

Acupuncture Technique

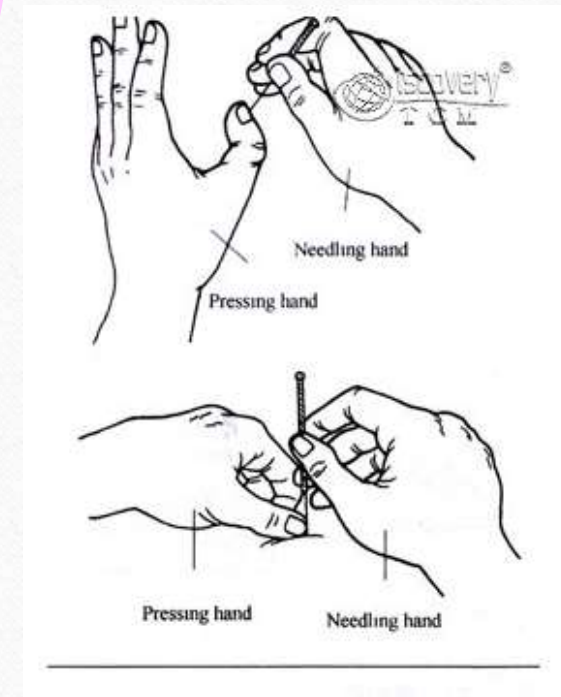
NEVER TRUST AN ACUPUNCTURIST



THEY'RE BACK-STABBERS

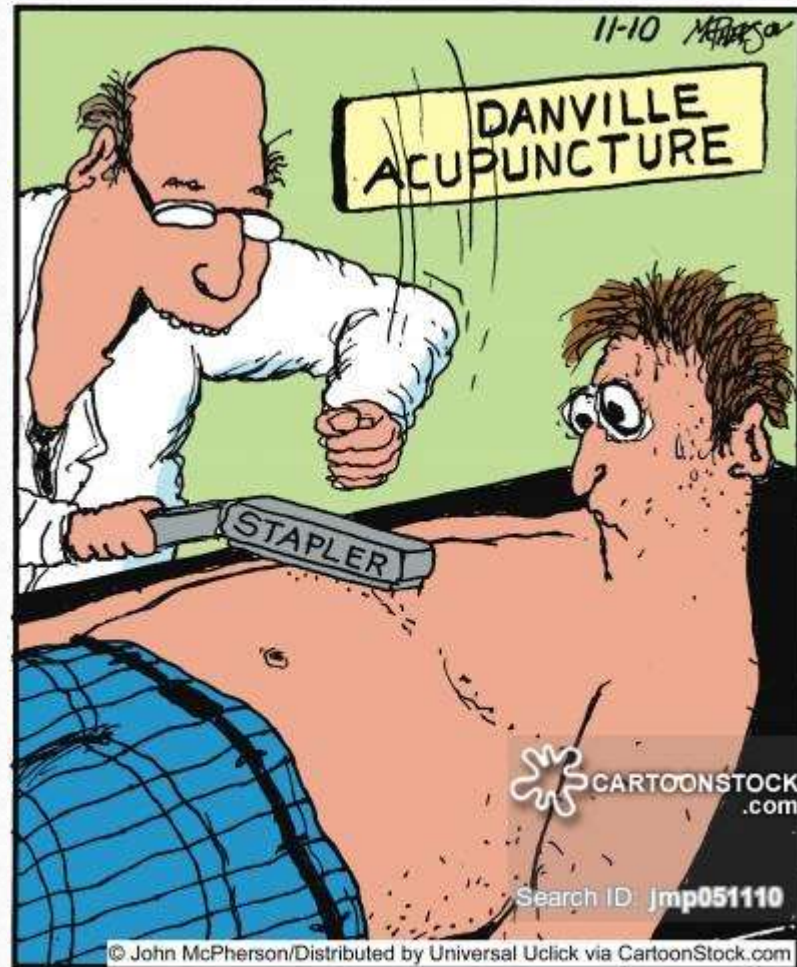
The needling hand and pressing hand

- The right hand of the acupuncturist that holds the needle is called needling hand while the left hand that presses on the acupoint is called pressing hand.
- In the insertion of the needle, proper cooperation of the needling hand and pressing hand can reduce pain and ensure smooth insertion as well as regulate and reinforce the acu-esthesia (Du Qi) and improve the curative effect.



Inserting techniques

- The inserting techniques, the techniques used by the needling hand and the pressing hand in harmonious cooperation to insert the needle into the skin, are the basic techniques for the practice of the filiform needle. In the insertion of needles, the strength of wrist and fingers must be cooperative to ensure painless insertion. The inserting techniques for the filiform needle are various according to the needling speed and techniques used by the needling hand, posture of the pressing hand, and the inserting instruments used. Commonly-used modern techniques are described in the following.

