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世界中医药学会联合会

World Federation of Chinese Medicine Societies

SCM/NP-2025-194

国际中医技术操作规范 儿科

第 5 部分：小儿拔罐疗法

International standardized manipulations of Chinese medicine Pediatrics

Part 5: Cupping Therapy

(征求意见稿, CD)

世界中联国际组织标准

International Standard of WFCMS

20**-**-**发布实施

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

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前 言

本文件为《中医技术操作规范 儿科》的第5部分。《中医技术操作规范 儿科》已经发布了以下部分：

- 第1部分：小儿内治给药方法
- 第2部分：小儿常用外治法
- 第3部分：小儿针灸疗法
- 第4部分：小儿推拿疗法
- 第5部分：小儿拔罐疗法
- 第6部分：小儿灯火灸法

本文件无相关被替代、废止的文件。

本文件制定以中华人民共和国国家标准（指导性技术文件）《GB/Z 40893.5-2021 中医技术操作规范 儿科 第5部分：小儿拔罐疗法》为基础转化形成。

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。

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本文件的起草程序遵守了世界中医药学会联合会发布的SCM1.1-2021《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翻译专业委员会承担翻译，翻译人员为***。若发生异议，以中文文本为准。

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引 言

随着全球范围内对中医药的认可度不断提升，中医儿科作为中医药体系的重要组成部分，其国际标准化需求日益迫切。中医儿科技术操作涵盖较多内容，经多轮论证研讨选取具有中医特色和儿科常用的治疗操作技术先行编制，并根据技术操作的形式及特点分为5部分。技术内容在中医儿科学术界具有广泛性、普适性，为了满足全球中医儿科医师临床学习应用的迫切需要，对于促进世界中医儿科临床技术操作规范化、标准化具有重要价值，对于中医儿科标准化、现代化、国际化具有示范意义。

《国际中医技术操作规范 儿科》系列是中医儿科临床常用的技术方法，是治疗疾病、提高疗效的重要手段，主要包括以下5部分。

- 第1部分：小儿内治给药方法
- 第2部分：小儿常用外治法
- 第3部分：小儿针灸疗法
- 第4部分：小儿推拿疗法
- 第5部分：小儿拔罐疗法

小儿拔罐疗法是在古代医家长期临床实践中积累形成的，伴随中医儿科临床实践和科学技术的发展而不断更新发展。目前罐的种类较多，有竹罐、陶瓷罐、金属罐、橡胶罐、塑料罐、电磁罐、远红外罐、药物多功能罐等，广泛用于儿科临床。尽管拔罐疗法在成人、小儿均有应用，但是，由于小儿具有其生理病理特点和解剖特点，为了使治疗效果更加显著以及保障操作的安全性，小儿拔罐疗法的标准化、规范化在中医儿科临床显得尤为重要。

本文件是在充分搜集和整理古今中医专家经验的基础上，结合目前中医儿科临床实践，征求了海内外行业内专家意见编制而成，并且期待随着临床应用和科研的进展，得到不断地修订、补充。

【重要声明】本标准不适用于3岁以下患儿，所涉及刺络放血等侵入性操作，6岁以下患儿禁用，操作者应遵守所在国家或地区的法律法规及执业范围要求。

国际中医技术操作规范 儿科 第5部分：小儿拔罐疗法

1 范围

本文件规范了小儿拔罐的术语和定义、操作步骤与要求、注意事项与禁忌。

本文件适用于各国中医医疗、卫生统计、中医病案管理、中医临床医疗质量评定、科研、教学、学术交流等领域。

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。其中，注日期的引用文件，仅该日期对应的版本适用于本文件；不注日期的引用文件，其最新版本（包括所有的修改单）适用于本文件。

本文件无规范性引用文件。

3 术语和定义

下列术语和定义适用于本文件。

3.1

拔罐

以罐为工具，利用燃烧、抽吸、蒸汽等方法造成罐内负压，使罐吸附于穴位或体表的一定部位，以产生良性刺激，达到调整机体功能、防治疾病目的的外治方法。

3.2

火罐

通过燃烧罐内空气造成负压的方法用来拔罐的器具。

3.3

水罐

利用空气膨胀原理，通过蒸汽、水煮等造成负压的方法用来拔罐的器具。

3.4

抽气罐

由一种特制的罐具和一套抽气装置构成，通过抽吸空气方法造成负压用来拔罐的器具。

3.5

针罐法

针刺与拔罐相配合的治疗方法。

4 操作步骤与要求

4.1 施术前准备

4.1.1 罐具

- a) 根据患儿年龄、病症、操作部位的不同，选择材质、规格适宜的罐具。
- b) 3岁以下患儿不宜采用拔罐治疗，3~6岁患儿以内容积为 $95\pm 4.8\text{ml}$ 的5号罐为主，12岁之前以内容积为 $130\pm 6.5\text{ml}$ 的4号罐为主。
- c) 罐体应完整无损，罐口光滑无毛糙，罐的内壁擦拭干净。常用罐的种类参见附录A。

4.1.2 消毒

4.1.2.1 罐具

采用有效氯（有效溴）含量 $500\text{mg/L}\sim 1000\text{mg/L}$ 的含氯（溴）消毒剂，或 $2000\text{mg/L}\sim 5000\text{mg/L}$ 过氧乙酸溶液，或 30g/L 过氧化氢溶液，或 $150\text{mg/L}\sim 500\text{mg/L}$ 二氧化氯溶液， $1000\text{mg/L}\sim 5000\text{mg/L}$ 季铵盐类消毒剂，或 $0.5\%\sim 1.0\%$ 过碳酸钠溶液、 $2\text{g/L}\sim 45\text{g/L}$ 胍类消毒剂、 $2\%\sim 3\%$ 对氯间二甲苯酚，或 2% 三氯羟基二苯醚，或 $60\%\sim 90\%$ 乙醇溶液以及可达到消毒效果的其他消毒剂或消毒湿巾，喷洒或浸泡消毒 10min ，或擦拭消毒 5min 。消毒作用达到规定时间后，清水冲洗或擦拭干净。有芽孢污染或有机物污染严重时，可选择高效消毒剂，并增加浓度和作用时间。

