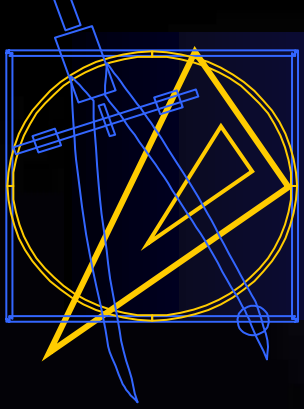


Acupuncture Standards in China

Liu Baoyan

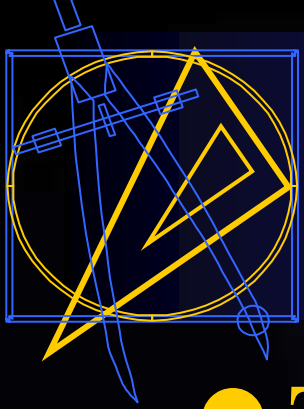
China Academy of Chinese Medical Sciences

liuby@mail.cintcm.ac.cn



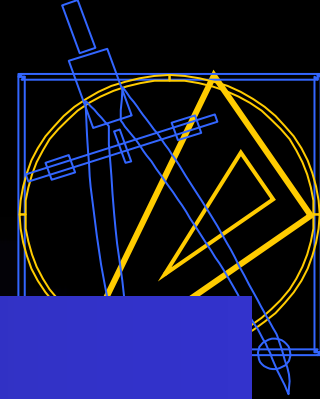
Content

- 1. To review international acupuncture standards**
- 2. Acupuncture standardization in China**
- 3. Discussion**
- 4. Suggestion**



Acupuncture standardization

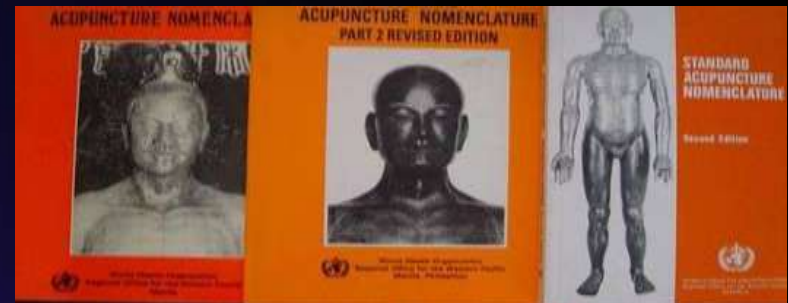
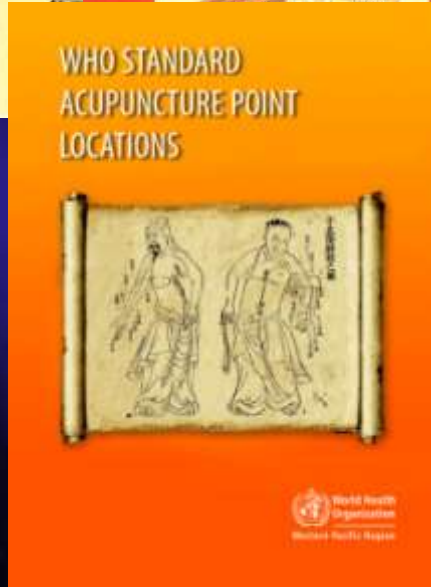
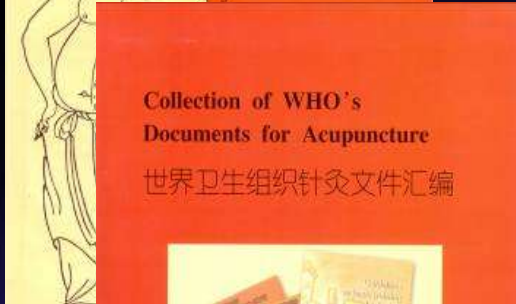
- To promote application
- To promote legislation
- To promote academic excellence
- To promote information exchanges
- To ensure the safety and effectiveness of clinical practice

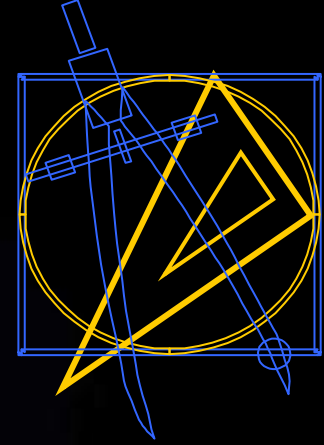


I. The international acupuncture standards

International acupuncture standards

- 1989 Standard Acupuncture Nomenclature
- 1995 Guidelines for Clinical Research in Acupuncture
- 1998 Guidelines on Basic Training and Safety in Acupuncture
- 2008 WHO standard Acupuncture Points Locations in the Western Pacific Region

