

1. Practice of acupuncture-moxibustion treatment

Acupuncture-moxibustion comprises medical science based on unique theory considering the human body as an organic body grounded on meridians and meridian points. The diagnoses and therapeutic methods described in the world's oldest books of medicine, "Huang di nei jing su wen" and "Huang di nei jing ling shu," are used in clinical practice even now. In acupuncture-moxibustion treatment, it is important to establish the pattern of the patient's complaint, to understand the patient's predisposition and clinical condition, and to prescribe and locate the points (selection of meridians and meridian points), based on main indication of meridians and meridian points. The task of acupuncture-moxibustion treatment is to select a few meridian points, insert a needle, and give appropriate stimulus at the appropriate depth to obtain the maximum effect. It is necessary to understand the main indication of the meridians and meridian points adequately and to introduce acupuncture-moxibustion treatment as a continuum that does not only have experimental aspects, but that is also based on reported evidence.

1) *Oshide*

Oshide is commonly performed by holding a needle and a needle tube with the left hand during needle insertion and to ensure stability during needle insertion. It consists of an action of pinching a needle tube and a needle with the thumb and index finger. It includes bilateral pressure (strength of pinching the needle), top and bottom pressure (pressure applied at the needle insertion site), and ambient pressure (pressure to fix the entire needle insertion site). *Oshide* is an important technique to alleviate pain on insertion, prevent flexion of the needle when a patient suddenly moves, and provide a sense of safety to the patient while obtaining biological information from the patient's skin during needle insertion.

2) Method of needle insertion

2-1) Needle tube insertion method: The method most widely used this time.

A needle is placed in a tube that is slightly shorter than the needle, and the needle is inserted by patting the handle part which is slightly visible.

2-2) Twisting needle insertion method: The needle tip is in contact with the skin while applying pressure to the skin with *oshide*, and the needle is twisted and inserted with the fingers that hold the needle. It is frequently used to insert Chinese needles.

2-3) Rotational and twisting needle insertion method: The needle is inserted while caracoling the needle to the right and left.

2-4) Needle feeding insertion method: The needle is pinched with the thumb and index finger of the needle-inserting hand and is inserted by a feeding action.

3) Angle of needle insertion

Straight, oblique and transverse methods of insertion are used. Generally, straight insertion, whereby the needle is inserted perpendicularly to the skin surface, is commonly used, but in the intercostal region or the scalp, transverse insertion that is almost parallel to the skin is

used.

4) Techniques during needle insertion

- 4-1) Sparrow-pecking needle technique (jakutaku jutsu): During needle insertion or after inserting a needle to a certain depth, the needle is advanced and retreated up and down like when a sparrow picks up feed.
- 4-2) Rotational and twisting technique (sennen jutsu): During insertion or removal of a needle, the needle is alternately caracoled to the right and the left.
- 4-3) In-situ technique (chishin jutsu): The needle is inserted in the body and left as it is for a while.
- 4-4) Simple insertion technique (tanshi jutsu): The needle is withdrawn immediately after insertion to the target depth.
- 4-5) Moreover, intermittent stimulation technique (kanketsu jutsu), vibrating needle technique, a technique of pausing between the stages of insertion and withdrawal of the needle (okuroojutsu), a technique of rotating needle (kaisenjutsu), etc. are used.

5) Number of needle insertions

The number of needle insertions is not directly proportional to the therapeutic effect. It is important to understand the symptoms and signs, locate the point correctly, and give appropriate stimulus. The number of needle insertions during treatment differs according to the patient's clinical condition and the type of asthenia or fullness. The number of needle insertions should be adjusted considering the patient's age, body build/predisposition, habituation to treatment, and clinical conditions.

