世界中医药学会联合会国际组织标准

壮医药线点灸疗法技术规范

编制说明

Formulation Explanations

一、工作简况

主要起草单位：广西国际壮医医院

参与起草单位：粤港澳康养产业协会、香港以悦康健综合中心、广西中医药大学第二附属医院、越南顺化大学、泰国孔敬大学、泰国东方大学

主要起草人：

参与起草人：秦祖杰、黄国东、陈日兰、何贵新、张荣臻、李凤珍、潘明甫、李龙春、彭佩纯、肖敬、赵湘培、廖子龙、张文迪、白艺红、张林、范氏泰和（PHAM THI THAI HOA）、段文明（Doan Van Minh）、郭伟勝（Noraseth W）、廖芬芳

二、标准起草过程简介

（如：何时启动，如何开展调研，如何征求各利益相关方的意见，召开了哪些审稿会，标准审定委员会讨论或投票情况等）

本标准研制工作自 2025 年 9 月正式启动。项目启动后，起草组随即开展了相关调研工作，系统收集和梳理壮医药线点灸疗法的临床应用、技术操作及文献资料，为标准编制提供基础依据。

2025 年 10 月，项目组向世界中医药学会联合会（简称“世界中联”）正式提出立项申请。鉴于《壮医药线点灸疗法技术规范》已在中国民族医药学会发布为团体标准，具有良好的工作基础，为促进该标准从团体标准升级为国际组织标准，并形成中文版与英文版，便于国际推广与应用，项目组于 2025 年 11 月同步征求了中国民族医药学会的意见，并联合海内外相关单位共同参与起草。

2025 年 11 月 21 日，世界中联组织召开了立项专家审查会。经审查与论证，本标准于 2026 年 3 月 16 日正式获批立项。

2026 年 3 月 27 日，项目组组织召开了第一次起草组讨论会，就标准草案的框架、技术要点及核心内容进行了深入研讨，会议纪要见附件 1。

2026 年 4 月 23 日，组织召开了专家咨询会暨第二次起草组讨论会，会议邀请 3 名民族医专家参与研讨，并广泛征求专家意见，会议纪要见附件 2。

经起草组逐条梳理与讨论，收到专家意见 40 条，采纳 26 条，部分采纳 1 条，不采纳 3 条，形成意见汇总表，具体见附件 3。

后续，本标准将根据世界中医药学会联合会国际组织标准制修订程序，进一步组织专家审稿会及标准审定委员会审定工作，以确保标准的科学性、规范性和可操作性。

三、主要技术内容介绍

（如：技术指标、参数、公式、性能要求、实验方法、检验规则等）的论据（包括试验、统计数据），修订标准时，应增加新、旧标准的对比。

（一）编制依据与原则

本标准的编制遵循“源于临床，共识为本，安全有效”的原则，在壮医药理论指导下，通过文献研究、临床调查、专家咨询等方法，系统梳理壮医药线点灸疗法的相关研究成果，制定一套安全、有效、可重复的技术操作规范。编制过程中，参考《壮医药线点灸疗法》《壮医针灸学》等学术著作及教材的相关内容。

（二）与中国民族医药学会相关标准的比对与修改情况

《壮医药线点灸技术操作规范》（T/CMAM U1-2023）已于 2024 年由中国民族医药学会发布。本标准以该团体标准为基础，结合国际应用场景中操作者普遍缺乏壮医理论背景的实际情况，并依据两次起草组会议专家意见，从以下几个方面进行了调整。

1.结构与框架方面。T/CMAM U1-2023 将壮医药线点灸治疗技术编排于多病种操作规范之中，常见病操作技术占较大篇幅。本标准定位为通用基础性技术操作规范，不再纳入各病种的具体操作内容，重点聚焦于共性技术要求，以适应多种临床应用场景。

2.术语和定义方面。T/CMAM U1-2023 对壮医药线点灸治疗技术的定义较为详尽，包含功效描述。本标准采用更为精简的表述，重点突出操作方式和目的。此外，T/CMAM U1-2023 未对“珠火”和“一壮”作出定义，本标准新增上述两个术语并配图说明，便于操作者准确理解。

3.适应证方面。T/CMAM U1-2023 按科别分类列出各科适用病种，未对优势病种进行区分。本标准将适应证重新划分为皮肤病、内科、骨关节、妇科、儿科、五官科、外科七大类别，并优先列出带状疱疹、湿疹、荨麻疹等优势病种，使层次更加清晰。

4.禁忌证方面。T/CMAM U1-2023 将孕妇、精神病患者列为禁用，眼球及部分生殖器部位列为禁灸。本标准将“妊娠”由禁用调整为慎用，删除“精神病患者禁用”，新增“情绪紧张或过度饥饿时”和“严重疤痕体质者”为慎用，禁用部位精简为“眼球部位禁用”，使禁忌范围更贴近临床实际。

5.操作流程方面。与 T/CMAM U1-2023 相比，本标准在操作细节上不再限定持线左右手，删除了施灸角度要求，使操作规范更具普适性。

6.治疗时间及疗程方面。T/CMAM U1-2023 在各病种中分别规定了疗程，但本标准作为通用技术规范，不涉及具体病种，故将治疗时间和疗程统一表述为“每穴 1 至 3 壮，每天 1 至 3 次，疗程视病情而定”。

7.注意事项方面。本标准主要聚焦于操作过程中的安全问题，并增加了“避开供氧环境及易燃易爆环境”的安全要求。

（三）关键技术内容的论据说明

本标准各项关键技术内容，以《壮医药线点灸疗法》《壮医针灸学》等权威学术著作、专业教材的传统理论体系为核心依据，相关技术理论历经数十年临床广泛实践应用，科学性与实操性已得到充分验证。同时，结合境外操作人员普遍缺乏壮医理论及民族医学专业背景的国际化推广特点，依托标准两次起草组会议、专家咨询会的统一议定结论修订完善。本标准在完整保留壮医药线点灸疗法非遗核心技术精髓的基础上，简化专业晦涩表述、消除地域文化与专业认知壁垒，构建标准化、通俗化、可复刻的技术体系，保障该疗法在全球范围内规范、统一、安全落地推广，使标准兼具传统传承性、临床科学性与国际通用性。具体关键技术论据说明如下：

1.术语与定义：本标准核心术语均在权威专著原有表述基础上凝练优化，适配国际普及应用需求。其中，“壮医药线点灸疗法”定义精简提炼核心技术要点，剔除壮医专属理论术语，表述直白易懂；“珠火”采用标准化文字定义搭配实操附图的形式，直观呈现

核心形态特征，适配境外人员临床实操辨识需求。同时，新增“一壮”标准化术语定义，针对传统壮医施灸计量依赖个人临床经验、无统一判定标准、难以适配国际化标准化应用的不足，摒弃主观经验化判定方式，以可观测、可复刻的完整施灸过程作为唯一判定依据，统一计量，有效解决国际应用中计量标准模糊、操作不统一的问题，大幅降低外籍操作人员的实操学习门槛。