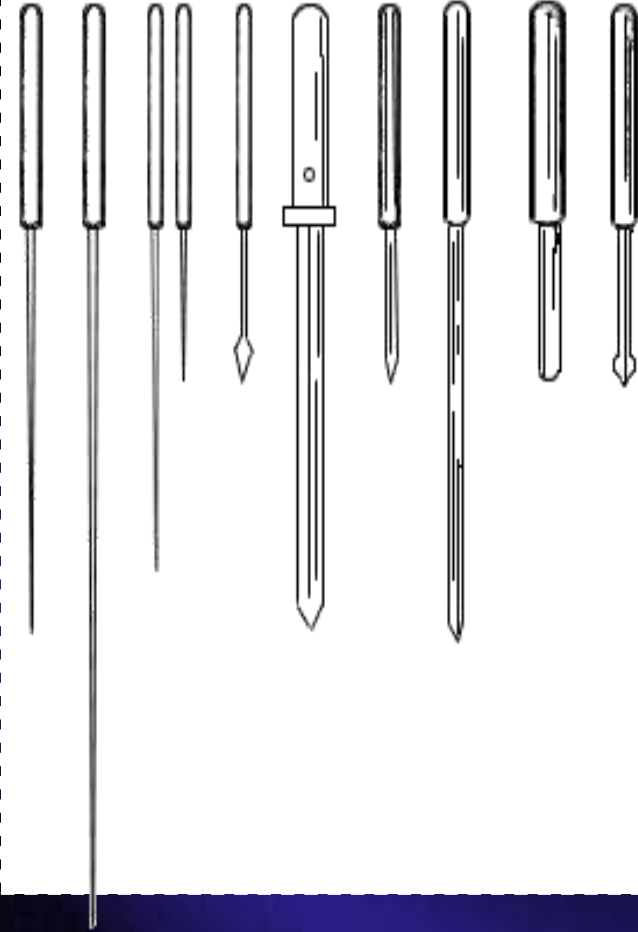




II The acupuncture standardization in China

Review ancient acupuncture standards

大针 长针 毫针 员利针 铍针 锋针 鍉针 员针 鑱针




- ◆ *Miraculous Pivot*
(BC 430~)
- ◆ there is description of nine needles.
- ◆ Actually it can be called standardization of needles.



- ◆ *Yellow Emperor Mingtang Classic*, (BC138年～AC106年)
- ◆ acupuncture points were compiled as a system, the location and indications of acupuncture points were identified. This is the first standardization of acupuncture points.

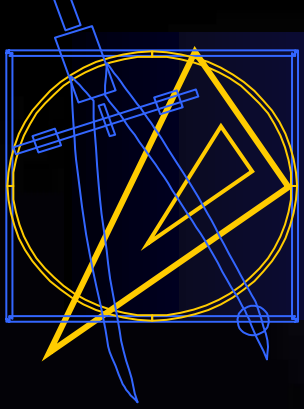




*“Illustration of
acupuncture points of
bronze model”* in Song
Dynasty.

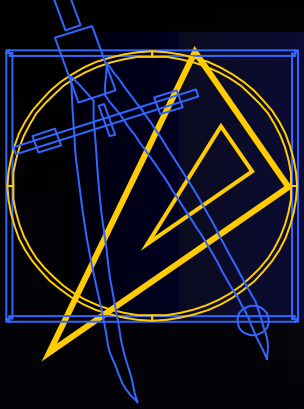
- ◆ A more typical example is the government-sponsored project of acupuncture point standard.





The national standards of *Acupuncture* in China on 1970s

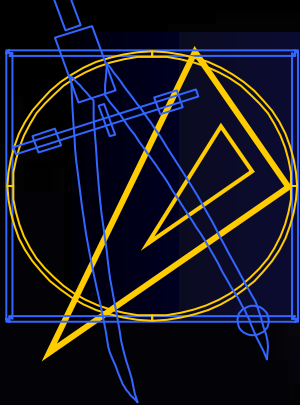
- Acupuncture needles
- Nomenclature and location of acupuncture points
- Nomenclature and location of auricular points



Acupuncture Needles of standardization in China

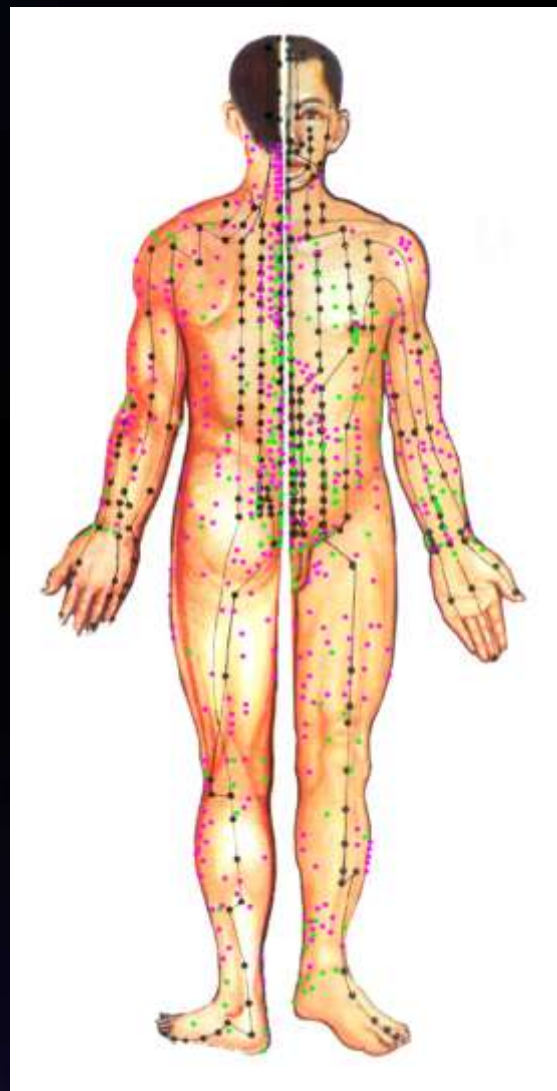
- The location standard in 1974.
- First version of the national standard in 1980.
- It has been revised in 1983, 1987, and 1994.

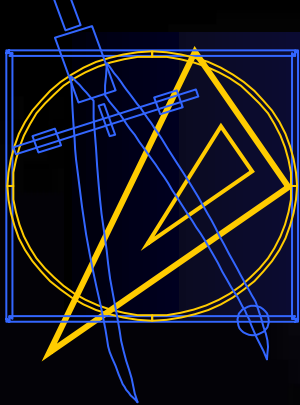




The national standard of *Nomenclature and Location of Acupuncture Points*

- First version in 1990.
- It has been revised in 2002 and in 2006 two times.
- It laid a foundation of international standard of Acupuncture Points Locations (China drafted).

