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国际中医技术操作规范 儿科

第 3 部分：小儿针灸疗法

International standardized manipulations of Chinese medicine Pediatrics

Part 3: Acupuncture and Moxibustion

(征求意见稿, CD)

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前 言

本文件为《国际中医技术操作规范 儿科》的第3部分。《国际中医技术操作规范 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

本文件无相关被替代、废止的文件。

本文件制订以中华人民共和国国家标准（指导性技术文件）《GB/Z 40893.2-2021 中医技术操作规范 儿科 第3部分：小儿针灸疗法》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的儿科常用治疗操作技术进行编制,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,对于满足全球中医儿科医师临床学习应用的迫切需要,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。

《国际中医技术规范 儿科》系列是中医儿科临床常用的技术方法,是治疗儿科疾病、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

小儿针灸疗法主要包括小儿毫针刺法、小儿三棱针疗法、刺四缝疗法、小儿艾灸疗法等,这些疗法在儿科临床治疗疾病中发挥着重要作用。尽管针灸疗法在成人、小儿均有广泛应用,但是由于小儿特有的生理病理以及解剖特点,在操作方面具有其特殊性,为了使治疗效果更加显著以及保障操作的安全性,小儿针灸疗法的规范化、标准化在中医儿科临床就显得更为重要。

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著名专家意见编制而成,随着临床应用和科研进展将进行修订、补充,定期更新。

【重要声明】本标准所涉及针灸操作,实施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3部分:小儿针灸疗法

1 范围

本文件规定了小儿毫针刺法、小儿三棱针疗法、刺四缝疗法、小儿艾灸疗法的操作步骤与要求,并给出了注意事项与禁忌。

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。

GB/T 12346-2021 经穴名称与定位

GB/T 40997-2021 经外奇穴名称与定位

2008 WHO 国际针灸标准穴位

3 术语和定义

下列术语和定义适用于本文件。

3.1

小儿毫针刺法

用毫针刺入患儿一定部位(腧穴),并运用各种手法,以调整阴阳、防治疾病的方法。

3.2

得气

毫针进针后在腧穴部位所产生的痠、麻、胀、重等感觉,称为得气,又称针感或针刺感应,表示经气已至针下。

3.3

晕针

在针刺过程中,患儿突然出现头晕目眩、面色苍白、心慌气短、倦怠乏力、恶心欲呕、身出冷汗,甚至晕厥的现象。

3.4

三棱针

用不锈钢制成，针柄稍粗呈圆柱形，针身呈三棱状，尖端三面有刃，针尖锋利的针具。

注：三棱针分大、小 2 个型号，大号：2.6mm，小号：1.6mm。

3.5

三棱针点刺法

用三棱针快速刺入患者特定浅表部位后快速出针的方法。

3.6

三棱针刺络法

用三棱针刺破患者特定部位的血络，放出适量血液的方法。

3.7

三棱针散刺法

用三棱针在患者特定部位施行多点点刺的方法。

3.8

三棱针挑治法

用三棱针刺入患者特定部位，挑破皮肤或皮下组织的方法。

3.9

刺四缝

用三棱针快速点刺患儿四缝穴后迅速出针并挤出适量黄水、黏液或血珠以治疗相关疾病的方法。

3.10

四缝穴

在小儿第 2~5 指掌面的近侧指间关节横纹的中央，每手 4 穴。

3.11

小儿艾灸

以儿童患者为对象，用艾绒或以艾绒为主要成分制成的灸材，点燃后悬置或放置在穴位、病变部位，进行烧灼、温熨，借灸火温热力以及药物的作用，达到治病、防病和保健目的的一种外治方法。

3.12

艾绒

艾叶经加工制成的淡黄色细软绒状物。

3.13

艾条

用艾绒为主要成分卷成的圆柱形长条。

注：根据内含药物的有无，分为药艾条和清艾条。

3.14

艾炷

用手工或器具将艾绒制作成小圆锥形。

注：每燃1个艾炷，称灸1壮。

3.15

悬起灸

将点燃的艾条悬于施灸部位之上进行熏灼的一种灸法。

注：按其操作方法的不同又分为温和灸、雀啄灸和回旋灸。

3.16

实按灸

将点燃的艾条直接紧按在覆盖于穴位上的棉布之上进行熏灼的一种灸法。

3.17

直接灸

将艾炷直接放置在穴位皮肤上施灸的一种方法。

注：根据对皮肤刺激程度的不同，又分为化脓灸法和非化脓灸法。

3.18

间接灸

在艾炷与皮肤之间垫隔适当的中药材后施灸的一种方法。

注：根据选用中药材的不同，又分为不同的间接灸，如隔姜灸、隔蒜灸等。

3.19

温针灸

毫针留针时在针柄上置以艾绒（艾团或艾条段）施灸，是针刺与艾灸结合应用的方法。

3.20

温灸器灸

利用灸架、灸筒、灸盒等专门用于施灸的器具进行艾灸的方法。

3.21

晕灸

患者在接受艾灸治疗过程中发生晕厥反应的现象。

注：晕灸常表现为突然出现头晕目眩、面色苍白、恶心呕吐、汗出、心慌、四肢发凉、血压下降，重者出现神志昏迷、跌仆、唇甲青紫、二便失禁、大汗、四肢厥逆、脉微欲绝等症状。

4 小儿毫针疗法操作步骤与要求

4.1 施术前准备

4.1.1 针具选择

根据患儿年龄大小、病情需要和操作部位，选择不同规格的一次性毫针。针身应光滑、无锈蚀；针尖应端正不偏、尖中带圆、锐利适度、进针阻力小，无倒钩；针根处不可有剥蚀伤痕；针柄缠丝要牢固不松脱。常用毫针的规格参见附录 A。

4.1.2 消毒

4.1.2.1 针具

选用一次性毫针。

4.1.2.2 部位

用含 75%乙醇或 0.5%~1%碘伏的棉球或棉签在施术部位由中心向外做环形擦拭。

4.1.2.3 操作者

操作者双手应用肥皂水清洗，清水冲净后用 75%乙醇棉球擦拭。

4.1.3 环境

治疗室内清洁，安静，光线明亮，温度适宜，避免吹风受凉。

4.1.4 体位

针刺时对患儿体位的选择，应以操作者能够正确取穴、施术方便、患儿在留针和行针时感到舒适为原则。患儿常用的体位有卧位和坐位。

4.1.5 穴位

根据病症选取适当的穴位或治疗部位。穴位定位应符合 WHO 国际针灸标准穴位、GB/T 12346、GB/T 40997 的规定。

4.1.6 术前护理

a) 备齐针刺器具至患儿床边。

b) 对 3 岁及以上儿童做好心理护理，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) 对 3 岁以下不能合作的患儿，可由家长协助，抱持固定患儿于合适体位。

4.2 施术方法

4.2.1 进针方法

给儿童施针手法宜轻，刺入宜浅。临床应根据腧穴所在部位的解剖特点、进针深度、手法特点等具体情况，以便于进针、易于得气、避免痛感为目的，灵活选用进针手法。

4.2.1.1 单手进针法

操作者用右手拇、示指持毫针，中指端紧靠穴位，指腹抵住针体中部，拇、示指向下用力，中指随之屈曲，将毫针刺入穴位内适当深度。此法多用于短毫针的进针。

4.2.1.2 双手进针法

4.2.1.2.1 指切进针法

操作者用消毒的左手拇指或示指端切按在腧穴位置上，右手持针，紧靠左手指切处将针刺入穴位内适当深度。该法适应于短针，注意针刺时稍带捻转，一捻即进，减少疼痛。

4.2.1.2.2 夹持进针法

操作者用消毒的左手拇、示指夹持针身下端，距离针尖约 1cm 处，右手拇、示指持针柄，然后双手同时协同用力刺入腧穴真皮层，再以右手捻动针柄，将针刺入穴位内适当深度。此法适用于长毫针的进针。

4.2.1.2.3 舒张进针法

操作者用押手示、中指或拇、中指将所刺腧穴部位皮肤撑开绷紧，刺手持针刺入。用于皮肤较松软处进针。

4.2.1.2.4 提捏进针法

操作者用押手拇、示指将欲刺腧穴两旁的皮肤提捏起，刺手持针从提捏的腧穴上刺入。用于皮肉浅薄处进针。

4.2.1.3 管针进针法

将针先插入用玻璃、塑料或金属制成的比针短 7.5 mm（3 分）的小针管内，触及腧穴表面皮肤；押手压紧针管，刺手示指对准针尾弹击，使针尖迅速刺入皮肤；然后将针管去掉，再将针刺入穴内。此种方法进针疼痛感较轻，较适用于儿童。

4.2.2 进针角度

4.2.2.1 直刺

将针体与皮肤呈 90° 角左右，垂直刺入皮肤。直刺法适用于大多数穴位，浅刺与深刺

均可。

4.2.2.2 斜刺

针身与皮肤表面呈 45° 左右倾斜刺入。此法适用于针刺皮肉较为浅薄处，或内有重要脏器及关节部位的腧穴。

4.2.2.3 平刺

又称横刺。针身与皮肤表面呈 15° 左右或沿皮肤表面以更小的角度刺入。适用于皮薄肉少处的腧穴，如头部、胸骨部的腧穴。

4.2.3 进针深度

根据年龄、体质、病情、部位，刺入深度以患儿得气或操作者手下有沉紧、涩滞感为度。

4.2.4 行针手法

4.2.4.1 提插法

将针刺入腧穴一定深度后，施以上提下插，指力均匀地反复上下纵向运动。这种使针由浅层向下刺入深层的操作称为插，从深层向上引退至浅层的操作称为提，一般幅度以 $3\text{ mm}\sim 5\text{ mm}$ 为宜，频率以每分钟60次为宜。刺激量大小应根据患儿的体质、病情、腧穴部位和针刺目的等灵活掌握。

4.2.4.2 捻转法

将针刺入腧穴一定深度后，施以向前向后捻转，指力均匀地反复前后旋转运动。一般角度以 $180^{\circ}\sim 360^{\circ}$ 为宜。捻转角度的大小、频率的快慢、时间的长短等，需根据患儿的体质、病情、腧穴的部位、针刺目的等具体情况而定。

4.2.4.3 其他手法

如循法、弹法、刮法、摇法、飞法、震颤法等。操作方法参见附录B。

4.2.5 补泻手法

根据中医理论，针对病症选择补法或泻法。操作方法参见附录B。

4.2.6 留针

将毫针留置穴内。3岁以下一般不留针，3~6岁可适当留针 $10\text{ min}\sim 15\text{ min}$ ，6岁以上可留针 30 min 。不肯配合，哭闹乱动的患儿不留针。

4.2.7 出针

操作者以押手拇、示两指持消毒干棉球或棉签轻压针刺部位，刺手持针作轻微的小幅度捻转，并随势将针缓慢提至皮下，稍静留后迅速出针。滞针时不应用力猛拔，宜轻轻拍打穴位周围皮肤，待针下感觉轻滑后再出针。

4.3 术后护理

出针后如发现针孔出血，可用无菌棉签或棉球压迫 1 min~2 min，不可按揉。术后让患儿休息 5 min~10 min，注意观察是否有不良反应。

5 小儿三棱针疗法操作步骤与要求

5.1 施术前准备

5.1.1 针具选择

根据患儿年龄大小、病情需要和操作部位，选择不同规格的三棱针。儿科多用小号三棱针。

5.1.2 消毒

5.1.2.1 针具

选用一次性三棱针，也可采用一次性采血针或无菌注射针。

5.1.2.2 部位

用 75%乙醇或 0.5%~1%碘伏在施术部位由中心向外做环形擦拭。

5.1.2.3 操作者

操作者双手应用肥皂水清洗，清水冲净后用 75%乙醇棉球擦拭。

5.1.3 环境

治疗室内清洁，安静，光线明亮，温度适宜，避免吹风受凉。

5.1.4 体位

选择患儿舒适、操作者便于操作的治疗体位。患儿一般根据治疗部位选取俯卧位或仰卧位，3 岁以下患儿也可以坐在家长腿上。操作者立于患儿右侧。

5.1.5 穴位

根据病症选取适当的穴位或治疗部位。穴位定位应符合 WHO 国际针灸标准穴位、GB/T 12346、GB/T 40997 的规定。

5.1.6 术前护理

- a) 备齐器具至患儿床边。
- b) 对 3 岁及以上儿童做好心理护理，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) 对 3 岁以下不能合作的患儿，可在施术前由家长协助，抱持固定患儿于合适体位。

