

规范与标准

热敏灸技术操作规范

世界中医药学会联合会热敏灸专业委员会

摘要 本操作规范为世界中医药学会热敏灸专业委员会编写的热敏灸技术操作标准,本标准指出热敏灸技术的适用范围、规范性引用文件、术语和定义、施灸前准备、操作方法与流程、适应证及注意事项。

关键词 世界中医药学会联合会热敏灸专业委员会;热敏灸技术;操作标准

中图分类号:R245.8 **文献标识码:**A **doi:**10.3969/j.issn.1673-7202.2017.08.058

前言

本标准的主要起草单位:世界中医药学会联合会热敏灸专业委员会、江西中医药大学、江西中医药大学附属医院

本标准参与起草的单位:安徽中医药大学、陕西省中医医院、广东省中医院、武汉市中西医结合医院、广东省中西医结合医院、北京大学医学部、山西中医学院、广西柳州市中医院、赣南医学院第一附属医院、山东中医药大学附属医院

本标准主要起草人:陈日新、陈明人、康明非、刘中勇

本标准参与起草人及审阅专家(按姓氏拼音排序):

中国:程爱萍、迟振海、付勇、葛宝和、洪恩四、黄国付、黄仙保、焦琳、金晓飞、吕志迈、施茵、苏涛、苏同生、唐福宇、田宁、田岳凤、吴春眉、谢丁一、徐振华、薛玲、燕平、伊鸣、张波、章海凤、赵建安、周美启、周志刚

葡萄牙:Yan Chunming、Frederico Carvalho

澳大利亚:Zhou Min

意大利:Leonardo Giovannini

瑞典:国万春

日本:田久和义隆

加拿大:王建新

比利时:王仲彬

荷兰:姚奉理

马来西亚:张慧兰

新加坡:朱立信

美国:Jeanny Huang

本标准的起草程序遵守了世界中医药学会联合会发布的 SCM 0001-2009《标准制定和发布工作规

范》和世界中医药学会联合会秘书处发布的世界中联秘发 2011(20 号)文件《世界中联各专业委员会专业技术标准制定实施办法》。

本标准在 2016 年 10 月 14 日由世界中医药学会联合会热敏灸专业委员会理事会审议通过。

本标准由世界中医药学会联合会热敏灸专业委员会发布,版权归世界中医药学会联合会热敏灸专业委员会所有。

引言

热敏灸是选择热敏腧穴悬灸,激发透热、扩热、传热等经气传导,从而达到气至病所,显著提高疗效的一种新灸法。

热敏灸源于经典、基于临床、继承创新,是陈日新教授带领科研团队历经 20 余年的科研成果,是具有自主知识产权的原始创新技术。热敏灸无创痛、安全、无不良反应,患者易于接受。

已出版热敏灸专著 7 部,其中英文版 1 部,日文版 2 部,发表论文 208 篇,SCI 源刊 25 篇。2015 年“热敏灸技术的创立及推广应用”获中华人民共和国国家科技进步二等奖。全球 20 余个国家与地区 500 余家医院广泛应用热敏灸技术治疗脊柱关节退行性疾病、胃肠功能性病症、男性前列腺病症、女性宫寒性病症、过敏性病症、皮肤病症、阳虚气虚等病症,显著提高了临床疗效。近 8 年为 20 多个国家的针灸师培训了热敏灸技术。2015 年葡萄牙传统医学院引进热敏灸技术,开办了热敏灸系,专门培养欧洲灸疗人才。因此,为促进热敏灸的对外传播,规范热敏灸技术操作,确保热敏灸疗效的发挥,急需建立热敏灸技术操作标准。

1 范围

本标准规定了热敏灸的术语和定义、施灸前准

备、操作方法、操作流程、适应证、注意事项等内容。

本标准适用于热敏灸技术操作。

2 规范性引用文件

下列文件对本文件的应用是必不可少的。凡是注日期的引用文件,仅注日期的版本适用于本文件。凡是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。