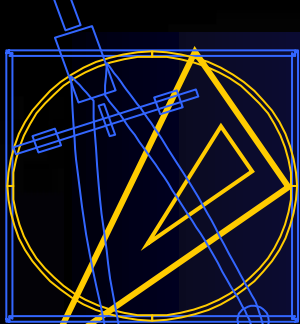




The national standard of Nomenclature and Location of Auricular Points

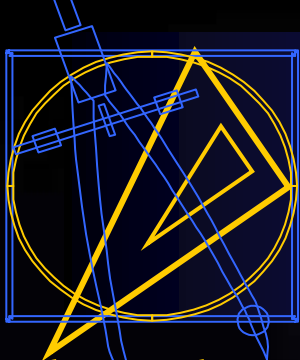
- The first version in 1992.
- It has been revised in 2006 and in 2008.





The manipulation standards of acupuncture



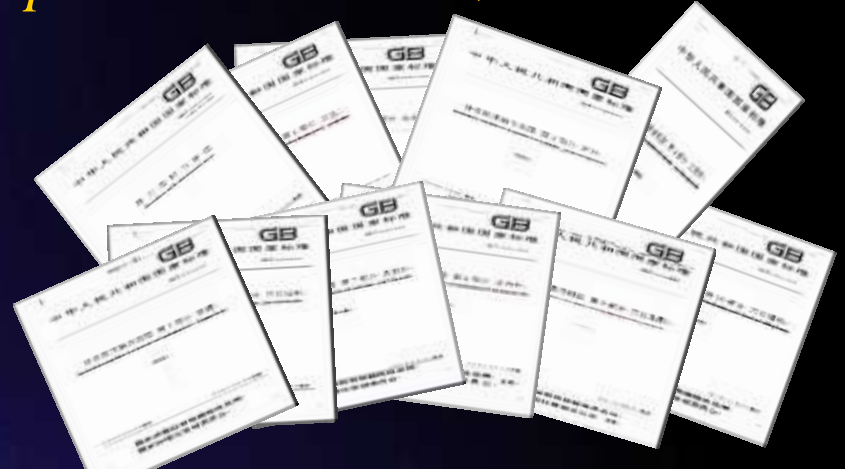


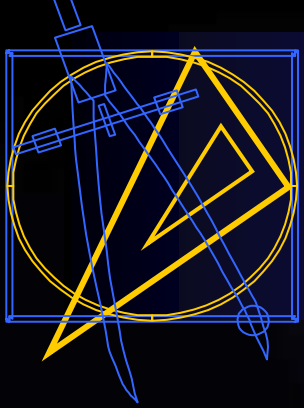
The Standardized manipulations of acupuncture and moxibustion

- 1.Part 1: Moxibustion (GB/T 21709.1-2008)*
- 2.Part 2: Scalp acupuncture (GB/T 21709.2-2008)*
- 3.Part 3: Ear acupuncture (GB/T 21709.3-2008)*
- 4.Part 4: Three-edged needle (GB/T 21709.4-2008)*
- 5.Part 5: Cupping therapy (GB/T 21709.5-2008)*
- 6.Part 6: Point injection (GB/T 21709.6-2008)*
- 7.Part 7: Skin needle (GB/T 21709.7-2008)*
- 8.Part 8: Intradermal needle (GB/T 21709.8-2008)*
- 9.Part 9: Acupoint paste (GB/T 21709.9-2008)*
- 10.Part 10: Thread-embedding therapy (GB/T 21709.10-2008)*



11. *Part 11: Electroacupuncture (GB/T 21709.11-2009)*
 12. *Part 12: Fire needle (GB/T 21709.12-2009)*
 13. *Part 13 (GB/T 21709.13-2009) Very long needle*
 14. *Part 14: Lifting needle (GB/T 21709.14-2009)*
 15. *Part 15: Eye needle (GB/T 21709.15-2009)*
 16. *Part 16 (GB/T 21709.16-2009) Abdomen needle*
 17. *Part 17: Nose needle (GB/T 21709.17-2009)*
 18. *Part 18: Mouth and lip needle (GB/T 21709.18-2009)*
 19. *Part 19: Wrist and ankle needle (GB/T 21709.19-2009)*
 20. *Part 20: Basic manipulation of filiform needle (GB/T 21709.20-2009)*
- Illustration of acupuncture points location (GB/T 22163-2008)*
- Body measurement of acupuncture points location (GB/T 23237-2009)*

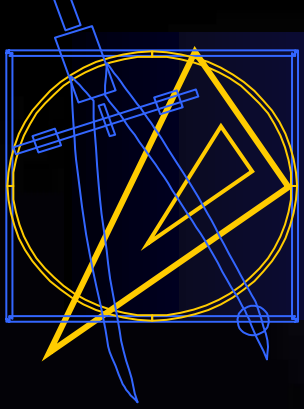




2. The Methods of Acupuncture National Standardization in China

- Standardization is a unified regulation for repeated objects and concepts in certain range. And it is a kind of regular documents approved by the accredited institution.