5.2 施术方法

5.2.1 三棱针点刺法

点刺前，操作者可在患儿被刺部位或其周围用推、揉、挤、捋等手法，使局部充血；继之用 75%乙醇或 0.5%~1%碘伏在施术部位由中心向外做环形擦拭消毒；针刺时押手拇、示、中三指捏紧被刺部位，刺手持针，用拇、示两指捏住针柄，中指指腹紧靠针身下端，针尖露出 0.5 mm~5 mm，对准已消毒的部位，刺入 0.5 mm~5 mm 深，随即将针迅速退出；轻轻挤压针孔周围，使出血少许，也可辅以推挤方法增加出血量或出液量。

5.2.2 三棱针刺络法

刺络前，可在被刺部位或其周围用推、揉、挤、捋等方法，四肢部位可在被刺部位的近心端以止血带结扎，使局部充血。刺络时，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后出针，放出适量血液，松开止血带。

5.2.3 三棱针散刺法

操作者用一手固定患儿被刺部位，另一手持针在施术部位垂直点刺多点。根据病变部位大小的不同，可刺 10~20 针或更多，由病变外缘环形向中心点刺。

5.2.4 三棱针挑治法

操作者用一手固定患儿被刺部位，另一手持针以 15°~30° 角度刺入一定深度后，上挑针尖，挑破皮肤或皮下组织。出针后消毒、覆盖敷料。

5.3 施术后处理

施术后，用无菌干棉球或无菌棉签擦拭后按压 2 min。中等量或大量出血时，可用敞口器皿承接，所出血液应作无害化处理。

6 刺四缝疗法操作步骤与要求

6.1 施术前准备

6.1.1 针具选择

根据患儿年龄大小、手指粗细、病情需要，选择不同规格的三棱针。一般用小号三棱针。

6.1.2 消毒

6.1.2.1 针具

选用一次性三棱针。

6.1.2.2 部位

用 75%乙醇或 0.5%~1%碘伏的棉球在四缝穴周围消毒 3 遍。

6.1.2.3 操作者

操作者双手用肥皂水清洗，清水冲净后用 75%乙醇棉球擦拭。

6.1.3 环境

治疗室内清洁，安静，光线明亮，温度适宜，避免吹风受凉。

6.1.4 体位

选择患儿舒适、操作者便于操作的治疗体位。3岁以下一般坐在家长腿上，家长把持住患儿身体及手臂。操作者立于患儿对面。

6.1.5 穴位

患儿四缝穴，根据病情选择单侧或双侧。穴位定位应符合 GB/T 40997 的规定。

6.1.6 术前护理

- a) 备齐器具至患儿床边。
- b) 对3岁及以上儿童做好心理护理，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) 对3岁以下不能合作的患儿，可在施术前由家长协助，抱持固定患儿于合适体位，一般取坐位。

6.2 施术方法

使患儿伸手，仰掌，第2~5指并拢；操作者押手拇指横压患儿四指端，其余四指稍用力托患儿指背；刺手持三棱针，对准患儿第2~5指掌侧，近端指关节的横纹中央，避开血管迅速刺入0.5 mm~3 mm深后退针，用手挤出淡黄色液体或透明黏液或少许血液。

疗程参见附录C。

6.3 施术后处理

施术后，用消毒棉签拭干局部，并用无菌棉球按压2 min。若仍有出血，适当延长按压时间。使用后的棉签、棉球应作无害化处理。

7 小儿艾灸疗法操作步骤与要求

7.1 施术前准备

7.1.1 灸材、器具

- a) 艾条灸应选择合适清艾条或药艾条，艾条应无霉变、潮湿，包装应无破损。
- b) 艾炷灸应选择合适清艾绒，艾绒应无霉变、潮湿。
- c) 间接灸药材选用参考附录D，温灸器选用参考附录E。
- d) 其他器具准备如火柴或打火机、线香、纸捻等点火工具，以及治疗盘、弯盘、镊子、灭火管等辅助用具。
- e) 常用艾条制备方法参见附录F。

7.1.2 消毒

7.1.2.1 器具

应用温针灸时所使用的针具应选用一次性针具。温灸器与身体接触部位应洁净。

7.1.2.2 部位

应用温针灸时所采用的针刺部位可用含 75% 乙醇或 0.5%~1% 碘伏的棉球在施术部位由中心向外做环形擦拭。其他灸法施术部位应无污染。

7.1.2.3 操作者

操作者双手应用肥皂水清洗干净，再用 75% 乙醇棉球擦拭。

7.1.3 环境

治疗室内清洁，安静，光线明亮，温度适宜，避免吹风受凉。

7.1.4 体位

选择患儿舒适、操作者便于操作的治疗体位。患儿一般根据治疗部位选取俯卧位或仰卧位，3 岁以下患儿也可以坐在家长腿上。操作者立于患儿右侧。

7.1.5 穴位

根据病症选取适当的穴位或治疗部位。穴位定位应符合 WHO 国际针灸标准穴位、GB/T 12346、GB/T 40997 的规定。

7.1.6 术前护理

- a) 备齐灸材、器具至患儿床边。
- b) 对 3 岁及以上儿童做好心理护理，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) 对不能合作的 3 岁以下患儿，可在施术前由家长协助，抱持固定患儿于合适体位。

7.2 施术方法

7.2.1 艾条灸法

7.2.1.1 悬起灸法

温和灸：操作者手持艾条，点燃艾条的末端，将艾条燃着端悬于施灸部位上 2 cm~3 cm 处，使热力较为温和地作用于施灸部位。灸至患儿有温热舒适无灼痛的感觉、皮肤稍有红晕为度。此法较为温和，适于儿科使用。

回旋灸：操作者手持艾条，点燃艾条的末端，将艾条燃着端悬于施灸部位上 2 cm~3 cm 处，平行往复回旋熏灸，灸至患儿有温热感而不至于灼痛为度。

雀啄灸：操作者手持艾条，点燃艾条的末端，将艾条燃着端悬于施灸部位上 2 cm~3 cm 范围内，对准穴位，上下移动，使之如鸟雀啄食样，一起一落活动地施灸。以患儿有温热感且可耐受为度。3 岁以下患儿慎用此法。

施用灸法时，操作者应将示、中两指置于施灸部位两侧，通过操作者手指来感知患儿受

热程度，以随时调节施灸距离，掌握施灸时间，以防灼伤。

7.2.1.2 实按灸法

选定施灸部位，以特制药艾条点燃一端。在穴位处铺设约5~10层棉纸、棉布或无菌纱布，以隔热防烫。操作者以执笔状手持艾条，将燃着端对准施灸部位，隔着铺设物紧按在穴位上，停留约1s~2s，使药气与热力透达深部，患儿局部有明显温热感即提起艾条，稍停后再按。如操作中艾火熄灭，可重新点燃或以预先点燃的备用艾条迅速接替施灸，如此反复。每次每穴按灸约3~7次，移去艾条和铺设物，见患儿施灸部位皮肤出现温热和红晕现象为度。每日或隔日1次。

7.2.2 艾炷灸法

7.2.2.1 直接灸法

首先在穴位皮肤局部涂增加黏附或刺激作用的液汁或油脂，如大蒜汁、凡士林、甘油等，然后将艾炷粘贴其上，自艾炷尖端点燃艾炷。待艾炷燃烧一半，局部皮肤潮红、有灼痛感时，操作者即用镊子移去艾炷，称一壮，更换另一艾炷，连续灸足应灸的壮数。

7.2.2.2 间接灸法

将选定备好的中药材（如生姜片、大蒜片、食盐等）置放灸处，再将艾炷放在药物上，自艾炷尖端点燃艾炷；艾炷燃烧至局部皮肤潮红，大年龄患儿有痛觉时，可将间隔药材稍许上提，使之离开皮肤片刻，旋即放下，再行灸治，反复进行。

小儿间接灸刺激量宜轻，在艾炷燃至2/3时即移去，或更换另一艾炷续灸，直至灸足应灸的壮数。常用间接灸法参见附录D。

7.2.3 温针灸法

首先在选定的腧穴上针刺，毫针刺入穴位得气并施行适当的补泻手法后，在留针时将1cm~2cm长短的艾条段直接套在针柄上（艾条段应距皮肤3cm~4cm），点燃施灸，待艾条燃尽无热度后除去灰烬，将针取出。在艾条段燃烧过程中，如患儿觉灼烫难忍，可在该穴位置一适当大小硬纸片，以减轻热力。

7.2.4 温灸器灸法

7.2.4.1 灸架灸法

将艾条点燃后插入灸架顶孔，对准穴位固定好灸架。操作者可通过上下调节插入艾条的高度以调节艾灸温度，以患儿感到温热略烫可耐受或皮肤稍潮红为宜。灸毕移去灸架，取出艾条熄灭。灸架参见附录E。

7.2.4.2 灸筒灸法

首先取出灸筒的内筒，装入艾绒后安上外筒，点燃内筒中央部的艾绒，放置室外，待灸筒外面热烫而艾烟较少时，盖上顶盖取回。操作者在施灸部位上置8~10层清洁棉布或纱布，将灸筒放置其上，以患儿感到舒适、热力足而不烫伤皮肤为适宜。灸毕移去灸筒，取出灸艾

并熄灭灰烬。灸筒参见附录E。

7.2.4.3 灸盒灸法

将灸盒安放于施灸部位，点燃艾条段或艾绒后，置放于灸盒内中下部的铁纱上，盖上盒盖，灸至患儿有温热感且舒适无灼痛、皮肤稍有红晕为度。如患儿感到灼烫，可略掀开盒盖或抬起灸盒，使之离开皮肤片刻，旋即放下，再行灸治，反复进行，直至灸足应灸量。灸毕移去灸盒，取出灸艾并熄灭灰烬。灸盒参见附录E。

7.2.5 艾灸量、治疗时间及疗程、晕灸的处理办法

艾灸量、治疗时间及疗程、晕灸的处理办法参见附录G。

7.3 术后护理

施灸后，皮肤多有红晕灼热感，不需处理，可自行消失。应避免造成患儿皮肤损伤，若施灸部位局部发生水肿或水泡，水泡直径小于1 cm时，避免擦破，可任其自然吸收；如水泡直径在1 cm以上且泡液较多时，建议请外科医师协助处理。

8 注意事项和禁忌

小儿针灸疗法注意事项和禁忌见附录H和附录I。

附录 A

(资料性)

常用毫针

毫针是临床应用最广泛的针具，现多采用一次性不锈钢针。毫针的规格，主要是指针身的粗细和长短。常用毫针的长度、直径规格见表 A.1、表 A.2。

表 A.1 毫针的长度规格

寸	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4	4.5	5
长度 mm	15	25	40	50	65	75	90	100	115	125

表 A.2 毫针的直径规格

号数	26	27	28	29	30	31	32	33	34	36
直径 mm	0.45	0.42	0.38	0.34	0.32	0.30	0.28	0.26	0.23	0.20