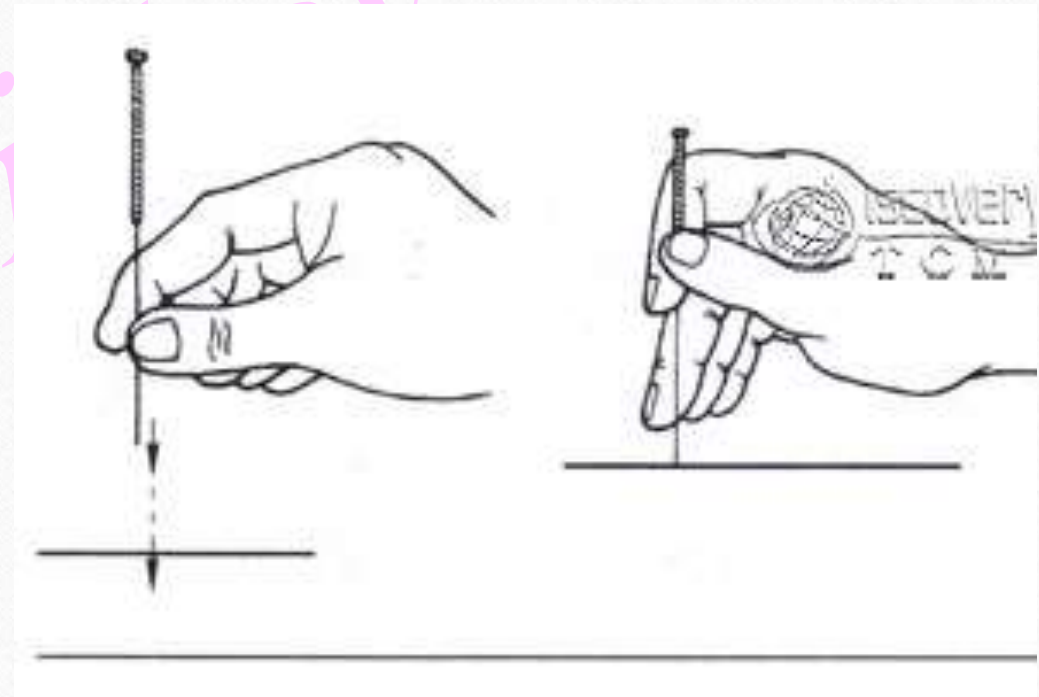


**"I ran out of needles, but this should
do the trick just fine."**

Quick insertion Method

- The point of the needle is put against the skin over the acupoint and inserted into the skin quickly with the strength of the fingers
- Clinical Application:

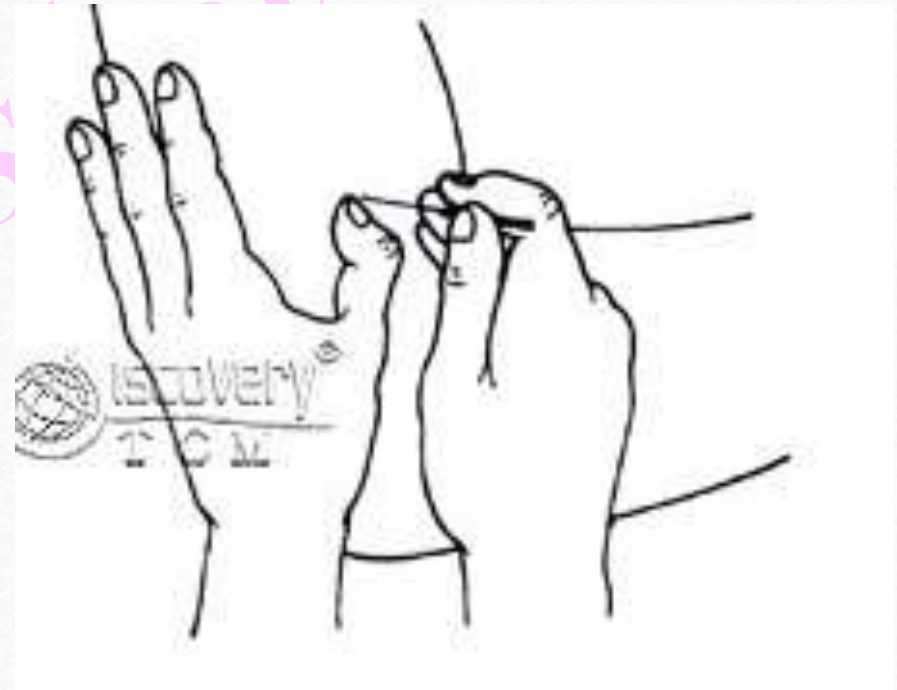
Applicable to the needling of the acupoints on the limbs and ears.



Slow insertion Method

- The point of the needle is put against the skin and slowly inserted into the skin
- Clinical Application:

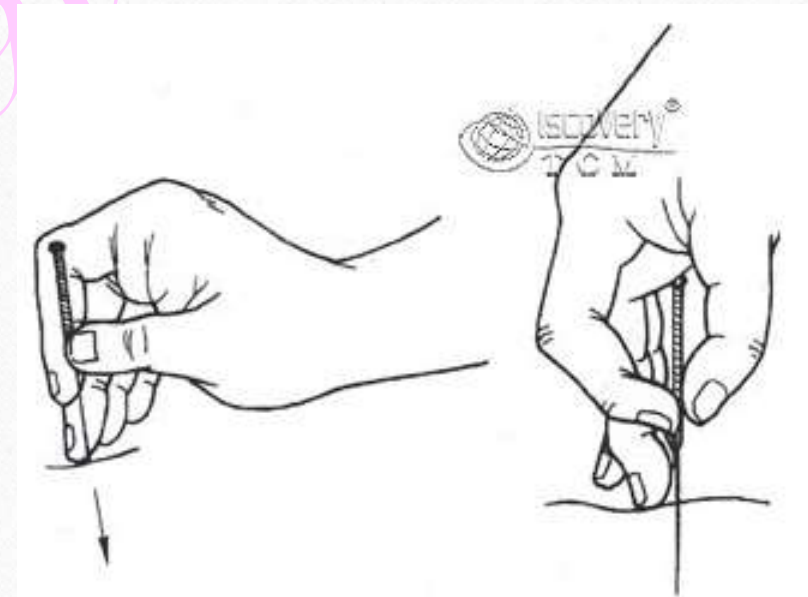
Applicable to the needling of the acupoints on the head and body



