** (1) 成功建立PSD小鼠睡眠障碍模型。与伪手术组相比, 模型组小鼠悬尾不动时间和强迫游泳不动时间增加( $P < 0.05$ ), 糖水偏好率降低( $P < 0.05$ ), 睡眠阶段的快速眼动时间(Rapid eye movement, REM)睡眠时间增加( $p < 0.05$ )。 (2) EA神门穴通过LHb兴奋性神经元改善PSD小鼠睡眠障碍。与模型组相比, EA+PSD组小鼠睡眠阶段的快速眼动(Rapid eye movement)REM时间减少( $P < 0.05$ ), 悬尾不动时间和强迫游泳不动时间增加( $P < 0.05$ ), 糖水偏好率增加( $P < 0.05$ ); EA+PSD组免疫荧光中CaMkII $\alpha$ 的激活降低( $P < 0.05$ ), 在体光纤记录CaMkII $\alpha$ 降低( $P < 0.05$ )。 (3) LHb兴奋性神经元CaMkII $\alpha$ 是PSD小鼠睡眠障碍的必要条件。与对照组相比, 在正常小鼠中化学遗传激活LHb兴奋性神经元可显著增加小鼠睡眠阶段REM增高( $P < 0.05$ ), 与PSD组相比, 化学特异性灭活PSD小鼠LHb兴奋性神经元可显著改善REM睡眠时间( $P < 0.05$ )。

**研究结论:** 针刺神门穴可以改善中风后抑郁小鼠的睡眠障碍, 其作用机制可能是通过下调LHb兴奋性神经元活性, 改善REM期的异常升高, 从而改善睡眠。

**关键词:** 电针; 中风; 抑郁; 睡眠障碍; 外侧缰核

### Modulation of excitatory neurons in the lateral habenula by electroacupuncture improves sleep disturbances in mice with post-stroke depression

Zhennan Wu, Yutong Su, Lulu Yao, Nenggui Xu<sup>1\*</sup>

South China Research Center for Acupuncture, Clinical College of Acupuncture and Rehabilitation, Guangzhou University of Chinese Medicine, Guangzhou, Guangdong 510006, China

**Abstract:** Objective: This study aims to investigate whether electroacupuncture (EA) ameliorates sleep disturbances in mice with post-stroke depression (PSD) by modulating excitatory neurons in the lateral habenula (LHb). Methods: Mice were randomly divided into three groups: sham-operated, PSD, and PSD+EA, with 20 mice in each group. The PSD model was induced by intracortical injection of endothelin-1 into the left medial prefrontal cortex (mPFC) creating localized ischemic infarction. Behavioral phenotypes of stroke and depression were assessed using laser speckle contrast imaging, sucrose preference test, forced swim test, and tail suspension test, while sleep disturbances were evaluated via electromyography (EMG) and electroencephalography (EEG). EA treatment parameters were set at sparse waves of 2 Hz, 1 mA current, for 15 minutes daily over 7 consecutive days. Immunofluorescence and fiber photometry were used to measure changes in the activity of excitatory neurons *in vitro* and *in vivo*, respectively. Additionally,

作者简介: <sup>△</sup> 吴震南 (1993-), 男, 博士研究生, 研究方向: 针灸效应规律及其机理研究。Email: hillson666@hotmail.com\* 许能贵, 男, 研究员, 研究方向: 针灸效应规律及其机理研究。

chemogenetic techniques were employed to manipulate excitatory neuron activity to confirm its role in sleep disturbances in PSD mice. Results: (1) The PSD mouse model with sleep disturbances was successfully established. Compared with the sham-operated group, PSD mice exhibited increased immobility time in both the tail suspension and forced swim tests ( $P<0.05$ ), decreased sucrose preference ( $P<0.05$ ), and increased REM sleep duration ( $P<0.05$ ). (2) EA at the Shenmen point (HT7) improved sleep disturbances in PSD mice via LHb excitatory neurons. Compared with the PSD group, the PSD+EA group showed reduced REM sleep duration ( $P<0.05$ ), decreased immobility time in both behavioral tests ( $P<0.05$ ), and increased sucrose preference ( $P<0.05$ ). Additionally, the activation of CaMkII $\alpha$  was reduced in the PSD+EA group as evidenced by immunofluorescence and fiber photometry ( $P<0.05$ ). (3) CaMkII $\alpha$  in LHb excitatory neurons is crucial for sleep disturbances in PSD mice. Chemogenetic activation of LHb excitatory neurons significantly increased REM sleep in normal mice ( $P<0.05$ ), while chemogenetic inactivation of these neurons in PSD mice significantly improved REM sleep duration ( $P<0.05$ ). Conclusion: Acupuncture at the HT7 can improve sleep disturbances in mice with post-stroke depression. The mechanism may involve the downregulation of LHb excitatory neuron activity, thereby ameliorating abnormal REM sleep and improving overall sleep quality.

**Key words:** Electroacupuncture; Stroke; Depression; Sleep disturbances; Lateral Habenula

# 基于 TLR4/NF- $\kappa$ B 信号通路探讨电针“郄门穴”后处理对小鼠心肌缺血灌注损伤细胞焦亡的影响

Larissa Tao

上海中医药大学, 中国

**摘要:** 【目的】对心肌缺血再灌注损伤小鼠在心肌缺血后不同时间进行电针“郄门穴”治疗, 通过观察小鼠心脏功能、心肌组织的病理变化, 明确电针“郄门穴”后处理对心肌缺血再灌注损伤的作用以及最佳的治疗时间窗口; 通过观察焦亡相关指标的变化, 探索电针“郄门穴”后处理对心肌缺血再灌注损伤细胞焦亡的影响; 基于 TLR4/NF- $\kappa$ B 信号通路探讨电针“郄门穴”后处理抑制细胞焦亡的作用机制。

【方法】第一部分研究中, 60 只 C57 小鼠被分成五组: 对照组、模型组、再灌注前电针组、再灌注期间电针组和再灌注后 40 分钟电针组。建立 MIRI 模型, 并根据分组进行治疗。再灌注后 24 小时, 通过超声心动图评估心功能, 测量左室射血分数 (LVEF) 和左室缩短分数 (LVFS)。通过 Evan's Blue-TTC 双染和 HE 染色评估心肌病理。

第二部分研究中, 50 只 C57 小鼠被类似分组和治疗。使用 ELISA 定量炎症标志物 IL-1 $\beta$ 、IL-18 和 TNF- $\alpha$ , 采用 Western blot 和 qRT-PCR 分析 NLRP3、Caspase-1 和 GSDMD 的蛋白和 mRNA 表达。

第三部分研究中, 另外 50 只 C57 小鼠被分为对照组、模型组、TAK-242 (TLR4 抑制剂) 组、TAK-242 加电针组和再灌注期间电针组。通过 Western blot、qRT-PCR 和免疫组织化学测量 TLR4、MyD88、NF- $\kappa$ B p65、NLRP3、Caspase-1 和 GSDMD 的表达。

【结果】电针显著改善了治疗组的心功能 (LVEF 和 LVFS) 并减少了心肌梗死面积, 最佳效果在再灌注期间观察到。病理分析显示, 电针治疗小鼠的心肌损伤和炎症减少。电针组尤其是再灌注期间组的炎症标志物 IL-1 $\beta$ 、IL-18 和 TNF- $\alpha$  水平较低。NLRP3、Caspase-1 和 GSDMD 的蛋白和 mRNA 表达也表现出类似的模式, 表明焦亡减少。在 TAK-242 加电针组中, TLR4、MyD88、NF- $\kappa$ B p65、NLRP3、Caspase-1 和 GSDMD 的表达显著降低, 表明 TLR4/NF- $\kappa$ B 通路及随后焦亡被抑制。

【结论】在“郄门”穴位进行再灌注后电针治疗显著减轻了 MIRI 中的心肌损伤和炎症, 再灌注期间的保护效果最为显著。该治疗通过调节 TLR4/NF- $\kappa$ B 信号通路, 减少焦亡, 显示出作为心肌缺血再灌注损伤有效干预手段的潜力。

**关键词:** 心肌缺血再灌注损伤; MIRI; 电针; 郄门穴; 焦亡; TLR4/NF- $\kappa$ B 信号通路

## The Effects of Electroacupuncture at "Ximen" Acupoint on Mitigating Myocardial Ischemia-Reperfusion Injury in Mice via the TLR4/NF- $\kappa$ B Pathway

Guangwei Cui<sup>1\*</sup>, Larissa Tao<sup>2\*</sup>, Weidong Shen<sup>2</sup>

\*Joint first authors

1 Department of Traditional Chinese Medicine, Ruijin Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai, China

2 Department of Acupuncture and Moxibustion, Shanghai Shuguang Hospital Affiliated to Shanghai University of Traditional Chinese Medicine, Shanghai, China.

**Abstract:** Objective: This study investigates the therapeutic effects and optimal timing of electroacupuncture at the "Ximen" acupoint on myocardial ischemia-reperfusion injury (MIRI) in mice, focusing on its impact on cardiac function, myocardial pathology, and the underlying mechanisms involving the TLR4/NF- $\kappa$ B signaling

pathway. **Methods:** In the first part of the study, 60 C57 mice were assigned to five groups: control, model, electroacupuncture before reperfusion, electroacupuncture during reperfusion, and electroacupuncture 40 minutes post-reperfusion. A model of MIRI was established, and treatments were administered accordingly. Cardiac function was assessed 24 hours post-reperfusion using echocardiography to measure LVEF and LVFS. Myocardial pathology was evaluated with Evan's Blue-TTC double staining and HE staining. The second part involved 50 C57 mice, similarly divided and treated. Inflammatory markers IL-1 $\beta$ , IL-18, and TNF- $\alpha$  were quantified using ELISA, while the protein and mRNA expressions of NLRP3, Caspase-1, and GSDMD were analyzed via Western blot and qRT-PCR, respectively. In the third part, another 50 C57 mice were categorized into control, model, TAK-242 (TLR4 inhibitor), TAK-242 plus electroacupuncture, and electroacupuncture during reperfusion groups. Expressions of TLR4, MyD88, NF- $\kappa$ B p65, NLRP3, Caspase-1, and GSDMD were measured through Western blot, qRT-PCR, and immunohistochemistry. **Results:** Electroacupuncture significantly improved cardiac function (LVEF and LVFS) and reduced myocardial infarction size in the treated groups, with the best outcomes observed during reperfusion. Pathological analysis revealed reduced myocardial injury and inflammation in electroacupuncture-treated mice. Inflammatory markers IL-1 $\beta$ , IL-18, and TNF- $\alpha$  were lower in the electroacupuncture groups, particularly during reperfusion. Protein and mRNA expressions of NLRP3, Caspase-1, and GSDMD followed a similar pattern, indicating reduced pyroptosis. In the TAK-242 plus electroacupuncture group, the expressions of TLR4, MyD88, NF- $\kappa$ B p65, NLRP3, Caspase-1, and GSDMD were markedly lower, suggesting an inhibition of the TLR4/NF- $\kappa$ B pathway and subsequent pyroptosis. **Conclusion:** Electroacupuncture at the "Ximen" acupoint post-reperfusion significantly mitigates myocardial injury and inflammation in MIRI, with the most pronounced protective effects observed when administered during reperfusion. This treatment modulates the TLR4/NF- $\kappa$ B signaling pathway, reducing pyroptosis and highlighting its potential as an effective intervention for myocardial ischemia-reperfusion injury.

**Key words:** Myocardial Ischemia-Reperfusion Injury, MIRI, Electroacupuncture, Ximen acupoint, Pyroptosis, TLR4/NF- $\kappa$ B Signaling Pathway

## 电针对帕金森病小鼠肠道屏障功能的改善作用及其机制研究

李亚楠<sup>1</sup>, 汪瑶<sup>1</sup>, 张小蕾<sup>1</sup>, 胡梦妮<sup>1</sup>, 祁玲<sup>1</sup>, 郭磊<sup>1</sup>, 余沛豪<sup>2</sup>, 马骏<sup>1✉</sup>

1. 湖北中医药大学针灸骨伤学院, 湖北省武汉市洪山区黄家湖西路 16 号, 中国;
2. 湖北省中医院, 湖北省武汉市武昌区昙华林, 中国。

**摘要:** 目的:观察电针对帕金森病(PD)小鼠肠道屏障完整性的影响。方法: C57/BL6 小鼠随机分为正常组、模型组、电针治疗组, 每组 12 只。鱼藤酮灌胃法复制 PD 小鼠模型。电针治疗组电针“风府”、“太冲”、“足三里”穴, 30 min/次, 1 次/d, 连续 14d。旷场实验观察小鼠自主运动能力, 比较各组小鼠 30min 排便颗数, 免疫组化法检测小鼠中脑黑质酪氨酸羟化酶 (TH) 及结肠紧密连接蛋白 occludin 水平, 阿尔新蓝染色法检测小鼠黏蛋白数量, 荧光定量 PCR 法检测小鼠结肠黏蛋白 2 (Muc2) mRNA 表达水平, 酶联免疫吸附剂测定法检测小鼠血清中 D-乳酸 (D-LA)、脂多糖 (LPS)、二胺氧化酶 (DAO)。结果: (1) 与正常组比较, 模型组自主运动时间及总路程均下降 ( $P<0.01$ ), 电针后运动时间及总路程均明显上升 ( $P<0.01$ ); (2) 与正常组比较, 模型组排便频率明显下降 ( $P<0.01$ ), 电针后排便频率显著增加 ( $P<0.01$ ); (3) 与正常组比较, 模型组中脑黑质 TH 阳性表达降低, 电针后中脑黑质 TH 阳性表达升高; (4) 与正常组比较, 模型组肠道 occludin 阳性表达降低, 电针后肠道 occludin 阳性表达升高; (5) 与正常组比较, 模型组小鼠肠道黏蛋白数量减少, Muc2 mRNA 水平明显降低 ( $P<0.01$ ), 电针后小鼠肠道黏蛋白数量增多, Muc2 mRNA 水平明显升高 ( $P<0.01$ ); (6) 与正常组比较, 模型组小鼠血清中 D-LA、LPS、DAO 明显升高 ( $P<0.01$ ), 治疗后小鼠血清中 D-LA、LPS、DAO 明显降低 ( $P<0.01$ )。结论: 电针“风府”、“太冲”、“足三里”穴能够修护改善 PD 小鼠肠道屏障完整性及行为学症状。

**关键词:** 帕金森病; 电针; 肠道屏障功能

### Study on the improvement effect and mechanism of electroacupuncture on intestinal barrier function of parkinson's mice

Li Yanan<sup>1</sup>, Wang Yao<sup>1</sup>, Zhang Xiaolei<sup>1</sup>, Hu Mengni<sup>1</sup>, Qi Ling<sup>1</sup>, Guo Lei<sup>1</sup>, Yu Peihao<sup>2</sup>, Ma Jun<sup>1✉</sup>

1. College of Acupuncture and Orthopedics, Hubei University of Traditional Chinese Medicine, No. 16, West Huangjiahu Road, Hongshan District, Wuhan, Hubei, China.
2. Hubei Provincial Hospital of Traditional Chinese Medicine, Tanhualin, Wuchang District, Wuhan City, Hubei Province, China.

**Abstract:** Objective: To observe the effect of electroacupuncture on the integrity of the intestinal barrier in mice with Parkinson's disease (PD). METHODS: C57/BL6 mice were randomly divided into normal group, model group, and electroacupuncture treatment group, 12 mice in each group. The PD mouse model was replicated by gavage with ichthyodenone. In the electroacupuncture treatment group, the acupuncture points “Fengfu” (GV16) and “Taichong” (LR3) and “Zusanli” (ST36) were used for 30 min/time, 1 time/d for 14 d. The mice's voluntary movement ability was observed by the open field experiment. The number of defecation of mice in each group within 30 minutes was compared, and the levels of cerebral nigrostriatal tyrosine hydroxylase (TH) and colonic tight junction protein occludin were detected by immunohistochemistry, the amount of mucin was detected by Alcian blue staining, and the mucin 2 (Muc2) mRNA expression level was detected by fluorescent quantitative PCR. ELISA detects D-lactic acid (D-LA),

第一作者: 李亚楠, 15972987980, 博士, 中医药防治脑病及神经系统疾病。Email: 353677655@qq.com

\*通讯作者: 马骏, 13707159448, 博士, 教授, 中医药防治脑病及神经系统疾病。E-mail: mj-1964@163.com。

First Author: Li Yannan, 15972987980, PhD, TCM to prevent and control brain disease and neurological disorders. Email: 353677655@qq.com

\*Corresponding author: Ma Jun, 13707159448, Ph.D., Professor, Traditional Chinese Medicine to prevent and control brain diseases and neurological disorders. E-mail: mj-1964@163.com

lipopolysaccharide (LPS) and diamine oxidase (DAO) in mouse serum. RESULTS: (1) Compared with the normal group, both the time of voluntary movement and total distance traveled decreased in the model group ( $P<0.01$ ), and both the time of movement and total distance traveled increased significantly after electroacupuncture ( $P<0.01$ ); (2) Compared with the normal group, the frequency of defecation decreased significantly in the model group ( $P<0.01$ ), and increased significantly after electroacupuncture ( $P<0.01$ ); (3) Compared with the normal group, the positive expression of TH in the midbrain substantia nigra was reduced in the model group and increased after electroacupuncture; (4) Compared with the normal group, the positive expression of intestinal occludin was reduced in the model group and increased after electroacupuncture; (5) Compared with the normal group, the number of intestinal mucin was reduced and the level of Muc2 mRNA was significantly lower in the model group ( $P<0.01$ ), while the number of intestinal mucin increased and the level of Muc2 mRNA increased after electroacupuncture ( $P<0.01$ ); (6) compared with the normal group, D-LA, LPS and DAO in the serum of mice in the model group were significantly increased ( $P<0.01$ ), and D-LA, LPS and DAO in the serum of mice after treatment were significantly decreased ( $P<0.01$ ). Conclusion: Electroacupuncture points “Fengfu” (GV16) and “Taichong” (LR3) and “Zusanli” (ST36) can repair and improve the intestinal barrier integrity and behavioral symptoms in PD mice.

**Key words:** Parkinson's disease; Electroacupuncture; Intestinal barrier function

# 针刺通过调节肠道菌群和结肠 NLRP3 炎症小体改善卒中后抑郁症的机制研究

蔡娟, 魏溪芳, 沈卫东

上海中医药大学附属曙光医院针灸科, 中国上海 201203

**摘要:** 目的: 研究针刺对卒中后抑郁症 (PSD) 模型大鼠肠道菌群及结肠 NLRP3 炎症小体表达的影响, 探讨针刺治疗 PSD 的机制。

**方法:** 雄性 SD 大鼠随机分为 4 组: 假手术组、卒中后抑郁症组(PSD)、针刺组 (Acu) 和益生菌组 (PB)。假手术组只分离颈部血管不插入栓线。其余三组采用大脑中动脉闭塞术 (MCAO)、慢性不可预知应激 (CUMS) 和孤养相结合的方法建立 PSD 大鼠模型。针刺组针刺百会穴 (GV20)、神庭穴 (GV24)、双侧足三里穴 (ST36), 益生菌组给予益生菌灌胃。针刺加灌胃, 每日 1 次, 持续 2 周。采用体重测量、蔗糖偏好测试、旷场测试和强迫游泳测试对抑郁行为进行评估。采用苏木精-伊红染色 (H&E) 评估结肠组织病理学变化, 采用 Western blotting 分析 NLRP3/ASC/Caspase-1 通路相关蛋白的表达。采用酶联免疫吸附试验 (ELISA) 检测血清 IL-1 $\beta$  和 IL-18 水平。此外, 采用 16S rRNA 基因测序技术, 研究各组大鼠肠道菌群的差异。

**结果:** 针刺能有效改善 PSD 大鼠的体重和抑郁样行为。针刺增加了 PSD 模型大鼠肠道菌群的多样性, 上调了双歧杆菌科和乳酸杆菌科的丰度, 降低了胃链球菌科、里氏菌科、蛋菌科和链球菌科在科水平上的相对丰度。针刺可有效减轻 PSD 模型大鼠结肠的病理改变。此外, 针刺可降低 PSD 模型大鼠结肠中 NLRP3、ASC 和 Caspase-1 蛋白的表达, 并降低血清 IL-18 和 IL-1 $\beta$  的水平。

**结论:** 针刺可能通过调节肠道菌群和抑制结肠 NLRP3 炎症小体的激活来缓解卒中后抑郁大鼠的抑郁样行为。微生物-脑-肠轴可能是针刺在治疗 PSD 中发挥治疗作用的一个有效途径。

**关键词:** 针灸; 卒中后抑郁症; 肠道微生物群; NLRP3 炎症小体; 脑肠轴

## Acupuncture Ameliorates Depression-like Behavior of Post-stroke Depression Model Rats through the Regulation of Gut Microbiota and NLRP3 Inflammasome in the Colon

CAI Wa, WEI Xi-fang, Shen Wei-dong

Department of Acupuncture, Shanghai Shuguang Hospital Affiliated to Shanghai University of Traditional Chinese Medicine, Shanghai China, 201203

**Abstract:** Objective: This study was conducted to examine the effects of acupuncture on gut microbiota and expression of NLRP3 inflammasome in the colon in post-stroke depression (PSD) model rats, and investigated the mechanism of acupuncture treatment for PSD. Methods: Sprague-Dawley male rats were randomized into four groups: sham surgery group, post stroke depression group (PSD), acupuncture group (Acu) and probiotics group (PB). In the sham group, blood vessels in the neck were isolated only. In the remaining three groups, the PSD rat model was established using a combination of middle cerebral artery occlusion (MCAO), chronic unpredictable mild stress (CUMS), and isolation methods. In the Acu group, acupuncture was performed on Baihui (GV20), Shenting (GV24), and bilateral Zusanli (ST36) acupoints, while in the PB group, probiotics were administered via intragastric administration. Both acupuncture

第一作者: 蔡娟, 博士, 主治医师, 研究方向: 针灸治疗中风后抑郁机制研究。联系方式: 13671668310, E-mail: 408346323@qq.com

通信作者: 沈卫东, 博士, 主任医师, 博士生导师, 研究方向: 针灸临床机制研究。联系方式: 13391019193, E-mail: [shenweidong1018@163.com](mailto:shenweidong1018@163.com)

and intragastric administration were carried out once daily for a duration of 2 weeks. Behaviors of depression were assessed by using weight measurements, sucrose preference test, open field test, and forced swimming test. Colon histopathological changes were assessed using hematoxylin-eosin staining (H&E), while Western blotting was utilized to analyze the expression of NLRP3/ASC/Caspase-1 pathway-related proteins. Enzyme-linked immunosorbent assay (ELISA) was employed to measure serum levels of IL-1 $\beta$  and IL-18. Additionally, differences in intestinal flora among the rat groups were investigated and analyzed using 16S rRNA gene sequencing. Results: Acupuncture was effective to increase weight and ameliorate depressive-like behaviors in PSD rats. Acupuncture increased the diversity of gut microbiota, up-regulated the abundance of Bifidobacteriaceae and Lactobacillaceae, and decreased the relative abundance of Peptostreptococcaceae, Rikenellaceae, Eggerthellaceae and Streptococcaceae at family level in PSD model rats. Furthermore, acupuncture effectively alleviated pathological changes in the colon of PSD model rats. Additionally, acupuncture was found to reduce the expression of NLRP3, ASC, and Caspase-1 proteins in the colon of PSD model rats, along with lowering the levels of serum IL-18 and IL-1 $\beta$ . Conclusion: Acupuncture may alleviate depressive-like behaviors in rats with post-stroke depression (PSD) by modulating the composition of intestinal microbiota and suppressing the overactivation of the NLRP3 inflammasome in the colon. The microbiota-gut-brain axis appears to be a promising pathway through which acupuncture exerts its therapeutic effects in treating PSD.

**Key words:** Acupuncture; Post stroke depression; Gut Microbiota; NLRP3 Inflammasome; Microbiota-gut-brain axis



## 电针多维度干预慢性痛的神经生物学机制研究

邵晓梅, 梁宜, 刘伯一, 蒋永亮, 房军帆, 杜俊英, 沈醉, 孙晶, 吴媛媛, 方剑乔

浙江中医药大学

**摘要:** 针刺镇痛的历史悠久, 其有效、简便、不良反应少等优点在国内外得到广泛认同。当前, 疼痛性疾病依然是针灸主要适应症之一。随着针刺镇痛研究的深入发展, 针刺镇痛研究已经从最初的仅关注痛感受向同时关注痛感觉、痛情绪和痛认知等多维度发展。本文将较系统总结电针镇痛的抗痛觉过敏和超敏、调节痛情绪、延缓痛记忆的治疗参数、穴组选择及时间效应规律, 发掘针灸在镇痛中的潜在价值, 充分说明电针干预慢性痛的三重效应, 揭示其崭新的外周和中枢作用机制、从新的角度阐明针刺多维度干预慢性痛的关键神经生物学机制的研究进展, 以拓展电针镇痛的研究领域和推动电针技术的临床应用。

### The Neurobiological Mechanisms underlying Multidimensional Interventions of Electroacupuncture on Chronic Pain

Xiaomei Shao Yi Liang Boyi Liu Yongliang Jiang Junfan Fang Junying Du Zui Shen Jing Sun Yuanyuan Wu Jianqiao Fang

Zhejiang Chinese Medical University

**Abstract:** Acupuncture analgesia has a long history, its effectiveness, simplicity, less adverse reactions and other advantages have been widely recognized worldwide. At present, painful diseases are still one of the main indications of acupuncture. In this paper, we will summarize the therapeutic parameters, acupoint selection and time effect regarding the analgesic effects of electroacupuncture (EA) on pain hyperalgesia, allodynia, pain emotion, and pain memory in a more systematic way. To investigate the potentials of EA on analgesia and fully understand the three dimensional effects of EA on chronic pain. To unravel the novel peripheral and central mechanisms of EA. To fully understand the key neurobiological mechanisms underlying the multidimensional interventions of EA on chronic pain and to further expand the research area and clinical applications of EA-induced analgesia.