GB/T 12346-2006《腧穴名称与定位》腧穴部位。

GB/T 21709.1-2008《中华人民共和国国家标准》针灸技术操作规范 第1部分:艾灸。

3 术语和定义

下列术语和定义适用于本文件。

3.1 热敏灸 选择热敏腧穴悬灸,激发透热、扩热、传热等经气传导,从而达到气至病所,显著提高疗效的一种新灸法^[1-5]。

3.2 热敏灸感 当悬灸某个腧穴时,被灸者会产生一种深透、远传等特殊的灸感。

注:热敏灸感包括:透热、扩热、传热、局部不(微)热远部热、表面不(微)热深部热、非热觉等6类特殊灸感,并伴有舒适喜热感。艾灸该腧穴邻近部位或其他某个体表部位时,被灸者仅出现局部与表面的热感,不产生这类特殊感觉^[6-8]。

3.3 热敏腧穴 施灸过程中产生了热敏灸感的腧穴。

3.4 艾条 以艾绒为主要成分卷成的圆柱形长条物。注:热敏灸使用的艾条一般规格为:直径:16~40 mm;艾绒精度:1:5~1:8。

4 施灸前准备

4.1 艾条选择 根据病情需要和腧穴热敏直径的不同而选择不同直径的艾条。

4.2 部位选择 依据探感定位(灸感定位法)和辨敏施灸原则,选取施灸部位。

4.3 体位选择 体位的选择以被灸者感到舒适,充分暴露施灸部位,肌肉放松为原则。常用体位:卧位、坐位。建议首选卧位。

4.4 环境要求 同门诊治疗室的要求,并应设有排烟或排烟装置。环境温度应保持在24~30℃为宜。

4.5 灸感宣教 施灸者应要求被灸者,在治疗过程中注意力集中,认真体会在艾灸过程中的灸感,并及时与施灸者沟通交流。

5 操作方法与流程

5.1 操作方法

5.1.1 探感定位 热敏灸以灸感定位法确定热敏腧穴。艾热距离体表约3 cm,以传统腧穴定位为中

心,在其上下左右范围内施以循经、回旋、雀啄、温和和组合手法进行悬灸探查,热感强度适中而无灼痛,被灸者出现6类热敏灸感中的1类或1类以上的部位,即为热敏腧穴,不拘是否在传统腧穴的标准位置上^[9-13]。

5.1.2 辨敏施灸 辨敏施灸是通过辨别热敏腧穴的灸感特点,从而选取最优热敏腧穴施灸。选优原则按下列顺序:以出现非热觉的热敏腧穴为首选热敏腧穴;以出现热敏灸感指向或到达病所的热敏腧穴为首选热敏腧穴;以出现较强的热敏灸感的热敏腧穴为首选热敏腧穴^[14-15]。

5.1.3 量因人而异 热敏灸时,每穴每次施灸时间以热敏灸感消失为度,因病因人因穴不同而不同,平均施灸时间约为40 min,这是热敏腧穴的最佳个体化每次施灸时间量^[16-17]。

