

英
国
中
医
针
灸
杂
志



The Journal of Chinese Medicine And Acupuncture

An Official Academic Journal of

The Association of Traditional Chinese Medicine and Acupuncture UK

30th November 2024



英国中医药学会会刊

ISSN: 1745-6843
Volume 31 Issue 2
第31卷 第2期



93%
satisfaction score
from previous CPD &
diploma graduates

Our Master
lecturers possess
30+
years experience in a
range of Chinese
medicine topics.



Contact Us
office@phoenixtcm.org.uk

Explore Courses
www.phoenixtcm.org.uk

ADVANCE IN ACUPUNCTURE & CHINESE HERBAL MEDICINE

Phoenix Academy of Acupuncture & Herbal Medicine provides comprehensive learning programmes and collaborates with renowned expert lecturers from leading universities around the world to offer high-quality teaching programmes that help practitioners advance their careers.

Discover

- Diploma Programmes
- CPD Courses
- Foundation Courses
- Seminars
- Study Trips
- Workshops

Authentic DaoDi Granules

Efficacy. Consistency. Safety.

PHOENIX
MEDICAL 
Innovation | Production | Promotion



Spray Dry Granulation

State of the art tech ensures premium quality ingredients

Explore 340 Authentic Herbs

We offer 72 powder processed varieties for practitioners

2-3X Higher Concentration

Efficient production methods ensure high quality granules



Contact Us
info@phoenixmedical.com
+44 (0)1245 350822

Explore Granules
www.phoenixmedical.com



目录 Contents

Editor's Invitation

三十年回顾 会长寄语	邢枚	1
Message from the President on the 30th Anniversary of ATCM	Mei Xing	3

针法临床应用和观察

东氏针灸针刺治疗肩痛症临证治验	东贵荣 等	6
浅谈五刺针法在中医美容方面的临床应用	杜杰慧 等	12
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	16
Brief Discussion-The clinical application of the Bagua Abdominal Acupuncture in the treatment of gynecological diseases	Yan Li, Xianqin Tu Xueyang Peng etc.	23
针灸三步疗法治疗原发性高血压的疗效观察	Willie Japaries etc.	31

针灸理论研究

针灸治“神”与心身疾病	常小荣 等	37
相对穴理论临床应用	杨志新	43
Report on part of the research of Complementary Acupoints	Zhixin Yang	48
贯穿针灸临床辨证论治的核心--经络诊察	杨硕	53

ATCM 会员临床应用探讨和经验分享

阿是穴的临床应用探讨	马志民	56
Advantages of Traditional Chinese Acupuncture in Treating Acute Sports Injuries	Zheng Jin TianYi Jin	60
针刺为主治疗少儿遗尿 1 例经验分享	杨玲	72
两例动筋针治疗痛症分享	徐淑敏	73

中医经典和学派研究

How to Read the <Yellow Emperor's Inner Classic> without Knowing Chinese Language?	Jun Xu	75
Qilu TCM School and Research In Classical Prescription	Enqin Zhang	81

罗鼎辉医生回忆专题

回忆罗鼎辉医生	林志秀	88
Remembering Dr. Luo Dinghui	Zhixiu Lin	90
征稿启事	杂志编辑委员会	93

Call for Papers

Editorial	Committee of	93
JCMA		

英国中医针灸杂志编辑委员会 Editorial Committee of JCMA

主编 Editor-in-Chief: 吴迪 Di Wu

编辑 Editors: 叶静 Jing Ye

本期技术顾问 Technical advisor: 沈惠军 Huijun Shen

本期学术顾问 Academic advisor: 房才龙 Cailong Fang

版面设计 Graphic: Jing Ye, Di Wu

封面摄影 Cover Photography by Renxiang Ding

英国中医药学会

The Association of Traditional Chinese Medicine and Acupuncture UK

地址 Address:

UNIT 15,
SIDDELEY HOUSE
KINGSTON
KT2 6LX

电话/传真 Tel/Fax: 0044 (0)204 547 6560

微信 WeChat: ATCM-OFFICE

电子邮件 Email: info@atcm.co.uk

网站 Website: www.atcm.co.uk

英国中医药学会三十周年会长寄语 ——见证历程，展望未来

2024年，英国中医药学会（ATCM）迎来了成立三十周年的辉煌时刻。作为现任会长，我谨代表学会理事会，向为学会成长与发展付出努力的历届会长、理事及全体会员致以最崇高的敬意！同时，我也希望借此机会，与中医药界的同仁和社会各界朋友们分享学会三十年来的发展历程、取得的成就以及未来的美好展望。

创立初期：中医药在英国的萌芽

1994年，英国中医药学会在创始会长罗鼎辉医生的领导下正式成立。这一创举为当时英国中医药的萌芽发展提供了组织化的平台，也为华人中医师团结一致、共同进步开辟了道路。

在上世纪九十年代初期，英国的中医药事业尚处于初级阶段，公众对中医药的认识较为模糊，对中药尤其存在误解，而主流医学界普遍对中医药的科学性与疗效持怀疑态度。罗鼎辉医生以个人的行医实践，通过高超的医术和中医治疗皮肤病（如湿疹）的显著疗效，让许多患者受益，并逐渐改变了社会对中医药的看法。这些成功案例不仅增强了患者对中医的信任，也为中医药在英国的普及和发展奠定了初步基础。

在这样的背景下，ATCM应运而生，为中医药行业的规范化发展注入了强大的动力，也成为英国中医药发展历程中的一个重要里程碑。

学会的发展：组织化与规范化

三十年来，ATCM始终致力于促进中医药在英国的普及、发展与传承，并通过规范行业执业行为和提升从业人员的专业水平，为中医药事业的健康发展奠定了坚实基础。

组织架构与宗旨

学会成立之初便制定了民主选举制度，理事会由会员投票产生，并逐步设置了专业委员会：教育委员会、学术委员会、执业纪律委员

会、公共关系委员会、杂志编辑委员会、会员资格审核委员会和科研委员会。这些委员会分别承担推动行业教育、维护行业规范、促进学术研究等多方面的重要职责。

此外，学会还在英国各地设立了七个地区小组，包括伦敦及东南区、英格兰东区、英格兰中部、大曼城、苏格兰和爱尔兰地区。通过地区活动的开展，为会员之间的交流和再教育提供支持，逐步扩大中医药在英国社会的影响力。

会员与行业发展

随着学会的发展，ATCM的会员人数从成立初期的不到五十人逐步增长至今天的近七百人，覆盖了英国各个地区。通过提供继续教育、搭建学术交流平台、规范执业标准，学会推动了中医药行业的专业化和规范化发展，为中医师在英国的职业认同和行业地位的提升起到了积极作用。

中医立法的努力与挑战

积极推动立法进程

自2000年起，英国卫生部开始着手制定中医药立法框架。ATCM积极参与这一进程，与英国针灸协会（BAcC）、英国中药注册学会（RCHM）等同行组织共同努力，推动中医药的合法化。

在十余年的努力中，学会通过多种形式开展了广泛的游说活动：

- 向议员发出超过2000封呼吁信，宣传中医药立法的重要性；
- 组织会员向当地议员反映行业诉求；
- 聘请专业公关公司和政治顾问，提高中医药的社会影响力；
- 与工党和保守党多位重要议员认面，为中医药争取立法支持。

尽管中医立法最终未能成功，但这一过程提升了中医药在英国社会的认知度，为行业规范化发展积累了宝贵的经验。

立法未果的原因与深远影响

立法的失败主要源于以下几个因素：

1. 主流医学界的反对：西医学界认为中医药的科学性仍需更多研究数据支持，因而对立法持保留态度；
2. 政策变动：政府领导层的更迭和政策方向的不稳定性阻碍了立法进程；
3. 行业内部分歧：针灸界更倾向于维持自愿管理模式，未全力支持立法联合推动。

尽管如此，ATCM 通过这一过程中所积累的资源、人脉与行业认知，为未来的行业发展奠定了坚实基础。

与英国同行合作及国际影响力的提升

与同行组织的合作

ATCM 始终重视与英国中医药相关同行组织的合作，例如英国针灸协会（BAcc）、英国医学针灸协会（BMAS）和英国中药注册学会（RCHM）。这些合作推动了行业对话，立法与标准制定，为中医药在英国的发展提供了坚实的支持。

国际学术交流与针灸大会筹办

2011 年，ATCM 在伦敦承办世中联（WFCMS）国际中医学术大会。2013 年，ATCM 举办中欧中医合作与发展伦敦论坛。2024 年，ATCM 在伦敦承办世界针灸联合会（WFAS）的国际针灸学术交流大会。这些高水平的学术大会为全球中医药学术研究和临床实践提供了高水平的交流平台，吸引了来自世界各地的知名学者与中医针灸专家。这不仅展现了 ATCM 的学术水平与组织能力，也进一步提升了 ATCM 在国际舞台上的影响力。

未来展望：推动中医药的传承与创新

持续推动行业发展

未来，ATCM 将继续推动行业规范化与国际化的发展。例如，学会目前正在申请英国专业标准（PSA）认证，已通过初步审查；这一认证的取得将巩固 ATCM 在英国中医药行业中的权威地位。

培养新一代中医人才

传承是学会未来的重要任务之一。ATCM 计划通过设立高标准的教育和培训项目、提供实践机会，吸引更多年轻人投身中医药事业。

扩大国际合作与影响力

学会将继续加强与世界中医药学会联合会、世界针灸联合会，其他国家中医协会例如澳洲和瑞典，美国等国际组织的联系，并通过线上线下多种方式扩大中医药的全球影响力，为全球健康事业贡献力量。

结束语：迈向更辉煌的未来

三十年的发展历程，不仅见证了 ATCM 从无到有、从小到大的成长，也见证了中医药在英国从萌芽到普及的转变。站在三十周年的新起点，ATCM 将以更加开放、务实的姿态，迎接未来的挑战与机遇，推动中医药事业在全球范围内发展与壮大。

让我们携手共进，为中医药事业的繁荣与国际化推广书写更加辉煌的篇章！

英国中医药学会会长：邢致

Message from the President on the 30th Anniversary of the Association of Traditional Chinese Medicine and Acupuncture UK (ATCM) Witnessing the Journey, Looking to the Future

In 2024, the Association of Traditional Chinese Medicine and Acupuncture UK (ATCM) celebrates the glorious milestone of its 30th anniversary. As the current President, on behalf of the ATCM Council, I would like to extend my highest respect to all past presidents, council members, and members who have contributed to the growth and development of the association.

At the same time, I would like to take this opportunity to share with colleagues in the field of Traditional Chinese Medicine (TCM) and friends from all walks of life the association's journey over the past three decades, its achievements, and the bright prospects for the future.

Early Days: The Beginnings of Traditional Chinese Medicine in the UK

In 1994, under the leadership of the founding President Dr Dinghui Luo, the Association of Traditional Chinese Medicine and Acupuncture UK (ATCM) was officially established. This groundbreaking initiative provided an organized platform for the budding development of Traditional Chinese Medicine (TCM) in the UK and paved the way for Chinese TCM practitioners to unite and advance together.

In the early 1990s, TCM in the UK was still in its infancy. Public understanding of TCM was limited, with significant misconceptions about herbal medicine in particular. The mainstream medical community was generally sceptical of the scientific validity and efficacy of TCM. Through her clinical practice, Dr Luo demonstrated the remarkable effectiveness of TCM, especially in treating skin conditions such as eczema. Her high level of medical expertise benefited many patients and gradually shifted societal perceptions of TCM. These successful cases not only strengthened patient trust in TCM but also laid the groundwork for its wider acceptance and development in the UK.

Against this backdrop, the ATCM emerged, injecting strong momentum into the standardization and growth of the TCM industry. It became a significant milestone in the history of TCM's development in the UK.

Development of the Association: Organization and Standardization

Over the past three decades, the ATCM has been steadfast in its mission to promote the dissemination, development, and preservation of Traditional Chinese Medicine (TCM) in the UK. By standardizing professional practices and enhancing the expertise of practitioners, the association has laid a solid foundation for the healthy growth of TCM in the country.

Organizational Structure and Mission

From its inception, the ATCM established a democratic election system, with its council elected by member votes. Over time, the association developed specialized committees, including:

- Education Committee
- Academic Committee
- Professional Conduct Committee
- Public Relations Committee
- Journal Editorial Committee
- Membership Qualification Review Committee
- Research Committee

Each committee plays a vital role in areas such as education, professional regulation, and academic advancement, contributing to the comprehensive growth of TCM in the UK.

Regional Outreach

To further support its members and enhance TCM's societal impact, the ATCM has established seven regional groups across the UK, including

London and the Southeast, East England, the Midlands, Greater Manchester, Scotland, and Northern Ireland. These regional groups organize activities that facilitate member interaction, continuing education, and professional exchange, thereby steadily expanding TCM's influence within British society.

Membership and Professional Development

As the ATCM has grown, its membership has expanded from fewer than 50 members at its inception to nearly 700 members today, spanning all regions of the UK. By providing continuing education, fostering academic exchange platforms, and establishing professional practice standards, the ATCM has driven the professionalization and standardization of the TCM industry.

This progress has played a significant role in enhancing the professional recognition and industry status of TCM practitioners in the UK, contributing positively to their career development and the broader acceptance of TCM within British society.

Efforts and Challenges in TCM Legislation

Actively Promoting the Legislative Process

Since 2000, the UK Department of Health began working on creating a legislative framework for Traditional Chinese Medicine (TCM). The ATCM has been actively involved in this process, collaborating with organizations such as the British Acupuncture Council (BAcC) and the Register of Chinese Herbal Medicine (RCHM) to advocate for the legalization of TCM.

Over more than a decade, the ATCM conducted extensive lobbying through various initiatives:

- Sending over 2,000 advocacy letters to Members of Parliament (MPs) to emphasize the importance of TCM legislation.
- Organizing members to engage with local MPs to present industry concerns.
- Hiring professional public relations firms and political consultants to increase the visibility and influence of TCM in society.
- Meeting with key MPs from both the Labour and Conservative parties to garner legislative support for TCM.

Although the effort to pass TCM legislation ultimately did not succeed, the process significantly raised the profile of TCM in UK society. It also provided invaluable experience for the standardization and professionalization of the industry, helping lay a stronger foundation for its future development.

Reasons for Legislative Setback and Its Far-reaching Impact

Key Reasons for the Legislative Failure

1. Opposition from Mainstream Medical Community
2. The Western medical establishment expressed reservations, arguing that TCM's scientific basis required further research and evidence, leading to a cautious stance toward legislation.
3. Policy Instability
4. Changes in government leadership and shifting policy priorities disrupted the legislative process and hindered consistent progress.
5. Internal Divisions Within the Industry
6. The acupuncture community favored maintaining a voluntary self-regulation model and did not fully support a unified push for legislation, leading to a lack of cohesive industry advocacy.

Despite the failure to achieve legislation, the ATCM gained invaluable resources, networks, and heightened industry awareness through the process. These achievements have established a robust foundation for the future development of TCM in the UK, contributing to its gradual integration and professionalization.

Collaboration with UK Peers and Enhancement of International Influence

Cooperation with Peer Organizations

ATCM has consistently valued collaboration with related organizations in the UK, such as the British Acupuncture Council (BAcC), the British Medical Acupuncture Society (BMAS), and the Register of Chinese Herbal Medicine (RCHM). These partnerships have facilitated industry-wide dialogue, legislative advocacy, and the development of professional standards, providing strong support for the advancement of TCM in the UK.

International Academic Exchange and Hosting Academic Conferences

- **2011:** The ATCM hosted the International Congress of Traditional Chinese Medicine in London, organized by the World Federation of Chinese Medicine Societies (WFCMS).
- **2013:** ATCM hosted the China-Europe Traditional Chinese Medicine Cooperation and Development Forum in London.
- **2024:** The ATCM is hosting the International Acupuncture Academic Conference in London, under the auspices of the World Federation of Acupuncture-Moxibustion Societies (WFAS).

These high-profile academic events have served as platforms for global exchange on TCM research and clinical practices, drawing renowned scholars and TCM-acupuncture experts from around the world.

Through these efforts, the ATCM has showcased its academic excellence and organizational capabilities, further solidifying its influence on the international stage and strengthening the global reputation of TCM.

Future Outlook: Advancing the Heritage and Innovation of Traditional Chinese Medicine

Continuing Industry Development

The ATCM remains committed to fostering the standardization and internationalization of the TCM industry. One of its current priorities is obtaining accreditation from the UK Professional Standards Authority (PSA), for which the initial review has already been completed. Achieving this accreditation will further solidify the ATCM's authoritative position within the UK TCM sector.

Cultivating the Next Generation of TCM Professionals

Passing on the legacy of TCM is a vital mission for the ATCM. The association plans to establish high-quality education and training programs and provide hands-on practice opportunities to inspire and attract more young people to pursue careers in TCM.

Expanding International Cooperation and Influence

The ATCM will strengthen ties with organizations such as the World Federation of Chinese Medicine Societies (WFCMS), the World Federation of Acupuncture-Moxibustion Societies (WFAS), and TCM associations in countries like Australia, Sweden, and the United States. By leveraging diverse online and offline platforms, the ATCM aims to further enhance the global influence of TCM and contribute to worldwide health initiatives.

Conclusion: Toward a Brighter Future

The 30-year journey of the ATCM has not only witnessed its growth from nothing to something, and from small to large, but also marked the transformation of TCM in the UK—from its initial emergence to its increasing acceptance and integration.

Standing at the new starting point of its 30th anniversary, the ATCM will embrace the challenges and opportunities ahead with a more open and pragmatic approach, driving the development and global expansion of TCM.

Let us work hand in hand to create an even more glorious chapter in the prosperity and international promotion of Traditional Chinese Medicine!

Mei Xing

President of the Association of Traditional Chinese Medicine and Acupuncture UK (ATCM)

东氏针灸治疗肩痛症临床治验

东艺群¹, 刘应超², 姜东耀¹, 东红升^{3*}, 东贵荣^{2*}

1、上海中医药大学（上海，201203）；2、上海中医药大学附属岳阳中西医结合医院；
3、上海市针灸经络研究所；

摘要：“东氏针灸”为非物质文化遗产项目，论文介绍“东氏针灸”百年传承的针刺治疗肩痛症的临床治验。肩痛症属痛症范畴，包括肩痹和臂痹等中医病症，对应于现代医学的肩周炎和臂丛神经炎等疾病。东氏针灸针刺技术临床依据不同的病机、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、选穴配穴原则的灵活运用，有机整合了合谷刺和创新性逆合谷刺法，结合运动针法，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；合谷刺法；逆合谷刺法；

肩痛症是以肩臂疼痛和活动障碍，甚则筋肉萎缩为主要特征的一组病症，多见于肩痹和臂痹等疾病^[1]。肩痹以肩关节及其周围肌肉筋骨疼痛不适、功能障碍等为主要表现，相对应于西医的肩关节周围炎、骨关节炎等疾病；臂痹以肩以下腕以上关节肌肉疼痛不适、麻木肿胀甚则萎缩、活动无力为主要表现，相对应于西医的臂丛神经炎及肌肉软骨韧带损伤等疾病^[2]。两病则归属于古代文献记载的“肩臂痛、五十肩、漏肩风、肩凝症”等病症范畴。肩痹可连及肘臂，臂痹亦可连及肩胛，阴阳气血衰退变化是其发病的内在原因，感受外邪、外伤或劳损是发病的重要条件，病机皆为经络阻滞，气血不通则痛或不荣则痛。故针灸临床治疗可依据肢体经络部位归纳为肩痛症，统一辨证论治^[3]。

一、肩痛症的西医认识

1. 肩部解剖学基础

1.1 肩部解剖学基础——肩关节由盂肱关

节、肩锁关节、肩胸关节和胸锁关节等四个关节组成，相关三个韧带包括喙肱韧带、喙肩韧带、孟肱韧带和六个滑囊：即肩峰下 - 三角肌下滑囊，肩胛下肌上隐窝滑囊，喙突下滑囊，喙锁滑囊，肩峰上滑囊，以及肩峰下 - 三角肌下滑囊（内侧延伸）。

1.2 肩部解剖学基础—肌肉及其损伤症状

包括冈上肌（C5、C6）：肘关节外侧疼痛明显，外展时疼痛加剧；冈下肌（C5、C6）：肱二头肌、手臂尺侧肩部外侧、后颈部、肩胛内侧缘疼痛，后伸疼痛加剧；

三角肌（C5、C6）：前束损伤时，后摸背时前束疼痛明显。三角肌后束损伤时会后三角，中三角，前三角疼痛；小圆肌（C5、C6）：肱骨头附着处背局限的疼痛；

肩胛提肌（C3、C4）：颈部旋转受限，肩后方疼痛，肩胛骨内侧缘放射痛以及后三角肌区域疼痛；肩胛下肌（C5、C6、C7）：外展受限、肩胛骨、上臂后外侧延伸到肘部、腕部疼痛；胸大肌（C5、C6、C7、C8、T1）：中束损伤导致胸前区疼痛、肱骨内上髁疼痛、手臂尺

¹ 作者信息：东艺群，学生。E-mail:dongyiqun413@126.com。东氏针灸第五代传承人。单位：上海中医药大学。

² 通讯地址：上海市浦东新区蔡伦路 1200 号。

* 通讯作者：东红升，副研究员。E-mail:dhsdoctor2005@126.com。电话：021-64383453；

单位：上海市针灸经络研究所。

通讯地址：上海市宛平南路 650 号。

* 通讯作者：东贵荣，主任医师。E-mail:dongguirong2000@126.com。电话：021-65161782；

单位：上海中医药大学附属岳阳中西医结合医院。

通讯地址：上海市虹口区甘河路 110 号。

侧疼痛麻木，后伸加重；肱三头肌（C6、C7、C8）：上臂后侧疼痛，延伸到肩后、肘臂，上举轻度受限；背阔肌和大圆肌（C5、C6、C7、C8）：上举受限疼痛，前三角肌疼痛，躯干下侧疼痛，髂嵴上方疼痛；喙肱肌（C5、C6、C7）：前三角肌疼痛，传导到上臂后侧、肱三头肌、前臂背侧以及手背、中指；上后锯肌（C6、C7、C8、T1）：肩胛骨上部疼痛，延伸到后三角区，肱三头肌区，肘部鹰嘴区，前臂、腕掌部尺侧、小指；前锯肌（C6、C7、C8）：肩胛下角内侧疼痛，沿上肢内侧放射到手掌尺侧、无名指、小拇指；肱二头肌（C5、C6）：前臂浅表疼痛，前三角肌疼痛；前锯肌（C6、C7、C8）：上斜方肌损伤，同侧颈部后外侧痛，牵涉到同侧颞部疼痛，头颈部侧屈运动受限；中斜方肌损伤，肩胛骨灼热疼痛，肩峰处疼痛；下斜方肌损伤，肩胛骨上部、肩胛骨之间，肩峰或颈部疼痛。

1.3 肩部解剖学基础——臂丛神经及其分支功能

臂丛神经由颈C5~8与T1神经根组成，分支主要分布于上肢，主要作用是支配上肢和肩背、胸部的感觉和运动。C5~8、T1神经根，组成上干外侧束，分出肌皮神经、腋神经；组成中干后束，分出桡神经；组成下干内侧束，分出正中神经、尺神经；肌皮神经(C5-7)：C5：肱桡肌；C6：肱二头，前臂桡侧感觉；C7：肱肌、正中神经(C5-T1)：C5：旋前圆肌；C6：桡侧屈腕肌；C7：屈指浅肌，1—3指感觉；C8：屈指深肌(包括屈拇)；T1：掌长肌，旋前方肌 大鱼际肌(桡侧二指半) 蚓状肌(1—2)。

正中神经损伤多发生于前臂和腕部，损伤后主要出现：①运动障碍，表现为前臂不能旋前，屈腕力减弱，拇指、食指及中指不能屈，拇指不能做对掌运动；②感觉障碍，表现为皮支分布区感觉障碍，尤以拇指、食指、中指远节最明显；③手畸形。鱼际肌萎缩，手掌变平坦，形成“猿手”；

尺神经(C7-T1)：C7：尺侧屈腕肌；C8：指深屈肌(尺侧半)，手掌背尺侧及4—5指感觉；T1：小鱼际肌；骨间肌；蚓状肌(3—4)；大鱼际肌(尺侧一指半)

尺神经受损主要表现为屈腕力弱，无名指和小指的远节不能屈；小鱼际肌萎缩变平坦，拇指不能内收；骨间肌萎缩，掌骨间出现深沟，各指不能相互靠拢；各掌指关节过伸，第4、5指的指间关节弯曲，形成“爪形手”。手掌、手背内侧缘感觉丧失。

桡神经(C5-T1)：C5：肱三头肌外侧头，肱桡肌，上臂桡侧感觉；C6：肱三头肌长头，旋后肌，桡侧伸腕长肌，腕背桡侧感觉；C7：肱三头肌内侧头，桡侧伸腕短肌、伸指总肌；C8：尺侧伸腕肌，伸拇长肌，拇长展肌；T1：示、小指固有伸肌。

桡神经损伤主要表现为前臂伸肌瘫痪，不能伸腕、伸指，抬前臂时呈“垂腕征”；感觉障碍以第1、2掌骨间隙背面的“虎口区”皮肤最为明显；

腋神经(C5-6)：C5：三角肌、肩部感觉；C6：小圆肌。

腋神经损伤：主要表现为三角肌瘫痪，肩关节外展幅度变小或不能外展，三角肌区皮肤感觉障碍，倘三角肌萎缩，肩部失去圆隆外观，肩峰突出，形成“方肩”畸形。

2.肩痛的西医疾病

骨关节疾病：骨折、脱位、骨肿瘤、肩关节退行性病变；

软组织损伤和炎症：肩周炎、肩袖损伤、肩峰下撞击综合征、肩峰下滑膜炎、肱二头肌肌腱疾病、三角肌和大圆肌损伤；肩关节骨性、风湿性、类风湿性关节炎等；

邻近部位疾病：神经根型颈椎病、胸廓出口综合征(前斜角肌综合征)、肺尖肿瘤；

其他：臂丛神经炎、中风偏瘫、冠心病、胆囊炎、肩手综合征；

3.肩周炎

肩周炎即肩关节周围炎、冻结肩、粘连性肩关节囊炎。肩周炎是肩关节囊及其周围软组织发生慢性无菌性炎症、软组织广泛粘连所致。肩周炎属于自限性疾病，病程长达数月乃至数年，发病约占肩部疾患的42%；发病率约为8%；

肩周炎的临床表现

肩痛：疼痛多在肩前外侧部，可向颈项及上肢（特别是肘部）扩散。

压痛点多在结节间沟、肩峰下滑囊、喙突、肱骨大结节等处。

肩关节活动受限：以外旋、外展、内旋、上举明显。随着病情进展，由于长期废用引起关节囊及肩周软组织的粘连，肌力逐渐下降，加上喙肱韧带固定于缩短的内旋位等因素，使肩关节各方向的主动和被动活动均受限，特别是梳头、穿衣、洗脸、叉腰等动作均难以完成，严重时肘关节功能也可受影响。

肌肉痉挛与萎缩：三角肌、冈上肌等早期可出现痉挛，晚期可发生失用性萎缩，出现肩峰突起、上举不便、后伸不能等典型症状，此时疼痛症状反而减轻。

一般情况下，影像学检查无异常，但 X 线检查、MRI 检查有助于鉴别诊断。

肩周炎的临床分期

临床依据肩周炎的临床特点讲肩周炎分为四期：1 期，起病期，0~2 月；2 期，冻结期，2~9 月，疼痛严重，并在夜间加重；3 期，冻结期，4~12 月，疼痛减轻，但活动受限加重；4 期，恢复期，5~26 月，逐渐恢复活动。

4. 臂丛神经炎

臂丛神经炎，又称神经痛性肌萎缩、特发性臂丛神经炎等，属于臂丛神经损伤的一种。是各种原因导致臂丛神经根、干出现炎症，以锁骨上窝、肩、腋、前臂尺侧等部位出现强烈的放射性，甚至呈刀割样、撕裂样、烧灼样或针刺样疼痛为主症，可伴有肢体运动、感觉障碍和肌萎缩的疾病。

病因主要有三种：病毒性（巨细胞病毒、柯萨奇病毒、水痘病毒、EB 病毒等）；免疫介导性或中毒性（与之前血清相关、疫苗、抗生素等）；先天性、莱姆病。

臂丛神经炎的诊断

30 至 70 岁男性患者较为常见，10% 至 30% 的患者左右两侧发病。主要基于临床病史、症状、全面的体格检查以及影像、肌电图检查，颈部 MRI 和臂丛神经增强 MRI 可以最早显示失

神经肌肉水肿引起的 T2 信号弥漫性增强以及神经根部位的水肿，并鉴别颈椎病等。肌电图可帮助排除胸廓出口综合征、运动神经元病等，判断失神经支配的严重程度，以及恢复期受累肌肉的恢复情况。B 超适用于臂丛分出以后的终末神经，可见受累神经呈现多灶性水肿，狭窄或沙漏样改变。

臂丛神经炎的临床分期和治疗

疼痛阶段：约 1~60 d，90% 患者以疼痛为最初症状，表现为单侧颈部、肩部或手臂突发疼痛，约 10% 的患者疼痛迁延。

肌无力、肌萎缩阶段：无力约 1~30 d 不等，萎缩约在 15~45 d 出现，还可影响臂丛之外的其他神经，10% 患者膈神经、腰丛及自主神经受累。

恢复阶段：取决于病变的严重程度和范围，第 1 年恢复百分比为 36%，2 年为 75%，3 年为 89%，大多数患者可在 2-3 年内恢复 80-90% 的肌力，但仍有 70% 会有后遗症。

本病治疗依据分期和症状，予以止痛药、激素、神经营养剂、血管扩张剂、中医药、手术和康复锻炼等。

二、肩痛症的中医认识

肩痛症属痛症范畴，古代中医对其的论述多描述为：风痹、肩臂痛、腋痛、肩背痛、肩痹、肩不举、手不能上举、挽弓不开、屈伸难等，对应冻结肩（漏肩风、五十肩、肩凝症）和臂丛神经痛等疾病。

本病病位在肩部结构，包括皮、脉、肉、筋、骨等组织，与手六经密切相关，亦与足三阳经、督脉有一定关系，是由局部外伤或劳损、感受外邪或病邪内生、阴阳气血的衰退变化等，导致肩部筋肉受伤，经络阻滞，气血不通则痛，或不荣则痛。肩痛症以肩痛、肩痹、肩萎为主要症状。

针灸治疗肩痛症历史悠久，疗效显著。《针灸集成》：肩痛累月，肩节如胶连接，不能举，取肩下腋上两间空虚针刺，针锋几至穿出皮外，一如治肘之法，慎勿犯骨，兼刺筋结处，神效。《针灸甲乙经》：肩重不举、臂痛，肩髎主之。《玉龙赋》：风湿搏于两肩，肩髃可疗。

三、择期循经分型合谷刺运动针法治疗肩痛症

1. 肩痛症的分期及择期治疗：

肩痛症的主要症状为疼痛和活动障碍，甚则筋肉萎缩。制定中医分期，便于依据各期不同的病机、病症，确定治则治法，判断疗效和预后。

肩痛期：疾病初期，邪损皮脉，症状以疼痛为主，为阵发性或持续性，游走性、固定性或特定活动范围性疼痛，可为酸痛、钝痛，放射痛或刀割样痛。

肩凝期：疾病入里，邪损筋肉，症状以肩关节各个方向活动受限为主。可为主动和被动活动均受限；或仅主动活动受限，被动活动不受限。

肩缩期：疾病入深，邪损筋骨，症状以筋肉萎缩、关节挛缩、僵硬为主。早期可为痉挛，晚期为失用性萎缩。

肩痛期实证为多，治法以祛邪（祛风散寒、清热除湿、通络止痛等），针刺以泻法为主，善用半刺、豹文刺。

肩凝期虚实夹杂为多，治法以扶正祛邪，包括行气活血化瘀、补气舒筋活络等。针刺以补法和泻法结合为主，善用关刺、合谷刺。

肩缩期虚症为多，治法以扶正补气养血，滋阴助阳等治法，针刺以补法为主，

善用合谷刺、输刺。

《黄帝内经》五刺表明：半刺，浅刺，疾出，以取皮气，内应五脏属肺而主皮毛；豹纹刺，多针刺出血中脉，内应五脏属心而主血脉；关刺，刺尽筋上，内应五脏属肝而主筋；合谷刺，刺分肉间，一针多向斜刺，内应五脏属脾，而主肌肉；输刺，直入直出，深刺至骨，内应五脏属肾而主骨。

为了增强针刺疗效，三期均选穴：风府、大椎、风池（双）、风门（双）六穴，以祛风解肌，通络止痛。

2. 肩痛症的循经分型及配穴：

手之六经，三阴经和三阳经，各有循行，主病及是动则病，并与六经筋相关，分别取穴而治。

手太阴经络，横出腋下，下循臑内，行手少阴、心主之前。是动则病：缺盆中痛，甚则交两手而瞀此为臂厥。是主肺所生病者：臑臂内前廉痛厥，掌中热。气盛有余，则肩背痛，气虚，则肩背痛、寒。经筋，上臑内廉，入腋下，出缺盆，结肩前髃；上结缺盆，下结胸里。其病：所过者支转筋痛。

手厥阴经络，下腋三寸，上抵腋下，循臑内，行太阴、少阴之间。是动则病：臂、肘挛急，腋肿。经筋，起于中指，与太阴之筋并行，结于肘内廉；上臂阴，结腋下；下散前后挟胁。其病，当所过者支转筋。

手少阴经络，下出腋下，下循臑内后廉，行太阴、心主之后。是主心所生病者：臑臂内后廉痛、厥。经筋，上入腋，交太阴，伏乳里，结于胸中。其病，下为肘网，其病当所过者支转筋、筋痛。

手阳明经络，上臑外前廉，上肩，出髃骨之前廉，上出于柱骨之会，下入缺盆。是主津所生病者：肩前臑痛，大指次指痛不用，气有余，则当脉所过者热肿；虚，则寒栗不复。经筋，上臑，结于肩髃。其支者，绕肩胛，挟脊；其直者从肩髃上颈。其病：当所过者支痛及转筋，肩不举，颈不可左右视。

手少阳经络，循臑外上肩，而交出足少阳之后，入缺盆。是主气所生病者：肩、臑、肘、臂外皆痛。经筋，上绕臑外廉，上肩，走颈。其病：当所过者支、转筋。

手太阳经络，上循臑外后廉，出肩解，绕肩胛，交肩上，入缺盆。是动则病：不可以顾，肩似拔，臑似折。是主液所生病者：颈、颌、肩、臑、肘、臂外后廉痛。经筋，后走腋后廉，上绕肩胛，循颈。入腋下，腋下痛，腋后廉痛，绕肩胛引颈而痛。

手之三阴三阳经络，其循行与臂丛神经之桡神经、正中神经和尺神经行走相应。其放散痛可循经或随经伴行。

桡神经走行与手太阴经络、手阳明经络循行相应。以肩臂内侧前缘疼痛为主，内旋疼痛加剧及以肩臂外侧前缘疼痛为主，后伸疼痛加剧；正中神经走行与手厥阴经络、手少阳经络

循行相应。以肩臂内侧中间疼痛为主，屈伸疼痛加剧及以肩臂外侧中间疼痛为主，外展疼痛加剧；尺神经走行与手少阴经络、手太阳经络循行相应。以肩臂内侧后缘疼痛为主，外旋疼痛加剧及以肩臂外侧后缘疼痛为主，内收疼痛加剧。

肩痛症具有放散痛特点，依据放散痛循经或随经伴行特点，选穴和配穴以所循经近端和远端相配取穴针刺治疗。包括云门-鱼际，天池-内关，极泉-少府，肩髃-合谷，肩髎-外关，肩贞-后溪。病在何经，便刺何穴。上下两穴联动，同时行针，若为多经病变，善用透刺。肩髃透极泉，肩髎透极泉，肩髎透肩贞，肩贞透极泉，天池透云门，内关透外关，后溪透合谷。

3. 肩痛症的合谷刺法

《灵枢·官针》说：合谷刺者，左右鸡足，针于分肉之间，以取肌痹，以脾之应也。《素问·长刺节论》说：病在肌肤，肌肤尽痛，名曰肌痹。《灵枢·卫气失常》说“重者，鸡足取之”。

依据古典经典论述，肩痛症采用合谷刺法针刺治疗。具体方法：

首先揣穴，用手指在局部进行揣，按，循，摸，找出具有指感的经穴、阿是穴或条索处，并揣摸肌肉厚薄孔隙大小，以确定进针方向和深浅，分散患者注意力，引导气血，控制针感的走向；

首先将 1 根针斜刺或直刺入皮下肌层，得气后将针提至皮下，并从同一进针点分别向两旁斜刺，即 1 个穴位针刺 3 个方向；或是用 1 根针进针得气后，在左右呈一定夹角再各刺入 1 针即 1 个穴为针刺 3 棵针，其状如同鸡足一般。

针刺取得好的效果，必得针芒所向，气至病所。肩部合谷刺法分为顺合谷刺法和逆合谷刺法两种。顺合谷刺法（传统针刺法），具体针刺方法：押手揣穴后，刺手进行 1 个穴位的 3 个方向的合谷刺法或 1 个穴位分别针刺 3 棵毫针的斜刺或直刺；逆合谷刺法，即反方向从三个不同部位向痛点针刺。具体方法：三个痛点揣穴后，针刺从三个方向，对着欲治疗疼痛

部位（点）斜刺或平刺，如从冈上肌痛点，冈下肌痛点，斜方肌痛点三处痛点从三个方向分别向疼痛点进行斜刺针刺。

合谷刺法，内应脾，脾主肌肉，尤其适合肩凝期和肩缩期，病在筋肉和筋骨，循经分型选穴，上下两穴联动，肩部腧穴合谷刺法和手腕部腧穴搓法并用。

1、先肩髃穴行合谷刺，可肩髃透臂臑，肩髃透肩前，肩髃透极泉；

2、结束后，将针提至皮下或拔出，针刺手腕部六穴，如合谷穴，行搓法，以加强经气传导。

3、同时尽力活动肩部，并配合循、摄肢体经脉，捻转针体，以导经气。

4. 肩痛症的远道刺和巨刺

《灵枢·官针》说：“凡刺有九，以应九变。”远道刺和巨刺属于九刺。《灵枢·官针》曰：“远道刺者，病在上，取之下，刺腑输也。”远道刺是上病下取、循经远道取穴刺法。《灵枢·官针》曰：“巨刺者，左取右，右取左。”巨刺是一种左病取右、右病取左、左右交叉取穴施治的方法。

足阳明经络：其直者，从缺盆下乳内廉。其病：腹筋急，引缺盆及颊，有热则筋弛纵，缓不胜收。足太阳经络：其直者，循肩髀内，其支者，从髀内左右别下贯胛，是主筋所生病者：项、背痛。经筋病则：脊反折，项筋急，肩不举，腋支，缺盆中纽痛，不可左右摇。

足少阳经络：循颈，行手少阳之前，至肩上，是主骨所生病者：缺盆中肿痛，腋下肿。诸节皆痛。

可选三条阳经膝关节以下的穴位：条口（透承山）、束骨、阳陵泉等穴，以补气助阳，疏通经络

5. 肩痛症的运动针法

运动针法在针刺激活和调动身体的自我调节和修复能力之时，通过病位的运动进一步调动和引导“气”靶向性地行至病位，为“刺之要，气至而有效”理论的具体体现。

最早见于《灵枢·官针》“恢刺”等篇章：恢刺者，直刺傍之举之，前后恢筋急，以治筋痹。《说文解字》：恢，大也。

恢刺先在患处进针，并让患者活动肌肉关节，同时捻转提插、改变针体方向，使筋肉拘急松弛，功能得到恢复。

本法多向透刺，能扩大针感影响，并疏利关节，疏通经络。

6、三步运动针刺法

单纯运用局部和循经取穴、合谷刺、远道刺、巨刺或运动针法，具有局限性，杂合以治，将各种针法和理念综合并规范标准化为“三步运动针刺法”。

第一步健侧远道刺和巨刺，针刺腿足部经穴、阿是穴或条索处，如直刺健侧条口穴。深度为1~1.5寸，采用提插捻转手法，频率约为90次/分钟，使患者获得强烈的针感，行针同时配合患处活动约5分钟。

第二步痛患处合谷刺针法，针刺疼痛拘急筋肉附近的经穴或阿是穴，捻转提插行针，不断更换针刺方向，得气后将针提至皮下，以不妨碍运动为度，配合患处活动约5分钟。

第三步患侧循经远端针刺，针刺患侧前臂、手部经穴、阿是穴或条索处，如直刺患侧外关穴，进针深度约为0.5~1寸，采用搓法、提插捻转手法，频率均为60次/分钟，强度以患者能耐受为度，行针同时配合患处活动约5分钟。

运动针法的理念贯穿始终，活动可为主动或被动运动，且尽量增大活动角度和范围30分钟内，共活动15分钟，期间每隔10min各穴行相应手法1次。

四、结语

针灸治疗肩痛症应先辨分期以判断病情及预后，再辨经络分型以明确病症，如此系统认识疾病，可帮助制定针灸诊疗方案。但临床若仅选用单穴或一种刺法，多具有疗效局限性，因此应重视杂合以治，将作用不同的刺法如合谷刺、远道刺、巨刺、运动针法等，以及不同的选穴配穴原则综合运用，可形成系统而规范的针灸方案，方能提高临床疗效，取得最佳效果。

参考文献

- [1] 王艳, 张开伟, 陈海霞, 等. 基于聚类分析的肩痛症中医证候研究[J]. 中医正骨, 2021;33(09):38.
- [2] 娄玉钤. 中医风湿病学[M]. 北京:人民卫生出版社, 2010:177-182.
- [3] 林锦浩, 陈树东, 侯宇, 等. 基于数据挖掘技术探讨针灸古籍中针刺治疗颈肩臂痛的选穴规律[J]. 中医正骨, 2023;35(09):24.
- [4] 王俊翔, 马良宵, 宋越, 等. 浅析运动类针法在痉挛治疗中的意义[J]. 中国针灸, 2019;39(12):1335.
- [5] 黄蛟, 东贵荣. 肩三针配合颈夹脊穴治疗肩关节周围炎疗效观察[J]. 上海针灸杂志, 2012;31(03):164.
- [6] 何永强, 马铁明, 许允发, 等. 电针头穴治疗脑卒中后肩手综合征I期的即刻效应研究和多功能磁共振成像研究[J]. 中华中医药学刊, 2022;40(01):161.