2. Composition of treatment

1) Combination of points

Combination of points means to select the meridian points that are effective for the patient's clinical condition among the many meridian points in the whole body (selection of points), that is, to determine the treatment policy. The basis of selection and combination of points means to have an overall knowledge of the main indication of meridians and meridian points, and to select the meridians and meridian points based on the symptoms and signs. It is also important to locate the meridian points correctly. Locating a meridian point is referred to as *shuketsu* (locating a point), but when defining the site of the meridian point, the place of the meridian point differs depending on the body size. Bone proportional cun, in which the length of a certain site of the body is set at a certain specified size, and acupuncture-inch method of measurement, in which the width and length of fingers are considered as the measuring basis, are used. In reference to the defined site of the meridian point, the surrounding area is massaged to search the site of pain, numbness or lassitude and the site of a sensation of depression or elevation of the skin, and then the meridian point is located.

As a combination of points, local point selection, whereby the meridian point near the symptomatic site is selected, neighborhood point selection, whereby the meridian point slightly away from the affected part is selected, one-sided point selection, whereby the meridian point on the affected side with clinical pathology or on the healthy side without clinical pathology is selected, generally performed two-sided point selection, and remote point selection, whereby a site away from that with clinical pathology is selected are used. These methods comprise point selection methods following the theory of meridians and meridian points according to the patient's complaint. Point selection taking the origin and termination of nerves and muscles based on modern medicine into consideration, is also conducted.

There are extremely many meridian points in the whole body. All meridian points at all sites have therapeutic effects on disease symptoms at the site, and meridian points are also considered to have therapeutic effects on the pattern of diseases on the concerned meridian. For treatment, local location of a point, proximal location of a point, remote location of a point, location of a point depending on the course of the meridian, and location of a point on a different meridian taking the mother-son relationship of the 5 elements into consideration, and the creative cycle-checking cycle relationship are frequently used, but the source point using specific point, connecting point, back-shu point, front-mu points, and eight meeting points combination method, symptomatic combination of points, and combination of points in contact with the meridian, are used, and treatment is generally conducted by combining them.

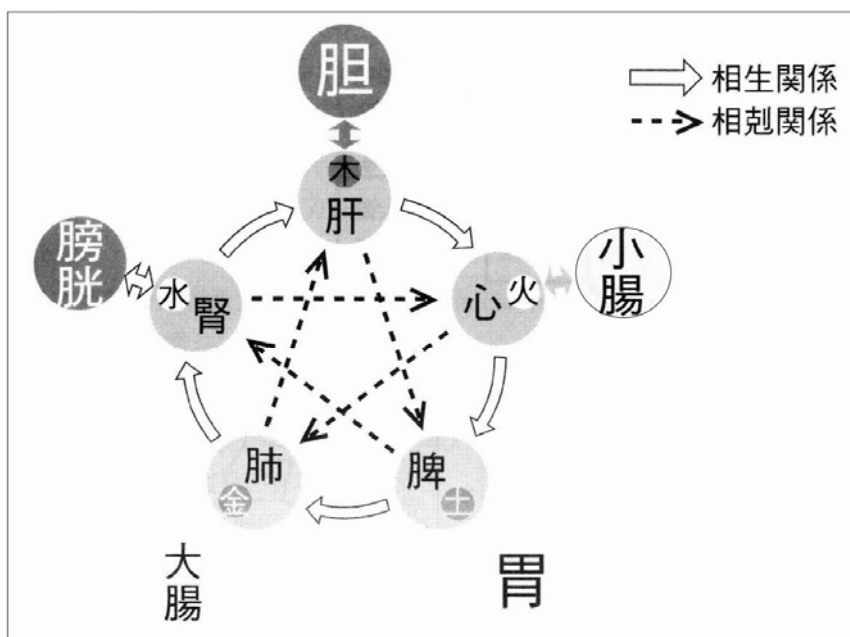


図1 五行の相生と相剋

When classifying the Yin and Yang organs according to the five element theory, the Yin organs are the liver, heart, spleen, lung and kidneys, and the Yang organs are the bladder, small intestines, stomach, large intestines and urinary bladder according to wood, fire, earth, metal and water. The respective organs are continuously associated by the creative cycle

relationship and the checking cycle relationship.

For example, the liver produces heart, the relationship in a clockwise direction is referred to as the creative cycle, and like the liver defeats the lung, the relationship toward the arrow in the circle is referred to as a checking cycle relationship.

In addition, Yin organs and Yang organs are interrelated closely. The relation of the liver and the gallbladder is just like a two sides of a coin.