Insertion with single hand method

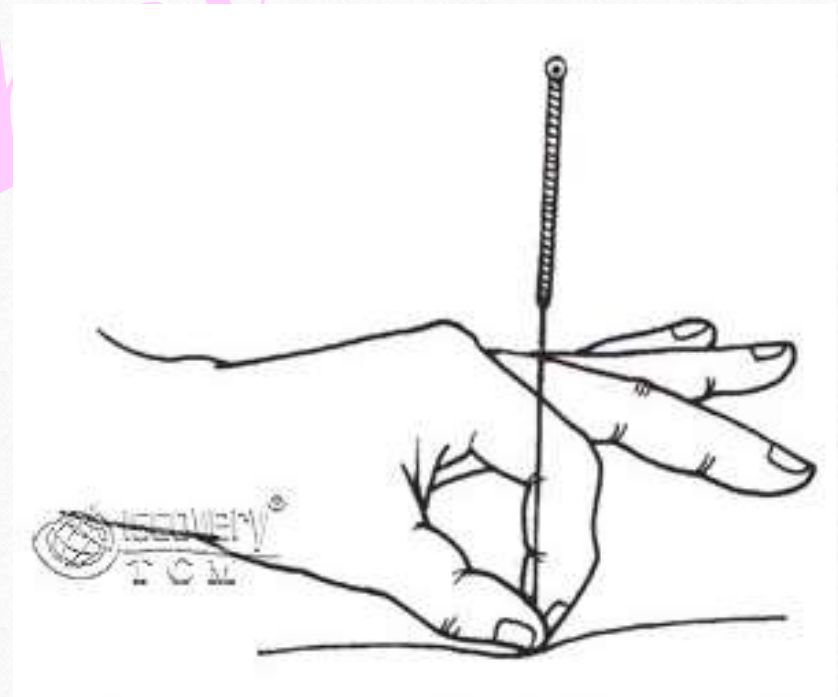
- The thumb and index finger of the needling hand hold the needle, the middle finger touches the acupoint and the belly of the middle finger leans against the lower part of body of the needle, when the thumb and index finger press the needle, the middle finger bends to insert the needle perpendicularly into the skin, till the depth required.
- Clinical Application

Applicable to the insertion of short filiform needles.



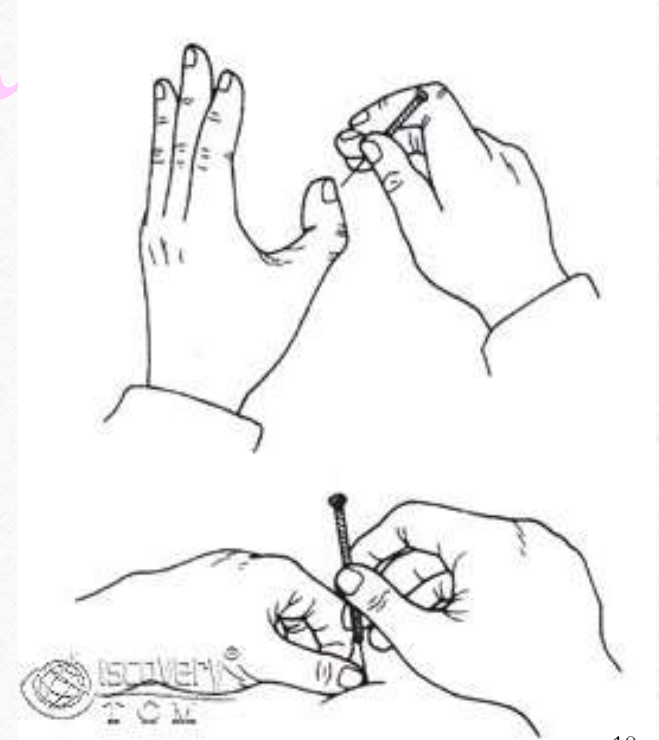
Insert by gripping sharp part of needle

- Clinically the needle also can be inserted by one hand holding the needle body or one hand gripping the needle tip to puncture the acupoint perpendicularly.



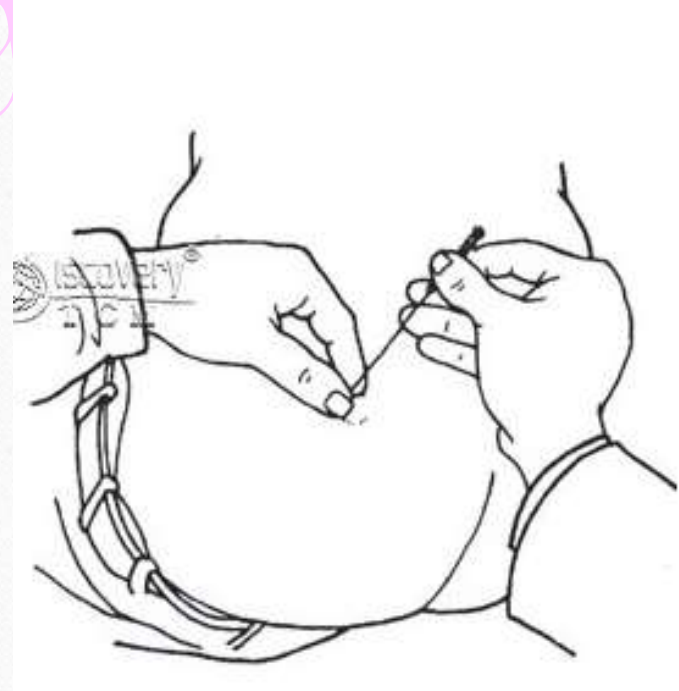
Nailing insertion

- Also known as finger nailing insertion, most commonly used in clinic practice.
- Method: The thumb or index finger of the left hand nails on the acupoint, the right hand holds the needle and insert it into the skin closely near the margin of the nail



Gripping insertion

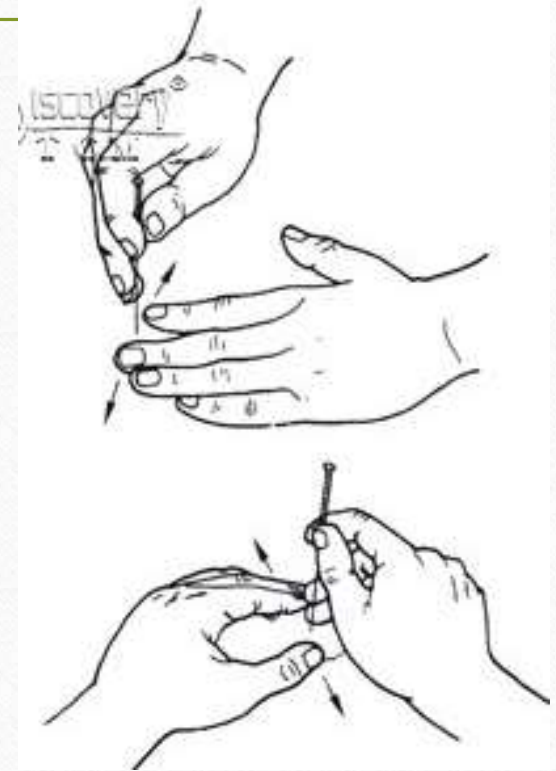
- The thumb and index finger of the left hand grip the sharp part of the needle with a sterilized cotton ball and the point of the needle is exposed. The thumb and index finger of the right hand hold the handle of the needle. The point of the needle points to the acupoint. When the point of the needle gets close to the skin, both hands manipulate in cooperation and insert the needle into the skin by thrusting or swirling to the depth required



Stretching insertion

- The fingers of the left hand stretch out flatly with the index and middle fingers or the thumb and index finger forked over the acupoints. The right hand holds the needle and insert it into the skin through the space between the index and middle fingers or the thumb and index finger.
- Clinical Application:

This method is used to needle the acupoints located on the abdomen.