浅谈五刺针法在中医美容方面的临床应用

中国中医科学院 杜杰慧*

摘要:目的: 论述《内经》五体与五刺在中医美容方面的临床应用价值。方法: 以病案方式探讨五体理论和五刺针法在中医美容方面的应用。结论: 根据损容性疾病或美容缺陷在皮、脉、肉、筋、骨的不同分别选用五刺中的一种或多种刺法来治疗损容性疾病或调理美容缺陷, 可取得满意的效果。说明有极大的临床应用价值。

关键词:《内经》, 五体与五刺, 中医美容

The Clinical Application of Five-needle Therapy in Traditional Chinese Medicine for Beauty

Abstract: Objective: To discuss the value of the Five Body Parts and the Five Needling Techniques in clinical aesthetic medicine according to the principles of the Inner Canon of Medicine.

Method: This study explores the application of the Five-Body Parts and Five-Needling Techniques from the Internal Classic in the field of traditional Chinese medicine and beauty.

Conclusion: By selecting one or two of the five needle techniques according to the different locations of disfigurement-causing diseases or beauty defects in the skin, blood vessels, muscles, tendons, and bones, satisfactory therapeutic effects have been achieved in treating disfigurement-causing diseases or regulating beauty defects. This indicates that it has great clinical application value.

Keywords: Inner Canon, Five Body Parts and Five Needling Techniques, Traditional Chinese Medicine Beauty.

五体“皮脉肉筋骨”是《内经》最基本、最具体的层次结构。《灵枢·官针》:“凡刺有五,以应五藏”。这是从五藏应合五体(皮、脉、筋、肉、骨)的关系分成五种刺法,故又名五脏刺。五刺包括:半刺、豹文刺、关刺、合谷刺和输刺。主要是根据病位的深浅和病程的长短选择不同的针具及针法。笔者在中医美容的临床中常根据损容性疾病或美容缺陷在皮、

脉、肉、筋、骨之不同,分别选用五刺中的一种或两种刺法来治疗损容性疾病或调理美容缺陷,取得了满意疗效。愿与大家分享,下面结合验案做简单介绍。

1. 半刺

“半刺者,浅内而疾发针,无针伤肉,如拔毛状,以取皮毛,此肺之应也。”半刺是浅刺快

* 作者简介:杜杰慧,中国中医科学院教授;中国中医科学院中医门诊部主任医师,中国抗衰老促进会专家委员。研究方向:针刺美容抗衰。手机 13031065822。E-mail:2642185036@qq.com。

Author's Profile: Du Jiehui, professor at the China Academy of Chinese Medicine; chief physician at the Traditional Chinese Medicine Outpatient Department of the China Academy of Chinese Medicine; expert committee member of the China Anti-Aging Promotion Association. Research direction: acupuncture for beauty and anti-aging. Mobile: 13031065822. E-mail: 2642185036@qq.com.

出、不伤肌肉的刺法。动作就像拔毛一样，是和肺脏相应的针刺法。因刺入极浅，不是全刺，故称半刺。由于肺主皮毛，故半刺法可宣泄皮毛部的邪气以宣肺气，多用于治疗邪在皮部的疾患，美容临幊上笔者主要用半刺法治疗皮炎、湿疹、皮肤过敏、瘙痒，调理皮肤粗糙、毛孔粗大等，均能取得良好的疗效。

典型案例：齐某某，女性，18岁。2020年8月15日初诊。主诉：背部不明原因瘙痒，起红色小丘疹两天。症见：右侧背部见18cm*18cm区域皮肤潮红，有密集小丘疹散见小白头。皮温较其他部位高。舌质红，苔薄白。脉数。诊断：瘾疹。

治疗方法：用0.16*13的毫针浅刺围针，留针30分钟。同时选用双侧肺经原穴太渊针刺，行平补平泻法，留针30分钟。取针后刻下即不再瘙痒，潮红、丘疹消退大半。第二天随访，病人告已痊愈。

心得：本病属中医“瘾疹”范畴，多由肺气虚，卫外不固，风邪袭表，风气相搏，稽留皮部所致。笔者用与肺相应的半刺法配合与五体相合之肺经原穴经脉作为远端取穴的方法治疗，以达到通经活络，驱邪外出的作用。

2.豹文刺

“二曰豹文刺，豹文刺者，左右前后针之，中脉为故，以取经络之血者，此心之应也。”此法是以病变部位为中心，前后左右，散刺中络脉，放出瘀血的方法，是和心脏相应的刺法。心主血脉，刺中血络出血可祛瘀生新，也可宣泄经络中的邪气，使气血调和而令淤血得除，主要用于病在血脉、瘀血阻络的病症，可宣散血络壅滞之邪，治疗心经积热，诸疮肿毒，麻木不仁等证。

典型案例：薛某某，男性，25岁。2023年

5月12日初诊。主诉：近二年颜面部反复出现红色丘疹、脓疱，消退后遗留色素沉着斑点。平素嗜食辛辣及甜食。症见：前额、面颊、鼻部及下颌可见米粒大小红色丘疹，周围炎性红晕，其间散在粟粒至绿豆大小脓疱，时有痒痛；鼻部可见黑头粉刺，颜面脂溢明显。舌质红，苔黄略腻，脉弦滑。曾内服中药汤剂，外用抗生素药膏，皮疹可以减轻，但每于进食辛辣刺激食物后症状加重。近1月患者皮疹常发加重，遂来就诊。

治疗方法：用豹纹刺法以红色丘疹、脓疱密集处为中心，针沿皮下刺入，针尖均朝向丘疹、脓疱，前后左右，散刺放出瘀血。拔针后有脓瘀血排除，用棉签挤压使瘀血排尽。拔针后再用半刺法围刺。同时加刺曲池、大陵，均行毫针刺捻转泻法。首次治疗后痒痛明显减轻，红色丘疹、脓疱消退70%。治疗3次后丘疹、脓疱全部消退，色素变淡。

心得：患者为青壮之年，加之平素嗜食辛辣及甜食，致肺经风热久羁，邪热日久入于血分，血热循经外发肌肤而致面部发疹。热性炎上，循经上扰，故疹发于上，见炎性丘疹；血分热盛肉腐则见红斑、皮疹色红，有脓疱。本病病位在皮部，而“诸痛痒疮，皆属于心”。故豹文刺法和半刺法结合应用治疗，并针刺泻与肺相表里的手阳明大肠经之合穴曲池和心包经原穴大陵，以疏经通络，泻火热邪毒。

3.关刺

“三曰刺，关刺者，直刺左右尽筋上，以取筋痹，慎无出血，此肝之应也；或曰渊刺；一曰岂刺。”关刺是在关节肌腱附近针刺的刺法。因多取关节附近肌腱或韧带周围的穴位直刺之，故称关刺。由于直刺于筋，进针深，所以针刺时要慎重勿使出血。肝主筋，关刺主治筋病，故与肝相应。由于肝主筋，所以这种刺法

可以祛除在筋的邪气，由此达到舒筋活血，养血通络的作用。

典型案例：李某某，女性，38岁。2023年10月8日初诊。主诉：脸部肌肤下垂，法令纹很深。症见：苹果肌下移，法令纹深，鼻旁法令纹面颊侧肌肤变硬，嘴角轻微下垂。面色黄无光泽，颧弓处有压痛。

治疗方法：(1) 取颧弓后筋结点(手阳明经筋)。定位：颧弓后下方，下颌突后缘压痛点，耳垂前上。针法：选用0.40*50的刃针，在压痛点(颞颌关节处)进针达筋膜层，行扇形青龙摆尾法松筋治疗。留针30分钟。(2)取鼻唇筋结点(足阳明之筋)。定位：从嘴角上开始沿鼻唇沟找压痛点。在压痛点进针达筋膜层，行扇形青龙摆尾法松筋治疗作用。舒筋通络，活血化瘀。(3)配足厥阴肝经的输穴、原穴太冲舒肝养筋。

心得：十二经筋是十二经脉所联系的筋肉系统。经筋可能包括现代医学中的骨骼肌以及由肌肉周围的结缔组织分化形成的筋膜、腱鞘、韧带等附属组织。《黄帝内经》中《灵枢·经筋》对经筋做了系统地论述，详细描写了十二经筋的循行、所主症候及治疗方法。经筋是受经脉支配的，即“脉引筋气”(杨上善《太素·经筋》注)。经筋连属骨骼，经筋通过与皮部相连，最终将身体的变化反映到体表肌肤。

手足三阳经筋循行于头面部，参与头面五官的生理功能，《灵枢·邪气脏腑病形第四》曰：“首面与身形也，属骨连筋，同血合于气耳。”头面部是筋分布集中之处，头面暴露在外，寒邪易于侵袭，日常生活头面部也易于损伤，筋气易于聚结。经筋等发病之后，面部局部有压痛、酸胀变硬、松软等，皮肤色泽有变暗、皮肤粗糙等，形态改变有松垂或结节状、条索状反应物、高起、凹陷等。面部肌肉松弛、法令纹加深、太阳穴或面颊凹陷、皱纹增多、嘴歪及脸歪等变化，归到经筋理论中，都是局部经筋出现了阻塞、离位等变化所致，可以通过关刺的针刺法来畅通经气。肝主筋，配肝经原穴太冲，舒肝养筋增强疗效。经筋通畅后，局部的变化消失，面部就回复到原本的样子。

4.合谷刺

“合谷刺者，左右鸡足，针于分肉之间，以取肌痹，属脾之应也。”针刺时先直刺入深处，然后退至浅层，再分别向两旁斜刺，形如鸡足。适用于脾与肌肉疾病、痹证。

合谷刺现代又称鸡爪刺。此法是将针深刺至肉分之间，左右各斜刺一针，如鸡足的形式，用以治疗肌痹，与脾相应。由于脾主肌肉，故该刺法可健脾益气从而达到行气化湿、涤痰通络等作用。美容临床上笔者主要用合谷刺法治疗面部脂肪、肌肉异常导致的美容问题，如苹果肌下垂，咬肌肥大，双下巴等。

典型案例：栗某某，女性，25岁。2024年3月24日初诊。主诉：咬肌肥大。症见：咬肌肥大，形成倒三角脸型，触诊咬肌硬实，面颊脂肪堆积。平素喜嚼口香糖，爱食坚果。

治疗方法：用0.25*40的毫针在咬肌最高点左右各斜刺一针，先直刺入深处，行合谷刺提插泻法后留针，形如鸡足。其间每隔5min行针一次，留针30min钟。并取双侧丰隆、阴陵泉，毫针捻转泻法，留针30min钟，隔日1次。治疗当次，肉眼可见收紧缩小。嘱病人配合改变饮食习惯。10次后达到病人满意效果。

心得：由于咀嚼习惯，导致咬肌附着点出现向下移位或异常增厚的肌腱，日久，局部气血瘀滞导致下颌咬肌肉变大变硬。故选取与脾相应的合谷刺法，遵循了针至病所的原则，效果显著。取双侧丰隆、阴陵泉，健脾利水，帮助代谢覆盖在咬肌上的脂肪(痰湿)。

5.输刺

“五曰输刺，输刺者，直入直出，深内之至骨，以取骨痹，此肾之应也。”输刺是指直进针，直出针，深刺至骨骼治疗骨痹，与肾相应的针刺方法。由于肾主骨，所以针深至骨的刺法可以与肾气相应以祛除在骨的邪气，能使肾气得旺、肾精得长以治疗骨疾。由于肾主骨，美容临实际上笔者主要用输刺方法治疗塌鼻梁。

典型案例：王某某，女性，21岁。2024年

4月15日初诊。主诉：鼻梁太低。症见：两眼之间的鼻梁基本与眼角持平，没有明显的突出。

治疗方法：用输刺法。用0.35*25的刃针从鼻梁上下分别贴骨直入，做上下提插数次，针尖指向鼻梁根部。然后再用两支毫针在鼻梁最低处行鸡爪刺。太溪行毫针补法。留针40分钟。治疗当次肉眼可见明显效果。3-5次达到理想效果。

心得：塌鼻梁通常是指两眼之间的鼻梁基本与眼角持平，没有明显的突出，鼻梁比正常高度低。塌鼻梁可以是自然是天生的，小时候生病引起的，或外伤引起的。由于肾主骨，采用与肾相应的输刺法，深刺至鼻骨，同时选用肾经原穴太溪穴，施以补法治疗，可促进局部骨质再生。同时配合合谷刺益血生肌，加强隆鼻效果。

小结：

五刺法不仅是针灸局部取穴的一种原则，更是根据病位深浅而选择相应针刺深度而治疗的依据，正所谓病深刺深，病浅刺浅，“不得其

用，病弗能移。”五刺针法在中医美容方面的临床应用，就是根据损容性根源在皮、脉、肉、筋、骨之不同，分别选用五刺之中的一种或两种刺法来进行治疗调理。注意针刺的深度，使针至病所，只针刺到相应病位，中的即可。在治疗与五脏相关的损容性疾病时，明确病位是关键，这是选取五刺法的前提，即病在皮毛选半刺；病在血脉选豹文刺；病在筋膜、肌腱、韧带选关刺；病在肌肉选合谷刺；病在骨选输刺。五体分别与五脏相合，其正常的生理功能有赖于五脏的滋养，五体的损衰是与其相关五脏功能失常的表现，故在选取五刺法治疗五体损衰的同时还要特别注重与五脏相属经脉特定穴的选择，以此调治五脏使其复常，是提高疗效的保障。

【相关文献】

- [1] 灵枢经[M].北京：人民卫生出版社，1993（23）.
- [2] 黄帝内经·素问[M].北京：人民卫生出版社，2005（188）.

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，目前临幊上中医内、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幊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

痔疮(Hemorrhoids)又名称为“痔、痔核、痔病、痔疾”等。是指直肠末端粘膜下、肛管或肛缘皮下的静脉丛发生扩大、曲张所形成的柔软的静脉团；或肛门缘皱襞皮肤发炎、肥大、结缔组织增生；或肛静脉破裂、血液瘀滞形成血栓^[1]。据有关普查资料表明，肛门直肠疾病的发病率为 59.1%，痔占所有直肠疾病的 87.25%，占所有肛肠疾病的 52.19%，男女均可发病，女性的发病率为 67%，男性的发病率为 53.9%，以女性发病率高；任何年龄都可发病，其中 20~40 岁的人较为多见，并可随着年龄的增加而逐渐加重^[2]。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^[3]。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。痔疮发作时以出血、瘙痒、疼痛、脱肛和坠胀等。严重造成了相当大的经济成本和个人的痛苦^[4]。随着中医学的不断发展，痔疾的治疗方法也在不断发展和积累，以整体观念为理论基础，通过辩证论治，调节人体的气血阴阳虚实，从而达到治疗目的^[5]。中医在痔疮的治疗临幊上有着它独特的疗法，目前在临幊上中医通过内、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幊观察均能获得显著疗效。

1. 痔病的病因

1.1 古代医学对痔病病因的认识

痔病属中医“痔”范畴。有关痔的病因，历代中医古籍中均有记载。早在《素问·生气通天论》已有：“因而饱食，筋脉横解，肠澼为痔。”隋·巢元方《诸病源候论》提出：“忍大便不出，久为气痔^[6]。”金元时期，朱丹溪在《丹溪心法》中论曰：“痔者，皆因脏腑本虚，外伤风湿，内蕴热毒，醉饱交接，多欲自戕……而冲突为痔也。”到了明清时期，薛己所著《薛氏医案·保婴撮要》曰：“痔疮之症，或因禀受胎毒，……或母食炙博厚味所致^[7]。”申斗垣《外科启玄》云：“痔曰肠澼是也。妇女因产难久坐，或经行时气怒伤冷受湿，余血渗入肛门边而生^[8]。”后陈实功集前人之大成，在《外科正宗》一书中对痔的病因作了更加详尽的阐述：“夫痔者，乃素积湿热，过食炙搏，或因久坐而血脉不行，又因七情而过伤生冷，以及担轻负重，竭力远行，气血纵横，经络交错；又或酒色过

*·作者简介

许柏光医师(医学硕士)，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(骨伤科学院)医学硕士

度，肠胃受伤，以致浊气瘀血流注肛门，俱能发痔^[9]。”清·吴谦所编《医宗金鉴》中曰：“有久泻久痢而生痔者^[10]。”由此可见，我国古代医家认为痔的发生与饮食不节、大便失常、感受风湿燥热四邪、情志不畅、纵欲房劳、劳力负重、禀受胎毒、妇人产难等多种因素有关，是多种因素综合作用的结果。正是由于痔的病因众多，故痔在古代的患病率颇高，素有“十人九痔”之说法^[11]。

2. 病因病机

2.1 人体解剖结构的特殊性

人类是直立行走的脊椎动物，直立时肛门处于较低部位，由于地心引力和腹腔内脏与肠中粪便的压迫，使流经直肠和肛门的静脉回流受阻。且人类直肠上静脉以及其分支缺乏静脉瓣，肛垫内细小动脉静脉通过直接吻合相连接，易产生血液淤滞，导致肛周静脉丛发生扩张、迂曲及增生，形成柔软的静脉团块，形成痔疮^[12]。

2.2 久坐久立，负重远行

明代中医外科学家陈实功在《外科正宗》中有云：“久坐而血脉不行……担轻负重竭力远行……俱能发痔”。当人体的气血因各种原因逆乱而趋下，就会长期气郁血瘀结于肛周，从而导致痔病的发生。同时，如有肩负重物、行程过远等致过度消耗气力，气为血之帅，气虚则行血失职，气耗而失于固摄，无力升提，故气血瘀积下部魄门，痔则发矣^[13]。

2.3 饮食不节

宋代窦汉卿在《疮疡经验全书》中记载“痔多由饮食不节，醉饱无时，恣食肥腻，胡椒辛辣，炙煿酽酒，禽兽异物，任情醉饱……遂致阴阳不和，关格壅塞，风热下冲，乃生五痔”。日常生活中饮食不加节制，放纵自我喜好长期大量食用肉类、辛辣刺激之品，过量饮用高纯度酒液，入于脾胃，酒肉不得消化，久停体内伤

脾生湿，脾困莫能消谷，下趋大肠，辛辣之味芳香温热，蕴久化热，为痔^[14]。

2.4 便秘

隋代医家巢元方于《诸病源候论》中语：“忍大便不出，久作气痔”。忍欲出之便，久之肠中燥热结聚，气机不畅，不能率血，令魄门气血瘀阻，发而为痔^[15]。

2.5 久泻久痢久咳

清朝吴六吉的《医宗金鉴》对痔病诱因有“久泻久痢”和“久病咳嗽”的阐述。过饱伤脾，脾气困败，不能消磨，水谷莫化，下趋二肠，而为泄利。由五行生克可知：脾土生肺金，脾气虚则肺失养；肺金克肝木，肺虚则肝盛，外感风邪，内与肝相应表与肺相合，循经血下大肠成痔。脾虚湿生久蕴热，湿热下注、气涩血结。肺主气、朝百脉，气虚久咳耗伤气血。久泻久痢久咳皆有损人体气血津液，令脏腑虚弱，肺为华盖，体虚淫邪趁虚侵入，卫气无力御邪，外邪循经由手太阴入手阳明，蕴积魄门终成痔病^[16]。

2.6 房事不节

《外科正宗》中记载：“酒色过度……以致浊气瘀血流注肛门，俱能发痔”。酒液为米粮酿造的精华，酒入体内易生湿化热，热入血中，气血纵横，此时若行房则血行更著，血脉喷张，渗于魄门肠间，又因房事不节日久损耗气血，体虚而热毒随精泄趁虚下注，血注肠间发为痔疮^[17]。

2.7 外感淫邪

《医宗金鉴》总结道：“痔疮形名亦多般，不外风湿燥热源”。邪气由外袭人，风多夹热，热盛伤阴化燥，气血瘀滞，且湿性黏腻重着浊趋下，存留体内，下攻大肠淤积作痔病^[18]。

2.8 七情内伤

人之七情，内应五脏六腑。“怒则气上、恐

则气下、惊则气乱”，肝藏血、主疏泄，暴怒可致肝失疏泄，气血上逆；肾主藏，惊恐伤肾，肾失固摄，气机逆乱。三者皆可打破气的升降出入的平衡，气血俱乱，瘀浊流注肛门即为痔。“喜则气缓、思则气结、悲则气消”，心主神，过喜伤心，心神涣散；肺主气，悲忧伤肺，耗损肺气；脾主运，过思伤脾，脾运失司。三者皆暗耗气血。脾运水谷化为营气津液，入心化赤为血，气能生血，血能养气，若气耗血伤，脾气虚弱，统摄失职，则痔蕴核脱^[19]。

2.9 妇女妊娠

《疮疡经验全书》中云：“产后用力太过而生痔者”。孕妇分娩生产困难、用力过度，余血渗产道旁的肛门附近，血凝脉瘀生痔疮。女子行经，气随经血流失，不擅抵邪，感受外界邪气，邪留体内，循经入肠，蕴结肛门为痔^[20]。

2.10 体质

包括先天禀赋与后天影响。明代薛己《薛氏医案》云：“痔疮之症或禀受胎毒，或母腹中受热也”。体质的偏性令疾病有倾向性和易感性，决定证候的类型。如嗜食肥甘厚味者易生湿热，形成湿热体质，诱发湿热下注型痔疮^[21]。

2.11 脏腑虚衰，年老体弱

《薛氏医案》提及：“中年后尤患此患。”痔病与脏腑虚衰密不可分。脏腑虚弱，易受邪扰，正邪交争，气血损耗，气可行血而气虚不摄，气血郁结人体下部，日久突出为痔。太阳经本是多血少气之经，气机不易在肛周运行，气为血帅，血亦不畅，而人体气血随年龄增长日益衰减，筋脉松弛，故痔病在高龄人群尤易发病^[22]。

2.12 其他

心肺功能不全等慢性疾病及腹内压增高妨碍全身静脉血液回流，不良的生活习惯诸如不注重肛周局部卫生，过硬纸巾和饮水不足等都会成为诱发痔疾的因素^[23]。

3.痔疮的分类和症状表现

3.1 内痔：

病灶位于直肠下端，一般不会经肛门缘露出，但痔核太大则可能会脱出于肛门外。症状表现是出血、脱出，大多没有疼痛；排便后血液在大便表面，或成滴滴下，严重者呈喷射状出血；少数患者因慢性失血，会引起头晕、乏力等贫血症状^[24]。

3.2 外痔：

病灶位于肛管内，可在肛门缘摸到痔赘。症状表现是肛门不适、潮湿，瘙痒等。合并炎症的患者，肛周疼痛明显；血液淤积在皮下，会形成疼痛肿块，极易出血，且伴有剧痛^[25]。

3.3 混合痔：

病灶位于齿状线附近，是内痔、外痔静脉丛曲张并相互贯通形成。症状表现是痔组织脱出于肛门外，可能出现水肿、瘀血、坏死等，伴有剧痛^[26]。

4.中医痔疮临床分为三症型：

4.1. 气滞血瘀：

肛内有肿物脱出，肛管紧缩，坠胀疼痛，甚或嵌顿，肛缘水肿，触痛明显，大便带血，舌黯红、苔白或黄，脉弦细涩^[27]。

4.2. 湿热瘀滞：

便血鲜红，便时肛内有肿物脱出，可自行还纳，肛门坠胀或灼热疼痛，腹胀纳呆，舌红、苔黄腻，脉滑数^[28]。

4.3. 脾虚气陷：

便时肛内有肿物脱出，不能自行还纳，便血色淡，肛门下坠，少气懒言，面色少华，纳少便溏，舌淡、苔白，脉细弱^[29]。

5.痔疮的临床症状表现

5.1 直肠坠痛:

肛门直肠坠痛主要是外痔的症状。

如果内痔被感染、嵌顿、出现绞窄性坏死，这样会导致剧烈的坠痛。轻者有胀满下坠感，重者则会出现重坠痛苦。这是常见的痔疮的症状^[30]。

5.2 肿物脱出:

肛门内部出现肿物脱出，这主要是中晚期痔疮的症状。随着内痔痔核的不断增大，使粘膜及粘膜下层与肛层分离，排便时，内痔结节可下降到齿状线以下，游离于肛管之外，经肛门脱出。轻者只有在排便时才会脱出肛外，重者在咳嗽、压腹、用力下蹲时即可脱出^[31]。

5.3 大便出血:

无痛性、间歇性便后有鲜红色血

是其特点，也是常见的痔疮的症状。出血一般发生在便前或者便后，有单纯的便血，也会与大便混合而下。血色鲜红，其出血时呈喷射状、点滴状、擦拭带血等^[32]。

5.4 大便疼痛:

大便时出血肛周疼痛现象。因为肛周的神经系统比较发达和敏锐，受到刺激后很容易发生疼痛。一般痔疮的症状表现为轻微疼痛、刺痛、灼痛、胀痛等^[33]。

5.5 流分泌物:

肛门流出分泌物，同样属于常见的痔疮的症状。主要由瘘口溢出，也会由肛门内排出，或由肛周的肌肤溢出。直肠黏膜长期受痔的刺激，引起分泌物增多；晚期内痔，因肛门括约肌松弛，常有分泌物由肛门流出。轻者大便时流出，重者不排便时也自然流出^[34]。

5.6 肛门瘙痒:

肛门及肛周肌肤出血瘙痒症状。主要是由

于肛门分泌物、脱出痔核及周围皮肤受到了刺激，皮肤终日潮湿，从而产生瘙痒感，导致湿疹和瘙痒的发生。这是痔疮的症状中比较常见的一种^[35]。

6.针灸疗法:

董氏奇穴综合十二正经腧穴针刺方法引入痔疮疼痛疾病治疗中，类似研究较少见。董氏奇穴的分布及应用，既源于传统的经络系统和针灸方法，又有其独特的理论及操作特色，且不良反应少、安全性高。这种综合治疗方法可以减少肛门直肠区域的不适感，有效的改善患者生活质量^[36]。针刺三其穴对痔肛门直肠区域患者的疗效更为明显，综合十二正经腧穴的效果更佳。这种综合治疗方法可有的效缓解患者疼痛的症状，改善肛门直肠区域的功能，并提升患者的生活质量^[37]。

6.1 三其穴

为董氏奇穴之一，董氏奇穴是有别于十四正经的独特的针灸体系具有特效的奇穴、特殊的针法及完备的理论体系，在治疗肛肠系统诸痛证的疗效卓著，在临床治疗上有独特的优势及良好的运用前景。三其穴是董氏奇穴中用于治疗肛门直肠区域的一组特效穴^[38]。三其穴善于治疗痔疮痛、痔疮出血、大便脱肛及便秘等。三其穴定位:其门穴在手背，在桡骨上缘，手腕横纹正中央上二寸，靠内侧一寸处，其角穴在其门穴直上二寸，其正穴，其角穴直上二寸。位于手阳明大肠经循行线上，“经脉所过，主治所及”，故针刺“三其穴”可激发大肠经气，促进肠道蠕动；3个穴位均位于前臂同一平面的一条直线上，便于皮透刺，取“皮治肺与大肠”之意^[39]。三穴合用即为董氏针灸中伴“倒马针”，针法是由《内经》中齐刺发展而来。是指在同一经上采用两穴或三穴并列针刺的方式，可加强镇痛、协调脏腑功能，增强针感，强化临床疗效，直通三焦，通滞之功^[40]。配合十二正经腧穴之百会、孔最、承山、承扶穴、二白穴。

6.2.(1)百会穴:

百会穴位于头顶正中线和两耳尖连线的交叉处，属于督脉，是督脉的重要穴位，督脉由此入络脑腑，故可醒脑神、补脑髓；该穴更是督脉与诸经交会之所，有升阳举陷之气。人体气血瘀滞在肛门附近，疏散不开，刺激百会穴可以调动阴阳平衡，能把气血升上，起到补中益气的作用，对于脾气虚引起的下陷，脱肛引起的痔疮迎刃而解。这是典型的“下病上治”之法^[41]。

6.3.(2)孔最穴:

孔最穴，属手太阴肺经，手太阴之郄穴，血证、急症。它以肺与大肠相表里，刺激该穴位能起到宣通肺经气血的作用，同时还能调节大肠气血。而痔疮是大肠末端长期气滞，形成血瘀所致，所以刺激孔最能宣畅大肠气机，可调气行瘀、活血止血而用于痔疮^[42]。

6.4.(3)承山穴:

承山穴，属于足太阳膀胱经的合穴，足太阳经别自承山穴处上行入于肛中，故取之用泻法，既能调理膀胱气化以清湿热又能疏导肛门局部气血，属“经脉所过，主治所及”^[43]。

6.5(4)承扶穴:

承扶穴是足太阳膀胱经的穴位之一，它出于中医古籍《针灸甲乙经》。刺激本穴可以起到调节膀胱经经气的作用，也就是可以起到佐助人体承受重量的作用。而痔疮多由局部气血不通凝聚所致，承扶穴减轻了人体的重量负担，自然也就有利于人体下部的气血运行了。当人体气血运行顺畅，自然痔疮也就缩小或消失了^[44]。

6.6(5)二白穴:

二白穴属于经外奇穴，是古今治疗痔疮的经验效穴二白穴有调和气血，提肛消痔的作用。是古今治疗痔疮的经验效穴（《玉龙歌》中

曰：“痔痛之疾亦可憎，表里急重最难禁，或痛或痒或下血，二白穴在掌后寻”。《医学纲目》：“痔漏下血，里急后重，或痒或痛^[45]”。对痔疮导致的局部肿痛，有一定的辅助治疗作用。便秘加支沟、天枢、足三里。炎症高加商丘、液门穴。具体操作为：穴位常规消毒后，选用 0.30x40mm~0.30x50mm 毫针。取“三其穴”，由手腕方向向上斜刺进针向肘平刺，两寸一针，针头接针尾。其他腧穴，同“三其穴”向上斜刺进针向肘平刺，得气后，患者自觉气血上升达上焦。留针 15~30min，每日周 1 到 2 次，10 次为一个疗程。

7.结语:

综上所述；针灸治疗痔疮疼痛是基于中医经络理论指导的一种治疗方法。根据中医理论，人体的经络系统是一个复杂的网络，通过穴位可以调节经气的流动。在针灸治疗痔疮疼痛中，通过刺激这些穴位可以疏通局部经气，改善盆部的血液循环，从而缓解疼痛^[46]。该方法基于中医经络及针灸理论，通过调节人体的气血运行来达到治疗的效果^[47]。在针刺疗法中，董氏三其穴综合十二正经腧穴针刺治疗痔疮疼痛疾病都是较少见的方法，在临床采用三其穴综合十二正经腧穴针刺治疗痔疮疼痛疾病中取得了一定的效果^[48]。因此我们对董氏三其穴综合十二正经腧穴针刺治疗的疗效机理虽进行了初步的探讨，但仍有许多问题未能阐明，有待今后进一步探讨研究。总之，随着对针灸疗法的深入研究和临床应用，董氏三其穴综合十二正经腧穴针刺治疗痔疮疼痛疾病具有疗效确切，使用安全，患者痛苦小，经济实惠等优点；只要适应症掌握正确，可以取得较好的临床效果。

参考文献

[1]Riss,S.,Weiser, F.A.,Riss,T., Schwameis, K., Mittlböck, M. and Stift, A.(2011) Haemorrhoids and Quality of Life. Colorectal Disease,13,348-352.

[2]陈瑜,袁志强.针刺痔疮穴联合中药熏洗

坐浴改善肛肠术后不良反应的临床观察[J].中医药导报,2017,23(6):66-68.

[3]李春明.穴位注药埋线法干预痔疮手术术后疼痛的临床疗效[J].中国药物经济学,2014(11):47-48.

[4]王燕丽,沈建武,张路,等.王麟鹏运用八髎穴治验撷英[J].国际中医中药杂志,2021,43(1):72-74.

[5]齐焕青.电针八髎穴治疗肛肠术后疼痛和术后恢复疗效观察[J].医药论坛杂志,2019,40(5):161-163.

[6]宋扬扬,倪光夏.电针八髎穴术前干预对混合痔吻合器痔上黏膜环形切除钉合术后并发症的影响[J].中国针灸,穴治疗疑难病症验案三则[J].国际中医中药杂志,2019,41(9):1012-1015.

[7]沈怡婷,代利利,董华,等.八髎穴治疗疑难病症验案三则[J].国际中医中药杂志,2019,41(9):1012-1015.

[8]Patcharatrakul,T.and Rao,S.S.C.(2018) Update on the Pathophysiology and Management of Anorectal Disorders.Gut Liver,12,375-384.

[9]Schubert,M.C.,Sridhar,S.,Schade,R.R.,et al.(2009) What Every Gastroenterologist Needs to Know about Common Anorectal Disorders. World Journal of Gastroenterology, 15, 3201-3209.

[10]Goldberg,D.S.and McGee,S.J.(2011) Pain as a Global Public Health Priority.BMC Public Health,11,Article No.770.

[11]叶健飞,褚怡霏,王振宜,等.针灸治疗肛肠病术后疼痛研究进展[J].辽宁中医药大学学报,2021,23(9):70-74.

[12]Sorge, R.E., Trang, T, Dorfman, R., et al. (2012) Genetically Determined P2X7 Receptor Pore Formation Regulates Variability In Chronic Pain Sensitivity. Nature Medicine, 18, 595-599.

[13]曾顺安,徐斌,房栩丞.中医药防治肛肠术后并发症的研究现况[J].新疆中医药,2021,39(3):122-125.

[14]冷丽,陈茂婷,杨勇军.针灸疗法治疗肛肠病术后尿潴留的研究进展[J].中国肛肠病杂志,2021, 41(12): 59-61.

[15]Joshi,G.P.and Kehlet,H.(2013) Procedure-

Specific Pain Management: The Road to Improve Postsurgical Pain Management. Anesthesiology, 118,780-782.

[16]Zhang,Y.X.,Mi,F.D.,Zhao,H.Y.,Xie, D.W.and Shi,X.Y.(2019) Effect of Morphine Added to Multimodal Cocktail on Infiltration Analgesia in Total Knee Arthroplasty:A Meta-Analysis of Randomized Controlled Trials. Medicine, 98, e17503.

[17]Qu,F.and Zhou,J. (2007) Electro-Acupuncture in Relieving Labor Pain. Evidence Based Complementary and Alternative Medicine, 4, 125-130.

[18]李克书,李卡,蒋理立.中医针刺治疗痔疮术后疼痛的临床疗效观察[J].华西医学,2011,26(2): 263-265.

[19]张敏,刘刚.腹针联合肛洁舒熏洗散干预混合痔术后疼痛及创口愈合的疗效观察[J].中国肛肠病杂志,2020,40(12):32-33.

[20]吴文江,韩远峰,林洁,等.腹针疗法减轻混合痔外剥内扎术后肛门疼痛的临床研究[J].广州中医药大学学报,2017,34(3): 373-375.

[21]李莹,方娟,蔡志勇,等.经皮穴位电刺激治疗混合痔术后疼痛临床研究[J].实用中医药杂志, 2022,38(10): 1763-1765.

[22]于晓华,马祖彬.电针治疗痔疮术后疼痛疗效观察[J].上海针灸杂志,2011,30(5): 304-306.

[23]金铭锴,沙静涛,刘慧敏,等.揿针联合药物治疗混合痔术后疼痛的疗效观察及对血清P物质和5-羟色胺水平的影响[J].上海针灸杂志,2023,42(9): 959-963.

[24]李杰辉,卢维,唐乾利.中医疮疡学科发展现状与思考[J].四川中医,2023,41(8): 215-219.

[25]季炜鹏,杨琰,李堃,等.解郁复胃散联合穴位埋线治疗肝胃不和型功能性消化不良的临床疗效及对脑肠肽的影响[J].南京中医药大学学报,2023,39(8): 783-787.

[26]周媛凤,李明,王建民.腰俞、承山穴埋线用于混合痔术后镇痛的临床研究[J].陕西中医药大学学报,2021,44(3):109-113.

[27]汤慧丽,郑德,王奕韵,等.穴位埋线防治混合痔术后疼痛的临床疗效观察[J].上海中医药

大学学报,2022,36(4):36-40, 51.

[28]刘蕊,李康.浮针疗法治疗慢性浅表性胃炎的理论与临床思路探析[J].按摩与康复医学,2023, 14(10):47-49,52.

[29]黄丽芳,邹莹,蔡桂清.四黄散外敷联合浮针治疗慢性盆腔炎的临床效果[J].中国医药科学,2023, 13(16):89-93.

[30]邱莹,张惠,朱美华,等.浮针疗法治疗痛证的临床研究进展[J].中国社区医师,2023,39(15):3-5.

[31]陈浩,周星鑫,陈丙学,等.浮针疗法运用于痔术后镇痛的多中心临床观察[J].亚太传统医药,2021,17(1):70-72.

[32]刘君玲.耳穴贴压联合浮针疗法治疗腹腔镜疝修补术后疼痛疗效观察[J].实用中医药杂志, 2022, 38(7): 1226-1228.

[33]杜婷.浮针疗法治疗混合痔术后疼痛及其他并发症的回顾性分析[D]:[硕士学位论文].沈阳:辽宁中医药大学,2023.

[34]王姗姗,梁海松,杨瑞勇,等.电针董氏“三其穴”配合耳穴贴压治疗复杂性肛瘘术后并发症:一项真实世界研究[J].中国针灸,2021,41(7): 730-734.