2.适应证与禁忌证：本章节内容结合古今文献研究成果与长期临床应用实践编制而成。标准采用国际医学规范病名，规避壮医专属证候分型、本土化病症表述，脱离传统民族医学理论依赖，零基础外籍医护人员可快速理解、精准对照应用，助力技术全球化规范化推广。

3.核心操作手法：立足全球临床实操场景与基层应用实际，本标准对持线、燃线、施灸等全流程核心操作环节进行统一、细化、规范化界定。同时配套标准化实操示意图，以图文结合的直观形式替代复杂理论讲解，简化操作学习难度，彻底规避传统技法经验化、个体化操作差异，保障不同国家和地区、不同基础的操作人员均可实现同质化、可重复的标准化施灸操作。

4.治疗时间及疗程：本标准明确“每穴 1 至 3 壮，每天 1 至 3 次，疗程视病情而定”的技术参数，该内容基于大量临床观察与循证实践总结确定。鉴于壮医药线点灸疗法适配病种覆盖多系统、不同病症的治疗频次与周期差异显著，固定疗程无法适配复杂临床场景。因此本标准在明确基础量化操作标准的前提下，保留个体化辨证施治的灵活调整空间，既满足国际标准化统一管控要求，又贴合真实临床诊疗需求，兼顾规范性与实用性。

（四）技术内容确定的总体依据

本标准各技术内容的确定，主要基于以下四方面依据。

1.文献依据方面，系统查阅了壮医药线点灸疗法相关文献、古籍及学术著作，重点参考了《壮医药线点灸疗法》《壮医针灸学》等著作和教材的学术体系，梳理了各项技术要素的理论源流。

2.临床依据方面，壮医药线点灸疗法自被系统挖掘整理后，已在全国三百多家医疗单位推广应用，有多个临床观察研究结果，丰富的临床数据为本标准各项技术参数的确定提供了有力支撑。

3.标准依据方面，以中国民族医药学会《第二批少数民族医医疗技术操作规范》为主要比对对象，同时参考了《壮医常用诊疗技术操作规范》《壮医特色技法操作规范》等相关标准，保持了技术要求的延续性和协调性。

4.专家共识方面，通过两次起草组会议及专家咨询，对术语定义、适应证、禁忌证、操作流程优化、治疗量参数等关键技术内容进行了逐项研讨，对争议问题充分交换意见后形成了一致共识，确保标准的科学性、规范性和可操作性。

四、重大分歧意见的处理经过和依据

在本标准起草过程中，起草组对专家咨询会及起草组讨论会中提出的意见进行了系统梳理与逐条讨论，其中存在两项重大分歧意见，经多次研讨后形成共识，具体处理经过和依据如下：

一是关于“药线点灸疗法”术语和定义的表述分歧，部分专家建议在“药线点灸疗法”的术语和定义中，应明确列出药线浸泡过程中所涉及的具体药物；另有专家认为应写入壮医相关功效主治，以体现壮医理论特色。

在草案起草过程中，项目组针对上述意见组织了多次专题讨论，并充分征求项目组

及临床专家意见。考虑到本标准为临床技术操作规范，且将作为国际组织标准向海外推广，实际操作人员可能不具备壮医理论知识背景。若在定义中列入具体药物或壮医功效，一方面可能因药物来源、配伍差异导致标准适用性受限，另一方面可能增加非壮医背景人员的理解和操作难度。

经综合权衡，项目组决定参考黄瑾明教授等权威著作中关于“药线点灸疗法”的现有定义，不作扩展。最终定义中不列药线浸泡过程中涉及的具体药物，亦不写入壮医功效主治，以保持定义的简洁性、通用性和国际适用性。

二是关于主要适应症的排序及范围分歧：专家们对标准中“主要适应症”的排列顺序存在争议，认为应优先列出临床使用最多的病种，并尽可能列全适应症范围。

项目组对专家意见进行了分类汇总，并进一步征求多位临床一线专家的意见。结合壮医药线点灸疗法在临床实践中的实际应用频次和相关文献报道，进行了适应症使用频率的初步排序分析。

经讨论，项目组决定将临床发病率高、应用药线点灸疗法频率最高的“皮肤病”列于适应症的首位，其余适应症按临床常见程度依次排列。同时，在充分征求临床专家意见的基础上，适当补充完善适应症范围，以增强标准的临床指导性和实用性。

五、其他应说明的事项

无。

附件 1

《壮医药线点灸技术操作规范》国际组织标准第一次起草组会议会议纪要

一、会议基本信息

（一）会议时间

2026 年 3 月 27 日上午 11:00-12:00

（二）会议地点

线下：广西国际壮医医院行政楼 6 楼第一会议室

线上：腾讯会议 244-340-496

（三）主持人：李龙春

（四）记录人：彭佩纯

（五）出席人员

秦祖杰、黄国东、张荣臻、李龙春、彭佩纯、赵湘培、肖敬、罗远带、廖子龙、范氏泰和（越南）、白艺红（中国香港）、张林（澳大利亚）

二、会议议程及主要内容

会议围绕《壮医药线点灸技术操作规范》国际组织标准草案，依次开展以下两项议程：

（一）项目组联络员反馈专家意见

项目组联络员向起草组全体成员反馈了立项会专家评审意见，并就专家关注的焦点问题进行了说明。

（二）起草组讨论

参会人员围绕草案逐项讨论，重点针对引言、术语和定义、适应证和禁忌证、常用器具、操作流程、注意事项及不良反应与处理等章节内容进行研讨。与会专家就各项争议问题充分发表意见，经深入讨论后达成一致，形成以下议定事项。