附录 B
(资料性)
针刺手法

B.1 行针手法

B.1.1 循法操作

操作者进针前后，使二、三、四指平直（屈曲第一指关节），用指腹沿针刺穴位所属经脉循行路线，或腧穴四周轻轻地循按或叩打。

技术要点：循时用力要适度，用力过大会阻碍经气的流行，使肌肉紧张度增加，产生疼痛。用力过小达不到目的。循法一般沿经而循。

B.1.2 弹法操作（弹叩针柄法）

操作者以拇指与示指（或中指）交互，用指甲轻轻弹击刺入穴位的针柄尾部，使针体产生微微震颤，以调节经气。

技术要点：动作不可过猛过频，一般在留针期间弹叩约 7~10 次。10 岁以下儿童可不用弹法。

B.1.3 刮法操作

B.1.3.1 单手刮针法

操作者拇指抵住针尾，以食指指甲轻刮针柄由上而下；或用示指抵针尾，以拇指指甲轻刮针柄，由下向上；也可用示、中两指扶持针柄，用拇指刮针柄，由上向下或由下而上。

B.1.3.2 双手刮针法

操作者用左手拇指端压按针柄头上，略向下用力，左、右两手示指弯曲，指背相对，夹住针体，用右手拇指指甲在针柄上下轻刮之。

技术要点：刮针时要求指力关节要灵活，用力均匀。刮针的指甲要平整、光滑，不宜过长或过短。

B.1.4 摇法操作

操作者将针刺入一定深度后，手持针柄，轻轻摇动，以行经气。具体方式有 2 种：一是直立针身而摇；二是卧倒针身，针尖指向病所，左右摇动。出针时可上下、左右摆摇，使针孔扩大，而后快速出针。

B.1.5 飞法操作

操作者用右手拇、示两指。拇指与示指呈交互状，拇指头向前，示指头向后，将两指弯曲。用拇指指腹及示指第一节桡侧由针根部轻贴针柄由下而上呈螺旋式搓摩。两指一搓一放，如飞鸟展翅之象，力度要均匀一致，使指感有如转针，但针体不能上提。

技术要点：飞针宜缓宜均，不宜过猛，过猛易引起滞针疼痛。力呈螺旋式，向上，向外；

指法是漏斗式下紧上松。此螺旋式的力含向上提的成分，但要提之不出；含针向右转的成分，但要转之不动。飞针成功关键在于使经气充盈于穴中，其表现为针体自摇。

B. 1. 6 震颤法操作

操作者针刺后若不得气，用拇、示两指持针，做小幅度、高频率的提插捻转动作，使针身产生轻微的震颤。

技术要点：颤法贵在轻柔，细细动摇，不宜大幅度地颤动和震摇，以免引起疼痛和滞针。

B. 2 补泻手法

B. 2. 1 单式补泻手法

B. 2. 1. 1 徐疾补泻法

补法：操作者将针刺入皮肤后，先在浅层得气，随之将针徐徐地向内推进到一定的深度，疾速退针至皮下；出针时，快速出针并疾按其穴。重在徐入。

泻法：操作者将针快速刺入皮肤后，再疾速插入深层得气，随之徐徐地向外退针至皮下；出针时，缓缓出针并且不按其穴或缓按其穴。重在徐出。

技术要点：针刺得气后，以徐进疾退为补法，疾进徐退为泻法。

B. 2. 1. 2 提插补泻法

补法：操作者针刺得气后，先浅后深，在针下得气处小幅度上下提插，重插轻提（即急插慢提），操作时间短。针上提时速度慢，用力轻；针下插时速度快，用力重。

泻法：操作者针刺得气后，先深后浅，在针下得气处大幅度上下提插，轻插重提（即慢插急提），操作时间长。针上提时速度快，用力重；针下插时速度慢，用力轻。

技术要点：针刺得气后，以重插轻提为补法，重提轻插为泻法。

B. 2. 1. 3 捻转补泻法

补法：操作者针刺得气后，在针下得气处小幅度捻转，拇指向前左转时用力重，指力沉重向下；拇指向后右转还原时用力轻，反复操作。

泻法：操作者针刺得气后，在针下得气处小幅度捻转，拇指向后右转时用力重，指力浮起向上；拇指向前左转还原时用力轻，反复操作。

技术要点：针刺得气后，以拇指左转用力为补法，拇指右转用力为泻法。

B. 2. 1. 4 呼吸补泻法

补法：令患儿鼻吸口呼，在呼气时操作者进针、行针；吸气时出针。

泻法：令患儿口吸鼻呼，在吸气时操作者进针，行针；呼气时出针。

技术要点：以进针、行针、出针之时，结合患儿的呼吸为基准的一种补泻方法。适用于6岁以上患儿。

B. 2. 1. 5 开阖补泻法

补法：出针后迅速揉按针孔。

泻法：出针时摇大针孔，出针后不按针孔。

技术要点：以出针后，是否按压针孔为基准的一种补泻方法。

进针时针尖顺（随）着经脉循行去的方向刺入的称为补法，针尖逆（迎）着经脉循行来的方向刺入称为泻法。

技术要点：以针尖进针方向与经脉循行方向顺逆为基准。

B. 2. 2 复式补泻手法

B. 2. 2. 1 烧山火法

根据穴位可刺的深度分作浅、中、深三层分别施术。针刺得气后，先在浅层（天部）作紧按慢提 9 数，或捻针左转 9 数，再将针进入中层（人部）按前法作提插捻转补法，最后将针刺入深层（地部）继续做提插捻转补法，最后一次将针退至浅层，称为一度。如此反复操作数度，针下产生温热感，将针下插至地部留针守气。

技术要点：可与呼吸、徐急、开阖泻法等综合应用。先浅后深，三进一退，重插轻提，行九阳数。对小儿用针，应注意语言辅导。

B. 2. 2. 2 透天凉法

根据穴位可刺的深度分作浅、中、深三层分别施术。针刺得气后，先在深层（地部）作紧提慢按 6 数，或捻针右转 6 数，再将针进入中层（人部）按前法作提插捻转泻法，最后将针刺入浅层（天部）继续做提插捻转泻法，称为一度。如此反复操作数度，针下产生凉感，将针上提至天部留针守气。

技术要点：可与呼吸、徐急、开阖泻法等综合应用。先深后浅，一进三退，轻插重提，行六阴数。对小儿用针，应注意语言辅导。

附录C
(资料性)
刺四缝疗程

每周刺 1~2 次，病重者可隔日刺 1 次，待病情好转后减为每周 1 次、10 天 1 次或 15 天 1 次，最多不超过 10 次。

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附录D
(资料性)
常用间接灸

D.1 隔姜灸

将鲜生姜切成厚约 0.3 cm、直径 2 cm~3 cm 的生姜片，大小适度，中间以针刺数孔，置于施灸穴位上。据病情选用大、中、小艾炷点燃放在姜片中心施灸，若被灸者有灼热感可将姜片稍提起。若艾炷燃尽，易炷再灸，直至灸完应灸的壮数。一般每次可施灸 2~5 壮，以灸处皮肤潮红湿润为度。常用于寒证的呕吐、腹痛、泄泻等，适用范围 3 岁及以上。

D.2 隔蒜灸

将鲜独头大蒜横切成约 0.3 cm 的薄片，大小适度，中间以针刺数孔，置于施灸穴位上。据病情选用大、中、小艾炷点燃放在大蒜片中心施灸，若被灸患儿有灼热感可将大蒜片稍提起。若艾炷燃尽，更换新蒜片，易炷再灸，直至灸完应灸的壮数。一般每次可施灸 2~5 壮，以灸处皮肤色红为度。常用于治疗瘰癧、肺结核、初起肿疡、腹痛等。因大蒜汁对皮肤有刺激性，灸后容易起泡，应注意保护灸面。小儿慎用此法。

D.3 隔盐灸

将纯净干燥的食盐纳入脐中，填平脐孔，或于盐上再置以约 0.1 cm 厚的薄姜片，据病情选用大、中、小艾炷点燃施灸。若艾炷燃尽，易炷再灸，直至灸完应灸的壮数。一般每次可施灸 3~6 壮。以患儿稍有灼痛能忍受为度。常用于治疗寒证的吐泻并作、虚脱等。

D.4 隔附子灸

将生附子切细研末，用黄酒调和，制成直径约 1 cm~2 cm、厚约 0.4 cm 的附子饼，大小适度，中间以针刺数孔，置施灸穴位上。据病情选用大、中、小艾炷点燃放在附子饼片中央施灸，若艾炷燃尽，易炷再灸，直至灸完应灸的壮数。附子饼干焦后再换新饼。一般每次宜灸 3 壮。以灸处皮肤温热、有红晕为度。常用于治疗心肾阳衰的重症或疮疡久溃不敛等。

附录 E
(资料性)
常用温灸器

E.1 灸架

一种特制的圆桶形塑料制灸具，四面镂空，顶部中间有一置放和固定艾条的圆孔，灸架内中下部距底边 3 cm~4 cm 安装铁窗纱一块。灸架两边各有一底衬，另有一根橡皮带和一根灭火管。施灸时将艾条点燃后插入孔中，以可上下自由移动为度，再将灸架固定在某一穴位上，用橡皮带套在灸架两边的底衬上，即可固定而不脱落。升降艾条调节距离，以微烫而不疼痛为适中。灸治完毕后，将剩余艾条插入灭火管中。

E.2 灸筒

由内筒和外筒两部分相套而成，均用 2 cm~5 cm 厚的铁片或铜片制成。内筒和外筒的底、壁均有孔，外筒上用一活动顶盖扣住，内筒安置一定的架位，使内筒和外筒的间距固定。外筒上安置一手柄便于把持。点燃放入内筒的艾绒，将内筒放回外筒，盖上顶盖，即可使用。

E.3 灸盒

一种特制的盒形灸具。传统灸盒为木质下面无底，上面有一可随时取下的与灸盒外径大小相同的盒盖，灸盒内中下部距底边 4 cm~6 cm 安装铁窗纱一块。新型温灸盒，盒身可为各种材质按照人体工学原理设置形状大小，佩戴便利，并可增设滤烟和防灼伤装置。施灸时将灸盒安放于施灸部位，点燃的艾绒或艾条置于铁纱上，盖上盒盖即可。

E.4 艾灸仪

通常由主机、灸材固定装置和自动控制装置组成。通过实时监测的温度反馈给驱动电动机，自动调节灸材与施灸部位的距离以对施灸温度进行控制。通过灸材燃烧对人体产生温热作用施灸于人体穴位，用于疾病的预防与治疗。

附录F
(资料性)
常用艾条

F.1 清艾条

取纯净艾绒 20 g~30 g，用棉皮纸等包裹，卷成圆柱形长条。

F.2 普通药艾条

取肉桂、干姜、木香、独活、细辛、白芷、雄黄、苍术、没药、乳香、花椒各等份，研成细末。将药末按每支艾条加 6 g 量，混入艾绒中，装成艾条。

F.3 雷火神针

药艾条的一种，常用于风寒湿痹、痿证和虚寒病证。处方：艾绒 94g，沉香、木香、乳香、茵陈、羌活、干姜各 9 g，加入麝香少许，研末，混匀。将药物平铺在桑皮纸上，卷紧如爆竹状，再用木板搓捻卷紧，外用鸡蛋清涂抹，阴干保存备用。

F.4 太乙神针

药艾条的一种，是在雷火针的基础上改变药物而成，适应证更广，常用于风寒湿痹、痿病、小儿中风等病症。处方：艾绒 90g，硫黄 6g，麝香、乳香、没药、松香、桂枝、杜仲、枳壳、皂角刺、细辛、川芎、独活、雄黄、白芷、全蝎各 3g。艾条制法、施灸操作同雷火针。

附录 G

(资料性)

艾灸量、治疗时间及疗程、晕灸的处理办法

G.1 艾灸量

艾灸量是运用艾灸治疗时所用艾量以及局部达到的温热程度。不同的灸量产生不同的治疗效果。艾炷灸的灸量一般以艾炷的大小和壮数的多少计算，炷小、壮数少则量小，炷大、壮数多则量大；艾灸温和灸、温灸器灸则以时间计算。

