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GB/T 21709.4-2008

Standardized manipulations of acupuncture and moxibustion - Part 4: Three-edged needle

针灸技术操作规范 第4部分：三棱针

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Foreword

GB/T 21709.4-2008 was issued on 23 April 2008 by the General Administration of Quality Supervision, Inspection and Quarantine of the People's Republic of China and the Standardization Administration of China, and came into force on 1 July 2008. It is classified under ICS 11.020 and Chinese Standard Classification code C 05. It does not replace an earlier edition.

GB/T 21709, Standardized manipulations of acupuncture and moxibustion, is divided into 21 parts: Part 1: Moxibustion; Part 2: Scalp acupuncture; Part 3: Ear acupuncture; Part 4: Three-edged needle; Part 5: Cupping; Part 6: Acupoint injection; Part 7: Dermal needle; Part 8: Intradermal needle; Part 9: Acupoint application; Part 10: Acupoint catgut embedding; Part 11: Electroacupuncture; Part 12: Fire needling; Part 13: Long needle; Part 14: Dichen

needle; Part 15: Eye acupuncture; Part 16: Nose acupuncture; Part 17: Oral and lip acupuncture; Part 18: Abdominal acupuncture; Part 19: Wrist-ankle acupuncture; Part 20: Basic needling techniques of the filiform needle; Part 21: Manipulation techniques of the filiform needle. This document is Part 4 of GB/T 21709.

Annex A of this part is an informative annex.

This part was proposed by the State Administration of Traditional Chinese Medicine and is under the jurisdiction of the China Association of Acupuncture-Moxibustion.

The organisation responsible for drafting this part is Tianjin University of Traditional Chinese Medicine. The participating drafting organisations are Liaoning University of Traditional Chinese Medicine and Beijing University of Chinese Medicine.

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1 Scope

The three-edged needle is the one acupuncture instrument designed to draw blood rather than avoid it. Its triangular, sharpened shaft opens a superficial vessel deliberately, and the therapeutic intent - relieving heat, stasis or swelling - depends on releasing a controlled quantity of blood at a chosen point. That is exactly what makes the technique risky in untrained hands. Depth and angle decide whether a collateral or an artery is opened; the volume released decides whether the patient walks out or faints; an unsterilised shaft or an unwashed hand turns a therapeutic puncture into an inoculation, and the practitioner's own exposure to the patient's blood is a second hazard running the other way. Before this part of GB/T 21709 there was no single written account of how the four recognised manipulations - pricking, collateral puncturing, scattered needling and piercing - should actually be performed, what counts as a small or a large bleed, or which patients must never be treated at all. It sets out the terminology, the step-by-step procedure and its requirements, the precautions and the contraindications, so that the same words describe the same act in every clinic.

This part of GB/T 21709 specifies the terms and definitions, the operating procedures and requirements, the precautions and the contraindications for the three-edged needle.

This part applies to the technical manipulation of the three-edged needle.

2 Normative references

The provisions in the following document become provisions of this part of GB/T 21709

through reference in this part. For dated references, subsequent amendments (excluding corrections) to, or revisions of, any of these publications do not apply to this part; however, parties to agreements based on this part are encouraged to investigate the possibility of applying the most recent editions of these documents. For undated references, the latest edition applies.

GB/T 21709.5, Standardized manipulations of acupuncture and moxibustion - Part 5: Cupping.

3 Terms and definitions

The following terms and definitions apply to this part of GB/T 21709.

3.1 Three-edged needle pricking

The method of rapidly pricking a specific superficial site of the human body with a three-edged needle and then rapidly withdrawing the needle.

3.2 Collateral puncturing with a three-edged needle

The method of pricking the blood collaterals at a specific site of the human body with a three-edged needle and letting out an appropriate amount of blood.

3.3 Scattered needling with a three-edged needle

The method of performing pricking at multiple points over a specific site of the human body with a three-edged needle.

3.4 Piercing with a three-edged needle

The method of pricking a specific site of the human body with a three-edged needle and lifting the tip so as to break the skin or the subcutaneous tissue.

4.1.1 Selection of the needle

Three-edged needles of different models shall be selected according to the condition of the illness and the site of operation. The body of the needle shall be smooth and free from rust, and the tip shall be sharp and free from barbs.

4.1.2 Selection of the site

An appropriate site of operation shall be selected according to the condition of the illness.

4.1.3 Selection of the posture

A posture shall be selected that is comfortable for the patient and convenient for the

practitioner to work in.

4.1.4 Environmental requirements

Attention shall be paid to keeping the environment clean and hygienic, so as to avoid contamination.

4.1.5 Sterilisation and disinfection

Sterilisation of the needle: high-pressure steam sterilisation shall be selected, and disposable three-edged needles should preferably be used.

Disinfection of the site: 75 per cent ethanol or iodophor may be used to disinfect the site of operation.

Disinfection of the practitioner: the practitioner shall wash both hands clean with soapy water and then wipe them with 75 per cent ethanol.

4.2 Operating methods

4.2.1 Pricking method: before pricking, pushing, kneading, squeezing or pressing may be applied at the site to be pricked or around it, so as to congest the local area. When pricking, one hand fixes the site to be pricked while the other holds the needle with 3 mm to 5 mm of the tip exposed; the needle is pricked rapidly into the selected site and withdrawn swiftly, and the body of the needle shall be kept on the same axis on entry and on withdrawal. After pricking, an appropriate amount of blood or of fluid may be released, and squeezing may also be used to increase the quantity of blood or fluid released.

4.2.2 Collateral puncturing: before pricking, pushing, kneading, squeezing or pressing may be applied at the site to be pricked or around it, and on the limbs a tourniquet may be tied at the proximal end of the site to be pricked, so as to congest the local area. When performing collateral puncturing, one hand fixes the site to be pricked while the other holds the needle with 3 mm to 5 mm of the tip exposed; the needle is pricked rapidly into the selected site and then withdrawn, an appropriate amount of blood is released, and the tourniquet is then loosened.

4.2.3 Scattered needling: one hand fixes the site to be pricked while the other holds the needle and pricks at a number of points over the site of operation.

4.2.4 Piercing method: one hand fixes the site to be pricked while the other holds the needle and inserts it at an angle of 15 degrees to 30 degrees to a certain depth, after which the tip is lifted upwards so as to break the skin or the subcutaneous tissue.

Note: after the three-edged needle operation, cupping may be combined with it; for cupping see GB/T 21709.5.