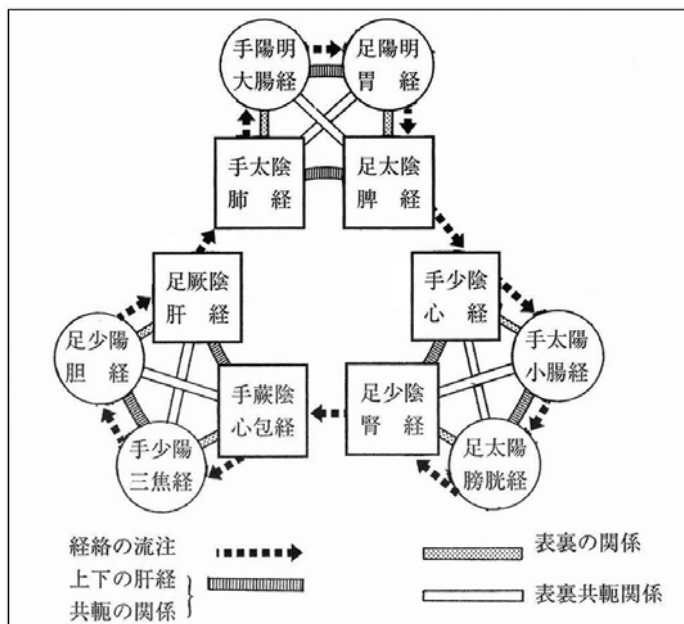


図2 経絡の關係

表1 要穴表 (五行穴)

陰經	属性	経絡名	井(木)	榮(火)	兪(土)	経(金)	合(水)	原	郄	絡	募	兪(背部)
	金	手太陰 肺 經	少 商	魚 際	太 淵	経 渠	尺 沢	太淵	孔最	列缺	中府	背 兪
	火	手厥陰 心包經	中 衝	勞 宮	大 陵	間 使	曲 沢	大陵	内関	内関	臑中	厥陰兪
	火	手少陰 心 經	少 衝	少 府	神 門	靈 道	少 海	神門	陰郄	通里	巨闕	心 兪
	土	足太陰 脾 經	陰 白	大 都	太 白	商 丘	陰陵泉	太白	地機	公孫	章門	脾 兪
	木	足厥陰 肝 經	大 敦	行 間	太 衝	中 封	曲 泉	太衝	中都	蠡溝	期門	肝 兪
水	足少陰 腎 經	湧 泉	然 谷	太 谿	復 溜	陰 谷	太谿	水泉	大鐘	京門	腎 兪	
陽經	属性	経 絡 名	井(金)	榮(水)	兪(木)	経(火)	合(土)	原	郄	絡	募	兪(背部)
	金	手陽明 大腸經	商 陽	二 間	三 間	経 渠	曲 池	合谷	温溜	偏歴	天枢	大腸兪
	火	手少陽 三焦經	関 衝	液 門	中 渚	支 溝	天 井	陽池	会宗	外関	石門	三焦兪
	火	手太陽 小腸經	少 澤	前 谷	後 谿	陽 谷	小 海	腕骨	養老	支正	関元	小腸兪
	土	足陽明 胃 經	厲 兌	内 庭	陷 谷	解 谿	足三里	衝陽	梁丘	豐隆	中脘	胃 兪
	木	足少陽 胆 經	竅 陰	俠 谿	臨 泣	陽 輔	陽陵泉	丘墟	外丘	公明	日月	胆 兪
木	足太陽 膀胱經	至 陰	通 谷	束 骨	嵐 崙	委 中	京骨	金門	飛陽	中極	膀胱兪	

2) Mother-son combination of points

The combination of points to perform tonification and reduction by using the creative cycle and checking cycle relationship of five elements and the attributes of the five transport points (Figures 1 and 2, and Table 1).

There is a method to evaluate the meridian to which the diseased organs and site belong and to perform treatment according to the tonification and reduction method of “difficult passages of the Nei ching classic of medicine and 69 difficulties.”