4.1.2.2 部位

拔罐的部位一般不需要消毒，应用针罐法用 75% 乙醇或 $0.5\%\sim 1\%$ 碘伏棉球在针刺部位消毒。闪罐、走罐等操作，可依据患儿皮肤状况，对3~6岁的患儿在拔罐部位涂抹白凡士林或石蜡。

4.1.2.3 操作者

在流动水下，淋湿双手。取适量洗手液（肥皂），均匀涂抹至整个手掌、手背、手指和指缝。认真揉搓双手至少 15s ，注意清洗双手所有皮肤，包括指背、指尖和指缝，具体揉搓步骤参加《医务人员洗手方法》。取适量的手消毒剂于掌心，均匀涂抹双手。按照《医务人员洗手方法》揉搓的步骤进行揉搓，揉搓至手部干燥。卫生手消毒时首选速干手消毒剂，过敏人群可选用其他手消毒剂；针对某些对乙醇不敏感的肠道病毒感染时，应选择其他有效的手消毒剂。

4.1.3 环境

环境清洁卫生，室内安静，温度湿度适宜，避免吹风受凉。

4.1.4 体位

应选择患儿舒适、操作者便于操作的治疗体位，如坐位、俯卧位、仰卧位，对于年龄较小的患儿，可采用监护人辅助的正抱、背抱、侧抱等抱位。

4.1.5 部位

根据病症选取适当的治疗部位。以肌肉丰厚处为宜，常取背、腹、胸、腰、臀部、四肢近端等部位。

4.1.6 术前护理

- a) 备齐器具。
- b) 对患儿做好心理护理，说明治疗的意义和注意事项，进行精神安慰与鼓励，消除患儿的紧张恐惧情绪，使患儿及家长能积极主动配合操作。
- c) 3~6岁的患儿由家长协助固定好拔罐部位。

4.2 施术方法

4.2.1 吸拔方法

4.2.1.1 火罐

4.2.1.1.1 闪火法

用止血钳或镊子夹住95%乙醇棉球，一手握罐体，罐口朝下，将棉球点燃后立即伸入罐内摇晃数圈后随即退出，迅速将罐扣于治疗部位。

4.2.1.1.2 贴棉法

将直径1cm~2cm的95%乙醇棉片贴于罐内壁，点燃后迅速将罐扣于治疗部位。

4.2.1.2 水罐

4.2.1.2.1 水煮法

将竹罐放入水中或药液中煮沸2min~3min，然后用镊子将罐倒置（罐口朝下）夹起，迅速用多层干毛巾捂住罐口片刻，以吸去罐内的水液，降低罐口温度（但保持罐内热气），待合适温度，将罐扣于治疗部位，然后轻按罐具30s左右，使其吸牢。

4.2.1.2.2 蒸汽法

将水或药液放在小水壶内（勿超过壶嘴）煮沸，至水蒸气从壶嘴或套于壶嘴的皮管内大量喷出时，将壶嘴或皮管插入罐内2min~3min后取出，迅速将罐扣于治疗部位。

4.2.1.3 抽气罐

先将抽气罐紧扣在治疗部位，用抽气筒将罐内的部分空气抽出，使其吸拔于皮肤上。

4.2.1.4 其他罐

如拔挤气罐、电磁罐、远红外罐、药物多功能罐、硅胶罐等，均根据其说明书操作。

4.2.2 应用方法

4.2.2.1 单纯拔罐法

4.2.2.1.1 闪罐

用止血钳或镊子夹住95%乙醇棉球，一手握罐体，罐口朝下，将棉球点燃后立即伸入罐内摇晃数圈后随即退出，迅速将罐吸拔于治疗部位，随即取下，再吸拔，再取下，反复吸拔至局部皮肤潮红，或罐体底部发热为度。动作要迅速而准确。必要时也可在闪罐后留罐。

4.2.2.1.2 留罐

将吸拔在皮肤上的罐具留置一定时间，使局部皮肤潮红，甚或呈紫红色后再将罐具取下。3~6岁患儿酌情减少留罐时间。留罐时间参见附录B。

4.2.2.1.3 走罐

先于施术部位涂上润滑剂（常用凡士林、医用甘油、液体石蜡或润肤霜等），也可用温水或药液。同时还可将罐口涂上油脂。用罐吸拔后，一手握住罐体，略用力将罐沿着一定路线反复推拉，至走罐部位皮肤紫红为度。推罐时应用力均匀，以防止火罐漏气脱落。

4.2.2.1.4 排罐

沿某一经脉或某一肌束的体表位置顺序成行排列吸拔多个罐具。

4.2.2.2 针罐法

4.2.2.2.1 留针拔罐

a) 毫针刺穴位，留针时以针为中心拔罐，留置后起罐、起针。留置时间参见附录B。

b) 6岁以下患儿不愿配合不予实施。并应在施术前与患儿及家长充分沟通。

4.2.2.2.2 出针拔罐

毫针刺穴位，出针后立即于该部位拔罐，留置后起罐，起罐后再用消毒棉球将拔罐处擦净。

4.2.2.2.3 刺络拔罐

a) 用皮肤针或三棱针、粗毫针等点刺出血，或三棱针挑治后，再行拔罐、留罐。刺络拔罐有刺破皮肤出血等情况，故6岁以下患儿禁用，施术前应与患儿及家长充分沟通。患儿精神紧张、大汗后、劳累后或饥饿时不宜运用本疗法。皮肤局部有感染、溃疡、创伤、瘢痕时不运用本疗法。

b) 皮肤针分为软柄皮肤针与硬柄皮肤针，若选用软柄皮肤针，需将针柄末端置于掌心，拇指居上，食指在下，其余手指呈握拳状握住针柄末端。若选用硬柄皮肤针，则用拇指和中指夹持针柄两侧，食指置于针柄中段的上面，无名指和小指将针柄末端固定于大小鱼际之间。针尖对准叩刺部位，运用灵活的腕力垂直叩刺，即将针尖垂直叩击在皮肤上，并立即弹起，如此反复进行。刺激强度应根据患儿情况选择较轻的腕力叩刺，局部皮肤略见潮红，患者稍有疼痛感觉的弱刺激。并注意叩刺时针尖与皮肤应垂直，用力均匀，避免斜刺或钩挑，以减轻疼痛。

c) 三棱针有点刺法、刺络法、散刺法、挑治法，对于儿科刺络拔罐，应根据实际情况选择针刺皮肤面积最小出血量最少的点刺法，一般成人点刺出血量小于1ml，儿童点刺出血量应少于0.5ml。

d) 三棱针点刺前，可在被刺部位或其周围用推、揉、挤、捋等方法，使局部充血。点刺时，用一手固定被刺部位，另一手持针，露出针尖3mm~5mm，对准所刺部位快速刺入并迅速出针，进出针时针体应保持在同一轴线上。施术后，宜用无菌干棉球或棉签擦拭或按压。三棱针起罐后用消毒棉球擦净血迹。

