



慢性疼痛与纤维肌痛综合症 (FMS)

Treatment of Fibromyalgia Syndrome with TCM
中医临床治疗心得

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慢性疼痛与肌纤维痛综合症(FMS)What Is FMS?

慢性疼痛是指持续一个月以上（以前为三个月或半年）的疼痛，也有人把慢性疼痛比喻为一种不死的癌症。目前，中国至少有一亿以上的慢性疼痛患者。包括许多病种。

Chronic pain refers to the pain lasts more than one month (3 months or half year before). Chronic pain is also called as undead cancer. Now days, there are at least more than one thousand million patients in China suffer from chronic pain.



慢性疼痛与肌纤维痛综合症(FMS)What Is FMS?

- 肌纤维痛综合症是一种特殊的风湿病症候群。Fibromyalgia is different from Arthritis, Rheumatoid Arthritis, and Systemic Lupus Erythematosus (SLE). It is not a simple inflammation, nor a psychological disorder.
- 临床表现：广泛的慢性肌肉酸痛僵硬，常伴有多种非特异性症状，如疲劳、失眠等。The primary symptoms of Fibromyalgia include chronic, widespread musculoskeletal pain and stiffness. Patients can also experience other symptoms such as sleep disorder, anxiety and fatigue.
- 发病机制尚不清楚。研究猜测可能与情绪压力、内科疾病、手术、创伤、甲状腺减退症。Fibromyalgia is a complex chronic condition, whose cause is yet unknown. It may be associated with psychological stress, injury, hypothyroid and other undetermined causes.



慢性疼痛与肌纤维痛综合症(FMS)? What Is FMS?

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LECTURE

Treatment of Fibromyalgia Syndrome with Traditional Chinese Medicine

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Abstract—This article discusses fibromyalgia syndrome (FMS) from both conventional and Traditional Chinese Medicine (TCM) perspectives. It offers TCM management options that can substantially improve treatment outcomes.

Keywords: Fibromyalgia, conventional medicine, Traditional Chinese Medicine

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Understanding FMS is crucial due to its complexity of possible causes as well as its comprehensive involvement of many systems of human body. There is usually some level of dysfunction in the central nervous, immunologic, and endocrine systems which is superimposed upon the malfunction of many organs. In short, conventional medicine has not yet fully understood either the etiology or the pathophysiology of FMS. Thus, it has been a challenge to manage and cure FMS satisfactorily.

Today, both physicians and patients have experienced tremendous frustration from the poor treatment outcomes with the convention methods, as well as the enormous economic burden incurred by ongoing medical costs and loss of income. Even the insurance industry has been severely challenged by the mighty costs generated by this condition. This predicament has created the need to conceptualize a new approach to provide a better method to manage FMS. The objective of TCM treatment principles is to create a healthier homeostasis by identifying and correcting body's imbalances at the different stages. Further, it also responds to increased imbalance needs, which were caused by the disease process.

1. UNDERSTANDING FIBROMYALGIA

Fibromyalgia impacts the quality of life for many people today. According to University of Florida Center for Musculoskeletal Pain Research, more than 12 million Americans have Fibromyalgia Syndrome (FMS) today. Most of them are women in age from 25 to 60. Study also indicated that women are 10 times more likely to develop Fibromyalgia than men [1].

Fibromyalgia Syndrome was firstly recognized in 1816 by William Balfour, M.D, a Scottish Surgeon. For most of the intervening years, the disorder has been given different names, and has even been attributed to psychological problems. Only in 1987 did the American Medical Association recognize Fibromyalgia as a true illness. Even today, few medical schools teach the tender-point examination that the American College of Rheumatology considers as a crucial diagnosis criteria for a definitive diagnosis for Fibromyalgia Syndrome.

Fibromyalgia is referred as a syndrome as it in clinic presents as a collection of symptoms and signs. The primary symptoms of Fibromyalgia include chronic, widespread musculoskeletal pain and stiffness. Patients can also experience other symptoms such as sleep disorder, anxiety and fatigue. There is no test to detect Fibromyalgia, although X-Rays or MRI may be used to rule out other health problems. This creates challenges in diagnosis of Fibromyalgia even though diverse diagnostic criteria have been developed. Fibromyalgia is different from Arthritis, Rheumatoid Arthritis, and Systemic Lupus Erythematosus (SLE). It is not a simple inflammation, nor a psychological disorder.

In summary, Fibromyalgia is a complex chronic condition, whose cause is yet unknown. It may be associated with injury, virus or bacterial infection, immune system dysfunction, hormone imbalance, psychological stress and other undetermined causes. Fibromyalgia can be difficult to treat. There is no quick remedy to cure Fibromyalgia. However, Traditional Chinese Medicine including Acupuncture and Chinese Herbology has been shown effective in treat-

97

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Introduction of acupuncture for pain relief

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Review

Abstract: This study generally introduces the acupuncture treatment for pain relief. It introduces the internal and external causes of pain based on Traditional Chinese Medicine (TCM) theories, as well as the different clinical manifestations for each type of pain conditions. It also discusses pain diagnosis and its treatment strategies according to the theory of TCM.

Key words: Pain management; traditional chinese medicine; acupuncture; pain relief; alternative medicine.

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Introduction

Pain is one of the most common reasons for Americans to access the health care system. It is a leading cause of disability and a major contributor to health care costs (1). The causes for pain can defer on severity and condition, and treatment can range from drug prescription, physical therapy, surgery, and nerve block etc. Presently, people often seek alternative pain management options, such as acupuncture, for its effectiveness, ease of application, and low probability for complication.

Research studies have also proven the effectiveness of acupuncture for pain relief. In a study published by *Archives of Internal Medicine* in 2012, researchers reviewed the results of placebo-controlled trials involving nearly 18,000 participants on the effectiveness of pain management with acupuncture. The overall result was promising, showing that acupuncture helps relieve pain by approximately 50% (2). Furthermore, many studies have concluded that acupuncture is effective in treating various conditions (3-13), especially for pain relief, such as headache (5), chronic low back pain (6), neck pain (7-9), chronic knee pain (10-11), hip pain (12), shoulder pain (13) and so on.

To better understand pain in Traditional Chinese Medicine (TCM) theories and practice, this article will discuss the contributing factors of pain, types of pain, and diagnostic features of each condition with respect to TCM theories. In addition, it also provides perspectives and guidance for using acupuncture to treat pain conditions based on the authors' clinical experiences.