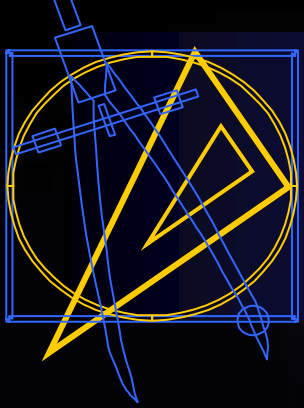




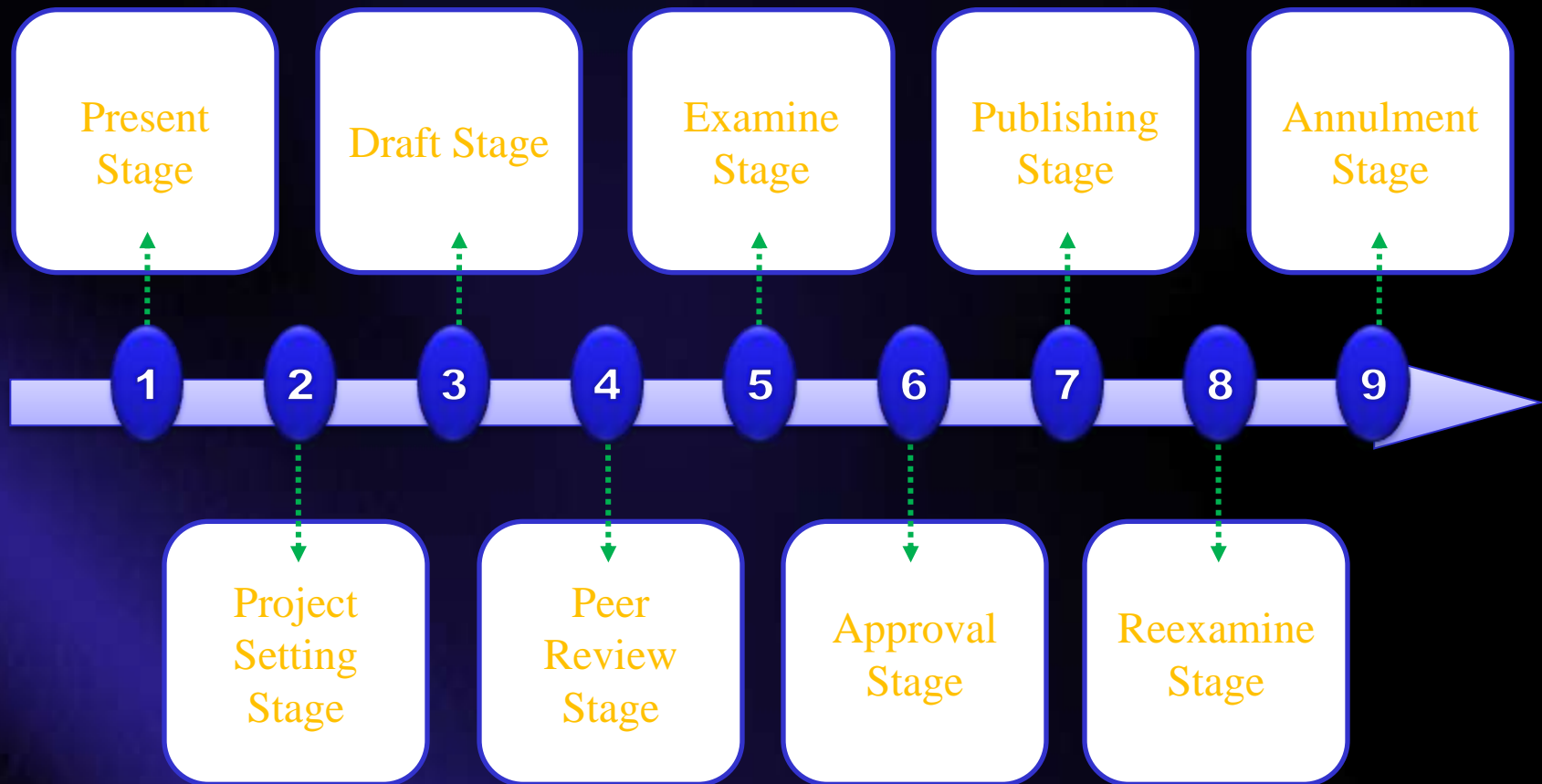
Regulation of developing Acupuncture National Standardization

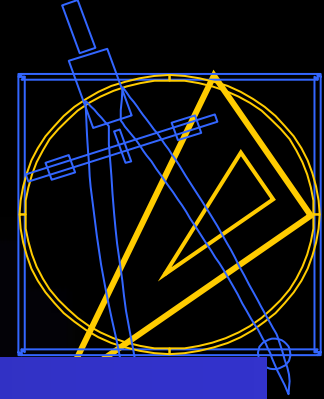
- The procedure
- The content
- The compilations





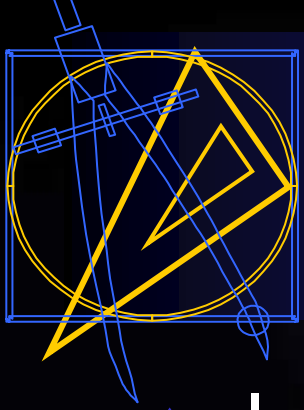
The procedures of developing Acupuncture National Standardization





III. The development of Clinical Practice Guideline of Evidence Based Acupuncture in China

- Depression
- Herpes zoster
- Apoplectic dysphagia
- Migraine headache
- Bell's facial palsy



Clinical practice guideline - CPG

- ◆ In general, clinical practice guidelines have been defined as “systematically developed statements to assist practitioner and patient decisions about appropriate healthcare for specific clinical circumstances”.
- ◆ *The definition is from: Committee to Advise the Public Health Service on Clinical Practice Guidelines. Institute of Medicine. Field MJ, Lohr KN, editors (1990) *Clinical Practice Guidelines: Directions for a New Program*. Washington, DC: National Academy Press.

Values of Clinical Practice Guidelines on Evidence-based Acupuncture

- **Growing demands for globalization**
- **Shifting from experience to evidence-based**
- **Promoting the proper use***
 - **Upgrading level of clinical practice***
 - **Objectifying clinical practice**
 - **Ensuring reliability and reproducibility**
 - **Cost-effective practice***

Values of Clinical Practice Guidelines on Evidence-based Acupuncture

- Conducting overall assessment of acupuncture clinical research
- Facilitating scientific clinical trials
- Enforcing harmonisations with WM
- Providing higher standards of education and training* (adopted as textbooks or manuals)
- Strengthening international cooperation among experts

Methods of the Acupuncture CPG :

1. Developing Clinical Practice Guide of Evidence-based Acupuncture Committee (CGC)

Name	Component	Membership
Clinical Guideline Committee	Group leader	CPG organizer
	Guide-writing committee	Deputy supervisor, guide-writers, researchers for literature search, etc.
	Specialists committee	Clinical acupuncturist, psychiatrist, neuropathist, dermatologist
		Statistician, evidence-based medicine specialists, clinical epidemiologists
	Patients	Patients' delegate
	Medical care Faculty	The delegate of every degrees of the medical care personnel, such as nurses, the care people, etc.