4.2.3 起罐方法

4.2.3.1 一般罐

一手握住罐体腰底部稍倾斜，另一手拇指或食指按压罐口边缘的皮肤，使罐口与皮肤之间产生空隙，空气进入罐内，即可将罐起下。

4.2.3.2 抽气罐

提起抽气罐上方的塞帽使空气进入罐内，罐具即可自然脱落。也可用一般罐的起罐方法起罐。

4.2.3.3 水(药)罐

为防止罐内有残留水(药)液漏出，若吸拔部位呈水平面，应先将拔罐部位调整为侧面，局部垫好干毛巾后再起罐。

4.2.4 技术操作规范

结合小儿生理特点，适当减少罐内负压、减少留罐时间、降低治疗频率，并及时关注小儿情绪，选择在患儿情绪平稳愿意配合时操作，当患儿出现哭闹、挣扎时立刻停止操作。

4.3 施术后处理

4.3.1 拔罐的正常反应

拔罐处若出现局部发红，或点片状紫红色瘀点、瘀斑，或兼微热痛感，片刻后消失，恢复正常皮色，皆是拔罐的正常反应，一般不需处理。

4.3.2 拔罐的善后处理

起罐后局部一般不需处理，若罐斑处微觉痛痒，不可搔抓，数日内自可消退。起罐后如果局部出现小水泡，注意不要擦破，可以自然吸收。若水泡过大，可由操作者用一次性消毒针从泡底刺破，放出水液后，再用消毒敷料覆盖。若有出血，应用消毒棉球拭净，压迫片刻。若皮肤破损，应常规消毒，并用无菌敷料覆盖其上。

5 注意事项和禁忌

小儿拔罐疗法注意事项及禁忌见附录C和附录D。

附录 A
(资料性)
常用罐的种类

A.1 按材质分类

A.1.1 角罐

用牛角或羊角加工制成的罐具。

A.1.2 竹罐

由成熟的竹子制成。其优点是轻巧，价廉，取材容易，制作简单且有耐煮的特性；缺点是容易爆裂漏气，且质地不透明，难以观察罐内皮肤的变化情况。竹罐容易吸附药物，在煮药罐法中常用，可根据不同的疾病使用不同的药物煮罐，以提高疗效。

A.1.3 陶瓷罐

陶罐由陶土烧制而成，罐口平滑，形如木体，口底稍小，腔大如鼓，有大、中、小和特小几种类型。其优点是吸拔力较大、易于高温消毒，适用于全身各部的拔罐；缺点是陶罐体较重，易于破碎，且质地不透明。陶罐较大的吸拔力对体质壮盛的患者或某些深部疾病具有良好的疗效。

A.1.4 玻璃罐

玻璃罐由耐热质硬的透明玻璃烧制而成，罐口平滑，口平腔大底圆，口缘稍厚略外翻，内外光滑。其优点是质地透明，使用时可以随时观察罐内皮肤瘀血的程度；缺点是传热较快，容易摔碎。玻璃罐临床广泛应用于刺络放血拔罐及闪罐等，对于瘀阻性疾病及寒凝病症具有良好的疗效。

A.1.5 金属罐

分为铜罐、铁罐，用钢或铁皮为原料制成。其形状如玻璃罐，口径大小不一。其中铜罐比较常用。金属罐的特点是耐用，导热比较快。

A.1.6 橡胶罐

由橡胶或以橡胶为主的原料制成，价格便宜，不易摔坏。现代临床常用的抽气罐多用橡胶制成。

A.1.7 生物陶瓷火罐

生物陶瓷火罐是选用多种氧化聚合物，配合其他辅助材料烧制而成的。

A.1.8 塑料罐

用塑料或以塑料为主的原料制成的罐具。

A.1.9 硅胶罐

采用医用级硅胶制成的罐具，柔软且有弹性，一般为杯状，罐体透明或不透明。

A.1.10 石罐

主要指以砭石、玉石为材料制成的罐，现代以山东泗水、安徽灵璧的砭石制成的罐多见。

A.2 按排气方法分类

A. 2. 1 抽气罐

用一种特制的罐具和一套抽气装置组成的罐具。分为连体式和分体式两种。

A. 2. 2 空气筒抽气罐

A. 2. 2. 1 橡皮排气球抽气罐

用橡皮排气球连接罐具而成。分成筒装式（排气球与罐具制成一体，不可拆开）、精装式（罐具与排气球可拆开，并可根据需要临时选用适当的罐具）、组合式（排气球只在排气时连接罐具，罐具吸拔住之后，可以随时取下排气球，并可装在其他罐具上继续应用）。

A. 2. 2. 2 电动抽气罐

通过电动抽气吸附，经穴电动拔罐治疗仪属于此类。

A. 2. 3 挤气罐

常见的有组合式和组装式两种。组合式是由玻璃喇叭筒的细头端套一橡皮球囊构成；组装式是装有开关的橡皮囊和橡皮管与玻璃或透明工程塑料罐连接而成。

A. 2. 4 双孔玻璃抽吸罐

外形和玻璃罐大致相同，成椭圆球形。在罐之顶部两侧设有圆柱形的两个小孔，一为注气孔、一为排气孔。

A. 3 按功能分类

A. 3. 1 电罐

以电为能源的罐具。电罐功能已从单纯的产生负压发展为集负压、温热、磁疗、电针等综合性能为一体。负压及温度均可以调控，还可以通过连接的测压仪器随时观测负压情况。

A. 3. 2 药物多功能罐

罐内配置凹斗，可放入药液或药末、药片的罐具。

A. 3. 3 磁罐

在罐体内配置磁体产生磁场，磁疗与罐疗相结合的罐具。

A. 3. 4 远红外真空罐

配备远红外线发生装置的真空拔罐罐具。

A. 3. 5 复合罐具

罐具配用其他各种治疗仪的复合装置。

附录 B
(资料性)