Lifting and pinching insertion

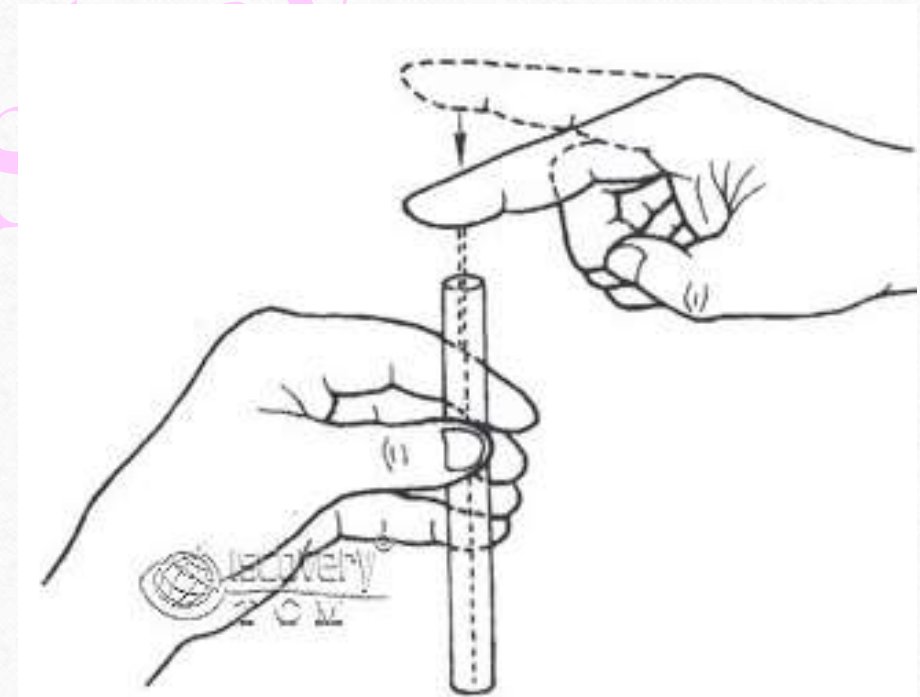
- The thumb and index finger of the left hand pinch the skin over the acupoint, the right hand holds the needle and inserts from the upper part of the skin pinched.
- Clinical Application

This method is used to needle the acupoints with thin muscles, especially the acupoints located on the face.



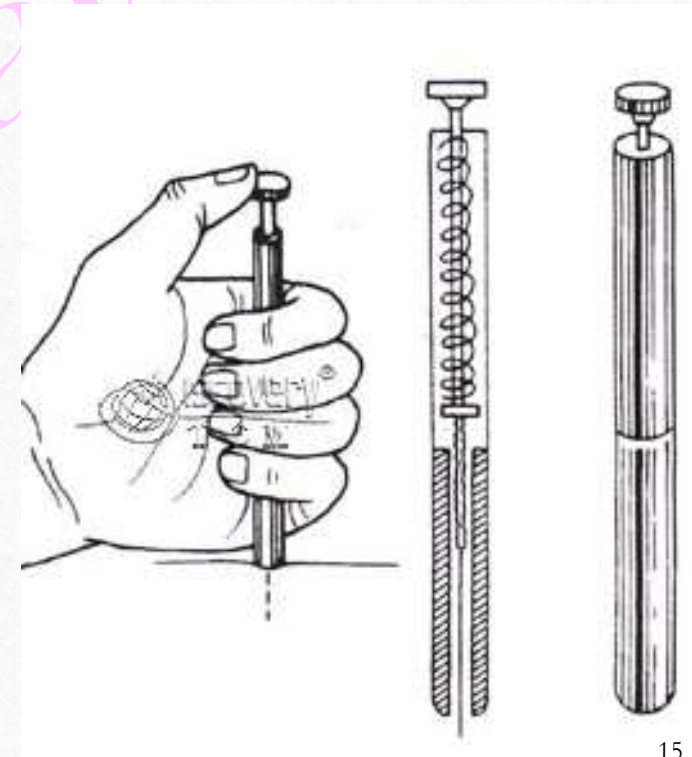
Insertion with the tube

- The tube made of metal, plastics or polymethyl methacrylate is used as the pressing hand. The plain-handled or tube-handled needles of proper length are selected. The tail of the needle is exposed to the upper opening of the tube and the lower opening of the tube is put on the acupoint. The tail of the needle is patted or pressed to puncture the point of the needle into the skin over the acupoint. Then the tube is removed



Insertion with inserting device

- The proper plain-handled or tube-handled filiform needle is put into a ball-pen-shaped or a pistol-shaped device, the lower opening of which is put on the skin over the acupoint. When the spring is pulled back, the needle is shot into the skin and then the inserting device is taken out



