



ICS **.*

SCM



世界中医药学会联合会

World Federation of Chinese Medicine Societies

SCM **-20**

国际中医技术规范

通关利窍针刺法治疗中风后吞咽障碍

International Standardized Manipulations of Chinese Medicine

Tongguan Liqiao acupuncture therapy for post-stroke dysphagia

(征求意见稿)

世界中联国际组织标准

International Standard of WFCMS

20**-**-**发布实施

Issued & implemented on ** **, 20**

目次

前 言.....	I
引 言.....	II
1 范围.....	1
2 规范性引用文件.....	1
3 术语和定义.....	1
4 施术前准备.....	2
4.1 针具选择.....	2
4.2 体位选择.....	2
4.3 腧穴定位.....	2
4.4 消毒.....	2
4.5 环境要求.....	2
5 主穴.....	2
5.1 治疗原则.....	2
5.2 应用范围.....	2
5.3 腧穴组成.....	3
5.4 操作步骤与要求.....	3
6 辅穴.....	3
6.1 治疗原则.....	3
6.2 应用范围.....	3
6.3 腧穴组成.....	3
6.4 操作步骤与要求.....	3
7 分期治疗.....	3
7.1 口腔期吞咽障碍.....	3
7.2 咽期吞咽障碍.....	4
7.3 食管期吞咽障碍.....	4
8 注意事项.....	4
9 禁忌.....	5
10 针刺后不良反应的应对措施.....	5
附录 A（资料性）通关利窍针刺法的理论依据及含义.....	6
参考文献.....	7
Forward.....	8
Introduction.....	9
1 Scope.....	11
2 Normative references.....	11
3 Terms and definitions.....	11

4 Pre-operative preparation	12
4.1 Needle selection	12
4.2 Body position selection	13
4.3 Localization of acupoints	13
4.4 Disinfection	13
4.5 Environmental requirements	13
5 Main acupoints	13
5.1 Therapeutic principles	13
5.2 Scope of application	13
5.3 Composition of acupoints	13
5.4 Operation steps and requirements	14
6 Auxiliary acupoints	14
6.1 Therapeutic principles	14
6.2 Scope of application	14
6.3 Composition of acupoints	14
6.4 Operation steps and requirements	15
7 Staging treatment	15
7.1 Dysphagia in the oral phase	15
7.2 Swallowing disorders in the pharyngeal phase	16
7.3 Swallowing disorders at the esophageal stage	16
8 Precautions	17
9 Contraindications	18
10 Solutions to adverse reactions after needling	18
Appendix A	19
(Informative)	19
Theoretical basis and connotations of Tongguan Liqiao Acupuncture Therapy	19
References	21

前 言

请注意本文件的某些内容可能涉及专利。本文件的发布机构不承担识别专利的责任。

主要起草单位：天津中医药大学第一附属医院、国家中医针灸临床医学研究中心。

参与起草单位（排名不分先后）：美国亚利桑那州针灸研究所、慕尼黑中医诊所、马来西亚宝荣堂中医诊所、Herb base, Chinese medical centre, England。

主要起草人：石学敏、樊小农。

参与起草人（按姓氏拼音排序）：

中 国：卞金玲、常颖慧、戴晓喬、杜宇征、李军、石江伟。

美 国：刘静。

英 国：赵俊红。

德 国：Florian von Damnitz。

马来西亚：钟尚焯。

南 非：马学盛。

澳大利亚：王占奎。

加 拿 大：唐慎思。

本文件的起草程序遵守了世界中医药学会联合会发布的《世界中联国际组织标准管理办法》和 SCM 1.1-2021 《标准化工作导则第 1 部分：标准制修订与发布》。

本文件由世界中医药学会联合会发布，版权归世界中医药学会联合所有。

引 言

本文件制定目的在于规范通关利窍针刺法的临床操作，指导临床医师正确使用本针法，以保障通关利窍针刺法规范应用于临床、教育、科研等，确保其安全性、有效性，以便更好地推动通关利窍针刺法的国际推广与应用。

针刺操作的准确、达标是实现临床疗效的关键环节，刺激量是影响临床疗效的重要因素。石学敏院士于 1976 年率先提出针刺手法量学概念，首次对针刺作用力方向、大小、施术时间、两次针刺间隔时间等针刺手法的四大要素进行了科学界定。

上世纪七十年代石学敏院士带领团队研究针刺治疗脑血管病，创立醒脑开窍理论，构建石氏中风单元，形成系列针灸新技术，为针刺治疗中风病及其并发症提出了新的治疗理念。2021 年制定并发布了 SCM 69-2021《国际中医技术操作规范 醒脑开窍针刺法治疗中风》，在进针参数（方向、角度、深度等）、时间参数（介入时间、行针时间、留针时间、频次、疗程等）和行针参数（手法、幅度、频率等）等方面对醒脑开窍针刺法进行了严格、明确的规定。

通关利窍针刺法是石学敏院士在醒脑开窍针刺法治疗中风的基础上，根据其并发症——吞咽障碍而创立的。该针法在各穴的手法量学操作方面均有严格要求，且利用特殊针感量化针刺操作，如水沟穴眼球湿润为度、翳风穴如鯁在喉为宜等，提高了临床干预的规范性、可重复性与可操作性。早期研究发现，规范手法量学组与非规范手法量学组相比，能够更好地改善中风后吞咽障碍患者的脑血流、微循环、血液流变学等指标，促进患者吞咽功能恢复。其中，特殊针感可能是实现针刺操作临床量化转换的关键。前期研究发现，针刺水沟的眼球湿润为度是适用于个体患者的、最大程度改善脑血流量的最佳刺激参数；功能影像研究提示如鯁在喉感与产生的中枢效应密切相关，可能是带来疗效的关键。