拔罐的留罐时间治疗间隔时间与疗程

B.1 拔罐的留罐时间

留罐时间可根据患儿年龄、病情、体质等情况而定。一般留罐时间为 5min~15min, 若肌肤反应明显、皮肤薄弱的儿童则留罐时间应较短。

B.2 拔罐治疗间隔时间与疗程

拔罐治疗的间隔时间, 按局部皮肤颜色和病情变化决定。同一部位拔罐一般隔日 1 次。急性病痊愈为止, 一般慢性病以 5 次为一疗程。两个疗程之间应间隔 2d (或等罐斑痕迹消失)。

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附录 C
(资料性)
小儿拔罐疗法与注意事项

- C.1 拔罐疗法一般用于6岁以上年龄儿童；3岁以下患儿禁用，3~6岁患儿酌情使用，患儿尽量不用火罐、水罐，可用橡胶罐、塑料罐、硅胶罐；根据患儿年龄大小选择直径大小不同的罐具。
- C.2 拔罐前充分暴露应拔部位，有毛发者剃去，操作部位应注意防止感染。
- C.3 选好体位，幼儿期、学龄前期患儿一般采用卧位，家长要协助操作者防止患儿乱动。患儿体位应舒适，局部宜舒展、松弛，勿移动体位，以防罐具脱落。
- C.4 体质虚弱患儿及初次接受拔罐者，拔罐数量宜少，留罐时间宜短。
- C.5 若留针拔罐，选择罐具宜大，毫针针柄宜短，以免吸拔时罐具碰触针柄而造成损伤。
- C.6 使用火罐、水罐时要注意温度，不可过热，以防烫伤患儿。使用电罐、磁罐时，应注意询问患儿是否带有金属物体（如玩具），如有者应取出后再拔罐。
- C.7 起罐操作时不可硬拉或旋转罐具，否则会引起疼痛，甚至损伤皮肤。
- C.8 拔罐手法要熟练，动作要轻、快、稳、准。用于燃火的乙醇棉球，不可吸含乙醇过多，以免拔罐时滴落到患儿皮肤上而造成烧烫伤。若不慎出现烧烫伤，按外科烧烫伤常规处理。
- C.9 燃火伸入罐内的位置，以罐口与罐底的外 1/3 至内 2/3 处为宜。
- C.10 拔罐过程中如果出现拔罐局部疼痛，处理方法有减压放气、立即起罐等。
- C.11 拔罐过程中若出现头晕、胸闷、恶心欲呕，肢体发软，冷汗淋漓，甚者瞬间意识丧失等晕罐现象，处理方法是立即起罐，使患儿呈头低脚高卧位，必要时可饮用温开水或温糖水，或掐人中穴等。密切观察面色、血压、心率变化，严重者按晕厥处理。

附录 D
(资料性)
小儿拔罐疗法禁忌

- D.1 接触性传染病，IgA 血管炎、免疫性血小板减少症、白血病及血友病等出血性疾病。
- D.2 出疹性疾病、皮肤高度过敏、传染性皮肤病，皮肤肿瘤（肿块）部位、皮肤溃烂部位。
- D.3 心尖区体表大动脉搏动处，急性外伤性骨折、静脉曲张处、皮肤损伤部位。
- D.4 瘰病、疝气处及水肿部位。
- D.5 眼、耳、口、鼻、前阴、后阴等五官九窍部位。

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Foreword

This document is Part 5 of International standardized manipulations of Chinese medicine--- Pediatrics (ISMCMP). The following parts of ISMCMP have been released:

Part 1: Internal treatments

Part 2: Common external treatment

Part 3: Acupuncture and moxibustion

Part 4: Tuina

Part 5: Cupping therapy

No documents have been superseded or abolished in relation to this document.

This document is formulated based on and upgraded from the National Standard of the People's Republic of China (Guidance Technical Document): GB/Z 40893.5-2021 Specification for operation technologies of traditional Chinese medicine-Pediatrics-Part 5: Cupping therapy).

Attention should be paid to the possibility that some contents of this document may relate to patents. The issuing body of this document shall not be responsible for identifying any patents.

The main drafting organization : Nanjing University of Chinese Medicine.

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The drafting procedure of this document complies with Guidelines for standardization work (Part 1: Standard formulation, revision and release) (SCM 1.1-2021) issued by the World Federation of Chinese Medicine Societies(WFCMS).

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Introduction

With the growing global recognition of traditional Chinese medicine (TCM), pediatric TCM, as an essential component of the TCM system, faces an increasingly urgent demand for international standardization. Pediatric TCM technical operations cover a wide range of modalities. After multiple rounds of expert demonstration and discussion, commonly used therapeutic techniques with distinctive TCM pediatric characteristics were selected for priority compilation, which are divided into five parts according to their forms and features. The technical contents enjoy broad applicability and universality within the academic community of pediatric TCM. This document is designed to meet the urgent demands of pediatric TCM practitioners worldwide for clinical study and application. It bears significant value in advancing the normalization and standardization of global clinical operation techniques of pediatric TCM, and serves as an exemplary reference for the standardization, modernization and internationalization of pediatric TCM.

The ISMCMP series covers commonly adopted clinical techniques and methods of pediatric TCM, which serve as vital approaches for disease treatment and curative effect improvement. It mainly consists of the following five parts.

Part 1: Internal treatments

Part 2: Common external treatment

Part 3: Acupuncture and moxibustion

Part 4: Tuina

Part 5: Cupping therapy

Pediatric cupping therapy took shape through the long-term clinical practice of ancient physicians and has kept evolving with the clinical advancement of pediatric TCM and technological progress. Nowadays, a wide variety of cupping devices are widely used in pediatric clinics, such as bamboo jars, ceramic jars, metal jars, rubber jars, plastic jars, electromagnetic cupping jars, far-infrared cupping jars and multi-functional medicinal cupping jars. While cupping therapy is applicable to both adults and children, children have distinctive physiological, pathological and anatomical features. And to optimize therapeutic outcomes and ensure operational safety, the standardization and normalization of pediatric cupping therapy are especially vital in pediatric TCM clinical practice.