[35]傅燕,徐月,吴海霞,等.董氏奇穴针法联合药物治疗肛瘘术后并发症:随机对照试验[J].中国针灸,2023,43(8): 916-920.

[36]范亦滋,张桢,黄英如.董氏奇穴防治肛肠病术后疼痛浅析[J].中国民间疗法,2022,30(20):31-35.

[37]惠小苏,郑刚,徐月,等.电针董氏奇穴联合舒肛解郁止痛汤中药坐浴治疗功能性肛门直肠痛的临床研究[J].中国中医急症,2021,30(1):55-58.

[38]盖娟娟,曾科学.董氏奇穴针刺结合中药坐浴对混合痔 PPH 术后创面愈合及相关指标的影响[J].现代中西医结合杂志,2020,29(34):3771-3775,3815.

[39]黄华,李悠然,谷云飞,季利江.改良选择性痔上黏膜吻合术联合完全肛管上皮保留术治疗环状混合痔的临床效果观察[J].结直肠肛门外科,2020, 26(6):713-717.

[40]林晖,王琛,张少军,孙健,梁宏涛,董展霖.痔动脉结扎肛垫悬吊外剥术治疗 III~IV 度混合痔的多中心随机对照研究[J].结直肠肛门外科,2020,26(2):196-201.

[41]沈凯,王畅,高志冬,姜可伟,王有利,叶颖江.吻合器痔上黏膜环切钉合术与经肛门吻合器直肠切除术治疗 IV 度混合痔的临床对比研究[J].中华胃肠外科杂志,2019,10(12):1165-1169.

[42]马良欢,金黑鹰,王俊,王灿.环状混合痔的术式选择[J].中华结直肠疾病电子志,2021,10(3): 232-236.

[43]黄华,李悠然,谷云飞,季利江.改良选择性痔上黏膜吻合术联合完全肛管上皮保留术治疗环状混合痔的临床效果观察[J].结直肠肛门外科,2020, 26(6):713-717.

[44]廖庆辉,胡丽珍,杜艳.俞募配穴法配合拔罐治疗产妇痔疮 38 例[J].2014,(1).

[45]唐奇端.针灸疗法治疗痔疮疗效观察[J].2006,(5).

[46]孙亚玲,李晓梅.针灸结合熏洗治疗痔疮 43 例[J].2013,(16).

[47]柳凯伦,王志民.骶神经电刺激在治疗肛门直肠疾病中的作用[J].中华胃肠外科杂志,2014,17(12):1261-1263.

Brief Discussion - The clinical application of the Bagua Abdominal Acupuncture in the treatment of gynecological diseases

Yan Li¹, Xianqin Tu², Xueyang Peng³, Lijun Pu³, Shaofeng Yang³, Pengjie Shi³

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 of Chinese medicine and 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, "harmonious balance of *yin* and *yang*" 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" was awarded the "Seventh Batch of Intangible Cultural Heritage Representative Projects of Traditional Medicine in Guiyang City, Guizhou Province" in China in 2022. It 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.

Keywords: Acupuncture; Bagua Abdominal Acupuncture; Intangible Cultural Heritage Representative Projects ; Gynecological disease

1. A brief description of the Bagua Abdominal Acupuncture

"Bagua abdominal acupuncture" was awarded the "Seventh Batch of Intangible Cultural Heritage Representative Projects of Traditional Medicine in Guiyang City, Guizhou Province" in China in 2022. At the same time, Li Yan was awarded the "fourth batch of intangible cultural heritage heirs of Huaxi District, Guiyang City, Guizhou Province".

Bagua abdominal acupuncture, as the name suggests, is acupuncture in the abdomen, combined with the theory of the post-heaven eight trigrams. The abdomen is the part of the body with the most concentrated viscera. The heart and lungs are located in the upper *jiao*; the spleen, stomach, liver, and gallbladder are located in the middle *jiao*; the large intestine, small intestine, kidneys, and bladder are located in the lower *jiao*. The abdomen has meridians such as the Ren meridian, the Chong

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

² Huaxi District Hospital of Traditional Chinese Medicine, Guiyang, China

³ Department of TCM, Xigong Hospital in Guiyang, Guizhou, China.

meridian, the Dai meridian, the Stomach meridian of the foot, the Spleen meridian of the foot, the Kidney meridian of the foot, the Gallbladder meridian of the foot, and the Liver meridian of the foot. In addition to the same name meridians, the superficial and deep meridians, and the connecting meridians, it can be said that the meridians are the most concentrated and widespread. Bagua abdominal acupuncture is a kind of traditional Chinese medicine therapy, which breaks the fixed point and treatment method of traditional acupuncture, adopts the new thinking orientation, and combines the orientation of acquired *bagua*, in order to achieve the purpose of balancing *yin* and *yang* and eliminating diseases. The viscera are the foundation of life activities, and the meridians are the channels for the circulation of *qi* in the viscera. Using the meridians in the abdomen to regulate the viscera of the body is the basis for the significant efficacy and wide range of indications of abdominal acupuncture.

Bagua abdominal acupuncture is an important part of traditional Chinese medicine acupuncture. The origin of acupuncture can be traced back to the Neolithic period from 8000 to 4000 years ago. *The Inner Regulations* records: "In ancient times, stones were used as needles to treat diseases." The primitive needle-piercing tool is called a needle stone, which was produced around the Neolithic period. For thousands of years, the application of acupuncture in traditional Chinese medicine clinical practice has already formed a wealth of theory and experience, making a great contribution to human health.

2. The relationship between acquired Bagua and Abdominal Acupuncture

The way of TCM comes from the way of changes, as the *Book of Changes*, a book explaining the theory of life science of human body, gave birth to TCM's theory of correspondence between man and universe, and the theory of *yin-yang* and five elements. The acquired eight trigrams, also known as "King Wen eight trigrams", is used to represent the interdependence and mutual rooting of *yin* and *yang*, as well as the generative relationships (mother-son) between the five elements. TCM treatments are basically adjusting the balance of *yin* and *yang* of human body. In the *Suwen* (Basic Questions), Chapter "The Great Treatise on the Truth in Questions", it states:

"Carefully observe the state of *yin* and *yang* and regulate accordingly, with balance as the ultimate goal.". However, methods may vary according to physician's preference; and *bagua* abdominal acupuncture is usually performed with directions. TCM and the Book of Changes are of a same system. Organs and body parts can all match with *bagua*.

Abdominal *bagua*, comes from the Yellow Emperor's Internal Classic, specifies as: Li, heart; small intestine, eyes; Kan, kidney; cystectomy, urinary system and reproductive system, ears; Zhen, liver and feet; Dui, lung and heart; Qian, large intestine and head; Xun, gall bladder; Kun, spleen and stomach; Gen, spleen and stomach and hand.

The eight trigrams correspond to the five elements: East: Zhen, Wood; Southeast: Xun, Wood; North: Kan, Wood; South: Li, Fire; Northeast: Gen, Earth; Southwest: Kun, Earth; West: Dui, Metal; Northwest: Qian, Metal. As shown in Fig 2.

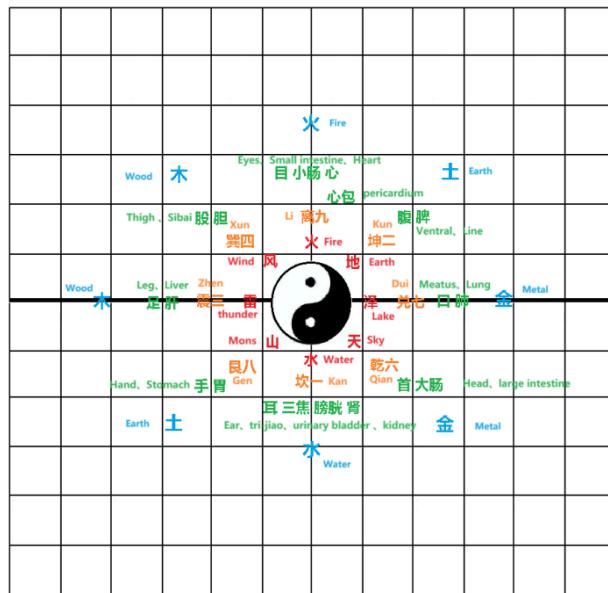


Figure 2

The above is a kind of acquired correspondence between bagua and zang-fu organs, which reflects the profound understanding and unique insight of ancient Chinese medicine and philosophy on human life activities. In addition, it needs to be emphasized that the human body is a complex organic whole, and the relationship between the zang-fu organs is also interdependent and mutually restrictive.

According to traditional Chinese medicine theory, "when the righteous qi is stored within, evil cannot invade." This shows that all diseases are related to imbalances in the functions of the internal organs. Traditional Chinese medicine's principle of treating diseases is "to treat the symptoms in an emergency, and to treat the root in a chronic condition." For the treatment of chronic diseases, it is necessary to start from the internal organs. Therefore, by combining the theory of the eight trigrams of the abdomen with the abdominal acupuncture, based on the internal organs and meridians, guided by traditional Chinese medicine theory, through bagua abdominal acupuncture therapy, the balance of yin and yang of the human body can be adjusted; the

body's resistance to disease can be enhanced, and a variety of diseases can be treated, and using the principle of dialectical treatment of traditional Chinese medicine of "treating diseases by seeking the root," the goal of overall treatment can be achieved.

3. Advantages of Bagua Abdominal Acupuncture

3.1 Painless

The fat in the Bagua abdomen is relatively thicker than in other parts of the body. There are no major nerves or blood vessels distributed around the acupuncture points in the abdomen, so the abdomen is relatively insensitive to external stimuli, only producing mild sensation, without the sensations of sore, numbness, swelling, and pain. The abdomen emphasizes "the needle reaches the diseased area," which means that the needle is inserted to the diseased area to achieve the purpose of treatment. The use of special needles of $0.16 \times 20\text{mm}$, $0.20 \times 25\text{ mm}$ or $0.20 \times 30\text{ mm}$, this type of needle is thinner than ordinary acupuncture needles, insertion with guided tubes, faster, and more conducive to aseptic operation.

3.2 Safety

Bagua abdominal acupuncture is inserted at a depth of the superficial fascia, not exceeding the transversus abdominis muscle. It is divided into shallow, medium, and deep insertion: Shallow insertion: The lesion is located in the skin layer, like a mosquito bite. Use a needle of $0.16 \times 20\text{mm}$ or $0.20 \times 25\text{ mm}$, insert $0.3\text{-}1.0\text{ cm}$, and do not insert too deep. Medium insertion: For the purpose of unblocking the meridians, the needle is inserted in the fat layer, with a slight resistance under the hand. Generally, medium insertion is performed on the stomach meridian and spleen meridian, using a needle of $0.16 \times 20\text{mm}$ or $0.20 \times 25\text{ mm}$, and the insertion depth is $1.3\text{-}1.7\text{ cm}$. Deep insertion: For the purpose of regulating the internal organs, the needle is inserted to the level of the white line of the abdomen, without any numbness, tingling, swelling, or pain. The hand should feel a resistance. Generally, deep insertion is performed on the *qi hai* and *guan yuan* points, and the needle size is selected according to the patient's body type, with an insertion depth of $1.7\text{-}2.0\text{ cm}$.

The retention time of *bagua* abdominal acupuncture is generally 25-55 minutes. Odd numbers are *yang* (3,5,7,9); even numbers are *yin* (2,4,6,8,10); the number of pure *yang* is 25; the number of pure *yin* is 30; the number of heaven and earth is 55, and both men and women can have the number of heaven and earth. The patient lies supine on the bed during treatment. It is necessary to keep warm during the treatment. The use of a guide tube for insertion ensures safety and painlessness. This can avoid the risk of needle shock, needle blockage, needle breakage, or needle bending. A course of treatment consists of 10 sessions, once a day. If the symptoms improve, the treatment can be performed once every other day.

The insertion method of *bagua* abdominal acupuncture is different from other needling techniques. First of all, the positioning of heaven and earth (*zhongwan*, *xiawan*, *qihai*, *guanyuan*), that is, *qi* return to the *yuan*, all diseases of the body are from the five viscera. Then, the left side points or hexagram positions are located from top to bottom, followed by the right side points or hexagram positions from top to bottom. The withdrawal method is also different from traditional acupuncture. When withdrawing the needles, first withdraw the needles from top to bottom on the left side, followed by the needles from top to bottom on the right side, and finally the needle from the *ren mai* meridian from top to bottom. It is necessary to use a cotton swab to press the needle hole.

3.3 Simple point location

The point location method of *bagua* abdominal acupuncture is based on the ratio of "upper eight, lower five, and side six," which is different from the traditional method of using the width of the thumb as a unit of measurement.

For the upper abdomen, the patient lies supine, with the horizontal line between the *zhongting* and *shenque* points being 8 *cun* long. For the lower abdomen, the patient lies supine, with the horizontal line between *shenque* and *qugu* points being 5 *cun* long. For the lateral abdomen, the horizontal line between *shenque* point and the abdominal wall through *tianxiu* and *daheng* points is 6 *cun* long.

The use of horizontal lines and proportional *cun* is a point location method adopted by *bagua* abdominal acupuncture to eliminate individual differences caused by different body figures. As shown in fig 3.

把手 handle	1 one	2 two	3 three	4 four	5 five	6 six	7 seven	8 eight	把手 handle
--------------	----------	----------	------------	-----------	-----------	----------	------------	------------	--------------

Figure 3

3.4 Fewer acupoints required, which is conducive to recording

In general, the following methods are used for abdominal acupuncture point location: The meridian point location method, The eight trigram point location method, The positional point location method. The acupoints used in clinical practice include *zhongwan*, *xiawan*, *shuifen*, *qihai*, *guanyuan*, *yinshu*, *qianbi*, *qihai*, *huaroumen*,

wailing, *tianxiu*, *dachang*, *zhongji*, *qugu*, *shudao*, *guilai*, *zigong*, and *dahe*. These methods can be used alone or in combination to complement each other. The *bagua* abdominal acupuncture point location method only requires positional and eight trigram point location to achieve good therapeutic effects. No need to insert, twist, or turn, which is relatively safe and effective in clinical and operational practice. The points are as shown in Fig 4.

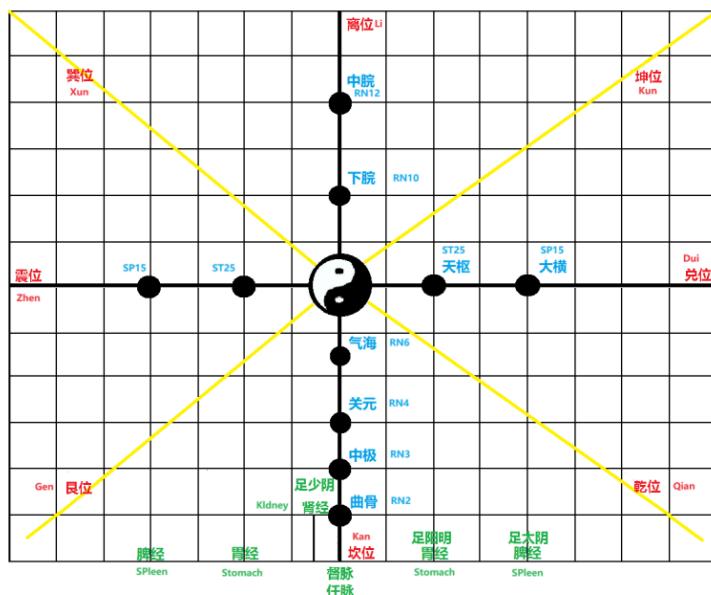


Figure 4

4. Wide range of indications

Bagua abdominal acupuncture is effective for a wide range of diseases, including those that can be treated with traditional acupuncture. Bagua abdominal acupuncture is particularly effective for the treatment of diseases that are characterized by excessive weakness, chronic illness, congenital deficiency, and postnatal malnutrition. Bagua abdominal acupuncture is also effective for the treatment of internal diseases (such as hypertension, diabetes, and coronary heart disease), female diseases (such as uterine fibroids, irregular menstruation, female miscellaneous diseases, dysmenorrhea, amenorrhea, gynecological inflammation, and postmenopausal symptoms), male diseases (such as impotence,

premature ejaculation, and hyperplasia of prostate), insomnia, anxiety disorder, depression, and common neck, shoulder, waist, and leg pain. The composition of *bagua* abdominal acupuncture prescriptions is based on the principles of Chinese medicine dialectical treatment and clinical practice experience. It is divided into four parts: main points, auxiliary points, assistant points, and guiding points, namely, the monarch, minister, assistant, and envoy.

In a prescription, the number of main points, auxiliary points, assistant points, and guiding points is determined by the needs of the prescription, and there are no special or mandatory regulations. In general, the main and secondary points are few, and the auxiliary points are many.

5. Precautions and contraindications for bagua abdominal acupuncture

Bagua abdominal acupuncture is a safe and effective treatment option for a variety of diseases. However, there are some precautions and contraindications that should be taken into account. Contraindications: Unexplained acute abdominal pain, acute peritonitis, umbilical varicose veins caused by liver or spleen enlargement, widely metastatic intra-abdominal tumors, Pregnant women. Precautions: For patients with chronic diseases that have weakened their constitution, treatment should be carried out with caution. When needling the sides of the abdomen, care should be taken not to insert the needle too deeply, as this could damage the internal organs.

6. The characteristics of bagua abdominal acupuncture for gynecological diseases

Bagua abdominal acupuncture is a safe and effective treatment option for a variety of gynecological diseases. The following are some of the characteristics of *bagua* abdominal acupuncture for gynecological diseases:

Firstly, it can effectively modulate the function of the endocrine system. Bagua abdominal acupuncture is capable of regulating hormone secretion by the hypothalamus, pituitary gland, and ovaries, thereby aiding in the restoration of

normal menstrual function. Secondly, it can enhance blood circulation within the pelvic cavity. Bagua abdominal acupuncture facilitates blood and *qi* circulation in the pelvic cavity, facilitating the dissolution of blood stasis and alleviating impediments to menstrual blood flow. Thirdly, it can bolster the immune system. Bagua abdominal acupuncture augments immune function, thereby assisting in the prevention of gynecological disease recurrence.

Let's take amenorrhea as an example. Amenorrhea is a condition in which a woman does not have menstrual periods. There are two main types of amenorrhea: primary amenorrhea, which occurs when a woman has not started her period by the age of 16, and secondary amenorrhea, which occurs when a woman has had regular periods and then stops having them for three consecutive cycles or six months.

According to Traditional Chinese Medicine (TCM), this condition falls into categories such as "amenorrhea," "irregular menstruation," "blood deficiency," and "blood stasis." Its etiology generally involves two main factors: deficiency and excess. Deficiency patterns often arise from insufficiency of the liver and kidneys, weakness of *qi* and blood, and *yin* deficiency leading to blood dryness. Excess patterns, on the other hand, are often caused by *qi* stagnation, blood stasis, phlegm dampness obstruction, blockage of meridians, and hindered downward movement of menstrual blood, as illustrated in Figure 5.

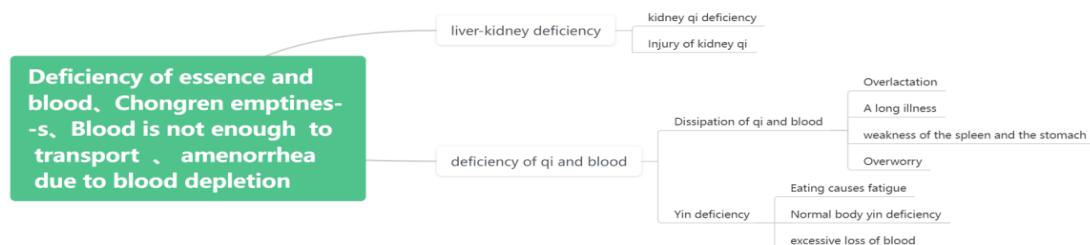


Figure 5

6.1 Treatment for Amenorrhea due to *qi* and Blood Deficiency

Chief complaints: Menstrual delay, scanty flow, pale color, thin texture, gradually stopped, sallow or pale complexion, dizziness, blurred vision, palpitations, and shortness of breath.

Syndrome analysis: *qi* and blood deficiency, *chong* and *ren* meridians are not nourished, the sea of blood is empty, so the menstruation is delayed. Blood cannot nourish the upper part of the body, so the complexion is yellow or white, and the *qi* is insufficient, the visceral *qi* is not sufficient to normally nourish the heart vessels, and the blood circulation is weakened, so palpitations and shortness of breath occur.

Treatment principles: Tonify blood and nourish blood to regulate menstruation.

Treatment formula and ideas:

(1) Promote the circulation of *qi* and blood, nourish the kidneys and replenish *qi*, nourish blood and regulate menstruation, and regulate the *chong* and *ren* meridians.

(2) Points: To draw *qi* back to the source: *zhongwan*, *xiawan*, *qihai*, and *guanyuan*. Open the four abdominal gates: *huaroumen* and *wailing*. Supplementary points: *tianshu*, *daheng*, *shangqu*, *qiangshizhen*, *shuidao*, *qihai*, *dahe*, *zhongji*, *qugu*, *henggu*, *zigong*, *guilai*, and *kansanzhen* and *Kun* position.

(3) Combined with moxibustion at the *shenque* point. As shown in Fig 6.

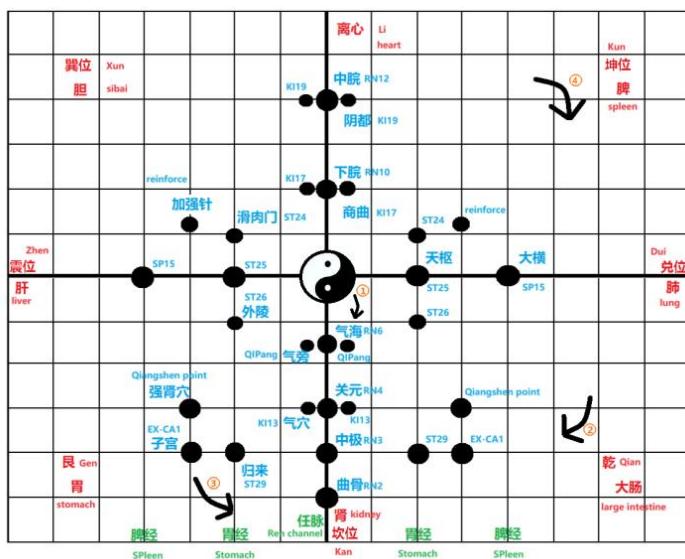


Figure 6

6.2 Treatment of female miscellaneous disease – leukorrheal diseases as an example

Leukorrheal disease refers to a significant increase or decrease in the amount of vaginal discharge, abnormal color, quality, odor, or accompanied by systemic or local symptoms.

A significant increase in vaginal discharge is referred to as 'excessive leukorrhea'; A significant decrease in vaginal discharge is referred to as 'insufficient leukorrhea'. The primary pathogenesis

of this condition is that dampness impairs the *ren mai* and *dai mai*, leading to instability of the *ren mai* and dysfunction of the *dai mai* in maintaining restraint. Dampness is the main cause of this disease, and the dysfunction of spleen, kidney and liver is the cause of internal dampness.

Taking excessive leukorrhea as an example:

Chief complaints: Patient Li xx, female, 30 years old, attended clinic on March 17, 2021, Bilateral lower abdominal pain, accompanied by soreness in the lumbar and sacral regions for more than three

months, with profuse and continuous vaginal discharge.

Syndrome analysis: The patient reports experiencing bilateral lower abdominal pain for the past three months, which worsens during menstruation and intensifies with walking. Additional symptoms include aversion to cold in the limbs, a sensation of cold in the lower abdomen, and vaginal discharge with an abnormal odor. The tongue is pale with a white and moist coating.

Auxiliary examination: transvaginal B-ultrasound examination. The results returned "uterine congestion, cervical Nasterian cyst, pelvic effusion."

Treatment Principles: Warm and tonify Kidney yang, regulate the meridians and stop excessive leukorrhea

Treatment formula and ideas:

(1) Points: To draw *qi* back to the source: *zhongwan*, *xiawan*, *qihai*, and *guanyuan*. Open the four abdominal gates: *huaroumen* and *wailing*. Rectifying *sanjiao*: *tianshu*, *daheng*, *shangqu*, *qipang*, *guanyaunxia*, Booster needle (double needle). Regulate the meridians and stop excessive leukorrhea: *zhongji*, *qugu*, *zigong*, *qian*, *gen* (Warm tonifying kidney yang).

(2) Antiphlogosis: One needle 0.5 *cun* below *zhongwan*, one needle 0.5 *cun* below *xiawan*, both water and fire (abdominal small eight trigrams: *kan-li* positioning, heart-kidney intersection, connecting *ren mai*, regulating genitourinary system diseases).

(3) Combined with moxibustion at *shenque* point. As shown in Fig 7.

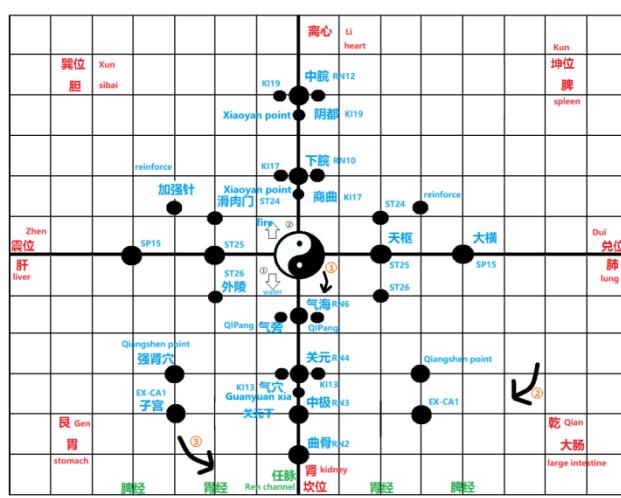


Figure 7

References:

1. Chinese Medicine and the I Ching
2. The Treatise on Febrile Diseases
3. The Complete Collection of Acupuncture and Moxibustion
4. Abdominal Acupuncture Therapy
5. The Yellow Emperor's Classic of Internal Medicine
6. The Book of Changes
7. Abdominal Acupuncture: Painless Treatment for All Diseases
8. I Ching Miscellanies
9. Holographic Acupuncture and Moxibustion
10. Moxa Rope
11. Eight Trigrams and Numerical Therapy
12. Chinese Gynecology
13. Chinese Internal Medicine
14. Fundamentals of Chinese Medicine
15. Shen's Gynecology
16. Fu Qingzhu's Gynecology
17. He Chengyao clinical medical case analysis
18. He Chengyao infertility clinical experience collection
19. Basic clinical skills of traditional Chinese medicine

针灸三步疗法治疗原发性高血压的疗效观察

Agus Sugiyono, Lismin Dirwanto, Yelini Fan Hardi,
Shally Joncicia, Willie Japaries

印尼纳兰达大学中医系
Dharma Usada Study Program, Nalanda Institute of Indonesia

摘要:目的: 观察针灸三步疗法治疗原发性高血压对降压, 消除症状之疗效。**方法:** 在本人于泗水, 印度尼西亚的诊所及其他诊所收集 60 例诊断为原发性高血压患者。治疗用针灸三步疗法治疗。观察患者的主要症状, 症候, 血压, 十四周为一个疗程, 治疗一个疗程统计结果, 治疗后一个月做随访调查。

结果: 针灸三步疗法能够降低原发性高血压患者血压的收缩压和舒张压, 改善临床症状。据本次研究, 第一阶段治疗后收缩血压下降平均 $11.34\pm6.32\text{mmHg}$, 舒张压下降平均 $8.34\pm3.45\text{mmHG}$, 第二阶段治疗后收缩血压下降平均 $9.32\pm3.43\text{ mmHg}$, 舒张压下降平均 $5.43\pm2.34\text{mmHG}$, 第三阶段治疗后收缩血压下降平均 $2.31\pm1.52\text{ mmHg}$, 舒张压下降平均 $1.56\pm3.23\text{mmHG}$ 。针灸三步疗法能降低血压, 具有取穴简便、疗效确切(总有效率 90%)、安全无副作用。停止治疗一个月后, 治疗疗效为 61.67 %。

结论: 针灸三步疗法不仅能够改善原发性高血压患者临床症状, 而且降低血压、具有很好的疗效、安全无副作用。

关键词: 原发性高血压; 针灸三步疗法; 临床观察

Observational Study on the Effect of Three Steps Acupuncture Treatment on Essential Hypertension

Objective: To observe the clinical efficacy of acupuncture treating essential hypertension on improving the blood pressure, improving symptoms, and the effect one month after therapy.

Methods: Collect 60 cases of essential hypertension on my clinic and other clinic in Surabaya, Indonesia. Subjects were treated using three steps acupuncture treatment, observe their cardinal symptoms and blood pressure indexes. Fourteen weeks counted as one set of treatment, the result was recorded after one set of treatment, and one month after that.

Results : The total score of all symptoms and the single score of most symptoms were both remarkably lower in the subjects ($p<0.05$) . After the first step treatment, systolic BP reduction in average $11.34\pm6.32\text{mmHg}$, diastolic BP reduction in average $8.34\pm3.45\text{mmHG}$, after the second step treatment, systolic BP reduction in average $9.32\pm3.43\text{ mmHg}$, diastolic BP reduction in average $5.43\pm2.34\text{mmHG}$, after the third step treatment, systolic BP reduction in average $2.31\pm1.52\text{ mmHg}$, diastolic BP reduction in average $1.56\pm3.23\text{mmHG}$. the three steps acupuncture treatment is simple in acupoints selection, high effectiveness (90%), safe without adverse effects. One month after stopping treatment the effective rate remained at 61.67 %.

Conclusion: Three steps acupuncture treatment not only able to cure the symptoms of essential hypertension, but also reduce blood pressure not only during treatment but also after the treatment finish, has characteristics such as practical acupuncture points choosing, the result is good, safe and has no side effect.

Keywords: essential hypertension; three steps acupuncture treatment; clinical observation

引言

高血压病是在静息状态下，所测量的动脉收缩压或舒张压升高超过 $140/90\text{mmHg}$ 的以体循环动脉压增高为主要疾病呈现，常兼有代谢紊乱，后期可并发心、脑、肾等脏器功能性或器质性病变。

近年来对针灸治疗原发性高血压病已进行许多临床及实验研究，不仅证明了针灸治疗高血压病可靠有效，而且发现针灸治疗高血压多环节的机理。本课题探讨针灸三步疗法治疗原发性高血压的临床疗效，从而为研究针灸治疗原发性高血压提供一个新的思路和方法。

1.一般资料

1.1 观察对象

所有病例均来自印度尼西亚的患者。总共60例，男性33例，女性27例；平均年龄 49.12 ± 14.53 岁；病程平均 4.27 ± 3.64 年。治疗前收缩压平均 $151.38\pm11.18\text{mmHg}$ ，舒张压平均 $99.65\pm7.77\text{mmHg}$ 。中医辨证为痰浊内阻证患者12例，肝胆湿热证17例，阴虚阳亢证24例，阴阳两虚证7例。

1.2 诊断标准

原发性高血压诊断采用《2005年中国高血压防治指南》不同的日期，三次测量，收缩压 $\geq140\text{mmHg}$ 或/和舒张压 $\geq90\text{mmHg}$ ，有1项符合，即可确诊为高血压。其分类如下。

表1 高血压分类

Table 1 Classification of hypertension

分类	收缩压	舒张压
正常血压	<120	<80
正常高值	120-139	80-89
1级高血压值（轻度）	140-159	90-99
亚组：临界高血压值	140-149	90-94
2级高血压值（中度）	160-179	100-109
3级高血压值（重度）	≥180	≥110
单纯收缩期高血压值	≥140	<90
亚组临界收缩期高血压值	140-149	<90

采用世界卫生组织和国际高血压联盟1998年提出的高血压分类及分期新标准，把高血压分为第一、第二和第三期：

(一) 第一期高血压表现为血压升高，超过正常血压值的诊断标准，但是无心脏、脑、肾脏等脏器的并发症。

(二) 第二期高血压表现为血压升高，超过正常血压值的诊断标准，并存在下列一项或多项者：

1. 左心室肥厚，
2. 尿蛋白检查阳性或血清肌酐轻度升高；
3. 眼底动脉痉挛、狭窄。

(三) 第三期高血压表现为血压持续升高，并存在下列一项或多项者：

1. 高血压脑病或脑血管意外；
2. 心衰；
3. 肾衰；
4. 眼底出血或渗出、视乳头水肿。

1.3 中医症状分型标准

参照2002年《中药新药临床研究指导原则》分为：

1、痰浊内蕴：头重头晕、胸闷心悸、偶吐痰涎、纳呆乏力、舌质淡、苔白腻、脉弦滑；

2、肝胆湿热：胁肋胀痛，灼热，腹胀厌食，口苦泛恶，小便短赤或黄，大便不调，或身目发黄，舌偏大，舌红苔黄厚腻，脉弦而数；

3、阴虚阳亢：头晕目眩、眼睛干涩、耳鸣、夜难入眠、盗汗、口干、手脚麻木、腰酸膝软、舌质红干，脉细而数；

4、阴阳两虚：少气无力，消瘦面黄，声嘶音哑，潮热盗汗，骨蒸痨热，泄溏便急，痰白沫状或血痰，心悸气短，寡言少欲，纳呆，自汗，滑精，闭经，苔黄燥，脉虚大无力或微细。

1.4 纳入标准

符合1-2期，1-2级原发性高血压西医诊断标准。年龄在25-70岁。符合中医症状分型标准。

1.5 排除标准

各种原因引起的继发性高血压；妊娠或哺乳期妇女；无法合作者，如精神病患者；临床资料不完整影响疗效判定者；近一个月参加过其它治疗高血压的临床试验者。

1.6 剔除、脱落、中止标准

(1) 剔除标准：随机分组后未能按要求治疗的患者。

(2) 脱落标准：未完成试验而放弃治疗；出现不良事件或不良反应。

(3) 中止标准：发生严重不良反应或不良事件，需中止试验者。被中止的病例作无效病例处理。

2.研究方法

2.1 治疗方法

整个治疗过程分成三个步骤，治标，治本和通任督脉。

第一步，降压定风（治标）。

一般第一个针灸治疗处方中，选穴曲池，合谷，束骨，太冲，风市，风池。双侧取穴，脉浮者浅刺，脉沉者深刺，实证明显者行提插捻转泻法，虚证者不行手法，留针 20 分钟，2-3 日一次，治疗 2 周。

第二步，调理脏腑（治本）。

阴阳两虚，选气海（补）、关元（补）、足三里（补）、三阴交（补）；肝胆湿热，选期门（泻）、日月（泻）、阴陵泉（泻）、内庭（泻）；阴虚阳亢，选三阴交（补），复溜（补），太冲（泻）；痰浊，选足三里（平补平泻），丰隆（泻），阴陵泉（泻）；留针 20 分钟，2-3 日一次，治疗 6 周。

第三步，通调任督，建立一个以降气为主的圆运动循环，选督脉（上星，百会，风府，大椎，命门，腰阳关），任脉（膻中，中脘，气海，关元，中极），列缺（通任脉），后溪（通督脉）。用毫针针刺，任脉穴往下斜刺，督脉穴直刺或平刺，平补平泻手法，热敏灸现象明显者加热敏灸治疗，留针 30-40 分钟，2-3 日一次，治疗 6 周。

2.2 观察指标

1. 降压疗效评定标准用 2002 年《中药新药临床研究指导原则》的疗效评定标准。

(1) 显效：①舒张压下降超过 10mmHg(1.3kPa)，且达到正常值；②舒张压虽未达到正常范围，但已下降 20mmHg(2.7 kPa) 或以上，其中 1 项即可。

(2) 有效：①舒张压下降不到 10mmHg(1.3kPa) 以上，但已达到正常值；②舒张压下降 10-19mmHg(1.3-2.5kPa)，但未达到正常值；③收缩压下降超过 30mmHg(4kPa)，其中 1 项即可。

(3) 无效：没有达到以上标准其中之一。

2. 中医症状疗效评定标准

(1) 显效：症状消失，或改变 2 级。

(2) 有效：原有症状未消失，但改善 1 级。

(3) 无效：症状无改变。

3. 中医症状总疗效评定标准

用 2002 年《中药新药临床研究指导原则》作为依据。

疗效指数(n) = (治疗前积分 - 治疗后积分) / 治疗前积分 × 100%

1) 显效：原有症状明显好转，症状总积分减少 70% 或以上

2) 有效：原有症状减轻，症状总积分减少 30% 或以上

3) 无效：症状无明显好转或加重，症状总积分较治疗前减少 < 30%

2.3 统计方法

血压数据均以均数±标准差 ($\bar{x} \pm s$) 表示，计数资料用卡方检验，计量资料用 t 检验，等级资料用秩和检验，采用 SPSS25.0 统计软件进行处理。

3.结果

3.1 主要症状总积分的变化

3.1.1 主要症状总积分的变化

治疗后各症状明显减轻，统计学差异有显著性 ($p < 0.05$)。见表 2。

表 2 治疗前后主要症状总积分变化($\bar{x}\pm s$)**Table 2 change of major symptoms' total score before and after treatment ($\bar{x}\pm s$)**

组别	n	治疗前	治疗后
患者	60	17.34±7.13	12.54±4.87

3.1.2 患者四个证型主要症状总积分的变化

治疗后各证型症状明显减轻，与治疗前比较差异有显著性 ($p<0.05$)。见表 3。

表 3 治疗前后各证型主要症状总积分变化($\bar{x}\pm s$)**Table 3 change of every syndrome's major symptoms total score before and after treatment ($\bar{x}\pm s$)**

证型	n	治疗前	治疗后
痰浊内阻	12	16.12±6.35	10.82±3.78
肝胆湿热	17	15.049±6.78	11.53±4.92
阴虚阳亢	24	19.01±7.45	13.63±5.12
阴阳两虚	7	19.27±7.18	19.27±5.01

3.2 主要症状各单项改善情况

治疗后眩晕，头痛，急躁易怒，腰痛，畏寒肢冷，心悸，失眠，气短，夜尿频有极显著改善 ($p<0.01$)，膝软，五心烦热，头如裹，面赤，目赤，气短，有显著改善 ($p<0.05$)，呕吐痰涎，口干，口苦，溲赤，便秘，耳鸣，健忘，口淡，食少虽有改善但无统计学意义 ($p>0.05$)。

3.3 血压改善情况**3.3.1 血压变化情况**

治疗后，收缩压和舒张压均显著低于治疗前 ($p<0.05$)。停止治疗一个月后患者收缩压和舒张压显著低于治疗前 ($p<0.05$)。见表 4，表 5。

表 4 患者治疗前后收缩压比较($\bar{x}\pm s$)**Table 4 comparison of patients'systolic blood pressure before and after treatment ($\bar{x}\pm s$)**

组别	n	治疗前	治疗后	差值	停止治疗 1 个月后
患者	60	151.38±11.18	121.82±6.34	29.57±6.89	126.82±9.34

表 5 患者治疗前后舒张压比较($\bar{x}\pm s$)**Table 5 comparison of patients'diastolic blood pressure before and after treatment ($\bar{x}\pm s$)**

组别	n	治疗前	治疗后	差值	停止治疗 1 个月后
患者	60	99.65±7.67	82.34±4.34	17.32±3.94	88.34±8.34

3.3.2 患者三个阶段治疗的血压变化

第一阶段治疗后，患者收缩压和舒张压显著低于治疗前 ($p<0.05$)。第二阶段治疗后一收缩压和舒张压显著低于第一阶段治疗后 ($p<0.05$)。第三阶段治疗后一收缩压和舒张压显著低于第二阶段治疗后 ($p<0.05$)。见表 6。

表 6 三个阶段治疗的血压差值比较($\bar{x}\pm s$)**Table 6 comparison of blood pressure's change of each steps from the three steps of treatment ($\bar{x}\pm s$)**

