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编者的话

腰痛是一种常见病。据统计，世界人口有 80%罹患腰痛-短期的或者长期的。腰痛原因很多，严重的如脊柱受伤、骨折或者椎间盘突出、碎裂造成坐骨神经痛，骨盆破裂、先天性畸形、脊柱类风湿关节炎、癌症转移等等。不太严重的，可以是腰肌劳损、筋膜性或肌肉性压迫造成腰痛和/或坐骨神经痛；以及急性腰扭伤、生活习惯性（例如姿势不良）、精神性、肾性、老年性等等，不一而足。西医治疗，严重的就是手术；不太严重则是止痛片，激素，甚至注射吗啡。这些治疗常常是昂贵的。中医治疗，除了必须手术者以外，都可以实施针灸、按摩推拿、拔罐、中药等等治疗。其中尤以针灸为便捷和快速有效。而且针灸等治疗，常常是很便宜的。

2009 年英国 NICE（National Institute for Health and Care Excellence）正式宣布推荐在 NHS 的医院推行针灸治疗腰痛。但是今年 3 月突然宣布将在新的《临床指南》停止这一推荐，英国针灸界倍感荒唐，群情激愤。到目前为止，我们参加了 NICE 举行的两场听证会。一天的公众开放会议，只有 1 小时的公众提问，但是如 5 月 18 号的听证会实际上只是给了半小时不到，总共 8 位公众得到发言的机会。9 月最后一次听证后，然后就要正式公布他们新的《临床指南》。

他们提供了一些所谓针灸治疗腰痛不过是“安慰剂作用”的“证据”，以莫须有的“假针灸”作为对照组，说结论是“两者同样有效”，从而认为针灸治疗腰痛（与“假针”相比）“没有特异性疗效”。所以只推荐体育活动腰部，而不推荐针灸治疗腰痛。实际上，他们和那些“假针灸”对照研究者一样，根本不懂针灸原理，不知道“假针灸”概念是错误的，不知道那些实验设计是错误的，其结论当然也是错误的，不能用来作为判断针灸疗效的依据。

NICE 手中掌握 NHS 大量腰痛病人针灸治疗，却不愿意进行当前被公认为最有价值的“大数据”研究。我们提供了几百份病人针灸治疗腰痛有效的证据资料，但他们置若罔闻，我们至今未得到任何正式回应。德国就曾经进行过针灸临床疗效的大范围调查，肯定了针灸治疗包括腰痛在内的很多疾病的临床有效性，从而支持针灸的临床应用；世界卫生组织针灸相关专业工作机构曾经先后于 1979 年、2002 年进行过针灸临床研究报告，并推荐针灸在包括腰痛在内的 70 多种疾病的治疗；如澳大利亚、匈牙利、葡萄牙等很多国家经过科学严格的考察，近年已经进行中医针灸的立法，而英国却以备受争议、有错误和瑕疵的所谓“假针”为对照的“科学”幌子下错误方法的研究结论为由，要取消曾经在腰痛治疗《临床指南》中的推荐，完全将病人利益、中医针灸师摆出的针灸有效治疗腰痛的理由置之不顾，实在是巨大的倒退，这种做法必将被历史证明其荒唐。

为此我们编辑此份特辑，进一步申明我们的立场和理由。如果 NICE 在新的《临床指南》中继续对针灸治疗腰痛的推荐，那么天地良心，他们总算还有良知；如果他们继续预谋的废止结论，那么立此存证，让时间考验他们，事实拷打他们。

（编辑：袁炳胜）

EDITORIAL

Lower back pain is a common illness. About 80% of people in the world have this problem. Many causes can lead to lower back pain. Some serious pain is because of injury to the spinal column, a fracture of the pelvic cavity, a herniated disc and sciatica etc. Some pain is because of muscular strain in the loins and some due to the pressure of injury to the fascia or muscules. Cold and dampness, a bad habit of sitting down or standing for too long, kidney infection, cancer, rheumatoid arthritis and old age can often cause lower back pain. Modern treatment uses operations, steroids, painkillers (even morphine) as usual treatment methods but it these are always very expensive; Chinese acupuncture, cupping, Tuina and herbs can treat most types of lower back pain, except some cases which need operation, and are much cheaper than western treatment.

In 2009 the NICE gave a formal decision that they supported acupuncture for treatment of lower back pain. However, NICE suddenly wanted to rescind the above support. This caused a feeling of popular indignation in the sector of acupuncture and Chinese medicine practitioners. So far, there have been two days for public inquiry but actually only a very few acupuncturists were allowed to give a comment. On the 21st September NICE will give their final decision.

The reason was that NICE submitted some experimental evidence to conclude that acupuncture is only the same as "placebo". The experimenters used Sham Acupuncture as a comparison group with the real treatment group to prove the two groups can achieve the same effects. They even said that exercise can have same effect. They really do not understand the principles and do not know that "sham acupuncture" is a wrong conception. So, their design of the experiment was wrong. The conclusion therefore is also wrong.

NICE is holding the big data of acupuncture treatments of lower back pain in NHS hospitals. However NICE refuses to do a Big Data Analysis which is now generally acknowledged and accepted to do such field research as the best methodology. We have also submitted hundreds of copies of patients' letters for NICE to read but they rejected to accept these on the pretext of "they are privacy material". They have power so they do not really want to accept the truth and consider patients' interests.

Now we publish this journal with special articles to state our position once more and give the reasons. We wish NICE conscientiously to face lower back pain patients and the truth of acupuncture effects.

（Editor：Alicia.Ma）

·学术探讨·

关于《腰痛临床指南》给 NICE 的十三个问题质询

马伯英 MA Bo-Ying

【编者按】3 月 24 日 NICE（National Institute for Health and Care Excellence）突然发出通知，将在新的《临床指南草案》撤销 2009 年《临床指南》对针灸治疗腰痛的推荐，认为根据新的科研结果，针灸作用不过是"安慰剂作用"。其主要引用证据是以"假针刺"作为对照组的研究，认为针刺与"假针刺"治疗腰痛疗效"无显著性差异"。消息一出，英国中医界一片哗然，也引起世界各国针灸界的广泛关注。英国针灸界同仁对此十分不满，提出抗议，一致表示对"假针刺"对照研究方法的质疑和对新《临床指南草案》有关针刺治疗腰痛的推荐的严重关切，认为此件如果正式推行，势必对中医针灸和海外中医前途造成极大伤害。此文为英国中医师学会马伯英会长对 NICE 的质询文件，供大家参考，并呼吁中医界人士积极提供针灸有效治疗腰痛的证据。

英国中医师学会会长马伯英教授致函 NICE 临床指导负责人 Mark Baker 教授，提出 13 条质询意见如下：

给 NICE 的十三问（公开信）——致 NICE 临床指导负责人马克.巴克尔教授

下列问题简单容易，以至于您可以立即回答。当您阅读我的问题的时候我想请作为 NICE 临床实践指导负责人的您诚实地对您的选择在括号中划√。

1. 请问您本人是针灸师，或者学过针灸没有？您了解针灸多少？因为如果要研究针灸和裁决针灸研究，指导临床，应该首先是一个很懂得针灸的学者。（我们应该认真考虑）Lesley Rees 教授指出的："… 针灸已经使用了几千年，但是没有真正的关于为什么针

灸能够有效（治疗疾病）的信息。我认为公平地说，如果因为我们没有真正的弄懂针灸有效的某些机制而不予正确评价其带来的益处，并且考虑（临床）使用了那么多年，那是糟糕的。”（见 2000 年上议院第 6 次报告）

2. 请问您试过用针灸治疗腰痛病人，或者您本人有没有腰痛并且试过用针灸治疗？中医和针灸是与西方医学不同的医学体系，很难被非专业人士理解和信任。但是如果您有自己（接受针灸）治疗诸如腰痛病症的经验，您就会很容易接受它。如果没有，那对于您指导针灸师临床是很困难的。坐在办公室里只能是纸上谈兵。

3. 您知道一百年以前，为什么世界闻名的奥斯勒教授（1849-1919）在他著名的《内科学教程》中已经推荐“针灸是治疗腰痛的最佳方法”吗？那是因为有得益于针灸的经验。

4. 现在似乎是人们“小心地”忘记或改变某些东西的年代。您记得内啡肽被发现是针刺麻醉镇痛的物质基础吗？这难道不是科学证据？英国科学家参与了此项研究。上议院在 1999-2000 年的特设科技委员会第 6 次报告中承认了的。

5. 您读过美国教授车章和（Cho Zang-hee 的译音）的著作《神经针灸学》（2001）吗？他生于韩国，学习和工作在美国。作者罹患严重腰痛和坐骨神经痛但原来并不愿意接受针灸治疗。后来实在没有办法，因为西医治疗无效而求助于针灸，是针灸治好了他的腰痛。他于是决心用他在加利福尼亚大学的核磁共振实验室进行研究。他的研究证明了针灸止痛的机制是通过大脑起作用的。这是针灸治疗腰痛的又一个过硬的科学证据。

6. 恩斯特教授是你的坚定支持者。他自称是“英国唯一的辅助和替代医学教授”，以权威自居。这是对的吗？他到处发文章攻击针灸和中医药研究不符合双盲、随机、对照研究的“金标准”。不知道您知不知道他自己做的一些针灸临床试验研究和文献系统研究完全不符合科学研究的基本要求。他的试验设计错误，结论错误。他的文献调查是操纵性的和选择性的。如果您不知道这些，那就请您看看我的评论，刊登在《柳叶刀》（第 357 卷，2001 年 6 月 16 日，第 1982 页）和《皇家医学会会刊》（第 98 卷，2005 年 1 月，第 44 页）上。您可能选择了一位不值得信任的人士作为您的支持者，于是您的结论变得不可靠。

7. 请问“假针灸”的定义是什么？这是一个伪命题。这是某些没有真正懂得针灸理论、但是想做针灸研究的人的设想，希望搞出一个“假针灸”作为对照组。但是这是几乎不可能的事，因为不存在“假针灸”。南汉普顿大学的罗伊斯教授说过，他花了几十年时间想建立一个对照组进行针灸研究，但是都失败了。这是因为很难在身体上对针灸穴位进行精确定位。任何一个点靠近穴位作为“假针灸”对照组，都可能本身就是那个穴位的有效衍生点所在。所以，不必奇怪，这样两个组的针灸结果几乎一样。这不是针灸无效，而是实验设计错误。

8. 您是怎么知道针灸有效是“安慰剂作用”的？可能也是从恩斯特那里批发来的吧。请您考虑一下一个简单例子：针灸可以成功治疗动物病症。那难道是动物得到心理暗示的结果？那是不可能的。

9. 作为系统观察研究的一个原则，研究者必须将所有该领域的已发表文章全部加以搜集、阅读。您是否认为您引述了 46 篇文章已经足以作出针灸治疗腰痛无效的判断？但是针灸治疗腰痛的文章不下几千篇。为什么您单单选择这 46 篇呢？请问您懂中文并读过此领域的中文论文没有？如果没有，那么有没有咨询中国的针灸研究所请他们提供资料和观点呢？您是不是选择性的引用这 46 篇论文以便得到您预期的结果？这也是违反科学研究准则的。

10. 请问 2009 年以来在 NHS 做针灸治疗腰痛的大数据，有做过收集和研究吗？如果有，结果如何？如果没有，为什么不做？现在大数据研究方法十分流行并广泛应用，对针灸疗效的数据取得和分析评估特别适合。例如：有多少病人在 NHS 医院使用了针灸治疗腰痛？多少人有效？等等。

11. 作进一步考虑，又有多少病人没有进步？什么样的腰痛是不能用针灸取得改善的？为这些病人做针灸的针灸师资格如何？他们的针灸是“西方针灸”（按照神经分布取穴）还是中国传统针灸（多种技法治疗不同类型腰痛）？您知道吗，中医针灸可以通过针刺手掌背部一个穴位治疗腰痛，与腰部神经完全无关。您也许不知道，西医针灸与中医针灸

的疗效可以完全不同，而后者效果是大大好于前者的。

12. 您统计过没有，NHS 采用针灸治疗腰痛减少了多少支出？您知道有多少病人在排队等候针灸治疗？

13. 有可能不少腰痛病人不信任 NHS 医院的针灸治疗，因为做针灸的人可能不够资格；一些英国病人告诉我，做针灸治疗要找中国针灸师。也有许多医院医生本身没有自信心去为病人针灸，所以病人拒绝让他们针灸。这样的猜测是对的吧？

我认为，NICE 如果决定取消对针灸治疗腰痛的支持，实际上将是 NHS 和病人的巨大损失。这不是因为针灸无效，而是因为研究方法的错误以至于不能提供可靠数据。NICE 应该建议研究者去提高研究水平而不是将孩子与洗澡水一起泼掉。

我想建议您，对于这样一个您陌生的临床治疗领域，小心点吧，NICE！我诚恳地希望您回答我的问题，这将帮助我分析此次事件究竟错在何处。

谨致问候

皇家医学会终身会员/院士
FTCMP 主席
MD, MA, PhD 马伯英教授
2016 年 4 月 23 日

（编辑：袁炳胜 ）

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FTCMP Inquiry 13 Questions to NICE

MA Bo-Ying

13 INQUIRIES ADDRESSED TO NICE

Professor Dr Bo-Ying Ma, Chair of FTCMP

TO PROFESSOR MARK BAKER AND YOUR GROUP FOR NICE

[The questions below are simple and easy for you immediately to answer. When you read each of my questions, I would like to ask you, as the clinical practice director for Nice, to tick your answer in the bracket (Yes/No), honestly.]

Dear Professor Baker，

I am the chair of the Federation of Traditional Chinese Medicine (FTCM) and on behalf of the TCM sector in the UK inquire about the following questions. Please kindly reply to us.

Q1. Could you please tell me: are you an acupuncturist or did you learn acupuncture? How much do you understand it? I think if one does any research or to judge research and direct clinical acupuncture, one should firstly understand the object very well. Professor Lesley Rees pointed out: "…acupuncture has been used for thousands of years, yet there was no real information about how it might work and I think it would be fair to say that it would have been terrible if the benefits of acupuncture had not been appreciated and used over all the years because we did not have any real understanding of perhaps some of the mechanism about how they work." (6th Report of House of Lords, 2000) (Yes/No)

Q2. Also, did you try acupuncture to treat patients' low back pain or did you have acupuncture treatment for your own low back pain? The Chinese medicine and acupuncture are a different medical system from western medicine which is difficult for a lay people to understand or trust. Yet if you had own experience of treatment for an illness such as low back pain, you could very easily accept it. However, if you did not, it will be difficult for you to direct clinical acupuncture practice and would be engaging in idle theorizing. (Yes/No)

Q3. Do you know why, one hundred years ago the famous Professor William Osler (1849-1919) recommended "acupuncture is the best treatment method for acute low back pain" in his textbook of medicine? That was because he himself had experience of benefit from acupuncture. (Yes/No)

Q4. Now seems to be an age where people discreetly forget something, change something. Do you

remember that endorphin was discovered to be a basic substance to relieve pain in acupuncture anaesthesia? Isn't this scientific evidence for stopping pain? English scientists participated in that research and the House of Lords acknowledged it in the 6th Report of Select Committee on Science and Technology 1999-2000. (Yes/No)

Q5. Have you read the book *NEURO-ACUPUNCTURE* by Professor Zang-Hee Cho (born in South Korea but studied and working in the USA)? The author had suffered from serious low back pain with sciatica and had initially refused to be treated by acupuncture. However treatment of him in a modern hospital failed. Then later he visited an acupuncturist and benefitted so much from the effect of acupuncture that he decided to do research with MRI at the University of California in his laboratory and proved acupuncture's mechanism of stopping pain through the brain. (Yes/No)

Q6. Professor Edzard Ernst is your strong supporter. He calls himself the "only professor of CAM in the UK" and gave himself the post of authority. Is that right? He often publishes articles to criticize the research of acupuncture and Chinese herbal medicines as not corresponding with the RCTs "gold standard". However, do you know that he himself did some clinical research and "systematic reviews", but the articles totally violated basic scientific standards? His design of experiment and conclusion were wrong. His systematic reviews were selective for his anticipated results. If you did not know this, please read my criticisms to him in *The Lancet* (Vol. 357, June 16, 2001, p.1982) and Journal of the *Royal Society of Medicine*. (Vol.98, January 2005, p.44). You chose an untrustworthy person to be your supporter, therefore your conclusion became unreliable. (Yes/No)

Q7. What is the definition of "sham acupuncture"? This is a non-existent proposition. Actually this is because some people, who did not really understand acupuncture theory, but want to do research into acupuncture that needs a control group of "sham acupuncture". However it is impossible to make such a group because "sham acupuncture" does not exist. Professor Dr George Lewith at Southampton University has said that he tried for dozens of years to establish a control group for acupuncture research but failed. This is because the acu-points are difficult to locate accurately in the human body and any point near the acupuncture meridian could be a derivative effective point. So, there is nothing strange about that the result comparing both groups is almost the same. It is not acupuncture which is not effective but the trial design that was wrong. (Yes/No)

Q8. How do you know acupuncture is placebo? Perhaps you learnt from Ernst as well. Can you think of the simple example that acupuncture can treat animals successfully? Is that because the animal was psychologically influenced by suggestion? It is impossible. (Yes/No)

Q9. As a principle of systematic reviews, one has to read all published articles in the proposed study field. Do you think your 46 quoted articles suffice for you to give your judgment? There are thousands of related articles in this field! Why only 46? Do you understand the Chinese language and read all Chinese articles in this field? Did you inquire about the Chinese Acupuncture Research Institute's materials and opinion? Were some articles selected to obtain your anticipated result? This is against scientific principles as well. (Yes/No)

Q10. Have you done any investigation of big data for acupuncture treatment and research of low back pain in NHS hospitals or others since 2009? If so, what is the result? If not, why not? Now this research methodology is very popular and widely used. Actually it could be the most suitable research methodology in this field to get reliable data for analysis. For instance, how many low back pain patients have been treated in NHS hospitals with acupuncture? How many patients benefitted from acupuncture? This really can help you to judge the effects of acupuncture. (Yes/No)

Q11. Furthermore to consider, how many patients did not show any improvement and why? What kind of low back pain could not be improved? What was the qualification of the acupuncturists who treated them? Did those acupuncturists apply western medical acupuncture (only according to nerve distribution) or Chinese traditional acupuncture (many different methods to use for different types of pain)? Do you know Chinese acupuncturists can cure low back pain only through a needle into a point on the back of the hand? This kind of treatment has no link with the lumbar nerves. Did you notice that the efficacy results can be very different between 'western acupuncture' and Chinese acupuncture? The latter is much more effective than the former. (Yes/No)

Q12. Do you know how much funding was reduced for the NHS? Also have you considered how

many patients are in the queue waiting for acupuncture treatment? (Yes/No)

Q13. Perhaps, there are not very many low back pain patients who have come for acupuncture to the NHS as patients did not trust the qualification of acupuncturists in NHS hospitals. Some English patients told me that they do not see acupuncturists unless they are Chinese. Since your recommendation in 2009, hospital doctors still lack self-confidence to do it, so patients refuse to have acupuncture. Could this guess be right? (Yes/No)

I think if NICE would decide "do not offer acupuncture for managing non-specific low back pain with or without sciatica" it actually will be a big loss for the NHS and for the patients. It is not because acupuncture no effect but because the research had the wrong methodology and therefore it does not represent trustworthy evidence. NICE should suggest improving the research level but not throw the baby out with the bath water.

I would like to suggest regarding your feeling this is a strange area for clinic treatment: be careful, NICE!

I also genuinely wish you kindly to reply to my questions as that will assist me to analyse what is wrong in this case.

Kind regards,

Professor Dr Bo-Ying Ma,
MD, MA, PhD
Life Fellow of the Royal Society of Medicine
Chair of the Federation of Traditional Chinese Medicine Practitioners (FTCMP)
Date: 23 April 2016

（Editor：Alicia Ma）

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·学术探讨·

NICE 第二次公众咨询：七问 NICE

马伯英 教授

20th July 16, 2016

一问：请问你们看了我 4 月 23 日提交给你们的质询书没有？如果没有，为什么不看？

二问：你们懂得所谓“假针灸”为对照组做的针灸实验研究方法及其结论是错误的吗？只有“假针灸师”才会用错误的方法做出错误的结论，然后自我标榜说他们得到了“科学证据”。这简直是一场闹剧。

三问：我提议你们采用 BIG DATA(大数据）方法分析 NHS 医院针灸治疗腰痛病例。大数据方法是公认对得出有效无效的判断最好和最有价值的方法。请问你们在过去三个月里做了这种大数据研究分析没有？这些材料掌握在你们手中，我们不能调阅，所以只有你们才能做。如果没有做，为什么？你们不会是害怕用此方法研究针灸疗效吧？

四问：上次我们提交了 99 封中医针灸界部分同道提供的病人反馈信。病人们普遍认为疗效很好并表示感谢。请问你们看了没有？如果没有，为什么不看？今天我们提交另外的 99 封(第二次最后实际上提交 100 余份，编者注）病人反馈信，请你们阅读。

五问：上次（18th May）彼得堡公众咨询日，你们一共安排给公众提问、咨询的时间是一小时。其中你们讲话占用半小时。实际上只给了我们半小时提问。出席的近 60 人中，一共只有 5-6 人得到发言提问机会，讲他们的观点，平均每人不到 5 分钟。你们这样是诚心诚意的态度来听取公众意见的吗？这样的公众咨询，上次在彼得堡，这次改换地点到这儿，下次要去诺丁汉。这使我们感觉你们是组织度假旅游的。如果你们是拿了药物公司和纳税人的金钱旅游，是不公平和不合法的。

六问：你们是不是早已打算好：设法取得一个你们期望的结果来否定针灸有效？这是你们的

预谋计划吗?所谓公众咨询只是一个幌子，这是假民主。

七问：上次你们回答问题时解释说，你们要做的决定与针灸有效无效、与个体针灸诊所等等无关，不会影响我们的生计。你们是为了减轻 NHS 所属医院的财政负担问题。既然如此，你们尽可告诉公众真实的目的，而不需要借口“针灸是安慰剂作用”误导公众。你们为什么要拿没有科学性的假针灸研究结论来打击针灸？你们完全可以直接说 NHS 财政困难，不愿意给针灸患者付费。你们不可以将莫须有的黑帽子扣在针灸头上。你们这样做不会得到国际针灸界的认可，而将严重损害针灸信誉。

我们严正声明：如果你们不能对上述问题作出令人满意的回答，而武断出决定，取销对针灸治疗腰痛的推荐，我们英国中医界（TCM Sector）将向法庭提出起诉，控告你们。

SEVEN QUESTIONS INQUIRY TO NICE

Professor Dr Bo-Ying Ma, Chair FTCMP

On 20TH July 2016 public meeting

Q1. Have you read my “13 INQUIRIES ” (21th Apr. 2016) and “SUGGESTIONS TO NICE” (18th May 2016)? If did not, why?