This document is developed by thoroughly collating the clinical experience of TCM specialists past and present, integrating contemporary pediatric TCM

clinical practice, and soliciting feedback from industry experts at home and abroad. It is anticipated that this document will undergo continuous revision and supplementation as clinical practice and scientific research advance.

Important Statement

This standard is not applicable to children under 3 years of age. Invasive procedures such as collateral blood-letting specified herein are prohibited for children under 6 years of age. Practitioners shall comply with the laws, regulations and scope of practice requirements of their respective countries or regions.

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International standardized manipulations of Chinese medicine Pediatrics

Part 5: Cupping Therapy

1 Scope

This document specifies the terms and definitions, operational procedures and requirements, precautions and contraindications for pediatric cupping.

This document is applicable to fields including TCM medical practice, health statistics, TCM medical record management, clinical quality evaluation of TCM, scientific research, teaching and academic exchanges in all countries.

2 Normative References

This document has no normative references.

3 Terms and Definitions

The following terms and definitions are applicable to this document.

3.1

Cupping

It is an external therapeutic modality that uses cupping vessels to generate internal negative pressure by combustion, suction, steam or other means; the cups adhere to acupoints or specific body surface areas to produce benign stimulation for regulating bodily functions and preventing and treating diseases.

3.2

Utensil for fire cupping

It refers to a cupping device that generates negative pressure by burning the air inside the vessel for cupping therapy.

3.3

Utensil for liquid cupping

It refers to a cupping device that creates negative pressure by steam, boiling and other means based on the principle of air thermal expansion for cupping therapy.

3.4

Utensil for air-extracting cupping

It refers to a cupping device composed of a special cupping jar and an air extraction set, which generates negative pressure by pumping out air for cupping therapy.

3.5

Needle-cupping

It refers to a therapeutic modality combining acupuncture and cupping therapy.

4 Operating Procedures and Requirements

4.1 Pre-operation Preparation

4.1.1 Cupping Devices

Cupping jars with varying materials and sizes shall be selected in accordance with children's age, clinical disorders and operation sites. Cupping therapy is not recommended to be administered to children younger than three years of age. For pediatric patients aged between three and six years, Size 5 cupping jars with an internal volume of 95 ± 4.8 mL shall be adopted as the primary option. For children under twelve years old, Size 4 cupping jars with an internal volume of 130 ± 6.5 mL shall serve as the main choice. Each cupping jar shall have an intact jar body without any damage, and its rim shall be smooth and free of burrs. The inner wall of every cupping jar shall be thoroughly wiped clean. Refer to Annex A for detailed information on commonly used types of cupping jars.

4.1.2 Disinfection

4.1.2.1 Cupping Devices

Disinfection shall be carried out via spraying or soaking for 10 minutes, or wiping for 5 minutes using any of the following disinfectants or disinfection wipes capable of meeting disinfection requirements: chlorine- or bromine-based disinfectants containing 500 mg/L to 1000 mg/L available chlorine or available bromine, 2000 mg/L to 5000 mg/L peracetic acid solution, 30 g/L hydrogen peroxide solution, 150 mg/L to 500 mg/L chlorine dioxide solution, 1000 mg/L to 5000 mg/L quaternary ammonium salt disinfectants, 0.5% to 1.0% sodium percarbonate solution, 2 g/L to 45 g/L guanidine disinfectants, 2% to 3% parachlorometaxlenol, 2% triclosan, and 60% to 90% ethanol solution. Once the required disinfection contact time is reached, the items shall be thoroughly rinsed or wiped with clean water. Where heavy contamination by spores or

organic substances is present, high-level disinfectants shall be adopted with higher concentrations and extended contact time.

4.1.2.2 Disinfection Site

Cupping sites generally do not require disinfection. When needle-cupping is applied, the acupuncture site shall be disinfected with cotton balls soaked in 75% ethanol or 0.5%–1% povidone iodine. When flash cupping, moving cupping and other manipulations are to be conducted, white petrolatum or paraffin wax may be applied to the cupping sites of children aged 3 to 6 years according to their skin condition.

4.1.2.3 Operator

Both hands shall be thoroughly wetted under running water. An appropriate amount of hand soap or hand wash shall be taken and evenly applied to the entire palms, dorsa of hands, fingers and interdigital spaces. Hands shall be rubbed thoroughly for at least 15 seconds, and all skin areas of the hands including dorsal sides of fingers, fingertips and interdigital crevices shall be fully cleaned. Detailed rubbing procedures shall be referred to in Handwashing Procedures for Medical Staff (Annex A, WS/T 313-2019). A proper volume of hand disinfectant shall be dispensed into the palm and evenly spread over both hands. Rubbing shall be performed in compliance with the procedures specified in Handwashing Procedures for Medical Staff until complete drying of the hands is achieved. Alcohol-based instant hand disinfectants shall be selected as the primary product for hygienic hand disinfection. Alternative hand disinfectants may be used for personnel with allergic reactions. When managing infections caused by certain ethanol-insensitive enteroviruses, other effective hand disinfectants shall be adopted.

4.1.3 Environment

The operation environment shall be clean and hygienic with a quiet indoor space, appropriate temperature and humidity, and drafts that may cause colds shall be avoided.

4.1.4 Body Position

Suitable treatment positions that ensure comfort for the child and convenient operation for the practitioner shall be selected, including sitting, prone and supine positions. For younger children, holding postures with assistance from guardians such as front holding, back holding and side holding may be adopted.

4.1.5 Treatment Site

Appropriate treatment areas shall be selected according to the patient's clinical condition. Sites with abundant muscle tissue shall be preferred, commonly including the back, abdomen, chest, waist, buttocks and proximal segments of the limbs.

4.1.6 Pre-operation Nursing

All required instruments shall be prepared in advance.

Psychological nursing shall be provided for children. The therapeutic purpose and precautions of the treatment shall be explained to them, and mental comfort and encouragement shall be offered to relieve their tension and fear, so that both children and their guardians may cooperate actively with the manipulation.

For children aged 3 to 6 years old, the cupping area shall be stabilized with the assistance of their guardians.