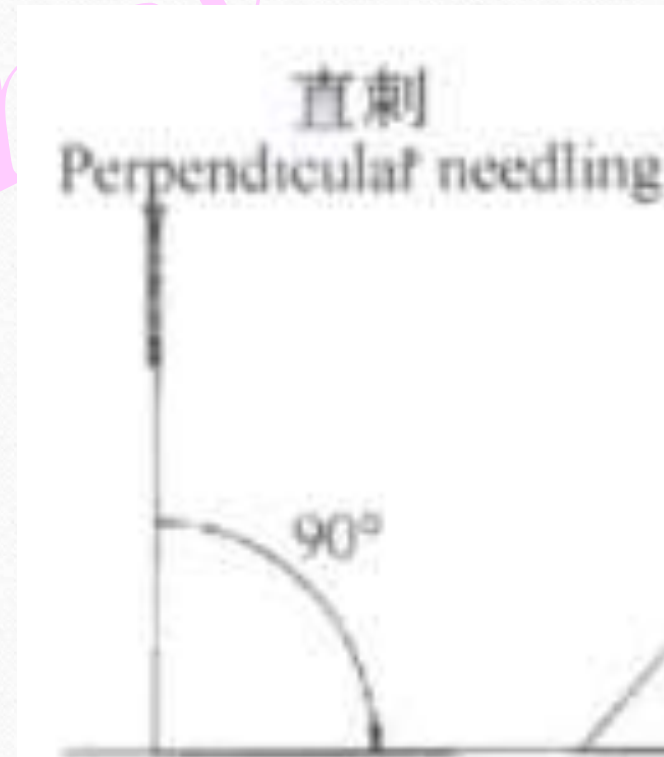
Needling angle

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- Needling angle refers to the angle formed between the needle and the skin during the insertion of the needle.

Perpendicular needling

- The needle is inserted perpendicularly into the skin with an angle of 90° formed between the skin and the body of the needle.
- Clinical Application

It can be used to needle most of the acupoints located on the body.



Oblique needling

- The needle is inserted obliquely into the skin with an angle of 45 formed between the needle and the skin.
- Clinical Application

It can be used to needle the acupoints with thin muscles or with important organs beneath or the



Horizontal (threading) needling

- Also called fiat needling, needling beneath the skin, the needle is inserted horizontally with an angle of 15 formed between the skin and the body of the needle.
- Clinical Application

This method is used to needle the acupoints located on the regions with very thin muscles or skin such as the acupoints located on the head, scalp, anterior chest and outer lower back.

Needling depth

- The needling depth refers to the degree of the body of the needle inserted into the human body. The depth for each acupoint is already mentioned in the subject of Acupoints. A brief introduction is made here according to the following conditions.
- **Constitution:** Shallow needling for weak and thin body; deep needling for strong and obese people.
- **Age:** Shallow needling for children, old and weak people; deep needling for strong and young people.
- **Pathologic conditions:** Shallow needling for yang syndromes and acute problems; deep needling for yin syndromes and prolonged diseases.
- **Region:** Shallow needling for acupoints on the head, chest, back and places with thin muscles; deep needling for acupoints on four limbs, thigh, abdomen and places where the muscle are thick and rich.

Retention of the needle

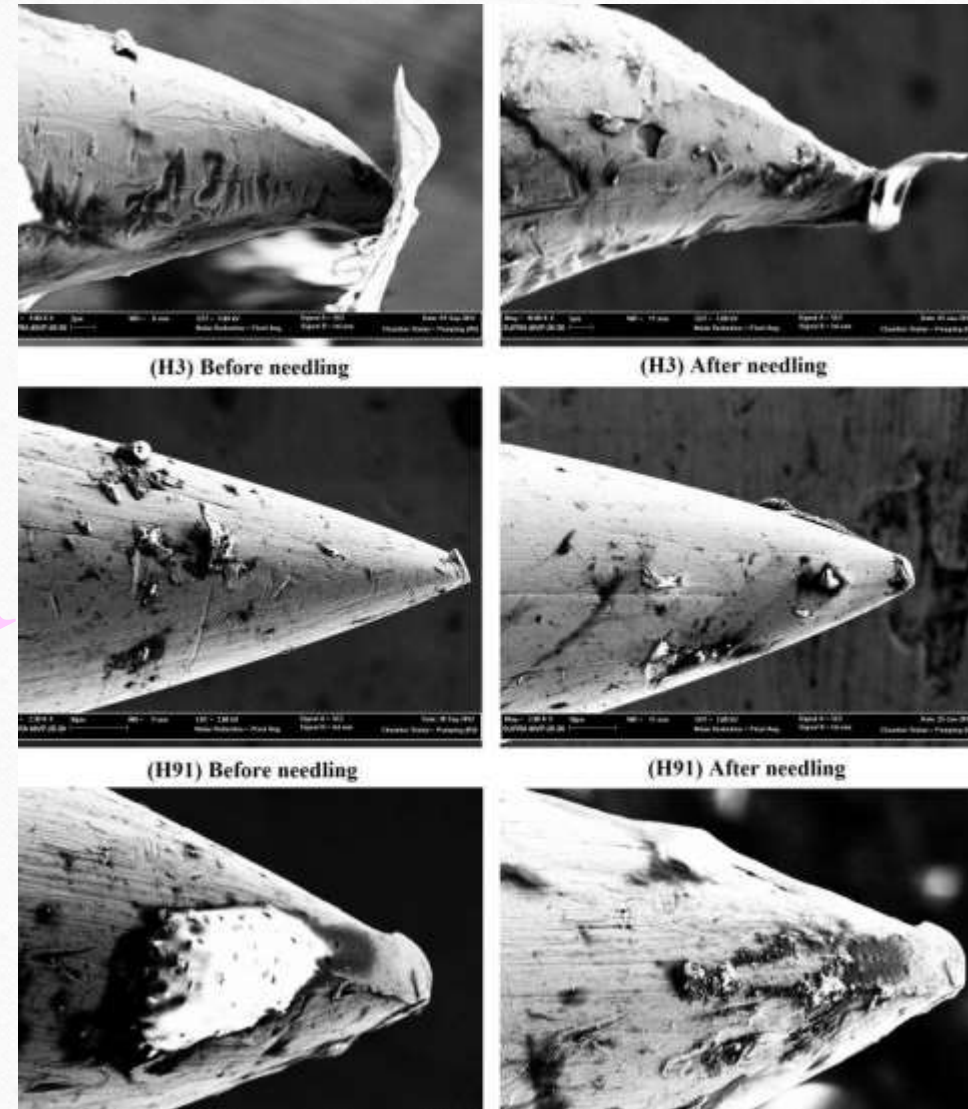
De Qi sensation 得氣

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- When the filiform needle is inserted into the acupoint and the acu-esthesia is obtained after the needle is manipulated with certain reducing (sedating) or strengthening (tonifying) techniques, it is retained in the acupoint for a certain period of time. Retention is a very important part in the performance of needling, helpful for reinforcing acu-esthesia and prolonging stimulation, as well as effective for inducing acu-esthesia (de qi) and regulating qi. Clinically it is divided into **two types**: static retention of the needle and active retention of the needle