Causes of pain

Pain is the body's unpleasant warning sign for illnesses such as physical or psychological distress, inflammation, and infection.

In TCM theories, the causes of pain are often discussed

through two perspectives: external pathogenic factors and internal disorder.

Pain caused by external pathogenic factors

Understanding External Pathogenic Invasion and Pain

In Traditional Chinese Medicine, pain is a one of the main manifestations of Bi Syndrome (Painful Obstruction Syndrome). Per *Inner Canon of Huangdi' Basic Questions Theories of Bi Syndromes*, "the invasion of pathogenic Wind, Cold and Dampness will lead to an obstruction in the meridians and Bi Syndrome may take place." Bi Syndrome can cause pain, heavy sensation, and limitation of movements.

However, the causes of pain can go beyond external pathogenic factors. Per *Inner Canon of Huangdi' Basic Question' Discussion on Acupuncture Methods*, "Pathogenic factors can not cause diseases if the vital Qi is sufficient." Also stated in *Inner Canon of Huangdi' Basic Question' Discussion of Four Kinds of Febrile Diseases*, "Where pathogenic factors accumulate, the parts of the body must be deficient in the vital Qi." Thus, deficiency of the vital Qi, which can lead to the inability for body to defeat external pathological damage, can be the root cause to lead to the occurrence of pain (14).

Clinically, the following three elements can be observed when pain is mainly caused by external pathogenic invasion:

- Strong pathogenic factors
- Insufficient or weak vital Qi (anti-pathogenic Qi)
- Improper diet and unhealthy life styles

Weak vital Qi is the only definitive reason for pain syndrome. To illustrate this point, we can observe that people who live in cold, windy and humid areas do not all suffer from pain or Bi syndrome. People who do suffer from pain conditions often have weak vital Qi and/or unhealthy lifestyles. Therefore, the occurrence of pain



纤维肌痛综合症特性 Characterizes

- 纤维肌痛综合症不像骨关节炎，类风湿性关节炎，和红斑狼疮，它不是风湿性病变，也不是炎症性，进展性，和退行性病变 **Fibromyalgia is different from Arthritis, Rheumatoid Arthritis, and Systemic Lupus Erythematosus (SLE). It is not a simple inflammation, nor a psychological disorder.**
- 它不是单纯的心身或精神病性紊乱。它是一种慢性衰弱病症，其病因不明，或可能与病毒感染、免疫功能、内分泌异常及心理压力有关 **It may be associated with injury, virus or bacterial infection, immune system dysfunction, hormone imbalance, psychological stress and other undetermined causes.**
- 对此病引起的疼痛及诸多症状，无特效治疗方法以及药物 **Fibromyalgia can be difficult to treat.**



纤维肌痛综合症的影响 Influence

- **超过1200万美国人患有纤维肌痛综合症** According to University of Florida Center for Musculoskeletal Pain Research, more than 12 million Americans have Fibromyalgia Syndrome (FMS) today.
- **大多数患者年龄分布于25-60岁** Most of them are women in age from 25 to 60.
- **女性比男性更容易患纤维肌综合症** Study also indicated that women are 10 times more likely to develop Fibromyalgia than men.

Source: UF Center for Musculoskeletal Pain Research, n.d. Web. 1 July 2015.
<<http://old.med.ufl.edu/rheum/fmsBasics.htm>>.



美国风湿病协会定义 Diagnosis

- 周身弥漫性疼痛史超过3个月 **Patients have a history of widespread musculoskeletal pain for at least 3 months**
- 伴有疲劳、睡眠质量差、记忆及认知能力下降 **Fatigue, Waking unrefreshed, Cognitive (memory or thought) problems)**
- 18个压痛点中11个为压痛阳性反应（4kg手指压力） **Patients responded pain in 11 of 18 tender point sites. The amount of pressure exerted by the examiner's thumb was to be approximately 4 kg/cm². Further, a positive tender point could only be classified if the patient responded of having pain, rather than feeling tenderness.**
- 没有其他健康问题能够直接解释疼痛及症状原因 **No other health problem that would explain the pain and other symptoms**

Source: American College of Rheumatology, 2010



纤维肌痛综合症18个压痛点 18 Tender Points

Tender Points for Diagnosis of Fibromyalgia

Severity Scale: A. Very Painful B. Somewhat Painful C. Mildly Irritating

Low cervical:
bilateral, at C5-C7



Second rib:
bilateral, at the
second costochondral
junctions



Greater trochanter:
bilateral, posterior
to the trochanteric
prominence



Knees: bilateral,
at the medial fat
pad proximal to
the joint line



1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____
 11. _____
 12. _____
 13. _____
 14. _____
 15. _____
 16. _____
 17. _____
 18. _____
- Total: _____

Occiput: bilateral,
at the suboccipital
muscle insertions



Trapezius: bilateral,
at the midpoint of
the upper border



Supraspinatus: bilateral,
above the scapular spine
near the medial border



Lateral epicondyle:
bilateral, 2 cm distal to
the epicondyles



Gluteal: bilateral, upper outer
quadrants of buttocks in anterior
fold of muscle



Anatomic location of tender points according to the American College of Rheumatology 1990 classification criteria for fibromyalgia.