Q2. Do you understand that the design and conclusion of “SHAM ACUPUNCTURE” in clinic research are mistaken? Only a “Sham Acupuncturist” could make such mistakes by using an incorrect method then claiming the result as “scientific evidence”. This is a farce.

Q3. I suggested you to use “BIG DATA METHODOLOGY” for research into the case history results of Low Back Pain treated in the NHS hospitals in the UK. This methodology is now acknowledged one of the best and scientific research methods and most valuable in this area. Did you do this in past 3 months? If not, why? Such Big Data only you hold and can check. We have no way to approach them. Are you scared to do research by this way?

Q4. We have provided 99 copies of low back pain patients’ letters in which they acknowledged the good effects and thanked acupuncturists. Did you read them? If not, why? Today we provide another 99 copies, please read them.

Q5. 18th May 2016 was a public inquiry day in Peterborough that you arranged. However, only one hour was for inquiry and actually a half of that hour was used for your talks and left only half an hour for us to give question, so that just 5-6 persons from about 60 attendees had fewer than 5 minutes to speak their opinions. Do you think this arrangement represents your sincere attitude to us? Today is here, the last time in Peterborough, next time in Nottingham, which makes us look like holiday tourists for you. You have financial support both from pharmaceutical companies and from taxpayers’ money. This is not fair and is illegitimate.

Q6. Do you have a plan beforehand for a result to negative the acupuncture? Therefore this public inquiry only is a façade. This is “SHAM DEMOCRACY”.

Q7. At the day in Peterborough your explanation for not supporting the effects of acupuncture treatment of low back pain the actual reason was the aim to save money in NHS hospitals and not to influence the private practice of acupuncturists. If so, you should just tell the public the true proposal honestly with no need to use an excuse of “acupuncture effects are placebo”. Such an excuse is misleading, is not supported by international research and will seriously damage acupuncture practice and its reputation.

We herewith issue a solemn statement: We, the Traditional Chinese Medicines and Acupuncture sector in the UK would appeal in court if you do not publish a satisfactory reply to us and if you give an incorrect decision to negate the beneficial effects of low back pain in acupuncture treatment, which have been confirmed by WHO (World Health Organization).

·论著·

认识针灸——兼谈非穴针刺及假针和干针的谬误

Understanding Acupuncture – With discussion of non-acupoint acupuncture history, the misconception of sham acupuncture and dry needling

袁炳胜 YUAN – BingSheng

【摘要】中国针灸有着 4000 年以上不间断临床应用和发展的历史，积累了极为丰富的诊断和治疗各科疾病的有效经验，形成了独特的治疗方法和系统理论，传承至今并得到广泛的传播。本文通过比较现代科研对于现代医药和针灸的意义，指出：与现代医药学不同，作为一种有着数千年临床有效应用历史的自然生态医学，针灸并不产生于现代科学，也不依赖现代科研而存在；因而反对以部分片面的、研究方法存在明显错误与瑕疵的针灸科研结论作为否定和取消针灸临床应用的借口。本文试就应该如何认识针灸以及针灸现代传播中面临的一些问题，进行了探讨。

【关键词】中医；针灸；起源；干针；假针；针刺疗效；针灸科研

1 针灸起源于中国，是中医学不可分割的有机部分

针灸起源于古代中国，至少有 4 千年的临床应用的历史。近年随着针灸走向世界，成为显学，便出现了所谓针灸可能起源于印度、南美、中东或者阿尔卑斯山等等新奇的“学说”，但是，所有这些说法，实际上除了个别学者在个别连疑似性都显得有些牵强附会的缺乏任何旁证的个别“证据”的基础上想当然地提出这些所谓假说以外，几乎得不到任何的支持。因为“孤证不立”，缺乏确切事实支持的观点，在学术上也必然是死路一条。而针灸产生于中国古代的考古学发现则十分丰富，更不说从古至今以来的临床和文献的传承。

针灸是产生于中国的传统文化与社会生活实践需要的临床学科，是中医学重要的组成部分。与中医药学一样，针灸学具有重要的自然生态医学的特点[1]，有超过 4000 年从未间断临床实践的历史，在广泛临床领域内具有丰富的实践经验。实际上，针灸医学的发展，也为中医学整体理论的形成和发展起到了重要作用。由于临床疗效卓著，它从在古代中国的流行，到古朝鲜、日本，东南亚，从 1970 年代始，针灸开始在整个世界广泛流行开来。

2 针灸是中医学理论指导下的临床医学

针灸是一门似乎容易掌握，但是却很难以精通、临床实践技术操作性很强的学科。我们说它是一门学科，是因为针灸不仅仅是一门临床技术，还有着中医和针灸独特的理论。严格地说，中医针灸的临床实践，尤其是各科疑难杂病的针灸治疗，通常需要在中医独特的临床四诊和辨病辨证诊断思想的指导下，选用经络腧穴，实施补泻等不同治疗目的的手法治疗，才能够充分发挥针灸治疗的最佳疗效。比如阐述中医基本脏腑经络等生理病机基本理论和临床的《黄帝内经》[2][3]，论述治法主要以针灸为主，但是非常强调辨别经络脏腑的虚实寒热阴阳等不同的证候，而且特别重视脉诊的临床应用，王叔和《脉经》也明确提出“针灸必先诊脉”[4]。

3 现代新针刺技术和传统针灸学

3.1 现代新针刺疗法也属于针灸的范畴

随着现代科学技术的发展，现代科技在医学上的使用，产生了现代医学。在现代科技和现代医学环境条件及其影响下，针灸医学产生了一些诸如眼针疗法、耳针疗法、腹针疗法、腕踝针疗法、颊针疗法，全息针灸疗法、董氏奇穴针灸、平衡针灸疗法、以及近年在现代医学解剖学理论方法影响下产生的干针等新的临床针刺方法和技术。所有这些针刺技术和方法，或者因中医理论与临床实践而产生，或不能脱离针刺的最基本操作技术方法、或最终仍然因为使用针刺的方法，并且影响和作用于十二经

脉、奇经八脉、十二经别、十二皮部、十二经筋、十五络脉、及表浅的浮络、微细的孙络[2]等构成的经络系统，其实质即人体物质、信息、及能量的传输系统，也是针灸治疗疾病的重要基础。所有上述治法，仍然属于针灸疗法的范畴。这些新的针刺方法技术，丰富了针灸医学的内容。随着时间的推移，一些确有疗效、经得起临床和时间检验的新的针灸方法，或有机会被视为传统针灸的新的部分。但是不可否认，传统针灸学，代表了针灸医学的基本规律、原则、方法和理念，是针灸医学最具代表性的主体，应该在针灸的教学、科研和临床得到足够重视。

简言之，针灸疗法，自古以来就是一个内容丰富的系统，2000 余年前就已经形成了以九针及相应的针刺方法为代表的针灸治疗方法体系，近现代以来，更是发展起包括眼针、董氏奇穴、腕踝针、腹针、脐针、颊针、小针刀治疗等不同的现代针灸疗法。这些不同的针灸方法，各有其临床用途和优势，有时，此种治法效果不佳，可能另一种治法效果则很好，有些时候并不能完全相互替代。所以常常以某一种方法临床治疗无效或者不满意，也并不能因此而否定整个针灸治疗该病的疗效。

3.2 经络与腧穴及其在中医临床的关系和作用

腧穴是针刺临床最常用的治疗点。但是针灸临床，并不局限于针灸传统和经典的 361 个腧穴。当然，针灸治疗，经络腧穴和刺灸补泻手法，是最基本的技能和常识。尤其经络学说，不仅是对于针灸临床，对于中医临床内、外、妇、儿各科，都具有极为重要的作用。如外科病症的经络部位，对于预后判断、临床治疗用药，意义重大。又如中药药性，药物的归经理论，是指导临床用药的指南针，也是对天然药物临床选择性作用的最早认识与实践应用是药学史上伟大的成就之一。所以如明代李梴《医学入门》就指出“医者不明经络，如人夜行无烛”。清代喻嘉言《医门法律》也说：“医者不明脏腑经络，开口动手便错”。可见经络在针灸治疗中的作用首先是疾病的诊断中的实践应用意义，中医诊断是中医治疗的前提。《针灸大成》注解《标幽赋》，就提出来“宁失其穴，勿失其经”，就强调在临床治疗上，经络比腧穴的更加重要[5]。

3.3 “假针”、“干针”等非穴点针刺疗法都是针灸--非穴针刺的渊源和历史沿革

实际上，经络系统不只是十四经络系统，还包括奇经八脉、十二经筋、十二皮部、十五络脉等等，实际上包括了相当于机体的皮肤，肌肉及腱膜，神经和血管等等遍布于全身内外上下的机体系统。十四经腧穴是针刺治疗最重要的治疗施术作用点，但是却不是唯一的。早在《黄帝内经》里，就常常采用非穴的疼痛敏感点或者体表反应异常的点作为刺、灸处。如《素问·骨空论》说：“切之坚痛，如筋者灸之”；《素问·刺腰痛论》说：“循之累累然乃刺之”[1]；《灵枢·五邪》说：“邪在肺……取之膺中外腧，背三节五藏之旁，以手疾按之，快然，乃刺之”；而《灵枢·经筋》治疗 “治在燔针劫刺，以痛为输，以知为数”[2],则明确提出以痛为输的概念，是阿是穴的雏形。1300 年前，著名中医孙思邈在《千金方》就明确记录：“有阿是之法，言人有病痛，即令捏其上，若里当其处，不问孔穴， 即得便成痛处，即云阿是。灸刺皆验，故云阿是穴也”。明确指出阿是穴，是既无具体名称，也无固定位置，既病之后或可通过检查发现，病愈后可以自行消失的可以用作治疗时的针刺痛点（常常可能不是传统的经穴），并指出“灸刺皆验”[6]。至今，这些方法仍然常常被用于一些诸如头身腰腿疼痛为主的疾病的治疗。

3.4 认识针灸的范畴：广义的针灸

针灸疗法是一种通过经络的作用，激发经络的功能达到临床治疗疾病缓减痛苦的目的临床治疗方法，数千年来，针刺（Zhen 鍼）就与艾灸（Jiu 灸）并称为针灸（ZhenJiu 鍼灸），针刺和艾灸，就是最具代表性的两种虽然手段不同，但是原理相同的治疗方法，类似的治疗方法还包括指压按摩，一指禅推拿、拔罐治疗、刮痧疗法、穴位敷贴等中医传统疗法和现代发展起来的穴位脉冲电刺激疗法等各种腧穴物理疗法等，实际上都可以视为广义的针灸疗法的范畴。

3.5 没有真正的“假针”

所以，实际上，并不存在真正意义上的“假针”，这已经早已为南安普顿大学的Dr.George Lewith 教授经数十年专门研究尝试建立一个针灸研究控制组实践的失败所证实[]。以无论或深或浅的针刺方法（或者指压、拔罐、刮痧、体表电脉冲或者其他刺激等等），刺激任何穴或非穴的点或者部位，都有可能因为刺激到皮部、经筋或者经别等不同形式的经络从而激发经络功能，达到在一定程度上治疗疾病促进恢复的目的；所有的这些以针刺为主要治疗形式的施术方法，事实上都是针灸。

传统中医针灸临床取穴，并不限于具有实际名字的十四经穴，十四经 361 穴以外各部位都有能有效治疗一些疾病的有效经验奇穴（如手背部治疗腰痛的腰痛点）、还有以痛为输的阿是穴（如治疗腰痛可以选取腰部的压痛点）等。经外奇穴虽非十四经主要经脉通路上的主穴，阿是穴甚至没有固定的部位，但是仍然是经络系统中重要的气血传输、气机出入升降（即物质、能量、信息的传递、转化与交换）的重要节点部位，或者在特定疾病病机状态下机体阴阳气血变化在经络特定部位的反应点（阿是穴）。

4 针灸是能够有效治疗疾病的医学科学

早在 2000 多年前，以《黄帝内经》的编撰成书为标志，中医就走上了科学的道路。通过临床经验的实践积累，中国针灸疗法有着极为广泛和丰富的临床实践内容，并在实践中形成了系统、完整而可以有效验证于临床的独特理论体系，发展成为极为成熟的具有自然生态医学特点的科学学科。

几千年来，针灸治疗的病种非常广泛，不仅包括运动创伤、颈肩腰腿疼痛等骨关节肌肉的疼痛疾病，还包括咳嗽、哮喘，心肺功能障碍、胃肠病、皮肤疾病、月经失调、痛经、不孕症等妇科疾病、肝胆、尿路、疮疡肿毒等等疾病或症状。不仅仅可以有效治疗一些久经其他药物或物理治疗无效的病症，而且可能在一些急性病症的治疗中发挥出即时性的疗效作用，很多时候，是难以用“安慰剂效应”来进行片面而牵强解释的。

针灸临床疗效，是中医针灸生存和传承数千年的基础，也被很多大型而重要的权威临床观察所证实。比如上个世纪 70 年代初中国针灸医师成功应用针刺进行临床手术中的麻醉止痛，经随尼克松访华的记者的报道，中国针灸广为世界所知，掀起了针灸走向世界的热潮。世界卫生组织专家经过长时间的文献研究观察，于 1979 年首次推荐 43 种建议针灸治疗的病种；2002 年发布的《针灸临床研究报告的回顾与分析》的第三部分，则在更多证据资料的基础之上扩大到 77 种病症。德国也在 2007 年《内科医学》发表了大规模的针灸临床疗效观察（GAREC）报告，肯定了针灸在临床上具有良好的有效性、安全性的积极意义。

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Understanding Acupuncture – With discussion of non-acupoint acupuncture history, the misconception of sham acupuncture and dry needling

YUAN Bingsheng

Abstract: Chinese acupuncture has more than 4,000 years of continuous clinical applications and development history, accumulated very effective experience in clinical diagnosis and treatment of disease and, formed unique treatment methods and systems theory. It spread widely and continues to do so.
By comparing modern scientific significance between modern medicine and acupuncture, indicated that: Acupuncture is different from modern medicine, as a natural Pan-ecological medicine therapy , effective in clinical application for several thousand years of history , acupuncture is not produced from modern science research, and also do not depend on modern scientific research It exists; therefore, we opposed those one-sided, and conclusions from research but with obvious errors and flawed research methods, as an excuse of negative and canceled acupuncture clinical applications .
This paper shall outline how to recognize the problems in the international spread of acupuncture and also discuss some problems of modern acupuncture research, such as errors of Dry Acupuncture and Sham Acupuncture.

Keywords: TCM; acupuncture; origin; dry needling acupuncture; sham acupuncture; acupuncture efficacy; acupuncture research.

1 Acupuncture originated in China, it is an integral part of TCM.

Acupuncture originated in ancient China, it has at least 4,000 years history in clinical applications. With the spread of acupuncture around the world in recent years, it has become a popular topic to learn, giving rise to conjectures that acupuncture may have originated in India, South America, the Middle East or the Alps, but all these allegations, often by individual scholars with lack of evidence, in fact receive almost no support. An idea which lacks the evidence of precise facts to support it is bound to be a dead end. That acupuncture originated in ancient China has extensive evidence in archaeological finds, additionally proven by clinical applications since ancient times and it has the earliest extant literature of the practice.

Acupuncture originated in Chinese traditional culture and clinical practice to fulfill the needs of social life; it is an important part of traditional Chinese medicine. Traditional Chinese Medicine TCM) is the best Pan-Ecological medicine[1], acupuncture has obvious Pan-ecological features of natural medicine, there are more than 4,000 years of continuous history in clinical practice, with a wealth of practical experience in a wide range of clinical fields. In fact, the development of acupuncture also contributed to the formation and development of the whole theory of TCM. Due to the outstanding clinical efficacy, it was popular in ancient China and spread to ancient Korea, Japan and Southeast Asia; from the beginning of the 1970s, acupuncture began to spread world-wide.

2 Acupuncture is a kind of clinical medicine under TCM theoretical guidance

Acupuncture appears to be a discipline which easy to grasp, but very hard to master with plentiful clinical practice technology. We say that it is a discipline, because acupuncture is not just a clinical technology, there is a unique theory of traditional Chinese medicine and acupuncture. Strictly speaking, especially in the acupuncture treatment of miscellaneous diseases, it is able to give the best results under the guidance of the unique TCM four diagnoses of disease, with the choice of meridians and acupoints, the implementation of reinforcing and reducing techniques. For example, 'Huang Di Nei Jing'[2][3], the book which set forth the basic organs and meridians of traditional Chinese medicine and a basic physiological theory of pathogenesis, mainly discusses the treatment method with acupuncture, but also emphasizes different evidence to identify the organs and meridians of yin and yang, cold and heat. Special attention is drawn to clinical applications according to the pulse. Wang Shu He "Mai Jing" also states that one "must diagnose the pulse before needling."[4]

3 Modern new needling technology and traditional acupuncture needling

3.1 New modern acupuncture treatment also belongs to the system of acupuncture

With the development of modern science and technology, using modern technology in medicine resulted in modern medicine. Under these influences acupuncture produced a number of new clinical

acupuncture methods and techniques, such as Eye-acupuncture Therapy, Auriculotherapy, Abdominal acupuncture, Wrist-Ankle acupuncture, Buccal acupuncture, Holographic acupuncture therapy, Dong's unique extra-ordinary points acupuncture, Balance acupuncture therapy, Dry needling and so on. All of these acupuncture techniques and methods, are either produced by the theory and clinical practice of TCM, or cannot be divorced from the basic technique of acupuncture, finally becoming kinds of needle therapy which impact with as role on the twelve meridians, Eight Extra-Meridians, branches of twelve meridians, twelve skin divisions, twelve musculature zones, fifteen collateral, floating and superficial collateral, minute collateral, etc. The essence of the meridian system is the human energy transmission of substance, information and energy . It is also the fundamental of acupuncture treatment. All of the above treatment methods still belong to acupuncture treatment. These new acupuncture techniques enriched the content of acupuncture. Over time, some indeed curative, new methods of clinical acupuncture that withstood the test of time were regarded as a new part of traditional acupuncture. However, the traditional acupuncture, representing the basic discipline, principles, methods and concepts is the main subject of acupuncture and should receive adequate attention in teaching, clinical application and science research.

These different acupuncture methods have their advantages in clinical practicing，sometimes, this method ineffective, but an other may be effect is very good, sometimes not completely substitute for each other. So， one of the methods in clinical treatment failure or dissatisfaction, it does not negate the efficacy of acupuncture treatment of the disease throughout.

3.2 The relationship and effect between meridians and acupoints in TCM clinical practice

Acupoints are the most commonly used clinical treatment sites in acupuncture. But acupuncture is not limited to traditional theory and its 361 classical acupoints. Of course, acupuncture meridians and acupoints, the reinforcing and reducing methods, are the most basic skills and knowledge. In particular meridian theory, used also for clinical internal medicine, surgery, gynecology, pediatrics, has a very important role. For example, location Meridian for of surgical disease diagnosis, clinical medicine, and Estimated prognosis is of great significance. Other examples are the traditional Chinese herbs medicines' nature , meridian theory, etc. These are the Clinical medicine guidebook; also natural medicine clinical selective effect of the first glance of the practical application is one of the greatest achievements in the history of pharmacy. The Ming dynasty doctor Li Yan(李梴） pointed out in "Introduction to Medicine"said, "doctors who do not know meridians, is something like a walk in the dark without a candle." The Qing dynasty doctor Yu JiaYan（喻嘉言） said in" Medical law": " doctors who do not know organs and meridians always make mistakes. Therefore we can say that in acupuncture treatment meridians have the role of first practical application in the diagnosis of the disease, Chinese medicine diagnosis is the premise of Chinese medicine treatment. In "Acupuncture Dacheng（针灸大成）", "Biao You Fu", noted "rather if miss the point, do not miss the meridians ", emphasizing that meridians are more important than acupoints in treatment[5].

3.3 Non-acupoint needling such as 'sham acupuncture '，'dry needling' also belong to acupuncture needling.' Non- acupoint needling origin and historical evolution.

In fact the meridians system is not only the fourteen channels system, but also includes Eight Extra-Meridians, branches of twelve meridians, twelve skin divisions, fifteen collaterals, etc. It actually includes the whole human body system such as skin, aponeuroses, nerves, veins, etc. The acupoints of fourteen channels system are the most important treatment area, but not the only area. As early as in the Huangdi Neijing, the non-acupuncture points which are pain-sensitive points were often used as needling and moxibustion points. In "Suwen·gukonglun" it is said: 'if there is a strong pain when you press, and it feels like muscle, apply moxibustion treatment'. "Suwen·ciyaotonglun" said :'touch the skin, feel the lump and you can needle on this area' "Suwen·wuxie" said: 'when a pathogenic factor attacks lungs ,select an area near yuzhong, next to beisanjiewuzang, press it quickly, it feels better, then needle' ."Suwen·jingjin"[2] said:' fire needle, select the pain area to acupuncture'. These clearly put forward the concept of 'where pain, where acupuncture', and this is the rudiment of the ashi point. The famous TCM doctor Sun Simiao said clearly 1300 years ago in "qian jin fang", 'to treat patients' pain, don't have to select the meridian acupoints, the pain is the point'[6] .Ashi points are acupuncture points: neither do they have a specific name, nor have a fixed position; they appear when you are ill and disappear by themselves when you

recover. Usually they are not on a traditional acupuncture point, but they really work and are often used in head pain, body and limb pain.