艾灸部位如在头面胸部、四肢末端皮薄而多筋处，灸量宜小；在腰腹、肩、腿等皮厚肉丰处，灸量可大。

沉寒痼冷疾病灸量可大；外感疾病灸量宜小。

年龄越小、体质越弱者，灸量应越小。

G.2 艾灸治疗时间及疗程

艾灸时间不宜过长，以每穴 3~10 min 为宜。夏季时间宜短，冬季时间可略长。艾灸频率、疗程视小儿情况而定，可每日、隔日或 3 天灸一次。

G.3 晕灸的处理办法

若发生晕灸，应立即停止艾灸，使患儿低头平卧，注意保暖，轻者一般休息片刻，或饮温开水后即可恢复；重者可加掐人中、内关、足三里；严重者按晕厥处理。

附录H
(资料性)
小儿针灸疗法注意事项

H.1 小儿毫针疗法注意事项

- H.1.1 患儿精神紧张、大汗、饥饿时不宜刺。
- H.1.2 患儿皮肤破溃、感染、出血部位不宜针刺。
- H.1.3 3岁以下针刺宜采用轻、浅刺法，不留针。头部腧穴只能采用平刺法，胸背部针刺不能深。
- H.1.4 操作时应防止感染。勿伤及大动脉。
- H.1.5 操作时注意面色、血压、心率变化，防止晕针发生。
- H.1.6 若针刺后局部出血较多，患儿要适当休息，观察无异常后再离开。操作者避免接触患儿血液。

H.2 小儿三棱针疗法注意事项

- H.2.1 患儿精神紧张、大汗、饥饿时不宜刺。
- H.2.2 勿伤及动脉。操作部位应防止感染。
- H.2.3 注意面色、血压、心率变化，防止晕针或晕血的发生。
- H.2.4 若针刺后出血较多时，应让患儿适当休息，观察无异常后再离开。
- H.2.5 操作者避免接触患儿所出血液。

H.3 刺四缝疗法注意事项

- H.3.1 严格消毒，防止感染。
- H.3.2 患儿精神紧张、大汗、饥饿时不宜针刺。
- H.3.3 患儿四缝穴部位若有破溃、感染者不宜针刺。
- H.3.4 点刺时手法宜轻、快、准，不可用力过猛，防止刺入过深。尽量避开血管。
- H.3.5 操作者避免接触患儿所出血液。

H.4 小儿艾灸疗法注意事项

- H.4.1 儿童施灸与成人相比艾炷宜小、壮数宜少、时间宜短。
- H.4.2 直接灸操作应把握灸量，注意预防感染。
- H.4.3 3岁以下患儿不宜留针，故一般不采用温针灸法。
- H.4.4 注意防止施灸过程中艾火脱落烫伤皮肤或烧坏衣被。
- H.4.5 灸毕应将艾火彻底熄灭，防止再燃。
- H.4.6 施灸过程中密切观察患儿皮肤及全身情况，注意有无不良反应。如有晕灸现象，应及时停止灸疗，作出适当处理。

附录 I
(资料性)
小儿针灸疗法禁忌

I.1 小儿毫针疗法禁忌

- I.1.1 凝血机制障碍的患儿禁用本治法。
- I.1.2 血管瘤部位、不明原因的肿块部位禁用针刺。
- I.1.3 新生儿慎用针刺。患儿睡眠状态下慎用针刺。
- I.1.4 患儿囟门未闭合时，囟门附近的腧穴不宜针刺。

I.2 小儿三棱针疗法禁忌

- I.2.1 凝血机制障碍的患儿禁用本治法。
- I.2.2 血管瘤部位、不明原因的肿块部位禁用本治法。
- I.2.3 1岁以下患儿禁用本治法，1~2岁患儿慎用本治法。

I.3 刺四缝疗法禁忌

- I.3.1 凝血机制障碍的患儿禁用本治法。
- I.3.2 四缝穴处若有血管瘤、不明原因的肿块禁用。
- I.3.3 1岁以下患儿慎用。

I.4 小儿艾灸疗法禁忌

- I.4.1 3岁以下患儿不用直接灸法，如用灸疗，宜选温和灸。儿科禁用化脓灸（瘢痕灸），慎用雀啄灸。
- I.4.2 过劳、过饥、大汗、精神紧张者慎用灸疗。
- I.4.3 不肯配合，哭闹严重的患儿不用温针灸法。
- I.4.4 皮肤有出疹、破损、阳证疮疡处忌用灸疗。
- I.4.5 眼、耳、口、鼻、前阴、后阴等九窍部位忌用灸疗。
- I.4.6 对艾、辅助介质或药物过敏的小儿禁用灸疗。

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Foreword

This document is Part 1 of International standardized manipulations of Chinese medicine — Pediatrics. The following parts of International standardized manipulations of Chinese medicine — Pediatrics have been published:

- Part 1: Internal treatments
- Part 2: Commonly used external treatments
- Part 3: Acupuncture and moxibustion therapies
- Part 4: Tuina therapy
- Part 5: Cupping therapy

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

This document has been formulated by adapting National Standardization Guiding Technical Document of the People's Republic of China, *Specification for operation technologies of traditional Chinese medicine-Pediatrics-Part 3: Acupuncture and Moxibustion (GB/Z 40893.2-2021)*.

Attention is drawn to the possibility that some elements of this document may be the subject of patent rights. The issuing body of this document shall not be held responsible for identifying any or all such patent rights.

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The translator of this document is ***. In the event of any discrepancy or dispute, the Chinese text shall prevail.

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Introduction

With the growing recognition of traditional Chinese medicine (TCM) worldwide, the international standardization of pediatric TCM — as an integral component of the TCM system — has become increasingly urgent. Pediatric TCM technical operations encompass a wide range of content. Through multiple rounds of deliberation and discussion, commonly used pediatric therapeutic operation techniques with distinctive TCM characteristics were selected for inclusion in this standard, and were organized into five parts according to the form and characteristics of the technical operations. The technical content carries broad applicability and universality within the academic community of pediatric TCM. It holds significant value in meeting the pressing needs of pediatric TCM practitioners worldwide for clinical learning and application, and in promoting the standardization and normalization of clinical technical operations in pediatric TCM globally. It also serves as a model of reference for the standardization, modernization, and internationalization of pediatric TCM.

The series *International standardized manipulations of traditional Chinese medicine Pediatrics* covers clinical techniques and methods commonly used in pediatric TCM practice, and constitutes an important means of treating pediatric diseases and enhancing therapeutic efficacy. It comprises the following five parts:

- Part 1: Internal treatments
- Part 2: Commonly used external treatments
- Part 3: Acupuncture and moxibustion therapies
- Part 4: Tuina therapy
- Part 5: Cupping therapy

Acupuncture and moxibustion therapy for children primarily includes pediatric filiform needle acupuncture, pediatric three-edge needle therapy, Si Feng (EX-UE 10) pricking therapy, and pediatric moxibustion therapy. These therapies play an important role in the clinical treatment of pediatric diseases. Although acupuncture and moxibustion therapy is widely applied in both adults and children, the unique physiological, pathological, and anatomical characteristics of children give rise to specific operational considerations. In order to achieve more pronounced therapeutic outcomes and to ensure the safety of procedures, the standardization and normalization of acupuncture and moxibustion therapy for children is of particular importance in pediatric TCM clinical practice.

This document has been compiled on the basis of a comprehensive collection and review of the clinical experience of classical and contemporary

TCM experts, integrated with current pediatric TCM clinical practice, and informed by the opinions of eminent experts both in China and abroad. It will be revised, supplemented, and periodically updated in accordance with advances in clinical application and research.

[Important Statement] For the acupuncture and moxibustion operations involved in this standard, 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 3: Acupuncture and Moxibustion

1 Scope

This document specifies the operating steps and requirements for pediatric filiform needle acupuncture, pediatric three-edge needle therapy, *Sifeng* (EX-UE 10) pricking therapy, and pediatric moxibustion therapy, and provides precautions and contraindications.

This document is applicable to the fields of traditional Chinese medicine (TCM) medical treatment, health statistics, TCM medical record management, TCM clinical quality assessment, scientific research, teaching, and academic exchange in various countries.

2 Normative references

The following documents are referenced in a normative manner in this document and constitute indispensable provisions of this document. For dated references, only the edition cited applies to this document; for undated references, the latest edition (including all amendments) applies to this document.

GB/T 12346-2021 Nomenclature and location of meridian points

GB/T 40997-2021 Nomenclature and location of extra points in common use

WHO (2008) WHO Standard Acupuncture Point Locations in the Western Pacific Region

3 Terms and definitions

The following terms and definitions apply to this document.

3.1

pediatric filiform needle acupuncture

A method in which filiform needles are inserted into certain parts (acupoints) of the child patient, and various needling manipulations are applied to regulate yin and yang and prevent or treat diseases.

3.2

arrival of qi (Deqi)

A sensation of soreness, numbness, distension, and heaviness, or similar sensations, produced at the acupoint site after the filiform needle is inserted. Arrival of qi (*Deqi*), also known as needle sensation or acupuncture response, indicates that the qi of the meridian has arrived at the location of the needle.

3.3

fainting during acupuncture

A phenomenon during the acupuncture process where the child suddenly experiences dizziness, pale complexion, palpitations, shortness of breath, lassitude, nausea, cold sweats, or even syncope.

3.4

three-edge needle

A needle instrument made of stainless steel, with a slightly thick cylindrical handle, a three-edged body, and a sharp tip with three cutting edges.

Note: Three-edge needles are divided into two sizes: large size, 2.6 mm; small size, 1.6 mm.

3.5

three-edge needle pricking method

A method in which a three-edge needle is rapidly inserted into a specified superficial site of the patient and then rapidly withdrawn.

3.6

three-edge needle bloodletting method

A method of using a three-edge needle to puncture a specific blood vessel or collateral channel at a specific site of the patient and releasing an appropriate amount of blood.

3.7

three-edge needle scattered pricking method

A method of performing multiple spot pricks on a specific area of the patient using a three-edge needle.

3.8

three-edge needle picking method

A method of inserting a three-edge needle into a specific site of the patient

and picking through the skin or subcutaneous tissue.

3.9

Si Feng (EX-UE 10) pricking therapy

A method of rapidly pricking the *Si Feng* (EX-UE 10) acupoints of a child patient with a three-edge needle and immediately withdrawing the needle, followed by squeezing out an appropriate amount of yellow fluid, mucus, or blood drops to treat related diseases.

3.10

Si Feng (EX-UE 10) acupoints

Acupoints located at the center of the transverse crease of the proximal interphalangeal joint on the palmar surface of the 2nd to 5th fingers of each hand, with four acupoints per hand.

3.11

pediatric moxibustion

An external therapy performed on child patients by using moxa floss or moxibustion materials made mainly of moxa floss, which are ignited and then suspended over or placed on acupoints or affected areas for cauterization and warming compression, so as to achieve the purposes of treating and preventing disease and promoting health through the thermal effect of the moxibustion fire and the action of the medicinal materials.

3.12

moxa floss

A pale-yellow, fine, soft, floss-like material processed from mugwort leaves.

3.13

moxa stick

A long cylindrical roll made mainly of moxa floss.

Note: According to whether medicinal substances are added, moxa sticks are classified into medicinal moxa sticks and pure moxa sticks.

3.14

moxa cone

A small cone made manually or with apparatus from moxa floss.

NOTE: The burning of one moxa cone is counted as one moxibustion unit (壮, zhuàng).

3.15

suspended moxibustion

A moxibustion method in which an ignited moxa stick is held over the site to be treated.

Note: According to different manipulation methods, it is further classified into mild moxibustion, sparrow-pecking moxibustion, and circling moxibustion.

3.16

pressed moxibustion

A moxibustion method in which an ignited moxa stick is pressed firmly onto cotton cloth covering the acupoints.

3.17

direct moxibustion

A method of moxibustion in which a moxa cone is placed directly on the skin over the acupoint.

NOTE: According to the degree of skin stimulation, it is further classified into scarring moxibustion (suppurative moxibustion) and non-scarring moxibustion (non-suppurative moxibustion).

3.18

indirect moxibustion

A moxibustion method in which a layer of medicinal material is placed between the moxa cone and the skin.

Note: According to the Chinese medicinal material used, indirect moxibustion is further divided into different types, such as ginger-partitioned moxibustion and garlic-partitioned moxibustion.

3.19

warm needling moxibustion

A method in which moxa floss (moxa wool or a segment of a moxa stick) is placed on the handle of a filiform needle during needle retention for moxibustion, combining acupuncture with moxibustion.

3.20

moxibustion with a moxibustion device

A method of moxibustion performed by using special devices designed for moxibustion, such as a moxibustion stand, moxibustion cylinder, or moxibustion box.