治疗阶段	收缩压差值	舒张压差值
第一阶段	11.34±6.32	8.34±3.45
第二阶段	9.32±3.43	5.43±2.34
第三阶段	2.31±1.52	1.56±3.23

3.3.3 患者不同证型的血压变化

治疗后，患者各证型收缩压和舒张压低于治疗前，差别有显著性 ($p<0.05$)。见表 7。

表 7 患者四个证型治疗的血压差值比较($\bar{x}\pm s$)**Table 7 comparison of blood pressure's change from four types of syndroms ($\bar{x}\pm s$)**

证型	收缩压差值	舒张压差值
痰浊内阻	33.34±13.32	20.44±7.45
肝胆湿热	29.92±12.43	17.73±7.34
阴虚阳亢	28.14±11.32	16.94±6.32
阴阳两虚	27.16±11.52	12.27±6.23

3.4 疗效比较**3.4.1 症状疗效**

经治疗后，症状疗效改善总有效率 93%，改善程度分布见表 8。

表 8 主要症状疗效程度分布**Table 8 distribution of major symptoms improvement level result**

组别	显效例数 (%)	有效例数 (%)	无效例数 (%)	总有效率 (%)
患者	60 (56.67)	34 (36.67)	22 (6.67)	93.33

3.4.2 降压疗效

经治疗后，降压疗效高，总有效率 90%。见表 9。

表 9 降压疗效程度分布**Table 9 distribution of blood pressure improvement level result**

组别	显效例数 (%)	有效例数 (%)	无效例数 (%)	总有效率 (%)
患者	60 (55)	33 (35)	21 (10)	90

3.4.3 随访疗效

停止治疗一个月后，降压疗效为 61%，见表 10。

表 10 一个月后血压降低疗效程度分布**Table 10 distribution of treatment result of BP levels after one month**

组别	显效例数 (%)	有效例数 (%)	无效例数 (%)	总有效率 (%)
患者	60 (28.33)	17 (33.33)	20 (38.33)	61.67

3.5 安全性分析

60例患者在治疗过程中，均未出现不良事件。

4. 讨论

针灸三步疗法是本人总结各专家治疗原发性高血压的治疗方法结合自己的经验和观点而定的，用于临床常收到满意的疗效。第一步治疗，选穴为曲池，合谷，束骨，太冲，风市，风池。合谷，主表属阳，升清降浊，宣泄气中之热，散风解表，有宣通气血之功用，通调头面之经络，是治疗热病发热及头面五官各种疾患之要穴。据现代研究有镇静神经，降低血压，调整机能的作用。束骨之物质为足太阳膀胱经上部经脉往下运行的寒湿水气和下部经脉

往上运行的阳气，二气交会后聚集于本穴无法升亦无法降，如被束缚一般，故名。现代常用于治疗高血压、神经性头痛、腓肠肌痉挛等。风池物质来自脑空穴传输的水湿之气，于本穴因受外部的热气和水湿之气胀散并变成阳热风气输散于头颈部，故名风池。现代常用于治疗高血压、脑动脉硬化、神经衰弱、癫痫、感冒、视神经萎缩、鼻炎、颈椎病等。风市为风邪集结之所，而针此穴，主治下肢风痹不仁，偏风半身不遂，以及两腿疼痛，为祛风的要所，因名风市。现代常用于治疗下肢瘫痪，腰腿痛，坐骨神经痛，股外侧皮神经炎，小儿麻痹后遗症，膝关节炎，脚气，荨麻疹等。曲池功能作用为清热解表，散风止痒，消肿止痛，调和气血，疏经通络。据现代研究针刺曲池可增强冠心病人心肌收缩力，使心率减慢。对房性早搏、心房颤动有一定治疗作用。太冲穴有舒肝理气、燥湿，平肝熄风之功效。古今医家皆认为太冲穴有行气解郁、平肝潜阳之功，可用于治疗高血压病。

第二步，调理脏腑。根据中医辩证选择适合的穴位。阴阳两虚，选气海（补）、关元（补）、足三里（补）、三阴交（补），阴阳两补；肝胆湿热，选期门（泻）、日月（泻）、阴陵泉（泻）、内庭（泻），清泻肝胆湿热；阴虚阳亢，选三阴交（补）、复溜（补）、太冲（泻），滋阴潜阳；痰浊，选足三里（平补平泻）、丰隆（泻）、阴陵泉（泻），化痰清浊。

第三步治疗，通任督脉。任脉最早记载于《黄帝内经》，为人体经脉之一，属于奇经八脉，有“阴脉之海”之称。督脉上行属脑，与足厥阴肝经会于巅顶，与肝肾关系密切，督脉督一身之阳气，只要是阳气衰弱都可以在督脉上找到合适的穴位进行治疗。

第一步治疗的选穴为曲池，合谷，束骨，太冲，风市，风池。据多项研究，具有息风降压的功能作用。第二步的治疗，通过辩证治疗，调整阴阳平衡的失调，纠正脏腑功能的紊乱从而恢复人体的阴阳平和，达到稳定的血压。为了巩固疗效，获得更好的远期疗效，加了第三步治疗，通任督脉。古人曰：“任督通则

百脉皆通”，任督二脉若通，则八脉通；八脉通，则百脉通，进而能改善体质，强筋健骨，促进循环。

结语

针灸三步疗法能够改善原发性高血压患者临床症状，治疗症状疗效高，差异有极显著性意义 ($p<0.01$)。治疗眩晕，头痛，急躁易怒，腰痛，畏寒肢冷，心悸，失眠，气短，夜尿频有极显著改善 ($p<0.01$)，膝软，五心烦热，头如裹，面赤，目赤，气短，有显著改善 ($p<0.05$)，呕吐痰涎，口干，口苦，溲赤，便秘，耳鸣，健忘，口淡，食少虽有改善但无统计学意义 ($p>0.05$)。经治疗后，降压疗效高，总有效率为90%。针灸三步疗法不仅能够改善原发性高血压患者临床症状，而且能降低血压，及具有很好的疗效，安全无副作用等诸多优点。

参考文献

- [1]熊兴江, 王阶. 论高血压病的中医认识及经典名方防治策略[J]. 中医杂志, 2011, 52(23): 1985.
- [2]王阶, 熊兴江, 刘巍. 补肾法治疗高血压病[J]. 中国中药杂志, 2013, 38(9): 1277.
- [3]袁敬柏. 基于医家经验的高血压病中医病名病因病机与证候研究[J]. 世界中西医结合杂志, 2009, 4(12) : 843.
- [4]方显明, 黄晓燕, 王强, 等. 原发性高血压辨证分型的聚类分型研究[J]. 广西中医药, 2007, 30(5) : 9.
- [5]谷万里, 史载祥, 余云旭, 等. 原发性高血压的中医证型特征[J]. 中西医结合学报, 2010, 8(9) : 842.
- [6]方伟, 陈铁龙, 祝光礼, 等. 原发性高血压辨证分型与动态血压变化特点研究[J]. 浙江中医杂志, 2003, 4: 164.
- [7]《中国高血压防治指南》修订委员会. 中国高血压防治指南[M]. (2005年修订版). 北京: 人民卫生出版社, 2006.
- [8]项成刚, 张艳, 礼海. 中医对原发性高血压病因病机的认识[J]. 世界中西医结合杂志, 2010, 5(4): 356-357.
- [9]唐兴荣. 温补脾肾法治疗脾肾阳虚型高血压临床研究[J]. 中国中医急症, 2008, 17(4) : 440-442.
- [10]朱德礼, 高瑞霞, 武文慧. 清眩宁治疗高血压病并高血脂症 225 例疗效分析[J]. 2006, 9(26): 119-120.
- [11]赵然, 傅立新. 针刺人迎穴对 53 例高血压病患者的即时降压效应 [J]. 中国针灸, 2010, 31 (5) : 466.
- [12]张伟. 刺悬钟穴治疗高血压病 40 例[J]. 河北中医, 2006, 28(2) : 154.
- [13]黄晋芬, 韦翠娥, 贺建平, 等. 针刺风池穴对原发性高血压的临床疗效观察[J]. 中西医结合心脑血管病杂志, 2007, 11 (5) : 1130-1131.
- [14]王立文, 胡渝生, 李惠敏. 中西医结合治疗高血压急症临床研究[J]. 北京中医药大学学报, 2008, 15(6): 13-14.
- [15]张丽茹. 中西医结合治疗高血压 106 例[J]. 中国民族民间医药, 2009, 18 (2): 117-118.
- [16]徐伟. 中西医结合治疗高血压 60 例临床效果观察[J]. 中国医学创新. 2009, 06 (32): 66-67.
- [17]赵文明, 刘龙涛, 李浩, 等. 中西医结合方案治疗老年单纯收缩期高血压及改善患者生存质量的临床研究[J]. 北京中医药, 2008, 27(12): 915-918.A
- [18]史载祥, 黄柳华. 高血压及相关疾病中西医结合诊治[M]. 北京: 人民卫生出版社, 2003: 32-330.
- [19]程冠军, 俞在芳. 电针神门对高血压病患者血压及心功能的影响[J]. 上海针灸杂志, 1996, 15 (5) : 11-13.

针灸治“神”与心身疾病

徐璇，欧阳里知，黎秀秀，常小荣

摘要：概述了全国名老中医药专家常小荣教授对针灸“治神”与心身疾病的理论内涵解读。常教授从“形神合一”、“七情致病论”、“体质致病论”等方面认识心身疾病，在此基础上，提出“首辨心神、次辨阴阳、再辨气血”的“心身四辨”针灸诊疗思路，并探讨了针灸辨治常见心身疾病的取穴。

关键词：心身疾病；神；针灸；理论研究

Abstract: This paper outlines Professor Chang Xiaorong's interpretation of the theoretical connotations of acupuncture "treatment of the spirit" and psychosomatic diseases. Professor Chang understands psychosomatic diseases from aspects such as "unity of form and spirit," "seven emotions causing diseases," and "constitution causing diseases." Based on this, she proposes the "psychosomatic four discriminations" acupuncture and moxibustion diagnostic and treatment approach, which prioritizes "distinguishing the spirit, then yin and yang, and finally qi and blood." The paper also discusses the acupuncture points used in the differentiation and treatment of common psychosomatic diseases.

Keywords: Psychosomatic diseases; Spirit; Acupuncture; Theoretical research

心身疾病，又称心理生理疾患，是一类有明确躯体症状和组织、器官损害的疾病，其发病、发展、转归和防治等方面都与心理-社会因素密切相关^[1]。心身疾病以躯体症状为主，以心理-社会因素刺激为主要发病原因，明确存在病理生理发展过程和植物神经支配的组织器官的损害，与遗传（情绪和人格特征）作用密切相关，某一类个性特征的人群为易患者，组织器官损伤所引起的躯体症状是区别于神经症和精神疾病的重要特征^[2]。

现代对于心身疾病发病的研究指出：心身疾病以心理-社会应激因素为发病原因，引起神经内分泌系统异常，引发细胞体液反应，使机体处于高代谢的异常状态（表现出高代

谢率、负氮平衡、脂肪动员、应激性高血糖等改变），随着病情的发展，逐渐使组织、器官功能发生改变，进一步引起各系统功能异常及组织器官结构的损害，最终以躯体症状为主要表现，而长期反复的躯体症状又对患者心理产生负性效应^[3]。故心身疾病在发病后如果不加干预，将严重影响患者的心理与生理健康，鉴于心身疾病的发病特性，在治疗时应达到消除心理-社会刺激因素，消除心理学病因和消除生物学症状三方面目标，兼顾心理-社会因素与躯体器质性改变。

一、中医对心身疾病的认识

中医古籍、理论中并无“心身疾病”病名的记载，但《黄帝

内经》所载“狂、躁、奔豚”，《伤寒杂病论》所载“脏躁、百合病”等病症符合心身疾病特点，常小荣教授以中医角度分析心身疾病主要可从以下方面展开。

1.从“形神合一”整体观认识心身疾病

《灵枢·本神》曰：“生之来谓之精，两精相搏谓之神”中医理论中对于神的阐述有两方面：一者谓“神气”，特指脏腑功能活动的外在表现；二者谓“神志”，特指人的思维、意识和情志活动。《灵枢·平人绝谷》有云：“神者，水谷之精气也。”揭示了神的产生和表现与人体精气和脏腑功能密切相关，神为精气的外在表现，而

精气是神的物质基础；精气又是来源于脏腑、充养形体的极精微的物质；这使得神与形体密切联系，两者相互为用、相互影响^[4]。

心身疾病所涉及的“心”属于中医的“神志”范畴，而“身”于中医而言则是“经络、脏腑、形体、五官九窍”。心身疾病由心理-社会因素刺激，在情绪、人格特征作用下发病，心理（情志）因素作为动因对心身疾病的发生发展起推动作用，“有明确的躯体症状和可诊察到的体征，有植物神经支配的组织、器官的器质性损害”是心身疾病区别于神经症和精神疾病的重要特点。从中医角度分析，心身疾病的产生属于情志致病范畴，情志异常引起“经络、脏腑、形体、五官九窍”的异常，是伤神、伤气后进一步伤脏、伤形的疾病演变结果。因此，对于心身疾病的中医疗法可以从辨证论治出发，选取适宜的中医疗法，以调畅情志、辨证施治（躯体症状治疗）为主^[5]。

2. 心身疾病的七情致病论

中医历来注重情志对形体的影响，陈无择首先提出了七情的概念，“内所因惟属七情交错，爱恶相胜为病，能明而推之”，又进一步解释“七情，人之常性，动之则先自脏腑郁发，外形于肢体，为内所因也”^[6]。中医有“七情”之说，主

要包括了“怒、喜、思、悲、忧、恐、惊”七情，而中医所指情志活动实际是人体精神意识对外界事物的反应，当七情过于强烈或持久，超出人体调节能力，往往导致神气失常，引起气机逆乱、气血失调，进一步影响经络、气血和脏腑，机体功能紊乱而发展成躯体证候^[7]。中医认为：情志为病，具备先伤神、后伤脏，先伤气、后伤形的特点。这也与中医整体观中的形神一体观密切相关。现代医学的研究趋于人本倾向，从以疾病为中心的普适性医学逐步向以人为中心的个体医学转变。国内外研究表明：功能性胃肠病等心身疾病患者多具备焦虑、抑郁、情绪不稳的性格倾向^[8]。这从侧面反映了形神的密切相关性，以及情绪、性格对形体的重要影响。

古代关于情志致病的典故有很多，如范进中举。范进时常处于被嘲讽、侮辱的状态下，处于悲、忧、惊的情志过极状态；当得知中举的消息，这一产生喜志的外来刺激直接诱导了范进的心身失调，先是昏厥，醒后发疯，然后又吓至清醒。这一短暂迅速的“发病--恢复”过程实际上是心身疾病发病的一个缩影--长期处于心理-社会应激状态，在隐忍的人格作用下，经情志刺激诱导躯体症状的反应（昏厥、发疯可由心神涣散，气血逆乱引发形

体、心理功能障碍所致）；在被一记耳光吓至清醒，则是由于长期的恐惧情志胜过喜志，即中医所言“恐胜喜”，从而在心理层面得到了即刻治疗。由此，我们可以推测：范进在清醒之后，若无法消除对其岳丈的恐惧，其形体健康仍然会受到损害。即心理-社会因素无法消除，形体损伤将伴随着心理创伤逐渐加剧，产生更加严重的心身疾病。

3. 心身疾病的体质致病论

《灵枢·五变》有云：“夫柔弱者，必有刚强，刚强多怒，柔者易伤也”，表明人的体质有柔弱与刚强之分，且与情志偏向、受邪难易相关。于是《灵枢·通天》中对于针灸治病就提到：“古人善用针艾者，视人五态乃治之，盛者泻之，虚者补之。”表明针灸治病应根据患者体质施行不同补泻手法。体质是机体以五脏为中心的形态结构、功能活动和精血津液等生命基础要素的总体反映，由先天禀赋与后天发育共同构筑而成。情志因素是否诱发疾病或易发何种疾病，与体质差异密切相关。中医根据气血阴阳、脏腑精气的偏盛偏衰与否将体质分为九大体质：平和体质、气虚体质、阴虚体质、阳虚体质、血瘀体质、气郁体质、痰湿体质、湿热体质和特禀体质^[9]。

其中阳虚、阴虚和气郁体

质与心身疾病的发生更加密切。如《红楼梦》中，林黛玉是一位满腹才华却多愁善感的女子，林黛玉的体质从中医辨识应是阴虚体质，“悲、思、忧”三志偏过，尤以“悲”志为甚，日积月累对肺脏损伤牵及器质性改变，这与中医所谓：悲伤不解，情志内郁，精神不振，易引起肺气不利，而发生肺部疾患密切相关。林黛玉的患病、病进过程亦为典型的体质致病--情志促病的心身疾病。黛玉患肺疾最终咳血而亡，实际上是在素体虚弱的体质未得调养基础上，悲伤情志长期作用，常年郁郁寡欢，导致气机郁滞，气血不畅，加重肺脏的实质性损害所致；这符合心身疾病在不消除病因、不消除组织器官实质性损伤的情况下转归发展。

二、针灸“治神”与心身疾病的治疗

《素问·宝命全形论》曰：“凡刺之真，必先治神，五脏已定，九候已备，后乃存针。”强调了“治神”在针刺运用于临床时的关键和决定性作用。中医素有“心主神明”之说，强调心系功能对人之神气的主宰和治疗作用，而自清代王清任以来，不少医家也秉持“脑主神明”的观点；现代对于针灸治病临床疗效的机制研究，初步表

明了针灸疗法对神经、免疫、内分泌三大系统的重要调节作用^[10]。

对于“心主神明”还是“脑主神明”，中、西医之间尚存争议，中医从心系功能（主血脉-主生血、行血--精血同源互化-精气化神）、整体观出发论述“心主神明”，西医从脑部神经功能分区论述“脑主神明”；但随着医疗、科研、临床的发展，中西医在“心身同治”达成共识，中医重视调畅情志、治神对疾病治疗的基础作用，西医重视心理疏导对疾病治疗的辅助作用^[11]。

随着社会的发展，心身疾病作为“由心理--社会因素刺激，经情绪--人格作用发病，兼具明确躯体症状、组织器官损害”的一类现代疾病，对于治疗原则、方法与手段提出了新挑战。临床典型的心身疾病：功能性消化不良、偏头痛、失眠等。其发病不由躯体器质性改变引起，心理--社会因素的应激刺激反而作为主要病因，引起器质性组织器官病变。因而在治疗此类心身疾病时，单纯的症状改善只能取得短暂停效，病情反复，缠绵难愈成为转归特点。中医始终以“形神一体观”整体辨治疾病，重视对经络、气血、脏腑、形体的调摄，也兼顾对“神”的调治，特别是针灸疗法尤其重视“神”的

作用，对于心身疾病的治疗有良好临床应用价值。

针灸疗法是基于中医理论，注重“腧穴--经络--脏腑”联系，运用刺法灸法技术疏通经络、调和气血阴阳、扶正祛邪以防治疾病的外治疗法；无论是古籍记载还是现代临床，针灸疗法对于心身疾病的治疗有着独特优势，尤其是针灸“治神”的运用对心身疾病有着标本兼治的理论与临床依据^[12]。

《素问·宝命全形论》中论述的针刺治病的五个法则，将“治神”作为首要论述--“凡刺之真，必先治神”；《类经》对其的注释说道“医必以神，乃见无形。病必以神，血气乃行。故针刺以治神为首要。”强调了针刺治病治神的重要意义，并指出治神的两大主体--医生和患者，揭示了治神应存在于医患双方，缺一不可；以上强调了针刺治疗前治神的重要性。在针刺治疗过程中，“至其当发，间不容瞬。手动若务，针耀而匀，静意视义，观适之变。”指出气机至针下，要适时行相应手法，针要洁净，手法从容，也就是通常所说待气至而调之；由此可见，在针刺过程中，治神也必不可少，如果医者不能精神专一、密切关注患者状态和手下针感，则不能及时调整手法守神守气；若患者不能全神贯注配合医生，则不能达到形神同治。即“经气已至，慎守勿失，深浅在志，远近若一，如临深渊，手如握

虎，神无营于众物。”强调治神的目的和要求：精神专一不被外物所扰，以感知气机，据虚定手法及针刺深浅。

常教授认为针灸“治神”实际上体现了在治疗过程中医患的双向参与性，对于心身疾病的治疗，单凭医生的辨证取穴，手法操作是无法去除病因的，需要患者的积极配合^[13]。针灸“治神”的过程一方面是医生对患者的情志调摄：通过治疗前的关怀，仔细辨证，缓解患者紧张情绪，增进医患信任；在针灸治疗过程中，集中精神认真候气，根据病症及时施以对证手法，使气至病所；在治疗结束后认真交代医嘱，解释病情，调治患者情志。另一方面是患者在医生“治神”以及配合医生“治神”的过程中的良性情绪感知，感受关怀、感知被重视，对于“心理--社会因素”引发的情志异常有积极意义，有利于消减引起器质性损害的心理--社会病因。

三、针灸治疗心身疾病的辨证规律探讨

1.首辨心神

中医情志致病理论尤其重视“心”在情志疾病中的作用。《灵枢》有言“愁忧恐惧则伤心”、“悲哀愁忧则心动，心动则五脏六腑皆摇”，都突出强调了情志改变对心的重要影响以及心的异常对形体脏腑的重大影响。中医还强调“心主神志”、“心为五脏六腑之大主”，总结了心系对神志、形体的主

宰作用。因此，从中医角度辨证心身疾病，应“首辨心神”。辨心神的同时分虚实，若为邪气扰神，邪实偏胜，可能出现心烦、失眠、烦躁不宁或喜笑不休等情绪异常，因人格特征、体质差异而演变为不同脏腑的损伤；若心本虚弱，本虚为主，神自内伤，则可能出现精神萎靡、抑郁不安等情绪异常，据个体差异而产生不同脏腑损害。

2.次辨阴阳

中医诊疗讲究平衡阴阳，追求“阴平阳秘”的平和状态。而《素问》篇“阴不胜其阳，则脉流薄疾，病乃狂”的记载体现了阴阳不和、偏胜偏衰可引发心神疾病--气血逆乱，神志发狂。当机体阴阳平衡被打破，或阴虚不能制阳，或阳虚阴气相对偏胜，随着病情进展，将出现情志的偏亢偏衰和形体的相关症状。因此，中医对心身疾病的辨证又有阴阳之别。例如：阴虚在情绪上表现为偏阳情志特别是“怒”志的亢进，在形体症状上则表现为发热、红肿、实痛等阳性特征；阳虚在情绪上表现为偏阴情志特别是“悲”志的偏胜，在形体症状上多见形冷、便溏、隐痛等特征。以此类推，阴阳一方偏胜也会出现对应的情绪、躯体症状体征。

3.再辨气血

中医认为：情志致病，先伤气、后伤形。《素问·举痛论

篇》：“百病生于气也，怒则气上，喜则气缓，悲则气消，恐则气下，寒则气收，惊则气乱，劳则气耗，思则气结。”指出各类致病因素对气机的影响。《素问·调经论篇》曰：“血有余则怒，不足则恐”，揭示了肝之气血有余或不足与情志密切相关，肝主疏泄，调畅气机，气机条达则血运畅通，肝失疏泄通常出现情志异常。气与血是构成机体和维持生命活动的基本物质，气具备温煦脏腑、推动脏腑功能等作用，血具备濡养脏腑等功能，脏腑的生理活动以气血为物质基础，而情志、精神活动是脏腑生理活动的表现，因此情志活动与脏腑气血关系密切，相互为用，相互影响。“血并与阴，气并与阳，故为惊狂。”进一步提示了情志疾病的发生与气血失调相关，而气血失调必然影响脏腑生理活动，物质基础发生改变，脏腑结构也随之改变，进而影响生理功能。因此，心身疾病的论治宜辨气血，若气血逆乱，易引起神志紊乱，眩仆脱绝等躯体症状；若气虚血瘀，则易引起肌肉疲软，固处刺痛等形体症状。

4.末辨脏腑

心身疾病是心理--社会因素应激，躯体损伤形成，特发于相关性格特征人群的一类病症，发病过程涉及中医的情志、体质、脏腑的改变。不同个体的心身疾病发病诱因有所差异，除了与情志偏胜、体质

偏颇相关，还与脏腑的偏盛偏衰相关。若脏腑气机逆乱，可见胁肋脘腹胀痛等脏腑相关的躯体症状，女性还可见月经失调、痛经等妇科病症，同时伴随着情志的异常偏盛或低迷；若脏腑精气亏损，可见精神萎靡、神疲乏力，甚则形体枯槁，往往伴随抑郁、悲伤的情志特征。在针灸辨治心身疾病时，应辨脏腑精气之盈亏以及躯体症状所属的经络、脏腑，有针对性地取穴施治。

四、针灸辨治常见心身疾病的取穴探讨

1.功能性消化不良

功能性消化不良，是一种以上腹疼痛、饱胀感、恶心呕吐为主要症状表现，且反复发作，临床检查或检验排除器质性损害的一类疾病^[14]。功能性消化不良有显著的情志致病特点，中医可归结为心神受扰，且有明显的脏腑功能不调，主要脏腑涉及脾胃两脏。

针灸治疗调神、安神取神庭、内关二穴，神庭为督脉与膀胱经交会穴，主调神；内关为手厥阴心包经穴，通阴维脉，主胃、心、胸病症，中医论治消化系统疾病常“心胃同治”，功能性消化不良属心身疾病中的一种，发病与心神密切相关；李杲《脾胃论》中以养心安神法治脾胃病症，正是考虑“使心无凝滞，或生欢欣，……盖胃中元气得舒伸故也”，调养心神以安脾胃；调和脏腑取中脘、足三里二穴，中

脘为胃之募穴，八会穴之腑会，足三里为胃之下合穴，与中脘相配，治疗胃肠消化疾病的常用配穴。调神配穴治疗功能性消化不良的情志病变，治疗配穴治疗功能性消化不良的脏腑损伤，达到心身同治之效；配合针灸治疗全程“治神”，因人制宜施用对应补泻手法，保证针灸疗法的良好疗效。

2.偏头痛

偏头痛是一种常见的神经内科疾病，临幊上常表现为单侧或双侧搏动性剧烈头痛；发作时常伴恶心、呕吐、面色苍白等症。疲劳、精神因素等可诱发^[15]。偏头痛治疗不当，常病程持久，严重影响患者的正常生活、工作，对患者精神、情绪产生持续危害，进一步加重疼痛症状，形成病情进展的恶性循环。偏头痛具备显著情志致病特点，心神受扰，影响气血运行，呈现气血逆乱的特点。

针灸调神选取印堂、百会二穴，印堂为督脉要穴，督脉阳脉之海，百会为百脉诸阳之会，二穴合用疏调头部气血，调神导气；理气和血选取外关、太冲二穴，外关穴为手少阳三焦经穴位，通阳维脉，太冲为足厥阴肝经输（原）穴，上下、表里阴阳经配穴，行气活血，治疗气血逆乱引发的偏头痛。调理心神与局部、全身气血调理相结合配穴，以疏肝理气调畅情志，以行气活血疏

通头部气血，对于心身疾病特征明显的偏头痛有较好治疗效果。

3.失眠

失眠是临床最常见的疾病和症状之一，以入睡困难、睡眠中断及早醒、睡眠质量低下、睡眠时间明显减少为主症。长期失眠易引起心烦意乱、疲乏无力、头痛等^[16]。在急性失眠的发作和急性失眠转变为慢性失眠过程中，人格、认知等因素起着十分重要的作用，失眠的发病也具备显著情志致病特点。中医认为：阳入于阴则寐（睡），阳出于阴则寤（醒），阴阳失衡、营卫失和则不寐。昼则人体阳气充盛，卫气“昼行于阳”，人寤而动；夜则阴盛，卫气入里“夜行于阴”，人卧而安^[17]。因此，失眠主要由心神失养，阳不入阴、阴不纳阳，阴阳失调所致。失眠易发展为慢性疾病，与心理--社会环境、情志状态（性格特征）密切相关，长期失眠将对机体脏腑产生严重不良后果，这一典型的心身疾病需要尽早治疗，预防脏器的进一步损伤。

针灸治疗失眠，以养心安神为主要治则，选取百会、神门、三阴交穴，百会穴为百脉诸阳之会，具备调神的良好效果；神门为手少阴心经的输（原）穴，能疏调心经气血，养心安神；三阴交为肝脾肾三经交会穴，主调三脏，滋补阴

经、调节肝脾肾功能；三穴取“天、人、地”三才配穴法之效：上应天主气，引阳入阴；中应人主神，安神定志；下应地主精，补益肝肾。另取申脉、照海二穴调和阴阳，申脉为足太阳膀胱经穴，通于阳蹻脉，照海为足少阴肾经穴，通于阴蹻脉，《灵枢·寒热病》言：“阳气盛则瞋目，阴气盛则瞑目。”阴、阳蹻脉主司目之开合而调节睡眠，二穴合用，调节阴阳蹻脉气血而治疗失眠。

五、小结

针灸“治神”对于临床疗效比较关键，特别是对于心神疾病的治疗，不仅从患者接治疗的全程给患者以审慎严谨的信赖感，更结合辨证取穴、施行相应手法达到心身同治的效果。在辨治心身疾病时，可以遵循“首辨心神，次辨阴阳，再辨气血，末辨脏腑”的辨证规律，在四辨的基础上分虚实，针和灸以及针刺手法和灸法的选择遵循“虚者补之，实者泻之”总原则，以消除心理--社会因素，减少人格特征影响，消除形体持续损害为目的，以达到治疗心身疾病的的最佳疗效。

参考文献

- [1] 李军祥, 陈詒, 冯五金, 等. 消化心身疾病中西医结合整体诊治专家指导意见(2017年)[J]. 中国中西医结合消化杂志, 2018, 26(01):9-17.
- [2] 姚树桥等. 医学心理学[M]. 人民卫生出版社, 2018.
- [3] 项祖闯. 心身疾病发病学机制—“循环叠加机制”及中医治疗对策[J]. 中华中医药学刊, 2013, 31(08):1730-1731.
- [4] 吉军. 坚持形神合一, 防止形神分离[J]. 中华中医药杂志, 2017, 32(04):1559-1561.
- [5] 张慧, 柳红良, 赵志付. 古代情志致病理论在中医心身疾病诊治中的应用[J]. 中华中医药杂志, 2015, 30(03):652-654.
- [6] 钟建峰, 贾慧. 论心身疾病中医病因病机的核心及其演变[J]. 中华中医药杂志, 2019, 34(12):5582-5584.
- [7] 吕爱平. 论情志因素与心身疾病的多重关系[J]. 中华中医药学刊, 2008(07):1389-1390.
- [8] 夏梦幻, 刘文平, 王庆其. 脾胃病与情志的相关性初探[J]. 中医杂志, 2019, 60(16):1351-1354.
- [9] 王文锐. 王琦中医体质学说“体病相关”研究进展[J]. 中华中医药学刊, 2011, 29(11):250-253.
- 1-2503.
- [10] 杜元灏, 李晶, 孙冬纬, 等. 中国现代针灸病谱的研究[J]. 中国针灸, 2007(05):373-378.
- [11] 焦东亮, 许华山, 高艳, 等. 中西医情绪致病理论的比较和思考[J]. 北京中医药大学学报, 2010, 33(10):656-658.
- [12] 曹璐璐, 王照钦, 龙俊焱, 等. 针灸治“神”理论在心身病中的应用[J]. 世界中医药, 2024, 19(17):2631-2635.
- [13] 周春桐, 任路, 吕琴, 等. 基于“形神一体”理论探讨针刺治疗情志病[J]. 北京中医药大学学报, 2024, 47(09):1306-1311.
- [14] 张声生, 赵鲁卿. 功能性消化不良中医诊疗专家共识意见(2017)[J]. 中华中医药杂志, 2017, 32(06):2595-2598.
- [15] 李舜伟, 李焰生, 刘若卓, 等. 中国偏头痛诊断治疗指南[J]. 中国疼痛医学杂志, 2011, 17(02):65-86.
- [16] 诊断及药物治疗共识专家组. 失眠定义. 失眠定义、诊断及药物治疗专家共识(草案)[J]. 中华神经科杂志, 2006(02):141-143.
- [17] 贾玉, 贾跃进, 郑晓琳. 中医对失眠认识的探讨及展望[J]. 中华中医药杂志, 2015, 30(01): 163-166.

“相对穴”理论临床应用

杨志新

承德医学院 河北 承德 067000

摘要：阴和阳代表着相互对立又相互关联的事务属性。中医阴阳学说认为，阴阳既对立制约，又互根互用，即阴阳之间存在着阴阳相济。《景岳全书·新方八略》中指出：“此又阴阳相济之妙用也。故善补阳者，必于阴中求阳，则阳得阴助而生化无穷；善补阴者，必于阳中求阴，则阴得阳升而泉源不竭。”

“相对穴”是指头颈、四肢、躯干身体各部位，阴阳相对的两个腧穴，同时取用，通过阴阳相济，发挥协同增效作用。相对穴，例如内关与外关、曲池与少海、阳陵泉与阴陵泉、悬钟与三阴交，申脉与照海，等。相对穴理论，一是利用相对穴功能的相对特异性治疗相应疾病；二是指针灸临床选穴配方，要阴阳配穴。

“相对穴”，针对针灸疗法中辨证选穴配穴难，以及经脉循行路线复杂，穴位多的关键问题，阴阳相配，配穴简便、独特。它具有阴阳相济，选穴精准，操作简便，疗效显著的特点。广泛适用于内、外、妇、儿等各科疾病。尤其对感冒、咳嗽、急慢性鼻炎等疾病、以及颈、肩、腰腿疼痛等疾病，各种心脏疾病，疗效独特，症状减轻快而且疗效稳定，复发低。

关键词：相对穴；配穴；阴阳相济；针灸疗法/方法

阴和阳代表着相互对立又相互关联的事务属性。中医阴阳学说认为，阴阳既对立制约，又互根互用，即阴阳之间存在着阴阳相济。《景岳全书·新方八略》中指出：“此又阴阳相济之妙用也。故善补阳者，必于阴中求阳，则阳得阴助而生化无穷；善补阴者，必于阳中求阴，则阴得阳升而泉源不竭。”

经脉的循行有一定的规律，尤其是十二经脉在体表的循行；腧穴，尤其是经穴在经脉循行线上，因此经脉与腧穴有密切的关系。根据经脉循行规律，以及经络与腧穴的密切关系，我们总结提出“相对穴”。针灸临床上一种新的配穴理论，丰富针灸学理论，提高临床疗效。

1. “相对穴”的定义

相对穴^[1]，是指头颈、躯干、四肢身体各部位，阴阳相对的两个腧穴，同时取用，通过阴阳相济，发挥协同增效作用。如内关与外关、曲池与少海、阴陵泉与阳陵泉、悬钟与三阴交、昆仑与太溪等。这些穴一个穴位于阴经，一个穴位于阳经，在上肢及部分下肢属阴阳表里相对，在躯干部及部分下肢属阴阳相对。根据腧穴位置特点，将这些穴命名为“相对穴”。

2. 提出“相对穴”的依据

2.1 古代医籍描述腧穴定位可见“相对”

“相对”一词，可见于《考穴编》、《神应经》、《针灸大成》等古代医籍，用以描述腧穴的定位。例如《考穴编》中：“蠡沟，在内踝上五寸，与光明相对。”“然谷，在足踝前大骨下陷中，去照海一寸赤白肉际，与外侧京骨相对，较涌泉当微前些。”《考穴编》广注：“悬钟，须细揣摸绝骨尖，如前三分而高寸许是阳辅，绝骨尖间筋骨缝中见悬钟，与三阴交对。”《神应经》：“阴陵泉，在膝下内侧辅骨下陷中，对阳陵泉而稍高一寸许，曲膝取之。”《针灸大成》：“阴陵泉：膝下内侧辅骨下陷中，伸足取之；或屈膝取之。在膝横纹头下，与阳陵泉穴相对，稍高1寸。”“内关，腕后二寸二骨间，与外关相对。”

2.2 古代即应用“相对穴”

《针灸大成》^[2]应用相对穴间使、支沟对刺治疗鬼击；曲池、少海对刺治疗手臂痛不能举；阴陵泉、阳陵泉对刺治疗水肿；小水不禁，灸阳陵泉、阴陵泉；足踝以上病，灸三阴交、绝骨；足踝以下病，灸照海、申脉。《玉龙歌》取绝骨、三阴交对刺治疗寒湿脚气；昆仑、太溪对刺治疗“肿红腿足草鞋风”。《玉龙赋》取太

溪、昆仑对刺“疗足肿之速”；阴陵、阳陵对刺“除膝肿之难熬”。《肘后歌》取昆仑、太溪对刺治疗脚膝经年痛不休。《席弘赋》应用悬钟、三阴交对刺治疗脚痛膝肿等。应用相对穴透刺如《玉龙歌》取阳陵泉、阴陵泉透刺治疗膝肿痛，“膝盖红肿鹤膝风，阳陵二穴亦堪攻，阴陵针透尤收效，红肿全消见异功”；间使透支沟治疗“脾家之症之寒热”等。

2.3 现代描述定位也用“相对”，临床更颇多应用

现代在描述腧穴位置取法中也用到“相对”，例如^[3]内关取法：伸臂仰掌，于腕背横纹中点直上2寸，尺、桡骨之间，与内关穴相对处取穴。支沟：伸臂俯掌，于腕背横纹中点直上3寸，尺、桡骨之间，与间使穴相对处取穴。

相对穴在现代临床应用更多。许多针灸前辈，善用相对穴透刺^[4]，例如许式谦应用外关透内关，支沟透间使，曲池透少海，阴陵泉透阳陵泉等。徐笨人善用内关透外关，曲池透少海，并且一针透四穴（曲池、尺泽、曲泽、少海）。黄羨明擅长间使透支沟治疗精神狂躁，阴陵泉透阳陵泉治疗膝关节痹痛。魏凤坡擅长曲池透少海，支沟透间使，阳陵泉透阴陵泉，悬钟透三阴交等。又如针灸临幊上常用相对穴金门透然谷治疗头痛；公孙透京骨治疗胃脘痛、腹胀；阴陵泉、阳陵泉对刺或透刺治疗膝关节疾患等；而许多相多穴如申脉、照海，三阴交、绝骨，内关、外关，昆仑、太溪等对刺或透刺，在临幊上更是广泛应用。

3. “相对穴”的理论基础^[5]

3.1 经络理论

“相对穴”之单一腧穴，尤其是经穴都在经脉线上，因此“相对穴”相对的基础，与经脉的循行有密切关系。十二经脉的循行有一定的规律，例如，手的六条经脉在上肢内外侧阴阳表里相对。每条经脉的腧穴在相应的经脉线上，由此，十四经脉的腧穴即经穴，也遵循这个规律。如从上肢手腕内侧至外侧，分布依次是太（手太阴肺经）、厥（手厥阴心包经）、少（手少阴心经）；太（手太阳小肠经）、少（手少阳三焦经）、阳（手阳明大肠经），其中相表里的两

经内外相对：肺与大肠相表里，则手太阴肺经与手阳明大肠经都循行在上肢内、外侧的前缘；心包与三焦相表里，手厥阴心包经与手少阳三焦经都循行在上肢内外侧之中间；心与小肠相表里，手少阴心经与手太阳小肠经都循行在上肢内、外侧的后缘。在经络线上的某些穴位外表里相对，如上肢的内关与外关，间使与支沟，下肢的昆仑与太溪等。一些穴，虽然没有表里相对的关系，而是在位置上，内外阴阳相对，如曲池与少海，阴陵泉与阳陵泉，悬钟与三阴交等。

3.2 阴阳学说

“相对穴”是阴阳或阴阳表里相对的腧穴，因此，谈相对穴离不开阴阳。中医学认为阴阳失调是疾病产生的根本原因，而针灸治疗的目的在于协调阴阳，恢复阴阳的动态平衡。故《灵枢·根结》说：“用针之要，在于知调阴与阳，调阴与阳，精气乃光，合形与气，使神内藏。”应用相对穴调整阴阳，其主导思想是：根据“人是统一的整体”这一整体观念，通过调整阴阳气血，调动人体积极因素，来增强人体的自然抗病机能，从而达到治愈疾病的目的。