## Evaluate The Effect Of Correcting Pronunciation Errors Combined With Electro-Acupuncture In Language Function Rehabilitation In Autistic Children

*Tran Van Thanh*<sup>1</sup>, *Vu Nam*<sup>2</sup>, *Pham Quoc Binh*<sup>3</sup>, *Nguyen Quoc Huy*<sup>3</sup>, *Nguyen Duy Luat*<sup>1</sup>, *Tran Duc Huu*<sup>3</sup>, *Han Huy Truyen*<sup>2</sup>, *Bui Thi Phuong Thao*<sup>2</sup>, *Phi Thi Viet Ha*<sup>3</sup>, *Hoang Quoc Hop*<sup>1</sup>, *Dang Hong Quan*<sup>1</sup>, *Nguyen Thi Phuong Thao*<sup>1</sup>

**Abstract:** Objective: Evaluate the effectiveness of language rehabilitation treatment in children with autism spectrum disorder using pronunciation error correction method combined with electroacupuncture. Methods: Clinical intervention study comparing before and after treatment, with control on 60 children with autism spectrum disorder divided into two research groups and control group from August 2023 to October 2023 at the National Hospital of Acupuncture. Using the Zimmerman scale to assess communication function and the CARS scale to assess the level of autism spectrum disorder. Methods: Clinical intervention study comparing before and after treatment, with control on 60 children with autism spectrum disorder divided into two research groups and control group from August 2023 to October 2023 at the National Hospital of Acupuncture. Using the Zimmerman scale to assess communication function and the CARS scale to assess the level of autism spectrum disorder. Results: According to the Zimmerman scale after 2 treatment sessions in the study group, 66.7% had good treatment effectiveness compared to 33.4% in the control group ( $p < 0.05$ ). CARS score decreased in both study groups, however the study group had significantly higher recovery efficiency than the control group, the difference in total CARS score between the two groups respectively  $\Delta D0 - D47$   $8.4 \pm 0.9$  points in the study group and  $4.1 \pm 1.5$  points in the control group ( $p < 0.05$ ). Conclusion: The effectiveness of language function rehabilitation in children with autism spectrum disorder in the group combined with exercises to correct pronunciation errors is better than the electro-acupuncture group combined with acupressure massage.

**Key words:** *Autism spectrum disorder, Language dysfunction, Practice correcting pronunciation errors.*

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## Evaluating The Effect Of The Big-Long Needle (Boa-Acupuncture) Based On Changes In Pain Threshold, B-Endorphin, Catecholamine In Cervical Spondylosis Patients

Tran Van Thanh<sup>1</sup>, Vu Nam<sup>2</sup>, Pham Quoc Binh<sup>3</sup>, Nguyen Quoc Huy<sup>3</sup>, Nguyen Duy Luat<sup>1</sup>, Han Huy Truyen<sup>2</sup>, Hoang Quoc Hop<sup>1</sup>, Bui Thi Phuong Thao<sup>1</sup>, Tran Duc Huu<sup>3</sup>, Phi Thi Viet Ha<sup>3</sup>, Dang Hong Quan<sup>1</sup>

<sup>1</sup> National Hospital of Acupuncture, 49 Thai Thinh Street, Ha Noi, Viet Nam

<sup>2</sup> National Hospital of Traditinal Medicine

<sup>3</sup> Viet Nam University Of Traditional Medicine & Pharmacy

**Abstract:** The study was conducted to evaluate the effect of the method BOA-acupuncture on the changes of pain,  $\beta$ -Endorphin, the catecholamine on 120 patients has cervical spondylosis, compares with the method “filiform needle acupuncture”. The result has shown that, after treatment, the pain level in group BOA-acupuncture is  $493,83 \pm 17,08$  g/s, higher when compare to  $464,0 \pm 19,42$  g/s of group “filiform needle acupuncture” this difference has statistical significance ( $p < 0,001$ ). The average content of  $\beta$  – endorphin in patient’s blood after treatment in group BOA-acupuncture is  $69,55 \pm 12,81$  pg/ml increases compared to  $64,14 \pm 9,0$ pg/ml in group “filiform needle acupuncture”, this difference has statistical significance ( $p < 0,01$ ). The affection of method BOA-acupuncture and method “filiform needle acupuncture” on the variation of the content of catecholamine between two groups has no significantly different in statistical significance.

**Key words:** Cervical Spondylosis, Pain Threshold, B-Endorphin, Catecholamine, Boa-Acupuncture, filiform needle acupuncture

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## 酒--针灸临床应用机理初探

郑建华 医学博士 澳洲注册中医针灸师

**摘要：**酒与针灸，都是传统中医药中非常重要的元素，只不过很少有人把他们放在一起。更没有人在临床上将酒与针灸同时用于临床治疗中。余不循常理，更是逆西医共识，根据中医古籍和针灸经络理论，大胆创立了《酒—针灸治疗法》。现在我就将这一独特的治疗方法以及在临床上应用的实践体会和机理，做一个探索性研究，附上临床验案，望同道先进斧正。

**关键词：**酒、针灸、疗法、机理、验案

### Wine--A Preliminary Study on the Mechanism of Clinical Application of Acupuncture

Dr. Jack Jian Hua ZHENG Ph d Registered Chinese Medicine Practitioner and Acupuncturist

**Abstract:** Wine and acupuncture are both very important elements in traditional Chinese medicine, but few people put them together. No one has ever used wine and acupuncture for clinical treatment at the same time. I went against common sense and went against the consensus of Western medicine. Based on ancient Chinese medicine books and acupuncture meridian theory, I boldly created the "Wine-Acupuncture Treatment Method".

Now I will conduct an exploratory study on this unique treatment method, as well as the practical experience and mechanism of clinical application, and attach the clinical case, hoping that colleagues can make corrections.

**Key words:** wine, acupuncture, therapy, mechanism, case stud

## Characteristics of spectral indices of the blood pressure waveform in stroke patients after acupuncture treatment

*Authors: Chao-Tsung Chen<sup>1,2,3,4</sup> Feng-Cheng Lin<sup>5</sup>, Chung-Hua Hsu<sup>2,6</sup> Hsin Hsiu<sup>6,7</sup>*

1. Department of Traditional Chinese Medicine, Taipei City Hospital RenAi Branch, Taipei, Taiwan
2. Institute of Traditional Medicine, School of Medicine, National Yang-Ming Chiao-Tung University, Taipei, Taiwan
3. Department of Recreation and Sport Management, University of Taipei, Taipei, Taiwan
4. Chinese Medical Association of Acupuncture
5. Department of Rehabilitation, Taipei City Hospital RenAi Branch, Taipei, Taiwan
6. Branch of Linsen and Chinese Medicine, Taipei City Hospital, Taipei, Taiwan
7. Graduate Institute of Biomedical Engineering, National Taiwan University of Science and Technology, Taipei, Taiwan.
8. Biomedical Engineering Research Center, National Defense Medical Center, Taipei, Taiwan.

To whom correspondence should be addressed: Chao-Tsung Chen, MD.

Department of traditional Chinese medicine, Taipei city hospital, Renai Branch, No. 10, Section 4, Renai Road, Daan District, Taipei 106, Taiwan.

Tel: +1 886 22709-3600 Ext 5215 ; E-mail: leon.ccchen@gmail.com

**Abstract:** Purpose: Noninvasive radial blood pressure waveform (BPW) measurements and frequency-domain analysis were used to compare differences in the harmonic indices of the BPW after acupuncture stimulation (AS) treatment in stroke patients. Methods: Twenty-minute bilateral radial BPW signals were obtained noninvasively in 17 stroke patients before and after 4 weeks of AS treatment. Amplitude proportion ( $C_n$ ) and harmonic variability ( $CV_n$ ) values were calculated for the first 10 harmonics of the BPW. Results: During the baseline, there were larger  $CV_n$  values on the stroke side than on the contralateral side (significant for  $CV_1-CV_7$ ). However, these bilateral  $CV_n$  differences were decreased during the effect (no longer significant for  $CV_1-CV_5$ ). Conclusions: The present results for BPW-variability indices could be associated with a greater stabilization of regulatory activity after applying AS treatment to the cerebral vascular beds on the stroke side. The present findings could facilitate a convenient and user-friendly technique to assess AS-induced effects on the vascular properties in stroke patients during the early chronic stage.

**Key words:** stroke; acupuncture; blood pressure waveform; harmonic analysis

## Factors Contributing To Specific And Non-specific Effects Of Acupuncture On Pain Management

Yunqin song1\*

1Asante Academy 430 Archway Road, Highgate, London N6 4JH United Kingdom \*Songyq2005gmail.com

**Abstract:** Purpose: This study aims to explore research gaps concerning factors contributing to specific and non-specific effects of acupuncture in pain management, and to identify key elements influencing these effects. Method: A comprehensive literature review was conducted using PubMed, Embase, and Cochrane Library databases. Search "Acupuncture and Pain and (Specific effect\* or Contextual factor\* or Non-specific effect\* or Nonspecific effect\*)", limited to human studies in English from 2016 to June 19, 2022. Selected articles were thoroughly analyzed. Information related to specific effects, non-specific effects, placebo effects, nocebo effects, etc was categorized and coded for analysis. Results: The review revealed that positive effects and contributing factors, such as achieving de-qi, acupuncture dosage, patient expectations, patient-therapist relationships, healing rituals, and conditioning, are well-documented. Proper management of these factors is generally accepted to enhance acupuncture's analgesic effect. However, other crucial aspects, including negative effects (e.g., nocebo effect and post-needling soreness), physical environment factors (e.g., ambient temperature, sound, and light), and non-psychosocial factors (e.g., patient positions), appear to be overlooked. Neglecting these elements may impact the overall efficacy of acupuncture treatment. Conclusions: Both specific and non-specific effects play significant roles in acupuncture's pain management efficacy. Optimizing them to maximise positive effects and minimize negative effects is crucial for enhancing acupuncture's analgesic potential. Further research is needed to address overlooked factors and their impact on treatment outcomes.

**Key words:** *Acupuncture, Pain Management, Specific effects, Non-specific effects, Placebo, Nocebo*

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I am a TCM practitioner with a background in both traditional Chinese and Western medicine. I trained as a surgeon at the affiliated hospital of Shanxi University of Traditional Chinese Medicine in China, working from 1996 to 2007, performing surgeries and practising TCM. Since moving to the UK in 2007, I have focused on holistic treatments.

In 2016, I joined the Asante Academy of Chinese Medicine clinic, specializing in musculoskeletal pain. I also served as an acupuncturist at Whittington Hospital's Pain Clinic and Maternity Service until 2021. My role includes practising and teaching Chinese herbal medicine, acupuncture, Tuina, Tai Chi, and Qigong.

My academic achievements include an MSc in Pain Management from University College London and ongoing studies for a Master of Physiotherapy at London Metropolitan University. I have also published a study titled "Injurious Repair" by Needling Ashi Points for Tendinopathy in the World Journal of Integrated Traditional and Western Medicine in 2019.

## 电针下调 lncRNA-Miat 抑制心肌纤维化的心肌保护作用

齐文川, Yanrong Ren<sup>1,2</sup>, Xueying Liu<sup>1,2</sup>, Hongjuan Fu<sup>1</sup>, Xiao Wang<sup>1</sup>, Xiao Li<sup>1</sup>, Jian Xiong<sup>1</sup>, Xiang Li<sup>1</sup>. Qianhua Zheng<sup>1</sup>, Dingjun Cai<sup>1\*</sup>, Fanrong Liang<sup>1\*</sup>

**摘要:** 心肌纤维化改变心肌结构, 导致心功能紊乱, 诱发心律失常和心脏缺血, 威胁患者生命。电针内关穴可抑制心肌纤维化。长非编码 RNA 在心肌纤维化中发挥多种调控功能, 但电针是否能够通过调节 lncRNA 抑制心肌纤维化的报道较少。本研究采用异丙肾上腺素 (ISO) 建立大鼠心肌纤维化模型, 并以电针内关和电针大鼠非穴治疗作为对照。Miat 是一种重要的长非编码 RNA, 在人和大鼠中都有表达, 当心肌梗死发生时显著增加。我们发现 lncRNA-Miat 在心肌纤维化中具有双重调节作用。Miat 可以通过 Ago2 依赖的方式吸收 miR-133a-3p, 减少 miR-133a-3p 靶点与 CTGF mRNA 3'UTR 区的结合, 提高 CTGF 的蛋白表达水平。此外, Miat 还可以直接与 PPARG 蛋白结合, 抑制异二聚体 PPARG-RXRA 复合物的形成, 进而促进 TGF- $\beta$ 1 的转录。相比于电针非穴点, 电针内关穴, 可降低 Miat 的表达, 从而抑制 CTGF 和 TGF- $\beta$ 1 的表达, 抑制心肌纤维化。总之, 我们发现电针内关可以通过降低 lncRNAMiat 的表达来抑制心肌纤维化的过程, 这是一种潜在的治疗心肌纤维化的方法。**关键词:** 心肌纤维化; 电针; lncRNA Miat; CTGF; TGF- $\beta$ 1 异二聚 PPARG-RXRA

### Downregulation of lncRNA Miat contributes to the protective effect of electroacupuncture against myocardial fibrosis

Wenchuan Qi<sup>1</sup>, Yanrong Ren<sup>1,2</sup>, Xueying Liu<sup>1,2</sup>, Hongjuan Fu<sup>1</sup>, Xiao Wang<sup>1</sup>, Xiao Li<sup>1</sup>, Jian Xiong<sup>1</sup>, Xiang Li<sup>1</sup>. Qianhua Zheng<sup>1</sup>, Dingjun Cai<sup>1\*</sup>, Fanrong Liang<sup>1\*</sup>

1. College of Acupuncture, Moxibustion and Tuina, Chengdu University of Traditional Chinese Medicine, Chengdu, Sichuan, 610075
2. College of Acupuncture, Moxibustion and Tuina, Shanxi University of Traditional Chinese Medicine, Jinzhong, Shanxi, 030002

**Abstract:** Background: Myocardial fibrosis changes the structure of myocardium, leads to cardiac dysfunction, induces arrhythmia and cardiac ischemia, threatening patients' lives. Electroacupuncture at PC6 (Neiguan) was found to inhibit myocardial fibrosis before. Long non-coding RNA (lncRNA) plays a variety of regulatory functions in myocardial fibrosis, but whether electroacupuncture can inhibit myocardial fibrosis by regulating lncRNA has rarely reported. Methods: In this study, we constructed myocardial fibrosis rats model using isoproterenol (ISO) and treated rats with electroacupuncture at PC6 point and non-point as control. Hematoxylin-eosin, Masson staining, and Sirius Red staining were performed to assess the pathological changes and collagen deposition. The expression of fibrosis related markers in rat myocardial tissue were detected by RT-qPCR and Western blot. Miat, an important long non-coding RNA, was selected to study the regulation of myocardial fibrosis by electroacupuncture at the transcriptional and post-transcriptional levels. In post-transcriptional level, we explored the myocardial fibrosis regulation effect of Miat on the sponge effect of miR-133a-3p. In transcriptional level, we studied the formation of heterodimer PPARG-RXRA complex and promote the transcription of TGF- $\beta$ 1. Results: LncRNA Miat expression levels was overexpression by ISO injection in rat. We found Miat can play a dual regulatory role in myocardial fibrosis. Miat can sponge miR-133a-3p through Ago2-dependent manner, reduce the binding of miR-133a-3p target to the 3'UTR region of CTGF mRNA, and improve the protein expression level of CTGF. In addition, Miat can also directly bind with PPARG protein, inhibit the formation of heterodimer PPARG-RXRA complex and then promote the transcription of TGF- $\beta$ 1. Electroacupuncture at PC6 point, but not at non-points, can reduce the expression of Miat, thus inhibiting the expression of CTGF and TGF- $\beta$ 1, and inhibiting myocardial fibrosis. Conclusion: We revealed that electroacupuncture at PC6 point can inhibit the process of myocardial fibrosis by reducing the expression of lncRNA Miat, which is a potential therapeutic method for myocardial fibrosis.

**Key words:** myocardial fibrosis; electroacupuncture; lncRNA Miat; CTGF; TGF- $\beta$ 1; heterodimer PPARG-RXRA

## 建立符合中医特点的针灸临床疗效评价方法和框架势在必行

王福麟<sup>1,2</sup>、邵墅生<sup>1,2</sup>、于卫东<sup>2</sup>、程霞<sup>1,2</sup>、刘金洪<sup>2</sup>、邹立国<sup>2</sup>

1 加拿大整体医学研究院, 5679 Imperial Street, Burnaby, BC, 加拿大 V5J 1G1

2 世界中医药学会联合会(加拿大)中医临床研究国际合作中心(加拿大), 3220 Parson's Road, Edmonton, Canada

\* 通讯地址: ffl.wang@gmail.com ; 3220 Parson's Road, 埃德蒙顿, 加拿大 T6N1M2

[2] 世界卫生组织。世界卫生组织中医国际标准术语。

<https://apps.who.int/iris/bitstream/handle/10665/352306/9789240042322-eng.pdf?sequence=1&isAllowed=y>

**摘要:** 针灸作为中医的重要组成部分, 以其临床疗效确切、适应症广泛、安全、费用低廉等特点, 已在 190 多个国家和地区推广。美国、加拿大以及欧洲、澳洲的许多国家地区针灸已经立法, 成为受监管的医学专业之一, 类似于家庭医生、牙医和其它医学专业。世界卫生组织(WHO)出版的第 11 版国际疾病统计分类(ICD-11)收录了 3100 多个中医术语, 以方便中医或传统医学在全球范围内的应用。

尽管针灸和中医已被全球接受, 但大量的研究对业界已熟知针灸疗效的病症, 未能对针灸疗效做出肯定结论, 如膝关节炎、偏头痛、腰痛等。此类研究结果与事实和医生病人观察到的治疗效果相悖。是这些研究者对针灸理论和实践的理解不够, 还是误用了研究和分析方法, 或者是研究设计、实施有问题? 也许, 所有这些原因都与错误结论有关。

整体观和的辨证论治是中医的基本特点和原则, 个体化诊疗已延续了数千年。这种诊疗特点和原则不仅认识到遗传、饮食、生活方式、文化和宗教、社会和自然环境、时间和季节、疾病/发作的原因和发病机制等方面的个体差异, 而且还考虑了身心、人与人, 人和环境之间的动态相互作用, 以及身体和宇宙/环境的其他相互关系, 反应了中医天人合一, 天人相应的思维。因此, 试图利用现代医学建立的没有充分考虑个体差异的标准化框架和方法来评估针灸对不同疾病和复杂证候的临床疗效注定会失败。

本文将讨论建立针灸中医相关研究框架和方法以准确评估特定疾病或证候的临床疗效的必要性和实施方法。

**关键词:** 针灸、传统医学、研究方法、疗效、评价

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世界卫生组织。世界卫生组织中医国际标准术语。

<https://apps.who.int/iris/bitstream/handle/10665/352306/9789240042322-eng.pdf?sequence=1&isAllowed=y>

### It is imperative to establish the TCM-relevant methodology and framework for the evaluation of clinical efficacy of acupuncture

Fu-Lin WANG<sup>1,2</sup>, Shusheng TAI<sup>1,2</sup>, Weidong YU<sup>2</sup>, Xia CHENG<sup>1,2</sup>, Jinghong LIU<sup>2</sup>, Liguozou ZOU<sup>2</sup>

<sup>1</sup> Canadian Institute of Complementary and Alternative Medicine Research, 5679 Imperial Street, Burnaby, BC, Canada V5J 1G1

<sup>2</sup> International Collaboration Center of TCM Clinical Research (Canada) – World Federation of Chinese Medicine Societies (WFCMS), 3220 Parson's Road, Edmonton, Canada

\* Corresponding address: ffl.wang@gmail.com ; 3220 Parson's Road, Edmonton, Canada T6N1M2

**Abstract:** Acupuncture, a key component of Traditional Chinese Medicine (TCM), has been practiced in over 190 countries and areas due to its clinical efficacy, wide range of indications, safety, and lower cost. USA, Canada, and many countries in Europe and other continents has officially recognized the acupuncture as one of the regulated health professions, similar with family physicians, dentists, and other health professions. In the ICD-11 published by the



World Health Organization (WHO), over 3100 TCM terminologies are included to facilitate application of TCM/traditional medicine worldwide.

Despite global acceptance of acupuncture and TCM, large number of research has failed to confirm the clinical efficacy of acupuncture for osteoarthritis of knee, migraine, and lower back pain, etc. Such research findings are contrary to the fact and to the observed treatment effects by patients and acupuncturists. Are those researchers insufficient in understanding the theory and practice of acupuncture, or did they misuse a research methodology and analysis, or an irrelevant study design and poor implementation? Perhaps, it is among all these reasons.

Wholistic view and person-time-place-syndrome-disease-relevant treatment are basic features and principles of TCM, thus an individualized diagnosis and treatment is practiced for thousands of years. This pattern of practice not only recognizes the individual differences in genetics, diet, lifestyle, culture and religion, social and natural environment, time and season, causes and pathogenesis of disease/attack, but also considers the interaction between the body and mind, man and nature, among other inter-relationships in the body and the universe/environment – a reflection of Unity of Man and Nature. Thus, attempting to use a standardized protocol, which is established in modern medicine and does not account individual variations, to evaluate clinical efficacy of acupuncture for different diseases and complex syndromes is doomed to fail.

This paper will discuss the necessity and methodology of establishing the acupuncture-TCM- relevant research framework and method for accurately evaluate clinical efficacy of a given disease or syndrome.

**Key words:** *Acupuncture, Traditional Medicine, Research Methods, Efficacy, Evaluation*

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## Understanding the Mechanism of Scalp Acupuncture from the Perspective of Brain-Computer Interface

Tianjun Wang \*

London Academy of Chinese Acupuncture UK.

\*Address: 16 Tiller Rd, London E14 8PX London UK

**Abstract:** Purpose To search the mechanism of scalp acupuncture with the connection of brain-computer interface. Method Review the academic research of brain-computer interface and scalp acupuncture. Results Brain-computer interface (BCI) is a milestone achievement in the development of human science and medicine. Non-invasive BCI does not require surgery and is the least traumatic to the human body which places signal collection electrodes on the outside of the scalp, has the characteristics of fewer ethical challenges and relative safety. Because the central nervous system has plasticity, repetitive feedback stimulation can enhance the connection between neuronal synapses and achieve repair. Through BCI can judge the possibility of patient recovery and adopt targeted treatment measures. Neurostimulation equipment is an important part of brain-computer interface hardware. There are many hypotheses on the mechanism of scalp acupuncture, including neurostimulation and electrophysiology. After scalp acupuncture stimulation, motor evoked potentials are more likely to be induced in the motor area of the cerebral cortex, but they can only be detected after a certain amount of stimulation. Conclusions The theory and technology of non-invasive BCI can provide a more intuitive and in-depth understanding of the mechanism of scalp acupuncture, which deserves the attention of research and clinical application of acupuncture and is also easy to be understood and accepted by the public.

**Key words:** Scalp Acupuncture, Mechanism, Brain Plasticity, Brain-computer interface, Semi-invasive BCI, EEG

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## 电针对帕金森病模型小鼠运动功能的影响及相关分子机制

祁羚<sup>1,2</sup>, 李亚楠<sup>2</sup>, 汪瑶<sup>1,2</sup>, 张小蕾<sup>1,2</sup>, 胡梦妮<sup>1,2</sup>, 李含章<sup>1,2</sup>, 肖蝶<sup>1,2</sup>, 荣臻<sup>1,2</sup>, 马骏<sup>1,2#</sup>

1 湖北中医药大学针灸骨伤学院 武汉 430060 中国;

2 湖北时珍实验室 武汉 430060 中国

**摘要:**目的 探究电针对帕金森病 (parkinson's disease,PD) 模型小鼠运动功能及中脑黑质 NLRP3 炎性小体相关蛋白的影响。方法 按照随机数字表法将 C57BL/6 小鼠分成对照组、模型组、电针组, 每组 12 只。10 mg/(kg·d) 鱼藤酮溶液灌胃小鼠模拟 PD 模型。造模后, 电针组选取“风府”“太冲”“足三里”, 治疗 2 周; 对照组和模型组为控制变量采取同一时间同步固定操作。采用行为学评分并运用旷场实验检测各组小鼠运动能力, 免疫组化实验检测各组小鼠中脑黑质酪氨酸羟化酶 (TH) 和  $\alpha$ -突触核蛋白 ( $\alpha$ -syn), 免疫印迹法检测小鼠中脑黑质 NOD 样受体热蛋白结构域相关蛋白 3 (NLRP3)、半胱天冬酶 (Caspase-1) 蛋白表达水平, 酶联免疫吸附法测定各组小鼠中脑黑质白细胞介素-1 $\beta$ (IL-1 $\beta$ )含量。结果 与对照组比较, 模型组小鼠行为学评分得分明显升高 ( $P<0.01$ ); 与模型组比较, 电针组小鼠行为学评分得分明显降低 ( $P<0.01$ ); 与对照组比较, 模型组小鼠相对静止状态 ( $<100$  mm/s) 时间比值明显增加 ( $P<0.01$ ), 运动缓慢 (100~200 mm/s) 状态时间比值明显降低 ( $P<0.01$ ), 快速运动 ( $>200$  mm/s) 状态时间比值明显下降 ( $P<0.01$ ); 与模型组比较, 电针组小鼠相对静止状态时间比值明显减低 ( $P<0.01$ ), 运动缓慢状态时间比值明显升高 ( $P<0.01$ ), 快速运动状态时间比值明显增加 ( $P<0.01$ ), 运动速率明显提高。与对照组比较, 模型组中脑黑质 TH 表达水平减少 ( $P<0.01$ ),  $\alpha$ -syn 升高 ( $P<0.01$ ); 与模型组比较, 电针组 TH 表达水平增加 ( $P<0.05$ ),  $\alpha$ -syn 降低 ( $P<0.05$ ); 与对照组比较, 模型组中脑黑质 NLRP3、Caspase-1 蛋白表达增多 ( $P<0.01$ ), 接受电针治疗后, 与模型组比较, 小鼠中脑黑质 NLRP3、Caspase-1 表达量减少 ( $P<0.01$ ); 通过酶联免疫吸附法测定小鼠中脑黑质 IL-1 $\beta$ , 与对照组比较, 模型组 IL-1 $\beta$  表达量明显升高 ( $P<0.01$ ); 与模型组比较, 电针组 IL-1 $\beta$  表达量有所降低 ( $P<0.05$ )。结论 电针刺激“风府”“太冲”“足三里”能够有效减少 PD 标志物  $\alpha$ -syn 的异常聚集, 增加 TH 表达量, 改善 PD 模型小鼠的运动功能障碍, 分子机制与调控炎症小体相关通路 NLRP3、Caspase-1、IL-1 $\beta$  表达有关。

**关键词:** 帕金森病; 电针; 运动功能障碍; 风府; 太冲; 足三里

### Effects of Electroacupuncture on Motor Function and the Related Molecular Mechanisms in Mice with Parkinson's Disease

QI Ling<sup>1,2</sup>, LI Yanan<sup>1,2</sup>, WANG Yao<sup>1,2</sup>, ZHANG Xiaole<sup>1,2</sup>, HU Mengni<sup>1,2</sup>, LI Hanzhang<sup>1,2</sup>, XIAO Die<sup>1,2</sup>, RONG Zhen<sup>1,2</sup>, MA Jun<sup>1,2#</sup>

1 College of Acupuncture-moxibustion and Orthopaedics of Hubei University of Chinese Medicine, Wuhan 430060; 2 Hubei Shizhen Laboratory, Wuhan, 430060, China

**Abstract:** Objective To explore the effects of electroacupuncture on motor function in PD model mice and NLRP3 inflammasome-related proteins in midbrain substantia nigra. Methods C57BL/6 mice were divided into three groups according to random number table method: control group, model group and electroacupuncture group (EA), 12 mice per group. PD model was reproduced by intragastric administration of rotenone solution 10 mg/(kg·d). The electroacupuncture selected "Fengfu" (GV16), "Taichong" (LR3) and "Zusanli" (ST36) three points, the treatment cycle of 2 weeks. The non-electric needle group takes the same time synchronous fixation operation for the control variable. Behavioral score and open field test were used to detect the exercise ability of mice in each group; Tyrosine hydroxylase (TH) and  $\alpha$ -synuclein ( $\alpha$ -syn) in the midbrain substantia nigra (SN) of mice in every group were measured via immunohistochemistry test; NOD-like receptor thermal protein domain associated protein 3 (NLRP3) and Cysteineyl aspartate specific proteinase-1 (Caspase-1) protein expression levels in the midbrain substantia nigra of mice in the three

groups were measured by western blot, and Interleukin-1beta(IL-1 $\beta$ ) content was determined by enzyme-linked immunosorbent assay. Results Compared with the control group, behavioral scores of mice in the model group were higher ( $P<0.01$ ) ; Compared with model group, the behavioral scores of mice in EA group were lower ( $P<0.01$ ) ;Compared with the control group, the relative rest state of mice in the model group ( $<100$  mm/s) time ratio increased significantly ( $P<0.01$ ) , the time ratio of slow motion (100~200 mm/s) was significantly reduced ( $P<0.01$ ) , the time ratio of fast motion ( $> 200$  mm/s) state decreased significantly ( $P<0.01$ ) ; Compared with model group, the ratio of time spent in relative rest state of mice in EA group was significantly reduced ( $P<0.01$ ) , the time ratio of slow motion state was significantly increased ( $P<0.01$ ) , the time ratio of fast motion state increased significantly ( $P<0.01$ ) , the movement rate was significantly increased.Compared with the control group, TH expression level decreased in the SN in the model group ( $P<0.01$ ) ,  $\alpha$ -syn was increased ( $P<0.01$ ) ; Compared with model group, TH expression level in EA group increased ( $P<0.05$ ) ,  $\alpha$ -syn decreased ( $P<0.05$ ) ; Compared with the control group, the protein expressions of NLRP3 and Caspase-1 in the SN of the model group were increased(ALL  $P<0.01$ ) , compared with model group, the expressions of NLRP3 and Caspase-1 in the SN of the midbrain of mice were decreased after electroacupuncture treatment ( ALL  $P<0.01$ ) ; IL-1 $\beta$  was determined by enzyme-linked immunosorbent assay in the SN of the mouse midbrain. Compared with the control group, IL-1 $\beta$  was increased in the model group ( $P<0.01$ ) ,Compared with model group, IL-1 $\beta$  decreased in EA group ( $P<0.05$ ) . Conclusion This experiment proves that the stimulation of "Fengfu", "Taichong" and "Zusanli" electroacupuncture can effectively reduce the abnormal aggregation of PD marker  $\alpha$ -syn, increase TH expression, and enhance the motor dysfunction of PD model mice. The molecular mechanism is connected with the regulation of the expression of NLRP3, Caspase-1, and IL-1 $\beta$  of inflammasome-related pathways.