三、会议议定事项

（一）引言

1.“广西医保局”建议使用全称表述。

2.文中提到“在英国等多个国家和地区得到认可和使用”等表述，建议删除。

（二）术语和定义

1.壮医药线点灸技术：建议明确药物组成及浸泡时间。

（三）适应证与禁忌证

1.适应证：补充外科病种，如落枕、脱肛、关节炎等；“皮肤瘙痒”属症状表述，需调整；整体表述需进一步修改完善。

2.禁忌证：将“妊娠”“药物过敏者”“黑痣”调整为慎用范畴；禁用部位中，删除“水肿部位”“皮肤破溃处”及“男性外生殖器龟头和女性小阴唇”。

（四）常用器具

1. 经讨论确定：保留剪刀，删除无菌纱布。

（五）基本要求

1.施灸部位皮肤处理修改为“清洁施灸处皮肤”。

2.操作流程建议附图片以增强直观性。

3.修改“6.3.6 施灸”表述，删除“火灭”“戴一次性手套”等内容。

4.修改“6.3.7.1”内容为“保留点灸后……，待其自然脱落”。

（六）注意事项

1.“7.2”内容应归入操作评价部分。

2.“7.6”中灸后不宜洗澡的时间，建议参照灸法国家标准执行。

3.药线点灸操作过程涉及点火，建议补充“避开易燃易爆环境”的要求。

（七）不良反应及处理

1.建议增加水疱、过敏等处理。

四、下一步工作安排

1.起草组根据本次会议议定事项，对标准草案进行逐条修改完善，形成征求意见稿。

2. 拟定于 2026 年 4 月下旬召开专家咨询会及第二次起草组会议，对修改稿进行讨论。

壮医药线点灸技术操作规范

起草组

2026 年 3 月 27 日

附件 2

《壮医药线点灸疗法技术操作规范》国际组织标准专家咨询会暨第二次起草组讨论会

会议纪要

一、会议基本信息

（一）会议时间

2026 年 4 月 23 日上午 11:00-12:00

（二）会议地点

线下：广西国际壮医医院行政楼 6 楼第一会议室

线上：腾讯会议 479496681

（三）主持人：张荣臻

（四）记录人：彭佩纯

（五）出席人员

钟　鸣　广西壮族自治区中医药研究院　研究员

林　辰　广西中医药大学　教授

韩海涛　广西中医药大学第一附属医院　副主任医师

起草组成员：秦祖杰、黄国东、张荣臻、李龙春、彭佩纯、赵湘培、肖敬、罗远带、刘慧梅、廖子龙、范氏泰和（越南）、白艺红（中国香港）、张林（澳大利亚）

二、会议议程及主要内容

（一）起草组汇报标准起草进展

项目起草组汇报了第一次起草组会议后草案的修改情况，包括对引言、禁忌证表述、常用器具、操作流程、注意事项及不良反应等章节的修订落实情况。

（二）专家及参会人员讨论

与会专家及参会人员围绕草案逐项讨论，重点对引言、范围、术语和定义、适应证和禁忌证、基本要求、注意事项、治疗时间及疗程、参考文献等内容进行审议，并就各项议题充分发表意见，经深入研讨后达成一致，形成以下议定事项。

三、会议议定事项

（一）引言

1.建议补充“壮医药线点灸疗法被列入国家级非物质文化遗产”的相关表述。

2.删除“被纳入广西医保支付范围”相关内容。

（二）范围

1.确定名称为“壮医药线点灸疗法”。

（三）术语和定义

1.壮医药线点灸疗法：建议进一步查阅文献和书籍，对定义进行重新梳理和完善。

2.珠火：建议将 4 种火型均进行定义，并配图加以说明。

3.建议增加“1 壮”中“壮”的术语定义。

（四）适应证

1.建议优先列出优势病种名称。

（五）基本要求

1.收线：该步骤内容应归纳至施灸步骤中，不再单独列项。

2.施灸：手法建议不分“常规手法”和“非常规手法”。

3.施灸后处理：6.3.7.1 内容应归属于点施灸部分，建议删除该条目，或归纳合并至 6.3.6 中。

（六）注意事项

1. “7.7 点灸后……”的内容建议调整至不良反应中的“烫伤”部分。

2.建议将“注意事项”内容调整至“治疗时间及疗程”之后，使逻辑层次更加合理。

（七）治疗时间及疗程

1. 修改为：每穴 1-3 壮，每天 1-3 次，疗程视病情而定。

（八）参考文献

1.建议补充参考文献，可参考“《壮医针灸学》（黄瑾明 中国中医药出版社）”等著作或教材的相关内容。

四、下一步工作安排

1. 起草组根据本次会议议定事项，对标准草案进行修改完善，形成送审稿，报送世界中医药学会联合会。

壮医药线点灸技术操作规范

起草组

2026 年 4 月 23 日

附件 3

意 见 汇 总 处 理 表 Comment Summary Form

（ 新提案立项审查 稿）

编 写 单 位 Compile Unit: 广 西 国 际 壮 医 医 院

2026 年 4 月 25 日 填写 Date

标准名称 Standard Name: 壮医药线点灸疗法技术操作规范

序号 No.	标准条文号 Standard Clause	意 见 内 容 Comments	提出单位/个人 Proposed Unit/ Individuals	处理意见（由起草单位填写）Proposed Comments (Filled by Draft Unit)	备注 Notes
1	9.1 烫伤	建议删除	广西壮族自治区中医药研究院钟鸣	采纳	
2	Ge	完善相关国际化的内容	广西壮族自治区中医药研究院陈红	采纳	
3	7.1 环境	建议把 24℃-28℃删掉	广西壮族自治区中医药研究院陈红	采纳	
4	5.2 禁忌证	禁忌证范围不全面	广西中医药大学方刚	采纳	
5	附录	建议增加壮医药线制作标准	中东欧中医药学会联合会 于福年	采纳	
6	Ge	完善草案，对一些内容细化，加强推广的实用性。	中国民族医药学会刘颂阳	采纳	
7	Ge	标准草案要根据国际标准的市场需求和实际情况进行完善；	上海中医药大学临床标准应用与评价研究所徐晓婷	采纳	
8	Ge	操作人员要考虑海外实际情况。	上海中医药大学临床标准应用与评价研究所徐晓	采纳	

			婷		
9	Ge	壮医辨证施灸要考虑海外人员对壮医理论的掌握程度及可行性。	上海中医药大学临床标准应用与评价研究所徐晓婷	采纳	
10	Ge	标准要考虑安全性和操作流程的规范性。	上海中医药大学临床标准应用与评价研究所徐晓婷	采纳	
11	引言	广西医保局建议写全称	广西中医药大学第二附属医院廖子龙	采纳	
12	引言	“同时，经过培训和推广，在……多个国家和地区最终得到认可和使用”，建议删除“使用”。	澳大利亚皇家墨尔本理工大学张林	采纳	
13	3.术语和定义	壮医药线点灸技术的定义，“将特制的苎麻线浸泡于多种壮药制成的药液后点燃”修改为“将壮医药线点燃后……”，同时删除具体药物名称。	广西国际壮医医院肖敬	采纳	
14	4.1 适应证	建议增加外科疾病，如落枕、脱肛；“皮肤瘙痒”是症状，不是疾病。	广西国际壮医医院罗远带	采纳	
15	4.2 禁忌证	1.妊娠、对药物过敏者、黑痣修改为慎用； 2.删除“水肿部位、男性外生殖器龟头部位和女性小阴唇部禁用”“皮肤破溃处禁用”； 3.保留“眼球部位禁用”。	广西国际壮医医院罗远带、肖敬 广西中医药大学第二附属医院廖子龙	采纳	
16	5 常用器具	删除无菌纱布。	广西国际壮医医院罗远带	采纳	
17	6.3.1 施灸部位皮肤处理	修改为“清洁施灸处皮肤”。	广西国际壮医医院罗远带、肖敬	采纳	
18	6.3.6 施灸	“常规手法为将珠火对准穴位或治疗部位……火灭即为 1 壮”，删除“火灭”	广西国际壮医医院罗远带、肖敬	采纳	