3.21

fainting during moxibustion

A syncope reaction occurring in a patient during moxibustion treatment.

Note: Fainting during moxibustion commonly manifests as sudden dizziness, pale complexion, nausea and vomiting, sweating, palpitations, cold limbs and decreased blood pressure. In severe cases, symptoms may include unconsciousness, collapse, cyanosis of the lips and nails, urinary and fecal incontinence, profuse sweating, cold extremities and a faint pulse on the verge of collapse.

4 Procedure Steps and Requirements for Pediatric Filiform Needle Therapy

4.1 Preparation before treatment

4.1.1 Selection of needles

Select sterile, single-use filiform needles of appropriate specifications based on the child patient's age, disease condition, and the treatment site. The needle body shall be smooth and free from corrosion; the needle tip shall be centered and aligned, with a tip that is rounded within sharp edges, of appropriate sharpness with minimal insertion resistance, and free from barbs or hooks; the needle root shall be free from scratches or defects; the needle handle wrapping shall be secure and not subject to loosening or detachment. Common specifications of filiform needles are provided in Annex A.

4.1.2 Disinfection

4.1.2.1 Needle instruments

Use sterile, single-use filiform needles.

4.1.2.2 Treatment site

Using cotton balls or cotton swabs saturated with 75% ethanol or 0.5% to 1% iodophor solution, wipe the treatment site with circular motions from the center outward.

4.1.2.3 Practitioner

The practitioner's hands should be washed with soap and water, rinsed

thoroughly with clean water, and then wiped with a 75% ethanol cotton ball.

4.1.3 Treatment environment

The treatment room shall be clean, quiet, well-lit, with appropriate temperature, and protected from drafts and cold exposure.

4.1.4 Body position

The selection of body position for the child patient during needling shall follow the principle that the practitioner can correctly locate acupoints, perform the procedure conveniently, and the child patient experiences comfort during needle retention and manipulation. Common body positions for child patients are supine and seated positions.

4.1.5 Acupoints

Select appropriate acupoints or treatment areas according to the condition. Acupoint location shall comply with the provisions of WHO Standard Acupuncture Point Locations, GB/T 12346, and GB/T 40997.

4.1.6 Preoperative care

a) Prepare the acupuncture instruments and bring them to the child patient's bedside.

b) For children aged 3 years and above, provide psychological nursing care, explain the significance of the treatment and the matters requiring attention, give reassurance and encouragement, relieve the child's tension and fear, and enable both the child and the parents to actively cooperate with the procedure.

c) For uncooperative children under 3 years of age, the parents may assist by holding and securing the child in a suitable position.

4.2 Manipulation methods

4.2.1 Puncturing methods

The manipulation for children should be gentle, and the insertion should be shallow. In clinical practice, puncturing techniques should be flexibly selected based on the anatomical characteristics of the acupoint site, the depth of insertion, and the specific manipulation features, with the goals of facilitating insertion, easily obtaining *deqi*, and avoiding pain.

4.2.1.1 Single-hand puncturing method

The practitioner holds the filiform needle with the thumb and index finger of the right hand, with the tip of the middle finger close to the acupoint and the

finger pad supporting the middle of the needle body. Press down with the thumb and index finger while the middle finger flexes accordingly, inserting the needle to an appropriate depth into the acupoint. This method is mostly used for short filiform needles.

4.2.1.2 Bimanual puncturing method

4.2.1.2.1 Finger-nail pressing insertion

The practitioner presses the nail of the disinfected thumb or index finger of the left hand onto the acupoint site. Holding the needle with the right hand, the practitioner inserts it into the acupoint to an appropriate depth, closely against the nail of the left hand. This method is suitable for short needles. Note that a slight twirling motion should be applied during insertion so that the needle enters with a single twirl to minimize pain.

4.2.1.2.2 Pinch-hold needle insertion method

The practitioner uses the disinfected left thumb and index finger to hold the lower part of the needle body, about 1 cm from the needle tip, while the right thumb and index finger hold the needle handle. The two hands then work together to insert the needle into the dermal layer of the acupoint, after which the right hand twists the needle handle to insert the needle to an appropriate depth. This method is suitable for insertion of long filiform needles.

4.2.1.2.3 Skin-stretching insertion method

The practitioner stretches the skin of the acupoint site with the index and middle fingers (or thumb and middle finger) of the supporting hand, while the needling hand inserts the needle. This is used for sites with loose skin.

4.2.1.2.4 Skin-lifting and pinching insertion method

The practitioner pinches the skin on both sides of the acupoint with the thumb and index finger of the supporting hand, while the needling hand inserts the needle into the pinched acupoint. This is used for sites with thin skin and muscle.

4.2.1.3 Tube insertion method

The needle is first placed into a small tube (made of glass, plastic, or metal) that is 7.5 mm (3 fen) shorter than the needle, touching the skin surface of the acupoint. The supporting hand holds the tube firmly, while the index finger of the needling hand taps the needle tail to rapidly insert the tip into the skin. Then, the tube is removed, and the needle is further inserted to the required depth.

This method involves minimal pain and is highly suitable for children.

4.2.2 angle of needle insertion

4.2.2.1 Perpendicular insertion

Insert the needle vertically, forming an angle of approximately 90° with the skin surface. This method is suitable for most acupoints and can be used for both shallow and deep insertion.

4.2.2.2 Oblique puncturing

Insert the needle at an inclination of approximately 45° to the skin surface. This method is suitable for sites where the muscle layer is thin, or for acupoints located over vital organs or joints.

4.2.2.3 Horizontal insertion

Also known as transverse puncturing. Insert the needle at an angle of approximately 15° to the skin surface, or even a smaller angle along the skin surface. This method is suitable for acupoints with thin skin and little muscle, such as those on the head and sternum.

4.2.3 Depth of needle insertion

Based on the child's age, constitution, illness condition, and the anatomical site, the insertion depth should be determined by the arrival of qi (*deqi*) or until the practitioner feels a sensation of sinking, tightness, or sluggishness beneath the needle.

4.2.4 Needle manipulation methods

4.2.4.1 Lifting and thrusting method

After the needle is inserted to a certain depth, apply upward lifting and downward thrusting with even finger force in a repeated longitudinal motion. The action of pushing the needle from the shallow layer to the deep layer is called thrusting, while the action of withdrawing the needle from the deep layer to the shallow layer is called lifting. Generally, an amplitude of 3 mm - 5 mm and a frequency of 60 times/min are appropriate. The intensity of stimulation should be flexibly determined according to the child's constitution, condition, acupoint site, and therapeutic purpose.

4.2.4.2 Twirling and rotating method

After the needle is inserted to a certain depth, apply forward and backward twirling with even finger force in a repeated rotational motion. Generally, an

angle of $180^{\circ} \sim 360^{\circ}$ is appropriate. The angle, frequency, and duration of the twirling should be determined based on the child's constitution, condition, acupoint site, and therapeutic purpose.

4.2.4.3 Other manipulation methods

These include pressing-along (*xun*), flicking (*tan*), scraping (*gua*), shaking (*yao*), flying (*fei*), and vibrating (*zhenchan*) methods. For detailed operations, see Annex B.

4.2.5 Reinforcing and reducing methods

According to TCM theory, select the reinforcing (*bu*) or reducing (*xie*) method based on the syndrome. For detailed operations, see Annex B.

4.2.6 Needle retention

Leave the filiform needle in the acupoint. In general, needle retention is not used for children under 3 years of age; for children aged 3 to 6 years, the needle may be retained for 10 min to 15 min as appropriate; for children over 6 years of age, the needle may be retained for 30 min. Needle retention is not recommended for child patients who are uncooperative, crying, or moving restlessly.

4.2.7 Needle withdrawal

The practitioner uses the thumb and index finger of the supporting hand to hold a sterile dry cotton ball or swab and gently presses the site. The needling hand twirls the needle slightly with a small amplitude and slowly lifts it to the subcutaneous layer, then withdraws the needle rapidly after a brief pause. If a stuck needle occurs, do not pull it out with force; instead, gently pat the skin around the acupoint and withdraw the needle once the sensation beneath the needle becomes smooth and loose.

4.3 Post-treatment care

If bleeding is observed at the needle hole after withdrawal, use a sterile swab or cotton ball to apply pressure for 1 min~2 min. Do not rub the site. Let the child rest for 5 min - 10 min after the treatment and observe for any adverse reactions.

5 Operating procedures and requirements for pediatric three-edge needle therapy

5.1 Preparation before treatment

5.1.1 Selection of needles

Select three-edge needles of different specifications according to the child's age, condition requirements, and treatment site. Small-sized three-edge needles are mostly used in pediatrics.

5.1.2 Disinfection

5.1.2.1 Needles

Disposable three-edge needles shall be selected; disposable blood sampling needles or sterile injection needles may also be used.

5.1.2.2 Site

Use 75% ethanol or 0.5%-1% iodophor to wipe the treatment site in a circular motion from the center outward.

5.1.2.3 Practitioner

The practitioner's hands should be washed with soapy water, rinsed thoroughly with clean water, and then wiped with a 75% ethanol cotton ball.

5.1.3 Environment

The treatment room should be clean, quiet, brightly lit, and at an appropriate temperature, avoiding exposure to wind and catching cold.

5.1.4 Patient position

Choose a treatment position that is comfortable for the child and convenient for the practitioner. Generally, the prone position or supine position is selected based on the treatment site. Children under 3 years of age may also sit on the parent's lap. The practitioner stands on the right side of the child.

5.1.5 Acupoints

Select appropriate acupoints or treatment sites according to the illness condition. Acupoint location shall comply with the regulations of the WHO Standard Acupuncture Point Locations in the Western Pacific Region, GB/T 12346, and GB/T 40997.

5.1.6 Pre-treatment care

- a) Bring all equipment and instruments to the child's bedside.
- b) Provide proper psychological care for children aged 3 years and above; explain the significance of the treatment and precautions, offer mental comfort and encouragement to eliminate the child's tension and fear, and enable both the

child and parents to actively cooperate with the operation.

c) For uncooperative children under 3 years of age, parents can assist by holding and securing the child in an appropriate position before the procedure.

5.2 Manipulation methods

5.2.1 Three-edge needle pricking method

Before pricking, the practitioner may use techniques such as pushing, rubbing, squeezing, and stroking on or around the site to be pricked to cause local congestion. This is followed by circular disinfection with 75% ethanol or 0.5% - 1% iodophor from the center outward. During pricking, the thumb, index, and middle fingers of the supporting hand pinch the site firmly. The needling hand holds the needle, with the thumb and index finger pinching the handle and the middle finger pad resting against the lower part of the needle body, leaving 0.5 mm - 5 mm of the needle tip exposed. Aim at the disinfected site, prick to a depth of 0.5 mm - 5 mm, and withdraw the needle rapidly. Gently squeeze the area around the needle hole to allow a small amount of blood to escape; pushing and squeezing may also be used to increase the volume of blood or fluid discharge.

5.2.2 three-edge needle bloodletting method

Before pricking, use pushing, rubbing, squeezing, or stroking on or around the site. For limbs, a tourniquet can be tied at the proximal end of the site to cause local congestion. During pricking, fix the site with one hand and hold the needle with the other, exposing 3 mm - 5 mm of the needle tip. Aim at the site, prick rapidly, and withdraw the needle to release an appropriate amount of blood, then loosen the tourniquet.

5.2.3 Scattered pricking with three-edge needle

The practitioner fixes the site with one hand and holds the needle with the other to perform vertical spot pricking at multiple points. Depending on the size of the lesion, 10 - 20 or more pricks can be made in a circular pattern from the outer edge toward the center.

5.2.4 Three-edge needle picking method

The practitioner fixes the site with one hand and holds the needle with the other to insert it at an angle of 15° - 30° to a certain depth. Then, lift the needle tip upward to break the skin or subcutaneous tissue. After needle withdrawal, disinfect the area and cover it with a dressing.

5.3 Post-procedural management

After the procedure, the site shall be wiped and pressed with a sterile dry cotton ball or sterile cotton swab for 2 min. In cases of moderate or large amounts of bleeding, the blood may be collected in an open container and shall be treated for harmless disposal.