4.2 Operation Methods

4.2.1 Cupping Application Methods

4.2.1.1 Fire Cupping Devices

4.2.1.1.1 Flash-fire Method

A cotton ball soaked with 95% ethanol shall be clamped with hemostatic forceps or tweezers. The cupping jar shall be held in one hand with its opening facing downward. After the cotton ball is ignited, it shall be inserted into the jar, swirled several times, and then taken out right away. The jar shall then be quickly applied to the treatment site.

4.2.1.1.2 Cotton-firing Method

Cotton pieces soaked with 95% ethanol with a diameter of 1 cm to 2 cm shall be affixed to the inner wall of the cupping jar. After ignition, the jar shall be rapidly placed over the treatment site.

4.2.1.2 Liquid Cupping Devices

4.2.1.2.1 Boiling Method

Bamboo cups shall be boiled in clean water or medicinal liquid for 2 min to 3 min. Afterwards, invert the cup with forceps (cup mouth facing downward) and take it out rapidly. Cover the cup mouth with several layers of dry towels for a short while to absorb residual water inside the cup and cool the rim while

retaining hot steam within the cup. When the temperature becomes suitable, place the cup tightly onto the treatment area and press the cup gently for approximately 30 seconds to secure suction.

4.2.1.2.2 Steam Method

Water or medicinal liquid shall be poured into a small kettle, and the liquid level shall not exceed the spout of the kettle. The liquid inside the kettle shall be heated until boiling. When a large amount of steam flows out continuously from the kettle spout or the rubber hose connected to the spout, the spout or rubber hose shall be inserted into the interior of each cup for two to three minutes and then pulled out. The heated cups shall be rapidly attached to the treatment sites right after they are taken away from the steam source.

4.2.1.3 Suction Cupping Devices

The suction cupping device shall be tightly attached to the treatment site first. An air extractor is then used to draw out part of the air inside the cup so that the cup adheres firmly to the skin by negative pressure.

4.2.1.4 Other Devices

Squeeze-type cupping jars, electromagnetic cupping jars, far-infrared cupping jars, multi-functional medicinal cupping jars and silicone cupping jars fall into this category. All the above cupping jars shall be operated strictly in accordance with the official operation manuals provided by their manufacturers.

4.2.2 Application Methods

4.2.2.1 Simple Cupping Therapy

4.2.2.1.1 Flash Cupping

A cotton ball saturated with 95% ethanol shall be clamped with hemostatic forceps or tweezers. The cupping jar shall be held in one hand with its opening facing downward. After the cotton ball is ignited, it shall be inserted into the jar, swirled several times and promptly withdrawn. The jar shall be quickly applied to the treatment site, then removed immediately, followed by repeated application and removal until the local skin turns flushed or the bottom of the jar becomes warm. All movements shall be swift and precise. Retention cupping may be performed after flash cupping when necessary.

4.2.2.1.2 Retention Cupping

Jars attached to the skin shall be left in place for a specified duration until

the local skin turns flushed or even purplish-red, after which the jars shall be removed. The retention time shall be shortened as appropriate for children aged 3 to 6 years. For specified cupping retention durations, reference shall be made to Annex B.

4.2.2.1.3 Moving Cupping

Lubricants (commonly white petrolatum, medical glycerin, liquid paraffin, moisturizing cream, etc.), warm water or medicinal liquid shall be smeared on the treatment area; grease may also be coated around the jar rim. After the jar is suctioned onto the skin, the jar body shall be held in one hand and pushed and pulled repeatedly along a fixed route until the skin of the treated area appears purplish-red. Even force shall be maintained during sliding to prevent air leakage and jar detachment.

4.2.2.1.4 Aligned Multiple Cupping

Multiple cupping jars shall be applied in aligned rows along the superficial path of a meridian or muscle bundle.

4.2.2.2 Acupuncture Cupping Therapy

4.2.2.2.1 Retained-needle Cupping

Acupoints shall be punctured with filiform needles. Cupping shall be performed centered on the retained needles. The cups and needles shall be removed upon completion of retention. Annex B shall be referred to for retention duration. This manipulation shall not be administered to children under 6 years of age due to poor compliance. Sufficient communication shall be conducted with the child and guardians prior to treatment.

4.2.2.2.2 Needle-withdrawal Cupping

Acupoints shall be punctured with filiform needles. Cupping shall be immediately applied to the puncture sites after needle withdrawal. The cups shall be removed after retention, and the treated area shall be wiped clean with disinfected cotton balls after jar removal.

4.2.2.2.3 Blood-letting Puncture Cupping

Skin needles, three-edged needles or thick filiform needles shall be used to puncture the skin for bloodletting; alternatively, three-edged needle picking therapy shall be carried out prior to cupping and cup retention. This therapy is contraindicated for children under 6 years of age as skin breakage and bleeding are involved, and full communication with the child and guardians shall be

completed before treatment. This therapy shall not be applied if the child is mentally nervous, drenched in sweat, fatigued or hungry. It shall also be avoided where local skin lesions, such as infection, ulcer, trauma or scarring, exist.

Skin needles are divided into soft-handle skin needles and hard-handle skin needles. If a soft-handle skin needle is adopted, the tail end of the needle handle shall be placed in the palm. The thumb shall rest on the upper side and the index finger on the lower side, while the remaining fingers shall curl into a fist to grip the tail end of the handle. If a hard-handle skin needle is adopted, both sides of the needle handle shall be held between the thumb and middle finger. The index finger shall be placed on the upper middle segment of the handle, and the ring and little fingers shall fix the tail end of the handle between the thenar and hypothenar eminences. The needle tip shall be aligned with the tapping site. Flexible wrist force shall be applied for vertical tapping: the needle tip shall strike the skin perpendicularly and rebound instantly, and this movement shall be repeated continuously. Mild stimulation with gentle wrist tapping shall be selected in accordance with the child's physical condition, which only causes slight flushing of local skin and mild soreness. During tapping, the needle tip shall be kept perpendicular to the skin with even force. Oblique puncture or hooking scraping shall be avoided to relieve pain.

Three-edged needle manipulations include spot pricking, collateral pricking, scattered pricking and picking therapy. For pediatric blood-letting puncture cupping, spot pricking shall be selected in light of actual conditions for minimal puncture area and blood loss. The blood volume from spot pricking shall be less than 1 mL for adults and less than 0.5 mL for children.