5.1.4 敏消量足 只要与疾病相关的热敏腧穴存在,就需要进行疗程施灸,直至所有与该病症相关的热敏腧穴消敏,这是治疗该病症的充足疗程灸量^[16-17]。

5.2 操作流程 见图1。

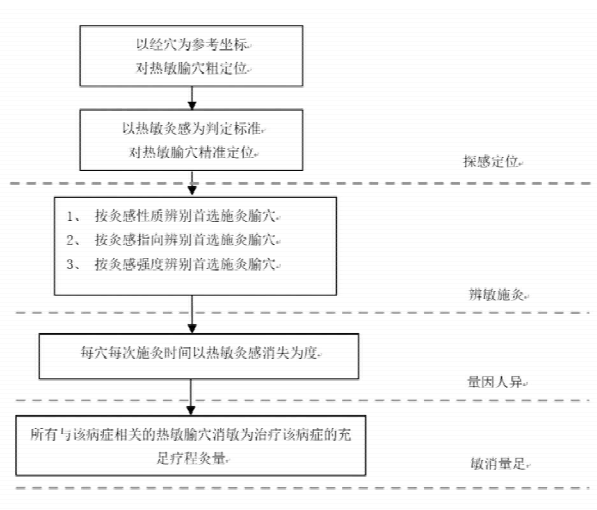


图1 热敏灸操作流程

6 适应证

适用于出现热敏腧穴的各种病症,不拘寒、热、虚、实、表、里证。

7 注意事项

7.1 施灸前 应告知被灸者艾灸过程,消除对艾灸的恐惧感或紧张感。

7.2 施灸时 应根据年龄、性别、体质、病情,采取舒适的体位,并充分暴露施灸部位。热敏灸操作时应注意热感强度适宜,避免烫伤,注意防止艾火脱落灼伤患者,或烧坏衣物。

7.3 治疗后 应告知被灸者在施灸结束后2 h之

内不宜洗澡,注意保暖,避风寒。如果局部出现水疱,水疱较小时,宜保护水疱,勿使破裂,一般数日即可吸收自愈;如水疱过大,用注射器从水疱低位刺入,将渗出液吸出后,保持局部清洁,以防感染。热敏灸结束后,须将燃着的艾条彻底熄灭,以防复燃。

7.4 不宜施灸 婴幼儿、灸感表达障碍者;昏迷、脑出血急性期、大量吐(咯)血的患者;孕妇的腹部和腰骶部、感觉障碍与皮肤溃疡处;过饥、过饱、过劳、酒醉状态等。

参考文献

- [1] 陈日新,康明非. 腧穴热敏化艾灸新疗法[M]. 北京:人民卫生出版社,2006:3-50.
- [2] 陈日新,陈明人,康明非. 热敏灸实用读本[M]. 北京:人民卫生出版社,2009:3-22.
- [3] 陈日新,陈明人,康明非. Heat Sensitive Moxibustion[M]. 北京:人民卫生出版社,2012:1-40.
- [4] 陈日新,谢丁一. 神奇热敏灸[M]. 北京:人民军医出版社,2013:3-30.
- [5] 陈日新,熊俊,谢丁一. 热敏灸疗法[M]. 北京:人民卫生出版社,2014:1-21.
- [6] Xie D, Liu Z, Hou X, et al. Heat sensitisation in suspended moxibustion: features and clinical relevance[J]. Acupunct Med, 2013, 31(4): 422-424.
- [7] 谢丁一,陈日新. 悬灸得气的特征与临床应用[J]. 中国针灸, 2015, 35(11): 1137-1139.
- [8] 谢丁一. 陈日新教授论灸感[J]. 中国针灸, 2016, 36(8): 789-792.
- [9] 谢丁一,陈日新. 《内经》中腧穴二步定位法及其临床应用[J]. 中

国针灸, 2014, 34(10): 979-982.

- [10] Chen R, Chen M, Su T, et al. Heat-sensitive moxibustion in patients with osteoarthritis of the knee; a three-armed multicentre randomised active control trial[J]. Acupunct Med, 2015, 33(4): 262-269.
- [11] Chen M, Chen R, Xiong J, et al. Effectiveness of heat-sensitive moxibustion in the treatment of lumbar disc herniation; study protocol for a randomized controlled trial[J]. Trials, 2011, 12: 226.
- [12] Chen R, Xiong J, Chi Z, et al. Heat-sensitive moxibustion for lumbar disc herniation; a meta-analysis of randomized controlled trials[J]. J Tradit Chin Med, 2012, 32(3): 322-328.
- [13] Chen R, Chen M, Su T, et al. A 3-Arm, Randomized, Controlled Trial of Heat-Sensitive Moxibustion Therapy to Determine Superior Effect among Patients with Lumbar Disc Herniation[J]. Evid Based Complement Alternat Med, 2014, 2014: 154941.
- [14] 谢丁一. 热敏灸——灸疗学的传承与创新[J]. 中医杂志, 2016, 57(11): 904-907.
- [15] 陈日新,谢丁一. 再论“腧穴敏化状态说”[J]. 安徽中医药大学学报, 2016, 35(3): 50-53.
- [16] Chen R, Chen M, Xiong J, et al. Is There Difference between the Effects of Two-Dose Stimulation for Knee Osteoarthritis in the Treatment of Heat-Sensitive Moxibustion? [J]. Evid Based Complement Alternat Med, 2012, 2012: 696498.
- [17] Chen M, Chen R, Xiong J, et al. Evaluation of different moxibustion doses for lumbar disc herniation; multicentre randomised controlled trial of heat-sensitive moxibustion therapy[J]. Acupunct Med, 2012, 30(4): 266-272.