4. “相对穴”调整阴阳的特点

4.1 阴阳并治，气血同调

阴阳并治，即在阴阳偏盛偏衰的情况下，同时调整阴阳二经，补虚泻实，使阴阳恢复其动态平衡或“病先起阳者，先治其阳，而后治其阴；病先起阴者，先治其阴，而后治其阳”（《灵枢·终始》）。在阴阳偏盛偏衰的情况下，应用相对穴，既能激发阴经感传，又能同时激发阳经感传，或同时刺激阴阳表里二经，通过经络的作用，疏通脏腑、经络、气血，根据阴阳互根的原理，使阴阳相互促进，相互制约，再施以恰当的补泻手法，补虚泻实，调整阴阳气血，表里相协，促进机体各脏腑、器官之间的功能活动并建立新的动态平衡。

4.2 从阴引阳，从阳引阴

中医学中“从阴引阳，从阳引阴”的含义非常广泛^[7]，应用相对穴补阳泻阴或补阴泻阳，也是“从阴引阳，从阳引阴”。从阴引阳，从阳引阴，还包括“病在阳，而治其阴；病在阴，而治其阳。”，“善用针者，从阴而引阳分之邪，

从阳而引阴分之气”（《黄帝内经素问集注·阴阳应象大论》）。一些情况下，应用相对穴透刺，从阴经腧穴透向阳经腧穴，治疗阳证，可以达到“从阴引阳”之目的；从阳经腧穴透向阴经腧穴，治疗阴证，可以达到“从阳引阴”之目的。或“病先起阳者，先治其阳，而后治其阴；病先起阴者，先治其阴，而后治其阳”（《灵枢·终始》）。

5. 相对穴的特点和作用

5.1 帮助掌握经络循行

自然界的万事万物皆有其自身的规律，科学的作用就是发现并揭示这些规律。经络在人体的循行虽然复杂，也有规律可循^[6]。一般而言，十二经脉循行走向的规律是“阴升阳降”，即将双手上举，所有的阴经皆向上行，所有的阳经都向下行。十二经脉大体分布规律是，手的经脉（手三阴、手三阳）循行于上肢。足三阳经从头至足均有分布，其中阳明在前，太阳在后，少阳在外侧。足三阴经循行于下肢内侧面。

经脉理论是“相对穴”存在基础，“相对穴”阴阳或阴阳表里相对，可由相对的“穴”联想经络循行路线；也可由经络循行线联想相对之“穴”。

5.2 定穴一边一穴，知一晓二

“相对穴”是两个穴组成一对，这两个穴，一个在阴经，一个在阳经，一阴一阳且“相对”，阴阳或阴阳表里相对，那么，掌握相对穴中的一个穴，就可联想到与这个穴相对的另一个穴，这样达到知一晓二。

5.3 针刺一边一针（对刺）或一针二穴（透刺）

应用“相对穴”，相对的一穴可单独应用，也可成对选用。成对选用，可一边一针，即“二针二穴”，同时取相对的二穴，一针阴经穴一针阳经穴，称为“对刺”；或一针二穴，以一针深

刺相对的一穴，同时作用于与其相对的另一穴，一针二穴均得气，即“透刺”。

5.4 操作方便，疗效好

“相对穴”阴阳或阴阳表里相对，定穴知一晓二；在针刺时，一边一针（对刺）或一针二穴（透刺），定穴简便、操作方便，且阴阳相配，在调理阴阳方面可以发挥相得益彰的作用，取穴少，疗效好。

6. “相对穴”理论

一是利用相对穴功能的相对特异性治疗相应疾病；二是指针灸临床选穴配方，要阴阳配穴。

7. 小结

根据经络理论，经脉与腧穴的密切关系，总结提出“相对穴”。“相对穴”有深厚的理论基础，在调整阴阳上，可以“阴阳并治，气血同调；从阴引阳，从阳引阴”。“相对穴”定位简便，知一晓二；操作方便，一边一针或一针二穴；取穴少，疗效好。值得进一步研究。

参考文献：

1. 杨志新编著.《相对穴及临床应用》. 第1版, 北京: 人民卫生出版社, 2005: 1
2. 明·杨继洲著.《针灸大成》. 北京: 人民卫生出版社, 1990
3. 杨甲三主编.《针灸腧穴学》. 上海科学技术出版社, 1986
4. 陈佑邦、邓良月主编.《当代中国针灸临证精要》. 天津: 天津科学技术出版社, 1987
5. 杨志新, 宋成军.“相对穴”理论探析. 中医杂志, 2007, 48 (3): 200~202
6. 杨志新. 经络教学体会. 承德医学院学报, 2003, 20 (1): 82~83
7. 杨志新.“从阴引阳，从阳引阴”理论及临床应用. 中国针灸, 2003, 23 (10): 613~614



福康药业（英国）公司位于英国伦敦，从事中药批发十八年
现有北京同仁堂，南京同仁堂，云南白药，广州白云山，葵花药业等数百种知名品牌产品
满足各大诊所需求



福康药业是北京中研太和针灸针系列产品英国总代理
现有几十种不同规格的高质量带管/无管针灸针，产品通过ISO、FDA、以及欧盟CE质量体系认证
产品收到客户一致好评，欢迎采购

品类繁多
质量优价廉

☎: 077 088 56888

中医奇迹

一次性使用针灸针
中研太和

无菌 稳定
锋利 精细





Shizhen
時珍中醫藥

天江中药配方颗粒英国独家代理

Exclusive distributor of Tianjiang concentrated powder in the UK



Tianjiang Concentrated Powder (1:5)

天江中药浓缩颗粒-浓缩比例约为1:5

GMP (China FDA), CGMP (US FDA) and TGA (Australia) certified
GMP(中国FDA)、CGMP(美国FDA)和TGA(澳大利亚TGA)认证

The first choice of China 's
top AAA level TCM hospitals
中国三甲医院首选

Over 30 years of

Expertise Delivering Quality TCM Products. Our Passion, Your Health

Premium Quality at Economy Prices

ONE-STOP SHOP FOR TCM ESSENTIALS



COMPREHENSIVE RANGE OF PRODUCTS



Over 400 types of both Dried Herbs &
Concentrated Powder
Acupuncture Needles & Clinical Supplies
Natural Teas & External Use

EXCLUSIVE DISTRIBUTOR IN THE UK



Exclusive Distributor of
Tianjiang Concentrated Powders
Koda Concentrated Powder
Lanzhou Taibao
Fuzhong GMP Herbs
in the UK

PRESCRIPTION SERVICES



FREE CONSULTATION

Raw herbs (optional Non Woven-
Herbal decoction bags)
Concentrated powders at true
1:5 concentration powder, Capsulation



0161 2098 118



ORDERS@SHIZHEN.CO.UK



Contact us to
unlock more
mega offer



Report on part of the research of “Complementary Acupoints”

Zhixin Yang, M.D

¹Department of acupuncture and naprapathy, Chengde Medical College, Chengde, Hebei, China

Abstract

Purpose To find an approach that is convenient to take acupoints, simple to puncture operation, and good in the therapeutic effect for treatment in clinical practice and study acupuncture. **Methods** Acupoints on the body pertain to the corresponding meridians respectively. According to the law of the body surface distribution of the twelve meridians and the close relationship of the meridians and acupoints, we put forward the definition of “complementary acupoints”. **Results** The cyclical flowing of the twelve meridians have certain laws, particularly in the hands of six *yin* and *yang* meridians are *yin-yang* and exterior-interior correspondence along the medial and lateral of upper arm. As the acupoints are on the corresponding meridians line, so acupoints also follow this rule. For example, external and internal relation with Pericardium and *sanjiao* meridian—hand-*jueyin* and *sanjiao* run along center of the medial and lateral of upper limb. Therefore, Daling (PC 7) and Yangchi (SJ 4), Neiguan (PC 6) and Waiguan (SJ 5), Jianshi (PC 5) and Zhigou (SJ 6), Ximen (PC 4) and Sanyangluo (SJ 8) are in “correspondence”. Some acupoints are in medial and lateral, exterior-interior correspondence, such as Daling (PC 7) and Yangchi (SJ 4), Neiguan (PC 6) and Waiguan (SJ 5), Jianshi (PC 5) and Zhigou (SJ 6) on upper limbs, Kunlun (BL 60) and Taixi (KI 3) on lower limbs, etc. Many acupoints are not with relation of exterior-interior correspondence, but situating at the sites of correspondence, with the relation of the medial and lateral side, *yin* and *yang* correspondence, such as Quchi (LI 11) and Shaohai (HT 3), Yinlingquan (SP 9) and Yanglingquan (GB 34), Xuanzhong (Juegu) (GB 39) and Sanyinjiao (SP 6), etc. **Conclusion** “complementary acupoints” help to understand the cyclical flowing of the fourteen meridians, convenient in the locating acupoints; understanding one means knowing two; convenient in one session of treatment, opposite needling (the side of a needle) or penetrative needling (a needle two point) of two “complementary acupoints”, simple in operation, and good in the therapeutic effect for treatment.

Introduction

Acupuncture is in widespread use in China and other countries, but grasp acupoints and meridians is a difficult problem for study. When studying acupuncture therapy, one common problem is that “acupoints are more and meridians are confusing”. In clinical practice, how to find an approach that is convenient to take acupoints, simple to puncture operation, and good in the therapeutic effect for treatment? We put forward the concept of “complementary acupoints”, a new style of coordination of acupoints on *acupuncture* clinic. The word “correspondence” describes the location of the acupoint is frequently seen in ancient and current medical books. Ancient Chinese medical books include *Xun Jing Kao Xue Bian* (Investigations on Acupoints along Meridians),

Shen Ying Yu Long Jing (Jade Dragon Classic), *Zhen Jiu Da Cheng* (Great Compendium on Acumoxibustion), etc. For example, it says in *Xun Jing Kao Xue Bian*, Ligou (LR 5) is located 5 *cun* superior to the medial malleolus and is in correspondence with Guangming (GB 37). Xuanzhong (GB 39) is in correspondence with Sanyinjiao (SP 6). In *Zhen Jiu Da Cheng*, it is recorded that Yinlingquan (SP 9) is inferior to the transverse striation end and is in correspondence with and about 1 *cun* higher than Yanglingquan (GB 34). “Neiguan (PC 6), 2 *cun* above the crease of the wrist and between the tendons of the long palmar muscle, is in correspondence with Waiguan (SJ 5). In current, for instance², when taking Neiguan (PC 6), asking the subject to extend his or her arm with the palm facing upward first, the acupoint is 2 *cun* apart from the transverse

striation of the wrist and between ulna and radial bones and in correspondence with Waiguan (SJ 5). Zhigou (SJ 6) is on the dorsal side of the forearm, 3 cun proximal to the dorsal crease of the wrist, between the radius and ulna and in correspondence with Jianshi (PC 5).

The clinical applications of “complementary acupoints” are both in ancient and modern time. In ancient acupuncturists’ experience, for example, in book *Zhen Jiu Da Chen*, it is described that opposite needling of Jianshi (PC 5) and Zhigou (SJ 6) is used to treat “Guji” (abrupt pain by pathogenic factors); Quchi (LI 11) and Shaohai (HT 3) are used to treat failure of the hand and arm to lift due to pain. Opposite puncture of Yinlingquan (SP 9) and Yanglingquan (GB 34) is used to treat hydropsia. To treat incontinentia urina, to moxa Yinlingquan (SP 9) and Yanglingquan (GB 34). The location of disease above the malleolus, moxa Sanyinjiao (SP 6) and Juegu (GB 39). When the location of disease below the malleolus, moxa Zhaohai (KI 6) and Shenmai (BL 62). In *Yu Long Ge* (Jade Dragon Verse), opposite puncture of Juegu (GB 39) and Sanyinjiao (SP 6) is used to treat cold-damp type tinea pedis; Opposite puncture of Kunlun (BL 60) and Taixi (KI 3) is employed to treat acute inflammatory pain and swelling of the lower leg and foot due to damp pathogen.

The application of “complementary acupoints” is more frequently used in modern clinical practice. Many distinguished acupuncturists, such as Laoting Wang, Shiqian Xu, Benren Xu, Xianming Huang, Fengpe Wei, etc. often apply “complementary acupoints” opposite puncture or penetrative puncture to treat many diseases³. For example, Laoting Wang used the twelve penetrative punctures of “Gold needle” to treat stroke: penetrative puncture from Quchi (LI 11) to Shaohai (HT 3), penetrative puncture from Waiguan (SJ 5) to Neiguan (PC 6), Yanglingquan (GB 34) to Yinlingquan (SP 9), Juegu (GB 39) to Sanyinjiao (SP 6), Xiyangguan (GB 33) to Ququan (LR 8), Yangchi

(SJ 4) to Daling (PC 7), etc. Xianming Huang is good at using penetrative puncture from Jianshi (PC 5) to Zhigou (SJ 6) to treat mania, and Yinglingquan (SP 9) to Yanglingquan (GB 34) to treat knee-joint arthritis. In addition, in clinic, opposite puncture of Jinmen (BL 63) to Rangu (KI 2) is employed to treat headache, Gongsun (SP 4) to Jinggu (BL 64) to treat hypogastric pain and abdominal distension, opposite puncture or penetrative puncture from Yinlingquan (SP 9) to Yanglingquan (GB 34) to treat knee-joint disorders, etc. In clinic, many “complementary acupoints” such as Shenmai (BL 62) and Zhaohai (KI 6), Sanyinjiao (SP 6) and Xuanzhong (Juegu) (GB 39), Neiguan (PC 6) and Waiguan (SJ 5), Taixi (KI 3) and Kunlun (BL 60), etc. opposite puncture or penetrative puncture are more widely used.

The Definition of “Complementary Acupoints”

In the light of the position character, acupoints situating on the corresponding medial and lateral sides of the limbs or in the front and back parts of the body trunk are called “complementary acupoints”. For example, Neiguan (PC 6) and Waiguan (SJ 5), Quchi (LI 11) and Shaohai (HT 3), Yinlingquan (SP 9) and Yanglingquan (GB 34), Xuanzhong (GB 39) and Sanyinjiao (SP 6), Kunlun (BL 60) and Taixi (KI 3), etc, one of which is located at the *yin*-meridian, and the other at the *yang*-meridian. It is characterized by *yin-yang* correspondence or *yin-yang* and exterior-interior correspondence.

The basis of “Complementary acupoints”: the meridian theory

Acupoints and the meridians are on intimate terms. Complementary acupoints are closely related with the course of the meridians. One point of “complementary acupoints”, especially those points on the fourteen meridians (meridian points)

is on the corresponding meridians, for this reason, the theoretical basis of “complementary acupoints” is closely related with the course of the meridians. The cyclical flowing of the twelve meridians have certain laws, particularly in the hands of six *yin* and *yang* meridians are *yin-yang* and exterior-interior correspondence along the medial and lateral of upper arm. Acupoints on each meridian are on the corresponding meridians, therefore, the meridian points follow this rule.

For Example, the six meridians of the hand run along upper arm: from the medial to the lateral of the wrist in order is that “*tai, jue, shao*” (Lung meridian of hand-*taiyin*, Pericardium meridian of hand-*jueyin*, Heart meridian of hand-*shaoyin*) ; “*tai, shao, yang*” (Small intestine meridian of hand-*taiyang*, Triple energizer meridian of hand-*shaoyang* , Large intestine meridian of hand-*yangming*), in which two meridians with the relation of external and internal are exterior-interior correspondence: Lung and Large intestine meridians are with the relation of external and internal—hand-*taiyin* and hand-*yanming* meridian run along the anterior border of the medial and lateral of upper arm. External and internal relation with Pericardium and *sanjiao* meridian—hand-*jueyin* and *sanjiao* run along center of the medial and lateral of upper limb. External and internal relation with Heart and Small intestine meridian —hand-*shaoyin* and *taiyang* run along the posterior border of the medial and lateral of upper limb.

Those points on the corresponding meridians follow this rule. For instance: Lung and Large intestine meridians, Yuji (LU 10) and Hegu (LI 4) are in “correspondence”; Pericardium and *sanjiao* meridian, Daling (PC 7) and Yangchi (SJ 4), Neiguan (PC 6) and Waiguan (SJ 5), Jianshi (PC 5) and Zhigou (SJ 6), ximen(PC 4) and sanyangluo(SJ 8) are in “correspondence”; Heart and Small intestine meridian, Tongli (HT 5) and Yanglao (SI 6) are in “correspondence”, etc.

Some acupoints are in medial and lateral, exterior-

interior correspondence, such as Daling (PC 7) and Yangchi (SJ 4), Neiguan (PC 6) and Waiguan (SJ 5), Jianshi (PC 5) and Zhigou (SJ 6) on upper limbs, Kunlun (BL 60) and Taixi (KI 3) on lower limbs, etc. Many acupoints are not with relation of exterior-interior correspondence, but situating at the correspondence sites, with the relation of the medial and lateral side, *yin* and *yang* correspondence, such as Quchi (LI 11) and Shaohai (HT 3), Yinglingquan (SP 9) and Yanglingquan (GB 34), Xuanzhong (Juegu) (GB 39) and Sanyinjiao (SP 6), etc.

The name of “complementary acupoints”

There are 35 pairs of “complementary acupoints”, such as Neiguan (PC 6) and Waiguan (SJ 5), Quchi (LI 11) and Shaohai (HT 3), Yinlingquan (SP 9) and Yanglingquan (GB 34), Xuanzhong (GB 39) and Sanyinjiao (SP 6), Kunlun (BL 60) and Taixi (KI 3), etc.

The Function of “complementary acupoints” in studying acupuncture

Helping in comprehension of cyclical flowing of meridians

Everything in nature has its own laws. The role of science is to discover and reveal these laws. The circulation of meridians in the human body through the line though complicated, there are rules to follow. In general, the cyclical flowing and distribution of the twelve meridians of the law is “the *yin* upward and the *yang* downward”, his or her hands on the upcoming move, and all are up by *yin*-meridians, all *yang*-meridians have gone down. The twelve meridians in general distribution, the hand meridians run along the upper arm. The three foot-*yang* meridians distribute from head to foot, in which *yangming* distributes along the anterior border, *taiyang* along the posterior border, *shaoyang* along the lateral. The three foot-*yin* meridians run along the medial of the lower limb.

The meridian is the foundation of “complementary

acupoints". Because of "complementary acupoints" are *yin-yang* correspondence or *yin-yang* and exterior-interior correspondence, points are on the corresponding meridians, by the correspondence "points" along the meridian, it can be associated with the cyclical flowing of meridians; also, the cyclical flowing of the meridian associated with the correspondence "point".

Convenience in the location of acupoints, understanding one meaning knowing two

"Complementary acupoints" are composed of a pair of two points, these two points, one in the *yin* meridian, one in the *yang* meridian, *yin-yang* correspondence or *yin-yang* and exterior-interior correspondence, then grasp one point location of the "complementary acupoints", you can think of another point of correspondence with this point, so to know that one dawn two.

Needle each point on both sides (opposite needling), or one needle two points (penetrative needling)

Application of "complementary acupoints", one of them can stand alone, also can be selected in pairs. As selected in pairs, opposite needling or penetrative needling of two "complementary acupoints" is created. The opposite needling is that one needling (inserting one needle) on one side, that is, "two-pin two points", one needling point on *yin*-meridian and another on *yang*-meridian. The penetrative needling is that one needling (inserting one needle) can reach two points, that is, "one needle, two points".

Easy to operate, can obtain good curative effect

"Complementary acupoints" are *yin-yang* correspondence or *yin-yang* and exterior-interior correspondence. In acupuncture, one side, one needle (opposite needling), or one needle, two points (penetrative needling) is created. It makes the location of points simple, understanding one means knowing two, easy to operate, as the *yin* and *yang* coordination, in the regulating *yin* and *yang* can play a complementary role, selecting fewer

points, and good curative effect can be obtained.

Discussion

The word "correspondence", describes the location of the acupoint, and its applications are frequently seen in Chinese ancient and current medical books. The theoretical basis of complementary acupoints is expounded from meridian theory and *yin-yang* theory. In regulating *yin* and *yang*, combination of "complementary acupoints" according to *yin* and *yang* is characterized by that "regulating *yin* and *yang*, *qi* and blood simultaneously; guiding *yin* from *yang*, guiding *yang* from *yin*."

The yin-yang theory is the basis of "complementary acupoints"

"Complementary acupoints" combination according to *yin* and *yang* are closely related to *yin* and *yang*. Traditional Chinese Medicine holds that imbalance between *yin* and *yang* is the fundamental cause for inducing diseases, while acupuncture treatment aims to regulate *yin* and *yang*. Application of "complementary acupoints" regulates *yin* and *yang*, with the main idea that "man is a unified whole", and by regulating *yin* and *yang*, *qi* and blood, stimulating the positive factor in the human body, enhancing the body's natural disease-resistant function, so as to achieve the purpose of curing disease.

*The characteristics of "complementary acupoints" in regulating *yin* and *yang**

*Treatment of *yin* and *yang*, and regulation of *qi* and blood simultaneously*

With this characteristic of *yin-yang* correspondence or *yin-yang* and exterior-interior correspondence, using "complementary acupoints" can regulate the *yin* and *yang*, *qi* and blood simultaneously. That simultaneous treatment of the *yin* and *yang*, namely, when the excess or deficiency of *yin* or *yang*, regulating *yin* and *yang* simultaneously, reinforcing asthenia and reducing sthenia, making *yin* and *yang* restore their

dynamic coordination. Application of "complementary acupoints" when there is imbalance between *yin* and *yang*, it not only stimulates *yin* meridian sensory conduction, but also stimulates *yang* meridian sensory conduction simultaneously, or stimulating the *yin-yang*, exterior-interior two meridians simultaneously. Through the role of the meridian, making *zang* and *fu*, meridians, *qi* and blood reconcile. According to the principle of *yin* and *yang* in each root, making *yin* and *yang* promote each other and mutual restraint, then reinforcing asthenia and reducing sthenia, regulating *yin-yang*, *qi* and blood, making exterior-interior promote each other, promoting physiological function and activities of certain *zang-fu* and organs, and restoring their dynamic coordination.

For example, in *Huang Di Nei Jing*, there are records of application of "complementary acupoints" shenmai (BL 62) and zhaohai (KI 6) regulating the excess or deficiency of *yin* or *yang* treatment of Yawn. However, in current acupuncture clinic, application of shenmai (BL 62) and zhaohai (KI 6) to regulate the *yin* excess and the *yang* deficiency diseases, such as sleep epilepsy, eyelid movement disorder, etc.

Guiding yin from yang and guiding yang from yin "*Guiding yin from yang and guiding yang from yin*" in Traditional Chinese Medicine is widely interpreted⁴. Application of "complementary acupoints" reinforcing *yin* and reducing *yang* or reinforcing *yang* and reducing *yin* also means "*guiding yin from yang and guiding yang from yin*". In some cases, the application of the "complementary acupoints", penetrative puncture from points of *yin*-meridians to points of *yang*-meridians to treat *yang* syndrome, you can achieve "*guiding yin from yang*" purposes; penetrative puncture from points of *yang*-meridians to points of *yin*-meridians to treat *yin* syndrome, you can

achieve "*guiding yang from yin*" purposes. For instance, application of penetrative puncture from Neiguan (PC 6) to Waiguan (SJ 5) to treat tinea manus, penetrative puncture from Sanyinjiao (SP 6) to Xuanzhong (GB 39) to treat headache, are "*guiding yin from yang*; penetrative puncture from Xuanzhong (GB 39) to Sanyinjiao (SP 6) to treat erythromelalgia, are "*guiding yang from yin*".

Acknowledgments

We are grateful to Professor Liding, Shanghai TCM University. This study was funded by Hebei Traditional Chinese Medicine.

Reference

1. Yang ZX. *Complementary Acupoints and Their Clinical Application* (1st edition , Chin). Beijing: The People's Health Publishing House 2005
2. Yang JS Editor. *Acupuncture Acupoints*. Shanghai: Shanghai Science and Technology Press 1986
3. Chen BY, Deng LY Editor. *Contemporary Chinese Acupuncture Clinical Essentials*. Tianjin: Tianjin Science and Technology Press 1987
4. Yang ZX. "Guiding yin from yang and Guiding yang from yin" Theory and Clinical Application of. *Chinese Acupuncture & Moxibustion* 2003; 10: 613-614.

Address reprint requests to:

Zhixin Yang, Professor, M.D.

Department of acupuncture and naprapathy,

Chengde Medical College,

Shang er dao he zi Rode

Chengde, Hebei, 067000

China

E-mail: yzx19972003@yahoo.com.cn

Fax: 86-314-2290595

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

目前常用辨证方法包括八纲辨证、脏腑辨证、经络辨证等，具有各自的特点及适应范围^[1]。八纲辨证是指阴阳、表里、寒热、虚实八个辨证纲领，表里辨别疾病深浅，寒热

辨别疾病性质，虚实辨别机体邪盛正衰，在诊断过程中起到执简驭繁的作用^[2]。经络诊察亦可辨别疾病的表里、寒热、虚实，与八纲辨证有着异曲同工之妙。

《灵枢》：“皮肉筋脉，各有所处，病各有所宜，各不同形，各以任其所宜”，说明病位不同针刺手法不同。《灵枢》：“针所不为，灸之所宜”，针艾灸具有各自适应的病

症。那如何凸显针灸临床辨证的特点和优势，更加准确的选经配穴，选择合适的针刺或艾灸方法、针刺深浅以及补泻手法，值得我们进一步深入探讨。

1 经络诊察概说

《灵枢》记载：“用针者，必先察其经络之虚实，切而循之，按而弹之，视其应动者，乃后取之而下之”，强调用针第一步是诊察经络虚实。《灵枢》曰：“若失度之人……审切循扪按，视其寒温盛衰而调之……”，经络诊察的方法有“审、切、循、扪、按”。《洞天奥旨》：“内有经络，外有部位，部位者，经络之外应也”，脏腑病变会体现在相对应的经络上。因此，在经络循行部位进行“审、切、循、按、扪”等，探察出异常的经络、络脉、腧穴等，从而判断与疾病的关联规律^[3]。王居易教授认为，针灸医师应先进行经络诊察后，找到异常的经络再进行辨经、选经、取穴等治疗，有学者经络诊察妇科患者的足三阴经小腿循行部位，找出阳性反应点，并给予针灸治疗，可明显的提高临床疗效^[4]。运用经络诊察能够更有效的抓住主症，提高针灸治疗躯体痛证的临床疗效^[5]，以上均突出了经络诊察在针灸临床中的重要性。

2 经络诊察可定病位，有助于选经配穴

经络诊察中的“循、按”可辨别敏化的腧穴，定位病变经络。施针者通过拇指指腹向心性的循推、按压（“按”法的力度较“循”法的力度大且层次深）经脉循行于四肢肘膝关节以下的部位，辨别经络循行部位有无结节、滞涩、疼痛、缓急、硬结等，有助于辨别敏化状态的腧穴，定位病变经络^[6]。针灸临床中除了通过问诊辨别病变部位，还可以进行经络诊察查体，问诊和查体相参，准确的诊察出敏化状态的腧穴和病变经络，为针灸临床选经配穴提供依据。

3 经络诊察可辨别疾病的表里寒热虚实，有助于针灸方法的选择

《灵枢》曰：“必先明知十二经脉之本末，皮肤之寒热，脉之盛衰滑涩”，持针施治的法则是首先要综合分析皮肤的寒热，以及脉象的盛衰滑涩。《素问》中记载：“实则泻之，虚则补之”“寒者热之，热者寒之”，均强调根据疾病的寒热虚实选取合适的治疗方法和原则。在针灸临床中，根据疾病的表里寒热虚实，选择不同针灸方法，进行不同的手法操作。因此，准确辨别疾病的表

里寒热虚实至关重要。而经络诊察也隐含了八纲辨证体系的表里、寒热、虚实^[7]。

《素问》载“病有浮沉，刺有浅深”，针刺之前要辨清疾病在表或在里，“循、按”可辨别疾病的表里。当循推经脉时，皮下组织出现结节、黏连、条索样块状等反应时，说明病变较浅，在表；当按压经脉时，深部组织出现疼痛、硬结等反应时，说明病变较深，在里。因此，针灸临床中除了脉诊外，还可以进行经络诊察查体，准确的判断出疾病的表里，对针刺深浅的选择提供参考。

“审、扪”可辨别疾病的寒热，通过审察、观察体表皮肤和络脉的色泽（审），感知皮肤的温度及润泽度（扪），有助于辨别疾病的寒热。《灵枢》曰：“凡诊络脉，脉色青则寒且痛，赤则有热……”，通过审视脉络色泽，赤则为热证，青或黑则为寒证。在临幊上，问诊和经络诊察查体相参，准确辨别疾病的寒热，可指导针刺或艾灸方法的选择。

“切”可辨别疾病的虚实。《灵枢》：“凡将用针，必先诊脉，视气之剧易，乃可以治也”。经络诊察中的切诊一般是指切压全身体表经脉的搏动处，包括额角脉动、耳前脉动、颈部脉动、人迎脉、寸口脉、腹部脉动、冲门脉、太溪

脉、冲阳脉、太冲脉动，如脉动表现为有力、洪大则为实证，沉细弱则为虚证^[10]。额角脉动即是颞浅动脉额支，相当于头维处，切其以候“头气”，了解头部气血的虚实。耳前脉动即是颞浅动脉，在下关穴前，切其以候“面气”，了解面部气血的虚实。颊部脉动即是面动脉，在大迎穴处。切其以候“齿气”，了解牙齿气血的虚实情况。人迎脉即是颈动脉，切其以候“胃气”，可以了解胃气和头部气血的虚实。寸口脉即是桡动脉，切其能反应全身气血的虚实。腹部脉动即是腹主动脉，在腹部的深部。一般情况下，腹部脉动不能触及。在不同部位触及脉动，反应出不同的病证。太溪脉即是胫后动脉，在足内踝后方，切其太溪脉，了解肾气的虚实。冲阳脉，又称为趺阳脉，即足背胫前动脉，切其冲阳脉，了解胃气的盛衰。太冲脉动，即第一跖背动脉，在太冲穴处，切其以候肝的疾患。

综上，在针灸临床诊疗过程中，四诊和经络诊察查体相参，准确的诊察出患者的体

征，并综合分析体征之间的关系，准确的辨别病变经络以及疾病的表里寒热虚实，为临床选经配穴、针刺或艾灸治疗方法、针刺深浅以及补泻手法的选择提供重要的参考。

5 结语

经络辨证是针灸临床辨证论治的核心，而经络诊察是经络辨证的基石。《扁鹊心书》记载：“学医不知经络，开口动手便错”，《灵枢》：“经脉者，所以能决生死，处百病，调虚实，不可不通”，强调经络的重要性。通过“审、切、循、按、扪”诊察经络，综合分析诊察的结果，从而判断与疾病的关联规律，为临床诊断和制定治疗方案提供依据。因此，经络诊察是针灸诊疗过程中不可或缺和忽略的环节。

总之，笔者初步探析经络诊察在针灸临床中的应用，以期为针灸临床中选经配穴、针刺或艾灸治疗方法、针刺深浅、补泻手法的选择提供思路，对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。

参考文献

- [1] 邱茂良. 运用中医理论, 提高针灸疗效[J]. 针刺研究, 1988(01): 10-11.
- [2] 吴承玉. 中医诊断学[M]. 上海: 上海科学技术出版社, 2006:89.
- [3] 王居易, 王丽平. 认识经络 调整经络 呵护经络——中医治未病理论的核心[J]. 中国针灸, 2011, 31(4): 329-332.
- [4] 王冠群, 张佳佳, 杜世豪, 等. 足三阴经经络腧穴诊察在妇科病症针灸诊疗中的应用[J]. 中国针灸, 2023, 43(05): 565-568.
- [5] 蔡雨若, 莫倩, 周雨雨, 等. 经络诊察抓主症用针灸治疗躯体痛证三则[J]. 环球中医药, 2023, 16(05):1011-1014.
- [6] 陆永辉, 黄毅. 王居易教授针灸经络辨证论治诊疗体系与学术思想探析[J]. 世界中医药, 2017, 12(3): 610-613.
- [7] 伍先明, 莫倩, 杨波, 等. 经络诊察法在八纲辨证中的临床应用[J]. 中国中医基础医学杂志, 2022, 28(11): 1834-1836.
- [8] 王居易. 经络医学概论 [M]. 北京: 中国中医药出版社, 2016: 228-231.

“阿是穴”的临床应用探讨

马志民，ATCM会员

MA Health and Wellbeing Centre

16 Charlotte Mews,

Newcastle Upon Tyne,

NE1 4XH

1. 阿是穴的定义

阿是穴又称天应穴、不定穴。是以病痛局部或敏感反应点作为针灸治疗部位的腧穴。临床应用非常广泛。阿是穴有狭义和广义之分。

狭义的阿是穴是病人描述局部的有按压疼痛的部位，但是这个部位也许不是最好的治疗部位；

还有一种是广义的阿是穴，按压也有很大的疼痛，但是这个部位可能不在病人描述的疼痛范围之内，是病人没有意识到的疼痛的部位。

通过对这些广义的阿是穴的治疗，病人的原始描述的疼痛会明显的减轻和消失。比如痢疾腹痛腹泻，在腹部往往有很痛的压痛点，用足三里，上巨虚，脾胃腧穴多，就可以让病人的腹痛立即改善或消失。

现在的有些激痛点扳机点理论与我们的狭义的阿是穴理论有非常多的相似性。而我们广义的阿是穴，则是我们传统中医针灸的特色。

2. 阿是穴具有三个特点：

一是病人所描述的病痛，往往在局部找到明显的按压疼痛，能确定疼痛的位置，疼痛的层次和深浅，或无法确定疼痛位置和区域，但自我感觉疼痛；

二是远离病人所描述的病痛部位进行按压所找到的一些疼痛点，这些疼痛点和病人的疼痛有一定的相关性，可以使病人原有的疼痛加重或减轻。

三是这些部位也许在穴位上，也许不在穴位上，没有一定的经络归属属性。

3. 阿是穴的本质：

3.1 阿是穴的取穴的本质是一个针灸治疗前的一个经络诊断和确定病位的过程，是选择取穴来进行治疗的方法。并且还是一个反复诊断和反复治疗的过程。“阿是”是医者的询问之语，是医生询问病人是否疼痛。所以，严格地说，“阿是穴”不是一类穴，其本质是针灸科医生诊断和取穴最根本的一种方法。

3.2 我们在一次的诊断和治疗的过程中，还要反复的重复这个过程，尽量的将病人诉说的疼痛明显减轻或消失。

4. 阿是穴的表现：

我们接触病人的皮肤和肢体，触摸病人经络和腧穴，感受病人的寒热温凉，疼痛，软硬，条索，皮肤表面上的肌肉骨骼的异常的突起、凹陷、皮损、颜色等，粗细大小长短的不同，将这些异常变化，结合我们的经络和中医理论，确定疾病的属性和部位，尽量多的为我们中医辩证诊断增加了证据和佐料。

5. 阿是穴的意义：

阿是穴是我们针灸临床诊断和治疗的标杆。

我们尽量多的找到这些阿是穴，找到的这些“阳性”体征，确定这些阿是穴和病人自述的疼痛的是否有相关性，是否能够立即减轻疼痛或使疼痛消失。

我们开车的速度因为有旁边的树木和道路来判断我们的速度，如果没有了这些东西，我们就无法知道开的有多快。我们治疗病人，也是

要尽力多的找到有客观性的标记物，或标记尺，当然病人的自我症状描述和实验室检查也是一个重要的指标。我们在国外行医，更多的是靠自己的判断，我们就是要找这些有意义的鉴别点或治疗依据和证据。

我们看不到风，但可以看到树叶子在风里的摇摆，因此可以判断风力的大小；我们听不到冷和热，但是可以用手来摸病人的皮肤感觉到寒热温凉；我们感觉不到病人的疼痛，但是可以询问病人的疼痛和找到病人的疼痛的地方。当今再先进的机器，也检测不到病人自我感觉到的疼痛和疼痛的大小，也检测不到病人的喜怒哀乐的情感变化。现代医学还需要进一步进步也许可以做到。

6. 古人对于阿是穴的认识

古人寻取治疗部位，很多的也是不拘泥于骨度分寸，没有严格的尺度标准，是一个不断按压，揣摩的过程。比如：

6.1, 内经当中提到的标本、根结、气街、四海的理论。它们在经络的分布和气血运行的基础上，进一步阐述了经络腧穴上下内外的对应关系，强调了人体四肢与头身的密切联系，指出四肢的末端与头、胸、腹、背腧穴的关系。没有提到具体的穴位，而只是提到了部位。

6.2, 《灵枢·经筋》中对手足十二经筋之痹以节气命名，如孟春痹、季春痹等，其“治在燔针劫刺，以知为数，以痛为输”。

这句话提示我们，古人在治疗疾病的过程中，要确定治疗的工具和方法，是用哪种针法，是火针还是粗针，还是毫针；是九针中的哪一个针，是12刺或5刺中的哪一种刺法？是在不断询问和寻找的过程中，询问病人的反应和回馈信息，决定针刺的时间，刺激量和取穴的部位；“以痛为输”，本身就是古人对腧穴位置不确定性的这个特性的一种理解。

6.3, 《灵枢·五邪》如：邪在肺，则病皮肤

痛，寒热，上气喘，汗出，咳动肩背，取之膺中外腧，背三节五脏之傍，以手疾按之，快然，乃刺之。皆挟脊相去三寸所，则欲得而验之，按其处，应在中而痛解，乃其输也。在这里，内经指出了邪气在肺，会发生皮肤疼痛、恶寒发热、肺气上逆而气喘、出汗、咳嗽牵引肩背疼痛。提出治疗可取胸部外侧的云门、中府等穴，以及背部第3椎骨旁的肺俞穴与心俞穴，先用手快速按压这些部位，在病人感觉舒畅的地方进针。同时针刺足阳明胃经的缺盆穴，使肺中的邪气向外散越。这里的关键词是：按压对了穴位，会很舒服，然后针刺，如何判断这个穴位取的对不对，按压这个穴位，疼痛缓解了，就是正确的穴位。这是一个询问，按压，验证的一个过程。这也提示了，凡是邪在肺的疾病，我们都可以采取这样的治疗方式。

6.4, 《素问·缪刺论》邪客于足太阳之络，令人拘挛背急，引胁而痛，刺之从项始，数脊椎侠脊，疾按之应手如痛，刺之傍三痏，立已。

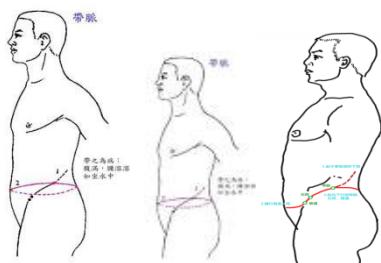
邪气侵入足太阳经的络脉，使人背部拘急，牵引胁肋部疼痛，针刺应从颈部开始沿着脊骨两旁向下按压，在病人感到疼痛处周围针刺三针，病立刻就好。这又是一个很好的说明了问诊，按压，验证的治疗过程。

7. 关于阿是穴的临床应用举例和经验体会。

7.1 腰痛

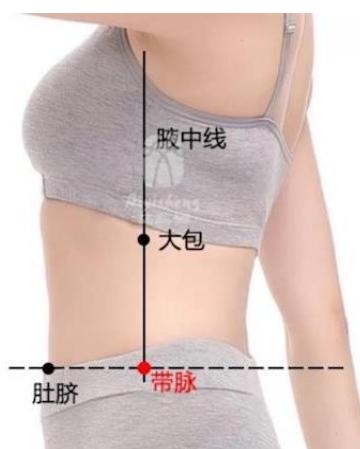
我们治疗腰疼很多时候是取穴膀胱经的穴位，往往效果很好，但是我们总能碰到一些效果不好的病人，怎么办？我们要考虑一下带脉。