因此，本文件旨在确立通关利窍针刺法治疗中风后吞咽障碍的相关概念、治疗原则、应用范围、腧穴组方、操作步骤与要求、注意事项禁忌，以保障通关利窍针刺法在针灸临床、教育、科研等场景下得到规范应用。

国际中医技术操作规范

通关利窍针刺法治疗中风后吞咽障碍

1 范围

本文件规定了通关利窍针刺法治疗中风后吞咽障碍的相关术语和定义、治疗原则、腧穴组方、操作步骤与要求、注意事项及禁忌等内容。

本文件适用于通关利窍针刺法治疗中风后吞咽障碍的技术操作。

2 规范性引用文件

下列文件中的内容通过文中的规范性引用而构成本文件必不可少的条款。凡是标注日期的引用文件，仅该日期对应的版本适用于本文件。凡是不标注日期的引用文件，其最新版本（包括所有的修订单）适用于本文件。

SCM 69-2021 国际中医技术操作规范 醒脑开窍针刺法治疗中风

GB 2024-2016 针灸针

GB/T 12346-2021 经穴名称与定位

GB/T 40997-2021 经外奇穴名称与定位

GB 15982-2012 医院卫生消毒标准

GB/T 16751.1-2023 中医临床诊疗术语第 1 部分：疾病

GB/T 21709.20-2009 针灸技术操作规范第 20 部分：毫针基本刺法

GB/T 30232-2013 针灸学通用术语

GB/T 33415-2016 针灸异常情况处理

3 术语和定义

下列术语和定义适用于本文件。

3.1

通关利窍针刺法

通过针刺内关、水沟、三阴交为代表的组方腧穴，施用特定手法，复苏受抑制、受损伤的脑组织功能；辅以风池、完骨、翳风等穴，使食物经口、咽、食管转移至胃内过程顺利、通达的治疗方法。

3.2

吞咽障碍

食物不能顺利由口腔输送到胃内，由此产生的进食困难。

注1：在吞咽过程中，任何一个环节发生异常，均会造成吞咽障碍。

注2：根据吞咽障碍发生的不同阶段，可分为口腔期吞咽障碍、咽期吞咽障碍和食管期吞咽障碍。

3.3

大幅度、低频率捻转提插泻法

指捻转幅度大于 180° 、频率在50~60次/分，先深后浅、轻插重提、以上提用力为主的行针手法。

3.4

小幅度、高频率捻转补法

指捻转幅度小于 90° 、频率在120~160次/分的行针手法。

4 施术前准备

4.1 针具选择

- a) 一次性毫针应符合 GB 2024-2016 规定。
- b) 根据病情和操作部位选择不同型号的毫针。
- c) 选择针身光滑、无锈蚀和折痕，针柄牢固，针尖锐利、无倒钩的针具。

4.2 体位选择

选择患者感觉舒适、医者便于操作的体位，应符合 GB/T 21709.20-2009 规定。

4.3 腧穴定位

参见 GB/T 12346-2021 经穴名称与定位、GB/T 40997-2021 经外奇穴名称与定位。

4.4 消毒

针具器械消毒、接触物品消毒、医者手消毒、针刺部位消毒以及对治疗室、备品的要求，均应符合 GB 15982-2012 的规定。

4.5 环境要求

治疗环境宜安静，清洁卫生，光线充足，温度适宜。

5 主穴

5.1 治疗原则

调神导气，滋补三阴，通关利窍。

5.2 应用范围

- a) 中风所致口咽部及食管结构与功能异常而出现的吞咽障碍。
- b) 中风所致认知障碍、精神障碍等引起行为异常，进而导致吞咽和进食问题。

5.3 腧穴组成

内关、水沟、三阴交。

5.4 操作步骤与要求

医者面向患者，按内关、水沟、三阴交的顺序进行针刺，具体操作如下：

a) 内关：取双侧内关，单手进针，直刺 0.5~1 寸，施用大幅度、低频率捻转提插泻法（可双侧同时操作），施术 1min，不留针。

b) 水沟：单手进针，向鼻中隔方向斜刺 0.3~0.5 寸，采用雀啄泻法，以眼球湿润或流泪为度，留针 30min。

c) 三阴交：无下肢功能障碍患者，取双侧三阴交，单手进针，直刺 1~1.5 寸，施用小幅度、高频率捻转补法（可双侧同时操作），施术 1min，留针 30min；合并下肢功能障碍患者，取患侧三阴交，单手进针，沿胫骨内侧面后缘进针，针体与胫骨内侧面呈 45°，刺入 0.5~1 寸，施用提插补法，以患侧下肢抽动 3 次为度，不留针。

6 辅穴

6.1 治疗原则

畅达三焦，通利枢机。

6.2 应用范围

适用于中风后吞咽障碍患者，尤其适用于椎基底动脉供血不足患者。

6.3 腧穴组成

风池、完骨、翳风。

6.4 操作步骤与要求

按风池、完骨、翳风的顺序进行针刺，具体操作如下：

a) 风池：双手进针，取双侧风池，针向喉结，震颤针身，使其徐徐刺入 2.0~2.5 寸，以出现如鲛在喉感为度，施用小幅度、高频率捻转补法（可双手同时操作），施术 1min，留针 30min。