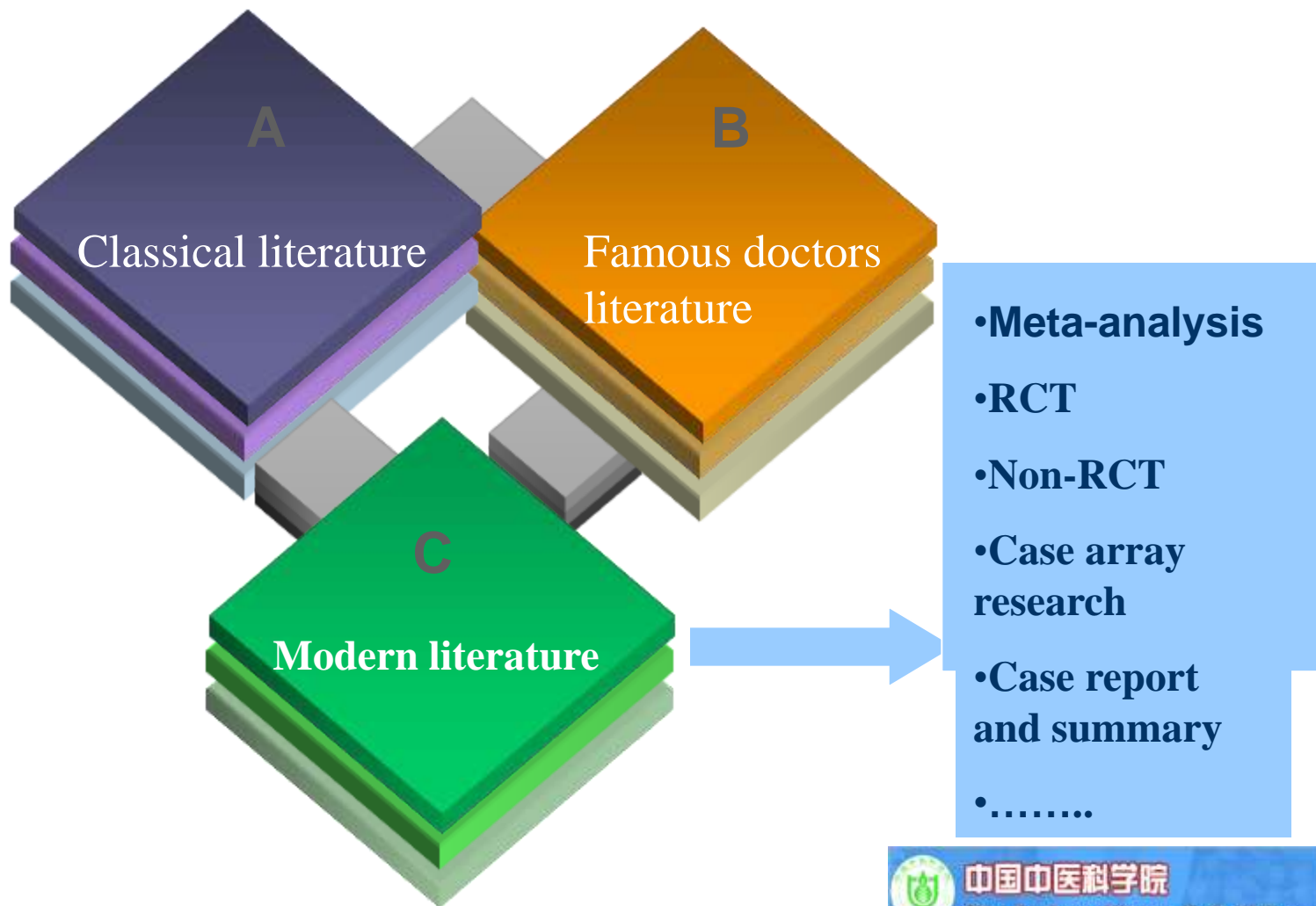
2. Screening and Confirming Critical Clinical Questions

- Operator: Guide-writing committee
- Principle: following PICO (Patient, Intervention, Comparison and Outcome) model, medical economics
- Method and instrument: screening by questionnaire and discussion
- Result: final critical clinical questions will be launched

3. Search methods and strategy for clinical evidence

- Methods: Systematic clinical literature review strategies.
- Scope: Modern literature, Chinese classical literature.
- Database: Cochrane Library, EMBASE, MEDLINE, CBM, CMCC and the websites of important professional societies and publishing organizations of the Guide.
- Additional: The database and the website of clinical studies related to the Guide should also be included.
- Langue and Nations: The search should also include the literature in Japanese, Korean and other countries' classical literature and related publications.
- Manual search can make sure that all evidence related to the topic is included.
- Instrument: set up database for the literature (include the electric literature and the papery literature, such as classical literature, and famous doctors literature).

According to different property and feature of researches, clinical researches of acupuncture can be divided as ancient literature, high-experienced TCM physicians, and modern research evidence.



Developing Database:

The screenshot shows a Microsoft Internet Explorer browser window displaying a search results page for a database of standardized literature. The search term entered is '面瘫' (facial paralysis). The results are listed in a table with columns for document name, document type, author, and full text availability.