**Key words:** parkinson's disease; electroacupuncture; Motor dysfunction; Fengfu(GV16); Taichong (LR3) ;Zusanli(ST36);

## 针灸治疗卵巢储备功能减退机制及临床研究进展

朱琳, 黄圣惠, 郭可宁, 孙小淳, 黄家宓, 谭丽, 张婷婷\*

上海中医药大学附属岳阳中西医结合医院, 上海, 200437

**摘要:** 卵巢储备功能减退 (DOR) 是指育龄期女性卵母细胞质量和 (或) 数量过早减退的病理状态, 针灸治疗 DOR 方法多样, 疗效显著。本文从针灸调控炎症反应和氧化应激及改善卵泡发育的机制进行归纳总结, 聚焦于 Nrf2/HO-1/NLRP3 信号通路、SIRT1/PGC-1/Nrf2 信号通路、TGF- $\beta$ 1/Smads 信号通路、PI3K/Akt/mTOR 信号通路、PI3K/ Akt/FOXO3a 信号通路、Notch1/Hes1/JAG1 通路。此外, 对于目前针灸治疗 DOR 临床研究进行综述, 针灸治疗 DOR 的方法目前包括针刺治疗、针刺联合艾灸治疗、温针灸治疗、针灸联合口服中药治疗等, 拟期为进一步研究针灸治疗 DOR 提供新的思路。

**关键词:** 针灸; 卵巢储备功能减退; 信号通路; 综述

### Research Progress on Acupuncture Treatment of Diminished Ovarian Reserve

ZHU Lin, HUANG Sheng-hui, GUO Ke-Ning, Sun Xiao-Chun, HUANG Jia-mi, Tan Li, ZHANG Ting-ting\*

Yueyang Hospital of Integrated Traditional Chinese and Western Medicine, Shanghai University of Traditional Chinese Medicine, Shanghai 200437

**Abstract:** Diminished ovarian reserve (DOR) is a pathologic condition in which the quality and quantity of oocytes diminishes prematurely in women of childbearing age, and acupuncture treats DOR in various ways with significant efficacy. In this paper, we summarize the mechanisms of acupuncture in regulating inflammatory response and oxidative stress and improving follicular development, focusing on the Nrf2/HO-1/NLRP3 signaling pathway, SIRT1/PGC-1/Nrf2 signaling pathway, TGF- $\beta$ 1/Smads signaling pathway, PI3K/Akt/mTOR signaling pathway, PI3K/ Akt/FOXO3a signaling pathway, Notch1/Smads signaling pathway, and PI3K/ Akt/FOXO3a signaling pathway, and Notch1/Hes1/JAG1 pathway. In addition, the current clinical studies on acupuncture for DOR were reviewed, and the methods of acupuncture for the treatment of DOR currently include acupuncture alone, acupuncture combined with moxibustion, warm moxibustion, and acupuncture combined with oral herbal medicine, etc. It is intended to provide a new idea for further research on treating DOR with acupuncture.

**Key words:** Acupuncture; Diminished ovarian reserve; signaling pathway; Review.

# 理论、文献、教育

## 国际化针灸学教材建设的思考

王静芝<sup>2,3,4</sup>, 梁凤霞<sup>1,2,3,4</sup>, 杜艳军<sup>1,2,3,4</sup>, 吴松<sup>1,2,3,4</sup>, 王华<sup>1,2,3,4</sup>

1. 湖北中医药大学针灸骨伤学院,
2. 湖北时珍实验室,
3. 针灸治未病湖北省协同创新中心,
4. 湖北中医药大学附属医院湖北省中医院, 武汉, 中国

**摘要:**《针灸学》教材作为中医针灸传承的载体和知识传播的工具,是针灸国际化发展和高素质针灸人才培养的重要依托。本文追寻《针灸学》教材建设的发展轨迹,系统回顾不同时期《针灸学》教材的体例框架与知识内容;并具体考察分化教材发展变化,和现行外文版《针灸学》教材的建设现状。在此基础上,对我国《针灸学》教材建设的历史和现状进行了研究与反思,以总结经验,并对国际化《针灸学》教材建设的提出展望和建设思路。

全文共分三部分:

第一部分:根据国内《针灸学》教材建设的历史脉络,多维度对国内《针灸学》教材建设过程进行回顾性研究。重点梳理国内统编分化教材,分析早期分化的7部针灸教材与近些年拓展编写的特色创新教材的知识框架和层级设置,在此基础上,对国际《针灸学》教材编写的基本原则和要求等核心概念进行界定和辨析。

第二部分:重点论述国际《针灸学》教材发展,对已出版并使用的国内针灸专家主编和外籍针灸专家主编的外文版《针灸学》教材作比较。从内容编排、陈述方式、阅读方式和理解方式等角度对比国际《针灸学》教材建设概况及异同。得出现行国际《针灸学》教材存在品种有限、分化教材相关课程无法开展、内容体系和语言上忽视海外读者阅读习惯等问题。

第三部分:提出新形势下国际化《针灸学》教材建设思路。首先,遵循《WHO 针灸培训规范》对内容、学时要求。其次,吸取国内外《针灸学》教材之长,内容上从“融合”走向“细化”,建议建设《经络腧穴学》《刺灸法学》《针灸治疗学》3部分化教材,并配套数字化建设内容,以促进针灸教材建设与针灸教育研究的互促发展。

**关键词:** 针灸学; 教材; 国际化; 教材建设

### Thoughts on the Construction of International Acupuncture and Moxibustion Textbooks

WANG Jing-zhi<sup>1,2,3,4</sup>, LIANG Feng-xia<sup>1,2,3,4</sup>, DU Yan-jun<sup>1,2,3,4</sup>, WU Song<sup>1,2,3,4</sup>, WANG Hua<sup>1,2,3,4</sup>

1. College of Acupuncture-Moxibustion and Orthopedics, Hubei University of Chinese Medicine,
  2. Hubei Shizhen Laboratory,
  3. Hubei Provincial Collaborative Innovation Center of Preventive Treatment by Acupuncture and Moxibustion,
  4. Affiliated Hospital of Hubei University of Chinese Medicine (Hubei Provincial Hospital of Traditional Chinese Medicine)
- Wuhan, China.

**Abstract:** Acupuncture and moxibustion textbooks, as the carrier of the inheritance of acupuncture and moxibustion in traditional Chinese medicine and the tool of knowledge dissemination, are an important support for the international development of acupuncture and moxibustion and the cultivation of high-quality acupuncture and moxibustion talents. This paper traces the development of the construction of acupuncture and moxibustion textbook, and systematically

作者简介: 第一作者: 王静芝, 博士, 副教授, 研究方向: 腧穴配伍及其效应机制研究; E-mail: 182179503@qq.com。

reviews the framework and content of the acupuncture and moxibustion textbook in different periods; And specifically investigate the development and changes of differentiated textbooks, and the current construction status of the foreign language version of acupuncture and moxibustion textbooks. The dissertation consists of three parts: The first part: According to the historical construction of domestic acupuncture and moxibustion textbooks, a multi-dimensional retrospective study of the process of domestic acupuncture and moxibustion textbooks was conducted. Focus on sorting out the differentiated textbooks, analyze the framework and level setting of the seven differentiated textbooks at an early stage and the characteristic innovative textbooks that have been expanded and compiled in recent years, and on this basis, define and analyze the concepts such as the basic principles and requirements for the compilation of international acupuncture and moxibustion textbooks. The second part focuses on the development of the international acupuncture and moxibustion textbook, and compares the published foreign version of acupuncture and moxibustion textbook edited by domestic experts and foreign experts. Compare the general situation of the construction and similarities and differences of international acupuncture and moxibustion textbook from the perspectives of content arrangement, statement, reading mode and understanding mode. There are some problems such as the limited variety of the textbooks of acupuncture and moxibustion and Moxibustion, related courses cannot be conducted, and the neglect of overseas readers' reading habits in the content system and language. The third part: put forward the idea of construction of international acupuncture and moxibustion under the new situation. First of all, follow the requirements of WHO acupuncture and moxibustion Training Standards for content and class hours. Secondly, drawing on the strengths of acupuncture and moxibustion textbooks both at home and abroad, the content of which is "integrated" to "refined". It is suggested to build three differentiated textbooks, namely, Subject of Meridians and Points, Subject of Acupuncture and Moxibustion Technique, Subject of Acupuncture and Moxibustion Therapy, and to support the digital construction content, so as to promote the mutual development of acupuncture and moxibustion textbook construction and acupuncture and moxibustion education research.

**Key words:** Acupuncture and Moxibustion; Textbooks; Internationalization; Textbook Construction

## 整合医学时代的美国针灸教育能力培养

陈业孟

美国纽约中医学院

**摘要：**近年来整合医学在美国发展趋势良好，它寻求个人及其医疗保健的协调一致，以在整个生命周期中实现最佳健康与康复，整合医学将研究最深入的传统医学与循证补充疗法相结合，为每个人提供适当的医疗保健。为适应整合医学发展的需要，美国针灸教育在能力培养方面也做了及时调整，针灸与草药院校认证委员会（ACAHM）在其专业能力培养目标三大范畴（病患治疗、系统医学、专业发展）中都新设相关条款。如病患治疗中的病例管理能力为展示对患者的文化背景的认识与熟悉、根据患者病情变化而修改治疗计划、评估患者治疗效果、与其他医疗专业人员沟通以确保适当的治疗计划、教育患者有关创造平衡生活与促进健康行为/生活方式的选择、撰写与患者治疗相关的报告和专业信函、确定一系列转诊资源及了解其他健康专业人士采用的治疗方式等；系统医学中教育与沟通能力包括总结中医在生物医学模型中对疾病和各种综合征的适用性、以其他医疗保健专业人员的术语与他们沟通、从相关科学理论角度讨论中医、从生物医学角度阐明中医学预期临床结果、翻译、解释和讨论中医学术语以进行有效沟通等；专业发展范畴中的伦理与执业管理能力涵盖应用有关保护患者隐私相关法律、知情同意书、执业范围、职业行为、医疗事故和责任保险、第三方支付人要求、职业安全规定、专业发展、其他适用法律标准的数据和信息、制定风险管理和质量保证计划、遵循道德操守并诚信行事、制定旨在支持成功执业的商业/职业计划、营销/推广计划、描述并应用各种向保险公司要帐和收款系统、演示电子健康记录和电子病历系统的使用等。以上内容都应落实到具体的课程中，并设计可测量的教学质量评估方法。除了在课程中增加内容，各针灸院校如今已有 119 处校外临床实习基地，遍及 15 州，其中 58 处在医院（包括退伍军人医院）提供针灸治疗服务，另有 61 处在各综合性诊所、社区诊所。可以预期美国新的针灸教育模式更能适应整合医学的发展。

**关键词：**整合医学；针灸教育；能力培养

### Competencies of Acupuncture Education in the United States during the Era of Integrative Medicine

Yemeng CHEN (New York College of Traditional Chinese Medicine, USA)

**Abstract:** In recent years, integrative medicine is a trend in the United States which seeks the alignment of individuals and their health care for optimal health and healing across the life span and combines the most well-researched conventional medicine with evidence-based complementary therapies to achieve the appropriate care for each person. The professional competencies of acupuncture education in America have also made corresponding adjustments. The Accreditation Commission for Acupuncture & Herbal Medicine (ACAHM) newly added related items among the three domains of competencies -- Patient Care, System Based Medicine, and Professional Development. In the Patient Care Domain, there is a Case Management competency section added which indicating the ability to demonstrate awareness of and familiarity with cultural competency, modify plans consistent with changes in the patient's condition, assess patient outcomes, communicate with other health care providers to determine an appropriate plan of care, educate patients about behaviors and lifestyle choices that create a balanced life and promote health and wellness, create reports and professional correspondence relevant to the care of patients, and identify a range of referral resources and the modalities they employ, etc. In the System-Based Medicine domain, Education and Communication competency is required for entry-level program which covers the ability to summarize the applicability of Chinese medicine to

作者简介：陈业孟，博士，教授。研究方向：中医针灸教育与临床。电子邮箱：yemeng.chen@nyctcm.edu

About the Author: Yemeng Chen, Ph.D., Professor. Research focus: Acupuncture & Chinese herbal medicine education and practice. E-mail: yemeng.chen@nyctcm.edu



diseases and syndromes in the biomedical model, communicate with other health care professionals in their own terms, discuss Chinese medicine in terms of relevant scientific theories, articulate expected clinical outcomes of Chinese medicine from a biomedical perspective, and translate, explain, and discuss East Asian medical terminology for effective communication, etc. Also the Ethics and Practice management competency in the Professional Development Domain requires the ability to apply data and information concerning confidentiality and HIPAA, informed consent, scope of practice, professional conduct, malpractice and liability insurance, requirements of third-party payers, OSHA, professional development, other applicable legal standards to improve practice management and records management systems, develop risk management and quality assurance programs, practice ethically and behave with integrity in professional settings, create and implement business/professional plans and marketing/outreach plans designed to support success in professional practice, describe and apply a variety of billing and collection systems, and demonstrate use of electronic health records and electronic medical records systems, etc. The above competencies should be mapping in the curriculum and a measurable assessment tool should be developed to evaluate the student's performance on those competencies. In addition to curriculum modification, more clinical training sites now are established in hospital or comprehensive clinics. The data shows that there are 119 outside clinical training sites, spreading in 15 states, in those acupuncture colleges. Among them, 58 sites are in hospitals including VA hospitals where to provide acupuncture services and another 61 in comprehensive clinics or community clinics. It is foreseeable that the new model of acupuncture training will be more adaptable to development of integrative medicine.

**Key words:** integrative medicine; acupuncture education; competencies

## 新安针灸传承教育的历史和现状

吴子建<sup>1,2,3</sup>, 蔡荣林<sup>1,2,3</sup>, 刘磊<sup>1,2,3</sup>, 贺成功<sup>3, 4</sup>段文秀<sup>1,2,3</sup>, 吴生兵<sup>1,2,3</sup>, 孙傲<sup>5</sup>, 王洁<sup>1,2,3</sup>, 余情<sup>1,2,3</sup>, 崔帅<sup>1,2,3</sup>, 蔡圣朝<sup>4</sup>, 周美启<sup>2,3</sup>, 胡玲<sup>1,2,3</sup>

1. 安徽中医药大学针灸推拿学院;
2. 安徽省中医药科学院针灸经络研究所;
3. 经脉脏腑相关安徽省重点实验室;
4. 安徽省针灸医院;
5. 亳州艾可舒医疗科技有限公司

**摘要:** 新安医学以新安江上游(歙县、休宁、婺源、祁门、黟县、绩溪)为核心区域,肇始于唐宋,鼎盛于明清而流传至今。有文献资料可考证的医家近 1000 位,著作 800 多部,名派名说,名药名方,博大精深,异彩纷呈,灿烂夺目,形成了鲜明的地域医学流派特色。新安医家针灸学术观点非一家一派,既受新安文化熏陶,崇尚经典;又受新安地域影响,兼容并蓄,开放包容,特色鲜明,多数医家业医精儒,针医汇通,既以法《内经》《难经》为宗,潜心探索,发皇古义;又融汇时代特色和新鲜知识,融会贯通,创新发展针灸理论;更崇尚著书立说,独抒己见,惠泽后学,为针灸学科的传承和发展做出重要贡献。安徽中医药大学 2010 年开始,在针灸推拿学专业本科、硕士研究生阶段开设了《新安医家针灸学说》课程,为传承新安地区代表性医家的针灸学术思想和特色技术方法、培养专业人才提供支持。

### The History and Current Status of Heritage Education of Xin'an Acupuncture-Moxibustion

WU Zijian, CAI Ronglin, LIU Lei, HE Chengong, DUAM Wenxiu, WU Shenbing, SUN Changuang, WANG Jie, YU Qing, CUI Shuai, CAI Shengchao, ZHOU Meiqi, HU Ling

1. School of Acupuncture and Tuina, Anhui University of Chinese Medicine;
2. Institute of Acupuncture and Meridian, Anhui Academy of Chinese Medicine;
3. Key Laboratory of Meridian-Viscera Correlation;
4. Anhui Hospital of Acupuncture;
5. Bozhou Aikeshu Medical Scientific and Technology Limited Company)

**Abstract:** Xin'an medicine, one very special branch in Traditional Chinese Medicine (TCM), which formed in near the Xin'an River (Shexian, Xiuning, Wuyuan, Qimen, Yixian, Jixi) since from the Tang and Song dynasties, flourishing in the Ming and Qing dynasties and passed down to the present. There are documentary evidence of nearly 1,000 doctors, writings more than 800, and these famous schools of thought, famous medicines, profound, forming a distinctive regional medical school characteristics. The academic viewpoint of Xin'an Doctors are not belongs to oneself only, those doctors were educated by classic Xin'an's culture and respect for the classics, and be influenced by the region culture, inclusive, open and tolerant, distinctive features, most of them were well versed in Confucianism, acupuncture and medicine, not only took the "Nei Jing" "NanJing" as the classic, dedicated to exploring the emperor of the ancient meaning of the hair; but also the integration of the characteristics of the times and the fresh knowledge, the integration of the development of innovative theories of acupuncture and moxibustion; but also advocate the writing of a book, the sole expression of their own views, benefiting future students. He has made important contributions to the inheritance and development of acupuncture and moxibustion. Since from 2010, Anhui University of Chinese Medicine (AHUCM) has offered the course of "Acupuncture and Moxibustion of Xin'an Medical Doctors" at the undergraduate and master's level of Acupuncture, Moxibustion and Massage, in order to inherit the acupuncture and moxibustion academic thoughts and special techniques of the representative medical doctors of the Xin'an area, and to cultivate professional talents.

# 变迁与发展：针灸学一级学科建设背景下“三师型”金师队伍建设的时代需求与实施路径探究

张晓林<sup>△</sup>, 王华, 梁凤霞<sup>✉</sup>

湖北中医药大学针灸骨伤学院, 武汉 中国

**摘要:** 针灸学一级学科建设为针灸推拿学新时期的发展带来了新的机遇和挑战, 为适应新时代针灸学一级学科人才培养的高阶要求, 专业知识扎实、创新意识深厚、交叉视野前沿的师资队伍亟需深化建设。本文通过详细阐述了针灸学一级学科建设背景下一线教师+临床医师+创业导师“三师型”金师队伍建设的目标、内涵、时代需求以及具体的路径探究, 以期对针灸推拿学适应新时代金师队伍建设及发展提供具体、客观、可行的路径参考, 为针灸学一级学科建设和国际化针灸人才培养奠定基础。

**关键词:** 针灸学; 一级学科; 三师型; 金师队伍建设; 探索与实践

## Change and Development: Research on the needs of the times and the implementation path of the construction of the "three teacher type" gold teachers under the background of the construction of the first level discipline of acupuncture and moxibustion

ZHANG Xiao-lin<sup>△</sup>, Hua Wang<sup>1</sup>, LIANG Fengxia<sup>1✉</sup>

College of Acupuncture and Orthopedics, Hubei University of CM, Wuhan, China

**Abstract:** The construction of the first level discipline of acupuncture and moxibustion has brought new opportunities and challenges to the development of acupuncture and massage in the new era. In order to adapt to the high-level requirements of the training of the first level discipline of acupuncture and moxibustion in the new era, the construction of a team of teachers with solid professional knowledge, deep sense of innovation, and cutting-edge cross vision urgently needs to be deepened. This article elaborates the goal, connotation, needs of the times and specific path of the construction of the "Three types of professional teacher teams" golden teachers team of front-line teachers+clinicians+entrepreneurial tutors under the background of the construction of the first level discipline of acupuncture and moxibustion, It is expected to provide specific, objective and feasible path reference for the construction and development of the team of gold teachers in the new era, and lay a foundation for the construction of the first-class discipline of acupuncture and moxibustion and the cultivation of international talents.

**Key words:** acupuncture and moxibustion discipline; first level discipline; three types of professional teacher teams; gold division team construction; exploration and practice

## ACUPUNCTURE: HOW TO IMPROVE THE EVIDENCE BASE

### Increasing the usefulness of acupuncture guideline recommendations

*Yu-Qing Zhang*,<sup>1, 2, 3, 4</sup> *Liming Lu*,<sup>5</sup> *Nenggui Xu*,<sup>5</sup> *Xiaorong Tang*,<sup>5</sup> *Xiaoshuang Shi*,<sup>3</sup> *Alonso Carrasco-Labra*,<sup>6</sup> *Holger Schünemann*,<sup>2</sup> *Yaolong Chen*,<sup>7, 8</sup> *Jun Xia*,<sup>4, 9</sup> *Guang Chen*,<sup>10</sup> *Jianping Liu*,<sup>11</sup> *Baoyan Liu*,<sup>12</sup> *Jiyao Wang*,<sup>13</sup> *Amir Qaseem*,<sup>14</sup> *Xianghong Jing*,<sup>3</sup> *Gordon Guyatt*,<sup>2, 15</sup> *Hong Zhao*<sup>3, 16</sup>

**Abstract:** Acupuncture is the most widely used traditional and complementary medicine, used in 113 of 120 countries according to a 2019 World Health Organization report.<sup>3</sup> In addition to registered acupuncturists, medical doctors, nurse practitioners, and chiropractors occasionally deliver acupuncture treatment.<sup>4</sup> Despite its widespread use and considerable available evidence, until recently, clinical practice guidelines from conventional medical organisations rarely included recommendations on acupuncture. Clinical practice guidelines aim to optimise patient care,<sup>1</sup> and must meet standards of trustworthiness to avoid misleading clinicians, patients, and other stakeholders.<sup>2</sup> We begin by summarising the progress made then address deficiencies that limit the clinical usefulness of acupuncture guidelines, examine the barriers to inclusion of acupuncture in guidelines, and suggest how to overcome them. Which guidelines include acupuncture recommendations? More than 1300 consensus and evidence based clinical practice guidelines were published between 1991 and 2007, and these included 2189 recommendations on the use of acupuncture.<sup>5</sup> Two thirds of these recommendations focused on pain related conditions.<sup>5</sup> Guidelines that include acupuncture fall into three types: those including acupuncture with conventional interventions, those restricted to traditional and complementary medicine, and those covering acupuncture only. Although researchers have criticised the exclusion of acupuncture interventions from clinical guidelines,<sup>5</sup> 6 conventional medicine is increasingly including acupuncture as one more relevant intervention. For example, between 2010 and 2020, 133 guidelines included more than 430 acupuncture recommendations worldwide (fig 1).<sup>7</sup> Over 70% of these guidelines were produced by conventional medical organisations, with the remainder published by organisations focused on traditional and complementary medicine in China, South Korea, and Australia.<sup>7</sup> Acupuncture was most commonly recommended for musculoskeletal and connective tissue disease; neurological disorders; obstetrics, gynaecology, and women's health; oncology; and gastrointestinal disorders.<sup>5-8</sup>

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Yu-Qing Zhang and colleagues examine the progress and pitfalls in guideline recommendations for acupuncture and provide suggestions for improvement

## 从薄氏腹针临床医案论“取穴精准化”的重要性

杨佳敏<sup>1</sup>, 张红林<sup>2</sup>, 何丹<sup>3</sup>, 薄智云<sup>4</sup>

1. 北京劳动保障职业学院, 北京市朝阳区惠新东街 5 号, 100029, 北京;
2. 北京中医药大学, 北京市朝阳区北三环东路 11 号, 100029, 北京;
3. 北京运河中医院, 北京市通州区运河西大街 17 号, 101101, 北京;
4. 北京薄氏腹针医学研究院, 北京市朝阳区松榆南路 38 号, 100122, 北京

**摘要:** 本文论述了取穴准确对针灸临床疗效的重要性, 介绍了临床常用的 4 种取穴法, 以及取穴中存在的问题, 以薄智云先生临床医案为例, 说明取穴准确是取得临床疗效的基础, 不论是传统针灸还是腹针疗法等微针疗法, 重视“取穴精准化”, 对提高针灸医生的临床疗效和针灸教学都具有重要参考意义。

**关键词:** 取穴精准; 薄氏腹针疗法; 临床疗效

### The Importance of Accurate Location of Acupoints Discussed from Clinical Cases of Bo's Abdominal Acupuncture

Jiamin Yang<sup>1</sup>, Honglin Zhang<sup>2</sup>, Dan He, Zhiyun Bo<sup>3</sup>

1. Beijing Vocational College of Labor and Social Security, 5 Huixin East Street, Chaoyang District, Beijing, 100029;
2. Beijing University of Chinese Medicine, 11 North San Huan East Road, Chaoyang District, Beijing, 100029;
3. Beijing Canal Hospital, 17 West Canal Street, Tongzhou District, Beijing, 101101;
4. Beijing Bo Abdominal Acupuncture Research Institute, 38 Songyu South Road, Chaoyang District, Beijing, 100122.