b) 完骨：手法同风池。

c) 翳风：手法同风池。

7 分期治疗

7.1 口腔期吞咽障碍

7.1.1 在主穴、辅穴基础上，配合应用金津、玉液、下关、地仓、颊车、廉泉。

7.1.2 主穴、辅穴操作同本文件 5、6，配穴操作按金津、玉液、下关、颊车、地仓、廉泉的顺序进行针刺，具体操作如下：

a) 金津、玉液：嘱患者张口，舌头向上抬起，舌尖抵于上颚，如患者不能配合，可用无菌纱布缠在施术者押手上轻轻提拉帮助抬起患者舌头，用 3 寸毫针点刺出血，以 1~3ml 为佳，不留针。

b) 下关：取双侧，单手进针，向地仓方向进针 1 寸，施用大幅度、低频率捻转泻法（可双手同时操作），以针感放射至口唇部为度，留针 30min。

c) 颊车：取双侧，单手进针，向地仓方向进针 1 寸，施用大幅度、低频率捻转泻法（可双手同时操作），以局部有酸麻胀感为度，留针 30min。

d) 地仓：取双侧，单手进针，向颊车方向进针 1 寸，施用大幅度、低频率捻转泻法（可双手同时操作），以局部有酸麻胀感为度，留针 30min。

e) 廉泉：双手进针，向舌根方向进针 2.5~3 寸，施用小幅度、高频率捻转补法（可双手同时操作），施术 20s，留针 30min。

7.2 咽期吞咽障碍

7.2.1 在主穴、辅穴基础上，配合应用水突、廉泉、咽后壁。

7.2.2 主穴、辅穴操作同本文件 5、6，配穴操作按咽后壁、水突、廉泉的顺序进行针刺，具体操作如下：

a) 咽后壁：令患者张口，用压舌板压住舌体，暴露咽后壁，咽后壁处取穴，持 5 根长针同时散刺，每侧刺 3~5 次，出血为度。

b) 水突：取双侧，单手进针，直刺 0.3~0.4 寸，小幅度低频率捻转补法，针感以酸胀为度，留针 30min。

c) 廉泉：操作见 7.1.2.5。

7.3 食管期吞咽障碍

7.3.1 在主穴、辅穴基础上，配合应用点刺天突、上脘、中脘、足三里。

7.3.2 主穴、辅穴操作同本文件 5、6，配穴操作按天突、上脘、中脘、足三里的顺序进行针刺，具体操作如下：

a) 天突：患者取仰卧位，将枕头置项背部，使胸部抬高，头向后仰，暴露天突穴，双手进针，针尖垂直进针 0.3~0.4 寸，然后将针尖向下，紧靠胸骨柄后缘缓慢向下进针 2.5~3 寸，行呼吸泻法，不留针。

b) 上脘：单手进针，直刺 1.5~2 寸，施以小幅度、高频率捻转提插补法，施术 1min，留针 30min。

c) 中脘：操作同 7.3.2 b)。

d) 足三里：取双侧，单手进针，直刺 1.5 寸，施提插补法，以局部有酸麻胀感为度，留针 30min。

8 注意事项

a) 饥饿、饱食、醉酒、大怒、大惊、过度疲劳、精神紧张者，不宜立即进行针刺；体质虚弱、气血亏损者，其针感不宜过重，应尽量采取卧位行针。

b) 施术过程中，术者手指需要触及针体时，应用消毒棉球作间隔物，术者手指不宜直接接触针体。

c) 胸背部腧穴，不宜深刺，避免气胸。

d) 刺血施术时，医者应戴医用手套避免接触患者血液。

e) 对于易出血部位，出针后宜用干棉球按压一定时间，不宜擦揉。

f) 有凝血缺陷的患者，慎用针刺。

9 禁忌

a) 皮肤有感染、溃疡、瘢痕或肿瘤的部位，禁用针刺。

b) 脑出血活动期、恶性高血压的患者，禁用水沟穴。

c) 妊娠期中风患者，禁用三阴交等对胎孕反应敏感的腧穴。

d) 不能配合施术的患者，禁用针刺。

10 针刺后不良反应的应对措施

针刺后不良反应的处理应符合 GB/T 33415-2016 的规定。

附录 A

(资料性)

通关利窍针刺法的理论依据及含义

中风后吞咽障碍是中风类疾病中一个相对独立的疾病，表现为口、舌、咽喉等关窍痹阻所致的吞咽障碍。明代李时珍曰：“脑者元神之府……人之中气不足，清阳不升，则头为之苦倾，九窍为之不利”，说明关窍不利是脑神之病，若“神”功能失司，则易出现“神乱窍闭”的表现。基于对中风病因病机的充分认识和深刻理解，石学敏院士提出中风后吞咽障碍的根本病机是“窍闭神匿，神不导气，关窍闭阻”，确立了调神导气、滋补三阴、通关利窍的治则，调神通关为“使”，滋阴利窍为“用”，从窍论治中风后吞咽障碍，创立了以阴经、督脉、少阳经络穴为主的通关利窍针刺法理论和技术体系。

“通”，本义指没有堵塞、可以通过，与“堵”相对，《素问·灵兰秘典论》言：“使道闭塞而不通，形乃大伤”。引申义：一是通路，指事物相互连接的结构；二是沟通，指事物间相互交流、传递信息的功能活动；三是疏通、通达，指曾经一度受阻、受损、受挫的功能活动，重新得以恢复。通关利窍法的“通”字，主要指“疏通”、“通达”之义。

“利”，本义指刀剑锋利。引申义：一是获利，指得到好处；二是顺利，指事物的发展没有阻碍；三是滑密，《周礼·冬官考工记》言：“轴有三理，三者以为利也”，指事物运动的协调。通关利窍法的“利”字，与“通”意思相近，主要指“滑密”、“顺利”之义。