带脉的循行路线：第二腰椎棘突下的命门穴，沿同高的季肋部下边开始，斜向下行到带脉、五枢、维道，横行腰腹，绕身一周。



带脉为病的主要病症是，腹部胀满，腰脊酸软无力、左右绕脐腰脊疼痛，妇女带下，足痿不用等。

带脉穴，在侧腹部，当第11肋骨游离端下方垂线与脐水平线的交点上，肝经章门穴下1.8寸处；侧卧取穴。

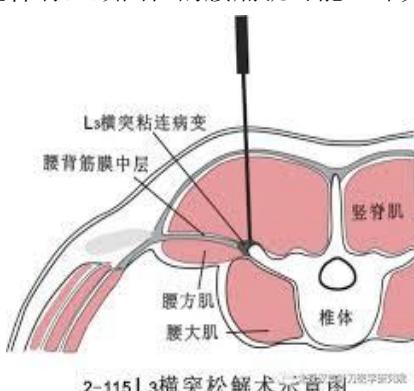


对于一些顽固性的腰痛，选择膀胱经的穴位不是很好的话，我们可以考虑选择带脉的穴位。

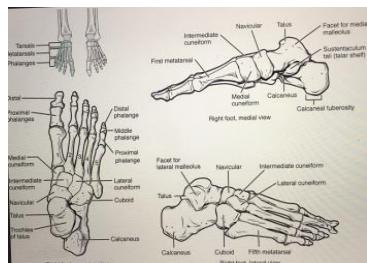
我们可以让病人仰卧位，寻找腹部的压痛点，进行针刺，这是阳病治阴；

若不效，则让病人侧卧位，在腰椎侧面的带脉穴，寻找深部的压痛点，大多在腰2，3，4横突的那个位置，针刺一下，这是调带脉。

这样有些顽固性的腰痛就可能立即见效。



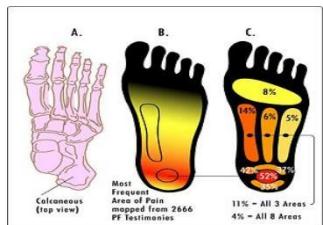
7.2 足底筋膜炎



7.2.1 足底筋膜炎（英语：Plantar fasciitis 或 Plantar Fasciosis 或 Plantar fasciopathy），是一种发生在支撑足弓的结缔组织著骨点（肌腱和韧带附著于骨头处）病变。

患者会倾诉足跟部和足底部的疼痛，常在晨起或休息后突然行走加重，行走适应后疼痛减轻，一旦活动过多则疼痛加重；白天症状较轻，傍晚症状较重，不负重休息时症状缓解。若将脚掌及脚趾向胫骨方向弯曲（背屈），也会引发疼痛。

7.2.2 疼痛常见的部位:



7.2.3 疼痛常见的因素:

体弱多病，过度跑步、长时间站在坚硬的地面、高足弓、扁平足、肥胖等。肥胖的人是常常发生足底筋膜炎。

7.2.4 鉴别诊断:

足跟疼痛的鉴别诊断非常多：跟骨周围软组织损伤、跟骨压力性骨折、足底跟骨滑囊炎、骨关节炎、椎管狭窄、足跟脂肪垫症候群、僵直性脊椎炎、类风湿性关节炎、足底筋膜撕裂等。



7.2.5 中医辩证治疗

中医认为，该病的形成是以肝肾亏虚、气血失和、痰湿阻络、筋脉失养等为先决条件，复因风、寒、湿邪侵袭及外伤、劳损等致使气血阻滞而成。

1) 针刺的治疗:

a, 体针取穴:

足底部：涌泉、公孙、京骨等

踝关节部位：太溪、照海、昆仑、申脉、等

小腿部位：承山、委中、悬钟、足三里、阳陵泉等

背部俞穴：大肠俞、肾俞、脾俞、肝心肺俞等

颈部腧穴：风池、天柱等

手部穴位：劳宫、鱼际等

b, 针法:

视部位而定，手足的穴位易选择 0.14-0.18 粗细的细针针刺而尽量避免疼痛。

寻找疼痛的部位，和消除疼痛的穴位，尽力不在病人自述的疼痛点上扎针。找到治疗好的穴位后，选择轻巧快速的针刺手法，进针后，通过慢慢的提插、捻转针柄，同时继续按

压病人自述的疼痛的位置进行进一步的检查，如果疼痛立即明显减轻，说明穴位选择是正确的。

2) 中药内服治疗：

左归丸：熟地、山药、山茱萸、枸杞子、川牛膝、菟丝子、龟甲胶、鹿角胶

五子衍宗丸：枸杞子、菟丝子(炒)、覆盆子、五味子(蒸)、车前子(盐炒)

3) 中药泡洗方

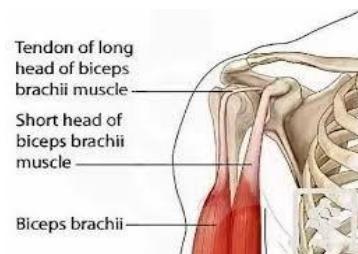
组成：透骨草、伸筋草、白芷、威灵仙、当归、牛膝、皂角刺、赤芍、川穹、红花、泻盐 (Epsom salt) 各30克。

7.3 肩周炎造成的肩前部的疼痛（肱二头肌肌腱腱鞘炎）

肱二头肌肌腱腱鞘炎是指肱二头肌肌腱在长期的、过度的活动中遭受磨损而发生退变、粘连，导致滑动功能障碍的一种疾病。多见于40岁以上中年人，也可见于急性损伤者，主要是引起肩前部位的疼痛。往往在中府，云门等部位有明显的压痛，病人的肩关节活动受限制，用力疼痛。治疗取穴一般以局部取穴，沿着阳明经，太阴等方法取穴治疗，效果往往不理想。

我通过实践发现手少阴的少府穴对这里疼痛效果非常好，经常是按压到少府穴的痛点，肩前部位的疼痛就立即明显减少或消失。

少府穴的位置，位于手掌面，第4、5掌骨之间。布有来自尺神经的第四指掌侧总神经和指掌侧动、静脉。即，握拳时，当小指尖处。



但是对于肩髃穴这一块的肩膀外侧的痛，就效果不好，这时候要用条口透承山。

总之，如果治疗方法和穴位选择的正确的话，针灸可以有立竿见影的效果。但是每一个病都有许多的不同的方法来治疗，但是需要有明确的中医经络诊断，就可以找到一个或多个有特效的穴位和其分布规律。这应该是我们古人鼓励我们应用阿是穴的真正意义所在。

Advantages of Traditional Chinese Acupuncture in Treating Acute Sports Injuries

急性运动损伤中医针灸治疗的优势

Zheng Jin (ATCM) TianYi Jin (BMAS)

Abstract: With the popularisation of sports in modern society, sports injuries have become a common issue. While conventional Western medical treatments are effective, they have limitations. Traditional Chinese acupuncture has demonstrated unique advantages in treating acute sports injuries. This paper first introduces the basic concepts and classifications of sports injuries and discusses the shortcomings of Western medical treatments. It elaborates on the understanding of sports injuries from a Traditional Chinese Medicine (TCM) perspective, treatment principles, and acupuncture techniques. Case studies are provided to further demonstrate the effectiveness of acupuncture in treating acute sports injuries. Acupuncture can regulate the body's qi and blood flow, as well as meridians, promoting overall health. It is a non-invasive, individualised treatment method that activates the body's self-healing abilities, improves blood circulation, and accelerates tissue repair. The integration of Traditional Chinese and Western medicine allows for a more comprehensive understanding of the injuries and the development of more effective treatment plans.

Keywords: sports injuries; Traditional Chinese acupuncture; myofascial therapy; treatment principles; acupuncture techniques

摘要：随着现代体育运动的快速发展，运动损伤已成为常见问题。传统西医治疗方法虽有效，但存在局限性。中医针灸在治疗急性运动损伤方面展现了独特优势。本文首先介绍了运动损伤的基本概念、分类及西医治疗的不足，然后详细阐述了中医对运动损伤的认识、治疗原则及针灸治疗方法。通过病案举例，进一步证明了中医针灸治疗急性运动损伤的有效性。针灸能够调整人体气血和经络，促进整体健康，是一种非侵入性、个体化治疗方法，能够激活身体自我修复能力，促进血液循环，加速组织修复。中西医结合治疗则能更全面地了解疾病本质，制定更有效的治疗方案。

关键词：运动损伤；中医针灸；筋伤学；治疗原则；针灸治疗方法

With the popularity of sports in modern times, sports injuries have become an unavoidable problem for athletes and regular sports enthusiasts alike. Although conventional Western medical treatments are effective, they have certain limitations. Traditional Chinese acupuncture, however, demonstrates unique advantages in this regard.

随着现代体育运动的快速发展，运动损伤已成为运动员和普通运动爱好者难以避免的问题。传统的西医治疗方法虽然有效，但仍存在一些局限性。而中医针灸则在这方面展现了独特的优势。

1. What are Sports Injuries

Sports injuries refer to the damage inflicted on the body when it endures various forms of stress during physical activities. Such injuries hinder normal body function and require a recovery period for full rehabilitation. These injuries primarily occur in the musculoskeletal system, including bones, muscles, tendons, and cartilage, often resulting in pain, swelling, tenderness, and functional impairment or reduced load-bearing capacity at the injured site. For healthcare professionals, it is essential to understand the causes of sports injuries, master effective prevention measures, and learn correct treatment methods.

1. 什么是运动损伤

运动损伤是指在参与体育活动过程中，身体因承受各种形式的应力而遭受的伤害，这些伤害会妨碍身体功能的正常发挥，并需要经历一段恢复期才能完全康复。这类损伤主要发生于肌肉骨骼系统，包括骨骼、肌肉、肌腱以及软骨等结构，常常引发疼痛、肿胀、压痛，以及受伤部位的功能障碍或承重能力下降。对于医者而言，深入了解运动损伤的原因、掌握有效的预防措施以及学习正确的处理方法是至关重要的。

2. Traditional Chinese Medicine (TCM) Perspective on Sports Injuries—The Study of "Jin" Injuries

2.1 Basic Concept of : In TCM, the term "Jin" is a broad concept encompassing tissues like tendons, ligaments, fascia, and joint capsules. These structures play a crucial role in stabilising joints, supporting the skeletal framework, and promoting joint movement.

2. 中医对运动损伤的认识——筋伤学

2.1 筋的基本概念：在中医学中，“筋”是一个涵盖肌腱、筋膜、关节囊等组织的广义概念。这些组织结构在固定关节、支撑骨架以及促进关节活动中发挥着至关重要的作用。

2.2 In-depth Understanding of "Jin" in TCM: TCM has a profound understanding of "Jin" at the anatomical, physiological, and pathological levels. TCM considers the primary function of "Jin" to be joint connection and movement facilitation. "Jin" pathology can result in pain and dysfunction, significantly impacting patients' daily lives.

2.2 中医对筋的深入认识：中医学在解剖、生理及病理层面对筋有着深刻的理解和认识。中医认为，筋的主要功能是连接关节并主导关节的运动。当筋发生病变时，会导致疼痛和功能障碍，严重影响患者的日常生活。

2.3 Definition and Causes of "Jin" Injury: "Jin" injuries are a common ailment in orthopaedic

medicine, often resulting from external force or chronic strain. This damage leads to various symptoms and significantly affects patient health.

2.3 筋伤的定义及其发病原因：筋伤，作为影响人类健康的主要疾病之一，在骨伤科中极为常见。它通常是由外来暴力或慢性劳损所致，对筋造成损伤，从而引发一系列症状。

2.4 TCM Orthopedics Concepts of "Jin"
Subluxation and Bone Misalignment: ""Jin" subluxation" and "bone misalignment" are unique terms in TCM orthopaedics to describe changes in "Jin" and bone pathology. These concepts assist in diagnosis and explain the therapeutic mechanism of traditional treatments. Specifically, ""Jin" subluxation" refers to abnormal structural or functional changes in "Jin", while "bone misalignment" refers to slight positional abnormalities in bones or joints.

2.4 筋出槽与骨错缝的中医伤科概念：“筋出槽”与“骨错缝”是中医伤科中特有的术语，用于描述筋和骨的病机变化。这两个概念不仅有助于疾病的诊断，还能解释传统治疗方法的疗效机制。具体来说，“筋出槽”指的是筋在形态结构、空间位置或功能状态上出现的异常变化，而“骨错缝”则是指骨关节在正常间隙或相对位置上发生的微小异常变化。

3. Different Classifications of Sports Injuries

3.1 Modern Medicine Classification of Sports Injuries

3.1.1 Acute (or Traumatic) Injuries: Acute injuries are caused by specific impacts or traumatic events, including fractures, muscle and tendon strains, ligament sprains, and bruising. These injuries are common among athletes involved in collision or contact sports, such as rugby, football, and hockey.

3. 运动损伤的不同分类

3.1 现代医学运动损伤分为两大类

3.1.1 急性（或创伤性）损伤：急性损伤是由特定的冲击或创伤事件导致的，包括骨折、

肌肉和肌腱拉伤、韧带扭伤以及瘀伤等。这类损伤在从事碰撞或接触性体育运动的运动员中较为常见，例如橄榄球、足球和冰球等项目的参与者。

3.1.2 Chronic (or Overuse) Injuries: Chronic injuries result from prolonged wear and tear on the body, including tendinitis, bursitis, and stress fractures. These injuries are more common among endurance athletes, such as long-distance runners, and participants in repetitive motion sports, such as swimming, tennis, gymnastics, and weightlifting.

3.1.2 慢性（或过度使用）损伤：慢性损伤则是由于身体的长期磨损和撕裂造成的，包括肌腱炎、滑囊炎和应力骨折等。这些损伤在长期从事耐力型运动的参与者中更为普遍，如长跑运动员，以及那些涉及重复动作的个人运动项目的参与者，例如游泳、网球、体操和举重等。

3.2 Traditional Chinese Medicine

Classification of Sports Injuries

Traditional Chinese medicine has a unique classification system for sports injuries:

3.2.1 "Jin" Rupture: Refers to a complete or partial tear of the "Jin" after an injury.

3.2.2 "Jin" Displacement: Refers to a "Jin" sprain that shifts from its normal anatomical position, also known as "Jin" deviation or rotation.

3.2 传统中医对运动损伤的分类

传统中医对运动损伤有着独特的分类体系：

3.2.1 筋断：指筋伤后全部或部分断裂。

3.2.2 筋走：指筋扭伤后偏离其正常解剖位置，也称为筋歪、筋翻、筋转等。

3.2.3 "Jin" Rigidity: Refers to stiffness and inflexibility of the "Jin" following injury, often seen in chronic injuries where blood stagnation persists.

3.2.4 "Jin" Thickening: Refers to the thickening of the "Jin" after an injury, often due to blood stasis, tissue hyperplasia, or spasm.

3.2.3 筋强：指筋伤后变得僵硬强直，多见于陈旧性损伤且瘀结未化。

3.2.4 筋粗：指筋伤后比正常筋更粗，多因

瘀血阻滞、组织增生变性或痉挛所致。

3.2.5 "Jin" Nodules: Formation of localised cyst-like swellings due to stagnation of qi and blood following "Jin" injuries.

3.2.6 "Jin" Contractures: A condition where "Jin" shortens post-injury, often due to prolonged immobilisation or adhesions, leading to restricted joint movement and functional impairment.

3.2.5 筋结：指筋伤后气血凝滞，形成囊肿状的局限性肿块。

3.2.6 筋缩：指筋伤后出现短缩现象，通常由于损伤后关节固定时间较长导致粘连，或因固定于特定位置而出现特定筋挛缩，造成关节活动受限和功能障碍。

3.2.7 "Jin" Atrophy: Weakening of "Jin" functionality after injury, manifesting as weakness and fatigue.

3.2.8 "Jin" Laxity: Describes looseness and lack of strength in the "Jin" following injury.

3.2.7 筋痿：指筋伤后筋腱功能减弱，表现为痿软无力。

3.2.8 筋柔：指筋伤后关节松弛乏力。

3.3 Classification in Modern TCM Study of "Jin" Injuries

Modern TCM classifies sports injuries in greater detail:

3.3.1 By Duration: Fresh injuries and chronic injuries.

3.3.2 By Injury Type: Includes sprains, contusions, crush injuries, and lacerations.

3.3 现代中医筋伤学的分类

现代中医筋伤学对运动损伤进行了更为细致的分类：

3.3.1 按受伤时间长短：分为新鲜筋伤和陈旧性筋伤。

3.3.2 按受伤的方式：分为扭伤、挫伤、碾压伤、切割伤等。

3.3.3 By Pathological Nature: "Jin" injuries with blood stasis, "Jin" subluxation (abnormal "Jin" position), "Jin" tear, "Jin" rupture, and bone misalignment.

3.3.4 By Skin and Mucous Membrane Integrity: Open and closed "Jin" injuries.

3.3.3 按损伤的病理性质：分为筋伤血瘀、筋出槽（筋位异常）、筋撕裂伤、筋断裂、骨错缝五种。

3.3.4 按皮肤、黏膜完整性：分为开放性筋伤和闭合性筋伤。

3.3.5 By Injury Site: Injury to neck, lumbar-sacral region, shoulder, elbow, wrist, hand, hip, knee, ankle, and foot "Jin". 3.3.6 By Severity: Minor and severe "Jin" injuries.

3.3.5 按损伤部位：分为颈项部筋伤、腰骶部筋伤、肩部筋伤、肘部筋伤、腕部筋伤、手部筋伤、髋部筋伤、膝部筋伤、踝部筋伤、足部筋伤等。

3.3.6 按受伤程度分类：分为轻度筋伤和重度筋伤。

4. Western Medical Treatment of Sports Injuries and Its Limitations

4.1 Conventional Western Medical Treatment for Sports Injuries

Early Treatment: The Physical Therapy RICE Principle

In the early stages of treating sports-related soft tissue injuries, Western medicine primarily employs the physical therapy RICE principle, which includes:

- **R (Rest):** Rest to prevent further injury.
- **I (Ice):** Applying ice to reduce tissue temperature, decrease blood flow and swelling, promote blood vessel constriction, and alleviate pain and spasms.
- **C (Compression):** Applying pressure to control bleeding and swelling.
- **E (Elevation):** Elevating the limb to promote blood return and reduce swelling.
- For acute injuries, regardless of severity, hot compresses and manual massage treatments are generally avoided within the first 24 hours after immobilisation (48 hours for severe injuries).

4. 运动损伤的西医治疗及其不足之处

4.1 传统西医对运动损伤的治疗

早期处理：物理疗法 RICE 原则

在运动性软组织损伤的早期处理中，传统西医采用物理疗法，即 RICE 原则。这一原则包括：

- **R (Rest):** 休息，避免进一步损伤。
- **I (Ice):** 冰疗冷敷，以降低组织温度、减少血流和肿胀，促进血管收缩，减轻疼痛和痉挛。
- **C (Compression):** 加压包扎，以控制出血和肿胀。
- **E (Elevation):** 抬高肢体，以促进血液回流，减轻肿胀。
- 对于急性损伤，无论轻重，在制动后的 24 小时内（严重损伤者则在 48 小时内），应禁止热敷和推拿按摩等手法治疗。

4.2 Limitations of Traditional Western Medical Treatment

The Drawbacks of Ice Compression and Elevation

In treating sports-related closed soft tissue injuries, traditional Western medicine primarily focuses on passive treatment within the acute phase of 24 to 48 hours, including ice application, compression bandaging, and limb elevation. These methods aim to reduce internal bleeding, tissue fluid exudation, and swelling. However, this approach has limitations as it neglects changes in anatomical alignment following soft tissue injury.

4.2 传统西医治疗的局限性

冷敷-加压包扎-制动的弊病

传统西医在治疗运动性闭合软组织损伤时，主要侧重于急性期 24 至 48 小时内的被动处理，包括冷敷、加压包扎和抬高患肢。这些方法旨在减少内出血、组织液渗出和肿胀。然而，这种治疗方法存在局限性，因为它忽视了软组织损伤后解剖位置的变化。

This lack of immediate repositioning of the anatomical structures results in a series of issues in

subsequent treatment. Therefore, traditional Western medicine still requires improvement in addressing sports injuries.

正是由于这种解剖位置未能及时复位，导致后续治疗中出现了一系列问题。因此，传统西医治疗在运动损伤的处理上仍有待完善。

5. TCM Principles for Treating Sports Injuries

5.1 General TCM Principles for Treating Sports Injuries ("Jin" Injuries)

When treating sports injuries ("Jin" injuries), TCM adheres to the following principles: 5.1.1 Equal Emphasis on "Jin" and Bones: Treatment should address both "Jin" and bones and consider the interaction between internal factors (such as liver and kidney function) and trauma.

5. 运动损伤的中医治疗原则

5.1 运动损伤（筋伤）的中医治疗总则

中医治疗运动损伤（筋伤）时，遵循以下总则：

5.1.1 筋骨并重：治疗时需同时关注筋与骨的关系，并考虑内因（如肝肾功能）与外伤的相互作用。

5.1.2 Internal and External Focus: While treating external injuries, attention should be given to the internal impact, and a treatment strategy combining both is ideal. 5.1.3 Differentiation of Acute and Chronic: Depending on whether the injury is acute or chronic, choose different treatments—primarily blood circulation and stasis resolution for acute injuries, and nourishing and rehabilitation for chronic ones.

5.1.2 内外兼顾：在治疗外伤的同时，注意内伤的影响，治疗策略应内外结合。

5.1.3 急慢有别：根据筋伤是急性还是慢性，选择不同的治疗方法。急性以活血化瘀为主，慢性则注重补益和调理。

5.1.4 Prevention and Treatment: Prevention and post-injury recovery are equally important, with appropriate exercise and medicinal adjustment.

5.1.5 Treating the Root and Supporting Vitality while Eliminating Pathogens: Focus on the core issue of the injury, balancing support of vitality with elimination of harmful factors.

5.1.4 防治结合：预防筋伤与促进伤后恢复同等重要，应结合适当运动和药物调理。

5.1.5 治病求本与扶正祛邪：找出病变的本质，平衡扶正与祛邪的关系。

5.1.6 Adjusting Yin and Yang, Following the Principle of Three Causes: Emphasise individual differences, and adapt treatments based on the person, location, and timing of the injury.

5.1.6 调整阴阳，三因制宜：注重个体差异，因人、因地、因时选择合适的治疗方法。

5.2 TCM Principles for Treating Acute Sports Injuries ("Jin" Injuries)

For acute sports injuries ("Jin" injuries), TCM treatment follows these principles: 5.2.1 Promote Blood Circulation and Remove Stasis: Enhance blood circulation to aid in tissue repair. 5.2.2 Reduce Swelling and Relieve Pain: Essential goals in the initial stage of acute "Jin" injuries.

5.2 急性运动损伤（筋伤）的中医处理原则

针对急性运动损伤（筋伤），中医治疗遵循以下原则：

5.2.1 活血化瘀：增强血液循环，促进受损组织修复。

5.2.2 消肿止痛：急性筋伤初期的重要治疗目标。

5.2.3 Relax "Jin" and Activate Meridians: Restore normal function of damaged tissues through TCM therapies.

5.2.4 Integrated Treatment: Combine local and holistic approaches, treating both body and mind.

5.2.3 舒筋活络：通过中医治疗手段，使受损组织恢复正常。

5.2.4 内外兼治：局部与整体相结合，心身同治。

5.3 Key Points in Differentiation for Acute Sports Injuries ("Jin" Injuries)

Differentiation is a key aspect of TCM

treatment. For acute sports injuries ("Jin" injuries), differentiation is mainly performed from two perspectives:

5.2.5 Individualised Treatment: Tailor treatment to specific symptoms and body constitution.

5.2.6 Relapse Prevention: Prevent re-injury of acute "Jin" injuries.

5.2.7 Holistic Adjustment: Regulate organ function to accelerate healing.

5.2.8 Support Vital Qi and Expel Pathogens: Enhance the body's qi to improve resistance and restore normal "Jin" function.

5.3 急性运动损伤（筋伤）的辨证要点

辨证是中医治疗的关键，对于急性运动损伤（筋伤），主要从以下两个方面进行辨证：

5.3.1 Anatomical Differentiation:

5.3.1.1 Muscle and Ligament Differentiation: First, identify the injured muscles, muscle groups, and ligaments. Understanding their function, range of motion, and severity of injury is essential. Muscle and ligament injuries may result in pain, swelling, stiffness, or movement disorders, requiring targeted acupuncture for specific muscles and ligaments.

5.3.1 解剖学辨证：

5.3.1.1 肌肉韧带辨证：首先要识别受损的肌肉、肌肉群和韧带，了解其功能和活动范围，以及损伤的严重程度。肌肉韧带损伤可能导致疼痛、肿胀、僵硬或运动障碍，因此治疗时需针对特定肌肉韧带进行针刺。

5.3.1.2 Nerve and Vascular Differentiation: Muscle injuries often involve specific nerves. Nerve damage may lead to sensory abnormalities, numbness, or motor dysfunction. Treatment should consider nerve pathways and areas they innervate, along with the circulation status of blood vessels in the injured area.

5.3.1.2 神经血管辨证：损伤的肌肉往往与特定的神经有关，神经损伤可能导致感觉异常、麻木或运动功能障碍。治疗时需考虑神经的走向和支配区域，也要考虑血管的受压或损伤区域的血液循环情况。

5.3.1.3 Fascial Chain Differentiation: The

fascial chain represents the continuity of fascial structures in the body, interconnecting and supporting movement. Fascial chain injuries can lead to localised or distant pain and dysfunction, so treatment should focus on repairing the damaged fascial chain and maintaining overall biomechanical balance.

5.3.1.3 筋膜链辨证：筋膜链是指身体中筋膜的连续性结构，它们相互连接并支持身体的动作。筋膜链的损伤可能导致局部或远程的疼痛和功能障碍。治疗时需关注受损筋膜链的修复和整体的力学平衡。

5.3.1.4 Postural Alignment Differentiation: Postural alignment refers to the body's force transmission pathways during movement or at rest. Injuries may alter these pathways, causing pain or dysfunction. Treatment should aim to correct poor posture and restore normal force transmission lines.

5.3.1.4 姿势力线辨证：姿势力线是指人体在运动或静止状态下力量传递的路径。损伤可能导致姿势力线的改变，进而引起疼痛或功能障碍。治疗时需纠正不良姿势，恢复力线的正常传递。

5.3.2 TCM Differentiation:

5.3.2.1 Meridian Differentiation: TCM views meridians as pathways for qi and blood flow, connecting various body parts. Acute "Jin" injuries may lead to meridian blockage and qi stagnation. Treatment involves selecting specific acupoints along the meridians corresponding to the injured area to unblock meridians and harmonise qi and blood.

5.3.2 中医学辨证：

5.3.2.1 经络辨证：中医认为人体的经络是气血运行的通道，与身体的各个部位相联系。急性筋伤可能导致经络阻塞，气血不畅。治疗时需根据受损部位所属的经络，选择相应的穴位进行针灸，以疏通经络，调和气血。

5.3.2.2 Organ Differentiation: The function of the internal organs directly impacts the meridian pathways and the body's health. For example, the

liver governs "Jin", and the kidneys govern bones; "Jin" and bone injuries may relate to liver and kidney dysfunction. Treatment should combine organ differentiation, adjusting liver and kidney functions to promote "Jin" injury recovery.

5.3.2.2 脏腑辨证：脏腑功能的正常与否直接影响经络的通畅和身体的健康状况。例如，肝主筋，肾主骨，筋骨损伤可能与肝肾功能失调有关。治疗时需结合脏腑辨证，调整肝肾等脏腑的功能，以促进筋伤的恢复。

6. TCM Acupuncture Treatment Methods for Acute Sports Injuries

TCM acupuncture treatment for acute "Jin" injuries follows a set of carefully designed principles and methods to ensure maximum therapeutic effectiveness. Below are specific acupuncture strategies for acute "Jin" injuries:

6. 急性运动损伤的中医针灸治疗方法

中医针灸在治疗急性筋伤时，遵循一系列精心设计的原则和方法，旨在确保治疗效果的最大化。以下是针灸治疗急性筋伤的具体策略：

6.1 Accurate Diagnosis

Before initiating acupuncture treatment, the first step is a comprehensive diagnosis. This includes using the four TCM diagnostic methods: observation, auscultation/olfaction, inquiry, and palpation to thoroughly understand the patient's condition. Through these methods, TCM practitioners can pinpoint the injury's location, severity, nature, and any involved meridians or organs, forming a solid foundation for personalised treatment plans.

6.1 明确诊断

在启动针灸治疗之前，首要步骤是进行全面的诊断。这包括运用中医四诊法：观察、闻诊、问诊和切诊，以深入了解患者的病情。通过这些手段，中医师能够精确把握损伤的部位、程度、性质，以及可能涉及的经络和脏腑，从而为制定个性化治疗方案奠定坚实基

础。

6.2 Precision Treatment

Based on the diagnosis, TCM practitioners select targeted acupuncture treatment strategies. This approach emphasises selecting specific acupoints and needling techniques suited to the patient's condition to achieve the best therapeutic results. For instance, acupoints that improve blood circulation and relieve muscle tension may be chosen to treat muscle injuries.

6.2 精准施治

基于明确诊断，中医师会选择针对性的针灸治疗方案。这一方法强调根据患者具体情况，精选穴位和针刺手法，力求达到最佳治疗效果。例如，针对肌肉损伤，可能会选取能促进血液循环、缓解肌肉紧张的穴位进行治疗。

6.3 Muscle Needling Technique

The muscle needling technique is an essential component of acupuncture treatment for acute "Jin" injuries. By stimulating specific points, such as Ah Shi points (the most painful areas), origin and insertion points of local muscles, blood circulation is promoted, effectively relieving muscle pain and stiffness.

6.3 肌肉刺法

肌肉刺法是针灸治疗急性筋伤的重要组成部分。通过刺激特定穴位，如阿是穴（即疼痛最明显的部位）、局部肌肉的起始穴和终止穴，可以促进肌肉血液循环，有效缓解肌肉疼痛和僵硬。

6.4 Fascial Needling Technique

Fascial needling focuses on adjusting and repairing the fascial chain. By stimulating acupoints closely related to fascia, fascia tension is relieved, pain is alleviated, and fascia function is restored. This technique is especially effective for dysfunction caused by damaged or tense fascial chains.

6.4 筋膜刺法

筋膜刺法专注于筋膜链的调整和修复。通过针刺与筋膜紧密相关的穴位，可以减轻筋膜紧张、缓解疼痛，并促进筋膜功能的恢复。这

种方法对于筋膜链受损或紧张导致的功能障碍尤为有效。

6.5 Line of Force Correction

Line of force correction uses acupuncture to adjust postural alignment, helping the body return to its normal state. This is important for "Jin" injuries caused by poor posture or imbalanced force transmission lines. By stimulating key acupoints, TCM practitioners can help patients restore correct posture and proper force transmission.

6.5 调正力线

调正力线是通过针灸调整人体姿势力线，使其恢复正常状态的过程。这对于因姿势不当或力线失衡导致的筋伤具有重要意义。通过刺激关键穴位，中医师可以帮助患者恢复正确的姿势和力量传递方式。

6.6 Guiding Qi to the Injury Site

Guiding qi to the injury site is a core principle in acupuncture treatment, meaning to channel qi and blood flow to the injured area through needling. In treating acute "Jin" injuries, TCM practitioners use specific needling techniques and acupoint selections to ensure that qi and blood reach the injury, promoting tissue repair and functional recovery.

6.6 气至病所

气至病所是针灸治疗的核心原则之一，意指通过针刺引导气血流向受损部位，实现治疗目的。在急性筋伤的治疗中，中医师会运用特定的针刺手法和穴位选择，确保气血能够准确到达病灶，促进受损组织的修复和功能恢复。

6.7 Proper Bone Alignment and "Jin" Flexibility

The concept of proper bone alignment and flexible "Jin" emphasises focusing on both bone and "Jin" condition during treatment. In acute "Jin" injury treatment, both the injured soft tissues and correct skeletal alignment are addressed. By combining acupuncture with manual therapy techniques, practitioners can achieve optimal bone positioning and "Jin" flexibility, promoting overall recovery.

6.7 骨正筋柔

骨正筋柔理念强调在治疗过程中同时关注骨骼和筋脉的状态。在急性筋伤的治疗中，不仅要关注受损的软组织，还要确保骨骼结构的正确排列。通过针灸与理疗手法的结合运用，可以达到骨骼正常位置与筋脉柔韧状态的双重目标，从而促进整体恢复。

In summary, the acupuncture methods used in TCM to treat acute "Jin" injuries are both comprehensive and detailed, addressing not only local injuries but also the overall state of qi, blood, and meridians. Through the combined use of these methods, acupuncture effectively promotes recovery from acute "Jin" injuries and reduces the risk of recurrence.

综上所述，中医针灸治疗急性筋伤的方法既全面又细致，不仅关注局部损伤，还充分考虑整体气血和经络状态。通过综合运用这些治法，针灸能够有效地促进急性筋伤的恢复，并降低复发的风险。

7. Case Examples

7.1 Case 01: Acute Ankle Sprain

Patient: Female, 16 years old. Date of Visit: May 9, 2022.

Chief Complaint: Right lateral ankle sprain for 1 day.

History of Present Illness: The patient twisted her right lateral ankle while playing badminton yesterday. She reported pain and swelling in the right ankle, and she could not bear weight on it, needing crutches to walk. No X-ray was taken.

Physical Examination: Overall condition good, in good health. Severe tenderness noted at the distal end of the fibula in the right lateral ankle; patient refused to allow further palpation. No tapping pain was observed, ruling out fractures.

Diagnosis: Injury to the calcaneofibular ligament.

Treatment: Acupuncture at fibula proximal points, such as Yanglingquan, Xuanzhong, and Qixu, combined with manual repositioning of the

fibula distal end.

Outcome: Significant symptom relief post-treatment; the patient could walk unaided without crutches, with immediate therapeutic effects.

Experience: Ankle sprains, especially those involving sudden inward foot movement, most commonly injure the talofibular ligament or calcaneofibular ligament. Severe sprains may involve high ankle ligaments or the deltoid ligament. For diagnosis, various ligament sites around the ankle should be examined, including exclusion of other injuries, such as fifth metatarsal fractures.

7. 病案举例

7.1 病案 01 急性踝关节扭伤

患者: 女性, 16岁, 就诊日期为2022年5月9日。

主诉: 右外踝扭伤1天。

现病史: 昨天打羽毛球时扭伤右外踝, 右踝部疼痛, 肿胀, 右足不能踩地, 拐行。未拍X光片。

查体: 一般情况好, 身体健康。右外踝腓骨远端压痛明显, 拒按。局部无叩击痛, 排除骨折。

诊断: 右外侧跟腓韧带损伤。

治疗: 针灸(腓骨近端穴位, 如阳陵泉、悬钟、丘墟) +手法(腓骨远端下移复位法)。

疗效: 治疗后患者症状显著改善, 能够正常下地行走, 无需拐杖辅助, 治疗效果立竿见影。

经验: 踝关节扭伤, 尤其是当足部突然内翻时, 最常见的损伤是距腓前韧带或外侧跟腓韧带的拉伤。在某些情况下, 这种扭伤还可能伴随下胫腓韧带(即高位扭伤)或三角韧带的损伤。患者通常会描述, 在踝关节内翻的瞬间, 会突然听到一声“砰”的响动, 紧接着踝关节外侧会出现剧烈的疼痛和肿胀, 导致患者跛行甚至无法行走。在进行体格检查时, 应特别注意踝关节周围不同韧带是否有明显的压痛点, 并要排除是否伴有其他损伤, 如第5跖骨干骨折等。

7.2 Case 02: Right Deltoid Muscle Injury

Patient: Female, 14 years old, professional

swimmer.

Chief Complaint: Right shoulder pain and movement restriction for one week.

History of Present Illness: The patient experienced right shoulder pain and limited lifting ability, impacting her training after a recent week of swimming practice.

Physical Examination: Marked tenderness in the middle bundle of the right deltoid, with palpable nodular bands and tenderness under the acromion. Pain increased with right shoulder abduction.

Diagnosis: Injury to the middle bundle of the right deltoid muscle.

Treatment: Acupuncture (penetrating point selection, including Binao through Jianyu, deltoid tender point stimulation, Quchi, and Hegu).

Outcome: Full restoration of right shoulder mobility without pain after acupuncture.

Experience: The deltoid muscle, shaped like a triangle, originates from the outer third of the clavicle, the lateral edge of the acromion, and the inferior edge of the scapular spine. In cases of palpable nodules in the middle deltoid bundle, acupuncture with an oblique insertion of approximately 3 cm can trigger muscle bundle twitching, usually dissipating nodules after three sessions, restoring elasticity and alleviating tenderness.

7.2 病案 02 右三角肌损伤

患者: 女性, 14岁, 专业游泳运动员。

主诉: 右肩疼痛, 活动障碍1周。

现病史: 本周参加游泳训练, 出现右肩部疼痛, 抬举受限, 影响训练。

查体: 右三角肌中束有明显压痛, 可触及条索状结节, 肩峰下有压痛。右肩外展时疼痛加剧。

诊断: 右三角肌中束损伤。

治疗: 针灸(右臂臑透肩髃, 三角肌孔跳, 曲池, 合谷)

疗效: 针灸后右肩活动自如, 无疼痛不适。

经验: 三角肌, 坐落于肩部, 形态呈三角形。其起始点恰好与斜方肌的终止点相对应,

具体位于锁骨外侧三分之一的前缘及上表面、肩峰的外侧边缘以及肩胛冈下缘。肌纤维逐渐向外下方汇聚，最终附着于肱骨体外侧的三角肌粗隆处。肌腱继续向下延伸，与臂部的深筋膜相连，并进一步延伸至前臂。采用斜刺法，深度约 3 厘米，可诱发三角肌肌束的跳动。通常，经过三次这样的跳动后，肌束内的硬结会消失，整块肌肉恢复原有的弹性，且压痛感也会随之消失。

7.3 Case 03: Hamstring Strain

Patient: Male, 44 years old. Date of Visit: May 25, 2023.

Chief Complaint: Right posterior thigh muscle strain, unable to walk for one day.

History of Present Illness: The patient experienced a tearing pain in the right posterior thigh while racing with his child on grass, leading to a fall and inability to stand or walk. Today, he was brought to the clinic with the assistance of family, presenting with a flexed right thigh and refusal to allow palpation due to pain.

Physical Examination: Swelling and tenderness in the right posterior thigh, refusal of palpation. Prone position knee flexion resistance test positive; supine straight leg raise test limited to 10 degrees.

Diagnosis: Hamstring strain.

Treatment: Acupuncture at points Yin Valley, Weiyang, Yinmen, Chengfu, and Ah Shi points.

Outcome: Pain significantly reduced post-treatment; the patient could walk independently. Two weeks later, during a follow-up after a family vacation in Dubai, he reported a full recovery with no discomfort in the right thigh.

Experience: The hamstring muscles, comprising the biceps femoris, semitendinosus, and semimembranosus, are positioned at the back of the thigh and span two joints, performing knee flexion and hip extension. In this case, the primary cause was insufficient warm-up. Using flat needle insertion, the acupuncture effectively relieved muscle swelling and promoted healing, achieving excellent results.