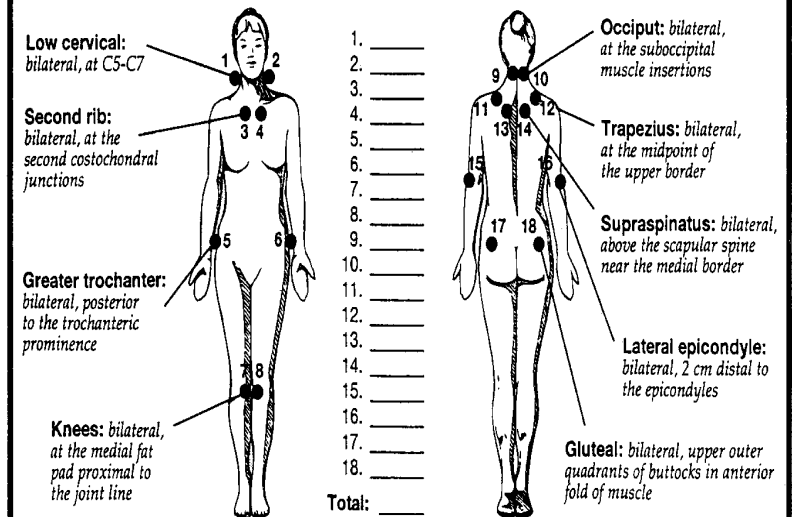
中西医压痛点对比 Comparison

18 tender points comparison between TCM and western medicine

Tender Point	Tender Points per American College of Rheumatology	Corresponding Acupuncture Points
1, 2	At the anterior aspects of the inter-transverse spaces between C5 and C7	LI-18 (Fu Tu)
3, 4	At the 2nd costochondral junctions, on the upper surface, just lateral to the junctions	K-25 (Shen Cang)
5, 6	Posterior to the prominence of the greater trochanter (piriformis insertion)	GB-29 (Ju Liao)
7, 8	On the medial aspect of the knees, on the fatty pad, proximal to the joint line	Liv-8 (Qu Quan)
9, 10	At the suboccipital muscle insertions (close to where rectus capitis posterior minor inserts)	GB-20 (Feng Chi)
11, 12	At the midpoint of the upper border of upper trapezius muscle	GB-21 (Jian Jing)
13, 14	At the origins of supraspinatus muscle above the scapula spines	SI-13 (Qu Yuan)
15, 16	2cm distal to the lateral epicondyles of the elbows	LI-10 (Shou San Li)
17, 18	In the upper outer quadrants of the buttocks in the anterior fold of gluteus medius	GB-30 (Huan Tiao,)

Tender Points for Diagnosis of Fibromyalgia

Severity Scale: A. Very Painful B. Somewhat Painful C. Mildly Irritating



Anatomic location of tender points according to the American College of Rheumatology 1990 classification criteria for fibromyalgia.



纤维肌痛综合症三大症状 Symptoms

- 广泛的肌肉骨骼疼痛 **Chronic, widespread musculoskeletal pain, muscle spasms and tightness**
- 不明原因的睡眠障碍 **Sleeping disorders (insomnia, waking unrested)**
- 慢性疲劳 **Unexplained fatigue**



纤维肌痛综合症症状解析 Analyses

- 广泛的肌肉骨骼疼痛 **Widespread musculoskeletal pain, Muscle spasms and tightness**
- 疼痛涉及范围广泛，主要涉及脾经，胆经，膀胱经，也有关联肝胃等经。
The Spleen Channel, Gallbladder Channel, the Bladder Channel, the Stomach Channel and the Liver Channels are mainly involved in the chronic pain.
- 临床上主要压痛点：血海，阴陵泉，风池，肩井，会宗，环跳，秩边，风市，风门，府分，膏肓，大肠俞，肾俞，阴谷，梁丘等。
Corresponding tender Acupuncture Points: Xue Hai(SP10), Feng Chi(GB20), Jian Jin(GB21), Hui Zong(SJ07), Huan Tiao(GB30), Zhi Bian(BL54), Feng Shi(GB31), Feng Fu(DU16), Fu Fen(BL41), Gao Huan(BL43), Da Chang Shu(BL25), Shen Shu(BL23), Yin Gu(KI10), Liang Qiu(ST34)



纤维肌痛综合症症状解析 Analyses

- 不明原因的睡眠障碍 **unexplained sleeping disorders**
- 失眠、易醒、多梦，疲惫 **insomnia, waking unrested, dreaming, fatigue**
- 纤维肌痛患者的睡眠障碍的二个重要特点：**Two characteristics:**
 - 第一：即使能够达到同年龄正常人的睡眠时间，患者的精神和体力并不会得到恢复，一些患者甚至会诉说睡眠后比不睡的时候还累。**Even getting the enough sleeping time, the energy is hard to be recovered. Further more, some patient complain even more tired after sleep.**
 - 第二：入睡困难。**Difficulty in falling asleep**
- 不明原因的慢性疲乏 **Unexplained fatigue**
- 整天乏力，早晨醒后全身僵硬无力 **fatigue, stiffness all over in the morning**



纤维肌痛综合症临床症状 Symptoms

Tension or migraine headaches
Irritable Bowel Syndrome (IBS)
Numbness and tingling feeling
Temporomandibular Joint Dysfunction
Bloating
Constipation, diarrhea or constipation alternating with diarrhea

Joint Pain
Concentration and memory problems, also known as "fibro fog"
Morning Stiffness
Anxiety and Depression
Premenstrual Syndrome
Numbness and tingling in hand, arms, feet and legs
Feeling of swelling
Dry mouth and dry eye
Nausea
Abdominal pain

Dizziness
Feeling of swelling
Skin allergy, inflammation and burning sensation
Lack of muscle control
Urinary problems – urinary frequency, pain or urgency
Chest congestion and chest pain
Hearing loss
Raynaud disease



纤维肌痛综合症病机分析 Pathogenesis Analysis

西医： 发病机制至今尚未明了 **Modern medicine does not have a clear consensus about the causes of Fibromyalgia today**

- 可能与中枢神经生化异常，脑脊液中血清素（5-HT）和P物质是升高；免疫紊乱各种细胞因子增高，遗传因素，机体创伤、病毒感染和精神因素等有关。
FMS may be precipitated by abnormality of central nerves, increasing substance P and 5-HT, injury, genetics, viral or bacterial infection, exposure to strong chemicals, stress, immune system dysfunction, hormone imbalance, central nerve biochemical abnormality, and other undetermined causes.
- 大多认为纤维肌痛病人肌肉内缺氧是一个关键因素。 **Oxygen deficiency in the muscle is the key factor for the FMS.**



纤维肌痛综合症病机分析 Pathogenesis Analysis

中医：属中医学痹证中周痹、肌痹范畴 **TCM: Zhou Bi Syndrome, Ji Bi Syndrome**

- 郁证所导致肌痹 **Depression leads to Bi Syndrome**
- “痹者，闭也。”肝郁脾虚，气血闭阻不通，故痛作，日久则气血亏损，疲劳莫名。“Bi, blockage”. **Spleen Qi Deficiency and Liver Qi Stagnation, cause the stasis of blood and Qi, leading to pain. Long term stagnation of Qi and Blood causes deficiency, results in fatigue.**



纤维肌痛综合症病机分析 Pathogenesis Analysis

Be fully aware of incomplete elimination of Six External Qi – Latent Six External Qi