19	6.3.6 施灸	“非常规手法用于点灸口腔…⋯，操作者将珠火直接点灸在穴位或治疗部位上，无需拇指点按动作，点灸一次，火灭即为 1 壮”，删除“戴一次性手套”“火灭”。	广西国际壮医医院罗远带、肖敬	采纳	
20	6.3.7.1	补充“待其自然脱落”	广西国际壮医医院罗远带、肖敬、王成龙	采纳	
21	7.注意事项	补充“避开易燃易爆环境和供氧环境”	澳大利亚皇家墨尔本理工大学张林	采纳	
22	7.注意事项	删除“7.2 点燃药线后，以线端圆珠状炭火最旺时为点灸良机，以在点灸部位留下白色炭灰效果最佳。”	广西国际壮医医院肖敬	采纳	
23	8.不良反应	补充水疱、过敏的处理方法	澳大利亚皇家墨尔本理工大学张林	采纳	
24	引言	建议加上壮医药线点灸疗法被列入国家非遗的内容，删除被纳入广西医保支付范围的相关内容。	广西中医药大学第一附属医院韩海涛	采纳	
25	1 范围	“壮医药线点灸技术”修改为“壮医药线点灸疗法”	广西中医药大学第一附属医院韩海涛	采纳	
26	3.1	参考黄瑾明著作《壮医药线点灸疗法》重新定义“壮医药线点灸疗法”	广西中医药大学林辰 广西壮族自治区中医药研究院钟鸣	采纳	
27	3.2	“珠火”定义过于简单，建议把 4 种火型都进行定义，后面规定使用“珠火”，并附上图片	广西中医药大学第一附属医院韩海涛	部分采纳，补充“珠火”图片；另外 3 种火型与本标准无关，且从定义上并不能完全区分“珠火”。	
28	3	术语和定义中，建议补充“1 壮”的定义，区别于“壮医”的“壮”	澳大利亚皇家墨尔本理工大学张林	采纳	
29	4.1	建议补充“带状疱疹后遗神经痛”	广西中医药大学林辰	采纳	

30	4.1	建议调整顺序，把常用的适应症调整到最前面，补充外科疾病如肩周炎等；删除“胆石症”	广西中医药大学第一附属医院韩海涛 广西壮族自治区中医药研究院钟鸣	采纳	
31	4.2	孕妇是否改为禁用	广西中医药大学第一附属医院韩海涛	不采纳，临床上孕妇如果有适应症也常用	
32	6.3.5	该部分内容属于施灸的内容，应调整整合到 6.3.6 中	广西壮族自治区中医药研究院钟鸣	采纳	
33	6.3.6	建议不分“常规手法”和“非常规手法”，非常规手法的使用一般是在具体的病种中体现	广西壮族自治区中医药研究院钟鸣	采纳	
34	6.3.7.1	该内容属于施灸过程的内容，建议删除或者整合到 6.3.6 中	广西壮族自治区中医药研究院钟鸣	采纳，删除该内容	
35	7	建议调整该部分内容，放到“治疗时间和疗程”后	广西壮族自治区中医药研究院钟鸣	采纳	
36	7.7	该内容建议整合到“不良反应及处理”中“烫伤”的部分	广西中医药大学第一附属医院韩海涛	采纳	
37	8.1	药线点灸几乎不会出现烫伤，建议删除该内容	广西壮族自治区中医药研究院钟鸣 广西中医药大学林辰	不采纳，虽然极少出现烫伤，但仍然有风险，继续保留	
38	9	建议修改为“每穴 1-3 壮，每天 1-3 次，疗程视病情而定”	广西中医药大学第一附属医院韩海涛 广西壮族自治区中医药研究院钟鸣	采纳	
39	9	建议不要提治疗时间和疗程	广西中医药大学林辰	不采纳，修改为“每穴 1-3 壮，每天 1-3 次，疗程视病情而定”	

40	**参考文献**	较少，建议增加权威的著作或文献，特别是对病症的引用	广西壮族自治区中医药研究院钟鸣 广西中医药大学林辰	采纳	

World Federation of Chinese Medicine Societies
Standardized manipulations of medicated thread moxibustion therapy in Zhuang medicine
Explanation of Formulation

I. Overview of the Work

Principal drafting organizations: Guangxi International Zhuang Medical Hospital

Participating drafting organizations: Guangdong–Hong Kong–Macao Health and Wellness Industry Association, Hong Kong Yiyue-Kangjian Center, The Second Affiliated Hospital of Guangxi University of Chinese Medicine, Hue University of Medicine and Pharmacy, Khon Kaen University (Thailand), Burapha University (Thailand)

Principal drafters: QIN Zujie, HUANG Guodong, CHEN Rilan, HE Guixin, ZHANG Rongzhen

Participating drafters: LI Fengzhen, PAN Mingfu, LI Longchun,PENG Peichun, XIAO Jing, ZHAO Xiangpei, LIAO Zilong, ZHANG Wendi, BAI Yihong, ZHANG Lin, PHAM THI THAI HOA, Doan Van Minh, Noraseth W, LIAO Fenfang

II.Brief Description of the Drafting Process

The development of this standard officially commenced in September 2025. Following the project launch, the drafting group carried out relevant research, systematically collecting and reviewing clinical application data, technical operations, and literature on medicated thread moxibustion therapy in Zhuang medicine to provide a foundation for standard preparation.

In October 2025, the project team formally submitted a project proposal to the World Federation of Chinese Medicine Societies (WFCMS). Given that the Standardized Manipulations of Medicated Thread Moxibustion Therapy in Zhuang Medicine had already been published as a group standard by the China Ethnic Medicine Association, with a good working foundation, and in order to upgrade this standard from a group standard to an international standard and to produce both Chinese and English versions for easier international promotion and application, the project team concurrently solicited opinions from the China Ethnic Medicine Association in November 2025 and jointly involved relevant domestic and overseas units in the drafting process.

On November 21, 2025, WFCMS organized an expert review meeting for project approval. After review and deliberation, the standard was officially approved on March 16, 2026.

On March 27, 2026, the project team convened the first drafting group discussion meeting, where in-depth discussions were held on the draft framework, key technical points, and core content. The meeting minutes are provided in Annex 1.

On April 23, 2026, the organization convened an Expert Consultation Meeting and the Second Drafting Group Discussion Meeting; three ethnic medicine specialists were invited to participate in the discussions, and extensive feedback from these experts was sought; the meeting minutes are provided in Appendix 2.