6 Operating steps and requirements for Sifeng pricking therapy

6.1 Pre-treatment preparation

6.1.1 Selection of needles

Select three-edge needles of different specifications according to the child's age, the thickness of the fingers, and the condition requirements. Small-sized three-edge needles are generally used.

6.1.2 Disinfection

6.1.2.1 Needles

Disposable three-edge needles shall be selected.

6.1.2.2 Site

Use a cotton ball soaked in 75% ethanol or 0.5%–1% iodophor to disinfect the area around the Sifeng (EX–UE10) acupoints 3 times.

6.1.2.3 Practitioner

The practitioner's hands should be washed with soapy water, rinsed thoroughly with clean water, and then wiped with a 75% ethanol cotton ball.

6.1.3 Environment

The treatment room should be clean, quiet, brightly lit, and at an appropriate temperature, avoiding exposure to wind and catching cold.

6.1.4 Body position

Select a treatment position that is comfortable for the child and convenient for the operator. For children under 3 years of age, they are generally seated on a parent's lap, with the parent holding the child's body and arms. The operator stands opposite the child.

6.1.5 Acupoints

The Sifeng (EX–UE10) acupoints of the child are used. Select either unilateral or bilateral points based on the condition. Acupoint location shall comply with the regulations of GB/T 40997.

6.1.6 Pre-treatment care

- a) Bring all equipment and instruments to the child's bedside.
- b) Provide proper psychological care for children aged 3 years and above; explain the significance of the treatment and precautions, offer mental comfort and encouragement to eliminate the child's tension and fear, and enable both the child and parents to actively cooperate with the operation.
- c) For uncooperative children under 3 years of age, parents can assist by holding and securing the child in an appropriate position (generally the sitting position) before the procedure.

6.2 Manipulation methods

Instruct the child to extend the hand with the palm facing upward and the 2nd to 5th fingers held together. The practitioner's supporting hand thumb presses across the tips of the child's four fingers, while the remaining four fingers apply slight force to support the back of the child's fingers. The needling hand holds the three-edge needle, aims at the center of the transverse crease of the proximal interphalangeal joints on the palmar side of the 2nd to 5th fingers, avoids blood vessels, and pricks rapidly to a depth of 0.5 mm-3 mm before withdrawing the needle. Use hands to squeeze out yellowish fluid, transparent mucus, or a small amount of blood.

For the course of treatment, see Annex C.

6.3 Post-treatment handling

After the procedure, wipe the local area dry with a sterile swab and apply pressure with a sterile cotton ball for 2 min. If bleeding persists, appropriately extend the pressure time. Used swabs and cotton balls shall undergo harmless disposal.

7 Operating procedures and requirements for pediatric moxibustion therapy

7.1 Preparation before treatment

7.1.1 Moxibustion materials and devices

- a) For moxa stick moxibustion, select an appropriate pure moxa stick or medicinal moxa stick. The moxa stick shall be free from mold and dampness, and the package shall be intact.
- b) For moxa cone moxibustion, appropriate pure moxa floss should be selected. The moxa floss should be free from mold and moisture.

c) For medicinal materials used in indirect moxibustion, refer to Annex D; for the selection of moxibustion devices, refer to Annex E.

d) Other instruments include ignition tools such as matches, lighters, incense sticks, or paper spills, as well as auxiliary tools such as treatment trays, kidney basins, tweezers, and extinguishing tubes.

e) For common preparation methods of moxa sticks, see Annex F.

7.1.2 Disinfection

7.1.2.1 Instruments

Disposable needles shall be used for warm needling moxibustion. The parts of the moxibustion device in contact with the body should be clean.

7.1.2.2 Site

For warm needling moxibustion, the puncturing site may be wiped in a circular motion from the center outward with a cotton ball soaked in 75% ethanol or 0.5%~1% iodophor. For other moxibustion methods, the treatment site should be free from contamination.

7.1.2.3 Practitioner

The practitioner's hands should be washed with soapy water and then wiped with a 75% ethanol cotton ball.

7.1.3 Environment

The treatment room should be clean, quiet, brightly lit, and at an appropriate temperature, avoiding exposure to wind and catching cold.

7.1.4 Body position

Select a treatment position that is comfortable for the child and convenient for the operator. The child patient is generally placed in the prone position or supine position according to the treatment area; children under 3 years of age may also sit on a parent's lap. The operator stands on the child's right side.

7.1.5 Acupoints

Select appropriate acupoints or treatment sites according to the illness condition. Acupoint location shall comply with the regulations of the WHO Standard Acupuncture Point Locations in the Western Pacific Region, GB/T 12346, and GB/T 40997.

7.1.6 Pre-treatment care

a) Bring all moxa materials and instruments to the child's bedside.

b) Provide proper psychological care for children aged 3 years and above; explain the significance of the treatment and precautions, offer mental comfort and encouragement to eliminate the child's tension and fear, and enable both the child and parents to actively cooperate with the operation.

c) For uncooperative children under 3 years of age, parents can assist by holding and securing the child in an appropriate position before the procedure.

7.2 Manipulation methods

7.2.1 Moxa stick moxibustion

7.2.1.1 Suspended moxibustion

Mild moxibustion: The practitioner holds a moxa stick, lights the tip, and suspends the burning end 2 cm-3 cm above the treatment site so that the heat acts mildly on the area. The procedure is continued until the child feels warm and comfortable without burning pain, and the skin shows slight erythema. This method is gentle and suitable for pediatric use.

7.2.1.2 Pressing moxibustion

Select the treatment site and light one end of a special medicated moxa stick. Lay approximately 5~10 layers of cotton paper, cotton cloth, or sterile gauze over the acupoint to provide heat insulation and prevent burns. The practitioner holds the moxa stick like a pen, aims the burning end at the treatment site, and presses it firmly onto the acupoint through the covering materials. The stick is held for 1 s - 2 s to allow the medicinal vapor and heat to penetrate deeply. Once the child feels a distinct warm sensation, the stick is lifted and pressed again after a short pause. If the moxa fire goes out during the operation, it can be relit or replaced quickly with a pre-lit spare stick. This process is repeated 3-7 times for each acupoint until the skin at the site shows warmth and erythema. This is performed 1 time daily or every other day.

7.2.2 Moxa cone moxibustion

7.2.2.1 Direct moxibustion

First, apply liquid or grease that increases adhesion or stimulation, such as garlic juice, Vaseline, or glycerin, to the local skin of the acupoint. Then, paste the moxa cone onto it and light it from the tip. When the moxa cone is half-burned and the local skin shows erythema or the child feels a burning pain, the practitioner should remove the moxa cone with tweezers. This is called one unit (*zhuang*). Replace it with another moxa cone and continue the moxibustion until the required number of units (*zhuang*) is reached.

7.2.2.2 Indirect moxibustion

Place the selected and prepared medicinal materials (such as ginger slices, garlic slices, or table salt) on the treatment site. Then place the moxa cone on the medicinal material and light it from the tip. When the moxa cone burns until the local skin shows erythema, if an older child feels pain, the medicinal material may be lifted slightly to leave the skin for a moment and then put back down to continue the treatment. This process may be repeated.

The stimulation intensity for pediatric indirect moxibustion should be mild. The moxa cone should be removed when it is burned to 2/3, or replaced with another one, until the required number of units (*zhuang*) is reached. For common indirect moxibustion methods, see Annex D.

7.2.3 Warm needling moxibustion

First, insert a filiform needle into the selected acupoint. After the arrival of qi (*deqi*) and the application of appropriate reinforcing or reducing methods, place a moxa stick segment with a length of 1 cm-2 cm directly onto the needle handle while the needle is retained (the moxa segment should be 3 cm-4 cm away from the skin). Light the moxa for treatment. After the moxa is completely burned out and has no more heat, remove the ash and the needle. During the burning of the moxa segment, if the child finds the heat unbearable, a piece of hard paper of appropriate size may be placed in the acupoint area to reduce the heat intensity.

7.2.4 Moxibustion with a moxibustion device

7.2.4.1 Moxibustion with moxibustion stand

After the moxa stick is ignited, insert it into the top opening of the moxibustion stand and secure the rack over the acupoint. The operator may adjust the height of the inserted moxa stick up and down to regulate the moxibustion temperature. It is appropriate when the child feels warmth with slight heat that is tolerable, or when the skin becomes slightly flushed. After moxibustion, remove the moxibustion stand, take out the moxa stick, and extinguish it. See Annex E for the moxa rack.

7.2.4.2 Moxibustion with cylinder moxibustion

First remove the inner cylinder of the moxa cylinder, fill it with moxa floss, and then fit the outer cylinder in place. Ignite the moxa floss in the central part of the inner cylinder and place it outdoors. When the outside of the moxa cylinder becomes hot and the amount of smoke is reduced, cover it with the top lid and

bring it back. The operator places 8 to 10 layers of clean cotton cloth or gauze over the treatment area, then places the moxa cylinder on top of it. It is suitable when the child feels comfortable, the heat is sufficient, and the skin is not scalded. After treatment, remove the moxa cylinder, take out the moxa and extinguish the ashes. See Annex E for the moxa cylinder.

7.2.4.3 Moxibustion with moxibustion box

Place the moxibustion box over the treatment area. After igniting a segment of moxa stick or moxa floss, place it on the wire gauze in the middle-lower part of the moxibustion box, then cover the box. Apply moxibustion until the child feels warmth that is comfortable and without burning pain, and the skin becomes slightly flushed. If the child feels burning heat, the box lid may be slightly lifted or the moxibustion box may be raised to move it away from the skin for a moment, then placed back down and moxibustion continued repeatedly until the required moxibustion amount has been achieved. After treatment, remove the moxibustion box, take out the moxa and extinguish the ashes. See Annex E for the moxibustion box.

7.2.5 Moxibustion dosage, treatment duration, course of treatment, and management of fainting during moxibustion

Moxibustion dosage, treatment time and course, and management of fainting during moxibustion are given in Annex G.

7.3 Post-treatment care

After moxibustion, the skin often exhibits erythema and a burning sensation, which do not require treatment and will disappear spontaneously. Care should be taken to avoid skin damage. If local edema or blisters occur at the site: for blisters with a diameter less than 1 cm, avoid rupturing them and allow them to be absorbed naturally; for blisters with a diameter of 1 cm or above with a large amount of fluid, it is recommended to seek assistance from a surgeon for handling.

8 Precautions and contraindications

Precautions and contraindications for pediatric acupuncture and moxibustion therapy are given in Annex H and Annex I.

Annex A
(informative)

Commonly used filiform needles

Filiform needles are the most widely used needle instruments in clinical practice. At present, sterile single-use stainless-steel needles are commonly used. The specifications of filiform needles mainly refer to the thickness and length of the needle body. The commonly used length and diameter specifications of filiform needles are shown in Table A.1 and Table A.2.

Table A.1 Length specifications of filiform needles

寸 Cun	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4	4.5	5
长度 mm Length / mm	15	25	40	50	65	75	90	100	115	125

Table A.2 - Diameter specifications of filiform needles

号数 Size	26	27	28	29	30	31	32	33	34	36
直径 mm Diameter / mm	0.45	0.42	0.38	0.34	0.32	0.30	0.28	0.26	0.23	0.20

Annex B
(informative)
Acupuncture manipulations

B.1 Needle manipulation methods

B.1.1 Pressing-along method

Before or after needle insertion, the practitioner straightens the index, middle and ring fingers, with the first interphalangeal joints slightly flexed, and uses the finger pads to gently press along, or tap around, the pathway of the meridian to which the needled acupoint belongs, or around the acupoint.

Technical considerations: The force used in pressing-along shall be appropriate. Excessive force may obstruct the flow of meridian qi, increase muscular tension and cause pain; insufficient force may fail to achieve the intended effect. The pressing-along method is generally performed along the course of the meridian.

B.1.2 Flicking method (flicking and tapping the needle handle)

The practitioner alternately uses the thumb and index finger, or the thumb and middle finger, to gently flick the tail of the needle handle inserted into the acupoint with the fingernail, causing slight vibration of the needle body to regulate meridian qi.