注重伏邪致痛

- **Used to be acute onset, but pathology remains in an inactive or present but not visible, apparent, or pathology actualized; existing as potential.** 外邪潜伏
- **Relative long duration** 病程较久
- **Could be related with seasonal changes**
- **Pain mostly still remains on the superficial portion of the body** 病变大多仍在浅表
- **Much disturbance to the Internal Zang-Fu organs** 内脏连及受损
- Lyme disease (also known as Lyme borreliosis)
- Fibromyalgia



纤维肌痛综合症中医病症分析 TCM Analysis

- 《素问·痹论》“风寒湿三气杂至，合而为痹也” *Inner Canon of Huangdi · Basic Questions · Theories of Bi Syndromes*, “the invasion of pathogenic Wind, Cold and Dampness will lead to an obstruction in the meridians and Bi Syndrome may take place.”
- 风、寒、湿邪合而致病是痹证形成的机制。 **Wind, Cold and Dampness are the main mechanisms.**
- 《素问遗篇·刺法论》“正气存内，邪不可干” *Inner Canon of Huangdi · Basic Question · Discussion of Four Kinds of Febrile Diseases*, “Where pathogenic factors accumulate, the parts of the body must be deficient in the vital Qi.”



纤维肌痛综合症中医病症分析 TCM Analysis

- 《素问·评热病论》曰“邪之所凑，其气必虚”， *Inner Canon of Huangdi · Basic Question · Discussion on Acupuncture Methods*, “**Pathogenic factors can not cause trouble if the vital Qi is sufficient.**”
- 肝郁脾虚、气血不和
- 气滞血瘀、气血虚弱
- 肝气郁结而致瘀血
- 肝郁犯脾而致脾虚，不能化生气血，充养心肝之血。肝血虚又致肝郁更甚，恶性循环并牵涉到心肾，因为肝病为母，母病及子，久病及肾。



纤维肌痛综合症中医病机分析 Pathogenesis Analysis

- **痛 Pain:** 风, 寒, 湿, 痰, 瘀 都可以导致不通则痛 **Wind, Cold and Dampness will lead to an obstruction in the meridians and Bi Syndrome may take place, resulting in pain.**
- **疲 Fatigue:** 心气亏损, 脾气不足, 肾阳衰微 都可致神疲乏力 **Heart Qi loss, Spleen Qi deficiency, Kidney Yang Deficiency**
- **眠 Sleep:** 肝气郁结, 心肾不交, 瘀血扰心 都可致睡眠不安 **Disharmony between Heart and Kidney, Blood Stagnation Disturbing Heart**
- **神 Spirit:** 久痛失眠, 元神耗损, 目呆无神, 脸色无神 **Prolonged pain, Insomnia, Anxiety, Depression, Lack of Energy**
- **久 Prostrated Symptoms:** 虚实兼挟, 缠绵不已 **Complex Symptoms of Deficiency and Excess**



纤维肌痛综合症中医临床心得 Clinical Experience

- **脾虚肝郁型** 补阴陵泉、三阴交、脾俞、足三里、泻阳陵泉、太冲、合谷 逍遥散+柴胡疏肝散
Spleen Qi Deficiency and Liver Qi Stagnation : tonify - Yin Ling Quan(SP-9), San Yin Jiao (SP-6), Pi Shu (BL-20), Zu San Li (ST-36) Sedate - Yang Ling Quan (GB-34), Tai Chong (LIV-3), He Gu (LI-4) **Xiao Yao San, Cai Hu Shu Gan San**
- **气滞血瘀型** 泻血海、膈俞、阳陵泉，太冲、合谷 身痛逐瘀丸
Qi Stagnation and Blood Stasis: Sedate - Xue Hai (SP-10), Tai Chong (LIV-3), Ge Yu (BL-17), Yang Ling Quan (GB-34), He Gu (LI-4) **Shen Tong Sui Yu Wan**
- **心脾两虚型** 补脾俞、胃俞、足三里、内关、神门 归脾汤 甘麦大枣汤
Deficiency of Both Heart and Spleen: Tonify - Pi Shu (BL-20), Wei Shu (BL-21), Zu San Li (ST-36), Nei Guan, Shen Men Gui Pi Tang, **Gan Mai Da Zao Tang**
- **风湿阻络型** 补脾俞、胃俞、足三里、泻解溪、曲池、合谷 独活寄生汤
Wind and Dampness Blockage: Tonify - Pi Shu (BL-20), Wei Yu (BL-21), Zu San Li (ST-36) Sedate - Jie Xi, Qu Chi, He Gu (LI-4) **Du Huo Ji Sheng Tang**



纤维肌痛综合症中医临床心得 Clinical Experience

- 心肾不交型 补肾俞、心俞、太溪、神门、关元 黄连阿胶汤 天王补心丹
Disharmony between Heart and Kidney: Tonify - Shen Shu (BL-23), Xin Shu (BL-15), Tai Xi (KD-3), Shen Men (HE-7), Guan Yuan (REN-4) Huang Lian E Jiao Tang, Tian Wang Bu Xin Dan
- 脾肾阳虚型 补肾俞、脾俞、太溪、足三里、关元 真武汤 补中益气汤
Yang Deficiency of Spleen and Kidney: Tonify - Shen Shu (BL-23), Pi Shu (BL-20), Tai Xi (KD-3), Zu San Li (ST-36), Guan Yuan (REN-4) Zhen Wu Tang, Bu Zhong Yi Qi Tang
- 阴阳两虚型 补肾俞、太溪、照海、关元、命门 二仙汤 补中益气汤
Deficiency of Yin and Yang: Tonify - Shen Shu (BL-23), Tai Xi (KD-3), Zhao Hai (KD-6), Guan Yuan (REN-4), Min Men (DU-4) Er Xian Tang, Bu Zhong Yi Qi Tang



纤维肌痛综合症中医治疗体会 Clinical Experience

- 诸痛癢疮，皆属于心，让病人获得深睡眠非常重要。治痛必先治心。同时慢性疼痛本身也会引起心神不安，所以心经、心包经穴位神门，内关、劳宫常常选择 **all different kinds of pains and skin irritation are related to heart based on Traditional Chinese Medicine theories. Thus, it is crucial to calm patients' Heart and help them obtain deep sleep. Shen Men, Nei Guan, and Lao Gong are often used in treatment.**
- 脾主肌肉，如何健脾而不留邪，祛邪而不伤脾，阴陵泉为纤维肌痛首选穴位 **Spleen controls muscles. Strengthening Spleen results in stronger muscle and less pain. In order to fortify Spleen without causing stagnation, and to smooth stagnation without weakening Spleen, Yin Ling Quan is the first choice.**
- 久病入络，血瘀存在此病各型，血海、膈俞可以交替使用。 **Pathogen usually intrudes into collateral in protracted disease, Blood stagnation is often observed. Xue Hai and Ge Shu can be used alternatively in treatment.**