2-1) Tonification and reduction method of “difficult passages of the Nei ching classic of medicine and 69 difficulties”

“Mother and son in 69 difficulties” means the mother and son in the creative cycle relationship. In this mother-son relationship, two cases are considered possible. One is (i) treatment using the problematic meridian itself, and the other is (ii) treatment using the other meridian. There are cases of asthenia and of fullness, and the meridian points used for treatment are different.

2-1-1) How to select the therapeutic meridian point in a case of asthenia

Considering a case of liver-asthenia, based on the principle of “tonify the mother in case of asthenia,” firstly, a water point (Gosuiketsu: Inkoku), a mother meridian point on the liver meridian (wood, self-meridian), should be selected, and next, since the mother meridian considered from the liver meridian (wood) is the renal meridian (water), a water point (Gosuiketsu: Kyokusen) on the renal meridian should be selected and used for treatment (tonify). That is, the treatment points should be selected from the self-meridian and the other meridian and tonified.

- 1) From the self-meridian (liver meridian is wood meridian): Kyokusen, a water point (Gosuiketsu), a mother point on the self-meridian, should be tonified.
- 2) Inkoku, a water point (Gosuiketsu), a self-point (the meridian point that has the characteristics of the element to which the meridian belongs) of the mother meridian (renal meridian of water meridian), the other meridian, should be tonified.

2-1-2) How to select the therapeutic meridian point in a case of fullness

In a case of fullness in the lung meridian (gold meridian), for example, follow the principle, “reduce the son in case of fullness,”

- 1) From the self-meridian (the lung meridian is the gold meridian): Shakutaku, a water point (Gosuiketsu), a son point of the self-meridian, should be reduced.
- 2) Inkoku, a water point (Gosuiketsu), a self-point (the meridian point that has the characteristics of the element to which the meridian belongs) of the son meridian (the renal meridian of the water meridian), the other meridian, should be reduced.

In case of considering the tonifying and reducing point only by this 1) self-meridian only is the therapeutic point of the excitation/inhibition point of the ryodoraku treatment, and the

determination of therapeutic meridian point considering the self and other meridians in 1) and 2) is a meridian test.

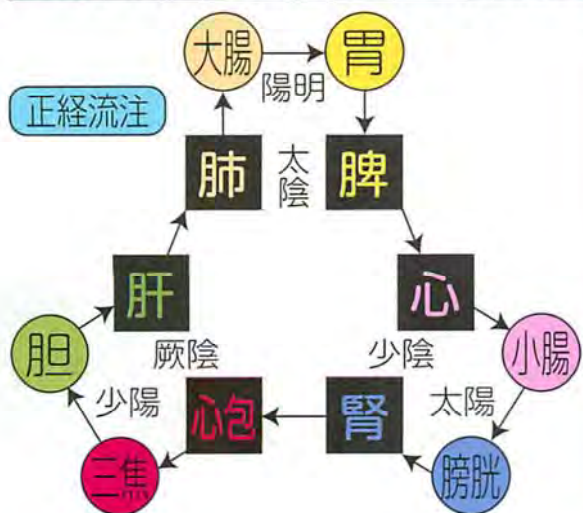
As the other tonifying methods and reducing methods, there are many methods, including tonification and reduction of respiration, tonification and reduction in accordance with or against the believed flow of Qi in the meridian along or against the direction of the meridian, slow tonification and reduction of disease, torsion tonification and reduction, tonification and reduction of nutrients and defenses. Tonification and reduction are the important factors to introduce an effect in acupuncture-moxibustion treatment together with the amount of stimulus.

3) *Hyochi hou* (local symptomatic treatment) and *Honchi hou* (systemic meridian treatment)