Following a thorough item-by-item review and discussion conducted by the drafting group, 40 expert comments were received; among these, 26 were adopted, one was partially adopted, three were not adopted, and a summary of these comments was compiled into an Opinion Summary Table (see Annex 3 for details).

Subsequently, in accordance with the WFCMS procedures for developing and revising international standards, further expert review meetings and final examination by the standard review committee will be organized to ensure the scientific validity, normative consistency, and operational feasibility of the standard.

III. Description of Main Technical Content

1 Basis and Principles for Compilation

The compilation of this standard follows the principle of "rooted in clinical practice, consensus-based, safe and effective." Under the guidance of Zhuang medicine theory, the drafting team adopted literature research, clinical investigation, expert consultation, and other approaches to systematically sort out relevant research outcomes of medicated thread moxibustion therapy, so as to formulate a safe, effective, and reproducible technical operation specification. During the compilation, relevant contents from academic works and textbooks such as Medicated *Thread Moxibustion Therapy of Zhuang Medicine* and *Zhuang Medical Acupuncture and Moxibustion* were consulted.

2. Comparison and Modifications with Respect to the Relevant Standard of the China Ethnic Medicine Association

The *Standardized Manipulations of Medicated Thread Moxibustion Therapy* (T/CMAM U1-2023) was published by the China Ethnic Medicine Association in 2024. This standard is based on that group standard, and takes into account the practical situation that operators in international settings generally lack a background in Zhuang medical theory. Based on expert opinions from the two drafting group meetings, adjustments have been made in the following aspects:

2.1 Structure and framework.
T/CMAM U1-2023 arranges the Zhuang medicated thread moxibustion technique within a multi-disease operational framework, with a significant portion devoted to operational techniques for common diseases. This standard is positioned as a general basic technical operation specification; it no longer includes specific operational content for each disease, but focuses on common technical requirements to suit various clinical application scenarios.

2.2 Terms and definitions. T/CMAM U1-2023 provides a relatively detailed definition of the Zhuang medicated thread moxibustion technique, including descriptions of its effects. This standard adopts a more concise expression, emphasizing the operational method and purpose. In addition, T/CMAM U1-2023 does not define "bead-like flame (Zhu Huo)" or "one Zhuang"; this standard adds these two terms with illustrative figures to facilitate accurate understanding by operators.

2.3 Indications. T/CMAM U1-2023 lists applicable diseases by department without distinguishing predominant diseases. This standard reclassifies indications into seven major categories: dermatological, internal medicine, bone and joint, gynecological, pediatric, ENT

and ophthalmic conditions, and surgical. Priority is given to listing predominant diseases such as herpes zoster, eczema, and urticaria, making the hierarchy clearer.

2.4 Contraindications. T/CMAM U1-2023 lists pregnant women and psychiatric patients as contraindicated, and prohibits moxibustion on the eyeball and certain genital areas. This standard changes "pregnancy" from contraindicated to "use with caution," deletes "psychiatric patients contraindicated," adds "when emotionally tense or excessively hungry" and "severe scar diathesis" as cautionary items, and simplifies the prohibited sites to "eyeball area prohibited," bringing the scope closer to clinical reality.

2.5 Operational procedures. Compared with T/CMAM U1-2023, this standard no longer specifies the left or right hand for holding the thread and removes the requirement for the moxibustion angle, making the operation more universally applicable.

2.6 Treatment time and course. T/CMAM U1-2023 specifies treatment courses for each disease separately. However, as a general technical specification, this standard does not address specific diseases; therefore, the treatment time and course are uniformly stated as "1-3 Zhuang per acupoint, 1-3 times per day, and the course depends on the condition."

2.7 Precautions. This standard focuses mainly on safety issues during operation and adds the safety requirement "avoid oxygen-rich and flammable/explosive environments."

3. Justification for Key Technical Content

The key technical contents of this standard are based primarily on the traditional theoretical systems found in authoritative academic works and professional textbooks, such as Medicated Thread Moxibustion Therapy of Zhuang Medicine and Zhuang Medical Acupuncture and Moxibustion. These theories and techniques have been extensively applied in clinical practice for decades, and their scientific validity and practicality have been fully verified. At the same time, considering the international promotion characteristic that overseas operators generally lack professional backgrounds in Zhuang medical theory and ethnic medicine, the standard has been revised and improved based on the consensus conclusions reached during the two drafting group meetings and the expert consultation. While fully preserving the core essence of this intangible cultural heritage technique, the standard simplifies esoteric expressions, removes regional and professional knowledge barriers, and builds a standardized, accessible, and reproducible technical system. This ensures the standardised, uniform, and safe global promotion of the therapy, making the standard traditionally grounded, clinically scientific, and internationally applicable. Specific justifications for key technical content are as follows:

3.1 Terms and definitions

The core terms are refined and optimized from the original expressions in authoritative monographs to suit international application needs. The definition of "medicated thread moxibustion therapy in Zhuang medicine" condenses the core technical points, omits theory-specific terms, and uses plain and straightforward language. The "Bead-like flame (Zhu Huo)" is presented with a standardised textual definition accompanied by practical photographs, visually displaying its essential morphological characteristics to meet the needs of overseas clinical operators. In addition, a standardised definition for "one Zhuang" is newly added. To address the traditional reliance on personal clinical experience for measuring moxibustion dosage, which lacks a unified judgment standard and is difficult to adapt to international standardisation, this standard abandons subjective experience-based judgment and uses the entire observable and reproducible moxibustion process as the sole basis for

measurement. This unified metric effectively resolves the problem of ambiguous measurement standards and inconsistent operations in international applications, greatly lowering the learning threshold for foreign operators.

3.2 Indications and contraindications

This section is compiled based on ancient and modern literature research and long-term clinical practice. The standard adopts internationally standardised disease nomenclature, avoids Zhuang-specific syndrome patterns and locally-based disease descriptions, and moves away from dependence on traditional ethnic medical theory. Overseas medical staff with no prior background can quickly understand and accurately apply the content, facilitating global standardised promotion of the technique.

3.3 Core operational manipulations

Based on global clinical practice scenarios and grassroots application realities, this standard unifies, refines, and standardises the core operational steps, including thread holding, lighting, and moxibustion application. It also provides standardised operational diagrams. The combination of text and images replaces complex theoretical explanations, simplifies the learning curve, and completely avoids the traditional experience-based and operator-dependent variations, ensuring that operators with different backgrounds in different countries and regions can achieve consistent, reproducible, standardised moxibustion operations.

3.4 Treatment time and course

The standard specifies the technical parameter "1-3 Zhuang per acupoint, 1-3 times per day, and the course depends on the condition." This content is determined based on extensive clinical observations and evidence-based practice. Given that the therapy covers a wide range of diseases across multiple systems, with significant differences in treatment frequency and duration for different conditions, a fixed course cannot accommodate complex clinical scenarios. Therefore, while setting a basic quantitative operational standard, this standard retains flexibility for individualised syndrome-based treatment adjustments, meeting both the requirements of international standardisation and the practical needs of clinical care, balancing normative requirements and practical utility.