文献名称	文献类型	作者	全文文档
灵龟八法治疗周围性面瘫67例	现代文献	麻福昌	下载查看
针刺、药物综合治疗重症面瘫160例临床与实验观察	现代文献	金完成, 李路草, 詹欣荣	下载查看
“子午流注纳甲法”治疗周围性面瘫60例疗效观察	现代文献	姜华, 方晓丽	下载查看
63例周围性面瘫的辨证治疗	现代文献	丛品, 李正虹	下载查看
单纯电针与电针加药物按摩治疗面瘫60例疗效评析	现代文献	吴胤	下载查看
针刺加中药治疗青少年面瘫25例	现代文献	李晓芳	下载查看
针刺健侧法治疗周围性面瘫32例	现代文献	李黄彤, 刘建华	下载查看
针灸治疗面瘫60例	现代文献	刘长军	下载查看
针刺健侧法治疗周围性面瘫急性期临床疗效观察	现代文献	李黄彤	下载查看
针灸治疗面瘫60例	现代文献	余其华	下载查看
针刺结合短期敷灸法治疗周围性面瘫53例临床观察	现代文献	李永兴, 杨广印, 朱雯	下载查看
针灸治疗面瘫63例临床报告	现代文献	唐慧莲, 王秀英, 周丽丽	下载查看
电针为主治疗Bell氏面瘫的临床体会	现代文献	温彩玲	下载查看
针刺结合理疗治疗亨特氏面瘫38例	现代文献	李永兴, 李英, 陈麟	下载查看
针灸治疗面瘫33例临床观察	现代文献	顾建华, 贾淑华	下载查看
针灸治疗面瘫109例疗效观察	现代文献	沈大雄	下载查看
针灸治疗面瘫243例疗效分析	现代文献	任宇丁+李永凯	下载查看
针刺治疗周围性面瘫658例	现代文献	李玉凤, 杨国志, 张伟平	下载查看
针灸治疗面瘫的观察与护理	现代文献	杨静, 张承丽	下载查看
激光穴位照射治疗面瘫150例	现代文献	王小平, 童静	下载查看
针灸治疗面瘫的观察与护理	现代文献	徐怀珍+社全凤	下载查看

The interface also features a sidebar with navigation options such as '管理导航', '您现在的位置', and '基本信息'. The search bar at the top allows for advanced queries, and the results table includes a '查询' button for each entry to view the full document.

2009/12/5

4. Evaluation of the strengths and quality of evidence

➤ Considering:

- The characteristics of acupuncture and literature.
- Making the evidence evaluating criterion by consulting experts and discussing among groups.
- Based on CONSORT Scale and Jadad Scale.
- Evaluate and grade the literature according to the evaluating criterion.
- One paper should be evaluated by three reviewers. The reviewers should contact the authors for the missing information, discuss the disputes and adopt the literature of high grade after strict screening.

As for modern research evidence, evidence classification criteria are made according to the two common used classification system: AHCPR and SIGN.

Table 1 Modern clinical research evidence levels of acupuncture

Evidence levels		Classification of evidence
I	Ia	Meta-analysis of high quality of randomized controlled trial
	Ib	Randomized controlled trial
II		Non-randomized controlled trial
III		Case array research
IV		Case report and summary or report of narration clinical material

Table 2 Recommendation criteria

Recommendation level	Evidence level
A	<p>Consistent with one of them:</p> <ol style="list-style-type: none"> 1. Level Ia evidence of the same acupuncture treatment schema¹ 2. High quality RCT evidence of the same acupuncture treatment schema + level II and III evidence with low bias or ancient literature evidence or expert experience evidence
B	<p>Consistent with one of them:</p> <ol style="list-style-type: none"> 1. High quality evidence of the same acupuncture treatment schema 2. One or several moderate quality RCT evidence of the same acupuncture treatment schema + level II evidence with low bias or ancient literature evidence or expert experience evidence 3. Level II evidence with low bias + ancient literature evidence or expert experience evidence
C	<p>Consistent with one of them:</p> <ol style="list-style-type: none"> 1. Moderate quality RCT evidence of the same acupuncture treatment schema 2. Level II evidence with low bias of the same acupuncture treatment schema 3. Ancient literature evidence of acupuncture treatment schema 4. Expert experience evidence of the same acupuncture treatment schema
GPP	Expert consensus

Caution: 1. The same acupuncture schema refers to acupuncture treatment plan with the same acupoints and manipulation.

5. Making group decisions and consensus

1. Discussing the recommendations one by one by approaches such as *questionnaire*, *telephone* and *conference* to confirm the final recommendations.
2. Disputes and the way to consensus will be recorded. Rules and management of local healthcare and examination for doctor's license should be considered during the process.

6. Extending Consultation Process

To consummate the revision of guideline and finalize the manuscript, after the first draft was completed, the working group obtained the opinions and suggestions from the experts on the recommendation of main treatment protocols of the guideline by three round of soliciting comments from experts in the range of China.

7. Dissemination

- The related academic and administrative organizations should pay more attention on the management of normal propagating through the colony of doctors by means of news release, websites, lectures, tutorial classes, manuals, periodical reviewing etc., which will help the doctors to know, understand, as well as master and apply the guideline thoroughly.
- At the same time, the patient-specific reminders and certain knowledge of migraine in the guideline can be executed to display boards or the propagating materials exhibiting in hospitals, outpatient clinics, nursing stations, where patients may facilitate browsing, so that patients may know the guideline in time. The propagating methods of guideline can be flexible and various, adapting for different patients and different demands.

8. Implementation

- Instead of compulsory criteria, the guideline aims to supervise and help doctors make correct decisions towards the acupuncture treatment for such as Bell's palsy, and it cannot include all the questions and problems in the acupuncture treatment.
- So when the clinical doctors face a certain patient, they are welcomed to refer to the optimal clinical evidence of the guideline, and suggested to consider the state of the illness, the willing of the patient, and combine the situation of the country, the level, characteristic, resources of local medical treatment, as well as their experiences & knowledge together, in order to establish the correct treatment protocol.