**Abstract:** This paper discussed the importance of accurate location of acupoints for clinical therapeutic effect, and introduced four commonly used acupoints location methods and the problems existed in acupuncture clinic. Taking Mr. Bo Zhiyun's clinical cases as an example, it illustrated that accurate acupoint location was the foundation for achieving clinical efficacy. Whether it was traditional acupuncture or micro-acupuncture therapies such as abdominal acupuncture, emphasizing accurate location of acupoint was of significant reference value for improving the clinical efficacy of acupuncture practitioners and the teaching of acupuncture.

**Key words:** accurate acupoint location; abdominal acupuncture; clinical efficacy

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作者简介: 杨佳敏, 中医博士, 副教授, 研究方向: 腹针治疗骨关节病, 电话 18810379625, 邮箱 yangjiamin\_bucm@163.com.  
通信作者: 薄智云, 腹针发明人, 中国针灸学会腹针专业委员会主任委员。

## 跨学科的针灸学习：学生主导的解剖扫描活动

孔庆瑜<sup>\*</sup>, 黄伟佳<sup>2</sup>, 潘匡杰<sup>2</sup>, 陈玮霆<sup>1</sup>, 黎颂晞<sup>1</sup>, 王倩<sup>1\*</sup>

1. 香港中文大学中医学院, 香港特别行政区新界沙田, 中国
2. 香港中文大学生物医学学院, 香港特别行政区新界沙田, 中国

### 摘要：研究目的

在中国内地, 约有 32% 中医同时提供中西医结合服务, 只有 17% 中医只使用纯中医诊疗。在内地的中医本科培训中, 中西医教学同等重视。与内地相似, 香港中医本科课程也包括基本西医知识。然而, 与内地不同的是, 香港中医不允许处方西药, 也没有转介病人接受诊断成像检测及化验检查的转介权。在西医主导的医疗体系中, 香港中医和西医之间存在着明显的分隔。随着 2025 年香港首家中医医院的成立, 这种情况正在发生变化。中西医之间的培训和合作正在推进, 为将来提供综合的中西医协作服务。由香港中文大学举办的「CHINM3DERA」活动是以一个以学生为主导的针灸和解剖学的跨学科同侪学习计划, 计划目标是: 1. 通过人体解剖, 提高医科学生对中医操作认知: 透过解剖学知识理解针灸穴位。2. 提高中医和西医本科学生之间的沟通合作。3. 建立一个三维扫描模型的网络平台, 记录和穴位相关的解剖信息。

### 研究方法

计划包括三个主要部分: 1. 解剖工作坊, 2. 製作三维扫描的解剖标本以展示穴位定位与人体结构关系, 及 3. 结题报告。计划招募西医和中医本科学生, 他们需要在整个计划共同合作, 完成工作。在计划进行的前后, 我们会进行学生评估。

### 研究结果

2024 年 6 月至 7 月期间, 计划招募了 14 名西医本科学生和 7 名中医本科学生。在一至六的评分标准中, 以 6 分表示强烈同意, 超过 70% 的学生评分为 5 或以上。这显示计划的活动内容确实能够满足他们的期望, 包括增强学生对于人体结构、解剖学和特殊穴位的安全深度知识等。82% 学生 (评分标准的平均分数为 2.47) 反映他们在计划前并不经常与跨学科的同侪合作和讨论, 91% 学生 (评分标准的平均分数为 4.83) 反映他们在计划后经常与跨学科的同侪合作和讨论。

### 研究结论

这个计划可以作为一个成功的范例, 进一步促进跨学科之间的知识转移, 提高中西医及其它临床使用针灸的医疗服务者对针灸穴位的认识。西医和中医学生之间合作可以刺激双方的知识交流, 促进相互学习、彼此认识及尊重对方的医学理念, 为香港日后中西医协作的打下基础。

**关键词:** 针灸; 穴位; 解剖学; 中西医协作; 教育

## An Interactive Student-Lead 3D Scanned Anatomical Specimen Model Workshop Enhances Interdisciplinary Peer Learning Of Acupuncture.

Hing-Yu HUNG<sup>1</sup>, Wai-Kai WONG<sup>2</sup>, Hong-Kit POON<sup>2</sup>, Wai-Ting CHAN<sup>1</sup>, Chung-Hei LAI<sup>1</sup>, Qian WANG<sup>1</sup>

1. School of Chinese Medicine, Faculty of Medicine, The Chinese University of Hong Kong, Shatin, NT, Hong Kong SAR, China

2. School of Biomedical Sciences, Faculty of Medicine, The Chinese University of Hong Kong, Shatin, NT, Hong Kong SAR, China

**Abstract:** Objective In Mainland China, about 32% of doctors practice a blend of Traditional Chinese Medicine (TCM) and Western medicine (WM), while 17% practice TCM exclusively. [1] In their undergraduate training, both TCM and Wm are equally important [2]. Similar to this modernized training in Mainland China, basic Western medical sciences

作者简介: \*第一作者: 孔庆瑜、+852 39439475、硕士、副讲师、研究方向: 针灸、推拿、adahung@cuhk.edu.hk  
通信作者: 王倩、+852 39433084、教授、研究方向: 针灸、qianwang001@cuhk.edu.hk

are also included in the undergraduate Chinese Medicine curriculum. However, unlike their mainland counterparts, TCM practitioners in Hong Kong are not permitted to prescribe Western medications, creating a distinct separation between TCM practitioners and WM doctors in Hong Kong. With the establishment of the first CM hospital in Hong Kong in 2025, it seeks to advance training and collaboration between TCM practitioners and WM doctors to deliver integrated Chinese-Western medical services. “CHINM3DERA” is a student-oriented interdisciplinary peer-learning programme in acupuncture and anatomy for the TCM and WM undergraduate students organized by the Chinese University of Hong Kong (CUHK). The goal of the programme is to 1. enhance students’ understanding of state-of-the-art in TCM healthcare practice: Acupuncture, with fundamental Anatomy knowledge through human dissection. 2. enhance the collaboration of both TCM and WM undergraduate students. 3. produce a web-based platform archives all 3D scanned models with acupoint information. Methods The programme includes three main parts: 1. dissection workshop, 2. production of 3D-scanned prosected specimens illustrating precise acupoints with surface anatomy and underlying human structures, and 3. the presentation. Both WM student and CM students are recruited and required to work together throughout the programme. Student evaluation is assessed before and after the programme. Results 14 WM students and 7 CM students were recruited and joined the acupuncture-dissection workshop from June to July 2024. In the scale of 1-6 which 6 means strongly agree, over 70% students rated 5 or above, showing the content of workshop can definitely meet their expectations, such as enhancing knowledge in human structure, anatomy and safety depth of special acupoints, etc. 82% of the students (with average of 2.47 in the scale of 1-6) reflect that they did not often collaborate and discuss with the counterpart students before the programme, while 91% of the students (with average of 4.83 in the scale of 1-6) reflect that they often collaborate and discuss with the counterpart students after the programme. Conclusion The project could be a successful example and further promote knowledge transfer at inter-universities, university-community levels to enhance practical skills and refreshment of knowledge of healthcare practitioners such as physicians, registered Chinese Medicine practitioners and other health care providers who practice acupuncture. The collaboration between WM and CM students can also lead to a greater exchange of knowledge and ideas, fostering mutual learning and respect for each other’s medical philosophies which enhances the collaboration in the future to provide integrated Chinese-Western Medicine Services. [1] Xu, J., & Yang, Y. (2009). Traditional Chinese medicine in the Chinese health care system. *Health policy*, 90(2-3), 133-139. [2] Jin, L. (2010). From mainstream to marginal? Trends in the use of Chinese medicine in China from 1991 to 2004. *Social science & medicine*, 71(6), 1063-1067.

**Key words:** Acupuncture; Acupoint; Anatomy; Integrative medicine; Education

## 基于白医药发展特点探讨白医针灸疗法研究推广

张春光<sup>1</sup>, 邓鑫<sup>2</sup>, 张玉和<sup>3\*</sup>

1 昆明市中医医院, 云南省昆明市盘龙区东风东路 25 号, 中国。

2 首都医科大学附属北京中医医院, 北京东城区美术馆后街 23 号, 中国。

3 大理白族自治州人民医院, 云南省大理白族自治州大理市人民南路 35 号, 中国。

**摘要:** 白医药(白族医药)是一种历史悠久的白族传统医疗方法, 蕴含着白族独特的文化与临床应用价值。白族医药中的白医针灸疗法, 具有特色的诊疗理念, 在临床具有很好的疗效。本文旨在基于白医药的发展特点, 探讨白医针灸疗法的研究推广和临床应用, 以期在传统医学的传承与发展提供参考与借鉴。

**关键词:** 白医药; 白医针灸疗法; 发展特点; 研究推广

### Based On The Development Characteristics Of Bai Medicine, The Research, Promotion Of Bai Medicine Acupuncture And Moxibustion Therapy Were Discussed

ZHANG Chun-guang<sup>1</sup>, DENG Xin<sup>2</sup>, ZHANG Yu-he<sup>3\*</sup>

1 Kunming Municipal Hospital of Chinese Medicine, 25 Dongfeng East Road, Panlong District, Kunming City, Yunnan Province, China.

2 Beijing Hospital of Traditional Chinese Medicine, Capital Medical University, No.23, Art Museum Back Street, Dongcheng District, Beijing, China.

3 Dali Bai Autonomous Prefecture People's Hospital, 35 Renmin South Road, Dali City, Dali Bai Autonomous Prefecture, Yunnan Province, China.

**Abstract:** Bai medicine (Bai ethnic medicine), as a long-standing traditional medical method, contains unique cultural and clinical values. Bai medicine acupuncture and moxibustion therapy has a unique treatment concept and has a remarkable clinical effect. Based on the development characteristics of Bai medicine, this paper aims to explore how Bai medicine acupuncture and moxibustion therapy can be well researched, popularized and clinically applied in the contemporary era, in order to provide reference for the inheritance and development of traditional medicine.

**Key words:** Bai Medicine; Bai medicine acupuncture and moxibustion therapy; development characteristics; research and outreach

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作者简介: 第一作者: 张春光, 白族, 电话: 13691299101, 硕士研究生, 住院医师, 研究方向: 白医针灸疗法。E-mail: zhangchunguang@bucm.edu.cn

通信作者: 张玉和, 白族, 电话: 13987275689, 本科, 主任医师, 研究方向: 白医针灸疗法。E-mail: 734130087@qq.com



## 大数据及人工智能在针灸传承方面的应用探讨

程璐<sup>54△</sup>, 陈力<sup>1</sup>, 王凤生<sup>55</sup>, 张睿智<sup>56</sup>, 张凯歌<sup>57</sup>, 赵吉平<sup>4\*</sup>

1. 解放军总医院第一医学中心全科医学科, 北京, 中国
2. 中国人民解放军 61699 部队, 湖北省枝江市, 中国
3. 首都医科大学附属北京世纪坛医院急危重症医学中心, 北京, 中国
4. 北京中医药大学东直门医院, 北京, 中国

**摘要:** 根据世界卫生组织 (World Health Organization, WHO) 报道, 针灸的临床疗效已被超百个国家认可, 其中 20 个国家将针灸纳入医疗保险体系。人们对针灸治疗的需求与日俱增, 但知名中医、国医大师数量有限, 优秀的针灸医师培养周期较长。随着人工智能 (Artificial Intelligence, AI) 的快速发展, 大数据平台的建立可以为当代名医名家留存诊治过程、特色医案等。不仅如病历等文字部分可以被记录留存, 简单的刺灸手法如提插、捻转亦可通过仪器被记录。随着深度学习领域不断创新, 能够从高维度、多样化的数据中筛选并提取出至关重要的特征信息, 如利用卷积神经网络 (Convolutional Neural Networks, CNN)、自组织特征映射神经网络 (Selforganizing Feature Maps, SOM) 等深度学习方法对所提取的数据进行学习和分析, 一方面可以积累原始临床数据, 为临床医生的学习或科研提供基础, 另一方面可以形成不同疾病或适宜人群的预测模型, 为临床诊疗应用提供依据和反馈。目前已有较为成熟的按摩机器人进入市场应用, 针灸机器人的相关研究也在逐步完善中。但针灸理论内容庞大, 不同流派具有各自特色, 仍需要大数据平台的搭建和后续数据分析来将名医名家的宝贵经验进行传承, 如有可能, 将不同医家的经验融合创新, 为针灸学科的发展提供新方向。

**关键词:** 针灸; 人工智能; 大数据; 中医传承; 教学

### Exploring the Application of Big Data and Artificial Intelligence in Acupuncture Inheritance

ChengLu<sup>58△</sup>, Chenli<sup>1</sup>, Wanfengsheng<sup>2</sup>, Zhangruizhi<sup>3</sup>, Zhangkaige<sup>4</sup>, Zhaojiping<sup>4\*</sup>

1. Chinese PLA General Hospital, No. 28 Fuxing Road, Haidian District, Beijing, China.
2. State Key Laboratory of NBC Protection for Civilian, Beijing, China
3. Emergency and Critical Care Medical Center, Beijing Shijitan Hospital, Capital Medical University
4. Beijing University of Chinese Medicine Affiliated Dongzhimen Hospital, No. 5 Haiyuncang, Dongcheng District, Beijing, China.

**Abstract:** According to the World Health Organization (WHO), the clinical efficacy of acupuncture has been recognized in more than 100 countries, and 20 of them have included acupuncture in their health insurance systems. The demand for acupuncture treatment is increasing day by day, but the number of renowned TCM practitioners and national medical masters is limited, and the training cycle of excellent acupuncturists is long. With the rapid development of Artificial Intelligence (AI), the establishment of a big data platform can retain the diagnosis and treatment process and characteristic medical cases for contemporary famous doctors and masters. Not only the textual part such as medical records can be recorded, but also simple acupuncture techniques such as lifting and inserting, twisting and turning can be recorded through the instrument. With the continuous innovation in the field of deep learning, it is possible to filter and extract critical feature information from high-dimensional and diversified data, such as by using Convolutional Neural Networks (CNN), Selforganizing Feature Maps (SOM), etc. Deep learning methods to learn and analyze the extracted data, on the one hand, can accumulate raw clinical data, providing a basis for

<sup>54</sup> 解放军总医院第一医学中心全科医学科, 北京, 中国

<sup>55</sup> 中国人民解放军 61699 部队, 湖北省枝江市, 中国

<sup>56</sup> 首都医科大学附属北京世纪坛医院急危重症医学中心, 北京, 中国

<sup>57</sup> 北京中医药大学东直门医院, 北京, 中国

1 Chinese PLA General Hospital, No. 28 Fuxing Road, Haidian District, Beijing, China.

2 State Key Laboratory of NBC Protection for Civilian, Beijing, China

3 Emergency and Critical Care Medical Center, Beijing Shijitan Hospital, Capital Medical University

4 Beijing University of Chinese Medicine Affiliated Dongzhimen Hospital, No. 5 Haiyuncang, Dongcheng District, Beijing, China.

clinicians' learning or scientific research, and on the other hand, can form a prediction model for different diseases or suitable populations, which can provide a basis for clinical diagnosis and treatment applications and feedback. At present, more mature massage robots have entered the market application, and the related research of acupuncture robots is also in the process of gradual improvement. However, the theory of acupuncture and moxibustion is huge, and different schools of medicine have their own characteristics, and it still needs the construction of a big data platform and subsequent data analysis to pass on the valuable experience of famous doctors and masters, and, if possible, to integrate and innovate the experience of different medical doctors, so as to provide a new direction for the development of acupuncture and moxibustion disciplines.

**Key words:** acupuncture; artificial intelligence; big data; traditional chinese medicine heritage; teaching and learning

## 基于数据挖掘探讨《百症赋》中“半身不遂，阳陵远达于曲池”的临床应用

王菲<sup>1</sup>, 孙小花<sup>2</sup>, 孟纯雪<sup>1</sup>, 张生富<sup>1</sup>, 赵海龙<sup>1</sup>, 张静<sup>1</sup>, 唐旭红<sup>1</sup>, 徐创龙<sup>3</sup>, 吴刚<sup>1</sup>, 孙秀萍<sup>3</sup>, 郭斌<sup>1\*</sup>

1. 宁夏医科大学中医学学院, 宁夏 中国 750004;
2. 甘肃中医药大学, 甘肃 中国 730000;
3. 宁夏回族自治区中医医院暨中医研究院, 银川 宁夏 750021.

**摘要:**目的 利用数据挖掘分析“半身不遂，阳陵远达于曲池”在脑卒中后肢体痉挛中的临床应用。方法 将 500 份 SPAS 患者病例信息导入古今医案云平台，进行腧穴、证型频次统计、腧穴归经统计、证 - 穴关联分析、复杂网络分析及高频腧穴聚类分析。结果 共纳入 80 个腧穴，频次 13603 次；使用频次前五位腧穴为曲池、合谷、肩髃、阳陵泉、内关；中医证型主要为气虚血瘀证（47.4%）、阴虚风动证（21.6%）、风痰阻络证（17.2%）、痰热腑实证（13.8%）；手阳明大肠经、足少阳胆经、足阳明胃经的腧穴使用频率最高；证 - 穴关联分析得出 22 个共用腧穴；复杂网络分析得出 16 个核心腧穴；高频腧穴可分为 4 个聚类群。结论 针刺治疗脑卒中肢体痉挛状态效果明显，曲池与阳陵泉广泛作为基础配伍穴位。【关键词】脑卒中；肢体痉挛；穴位配伍；数据挖掘；辨证取穴规律

**关键词:**

### Based on data mining, the clinical application of "hemiplegia, Yangling far reaches Quchi" in "Baixia Fu" was discussed

Wang Fei<sup>1</sup>, Sun Xiaohua<sup>2</sup>, Meng Chunxue<sup>1</sup>, Zhang Shengfu<sup>1</sup>, Zhao Hailong<sup>1</sup>,  
Zhang Jing<sup>1</sup>, Tang Xuhong<sup>1</sup>, Xu Chuanglong<sup>3</sup>, Wu Gang<sup>1</sup>, Sun Xiuping<sup>3</sup>, Guo Bin<sup>1,2\*</sup>

1. School of Traditional Chinese Medicine, Ningxia Medical University, Yinchuan 750004;
2. Gansu University of Chinese Medicine, Lanzhou Gansu 730000, China;
3. Ningxia Hui Autonomous Region Hospital and Academy of Traditional Chinese Medicine, Yinchuan Ningxia 750021, China.

**Abstract:** Objective To analyze the clinical application of "hemiplegia, Yangling far reaches Quchi" in limb spasm after stroke by data mining. Methods 500 cases of SPAS patients were imported into the cloud platform of ancient and modern medical records, and the statistics of the frequency of acupoints, syndrome types, acupoint meridian analysis, syndrome-acupoint correlation analysis, complex network analysis and high frequency acupoint cluster analysis were carried out. Results A total of 80 acupoints were included, with a frequency of 13603 times. The top five acupoints were Quchi, Hegu, Jianyu, Yanglingquan and Neiguan. The main types of TCM syndrome were Qi deficiency and blood stasis (47.4%), Yin deficiency and wind movement (21.6%), wind phlegm blocking collaterals (17.2%) and phlegm-heat fu-organ syndrome (13.8%). The frequency of acupoints used in large intestine channel of hand Yangming, Shaoyang gallbladder channel of foot and stomach channel of foot Yangming is the highest; The correlation analysis of syndrome and point showed 22 common points; 16 core acupoints were obtained by complex network analysis. High frequency acupoints can be divided into 4 groups. Conclusion Acupuncture is effective in treating limb spasm of stroke, Quchi and Yanglingquan are widely used as basic acupoints.

**Key words:** Stroke; Limb spasms; Acupoint compatibility; Data mining; Law of dialectical point selection

作者简介: 王菲 (1998-), 女, 在读硕士研究生; 研究方向: 针刺治疗脑卒中机制研究。

通信作者: 郭斌 (1988-), 男, 博士, 教授, 硕士生导师, 从事针药结合治疗疾病的临床与机理研究。E-mail: Guo12200055@163.com。

## 浅谈五刺针法在中医美容方面的临床应用

杜杰慧

中国中医科学院，海南超级中医院

**摘要：**本文总结并介绍了杜杰慧运用《内经》五体（皮脉肉筋骨）理论和《灵枢·官针》中的五刺针法（即半刺、豹文刺、关刺、合谷刺、输刺）在中医美容临床应用的经验。她不仅根据损容性疾病或美容缺陷的病位或组织结构深浅选择不同的针刺方法治疗病变或受损局部，还加取与五体相合之经脉的原穴或八会穴等特定穴作为远端取穴，在治疗损容性疾病或调理美容缺陷中，取得很好的疗效。文中以过敏性皮炎、痤疮、面部提升、咬肌肥大、隆鼻为例，介绍如何在中医美容临床中应用这些针刺方法。

### The Clinical Application Of Five-needle Therapy In Traditional Chinese Medicine For Beauty

**Abstract:** This paper summarizes and introduces the experience of Dr. Du Jiehui, a chief physician, in applying the five-body (skin, pulse, flesh, tendon, and bone) theory from the Inner Canon and the five needling techniques from the Lingshu Official Needling (i.e., half-needling, leopard-textured needling, guan needling, hegu needling, and shu needling) in clinical practice of traditional Chinese medicine beauty. She not only selects different needling methods according to the location or tissue structure of the disfiguring disease or beauty defect to treat the pathological or damaged local area, but also adds specific acupoints that correspond to the five-body theory or eight-meeting points as distant acupoints. In the treatment of disfiguring diseases or regulation of beauty defects, she has achieved good clinical results. The paper introduces how to apply these needling methods in line clinical practice of traditional Chinese medicine beauty using examples of allergic dermatitis, acne, facial lifting, masseter hypertrophy, and rhinoplasty.

## 岭南针灸的文化特点与内涵初探

吴倩, 温秀云<sup>2</sup>, 陈滢滢<sup>1</sup>, 张继福<sup>1</sup>, 武莉华<sup>3</sup>, 林佳婷<sup>4</sup>, 王舫泽<sup>1</sup>, 符文彬<sup>1</sup>

1 广东省中医院, 广东省广州市越秀区大德路 111 号, 中国

2 广东药科大学, 广东省广州市大学城外环东路 280 号, 中国

3. 河南中医药大学康复医学院, 河南省郑州市金水区东风路, 中国

4. 南方医科大学顺德医院, 广东省佛山市顺德区伦教街道办事处荔村康宁路 1 号, 中国

**摘要:** 岭南针灸文化是岭南针灸医家在长期的针灸医学实践中创造的物质文化和精神文化的总和。岭南地区特殊的病种、环境以及民俗共同促进了岭南针灸文化的发展。本文通过探讨影响岭南针灸发展的文化因素、对外交流视野下的岭南针灸变迁等分析岭南针灸文化诞生与应用, 并举例分析岭南特色针灸技术如岭南疏肝调神技术、岭南火针、刺络、岭南传统天灸等多种特色疗法中蕴含的技术特色, 讨论它们的理论内涵和现代临床的应用。本文旨在阐述岭南针灸的文化特色和技术创新, 突显其在全球医学领域内的独特价值和实践意义。

**关键词:** 岭南针灸; 技术特点; 文化内涵; 理论探讨

### An Exploration of the Cultural Characteristics and Connotations of Lingnan Acupuncture

WU Qian<sup>1</sup>, WEN Xiuyun<sup>2</sup>, Chen Yingying<sup>1</sup>, Zhang Jifu<sup>1</sup>, Lihua Wu<sup>3</sup>, Jiating Lin<sup>4</sup>, WANG Shanze<sup>1</sup>, Wenbin Fu<sup>1</sup>

1 Guangdong Provincial Hospital of Chinese Medicine, 111 Dade Road, Yuexiu District, Guangzhou, China.

2. Guangdong Pharmaceutical University, 280 Huandong Road, University City, Guangzhou, China.

3. School of Rehabilitation Medicine, Henan University of Chinese Medicine, Dongfeng Road, Jinshui District, Zhengzhou, China

4. Shunde Hospital, Southern Medical University, No. 1 Kangning Road, Lizhou Village, Lunjiao Subdistrict, Shunde District, Foshan, China

**Abstract:** Lingnan acupuncture culture is the sum of material culture and spiritual culture created by Lingnan acupuncture and moxibustion doctors in their long-term practice. The special diseases, environment and folk customs in Lingnan region jointly promoted the development of Lingnan acupuncture culture. This paper analyzes the birth and application of Lingnan acupuncture culture by discussing the cultural factors that affect the development of Lingnan acupuncture and moxibustion and the changes of Lingnan acupuncture and moxibustion from the perspective of foreign exchanges, and analyzes the technical characteristics of Lingnan characteristic acupuncture and moxibustion techniques, such as Lingnan soothing liver and regulating spirit technique, Lingnan traditional natural moxibustion and other characteristic therapies, and discusses their theoretical connotation and modern clinical application. This paper aims to explain the cultural characteristics and technical innovation of Lingnan acupuncture and moxibustion, highlighting its unique value and practical significance in the global medical field.