4. Overall Basis for Determining Technical Content

The technical contents of this standard are determined based on the following four main sources:

4.1 Literature basis

Systematic review of relevant literature, ancient texts, and academic works on medicated thread moxibustion therapy, with particular reference to the academic systems of Medicated Thread Moxibustion Therapy of Zhuang Medicine and Zhuang Medical Acupuncture and Moxibustion, and sorting out the theoretical origins of each technical element.

4.2 Clinical basis

Since the systematic excavation and compilation of the therapy, it has been promoted and applied in more than 300 medical institutions across China, with multiple clinical observational studies. The rich clinical data provide strong support for the determination of the technical parameters in this standard.

4.3 Standard basis

The primary reference for comparison is the S*econd Batch of Ethnic Minority Medical*

Technical Operation Standards of the China Ethnic Medicine Association, with additional reference to relevant standards such as *Standardized Manipulations of Common Zhuang Medicine Diagnostic and Therapeutic Techniques and Standardized Manipulations of Zhuang Medicine Characteristic Techniques*, ensuring continuity and coordination of technical requirements.

4.4 Expert consensus

Through the two drafting group meetings and expert consultations, each key technical content-including term definitions, indications, contraindications, operational procedure optimisation, and treatment dosage parameters-was discussed item by item. Disputed issues were fully exchanged and consensus was reached, ensuring the scientific validity, normative consistency, and operational feasibility of the standard.

IV. Handling Process and Basis for Major Divergent Opinions

During the drafting process, the drafting group systematically reviewed and discussed all comments raised at the expert consultation and drafting group meetings. Two major divergent opinions emerged, which were resolved after multiple rounds of discussion. The handling process and basis are as follows:

First, regarding the wording of the term and definition for "medicated thread moxibustion therapy": Some experts suggested that the term and definition should explicitly list the specific medicinal herbs used in soaking the thread. Others suggested including the relevant Zhuang medical effects and indications to reflect the characteristics of Zhuang medical theory.

During the drafting process, the project team organised several special discussions on these suggestions and fully consulted members of the project team and clinical experts. Considering that this is a clinical technical operation standard intended for international promotion, and that actual operators may not have a background in Zhuang medical theory, including specific herbs or Zhuang medical effects in the definition might, on the one hand, limit the applicability of the standard due to variations in herb sources and formulations, and on the other hand, increase the difficulty of understanding and operation for non-Zhuang-medicine personnel.

After comprehensive consideration, the project team decided to refer to the existing definition of "medicated thread moxibustion therapy" in authoritative works such as those by Professor HUANG Jinming, without extending it. The final definition does not list the specific herbs used in soaking the thread, nor does it include Zhuang medical effects and indications, in order to maintain conciseness. general applicability, and international usability.

Second, regarding the order and scope of main indications: Experts disagreed on the order of "main indications" in the standard, suggesting that the most frequently used diseases should be listed first and that the scope of indications should be as comprehensive as possible.

The project team categorised and summarised the expert opinions, and further solicited views from multiple frontline clinicians. Based on the actual frequency of use of the therapy in clinical practice and relevant literature reports, a preliminary ordering analysis of indications by usage frequency was conducted.

After discussion, the project team decided to place "dermatological diseases," which have high clinical incidence and are the most frequently treated with this therapy, first among the indications. The remaining indications are arranged in order of clinical prevalence. At the same time, based on full consultation with clinical experts, the scope of indications was appropriately supplemented and refined to enhance the clinical guidance and practical value of the standard.

Ⅴ. Other Matters to Be Explained

None.

VI. Annexes

Annex 1

Minutes of the First Drafting Group Meeting for the International Standard

Standardized Manipulations of Medicated Thread Moxibustion Therapy in Zhuang Medicine

I. Meeting Basic Information

(1) Meeting Time

11:00–12:00, March 27, 2026

(2) Meeting Venue

Offline: Meeting Room 1, 6th Floor, Administration Building, Guangxi International Zhuang Medical Hospital

Online: Tencent Meeting 244-340-496

(3) Chair: LI Longchun

(4) Recorder: PENG Peichun

(5) Present members

QIN Zujie, HUANG Guodong, ZHANG Rongzhen, LI Longchun, PENG Peichun, ZHAO Xiangpei, XIAO Jing, LUO Yuandai, LIAO Zilong, PHAM THI THAI HOA (Vietnam), BAI Yihong (Hong Kong, China), ZHANG Lin (Australia)

II. Meeting Agenda and Main Contents

The meeting focused on the draft of the international standard Standardized manipulations of medicated thread moxibustion therapy in Zhuang medicine, and proceeded with the following two agenda items:

1. Project team liaison feedback on expert comments

The project team liaison reported to all drafting group members the expert review comments from the project approval meeting and explained the key issues of concern to the experts.

2. Drafting group discussion

Participants discussed the draft section by section, focusing on the introduction, terms and definitions, indications and contraindications, commonly used instruments, operational procedures, precautions, adverse reactions and management, etc. Experts fully expressed their views on various disputed issues. After in-depth discussion, consensus was reached, and the following decisions were made.

Ⅲ. Decisions Made at the Meeting

1. Introduction

1.1 "Guangxi Medical Insurance Bureau" should be written in its full official name.

1.2 The statement mentioning "has been recognised and used in the UK and many other countries and regions" should be deleted.

2. Terms and Definitions

For "medicated thread moxibustion technique in Zhuang medicine": it is suggested to specify the herbal composition and soaking time.

3. Indications and Contraindications

3.1 Indications: Add surgical diseases such as stiff neck, rectal prolapse, arthritis, etc. "Pruritus" is a symptom description and needs adjustment. The overall wording needs further revision.
3.2 Contraindications: Change "pregnancy," "allergy to the medication," and "black nevi" to cautionary items. Among prohibited sites, delete "oedematous areas," "skin ulcers," and "glans penis in males and labia minora in females."

4. Commonly Used Instruments

After discussion, it was decided to retain scissors and delete sterile gauze.

5. Basic Requirements

5.1 Modify "skin preparation at the moxibustion site" to simply "clean the skin at the moxibustion site."
5.2 Add illustrations to the operational procedure to enhance visual clarity.
5.3 .Revise the wording of "6.3.6 Moxibustion application"; delete "flame extinguishes" and "wear disposable gloves," etc.
5.4 Revise "6.3.7.1" to: "Retain the carbon ash ... and allow it to fall off naturally."

6. Precautions

6.1 Content in "7.2" should be moved to the section on operation evaluation.
6.2 For "7.6" regarding the time after moxibustion when bathing is not advisable, it is recommended to follow the national standard for moxibustion.
6.3 Since the procedure involves igniting the thread, add the requirement to "avoid flammable and explosive environments."