Technical considerations: The movement shall not be too forceful or too frequent. In general, the needle handle may be flicked approximately 7 to 10 times during needle retention. The flicking method may be omitted in children under 10 years of age.

B.1.3 Scraping method

B.1.3.1 One-handed needle scraping method

The practitioner supports the needle tail with the thumb and lightly scrapes the needle handle downward with the fingernail of the index finger; or supports the needle tail with the index finger and lightly scrapes the needle handle upward with the thumbnail. The practitioner may also support the needle handle with the index and middle fingers and scrape the needle handle upward or downward with the thumb.

B.1.3.2 Two-handed needle scraping method

The practitioner presses the head of the needle handle with the tip of the left thumb, applying slight downward force. The index fingers of both hands are

flexed, with the backs of the fingers facing each other to hold the needle body, and the thumbnail of the right hand is used to lightly scrape the needle handle upward and downward.

Technical considerations: During needle scraping, the finger joints shall be flexible and the force shall be even. The fingernail used for scraping shall be flat and smooth, and shall not be too long or too short.

B.1.4 Shaking method

After inserting the needle to a certain depth, the practitioner holds the needle handle and gently shakes it to promote the movement of meridian qi. There are two specific methods: one is to keep the needle body upright and shake it; the other is to incline the needle body, direct the needle tip toward the affected site, and shake it from side to side. During needle withdrawal, the needle may be shaken upward and downward or from side to side to enlarge the needle hole, and then withdrawn rapidly.

B.1.5 Flying method

The practitioner uses the thumb and index finger of the right hand. The thumb and index finger are positioned alternately, with the thumb pointing forward and the index finger pointing backward, and both fingers are flexed. The pad of the thumb and the radial side of the first phalanx of the index finger lightly contact the needle handle from the needle root upward, rubbing and rolling it in a spiral manner. The two fingers alternately rub and release, resembling a bird spreading its wings. The force shall be even and consistent, producing a finger sensation similar to needle rotation, but the needle body shall not be lifted upward.

Technical considerations: Flying needling shall be slow and even, and shall not be too forceful. Excessive force may easily cause needle sticking and pain. The force is applied spirally, upward and outward. The finger technique is funnel-shaped, tight below and loose above. The spiral force contains an upward-lifting component, but the needle shall be lifted without being withdrawn; it also contains a rightward-rotating component, but the needle shall rotate without visible movement. The key to successful flying needling is to cause meridian qi to fill the acupoint, manifested by spontaneous shaking of the needle body.

B.1.6 Vibrating method

If deqi is not obtained after needle insertion, the practitioner holds the needle with the thumb and index finger and performs small-amplitude,

high-frequency lifting, thrusting, twirling and rotating movements, causing slight vibration of the needle body.

Technical considerations: The vibrating method should be gentle and delicate, with fine movements. Large-amplitude vibration or shaking is not appropriate, in order to avoid pain and needle sticking.

B.2 Reinforcing and reducing manipulations

B.2.1 Simple reinforcing and reducing manipulations

B.2.1.1 Slow-rapid reinforcing and reducing method

Reinforcing method: After inserting the needle into the skin, the practitioner first obtains deqi in the superficial layer, then slowly advances the needle inward to a certain depth, and rapidly withdraws it to the subcutaneous layer. During needle withdrawal, the needle is withdrawn rapidly and the acupoint is immediately pressed. The emphasis is on slow insertion.

Reducing method: After rapidly inserting the needle into the skin, the practitioner rapidly thrusts the needle into the deeper layer to obtain deqi, and then slowly withdraws it outward to the subcutaneous layer. During needle withdrawal, the needle is withdrawn slowly, and the acupoint is not pressed or is pressed only gently. The emphasis is on slow withdrawal.

Technical considerations: After arrival of qi (deqi), slow insertion and rapid withdrawal constitute the reinforcing method, while rapid insertion and slow withdrawal constitute the reducing method.

B.2.1.2 Lifting-thrusting reinforcing and reducing method

Reinforcing method: After arrival of qi (deqi), the practitioner manipulates from superficial to deep layers, performing small-amplitude lifting and thrusting at the site where arrival of qi (deqi), with heavy thrusting and light lifting, namely rapid thrusting and slow lifting, for a short duration. When the needle is lifted upward, the speed is slow and the force is light; when the needle is thrust downward, the speed is fast and the force is heavy.

Reducing method: After arrival of qi (deqi), the practitioner manipulates from deep to superficial layers, performing large-amplitude lifting and thrusting at the site where the arrival of qi (deqi) occurs, with light thrusting and heavy lifting, namely slow thrusting and rapid lifting, for a long duration. When the needle is lifted upward, the speed is fast and the force is heavy; when the needle is thrust downward, the speed is slow and the force is light.

Technical considerations: After arrival of qi (deqi), heavy thrusting and light

lifting constitute the reinforcing method, while heavy lifting and light thrusting constitute the reducing method.

B.2.1.3 Twirling-rotating reinforcing and reducing method

Reinforcing method: After arrival of qi (deqi), the practitioner performs small-amplitude twirling and rotating at the site where the arrival of qi (deqi) occurs. Greater force is applied when the thumb moves forward and rotates the needle to the left, with the finger force heavy and directed downward; lighter force is applied when the thumb moves backward and rotates the needle to the right to restore its position. The operation is repeated.

Reducing method: After arrival of qi (deqi), the practitioner performs small-amplitude twirling and rotating at the site where the arrival of qi (deqi) occurs. Greater force is applied when the thumb moves backward and rotates the needle to the right, with the finger force light and directed upward; lighter force is applied when the thumb moves forward and rotates the needle to the left to restore its position. The operation is repeated.

Technical considerations: After arrival of qi (deqi), forceful left rotation by the thumb constitutes the reinforcing method, while forceful right rotation by the thumb constitutes the reducing method.

B.2.1.4 Respiration reinforcing and reducing method

Reinforcing method: The child patient is instructed to inhale through the nose and exhale through the mouth. The practitioner inserts and manipulates the needle during exhalation, and withdraws the needle during inhalation.

Reducing method: The child patient is instructed to inhale through the mouth and exhale through the nose. The practitioner inserts and manipulates the needle during inhalation, and withdraws the needle during exhalation.

Technical considerations: This is a reinforcing and reducing method based on coordinating needle insertion, needle manipulation and needle withdrawal with the respiration of the child patient. It is applicable to children over 6 years of age.

B.2.1.5 Opening-closing reinforcing and reducing method

Reinforcing method: After needle withdrawal, the needle hole is rapidly rubbed and pressed.

Reducing method: During needle withdrawal, the needle hole is enlarged by shaking the needle, and the needle hole is not pressed after needle withdrawal.

Technical considerations: This is a reinforcing and reducing method based on whether the needle hole is pressed after needle withdrawal.

During needle insertion, insertion with the needle tip directed along the course of the meridian is called the reinforcing method; insertion with the needle tip directed against the course of the meridian is called the reducing method.

Technical considerations: This method is based on whether the direction of needle insertion follows or opposes the course of the meridian.

B.2.2 Compound reinforcing and reducing manipulations

B.2.2.1 Setting-the-mountain-on-fire method

According to the depth to which the acupoint can be needled, the depth is divided into three layers: superficial, middle and deep. After arrival of qi (deqi), the practitioner first performs heavy thrusting and slow lifting nine times in the superficial layer, also known as the heaven level, or twirls the needle nine times to the left. The needle is then advanced to the middle layer, also known as the human level, where reinforcing manipulation by lifting-thrusting and twirling-rotating is performed in the same manner. Finally, the needle is inserted into the deep layer, also known as the earth level, where reinforcing manipulation by lifting-thrusting and twirling-rotating is continued. The needle is then withdrawn to the superficial layer, which is counted as one cycle. This operation is repeated for several cycles until a warm sensation is produced beneath the needle. The needle is then thrust down to the earth level and retained to maintain qi.

Technical considerations: This method may be combined with respiration, slow-rapid, opening-closing and other reinforcing or reducing methods. It is performed from superficial to deep layers, with three advances and one withdrawal, heavy thrusting and light lifting, and nine yang counts. When needling children, verbal guidance should be provided.

B.2.2.2 Penetrating-heaven-coolness method

According to the depth to which the acupoint can be needled, the depth is divided into three layers: superficial, middle and deep. After arrival of qi (deqi), the practitioner first performs heavy lifting and slow thrusting six times in the deep layer, also known as the earth level, or twirls the needle six times to the right. The needle is then advanced to the middle layer, also known as the human level, where reducing manipulation by lifting-thrusting and twirling-rotating is performed in the same manner. Finally, the needle is inserted into the superficial layer, also known as the heaven level, where reducing manipulation by lifting-thrusting and twirling-rotating is continued. This is counted as one cycle. The operation is repeated for several cycles until a cool sensation is produced

beneath the needle. The needle is then lifted to the heaven level and retained to maintain qi.

Technical considerations: This method may be combined with respiration, slow-rapid, opening-closing and other reducing methods. It is performed from deep to superficial layers, with one advance and three withdrawals, light thrusting and heavy lifting, and six yin counts. When needling children, verbal guidance should be provided.

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Annex C
(informative)

Treatment course for *Si Feng* (EX-UE 10) pricking therapy

Si Feng (EX-UE 10) pricking therapy may be performed once to twice weekly. In severe cases, it may be performed once every other day. After the condition improves, the frequency may be reduced to once weekly, once every 10 days, or once every 15 days. The total number of treatments shall not exceed 10.

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Annex D
(informative)
Commonly used indirect moxibustion

D.1 Ginger-partitioned moxibustion

Fresh ginger is cut into slices approximately 0.3 cm thick and 2 cm to 3 cm in diameter, of appropriate size. Several holes are made in the center with a needle, and the ginger slice is placed on the acupoint to be treated. Large, medium or small moxa cones are selected according to the condition, ignited, and placed at the center of the ginger slice for moxibustion. If the child patient feels a burning sensation, the ginger slice may be lifted slightly. When the moxa cone burns out, it is replaced with another cone and moxibustion is continued until the required number of zhuang has been completed. In general, 2 to 5 zhuang may be applied each time, with local redness and moistening of the skin as the appropriate endpoint. This method is commonly used for vomiting, abdominal pain, diarrhea and other cold patterns, and is applicable to children aged 3 years and above.

D.2 Garlic-partitioned moxibustion

Fresh single-clove garlic is cut transversely into thin slices approximately 0.3 cm thick, of appropriate size. Several holes are made in the center with a needle, and the garlic slice is placed on the acupoint to be treated. Large, medium or small moxa cones are selected according to the condition, ignited, and placed at the center of the garlic slice for moxibustion. If the child patient feels a burning sensation, the garlic slice may be lifted slightly. When the moxa cone burns out, the garlic slice is replaced with a new one, another moxa cone is applied, and moxibustion is continued until the required number of zhuang has been completed. In general, 2 to 5 zhuang may be applied each time, with local redness of the skin as the appropriate endpoint. This method is commonly used for scrofula, pulmonary tuberculosis, early-stage swollen sores and abdominal pain. As garlic juice is irritating to the skin and may easily cause blistering after moxibustion, the moxibustion site shall be protected. This method shall be used with caution in children.

D.3 Salt-partitioned moxibustion

Clean, dry table salt is placed into the umbilicus to fill and level the umbilical depression, or a thin ginger slice approximately 0.1 cm thick may be placed on

top of the salt. Large, medium or small moxa cones are selected according to the condition, ignited, and used for moxibustion. When the moxa cone burns out, it is replaced with another cone and moxibustion is continued until the required number of zhuang has been completed. In general, 3 to 6 zhuang may be applied each time. The appropriate endpoint is reached when the child patient has a slight burning pain that can be tolerated. This method is commonly used for simultaneous vomiting and diarrhea due to cold patterns, collapse and other conditions.