(2016-12-23 收稿 责任编辑:王明)

Standardized Manipulations of Heat-sensitive Moxibustion Therapy

Specialty Committee of Heat-sensitive Moxibustion of WFCMS

Abstract Redacted by Specialty Committee of Heat-sensitive Moxibustion of WFCMS, Standardized Manipulations of Heat-sensitive Moxibustion (HSM). Therapy states the scope, normative references, terms and definitions, preoperative preparations, operation methods and procedure, indications and notice of HSM Therapy.

Key Words Specialty Committee of Heat-sensitive Moxibustion of WFCMS; Heat-sensitive Moxibustion Therapy; Standardized Manipulations

Foreword

The main drafting units; Specialty Committee of Heat-sensitive Moxibustion of WFCMS, Jiangxi University of TCM and Affiliated Hospital of Jiangxi University of TCM.

Units involved in drafting; Anhui University of Chinese Medicine, Shaanxi Hospital of Traditional Chinese Medicine, Guangdong Hospital of TCM, Wuhan Integrated TCM & Western Medicine Hospital, Guangdong Hospital of Integrated Traditional Chinese and Western Medicine, Medicine department of Peking University, Shanxi University of TCM, Liuzhou Traditional Chinese Medical Hospital, The First Affiliated Hospital of Gannan Medical University, Affiliated Hospital of Shandong University of TCM.

The principal of this standard; Chen Rixin, Chen Mingren, Kang Mingfei, Liu Zhongyong.

Participants and review expert of this standard (Alphabetical order by last name):

China: Cheng Aiping, Chi Zhenhai, Fu Yong, Ge Baohe, Hong Ensi, Huang Guofu, Huang Xianbao, Jiao Lin, Jin Xiaofei, Lyu Zhimai, Shi Yin, Su Tao, Su Tongsheng, Tang Fuyu, Tian Ning, Tian Yuefeng, Wu Chunmei, Xie Dingyi, Xu Zhenhua, Xue Ling, Yan Ping, Yi Ming, Zhang Bo, Zhang Haifeng, Zhao Jian'an, Zhou Meiqi, Zhou Zhigang.

Portugal: Yan Chunming, Frederico Carvalho

Australia: Zhou Min

Italy: Leonardo Giovannini

Sweden: Guo Wanchun

Japan: Tian Jiu Yilong

Canada: Wang Jianxin

Belgium: Wang Zhongbin

Netherlands: Yao Fengli

Malaysia: CHONG FEE LAN

Singapore: Choo Led Sin

America: Jeanny Huang

The standard drafting procedures comply with the WFCMS file SCM 0001-2009 < Standard Formulated and Released Speci-

fication > and the WFCMS file 2011 (20) < Method for Drafting Technical Standards of WFCMS Professional Committee >

This standard was adopted by the Council of Specialty Committee of Heat-sensitive Moxibustion of WFCMS in October 14th, 2016.

This standard is issued by the Specialty Committee of Heat-sensitive Moxibustion of WFCMS, and the copyright belongs to Specialty Committee of Heat-sensitive Moxibustion of WFCMS.