**Key words:** Lingnan Acupuncture; Technical characteristics; Cultural connotation; Theoretical discussion

作者简介: 吴倩, 13580323354, 博士, 博士后, 副主任中医师, 研究方向: 针刺抗抑郁的认知神经机制

通信作者: 符文彬, 13808888626, 博士, 主任中医师, 研究方向: 针灸治疗抑郁相关病症研究, fuwenbin@139.com。

## 香港樊氏针灸之肌筋膜疼痛管理与心灵治疗

梁睿珈

香港樊洛而中医骨伤科诊所, 中国香港

**摘要:** 在科技日新月异的时代, 科研飞速发展, 电子产品已成为生活不可或缺的部分。然而, 电话、电脑等电子产品的日常运用与肌筋膜受伤引发的疼痛密切相关, 这些疼痛不仅带来生理上的不适, 也悄然侵蚀着人们的心灵健康。为了塑造一个科技与健康并行的时代, 本人在过去的二十年中, 以传承为目标, 在母亲樊洛而中医师的指导下, 深入研究肌筋膜劳损的治愈方法。在临床实践中, 我们发现肌筋膜的治愈能显著改善患者的心情, 提升都市人的生活质量, 实现健康快乐的人生。

在治疗过程中, 我们首先详细询问患者疼痛的位置、发生时间及过程, 深入了解疼痛对其生活的影响。通过 1-7 分的评分系统 (1 分最低, 7 分最高) 来量化患者当前的疼痛感受。随后, 我们运用触诊技术精确定位伤患位置, 运用针刺筋膜疼痛点对位法, 采取浅刺不留针的手法刺激筋膜。在必要时, 会结合放血疗法, 吸离瘀血, 改善血液循环, 舒缓筋膜紧张状态, 促进肌筋膜松弛。这一过程中, 连结神经系统的感官也能得到放松, 使患者心情变得舒畅, 走向健康、愉悦的生活。

「针刺放血」技术在多种疾病和疼痛治疗中展现出显著的优势。该技术能够帮助患者精准定位病因, 通过调节血液循环, 激发身体的自愈能力。针灸治疗能有效缓解疼痛, 加速受伤部位的修复, 使患者在心灵上得到解脱。众多患者在康复后纷纷分享, 这项治疗使他们的生活重新焕发生机, 充满自信和自尊。这正是香港樊氏针灸疗法的独特之处——「从伤治病」。香港樊氏针灸的「针刺放血」技术, 凭借其深厚的传统底蕴和独特的治疗方式, 在医学领域取得了显著成效。通过触摸相关肌肉和筋膜的扭结位置, 我们能够精确找到疾病的根源, 为患者提供针对性的治疗方案。

### Hong Kong Fan Acupuncture Technique in Myofascial Pain Management and Psychotherapy

Leung Yui Ka

Fanluoer Orthopedic Clinic of Traditional Chinese Medicine, Hong Kong, China

**Abstract:** In this article, we share the clinical application of the traditional Chinese medicine technique of "bleeding by acupuncture" in myofascial therapy and discuss its effect in myofascial pain management and psychotherapy. Acupuncture therapy is an ancient technique that stimulates specific areas of the body with fine metal needles for therapeutic purposes. The method originated in the Neolithic period, and the original tools included "acupuncture stones" and possibly bone needles, bamboo needles, and ceramic needles. With the advancement of metal smelting and tool manufacturing <sup>62</sup>technology, metal needles gradually replaced stone needles to become the mainstream. As one of the traditional therapies in Chinese medicine, bloodletting by acupuncture occupies an important position in treating and preventing diseases. This paper details the application of Hong Kong Fan acupuncture techniques in myofascial pain management and explores the psychotherapeutic mechanisms behind them.

Hong Kong Fan Acupuncture, as a famous Chinese medicine heritage brand in Hong Kong, its acupuncture and bleeding therapy originated from the founder's maternal grandmother's traditional folk medicine, followed by systematic learning and development of Chinese medicine techniques, resulting in the unique Fan's Acupuncture and Bleeding Therapy. By stimulating specific acupoints and myofascial pain trigger points, the therapy aims to unblock meridians, activate blood circulation, remove blood stasis and relieve pain. At the same time, we focus on psychological counselling for patients during the treatment process to help them relieve the psychological stress caused by the disease.

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作者简介: 梁睿珈, 15901579740, Email: lyk050778@gmail.com, 中国老年保健协会抗衰老专委会委员, 研究方向: 治疗肌筋膜疼痛及疼痛引发的心灵创伤

Practice has shown that Fan's Acupuncture technique is not only effective in treating myofascial pain, but also promotes patients' psychological recovery.

Statistics of patient case data show that Hong Kong Fan Acupuncture has stable reliability and significant therapeutic effects in the field of myofascial pain management and mindfulness. Through the acupuncture bleeding technique, we successfully relieved patients' myofascial chronic pain symptoms and helped them develop a positive mindset. This result provides new ideas and methods for the treatment of modern lifestyle diseases such as myofascial chronic pain, which has important theoretical and practical significance.

Looking forward, Fan Acupuncture Hong Kong will combine modern medical technology, such as neurophysiology, immunology, physics, and anatomy, to conduct in-depth research on its therapeutic mechanism to further enhance the effectiveness of treatment. At the same time, we will strengthen the education and standardized management of external treatment of acupuncture and enhance the professional quality of acupuncturists to ensure the safety and effectiveness of the treatment.

**Key words:** acupuncture and bleeding; myofascial chronic pain; Fan's Acupuncture Hong Kong

## 中医药力量：全球化背景下的针灸国际援助问题分析

颜玉华，张国山，杨茜芸，岳增辉，慕容志苗\*

湖南中医药大学针灸推拿与康复学院，湖南 长沙 410208

**摘要：**目的：研究分析全球化背景下的针灸国际援助相关问题，提出针对性的策略。方法：通过查阅相关文献，论述针灸在传统医疗体系的历史发展和演变，阐明施行针灸国际医疗援助的现实意义，分析进行针灸国际援助的具体落实点及可能遇到的问题，提出相应的解决措施以及对针灸未来发展的展望。结果：针灸在不同历史时期得到了不同形式的发展和运用，凭借针灸“简便廉验”的优点，开展针灸国际援助能更好发挥中国传统医学在国际医疗中的作用。在推进“一带一路”建设中，实施针灸全方位援助，应该具体落实到人才培养、学术交流、技术支持三个方面，即培养专业人才前往提供诊疗服务，加强共建国家之间针灸交流合作及向广大共建国家提供技术支持等。中医针灸进行国际援助仍存在着创新能力不足，针灸临床疗效不稳定，针灸标准体系不完善等问题，可以通过实施针灸技术和疗法创新、提升针灸临床实践的质量和效果及推动针灸标准体系国际化建设等方案尝试解决针灸国际援助问题。结论：以简便、廉验为特色的中医针灸，对服务人民、维护人类福祉方面做出了重要贡献，以针灸为代表的中医药产业有望在健康保障领域发挥更加关键的作用，推广针灸国际援助势在必行。

**关键词：**中医药；针灸；国际援助；一带一路

### The Power of Chinese Medicine: An Analysis of International Assistance for Acupuncture in the Context of Globalization

Yan Yuhua, Zhang Guoshan, Yang Xiyun, Yue Zenghui, Murong Zhimiao\*

College of Acupuncture, Tuina and Rehabilitation, Hunan University of Traditional Chinese Medicine, Changsha 410208, Hunan, China)

**Abstract:** Objective: To study and analyze the problems related to international assistance for acupuncture and moxibustion in the context of globalization, and to propose targeted strategies. Methods: Through reviewing relevant literature, we discussed the historical development and evolution of acupuncture in the traditional medical system, elucidated the significance of international medical assistance for acupuncture, analyzed the specific implementation points and problems that may be encountered in international assistance for acupuncture, and put forward the corresponding measures to solve the problems as well as the outlook for the future development of acupuncture. Results: Acupuncture and moxibustion have been developed and applied in different forms in different periods of history, and with its advantages of simplicity and inexpensiveness, international assistance for acupuncture and moxibustion can better utilize the role of Chinese traditional medicine in international medical treatment. In promoting the construction of “One Belt, One Road”, the implementation of acupuncture and moxibustion all-round assistance should be realized in the three aspects of human resources training, academic exchanges and technical support, i.e., cultivating professionals to provide diagnosis and treatment services, strengthening acupuncture and moxibustion exchanges and cooperation between the countries of co-construction and providing technical support to the majority of co-constructed countries. The international assistance of Chinese medicine and acupuncture still has the problems of insufficient innovation ability, unstable clinical efficacy of acupuncture, an imperfect acupuncture standard system, etc. We can try

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作者简介：颜玉华，（2000-），女，硕士研究生在读，研究方向：针灸推拿学，E-mail: 18973574305@163.com

通信作者：慕容志苗，（1993-），女，讲师，研究方向：基于针刺临床效应的机制探索。E-mail: murongzml19@163.com



to solve the problem of international assistance of acupuncture through the implementation of the innovation of acupuncture techniques and therapies, the enhancement of the quality and efficacy of acupuncture clinical practice, and the promotion of the internationalization of the standard system of acupuncture and moxibustion. Conclusion: Acupuncture and moxibustion, characterized by simplicity, inexpensiveness and effectiveness, have made important contributions to the service of the people and the maintenance of human well-being, and the TCM industry represented by acupuncture is expected to play a more critical role in the field of health protection, and the promotion of the international assistance of acupuncture and moxibustion is inevitable.

**Key words:** Chinese medicine; acupuncture; international assistance; Belt and Road

## “道术相合”理念与针灸的国际传播

马铁明<sup>1</sup>, 刘子怡<sup>2</sup>

1 辽宁中医药大学, 辽宁省沈阳市皇姑区崇山东路 79 号, 中国

2 辽宁中医药大学, 辽宁省沈阳市皇姑区崇山东路 79 号, 中国

**摘要:** 中医针灸作为中国传统文化瑰宝, 凭借其深厚的理论基础和显著的临床疗效, 在世界医学领域中占据了举足轻重的地位。“道法术器”是中国古代哲学中的重要组成部分, 代表着不同的层面和维度, 对于理解世界、指导实践具有深远的影响。“道术相合”, 即中医之“道”与针灸之“术”的完美结合。中医之“道”, 强调天人合一、阴阳平衡、气血调和等哲学思想, 也是世界观、认识观的体现。而针灸之“术”, 则是以经络学说为基础, 采用不同的工具刺激人体腧穴, 调整调气血、疗病痛的方法与技巧。“道术相合”既为针灸临床提供了深厚的理论基础, 也促进了针灸疗法的丰富发展。“道术相合”, 还强调针灸推拿等技术手段必须与时代同步, 与健康的新理念、新需求相契合相适应才能有足够的市场空间。总之, “道术相合”的理念为针灸的国际传播提供了坚实的文化支撑和理论支持, 且会发挥更加重要的作用。

**关键词:** 针灸疗法; 形神一体观; 哲学

### The International Dissemination of the Concept of Dao-Shu Integration and Acupuncture

1.Liaoning University Of Traditional Chinese Medicine Ma Tieming

2.Liaoning University Of Traditional Chinese Medicine Liu Ziyi

**Abstract:** Traditional Chinese medicine acupuncture, as a treasured gem of Chinese traditional culture, holds a significant position in the world medical field due to its profound theoretical foundation and remarkable clinical efficacy. The concept of "Dao Fa Shu Qi" is an important component of ancient Chinese philosophy, representing different levels and dimensions that profoundly influence the understanding of the world and guide practical applications. "Dao-Shu Integration" refers to the perfect integration of the "Dao" in Traditional Chinese Medicine and the "Shu" in acupuncture. The "Dao" in TCM emphasizes philosophical ideas such as the unity of heaven and humanity, balance of "Yin" and "Yang", and harmony of "Qi" and blood, embodying a worldview and epistemology. The "Shu" of acupuncture is a method and technique based on the theory of meridians, using various tools to stimulate acupuncture points, adjusting "Qi" and blood circulation, and treating diseases and pains. "Dao-Shu Integration" not only provides a deep theoretical foundation for acupuncture clinical practice but also promotes the rich development of acupuncture therapy. "Dao-Shu Integration" also emphasizes that techniques like acupuncture and massage must synchronize with the times and align with new health concepts and demands to have sufficient market space. In conclusion, the concept of "Dao-Shu Integration" provides solid cultural and theoretical support for the international dissemination of acupuncture. Moreover, it will play an increasingly important role.

**Key words:** acupuncture therapy ;"unity of physique and spirit" ;Philosophy

## 中医针灸非物质文化遗产的划时代价值

东贵荣, 东红升, 东圣博, 东艺群

上海中医药大学附属岳阳中西医结合医院

上海市非物质文化遗产东氏针灸传承基地, 中国

**摘要:** 中医针灸是中华民族的伟大发明, 是对人类科学的原创性贡献。入选联合国教科文组织人类非物质文化遗产名录, 世界针灸学会联合会总部设在中国, 中医药已传播到世界 196 个国家, 其中 109 个国家出台了传统医学的法律法规, 20 个国家将针灸纳入医疗保险。中医针灸传承发展经历了内经、针灸甲乙经、针灸大成和针灸国际化四大里程碑。中医针灸医学具有鲜明的科学精髓, 阴阳五行及经络基础理论; 七情与六淫病因; 太过与不及病机; 外感病及内伤病以及脏腑病与经络病病位; 辨证施治治疗大法; 祛邪与扶正治疗原则; 治当下病及治未病以及健康养生等等的系统病因病机, 辨证分型施治、治则治法和药物及非药物治疗理论与学术之特征。中医针灸非物质文化遗产的传承与发展对于人类健康具有划时代的历史性、科学性、医学性、社会性、文化性等重要价值。

### The Epoch-making Value of Intangible Cultural Heritage of Acupuncture and Moxibustion

*Dong Guirong; Dong Hongsheng; Dong Shengbo; Dong Yiqun*

Yueyang Hospital of Integrative Medicine, Shanghai University of Traditional Chinese Medicine, China

Shanghai Intangible Cultural Heritage Dong's Acupuncture Inheritance Base, China

**Abstract:** Acupuncture and moxibustion is a great invention of China and an original contribution to human science. Selected as UNESCO's list of intangible cultural heritage of mankind, the World Federation of Acupuncture and Moxibustion Society is headquartered in China, and TCM has spread to 196 countries in the world, of which 109 countries have introduced laws and regulations on traditional medicine, and 20 countries have included acupuncture in their medical insurance. The development of TCM acupuncture inheritance has experienced four major milestones: *Nei Jing*, *The Systematic Classic of Acupuncture and Moxibustion*, *Analysis on characteristics of medical records of acupuncture and moxibustion in Zhenjiu Dacheng*, and *Acupuncture and Moxibustion International Standardization*. Acupuncture and moxibustion medicine has a distinctive scientific essence, Basic theory of yin and yang, five elements, meridians and collaterals; The casue of the seven emotions and six exogenous factors; excess and deficiency; exogenous and internal diseases; disease of viscera and meridians; syndrome differentiation and treatment; strengthening the body and resistance to eliminate pathogenic factors; treatment and preventive treatment of disease and health preservation et al., systemic etiology and pathogenesis, diagnosis and staging of the disease, characteristics of therapeutic principles, methods, and theories of pharmacological and non-pharmacological treatments. The inheritance and development of intangible cultural heritage of acupuncture and moxibustion have epoch-making historical, scientific, medical, social and cultural values for human health.

## 针灸治疗糖尿病周围神经病变临床实践指南研究

李孟媛<sup>1</sup>, 逢坤遥<sup>2</sup>, 马季<sup>2</sup>, 于洋<sup>2</sup>, 王洪峰<sup>1\*</sup>

1 长春中医药大学东北亚中医药研究院, 吉林长春, 中国。

2 长春中医药大学针灸推拿学院, 吉林长春, 中国。

**摘要:** 目的: 探索针灸治疗糖尿病周围神经病变 (DPN) 患者的临床应用方案, 为制定临床实践指南提供依据。方法: 通过全文检索中国知网 (CNKI)、万方数据库、维普数据库、医脉通、Cochrane Library、Pubmed、Medicine Guideline 和七大英文指南数据库, 全面收集针灸治疗 DPN 的现代文献证据; 通过人工检索古代医籍, 收集关于针灸疗法治疗 DPN 的古代文献证据。结果: 古代医籍文献相关条目共 17 项; 通过对文献进行纳入排除, 共检索到 329 篇现代文献, 其中中文 324 篇, 英文 5 篇。综合两方面研究结果发现针灸治疗 DPN 常用毫针刺法、针刺+艾灸疗法、艾灸法、温针灸、电针等疗法; 常用穴位为足三里、三阴交、阳陵泉、合谷、太冲、脾俞、血海、阴陵泉、关元等。结论: 根据研究, 初步形成针灸治疗 DPN 的临床推荐应用方案, 推荐使用毫针刺、艾灸、温针灸等疗法, 主要以足三里、三阴交、阳陵泉等下肢穴位为主。

**关键词:** 针灸, 糖尿病周围神经病变, 临床实践指南, 临床方案, 证据推荐

### Clinical Practice Guidelines for Acupuncture and Moxibustion in the Treatment of Diabetic Peripheral Neuropathy Patients

*Li Mengyuan 1, Pang Kunyao 2, Ma Ji 2, Yu Yang 2, Wang Hongfeng 1 \**

1 Changchun University of Traditional Chinese Medicine Northeast Asia Institute of Traditional Chinese Medicine, Jilin Changchun, China.

2 Changchun University of Traditional Chinese Medicine School of Acupuncture and Massage, Jilin Changchun, China.

**Abstract:** Objective: To explore clinical application protocols for acupuncture treatment in patients with diabetic peripheral neuropathy (DPN) and provide a basis for developing clinical practice guidelines. Methods: Here is the English translation of the sentence: Comprehensively collect modern literature evidence on acupuncture treatment for DPN by conducting full-text searches in the China National Knowledge Infrastructure (CNKI), Wanfang Database, VIP Database, Yimaitong, Cochrane Library, PubMed, Medicine Guideline, and seven major English-language guideline databases. By manually searching ancient medical texts, we collected historical evidence on acupuncture therapy for treating diabetic peripheral neuropathy (DPN). Results: A total of 17 entries related to ancient medical literature were found; After applying inclusion and exclusion criteria to the literature, a total of 329 modern articles were retrieved, including 324 Chinese articles and 5 English articles. Through analysis, it is found that acupuncture, acupuncture combined with moxibustion, moxibustion, warm needle acupuncture, and electroacupuncture are commonly used in the treatment of DPN. The recommended acupoints for acupuncture are Zusanli(ST 36), Sanyinjiao (SP 6), Yanglingquan(GB 34), Hegu(LI 4), Taichong(LR 3), Pishu(BL 20), Xuehai(SP 10), Yinlingquan(SP 9) and Guanyuan(RN 4) et al. Conclusion: Based on the research, a preliminary clinical recommendation for the application of acupuncture in the treatment of DPN has been developed. It is recommended to use acupuncture, moxibustion, warm needle acupuncture, and other related therapies, mainly focusing on lower limb acupoints such as ST36, SP6 and GB34.

**Key words:** Acupuncture and moxibustion; Diabetic peripheral neuropathy; Clinical practice guidelines; Clinical protocol; Evidence recommendation

## 以患者为中心的 2 型糖尿病全程管理策略

陆晓岚

PROACU CLINIC

**摘要：**糖尿病是一种常见的代谢性疾病。根据世界卫生组织统计，糖尿病引发的并发症有 100 多种，是目前世界上已知的并发症最多的疾病之一。本次报告将阐述以患者为中心的 2 型糖尿病全程管理策略。糖尿病是慢性疾病，需要饮食、运动、药物等综合疗法，配合针灸效果更好。针灸能使胰岛素水平提高，从而更好的降低血糖，同时，针灸能促进血液循环、改善微循环障碍、防治糖尿病慢性并发症的发生。

此外，在糖尿病治疗方面不仅仅要遵循西医的临床规范指南，把糖尿病的中医药防治列入治疗指南也非常重要。研究发现，对于糖尿病的防治管理，中药津力达颗粒联合二甲双胍效果更佳，被纳入《中国 2 型糖尿病防治指南》。“中药津力达对糖耐量异常合并多代谢紊乱人群的糖尿病预防效果研究”是首个中医药领域研究团队主导的针对多代谢紊乱人群糖尿病发生风险的循证医学研究，为糖尿病的预防提供了新的视角和策略。该科研成果在国际权威医学期刊《美国医学会杂志·内科学》（JAMA Internal Medicine，影响因子 39）发表。

该研究采用随机、双盲、安慰剂平行对照、多中心的设计方法，以糖尿病发生率为主要评价指标，在中国 21 个城市、35 家医院开展，入组了 889 例年龄 18~70 岁糖耐量异常合并腹型肥胖，同时伴有代谢综合征任一指标异常的受试者，按照 1:1 的比例进行随机分组，其中 885 例被纳入全分析集（津力达组 442 例、安慰剂组 443 例）。受试者在接受标准化的生活方式干预（包括饮食调整、体力活动等）的基础上，每天按照 1 袋/次，3 次/日的剂量口服津力达或安慰剂，中位随访时间达 2.2 年。

研究结果显示，与安慰剂组相比，津力达组的糖尿病发生风险降低了 41%。同时，与安慰剂组相比，津力达组多项代谢异常指标，如腰围、体重指数、空腹血糖、餐后 2 小时血糖、糖化血红蛋白、总胆固醇、低密度脂蛋白胆固醇、甘油三酯、胰岛素抵抗指数也得到了显著改善；动脉硬化关键指标——臂踝指数和颈动脉内中膜厚度也具有显著差异，表明津力达可以降低腰围及体重指数，调节糖脂代谢，改善胰岛素抵抗，改善多代谢紊乱达到保护血管的目的。本研究提示津力达可作为糖耐量异常合并多代谢紊乱人群预防糖尿病发生、降低血管事件发生风险的一种有效干预方案。

该研究成果不仅证明了中医药在糖尿病防治领域的独特价值，更展示了传统与现代相结合的强大生命力。

**关键词：**2 型糖尿病；针灸；中医药；津力达

## Patient-Centered Holistic Management Strategies for Type 2 Diabetes

LU XIAOLAN

PROACU CLINIC

**Abstract:** Diabetes is a common metabolic disease. According to the World Health Organization, diabetes can lead to over 100 different complications, making it one of the diseases with the most known complications worldwide. This report will discuss a patient-centered whole-course management strategies for type 2 diabetes. Diabetes is a chronic condition that requires a combination of dietary management, exercise, medication, and acupuncture for optimal results. Acupuncture can help increase insulin levels, thereby lowering blood glucose more effectively. Additionally, acupuncture promotes blood circulation, improves microcirculatory disorders, and helps prevent and treat chronic complications associated with diabetes.

Moreover, integrating traditional Chinese and Western medicine can further advance the treatment of diabetes toward comprehensive health management. In the treatment of diabetes, it is essential not only to follow the clinical guidelines of Western medicine but also to include traditional Chinese medicine in treatment protocols. Research has shown that the combination of traditional Chinese medicine, specifically Jinlida granules, and metformin is more effective in managing diabetes and has been incorporated into the Guidelines for the prevention and control of type 2 diabetes in China. For traditional Chinese medicine to gain recognition from international and domestic peers, it must be supported by high-quality evidence-based medical research.

Evidence-based studies have confirmed that Jinlida, a traditional Chinese medicine, can reduce the risk of diabetes in people with impaired glucose tolerance and multiple metabolic disorders. Notably, the study “Preventive Effects of Jinlida on Diabetes in Individuals with Impaired Glucose Tolerance and Multiple Metabolic Disorders” is the first evidence-based medical study led by a team in the field of traditional Chinese medicine focusing on the risk of diabetes in people with multiple metabolic disorders. This study provides new perspectives and strategies for diabetes prevention. Recently, the findings of this research were published in the prestigious international medical journal *JAMA Internal Medicine* (impact factor 39).

This study employed a randomized, double-blind, placebo-controlled, multicenter design, with the incidence of diabetes as the primary evaluation indicator. It was conducted from June 2019 to February 2023 across 35 hospitals in 21 cities in China. A total of 889 participants aged 18 to 70 with impaired glucose tolerance combined with abdominal obesity and at least one abnormal metabolic syndrome indicator were enrolled and randomly assigned in a 1:1 ratio to two groups (442 in the Jinlida group and 443 in the placebo group), with 885 participants included in the full analysis set. On the basis of standardized lifestyle interventions (including dietary modifications, physical activities, etc.), the subjects orally took Jinlida or placebo three times daily at a dose of 1 sachet per time, with a median follow-up time of 2.2 years.

The study results showed that the Jinlida group had a 41% reduction in the risk of developing diabetes compared to the placebo group. Additionally, the Jinlida group exhibited significant improvements in several metabolic abnormalities, such as waist circumference, body mass index, fasting blood glucose, 2-hour postprandial blood glucose, glycosylated hemoglobin, total cholesterol, low-density lipoprotein cholesterol, triglycerides, and insulin resistance index, compared to the placebo group. Key indicators of atherosclerosis, including the ankle-brachial index and carotid intima-media thickness, also showed significant differences, suggesting that Jinlida can reduce waist circumference and body mass index, regulate glucose and lipid metabolism, improve insulin resistance, and protect blood vessels by mitigating multiple metabolic disorders. This study indicates that Jinlida can be an effective intervention protocol for preventing diabetes and reducing the risk of vascular events in individuals with impaired glucose tolerance and multiple metabolic disorders.

The findings of this study not only demonstrate the unique value of traditional Chinese medicine in the prevention and treatment of diabetes but also highlight the powerful synergy of combining traditional and modern approaches.

**Key words:** type 2 diabetes; acupuncture; Traditional Chinese medicine; jinlida

## 治疗脱发和斑秃的最新针灸方法

印尼，曾缙云

### 摘要：前言

头发不但是如“皇冠”戴在人头上，但头发对脑部也负有保护作用。当受外力撞击到头部时，受阳光热晒或寒冷天气时，浓密的头发能避免及有保护头部的安全。随着年龄的增长，身体器官的功能下降，导致头发生长缓慢，容易出现白发、脱发，直至秃顶。

脱发的因素：1.先天性(遗传) 2.后天性(病) 3.生活在紧张下影响消化不良,因接受的营养不足而引起 4.脱发 戴帽子,戴假发能使血液循环受阻而脱发 5.气候太冷引起脱发,因为气候寒冷血液循环受阻,新陈代谢不正常而营养不能达到发根引起脱发.6.染发液及烫发药品使用过多时,或浓度不正确也会破坏由蛋白质所组成的头发而引起脱发.7.偏食肉类易导致头皮症,因体内积蓄过多脂肪送至皮肤组织而分泌皮脂,因皮脂腺机能异常旺盛,就大量出现头皮引致脱发

头发生长的原则

1.血液循环充足

2.吸收营养平衡

3.保养方式适当

4.治疗方法

A.针灸疗法

- 治则：健脾养血，行气生发
- 选穴以督脉，阳明经及太阳经为主

5.选穴：

百会 头维 足三里 三阴交 生发穴

6.疗效

从32例脱发症及12例斑秃针灸治疗的疗效如下：

脱发症疗效 Type of hair loss	脱发 Hair fall / thinning		斑秃 Baldness / alopecia	
痊愈 Cured	10 例 cases	31,25%	2 例 cases	16,67%
有效 improvement	15 例 cases	46,87%	7 例 cases	58,33%
有进步 Satisfactory	5 例 cases	15,63%	1 例 cases	8,33%
无效 Failed	2 例 cases	6,25%	2 例 cases	16,67%

结论

1. 情绪安定
2. 不抽烟及不喝酒
3. 不多吃药
4. 不太常戴帽,假发,因将会使头部血液不畅通
5. 少用吹风筒吹干头发
6. 少染发
7. 注意饮食,保养头发

## Latest Acupuncture Methodology for treating Alopecia and Hair Loss

By Juliana Tjandra, S.Kom.,MM

### Abstract: INTRODUCTION

Hair is not just our “crown”, but also is our scalp protector. When our head is exposed to sunlight or cold weather, thick hair will be the "rescuer".

As age increases, the function of body organ declines and results in the slowing of hair growth, easy to have white hair, hair loss, until baldness. Causes of hair loss

- 1.Genetic
- 2.Disease
- 3.Stressful life will cause imperfect digestion
- 4.Wearing a hat, continuous use of wig will hamper blood circulation
- 5.Too cold air will make hair to drop off,
- 6.Frequent hair curling and coloring.
- 7.Eating meat too much will make scalp to become oily and as a result, sebaceous gland will function excessively causing dandruff and hair loss.

Principles for hair growth

- 1.Smooth blood circulation
- 2.Balance in absorption of nutrition
- 3.Special treatments

### THERAPY

#### A. A.WITH ACUPUNCTURE

Method: Strengthen spleen to take care of blood, release Qi and grow hair.