D.4 Aconite-cake-partitioned moxibustion

Unprocessed aconite is finely cut and ground into powder, mixed with yellow rice wine, and made into aconite cakes approximately 1 cm to 2 cm in diameter and approximately 0.4 cm thick, of appropriate size. Several holes are made in the center with a needle, and the aconite cake is placed on the acupoint to be treated. Large, medium or small moxa cones are selected according to the condition, ignited, and placed at the center of the aconite cake for moxibustion. When the moxa cone burns out, it is replaced with another cone and moxibustion is continued until the required number of zhuang has been completed. When the aconite cake becomes dry and charred, it is replaced with a new one. In general, 3 zhuang are appropriate each time. The appropriate endpoint is reached when the skin at the moxibustion site becomes warm with a reddish flush. This method is commonly used for severe conditions of heart and kidney yang decline, or for chronic non-healing sores and ulcers.

Annex E
(informative)
Commonly used moxibustion devices

E.1 Moxibustion stand

A moxibustion stand is a specially made, barrel-shaped plastic moxibustion device. It is hollowed out on all four sides, and a round hole is located in the center of the top for placing and fixing a moxa stick. An iron mesh screen is installed in the middle-lower part of the stand, 3 cm to 4 cm from the bottom edge. A bottom loop is located on each side of the stand, and an elastic band and an extinguishing tube are provided. During moxibustion, an ignited moxa stick is inserted into the hole so that it can move freely up and down. The moxibustion stand is then fixed over a selected acupoint by placing the elastic band over the bottom loops on both sides of the stand, so that it remains fixed and does not fall off. The height of the moxa stick is adjusted to regulate the distance, with a slightly hot but non-painful sensation as appropriate. After treatment, the remaining moxa stick is inserted into the extinguishing tube.

E.2 Moxibustion cylinder

A moxibustion cylinder consists of an inner cylinder and an outer cylinder fitted together, both made of iron or copper sheets 2 cm to 5 cm thick. Holes are present in the bottom and walls of both the inner and outer cylinders. The outer cylinder is covered with a movable top cover, and the inner cylinder is positioned on a fixed support so that the distance between the inner and outer cylinders remains constant. A handle is attached to the outer cylinder for easy holding. Moxa floss placed in the inner cylinder is ignited, the inner cylinder is returned to the outer cylinder, and the top cover is closed for use.

E.3 Moxibustion box

A moxibustion box is a specially made box-shaped moxibustion device. A traditional moxibustion box is made of wood, with no bottom, and has a removable lid of the same size as the outer diameter of the box. An iron mesh screen is installed in the middle-lower part of the box, 4 cm to 6 cm from the bottom edge. New types of moxibustion boxes may be made of various materials, with the shape and size designed according to ergonomic principles for convenient wearing, and may be equipped with smoke-filtering and

burn-prevention devices. During moxibustion, the moxibustion box is placed on the treatment site, ignited moxa floss or moxa stick is placed on the iron mesh screen, and the lid is closed.

E.4 Automated moxibustion device

An automated moxibustion device generally consists of a main unit, a moxibustion material holder and an automatic control device. Through real-time temperature monitoring, temperature feedback is transmitted to the drive motor, which automatically adjusts the distance between the moxibustion material and the treatment site to control the moxibustion temperature. By burning moxibustion material to generate a warming effect on the human body, moxibustion is applied to human acupoints for the prevention and treatment of diseases.

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Annex F
(informative)
Commonly used moxa sticks

F.1 Pure moxa stick

Take 20 g to 30 g of pure moxa floss, wrap it with cotton-bark paper or similar material, and roll it into a long cylindrical stick.

F.2 Ordinary medicinal moxa stick

Take equal amounts of cinnamon bark, dried ginger, costus root, Angelica pubescens root, asarum, Angelica dahurica root, realgar, Atractylodes rhizome, myrrh, frankincense and Sichuan pepper, and grind them into fine powder. Add 6 g of the medicinal powder to each moxa stick, mix it with moxa floss, and prepare it into a moxa stick.

F.3 Lei Huo Shen Zhen (Thunder-Fire Miraculous Moxa Stick)

Lei Huo Shen Zhen is a type of medicinal moxa stick, commonly used for wind-cold-damp impediment, wilting conditions and deficiency-cold patterns. Prescription: moxa floss 94 g; agarwood, costus root, frankincense, Yincheng, Notopterygium root and dried ginger, 9 g each; and a small amount of musk. Grind the ingredients into powder and mix evenly. Spread the medicinal materials evenly on mulberry-bark paper, roll them tightly into a firecracker-like shape, then roll and tighten them further with a wooden board. Apply egg white externally, dry in the shade, and store for later use.

F.4 Tai Yi Shen Zhen (Taiyi Miraculous Moxa Stick)

Tai Yi Shen Zhen is a type of medicinal moxa stick, prepared by modifying the medicinal ingredients of Lei Huo Shen Zhen. It has a wider range of indications and is commonly used for wind-cold-damp impediment, wilting disease, pediatric wind stroke and other conditions. Prescription: moxa floss 90 g; sulfur 6 g; musk, frankincense, myrrh, rosin, cinnamon twig, Eucommia bark, bitter orange, Chinese honeylocust spine, asarum, Chuanxiong rhizome, Angelica pubescens root, realgar, Angelica dahurica root and scorpion, 3 g each. The preparation method of the moxa stick and the moxibustion procedure are the same as those for Lei Huo Shen Zhen.

Annex G (informative)

Moxibustion dose, treatment time, treatment course, and management of fainting during moxibustion

G.1 Moxibustion dose

The moxibustion dose refers to the amount of moxa used during moxibustion treatment and the degree of local warmth achieved. Different moxibustion doses produce different therapeutic effects. The dose of moxa cone moxibustion is generally calculated according to the size of the moxa cone and the number of zhuang. A smaller cone and fewer zhuang indicate a smaller dose, while a larger cone and more zhuang indicate a larger dose. Mild moxibustion with a moxa stick and moxibustion with a moxibustion device are calculated according to treatment time.

When the moxibustion site is on the head, face, chest, distal extremities, or areas with thin skin and many tendons, the moxibustion dose should be small. When the site is on the lumbar region, abdomen, shoulders, legs or other areas with thick skin and abundant flesh, the dose may be larger.

For deep-seated cold and chronic cold patterns, the moxibustion dose may be larger. For externally contracted diseases, the dose should be smaller.

The younger the child and the weaker the constitution, the smaller the moxibustion dose should be.

G.2 Moxibustion treatment time and treatment course

The duration of moxibustion should not be too long. In general, 3 min to 10 min per acupoint is appropriate. The duration should be shorter in summer and may be slightly longer in winter. The frequency and treatment course of moxibustion shall be determined according to the child's condition. Moxibustion may be performed once daily, once every other day, or once every 3 days.

G.3 Management of fainting during moxibustion

If fainting during moxibustion occurs, moxibustion shall be stopped immediately. The child patient shall lie flat with the head lowered, and warmth shall be maintained. In mild cases, the child patient generally recovers after resting for a short period or drinking warm boiled water. In severe cases, pinching Renzhong (GV 26), Neiguan (PC 6) and Zusanli (ST 36) may be added.

Very severe cases shall be managed as syncope.

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Annex H (informative)

Precautions for pediatric acupuncture and moxibustion therapy

H.1 Precautions for pediatric filiform needle acupuncture

H.1.1 Needling is not appropriate when the child patient is mentally tense, sweating profusely, or hungry.

H.1.2 Needling is not appropriate at sites with skin ulceration, infection or bleeding.

H.1.3 In children under 3 years of age, light and shallow needling methods should be used, and needles should not be retained. Acupoints on the head may only be needled by horizontal insertion, and needling on the chest and back shall not be deep.

H.1.4 Infection shall be prevented during operation. Major arteries shall not be injured.

H.1.5 During operation, attention shall be paid to changes in complexion, blood pressure and heart rate to prevent fainting during acupuncture.

H.1.6 If there is considerable local bleeding after needling, the child patient shall rest appropriately and may leave only after observation confirms that there is no abnormality. The practitioner shall avoid contact with the blood of the child patient.

H.2 Precautions for pediatric three-edge needle therapy

H.2.1 Needling is not appropriate when the child patient is mentally tense, sweating profusely, or hungry.

H.2.2 Arteries shall not be injured. Infection at the operation site shall be prevented.

H.2.3 Attention shall be paid to changes in complexion, blood pressure and heart rate to prevent fainting during acupuncture or blood-related syncope.

H.2.4 If there is considerable bleeding after needling, the child patient shall rest appropriately and may leave only after observation confirms that there is no abnormality.

H.2.5 The practitioner shall avoid contact with the blood discharged from the child patient.

H.3 Precautions for Si Feng (EX-UE 10) *pricking* therapy

- H.3.1 Strict disinfection shall be performed to prevent infection.
- H.3.2 Needling is not appropriate when the child patient is mentally tense, sweating profusely, or hungry.
- H.3.3 Needling is not appropriate if the Si Feng (EX-UE 10) acupoint site of the child patient has ulceration or infection.
- H.3.4 During pricking, the manipulation should be light, rapid and accurate. Excessive force shall not be used, in order to prevent excessively deep insertion. Blood vessels should be avoided as far as possible.
- H.3.5 The practitioner shall avoid contact with the blood discharged from the child patient.

H.4 Precautions for pediatric moxibustion therapy

- H.4.1 Compared with moxibustion in adults, moxa cones used in children should be smaller, the number of zhuang should be fewer, and the duration should be shorter.
- H.4.2 During direct moxibustion, the moxibustion dose shall be properly controlled, and attention shall be paid to preventing infection.
- H.4.3 Needle retention is not appropriate in children under 3 years of age; therefore, warm needling moxibustion is generally not used.
- H.4.4 Care shall be taken to prevent burning moxa from falling off during moxibustion, causing skin burns or burning clothing and bedding.
- H.4.5 After moxibustion, the burning moxa shall be completely extinguished to prevent re-ignition.
- H.4.6 During moxibustion, the skin and general condition of the child patient shall be closely observed, with attention paid to any adverse reactions. If fainting during moxibustion occurs, moxibustion shall be stopped promptly and appropriate management shall be provided.

Annex I (informative)

Contraindications for pediatric acupuncture and moxibustion therapy

I.1 Contraindications for pediatric filiform needle acupuncture

- I.1.1 This therapy is contraindicated in child patients with coagulation disorders.
- I.1.2 Needling is contraindicated at sites of hemangioma or masses of unknown cause.
- I.1.3 Acupuncture shall be used with caution in neonates. Acupuncture shall be used with caution when the child patient is asleep.
- I.1.4 When the fontanelle of the child patient has not yet closed, acupoints near the fontanelle are not appropriate for needling.

I.2 Contraindications for pediatric three-edge needle therapy

- I.2.1 This therapy is contraindicated in child patients with coagulation disorders.
- I.2.2 This therapy is contraindicated at sites of hemangioma or masses of unknown cause.
- I.2.3 This therapy is contraindicated in children under 1 year of age, and shall be used with caution in children aged 1 to 2 years.

I.3 Contraindications for *Si Feng* (EX-UE 10) pricking therapy

- I.3.1 This therapy is contraindicated in child patients with coagulation disorders.
- I.3.2 This therapy is contraindicated if there is a hemangioma or a mass of unknown cause at the *Si Feng* (EX-UE 10) acupoint site.
- I.3.3 This therapy shall be used with caution in children under 1 year of age.

I.4 Contraindications for pediatric moxibustion therapy

- I.4.1 Direct moxibustion shall not be used in children under 3 years of age. If moxibustion is used, mild moxibustion is appropriate. Suppurative moxibustion, also known as scarring moxibustion, is contraindicated in pediatrics, and sparrow-pecking moxibustion shall be used with caution.
- I.4.2 Moxibustion shall be used with caution in child patients who are overfatigued, excessively hungry, sweating profusely, or mentally tense.
- I.4.3 Warm needling moxibustion shall not be used in child patients who are unwilling to cooperate or who are crying severely.
- I.4.4 Moxibustion is contraindicated at sites with skin eruption, damage, or

yang-type sores and ulcers.

I.4.5 Moxibustion is contraindicated at the nine orifices, including the eyes, ears, mouth, nose, external genitalia and anus.

I.4.6 Moxibustion is contraindicated in children who are allergic to moxa, auxiliary media or medicinal substances.

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