Introduction

Heat-sensitive Moxibustion (HSM) is a new and effective therapy that involves administering suspended moxibustion on heat-sensitive acupoints. Stimulation by moxibustion eliminates the penetrating heat, expanding heat and transmitting heat which can accomplish a distal heat, a deep heat or a heat on the affected part through the movement of channel qi.

Based on the tradition Chinese medicine and clinical experience, inherited and innovated, HSM is a great discovery of Professor Chen Rixin and his research team after over 20 years of scientific research, which is an original innovative technology with independent intellectual property rights. HSM is a noninvasive and safe therapy with no adverse reaction, which is easily accepted by patients.

Seven books have been published, including one English version, two Japanese versions, and 208 papers have been published, with 25 in SCI Source Journals. In 2015, "The creation and application of HSM" obtained the Second Prize of National Science and Technology Progress. Until now, HSM has been put into use in more than 500 hospitals in over 20 countries for treating degenerative spine disorder, functional gastrointestinal disorders, prostate disease, uterus cold, allergic disorders, dermatological disease, Yang deficiency, qi deficiency, etc. greatly improving the clinical efficiency. Over the past 8 years, acupuncturists from more than 20 countries have been trained the HSM. Cooperating with Traditional Medicine Institute of Portugal, we have set up the HSM department in 2015 for training professionals in Europe. Thus, there is a desperate need to establish the standardized ma-

manipulations of Heat-Sensitive Moxibustion therapy for accelerating its promotion, for standardizing its manipulation and for ensuring its efficiency.

1 Scope

This standard specifies the terms and definitions, preoperative preparations, operation methods and procedure, indications and notice of HSM Therapy.

This standard is applicable to the HSM Therapy.

2 Normative references

The following document is essential for the application of this document. For the dated references, only the dated versions are applicable to this document. Any undated references, its latest version (including all amendments) are applicable to this document.

GB/T 12346-2006 Name and Location of Acupoint the part of acupoint

GB/T 21709.1-2008 the State Standard of the People's Republic of China, Standardized manipulations of Acupuncture and Moxibustion, Chapter 1: Moxibustion

3 Terms and definitions

The following terms and definitions apply to this document.

3.1 HSM Heat-sensitive Moxibustion (HSM) is a new and effective therapy that involves administering suspended moxibustion on heat-sensitive acupoints. Stimulation by moxibustion eliminates the penetrating heat, expanding heat and transmitting heat which can accomplish a distal heat, a deep heat or a heat on the affected part through the movement of channel qi^[1-5].

3.2 HSM Sensation When administered suspended moxibustion on some point on his body surface, the patient would have some special sensations like penetrating or transmitting heat.

(HSM sensation includes six categories, which are penetrating heat, expanding heat, transmitting heat, distal but not local heat, deep but not superficial heat and non-heat sensations, accompanied with a comfortable feeling. When moxibustion on the spot near the acupoint or other part on the body surface, patient would only have local or superficial heat with no special feelings)^[6-8].

3.3 Heat-sensitive Acupoints Heat-sensitive acupoints are the points on which the HSM sensations can be elicited by moxibustion.

3.4 Moxa stick Its main component is moxa which is rolled into a cylindrical stick.

(General specifications of moxa stick used in HSM: Diameter: 16 mm-40 mm; moxa precision: 1:5-1:8.)

4 Preoperative preparations

4.1 Moxa stick selection Moxa stick with different diameter is selected according to the seriousness of the illness and the range of acupoint heat-sensitization.

4.2 HSM spot selection The HSM spot are selected according to the methods and principles of Acupoint Location.

4.3 Body posture selection HSM receiver should feel comfortable, fully expose the therapeutic spot and be relax on muscle. Common body postures are recumbent and sitting positions. It is recommended preferred recumbent position.

4.4 Environmental requirement It is the same to outpatient treatment room requirements. In addition, there should be a fume extractor or smoke eliminating equipment. The temperature should be kept in 24-30 °C.