Choose points of meridians Du, Yangming, Taiyang.

Points chosen :

Baihui ( DU 20),Touwei ( ST 8), Zusanli ( ST 36)

Sanyinjiao ( SP 6) Shengfaxie

#### B. With 3 head needle

### RESULT

There are 32 cases of hair fall / thinning and 12 cases of baldness treated using acupuncture.

脱发症疗效 Type of hair loss	脱发 Hair fall / thinning	斑秃 Baldness / alopecia
痊愈 Cured	10 例 cases 31,25%	2 例 cases 16,67%
有效 improvement	15 例 cases 46,87%	7 例 cases 58,33%
有进步 Satisfactory	5 例 cases 15,63%	1 例 cases 8,33%
无效 Failed	2 例 cases 6,25%	2 例 cases 16,67%



## CONCLUSION

1. Live life peacefully.
2. Avoid smoking and alcoholic drinks.
3. Do not frequently take medicine.
4. Do not frequently use hat, wig, which disrupt blood circulation on the scalp.
5. Avoid excessive usage of hair dryer.
6. Avoid frequent usage of hair coloring which can result on scalp chaffing.
7. Choose nutritious food and beverage.

## 现代舌诊对针药结合应用的指导意义

孙云博士

英国中医师协会，英国

**摘要：**现代舌诊是殷鸿春教授在传统中医基础上结合全息生物学理论而构建的融诊断和治疗于一体的原创现代舌诊诊疗技术。根据舌象的变化，气机之运行，气血之虚实，脏腑之寒热，三焦之畅阻，奇经之表象，无不昭然于舌上，从而指导临床精准辨证。现代舌诊将用药与用针与舌直接相结合，其独特的凭舌用药和凭舌用针体系对临床针药结合应用具有重要指导意义。

### **Modern Tongue Diagnostics' guiding significance for the clinical application of acupuncture and herbal medicine.**

*Dr Yun Sun*

British Association of Chinese Physicians, British

**Abstract:** Modern Tongue Diagnostics is an original modern tongue diagnosis technology that integrates diagnosis and treatment, constructed by Professor Yin Hongchun based on traditional Chinese medicine and combined with holographic biology theory. According to the changes in tongue images, the operation of Qi, the deficiency and excess of Qi and blood, the heat and cold of the internal organs, the smoothness and obstruction of the triple warmer and the appearance of the extraordinary meridians are all clearly visible on the tongue, thus accurately guiding clinical syndrome differentiation. Modern tongue diagnosis directly combines the use of herbal medicine and acupuncture according to tongue diagnosis. Its unique system of using herbal medicine and acupuncture based on the tongue has important guiding significance for the clinical application of acupuncture and medicine.

## 使用柴胡清肝湯合血府逐瘀湯加減合併針灸，治療因使用抗癌藥物截瘤達產生嚴重手足症候群之乳癌患者：一個案例報告

許晉嘉<sup>1</sup>，陳昕怡<sup>2</sup>，梁祐爾<sup>1\*</sup>

1,2. 奇美醫院永康總院中醫部，台南市永康區中華路 901 號奇美醫院第三醫療大樓中醫部，台灣

**摘要：**一個 73 歲女性，本身罹患 breast cancer, stage 1A，曾經歷乳房切除手術、化療、以及免疫療法。病人自 2023 年 2 月開始使用口服抗癌藥物截瘤達，約開始使用兩周後開始出現明顯且嚴重之 hand foot syndrome，腫脹疼痛明顯，破皮且有出血，幾乎無法執行各項日常生活活動，因而前來中醫門診就診。於就診時經過四診診查，判斷病人屬於心肝火旺夾血瘀的證型，開立了柴胡清肝湯合血府逐瘀湯加減，並加上針刺退心肝火以及退血熱之穴位，病人在治療兩周後症狀逐漸緩解，腫脹疼痛逐漸消退，皮膚破潰逐漸消失，逐漸可恢復正常的日常生活。

**关键词：**乳癌；截瘤達；手足症候群；中醫藥；針灸

### Treatment of Severe Hand-Foot Syndrome Induced by Capecitabine in a Breast Cancer Patient Using Modified Chaihu Qinggan Tang Combined with Xuefu Zhuyu Tang and Acupuncture: A Case Report

Chin-Chia Hsu<sup>1</sup>, Hsin-Yi Chen<sup>2</sup>, Yu-Erh Liang<sup>1\*</sup>

1,2. Department of Traditional Chinese Medicine; Chi Mei Hospital, Yongkang Main Campus, No. 901, Zhonghua Road, Yongkang District, Tainan City; Chi Mei Hospital Third Medical Building.; Taiwan.

**Abstract:** A 73-year-old female patient with stage 1A breast cancer had undergone mastectomy, chemotherapy, and immunotherapy. In February 2023, she began taking the oral anticancer drug Capecitabine. Approximately two weeks into the treatment, she developed severe hand-foot syndrome, characterized by significant swelling, pain, skin peeling, and bleeding, which severely hindered her daily activities. She sought treatment at our Traditional Chinese Medicine (TCM) clinic. Upon examination using the four diagnostic methods of TCM, it was determined that the patient had a pattern of hyperactive heart and liver fire with blood stasis. She was prescribed a modified combination of Chaihu Qinggan Tang and Xuefu Zhuyu Tang, along with acupuncture points to clear heart and liver fire and reduce blood heat. After two weeks of treatment, the patient's symptoms gradually improved. The swelling and pain subsided, skin lesions healed, and she was able to resume normal daily activities.

**Key words:** Breast cancer; Capecitabine; Hand-foot syndrome; Traditional Chinese Medicine; Acupuncture

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作者简介：1.許晉嘉(Hsu, Chin-Chia), 0921218062, 中國醫藥大學學士後中醫學系(China Medical University, Department of Post-Baccalaureate Chinese Medicine), 奇美醫院中醫部主治醫師(Attending Physician, Department of Traditional Chinese Medicine, Chi Mei Medical Center), 研究方向: 癌症(Research focus: Oncology), b97b02035@gmail.com<sup>1\*</sup>. 梁祐爾(Liang, Yu-Erh), 0975937327, 中國醫藥大學中醫系(China Medical University, Department of Chinese Medicine), 奇美醫學中心中醫部主治醫師(Attending Physician, Department of Traditional Chinese Medicine, Chi Mei Medical Center), 研究方向: 胸腔科與呼吸道疾病 (Research focus: Thoracic Medicine and Respiratory Diseases), jazzaleanne@gmail.com

## 针灸治疗梨状肌综合症的腧穴配伍规律及针方特点

韩林<sup>1,2</sup>, 王舒<sup>2,3,4,5</sup>✉

1. 天津中医药大学第一附属医院, 天津 300381;
2. 国家中医针灸临床医学研究中心, 天津 300381;
3. 天津市中医药研究院, 天津 300120;
4. 国家中医药管理局脑病针刺疗法重点研究室, 天津 300381;
5. 天津市针灸研究所; 天津 300381

**摘要:** 目的: 总结分析针灸治疗梨状肌综合症的选穴配伍规律及针方特点。方法: 检索八个中英文数据库, 收集自建库至 2023 年 11 月针灸治疗梨状肌综合症的文献, 建立“针灸治疗梨状肌综合征数据库”。利用 Microsoft Excel 2019、IBM SPSS Modeler 18、IBM SPSS Statistics 27.0.1、Cytoscape v3.9.1、Gephi 0.9.7 进行频数、关联规则及聚类分析。结果: 筛选后共纳入 184 篇文献, 84 个穴位。针灸治疗梨状肌综合症的临床文献中环跳使用频率最高, 选穴以臀部、下肢为主, 常选用足太阳膀胱经经穴。关联规则支持度及共线强度最高的是阳陵泉→环跳。腧穴可分为 4 个有效聚类。结论: 通过总结发现针灸治疗梨状肌综合征具有一定的特点, 可为针灸治疗梨状肌综合症的临床治疗提供借鉴。

**关键词:** 梨状肌综合征; 针灸; 数据挖掘; 腧穴配伍

### Characteristics of Acupoint Compatibility and Acupuncture Prescriptions in the Treatment of Piriformis Syndrome with Acupuncture and Moxibustion

Han Lin<sup>1,2</sup>, Wang Shu<sup>2,3,4,5</sup>✉

(<sup>1</sup>First Teaching Hospital of Tianjin University of Traditional Chinese Medicine, Tianjin 300381, China; <sup>2</sup>National Clinical Research Center for Chinese Medicine Acupuncture and Moxibustion, Tianjin 300381; <sup>3</sup>Tianjin Academy of Traditional Chinese Medicine, Tianjin 300120; <sup>4</sup>Key Laboratory of Cerebrovascular Acupuncture Therapy of State Administration of Traditional Chinese Medicine, Tianjin 300381; <sup>5</sup>Tianjin acupuncture and moxibustion Research Institute, Tianjin 300381)

**Abstract:** Objective: To analyze the acupuncture point combination rules and acupuncture formula characteristics of acupuncture for the treatment of piriform syndrome. METHODS: Searching Eight Chinese and English databases, the literature of acupuncture for Piriform syndrome was collected from the establishment of the database to November 2023. The literature was screened to establish the "Acupuncture for Piriform syndrome database". Microsoft Excel 2019, IBM SPSS Modeler 18, IBM SPSS Statistics 27.0.1, and Cytoscape v3.9.1 were used for frequency, association rule, and cluster analysis. RESULTS: A total of 184 papers with 84 acupuncture points were included after screening. The clinical literature on acupuncture for the treatment of Piriform syndrome had the highest frequency of use of the GB30, and the points were selected mainly for the buttocks and lower extremities, often using Bladder Meridian of Foot-Taiyang (BL) points. The association rule with the highest support and co-linear strength is GB34→GB30. The acupoints can be divided into four valid clusters. CONCLUSION: The complex network analysis revealed that acupuncture has certain characteristics in the treatment of piriform syndrome, which can provide reference for the clinical treatment of piriform muscle syndrome with acupuncture.

**Key words:** Piriform syndrome; acupuncture; data mining; complex network; acupoint pairing

作者简介: □ 杨涛, 博士, 主任医师, 手机号: 13681407218, E-mail: 13681407218@163.com, 主要研究方向: 针灸治疗痛症及肌张力障碍临床与机制研究。

## 《针灸临床实践指南:非特异性腰痛》中临床问题及结局指标的确定

杨涛\*

中国中医科学院广安门医院针灸科, 北京市, 中国

**摘要:** 目的: 临床问题及结局指标的确定是指南制定中的关键环节。本文重在总结《针灸临床实践指南:非特异性腰痛》纳入临床问题及确定结局指标的过程及经验, 为之后临床实践指南核心内容的构建提供方法学参考。

**方法:** 首先利用 PICO (participant, intervention, comparison, outcome) 结构化临床关注调研问卷, 在国际范围内进行目标人群调研。然后指南起草组负责对问卷调查结果进行整理、汇总, 邀请相关专业专家进行半结构化访谈。再通过改良德尔菲法调研确定临床问题。同时通过两轮改良德尔菲法 GDG 共识, 确定结局指标。

**结果:** 工作组成功构建 10 个临床问题并纳入 7 个结局指标。

**结论:** 改良德尔菲法可以成功且高效的确定临床问题及结局指标, 为构建证据体和推荐意见的形成等后续指南制定环节奠定了基础。且对后续的临床实践指南尤其是针灸领域的指南研制工作具有重要指导作用和借鉴价值。

**关键词:** 针灸疗法; 非特异性腰痛; 指南; 改良德尔菲法<sup>□</sup>

### Determination of Clinical Questions and Outcome Indicators in the Clinical Practice Guideline on Acupuncture and Moxibustion: Nonspecific Low Back Pain

Tao YANG\*

\*(Guang'anmen Hospital, China Academy of Chinese Medical Sciences, Beijing, China)

**Abstract:** Objective: Determining clinical questions *and* outcome indicators is an important step in the development of clinical practice guidelines. Therefore, Therefore, this article focuses on summarizing the process and experience of determining clinical questions and outcome indicators included in the Clinical Practice Guideline on Acupuncture and Moxibustion: Nonspecific low back pain, to provide a methodological reference for the construction of the core content of clinical practice guidelines in the future. Method: First, using the PICO (participant, intervention, comparison, outcome) structured survey questionnaire of clinical concern to investigate the target population internationally. Then the guideline drafting group was responsible for sorting out and summarizing the results of the questionnaire survey, and invited relevant professional experts to conduct semi-structured interviews. Finally, determining the clinical problems by a modified Delphi method. In addition, the outcome indicators were included in this guideline through two rounds of modified Delphi method panel consensus. Result: Ten clinical questions and seven outcome indicators were finally included. Conclusion: The guideline can successfully and efficiently determine clinical questions and outcome indicators using the modified Delphi method, which lays the foundation for the subsequent steps in the development of guidelines, such as the construction of an evidence body and the formation of recommendations. Moreover, it has an important guiding role and reference value for subsequent clinical practice guidelines of acupuncture and moxibustion.

**Key words:** acupuncture moxibustion therapy; nonspecific low back pain; guideline; modified Delphi method.

## 利用方便的手机应用程序提供快速的三维穴位扫描,製作附有注释虚拟插图放在线平台有助于学习穴位位置和人体经络系统的相应解剖结构

黄伟佳<sup>1</sup>, 潘匡杰<sup>1</sup>, 陈玮霆<sup>2</sup>, 黎颂晞<sup>2</sup>, 王倩<sup>2</sup>, 孔庆瑜<sup>1</sup>

1. 香港中文大学生物医学学院, 香港特别行政区新界沙田, 中国
2. 香港中文大学中医学院, 香港特别行政区新界沙田, 中国

#该项目由香港大学教育资助委员会教学及语言提升发展补助金 (4170994) 资助, 所有遗体均来自香港中文大学「無言老师」遗体捐赠计划的捐赠

### 摘要: 研究目的

传统人体经络系统是最先进的中医治疗方。人体测量和穴位定位独立于西医, 但又基于对表面解剖学和底层解剖结构的理解。本研究展示了一种便捷的移动 3-D 扫描方法和人体经络系统的在线插图, 以促进中医教学并分享了相关经验。香港中文大学与一家提供教育技术的初创公司合作, 成功开发了一款移动应用程序, 利用手机和平板电脑中的深度感应「光检测和测距」(LiDAR) 摄像头, 使用人工智能 (AI) 拼集算法从一系列静态图像照片生成三维虚拟模型。这种方便快捷的扫描能够捕获穴位测量的详细信息, 例如针的位置、角度和深度, 同时在尸体上进行解剖。扫描的穴位三维模型自动生成, 并上传至一站式在线平台, 方便标注和进一步设置问题或练习。该平台可通过移动设备以增强现实 (AR) 形式显示扫描的模型, 提供并排比较, 帮助大三学生学习身体测量和针灸。

### 研究方法

LiDAR 是一种使用激光束测量设备与物体之间距离的检测和定位技术。传感器发射光束, 该光束从扫描的物体上反射回来, 然后, 通过接收返回光束, 它根据所光束花费的时间来评估距离。在本研究中, 医师根据传统文献将穴位与身体标志施针, 解剖皮肤和其他解剖结构以显示直到针尖的深度。扫描人员使用应用程序拖动感兴趣的区域 (包括解剖区域), 然后稳定地握住移动设备并在标本周围移动。扫描应用程序可以自动以不同角度捕获静态图像。经过两到三轮扫描后, 应用程序完成扫描, 并将静态图像上传到网络平台进行 AI 拼集。使用 AI 通过 LiDAR 相机飞行时间测量的信息区分背景和标本, 静态图像中的背景会被清除。从而得到显示针灸穴位的 3D 结构模型。

### 研究结果

LiDAR 相机成功提供了完全准确的深度图。它在特定条件和照明设置下捕捉到了解剖结构和针头。3D 标本模型的分辨率高达 0.5 毫米, 结构深度清晰可见。并在生成的模型中成功清除模型背景。

### 研究结论

该平台不只能展示灸针在人体结构的深度角度, 也可以使用移动设备在增强现实 (AR) 中显示扫描的模型, 它提供了并排比较的机会, 帮助大三学生学习身体测量和针灸。

关键词: 针灸; 激光雷达; 3D 扫描; 教育。

## A Handy Mobile Phone Apps Provides Quick 3-Dimensional Scanning of Acupoints, accompanied with Annotated Virtual Illustration in an Online Platform Assist in Learning Acupoint Location and Corresponding Anatomical Structures of the Human Meridian System

Wai-Kai WONG<sup>1</sup>, Sam-Hong-Kit POON<sup>1</sup>, Wai-Ting CHAN<sup>2</sup>, Chung-Hei LAI<sup>2</sup>, Qian WANG<sup>2</sup>, Hing-Yu HUNG<sup>2</sup>,

作者简介: 黄伟凯博士 (852-60107408) 解剖学博士, 香港中文大学解剖学系。香港中文大学医学院生物医学学院讲师。电子邮箱: wongwaikai@cuhk.edu.hk

1. School of Biomedical Sciences, Faculty of Medicine, The Chinese University of Hong Kong, Shatin, NT, Hong Kong SAR, China
2. School of Chinese Medicine, Faculty of Medicine, The Chinese University of Hong Kong, Shatin, NT, Hong Kong SAR, China

**Abstract:** Objective Traditional Human Meridian System is the state-of-the-art Chinese Medicine treatment practice. Body measurement and acupoint location are independent from Western Medicine but based on the understanding of the surface anatomy and underlying anatomical structures. This study is a demonstration and an experience sharing on the educational value of a convenience mobile 3-D scanning method and an online illustration of the Human Meridian System to facilitate Chinese Medicine teaching. The Chinese University of Hong Kong has collaborated with a start-up company providing educational technology, here we have successfully developed a mobile apps using depth-sensing “Light Detection and Ranging” (LiDAR) camera in mobile phones and tablets, using Artificial Intelligence (AI) montage algorithm to generate a 3-dimensional virtual model from series of still image photos. This handy and quick scanning is able to capture the detailed information for the acupoint measurement, such as the position, angle and depth of the needle simultaneously illustrated with anatomical dissection on the cadavers#. The scanned 3D acupoint models are automatically generated and then uploaded to a one-stop online platform, which is ready for annotation and further question/exercise setting. The platform can show the scanned models in Augmented Reality (AR) with mobile devices, providing side-by-side comparison that assists junior university students in learning body measurement and acupuncture.

Methods LiDAR is a detection and localization technology using laser beams to measure the distance between the device and objects. The sensor emits a light beam that reflects off the scanned object. Then, by receiving the return beam, it evaluates the distance according to the time spent. In this study, the acupoints are mapped with body landmarks according to traditional literature, the skin and other anatomical structures were dissected to show the depth until the needle tip. The subject uses the scanning app to drag the area of interest including the dissected region, then holds the mobile device steadily and moves around the specimen. The scanning app could automatically capture still images at different angles. After two to three rounds, the app finishes scanning, and the still images are uploaded to the web platform for AI montage. Using AI to differentiate the background and the specimen with information from LiDAR camera time-of-flight measurements, the backgrounds in the still images are cleared. Resulting in the 3D structure model showing the acupoint with the needle.

Results The LiDAR camera successfully provided a fully accurate depth map. It captured the anatomical structures and the needle under specific conditions and lighting setup. The resolution of the 3D specimen model was up to 0.5 mm and the depth of the structures was clearly shown. The background of the model could be successfully cleared in the model being generated.

Conclusion The platform is able show the scanned models in Augmented Reality (AR) with mobile devices, it provides an opportunity for side-by-side comparison that assists junior university students in learning the body measurement and acupuncture.

**Key words:** Acupuncture; LiDAR; 3D scanning; Education.

## 基于文献计量视角的针灸教育研究现状与趋势分析

杜艳军 湖北中医药大学

**摘要:** 目的: 分析国内外针灸医疗卫生教育教学现状及发展特点, 探讨国际针灸教育教学存在的问题和发展路径, 以促进中医针灸走向世界、参与人类卫生健康共同体建设。方法: 基于文献计量分析方法, 使用 CiteSpace 可视化软件分析 2014 年 1 月 1 日至 2024 年 7 月 1 日间 Web of Science 数据库和中国知网 (CNKI) 数据库收录的针灸教育教学文献题录。结果: (1) 国际学术界对针灸教育持续关注, 以美国、澳大利亚、韩国为代表的针灸教育国际研究数量和地位逐渐上升, 并与其他国家存在密切合作; 巴西等“一带一路”沿线新兴国家也加入针灸教育研究行列, 与其他国家存在紧密的研究合作关系; (2) 基于针灸疗法可显著改善患者健康水平, 各国学者热衷深入探讨针灸技术产生的理论体系、中医药教育技术发展等热点话题; (3) 我国积极开展针灸教育教学研究工作, 但机构间呈现发展水平差异大、不均衡的特点; (4) 国内学者关注针灸人才培养模式、教学手段改革, 积极研究针灸教育参与一带一路建设、推动国际交流等内容。结论: 鉴于国内外针灸医疗服务领域普遍关注针灸临床服务的有效性、安全性、患者满意度, 针灸教育工作者需要深化教学方法变革, 开展多元化教学, 加强双语教学、跨专业沟通交流与合作, 助力健康中国建设、实现人类健康共同体目标。

**关键词:** 针灸 教育教学 文献计量分析

### Current situation and Trend analysis of Acupuncture Education Research based on Bibliometrics

Du Yanjun Hubei University of Chinese Medicine

**Abstract:** Objective: To analyze the current situation and development characteristics of acupuncture medical education and teaching at home and abroad, and to explore the existing problems and development paths of international acupuncture education and teaching, so as to promote Chinese acupuncture to go global and participate in the construction of human health community. Methods: Based on the bibliometric analysis method, the bibliographies of acupuncture education and teaching collected in Web of Science database and CNKI database from January 1, 2014 to July 1, 2024 were analyzed by CiteSpace visualization software. Results: (1) The international academic circles continue to pay attention to acupuncture education, and the number and status of international research on acupuncture education represented by the United States, Australia and South Korea are gradually rising, and there is close cooperation with other countries; Brazil and other emerging countries along the "Belt and Road" have also joined the ranks of acupuncture education and research, and have close research cooperation with other countries; (2) Because acupuncture therapy can significantly improve the health level of patients, scholars from all over the world are keen to discuss the theoretical system of acupuncture technology and the development of Chinese medicine education technology. (3) China actively carries out acupuncture education and teaching research, but the development level among institutions is quite different and unbalanced; (4) Domestic scholars pay attention to the reform of the training mode and teaching methods of acupuncture talents, and actively study the participation of acupuncture education in the construction of the Belt and Road and the promotion of international exchanges. Conclusion: Acupuncture medical services at home and abroad are generally concerned about the effectiveness, safety and patient satisfaction of acupuncture clinical services. Acupuncture educators need to deepen the reform of teaching methods, carry out diversified teaching, strengthen bilingual teaching, cross-disciplinary communication and cooperation, and help build a healthy China and realize the goal of human health community.

**Key words:** Acupuncture and Moxibustion; Education and Teaching; Bibliometric analysis



## 基于“筋膜即经络”假说的经络理论阐发

新西兰中医药科学院 姜翼 博士

**摘要：**本文根据筋膜就是经络的假说，认为经络是古代医家对人体内筋膜网络的概括。“脉”就是经络，包括浅筋膜、深筋膜和内脏筋膜。经络不是线性分布的，而是多形态、多层次的筋膜网络结构。心包和三焦本身是筋膜。心包通过血管直接连接全身的筋膜，故心包主脉。三焦由脑脊髓膜腔、胸膜腔、腹膜腔和盆腔的筋膜以及腹腔内的大网膜、小网膜、大肠系膜和小肠系膜等构成。十二经脉气血流注不是指十二经脉的气血运行按照十二经脉流注顺序单向和线性输布，而是指血液、淋巴液及组织间液的分布范围和分布量按时间顺序呈现的弥漫状态，且这种状态呈现昼夜各 25 个节律的周期性变化。

**关键词：**脉 经络 筋膜 心包主脉 经脉流注 三焦实质

**Abstract:** Based on the hypothesis that fascia is equivalent to meridians and collaterals, this article proposes that meridians and collaterals are ancient medical practitioners' generalization of the fascial network within the human body. The "mai" (vessels) in Traditional Chinese Medicine include superficial fascia, deep fascia, visceral fascia, and fascia surrounding blood vessels, lymphatic vessels, and nerve bundles. Meridians are not linearly distributed but are multiform, multi-layered fascial network structures. The pericardium and triple energizer themselves are fascia. The pericardium directly connects to fascia throughout the body via blood vessels, hence the pericardium governs the vessels. The triple energizer consists of the meninges, pleural cavity, peritoneal cavity, pelvic cavity fascia, as well as the greater omentum, lesser omentum, mesocolon, and mesentery within the abdominal cavity. The flow of qi and blood in the twelve meridians does not indicate a unidirectional and linear distribution following the order of the twelve meridians, but rather refers to the diffuse state of distribution range and quantity of blood, lymph, and interstitial fluid according to temporal sequence.

**Key words:** vessels, meridians, collaterals, fascia, pericardium governing vessels, meridian flow, triple energizer substance

## Synopsis

**Abstract:** Placebo-controlled trials are widely considered to be the best method to evaluate the clinical benefits of any intervention. However, there are challenges when trying to assess acupuncture when using this method: not least defining sham-placebo acupuncture. The perceived lack of positive evidence of acupuncture versus placebo is the chief obstacle that prevents the wider acceptance of acupuncture within healthcare systems in the West. Despite its central position in clinical research there is no agreed definition of ‘placebo’. Standard interpretations assume that the effects of ‘characteristic’ or ‘specific’ components of a treatment can be simply added to the ‘incidental’ or ‘non-specific’ factors. This presentation proposes a means to resolve the so-called paradoxes of acupuncture research. All treatments are given within a context and cannot be separated from that context. It is better to envisage the effect of treatment as a rectangle, with the with specific effects on one axis and non-specific on the other. The concept of sham-placebo acupuncture is misleading and needs to be abandoned.

## Biography

Ian Appleyard is the Research and Policy Manager and the British Acupuncture Council. His PhD, ‘Acupuncture and moxibustion for osteoarthritis of the knee: a component analysis approach’, investigated the additional benefits of warm-needle acupuncture compared to acupuncture alone. It also examined placebo acupuncture and proposed a component analysis to develop a better understanding of the existent clinical research. He was course director for Acupuncture at London South Bank University Confucius Institute of TCM from 2008-2018. His acupuncture training includes a BSc in Acupuncture Westminster University (1998); studying with a private practitioner in Japan; clinical training in Shanghai and a year at the Jiangsu Provincial Hospital of TCM, Nanjing. He has worked as a private practitioner in Hove and Kendal, in the UK.

## The future of acupuncture in modern healthcare – a global perspective.

Mike Cummings<sup>68</sup>

**Abstract:** What is the future of acupuncture and other traditional medical practices within modern healthcare?

Those of us who advocate for acupuncture in the West want to see appropriate provision, as would be indicated by the evidence to date. In the East, the home of acupuncture as a part of traditional medical practice, provision is much more universal, and recent large-scale observational research hints at the potential for a major impact on public health. But even here, in the home of acupuncture, it is only used by a minority of the population.