纤维肌痛综合症中医治疗体会 Clinical Experience

- 普通的穴位有其止痛的局限性 **Common acupuncture points may have limits in their pain relief effects**
- 我主张选用受累经络上的络穴和郄穴 **Luo points and Xi points from the affected channels**
- 手足太阳经（养老、支正、金门、飞扬）
The Hand and Foot Taiyang Channel (Yang Lao, Zhi Zheng, Jin Men, Fei Yang)
- 脾胃经（地机、大包、公孙、梁丘，丰隆）
The Spleen and Stomach Channel (Di Ji, Da Bao, Gong Sun, Liang Qiu, Feng Long)
- 胆经（外丘，光明）
The Gall Bladder Channel (Wai Qiu, Guang Ming)
- 局部与远端取穴相结合。
Accompanied by distal end points



纤维肌痛综合症中医治疗体会 Clinical Experience

- 首次治疗手法宜轻，本病容易在第一次针后出现更加疲惫或酸痛，宜多饮水休息，如果酸痛加重可以用海盐一杯，小苏打粉一杯放浴缸浸浴
- 拔罐时可加用橄榄油拌红花油
- 鼓励病人用网球自己顶墙按摩
- 饮食应该无糖饮食，糖会增加肌肉炎症反应，节制牛奶制品多吃蔬果



四诊合参，望切尤重

Inspection and Palpation are most important among the 4 Pillars of Diagnosis



Inspection 望诊

- **Following aspects are inspected:**
- **Physical movement 望形体活动**
- **The place with pain 观察疼痛部位**
- **The meridians which pass through the painful areas 观察经脉所行**
- **Local skin changes, especially the color, eruption and pigmentation, etc. 望局部变化**
- **The Shen reactions 望神**
- **The tongue changes 望舌**



Palpation 切诊

- **The importance of palpation is to find out which meridian is affected, and where is the disorder located. 通过切诊判断疼痛部位**
- **Palpation includes the following items:**
- **The site with painful places 切按疼痛部位**
- **The corresponding points of related internal organs 切按背腧穴和募穴**
- **Ah Shi points 切按阿是穴**
- **Any changes in muscles, under the skin, nodulations, depression, protrusion 安顿 temperature 切按局部变化部位**



Palpation 切诊

- **Palpation should also discover the following changes, such as:** 疼痛部位局部变化尤为重要
- **Tension or spasm** 牵拉和紧张
- **Discoloration** 变色
- **Swelling** 肿快
- **Blisters** 疱疹
- **Hotness** 发热
- **Stiffness** 僵硬
- **Flaccidity, softness or tenderness** 软弱和压痛
- **Any abnormal changes imply some underlying pathologies in TCM.**



Diagnosis of pain 疼痛诊断

1. **Diagnosis according to the duration.**根据病程
2. **Diagnosis according to the severity.**根据病情
3. **Diagnosis according to the causative factors.**根据病因
4. **Diagnosis according to functional disorder or organic sickness.**根据功能障碍或器质病变
5. **Diagnosis according to physical damage or mental disturbance.**根据机体损伤或精神障碍
6. **Diagnosis according to subjective feeling or object observations.**根据主观和客观述说



Application of points combination 针灸配穴

The main aims of acupuncture treatment for pain are: 疼痛治疗的目的

To relieve the pain, and 止痛

To remove the causative factors 消除病因



Application of points combination 针灸配穴

Points to relieve the pain:

止痛穴位

The aims are R.R.R.R. 其目的为四个“R”

Relieve the pain as much as possible; 尽量消除疼痛

Relieve the pain as quick as possible; 尽快消除疼痛

Relieve the pain as complete as possible; 尽全消除疼痛

Relieve the pain as strong as possible; 尽力消除疼痛



Application of points combination 针灸配穴

Luo-Connecting points; 络穴

Yuan-Source points; 原穴

Xi-Cleft points; 郄穴

Stream points; 输穴

Ah Shi points from the local or adjacent areas or distal area , etc. 疼痛局部附近阿是穴

In most of cases a reducing method is applied, this is because Qi or Blood stagnation is the chief pathologies. 泻法



Application of points combination 针灸配穴

Corresponding points 相应穴

Shoulder to hip Shoulder to hip

HT-1 to KI-11 LI-15 to ST-30

PC-2 to LR-12 TE-14 to GB-30

LU-2 to SP-12 SI-10 to BL-36

Elbow to knee Elbow to knee

HT-3 to KI-10 LI-11 to ST-35

PC-3 to LR-8 TE-10 to GB-34

LU-5 to SP-9 SI-8 to BL-40

Wrist to ankle Wrist to ankle

HT-7 to KI-3 LI-5 to ST-41

PC-7 to LR-4 TE-4 to GB-40

LU-9 to SP-5 SI-4 to BL-62



Application of points combination 针灸配穴

Points to resolve the causative factors

祛除病因治疗穴位

The aims are **R.R.R.R.**其目的为四个“R”

Remove the causative factors; 消除病因

Restore the functional disturbance; 恢复功能影响

Repair the physiological damage; 修复机体损伤

Reestablish the spiritual balance.调整精神状态



Application of points combination 针灸配穴

Besides the same points for the pain,

除了如下的针对性的止痛穴位之外

Yuan-Source points; 原穴

Xi-Cleft points; 郄穴

**Ah Shi points from the local or adjacent areas or distal area , etc. 局部和附近的阿
是穴**



Application of points combination 针灸配穴

Mainly applying the following points:

主要使用以下穴位

Five Shu points 五输穴

Eight Influential points; 八会穴

Eight confluence points; 八脉交会穴

Front-Mu points; 募穴

Back-Shu points; 背腧穴

Mother or Son points, etc. 母子相配穴



Application of points combination 针灸配穴

Meridian	Tonify		Sedate	
	Horary Pt. on Mother Channel	Pt. on affected channel	Horary Pt. on controlling channel	Pt. on affected channel
Lung	SP 3	LU 9	HT 8	LU 10
Large intestine	ST 36	LI 11	SI 5	LI 5
Stomach	SI 5	ST 41	GB 41	ST 43
Spleen	HT 8	SP 2	LR 1	SP 1
Heart	LR 1	HT 9	KI 10	HT 3
Small intestine	GB 41	SI 3	UB 66	SI 2
Urinary bladder	LI 1	UB 67	ST 36	UB 40
Kidney	LU 8	Kid 7	SP 3	KI 3
Pericardium	LR 1	PC 9	KI 10	PC 3
San jiao	GB 41	SJ 3	UB 66	SJ 2
Gallbladder	UB 66	GB 43	LI 1	GB 44
Liver	KI 10	LR 8	LU 8	LR 4

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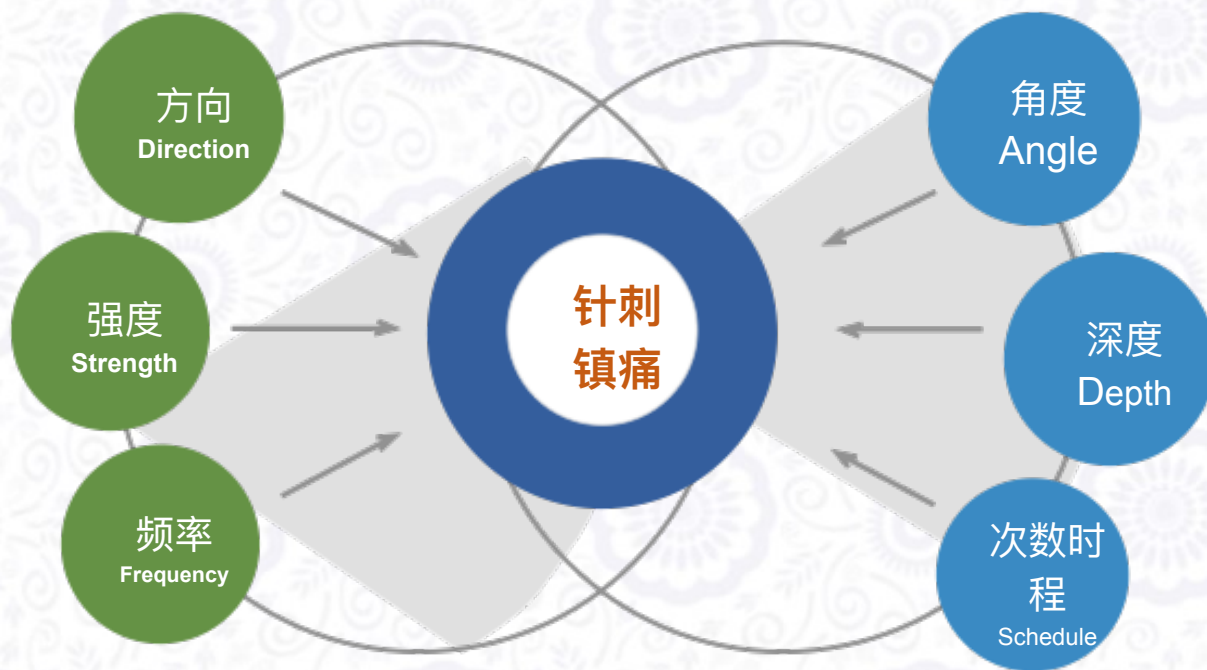
16

Table 5. Sedation prescriptions for conditions of excess.

Meridian	Tonify		Sedate	
	Horary Pt. on controlling channel	Pt. on affected channel	Horary Pt. on Son channel	Pt. on affected channel
Lung	HT 8	Lu 10	KI 10	LU 5
Large intestine	SI 5	LI 5	UB 66	LI 2
Stomach	GB 41	ST 43	LI 1	ST 45
Spleen	LR 1	SP 1	LU 8	SP 5
Heart	KI 10	HT 3	SP 3	HT 7
Small intestine	UB 66	SI 2	ST 36	SI 8
Urinary bladder	ST 36	UB 40	GB 41	UB 65
Kidney	SP 3	KI 3	LR 1	KI 1
Pericardium	KI 10	PC 3	SP 3	PC 7
San jiao	UB 66	SJ 2	ST 36	SJ 10
Gallbladder	LI 1	GB 44	SI 5	GB 38
Liver	LU 8	LR 4	HT 8	LR 2



Application of points combination 针灸配穴





Application of points combination 针灸配穴

- ❁ **方向 Direction:** 腕踝针疗法有其明确的针刺方向, 针尖向腕及踝方向, 主治腕踝及以下病症; 向肘、膝方向, 主治肘膝及以上部位病症。
- ❁ **深度 Depth:** 有试验以偏头痛为例进行深浅针刺镇痛研究, 发现深刺疗效优于常规针刺。
- ❁ **针刺角度 Angle** 不同, 其镇痛适应证明显不同。

以翳风为例: **Yi Feng**

浅刺法: 直刺主要治疗乳突疼痛、面瘫; 斜刺主要治疗下颌病变、牙痛, 进针后向下颌骨方向斜刺。

深刺法: 向对侧乳突方向直刺, 主要治疗偏头痛、眩晕等; 针尖微微向上沿耳道方向刺入, 主要治疗内耳疼痛; 针尖微微向下即指向咽部, 主要治疗舌咽神经痛、失语、吞咽障碍。



Application of points combination 针灸配穴

✿ 针刺强度 **Strength**

对于急性关节炎疼痛,在相同波型和频率的情况下,中强度电针的镇痛效果优于高强度电针,这种镇痛效果可能与中枢的参与有关。

✿ 电针频率: **Frequency**

电针能减轻神经源性痛,且低频(2Hz)电针的镇痛效果优于高频(100Hz)电针。前者可抑制痛敏和超敏,多次刺激其疗效发生累加作用,而后者治疗效果差,且不易产生累加作用。



Application of points combination 针灸配穴

❁ 针刺时程 Schedule

有实验发现，针刺**15min**后大鼠端脑cGMP含量降低，**30min**后端脑cGMP含量显著降低而脑干其含量升高且痛阈明显提高，**45min**后脑干cGMP含量升高。初步证实针刺镇痛以约**30min**为宜。

❁ 针刺次数 Frequency

实验发现单次针刺炎症痛小鼠双侧足三里和昆仑穴后，其镇痛作用在**20~30min**内达到高峰，**45min**后基本消失；而**2周**内给予隔日多次针刺治疗，其作用持续时间明显延长。提示多疗程的隔日多次针刺治疗对此类疼痛更为有效。