3.4 Understanding Acupuncture Categories: Generalized Acupuncture

Acupuncture is a type of clinical treatment which cure or alleviates the disease by stimulating the meridian's function. For thousands of years, needling and moxibustion were called acupuncture, which is the most representative treatment of different methods according to the same principle, including shiatsu massage, one finger meditation massage, cupping, scraping therapy, acupressure, acupoint application and other traditional Chinese medicine therapies. Modern treatments developed such as acusector and other acupoints physical therapy actually should be regarded as generalized acupuncture.

3.5 There is no "Sham Acupuncture" existing

In fact, there is no'sham needling'at all. This theory was tested by Dr. George Lewith (Professor of Southampton University who spent several decades in attempts to establish a specialized research acupuncture control group and finally failed. No matter whether deep or shallow acupuncture (or pressure, cupping, scraping, acusector etc.), the stimulation of any point or position is likely to be because of the stimulation to the skin, after reinforcement or don't like different kinds of channels and collateral so as which arouses the function of main and collateral channels, and they reach to a certain extent the purpose of treating diseases to promote recovery. All of these treated with acupuncture as the principle method are in fact acupuncture and /or moxibustion.

The traditional Chinese medicine clinical selection of acupuncture points is not limited to the 361 points on fourteen meridians, there are some effective extraordinary points used in treatment such as the dorsum of the hand in the treatment of lumbago; also Ashi points in a pain area, such as selecting a waist pressure pain point for lumbar pain. The extraordinary points are not points on the 14 meridian pathway, Ashi points do not even have not a fixed area, but they still play an important role in the system of channels and collateral's blood transmission and Yin and Yang Qi movement (material, energy and information transmission and exchange); they are the specific points in areas in a particular disease which represent the state of body.

4 Acupuncture is an effective medical science for the treatment of diseases

Through the accumulation of clinical experience over thousands of years Chinese acupuncture and moxibustion therapy developed into a very mature practice, which has the characteristics of natural ecological medicine science. According to traditional Chinese medicine, especially the meridian theory, we can use the length or thickness of metal needles, or heating a body acupoint among other forms of activation. These act via the different human (or animals)specific meridian lines to mobilize quickly the body's own rehabilitation of special functions to achieve sometimes unbelievable efficacy. The number of diseases treated for thousands of years by acupuncture is countless and includes not only sports injuries, chronic and acute muscular-skeletal conditions, but also cough, asthma, heart and lung dysfunction, gastrointestinal disease, skin disease, menstrual disorders, infertility and other gynecological diseases, courage and urinary tract conditions. sore swollen poison, It is not only effectively applied in the treatment of diseases for which other drugs or physical treatment failed, but also may result in instant (curative) efficacy in the treatment of acute disease. Sometimes, it is difficult to use the "placebo effect" to explain it , that is one-sidedand farfetched.

The clinical efficacy of acupuncture is the foundation of traditional Chinese medicine's acupuncture survival for thousands of years and its wide transmission today, also tested by many large clinical observations by reputable authorities. For example at the beginning of the nineteen seventies Chinese acupuncturists' successful application of acupuncture anesthesia, described by a reporter following Nixon's visit to China, made Chinese acupuncture widely known to the world, setting off an upsurge of acupuncture which spread all over the world. World Health Organization experts after a prolonged literature research recommended for the first time 43 diseases that could be cured by acupuncture in 1979. The third part of " The review and analysis of acupuncture clinical study report", released in 2002, was based on further evidence and expanded to 77 kinds of diseases recommended cured by acupuncture[7]. Germany also published a large-scale clinical efficacy of acupuncture (GAREC) report in *Internal Medicine* in 2007, affirming the good, safe and positive significant clinical effectiveness of acupuncture[8].

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·经典研究·

《内经》腰痛病机-中医针灸治疗腰痛的理论基础

The Mechanism of Lower Back Pain in Huangdi Neijing

袁炳胜 YUAN – BingSheng

【摘要】腰痛，是临床最常见的病症之一，可以由很多种不同的原因引起。《黄帝内经.素问》有《刺腰痛篇》，专门论述不同病因所致腰痛的临床表现及相应的不同针灸治疗方法。而关于腰的脏腑经络生理及腰痛病机与治疗，更散见于《灵枢》的《经脉》、《经别》、《经筋》、《本脏》、《百病始生》及《素问》的《骨空论》、《脉要精微论》、《病能论》、《热论》、《疟论》、《气交变大论》、《五常政大论》等篇，对腰痛生理病因病机治则等有了较为系统的阐述，内容丰富，奠定了后世中医针灸临床治疗腰痛的理论基础。

【关键词】内经研究 素问 腰痛 中医病因 病机 针灸疗法/腰痛

Abstract: Low back pain is one of the most common clinical disorders and can be caused by many different reasons. There is "thorn back pain articles"in "Yellow Emperor NeiJing", the ancient TCM classic, devoted to differentiate causes and clinical manifestations of low back pain, giving different acupuncture method of treatment respectively. The ZangFu and meridians physiology, pathogenesis and treatment of the waist, polydispersity "JingMai(Meridians 经脉) chapter ", "JingBie (Branches of Meridians 经别)chapter", "JinJing (Tendons of Meridians 经筋) chapter ", "BenZang (Investigate Zang 本脏)chapter", " BaiBing ShiSheng (the beginning of Diseases 百病始生)chapter "in "LingShu",“CiYaoTong (Acupuncture back pain 刺腰痛）chapter”，"GuKong theory (bone gap theory 骨空论)chapter", "MaiYaoJingWei theory (essential of pulse diagnosis 脉要精微)chapter", "BingNeng (appearance of disease 病能) chapter", "ReLun (Heat theory 热论) chapter”, "Lue theory (malaria theory 疟论) chapter " , "QiJiaoBian Great theory (Complex changes of the Five Circuits and Six Qi theory 气交变

大论) chapter", “WuChangZheng great theory(五常政大论）”five normal circuits great theory）chapter,etc. other articles discuss the physiological causes , pathogenesis ,and therapeutics of low back pain. As a mature and complex system with extensive content, it laid the theoretical basis for Clinical Acupuncture and Chinese medicine treatment of low back pain.

Keywords: Nei Jing Su Wen low back pain study of etiology; Acupuncture; lumbago

1 腰痛病证治，自古为中医临床所重视

中医针灸治疗腰痛，是建立在对腰痛的不同病因病机认识基础上的，《内经.素问》即有针刺治疗腰痛病专篇。《诸病源候论》五十卷，共论述 71 种疾病的病因及证候临床表现，将腰痛病置于风病与虚劳病之后，也是第三个论述的疾病。

中医对于腰痛，很早以来就根据不同的病因，产生了不同的治疗方法和原则，积淀了有效治疗腰痛的丰富临床经验。

2 腰痛的生理和腰痛病机基础

腰之与腿，经络相连，气血相通，生理和病机上相互影响，临床上腰痛与腿痛，也常常互见。中医对腰、腿部的脏腑经络认识和病因认识，是针灸治疗腰痛的病因辨证法和治疗原则方法的依据。《内经》的相关论述，奠定了中医对腰部基本生理和病机的基本认识。

2.1 《黄帝内经》对腰痛的病因病机及治疗的认识

如李梴《医学入门》所说：“腰者，肾之外候，一身之所恃以转移开阖者也，诸经贯于肾，络于腰脊”。腰是全身运动俯仰转侧的枢轴，如《灵枢.刺节真邪论》所说：“腰脊者，身之大关节也”。腰部的重要作用，赖经脉、别络、经别、经筋的气血的濡溉以进行。

2.1.1 影响腰痛的经络生理病机

2.1.1.1 十二经脉与腰痛病机

生理联系及病机:《灵枢.经脉》阐述了包括：a，十二经脉、经筋、经别等的循行、与五脏六腑、四肢百骸、五官九窍包括腰部的联系；b, 阴阳经脉间与腰部功能相关的交接、络属；c, 论述了十二经脉是动、所生病可能引起腰痛（含腿痛）及相关临床表现和治疗原则。如足太阳膀胱经脉、足少阴肾经均与腰脊有直接循行联系。

A，足太阳膀胱经脉:“夹脊低腰中，入循膂，络肾属膀胱。其支者，从腰中下夹脊贯臀，入腘中；其支者，夹脊内，过髀枢，循髀外，从后廉，下合腘中，以下贯腨内，出外踝之后，循京骨，至小指（趾）外侧”“是动则病”“脊痛、腰似折，髀不可以屈，腘如结，腨如裂”；“是主筋所生病者.....项背腰尻腘腨脚皆痛，小指（趾）不用”。

B，肾足少阴经脉:“起于小指（趾）之下，斜走足心，出于然谷之下，循内踝之后，别入跟中，以上腨内，出腘上廉，上股内后廉，贯脊属肾络膀胱”，“是主肾所生病者.....脊股内后廉痛，痿、厥、嗜卧，足下热而痛”。

C, 肝足厥阴之脉: 从足部经下肢内侧前经阴部抵小腹，上行“与督脉会于颠”。是动则病可见“腰痛不可以俯仰”。治疗原则同足少阴经。

2.1.1.2 十五别络与腰痛病机

足少阴别络：名曰大钟，当踝后绕跟，别走太阳；其别者，并经上走于心包，下外贯腰脊.....虚则腰痛，取之所别也。

督脉别络：名曰长强，夹膂上项，散头上，下当肩胛左右，别走太阴，入贯膂，实则脊强，虚则头重，高摇之。取之所别也。

2.1.1.3 奇经八脉与腰痛病机

督脉者.....腰痛不可以转摇，急引阴卵，刺八髎与痛上，八髎在腰尻分间。（骨空论）

2.1.1.4 《经别》

足三阴三阳经脉及经别，皆循行于下肢至躯干内外前后的不同部位。

2.1.1.5 《十二经筋》

足三阴三阳经筋，皆起于足循下肢而上行，多与腰部直接或间接相联系。

A，足太阳经筋，“结于臀，上夹脊上项”，其病“小指（趾）支，跟、踵痛，腘挛，脊反折”；

B,足少阴经筋，“前者结于伏兔，后者结于尻”，“其病小指（趾）次指（趾）支转筋，引膝外转筋，膝不可屈伸，腘筋急，前引髀、后引尻”（并提出“维筋相交”的理论，以解释因“锥系交叉”导致“伤左角，右足不用”的临床现象：“即上乘 ，上引缺盆、膺乳、颈维筋急。从左之右，右目不开，上过右角，并蹻脉而行，左络于右，故伤左角，右足不用，命曰维筋相交”，也是对锥系交叉科学现象的最早认识和经络学解释。）

C, 足阳明之筋，“足阳明之筋，起于中三指，结于跗上，邪外上加于辅骨，上结于膝外廉，直上结于髀枢，上循胁属脊”，“其病足中指支胫转筋，脚跳坚，伏兔转筋，髀前肿”。

D，足太阴之筋，“其内者，着于脊”。其病亦可见“足大指支内踝痛，转筋痛，膝内辅骨痛，阴股引髀而痛，阴器纽痛，上引脐两胁痛，引膺中脊内痛”。

E，足少阴之筋，也“循脊内挟膂上至项”，“其病足下转筋，及所过而结者皆痛及转筋。病在此者，主癫瘈及痓，在外者不能挽（俯也），在内者不能仰。故阳病者，腰反折不能俛，阴病者，不能仰”。

2.1.2 影响腰痛的脏腑生理病机

《灵枢.本脏》亦指出，“肾下则腰尻痛，不可以俯仰，为狐疝；肾坚则不病腰背痛；肾脆则善病消瘅易伤；肾端正则和利难伤，肾偏倾则苦腰尻痛也。”故《素问.脉要精微论篇》说：“腰者肾之府。转摇不能，肾将惫也”。

2.1.3 伤寒腰痛病机

热病：“伤寒一日，巨阳受之，故头项腰脊强”（《热论》）。此谓伤寒受病之初，太阳受邪，经气不利，故见头项腰脊强。

2.1.4 疫病腰痛病机

疟病：“夫痎疟皆生于风.....疟之始发也，先起于毫毛，伸欠乃作，寒栗鼓颔，腰脊俱痛，寒去则内外皆热，头痛如破，渴欲冷饮。故邪中于头项者，气至头项而病；中于背者，气至背而病；中于腰脊者，气至腰脊而病”（疟论篇）。释疟病腰脊痛，乃因邪中于腰脊，气至腰脊，邪正相争乃痛。

2.1.5 杂病腰痛病机

厥病：“有病厥者，诊右脉沉而紧，左脉浮而迟，不然病主安在？岐伯曰：冬诊之，右脉固当沉紧，此应四时。左脉浮而迟，此逆四时。在左当主病在肾，颇关在肺，当腰痛也。.....少阴脉贯肾络肺，今得肺脉,肾为之病，故肾为腰痛之病也。（病能论）（张志聪集注曰：此行奇恒之法，以太阴始，五脏相通，移皆有次。是水谷所生之精气，先至于手太阴，太阴肺金，相生而顺传与肾。肾当复传于肝。今反见浮迟之肺脉，是肾有病，而气反还逆于母脏故当主肾病之腰痛，而颇关涉于肺也）

2.1.6 正气不足，感受风雨寒暑

脏腑经络阴阳气血之不足，感受风雨寒暑之气，稽留不去，辗转深入。如《灵枢.百病始生》指出：“风雨寒暑，不得虚邪，不能独伤人。卒然逢疾风暴雨而不病者，盖无虚故邪不能独伤人，此必因虚邪之风，与其身形，两虚相得，乃客其形”；“其中于虚邪也，因于天时，与其身形，参以虚实，大病乃成”；“是故虚邪之中人也，始于皮肤，皮肤缓则腠理开，开则邪从毛发入，入则抵深，深则毛发立，毛发立则淅然，故皮肤痛。留而不去，则传舍于络脉，在络之时，痛于肌肉，其痛之时息，大经乃代。留而不去，传舍于经，在经之时，洒淅喜惊。留而不去，传舍于输，在输之时，六经不通四肢，则肢节痛，腰脊乃强”。

2.1.7 运气太过不及

如《气交变大论》（运气之变）：“岁火不及，寒乃大行.....阳气不化，乃折荣美.....胁下与腰背相引而痛，甚则屈不能伸，髋髀如别”；“岁水不及，湿乃大行，长气反用，其化乃速，暑雨数至，上应镇星。民病腹满，身重，濡泄，寒疡流水，腰股痛发，腘胫股膝不便”。

五常政大论：“太虚寥廓，五运回转。盛衰不同，损益相从……太阴司天，湿气下临，肾气上从……胸中不利，阴痿，气大衰，而不起不用，当其时，反腰脽痛，转侧不便也。”

2.1.8 腰痛死症

《内经.素问.刺热病篇》记载了热病出现腰痛的死症情况：“脾热病者，先头重颊痛，烦心、颜青，欲呕，身热，热争则腰痛不可用俯仰，腹满两颌痛，甲乙甚，戊己大汗，气逆则甲乙死”。

3 腰痛的诊断

除了临床证候、形、色诊，脉诊，是《内经》临床诊断的重要内容。《内经》最早提出了临床上辨证论治、平脉辨证、辨证施针的方法原则。

《灵枢.经脉》主张按证候虚实辨证施治。何以辨证候之虚实？凡经脉病证之虚实，必在寸口人迎显现。如膀胱足太阳经脉之“盛者，人迎大再倍于寸口，虚者人迎反小于寸口也”；肾足少阴之脉，其：“盛者，寸口大再倍于人迎，虚者寸口反小于人迎也”。脉诊是辨别经脉病候虚实，实施治疗手法补泻疾留刺灸的依据。据此，王叔和在《脉经》里，强调针灸必先诊脉。目的就在于辨别虚实寒热，以保证针灸治疗的临床疗效。

“肾脈搏坚而长，其色黄而赤者，當病折腰”；“尺內兩旁，則季胁也，尺外以候肾，尺里以候腹。中附上，左外以候肝，內以候膈；右外以候胃，內以候脾。上附上，右外以候肺，內以候胸中；左外以候心，內以候膻中。前以候前，後以候後”；“上竟上者，胸喉中事也；下竟下者，少腹腰股膝脛足中事也”；“ 推而上之，上而不下，腰足清也；推而下之，下而不上，頭項痛也。按之至骨，脈氣少者，腰脊痛而身有痹也”（《脉要精微论》）。由于人体营卫气血经络脏腑之间的密切联系，脏腑经络气血阴阳对脉候形色的影响，病、脉、证之间常常有着密切的联系，辨别病、脉、证因此能够从不同层面深入认识疾病的本质；据此进行针对性治疗，就可以较之单纯的辨病论治具有更好的临床疗效，这也是最早的实践意义上的“精准医学”。

4 腰痛治疗方法原则及对后世的影响

4.1 治则

《灵枢.经脉》所述足太阳膀胱经脉、足少阴肾经经脉，以及足厥阴经脉，或是动病，或所生病，皆可能导致腰腿疼痛。《灵枢.经脉》提出了“为此诸病，盛则泻之，虚则补之，热则疾之，寒则留之，陷下则灸之，不盛不虚，以经取之”的辨经脉为病、实施或刺或灸、或补或泻不同手法治疗的针灸临床基本原则，成为后世针灸临床圭镍，以之指导临床，得到了后世临床家的普遍认同。

4.2 治法

《内经》腰痛治法，虽散见于各篇，但是内容丰富，理法严谨，治法皆有所本。除前文所涉及的对病对证治疗方法、原则以外，值得一提的是：

4.2.1 经筋篇关于针刺非穴痛点针灸的问题

《经筋篇》最早记录了选取非穴痛点以“燔针劫刺，以知为数，以痛为输（腧）”治疗经筋疾病导致腰痛等病的方法，现代一些在现代解剖学指导下进行的针刺非穴的疼痛敏感、压痛点的所谓新针刺疗法，大抵就是这样的方法。唐代孙思邈在《千金方》，进一步论述了“以痛为输”的临床针刺方法，并名之曰“阿是”。

4.2.2 最早的腰痛临床指南-《素问.刺腰痛篇》

《黄帝内经.素问》有专篇《刺腰痛论》，在前述《内经》相关论述的基础之上，提出六经（主要是行经腰脊和腿的足六经）、奇经八脉为病，皆能导致腰痛的发生，提出了诸脉者皆令人腰痛的观点，或按不同病因及临床表现分类，应用不同的针灸方法疗不同病因或临床表现的腰痛，还讨论了各种不同兼证的治疗；主张辨别经络证候施治，对后世医家针灸治疗腰痛起到重要的指导作用，可谓中医针灸治疗腰痛的“临床指南”、也是世界上最早的腰痛治疗《临床指南》。

5 结论

后世医家，以《内经》诊治法则为基础，或近取，或循经远取，或远近结合，病证同辨，或刺或灸，在《内经》腰痛生理及病机论述基础上，随着中医对腰痛病因证治认识的深入和临床经验的积累，临床针刺治疗腰痛的方法也更臻于详尽和完善（将另文撰述，并请参见《最早的腰痛临床指南- <刺腰痛篇》临床思想浅析》一文）。

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·经典研究·

最早的“腰痛临床指南”-《素问.刺腰痛论》学术思想概要

The Earliest Clinical Guidance for Low Back Pain by Acupuncture

袁炳胜 YUAN - BingSheng

【摘要】《刺腰痛篇》是人类医学史上最早的腰痛专病临床诊治专篇，是体现中医针灸临床审因论治、辨病辨证论治特色的经典文献之一，是生态自然医学方法治疗腰痛的代表著作。该篇最早论述了腰痛可以由于不同病因、因为影响不同的经络脏腑导致；因此，临床常常需要选取不同的经络腧穴与治法进行针对性的治疗。《素问..刺腰痛篇》对后世医家针灸治疗腰痛学术与临床影响深远。本文结合古今医家注释，对该篇学术思想和及临床意义进行了解读。并结合《内经》关于督脉循行的论述和上下文义，提出“解脉”腰痛当为督脉腰痛的观点。

【关键词】内经研究；素问.刺腰痛篇；针灸疗法；腰痛；解脉

Abstract: "Needling back pain chapter" is the earliest literature on lumbago in the history of medicine. It discusses the causes and the principles of diagnosis and treatment of back pain. As a representative work of eco-medicalization for natural treatment for low back pain, it first discussed how it can be due to different causes, such as the effects of different meridians, and how clinical treatment of low back pain should be targeted with different meridians and therapies. Later acupuncture doctors， both academic and clinical， described the impact of this as far-reaching. This article combines notes from TCM physicians in history, triesto induce analysis and consolidate the scholarly thinking and clinical application, in order to elaborate and explain its significance within clinical practice. Also, please note that references to the "NeiJing" discussion of DuMai in the context of this paper, actually refers to "JieMai lumbago"；which is a different viewpoint from that held previously.