“关”，本义为门闩，引申义：一是关隘，指通道中的狭窄的部位；二是枢纽，是事物的重要转折点；三是指人体重要的孔窍或肢体结构，如《素问·水热穴》言：“肾者，胃之关也”。通关利窍针刺法的“关”字包含上述引申义，口、咽、食管作为六腑之关隘，是饮入于胃和误吸入肺的重要转折点，亦是关键治疗腧穴的所在部位。

“窍”，本义为孔、洞，引申义：一是“器官之孔”，如体表的口鼻、前后阴和体内的咽门、贲门等；二是事情的关键或要害，如多位后世医论中的“心窍”、“脑窍”、“神窍”等。通关利窍法的“窍”，既包括口、咽、食管等“器官之孔”，又含主宰思维意识的关键部位，即“脑窍”、“神窍”。

综上，通关利窍是复苏人体脑窍及其连属组织受抑制、受损伤的功能，使食物经口、咽、食管转移至胃内过程顺利、通达的治疗方法。

参 考 文 献

- [1] 中国康复医学会吞咽障碍康复专业委员会.中国吞咽障碍康复管理指南(2023版)[J].中华物理医学与康复杂志, 2023,45(12):1057-1072.DOI:10.3760/cma.j.issn.0254-1424.2023.12.001.
- [2] 慕容志苗,余亮,樊小农.从石学敏院士“通关利窍”针刺法临床应用现状谈针灸学术传承的关键[J].中国针灸,2021,41(02):201-204.
- [3] 申鹏飞,石学敏.通关利窍针刺法对脑卒中后吞咽障碍患者吞咽功能及血氧饱和度影响的临床研究[J].新中医,2009,41(02):88-90+8.
- [4] 刘敬,姚辉,石学敏运用“通关利窍”针刺法治疗中风后假性延髓麻痹述要[J].安徽中医药大学学报,2017,36(02):3-6.
- [5] 王拥军,王少石,赵性泉,等.中国卒中吞咽障碍与营养管理手册[J].中国卒中杂志,2019,14(11):1153-1169.
- [6] 卞金玲,张春红.石学敏院士针刺手法量学的概念及核心[J].中国针灸,2003,23(5):287-289.
- [7] 汪洁.吞咽的生理机制与卒中后吞咽障碍[J].中国卒中杂志,2007(03):220-225.
- [8] 朱原,傅立新,石学敏.不同针法针刺天突穴治疗延髓麻痹吞咽障碍疗效比较[J].中国针灸,2014,34(11):1089-1092.
- [9] 陈佑邦,邓良月.当代中国针灸临证精要[M].天津:天津科学技术出版社,1987:47-49.
- [10] 石学敏.中风病与醒脑开窍针刺法[M].天津:天津科学技术出版社,1998:198.
- [11] 杨明星.石学敏院士穴位刺法精要[J].中国针灸,2008(10):743-745.

Forward

Please note that certain contents of this document may involve patents. The publishing institution of this document does not assume the responsibility of identifying these patents.

Main drafting organizations: The First Affiliated Hospital of Tianjin University of Traditional Chinese Medicine, National Clinical Research Center for Chinese Medicine Acupuncture and Moxibustion.

Participants in drafting: Arizona Acupuncture Institute of America, Chinese Medicine Clinic of Munich, Baorongtang Traditional Chinese Medicine Clinic of Malaysia and Herb base, Chinese medical centre, England

Main drafters: Shi Xuemin, Fan Xiaonong.

Drafting participants (sorted by Pinyin order of surname):

China: Bian Jinling, Chang Yinghui, Dai Xiaoyu, Du Yuzheng, Li Jun, Shi Jiangwei.

America: Liu Jing.

UK: Zhao Junhong.

Germany: Florian von Damnitz.

Malaysia: Zhong Shangye.

South Africa: Ma Xuesheng.

Australia: Wang Zhankui.

Canada: Tang Shensi.

The drafting procedure of this document complies with *Management Scheme of WFCMS International Organization Standards* and *SCM1.1-2021 Standardization Work Guidelines Part 1: Setting Revision and Publication of Standards* issued by the World Federation of Chinese Medicine Societies.

This document is issued by the World Federation of Chinese Medicine Societies, and the copyright belongs to the World Federation of Chinese Medicine Societies.

Introduction

The purpose of this document is to standardize the clinical operation of the Tongguan Liqiao Acupuncture Therapy and to guide the relevant practitioners in the correct use of this acupuncture therapy, in order to ensure that the Tongguan Liqiao Acupuncture Therapy is standardized for use in acupuncture and moxibustion clinical practice, education, and scientific research, and to ensure its safety and efficacy, so as to better help with the international promotion and application of the Tongguan Liqiao Acupuncture Therapy.

Accuracy and standardization of acupuncture manipulation are the key points to achieve clinical efficacy, in which the amount of stimulation is an important influencing factor to clinical efficacy. Academician Shi Xuemin put forward the concept of quantitative acupuncture manipulation in 1976 for the first time and scientifically defined the four major elements of acupuncture manipulation, namely, the force direction of the acupuncture application, the force magnitude of the acupuncture application, the duration of acupuncture application, and the time interval between two acupuncture applications.

In the 1970s, a team led by Academician Shi Xuemin studied acupuncture treatment of cerebrovascular disease, creating the theory of Xingnao Kaiqiao acupuncture, establishing Shi's stroke unit and developing a series of new acupuncture techniques, which put forward a new therapeutic concept for the treatment of stroke and its complications with acupuncture. In 2021, *International Code of Practice for Traditional Chinese Medicine (ICP TCM) SCM 69-2021 in Wakening up the Brain and Opening up the Mind Acupuncture in Treatment of Stroke* was formulated and issued, in which the followings were strictly and clearly stipulated: the parameters for entering of the needles (direction, angle, depth, etc.), time parameters (time window for intervention, manipulating duration, retention duration of the needle, acupuncture frequency, course of treatment, etc.) and acupuncture manipulating parameters (needling technique, needling amplitude, manipulating frequency, etc.).