针灸镇痛的现代研究 Research Nowadays

- 国际疼痛学会（International Association for the Study of Pain, IASP）于1986年提出的定义：**疼痛是由实际的或潜在的组织损伤引起的一种不愉快的感觉和情感经历。**
- 疼痛的特点：
 - ✿ 专一的受纳器、传入神经以及中枢痛觉感受区域
 - ✿ 个体差异性
- 同一伤害性刺激，在不同人、不同部位所感受的程度大可不同，所产生的相对反应也不一样。
- 疼痛是由特有的感受器，以及感受伤害性机械刺激的A δ 纤维和感受机械性、热性和化学性等刺激的C纤维，唤起的一种独立感觉模式(即指有专一的感受器，传入神经和中枢痛觉感受区)。这是最原始的痛觉理论学说。这是专一性学说。



针灸镇痛的现代研究 Research Nowadays

一、针刺镇痛的神经通路

1、**针刺信号外周传入途径**：是通过穴位深部的感受器及神经末梢的兴奋传入中枢。

细纤维 (A δ 、A β)：针刺用较弱的刺激达到镇痛目的；镇痛范围小。

粗纤维 (C类纤维)：针刺刺激如果达到兴奋C类纤维的强度，即可能是以一种伤害性刺激的方式来抑制另一种伤害性刺激的传入，来达到镇痛目的；镇痛范围大。

2、针刺信号中枢传入途径

- 针刺引起的传入冲动进入脊髓背角后，主要交叉到对侧脊髓腹外侧束上行，与痛、温觉的传导途径相似。
- 更主要的是上行到脑干、丘脑和大脑皮层等部位，通过激活高位中枢发放下行抑制冲动来发挥镇痛效应。
- 下行调制路径：痛觉调制系统是避免机体过份受疼痛困扰，暂时舒缓疼痛，以便于机体逃离危害。

近些年来发现大量的神经活性物质—神经肽，包括P物质、内阿片肽、脑啡肽、内啡肽、强啡肽、八肽



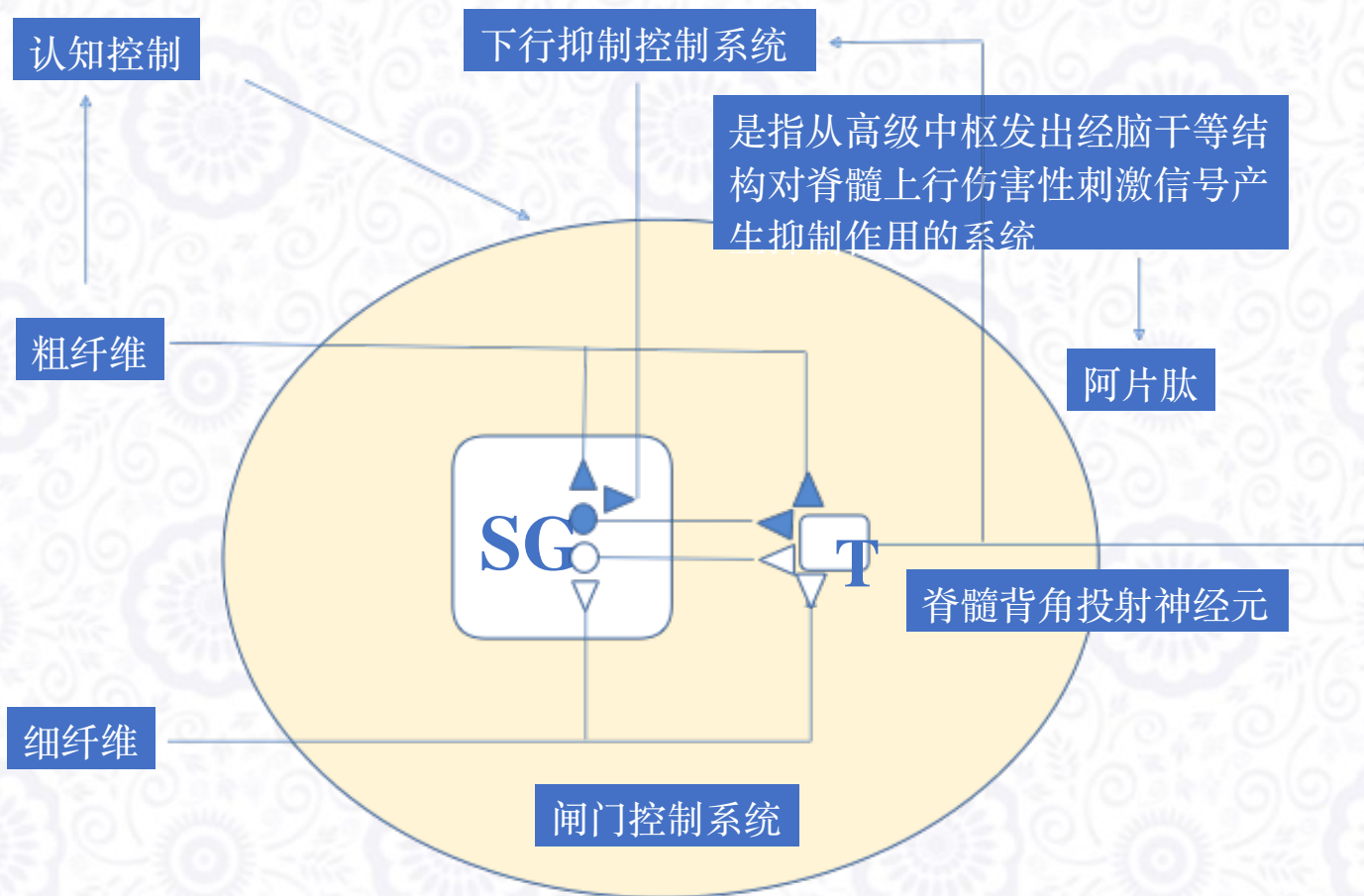
针灸镇痛的现代研究 Research Nowadays

针刺激活脑内的内阿片肽系统，主要通过3个方面发挥镇痛作用：

- 一是脊髓内的内阿片肽神经元释放相应递质，抑制脊髓伤害性感受神经元的痛反应。
- 脑内有关核团中的内阿片肽能神经元通过释放递质及换元参与下行抑制系统，起到抑制痛觉传递的作用。
- 垂体内 β -内啡肽释放至血液内也起一定的作用。