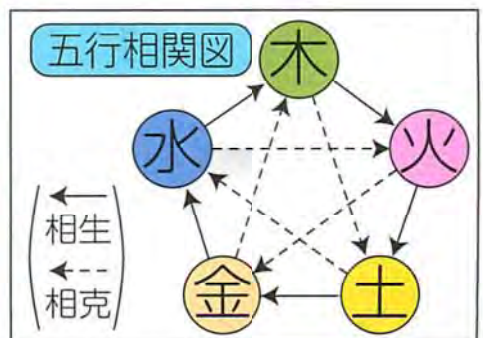
The therapeutic methods are roughly divided into two therapeutic methods. One is referred to as *Hyochi hou*, a symptomatic therapy for the diseased site, in which the treatment is performed using the meridian point related to the site. The other one is *Honchi hou*. This is a radical therapy in which the symptoms and signs (type of abnormal condition) are defined by the diagnostic method of oriental medicine (pulse diagnosis, palpation of the abdomen, palpation of the meridian point, etc.) and the treatment is performed from a fundamental aspect. It is performed to adjust the balance of the meridian coursing through the whole body comprehensively and to maintain the homeostasis to increase the natural healing force. Moreover, scalp acupuncture, hairline acupuncture, ear acupuncture, dorsal hand acupuncture, and tarsal acupuncture are also used. The response