Tongguan Liqiao Acupuncture Therapy was created by Academician Shi Xuemin based on Xingnao Kaiqiao Acupuncture Therapy for treating stroke and according to the complication of the stroke, dysphagia. In the acupuncture therapy, there are strict requirements on the manipulative and quantitative operation on each acupoint, and special needling sensations are utilized to quantify the acupuncture operation. For example, needling on

Shuigou (Du 26) acupoint to the degree of the moistness of the eyeballs and needling on Yifeng (SJ 17) acupoint to the degree that patient feels like fish bone being stuck in the throat. These requirements improve the standardization, reproducibility, and operability of the clinical intervention of acupuncture. Early studies have found that the standardized manipulative and quantitative group can better improve the cerebral blood flow, microcirculation, blood rheology and other indexes of patients with post-stroke dysphagia and promote the recovery of patients' swallowing function compared with those of the non-standardized manipulative and quantitative group. Among them, the special needling sensations of patients may be the key to realize the clinical quantitative conversion of acupuncture manipulation. Previous studies have found that the degree of ocular moistness of the acupuncture on Shuigou acupoint is the optimal stimulation parameter applicable to individual patient to maximize the improvement of cerebral blood flow; functional imaging studies suggest that the sensation of fish bone being stuck in the throat of patients is closely related to the central effect produced, which may be the key to bring about the efficacy of the treatment.

Therefore, this document is work out to establish the concepts, therapeutic principles, scope of application, acupoint formula, procedures and requirements of the acupuncture as well as precautions and contraindications in treatment of post-stroke dysphagia with Tongguan Liqiao Acupuncture Therapy, in order to ensure that the therapy be standardized and applied in acupuncture and moxibustion clinical practice as well as education and scientific research scenarios.

International Standardized Manipulations of Chinese Medicine Tongguan Liqiao acupuncture therapy for post-stroke dysphagia

1 Scope

This document specifies the terms and definitions, therapeutic principles, acupoint formula, scope of application, operation steps and requirements, precautions and contraindications for the treatment of post-stroke dysphagia with Tongguan Liqiao Acupuncture Therapy.

This document is applicable to the clinical technical operation of Tongguan Liqiao Acupuncture Therapy for the treatment of post-stroke dysphagia.

2 Normative references

The contents of the following documents constitute the essential provisions of this document through normative references in the text. When a reference file with a date is noted, only the version corresponding to that date applies to this file; for undated references, the latest version of which (including all changes) applies to this document.

SCM 69-2021 International code of traditional Chinese medicine practice of Xingnao Kaiqiao Acupuncture Therapy in treatment of stroke

GB 2024-2016 Acupuncture needles

GB/T 12346-2021 Names and localization of meridian acupoints

GB/T 40997-2021 Names and localization of extra-meridian acupoints

GB 15982-2012 Hospital hygiene sterilization standards

GB/T 16751.1-2023 Chinese medicine clinical diagnosis and treatment terminology Part 1: Diseases

GB/T 21709.20-2009 Acupuncture and moxibustion technical specifications part 20: basic techniques of filiform needling

GB/T 30232-2013 General terminology of acupuncture and moxibustion

GB/T 33415-2016 Handling of abnormalities in acupuncture and moxibustion

3 Terms and definitions

The following terms and definitions are applied to this document.

3.1

Tongguan Liqiao Acupuncture Therapy

It is a therapeutic method to resuscitate the inhibited and damaged brain tissue functions, by needling the grouped acupoints represented by Neiguan (PC 6), Shuigou (DU 26), and Sanyinjiao (SP 6) acupoint with specific techniques and methods. It can also make the process of transferring food through the mouth, pharynx, and esophagus to the stomach smoother, supplemented by acupuncture on acupoints of Fengchi (GB 20), Wan'gu (GB 12), and Yifeng (SJ 17) acupoint.

3.2

Dysphagia

The inability of food to be transported smoothly from the mouth to the stomach induced difficulty in eating.

Note 1: Abnormalities at any point in the swallowing process can result in dysphagia.

Note 2: According to the different occurring stages of dysphagia, it can be categorized into oral phase dysphagia, pharyngeal phase dysphagia and esophageal phase dysphagia.

3.3

Large-amplitude, low-frequency twirling, lifting, inserting technique combined with inducing method

It refers to the twirling amplitude greater than 180 °, with frequency of 50-60 times /min, first deep and then shallow needling, light insertion and heavy lifting, with up-lifting force being the main operation mode in needling manipulation.

3.4

Small-amplitude, high-frequency twirling technique combined with reinforcing method

It refers to the needling manipulation with a twirling amplitude of less than 90° and a frequency of 120-160 times/min.

4 Pre-operative preparation

4.1 Needle selection

a)The parameters of the disposable filiform needle should comply with

the provisions in GB 2024-2016.

b) Selecting different models and types of filiform needles according to the state of illness and the operation site.

c) Choosing needles with smooth body, no rust and creases, with firm handle, sharp tip and without barb.

4.2 Body position selection

Choosing the body position that the patient feels comfortable and the medical practitioner is convenient to operate, which should be in accordance with the provisions in GB/T 21709.20-2009.