Three-edged needle spot pricking requires that before spot pricking, pushing, kneading, squeezing or stroking may be applied to the target site and its surrounding area to induce local congestion. For spot pricking, the target skin area shall be stabilized with one hand, and the needle shall be held in the other hand with 3 mm to 5 mm of the needle tip exposed. The needle tip shall be aimed at the target site, rapidly inserted and immediately withdrawn, and the needle shaft shall be kept on a single axis throughout penetration and withdrawal. Sterile dry cotton balls or swabs shall be used for wiping or compression after manipulation. Bloodstains shall be thoroughly wiped off with disinfected cotton balls after jar removal following three-edged needle therapy.

4.2.3 Removal of Cupping Devices

4.2.3.1 Removal of Common Cupping Devices

The waist and bottom part of the cupping jar shall be held with one hand

and tilted slightly. The skin around the rim of the jar opening shall be pressed with the thumb or index finger of the other hand to create a gap between the jar rim and the skin. Air shall flow into the interior of the jar, and the cupping jar can then be removed.

4.2.3.2 Removal of Air-extracting Cupping Devices

The sealing cap on the top of the air-extraction cupping jar shall be lifted to allow air to enter the jar, and the jar shall fall off naturally. The removal manipulation for ordinary cupping jars may also be adopted to take off air-extraction cupping jars.

4.2.3.3 Removal of Liquid (Medicinal) Cupping Devices

Residual water or medicinal liquid inside the jars shall be prevented from leaking out. If the cupping site lies on a horizontal plane, the treated area shall first be adjusted to a lateral position, and dry towels shall be padded beneath the local area before the jar is removed.

4.2.4 Technical Operation Specifications

The negative pressure inside cupping devices, retention duration and treatment frequency shall be appropriately reduced in consideration of the physiological characteristics of children. The child's mood shall be monitored throughout the procedure. Operations shall only be carried out when the child is calm and willing to cooperate. The treatment shall be terminated immediately once the child cries or struggles.

4.3 Post-operation Management

4.3.1 Normal Reactions to Cupping

Local flushing, punctate or patchy purplish-red ecchymoses, or mild heat and soreness occurring at cupping sites that fade and restore normal skin tone after a short period are all normal reactions induced by cupping, and generally no intervention shall be required.

4.3.2 Follow-up Treatment after Cupping

No routine management shall be needed for local skin after cupping devices are removed. If mild itchiness or soreness occurs at cupping marks, scratching shall be avoided, and the discomfort shall subside within several days. If small blisters appear on the treated area after jar removal, the blisters shall be kept intact for natural absorption. In cases of oversized blisters, the blisters shall be pricked at the bottom by the practitioner with a disposable disinfected needle to

drain the fluid, followed by coverage with disinfected dressings. If bleeding occurs, the blood shall be wiped off with disinfected cotton balls and mild compression shall be applied for a short while. In the event of skin breakage, routine disinfection shall be performed, and the wound shall be covered with sterile dressings.

5 Precautions and Contraindications

Precautions and contraindications for pediatric cupping therapy shall be referred to Annex C and Annex D.

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Annex A

(Informative)

Types of Commonly Used Cupping Devices

A.1 Classification by Material

A.1.1 Horn Jars

Horn Jars shall be processed from ox horn or goat horn.

A.1.2 Bamboo Jars

Bamboo Jars shall be made of mature bamboo. Their advantages include light weight, low cost, easy access to raw materials, simple fabrication and resistance to boiling. Their disadvantages lie in the tendency to crack and leak air, as well as opaque texture that prevents observation of skin changes inside the cup. Bamboo cups readily absorb medicinal ingredients and are widely adopted in medicinal boiling cupping. Different herbal formulas may be used to boil the cups according to different illnesses so as to enhance therapeutic effects.

A.1.3 Ceramic Jars

Ceramic jars shall be fired from clay with smooth rims. They feature a narrow opening and bottom and a large drum-shaped cavity, available in extra-small, small, medium and large sizes. Their advantages are strong suction force and easy high-temperature disinfection, suitable for cupping on all body parts. Their disadvantages include heavy weight, fragility and opacity. The powerful suction of ceramic cups delivers favorable curative effects for robust patients or certain deep-seated disorders.

A.1.4 Glass Jars

Glass jars shall be fired from heat-resistant, rigid transparent glass with smooth rims, flat openings, large cavities and round bottoms. The rim is slightly thickened and everted with smooth inner and outer surfaces. Their prominent advantage is transparency, allowing real-time observation of subcutaneous ecchymosis inside the cup during operation. The drawbacks are fast heat conduction and vulnerability to breakage by falling. Glass cups are extensively applied in clinical practice for blood-letting puncture cupping and flash cupping, and produce satisfactory therapeutic effects for blood stasis disorders and cold stagnation syndromes.

A.1.5 Metal Jars

Metal Jars consist of copper cups and iron cups, manufactured from steel or iron sheet. They adopt a shape similar to glass cups and are made with various calibers, among which copper cups are more commonly used. Metal cups are characterized by durability and rapid heat conduction.

A.1.6 Rubber Jars

Rubber Jars shall be manufactured from rubber or rubber-dominant raw

materials at a low price and with high resistance to breakage. Most modern clinical air-extracting jars are made of rubber.

A.1.7 Bio-ceramic Fire Jars

Bio-ceramic fire jars are fired from a variety of oxidation polymers combined with other auxiliary materials.

A.1.8 Plastic Jars

Plastic Jars shall be made of plastic or plastic-based raw materials.

A.1.9 Silicone Jars

Silicone jars shall be fabricated from medical-grade silicone. They are soft and elastic, generally cup-shaped, and available in transparent or opaque styles.

A.1.10 Stone Jars

Stone Jars mainly refer to jars crafted from stone needle stone or jade. In modern clinical settings, jars made of stone needle stone from Sishui (Shandong Province) and Lingbi (Anhui Province) are the most prevalent.

A.2 Classification by Air Evacuation Method

A.2.1 Suction Cupping Devices

An air-extracting cupping jar consists of a special-purpose jar matched with a set of air extraction fittings. Such jars are divided into integrated type and split type.