4.5 HSM sensations acknowledgement Receiver should be acknowledged to relax and focus on feeling the sensations during moxibustion, and communicate about the sensations with operator.

5 Operation methods and procedure

5.1 Operation methods

5.1.1 Locating heat-sensitive acupoints It locates the heat-sensitive acupoints based on the sensations. Keeping 3 cm between the burning moxa stick and body surface, the exploration of heat-sensitive acupoints involves back-and-forth moxibustion, circling moxibustion, sparrow-pecking moxibustion and mild moxibustion in traditional acupoints as the center, within its range of vertical and horizontal. When receiver feels a moderate heat without burning, and then has one or more than one kind of those HSM sensations, the HSM acupoint is selected out, whether it is on the general position of traditional acupoint^[9-13].

5.1.2 Manipulating with identifying method This method is to select the optimized heat-sensitive acupoints by identifying the HSM sensation characteristics on acupoints. The order of selecting preference: acupoints that exhibit non-heat sensations as the preferred heat-sensitive acupoints; acupoints on which HSM sensations appear and arrive to disease area; acupoints on which a strong HSM sensation appears^[14-15].

5.1.3 Varying the moxibustion dosage individually Moxibustion each time on each acupoint is finished when HSM sensation disappeared, it varies from disease to disease, from person to person, from acupoint to acupoint. The average time is about 40 minutes, which is the best individual amount of time of HSM^[16-17].

5.1.4 Stopping when heat-sensitization disappears As long as heat-sensitive acupoints associated with diseases exist, there is in need for moxibustion treatment until the HSM sensations on all acupoints associated with disease eliminate, which is regarded as the sufficient dosage of HSM therapy^[16-17].

5.2 Operation procedure (Fig. 1)

6 Indications

It is suitable for various symptoms on which Heat-sensitive Acupoints can be found, irrespective of cold symptoms, febrile symptoms, deficiency syndrome, excess syndrome, exogenous syn-

drome or endogenous syndrome.

7 Notice

7.1 Before therapy Receiver should be acknowledged the operation process and eliminate the fear or anxiety.

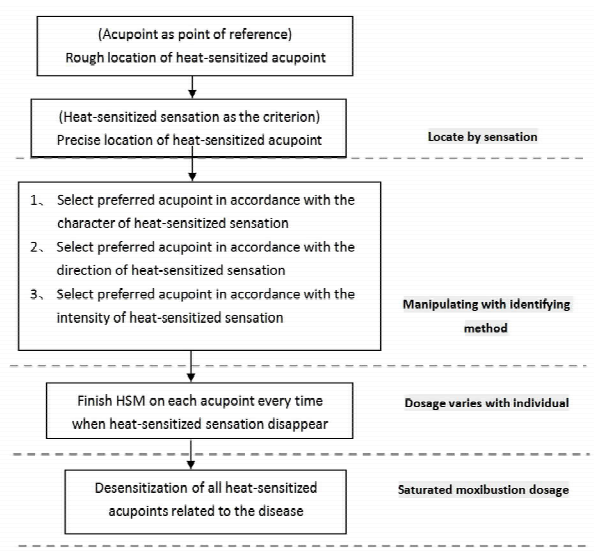


Fig. 1 Operation procedure of HSM therapy

7.2 During therapy Receiver should take a comfortable body posture according to the age, gender, constitution and condition with the spot to receive moxibustion fully exposed; the therapy should keep the thermal strength appropriate to avoid burns and the burning stick should be prevented from falling off and burning patients, clothing or other things.

7.3 After therapy Receiver should be acknowledged to keep warm and shy away from cold wind, and it is inadvisable to take a shower in two hours after therapy. If there are some local blisters, when the blister is small, it should be protected from broking, and it would absorb and heal itself generally a few days later; when the blister is too large, it should be punctured at the bottom with a syringe. After the exudation is sucked out, local clean should be kept to prevent infection. After therapy, the burning moxa must be completely extinguished to prevent further recovery.