4.3 Localization of acupoints

Referring to the meridian and acupoint names and positioning in GB/T 12346-2021 and names and positioning of extra-meridian acupoints in GB/T 40997-2021.

4.4 Disinfection

Disinfection of needle instruments, disinfection of contact articles, disinfection of doctor's hands, disinfection of the acupuncture site as well as requirements for treatment rooms and spare items should be in accordance with the provisions in GB 15982-2012.

4.5 Environmental requirements

The treatment environment should be quiet, clean and hygienic, with sufficient light and suitable temperature.

5 Main acupoints

5.1 Therapeutic principles

Regulating spirit and directing qi, nourishing the three yin as well as Tongguan Liqiao (dredging the passages and opening the orifices).

5.2 Scope of application

(a) Swallowing disorders caused by abnormalities in the structure and function of the oropharynx and esophagus due to stroke.

(b) Behavioral abnormalities caused by cognitive and mental disorders due to stroke, which in turn lead to swallowing and feeding problems.

5.3 Composition of acupoints

Neiguan (PC 6), Shuigou (DU 26), Sanyinjiao (SP 6).

5.4 Operation steps and requirements

The doctor faces the patient and carries out needling in the order of Neiguan, Shuigou and Sanyinjiao as follows:

(a) Neiguan: taking both sides of Neiguan, inserting the needle with one hand, stabbing straight 0.5-1 cun, applying large amplitude, low-frequency twisting, lifting and inserting techniques combined with reducing method (can be operated at the same time bilaterally), performing the operation for 1 min, without leaving the needle in place.

(b) Shuigou: inserting the needle with one hand, stabbing obliquely 0.3-0.5 cun toward the nasal septum, applying bird pecking acupuncture technique combined with reducing method to the extent that the eyeballs are wet or tearing, leaving the needle in place for 30 min.

c) Sanyinjiao: for patients without lower limb dysfunction, taking the Sanyinjiao acupoints on both sides, inserting the needle with one hand, stab 1-1.5 cun, applying small amplitude, high-frequency twisting technique combined with reinforcing method (can be operated bilaterally at the same time), applying the technique for 1 min, and leaving the needle in place for 30 min; for patients with combined lower limb dysfunction, taking Sanyinjiao on patient's dysfunction side, inserting the needle with one hand along the posterior margin of the medial aspect of the tibia bone, with the needle body and the medial aspect of the tibia bone forming a 45° angle and stabbing in for 0.5-1 cun, applying lifting and inserting technique combined with reinforcing method, to the extent that the affected lower limb twitches 3 times, without leaving the needle in place.

6 Auxiliary acupoints

6.1 Therapeutic principles

Unblocking the qi of the triple energizer and dredging the pivotal qi activity.

6.2 Scope of application

It is suitable for patients with swallowing disorder after stroke, especially for patients with insufficient blood supply on vertebral basilar artery.

6.3 Composition of acupoints

Fengchi (GB 20), Wan'gu (GB 12) and Yifeng (SJ 17) acupoint.

6.4 Operation steps and requirements

Performing needling in the order of Fengchi, Wan'gu and Yifeng acupoint as follows:

(a) Fengchi: inserting the needle with both hands, taking the Fengchi acupoints on both sides, needling to the Adam's Apple, vibrating the body of the needle, stabbing slowly to 2.0-2.5 cun, to the extent that patient feels like fish bone being stuck in the throat, applying small amplitude, high frequency twisting technique combined with reinforcing method (can be operated with both hands at the same time), applying the technique for 1 min and leaving the needle in place for 30 min.

(b) Wan'gu: the same manipulation as that on Fengchi.

(c) Yifeng: the same manipulation as that on Fengchi.

7 Staging treatment

7.1 Dysphagia in the oral phase

7.1.1 Acupuncture on the main and auxiliary acupoints, combined with the needling on Jinjin (EX-HN 12), Yuye (EX-HN 13), Xiaguan (ST 7), Dicang (ST 4), Jiache (ST 6) and Lianquan (RN 23).

7.1.2 The operation of the main and auxiliary acupoints is the same as that in 5 and 6 of this document, and the operation sequence on the cooperated acupoints is Jinjin, Yuye, Xiaguan, Jiache, Dicang and Lianquan in needling as follows:

a) Jinjin, Yuye: asking the patient to open his/her mouth and lift his tongue upward, with the tip of the tongue against the palate. If the patient cannot cooperate well, he/she should be helped with the operator's pressing hand, around which are wrapped by sterile gauze, by lifting the patient's tongue gently, stabbing with a 3-cun filiform needle to bleed, preferably 1 to 3 mL, without leaving the needle in place.

b) Xiaguan: taking the acupoints on both sides, advancing the needle with one hand, needling 1 cun in the direction of Dicang, applying large-amplitude, low-frequency twisting technique combined with reducing method (can be operated with both hands at the same time), to the extent that patient's needle sensation radiates to the mouth and lips, and leaving the needle in place for 30 min.

c) Jiache: taking the acupoints on both sides, inserting the needle with one hand, advancing the needle 1 cun in the direction of Dicang, applying large-amplitude, low-frequency twisting technique combined with reducing

method (can be operated with both hands at the same time), to the extent that patient feels a localized soreness, numbness and distension, and leaving the needle in place for 30 min.

d) Dicang: taking the acupoints on both sides, inserting the needle with one hand, advancing the needle 1 cun toward Jiache acupoint, applying large-amplitude, low frequency twisting technique combined with reducing method (can be operated with both hands at the same time), to the extent that patient feels localized soreness, numbness and distension, and leaving the needle in place for 30 min.

e) Lianquan: inserting the needle with both hands, 2.5-3 cun toward the root of the tongue, applying small-amplitude, high frequency twisting technique combined with reinforcing method (can be operated with both hands at the same time), applying the technique for 20 s, and leaving the needle in place for 30 min.