Keywords: “NeiJing”study, “needling lumbago chapter”, acupuncture, clinical, literature

1.1 前言

针灸治疗腰痛，已经有 4000 年左右的历史，是古今中外民众公认的临床安全而又有效的治疗腰痛的自然生态医学方法。几个月前，英国国家卫生研究所（NICE）发布了国民卫生保健体系（NHS）临床指南。指南中取消了对针灸治疗腰痛的推荐。在 2000 多年前成书的《黄帝内经素问》，就形成了针灸治疗腰痛的专篇《刺腰痛论》，代表了当时中医对腰痛病可以由不同的原因引起的观点的认识和辨六经（足六经为主）病论治或辨证论治、对症治疗等针灸治疗腰痛的原则与方法，成为后世临床治疗腰痛的重要和最早的指南。

2《黄帝内经素问.刺腰痛篇》笺注如清代医家张隐庵所言：

“腰者，要也，前后围转一周，皆谓之腰”；“夫身半之中,在内为腹,在外为腰”。以释“腰”之名。“《举痛论篇》病在气，《腰痛论篇》病在经，《腹中论》兼气与血，而又与在外之气血各别”，“此篇承上章，而复记病在形身之外，经络之间，(针）刺取（穴）之法也”。

“至于阴阳经脉，皆从腰而循转，是以为病则痛于有形”，“故诸脉皆令人腰痛”。

2.1 六经腰痛病证并治

2.1.1 足太阳脉令人腰痛，引项脊尻背如重状[1]，刺其郄中[2]。太阳正经出血，春无见血[3]。

1，张隐庵批、注：A，“《举痛论篇》病在气，《腰痛论篇》病在经，《腹中论》兼气与血，而又与在外之气血各别。腰者，要也，前后围转一周，皆谓之腰”。B，又按：“此篇承上章，而复记病在形身之外，经络之间，(针）刺取（穴）之法也。夫身半之中，在内为腹，在外为腰”。C，“至于阴阳经脉，皆从腰而循转，是以为病则痛于有形”，提出了“故诸脉皆令人腰痛”的论点。

2，据王冰注，郄中者，即是委中穴。出血者，此太阳经气之不利，故从项脊尻背如重状，“泻而疏之”之义也。后世法此，治疗腰痛，成为临床最普及的方法，也是《四总穴歌》“腰背委中求”之来源。

3，“春无见血”者，以春月阳气始生，“正月太阳寅，故不宜出血，以泄太阳方盛之气”。此言太阳经络刺血之禁忌。临床之治，不可只顾一时之快意，而当图长治久安之善法也。

2.1.2 少阳令人腰痛，如以针刺其皮中，循循然不可以俯仰，不可以顾[1]。刺少阳成骨之端出血，成骨在膝外廉之骨独起者[2]，夏无出血。

1，张隐庵批、注：少阳主枢，循循不可以俯仰者，经脉病而枢折也。

2，成骨“在膝外廉之骨突起者”，文中当指现代解剖之腓骨是也。所指当为阳陵泉穴。

2.1.3 阳明令人腰痛，不可以顾，顾如有见者，善悲[1]。刺阳明骱前三痏[2]，上下和之出血，秋无见血。

1，张隐庵集注：夫血脉营卫，阳明之所生也。血脉和则精神乃居。故神者，水谷之精气也。阳明脉病则精神乃虚，精神虚乱，卒然见非常物，神不足则悲。

2，刺阳明骱前三寸，言足三里并巨虚上下廉也。上下以和之者，阳明为中土之地也。阳明之气，生于中焦水谷而居中土，独主秋令。

2.1.4 足少阴令人腰痛，痛引脊内廉。刺少阴于内踝上[1]二痏。春无见血，出血太多，不可复也[2]。

1，杨氏注：即复溜穴，针三分，灸五壮。张隐庵注：“内踝上二痏，取左右之太溪也”

2，少阴常少血多气，肾主闭藏，奉春之生气者也；精血同源，故春无见血，不宜出血太多。

2.1.5 厥阴之脉令人腰痛，腰中如张弓弩弦[1]。刺厥阴之脉，在腘踵鱼腹之外[2]，循之累累然，乃刺之。其病令人善言默默然不慧[3]，刺之三痏。

1，张隐庵集注：足厥阴之脉，抵少腹，布胁肋，故（其病则）腰痛如张弓弦。

2，刺取之法，当属刺足厥阴之络。《针灸大成》注：蠡沟针二分，灸三壮。《灵枢.经脉篇》言:“足厥阴之络，名曰蠡沟，去内踝五寸，别走少阳”。足少阳者，即在“腘踵鱼腹之外”。《经脉篇》又说：“故诸刺络脉者，刺其结上”。当取小腿下端至外侧少阳经之间外显的血络，浅刺出血（杨氏所谓“针二分”）为法。

3，足厥阴之脉气与肝相通，病则肝气郁而不舒之状也。

2.2. 奇经八脉病腰痛病证并治

2.2.1 （督脉）解脉令人腰痛，痛引肩，目眩[1]，时遗溲[2]。刺解脉，在膝筋肉分间郄外廉之横脉[1]出血，血变而止[3]。

2.2.2 解脉令人腰痛如引带，常如折腰状，善恐[2]。刺解脉，在郄中[1]结络如黍米，刺之血射，以黑见赤血而已[3]。

1，关于解脉的考证：张隐庵以解脉为足太阳，今人李鼎从其说。但据王冰注，解脉指分成两股的经脉。按《骨空论》：“督脉者，起于少腹，以下骨中央，女子入系廷孔.....其络循阴器，合篡间，绕篡后，别绕臀，至少阴

与巨阳中络者合，少阴上股内后廉贯脊属肾。与太阳起于目内眦，上额交巅，上入络脑，还出别下项，循肩髆内。俠脊抵腰中，入循膂络肾”，“其少腹直上者，贯脐中央，上贯心，入喉上颐，环唇上系两目之下中央”。结合上文已论太阳经络经脉所致腰痛，而其后诸文所论乃奇经八脉所致腰痛，则刺所论之解脉腰痛，当以督脉为是。由于如《骨空论》所述督脉与太阳经脉关系密切，故其为病，除腰痛外，尚可见腰痛引肩，目　　然，及时遗溲等症；其治疗，亦取足太阳经络腧穴治疗。

2，恐，肾之志也。肾，命门所寄，元阳所藏寄之所。故主水而司气化、开窍于二阴。足少阴之脉属于肾，其病或因于肾所致，或影响于肾，故见善恐、遗溺。

3，前条刺委阳、后条刺委中。皆以刺之其络中出黑血，血出色变，见赤血乃止。则其经气之郁可证。若其血不黑，不宜刺之出血。张隐庵注：有结络如粟米，视而刺之，此所谓解结也。

2.2.3（阳蹻脉） 同阴之脉令人腰痛，痛如小锤居其中，怫然肿[1]。刺同阴之脉在外踝上绝骨之端，为三痏[2]。

1，据张隐庵注，同阴，言阳蹻脉为病，其脉行健，故名曰蹻。有阻于中，则不上行，故痛如小锤居其中。怫然肿，其肿突起状。

2，阳蹻脉起于足跟仆参，与足太阳交会于申脉，郄穴寄于足太阳之跗阳。三穴可取之也。

2.2.4（阳维脉 ）阳维之脉令人腰痛，痛上怫然肿[1]。刺阳维之脉，脉与太阳合端下间，去地一尺所[2]。

1，阳维维于阳，其为病，“苦寒热”，痛上（腰痛之部）怫然肿，阳气盛故也。

2，阳维起于足太阳之金门穴，上外踝七寸，为交足少阳于阳交穴，亦阳维郄穴也，阳维腰痛（腰痛因苦寒热之外感病所致或伴见者）宜取之。（据张志聪注。杨氏注：取承山）

2.2.5（带脉） 衡络之脉令人腰痛，不可以俛仰，仰则恐仆[1]，得之举重伤腰，衡络绝，恶血归之。刺之在郄阳、筋之间，上郄数寸，衡居为二痏出血。

1，衡，横也。言带脉为病令人腰痛者。张隐庵集注：“夫足之三阳，循腰而下；足之三阴，及奇经之脉，皆循腰而上。病则上下不通，阴阳间阻，而为腰痛之患”。

2，张隐庵注：刺浮郄穴者也；杨氏注：委阳针七分，殷门针五分，各灸 3 壮（近人李鼎从其说）。

2.2.6 （任脉）会阴之脉令人腰痛，痛上漯漯然汗出。汗干令人欲饮，饮已欲走[1]。刺直阳之脉[2]上三痏，在蹻上郄下五寸横居，视其盛者出血。

1，据张隐庵集注：言任脉为病之腰痛。汗为阴液，故痛处多汗。汗出伤阴，故欲饮。任之与督，阴阳相交，故饮已欲走。

2，据张隐庵集注，直阳之脉，即督脉也。任之与督，一阴一阳，同起于胞中，一源二岐，督脉者，贯脊直上，故名直阳。李鼎《针灸学释难》考证，认为此处所言是刺承筋穴。

2.2.7 （阴维脉）飞阳之脉令人腰痛，痛上怫怫然，甚则悲以恐。刺飞阳之脉，在内踝上五寸，少阴之前，与阴维之会。

杨氏注：“飞阳”作“飞扬”。治取复溜、筑宾。

李鼎《针灸学释难》：“飞阳，应同飞扬”。并云所指系足太阳之络由飞扬通向阴维之郄穴筑宾（内踝上 5 寸）。

2.2.8 （阴蹻脉）昌阳之脉令人腰痛，痛引膺，目　　然，甚则反折，舌卷不能言。刺内筋为二痏。在内踝上大筋前太阴后，上踝二寸所。

《针灸甲乙经》复溜之别名为“昌阳”。张隐庵集注指为阴蹻脉，其郄穴交信。《肘后歌》“腰膝强痛交信凭”；《席弘赋》：“复溜气滞便离腰”，二者皆主腰痛也。

2.2.9 （冲脉）散脉[1]令人腰痛而热，热甚生烦，腰下如有横木居其中，甚则遗溲。刺散脉在膝前骨肉分间，络外廉，束脉为三痏[2]。

1，张隐庵集注以散脉所指，系冲脉为病，以其脉至胸中而散故也。其输大上在于大杼，下出于巨虚之上下廉。

2，杨氏注：地机穴。

2.2.10 肉里之脉令人腰痛，不可以咳，咳则筋缩急。刺肉里之脉，为二痏，在太阳之外，少阳绝骨之后。

言脉在分肉之间。其穴为阳辅或悬钟（不可咳，咳则痛剧）。

2.3. 其他原因腰痛

腰痛可以是主要或唯一的临床表现，也可能是其他疾病（如现代医学之感冒、流感、胃肠疾病、肾小球肾炎、肾俞肾炎、肾输尿管结石等、风湿性关节炎及其他很多疾病）的临床表现之一，需根据病证主次因果，以针刺为主或辅助治疗。故本篇下述内容，在古代针灸临床，具有重要科学性意义和临床指导作用，于现今针灸各科临床，仍具参考意义。

2.3.1 腰痛挟脊而痛至头，几几然，目　　然，僵仆，刺足太阳郄中出血。

张隐庵集注：“五脏六腑之（背）俞，皆在（足）太阳之经”，“邪中于人，虽有浅深，然皆在于形身上下之间”，故并主腰痛。一些脏腑疾病，也常常反应在腰背一定部位出现腰背疼痛或反应点。“是以论肉里之肤腠，解脉之横络，足之三阴三阳，即奇经之经脉.....各有不同，取刺亦各有法也”。此论腰脊痛至头项诸证，仍刺委中。

3.3.2 腰痛上寒，刺足太阳阳明；上热刺足厥阴；不可以俛仰，刺足少阳；中热而喘，刺足少阴，刺郄中出血。

张隐庵集注：张隐庵注云“此论阴阳之气不和而令人腰痛也”，“夫阴阳二气者，皆出于下焦，阳气不能上升则腰痛而上寒；阴气不能上升，则腰痛而上热。盖气阻于阴阳上下之间，故腰痛也。太阳，巨阳也，为诸阳主气；阳明间于二阳之间，为阳盛之经。故上寒者，当取此（太阳、阳明）二经，以疏三阳之气。少阳主枢，故不可俯仰者，当取足少阳也”；“少阴之气，中合于阳明，上合于肺藏。阴气逆于下，则中热而喘。刺足少阴筑宾穴”，可参。

3.3.3 腰痛上寒不可顾，刺足阳明；上热刺足太阴；中热而喘，刺足少阴。

张隐庵谓此节为错简衍文。王冰注：“上寒，阴市主之”；“不可顾，三里主之”；上热，刺足太阴，“地机主之”；中热而喘，“涌泉、大钟悉主之”。

3.3.4 大便难，刺足少阴（王冰注：涌泉主之）；少腹满，刺足厥阴（太冲主之）。如折（束骨主之）不可以俛仰（京骨、昆仑悉主之），不可举，刺足太阳（申脉仆参悉主之）；引脊内廉，刺足少阴（《针灸大成》：复溜、飞扬）。张氏以此条亦为衍文。但是结合上下文义及临床，本条所言，当为论述腰痛而兼见大便难、或腹满、或发热而喘等兼症的治疗。

3.3.5 腰痛引少腹控眇，不可以仰[1]；刺腰尻交者，两髁胂上[2]，以月生死为痏数，发针立已，左取右，右取左[3]。

1，此条补充足太阴之络所致腰痛，其络“从髀合阳明，上贯尻骨（李今庸认为“腰尻”之“尻”字，为“尻”字之误，尻，髎也者，音ju。腰尻交，即指八髎穴部位）中，与厥阴、少阳，结于下髎，而循尻（尻），内入腹”。“腰痛引少腹而控眇（眇，季胁下空处也）”者，足太阴之络为病所致腰痛也。

2，杨氏注：腰髁下第四髎，即下髎，针二寸，灸可三壮。

3，杨氏注“痛在左针右,在右针左,所以然者,以其脉左右交于尻骨之中也”交经缪刺之法。

4 结论

4.1 经脉辨证，垂法千古

《内经》作为中医学最重要的古代典籍，揭示人与自然相应的关系和人体最重要的生理、病机规律、针灸最基本的临床原则，要言不繁，是针灸学术传承的衣钵和中医针灸临床的标志性特点。《刺腰痛篇》揭示了针灸治疗腰痛的基本法则。提出了“诸脉者，皆能令人腰痛”的理念，在临床上倡辨经络、辨病、证论治以诊治腰痛，具有取穴少，疗效捷的特点。近世针灸，针具多细如芒。而临床取穴则远较古人为多，且多以局部取穴、取痛处或邻近部位腧穴为尚，一般也能获效。但是对一些一般局部取穴方法治疗无效的复杂、疑难腰痛，若能结合本篇辨病辨证法则和经验，远近取穴结合，或有助于提高临床疗效。故《刺腰痛篇》的研究，具有临床的积极意义。

4.2 宁失其穴，勿失其经

古医谚云“医者不明脏腑经络，如盲人夜行”。《内经.素问.刺腰痛篇》之辨证治疗，无不建立在诸经经脉、别络、经别、经筋等经络学说基础理论之上。若不熟悉经络学说，则不知其六经所以然，证候何所出，治法何由则。古时受制于临床针具工艺技术之所限，针灸针一般远较现今为粗。故古时针灸，明辨经络，

精选腧穴，一刺而效，经络辨证，在临床具有极为重要的现实意义。而《内经.刺腰痛篇》腰痛诸病证之治，多只言取某经、言或不言其穴，言具体取穴，多仅言其部位所在，亦是《内经》重视经络学说在临床疾病认识的体现。而后世医家及注家，有时所取腧穴可能并不一样，一方面来自于临床的实践，另一方面，亦宁失其穴，勿失其经之旨，盖同一经络，临近腧穴，常常有类似的作用故也。

4.3 辨证活法，治疗腰痛。

《刺腰痛篇》所论诸经脉病，临床表现仅为举例，主要是与足三阴三阳各经脉、奇经八脉、络脉的循行与腰背脊柱的联系相关。其病因可以由“” 由于脏腑经脉关系密切，实际临床常常可能还会伴见一些相应的脏腑病证或者该经络其他病症，除了以腰痛、引项脊尻背如痛状、腰痛如折、不能俯仰、不能顾、为主的病症外，也可能是其他局部或者全身性疾病，出现腰痛上热、腰痛如张弓弩弦、腰下如有横木居于中；发热、烦热、恶寒、头痛、喘，遗溺、腹胀、引眇痛、大便难、汗出、目　　然、僵仆、筋缩急、善言，默默然不慧，舌卷不能言、善恐、善悲等症状，病因则有“得之举重伤腰，衡络绝”、六经、奇经八脉寒热虚实气血阴阳的病变，皆可致腰痛。则辨病辨证，审因论治，是其重要方法。熟悉这些经脉的循行部分、分布特点，临床表现，有利于明确诊断病属何经、在于何方。如带脉为病，尚可见女子带下、腹满，腰溶溶然（满胀或肿不收之状）如坐水中等临床表现。

4.4 《刺腰痛篇》对后世针灸治疗腰痛的影响及后世针灸治疗腰痛的发展。

《刺腰痛篇》“诸脉皆令人腰痛”的思想，是后世医家辨别腰痛经络病机相关性而循经取穴，或者辨证选穴治疗腰痛的淵溯，影响深远。如所举足六经经穴如委中（足太阳）、成骨（当为阳陵泉穴，足少阳）、足三里、上巨虚、下巨虚（足阳明）、复溜、太溪（足少阴）、蠡沟（足厥阴）、地机（足太阴），络穴、及奇经八脉在足六经的相关腧穴如委阳、委中（解脉，即督脉，取太阳经穴）、阳辅、仆参、申脉、附阳等穴（同阴/阳跷脉）、阳交、承山（阳维）、浮郄、委阳、殷门（衡络/带脉）、承筋（会阴/任脉之脉）、筑宾或复溜（飞扬/阴维脉）、复溜或交信（昌阳/阴跷脉）、地机（散脉/冲脉）、阳辅（肉里）为主，或辨证选用。

考《内经》诸篇，尤其《内经.素问.刺腰痛篇》针刺所取经络腧穴原则，实则以辨病变或病变所影响的经络，远道取穴为主；所列腧穴，则当视为举例为宜。后世医家以此为基础，选取诸经腧穴，范围更广。尤其是本《内经.灵枢.经筋篇》“以痛为腧”的方法思想，选用局部疼痛点，或针刺疼痛部位近处腧穴（如命门、腰阳关、腰俞，肾俞、志室，大肠俞、关元俞、秩边，八髎等），取穴远近结合（如辨经络部位远取殷门、合阳、飞扬、昆仑、仆参、束骨、京骨；风市、中渎、阳辅、悬钟；阴陵泉、三阴交；太溪、然谷、大钟、仆参等等）；针灸方法上，更是毫针补泻、火针点刺、艾灸、指针等，内容更加丰富。

后世及现代医家根据手足同名经脉的循行相通、阴阳相感与功能上的密切联系，选用上肢及腰腹（脐水平）部以上的经络腧穴如督脉的风府、人中、任脉的关元、手太阳小肠经的前谷、后溪、养老，手阳明大肠经的合谷、温溜、手三里、手少阳三焦经的阳池，及经外奇穴腰痛点如腰痛点，以及现代眼针、耳针、腕踝针、第二掌骨疗法、脐针、腹针等现代针法施治，获得了很好的临床疗效，是针刺治疗腰痛在学术与临床上的发展，此后将专篇论述，于此不再讨论。

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（编辑：殷鸿春）

·临床经验·

Clinical Observation of Acupuncture Treatment of Lumbago

YANG Yue-feng

Abstract: Lumbago is a common and frequently-occurring disease in clinic. Acupuncture treatment of lumbago gives not only a rapid, curative effect, but also it is safe, does not incur dependence and patients suffer little, so it is easy to be accepted by the public. The author has been engaged in clinical practice of Traditional Chinese Medicine for 26 years and has accumulated vast experience in acupuncture. To demonstrate the therapeutic effect of acupuncture, he has selected 186 cases of lower back pain and selected in this paper a few typical cases that he had treated with acupuncture. They are reported below.

Key words: Lumbago; Acupuncture therapy; Clinical application

Lumbago is a disease with the main symptom of feeling pain. It is a common and frequently encountered disease in clinic. Chinese medicine believes that the main reasons for lumbago are being invaded by an exogenous pathogen, traumatic injury, overwork, excessive sexual activity and other factors. Acupuncture is one of the main treatment methods of TCM. Acupuncture treatment of acute lower back pain caused by a sprain normally can result in immediate effect. The pain caused by wind- cold damp origins, the majority of lumbago cases, can be completely cured through sufficient courses of treatment; with the pain caused by lumbar disc lesion, acupuncture can remove or relieve the pain and even get complete recovery of health. Lumbago caused by internal organs needs treatment of the primary disease. The low back pain caused by fracture, tuberculosis, cancer, etc., need to be treated by surgery and are not within the scope of this discussion.

1. Clinical Information

1.1 Diagnostic standard

Cases inclusion and diagnostic standards: reference 'Standards of Syndromes Diagnosis and Curative Effect of TCM [1], 'the Classification and Codes of Diseases and Syndromes of TCM [2]'

Lower back pain can occur in any age. Most patients have suffered from lumbar traumatic injury, chronic muscle strain, cold attacks, some from chronic back pain or have a history of lumbar surgery, the pain is mainly in the lumbar spine, lumbosacral portion, waist and nearby muscles and joints. There may or may not be an obvious tender area and muscular tension. Sometimes the pain can radiate to the hip and down the back of the lower limb. Serious pain can cause difficulty to bend and turn over the body, it affects work and life, dependence on painkillers to maintain movement and even painkillers cannot control or relieve the pain.

1.2 General data

All the cases are from July 2010 to June 2016, 6 years and 186 cases of low back pain; most of patients had seen a GP doctor before they visited, had received some treatment through various ways, such as taking painkillers, local injections or physical therapy. When chronic back pain or sciatica is not amenable to surgery, or had failed to be relieved by surgery or the patient had declined surgery, they would consider seeing a Chinese Doctor. Having accepted acupuncture treatment, generally the patient would stop all other treatments for the duration, accepted the TCM concept of holism and followed the Chinese medicine doctor's advice. For example, they did not use cold water and did not use an ice compress for chronic pain. Before acupuncture they need to avoid fatigue, anger, overeating or hunger; after acupuncture they should avoid blowing and cold, avoid eating spicy food, rest more, add nutrition, etc.