De Qi, Acquiring Qi, acu-esthesia, 得氣

- The “Qi” sensation is a widely discussed phenomenon in acupuncture. All needles produce a needle sensation when inserted, and there are a number of factors that are at play each time a needle is inserted. They are as follows:

- In general the quality of the needle will determine the nature of the insertion sensation felt by the patient. Lower-end, or poor quality needles will create more discomfort as the needle tips are not consistent, may be dull, blunt or broken. Higher-end needles have better needle tip geometry and will generate less or no sensation when inserted.



It must be noted that all needles - regardless of the quality - can cause an intense pain when inserted. This will occur with 5% of needle insertions and results when a nerve ending or blood vessel is nicked during insertion. When this occurs the sensation can be described as a “biting or burning” sensation and is significantly different than the sensations produced by other needle insertions. If you warn your patient about this infrequent phenomenon, they will be able to help you determine if the needle needs to be reinserted to relieve the discomfort. If you do not warn your patient about this occasional intense sensation, they may try to just bear it and consider acupuncture to be a painful experience.



Static retention of the needle

- When the De Qi is obtained, the needle is retained naturally in the acupoint *without further manipulation*. The needle is withdrawn after a proper period of retention.
- It is used to treat patients with poor tolerance, weak physique and chronic diseases, or to perform reducing or strengthening needling techniques, or patients with diseases of cold pattern for which retention is necessary.

Active retention of the needle

- The needle is inserted into the acupoint and manipulated till the au-esthesia is obtained, then retain the needle for a certain period. During the retention, ***the needle is frequently manipulated***. It is known as the method for the active retention of the needle, also called intermittent retention of the needle
- It is used to reinforce De Qi for the purpose of strengthening Qi and reducing Qi. It is also used for non-arrival of De Qi sensation after needling. Needling may be manipulated to induce De Qi and retention of the needle may be resorted to wait for the De Qi till the De Qi arrives.

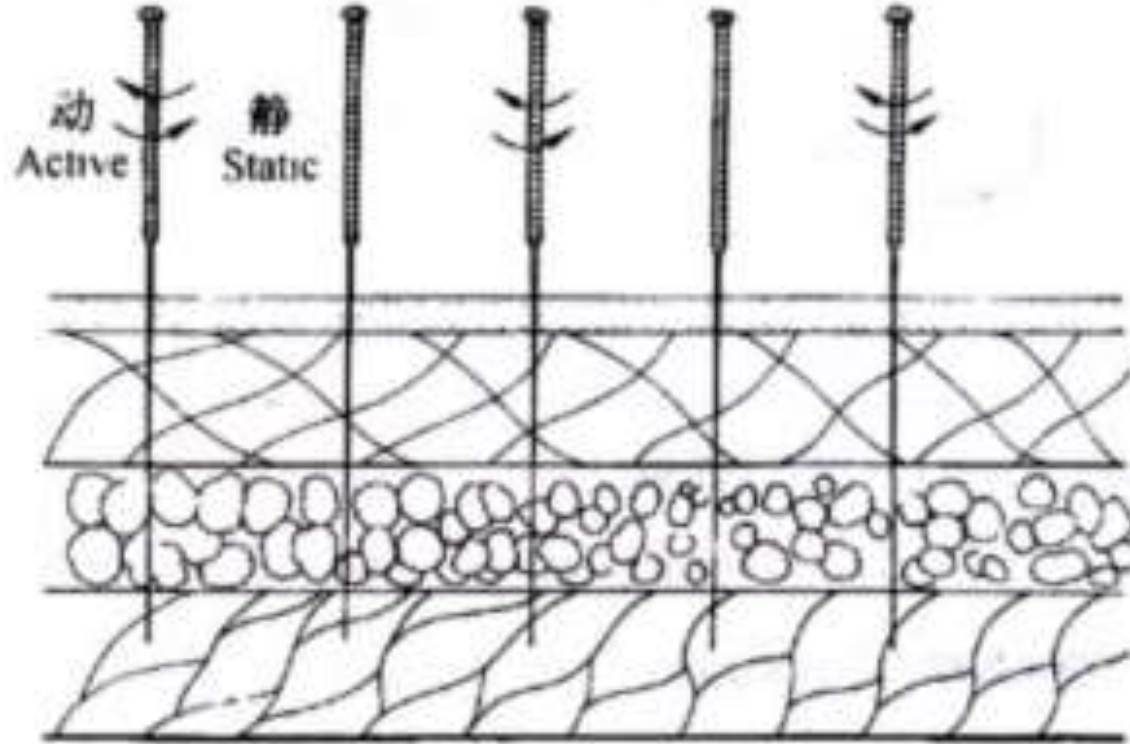


图 1 - 43 间歇留针法

Fig. 1 - 43 Intermittent retention of the needle

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- Whether to retain the needle or not and the time of retention after the arrival of the De Qi are decided by the constitution and pathologic conditions of the patient as well as the location of the acupoint. For general cases, when the De Qi is obtained and proper strengthening and reducing techniques are performed, the needle may be withdrawn, or retained for 10 -20 up to 30 minutes.