is searched taking into consideration that there is a meridian point in that part of the body, and it is used as the treatment point.

Cited and modified from Morimoto M Ed., Umeda T. Acupuncture-Moxibustion Treatment 252-256 and Pain Clinic and Oriental Medicine, Shinko Trading Company Ltd., Publication Department of Medical Books, 2004

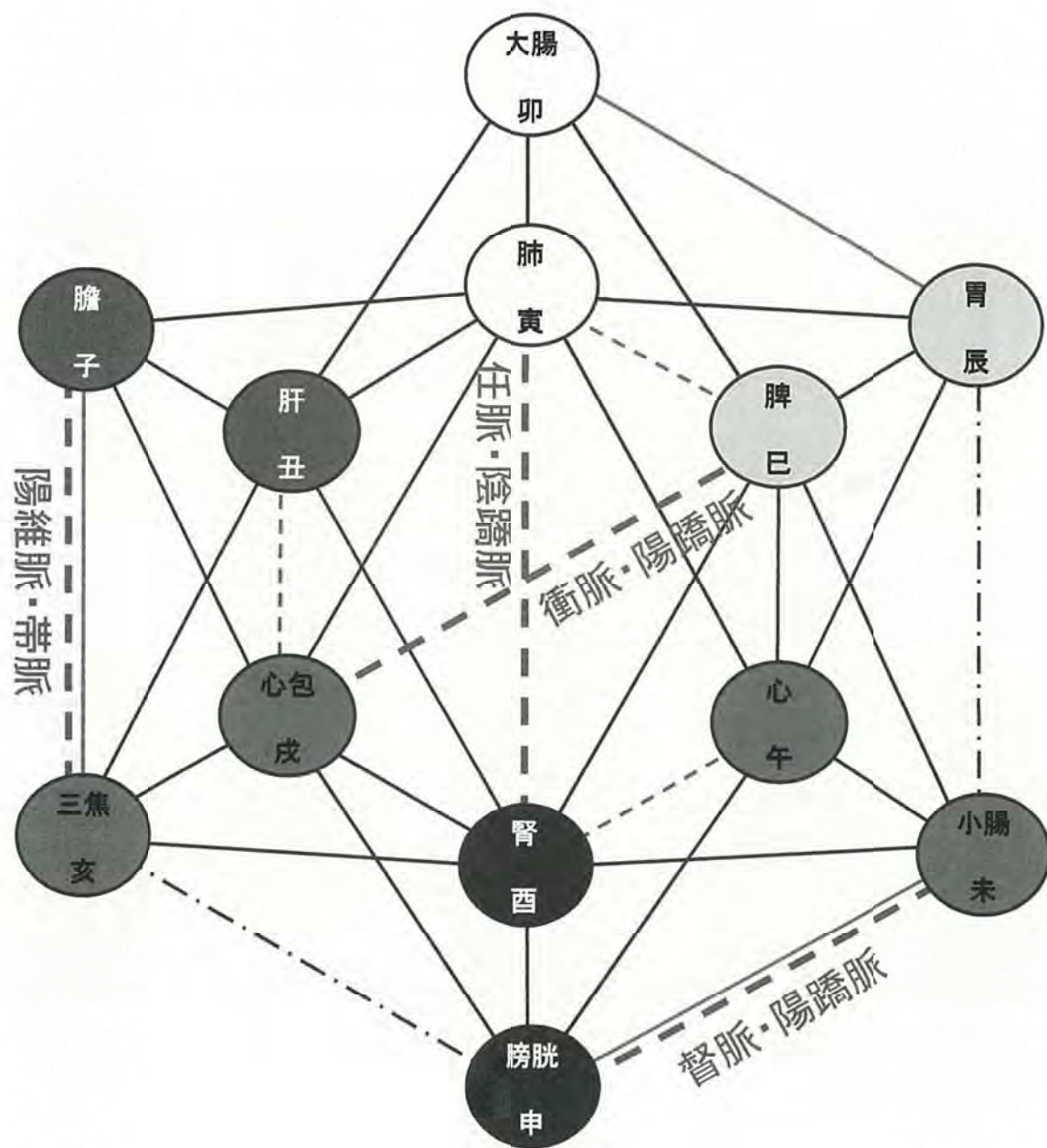
(木)	(火)	(土)	(金)	(水)	(相火)	陰	陽	(木)	(火)	(土)	(金)	(水)	(相火)
肝經	心經	脾經	肺經	腎經	心包經	經	經	胆經	小腸經	胃經	大腸經	膀胱經	三焦經
大敦	少衝	隱白	少商	湧泉	中衝	井	足竅陰	少沢	厲兌	商陽	至陰	関衝	液門
行間	少府	大都	魚際	然谷	勞宮	榮	俠溪	前谷	内庭	二間	足通谷	中渚	中渚
太衝	神門	太白	太淵	太溪	大陵	俞	足臨泣	後溪	陷谷	三間	束骨	陽池	陽池
太衝	神門	太白	太淵	太溪	大陵	原	丘墟	腕骨	衝陽	合谷	京骨	支溝	支溝
中封	靈道	商丘	經渠	復溜	間使	經	陽輔	陽谷	解溪	陽溪	崑崙	天井	天井
曲泉	少海	陰陵泉	尺沢	陰谷	曲沢	合	陽陵泉	小海	足三里	曲池	委中	会宗	会宗
中都	陰郄	地機	孔最	水泉	郄門	郄	外丘	養老	梁丘	温溜	金門	外関	外関
蠡溝	通里	公孫	列欠	大鐘	内関	絡	光明	支正	豐隆	偏歴	飛揚	石門	石門
期門	巨闕	章門	中府	京門	臆中	募	日月	関元	中腕	天枢	中極	三焦俞	三焦俞
肝俞	心俞	脾俞	肺俞	腎俞	厥陰俞	俞	胆俞	小腸俞	胃俞	大腸俞	膀胱俞	三焦俞	三焦俞