7.2 Swallowing disorders in the pharyngeal phase

7.2.1 Acupuncture on the main and auxiliary acupoints, being cooperated with the application of Shuitu (ST 10), and Lianquan (RN 23) acupoint and the posterior wall of the pharynx.

7.2.2 The operation on the main and auxiliary acupoints is the same as that in 5 and 6 of this document, and the operation on the matched acupoints is in sequence of the posterior wall of the pharynx, Shuitu and Lianquan in needling as follows:

a) Posterior wall of the pharynx: asking the patient to open his/her mouth, acupuncturist pressing the tongue with tongue depressor to expose the posterior pharyngeal wall, taking the acupoint there, holding 5 long needles to puncture at the same time, puncturing 3-5 times on each side, to the extent of bleeding.

b) Shuitu: taking the acupoints on both sides, inserting the needle with one hand, stabbing straight 0.3-0.4 cun, with small amplitude, low frequency twisting technique combined with reinforcing method, with patient's feeling sore and distended, and leaving the needle in place for 30 min.

c) Lianquan: see 7.1.2.5 for operation.

7.3 Swallowing disorders at the esophageal stage

7.3.1 Acupuncture on the main and auxiliary acupoints, cooperated with the acupuncture on Tiantu (RN 22), Shangwan (RN 13), Zhongwan (RN 12) and

Zusanli (ST 36).

7.3.2 The operation on the main and auxiliary acupoints is the same as that in 5 and 6 of this document, and the operation on the cooperated acupoints acupuncture is in order of Tiantu, Shangwan, Zhongwan and Zusanli as follows:

a) Tiantu: patient taking the supine position, putting the pillow on the back of his/her neck so that the chest is elevated and the head is tilted back to get Tiantu acupoint exposed, the needle being inserted with both hands, with the tip of the needle being inserted vertically into 0.3-0.4 cun, then the tip of the needle being turned down and getting quite closed to the posterior edge of the sternal stem and slowly inserting downward 2.5-3 cun, with reducing method of the respiratory manner, without leaving the needles in place.

b) Shangwan: inserting the needle with one hand, stabbing straight 1.5-2 cun, with small-amplitude, high frequency twisting, lifting and inserting technique combined with reinforcing method, performing the operation for 1 min and leaving the needle in place for 30 min.

c) Zhongwan: the operation is the same as that in 7.3.2 b).

d) Zusanli: taking the acupoints on both sides, inserting the needle with one hand, stabbing straight 1.5 cun, with lifting and inserting technique combined with reinforcing method, to the extent that there is a localized soreness, numbness and distension and leaving the needle in place for 30 min.

8 Precautions

a) Patients who are hungry, just finished with meal, drunk, angry, frightened, over-fatigued and nervous should not be needled immediately; people who are weak and have deficiency of qi and blood should not be given too strong needling sensation, and they should take a lying position when perform needling.

b) During the needling procedure, when the operator's fingers need to touch the body of the needle, sterilized cotton balls should be used as a spacer and the operator's fingers should not directly touch the body of the needle.

c) Acupoints on the patient's chest and back should not be stabbed deeply, to avoid pneumothorax.

d) When stabbing for bleeding, the doctor should wear medical gloves to avoid contacting patient's blood.

e) For skin area where it is easy to bleed, it is advisable to use dry cotton balls to press on the area for a certain period of time after the needle is discharged, and it is not advisable to wipe or rub the area.

f) Patients with coagulation defects should be needled with greater caution.

9 Contraindications

a) Acupuncture is contraindicated in areas of skin with infection, ulcers, scarring or tumors.

b) For patients with active brain hemorrhage or malignant hypertension, needling on Shuigou acupoint is prohibited.

c) For patients with stroke during pregnancy, needling on acupoints sensitive to fetal-pregnant reaction, such as on Sanyinjiao acupoint, is prohibited.

d) Patients who are unable to cooperate well with the operation are prohibited from needling.

10 Solutions to adverse reactions after needling

The solutions to adverse reactions after needling should be in accordance with the provisions in GB/T 33415-2016.

Appendix A (Informative)

Theoretical basis and connotations of Tongguan Liqiao Acupuncture Therapy

Post-stroke dysphagia is a relatively independent disease in the stroke category, manifesting as dysphagia caused by paralysis blockage of the mouth, tongue, pharynx and other orifices. Li Shizhen, the famous TCM doctor and pharmacist of the Ming Dynasty, said as follows: “The brain is the house of Yuanshen (spirit) ... Man's lack of qi in the middle energizer leads to clear yang qi rising dysfunction and cause the inability of lifting one's head and the blocking of the nine orifices,” indicating that the orifice problems come from the dysfunction of man's brain and abnormal spirit condition. If the function of Shen (spirit) is injured, it is easy to induce “disordered spirit and closed orifices”. Based on the full knowledge and deep understanding of the etiology and mechanism of stroke, Academician Shi Xuemin proposed that the fundamental mechanism of post-stroke dysphagia is the “closure of the orifices and the concealment of the spirit induced spiritual dysfunction in guiding qi activity of the body and eventually cause the closed and obstructed orifices”. Therefore, the treatment principles of regulating the spirit condition to guide qi activity, nourishing the three yin as well as dredging the confined part of the passageway and the orifices have been worked out, in which regulating the spirit and dredging the passageway acts as the “means” and nourishing the three yin and facilitating the orifices acts as the “purposes”. By treating the post-stroke dysphagia from perspective of the orifices, the theoretical and technical system of Tongguan Liqiao Acupuncture Therapy (acupuncture in dredging the passageway and facilitating the orifices) with yin meridian, Du meridian and Shaoyang meridian acupoints involved as the main focus, has been established.