A.2.2 Air-cylinder Suction Cupping Devices

A.2.2.1 Rubber-Bulb Suction Cupping Devices

This type is assembled by connecting a rubber air evacuation bulb to a cupping jar. It falls into three categories: simple integrated type (the bulb and the jar are integrated and non-detachable), deluxe split type (the bulb can be separated from the jar, and different jars can be selected as required), and combined type (the bulb is only connected to the jar during air extraction; once air extraction is formed on the skin, the bulb can be removed and reused with other jars).

A.2.2.2 Electric Suction Cupping Devices

This type relies on electric air extraction to create suction. Electro-acupoint cupping therapeutic instruments fall into this category.

A.2.3 Squeeze-suction Cupping Devices

Two common configurations are available: combined type and assembled type. The combined type is made by sleeving a rubber balloon onto the narrow tip of a glass flared tube. The assembled type consists of a rubber balloon with a control valve linked to a glass or transparent engineering plastic jar via a rubber hose.

A.2.4 Double-Orifice Glass Suction Cupping Devices

They are roughly identical in appearance to ordinary glass cupping devices

and feature an elliptical spherical shape. Two cylindrical small holes are arranged on both sides of the vessel's top: one is the air injection hole, and the other is the air exhaust hole.

A.3 Classification by Function

A.3.1 Electric Cupping Devices

Such cupping jars take electricity as the energy source. The functions of electric cupping jars have evolved from simply generating negative pressure to integrating multiple functions including negative pressure thermal therapy, magnetic therapy and electroacupuncture. Both negative pressure and temperature are adjustable, and the real-time negative pressure value can be monitored via connected pressure measuring instruments.

A.3.2 Multi-functional Medicinal Cupping Devices

These cupping jars are equipped with an inner concave hopper for holding liquid herbal medicine, herbal powder or medicinal tablets.

A.3.3 Magnetic Cupping Devices

Magnets are installed inside the jar body to generate magnetic fields, realizing the combination of magnetic therapy and cupping therapy.

A.3.4 Far-infrared Vacuum Cupping Devices

These vacuum cupping jars are fitted with a far-infrared ray generating unit.

A.3.5 Composite Cupping Devices

They refer to combined assemblies equipped with cupping devices and a variety of other therapeutic instruments.

Annex B
(Informative)

Cupping Retention Duration, Treatment Intervals and Treatment Courses

B.1 Cupping Retention Duration

The cupping retention duration shall be determined based on the child's age, disease condition, physical constitution and other conditions. The general retention duration ranges from 5 min to 15 min. A shorter retention duration shall be applied to children with prominent skin reactions or thin delicate skin.

B.2 Treatment Intervals and Treatment Courses of Cupping

The interval between cupping treatments shall be determined by the local skin discoloration and changes of disease conditions. Cupping on the same area is generally conducted once every other day. For acute diseases, the treatment shall be carried out until recovery. For ordinary chronic diseases, one treatment course contains 5 sessions. An interval of 2 days shall be set between two courses, or the next course can be arranged after cupping marks fade completely.

Annex C
(Informative)
Precautions for Pediatric Cupping Therapy

C.1 Cupping therapy is generally applicable to children aged over 6 years old. It is contraindicated for children under 3 years old and administered as appropriate for children aged 3 to 6 years old. Fire cupping jars and liquid cupping jars shall be avoided as far as possible for children; rubber jars, plastic jars and silicone jars may be adopted instead. Cupping jars of different sizes shall be selected according to the child's age.

C.2 The area to be cupped shall be fully exposed before operation. Hair at the operation site shall be shaved off if present, and infection at the operating site shall be prevented.

C.3 A proper body position shall be selected. Recumbent position is generally adopted for toddlers and preschool children. Guardians shall assist operators to prevent children from twisting around. The child shall be placed in a comfortable position with the local skin stretched and relaxed. Body position shall not be changed during cupping to avoid falling off of cupping jars.

C.4 For children with weak physical constitution and those receiving cupping therapy for the first time, fewer jars shall be used and the retention time shall be shortened.

C.5 For retained-needle cupping, cupping jars with larger sizes and filiform needles with short handles shall be selected to prevent injury caused by collision between the cup and needle handle during suction.

C.6 Temperature shall be strictly controlled when fire cupping jars and liquid cupping jars are used to avoid scalding the child. Before using electric jars and magnetic jars, operators shall ask whether the child carries any metal objects such as toys; all metal articles shall be removed prior to cupping if any exist.

C.7 Cupping jars shall not be pulled forcibly or twisted during jar removal; otherwise pain or even skin damage may occur.

C.8 Operators shall master proficient cupping manipulations with gentle, rapid, stable and accurate movements. The ethanol cotton ball for ignition shall not absorb excessive ethanol, so as to prevent ethanol dripping onto the child's skin and causing burns or scalds. Standard surgical burn and scald management shall be performed once accidental burns or scalds occur.

C.9 The flame shall be inserted into the jar at the zone ranging from the outer

one-third near the cup rim to the inner two-thirds towards the cup bottom.

C.10 If local pain occurs during cupping, pressure relief by venting air or immediate jar removal may be adopted for management.

C.11 In case of cupping syncope manifested as dizziness, chest tightness, nausea with desire to vomit, limb weakness, profuse cold sweat or even transient loss of consciousness, all jars shall be removed immediately. The child shall be placed in a recumbent position with the head lower than the feet. Warm boiled water or warm sugar water may be given when necessary, or Renzhong (GV26) acupoint pressing may be performed. Changes in facial complexion, blood pressure and heart rate shall be closely monitored, and severe cases shall be managed in accordance with syncope treatment protocols.

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Annex D
(Informative)

Contraindications of Pediatric Cupping Therapy

D.1 Cupping therapy shall not be applied to children suffering from contact infectious diseases, as well as hemorrhagic diseases, such as IgA vasculitis, immune thrombocytopenia, leukemia and hemophilia.

D.2 Cupping therapy shall be prohibited for children with exanthematous diseases, severe cutaneous hypersensitivity and infectious skin diseases. Cupping shall also not be performed on areas with skin tumors (masses) or skin ulceration.

D.3 Cupping therapy shall not be carried out over the surface pulsation sites of major arteries in the apical precordial region, the positions of acute traumatic fractures, varicose veins and all damaged skin areas.

D.4 Cupping therapy shall not be implemented on body parts with scrofula, hernia or edema.

D.5 Cupping therapy shall not be performed on the nine orifices, including eyes, ears, mouth, nose, external genitalia and anus.

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