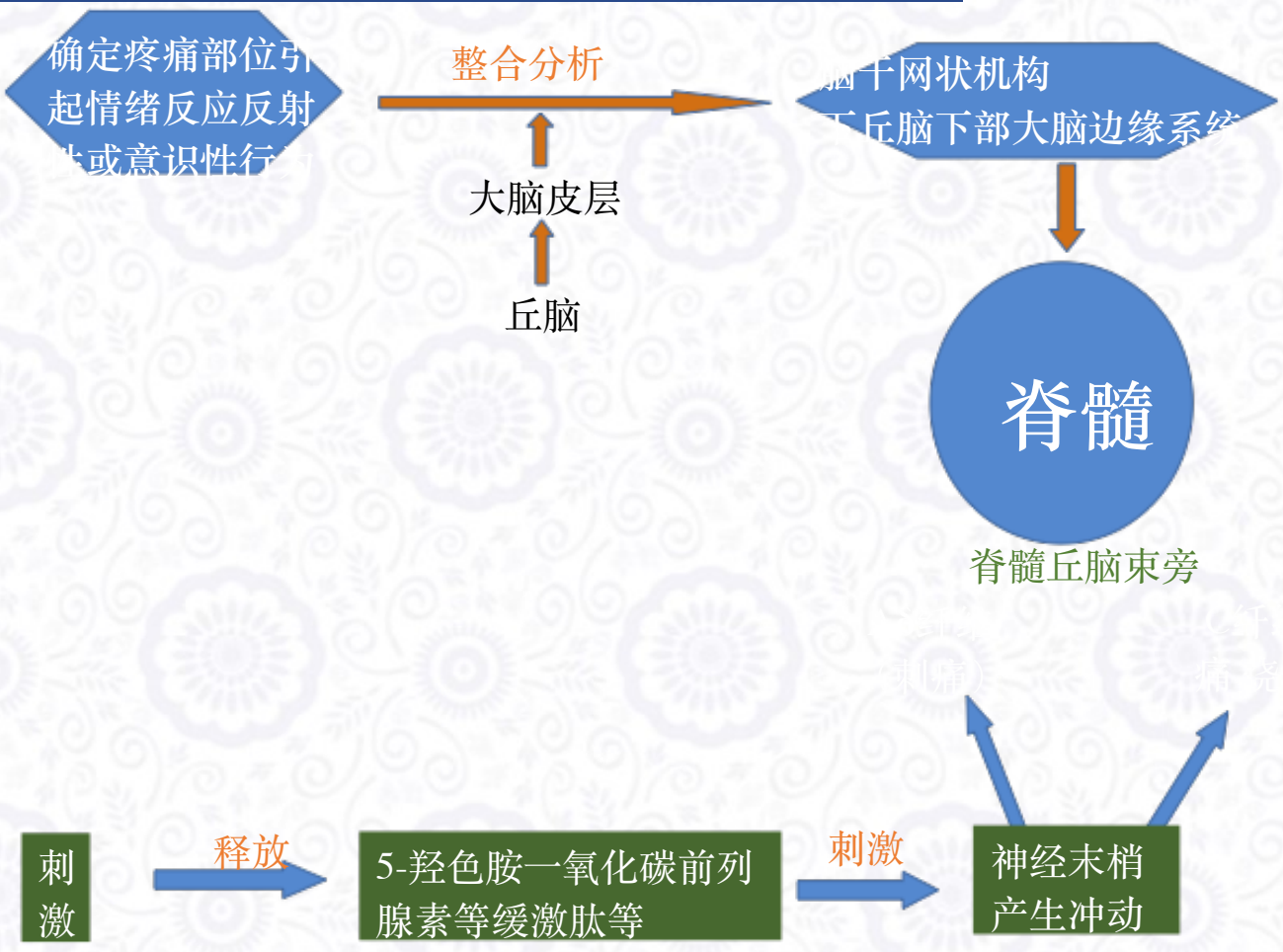


针灸镇痛的现代研究 Research Nowadays





针灸镇痛的现代研究 Research Nowadays





神经递质/调质 在针灸镇痛中的作用

激活脑内NE能上行投射系统，对抗针灸镇痛，激活低位脑干发出的NE，能下行投射系统，增强针灸镇痛。针刺时，镇痛的同时伴有脑内上行通路的NE下降

外周和中枢ACh被激活时增强针灸镇痛作用

5-羟色胺 (5-HT)

中枢5-HT参与镇痛，外周5-HT参与致痛，针刺时脑内5-HT升高，外周5-HT降低

去甲肾上腺素 (NE)

多巴胺

参与针灸镇痛主要与其兴奋的受体类型有关。兴奋D2受体，有针灸镇痛作用并加强

乙酰胆碱 (ACh)

同节段远近配穴电针 对慢性根性痛大鼠脊髓P物质的影响

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【摘要】 目的:探讨相同脊髓节段的远近配穴电针治疗慢性根性痛的相关机制。方法:采用慢性根性痛大鼠模型,将25只雄性Wistar大鼠随机分为正常对照组(A组)、模型组(B组)、局部取穴电针组(C组,取双侧L₄“夹脊”穴)、远道取穴电针组(D组,取双侧“阳陵泉”)及远近配穴电针组(E组,取双侧L₄“夹脊”+双侧“阳陵泉”)。各电针组均采用2 Hz连续波低频电针治疗8 d,观察大鼠神经根压迫部位HE染色病理形态、步态恢复情况及电针前后痛阈变化,免疫组化法观察患侧脊髓背角P物质表达的变化。结果:各电针组步态恢复比B组进步;痛阈变化值随电针次数增加而增加,差异有显著性意义($P < 0.05$),但各电针组间痛阈变化值比较差异无显著性意义($P > 0.05$);与B组相比,A、C、D、E组患侧脊髓背角P物质的表达均明显减少($P < 0.05$),各电针组之间患侧背角P物质的表达差异无显著性意义($P > 0.05$)。结论:2 Hz电针具有明显的镇痛作用,抑制P物质的释放可能是实现其镇痛作用的机制之一;相同脊髓节段的局部和远道取穴在抑制P物质的释放及对痛阈变化值的影响方面效果相当。

【关键词】 慢性根性痛 电针 P物质 脊髓

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Thank You So Much ☺

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