In this presentation I will present the relationship between the Western medical and traditional East Asian perspectives and illustrate how they can learn and develop from each other. I will describe how the successful reductionist approach in modern science risks missing some of the pearls hidden within the esoteric traditions, but also how it can aid further mechanistic and clinical research and help us develop optimal protocols that can be incorporated within industrialized medicine.

We all need to work together so that therapeutic approaches that are derived from the mechanistic evaluation of acupuncture traditions are not divorced from those traditions and subsequently mislabeled as modern novel interventions.

However, one of the biggest challenges for traditional practice is how to start to shed those elements that must be wrong, and still preserve the therapeutic essence of the practice, whilst making the most of the breakthroughs of reductionist science.

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<sup>68</sup> Mike has been Director of Education for the British Medical Acupuncture Society (BMAS) since 1997 and Medical Director since 2001. His role involves running the BMAS London Teaching Clinic (LTC), developing and running BMAS courses in Western medical acupuncture, acting as an associate editor for the Medline-listed journal *Acupuncture in Medicine*, and representing the BMAS at academic and political meetings.

## 制热制凉针法介绍

王迎 英国 (NR32 1EP), Wangyingll@hotmail.com

**摘要:** 制热制凉针法是针灸梦工厂郭松鹏和李玉洁两位老师在研究传统的复式针灸操作手法“烧山火”，“透天凉”的基础上，对机体的凉热反应进行了全面的生理结构和功能原理分析之后发明的新针法。他们将复杂的传统针刺操作简化为最基本的下压与提挑，直接揭示出了针刺会让身体产生凉热反应的基本原理。而且，该针法具有操作简单，易重复的特点。在临床中可以单独使用，或配合其他针法一起使用，能够更进一步的提高临床疗效。

**关键词:** 制热；制凉；针灸，针法

**Abstract:** The method of warming and cooling needles is an invention of Guo Song Peng and Li Yu Jie, two teachers at The Acupuncture DreamWorks. They studied the traditional compound acupuncture operation method "burning mountain fire" and "Penetrating heaven cool" to respond to the cooling and heat of the body. A new needling method invented after a comprehensive physiological structure and functional analysis, which they named Simple 'Burn-Penetrate' needling technique **【1】**. They simplified the complicated traditional acupuncture operation into the most basic techniques of pressing and lifting, and directly shows the basic principle that acupuncture will cause the body to produce a cool response. Moreover, this acupuncture technique has the two characteristics, it is simple to perform and easy to reproduce. In clinical practice, it can be used alone or in combination with other acupuncture methods, which can further improve the effect of clinical treatment.

**Key words:** Burn Mountain on fire ; penetrating heaven in cooling; Acupuncture

## 针刺治疗脊柱侧弯的研究进展

许洪彬<sup>1,2,3</sup>, 蔡飞鸿<sup>1,2,3</sup>, 唐德志<sup>1,2,3</sup>, 王拥军<sup>1,2,3,\*</sup>

1. 上海中医药大学附属龙华医院, 中国上海 201203
2. 上海中医药大学脊柱病研究所, 中国上海 201203
3. 教育部筋骨理论与治法重点实验室, 中国上海 201203

**摘要:** 脊柱侧弯 (scoliosis) 是一种三维空间内脊柱的畸形, 主要发生在青少年生长期间, 影响约 2-3% 的人群。这种畸形不仅影响身体外观, 还可能导致心肺功能受限和生活质量下降。目前的治疗方法包括观察性治疗、物理治疗和手术, 但这些方法存在局限性和风险。近年来, 针刺作为一种非侵入性治疗在改善脊柱侧弯患者的疼痛和功能方面显示出潜在益处。研究表明, 针刺可能通过调节气血、神经功能和免疫系统, 提供一种有效的治疗选择。本文综述了近年来针刺治疗脊柱侧弯的相关研究, 探讨其在改善临床症状及生活质量中的作用, 并为未来的研究和临床应用提供了参考。未来研究应集中于大规模临床试验、深入的机制研究以及个体化治疗方案的开发, 以优化针刺治疗效果。

**关键词:** 针刺; 脊柱侧弯; 研究进展

### A review of the literature on the use of acupuncture in the treatment of scoliosis

Hongbin Xu<sup>1,2,3</sup>, Feihong Cai<sup>1,2,3</sup>, Dezhi Tang<sup>1,2,3</sup>, Yongjun Wang<sup>1,2,3</sup>

1. Shanghai University of Traditional Chinese Medicine, Shanghai 201203, China. 2. Spine Institute, Shanghai Academy of Traditional Chinese Medicine, Shanghai 201203, China. 3. Key Laboratory of Theory and Therapy of Muscles and Bones, Ministry of Education, Shanghai 201203, China.

**Abstract:** Scoliosis is a three-dimensional deformity of the spine that occurs mainly during adolescent growth and affects approximately 2-3% of the population. This deformity not only affects physical appearance but may also lead to cardiorespiratory limitations and reduced quality of life. Currently, treatments include observational therapy, physical therapy, and surgery, but these methods have limitations and risks. In recent years, acupuncture has emerged as a promising non-invasive treatment for scoliosis, offering potential benefits in improving pain and function. Research suggests that acupuncture may offer an effective treatment option by modulating qi and blood, nerve function, and the immune system. This article reviews recent studies related to acupuncture for scoliosis, discusses its role in improving clinical symptoms and quality of life, and provides a reference for future research and clinical applications. Future research should prioritize large-scale clinical trials, in-depth mechanistic studies, and the development of individualized treatment protocols to optimize the effectiveness of acupuncture treatment.

**Key words:** acupuncture; scoliosis; research progress

## Autologous Negative Treatment for Evidence-based Acupuncture Studies

Jun Xu

Uniqueness Acupuncture London UK

\*jasonxu80@hotmail.com

**Abstract:** Evidence-based study is a threshold for the mainstream medicine to discuss acupuncture efficacy. The success rate of evidence-based acupuncture studies in English publications is only around 60%. This may be caused by the defects of current control method while the underlying interfering uncertainties in the biological activities of sham needles or non-acupoints of the control group can not be excluded. This article is to recommend *Autologous Negative Treatment (ANT)* as a new RCT method, offsetting non-specific factors including self-healing power, placebo effect, and pan-acupoint effect etc. which presumably occur in acupuncture. The offset magnitude reflects the efficacy difference between specific and non-specific factors when they work in opposite directions. Its advantage is to produce a vectorised biological certainty in the control for evaluation of the unknown specific efficacy of *Positive Treatment (PT)*. It helps estimate or quantify the specific efficacy of acupuncture and its ratio to non-specific efficacy, by comparing the efficacy sum of specific and non-specific factors (*PT*) with the efficacy difference between them (*ANT*). Subject to patients' prior informed written consent, this control is applied with regular filiform needles on classic acupoints. The *NT* causes containable transient deterioration from the original status and is followed immediately after data collection by *PT* for correction and ultimate improvement above the original status. Data are collected before and after *ANT* and after *PT*. Pilot cases indicated that it is suitable for filiform approaches based on clear therapeutic mechanisms of supplementing deficiency and reducing excess. Outcomes so generated provide more and clearer information than the existing controls about the weights of specific and non-specific factors of acupuncture and may help improve success rate of evidence-based studies. Issues of safety and medical ethics in application of *ANT* are also discussed.

**Key words:** *Autologous Negative Treatment, Evidence-based Studies, Positive Treatment, Placebo Effect, Non-specific Factors, Vectorisation of Therapeutic Efficacy*

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## 关于经络气血实质的思考

房才龙

**摘要:** 通过复习文献认为中医的经络系统主要包括了神经系统和血液循环系统两方面的结构, 其功能是神经行气(主要是神经生物电及继发的神经化学物质的释放), 血液循环系统运血。手足互为表里的经接受相同神经干的不同纤维束的投射到相应的组织, 构成了针刺十二正经的结构基础, 所谓的经络感传现象主要是和神经系统受刺激后感觉神经末梢释放血管活性物质导致的毛细血管扩张产热等引起无直接突触联系的感觉神经依次激活传递信息有关。不同的循经感觉及特别体征的出现可能和神经末梢释放的物质种类不同相关。伤寒的六经是不同理论体系。归经理论是多余的。从经络的神经及循环系统的属性出发可以较好的解释中医的气血关系。

**关键词:** 经络感传, 气, 血, 神经系统, 血液循环系统

**Abstract:** By reviewing the literature, it is believed that the meridian system of traditional Chinese medicine mainly includes two structural systems: the nervous system and the blood circulation system. Its functions are the nerves to carry Qi (mainly nerve bioelectricity and secondary neurochemical release), and the blood circulation system to transport blood. The associated external and internal meridians of the hands and feet receive different fiber bundles of the same nerve trunks and project to the corresponding tissues, forming the structural basis of the twelve regular meridians of acupuncture. The so-called meridian sensing phenomenon is mainly related to the release of vasoactive substances from the sensory nerve endings after the nervous system is stimulated, resulting in the dilation of capillaries and heat production, which causes the sequential activation of sensory nerves without direct synaptic connections to transmit information. The occurrence of different meridian sensations and appearance of special signs may be related to different types of substances released by nerve endings. The six classics of typhoid fever are different theoretical systems. Meridian Proprietary theory of Traditional Chinese Medicine is redundant. The relationship between Qi and Blood in Traditional Chinese Medicine can be better explained based on the properties of the nervous and circulatory systems of meridians.

**Key words:** Meridian sensing, Qi, Blood, Nervous system, Blood circulation system

## **An Audit of the Effectiveness of Acupuncture in a Physical Medicine Rehabilitation Clinic**

*Dr.Evren Kul Panza,*

*Specialist of Physical Medicine & Rehabilitation, İstanbul/Turkey*

**Abstract:** This is an audit of 784 patients having received acupuncture treatment in a Physical Medicine & Rehabilitation Clinic of a private hospital in İstanbul between June 2017-September 2019.

Methods: Mean age of patients was 40.6 (SD:13.1). 72% were women. The mean number of acupuncture sessions were 4.3 (SD 2.3). Since many patients received acupuncture treatment for more than one diagnosis, evaluations were determined for the total number of 1091 treatments/cases. There were a total of 46 diagnosis, but then grouped as in 10 main parts. The cases according to frequency were ; Back pain (19.7%), neck pain(18%),3- dorsal strain(12.7%), fibromyalgia and anxiety disorders (8.5%), shoulder pain (7.9%), obesity(6.9%), migraine and tension headache (4.5%), ankle-foot pain, and epin calcanei-heel spur(4.5%), knee pain(4.3%),calf pain 32 (2.9%), and others(10.1%). As measuring outcomes, pain level was scored on a Visual Analog Scale(VAS) at the start, and after 3-4 days from the end of sessions. From the difference of VAS, a percentage improvement was calculated. The outcomes for 1091 treatments/cases were: 10 % nil-no improvement; 13% patients minimal (33-50% of improvement); 5% moderate (33-50% improvement) ; 41% (449) good (51-80% improvement ) ; and 31% (336) excellent (81-100% improvement). The overall success rate was 72%, which corresponded to >%50 improvement ('excellent+good'). The highest success rates were seen in migraine and tension headache(82%), knee pain(81%), fibromyalgia and anxiety disorders(80%) , ankle sprains/foot pain and heel spur(80 %).

In conclusion: The high success rates in the audit can be due to the appropriate selection of patients and the fact that PMR clinic is a more specialized one. The audit allowed me to identify the categories which acupuncture had higher success rates.



## 时空针灸记忆时穴的指导意义及应用摘要

陈春信

时空针灸研究院西班牙分院, [Chen1818@gmail.com](mailto:Chen1818@gmail.com)

**摘要:** 时空针灸是朱教授在长期运用中国古代子午流注纳甲法、纳子法和灵龟八法、飞腾八法四种按时取穴针法和吸纳欧洲医学、文化理念的基础上总结出来的, 其主要内容包括“时间穴位的记忆功能”和“空间穴位的同构功能”两方面。朱教授通过对古代四种按时取穴方法的时空结构的系统解析, 设计出了各法中与时间穴位有机结合的空间穴位。时间穴位与空间穴位的有序组合并施以特定的针法及针刺顺序, 发掘出了传统按时取穴的深层效应, 构建了各法独特的个体性极强的“场效应”。

时空针灸“时间穴位的记忆功能”参照了西方多种医学的新理念、新方法, 例如精神分析方法、免疫疗法、器官移植、能量治疗学等, 将中国古代四种“按时取穴法”中的“就诊时穴”延伸到病因病机关键时穴, 朱教授将其命名为“记忆时穴”, 并归纳为五大类: 精神心理损伤时穴、意外事故或自然灾害时穴、过度治疗或误治或引起副作用(放疗、化疗、手术等)的时穴、有发作时间的时穴和生辰时穴。以上五种记忆时穴, 只要有一个明确的时间就可以寻找到相对应的时间穴位。本次以“精神心理创伤时穴的失眠、意外变故时穴治疗头痛以及有明确发作时间的时穴治疗慢性支气管炎”等5个案例浅析其快速持久的临床效应与同道分享。

### Clinical Guidance and Application of Space-Time Acupuncture Memory Points

Chen Chun Xin

Space-Time Acupuncture Institute. Spanish Branch, Sagasta 8, 2 B 28004 Madrid España

**Abstract:** Time-space acupuncture comprises Professor Zhu's long-term use of the four ancient Chinese acupuncture methods of time-based acupuncture, namely, the *Najia* method, the *Nazi* method, the *Linggui* Eight Methods, and the *Feiteng* Eight Methods, as well as the inclusion of European medical and cultural concepts. Its main ideas include the "memory function" and the "isomorphic function" of space acupuncture points. Professor Zhu designed the space acupuncture points that are organically combined with the time acupuncture points in each method through a systematic analysis of the time-space structure of the four said ancient time-based acupuncture methods. The orderly combination of time acupuncture points and space acupuncture points, coupled with specific acupuncture methods and acupuncture sequences, has discovered the deep effects of traditional time-based acupuncture points and constructed a unique and highly individual "energy field effect" for each method.

The "memory function of time acupoints" of space-time acupuncture refers to the new ideas and methods of various branches of Western medicine, such as psychoanalysis, immunotherapy, organ transplantation, as well as energy therapy. It is an extension of the "time acupoints for medical treatment" into the four "time acupoint selection methods" of ancient China to the key time acupoints of etiology and pathogenesis. Professor Zhu named it "memory time acupoints" and summarized them into five categories: time acupoints of mental and psychological damage, accidents or natural disasters, overtreatment or mistreatment or due to side effects (radiotherapy, chemotherapy, surgery, etc.), with onset time, and time acupoints of birth. For the above five types of memory time acupoints, as long as there is a definite time, the corresponding time acupoints can be found. At this presentation, are briefly analyzed to share with colleagues. Examples of several cases include "insomnia at the time acupoints of mental and psychological trauma, headache treatment at the time acupoints of accidental changes, and treatment of chronic bronchitis at the time acupoints with a clear onset time".

## 毫针浅刺证治规律的古代文献研究

莫曦雅

贵州中医药大学针灸推拿学院，贵州贵阳 550025

**摘要：**目的：基于古代文献，整理毫针浅刺的理论基础、刺法、病症规律，在分析比较的基础上研究毫针浅刺的证治规律。方法：采用目录学方法对研究范围内“毫针浅刺”相关文献进行查找、筛选、收集；采用传统文献学方法对收集的文献进行整理归类；运用统计学方法及计算机技术对文献数量、分布特点进行横向及纵向对比分析，对建立的文献数据库进行数理统计与分析。结果：毫针浅刺的理论体系起源于《内经》《难经》时期，与皮部、经络络脉、经筋、腧穴以及营卫理论有密切关联，毫针浅刺在针刺皮部、络脉、经筋、浅层经气的基础上，以刺卫为主调和营卫、刺络为主调整经络气血状态，通过晋唐、宋金元时期的发展后，在明清时期完善毫针浅刺的理论体系。结论：毫针浅刺不同的部位有不同的证治规律，主要体现出近治作用、远治作用、分部主治规律、分经主治规律、《内经》中相应经脉的“是动病”“所生病”“经筋病”，此外，还包含了特定穴治疗疾病的特点。总体而言，毫针浅刺治疗病症多有痛、痹、寒、热的特点，以肢体经络病证、外感病证、头面五官类病症为主，体现出以治疗表证、热证、阳病为主，兼具治疗阴病、脏腑病、情志病、全身性疾病的特点。

**关键词：**毫针浅刺；证治规律；文献研究

### The Ancient Literature Research on Regulation of Syndrome-treatment of Shallow Filiform Needling Therapy

Mo Xiya

College of Acupuncture and Tuina, Guizhou University of Traditional Chinese Medicine

4 Dongqing South Road, Guiyang, Guizhou 550025, P. R. China

**Abstract:** Objective:

Based on the ancient literature, this paper studies the shallow filiform needling therapy from four aspects, includes its theorization, the regulation of acupoints and meridians, the main methods of shallow needling, and regulation of its syndromes and disease. To summarize, compare, analyze and discuss the theoretical basis and clinical application rules of shallow needling in different periods and dynasties. Based on these studies, to explore the regulations of syndrome and treatment of shallow filiform needling therapy, and to provide the basis for clinical research. Methods:

In this study, bibliography is used to search, select and collect the literature which are related to “shallow needling therapy” in ancient times. Traditional philology is used to sort and classify the collected ancient literature. Using the historiography to explore the development of shallow needling therapy from the perspective of academic history. the method of theoretical analysis and review. By using statistical methods and computer technology, the quantities of ancient literature and the distribution features of literature are compared and analyzed in a horizontal and vertical view, and the established literature’s databases are statistically analyzed. Results:

The theoretical system of shallow filiform needling therapy: originated in the Inner Canon of Huangdi and NanJing, contains theories of cutaneous regions, meridians; and collateral, muscle regions, acupoints Ying-wei. To adjust the state of Qi and Blood, the state of meridians and collateral, the state of viscera on the basis of needling skin, collateral, muscle region, meridians and superficial channel Qi. In Jin and Tang dynasties, with the development of acupoints' indications and techniques of acupuncture and moxibustion, shallow filiform needling therapy gradually improved to clinical applications. In the Song, Jin and Yuan dynasties, the further development of acupoint indications and the establishment of puncture along the surface skin enrich the shallow filiform needling therapy, extend the scope of its application. In the Ming and Qing dynasties, on the basis of the previous literature, the summary of clinical

practice and experiences, the theoretical system of shallow filiform needling therapy are improved. Conclusions:

Syndromes and treatment regulation of shallow filiform needling therapy: There are different rules of syndrome-treatment regulations for different parts. Those regulations mainly reflect the local and nearby therapeutic effect, remote therapeutic effect, special therapeutic effect, the regulation of treating disease by the meridians, regulation of treating disease by body position. Besides, shallow filiform needling therapy is also helpful in curing disease involved in the channel which originated from Inner Canon of Huangdi. It also includes the characteristics of specific points for the treatment of diseases. Generally speaking, the treatment of diseases with the shallow filiform needling therapy has the characteristics of pain, numbness, cold and heat, mainly including body-meridian disease, exogenous disease, ophthalmology and otorhinolaryngology disease, which reflects the treatment of exterior syndrome, heat syndrome, as well as the treatment of viscera disease, emotional disease and systemic disease.

**Key words:** shallow filiform needling therapy; regulation of syndromes and treatment; literature research.

## 贯穿针灸临床辨证论治的核心——经络诊察

杨 硕

贵州中医药大学

**摘 要：**以经络诊察为核心探析针灸临床中的诊疗思路。首先，通过经络诊察探查出异常的经络或腧穴，体现了定病位的作用；其次，经络诊察还可以定病性，了解疾病的表里寒热虚实。根据经络诊察的结果，综合分析病情，有助于针灸临床中选经配穴、针刺或艾灸、针刺深浅以及补泻手法的选择。通过对经络诊察理论的深入研究，并在临床实践中不断挖掘其深刻内涵，以期为提高针灸临床疗效以及形成针灸独特的诊疗模式提供一定的见解。

**关键词：**针灸临床；辨证论治；经络诊察；诊疗模式

### **Core in acupuncture and moxibustion clinical syndrome differentiation and treatment: Meridian Diagnosis**

*YANG Shuo*

Guizhou University of Traditional Chinese Medicine, Guiyang 550025, China

**Abstract:** Discussion on the idea of acupuncture and moxibustion clinical for diagnosis and treatment based on the meridian diagnosis. Firstly, the abnormal meridians or acupoints were detected through the meridian diagnosis, which reflected the role of determining the location of the disease. Secondly, the disease nature is determined by the meridian diagnosis, distinguishing the exterior and interior, cold and heat, deficiency and sufficiency. According to the results of the meridian diagnosis, the comprehensive analysis of the condition provides a more reliable basis for guiding the clinical selection of meridians and acupoints, acupuncture or moxibustion, the depth of acupuncture, and the choice of tonic and diarrhoeal techniques. Through in-depth research on the theory of meridian diagnosis, and continuously excavating its profound connotation in clinical practice, for improve the clinical efficacy of acupuncture and moxibustion and form a unique diagnosis and treatment mode of acupuncture and moxibustion.

**Key words:** Acupuncture clinical; syndrome differentiation and treatment; meridian diagnosis; diagnosis and treatment mode

## The Effectiveness Of Acupuncture In The Absence Of Placebo

*Duncan Lawler*<sup>69</sup>.

*Vice-President British Medical Acupuncture Society. Clonanny, Portarlinton, Co. Laois. Ireland*

**Abstract:** Demonstration of effects in the absence of a placebo response would make a strong argument for real effects of treatment especially in the current climate of evidence-based medicine where proof of a clinically relevant specific effect is becoming more important in order to commission new treatments. In recent years, several studies have shown that the impairment of prefrontal lobe functioning is associated with a reduction in placebo responsiveness in pain, both in patients with dementia with impaired prefrontal connectivity and in normal subjects with reduced integrity of prefrontal white matter, which indicates a key role of prefrontal areas and cognition in placebo analgesia. A review paper by Benedetti et al concluded that ‘if prefrontal functioning is impaired, placebo responses are reduced or totally lacking, as occurs in dementia.’ It could be argued that the following case reports described in this presentation provide evidence of a ‘real’ effect of acupuncture, and raise the possibility of including patients with dementia in formal studies from which they might routinely be excluded. These case reports were from three clinicians from three different parts of the world with remarkably identical results. The paper was published in *Acupuncture in Medicine* in 2014 title ‘It’s all in the mind or is it’. The biggest criticism of complementary therapies is that they only work through placebo mechanisms. This was further compounded by the paper JM Kelley, Ted Kaptchuk et al ‘Components of placebo effect: randomised controlled trial in patients with irritable bowel syndrome’ in 2008. Demonstration of effects in the absence of a placebo response would make a strong argument for real effects of treatment especially in the current climate of evidence-based medicine where proof of a clinically relevant specific effect is becoming more important in order to commission new treatments.

**Key words:** *Acupuncture, Dementia, Placebo, Empathy*

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<sup>69</sup> Duncan is the vice president of the British Medical Acupuncture Society on the British Medical, senior member of the lecturing team and accreditation board.

## FORMATION OF THE UMBILICAL RING ACUPUNCTURE AND THE THERAPEUTIC VALIDITY OF IT'S EIGHT ACUPOINTS

(A new therapy associated with the Medicine Yi)

Prof. Dr. Sing Hee Lam

The Acupuncture Multitechnique Studies & Research Centre – Bari

lam5248588@gmail.com

**Abstract:** The umbilical ring acupuncture is an innovative technique which is based on a microsystem acupuncture resulting from the discovery of an umbilical homunculus linked to Medicine Yi in 2007. This technique is applied the needles on specific sites of the umbilical ring using non-traditional acupoints. In total there are eight numbers with the following nomenclature: QHL1, QHL2, QHL3, QHL4, QHL6, QHL7, QHL8 and QHL9. By using these eight acupoints, singularly or in groups, it is possible to treat numerous pathologies just enough to achieve good therapeutic result. For the treatment of more complex disorders, however, the strengthening of the therapeutic effect can be obtained by additional traditional acupoints.

There exist different schools of navel acupuncture due to the fact that there are different topographical areas of the navel that can be needled: the umbilical nipple, the umbilical sulcus and the umbilical labrum. Up till today, five methods of navel acupuncture have been identified. The very first method is dated back to the author of Yia Yi Jing (甲乙经) who has indicated the center of the navel, called Qizhong locating on the part of the umbilical nipple, as the puncture site, despite the fact that it has been written as a forbidden and fatal location. Then it comes the method of Zhuang Race Medicine (壮医) that gives needling the navel in two circles following the four cardinal points. All together there are eight acupoints: four on the umbilical sulcus wall forming an internal circle and the other four outside the umbilical labrum forming an external circle.

The method of Shi Huai Tang (施怀堂), the inventor of the "nine fire needles method", involves puncturing the sites following the four cardinal points of the umbilical labrum and the center of the navel, using five acupoints in total. The method of Qi Yong (齐永) exploits the entire wall of the umbilical sulcus and in particular the site sensitive to pain that corresponds to the pathology. This method usually uses 8 locations with the nomenclature of "Bagua". For example the Kan site, the Dui site, etc. Finally, the method of Lam Sing Hee (林声喜) involves the needling only on the eight sites of the umbilical labrum. It is the real anatomical site of the umbilical ring and so it gives the name: umbilical ring acupuncture. The nomenclature of the acupoints used in the Lam's method derives from the numerology of Loshu combined with "Qi Huan" which is the Chinese translation of the umbilical ring: hence the acronym QHL (example QHL1, QHL2, etc.)

The umbilical ring is an anatomical organ and is the site from which the prenatal regulation system for the passage of nutrients originates. It acts as a nuclear center for the development of the three germinating embryonic plates and, in TCM, is considered as "the door of life" and "the mother system of the meridians". This system is born together

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### AUTHOR'S SHORT CURRICULUM

M.D. and Registered Acupuncturist. Contract Professor of the "La Sapienza" University of Rome (2009) and the University of Brescia (2014-2015). Visiting Scholar of The University of Hong Kong (2016-2017). Director of the Multitechnique Acupuncture Centre-Bari Italy. Director of The Lam's Multitechnique Acupuncture School accredited by the Puglia Region- Italy. Founder and President of The Italian Society of Acupuncturists Recognized by Order of Doctors. Commission Member of the Non-Conventional Medicine-Order of Doctors Province of Bari. Organizer and Chair of numerous conferences and Author of numerous publications.

with the embryo and develops with the growth of the fetus. After birth, it goes through the various stages of puberty, maturity and oldness. It is a regulatory system that lasts throughout life and has been established genetically. Therefore, the umbilical ring still plays an active role in physiology, diagnosis and clinical practice. Based on the above it is considered as a "functional organ" and not an umbilical scar.