1.3 Clinical classification

According to clinical syndromes, Lumbago is divided into Qi and blood stagnation, cold-dampness or dampness-heat, deficiency of kidney and traumatic injury four types According to clinical syndrome, Lumbago is divided into four different types, and each type resulted from a different cause. They are as follows: Qi and blood stagnation (type 1); cold-dampness or dampness-heat (type 2); deficiency of kidney (type 3) and traumatic injury (type 4). The difference between the four different types of lumbago is explained below.

(1) Qi and blood stagnation type: Pain radiating to the lower limbs, fixed points of pain and increased pain with pressure, dark purple tongue, unsmooth or taut and rapid pulses. Type 1 lumbago represented a total of 80 cases out of 186 cases. This was 43% of all cases of lumbago.

(2) Cold-dampness or dampness-heat type: Cold-dampness type main symptoms are pain with heaviness at the lower back. If cold attacks the patient or he has met wet weather, the pain will be more serious. However, if local heat compresses, the pain will be relieved. There will be a pale coloured tongue with whitish fur. Heat-dampness type main symptoms are pain with burning heat sensation on the patient's lower back. If heat attacks the waist, the pain will be more serious. Patients with dampness-heat type often feel thirsty and want to drink water. In addition, tidal fever with profuse sweating, scanty brownish urine and red tongue with thin yellowish fur are also typical symptoms of dampness-heat type lumbago. Overall, type 2 lumbago represented a total of 66 cases out of 186 cases. This was 35.5% of all cases of lumbago.

(3) Kidney deficiency type: Symptoms include low back pain of long duration. The pain becomes more serious after tiredness. Waist-leg weakness and heel pain are also two typical symptoms. Some patients want the local waist area to be rubbed or want to lie down on their back: light coloured tongue, deep and thin or weak pulses. Type 3 represented a total of 36 cases out of 186. This was 19.3% of all lumbago cases.

(4)Traumatic injury type: Symptoms include acute waist sprain, main performance for serious pain, stiff waist, the disappearance of lumbar lordosis. Other typical symptoms: Spine bent to side, sacral spine muscle spasm, taut and rapid pulses. Type 4 represented a total of 4 cases only; was 2.2% of all cases of lumbago.

Table 1, Clinical Information

Class Group/Case Number	Group	Case Number	Percent
Gender	Male	114	61.3%
	Female	72	38.7%
Age	<30	22	11.8%
	30-55	48	25.8%
	>55	116	62.4%
Clinical main symptoms	Single lumbago	92	49.5%
	Lumbago with sciatica	40	21.5%
	Sciatica with lumbar pain	54	29%
Type	Qi and blood stagnation	80	43%
	Cold-dampness, Dampness-heat	66	35.5%
	Deficiency of kidney	36	19.3%
	Traumatic injury	4	2.2%
Total	186 Lumbago cases		

Conclusions from Table 1:

(1)The numbers of males who are diagnosed with lumbago are much higher than the number of females who are diagnosed with this disease.

(2) Lumbago is related to age; the incidence rate increases progressively with age.

(3) Unilateral lumbago incidence rate is often occurs with sciatica.

(4) Qi and blood stagnation symptom is the most common type of lumbago among the other three types.

2. Treatment methods by acupuncture

2.1 Main points: A Shi acupoints, Jiaji acupoints, Yaoyangguan, Dachangshu, Huantiao, Zhibian, Weizhong, Yanglingquan, Chengshan.

2.2 Methods: According to tongue and pulse signs, as well as individual symptoms, choose acupuncture or take acupuncture for the main treatment method plus Moxibustion, Acupoint pressure, Tuina, Cupping, Fire needle, Pull- Turn manipulation, warm application, plaster, etc. The simple acupuncture therapy involves leaving the needles for about 30-40 minutes, and manipulating the needles every 10 minutes. Complex acupuncture plus Cupping therapy lasts about 40 minutes in total, with the first 30 minutes for acupuncture, and the last 10 minutes for Cupping. Some patients also need to receive acupoints acupressure massage or Pull- Turn manipulation for 10 minutes. It is recommended that patients have the above treatments once or twice a week, though of course, serious cases will need to receive more sessions a week, generally three times a week. Overall, it has shown that effects would often take place after the patient undergone three courses.

3. Therapeutic outcome

3.1 Criterion of therapeutic effect

(Refer to "TCM Disease and Syndrome Diagnostic and Therapeutic Effect Standard", "TCM Classification and Codes of Diseases and Syndrome" draw up). Clinically cured: Lumbago or lumbocrural pain clinical symptoms disappear (Patients who used to rely on pain medications have now stopped taking them, and it has shown that the pain did not recur for more than a month at least), lumbocrural function returned to normal and no recurrance over a month on follow up. Significant effect: lumbago or lumocrural pain obviously becoming less(Patients who used to rely on pain medications have now stopped taking them, and it has shown that the pain did not recur for more than a month at least), the functional disorder caused by original pain has improved. Effective: The degree, duration and frequency of absence of pain have reduced, usually not needing to take painkillers. Without effect: the symptoms of the pain and functional disorder have not reduced, the patients still need to continue take painkillers.

3.2 Curative effect statistics

Among 61 cases treated by simple acupuncture, clinically cured 35 cases, were 52.5%; significant effect 18 cases, were 29.5%; effective 8 cases, were 13.1%; without effect 3 cases, were 4.9%. Among 125 cases treated by complex acupuncture, clinically cured 71 cases, were 56.8%; significant effect 43 cases, were 34.4%; effective 7 cases, were 4.8%; without effect 4 cases , were 3.2%.

Table 2, Clinical effect statistics

Class Case number and Percent	Clinical cured		Significant effect		Effective		Without effect	
Simple acupuncture	32	52.5%	18	29.5%	8	13.1%	3	4.9%
Complex acupuncture	71	56.8%	43	34.4%	7	4.8%	4	3.2%
Total	103	55.4%	61	32.8%	15	8%	7	3.8%

Conclusions from Table2:

(1) Acupuncture treatment of lumbago total cure rate is 55.4%, without effective rate is only 3.8%.

(2) The complex acupuncture's cure rate is higher than the simple acupuncture.

4. Typical medical cases

4.1 Acute lumbar muscle strain (Meridian and tendon damaged, Qi and blood stagnation)

Miss.T, Female, Aged 28, British Guangdong Chinese, Chinese restaurant waitress.

Date first visited: On 12 October2014.

Chief complaints: Has strained lumbar muscle 2 days.

History of present disease:

2 days ago the patient slipped on floor and fell over during work while lifting up a big basin, could not move the waist immediately, she had felt severe pain on the lower back, possibly fractured. The medical imaging showed no fracture in the local hospital. The doctor diagnosed it is a laceration of ligament, suggested lying on the bed on the back, local cold compress with ice blocks. As the pain became worse, she felt local muscle swelling, could not stand up, today she visited the clinic by her husband carrying her on the back from the car.

Physical examination: Facies dolorosa, waist was stiff and straight, obvious tenderness on the processus spinosus of spine between L4 to S1. Dark red tongue, taut fast pulses.

Diagnosed: Lumbar spine ligament injury.

Syndrome differentiation: Lumbar spine ligament damage.

Therapeutic principle: promoting blood circulation for removing stasis, dredging the meridian passage to relieve pain.

Acupuncture treatment: Firstly selected the ponits of Renzhong, Houxi and Back Pain Point to needle, after inserting the needles into the points, strongly stimulated these points continuously for 1-2 minutes. Then turne over body to needle Yaoyangguan, Qihaishu, Dachangshu, Geshu, Weizhong, Yang ling qun, Kunlun, plus TDP lamp irradiation, retaining the needle for 40 minutes, every 10 minutes manipulated the needle to strengthen the needle sensation one time. After the acupuncture, felt the pain greatly reduced. Suggested the patient to sleep on a hard bed, and stay in bed resting.

The next day the patient went to the clinic supported by a person and accepted an acupuncture treatment again. After a week, she came back to the clinic with her husband said that the lumbago had recovered.

Outcome of treatment: A total of 2 sessions, recovered.

Remarks: The case is an acute muscle strain**,** stagnation of Oi and blood, accepted acupuncture therapy, achieved perfect efficacy by needling Renzhong, A hi, experience points of back pain, plus local area acupoints to assist.

4.2 Lumbar slipped disc (Deficiency of the kidney and spleen plus Qi and blood stagnation)

Mr. S, Male, Aged38, British Indian, Network worker.

Date first visited: On 7 December 2015.

Chief complaints: Lower back pain accompanied by right leg pain 20 days.

History of present disease:

20 days ago, He felt lower back pain when he bent down in the morning. Lumbago had gradually had become serious after several days, accompanied by pain travelling through the buttocks and down the back of the thigh and down the shin mostly on the right side, numbness in the right foot, the pain increased by sneezing and coughing. Diagnosis: Protrusion of L5- S1 disc by MRI taken in hospital. The doctor suggested outpatient treatment by physiotherapy firstly, then depending on the patient's condition to decide whether or not to operate. After he had physiotherapy several times the pain was not relieved, so he visited a TCM clinic recommended through a friend.

Physical examination: Lumber spinal towards the right to bend, the body flexion could not touch the knees, the right sides of L4 L5 S1 obvious tenderness, lumbar vertebra had a percussion pain, Straight leg raising test(+) . Pale tongue with white fur, under the tongue the collateral channels was light purple, pulses was unsmooth and weak.

Diagnosed: L5 - S1 slipped disc.

Syndrome differentiation: Stagnation of Oi and blood

Therapeutic principle: Promoting flow of Qi and blood circulation, relaxing and activating the tendons.

Acupuncture treatment: Local disinfection, took a round sharp needle to stimulate the point on the right side 1cm between L5-S1. Firstly broke the skin then inserted the needle into the point; Secondly manipulated the needle to get needling response ; Thirdly took out the needle and pressed

the pinhole. Later used filiform needles to insert perpendicularly into Shenshu, Yaoyangguan, Weizhong 1.5 Cun, used uniform reinforcing-reducing method by twisting and twirling of the needle at Shenshu, Yaoyangguan. It would be perfect to manipulate the needles by taking a short distance lifting and thrusting method to let the needle sensation like an electric current transmit up and down. Retention of the needles was coordinated with TDP infrared lamp irradiation to keep warm and prevent an attack of cold. The needles were retained for 30 minutes and every 10 minutes regularly manipulated to strengthen the needle sensation.

Outcome of treatment: A total of 10 sessions, the clinical symptoms had disappeared.

Remarks: This lumbago case, without a traumatic history, had tongue and pulse examination, had the complication of both deficiency of Spleen-kidney and stagnation of Qi and blood and deficiency-excess. Treatment of the disease by enriching blood and promoting blood, Nourish and purgation in combination by selected acupoints Shenshu, Yaoyangguan etc., have got a good result.

4.3 Lumbosacral muscle strain (Qi and blood stagnation)

Mrs. T, Female, Aged 42, British Polish, ASDA Supermarket worker.

Date first visited: On 12 February 2016.

Chief complaints: Has had a lower back pain accompanied with difficulty to squat down more than a month.

History of present illness:

Chronic low back pain for a year, after tiredness the pain increased, automatic remission after rest, in the recent month, the pain has become severe when turning over and bending. It was difficult to bend over to wear trousers and tie bootlaces, especially go to the toilet : difficulty to straighten the body after sitting. Often hitting the waist with a fist relieved the pain.

Physical examination: there were some pressure pain points on the sacrospinal muscle, the back of the iliac crest, both sides of the lumbar spine. Percussion pain at the lumbosacral portion.

Diagnosed: Lumbosacral muscle strain

Syndrome differentiation: Qi and blood stasis, meridian obstruction.

Therapeutic principle: promoting blood circulation for removing stasis, dredge meridian.

Acupuncture treatment: Selected the local tender points. It is said that for back pain one must select the Weizhong point, together with Huantiao, Kunlun. Retain the needles for 30 minutes. After acupuncture, massage the acupoints area 10 minutes with Honghua oil with the palmar surface of four fingers.

Outcome of treatment: Once a week, a total of 6 sessions, healing.

Remarks: For stagnation of channels and collaterals in meridian on the waist, used a proximal selection of A Shi points and selected acupoints along the channel distally, choosing Weizhong, Kunlun of the bladder meridian and Huantiao of the gall bladder meridian to needle and acupressure. Different clinical symptoms need different treatment.

4.4 Lumbar myofasciitis (Cold-damp stagnation)

Mr. H, Male, Aged65, Canadian Chinese residing in Britain, Software technology senior engineer.

Date first visited: On16 April 2016.

Chief complaint: Had low back pain 3 years, worse for a week.

History of present illness:

Mr.H had a chronic low back pain for 3 years. The pain has been dull and heavy. The patient also has cold and numbness on the lumbar muscle, sometimes better, sometimes worse. The symptoms will worsen when in cold weather or following hard work. The patient had medical imaging in hospital a year ago, but found no osseous abnormality was found. After, the patient discontinued taking painkillers or external application medication plasters .One week previously, the pain became worse, due to travelling and long-distance walking. When patient walked, his body tended to bear left, and he consistently wanted his left waist to be supported by another as he walked.

Physical examination: Lumbar muscle stiffness, muscle spasm on the left of the waist, obvious tenderness on the back of the left iliac crest , pain on percussion on the lumbar vertebrae, a lot pressure pain point and different sized nodes could be felt on the back, it was difficult to bend forward and straighten up. Light tongue with white fur, soft and smooth pulses.

Diagnosed: Lumbar myofasciiti**s**

Syndrome differentiation: Cold-dampness syndrome

Therapeutic principle: warming channels to dispel cold relax the tendons and stimulate the blood circulation.

Acupuncture treatment: Selected the acupoints: waist tenderness, Geshu, Houxi, Yaoyangguan, Mingmen, Shenshu, Weizhong, Yanglingquan, Cheng Shan, Kunlun, plus TDP lamp. Left needles in for 30 minutes, once every 10 minutes manipulated the needles to strengthen acu-anaesthesia. After acupuncture the patient lay on his stomach, the muscles beside the spinal column were massaged and the trigger points were kneaded with thumbs.

Outcome of treatment: Following acupuncture twice a week for a total of 14 sessons, the improvement was 80%.

Remarks: This case is a typical cold-damp lumbago, It will worsen with cold, the lumbar muscles can be felt heavy and stiff. A significant effect was achieved by warming the channels and expelling cold.

5. Discussion

Due to the lumbar region supporting the heavier upper part of the body and to frequent activity from daily life, this region is most easily injured. The "Prescriptions worth Thousand Gold for Emergencies-Lower Back Pain Chapter Seven" says, "The lumbago has five reasons for problems. The first reason is from Shaoying, Shaoying is the kidney system, Yang is insufficient in everything on earth in October, therefore low back pain. The second reason is from wind, cold-wind attacks the waist region resulting in pain. The third reason is from kidney deficiency, overstrain can lead to kidney injury, therefore low back pain. The fourth reason is trauma, falling down can cause waist injury, therefore low back pain. The fifth reason is sleeping on cold-damp ground, affected by ground vapour, therefore low back pain." Validated by clinical practice, common reasons for lumbago are due to suffering from Qi-blood stasis, deficiency of kidney and catching wind-cold-damp. According to different pathogenesis and clinical symptoms, we should choose different meridians and acupoints to treat diseases. Individualized treatment is preferable to achieve a curative effect.

Modern medicine believes that the acute low back pain is mainly due to loading vigorously or an unexpected external force cause a strong lumbar muscle spasm, leading to damage to the aponeurosis, muscles, ligaments etc.; or because of faulty posture at work, leads to among lumbar muscle, small joints and ligaments force to loss balance, causes parts of muscles, ligaments are damaged by overloaded force.

Chronic low back pain is mainly due to long term stooping at work or bending over desk work: the muscles gradually shorten, causing lactic acid to accumulate, which irritates the muscles to cause a spasm. When some musculature is in spasm over a long period this causes distortion of the muscle tissue, bringing about muscle strain and leading to aseptic inflammation in the surrounding subcutaneous tissue to form different sized nodules[3]. Other causes are from degenerative diseases, for example, lumbar vertebra hypertrophy. Wind-cold-wetness as a cause leads to local microcirculation to create metabolic disturbance, leading in turn to malfunction presenting as low back pain.

The general viewpoint of modern science about the effect of acupuncture is that the sympathetic nerve can be activated by stimulation of the free nerve endings under the acupoints, thereby boosting the bioelectric potential of the local acupoints to form an electric potential wave on a meridian, however the wave will not appear outside the meridian. Since the biocurrent produced by viscera can be projected onto the body surface by passing through meridians, on the other hand, electric current produced by body surface points will also react on viscera to regulate their function: the effect of electric current is bidirectional. Therefore the exact principle of acupuncture treatment of disease is that the electric current produced by stimulation of specific points passes through the meridians to regulate the physiological function of viscera or tissues. This enables the hypofunction or hyperfuncion to restore normal conditions and trigger off the body's natural healing response [4].

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·医案精华·

古代针灸治疗腰痛医案选议

Introduction of Some Case Histories of Lower Back Pain Treatment of Acupuncture in Ancient Documents

袁炳胜 YUAN - BingSheng

【摘要】中医学，是唯一自有史以来完整保存至今、来源于临床实践和实验的伟大的医学知识体系。腰痛，是针灸临床最普通和最常见的病症之一。中医针灸治疗腰痛，是中医基本理论及技术方法、针灸诊疗技术在临床上的具体应用。本文选择古代有代表性的著名针灸家治疗腰痛的医案数则，予以现代解读，以帮助我们认识真正临床意义上的中国针灸，理解中医针灸治疗腰痛的临床规律。结论：非穴针刺实际上是传统中医针灸学；古代针灸治疗腰痛临床强调因病因人、辨病辨证使用不同针灸方法，这也是获取针灸最佳临床疗效的重要途径，值得在临床和科研中得到重视。

【关键词】腰痛/针灸；医案/古代；名医经验

Abstract: Traditional Chinese medicine (TCM) has the best preserved clinical practice and experiments of great medical knowledge systems in the past. In ancient times, low back pain was one of the most common clinical conditions for acupuncture. Acupuncture treatment of low back pain represents TCM basic theory with methods and techniques for specific clinical application.

In this paper, a few representative cases have been selected from famous ancient acupuncture doctors' medical records of treatment for low back pain. I try to give a modern interpretation of how to understand the true clinical sense. Understanding Chinese acupuncture treatment rules for low back pain can help us. We found: Actually, non-acupoints acupuncture are part of TCM; acupuncture had also been applied to a wide range of clinical diseases and conditions, and ancient acupuncture clinical treatment followed the differential diagnosis of disease syndromes.