7.3 病案 03 腱绳肌拉伤

患者：男性，44岁，就诊日期：2023年5

月 25 日

主诉：右大腿后侧肌肉拉伤，不能行走1天。

现病史：昨日在草地上和孩子赛跑，突然起跑用力，右大腿后侧撕裂感疼痛剧烈，摔倒不能站立行走。今日由家人搀扶进诊所，右大腿屈曲，后侧疼痛拒按。

查体：右大腿后侧肿胀，压痛拒按，俯卧位屈膝抗阻力试验阳性。仰卧位直腿抬高 10 度。

诊断：腘绳肌拉伤

治疗：针灸，阴谷、委阳、殷门、承扶、阿是穴

疗效：治疗后疼痛明显减轻，可自己下地行走，转天全家去杜拜度假，2 周后回来复查，讲述针灸治疗后基本恢复正常，现右大腿活动正常，无任何不适主诉。

经验：腘绳肌，这一肌群主要由股二头肌、半腱肌及半膜肌三部分构成。它们的主要功能是协同作用以实现小腿的屈曲和大腿的伸展。关于本病例，其主要病因在于运动前的热身活动不足。患者在未经充分准备的情况下突然进行高强度跑步，导致局部肌肉筋膜受到拉伤。鉴于受伤部位未出现皮下出血的迹象，我们推断损伤主要发生在肌筋膜层面。在治疗方面，笔者采用了针灸刺法中的平刺法。这种方法能够有效地平复受伤的肌筋膜，迅速减轻局部肿胀，从而达到了预期的良好治疗效果。

8. Conclusion

The cases above clearly demonstrate the multiple advantages of TCM acupuncture in treating acute sports injuries. First, as a therapeutic method, acupuncture regulates the body's qi, blood, and meridians, enhancing overall health. Second, its non-invasive nature minimises secondary injury and potential side effects.

8. 总结

从上述病例中，我们可以清晰地看到中医针灸在治疗急性运动损伤方面所展现的多重优势。首先，针灸作为一种疗法，能够调和人体气血与经络，从而促进整体健康状态的提升。

其次，其非侵入性的治疗特性极大地减少了对患者身体的二次伤害及潜在副作用的风险。

Acupuncture's flexibility is one of its notable strengths. Acupuncturists can choose specific acupoints and needling techniques based on the patient's condition, meeting individual treatment needs precisely. More importantly, acupuncture stimulates the body's self-repair mechanism, accelerating tissue repair through improved blood circulation.

针灸治疗的灵活性也是其显著特点之一。根据患者的具体病情，针灸师可以选择不同的穴位和针刺手法，以精准地满足患者的个性化治疗需求。更为重要的是，针灸能够激发身体的自我修复机制，通过促进血液循环来加速组织的修复过程。

Early intervention with acupuncture in acute sports injuries has been shown to significantly improve treatment outcomes. Anatomically, acupuncture directly stimulates deep fascia, releasing tension and easing muscle spasms to restore muscle shape and function. From a meridian perspective, acupuncture mobilises qi and blood in the organs, creating optimal conditions for healing.

在急性运动损伤的治疗中，针灸的早期介入被证明能够显著提升治疗效果。其治疗原理在于，从解剖层面直接刺激深层筋膜，使受伤的筋膜得以舒展，同时缓解肌肉挛缩，帮助肌肉恢复自然的形态与功能。而从经络层面来看，针灸能够刺激全身经络，调动脏腑气血，为伤处的修复创造有利条件。

In clinical outcomes, acupuncture treatment rapidly relieves pain and swelling associated with acute "Jin" injuries, significantly enhancing patients' quality of life. By regulating meridians and qi, acupuncture also reduces recurrence rates, promoting long-term health. Furthermore, acupuncture is effective in restoring muscle and fascia function, helping patients resume normal activities sooner. As a natural therapy, acupuncture is well accepted by patients, especially those who are allergic to medications or seek alternative treatments.

从临床疗效来看，针灸治疗能够迅速缓解急性筋伤所带来的疼痛、肿胀等症状，从而显著提高患者的生活质量。通过调整经络和气血，针灸还有助于降低疾病的复发率，促进患者的长期健康。此外，针灸治疗在恢复受损肌肉和筋膜功能方面也表现出色，有助于患者更快地恢复正常活动能力。作为一种自然疗法，针灸易于被患者接受，特别适用于对药物过敏或寻求替代疗法的患者群体。

It is worth mentioning that acupuncture is relatively simple to administer and does not require complex equipment, making it suitable for implementation in various medical settings. Additionally, the relaxing experience during acupuncture treatment provides psychological comfort and support to patients, helping improve their mental state.

值得一提的是，针灸操作相对简便，无需复杂设备，因此便于在多种医疗环境中实施。同时，针灸治疗过程中的舒缓体验还能够为患者提供心理上的安慰和支持，有助于改善患者的心理状态。

Integration of Traditional Chinese and Western Medicine in Treatment

The integrative treatment model of combining Traditional Chinese and Western medicine also shows unique advantages. By blending diagnostic and therapeutic methods from both approaches, we can more comprehensively understand the nature of the injury and formulate a more effective treatment plan. The precise anatomical diagnostics of Western medicine, combined with the holistic and regulatory principles of TCM, not only enhance treatment effectiveness but also reduce reliance on medication.

中西医结合治疗模式的优势

中西医结合治疗模式也展现了其独特的优势。通过融合中西医的诊断和治疗方法，我们能够更全面地认识疾病的本质，从而制定出更为有效的治疗方案。西医的精确解剖诊断与中医的整体调理理念相结合，不仅提高了治疗效果，还减少了对药物的依赖。

In summary, acupuncture for treating acute "Jin" injuries not only effectively alleviates

symptoms and promotes recovery but also complements Western medical treatments, providing patients with a personalised and comprehensive treatment approach. This natural and easily accepted treatment has gained widespread application and recognition in clinical practice.

综上所述，针灸治疗急性筋伤不仅能够有效缓解症状、促进恢复，而且能够与西医治疗相辅相成，为患者提供个性化和全面的治疗方案。这一自然且易于接受的治疗手段已经在临幊上得到了广泛的应用和认可。

References

1. Dorling Kindersley. (2019). *Everyday Sports Injuries: The Essential Step-by-Step Guide to Prevention, Diagnosis, and Treatment*. DK Publishing.
2. Zhan, H. S., et al. (2012). *Traditional Chinese "Jin" Injury Studies: For Orthopedics and Integrative Clinical Studies*. Shanghai: Shanghai Science and Technology Press.
3. Wang, H. M. (2002). *Chinese Traumatology (New Century National Higher Education Traditional Chinese Medicine Textbook)*. Beijing: China Traditional Chinese Medicine Press.
4. Hu, G. (2007). *Bone and Joint Sports Injuries*. Beijing: People's Military Medical Press.
5. Yang, Z. M. (1996). *Needling and Moxibustion Techniques*. Shanghai: Shanghai Science and Technology Press.
6. Sun, S. C., Sun, Z. H. (2000). *Studies on Traditional Chinese Medicine "Jin" Injuries*. Beijing: People's Health Publishing House.
7. Fang, J. X., Jin, X. D. (2010). *Chinese Traumatology*, 2nd Edition. Beijing: People's Health Publishing House.
8. Wang, Y. Q., Yang, H. (2006). *Studies on Traditional Chinese Medicine "Jin" Injuries*. Beijing: People's Military Medical Press.
9. Travell, J. G., Simons, D. (2018). *Travell & Simons' Myofascial Pain and Dysfunction: The Trigger Point Manual*. LWW.
10. Myers, T. W. (2014). *Anatomy Trains: Myofascial Meridians for Manual and Movement Therapists*, 3rd Edition. Edinburgh; New York: Churchill Livingstone/Elsevier.

参考文献

1. Dorling Kindersley, 2019. *Everyday Sports Injuries: The Essential Step-by-Step Guide to Prevention, Diagnosis, and Treatment*. DK Publishing.
2. 詹红生, 等. 2012. 中医筋伤学: 供中医骨伤专业、中西医结合临床专业用. 上海: 上海科学技术出版社.
3. 王和鸣. 2002. 中医伤科学 (新世纪全国高等中医药院校规划教材) . 北京: 中国中医药出版社.
4. 胡广. 2007. 骨与关节运动损伤. 北京: 人民军医出版社.
5. 杨兆民. 1996. 刺法灸法学. 上海: 上海科技出版社.
6. 孙树椿, 孙之镐. 2000. 中医筋伤学. 北京: 人民卫生出版社.
7. 方家选, 金晓东. 2010. 中医伤科学, 第 2 版. 北京: 人民卫生出版社.
8. 王衍全, 杨豪. 2006. 中医筋伤学. 北京: 人民军医出版社.
9. Travell, J.G., Simons, D., 2018. *Travell & Simons' Myofascial Pain and Dysfunction: The Trigger Point Manual*. LWW.
10. Myers, T.W., 2014. *Anatomy Trains: Myofascial Meridians for Manual and Movement Therapists*, 3rd Edition. Edinburgh; New York: Churchill Livingstone/Elsevier.

针刺为主治疗少儿遗尿 1 例经验分享

杨玲

定义：年满 5 周岁以上，具有正常排尿功能的少儿，白日有排尿意识，能自主上厕所小便，但在睡眠中小便不能自行控制，不能自己觉醒去厕所小便称遗尿。偶因疲劳或饮水过多而遗尿者，不做病态论。

中医病因和病机：多因先天禀赋不足，病后体弱致肾气不足，下元虚冷，膀胱约束无力；或病后肺脾气虚，水道制约无权，因而发生遗尿。病变部位主要在肾，病变性质以虚证为主。

1. 患者基本情况：

患者，英国北爱尔兰女童，9 岁。首诊：2023 年 10 月 18 日。

出生时是 36 周早产儿。出生后，各项发育较迟缓，但智力正常，排尿功能正常。经父母指导和练习，于一岁半开始白日可以有尿意时可以告知父母或自己找便盆小便，但夜间一直不能自主醒来去厕所排尿，而是在尿床后醒来，每夜尿床 2-3 次。曾去家庭医生及医院检查，无器质性病变。该患儿因尿床而极度自卑，不敢随家人在亲戚朋友家留宿，亦不敢参加学校组织的需要在外过夜的集体活动。易疲劳，紧张焦虑，食欲不振，手足冷。

查：身材较同龄儿童矮小，面容疲倦，面色㿠白，语气温和，喜叹息，注意力不集中。舌淡红，苔少，舌尖红，脉沉细。

2. 诊断：肾阳不足型遗尿伴脾虚纳差。

3. 治疗方法及疗效：

仰卧位，0.18mmx15mm 毫针针刺

取穴：百会，神门，气海，关元，足三里，三阴交，太溪。留针 20 分钟。留针期间补法行针一次，TDP 照射小腹。

俯卧位，0.18mmx15mm 毫针针刺

取穴：安眠穴，肝俞，脾俞，膀胱俞。留针 20 分钟，配合 TDP 照射腰骶部。

针刺后，按揉百会，涌泉，合谷及太冲，每穴按揉半分钟。

就诊治疗频次：首诊后，每周治疗两次，治疗四周。治疗 3 次后，情绪紧张减轻，尿床次数逐渐减少，四周后病情明显好转，曾出现过连续 2-3 天无尿床。后改为一周一次治疗共 12 次，此十二周治疗期间，第一周尿床一次，第二周无尿床发生。第三周尿床一次。之后连续三周无尿床，第 7 周尿床一次。该患者一共接受上述治疗 20 次，历时 16 周，因最后 5 周无尿床发生而于 16 周后结束治疗。

在治疗过程中，随着遗尿的减少，睡眠质量改善，体力增加，精神状态佳，食欲改善，体重增加，半年身高明显增高。开朗有自信，注意力集中。面红润，舌淡红，苔薄白，无舌尖红赤。脉象亦明显好转。

停止治疗半年后，电话随访获知，患儿状态良好，仅有一次参加同学生日会因晚上喝饮料过多且疲劳，尿床一次。

4. 体会：针刺为主治疗无器质性病变的遗尿疗效较好，在针刺治疗的同时，建议患儿锻炼身体，均衡饮食，注意下肢的保暖并给以心理疏导亦很重要。

两例动筋针治疗痛症分享

徐淑敏

动筋针治疗疾病的原则：

1.以痛为输：在《灵枢经筋》和《黄帝内经》里，都提到过“以痛为输”。以痛为输是所有经筋疾病的治疗原则。查找动筋点，完全可以依照这一原则，用医者的手来检查患者的痛处。

2.根据患者做来诊时主诉，医者给与动态检查，查看出运动障碍，分析患者的责任肌，一块块肌肉的排查，如果发现痛而紧张的肌肉，通过肌肉解剖完全了解肌肉的起止点，在紧张肌肉的起止点下针，或本肌肉痛点和张力点下针。

3.根据患者来诊时主诉，了解周围肌肉的走向，覆盖主诉痛点的肌肉群，到相关肌肉群去找痛点或筋结点。

4.检查流程：三步一流程，1) 嘴患者一个手指出哪痛？2) 动态检测，判断出责任肌 3) 医生触诊，通过手摸，心领神会，确定病灶点。4) 确定针刺治疗点

5.找点是基础，针刺是关键，运动是核心，动筋针的治疗总纲。

病例一：病历号 2023-152 日期：
2023/05/17

姓名：Shirley Edwards 性别：女性，年龄：81岁。聋哑人

主诉：左侧大腿上部疼痛，膝关节外侧痛一周。

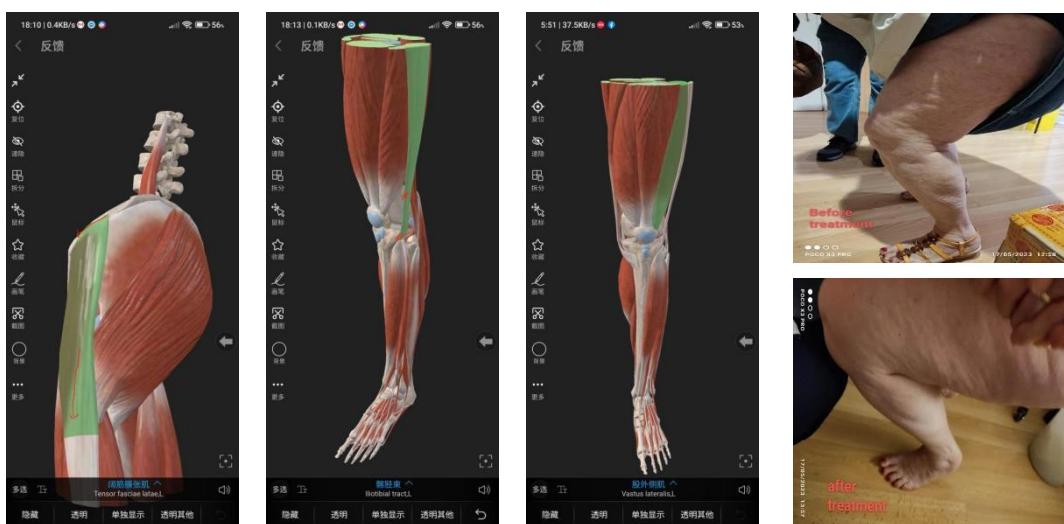
现病史：无明显诱因引起的左侧大腿外侧和膝关节外侧痛，行动跛行，无法下蹲，抬腿受限。以前做过针灸感觉效果不错，也没看 GP 直接通过互联网来针灸诊所。

初步诊断：髋关节，膝关节炎

查体：三步一流程，A，一手指，指出髋关节痛和膝关节外侧疼。B.动态检测，行走困难，下蹲困难，抬腿受限，C，让患者上床，检查：髂骨和股骨大转子处都有触痛，沿大腿侧面往膝关节方向，有很多结节，少许疼痛。膝关节外侧疼痛严重。D：确定进针点。

初步诊断损伤肌肉：阔筋膜张肌/髂胫束/股外侧肌

动筋针治疗：75mm/50mm 阔筋膜张肌起始点针刺，动筋针针刺筋膜层，极限提拉，留针做带针运动。髂胫束和股外侧肌部位，可以查找痛点，针尖朝向膝关节外侧方向，针刺筋膜层，滞针提拉，做带针运动。主动被动运动，下床后带针下蹲运动。



病例二：病历号 W118 日期：2023/04/08

姓名：Lan Whitlock，性别：男，年龄：53岁，职业：厨师

主诉：左侧肩痛，上举受限已经两周多

现病史：病人自述，可能工作劳累引起，去GP给止痛药，口服后不见效，入夜疼痛更加严重，无法睡觉，前屈，侧屈均受限，背伸（后屈内旋）正常。

初步诊断：肩痛

查体：三步一流程:A:患者用一手指，指出



总结：

患者来诊，一定要谨记，三步一流程。记住，找点是基础，针刺是关键，运动是核心。

头脑要清晰，胆大心细。1.精准诊断，精准治疗，2.知道哪个肌肉的问题？了解肌肉解

哪痛？肩后部（肩贞穴附近），肩峰处。B.动态检测：前屈受限，呈90°角/侧屈也90°角。背伸正常，C.触诊：在冈上肌，肱三头肌长头，三角肌中束都有压痛。D.确定进针点。

治疗：动筋针在肱三头肌长头/冈下肌和冈上肌（长头部位，采用近乎90°角进针，做极限提拉）三角肌中/后束

退回到第二层，做运动。立刻手臂前屈。呈180°正常。



剖和功能。胆大要敢下针。下针时，要做到心中有数针尖在哪？心细：熟悉解剖位置，尤其附近的大血管和神经。患者出现痛苦表情，或者说痛时，注意调整针刺角度，深度。看到皮下出血，淤青，赶紧退针，棉球按压不揉。



How to Read the <Yellow Emperor's Inner Classic> without Knowing Chinese Language?

Jun Xu 徐军

Uniqueness Acupuncture London UK

*jasonxu80@hotmail.com

[Abstract]

<Yellow Emperor's Inner Classic>, as the first documented medical anthology compiled between the 6th century bce¹ to the 2nd century ce², constitutes huge challenges for contemporary Chinese readers, for reasons including enigmatic language style of classics, equivocal annotations in history due to intended know-how protection, follower mentality or lacking immersion. Non-Chinese readers may encounter with another obstacle that they could only rely on the translated versions from the Chinese *textus receptus* and/or annotations which might have been intertwined with multi-hued interpretations, but in the same time lack the language tools to backtrack the classic original for further clarifications when in doubts. The author of present article elucidated the possible ways for non-Chinese reader to overcome such challenges, using three examples as illustration.

Keywords: *As if holding a tiger in hands, Know-how Protection, Follower Mentality, Lacking immersion*

Compiled before 110 AD³, <Yellow Emperor's Inner Classic> (Nei Jing for short) left numerous enigma for each reader to tackle alone. Apart from difficulties caused by the gigantic differences between contemporary and classical Chinese languages, the authors of original text might have the intention to inspire readers' perseverance by hiding the true meaning in equivocal expressions. The subsequent compilers and annotators might share the authors' intention and carry forward the equivocations for reasons of either know-how protection or follower mentality. Moreover, some annotators might have no clue of what the original text meant due to inadequate drive or practical experiences to clear the obfuscation, and just annotated on basis of what they had presumed to be right.

In such scenarios, Chinese readers with critical

mind may have the advantage to analyse the original text with their classic language skills when not totally convinced by given interpretations. Nevertheless, this does not mean that non-Chinese readers have to take whatever stuffed in the translated versions. Approaching the reading properly, they could still detect the misplaced jigsaws and develop their own thoughts beyond the frame of translations. The golden rules are: (1) Read each word or sentence as a stand-alone setup, and never refer one word/ sentence/ passage/ chapter to another as a shortcut for homogeneous consistency and easy support. Because Nei Jing as a whole is a compendium of texts written by numerous authors over a time-span of a thousand years, passages excerpted and regrouped together could be totally unrelated to one another while authors, compilers, and

¹ <The Compiled Times of Huangdineijing> - GAO Ye-tao, JOURNAL OF JANGXI UNIVERSITY OF TCM 2009 Vol.21 No.2

² <The Analyses of Compiled Times of Huangdineijing> - ZHANG Wei-bo, GAO Ye-tao and LI Hong-yan, Chinese Journal of Medical History, 2017 Vol. 3

³ <The Analyses of Compiled Times of Huangdineijing> - ZHANG Wei-bo, GAO Ye-tao and LI Hong-yan, Chinese Journal of Medical History, 2017 Vol. 3

annotators might represent different schools of doctrines of their own. (2) Develop one's own perceptiveness with critical thinking and treat every author/ compiler/ annotator in an equal status, with due respect for their efforts to document and distribute specific medical traditions. (3) Always correlate the passage under discussion with actual practice to verify i) whether it is misplaced in a passage with excerpts from different sources, ii) whether it was misinterpreted, iii) whether it is beyond one's scope of knowledge, and so forth. The following three example will assist us for discussion in further details:

Example 1 (Chapter 9 End and Beginning, Ling Shu⁴):

(Passage A⁵) *If they abound at the ren ying [opening] once [more than normal], the foot minor yang [conduit] is to be drained and the foot ceasing yin [qi conduit] is to be supplemented. Two drainages. One supplementation. They are to be removed once per day. It is essential to squeeze [the vessels] and to check the [condition of the qi]. If [their movement] races, they are to be removed above. Once the **qi is harmonized** [the needling] is to be stopped.*

(Passage B⁶) *If [the qi] at the vessel opening abound once [more than normal], they are to be drained from the foot ceasing yin [qi conduit], and the foot minor yang [conduit] is to be supplemented. Two supplementations. One drainage. [The qi] are to be removed once per day. It is essential to squeeze [the vessels] and to check the [condition of the qi]. If [their movement] races, they are to be removed*

*above. Once the **qi is harmonized** [the needling] is to be stopped.*

(Passage C⁷) *The fact is: Yin [qi] and yang [qi] do not move to each other's place. Depletion and repletion do not reach into each other's place. The [qi] are to be removed from the respective conduits.*

(Passage D⁸) *The fact is: A **first piercing** makes the evil yang [qi] come out. A **second piercing** makes the evil yin [qi] come out. A **third piercing** lets the grain qi arrive. Once the **grain qi have arrived**, [the needling] ends.*

>(Passage E⁹) *When it says "The grain qi have arrived", [it is like this]: One has **supplemented** and a **repletion has resulted**. One has **drained** and a **depletion has resulted**. Hence one knows that the grain qi has arrived. <*

(Passage F¹⁰) *When the **yin [qi] abound** while the **yang [qi]** are in a state of depletion, the **yang [qi]** are to be **supplemented first**. Only then the **yin [qi]** is to be **drained** to achieve **harmony**. When the **yin [qi]** is in a state of depletion while the **yang [qi]** abound, the **yin [qi]** is to be **supplemented first**. Only then the **yang [qi]** is to be **drained** to achieve **harmony**.*

These passages above are all excerpted from the 9th Chapter of Ling Shu, the acupuncture volume of Nei Jing. Reading through these passages, we may notice that Passage D & E are not in alignment with the rest, implying that they were sourced from separate writings. Evidences come from the contradictions listed below:

(1) Passage D, whereby the first 2 draining needles induce the Evil yang and Evil yin to exit, and the 3rd supplementing needle induces grain qi to arrive,

⁴ <Huang Di Nei Jing Ling Shu - The Ancient Classic on Needle Therapy - The complete Chinese text with an annotated English translation> by Paul U. Unschuld, University of California Press

⁵ The Chinese original reads as 人迎一盛，泻足少阳而补足厥阴，二泻一补，日一取之，必切而验之，躁取之上，气和乃止。

⁶ The Chinese original reads as 脉口一盛，泻足厥阴而补足少阳，二补一泻，日一取之，必切而验之，躁取之上，气和乃止。

⁷ The Chinese original reads as 故阴阳不相移，虚实不相倾，取之其经。

⁸ The Chinese original reads as 故一刺则阳邪出，再刺则阴邪出，三刺则谷气至，谷气至而止。

⁹ The Chinese original reads as 所谓谷气至者，已补而实，已泻而虚，故以知谷气至也。

¹⁰ The Chinese original reads as 阴盛而阳虚，先补其阳，后泻其阴而和之。阴虚而阳盛，先补其阴，后泻其阳而和之。

seems to coincide with Passage A in which among the 3 needles applied, 2 for drainage and 1 for supplementation. However, the 2nd draining needle in Passage D is to expel the Evil Yin while the 2nd draining needle in Passage A is only applied to the Yang channel.

(2) Passage B has 2 supplementing needles and only 1 for drainage, contradicting the 2 letting-out needles in Passage D

(3) Passage C confirms that Passages A and B contradict to Passage D because neither the moving of *yin* [*qi*] and *yang* [*qi*] interchangeable, nor the function of depletion and repletion.

(4) Passage F confirms that Passages A and B contradict to Passage D because supplementation comes always before drainage, while in Passage D the releasing comes first.

(5) Passage E was intended to reconcile the *qi* harmonization in Passages A & B with the grain *qi* arriving in Passage D. However, such a simple connection is inadequate to bridge to the complexity of supplementation and drainage in Passages A & B, let alone to mitigate the sequential conflicts of Passage D with others.

Although there is hypothesis that first piercing is into the skin layer, second to muscle and third to interstice for the circumstances in Passage D, it does not match with my limited observation whereby *qi* harmonization is more easily achieved with proper combination of acupoints than piercing different tissue layers, and is irrelevant to number of piercings.

Similar circumstances of text potpourri of different sources are occasionally seen in both Ling Shu and Su Wen. This reminds us to spare no effort for

careful scrutiny in reading classics as such, because differentiation of text sources will help us construct separate lineage of schools of doctrines, either based on fingertips¹¹, needle-tips¹² or needle shapes¹³, each of which may have their own intrinsic consistency and subsequently help improve our therapeutic effect and efficiency.

This example evidenced the importance of differentiating the sources of each passages in Nei Jing. The obfuscation that had not been cleared up by the compilers will continue to mislead us if we do not give additional efforts for the clarification. Homogeneous consistency has never existed in this works.

Example 2 (Chapter 25 Discourse on Treasuring Life and Preserving Physical Appearance, Su Wen):

(Translation A:¹⁴) Deep and shallow are at [one's] mind①; far and near are like one②. [One must be calm] as if one looked down into a deep abyss③; the hand [must be strong] as if it held a tiger④. The spirit should not be confused by the multitude of things⑤.

To start reading a passage in Lin Shu or Su Wen, a series of questions needs to be addressed first: Whether it is regarding theory or practice? If theory, whether it is self-sufficient and verifiable? If practice, whether it is about diagnosis or treatment? Whether it fits well into the real practice scenarios?

Apparently, this passage is regarding acupuncture treatment since no diagnostic process would

¹¹ 'Whenever one is about to employ the needle, it is essential to first inspect the vessels, to see whether the *qi* are tense or relaxed. And it is only then that a therapy may begin.' - Chapter 1 of <Huang Di Nei Jing·Ling Shu> translated by Paul U. Unschuld

¹² 'As if there was something moving and exerting pressure, like a mosquito that stands still. Like staying, like turning around; leaving as if a string had ruptured.' - Chapter 1 of <Huang Di Nei Jing·Ling Shu> translated by Paul U. Unschuld

¹³ 'As for the needles, for each there is an appropriate usage; each has a different shape. Each fulfills its specific function. That is the essence of piercing.' - Chapter 1 of <Huang Di Nei Jing·Ling Shu> translated by Paul U. Unschuld

¹⁴ <Huang Di Nei Jing·Su Wen - An Annotated Translation of Huang Di's Inner Classic - Basic Questions> By Paul U. Unschuld and Hermann Tessenow in Collaboration with Zheng Jinsheng

involve risks like '*by abyss*¹⁵' or '*held a tiger*' as per descriptions in sentences ③ or ④. Sentence ① makes sure that the depth (*deep or shallow*) the needle to reach must be clear '*at mind*', meaning the depth is up to the target¹⁶. Sentence ② is elliptical while '*far and near*' is just the adverbial, the subject of which is logically in Sentence ① - '*deep or shallow*'. These two sentences together demonstrated a special needling technique - **transverse insertion**, in which the needle is initially inserted at a 15°angle to the skin till reaching the designated depth and then goes horizontally approaching the target, **making the needle shaft in a position of same depth**. Unfortunately, many annotators might not be familiar with this approach and therefore skipped sentence ① and referred to its precedent sentences¹⁷ for the subject of sentence ②, or to the similar passage in Chapter 54¹⁸ for ready-to-use explanations. Neither of these ways would lead them to a grounded conclusion, for instance: '*The far and near Qi arrival share one property, which means that both shallow and deep needling have the same method to wait for Qi arrival.*'¹⁹ In fact, acupuncture Qi management does require delicate finger-works but the whole process is far from abysmally risky, either to the patient or to acupuncturist.

Transverse insertion has however two facades of risk precautions, avoid jeopardy to the patient and to oneself. As it sometimes requires the needling at a certain depth, deep enough to achieve the aimed result, it is essential to exercise utmost care and prudence in manoeuvre. In case of transversal from LU1 to ST12, the needle tip may not reach ST12 for expected effect if too shallow. It may slip when

meeting obstructions and rupture the underlying lung to cause pneumothorax, a most adversarial situation of acupuncture, if too deep. This transversal is a perfect match of what Sentence ③ literally described - *as if being by abyss*. Similar warnings was also specified in Chapter 16 of Su Wen²⁰.

Transverse insertion normally involves both hands to maintain the needle position and to verify whether the needle tip arrives at the target, with every finger fulfilling its own task. In this combination it generates an image as Sentence ④ depicted - *as if holding a tiger in hands*. Special attention should be given to the finger for verification at the target, to avoid being accidentally punctured by the approaching needle tip, or bitten by the 'canine tooth' in metaphoric sense. As required in Sentence ⑤, *the spirit should not be confused by the multitude of things* but concentrating on the needle tip only.

From foregoing we could see that the whole process of Transverse Insertion (set up the target, maintain the needle position, be prudent not to slip into adversary, control the needle movement, and concentrate on the needle tip) perfectly fits into the interpretation jigsaw of this given passage. If we translate from the classic original word by word with personal explanatory interpretations in brackets, it will look as follows:

Deep or shallow is up to the target [where the needle tip will finally reach], [depths] far and near are the same. [Vigilant not to slip to the jeopardizing deep] as if being by abyss; Hands [control the needle] as if holding a tiger. Concentrate [only on needle tip] without being

¹⁵ In the Chinese original, 臨 Lin has multiple meanings, including 'look down into' and 'next to, close to'.

¹⁶ In the Chinese original, 志 zhi has multiple meanings, including 'mind' and 'archery target'.

¹⁷ 'When the conduit qi has arrived, guard it carefully, lest it is lost.' - Chapter 25 of <Huang Di Nei Jing> Su Wen > annotated and translated by Paul U. Unschuld et al.

¹⁸ "As for 'near and far are like one,' that is, no matter whether [a disease] is deep or shallow, examination is identical" - Chapter 54 of <Huang Di Nei Jing> Su Wen > annotated and translated by Paul U. Unschuld et al.

¹⁹ Chapter 54 of <Huang Di Nei Jing> Su Wen > translated by Mingshan Yang

²⁰ 'Whenever one pierces the chest and the abdomen, one must stay clear of the five depots.' - Chapter 16 of <Huang Di Nei Jing> Su Wen > annotated and translated by Paul U. Unschuld et al.

distracted by anything else.

This example evidenced that without proper correlation to practical experience, one may not understand to the maximum extent what the author really meant even with numerous annotations of the famous figures in history.

Example 3 (Chapter 54 Explanations on the Needles, Su Wen)²¹:

As for ‘deep and shallow are at [one’s] mind,’ that is, one [must] knows whether the disease is located in the inner or outer [regions]^①. As for ‘near and far are like one,’ that is, no matter whether [a disease] is deep or shallow, **examination** is identical^②. As for ‘as if one looked down into a deep abyss,’ that is, do not dare to be **careless**^③. As for ‘the hand [must be strong] as if it held a tiger,’ that is, one wishes it to be **strong**^④. As for ‘the spirit should not be confused by the multitude of things,’ that is, have a **tranquil mind** and **observe the patient**, look neither to the left nor to the right^⑤.

This is an explanatory note of the passage in Example 2. Apparently the compiler excerpted it from a source different from the passage in Example 2, it would otherwise have been included in the same passage for convenience. The author of this note understood well about the original author’s meaning but made the note more equivocal, probably for know-how protection purpose, by using polysemy in Sentence ② and homophonic interchangeable characters in Sentence ④.

In Sentence ②, the original character 候 hòu carries the meaning of *wait*, *examination*, and *status*, etc. Which one to choose depends on individual readers’ understanding of acupuncture. This will certainly direct interpretations of the passage under discussion to different paths. In Sentence ④, the original characters 欲 yù (wish,

will) and 壮 zhuàng (strong) are phonetically the same as 驯 yù (tame), and 状 zhuàng (status), respectively. While the original phrase of 欲其壮 yù qí zhuàng (wish it to be strong) sounds the same as 驯其状 yù qí zhuàng (a status of taming it), the linguistic rule of homophonic loan can be applied to have a different interpretation.

In Sentence ③, 恐其坠 kǒng qí zhuì (*vigilant not to slip down*) implies the change of depth, which is not reflected, while *careless* alone is not sufficient as a qualified substitute. In Sentence ⑤, 静志 jìng zhì would be better to be translated as *focus* than *tranquil mind* to fit into the intensity of the context. (The expressions that may potentially cause debate are marked in **bold**.)

On basis of the analyses above, my interpretation of this passage may look like this:

*Deep or shallow is up to the target, meant that locus of disease needs to be clearly known [so as to define the target]. [Depths] far and near are the same, meant that the **status** [of needle shaft positioning at distal and proximal ends] are identical. As if being by abyss, meant to be vigilant not to **slip down** [to the jeopardizing deep]. As if holding a tiger, meant to [control the needle as if to] **tame** it. Concentrate [only on needle tip] without being distracted by anything else, meant that to focus on [**the relevant**] observation of patient and ignore the surroundings.*

This example evidenced that attempt to solicit assistance from other passages or chapters for a better understanding of a specific passage under the assumption that the monolithic consistency exists in Nei Jing is not reliable. Readers’ own effort to differentiate sources and identify lineage of doctrines is essential.

Endnote:

Chinese Medicine has a unique tradition to teach the right person the right knowledge which has at least started from the Nei Jing era²². In such a

²¹ <Huang Di Nei Jing> Su Wen > annotated and translated by Paul U. Unschuld et al.

²² ‘If it is not this kind of a person, do not teach him. If it is not this kind of truth, do not confer it. This is called achieving the Way.’ (非其人勿教，非其真勿授，是谓得道) - Chapter 4 Discourse on the True Words in the Golden Chest of <Huang Di Nei Jing> Su Wen > - annotated and translated by Paul U. Unschuld et al.

mindset, authors of the original information of Nei Jing were inclined to encode what they perceived as truth into equivocal expressions, aiming to have the descendant readers to decode the readings on their own. As Nei Jing was a compilation of texts written by numerous authors over an extended period of time, passages from different schools of doctrines might be written in different encoding methods, which even the early compilers and subsequent annotators might have not thoroughly comprehended. Therefore, study of Nei Jing is a process to become the right person, i.e. to nurture the right attitude, to develop the right approach, and to give the right effort. As such, one has to be ready to accept discrepancies and inconsistencies because it was not written for our worship, and to avoid the temptation of shortcut because it was not written to award our receptiveness, and to develop a practical ground to verify the relevant statements because it was not written for theoretical debate. Along the meandering path, one may also want to identify a most suitable school or schools of doctrines to flourish in because it aimed to help us in everyday practice. This is hopefully the right way to become the right person.

参考书目：

- 1.《黄帝内经素问校释》1982 山东中医药学院、河北医学院（人卫版）
- 2.《灵枢经校释》1982 河北医学院、山东中医药学院（人卫版）
3. <Huang Di Nei Jing Su Wen (An Annotated Translation of Huang Di's Inner Classic – Basic Questions, Volume I/Chapters 1 through 52)> by Paul U. Unschuld and Hermann Tessenow in Collaboration with Zheng Jinsheng, University of California Press, Berkeley Los Angeles
4. <Huang Di Nei Jing Ling Shu (The Ancient Classic on Needle Therapy - The complete Chinese text with an annotated English translation)> by Paul U. Unschuld, University of California Press
5. <The Yellow Emperor's Classic of Internal Medicine> Ilza Veith
6. <Yellow Emperor's Canon of Medicine-Plain Conversation> translated by Li Zhaoguo
7. <New English Version of Essential Questions in Yellow Emperor's Inner Canon> by Mingshan Yang
8. <The Compiled Times of Huangdineijing> - GAO Ye-tao, JOURNAL OF JANGXI UNIVERSITY OF TCM 2009 Vol.21 No.2
9. <The Analyses of Compiled Times of Huangdineijing> - ZHANG Wei-bo, GAO Ye-tao and LI Hong-yan, Chinese Journal of Medical History, 2017 Vol. 3
10. <Complete Compendium of Acupuncture and Moxibustion> by Yang Ji-zhou,
11. 《康熙字典》
12. 《黄帝内经太素》杨上善
13. 《类经》张景岳
14. 《黄帝内经素问集注》张志聪
15. 《素问悬解》黄元御

Qilu TCM School and Research in Classical Prescription

Professor Enqin Zhang , President of UK Academy of Chinese Medicine

Abstract: 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, cheap 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.

Keywords: Qilu TCM school, classic prescriptions, clinical application, pharmacological research

1.The origin and meaning of the name "Qilu"

Qilu is the name of a region in China, referring to present-day Shandong province. The name originated from the two countries of Qi and Lu in the pre-Qin Dynasty. At the end of the Warring States Period, the cultures of Qi and Lu gradually merged into one. During the pre-Qin period, today's Shandong was generally divided into Qi and Lu. Qi State had Linzi as its capital, and a large area of land east of Shandong, while Lu State had Jining, Qufu as its capital. It was a small piece of land west of Shandong, hence its name. In 256 BC, Chu State destroyed Lu State; and in 221 BC, Qin State destroyed Qi State. Due to the integration of culture, "Qilu" formed a unified cultural circle, and the unified cultural circle formed the regional concept of "Qilu". This area is roughly equivalent to the scope of the later Shandong Province, so it became the representative name of Shandong Province.

2.The Concept of Qilu TCM School

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. It 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.

Qilu culture has a long history. During the Spring and Autumn Period and the Warring States Period, the first scholar group/school in the history of TCM, Bian Que School, was set up and represented by Bian Que (a native of Changqing District, Jinan, Shandong province today). Formed in the land of Qilu, it soon became a traditional medical school with great social influence, and eventually developed into the Qilu TCM School with local characteristics of Shandong province. The Qilu TCM School has formed its own unique system in TCM theory, diagnosis and treatment techniques, which has had a significant impact on the development of TCM.

In the history of the development of traditional Chinese medicine, there have been many famous doctors in Qilu area, from the famous doctor Bian Que (Qinyue) in the Spring and Autumn Period to Chun Yuyi in the Han Dynasty (from today's Zibo city, Shandong province), and the famous doctor Wang Shuhe in the Jin Dynasty. Qian Yi, a great pediatrician in the Song Dynasty, Cheng Wuji, a famous doctor during the Jin and Yuan Dynasties,

and Huang Yuanyu, a master of the Sutra sect in the Qing Dynasty. Then to the contemporary famous doctors Liu Huimin, Zhou Fengwu, my former tutor Professor Li Keshao when I was a postgraduate student, from Muping, Shandong, and my former clinical mentor Professor Lu Tongjie, etc.

They each had their own strengths, and continued to inherit and improve the academic system of Qilu TCM School.

3. Academic Characteristics of Qilu TCM School

The Qilu TCM School has a history of more than 2,000 years. Its general characteristics are that each school is colorful, a hundred flowers bloom, and they draw on the strengths of others, and include famous doctors. Its academic characteristics are as follows:

(1) Pay attention to pulse diagnosis

Pulse diagnosis has a long history. Sima Qian (a famous Chinese historian during the early Han dynasty) spoke highly of Bian Que's pulse diagnosis in "Historical Records", saying, "To this day, Bian Que is the number one who knows the pulse diagnosis". Following Bian Que, Chun Yuyi in the Han Dynasty also attached great importance to pulse diagnosis. Pulse diagnosis was used in 20 cases of the 25 medical records in his "Clinical Records". In the Jin Dynasty, Wang Shuhe summarized the experience of previous studies on pulse and wrote the first monograph on pulse studies, "*mai jing*/ Classics of Pulse Diagnosis", which made important contributions to the development of pulse studies. Huang Yuanyu of the Qing Dynasty also attached great importance to pulse diagnosis. In his treatise, he specially set up a "Special Chapter on Pulse Interpretation" to discuss the twenty-four types of pulse conditions in detail.