Furthermore, the umbilical ring is considered as Taiqi in Medicine Yi. Taiqi is the nucleus of the formation of all matters in this world including Heaven, Earth and Man. They are all derived from the mutation of Taiqi and so the formation of the theory of Yin-Yang, Bagua and Sixty-Four Hexagrams in Yi study are all derived. The combination of Yi and Medicine Chinese gives to what is now known as "Medicine Yi". It is possible to depict Taiqi as a homunculus. A small dimension of homunculus was also created on the umbilical ring which bears a resemblance to Leonardo Da Vinci's "Vitruvian Man", differing from the latter only in the position of the arms which are slightly raised in the depiction of the homunculus of the umbilical ring.

Since 2007, numerous pathologies have been treated in our Center with approximately 37,500 sessions and more than 5,100 patients. 99.3% of patients receive the navel ring acupuncture treatment with a number of needles varying from one to four and in which 55% of them receive also the traditional acupuncture from one to three needles. The general percentage of positive therapeutic results reaches 90%. Patients appreciate the technique for the comfortable and relaxation position being lying on the bed and the improvement of the ailments they have suffered for years with the use of so few needles and within so few treatments.

**Key words:** umbilical ring acupuncture, acupoints, Medicine Yi, Taiqi, Bagua, mechanism.

## 成人原發性失眠針刺治療之實證文獻分析研究

李采珍 1,黃澤宏 1,2,3,張子瑜 1,\*

1 長庚醫療財團法人基隆長庚紀念醫院中醫科, 基隆, 臺灣

2 長庚大學中醫學系, 桃園, 臺灣

3 長庚科技大學健康產業科技研究所, 桃園, 臺灣

**摘要:** 目的: 為瞭解現今針刺對成人原發性失眠療效之實證結論, 本研究採系統性文獻回顧暨統合分析 (SR-MA) 方法, 比較針刺與口服西藥對於原發性失眠之療效, 以提供未來臨床 研究及實務應用之參考。方法: 在 PubMed、Embase、Cochrane Reviews、與華藝中文電子期刊等資料庫, 進行文獻蒐尋至 2019 年 12 月止, 排除重複後, 共有七篇符合研究。以 CASP 評讀其文獻品質, 有關針刺與口服西藥治療失眠療效比較之研究結果進行分析討論。結果: 綜合 136 個隨機對照試驗 (RCTs) 的研究結果, 顯示針刺治療原發性失眠不良反應少, 且效率優於口服西藥(降低 PSQIG 由 0.94 至 2.76 分不等), 更能改善睡眠品質。

結論: 針刺治療之不良反應少且療效優於口服西藥, 已獲致廣泛之實證結論, 也可提供臨床失眠患者另項非藥物治療之選擇。

**关键词:** 失眠, 針刺



## 齐鲁中医学派与经方研究

英国中医学院院长 张恩勤 教授

**摘要：**齐鲁中医学派是指产生在齐鲁大地（今中国山东省）上，植根于齐鲁文化，始于春秋战国，流传至今的具有地域性特色的医学流派与学术群体。它在战国、秦汉时期产生过重大社会影响的中医学派，并最终衍生发展为具有山东地方特色的齐鲁医派。经方则是指东汉朝张仲景所著【伤寒杂病论】（后世分为【伤寒论】和【金匱要略】两书）所记载之方剂。经方的特点可概括为“普、简、廉、效”。作者认为，经方的研究方法包括正确理解和掌握原方、原文及方后注，重视近代经方的临床应用和药理研究，尽可能找到经方的有效成分和作用机制。

**关键词：**齐鲁中医学派，经方 临床应用，药理研究

### Qilu TCM School and Research in Classical Prescription

*Professor Enqin Zhang, President of UK Academy of Chinese Medicine*

**Abstract:** The Qilu TCM School refers to a traditional Chinese medicine (TCM) school and academic group with regional characteristics that originated in the land of Qilu (today's Shandong province, China), was rooted in Qilu culture, began in the Spring and Autumn Period and the Warring States Period, and has been passed down to this day. "Jing fang" refers to the prescriptions recorded in "Shang Han Za Bing Lun / Treatise on Febrile Diseases and Miscellaneous Diseases" written by Zhang Zhongjing in the Eastern Han Dynasty (later this book has been divided into two books: Shang Han Lun / Treatise on Febrile Diseases and Jin Kui Yao Lue / Synopsis of the Golden Chamber). The characteristics of "Jing fang" can be summarized as "popular, simple, cheaper and effective". The author believes that the method of studying and researching classic prescriptions includes correctly understanding and mastering the original text, prescriptions and usage, paying attention to the clinical application and modern pharmacological research and trying to find the effective ingredients and mechanism of action of the classical prescriptions.

**Key words:** Qilu TCM school, classic prescriptions, clinical application, pharmacological research

## SCIENTIFICIZED SOME THERORIES OF EASTERN MEDICINE - CONTRIBUTE DEVELOP AND COMBINE

### *EASTERN AND WESTERN MEDICINE*

*Thuy NgM, Nguyet LThM, Quang NgB, Thanh TrV, Canh DX, Thuc PhV et al – Vietnamese Acupuncture Association (Quang Nguyen Ba – Chairman of the Vietnamese Acupuncture Association, Commissioner of the World Acupuncture Association; Thanh Tran Van – Director of National Acupuncture Hospital, Vice Chairman of the World and Vietnamese Acupuncture Association; Canh Dau Xuan - Chairman of the Vietnamese Traditional Medical Association, Vice Chairman of the World Traditional Medical Association, Vice Chairman of the Vietnamese Acupuncture Association, Thuc Pham Van – France Medical Academician, Chairman of Viet Nam Society for Oncology Immunotherapy)*

**Key words:** TEM – Traditional Eastern Medicine, MWM – Modern Western Medicine, TOSAE - Transformation of substance and energy.

**Summary:** Yin, yang, jing, qi, shen, xue, jin, ye and qi gong' therapy belong to TEM. We had more new and modern awarenesses about those problems. Such as:

1. The yin includes: The anabolism, metabolic materials, zang, etc
2. The yang includes: The catabolism, metabolism, fu, etc
3. The qi is the metabolism.
4. The xue is the metabolic materials.
5. The jing is the genotype or structure
6. The shen is the phenotype or function
7. The jin and ye are the shui ye in the body
8. The true qi gong will be adjusted or restored or changed the metabolisms of the body or any of the part follow wish.

All those things created the developed TEM more modernly, scientificly, fastly. And from that, the TEM will combine and develop with MWM most rightly.

## SCIENTIFICIZED YIN YANG' THEORY BE APPLIED IN MEDICINE TO DEVELOP THE TRADITIONAL EASTERN MEDICINE BETTER

*Thuy NgM, Nguyet LThM, Quang NgB, Thanh TrV, Canh DX, Thuc PhV et al – Vietnamese Acupuncture Association (Quang Nguyen Ba – Chairman of the Vietnamese Acupuncture Association, Commissioner of the World Acupuncture Association; Thanh Tran Van – Director of National Acupuncture Hospital, Vice Chairman of the World and Vietnamese Acupuncture Association; Canh Dau Xuan - Chairman of the Vietnamese Traditional Medical Association, Vice Chairman of the World Traditional Medical Association, Vice Chairman of the Vietnamese Acupuncture Association, Thuc Pham Van – France Medical Academician, Chairman of Viet Nam Society for Oncology Immunotherapy)*

**Key words:** TEM – Traditional Eastern Medicine (Traditional Medicine of the China, Vietnam, North and South Korea, Japan, Mongolia), MWM – Modern Western Medicine, TOSAE - Transformation of substance and energy.

**Summary:** The **yin yang'** theory is the very important theory of the TEM.

When applied in the medicine, we have realized its contents according to the bases of the more modern science.

All related to the anabolism, catabolism, metabolism and metabolic material of the body (The most important issues for the health of the human as well as every living organism).

When being disease, that's the imbalances by or increase or/and reduction of those issues at the one or many certain **zang fu, jing luo** in the body.

The treatments by the drugs, acupuncture, moxibustion, etc are the bio-physicochemical interactions to adjust and recuperate those imbalances of so issues at the corresponding ill **zang fu, jing luo**.

The prevention is also therapies, solutions aim avoid create those imbalances of so issues in the body.

All those things help also us more realize that: "*The Creator is very perfect*".

And all those awarenesses are also only aim to the fast and durable development of the TEM.

## **HYPOTHESES ABOUT STRUCTURE OF MERIDIAN – ACUPOINT’ SYSTEM AND INTERACTIVE MECHANISM OF ACUPUNCTURE AND MOXIBUSTION THERAPIES**

*Thuy NgM, Nguyet LThM, Quang NgB, Thanh TrV, Canh DX, Thuc PhV et al – Vietnamese Acupuncture Association (Quang Nguyen Ba – Chairman of the Vietnamese Acupuncture Association, Commissioner of the World Acupuncture Association; Thanh Tran Van – Director of National Acupuncture Hospital, Vice Chairman of the World and Vietnamese Acupuncture Association; Canh Dau Xuan - Chairman of the Vietnamese Traditional Medical Association, Vice Chairman of the World Traditional Medical Association, Vice Chairman of the Vietnamese Acupuncture Association, Thuc Pham Van – France Medical Academician, Chairman of Viet Nam Society for Oncology Immunotherapy, etc)*

**Key words:** TEM – Traditional Eastern Medicine (Traditional Medicine of the China, Vietnam, North and South Korea, Japan, Mongolia), MWM – Modern Western Medicine, MAS - meridian - acupoint system, IMAMT - interactive mechanisms of the acupuncture and moxibustion therapies, TOSAE - transformation of substance and energy.

**Summary:** So far, there have been many studies and hypotheses about the meridian - acupoint system (MAS) and interactive mechanisms of the acupuncture and moxibustion therapies (IMAMT) was given, but the many problems are still inconsistent and not explained. We have two hypotheses about the structure of the MAS and IMAMT. The MAS is a stretching convergence of the cell’ organizations with the transformation of substance and energy (TOSAE) in the close connection with the functions of each acupoint, each meridian, each viscera and of entire meridian system at the connective system. The IMAMT is adjustment and recuperation of the TOSAE at the some acupoints, at the meridian, at the viscera and entire meridian system. So, our two hypotheses ensure the problem that the structure always fits with the function by the TOSAE’ process and also coincide with the current views: Should research on the cell’s organizations at the MAS at the more deep and wide levels. At the same time, those hypotheses can fully explain the concepts in the acupuncture and moxibustion books as well as in the facts. Other way, those hypotheses are also the important bases for the fast science, modernization and development of the TEM. When testing those hypotheses, we very need to be received the scientists’ helps in many fields of the medicine.

## Neurofunctional Acupuncture in Sports Medicine

*Hugo Pinto, Mike Cummings*

*Author: Hugo Pinto. Portuguese Medical Doctor. Sports Medicine Specialist*

*Co-author: Mike Cummings. Medical Doctor UK. Medical Director BMAS*

**Introduction:** This approach to the use of acupuncture as a therapeutic technique, has been used for over a decade, since roughly 2010, and has two main pillars or bases:

- A solid **segmental diagnosis**, where we can neurolocalize the neurological segmental dysfunction.
- **Electrical stimulation with electrical acupuncture** of the peripheral nerves and motor points that are composed of the same neurological segments that are dysfunctional.

**Objectives of the presentation:** We wish to introduce a new approach to myofascial pain and myofascial syndromes, not only regarding the assessment but also in the therapeutic approach to these pathologies.

With this assessment, we aim at identifying the manifestations of the neurological segment dysfunctions, by assessing all the components of each neurological segments, dermatome, myotome, sclerotome, reflex vascular areas and viscerotome. With a proper assessment of the signs and symptoms present in each component we can access more information and perform a better and more precise diagnosis. With this information we will be able to treat the patient/athlete first and foremost based on a segmental diagnosis of the peripheral nerves that innervate the tissues that present the abnormal signs and symptoms.

This technique consists of the electrical stimulation of the peripheral nerves involved in the pain or myofascial syndrome, with acupuncture and electroacupuncture, coupled with myofascial trigger points and taut bands treatment with also electroacupuncture.

The assessment is the most important factor to consider when examining the patients/athletes in our approach. When we determine which muscles present the myofascial pain syndrome signs and symptoms, we remember which peripheral nerves innervate those muscles. If we remember the nerves, we remember the neurological segments that compose those nerves, and this way we can perform a proper segmental diagnosis. With that in mind, and if there are signs and symptoms of said dysfunction, we can modulate the peripheral nerve, stimulating it with the needles beside the nerve, and activating long motor fibers that can act of the spinal cord faster and painless. This modulation is achieved using electroacupuncture of the peripheral nerve or with the electrical stimulation of the motor/trigger point.

## Acupuncture for relief of gag reflex in patients undergoing transoesophageal echocardiography – a randomized placebo-controlled trial

Authors: Taras I. Usichenko<sup>1,2</sup>, Irina Müller-Kozarez<sup>3</sup>, Raila Busch<sup>3,4</sup>, Stephan Knigge<sup>1</sup> and Mathias Busch<sup>3,4</sup>

- 1) Department of Anesthesiology, University Medicine of Greifswald, Germany
- 2) Department of Anesthesia, McMaster University, Hamilton, Canada
- 3) Department of Internal Medicine, University Medicine of Greifswald, Germany
- 4) German Center for Cardiovascular Research (DZHK)

**Background:** Gagging during transesophageal echocardiography (TEE) can make the procedure distressing and often difficult or even impossible to perform. Preliminary investigation suggested that acupuncture may relieve the gag reflex during TEE in patients with ischemic stroke or transient ischemic attack (1). The aim was to test whether stimulation of acupuncture points CV24 and P6 is better than placebo acupuncture in treatment of gagging in patients undergoing elective TEE.

**Methods:** The study was conducted in agreement with Declaration of Helsinki, approved by local ethics committee and registered as NCT0382142. Sixty patients scheduled for elective TEE were included according to predefined eligibility criteria and received either fixed intradermal needles (N=30) or placebo needles in a random order prior to TEE according to the protocol described elsewhere (2). Patients and practitioners, who performed TEE procedure as well as the assessor of the outcome measures were unaware of group (acupuncture or placebo) allocation. The primary outcome was the intensity of gagging, measured using verbal rating scale (VRS-11) from 0 = no gagging to 10 = intolerable gagging. Secondary outcomes included the incidence of gagging, the use of rescue medication, patients' satisfaction with relief of unwanted side effects during TEE procedure, success of patients' blinding (patients' opinion to group allocation), heart rate and oxygen saturation measured by pulse oxymetry. Intention-to-treat analysis was applied using appropriate statistical tests to reveal the differences between acupuncture and placebo groups.

**Results:** Median (IQR) of patient's reported gagging intensity in acupuncture group was 4 (2-8) vs. 7 (5-8) in placebo group (P=0.14), the gagging intensity reported by TEE-examiner was 2 (1-5) among the patients from acupuncture group vs. 4 (2-8) in placebo group (P=0.12). Six patients from acupuncture group vs. 13 from placebo group required sedative rescue medication (P=0.05). All other measured outcomes were comparable between the study groups, 15 patients in each group believed they would receive real acupuncture. No unwanted side effects were reported during needling.

**Conclusion:** Acupuncture with indwelling fixed intradermal needles may reduce the need for sedative medication in patients scheduled for elective transesophageal echocardiography. Larger trials with improved methodology are required.

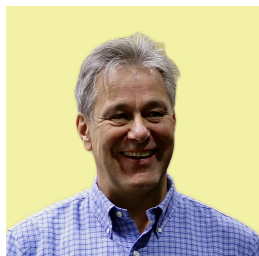
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## 主旨报告卷

### Principles for point selection and stimulation based on pathophysiology – a Western medical acupuncture approach

*Title of keynote presentation* Thomas Lundeberg



Thomas defended his thesis on the effect of "Vibratory stimulation in chronic pain" in 1983 at the Karolinska Institute (KI) in Stockholm. He did his post-doc in Italy with Nobel laureate Professor Rita Levi Montalcini and has since then conducted research on aspects of sensory stimulation related to what is now referred to as integrative medicine. He had his acupuncture training in Nanjing, China.

For the past 10 years or more he has focused his research on the effects of acupuncture on fatigue and the patients' subjective experiences of acupuncture.

He is a former professor of physiology at KI, and now works as Medical Director of Insurance Medicine at the Rehabilitation Medicine University Clinic, Danderyds Hospital, Stockholm.

He has over 300 publications in peer-reviewed journals and over 80 on acupuncture.

**Abstract:** In this presentation Thomas will outline the key physiological principles that underlie stimulation induced therapeutic responses, focussing on stimulation with filiform acupuncture needles.

He will describe the different approaches and considerations required for optimal results under different pathophysiological circumstances.

He will suggest some strategies that can be considered in the most difficult cases where straightforward needling therapies often fail.

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## **Fostering excellence in acupuncture research: Insights from a decade as Editor-in-Chief of *Acupuncture in Medicine***

*David Coggin-Carr, MD PhD*

University of Vermont - USA

Acupuncture research presents unique challenges in terms of study design, interpretation, reporting and dissemination. As a complex intervention with a rich history and broad range of treatment paradigms, applying conventional scientific methods to acupuncture research may sometimes feel reductive and yet is an important step toward further integration within orthodox medical systems, health care commissioning and, ultimately, access for patients. In this session, the presenter will share his perspectives gained in the role of Editor-in-Chief of *Acupuncture in Medicine* (a leading international acupuncture publication) in the past 10 years. Practical suggestions will be provided on how to include physiological mechanisms in both the design and reporting of clinical trials, how to approach control group selection, how to minimize bias, and how to ensure data interpretation and the attribution of effects is balanced and objective. Other topics to be covered will include research integrity, including authorship criteria, transparent peer review and ethical considerations such as prospective clinical trial registration, fraud identification and appropriate care of experimental animals.



## 循证针灸：随机对照试验和肥大细胞分布的诠释

李永明, MD, PhD, LAc

美国中医药针灸学会 ATCMS

**摘要：**近几十年来，循证医学对针灸提出了重大挑战。已经有上千个验证针灸治疗各种疾病效果的随机对照试验完成发表。虽然试验结果显示出希望，但对数据解释令人困惑，而且结论经常难以令人信服或为针灸师带来不便。与不治疗或传统疗法相比，针灸疗法通常在减轻疼痛和促进一系列疾病的愈合方面展现出显著的疗效。然而，与假针灸和非穴位针刺等对照组相比，针灸治疗结果经常没有显著差异。

作者分析了大量针灸随机对照试验报告，发现了一些在传统针灸界看来可能是“非常规”的现象或模式，具有解惑的意义。这些模式包括软针灸、硬针灸和泛穴现象。基于循证数据，作为者提出了“气球理论”来诠释针灸疗法的多因素作用，包括特定穴、泛穴、身心疗法、安慰剂效果和自愈效应。

在许多已发表的临床试验报告中，其结论都来自比较特定穴位的治疗效果与软针灸、泛穴疗法或身心疗法等对照干预措施的差异。因此，这些结论是通过比较不同疗法得出的，而不是与空白对照比较，因此可能大大低估了针灸的真正临床效果。使用气球理论模型对已经发表的随机对照试验报告重新分析表明，针灸是一种整体疗法，对多种病症都有显疗效。循证针灸研究成果已经改变了现代针灸理论，还可能影响未来针灸实践的风格。作者同时采用皮肤病理学方法，绘制了人体皮肤中肥大细胞的分布图，并发现肥大细胞分布与经典穴位密度的密切相关性。此外，还发现所有微针系统均建立在肥大细胞特聚区（MESS）。这些发现至少在组织学上解释了软针的功效和泛穴的普遍存在。

总之，循证研究阐明了针灸作为整体疗法的潜在机制，并揭示了软针灸和泛穴的组织学基础。这些发现的临床应用有望在未来增加针灸受益患者群体。

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### Evidence-Based Acupuncture: Insights from RCT Trials and Mast Cell Distribution

Yong Ming Li, MD, PhD, LAc

American TCM Society

**Abstract:** Evidence-based medicine has presented a significant challenge for acupuncture in recent decades. Numerous randomized controlled trials have been carried out to explore the effectiveness of acupuncture in treating various diseases. While the results show promise, the interpretations can be perplexing, and the conclusions often fail to convince or are inconvenient for acupuncturists.

Acupuncture has demonstrated notable success in alleviating pain and facilitating healing in a range of conditions when compared to no treatment or conventional therapies. However, in comparison to controlled acupuncture procedures such as sham and non-acupoint treatments, acupuncture treatments often show no significant differences.

The author has analyzed the outcomes of numerous acupuncture RCT trials and identified intriguing patterns that may appear unconventional to the acupuncture community. These patterns include soft acupuncture, hard acupuncture, and pan-acupoint phenomena. Based on evidence-based data, a "Balloon Theory" has been proposed to elucidate the

multifaceted effects of acupuncture, encompassing specific acupoints, pan-acupoints, mind-body therapy, the placebo effect, and spontaneous healing.

Many published clinical trials have compared treatments at specific acupoints with various interventions like soft acupuncture, pan-acupoint therapy, and mind-body practices. Consequently, the conclusions are drawn from comparisons with diverse therapies rather than a blank control, thereby potentially significantly underestimating the true impact of acupuncture.

A re-examination of past RCT trials using the Balloon Theory model unequivocally demonstrates that acupuncture is a holistic therapy that yields significant improvements across various conditions. The insights gained from evidence-based research have transformed modern acupuncture theory and perhaps will change the style of acupuncture practice in the future.

Taking a dermatopathological approach, the author has mapped the distribution of mast cells in human skin and discovered a close density correlation between mast cells and classical acupoints. Moreover, all micro acupuncture systems have been identified at mast cell-enriched special sites (MESS). These findings elucidate, at least in histology, the effects of soft acupuncture and the ubiquitous presence of pan-acupoints.

In conclusion, evidence-based research has illuminated the underlying mechanisms of acupuncture as a holistic therapy and unveiled the histological foundations for soft acupuncture and pan-acupoints. The clinical application of these findings holds the promise of expanding the benefits of acupuncture to a larger patient population in the future.

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## **From the Significant Results of Scalp-Acupuncture for Children, Anticipating A Bright Prospect in the Future**

Dr. Linda Hao, 史灵芝 Ph.D., Professor

**Abstract:** According to WHO, neurological diseases affect 1/3 of world population. They lead to many complicated diseases and disabilities. A recent major study shows that in 2021 global count of people suffering with neurological diseases numbered over 30 billion.

Scalp acupuncture is a contemporary technique integrating traditional Chinese needling methods with Western medical knowledge of representative areas of the cerebral cortex. It has been proven to be a most effective technique for treating acute and chronic central nervous system disorders. It produces remarkable results with just a few needles and usually brings about immediate improvement, certain times taking only several seconds to a minute.

In this conference of the World Federation of Acupuncture and TCM Association of England, Dr. Linda Hao will share her decades of success using neuro-acupuncture to treat patients with difficult diseases from the USA and around the world. She will present her treatment and teaching experiences and research of the difficult and complicated diseases. Major focus will be presented in Autism and briefly introduce ADHD, CP, Brain Injury and DNA related disorders, Developmental Delay, T18, and gray matter heterotopia, to illustrate the lifesaving and life-changing miraculous effects of neuro- acupuncture. This can enrich practitioner's knowledge in using this methodology and help you to apply it widely in clinical practice, to save people's life.

We are facing the challenges of new diseases being discovered with increased frequency but armed with the wealth of knowledge and the proven efficacy of neuro-acupuncture, Dr. Linda Hao is excited with confidence that there is much that neuro-acupuncture can contribute to the healing of the new and complex diseases. The future of neuro-acupuncture is bright and infinite.

In this lecture, she will present a video documentary of children with neurological diseases at the end of her lecture.

## Acupuncture in Cancer Care, Survivorship & Palliative Care

*Honorary Consultant in Anaesthesia and Pain Management , Royal Marsden Hospital, London UK.*

*JACQUELINE FILSHIE*

**Abstract:** Cancer remains one of the greatest health challenges worldwide. There have been significant advances in treatment over recent decades with surgery, radiotherapy, chemotherapy and immunotherapy as well as increasingly used personalised medical approaches.

As survivorship increases lifespan and survival, acupuncture plays an increasing role in symptom control during active treatment delivery and recovery to enhance quality of life without the need for drugs for patients during months and often years of survivorship. Acupuncture can also be given to enhance symptom control in palliative care, when further curative options for treatment have been exhausted, Medical Acupuncture is delivered following an orthodox diagnosis alongside conventional oncology using neurophysiological principles rather than an energetic approach.

The needles stimulate superficial nerves which relay to the spinal cord and brain, causing release of numerous therapeutic endogenous molecules, such as endorphins, serotonin, oxytocin, adenosine and endocannabinoids etc. Acupuncture has an increasing evidence base to support symptom control in patients with cancer, some of which will be presented. Patients can benefit for pain symptoms eg postsurgical, chemotherapy induced peripheral neuropathy and arthralgia as well as common non-pain symptoms such as fatigue, hot flushes, xerostomia, nausea and cancer-related dyspnoea.

An initial course of treatment gives the opportunity to treat multiple symptoms in any one patient which are amenable to being helped at the same time.

Limited self -needling using needles or semi-permanent studs is often taught at easy points for maintenance as outpatients. This can be very empowering for patients long term and reduces the need for excessive hospital attendances for treatment and can therefore indirectly reduce the cost of delivery.

Non-drug treatments are a very welcome alternative to medication for patients with cancer.

## Global landscape on traditional medicine and its new global WHO strategy 2025-2034

*Authors: Dr Sungchol, KIM*

World Health Organization, Geneva, Switzerland

Email: kims@who.int

**Abstract:** Traditional medicine, deeply rooted in local cultures and traditions, has long been used to enhance health and well-being globally, its significance has grown, especially highlighted by the Covid-19 pandemic, which underscored the interconnectedness of human health and the planet, core value embedded in many traditional systems of medicine. Recognizing its importance, the World Health Organization (WHO) initiated the traditional medicine program in 1978, and has since launched two global strategies in 2002 and 2014, making substantial progress over the decades. According to the 2023 WHO 3<sup>rd</sup> global survey, 90 Member States have national policies and regulations for traditional medicine, integrating it into their health systems. Additionally, 58 Member States have established university-level education for traditional medicine practitioners, and 57 have national research institutions dedicated to this field. Despite these advancements, challenges remain, such as the need for more research data, evidence, and proper regulatory mechanism to ensure the quality and safety of traditional medicine. Member States are seeking WHO's policy and technical support in those areas including integrating traditional medicine into national health systems, protecting traditional medical knowledges and conserving biodiversity. In response to these challenges, the WHO adopted a decision at the 76th World Health Assembly in May 2023 to develop a new strategy for 2025-2034 by 2025, while extending the existing strategy 2014-2023 till the year of 2025, in response to the expiry of the current Global Strategy 2014-2023 in 2023. This upcoming strategy, currently under development with extensive stakeholder consultation, aims to provide strategic directions for advancing traditional medicine over the next decade.

In summary, traditional medicine remains vital to global health. The WHO's efforts focus on enhancing its safety, standardization, and integration into healthcare systems, optimizing its value for the health and well-being of both people and the planet. The author will present key findings from the 3rd global survey and outline of new global strategy for 2025-2034.

**Key words:** traditional medicine, new strategy, and integratio