The structure and content of ACPG

(1) Hard cover page

Title – Clinical Practice Guideline of Traditional Medicine for _____

WHO WPR

version 1/2006

date of publication

official announcement of approval by authority, e.g. WHO

(2) **Introduction** – development, objective, search method, grading system – level of evidence, grading of recommendations

(3) Background/Preface

- (a) **Definition of disease** using ICD and Chinese definition with Chinese character and put in pinyin
- (b) Epidemiology (prevalence of disease) and risk factor, medical history of the disease, rationale and modalities of TRM treatment
- (c) Other points to include in background: to state that there is no ideal therapy but TRM shows some effectiveness for AMD (to put response rate, if data are available), to add magnitude of disease such as increasing ageing population, and reason for this CPG (WHO recognizes the medical benefit of TRM in treating wet AMD)
- (4) Prevention and early detection – not needed for AMD, may be needed in other eye diseases
- (5) Clinical features – patient's history, symptoms and signs (symptoms mean patient's complaints or feeling and signs mean physical findings including findings from FFA, ICG and OCT)

- (6) Diagnostic criteria
 - (a) AMD diagnostic criteria stated on table in page 6, 1986 – suggest to find latest reference
 - (b) TRM approach related to 4 patterns/syndromes –main and secondary manifestations
- (7) Management
 - (a) Treatment- to have a statement on the unique individualized and holistic approach of TRM
 - (i) to state conventional treatment, if there is well accepted
 - (ii) to focus on TRM treatment – refer to Table on TRM approach to treat the 4 patterns/syndromes (refer to Table and appendix for formula)
 - (b) Treatment outcome – to add parameters for assessment on clinical response/effectiveness based on patient reported outcome [PRO]
- (8) Recommendation – to recommend based on level of evidence of references cited in the guideline;
- (9) Reference - citation of reference, if available to include quality, efficacy or safety data, or patients' records as this is important for TRM therapy because there is no control. (Case report, case series, Ph D students' thesis, unpublished data, textbook, expert opinion)
- (10) Summary of this CPG
- (11) Appendix – authors [full name, full title, and their credibility/background/qualification] and their institutions, as well as other participants – advisory board e.g. Australia, Malaysia
- (12) Glossary

Clinical Practice Guidelines for
Acupuncture
In the Treatment of
HERPES ZOSTER

带状疱疹

EXECUTIVE SUMMARY

i) Key issues

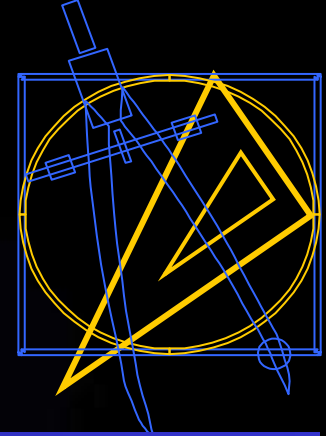
This is a reliable guideline set up for clinicians. Its contents include an introduction to Herpes Zoster (HZ), HZ guideline implementation processes, principles of acupuncture treatment of HZ, other recommendations and points to note...

ii) Key recommendations

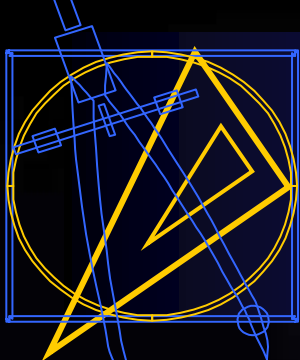
	Grade
Acupuncture treatment should be similarly targeted and points to be selected along the nerve skin innervation (or Ashi points), or Huatuojiagi points should be chosen from the affected area.	A
Early intervention is recommended to HZ patients.	E
Prodromal Phase	
For patients during prodromal phase, it is suggested to use bloodletting with pyonex and cupping method.	C
Vesicular Phase	
Patients during the vesicular phase with neuralgia and red spots, papules or small vesicles are recommended to undergo bloodletting of Ashi points with cupping. Vesicles on the head and face region should be combined with DU14 Dazhui (大椎). And vesicles on the trunk should be combined with relevant Jiaji points.	A
Needling on Ashi points is recommended during the vesicular phase of HZ. Cases with neuralgia and skin lesion which consists of small vesicles, such as red spots or papules, should be combined with fire needle with cupping. Skin lesion which consists of large vesicles should be treated with moxibustion and fire needle.	A
Patients in the vesicular phase are recommended to be treated with moxibustion on Ashi points, especially for skin lesion which consists of large vesicles.	E
Patients in the vesicular phase with neuralgia are recommended to be treated on Ashi points with surrounding needling and electro-acupuncture.	A
Post-herpetic Neuralgia (PHN)	
Surrounding needling on Ashi points is recommended for patient with PHN.	A
Patients with PHN are recommended to be treated with surrounding needling on Ashi points.	E
Patients with radiating pain or hyperaesthesia in the PHN phase are suggested to undergo electro-acupuncture on Jiaji points.	E
Bloodletting and cupping method on Ashi points is recommended for HZ patient in the PHN phase.	E

iii) Implementation processes





IV. The establishment of organizations for acupuncture standardization



China National Organizations of Acupuncture-Moxibustion

1979, China Association of
Acupuncture-Moxibustion
(CAAM)

2005, “CAAM Standardization
Committee”

2007, establishing national
Technical Committees
(TC) of Acupuncture
standardization

2008, China National
Standardization Technical
Committee proposed on
TCM-TC in the ISO

2009, ISO organized voting on
the proposal among its 106
members. Finally, more
than two-thirds of
members voted to approve
the proposal



中国针灸标准网

Chinese Standards of Acupuncture and Moxibustion

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- [标准新闻][[组图](#)] 《针灸临床实践指南》课题验收会在京召开
- [标准新闻][[组图](#)] 中国针灸学会标准化管理专家座谈会在京召开
- [标准新闻]
- [标准新闻]
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- [标准新闻]