Key words: low back pain / acupuncture; clinical cases / ancient doctors' experience

1 中医医案与临床

古代医案，言简而意赅，一则因古代刻版印刷图书不易，成本较高；二则因古时缺医少药，名医忙于诊务，著述不易。名医医案，自《史记》记述淳于意"诊籍"始，《三国志》、《后汉书》（记述华佗医案）承之，而明清以前医案，多散见于综合性医学著作，明清以后，渐有医案之专门著作，而陈述渐详，体例始备。古时医案，虽然其言简要，但如果通晓临床，望闻问切，理法既备，亦不难见微知著，窥见古典针灸之一斑；提纲挈领，得前人针灸之真荃，借鉴应用于当今临床；秉承前人临床实践认识到的基本公理性的原则规律，辨病辨证，对病对证，在临床寻求因时因人个性化的最佳治疗方法，提高临床治疗腰痛的疗效。

2 历代名医针灸治疗腰痛医案选议

2.1 窦材腰腿痛医案 2 则（《扁鹊心书. 卷中》）

案 1 一人患脚气，两胫骨连腰日夜痛不可忍，为灸涌泉穴五十壮，服金液丹，五日痊愈[1]。

评议：脚气，《肘后方》又名脚弱，是以腿脚无力为主要表现的古病名。此案伴剧烈腰腿痛，就临床表现而言，颇似今之腰椎病所致坐骨神经痛。窦氏以灸肾经经气所出井穴涌泉法施灸，兼用金液丹（又名保元丹、壮阳丹，是唐宋间流行古方，如《博济方》云能治"百种

欲死大病”）而五日治愈，是以补肾为主之治法也。

案 2 一老人腰脚痛，不能行步，令灸关元三百壮，更服金液丹，强健如前[1]。

评议：此取任脉，从阴治阳之法。《扁鹊心书.卷中.腰痛》云：老年肾气衰，又兼风寒客之，腰髋髀作痛，医作风痹走痛，治用宣风散、趁痛丸，重竭真气，误人甚多。正法服姜附汤散寒邪，或全真丹，灸关元百壮，则肾自坚牢，永不作痛。须服金液丹以壮元阳，至老年不发。

窦氏四世业医，生活于北、南宋之间，其时战乱频任。人多劳碌饥馑，生活水平较低，保暖不匀，尤其漫漫严冬，最多虚、寒腰痛之证。窦氏临床主张“保扶阳气为本”，认为“脾为五脏之母，肾为一身之根”，临床善于广泛应用艾灸治疗各科疾病、大病重病，常艾灸与药物同用，温肾散寒，以壮元阳（该书附方 81 首属热，17 首偏寒）。

2.2 许叔微腰痛自疗医案 1 则（《普济本事方.卷二》）

案 3 戊戌年八月，淮南大水，城下浸灌者连月。余忽脏腑不调，腹中如水吼数日，调治得愈。自此，腰痛不可屈折。虽颊面亦相妨，服遍药不效，如是凡三月。余后思之，此必水气阴盛，肾经感水气而得，乃灸肾俞三七壮，服此药（糜茸圆），差（同“瘥”，痊愈之意）[2]。

评议：此宋代名医许叔微自疗医案。因暴雨大水连日，外则感受盛暑水湿阴郁之气，（或兼颠沛流离之劳），脏腑之气既失和于内，腹中水吼，是水湿侵淫，脾阳为遏，水走胃肠，阴湿之气留连三焦，阳气郁而不展。前症虽经治愈，而犹腰痛不可屈，乃脾阳之损，及于肾阳，阴湿之邪，流走经络筋肉之分。宋氏终以灸肾俞法为主，振奋肾阳而愈。盖肾者主水，赖肾中阳气以宣其化。肾气复旺，则水气得宣，腰部经络筋肉气血得畅，无遏郁之患也。

2.3 王执中腰痛医案 4 则（《资生经》）

案 4 有妇人久病而腰甚疼，腰眼忌灸，医以针置火中令热，缪刺痛处，初不深入，既而痛止。则知火不负人之说犹信云[3]。

评议：唐宋以前，灸法流行，王氏之书，颇可见一斑。然王氏临床，主张针灸、针灸与中药各随其他宜而用之。妇人之久病者，多脾肾肝诸脏、任督冲带诸脉，阴阳气血之间。腰痛甚者，亦当于诸脏腑经脉求之。王氏以所云缪刺，即《内经》左病刺右、右病刺左之法也。火不负人者，唐宋之前，艾灸、火针尚流行，尤其灸艾者，以善祛风寒，壮阳气，与拔罐法广播民间，祛病之功莫大（当然，因为太过普及，难免也有为不识医者误用滥用之弊，仲景《伤寒论》即数陈其误用滥用之弊）。饥寒（饥之与寒，常常相因。故旧时外感，俗有以煨鸡汤服之而愈者是也，亦人参败毒散、参苏饮之治虚人外感，扶正祛邪兼顾之义）者，为其时劳苦民众普遍之病，是艾灸与火针广泛施用于临床而获效之故也。

案 5 舍弟腰疼，出入甚艰。余予火针微微频刺肾俞，则行履如故。初不灸也。屡有人腰背伛偻来觅点灸，余意其是筋病使然，为点阳陵泉，令归灸。即愈。筋会阳陵泉也。然则腰疼又不可专泥肾俞，不灸其他穴也[3]。

评议：火针微微频刺，是火针点刺，一则散经络之寒，二则引阳气来复之法也。不灸之意，或同前案所述：腰眼忌灸。或是当时之流行说法耳。或以腰者肾之府，肾者藏精而人言忌灸乎？以灸法流行于当时，一般多着肤重灸数十百壮。火针之点刺，则显然轻巧便捷，其苦为轻矣。

肾俞虽常用之效穴，王氏于腰痛，亦指出不可泥于肾俞，不用他穴也。如辨为筋病者，则不专肾俞之用，泥“肾府”之说，而主以筋会阳陵泉，是八会穴之用者。后所谓点者，以笔点其穴，嘱患者归而灸之也。

案 6 仁寿宫备身患脚，奉敕，针环跳、阳陵泉、巨虚、下廉各二穴，即起行[3]。

评议：备身是主掌帝王宿卫侍从的武官。患脚，乃行武之人所常患者，如今之腰椎间盘突出、梨状肌损伤综合征之坐骨神经痛，就本案所取用足少阳、阳明腧穴看，不排除后者所致坐骨神经痛的可能性。盖环跳为取痛处临近穴，阳陵泉为疼痛牵涉部位腧穴或循经取穴，疼痛牵掣足少阳、阳明二经膝以下部位，或因阳明主肌肉及四肢故兼取巨虚、上廉，与少阳经脉诸穴协调共济施用。

案 7 大理赵卿患风，腰脚不随，不得跪起，针上髎、环跳、阳陵泉、巨虚、下廉各二穴，即得跪起[3]。

评议：大理，即大理寺，为中国古代主管法律及诉讼的机构，执掌者为大理寺卿。《内经》云：“风者，百病之长也。至其变化，乃为他病也”。临床上，每兼寒、湿、热等致病病邪为患，

表现为疼痛、麻木、拘挛，乃至影响肢体屈伸运动。又有内因脏腑气血阴阳失调，表现为具有类似于风邪致病善行而数变（数者多也，言其易于变化也）病机特征者，则亦称为内风。此案但言“腰脚不随”，当为前者因风致痹者为是。盖风之为患，每因脏腑阳气之不足，经络气血之失和，故《内经》常谓“虚邪”、“贼风”，盖户牖不实，则盗贼乘之，其理一也。此案治法，较之前案，同用环跳、阳陵泉、巨虚、下廉四穴，但此案明显较前案为重，严重到“腰脚不随，不得跪起”，故加针上髎穴先刺，再取余穴，且为双侧同刺，而达到“即得跪起”的良好疗效。

按：刺上髎穴治疗腰痛，本《内经》，如《素问.骨空论》，“黄帝问曰：余闻风者百病之始也，以针治之奈何?岐伯对曰：.....腰痛不可以转摇，急引阴卵，刺八髎与痛上，八髎在腰尻分间”[4]。

2.4 杨继洲腰腿痛医案二则（《针灸大成》）：

案 8 壬戌岁，吏部许敬庵公，寓灵济宫，患腰痛之甚。同乡董龙山公推余视之。诊其脉，尺部沉数有力。然男子尺脉固宜沉实，但带数有力，是湿热所致，有余之疾也。医作不足治之，则非矣。性畏针，遂以手指于肾俞穴行补泻之法，痛稍减，空心再与除湿行气之剂，一服而安。公曰：“手法代针，已觉痛减，何乃再服渗利之药乎？”余曰：针能劫病，公性畏针，故不得已，而用手指之法，岂能驱除其病根，不过暂减其痛而已。若欲全可，须针肾俞穴，今既不针，是用渗利之剂也。岂不闻前贤云：“腰乃肾之府，一身之大关节。”脉沉数者，多是湿热壅滞，须宜渗利之，不可用补剂。今人不分虚实，一概误用，多致绵缠，痛疼不休（出玉机中）。大抵喜补恶攻，人之恒情也。邪湿去而新血生，此非攻中有补存焉者乎？[5]

评议：《内经》云：“腰为肾之府，转摇不能，肾将惫矣。”慢性腰痛以肾虚多见，虽是临床实际，但是湿热所致，却也可见十之一二，不可忽略；虚实间杂，也不乏其例，不可不知。虚实不同，针、灸治疗之法，亦各殊途。《古今医案按》录李宗梓湿热腰痛，以龙胆草及栀子黄芩黄连黄柏等苦寒泻火清热燥湿治之而愈医案一则，可资参考：

徽州太学方鱼儒，精神困倦，腰膝异痛不可忍。皆曰肾主腰膝而用桂附，绵延两月，愈觉四肢萎软，腰膝寒冷，遂恣服热药，了无疑惧。比予视之，脉伏于下，极重按之，振指有力。因思阳证似阴，乃火热过极，反兼胜己之化，小便当赤，必畏沸汤。询之果然。乃以黄柏三钱、龙胆草二钱，芩、连、栀子各一钱五分，加生姜七片为向导，乘热顿饮，移时便觉腰间畅快，三剂而痛若失矣。用人参固本丸，日服二两，一月而痊安[6]。

李氏因脉虽沉伏而按之振指有力，虽觉腰膝寒冷而小便赤、畏热饮，故断为阳证似阴，热郁为患。与龙胆泻肝汤治之，“移时便觉腰间畅快，三剂而痛若失”。

案 9 癸酉秋，大理李义河翁，患两腿痛十余载，诸药不能奏效。相公推余治之，诊其脉滑浮，风湿入于筋骨，岂药力能愈，须针可痊。即取风市、阴市等穴针之。官至工部尚书，病不再发。

评议：此案亦经络间风湿郁滞，深入于肌肉筋骨，杨氏取少阳、阳明经穴治之而获愈。《内经》谓之“少阳为枢”，“阳明为阖”，“枢折即骨摇而不安于地”、“阖折则气无所止息而痿疾起矣”，故“痿疾者取之阳明”，“骨繇（所谓骨繇者摇者也）者，取之少阳”。似此腰痛十余载，诸药不能效之腰痛，临床时有可见。古今以来，多有经针灸而治愈者，又岂是今时一些研究者所谓“心理效应”所能解释的？

2.5 张子和医案（《儒门事亲. 卷六. 火形》）

案 10 戴人女僮，冬间自途来，面赤如火；至阳，病腰胯大痛，里急后重，痛则见鬼神。戴人曰，此少阳经也，在身侧为相火.....使服舟车丸经散，泻至数盆，病犹未瘥……复令调胃承气汤……方舍其杖策，但发渴……乃刺其阳陵穴，以伸其滞，足少阳胆经之穴也，自是方宁[7]。

评议：张氏临床，善查邪之所在，用汗、吐、下法，因其势之内外上下出入，因势利导，以祛上、中、下部之邪而治病。此案患者素有郁热，因“冬自途（戴人是山东兰考人，途，或是安徽当涂县，相距千里）来”，长途跋涉，历经风雨，风雨寒湿，引动内伏郁热为患，而见面赤如火，里急后重，腰胯大痛。外有经络经筋间病，内有里急后重，痛则神昏谵，如见鬼神。经张氏用舟车丸、调胃承气汤等攻邪之治，诸证减缓，“乃去其策杖”，而其腰胯痛证犹在。以其痛在身侧少阳，刺阳陵泉而愈，亦病在少阳，实证腰痛之治也。

2.6 方慎庵医案（《金针秘传.针验摘录.腰痛》）

案 11 腰为肾之府，转摇不能，肾将惫矣。今既不能转摇，而腰部肌肉又异常觉冷，其为肾阳衰败无疑。宜温通肾府以去寒湿而助元阳，即针肾俞，腰部立觉奇暖，去针后起立如常[8]。

评议：1，古今针灸临床家，多有独擅之长。或精于穴法，或精于手法。然精于手法，而擅补泻者，未尝有不明于穴法者；精于穴法者，又何尝昧于手法！针灸临床屡获佳效、擅起沉疴者，必善识病、明证、善治，既博知古今之学，又富于临床经验，疑难重症，恒有巧思妙法，或独辟蹊径，或直取其病之所在者。2，本诸《内经》，六经皆令人腰痛，奇经八脉，亦常影响而至于腰痛。此据部位及兼证而辨识其寒热虚实，施热补手法而成功，立获其效也。至道不繁，医道尤然也。

3 讨论

上述历史上 6 位著名针灸医家治疗腰痛的案例，有以下共同特点：

A，病因复杂：如案 3 宋代名医许叔微，于淮南大水，浸城盈月，受阴湿之气，肠鸣腹泻，继转腰痛；案 10 张戴人之女仆，冬月长途跋涉，既而腰痛；

B，病情严重：疼痛严重、甚至严重影响步履行走，如案 1 之“两胫骨连腰痛日夜痛不可忍”，案 2“腰脚痛不能行步”；案 5“舍弟腰疼，出入甚艰”。诸案多属此类者。

C，久治不愈：如案 4“有妇人久病而腰甚疼”；如案 9，“患两腿痛十余载，诸药不能奏效”；

D，男女老少均有发病，临床表现不同: 如案 2“一老人腰脚痛，不能行步”；案 10“戴人女僮……病腰胯大痛……痛则如见鬼状”；案 6“仁寿宫备身(宫庭侍卫长，其年壮力强可知也）患脚”。

E，曾经多种方法或多方治疗无效：如案 2 许氏“腰痛不可屈折……服遍药不效，如是凡三月。”案 10，张氏曾经多种方法治疗,诸证大好,但仍然还有腰胯疼痛；

F，临床针灸治疗选穴及治疗方法因病、因证、因人而异：

选穴因腰痛之经络部位而异：根据腰痛，选取经络腧穴有涌泉、关元、肾俞、上髎,痛处(阿是)等穴；腰腿痛则针环跳、阳陵泉、风市、阴市、巨虚、上廉等穴。

治疗施术方法因病证虚实不同有别：案 1 灸涌泉、案 2 灸关元；案 3 灸肾俞，案 11 热补法针刺肾俞，案 5 火针微微频刺肾俞，案 8 则为以指代针于肾俞施补泻之术（当为泻法为主）；案 4 火针缪刺痛处；案 10 针刺阳陵泉(当为针泻法）

综上述，值得注意的是，在上述各家案例中，使用非穴针刺“以火针缪刺痛处”而愈的案 4；以及辨别病证寒热虚实不同，而均选取肾俞，但实施艾灸、火针、针刺补或泻、指针等不同方法而获治愈。可见，不只是选用正经经穴针刺才是针灸治疗，也不是只是以针刺入人体才是针灸，针灸是以针刺为主，包括《灵枢》九针针刺、艾灸、指针以及其他以激发包括十二经脉、十五络脉、十二经别、十二经筋、十二皮部及遍布全身内外上下表里的大量的孙络、浮络等而促进或激发机体经络功能而达到调节生理功能、治疗疾病的自然生态疗法。

4 结论

自古以来，中医针灸对腰痛不同的临床表现及其不同的病因病机有明确的认识，主张辨别不同的病因、以及临床不同性质特点的证候表现，采取针对性的个性化治疗措施，从而取得良好疗效。

临床经过良好培训，能够熟悉和熟练应用中医理论与临床实践技能、富有经验的中医针灸师，如果能够遵循上述方法与理念，也不难有效应用针灸方法，诊治临床腰痛。复习前代名家医案，有助于我们深入认识中医针灸理论与临床的规律、原则和方法，更好地把握和应用针灸学科和临床的规律，帮助我们进一步提高临床疗效，并为针灸科研提供方向与借鉴。

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(编辑：周斌）

·综述·

Analysis and review of acupuncture for back pain in China and other countries

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Abstract: In this study, we reviewed and commented on the literature of acupuncture for back pain in China and other countries (hereinafter referred to as foreign) from 2011 to the first half year in 2016, discussed the effectiveness of acupuncture and made a comparison. Results showed that: 1, the categories of disease causing back pain were broad and general in foreign researches and the therapeutic methods were invariable, the purpose of the studies was to search the effectiveness of acupuncture. Chinese researches usually focused on various methods in therapy or point selection to treat back pain caused by various diseases, intended to contrast the effectiveness and search for the best method of acupuncture for back pain. 2. Obvious differences about research methods and philosophy existed in researchers in China and foreign countries. 3. Most of the researches believed the effect of acupuncture for back pain was worthy of recognition. The treatment of acupuncture for back pain had gradually been more accepted in the international scope but the inclusive criteria, treatment and control method, efficacy criteria, follow-up and other standards must be improved and standardized in some researches.

Keywords: acupuncture, back pain, observation of effectiveness, cnki, pubmed, comparative study

Back Pain (BP) is a disease characterized by pain in one or both sides of the waist, or lumbosacral region, which may be accompanied with lower limb radiation pain[1].BP, is a frequently encountered disease seriously influencing human health and the labor force. BP is one of the 43 kinds of the diseases for acupuncture treatment which are recommended by the World Health Organization (WHO). In 2002, "Acupuncture: Review and analysis of reports on controlled clinical trials "issued by WHO recommended this therapy for BP again. According to statistics, 80% of adults had the experience of BP [2-3]. Epidemiological investigation showed that the incidence of BP is 7.6% to 37% [4], and the incidence of BP is related to age, gender，obesity and economic level. BP is an important factor leading to activity limitation and absence from work, the incidence is second only to upper respiratory infection (URTI, BP also brings great economic burden to individuals, family, society and the government [5-7].

As an important part of TCM, acupuncture gets much attention all over the world because of having no side effects and its effectiveness[8].The studies of acupuncture for BP are increasing in China and foreign countries. However there were some differences in cognition and research methods in China and foreign countries, so this article tried to analyse and comment on these studies in order to explore further the effectiveness of acupuncture for BP and provide some references of acupuncture for BP.

1 Chinese Research

Since 2011, we used "acupuncture" and "BP" as the keywords and searched in the CNKI database diseases related to BP including acute lumbar sprain, chronic back pain, lumbar disk herniation, three lumbar transverse process syndromes, lumbar spinal stenosis, lumbar muscle fasciitis, sciatica, lumbar exostoses hyper osteogeny etc. Exclusion criteria: tumor, cauda equine syndrome, spinal infection, spinal fracture, ankylosing spondylitis, abdominal aortic aneurysm and other disease causes of BP. Some literature that repeated reports，animal studies, review literature and critical literature. 155 articles matched the

condition, 11104 cases of BP were included in these articles.

1.1Distribution of interventions

Table1: The distribution of acupuncture methods for BP

Therapy	Literature （N /Articles）	Percentage （%）
Acupuncture	42	27.10
Pricking blood	3	1.94
Acupotomy	5	3.22
Acupoint injection	3	1.94
Acupuncture,catgut implantation at acupoint	4	2.58
Acupuncture,thorn blood cupping	3	1.94
Acupuncture,TCM	19	12.26
Acupuncture and moxibustion	16	10.32
Acupuncture and massage	25	16.13
Acupuncture, rehabilitation therapy.	10	6.45
Acupotomy, acupoint injection	5	3.22
Acupuncture,medicinal stick	4	2.58
Three and more than three kinds of therapy	16	10.32
Total	155	100

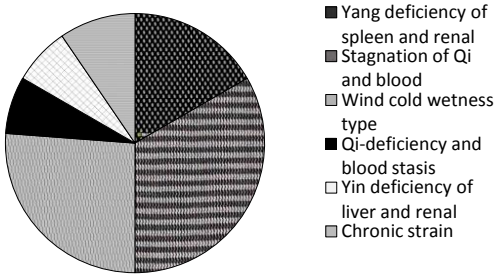
From table 1 we can see acupuncture accounted for 27.10% of the total, acupuncture and moxibustion accounted for 10.32%, combination therapy accounted for 52.26%, acupotomy accounted for 3.22%, pricking blood accounted for 1.94%, acupoint injection accounted for 1.94% and acupotomy, acupoint injection accounted for 3.22%.

1.2 Distribution of syndrome types of TCM

According the 42 articles that used acupuncture for BP by disease syndrome differentiation, distribution of the types is displayed in Figure 1.

From Figure 1, in 6 syndrome types of TCM, most of the types are stagnation of Qi and blood (33.33%), wind cold wetness type (26.19%), the Yang deficiency of spleen and renal （ 16.67%. In contrast, Qi-deficiency and blood stasis (7.14%), the deficiency of liver and kidney (7.14%) and chronic strain (9.52%) accounted for less proportionately.

Figure1: The distribution of acupuncture for BP by disease syndrome differentiation



1.3 Types of BP

113 documents remained after eliminating types of disease syndrome differentiation of BP, distribution of the disease type of BP can be known from table 2.

Table 2: Distribution of the type of BP in China

Type of BP	Literature （N /Articles）	Percentage（%）
Strain of lumbar muscles	7	6.19
Ligamentitis interinale	2	1.77
Chronic nonspecific low back pain	9	7.96
Three lumbar transverse process syndrome	6	5.31
Lumbar disk herniation	71	62.83
Acute lumbar sprain	13	11.50
Lumbar hyperosteogeny	1	0.88
Osteoporosis	1	0.88
Spinal stenosis	3	2.65
Total	113	100

The results from table 2 showed that lumbar disk herniation accounted for most of the diseases (62.83%), the next types are acute lumbar sprain (11.50%) and chronic nonspecific low back pain (7.96%).

1.4 Characteristics analysis of studies in China

1.4.1 Treatment based on syndrome differentiation

Han Siwen [9] divided 80 elderly patients with BP who belonged to the type of blood deficiency into control group and experimental group, 40 cases in each group. Besides conventional acupuncture, the control group received conventional acupuncture in local areas; the experimental group used points for nourishing and activating blood and removing wind-dampness. The total effective rate of the experimental group was 97.5%, superior to the control group with efficacy for 82.5% ($P < 0.05$). Zeng Tianming[10] randomly divided 60 cases with chronic BP regarded as the type of spleen and kidney Yang deficiency into warm needling group and electro acupuncture group, 30 cases in each group. Compared with the Japanese Orthopedic Association (JOA) low back pain score before and after treatment，the results showed that JOA score of the warm needling group was better than the electro acupuncture group and the difference was statistically significant ($P < 0.05$). Fan Maochun [11] divided 64 cases with BP regarded as the type of cold dampness randomly. The 32 cases in the control group received normal electro acupuncture ,the 32 cases in the treatment group received fire needle and electro acupuncture .The results showed that the effective rate of the treatment group was 93.75% and the other was 75.00%, the difference was statistically significant ($P < 0.05$), which pointed out that fire needle coordinated with electro acupuncture had better efficacy for this type of BP. Shen RuiYu [12] randomly divided 62 cases with BP regarded as the type of liver and kidney deficiency into two groups, 32 cases in each group .The treatment group combined acupuncture with oral liquid of Yiguan Jian (an ever effective decoction for nourishing the liver and kidney) and the control group treated by acupuncture. Observation of the efficacy of the two groups after the courses of treatment lasted for 10 days. Results showed that the total effective rate of treatment group was 96.88%, and the total effective rate of the control group was79.92%, the difference was statistically significant ($P < 0.05$). Zhang liheng [13] randomly divided 120 patients with lumbar pain due to strain into a research group and control group, 60 cases in each group. Patients in the control group only received TCM massage and basic function exercise, patients in the research group received herbal plaster and acupuncture on the basis of Functional exercise. Observation of the two groups was made of the change of pain degree and the symptoms after treatment. Results showed that VAS of the research group was obviously lower than the control group; the difference was statistically significant ($P < 0.05$). Xiu ZhongBiao [14] randomly divided the 305 cases of patients with BP regarded as the type of blood stasis into a treatment group (155 cases) and a control group (150 cases). The treatment group used crochet needle with oral liquid of Earthworm Decoction. The control group used acupuncture with oral liquid of Earthworm Decoction. Besides the

curative effect evaluation, all patients should be evaluated by VAS and JOA before and after treatment. Results showed that the effective rate of the treatment group was 96.77%, and the other group was 88.67%; the VAS score of the treatment group was obviously lower than the control group ($P < 0.05$), which prompted the observation that the cases in the treatment group were better than in the control group ($P < 0.05$) in the aspects of pain, symptoms and function restoring.