(2) Pay equal attention to classics and clinical practice

Qilu TCM School has always attached great importance to the research and study of classics

and used them to guide clinical practice. In the Jin Dynasty, Wang Shuhe spared no effort to compile "*shang han za bing lun*/Treatise on Febrile Diseases and Miscellaneous Diseases"; in the Song Dynasty, Cheng Wuji was the first person to annotate "*shang han lun* /Treatise on Febrile Diseases"; in the Qing Dynasty, Huang Yuanyu was a representative figure of the Sutra School, annotating "*su wen xuan jie* /Questions and Answers for Plain Questions", "*ling shu xuan jie* / Questions and Answers to Miraculous Pivot" and "*shang han lun xuan jie* / Questions and Answers to Treatise on Febrile Diseases". Huang Yuanyu annotated for 11 classic works in total. Contemporary Professor Li Keshao's "*shang han jie huo lun*/ The Theory of Solving Problems of Treatise on Febrile Diseases"; Professor Xu Guoqian (one of my former link tutors) and Professor Zhang Canjia (former president of Shandong University of TCM) had made great contributions in correcting ancient TCM classics such as the *huang di nei jing* /Yellow Empire's Inner Canon of Medicine, "*zhen jiu jia yi jing*/Acupuncture Classic A and B. They also required the students including me to be proficient in reciting the *huang di nei jing* and *shang han lun* and other classic medical books, laying a solid foundation for future clinical diagnosis and further study.

The most important reason why the Qilu TCM School can survive and continue to inherit and develop is good clinical efficacy. One of the characteristics of Qilu TCM School is that it emphasizes practical results and regards clinical efficacy as the highest criterion for evaluating doctors.

Bian Que was a highly skilled general practitioner. During his travelling around the states of ancient China, he engaged in different medical work such as internal medicine, surgery, gynecology, pediatrics, and facial features according to local needs. The famous doctor Chun Yuyi was proficient in medical skills, and his "clinical records" passed down from later generations reflect his superb medical skills. From a clinical perspective, Wang

Shuhe's *mai jing* systematically summarized twenty-four pulse conditions, including rapid, stringy, tight, thin, etc., and late, and specifically explained the morphological standards of each pulse condition, providing a basis for pulse syndrome differentiation. Qian Yi first created the five-organ syndrome differentiation program based on the physiological characteristics of children. Clinical diagnosis started from the five-organ syndrome differentiation to treat various pediatric diseases.

(3) Embracing inheritance and innovation simultaneously

Since Bian Que, the Qilu TCM School has focused on innovation in thinking patterns. Bian Que boldly innovated, pioneered the pulse theory, and used iron needles instead of stone needles to treat diseases, which can be said to be a major change in the history of traditional Chinese medicine and acupuncture techniques. Chun Yuyi created the first medical record "clinical records"; Wang Shuhe compiled the first pulse theory monograph *mai jing*. Qian Yi pioneered pediatrics, and was particularly good at "adapting ancient prescriptions and daring to innovate prescriptions." He removed aconite and cinnamon from the classic herbal prescription *jin gui shen qi Pill* and cut it into *liu wei di huang Pill*. And Cheng Wuji was to create a precedent for the theory of prescription.

The descendants of the Qilu TCM School also pay attention to learning from the ancients' ideas rather than following their fixed prescriptions. They are good at absorbing modern medical theories, emphasizing the combination of syndrome and treatment rules of contemporary diseases, focusing on the combined use of traditional Chinese medicine properties, and making full use of Zhang Zhongjing's prescriptions to treat various modern diseases. Professor Li Keshao, the founder of the Qilu *shang han lun* School, broke down the theory of transmission of the six meridians diseases and established the theory of "pattern transmission of febrile diseases"

and "transfer of attributes". He believed that exterior syndrome (symptoms of aversion to cold and fever) is different from *tai yang* disease, and the six meridians' diseases are not transmitted sequentially. All of six meridians diseases have the exterior symptoms, not only *tai yang* disease. He also broke the theory of "the syndrome of *wu ling san* caused by water stagnation in the urinary bladder", and pointed out that the syndrome of *wu ling san* is not due to the accumulation of water in the urinary bladder, but the failure of the gasification of the *san jiao*. His representative work '*shang han jie huo lun/ The Theory of Solving Problems of Treatise on Febrile Diseases*' is unique in the study of *shang han lun*. It becomes the representative work of the Qilu *shang han lun* School.

Professor Wang Xinlu, former president of Shandong University of TCM, the representative of Qilu TCM Internal Medicine School, continues to innovate and proposed five classic prescriptions for treating seasonal diseases. He created the "blood turbidity" theory and the "brain-blood" syndrome differentiation system based on the changes in contemporary disease spectrum. At the same time, it fully integrates the pharmacological results of modern TCM, pioneers the "aiding medicine theory": That is, when a Chinese medicine doctor treats modern diseases, he /she should comprehensively analyze the patient's information collected from both the traditional four diagnostic methods and modern medical examinations, and combines them with the research results of current pharmacology and other research results.

Therefore the treatment is on the basis of traditional Chinese medicine syndrome differentiation plus modern "Micro-targeted medication".

(4) The integration of traditional Chinese medicine and Qilu culture

Qilu TCM School is an important part of the treasure house of traditional Chinese medicine. It not only has outstanding academic achievements and far-reaching academic thoughts, but also has

rich academic resources and obvious academic value. The Qilu TCM School deeply rooted in the soil of Qilu culture, is not only an important part of traditional Chinese medicine, but also an important part of Qilu culture.

Qilu culture has a certain influence on the construction of the medical theory, the medical thinking mode, the treatment methods, and the medical inheritance and education concept of Qilu TCM School. The development of Qilu TCM School has enriched Qilu culture. The connotation of the two blends with each other and has far-reaching influence.

4. The inheritance method of Qilu TCM School

Qilu TCM School is based on the nourishment of Qilu culture and is inherited by famous doctors such as Bian Que, Chun Yuyi, Cheng Wuji, Huang Yuanyu, etc. It still has influence throughout the country. The Qilu TCM School experienced a glorious history with the prosperity of the Qilu culture. However, after the Song Dynasty, due to the southward shift of the cultural center, it tended to decline. Therefore, it is necessary to further organize and excavate the Qilu TCM School to promote its prosperity and development.

(1) Digging deeply and sorting out the academic thoughts of famous doctors

Inheriting and studying the clinical experience and academic ideas of famous traditional Chinese medicine practitioners is an urgent need to promote the academic development of traditional Chinese medicine, accelerate talent training, and improve clinical service capabilities. Physicians from Qilu have had a profound influence on the development of traditional Chinese medicine since the Spring and Autumn Period and the Warring States Period. Famous doctors have emerged in large numbers throughout the ages, and their academic thoughts and clinical experiences are worthy of further study and summary. According to the "Chinese Provincial Medical Records

Examination", there were more than 300 Qilu physicians who were registered in the Qing Dynasty, and they wrote more than 450 books, far exceeding the total of all physicians before the Ming Dynasty. Therefore, it is necessary to sort out the academic thoughts of famous doctors of the Qilu TCM School, rescue and preserve the diagnosis and treatment materials of famous senior TCM doctors, refine the academic thoughts and clinical experience of famous senior TCM doctors, and promote their inheritance and development.

(2) Strengthen talent training and improve the inheritance team

Talent inheritance and construction are the vitality of the school. The cultivation of talents should attach equal importance to the inheritance of masters and apprentices as well as school education, and give equal emphasis to basic and clinical teaching. Students should learn basic medical courses while following the clinical practice of teachers, and the time with teachers should be lengthened to strengthen clinical practice. At the same time, young and middle-aged TCM practitioners are encouraged to become apprentices under famous elderly TCM doctors who are still alive, so that there will be successors to the characteristics of the senior TCM doctors. Pay attention to the flexibility and diversity of training methods, and implement various forms of continuing education after school education. At the same time, in terms of talent training, we pay attention to the cultivation of thinking and the improvement of clinical diagnosis ability. We "follow the ancient but not the ancient" and are good at cultivating students' skeptical spirit and not completely superstitious about the ancients. Only through critical inheritance can we have continuous innovation.

For example, Professor Jiang Jianguo (my senior classmate when I was a postgraduate student) a representative scholar on *shang han lun* in the Qilu TCM School, has advocated exploring difficult and controversial issues from *shang han lun* for the

perspectives on academic thinking in order to cultivate outstanding TCM doctors.

(3) Focus on academic innovation and promote the application of clinical diagnosis and treatment experience for a medical school to survive and develop, it must continuously deepen and innovate its original theories or methods, otherwise the school will gradually wither and withdraw from the stage of history. The development of the *shang han lun* School is sufficient to prove this point. In order to better inherit and develop, we must pay attention to the innovation of academic ideas. The inheritance and development of academic schools ultimately boils down to highlighting their own academic characteristics and advantages, and constantly improving the clinical efficacy of traditional Chinese medicine to better serve the people. Therefore, it is necessary to transform research results into clinical applications in a timely manner and to widely apply unique diagnostic and treatment technologies. Promote its application and fully demonstrate its curative effect.

In short, Qilu TCM School is full of talents and has numerous TCM books. These books cover almost all fields of TCM theory and clinical practice, enriching the treasure house of Chinese medicine. The academic thoughts, inheritance methods and culture of Qilu TCM School have a profound impact on the development of traditional Chinese medicine. The research, excavation and organization of Qilu TCM School will have a positive effect on promoting the development of traditional Chinese medicine in the world.

5. Studying methods and clinical application of classic prescriptions

(1) The Concept of *jing fang* / Classical Prescriptions

Regarding *jing fang*/ classical prescriptions, there are two main sayings: First refers to empirical formulas that doctors have found to be truly curative during the treatment process; Second refers the classical prescriptions in Zhang Zhongjing's *shang han lun* and *jin gui yao lue*.

Before the Ming and Qing Dynasties, the term *jing fang* mainly referred to "Empirical formulas ". The *Jing fang* school that existed during the Han Dynasty also referred to the former. In the early Qing Dynasty, another branch emerged, the ancient *jing fang* School. They called the prescriptions used in Zhang Zhongjing's works as "*jing fang*/ Classical prescriptions "; while the formulas created by later generations of doctors and the formulas for treating epidemiological and other disease were termed "*shi fang*/ Popular formulas".

At present, the majority view in the field of traditional Chinese medicine refers to the prescriptions recorded in *shang han za bing lun* written by Zhang Zhongjing in the Eastern Han Dynasty (later this book has been divided into two books: *shang han lun* and *Jin Kui Yao Lue*. It is relative to the time when it appeared after the Song and Yuan Dynasties. Among them, *shang han lun* contains 113 prescriptions, and *jin kui yao lue* contains 205 prescriptions. Excluding 38 duplicate prescriptions, there are 280 prescriptions in total. *shang han lun* contains 90 medicinal herbs, and *Jin Kui Yao Lue* contains 192 medicinal herbs, excluding 76 duplicate medicinal herbs, a total of 206 medicinal herbs. *jing fang* is the "ancestor of medical prescriptions". Later generations of Chinese medicine scientists called "Treatise on Febrile and Miscellaneous Diseases" "the book of living people" and "the ancestor of prescriptions", and praised Zhang Zhongjing as the "sage of medicine". Traditional Chinese medicine experts at home and abroad often use classical prescriptions as their basic prescriptions and develop a series of new prescriptions based on the principles of syndrome differentiation and treatment. The characteristics of *jing fang* can be summarized as "popular, simple, cheaper and effective". Therefore, the "classical prescriptions" recognized by later generations refer to the prescriptions recorded in Zhang Zhongjing's *shang han za bing lun*.

(2) Classification of *jing fang*

gui zhi tang / Cinnamon Twigs Decoction types
ma huang tang / Ephedra Decoction types
ge gen tang / Pueraria Decoction types
chai hu tang/ Bupleurum Decoction types
xie xin tang/ Hear- fire purging Decoction types
bai hu tang / White Tiger Decoction types
cheng qi tang / Digestive -qi Purging Down Decoction types
xian xiong tang / Chest Purging Decoction types
wu ling san / Five Ingredients including Poria Powder types
ling gui preparations / poria and cinnamon twigs types
si ni tang/ Cold Extremities Decoction types
li zhong tang / the Middle - jiao Regulating Decoction types
fu zi tang / Aconite Decoction types

(3) Methods for studying and researching classic prescriptions

A. Correctly understand and master the original prescription and text, including the usage and notes of the prescription. For example, *shang han lun*, clause 177: " during febrile disease, knotted pulse, palpitations, *zhi gan cao tang*/ Prepared Licorice Decoction is the main prescription ". The original text briefly explains the main indications of *zhi gan cao tang* are severe palpitations and irregular pulse . today I use this formula to treat arrhythmia patients whose electrocardiogram shows premature contractions or atrial fibrillation, which is effective. Another example is the note at the end of the formula for *da cheng qi tang* / Major Decoction for Purging Down the Digestive -qi: "For the four ingredients, use a bucket of water. Boil two things first, take five liters, remove the residue, add *da huang* /rhubarb, and boil two more liters, remove the residue, add *mang xiao* /Mirabilite. Bring it to a boil over low heat, then take it if it is warm enough, but do not take the rest of the herbal decoction if constipation disappears" Zhang Zhongjing introduced the method of decoction in detail in the usage and note after this prescription,

and especially emphasized that "if the patient gets normal don't take the rest" to avoid harm to the human body caused by over-dosage *da chengqi tang* for Purging Down the Digestive-qi.

B. Extensively collect experience and literature on the application of modern classical prescriptions. For example, *dang gui beimu ku shen wan*/ Chinese angelica fritillaria shrubby sophora pill , in *jin kui yao lue* Chapter 20 on Treatment of Women's diseases during Pregnancy, the original text records that this prescription was used to treat "difficulty urinating during pregnancy ". Today I use this formula for treating chronic prostatitis in men which is effective. Another example is the *ban xia xie xin tang* / Pinellia Decoction for Purging Stomach-fire, in clause 149 of *shang han lun* and Chapter 17 of *jin kui yao lue* the formula was originally used to treat " fullness bellow the heart " caused by purging herbal pills mistakenly during febrile diseases. Right now, I apply this formula widely for treating superficial gastritis, gastric and duodenal ulcers caused by Helicobacter pylori infection with reliable results.

It is generally believed that *wen jing tang*/ Meridian-warming Decoction is Zhang Zhongjing's prescription to aid pregnancy and regulate menstruation, and it is also one of the prescriptions for treating women's menopause today. The formula is rarely used in men. For example, Chapter 22 of *jin kui yao lue* on "Diagnosis and Treatment of Women's Miscellaneous Diseases and Pulse Syndrome" says: "The woman was fifty years old and had been ill for ten days with fever. At night, she felt irritable in her lower abdomen and her palms were hot. It was very annoying, and her lips and mouth were dry..., use *wen jing tang*/ to treat it". However, Professor Huang Huang, a famous master of modern classical prescriptions, believes that men and women are both human beings, and women can be treated with *wen jing tang*, why men not? Professor Huang introduced his colleagues and himself to use *wen jing Tang* for

treating low sperm motility, low sperm count, insomnia in elderly men, and male menopausal syndrome. Professor Huang's experience in classic prescriptions has broadened our horizons.

C. Strengthen pharmacological research and experiments, and try to find the

Effective ingredients and mechanism of action of the prescriptions. For example, the mechanism of action of *wu mei wan* / Black plum Pill in treating "*hui jue*" / biliary ascariasis. In the past, traditional Chinese medicine theory believed that the characteristics of roundworms are: "ascaris will be calm when it encounters acid herbs; and it will be quiet when meets bitter herbs; and turns back to the intestines when encountering spicy herbs ". Specifically, in the ingredients of the prescription, black plum tastes sour, Coptis chinensis tastes bitter, and asarum tastes pungent. So TCM believes *wu mei wan* treats successfully biliary roundworms through three kind of tastes : sour, bitter, and spicy. Modern pharmacological research has found that after taking *wu mei wan*, the roundworm body becomes anesthetized and loses the inherent ability to adhere to the bile duct wall; increased bile secretion has increased impact against roundworms causing these inactive roundworms to return to the intestine through relaxed the sphincter of Oddi; after taking *wu mei* Pills, the pH of the bile has been changed, making the bile more acidic. The roundworm itself has the characteristic of disgust acid and preferring alkali. This change is not conducive to the survival of roundworms in the biliary tract, and the roundworms have to return to the intestines through relaxation of the sphincter of Oddi. This is the mechanism of action of Black Plum Pill in treating biliary ascariasis.

In short, I believe that promoting the clinical application of classical prescriptions and

strengthening pharmacological research on classic prescriptions will help broaden the thinking of traditional Chinese medicine, promote the development of traditional Chinese medicine academics, serve society, and benefit mankind.

参考文献/References:

1. 《中国医学史》李剑主编, 科学出版社 2022-05。[History of Chinese Medicine], edited by Li Jian, Science Press 2022-05.
- 2.[史记], 西汉史学家司马迁[Historical Records], by Western Han Dynasty historian Sima Qian
3. 《伤寒解惑论》李克绍, 山东科技出版社, 1978 年[Shang Han Jie Huo Lun/ The Theory of Solving Problems of Treatise on Febrile Diseases] by Li Keshao, Shandong Science and Technology Press, 1978
4. 《流派承传/ 齐鲁医派的学术特色及传承方法探析》, 孙辉明等, 中医杂志 2020/03/16
- 4."School inheritance/A brief analysis of the academic characteristics and inheritance methods of Qilu Medical School "by Sun Huiming et al., "Journal of Traditional Chinese Medicine" 2020/03/16
5. 《经方研究》张恩勤主编, 黄河出版社, 1987 [Research on Classical Prescriptions] chief editor Zhang Enqin, Yellow River Publishing House, 1987
6. 《英汉对照实用中医文库》14 册, 张恩勤主编, 上海中医药大学出版社, 1990 6. [A Practical English-Chinese Practical Library of Traditional Chinese Medicine Library] 14 volumes, chief editor Zhang Enqin, Shanghai University of Traditional Chinese Medicine Press, 1997.
7. 《伤寒论研习指》张恩勤, 人民卫生出版社 2022 [Shang Han Lun Study Guide] by Engin Can, People's Medical Publishing House 2022

回忆罗鼎辉医生

香港中文大学林志秀
广州中医药大学英国校友会整理

今天演讲的主题是中医药国际化的先驱，讲我们的前辈校友罗鼎辉医生教授在英国的一些故事，她的成功对我们未来中医的现代化和国际化一定有帮助。

首先，我简单介绍一下罗医生的生平，她出生于 1946 年。她的父母都是我们国内民主党派的成员，家境优越的民族资本家庭，在广州成长。她在广州逢源正街小学读书，后来进入广州第十二中学读高中，1965 年考入广州中医药大学。

最近我应母校邀请参与了学院 100 周年校庆十位杰出校友评选的工作，我相信如果罗医生还在世的话一定是其中一位。

罗医生于 1970 年毕业后被分配到广东省中医院。广东省中医院是全国最优秀的中医院之一，年轻的罗医生当时受到很多长辈的器重和喜爱，他们都觉得她非常勤奋好学，是一位潜质优良的可造之材。确实罗医生一生都保持着活到老学到老的精神。

罗医生在 1982 年随丈夫刘德裕先生移居到英国，并于 1983 年在伦敦唐人街开设了一家叫康宁堂的中医诊所。

这家在唐人街的诊所 80 年代末在治疗小儿湿疹方面有很好的疗效，吸引了很多西方人前来就诊。罗医生在治疗湿疹方面的临床显著疗效，引起了英国医学界的关注。罗医生把中医真正地推向了医疗的台阶，这是非常重要的贡献。在当时，中医药在国外基本上只是一些凉茶、汤药之类的存在，而她则把中医的疗效真正地展现出来。

罗医生在治疗湿疹方面的成就，也得益于她在广东省中医院打下的深厚中医基础和儿科临床经验。在康宁堂中医诊所附近有一家世界著名的儿科医院，有许多湿疹患者在西医治疗无效后转而寻求罗医生的帮助，由于效果显

著，罗医生开始引起英国主流医学界的关注，这里要提到的是伦敦儿童医院。皮肤顾问医生 David Atherton 从很多儿童医院的病人家属反馈得知，一些常年未愈的慢性湿疹儿童，到中国城服用一位女中医的中药茶后，顽疾居然完全治愈了。这引起了他对中医和中药的浓厚兴趣，想深入了解这些疗法，特别是有没有使用激素类药物帮助病人。罗医生解释只是用草药治疗。他还邀请罗医生设计了一个简化的中医治疗方案，开始用随机双盲试验中验证了其效果，最后得出了积极的结果，在 1992 年文章发表在英国知名的皮肤病期刊上，这篇文章发表后，受到主流媒体的关注，特别是英国 BBC 黄金时段正面报道了罗医生用中药成功治疗顽固湿疹儿童的故事，在欧洲尤其是英国掀起了一股“中医热潮”。

湿疹是一种非常常见的疾病，尤其是过敏体质的患者，比如鼻炎、哮喘等患者最容易患上湿疹，也是最难治愈的。罗医生通过中药疗法帮助许多患者取得了显著的疗效，很多杂志和主流媒体都对此进行了报道，罗医生在英国成为中医界的知名人物，许多报纸、媒体都对他的事迹进行了详细报道。

罗医生的诊所非常忙碌，不少英国病人凌晨 4 时开始到诊所排队就诊，曾引来警察帮忙维持秩序的趣事，特别值得一提的是康宁堂在申请国内做中医的妹妹罗鸣辉医生赴英时因无中医工作签证先例被拒签，是罗医生的病人和议员请愿签名终于成为了被英国内政部授予英国中医签证的第一位中国人，开创了中医进入英国的先河。之后，许多中医师也通过这条途径进入英国，正因如此，英国的中医行业迅速发展，开设了大量的诊所，据说 90 年代高峰期全英有超过 2000 家中医诊所，成为仅次于中餐的一个具有中国文化特色的行业。

罗医生的名气越来越大，以致后来在英国掀起了“中医热”。虽然因为行业快速发展，监管不到位而导致不良现象，但总的来说，这为中医药在英国的发展奠定了基础。罗医生也为中医药的国际化做出了重要贡献。

罗医生在自己成功的同时不忘回馈社会。她和先生一直在默默资助贫困地区的儿童，几十年如一日。她收集的资助收据、证书和受助学生的感谢信有 300 份之多，但她的善举直到她去世后才为周围亲朋好友所知。

罗医生在海外发展成就得到了国家的认可，她多次在北京和英国被江泽民主席和朱镕基总理等国家领导人接见，为中医药的国际推广做出了重要贡献。

为了中医药发展行稳致远，1994 年罗医生与中医界人士一起创办了英国中医药学会 ATCM，这是欧洲规模最大的中医团体，目前有近七百名会员，上个月，ATCM 在与世界针灸联合会成功举办了年度学术大会及 ATCM 成立 30 周年庆典，我有幸参加，感到欧洲中医界的发展势头很不错。罗医生积极与中医界同道一起积极推动中医立法，并为澳洲中医立法积极出谋划策。

我们的母校还聘请她为客座教授，实至名归。

在湿疹治疗方面，我读过她的文章，曾向她请教过相关方案。她主要采用一些常见的中药，如生地、赤芍、防风、荆芥等。她特别喜欢用淡竹叶和北沙参等清热药物，同时也使用甘草、金银花等对湿疹有疗效的中药。她的一些湿疹配方还曾在英国的公司进行实验。

罗鼎辉医生诲人不倦，乐于向同行分享自己的宝贵经验。她治疗湿疹的经验包括：

- 生地黄要重用，用量 1-2 两
- 金银花煎剂时要后下
- 处方中加淮山药、茯苓健脾利湿能增

强治疗效果

- 处方中如果用木通，一定要用川木通
- 丹栀逍遥散对成年女性的湿疹，起到疏肝止痒的效果
- 手部湿疹可用当归四逆汤外浸，后外用 10% 尿素膏外涂
- 湿疹皮肤瘙痒者，可用毛巾或棉花沾生理盐水湿敷
- 中药治疗湿疹的作用包括抗过敏、抗炎和免疫调节

我有一本 2021 年请教罗医生湿疹治疗经验的笔记，她谈到用当归四逆汤的外敷和尿素软膏的使用，可以帮助缓解皮肤瘙痒和角质化，对湿疹患者非常有帮助。总的来说，他在中医药的治疗方法上强调抗过敏、抗炎和免疫调节，同时也注重药理学知识，结合现代研究推进中医药的发展，罗医生还主编了《中药免疫学》一书。

很遗憾，罗医生今年元旦前夕不幸在家中意外摔倒后去世，这位中医药领域的优秀代表从此离开了我们。

在她离世前的圣诞节，我们还一起吃过饭，聊了很多中医药的传承和推广，她以一己之力促进了中医药在西方主流医学中的发展。他是海外中医药杰出代表之一，确实值得我们中医人骄傲。她治疗湿疹的经验也对我们临床有很多启发。

希望大家可以传承她的精神，把他的中医药经验应用于帮助香港的病人。让我们缅怀她，也把她的精神和事迹铭记在心，为香港的中医药发展作出更多贡献。谢谢大家！

林志秀博士：香港中文大学中医学院院长，教授；香港中西医结合医学研究所所长；香港中文大学亿元 中西医结合门诊主任。此文根据林教授 2024 年 11 月演讲整理。

Remembering Dr Luo Dinghui

Zhixiu Lin (The Chinese University of Hong Kong)

Edited by UK Alumni Association of Guangzhou University of Chinese Medicine

The theme of today's speech is the pioneers of the internationalization of Traditional Chinese Medicine (TCM). I will share some stories about our predecessor and alumna, Dr Luo Dinghui, and her experiences in the UK. Her success will undoubtedly inspire the future modernization and globalization of TCM.

First, let me briefly introduce Dr Luo's life. She was born in 1946 to a well-off family of national capitalists in Guangzhou. Both her parents were members of China's democratic political parties. She grew up in a privileged environment and attended Fengyuan Zhengjie Primary School in Guangzhou. Later, she enrolled in Guangzhou No. 12 High School and, in 1965, was admitted to Guangzhou University of Traditional Chinese Medicine.

Recently, I participated in the selection process for ten distinguished alumni as part of my alma mater's 100th-anniversary celebration. I am certain that if Dr Luo were still alive, she would have been one of the honourees.

After graduating in 1970, Dr Luo was assigned to work at Guangdong Provincial Hospital of Traditional Chinese Medicine, one of the most outstanding TCM hospitals in China. As a young doctor, she was highly regarded and loved by her senior colleagues, who recognized her diligence and eagerness to learn, considering her a promising talent with great potential. Indeed, Dr Luo maintained her lifelong spirit of "learning as long as you live."

In 1982, Dr Luo moved to the UK with her husband, Mr. Liu Deyu, and in 1983, she opened a TCM clinic called Kangning Tang in London's Chinatown.

By the late 1980s, the clinic became well-known for its effective treatment of paediatric eczema, attracting many Western patients. The remarkable

clinical results Dr Luo achieved in treating eczema drew the attention of the British medical community. She elevated TCM to the level of recognized medical treatment, a truly significant contribution. At that time, TCM abroad was largely limited to herbal teas and decoctions. Dr Luo, however, showcased the real therapeutic efficacy of TCM in a clinical setting.

Dr Luo's achievements in treating eczema were also due to the solid foundation in Traditional Chinese Medicine and paediatric clinical experience she gained at Guangdong Provincial Hospital of TCM. Near the Kangning Tang clinic was a world-renowned paediatric hospital, and many eczema patients who had not been successfully treated with Western medicine sought help from Dr Luo. Her remarkable results began to attract the attention of the British mainstream medical community, particularly at the Great Ormond Street Hospital for Children in London.

Dr David Atherton, a dermatology consultant at the hospital, heard feedback from many families of paediatric patients. They reported that children with chronic eczema, which had not improved after years of treatment, experienced complete recovery after drinking herbal tea prescribed by a female TCM doctor in Chinatown. This sparked Dr Atherton's interest in Traditional Chinese Medicine and herbal remedies. He wanted to investigate these treatments further, particularly to determine whether steroid medications were being used. Dr Luo explained that her treatments relied solely on herbal medicine.

Dr Atherton then invited Dr Luo to design a simplified TCM treatment plan, which was tested using randomized double-blind trials. The trials yielded positive results, and in 1992, the findings were published in a prestigious British dermatology

journal. The publication garnered widespread attention from mainstream media, including a prime-time feature by the BBC, which positively reported on Dr Luo's success in curing stubborn eczema in children with herbal medicine. This coverage triggered a "TCM craze" across Europe, especially in the UK.

Eczema is a very common condition, particularly among individuals with allergic constitutions, such as those prone to rhinitis or asthma. It is also notoriously difficult to cure. Through herbal treatments, Dr Luo achieved significant results for many patients. Numerous magazines and mainstream media outlets covered her work, making Dr Luo a prominent figure in the UK TCM community. Her story was detailed in many newspapers and media reports.

Dr Luo's clinic was extremely busy, with some British patients starting to queue as early as 4 a.m. to secure an appointment. This even led to a humorous incident where the police were called to help maintain order. A particularly notable story involves Dr Luo's sister, Dr Luo Minghui, who was denied a visa to the UK because there was no precedent for issuing a work visa for a TCM practitioner. However, thanks to petitions signed by Dr Luo's patients and even members of Parliament, her sister became the first Chinese TCM practitioner to receive a visa from the UK Home Office. This marked a historic breakthrough for TCM practitioners entering the UK.

Following this precedent, many other TCM practitioners also entered the UK, leading to the rapid growth of the TCM industry there. By the 1990s, during its peak, it is said that there were over 2,000 TCM clinics across the UK, making TCM one of the most prominent Chinese cultural industries, second only to Chinese cuisine.

As Dr Luo's reputation grew, she played a key role in sparking a "TCM boom" in the UK. While the rapid expansion of the industry led to some regulatory challenges and negative incidents, overall, it laid a strong foundation for the

development of TCM in the UK. Dr Luo made significant contributions to the internationalization of TCM.

While achieving great success, Dr Luo never forgot to give back to society. She and her husband quietly supported children in impoverished areas for decades, steadfastly helping those in need. Over the years, they accumulated more than 300 donation receipts, certificates and letters from the donation receivers. However, their acts of kindness remained unknown to friends and family until after her passing.

Dr Luo's achievements in promoting TCM internationally were recognized by the Chinese government. She was personally received multiple times in both Beijing and the UK by President Jiang Zemin and Premier Zhu Rongji, among other national leaders. Dr Luo's work significantly advanced the global promotion of Traditional Chinese Medicine.

In order to ensure the steady and sustainable development of Traditional Chinese Medicine (TCM), Dr Luo co-founded the Association of Traditional Chinese Medicine and Acupuncture UK (ATCM) in 1994, together with other TCM practitioners. ATCM is the largest TCM organization in Europe, with nearly 700 members. Just last month, ATCM successfully co-hosted academic conference of the World Federation of Acupuncture-Moxibustion Societies and its 30th-anniversary of ATCM celebration. I had the honour of attending and was impressed by the strong momentum of TCM development in Europe.

Dr Luo actively worked with her peers in the TCM community to promote legislation for TCM in the UK and offered valuable advice and strategies for TCM legislation in Australia as well.

Our alma mater also recognized her contributions by appointing her as a guest professor, an honour she truly deserved.

In the area of eczema treatment, I have read her articles and consulted her about related treatment plans. She primarily used common Chinese

medicinal herbs, such as Sheng Di (Rehmannia root), Chi Shao (Red Peony Root), Fang Feng (Saposhnikovia), and Jing Jie (Schizonepeta). She particularly favored heat-clearing herbs like Dan Zhu Ye (Lophatherum) and Bei Sha Shen (Glehnia Root), along with other effective ingredients for eczema, such as Gan Cao (Licorice Root) and Jin Yin Hua (Honeysuckle Flower). Some of her eczema formulas were even tested by companies in the UK. Dr. Luo Dinghui was tireless in her teaching and always willing to share her valuable experiences with her peers. Her experience in treating eczema includes the following:

- Sheng Di Huang (Rehmannia root) should be used in large quantities, typically 1-2 liang (50-100 grams).
- Jin Yin Hua (Honeysuckle) should be added at the end of the decoction process.
- Adding Huai Shan Yao (Chinese Yam) and Fu Ling (Poria) to the prescription helps strengthen the treatment by tonifying the spleen and promoting the elimination of dampness.
- If Mu Tong is used in the prescription, it should specifically be Chuan Mu Tong (*Clematidis Armandii Caulis*) not Guan Mu Tong (*Isotrema manshuriense*).
- Dan Zhi Xiao Yao San is effective for eczema in adult females, helping to soothe the liver and relieve itching.
- For hand eczema, Dang Gui Si Ni Tang can be used as a soak, followed by the application of a 10% urea cream.
- For eczema-related itching, a towel or cotton pad soaked in saline solution can be used for wet compresses.
- The effects of TCM in treating eczema include anti-allergic, anti-inflammatory, and immune-modulating properties.

In 2021, I took notes while consulting Dr Luo about her experience in treating eczema. She mentioned the use of Dang Gui Si Ni Tang (Angelica Four Reversals Decoction) for external applications and urea ointment, which could help alleviate itching and keratinization, providing significant relief for eczema patients. Overall, she emphasized anti-allergy, anti-inflammatory, and immune-regulatory effects in her TCM treatment methods. At the same time, she valued pharmacological knowledge and integrated modern research to advance TCM development. Dr Luo also served as the chief editor of the book Chinese Medicine Immunology.

Unfortunately, on the eve of New Year's Day this year, Dr Luo tragically passed away after a fall at her home, leaving us forever.

Just before her passing, we had dinner together during Christmas, discussing extensively the inheritance and promotion of Traditional Chinese Medicine. She single-handedly advanced the integration of TCM into Western mainstream medicine. She was undoubtedly one of the most outstanding representatives of TCM abroad, a figure of pride for all of us in the TCM community. Her experience in treating eczema has been greatly inspiring to our clinical practice.

I hope that everyone can carry forward her spirit and apply her TCM knowledge to help patients in Hong Kong. Let us honour her memory, remember her contributions and legacy, and work toward making greater contributions to the development of TCM in Hong Kong. Thank you all!

Professor Zhixiu Lin: Director and Professor, School of Chinese Medicine; Director, Hong Kong Institute of Integrative Medicine; Director, Integrative Medicine CUHK Medical Centre. Faculty of Medicine: The Chinese University of Hong Kong. The above article is compiled from his speech in November 2024.

《英国中医针灸杂志》征稿启事

《英国中医针灸杂志》为英国中医药学会主办的中英文双语学术期刊，每年5月和12月发行两期，并可在学会网上阅览。本会刊宗旨着重在于为大家提供一个平台和论坛，借此互相沟通学习，不断提高学术水平和质量，从而推动中医针灸的发扬光大。欢迎诸位会员，中医同仁及各界读者慷慨赐稿，与大家共同分享你们的临床经验，典型病例分析，行医心得，理论探讨，中医教育和发展，文献综述和研究报告。并建议大家推荐本刊给病人及其周围之人阅读，让更多英国民众看到并亲身体验到中医之奇妙果效，从而提高中医之声誉，扩大中医之影响。

来稿中文或英文均可，中英双语更受欢迎。字数中文5000字以内，英文4000字以内，并附200字以内摘要。文章必须符合以下格式：标题，作者，摘要，关键词，概要，文章内容，综述/讨论或结论，以及参考文献。每篇文章也可附带一份单独的作者简介。

所有来稿必须是尚未在其它杂志上发表过的文章，也不得同时投稿于其它杂志。若编辑审稿后认为需做明显改动，将会与作者联系并征得同意。本会刊保留版权，未发表的文章将不退稿。投稿一律以电子邮件发往info@atcm.co.uk.请注明“杂志投稿”字样。

下期来稿截至日期为2025年3月20日。

The Journal of Chinese Medicine and Acupuncture Call for Papers

The Journal of Chinese Medicine and Acupuncture (JCMA) is a bilingual TCM academic journal, which is published twice annually. It is intended as a platform and a forum, where the journal concerning the profession can be developed, debated and enhanced from the greatest variety of perspectives. All of ATCM members, other TCM professionals and members of public are welcomed and invited to contribute papers for the journal. The journal may feature articles on varies of topics, which including clinical experience, case studies, theory and literature, education and development, book reviews and research reports etc.

Papers should be in Chinese or English, or bilingual, with up to 5000 words in Chinese or 4000 words in English. Papers in English are particularly welcome. An abstract of 150-200 words should also be attached. The article must comply with the following format: Title, Author, Abstract, Key Words, Introduction, Text, Summary/Discussion or

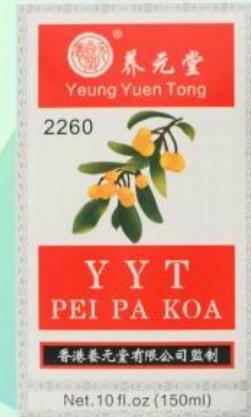
Conclusion and References. Each article may also be accompanied by a short biography on a separate page.

All the submitted articles or papers must not being simultaneously submitted to other journals, and also have not been published in any other journals unless particularly specified. Submitted articles are reviewed by our editors. If the editors suggest any significant changes to the article, their comments and suggestions will be passed on to the authors for approval and/or alteration. JCMA maintains copyright over published articles. Unpublished articles will not be returned unless specifically arranged with the editors.

All the papers should be sent to the Editorial Committee via email info@atcm.co.uk. Please indicate "Paper for JCMA". Deadline of submission for next Issue (Volume 32 Issue 1) is 20th March 2025. Papers received after the deadline may still be considered for publication in the later issue.

英国养元堂YYT UK

5:1 中药浓缩颗粒 GMP认证



Get a FREE glass teapot set
with purchases over
£ 200 (excl.VAT)

满£ 200送
玻璃茶壶套装
(不含VAT)

Acupuncture supplies:
Lingyuan infrared 607-A/B,
Medi rolls , needles

针灸用品:
凌远红外线神灯607A
607B、床纸、针灸针等

Concentrated herbal powder
prescription service
available
across the UK

提供全英范围
浓缩药粉
配药服务

Discover more
TCM products
with us!

更多TCM产品在售

TEL: 0208-900-2666 WeChat: YYT-UK Whatsapp: 0794-206-4889

www.yytuk.com Email: admin@yytuk.com



Your One-Stop Source for Herbal Granules and Acupuncture Supplies since 2006

High-Quality Concentrated Herbal Granules · Acupuncture Needles · Auricular Needles · Moxibustion Supplies · Far-Infrared Heat Lamp · Massage and Gua Sha Supplies · Pain Relief Patches and Oils · Ointments · Treatment Room Supplies · and Many More

- ✓ Since 2006, Herbprime has been the sole UK distributor for Sun Ten Pharmaceuticals, Taiwan.
- ✓ Sun Ten is a globally recognized leader with 80 years of experience in producing premium Concentrated Herbal Granules.
- ✓ Sun Ten holds certifications from GMP, PIC/S, and TGA, ensuring top-tier industry standards.
- ✓ Every batch of herbs includes a Certificate of Analysis (COA) issued by Sun Ten's Head of Quality Assurance.



Herbprime's Professional Dispensary Lab



Follow us



微信





Merry Christmas

& HAPPY NEW YEAR

祝愿广大会员圣诞快乐，新年安康！

愿未来继续携手共创美好辉煌！

-ATCM 理事会



Please Scan the QR codes of our social media platforms
to stay updated and learn more about us!

请扫描我们学会的社交媒体二维码，了解更多最新信息！