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本栏最新



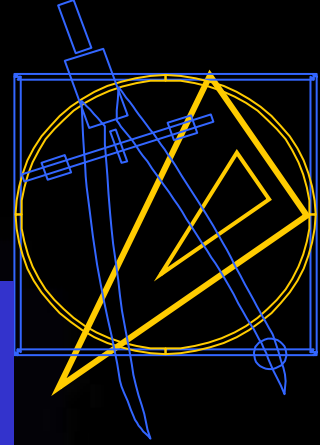
“皮肉科疗法技术操作”国家标准专家论证会
2006.7.07

十	ywj	05-06
京召...	ywj	05-06
	佚名	04-26

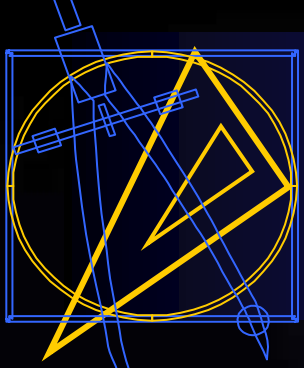
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Discussion

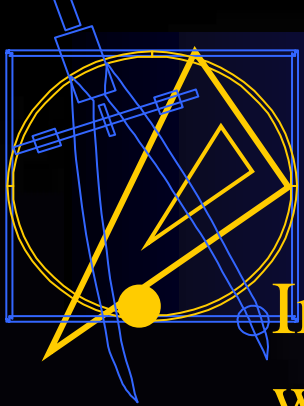


- Is it necessary to develop acupuncture standards?
- Will the standardization hinder the development of acupuncture?
- As a discipline with unique characteristic of individuality, can acupuncture be standardized?



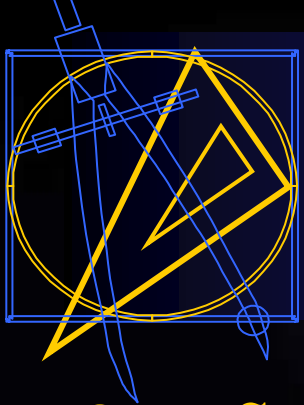
Is it necessary to develop acupuncture standards?

- Acupuncture standards existed since ancient times and have made great contribution to the development of acupuncture.
- It can be said that the continuous development of acupuncture for thousands of years, largely owed to the development of standards of acupuncture.



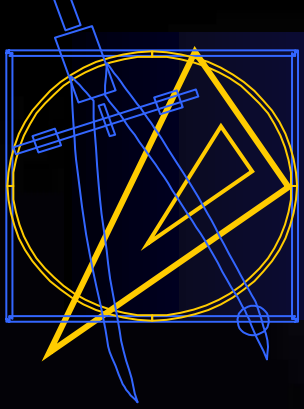
In the past, international standard-setting projects were proposed to solve specific issues during the development of internationalization of acupuncture, such as Standard Acupuncture Nomenclature and Guidelines for Clinical Research in Acupuncture.

- At present, with the access to clinical studies, scientific research and education in each country, the time is ripe to establish a standard system of relevant terminology, education, health care, personnel and equipment in acupuncture.



Will the standardization hinder the development of acupuncture?

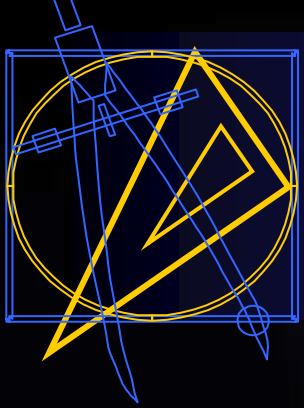
- Standardization means to reach consensus on things with common features.
- Suitable standardization of acupuncture
 - For the suitable part, undoubtedly, we should put it in the plan of standardization, apply for project and carry out it as soon as possible;
 - For those unsuitable parts, especially issues in clinical practice which cannot be described by simple and unified theory, we should avoid too much standardization, in case of losing the unique characteristics of acupuncture by “standards”.



As a characteristic of individuality, can acupuncture be standardized?

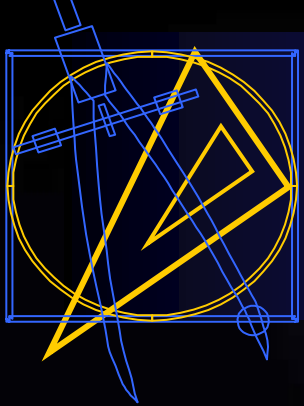
Although during clinical practice of acupuncture, special emphasis was put on individuality, it does not affect or exclude standardization.

- The individuality – diagnosis and treatment.
- The standardization – SOP, terminologies, location of points.



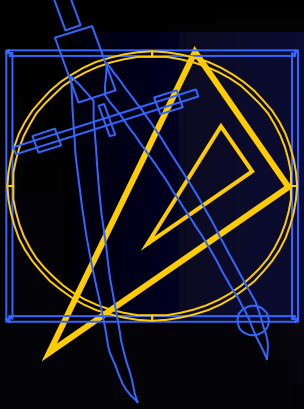
Suggestion

1. Need to systematic plan and developing strategy
 - The development of international standardization of acupuncture is a long-term and complicated project
 - To select the most needed project in clinical practice



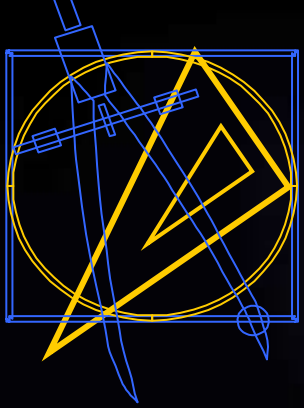
Suggestion

2. To develop firstly “standard of standards”, such as general principles and guidelines
3. Specialized organization of acupuncture standardization



Suggestion

- 4 World Federation of Acupuncture-Moxibustion Societies (WFAS) responsibility of developing international standards of acupuncture



Thanks