7. Adverse Reactions and Management

It is suggested to add management measures for blisters, allergic reactions, etc.

IV. Next Steps

The drafting group will revise and improve the draft standard item by item based on the decisions made at this meeting, to form a draft for public consultation.
It is planned to hold an expert consultation meeting and the second drafting group meeting in late April 2026 to discuss the revised draft.

Annex 2

Meeting Minutes of the Expert Consultation Meeting and Second Drafting Group Discussion Meeting on the *International Standardized Manipulations of Medicated Thread Moxibustion Therapy in Zhuang Minority Medicine*

I. Basic Meeting Information

(1) Meeting Time
11:00–12:00 AM, April 23, 2026
(2) Meeting Venue
On-site: First Meeting Room, 6th Floor, Administrative Building, Guangxi International Zhuang Medicine Hospital
Online: Tencent Meeting 479496681
(3) Chair: Zhang Rongzhen
(4) Recorder: Peng Peichun
(5) Attendees
Zhong Ming — Researcher, Guangxi Zhuang Autonomous Region Institute of Traditional Chinese Medicine and Pharmaceutical Sciences
Lin Chen — Professor, Guangxi University of Chinese Medicine
Han Haitao — Associate Chief Physician, The First Affiliated Hospital of Guangxi University of Chinese Medicine
Drafting Group Members: Qin Zujie, Huang Guodong, Zhang Rongzhen, Li Longchun, Peng Peichun, Zhao Xiangpei, Xiao Jing, Luo Yuandai, Liu Huimei, Liao Zilong, Pham Thai Hoa (Vietnam), Bai Yihong (Hong Kong, China), Zhang Lin (Australia)

II. Meeting Agenda and Main Contents

(1) Report by the Drafting Group on Progress in Standard Development
The project drafting group reported on the revisions made to the draft following the first drafting group meeting, including revisions to the introduction, wording of contraindications, commonly used apparatus, operational procedures, precautions, and adverse reactions.
(2) Discussion by Experts and Participants
The attending experts and participants discussed the draft item by item, with a focus on the introduction, scope, terms and definitions, indications and contraindications, basic requirements, precautions, treatment duration and course of treatment, and references. After thorough deliberation, consensus was reached on all items, and the following decisions were made.

III. Decisions Made at the Meeting

(1) Introduction
It was recommended to add a statement that "Zhuang medicated thread moxibustion therapy

has been inscribed on the National Intangible Cultural Heritage List."
Delete the statement regarding "inclusion in the Guangxi medical insurance reimbursement scope."
Delete the statement regarding "inclusion in the Guangxi medical insurance reimbursement scope."

(2) Scope

The title was confirmed as "Zhuang Medicated Thread Moxibustion Therapy" (Standardized manipulations of medicated thread moxibustion therapy in Zhuang minority medicine).

(3)Terms and Definitions

Zhuang medicated thread moxibustion therapy: It was recommended to further consult the literature and relevant books to revise and refine the definition.
Pearl-flame: It was recommended to define all four types of fire patterns and include illustrative diagrams.
It was recommended to add a definition for the term "Zhuang" as used in "thread cone" (a unit of moxibustion).

(4) Indications

It was recommended to list the dominant disease indications first.

(5) Basic Requirements

Thread preparation: This step should be incorporated into the moxibustion procedure and no longer listed as a separate item.
Moxibustion manipulation: The techniques should not be divided into "routine manipulations" and "non-routine manipulations."
Post-moxibustion management: The content in Section 6.3.7.1 should be placed under the point moxibustion section. It was recommended to delete this entry or merge it into Section 6.3.6.

(6) Precautions

The content in "7.7 After moxibustion..." was recommended to be moved to the "Scalding" subsection under adverse reactions.
It was recommended to relocate the "Precautions" section to follow the "Treatment Duration and Course of Treatment" section for better logical flow.

(7) Treatment Duration and Course of Treatment

Revised as follows: 1–3 Zhuang per point, 1–3 times per day; the course of treatment depends on the condition.

(8) References

It was recommended to supplement the references, with suggested sources including relevant content from Zhuang Medicine Acupuncture and Moxibustion (Huang Jinming, China Press of Traditional Chinese Medicine) and other authoritative works or textbooks.

IV. Next Steps

The drafting group shall revise and finalize the standard draft in accordance with the decisions made at this meeting, and submit the final draft for review to the World Federation of Chinese Medicine Societies.

Drafting Group for *Standardized Manipulations of Medicated Thread Moxibustion Therapy in Zhuang Medicine*

April 23, 2026

Comment Summary Form

(New Project Proposal Review Draft)

Compile Unit: Guangxi International Zhuang Medical Hospital

Date: April 25, 2026

Standard Name: Standardized manipulations of medicated thread moxibustion therapy in Zhuang medicine

No.	Standard Clause	Comments	Proposed Unit/Individuals	Proposed Comments (Filled by Draft Unit)
1	9.1 Burns	Suggest deletion.	ZHONG Ming	Adopted
2	General	Improve the relevant internationalization content.	CHEN Hong	Adopted
3	7.1 Environment	Suggest deleting "24℃-28℃".	CHEN Hong	Adopted
4	5.2 Contraindications	The scope of contraindications is not comprehensive.	FANG Gang	Adopted
5	Appendix	Suggest adding standards for the production of Zhuang medicated thread.	YU Funian	Adopted
6	General	Improve the draft by refining certain contents and enhancing practicality for international promotion.	LIU Songyang	Adopted
7	General	The draft standard should be improved based on market demand and the actual conditions of international standards.	XU Xiaoting	Adopted
8	General	The overseas actual conditions should be considered for operators.	XU Xiaoting	Adopted
9	General	For Zhuang medical syndrome-based moxibustion application, the overseas practitioners' mastery of Zhuang medical theory and feasibility should	XU Xiaoting	General

		be considered.		
10	General	The standard should consider safety and standardization of operational procedures.	XU Xiaoting	General
11	Introduction	It is suggested to write the full name of "Guangxi Medical Insurance Bureau".	LIAO Zilong, The Second Affiliated Hospital of Guangxi University of Chinese Medicine	Adopted
12	Introduction	In the statement "... after training and promotion, it has been recognized and used in multiple countries and regions", it is suggested to delete "used".	ZHANG Lin, RMIT University, Australia	Adopted
13	3 Terms and definitions	For the definition of "Zhuang medicated thread moxibustion technique", revise "light the specially made ramie thread after soaking it in a medicinal liquid made from multiple Zhuang medicinal herbs" to "light the Zhuang medicated thread...", and delete the specific names of medicinal herbs.	XIAO Jing, Guangxi International Zhuang Medical Hospital	Adopted
14	4.1 Indications	Suggest adding surgical diseases such as stiff neck and rectal prolapse; "pruritus" is a symptom, not a disease.	LUO Yuandai, Guangxi International Zhuang Medical Hospital	Adopted
15	4.2 Contraindications	1. Change "pregnancy", "allergy to the medication", and "black nevi" to cautionary items. 2. Delete "prohibited on edematous areas, glans penis in males, and labia minora in females" and "prohibited on skin ulcers". 3. Retain "eyeball area prohibited".	LUO Yuandai & XIAO Jing, Guangxi International Zhuang Medical Hospital; LIAO Zilong, The Second Affiliated Hospital of Guangxi University of Chinese	Adopted