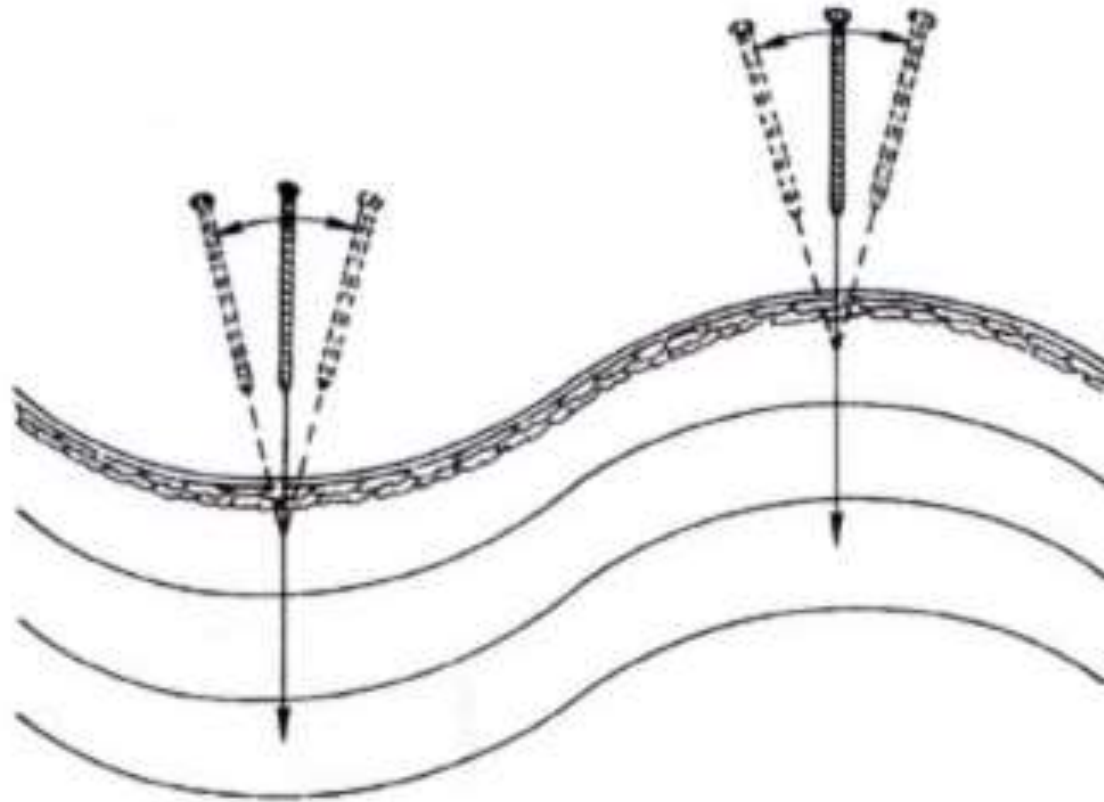


图 1 - 44 呼吸针动感

Fig. 1 - 44 Mobile sensation of the
needle due to respiration

How long to leave the needles

- Whether to retain the needle or not and the time of retention after the arrival of the De Qi are decided by the constitution and pathologic conditions of the patient as well as the location of the acupoint. For general cases, when the De Qi is obtained and proper strengthening and reducing techniques are performed, the needle may be withdrawn, or retained for 10 -20 up to 30minutes.
- But for special diseases, such as chronic, stubborn and convulsive diseases, the needle shall be retained for a longer period of time. Sometimes the needle may be retained for hours in the cases of **emergent abdominal syndromes and opisthotonus in tetanus.**

- Acupuncturists must be very careful in deciding whether the needle should be retained or not. Firstly, **retention of the needle is forbidden in the treatment of certain kinds of patients**, such as children unable to cooperate with the acupuncturist, patients afraid of needling, patients receiving acupuncture treatment for the first time and patients with too weak constitution.

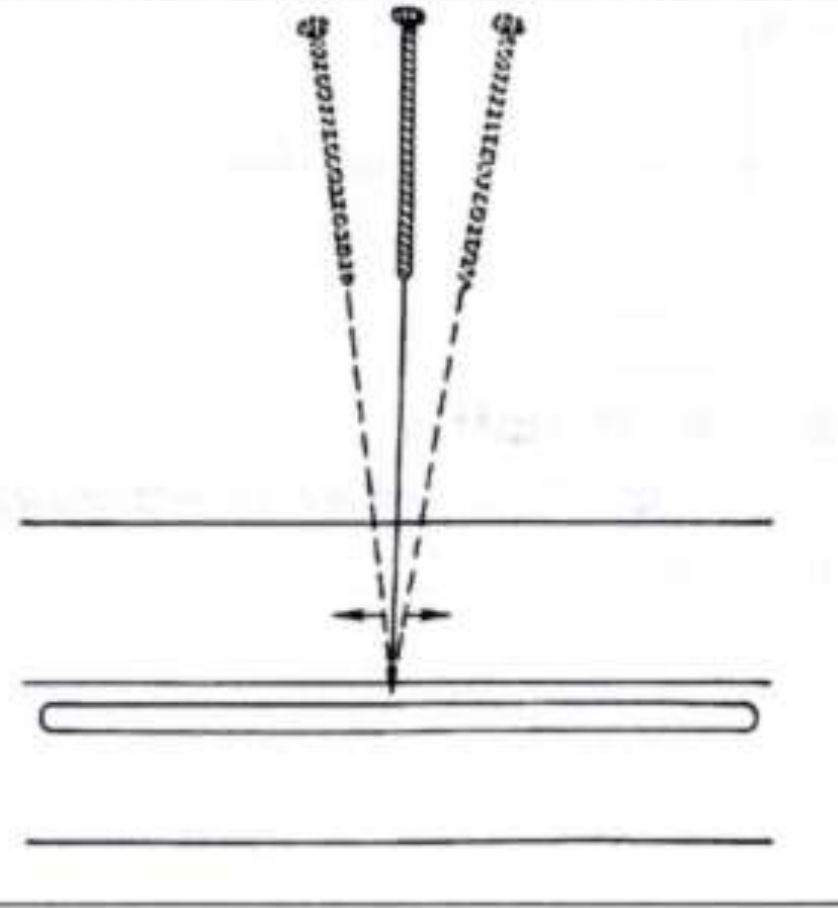


图 1 - 46 血管跳动针动感

Fig. 1 - 46 Mobile sensation of the needle due to throbbing of vessels

Withdrawal of the needle

withdrawal of the needle

- The thumb and index finger of the left hand press by the needled acupoint with a sterilized dry cotton ball, and the right hand rotates the needle slightly within small range and lifts it up slowly to beneath the skin, then the needle is retained for a short period and then withdrawn