7.4 Unfavorable object for moxibustion Infant, people with expression disorder, patients with coma or acute phase of cerebral hemorrhage or massive hematemesis; Abdomen and lumbosacral region of a pregnant woman, skin ulcers region, patients with sensory dysfunction; patient in the state of hunger, hyperplasia, fatigue or drunkenness.

Bibliography

[1] Chen RX, Kang MF: Heat-sensitization of Acupoint, a New Moxibustion Therapy [M]. Beijing: People's Medical Publishing House, 2006.

- [2] Chen RX, Chen MR, Kang MF: Practical Reading of Heat-sensitization Moxibustion [M]. Beijing: People's Medical Publishing House, 2009.
- [3] Chen RX, Chen MR, Kang MF: Heat Sensitive Moxibustion [M]. Beijing: People's Medical Publishing House, 2009.
- [4] Chen RX, Xie DY: Magic Heat-sensitive Moxibustion [M]. Beijing: People's Military Medical Publisher, 2013.
- [5] Chen RX, Xiong J, Xie DY: Heat-sensitive Moxibustion Therapy [M]. Beijing: People's Medical Publishing House, 2014.
- [6] Xie D, Liu Z, Hou X, et al. Heat sensitisation in suspended moxibustion: features and clinical relevance [J]. Acupunct Med, 2013, 31 (4): 422-424.
- [7] Xie DY, Chen RX. Characteristics and Clinical Application of the Arrival of Qi in Suspended Moxibustion [J]. Chinese Acupuncture & Moxibustion, 2015, 35 (11): 1137-1139.
- [8] Xie DY. Professor Chen Rixin's View on Moxibustion Sensation [J]. Chinese Acupuncture & Moxibustion, 2016, 36 (8): 789-792.
- [9] Xie DY, Chen RX. The Two-step Location Method of Acupoint in Internal Canon of Medicine and its Clinical Application [J]. Chinese Acupuncture & Moxibustion, 2014, 34 (10): 979-982.
- [10] Chen R, Chen M, Su T, et al. Heat-sensitive moxibustion in patients with osteoarthritis of the knee: a three-armed multicentre randomised active control trial [J]. Acupunct Med, 2015, 33 (4): 262-269.
- [11] Chen M, Chen R, Xiong J, et al. Effectiveness of heat-sensitive moxibustion in the treatment of lumbar disc herniation: study protocol for a randomized controlled trial [J]. Trials, 2011, 12: 226.
- [12] Chen R, Xiong J, Chi Z, et al. Heat-sensitive moxibustion for lumbar disc herniation: a meta-analysis of randomized controlled trials [J]. J Tradit Chin Med, 2012, 32 (3): 322-328.
- [13] Chen R, Chen M, Su T, et al. A 3-Arm, Randomized, Controlled Trial of Heat-Sensitive Moxibustion Therapy to Determine Superior Effect among Patients with Lumbar Disc Herniation [J]. Evid Based Complement Alternat Med, 2014, 2014: 154941.
- [14] Xie DY. Heat-Sensitive Moxibustion; Inheritance and Innovation of Moxibustion Theory [J]. Journal of Traditional Chinese Medicine, 2016, 57 (11): 904-907.
- [15] Chen RX, Xie DY. Further Discussing of "Acupoint Sensitization Theory" [J]. J ANHUI UNIV CHINESE MED, 2016, 35 (3): 50-53.
- [16] Chen R, Chen M, Xiong J, et al. Is There Difference between the Effects of Two-Dose Stimulation for Knee Osteoarthritis in the Treatment of Heat-Sensitive Moxibustion? [J]. Evid Based Complement Alternat Med, 2012, 2012: 696498.
- [17] Chen M, Chen R, Xiong J, et al. Evaluation of different moxibustion doses for lumbar disc herniation: multicentre randomised controlled trial of heat-sensitive moxibustion therapy [J]. Acupunct Med, 2012, 30 (4): 266-272.

(2016-12-23 收稿 责任编辑: Wang Ming)