			Medicine	
16	5 Commonly used instruments	Delete sterile gauze.	LUO Yuandai, Guangxi International Zhuang Medical Hospital	Adopted
17	6.3.1 Skin preparation at the moxibustion site	Revise to "clean the skin at the moxibustion site".	LUO Yuandai & XIAO Jing, Guangxi International Zhuang Medical Hospital	Adopted
18	6.3.6 Moxibustion application	In "Routine manipulation: align the bead-like flame with the acupoint or treatment area... the extinguishing of the flame constitutes one Zhuang", delete "the extinguishing of the flame".	LUO Yuandai & XIAO Jing, Guangxi International Zhuang Medical Hospital	Adopted
19	6.3.6 Moxibustion application	In "Non-routine manipulation is used for moxibustion on the oral cavity... the operator wears disposable gloves... directly prick-moxibust the bead-like flame onto the acupoint or treatment area without thumb pressing; one prick-moxibustion, the extinguishing of the flame constitutes one Zhuang", delete "wears disposable gloves", "prick-moxibust", and "the extinguishing of the flame".	LUO Yuandai & XIAO Jing, Guangxi International Zhuang Medical Hospital	Adopted
20	6.3.7.1	Add "and allow it to fall off naturally".	LUO Yuandai, XIAO Jing & WANG Chenglong, Guangxi International Zhuang Medical Hospital	Adopted
21	7 Precautions	Add "avoid flammable and explosive environments and oxygen-rich environments".	ZHANG Lin, RMIT University, Australia	Adopted

22	7 Precautions	Delete "7.2 After lighting the thread, the optimal time for moxibustion is when the round charcoal fire at the thread end is at its strongest, and the best effect is achieved when white carbon ash is left at the moxibustion site."	XIAO Jing, Guangxi International Zhuang Medical Hospital	Adopted
23	8 Adverse reactions	Add management measures for blisters and allergic reactions.	ZHANG Lin, RMIT University, Australia	Adopted
24	Introduction	Suggest adding that the Zhuang medicated thread moxibustion therapy is listed as a national intangible cultural heritage, and deleting the statement about inclusion in Guangxi medical insurance reimbursement.	HAN Haitao, The First Affiliated Hospital of Guangxi University of Chinese Medicine	Adopted
25	1 Scope	Change "Zhuang medicated thread moxibustion technique" to "Zhuang medicated thread moxibustion therapy"	HAN Haitao, The First Affiliated Hospital of Guangxi University of Chinese Medicine	Adopted
26	3.1	Redefine "Zhuang medicated thread moxibustion therapy" by referring to the definition in HUANG Jinming's work, Medicated Thread Moxibustion Therapy of Zhuang Medicine.	LIN Chen, Guangxi University of Chinese Medicine; ZHONG Ming, Guangxi Institute of Chinese Medicine & Pharmaceutical Science	Adopted
27	3.2	The definition of "bead-like flame" is too simple. Suggest defining all four types of flames, and then specifying the use of "bead-like flame" with an illustration.	HAN Haitao, The First Affiliated Hospital of Guangxi University of	Partially adopted. Added illustration for "bead-like flame"; the other three flame types are not relevant to this standard, and

			Chinese Medicine	the definitions cannot fully distinguish "bead-like flame" from them.
28	3	Suggest adding a definition for "one Zhuang" in terms and definitions to distinguish it from the "Zhuang" in "Zhuang medicine."	ZHANG Lin, RMIT University, Australia	Adopted
29	4.1	Suggest adding "postherpetic neuralgia."	LIN Chen, Guangxi University of Chinese Medicine	Adopted
30	4.1	Suggest reordering the indications to put the most commonly used ones first; add surgical diseases such as scapulohumeral periarthritis; delete "cholelithiasis."	HAN Haitao, The First Affiliated Hospital of Guangxi University of Chinese Medicine; ZHONG Ming, Guangxi Institute of Chinese Medicine & Pharmaceutical Science	Adopted
31	4.2	Should pregnancy be changed to contraindicated?	HAN Haitao, The First Affiliated Hospital of Guangxi University of Chinese Medicine	Not adopted. In clinical practice, it is also commonly used in pregnant women if indicated.
32	6.3.5	This content belongs to the moxibustion application; it should be consolidated into 6.3.6.	ZHONG Ming, Guangxi Institute of Chinese Medicine & Pharmaceutical Science	Adopted

33	6.3.6	Suggest not dividing into "routine manipulations" and "non-routine manipulations"; non-routine manipulations are generally used for specific diseases.	ZHONG Ming, Guangxi Institute of Chinese Medicine & Pharmaceutical Science	Adopted
34	6.3.7.1	This content belongs to the process of moxibustion; suggest deleting or integrating into 6.3.6.	ZHONG Ming, Guangxi Institute of Chinese Medicine & Pharmaceutical Science	Deleted. Adopted.
35	7	Suggest moving this content to after "Treatment time and course."	ZHONG Ming, Guangxi Institute of Chinese Medicine & Pharmaceutical Science	Adopted
36	7.7	Suggest integrating this content into the "burns" part under "Adverse reactions and management."	HAN Haitao, The First Affiliated Hospital of Guangxi University of Chinese Medicine	Adopted
37	8.1	Burns almost never occur with medicated thread moxibustion; suggest deleting this content.	ZHONG Ming, Guangxi Institute of Chinese Medicine & Pharmaceutical Science; LIN Chen, Guangxi University of Chinese Medicine	Not adopted. Although burns are extremely rare, the risk remains; retained.
38	9	Suggest revising to "1-3 Zhuang per acupoint, 1-3 times per day, and the course depends on the condition."	HAN Haitao, The First Affiliated Hospital of Guangxi University of Chinese Medicine;	Adopted

			ZHONG Ming, Guangxi Institute of Chinese Medicine & Pharmaceutical Science	
39	9	Suggest not mentioning treatment time and course.	LIN Chen, Guangxi University of Chinese Medicine	Not adopted. Revised to "1-3 Zhuang per acupoint, 1-3 times per day, and the course depends on the condition."
40	References	Too few; suggest adding authoritative works or literature, especially references for diseases.	ZHONG Ming, Guangxi Institute of Chinese Medicine & Pharmaceutical Science; LIN Chen, Guangxi University of Chinese Medicine	Adopted