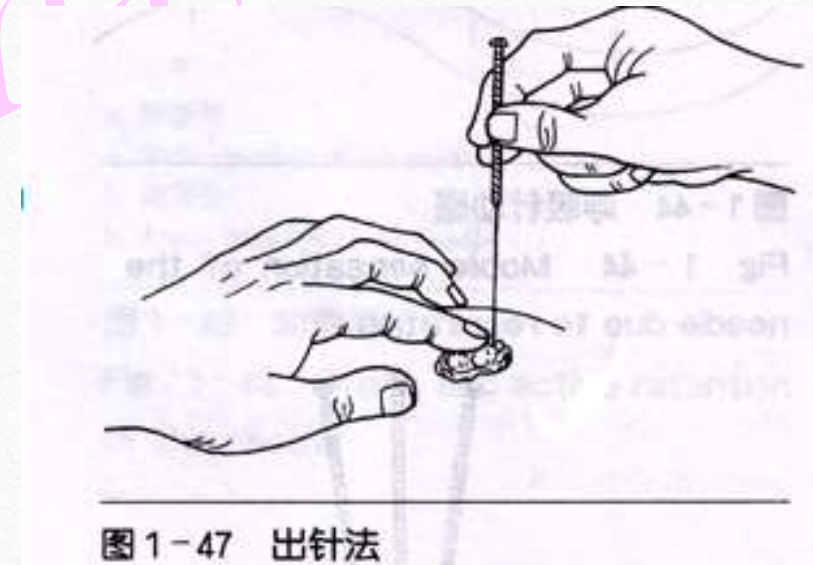
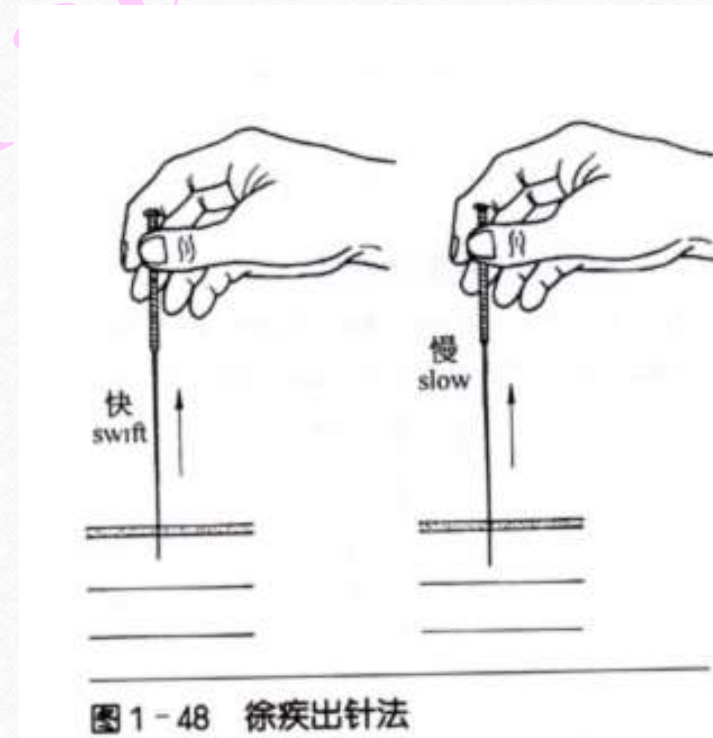


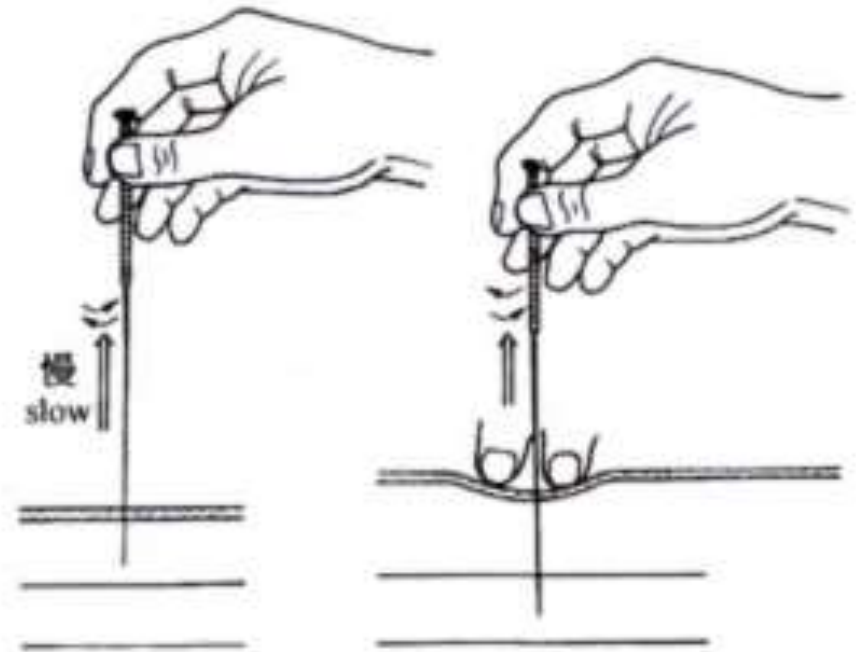
图 1-47 出针法

Clinical Application

- The needle is withdrawn swiftly or slowly combined with the methods of "quick pressing of the acupoint needled" or *"swirling the needle to enlarge the needled hole"* according to different requirements of strengthening or reducing techniques .



- When the needle is being withdrawn, the needle may be slightly rotated but should not be rotated to one direction and withdrawn violently with one hand lest bleeding or pain be caused. Clinically apart from the general withdrawal methods, slow-swift withdrawal, rotating withdrawal and pressing withdrawal of needles are also used



a. 捻转出针法
a. Rotating withdrawal of needle
b. 按压出针法
b. Pressing withdrawal of needle

图 1 - 49 捻压出针法

Fig. 1 - 49 Rotating and pressing withdrawal of needle