“Tong”, which is the opposite word of “blocking up”, refers to the absence of blockage or the condition that can be passed, in its original meaning, In *Su Wen · Ling Lan Mi Dian Lun*, it is said as follows: the meridians and collaterals being blocked would lead to the the great injury of man's body. Based on that, the derived meanings of “Tong” are as follows: first, it means access or passage, which refers to the structure of things connecting to each other; second, it means communication, which refers to the functional activities of the information exchange or transferring; third, it means dredging or unclogging, which refers to once blocked, damaged, frustrated functional activities being restored. The word “Tong” in “Tongguan Liqiao” Acupuncture

Therapy mainly refers to “dredging” to achieve “accessing”.

The original meaning “Li” is the sharpness of the knife or sword and the derived meanings of it are as follows: first, it means to reap the benefit; second, it means “smooth development”, or the development of things without obstacles; third, it means “precisely smoothness”. In *Zhou Li·Dong Guan Kao Gong Ji*, it is said as follows: “there are three requirements for making an axle and the third requirement is to facilitate the rotation with compactness”, which refers to the fine movement coordination among all parts of the structure. The word “Li” in “Tongguan Liqiao” Acupuncture Therapy is similar to the meaning of “Tong”, which mainly means “smoothness” or “slippery movement”.

The original meaning of “Guan” is latch, and the derive meanings of it are as follows: first, narrow passage or the narrow part of the channel; second, pivot, or an important turning point of things; third, human body's important orifices or limb structures. In *Su Wen·Shui Re Xue Lun*, it is said as follows: “Kidney is the Guan of the stomach”. In Tongguan Liqiao Acupuncture Therapy, the word “Guan” is considered to have all of the above derived meanings. Specifically, the mouth, pharynx, esophagus as a whole constitutes the narrow passage of the six fu organs. It is the important turning point or pivot for the drink going into the stomach or mistakenly being inhaled into the lung and they are also the key therapeutic acupoints applied in acupuncture.

The original meaning of “Qiao” is a hole, or cavity, and the derived meanings of which are as follows: first, the hole of an organ, such as the mouth and nose on one’s body surface, urethra and anus as well as the pharyngeal gate and cardia within man’s body, etc.; second, the key to or the vital part of things, such as a number of names given in the medical theories proposed by generations of the therapists like “heart orifice”, “brain orifice” and “Shen (spirit) orifice”. The “Qiao” in “Tongguan Liqiao” includes not only the mouth, pharynx, esophagus and other “hole of the organ” but also the key part that dominates the thinking and consciousness, i.e., the “brain orifice” and “Shen orifice”.

To summarize, Tongguan Liqiao is an effective treatment therapy that resuscitates the inhibited and damaged functions of the brain orifice and the connected tissues, so that food transference from mouth to pharynx and esophagus and then to the accessing of the stomach would be normal and smooth.

References

- [1] Chinese Society of Rehabilitation Medicine Rehabilitation Committee for Swallowing Disorders. Guidelines for the management of dysphagia rehabilitation in China (2023 edition) [J]. Chinese Journal of Physical Medicine and Rehabilitation, 2023,45(12):1057-1072.DOI:10.3760/cma.j.issn.0254-1424.2023.12.001.
- [2] Murong Z, YU L, FAN X. Pivotal issue of acupuncture-moxibustion academic inheritance based on the present situation of the clinical application of Tongguan Liqiao needling method by the academician SHI Xue-min[J]. Chinese Acupuncture & Moxibustion, 2021,41(02):201-204.
- [3] Shen P, Shi X. Therapeutic effect of joint-easing and orifice-dredging acupuncture on swallowing function and blood oxygen saturation in patients with swallowing disorder after stroke[J]. Journal of New Chinese Medicine, 2009,41(02):88-90+8.
- [4] Liu J, Yao H. Summary on Shi Xuemin's use of "Tong Guan Li Qiao" acupuncture method in treatment of pseudo medullary paralysis after stroke[J]. Journal of Anhui University of Chinese Medicine, 2017,36(02):3-6.
- [5] Wang Y, Wang S, Zhao X, et al. Chinese Dysphagia and nutrition management manual for acute stroke patients[J]. Chinese Journal of Stroke, 2019,14(11):1153-1169.
- [6] Bian J, Zhang C. Conception and core of Academician Shi Xuemin's acupuncture manipulation quantitative arts[J]. Chinese Acupuncture and Moxibustion, 2003,23(5):287-289.
- [7] Wang J. Physiologic mechanisms of swallowing and post-stroke dysphagia[J]. Chinese Journal of Stroke,2007(03):220-225.
- [8] Zhu Y, Fu L, Shi X. Efficacy on dysphagia induced bulbar palsy treated with acupuncture at Tiantu (CV 22) with different needling techniques[J]. Chinese Acupuncture and Moxibustion, 2014,34(11):1089-1092.
- [9] Chen Y, Deng L. Clinical essence of contemporary Chinese acupuncture and moxibustion[M]. Tianjin: Tianjin Science and Technology Press,1987:47-49.
- [10] Shi Xumin. Stroke disease and Xingnao Kaiqiao acupuncture method [M]. Tianjin: Tianjin Science and Technology Press,1998:198.
- [11] Yang M. Quintessence of academician Shi Xue-min's acupoints needling method[J]. Chinese Acupuncture and Moxibustion, 2008(10):743-745.