1.4.2 Points selection in local areas

A Meta- analysis about RCT studies of acupuncture for BP written by Liang Feifan [15] found that Gb30, GV3, GB34, BL40 were the main points that were selected in acupuncture treatment for BP, the rules of points selection tended to take local points to co-operate with meridians, the points on the meridians of Bladder, Gallbladder and Du were the primary choices, the location of the points mostly distributed in the areas of the waist ,buttock and leg.

1.4.3 Coordination of acupuncture and other methods

Yan bin [16] randomly divided 100 cases with acute lumbar sprain into an observation group and a control group, 50 cases in each group. Pressure on BL 57 combined with acupuncture in 3 points around the eyebrow were used in the observation group. The control group only received conventional acupuncture. VAS, RDQ, ROM were observed before and after treatment and the curative effect of the two groups was evaluated. Results showed that indicators of the two groups improved significantly ($P < 0.05$) after treatment; the indicators of the observation group improved significantly better than control group ($P < 0.05$); the total effective rate of the treatment group was 100%, while the control group was 86.0% and the cure rate for once one treatment of observation group was significantly higher than the control group ($P < 0.05$).

1.4.4 Development and application of the theory of TCM

Liu Jinlong[17] found that some patients with BP some sensitive point in related areas of the abdomen often appeared: the method ”adjust Yin to cure Yang” could be applied with acupuncture or massage to these areas of the abdomen and improve the clinical curative effect when the normal therapy failed. Chen Jianguo [18] was inspired by the theory that” twelve meridian tendons and twelve skin areas were important parts of the meridian system”; after needling traditional points such as GV26, SI 3, YaoTong point, he tried using the needle with a diameter of 0.4 mm to sweep subcutaneously in pain points of the waist and obtained the satisfactory curative effect.

1.4.5 There was a variety of acupuncture methods

Shi Gaobo [19] randomly divided 45 cases of patients with acute lumbar sprain into the treatment group of 24 cases and control group of 21 cases. The treatment group used balance acupuncture with moving Qi therapy and selected Yaotong point (1.5 inch above the Yintang point), down and flat the tip of the needle for the patients with BP on both sides or middle areas; right and flat the tip of the needle for the patients with BP on the left side and vice versa; up and flat the tip of needle for the patients with in lumbosacral BP. For the control group massage therapy was used. Results: in the treatment group18 cases were markedly effective, 6 cases were effective, the effective rate was 100.0%. In the control group,11 cases were markedly effective, 9 cases were effective,1 case had no effect, the effective rate was 95.2%. Wei LiLi [20] set an abdominal needle “drawing Qi to its origin “and moxibustion on point CV8 as the cipher prescription and operation, treating the case with BP regarded as spleen and kidney Yang deficiency. The symptoms of the patient improved markedly after 3 courses of treatment.

1.4.6 Special efficacy of single acupoint for BP

Qu Rui [21] used penetration acupuncture method to insert needle from point SI3 towards LI4 to cure 36 cases of acute lumbar sprain and achieved a satisfactory clinical effect. Zhang Yuefeng [22] selected the point BL34 for women with BP using contralateral puncture, (stabbed) inserting it on the right side for BP on the left side and on the right side for BP on the left side. After 2 courses of treatment, they found that selecting the single point of BL34 had good efficacy for women with BP which was not caused by menstrual system disease. Li Mingyan [23] found stabing point ST25 deeply had significant curative effect for BP and this method was especially appropriate for cases with lumbar muscle strain due to kidney deficiency.

2. Foreign research

In 1997, the US National Institutes of Health (NIH) published a statement which considered that

acupuncture can be used as a replacement therapy for BP. Then the United States, Germany and other foreign scholars conducted much clinical research of acupuncture for BP. Acupuncture for BP has become a focus of foreign researchers especially in the past 5 years and the core of the research was whether acupuncture can play a role in BP. We used "acupuncture", "back pain" or "lumbago" as keywords and searched in Pubmed datebase, limited the language to English and obtained 58 references.

2.1 The types of BP

In the literature obtained, distribution of BP is displayed in table 3.

Table 3. The types of BP treated by acupuncture from foreign research in the past 5 years

Types of BP	Literature （N /Articles）	Percentage （%）
back pain	9	15.52
acute low back Pain	7	12.07
chronic low back Pain	30	51.72
back pain during pregnancy	2	3.45
lumbar disc herniation	1	1.72
acute lumbar sprain	5	8.62
elderly low back pain	2	3.45
chronic spinal pain	1	1.72
soft back pain syndrome	1	1.72
Total	58	100%

We can see from table 3, compared with Chinese studies, that there were few specific diseases included in foreign studies, which only applied rough classification of the types. At the head of types of BP was chronic low back pain (51.72%), second was the back pain (15.52%) and the third was acute low back pain(12.07%).

2.2 Characteristics analysis of studies in China

2.2.1 Randomized controlled trials and clinical observations were in the majority

Lee HJ [24] had randomized controlled trials r 14 cases with BP caused by lumbar vertebral slippage (usually say ‘protrusion’) and divided the patients into two groups, each group of 7 cases. The experimental group received epidural steroid injections 1 times a week with acupuncture 3 times for 1 week, the treatment lasted for 3 weeks. The control group did not receive acupuncture. The symptoms of cases in the experimental group remitted decreased compared with the control group. The result suggested that, as a kind of expectant treatment, acupuncture can be widely used for lumbar vertebral slippage before surgery.

2.2.2 The acupuncture method was single

The difference between randomized controlled trials and clinical observation of groups mostly included single elements of acupuncture , such as electro- acupuncture and acupuncture, acupuncture and sham acupuncture, acupuncture and placebo. Cho YJ[25] randomly divided 135 cases with chronic nonspecific low back pain into a true acupuncture group and a sham acupuncture group, and compared VAS, SF-36,BDI of the two groups. In the period of 8 weeks and 3 months after treatment, there was a remarkable difference between the two groups （ P<0.05 ） in the symptoms of chronic low back pain and VAS score, there was no significant difference between the two groups in the BDI and SF-36 scores. The results showed that acupuncture was more effective than the placebo and sham acupuncture in reducing the anxiety and pain degree of the patients.

2.2.3 Most of the studies confirm the effect of acupuncture

A review about acupuncture for BP written by Carolyn E[26] pointed out that acupuncture was a form of therapy which possessed sufficient evidence, Besides

that ,acupuncture also had good security and substitutability when some pain killers lost their efficacy. The review fully affirmed the advantage of acupuncture for BP. Lee HJ[27] conducted a system evaluation about the literatures of acupuncture for BP. the result determined that acupuncture was superior to medication treatment in the aspect of improving the symptoms of acute BP and remitting the pain .However , remitting the pain was not achieved through improving anotomy structure and function of the human body.

2.2.4 The minority of studies were negative

Vas J[28] randomly divided 275 patients with acute BP into four groups, 70 cases of the control group, 68 cases of the acupuncture group , 68 cases of the sham acupuncture group, 69 cases of the placebo acupuncture group .The acupuncture group selected individualized points on the basis of the characteristics and positions of BP, the acupuncture method was according to traditional criteria of TCM .The sham acupuncture group selected points without specificity , and these points were punctured followed the same procedure as for the previous group. In the placebo acupuncture group, points on the patient's back were selected and momentary pressure applied with a partially blunt needle fitted within a guide tube, and gave pressure in these positions. The frequencies of treatment of the above three groups was 5 times for 2 weeks. Control group treated with conventional analgesic drugs, observer comparisons between every group's scale score of the Roland-Morris dysfunction questionnaire. Results suggested that three acupuncture groups were better than the control group in curative effect.

Yet the true acupuncture treatment group, the sham acupuncture treatment group, and the placebo acupuncture treatment group compared with no difference between the scores. It effectively evidenced that the effect of acupuncture is not better than sham acupuncture or placebo acupuncture

2.3.5 Mental state was incorporated into curative effect evaluation of acupuncture

50 patients were divided into treatment group and acupuncture group by Wand BM[29] ,25 cases in each group. Both groups accepted standard plan of rehabilitation. Patients in the treatment group received education of TCM and acupuncutre twice a week, the control groups were just observed without acupuncture. 3months after treatment, the survey of SF-36 showed that the physical function, health, energy, and emotion of patients in treatment group were superior to the control group, the pain in the waist significantly reduced and the ability of the body load increased. The results suggested that acupuncture had a favourable therapeutic action for BP and affected the mental state of the patient positively.

3. Discussion

According to the retrieved literature, China as the cradle of acupuncture is extremely different from foreign countries in knowledge and research methods of acupuncture for BP.

3.1Research methods, acupuncture methods and treatment frequency

In clinical practice, many diseases can lead to BP, such as lumbar spine bone hyperplasia, protrusion of lumbar intervertebral disc, lumbar muscle strain, ankylosing spondylitis , etc. The feeling of pain can be described as acid, bilges, tingling, attend or reject to be touched, the uncomfortable region may be fixed or not, the area may be narrow or broad .

Chinese researchers usually adopt individualized treatment depending on the etiology and clinical manifestation with the guidance of TCM theory and clinical principle of diagnosis and treatment:

A disease differentiation / Patients up to the standards of the diagnostic criteria was the basic conditions/ unclear), screen the subjects by age, gender, etc, and then combine with the diseases leading to BP such as lumbar bone hyperplasia、prolapse of lumbar intervertebral disc, ankylosing spondylitis or vertebral transverse syndrome of dle third lumbar vertebrae; proceed to B:

B. Syndrome differentiation. Different syndromes such as exogenous and internal injuries, excess syndromes like Qi and blood stagnation caused by sprain and contusion, empirical, deficiency syndrome caused by Qi and blood deficiency, all of the syndromes should be further distinguished according to the individual clinical manifestations; proceed to C;

C. Treatment: a) Individual prescription of acupuncture points and method under the guidance of disease differentiation and syndrome differentiation.b) "Ashi point" (the sensitive point for lumbago pain, may not be the acupoint, but all parts of human body belong to meridian system) or other empirical point, extra-meridian points, eye acupuncture, auricular acupuncture, wrist-ankle

acupuncture and other non-traditional acupuncture points would be selected with the principle of " symptomatic treatment in acute condition " and "acupuncture at pain points". c) Cupping and other non - acupuncture therapy of TCM could also play a role in the location of pain and the surrounding area.

The foreign researches mostly did not identify the disease cause and TCM syndrome differentiation of BP; all types of BP were treated by the fixed acupoint sor therapy; the types of BP were only classified roughly in the simplest form, such as acute, chronic, BP during pregnancy, BP in elderly people (which were classified according to the duration and population distribution of BP), the purpose of the studies was to explore whether acupuncture can really have an effect on BP.

In addition, the frequency of the acupuncture treatment should be correct. The frequency of Chinese clinical studies was 3 to 6 times per week in most cases; while the frequency of foreign studies was 1 to 2 times per week. A long treatment interval would obviously impact or reduce the curative effect of acupuncture.

3.2 Standards of diagnosis and treatment

On the basis of fully considering the rule and characteristics of clinical TCM, in 1995, Chinese State Administrative Bureau of TCM and Materia issued the " Standards for diagnosis and curative effect of Chinese medical symptom " , “ Clinical guideline of new drugs for traditional Chinese medicine ", " the diagnostic criteria of disease and the standard of cure and improvement ", these principles of diagnosis and efficacy above widely applied to clinical practice. Indexes like “Visual Analogue Scale”, “Von Korff Chronic Pain Grade Score”, “Hanover Functional Ability Questionnaire”, “Oswestry Disability Index” were usually applied by foreign researchers as the criteria to evaluate the curative effect [30].

3.3 Shame acupuncture

According to the literature above, most of the researches admitted the effectiveness of acupuncture for BP while a few researches held negative opinions. These researches attempted to use the non-acupoint and blunt needle (similar to round-sharp needle in nine Chinese classical needles recorded in《Neijing. Miraculous Pivot》) to act as "sham acupuncture" to compare with traditional acupuncture. However, non-acupoints mostly overlap with extra-meridian points and Ashi points in the development process of acupuncture in China. Pressure point with blunt needle is also a method of traditional acupuncture, simply replacing the tool to stimulus the acupoint, there is no difference in nature with finger (press the point by finger as needle, it also serve as one of the important methods of acupuncture applied in clinical emergency [31]), as well as toothpicks and matches. This category of researches applied "shame acupuncture" had obvious flaws, some researchers clearly pointed out that the control method of sham acupuncture was not mature enough to be regarded as a standard mode in research of acupuncture [32], so shame acupuncture and the related researches cannot conclusive prove thetherapeutic effect of acupuncture for BP was invalid.

4 Conclusions

Acupuncture originated in China and widely spread to foreign countries all over the world in the recent 40 years. BP can be caused by a variety of diseases, acupuncture research should follow the basic principles of clinical acupuncture theory and method, select different acupoints and skills of acupuncture according to different conditions, only research applying therapy close to the clinical TCM acupuncture can achieve the results that actually reflect the curative effect. The range was too wide in many foreign researches about the diseases, but selecting the same acupoint and technique for different sorts of BP did not conform to the clinical principle of disease differentiation, syndrome differentiation and individualized treatment of TCM, which inevitably affected the clinical curative effect of acupuncture. Sham acupuncture is often used in some studies to contrast the curative effect with acupuncture. But these methods of sham acupuncture were equal to non-acupoint acupuncture or replaced needle by other tools, which were frequently used in clinical TCM acupuncture, so sham acupuncture was never beyond the therapeutic range of acupuncture in essence, so it was inappropriate to use sham acupuncture to compare the curative effect with acupuncture, of course the correct conclusions would difficult to obtain.

Acupuncture is a part of TCM and has its inherent theoretical and clinical characteristics. Acupuncture has a long history of practice for BP; the effect was confirmed by a large number of clinical researches. But applying scientific method in research of acupuncture is a new subject, the method of clinical research also has to be further perfected and improved. Review of clinical

research about acupuncture in China and foreign countries may contribute to realize the advantages and disadvantages existing in these researches, promote the updating and development of research methods and its quality, assist the clinical research facilitating the development and progress of the acupuncture and serve public health better.

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Editor's note

Acupuncture originated in China, it has become the common heritage of human civilization with the propagation of Chinese acupuncture towards the world. On the other hand, with the development of science and technology, recognizing and evaluating acupuncture through scientific research are also the demands of society. However, it was 4000 years of the history of the development and improvement in clinical practice of Chinese acupuncture, while the period of the international spread of acupuncture was merely over 40 years.

Acupuncture is a new thing difficult to understand for researchers in many countries because of the difference in language and culture, there is also an inevitable process of comprehending and mastering of the theory, principles and methods of TCM and acupuncture, besides that, the exploration, development and perfection of research method and principle should be further engaged by researchers.

From the data of the researches, the purpose of Chinese researchers was to seek for more effective methods of acupuncture for BP. The purpose of foreign researchers was to evaluate the curative effect of acupuncture. Since most of the researchers in China were professional acupuncturist engaged in clinical practice who tended to have better clinical inheritance and pay more attention to the application of theory ,principle and method of TCM, so the studies tended to more close to the substance of clinical acupuncture and could fairly reflect the curative effect. Some foreign researchers paid more attention to the application of scientific principle and method in the studies, while the method of acupuncture was single and rigid, the clinical curative effect could be assured for lacking of individualized and flexible therapeutic schedule. In addition, the differences of therapeutic frequency applied by researchers were also considerable factors in affecting the clinical curative effect of acupuncture.

Chinese acupuncture actually include abundant therapies such as fire needle, blood-pricking therapy, acupressure replace needle by finger and so on, in the era of《Neijing》before 2000 years, the first classic of acupuncture《Miraculous Pivot》recorded and repeatedly expounded the nine classical needle of different shape ,usage and the methods to use them. Filiform needle puncture is only the most representative one of acupuncture. Not only the treatment method of acupuncture was incomplete, but also the operation technology and the method of selecting points in foreign researches were also very limited. Even the researchers who mastered comprehensive technology of acupuncture had to simplify diagnosis and treatment method of acupuncture in face of clinical researches require the standardization in the contemporary age; These factors had significant impact on the clinical efficacy of acupuncture. Because of the complexity ,diversity, abstractness, integrity, the methodological characteristics of disease differentiation and treatment based on differentiation of TCM, so many incurable diseases difficult to cure in etiological consideration of modern medicine can obtain

treatment effect of acupuncture from the angle of the syndrome differentiation of TCM, therefore some incurable diseases difficult to cured by one kind of acupuncture method may be the dominant disease of other acupuncture methods. So in some sense, these studies could only reflect the kind of acupuncture methods they applied, even just reflected the level of operators in applying acupuncture, of course it was not on behalf of curative effect of acupuncture on some diseases.

Acupuncture is a part of TCM, the curative effect is based on practice under the guidance of TCM theory for more than two thousand years, the diagnosis and treatment mostly in accordance with the principle of disease and syndrome differentiation and "symptomatic treatment in acute condition, radical treatment in chronic case " of TCM. These principles should be fully appreciated in studies which evaluate the clinical efficacy; on account of they are the important foundation for ensuring the therapeutic effect of TCM.

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·综述·

针灸治疗急性腰扭伤临床研究现状与展望

Acupuncture treatment of acute lumbar sprain Clinical Research Situation and Prospects

周斌 ZHOU Bin

【摘要】急性腰扭伤是临床上常见的疾病，针刺是发源于中国，也是最常用、最安全、最有效地应用于临床治疗腰痛的方法之一。探讨作为针刺疗法原发国的中国应用针刺治疗腰痛的情况，对于针刺治疗腰痛的疗效评价，具有重要的意义。本文通过检索有关针灸治疗急性腰扭伤的临床报道50多篇，总结了单独或综合应用常规针刺、头针、耳针、颊针、平衡针等针刺疗法，或以针刺疗法为主，辅助应用拔罐疗法、推拿等疗法治疗急性腰扭伤的临床应用及疗效情况。研究发现：针刺治疗急性腰扭伤选穴技术及针刺技法多样，疗效显著，而且可以与其他自然疗法结合应用，有助于提高疗效，不会增加安全风险，具有显著的临床优势，值得推广应用。并分析了针刺治疗急性腰扭伤临床研究存在的问题，对针灸治疗急性腰扭伤的前景进行了展望。

【关键词】急性腰扭伤；针灸治疗；临床研究；综述

Abstract: Acute lumbar strain is a common disease in clinic. Acupuncture originated in China, and is the most commonly used and the safest, most effective one of the methods in the clinical treatment of lumbago. Discussing the primary country China， and application of acupuncture, acupuncture treatment of lumbago, and the evaluation of the curative effect of acupuncture in the treatment of lumbago, has vital significance. In this paper, following the retrieval of more than 50 clinical reports of acupuncture and moxibustion treatment of acute lumbar strain is a review of acupuncture, bloodletting therapy, cupping therapy, tuina therapy, scraping therapy, balance therapy and comprehensive therapy of various treatment methods for acute lumbar sprain. It has been proved that the method of acupuncture for acute lumbar strain is varied, simple and easy to perform and has obvious curative effect. Also it can be applied combined with other natural therapy to help to improve the curative effect, is safe, has significant clinical advantage and is worthy of popularization and application. The problems existing in the studies of acupuncture treatment of the acute lumbar sprain are considered.

Key words: Acute lumbar strain; acupuncture therapy; clinical research; review

急性腰扭伤是临床上常见的疾病，俗称“岔气”或“闪腰”。《金匮翼》记载:″盖腰者,一身之要,屈伸俯仰,无不由之,若一有损伤,则血脉凝涩,经络壅滞,令人卒痛不能转侧。″急性腰扭伤多因剧烈转动躯体，腰部肌肉用力失调所致，大多具有发病急，病情重的特点。其临床特征为上述动作后卒感腰部剧烈疼痛，活动受限，咳嗽、深呼吸等加重，腰部可有明显压痛点，临床上以青壮年多见。

针刺治疗急性腰扭是最常见、最有效、最安全的治疗方法之一。针刺治疗急性腰扭伤临床实践历史悠久，几千年前的《黄帝内经》中就对针刺治疗腰痛进行了系统的论述，如《素问.刺腰痛篇》详尽的论述并阐明了腰痛的特点，针刺部位及针刺方法等，为针刺治疗急性腰扭伤奠定了理论基础。 早在上个世纪二十年代中期，就有关于针灸治疗急性腰扭伤的现代研究临床报告。近百年来，广大临床针灸医师不断探索，积累了丰富的针灸治疗急性腰扭伤的经验。在欧美等国，许多海外中医师也把针灸治疗急性腰扭伤的基本原理与欧美中医临床实践相结合，证明针刺治疗急性腰扭伤不仅疗效可靠，而且同西医相比较，在疗效与安全等多方面，具有无可比拟的优越性和广阔的前景。特别是近二十年来，针灸疗法已 广泛应用于急性腰扭伤的治疗，除传统的刺灸疗法外，又发展出耳针、火针、电针 等针刺新疗法，应用于治疗本病，也取得了满意的临床效果。现综述如下：

1 针刺疗法

针刺疗法能够改善局部血液循环，促进代谢，有利于消除急性腰扭伤引起的炎症、水肿，松解粘连，能促使神经体液成分的改变和神经介质的释放而达到镇痛目的。常用穴位为：水

沟、后溪、委中、大肠俞、腰阳关、阿是穴、腰痛穴、膈俞等[1]。

1.1 针刺独穴

指仅针刺一个穴位用以治疗疾病的针刺方法。

1.1.1 经穴

指隶属于经脉的穴位。

治疗急性腰扭伤的单穴多分布于督脉、手足三阳经上. 周氏[2]针刺伏兔穴治疗急性腰扭伤患者 46 例,取得满意疗效。刘氏[3]运用针刺后溪穴治疗急性腰扭伤 39 例，结果:临床有效率 89.7%,疗效显著。赵氏[4]独取绝骨穴治疗急性腰扭伤 50 例，疗效满意。安氏[5]针刺内关穴治疗急性腰扭伤 45 例，结果治愈 34 例，显效 8 例，无效 3 例。陈氏[6]报道针刺曲池配合运动疗法治疗急性腰扭伤 25 例，结果治愈 24 例，转为慢性腰痛 1 例，总有效率 96%。洪氏[7]针刺外关穴配合腰部运动治疗急性腰扭伤 50 例，方法：50 例患者均针刺外关穴施以泻法，强刺激，同时配合腰部运动，结果：共治愈 38 例，好转 11 例，无效 1 例，总有效率 98%。李氏[8]针刺合谷穴治疗急性腰扭伤 150 例，方法:将 280 例患者,随机分治疗组和对照组.治疗组采用针刺合谷穴的方法,收集资料 150 例,对照组采用常规选穴,针刺手法与治疗组相同,收集资料 130 例,结果:治疗组 150 例:治愈 120 例(80%),好转 25 例(16. 67%),无效 5 例(3 .33%),总有效率:96. 67%;对照组 130 例:治愈 80 例(61. 54%),好转 27 例(31. 54%),无效 9 例(6 .92%),总有效率 93 .08%,两组通过统计学分析,有显著性差异(P＜0 .01)。夏氏[9]针刺水沟穴为主治疗非洲人急性腰扭伤观察 68 例，结果：治疗组中 35 例痊愈 31 例，占 88.6%，有效 4 例，占 11.4%，总有效率 100%。对照组 33 例中，痊愈 23 例，占 69.7%，有效 8 例，占 24.2%，无效 2 例，总有效率 93.9%。两组疗效比较，痊愈率有明显差异（p<0.05），证明临床疗效明显。

1.1.2 奇穴

指十四经穴以外具有固定位置和有较为特殊治疗作用的腧穴。

常用奇穴有腰痛点、印堂、国老、上都、腰伤穴等。赵氏[10]独取上都穴治疗急性腰扭伤 400 例，总有效率 97.5%。陈氏[11]独取国老穴(三四跖骨之间,本节上约半寸左右,压之痛胀特别显著,即为此穴。),治疗急性腰扭伤往往一针见效。李氏[12]针刺痞根穴治疗腰痛，经过 50 多年的临床实践，效果满意。 史氏[13]等用针刺闪腰穴治疗急性腰扭伤 34 例，均采用针刺双侧闪腰穴,同时实践中体会到，针刺时腰部有温热感时效果最佳。 吴氏[14]等对 142 例急性腰扭伤患者，随机分成观察组(71 例)和对照组(71 例)。其中观察组采用针刺火腑海穴进行治疗,对照组则运用热敷牵引联合止痛药进行治疗。对比观察两组的近期疗效及远期疗效。结果:观察组近期治愈率为 59.2%.(42/71),近期总有效率为 98.6%(70/71),均显著高于对照组的 42.3%(30/71),90.1%(64/71);观察组远期治愈率为 59.2%(42/71),远期总有效率为 97.2%(69/71),均显著高于对照组 42.3%(30/71),88.7%(63/71),经比较差异明显,均有统计学意义(P<0.05)。结论:针刺火腑海穴治疗急性腰扭伤患者不仅能保证近期疗效,还有好的远期疗效.

此外，张氏[15]独取印堂穴配合腰部活动治疗急性腰扭伤 150 例，取得满意疗效。王氏[16]针刺腰痛穴治疗急性腰扭伤 200 例，仅 1 次治疗治愈者 82 例，2 次者 64 例，3 次者 34 例，4 次者 18 例，1 次好转 2 例。陈氏[17]针刺支沟穴治疗急性腰扭伤，对 300 例急性腰扭伤患者,采用随机分组法,分成治疗组 200 例,对照组 100 例,观察治疗前后腰部疼痛情况。结果:针刺合运动法治疗急性腰扭伤总有效率为 97%,1 次性治愈率为 68%。

1.1.3 经验穴

指针灸医师在临床上发现或独创的用以针刺治疗疾病的有效穴位。李氏[18]发现在足外踝上缘上 3 寸腓骨后缘有一治疗急性腰扭伤的奇穴。针刺该穴并施强刺激同时配合腰部活动治疗急性腰扭伤 90 例，均取得理想疗效。纪氏[20]亦独取腰伤穴治疗急性腰扭伤 10 例，效果尤佳。胡氏[19]采用针刺腰穴治疗急性腰扭伤 80 例，方法:取第二掌骨桡侧中点与第二掌骨近端连线的中点,即全息腰穴,单侧腰痛取患侧,双侧痛取双侧。用毫针直刺,得气后留针 45 分钟,每 5 分钟行针 1 次,同时嘱患者活动腰部。结果疗效显著。

1.2 针刺复穴

指针刺两个或两个以上的穴位用以治疗疾病的方法。

1.2.1 体针

泛指一般用来针刺身体各部位经脉，穴位的针刺疗法，是与耳针、头针等相对而言的。体针治疗急性腰扭伤方法非常丰富，临床上也取得了不同程度的疗效。孟氏[21]针刺水沟、后溪穴治疗急性腰扭伤 78 例， 结果：78 例患者中痊愈 65 例，占 83.3%；有效 11 例，占 14。1%；无效 2 例，占 2.6%；总有效率为 97.4%。痊愈者中 1 次治愈 42 例，2 次治愈 14 例，3 次治愈 9 例。刘氏[22] 取腰部压痛点，针刺得气后强刺激，不留针；然后让患者活动腰部，找出活动时最痛的一点（即痛点），标记位置，采取俯卧位直刺，得气后不留针；行针间歇期，令患者轻微活动腰部，每天 1 次。结果 21 例患者全部治愈。 金氏[23]将 80 例急性腰扭伤患者随机分为 2 组,每组 40 例。针刺组针刺水沟、后溪、肾俞、大肠俞、委中,每日 1 次,3 次为一疗程;药物组用尼美舒利分散片 0.1 克,每日 2 次,口服。两组在治疗 7 天后进行疗效评定。结果:针刺组总有效率 97.5%,对照组 90%,二者疗效比较差异有非常显著性意义(P≤0.01)，证明针刺治疗急性腰扭伤有良好疗效。刘氏[24]等在查阅相关文献的基础上，结合多年临床经验，对急性腰扭伤不同病情分为轻、中、重三级，从临床效果上看，对本病的分级论治能使针刺治疗本病更有针对性，提高了急性腰扭伤治疗的有效性，有一定的临床推广价值。

1.2.2头针

是指根据经络理论，在头部进行针刺用以治疗疾病的一种治疗方法。

骆氏[25]曾以多种方法治疗急性腰扭伤,疗效满意,其中尤以头皮针疗法效果为佳.朱氏[26]等运用头针治疗急性腰扭伤75例，取主穴：枕上正中线，枕上旁线。 配穴：阿是穴。方法：先针主穴，正中腰痛以枕上正中线为主，两侧腰痛以枕上旁线为主，交叉取穴。针向下斜刺1寸左右，并要求产生一定针感(多为酸、痛、胀)，然后持续捻针2～3分钟，同时令病人作腰部前屈、后伸、左右侧弯及旋转运动，留针20～30分钟。结果：75例患者，痊愈48例，显效27例，总有效率为100％。

1.2.3 耳针

耳针疗法是指用针刺或其他方法刺激耳郭穴位用以治疗疾病的一种针刺方法。 赵氏[27]采用耳针治疗急性腰扭伤,取穴:耳穴外生殖器(双侧)， 治疗效果明显。王氏[28]等采用耳针治疗急性腰扭伤 32 例，取穴：神门、腰痛点、枕三穴,留针 20 分钟。结果：32 例均有效（经 1 次治疗后，痊愈 27 例，占 84%，3 次治疗后，好转 5 例，占 16%）。张氏[29]贴压耳穴治疗急性腰扭伤 34 例，方法：首先在对耳轮下脚外 1/2 处，用探棒触及到敏感痛点，即为“腰痛穴”，消毒皮肤后，取王不留行籽 2 枚，分别压于对耳轮下脚内外 1/2 处，嘱患者用手均匀按压，以后每隔 30 分钟按压 1 次，直至疼痛消失。结果：症状完全消失 27 例，缓解 7 例，治愈率 79%。

1.2.4 腕踝针

是在腕踝部以针刺治疗人体相应部位疾病的方法。张氏[30]采用腕踝针治疗急性腰扭伤 82 例，结果:72 例治愈 42 例,好转 28 例,总有效率 97.2％。宋氏[31]运用腕踝针治疗急性腰扭伤，病程半小时至 1 天者，1 次治愈率 100%。

1.2.5 鼻针

是在鼻部范围内的一定穴位上进行针刺以治疗多种病证的一种针刺方法。沈氏[32]经临床反复筛选,以针刺鼻部“腰痛”穴治疗急性腰扭伤 64 例,获满意效果.方氏[33]应用针刺素髎穴治疗急性腰扭伤 62 例，结果：痊愈 39 例,好转 18 例,未愈 5 例。

1.2.6 腹针

即以神阙为中心，主要通过疏通腹部经络来调整全身气血，达到标本兼治的目的。赵[34]采用腹针疗法治疗急性腰扭伤，结果：25 例患者，经 1 疗程治愈 6 例，2 疗程治愈 13 例，占 76%，显效 4 例，占 20%，好转 2 例，占 14%，总有效 100％。

1.2.7 火针

是以加热的针体迅速刺入，通过腧穴将火热导入人体，直接激发经气，鼓舞气血运行，达到祛瘀通络的作用。杜氏[35]运用火针治疗急性腰扭伤 80 例，取得显著疗效。

1.2.8 颊针

是根据生物全息论，针刺面颊部相应穴位治疗疾病的方法。任氏[36]采用颊针结合运动疗法治疗急性腰扭伤 56 例，结果疗效稳定可靠。

1.2.9浮针

浮针疗法，是将传统针灸与现代医学相结合，用一次性的浮针等针具在局限性病痛的周

围皮下浅筋膜进行针刺的治疗方法。浮针疗法治疗急性腰扭伤具有疗效确切、操作方便、经济安全、没有副作用等优点。但浮针疗法必须找准压痛点，如疼痛范围较大，选取最痛点，一般一点一针，每次可选取1-2个点进行操作。李氏[37]采用浮针治疗急性腰扭伤，并与传统针刺方法进行比较。结果：治疗组治愈40例，显效3例，治愈率93%，对照组治愈31例，显效8例，好转3例，无效1例，治愈率72.1%。两组患者的治愈率有显著差异（p < 0.05）。姜氏等[38]运用浮针治疗急性腰扭伤56例，结果治愈52例，显效4例，治愈率92.86%，亦收到比较满意的疗效。

1.2.10 眼针

是以眼周围分区取穴治疗全身各种疾病的一种特殊针法。张氏[39]采用眼针治疗急性腰扭伤45例，取得了满意的效果。 田维柱教授在治疗急性腰扭伤时见解独到,眼针选取肾区、肝区、下焦区配合攒竹穴,针刺后配合运动疗法。谢氏[40]运用此方法，临床取得显著疗效。

2 放血疗法

是指用针刺某些穴位放出少量血液以治疗疾病的一种针刺方法，它分为点刺、散刺、刺烙、挑刺等方法。

吴氏[41]运用委中穴放血疗法治疗了急性腰扭伤 21 例,获满意疗效。郑氏[42]采用梅花针放血疗法治疗急性腰扭伤 80 例，方法：梅花针叩击加火罐穴位放血疗法。取委中阿是等穴位，操作中应注意严格消毒和禁忌症。结果：痊愈 62 例，显效 15 例，好转 3 例，显示疗效满意。康氏[43]采用放血疗法治疗急性腰扭伤 58 例，方法:先在局部阿是穴点刺放血、拔罐,再于委中放血.结果:痊愈 55 例,好转 2 例,无效 1 例。作者认为穴位放血疗法对无腰椎及其他病变的急性腰扭伤有很好的疗效.

3 电针疗法

是在刺入人体穴位的毫针上，以特制的电针机通以微量低频脉冲电流的一种治疗方法，它是传统针灸与现代电子技术相结合的在临床的应用，对急性腰扭伤的治疗具有良好的效果。郑氏[44]等取条口穴(双下肢)斜刺透向承山，待有针感后接在电针脉冲仪上，同时作腰部活动，时间20-30分钟，结果共治疗85例全部有效。吴氏等[455]通过电针治疗急性腰扭伤的临床疗效与红外热像研究，方法：方法:采用随机数字表将295 例急性腰扭伤患者随机分为电针组147例和药物组148 例，电针组选用后溪穴治疗，药物组用美洛昔康片治疗，各组治疗前后进行腰部红外热像图的检查。结果：电针组和药物组痊愈率分别为71.2%和42.6%；有效率分别为93.9% 和87.2% (P<0.01)；二者有显著性差异。电针组和药物组治疗急性腰扭伤均有显著疗效，但电针组的总体疗效优于药物组。

4 刮痧疗法

是一种通过刮拭皮肤表面，通过作用于皮部经络，以调气行血、活血化瘀、舒筋通络以缓减病痛的治疗方法。

于氏[46]采用人中、后溪、肾俞、大肠俞、腰阳关、委中、承山作为刮痧部位治疗急性腰扭伤 12 例，1 次治愈率 50%，2 次治愈率 41.70%，3 次治愈率 8.30%。吴氏[47]采用刮痧疗法治疗急性腰扭伤 10 例，结果：10 例全部治愈，1 次刮痧后，腰部活动正常者 5 例，占 50%，2 次刮痧治愈 4 例，占 40.0%，3 次刮痧治愈 1 例，占 10%，总有效率 100%。

5. 平衡针疗法

是以中医的心神调控学说和西医的神经调控学说为理论基础[48]通过针刺以缓解肌肉痉挛、滑利关节，松解粘连发挥作用。平衡针疗法突出了一病一穴， 有快速针刺， 及时观察， 无不良反应等特点。孙氏等[49]运用平衡针疗法治疗急性腰扭伤57例,结果： 痊愈31例， 显效15例， 好转11例， 总有效率100%。李氏[50]采用平衡针配合腰部运动治疗急性腰扭伤29例，方法:将58例急性腰扭伤患者随机分为治疗组和对照组,每组29例.治疗组采用平衡针配合腰部活动治疗,对照组采用西药美洛昔康片治疗,治疗5天后对比两组临床疗效和不良反应情况.结果:治疗组患者治愈率为89.67%,总有效率为100%,对照组患者治愈率53.57%,总有效率85.71%,两组患者疗效比较,差异具有统计学意义(P＜0.05).

6 综合疗法

即采用多种针刺疗法相结合，如电针加耳针疗法等，或针刺结合其他疗法相结合，如针刺加推拿疗法等，根据个人体质灵活运用的针刺方法。此方法治疗急性腰扭伤，效果均较显著。

6.1 针刺结合拔罐

薛氏[51]采用针刺手三里穴配合局部拔罐的方法,治疗急性腰扭伤 50 例并取得满意效果,有效率达 100%。 潘氏[52]采用传统针灸取穴加拔罐放血疗法治疗急性腰扭伤 20 例, 针刺选穴双侧肾俞及膀胱俞、阿是穴(痛点)、命门穴、双侧委中。配穴:双侧承山、阳陵泉、昆仑、腰眼等，取得满意疗效：一次即愈 9 例,两次获愈 9 例,三次获愈 1 例,经过五次治疗获愈 1 例。

6.2 针刺结合推拿

王氏[53]探讨针刺结合推拿康复治疗急性腰扭伤的临床观察，方法：将 50 例因急性腰扭伤就诊的患者随机分为两组，对照组 25 例服用西药美洛昔康治疗，观察组用针刺结合推拿康复疗法相结合治疗。结果：观察组治愈率为 80%，总有效率为 90%，与对照组的 20%，40%有较大差异；观察组起效快，无不良反应，临床疗效明显优于药物治疗。董氏[54]采用穴位针刺与手法推拿配合治疗急性腰扭伤 80 例，方法：取穴针刺后溪、三间穴位，再加手法推拿配合治疗。结果：80 例中， 一次痊愈 44 例（55.0%），两次痊愈者 23 例（28.8%），三次痊愈者 9 例（11.3%），四次、五次痊愈者各 2 例（分别占 2.5%）。治愈率 100%。桑氏等[55]采用针刺配合推拿治疗急性腰扭伤 40 例,针刺阿是穴、肾俞、大肠俞、命门、志室、环跳、委中,并结合推拿手法。结果:治愈率 92.5%,总有效率 100%。

7.面临的问题

当前，针灸治疗急性腰扭伤研究，有如下特点：①以临床观察居多数,但研究质量和针灸治疗操作师的针刺和临床水平差异较大，前瞻性研究不多。②与西医药治疗不同，针灸治疗腰痛，穴位选取广泛，针刺手法各异，难以找到西医药临床应用的统一标准。③中医针灸是个性化的临床治疗，临床分型及操作规范也未能统一，治疗也缺乏象现代医药一样的定量、定性的，权威、科学的 客观指标。因此，必须要有临床实践经验的专业针灸医师参与，严格的科学实验研究来验证、明确其治疗机理，以便更好地提高临床治疗水平。

8.思考与展望

综上所述，针灸治疗急性腰扭伤疗效显著，治疗方法内容丰富。受上述因素的影响，在以后临床研究时应注意以下问题[56]：①采用既符合中医针灸学科临床规律，又符合现代科研需要的研究设计，使研究在科学化和规范化的同时，能够真正反映针灸临床的实际疗效水平；②塗使用科学、客观的对照方法和疗效评定标准；③塗临床疗效对比研究、优选针刺治疗方案研究和针刺机理研究并重。

综合现有资料，通过科学研究来认识针灸的临床疗效、作用机制和原理，对于科学界来说，还是一个崭新的课题。制定科学的针灸研究方法标准，进行符合中医针灸原理的真正的针灸的研究，是一个需要在研究中亟需解决的问题，相信随着针灸专家与科学界研究者的更多合作和交流，会有更多能够更好反映针灸临床实际疗效及针灸作用原理与本质的研究成果，帮助我们更好地认识和应用针灸治疗急性腰扭伤和其他疾患。

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·外论摘刊·

实践的证据——以针灸为例

Nicolas ROBINSON

针灸研究虽然在过去 20 年中增长迅速，仍然显示证据不足以使其进入很多国家的卫生保健。实施任何有力干预，提供给患者最好的关怀的证据。提供适当的证据是个问题，因为这将取决于多种因素：研究的问题，研究的质量（研究设计、成果的衡量、跟进、研究的能力等，仅此几例）。同样条件下其他种类干预介入情况下对研究的评估是一个需要另外考虑的重要方面。

证据是、并且应该用以支持临床实践指南（CPGs），因此适当的医疗决议的决定可能会容易。这反过来又可以提高医疗效率和质量。尽管《临床实践指南》的证据重要，最好或者新的证据却可能不被《指南》发展团队包括在内。这是鉴于有关英国国家卫生优化研究机构 NICE 最近在腰痛问题上（的现实情况）。2009 年，针灸第一次被推荐为慢性腰痛介入干预（治疗），证据支持这个推荐和记录。

2016 年 3 月，NICE 发展组公布了更新的《临床指南草案》，决定对看针灸超过假针的表现方面，优先于考虑针灸（治疗腰痛）疗效与常规疗法比较。（但是）这种方法并不应用于其他非药物疗法。

尽管在这个领域的研究增加了，这个建议可能其准确性，做出的关于是否包括针灸作为推荐选项的决定是错误的，（疗效）临床意义超过安慰剂的定义是事实上被满足。

此外，在相同的《指南》里，（NICE）委员会建议了一些治疗，实际上（也并）不能证明比安慰剂更好，所以（在 NICE 那里），（各种治疗腰痛的疗法根本）没有一个“公平竞争环境”。

对证据的鉴定要求，需要严格的审查方法。尽管证据及其解释和评价很可能是 “情人眼里出西施”。

（袁炳胜编译自香港浸会大学. 2016.08. 09-10,“中医规范研究会第五届年会暨本草纲目与中药创新药物研发高峰论坛”论文集同名文章摘要。本文英文稿蒙绵阳市中医院闫康大夫协助翻译，谨致谢忱。）

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Evidence in Practice -The Case for Acupuncture

Nicola ROBINSON

Although research into acupuncture has been rapidly increasing over the last 20 years,there is still apparently insufficient evidence for its implementation into healthcare in many countries.Implementation of any intervention robust evidence so that best patient care can be delivered. Providing appropriate evidence can be problematic as this will depend on a variety of factors; the research question,and the quality of the research (its design, outcome measures, follow up, the power of the study, to name but a few). How the research is appraised in the context of other kinds of interventions for the same condition is an additional important aspect to consider.

Evidence is and should be used to underpin Clinical Practice Guidelines (CPGs) so that decisions on appropriate healthcare decisions can be facilitated. This is turn should improve quality of care and efficiency. Despite this importance of evidence for CPGs, best or new evidence may not be included by guideline development groups. This is very pertinent given the recent issues in the UK on the National Institute of Health Care Excellence (NICE) on low

back pain. In 2009, for the very first time, acupuncture was recommended as a potential intervention for chronic low back pain and the evidence supporting this recommendation supporting this documented. In March 2016, NICE released their draft update on these guidelines development groups decision to look at acupuncture's performance over sham, before considering its effectiveness compared to usual care. This approach was not applied to other non pharmacological therapies. Despite the increased research output in this area, this suggests perhaps that the accuracy on which the decisions were made regarding whether or not to include acupuncture as a recommended option was erroneous. The definition of clinic significance over placebo was in fact met. Moreover in the same guidelines the committee recommended a number of treatments that actually failed to demonstrate benefit over placebo, so there is not a "level playing field". The appraisal of evidence requires requires rigorous review methods although the appraisal of evidence and its interpretation may well be "in the eye of the beholder".

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（Editor：YUAN BingSheng）

征　稿

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