要穴表



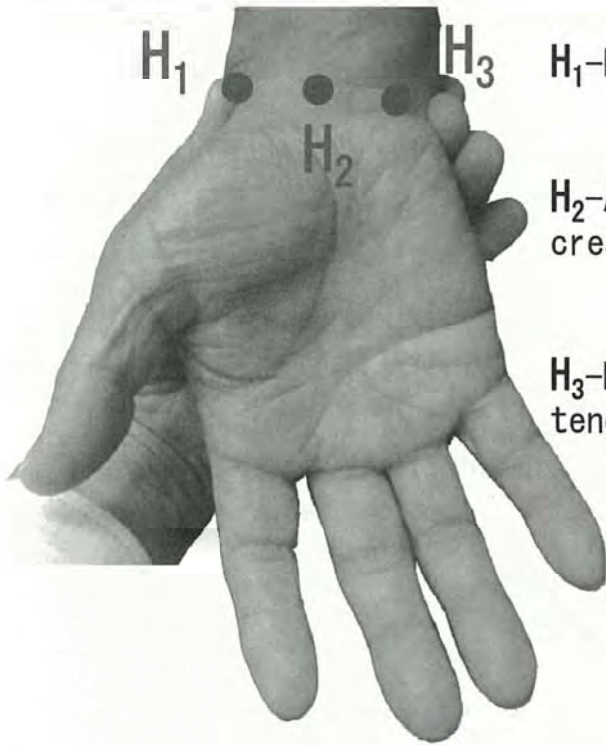
常經(正經)・奇經 經間關係図



川本正純 教授より

Ryodoraku Representative Measuring Points

The Hand Channels

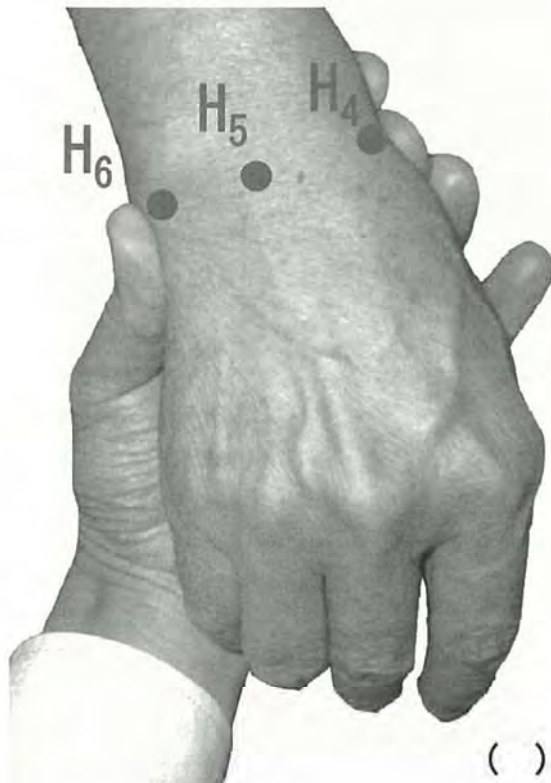


H₁ **H₃** H₁-Flexor carpi radialis. (LU-9)

H₂-At the center of the medial wrist crease. (PC-7)

H₃-Radial aspect of flexor carpi ulnaris tendon. (HT-7)

H₄-At the junction of the ulna and carpi bone in the depression lateral to the tendon of m. extensor digitorum commuius (SI-5)



H₅-Between the radius and the ulna, closer to the ulna. (TE-4)

H₆-On the radial side of the wrist. (HT-7)

() : Represent WHO standard nomenclature.

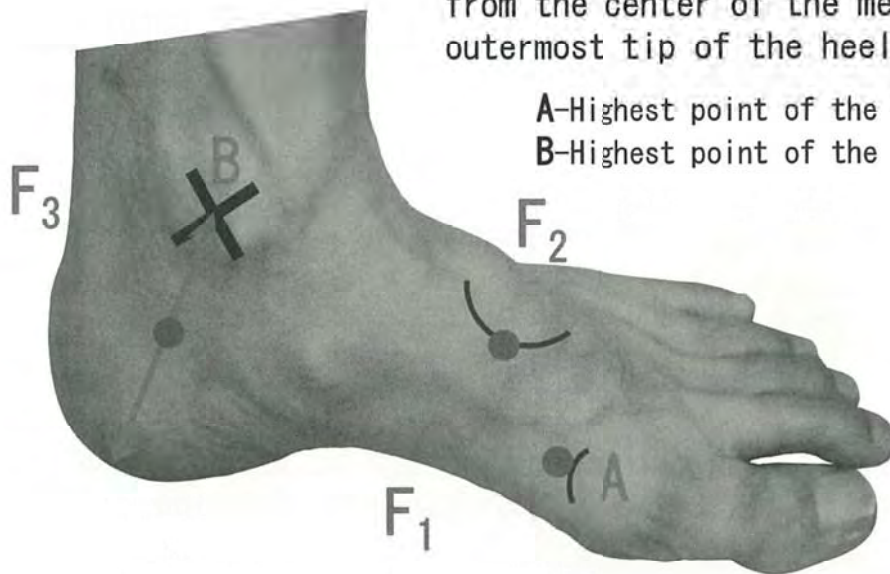
Ryodoraku Representative Measuring Points

The Foot Channels

F₁-Located on the medial side, proximal to the head of the first metatarsal. (SP-3)

F₂-Located on the medial side of cuneiform bone, taken at the highest point of the dorsal surface of the foot(contact with the area is oblique). (LV-3)

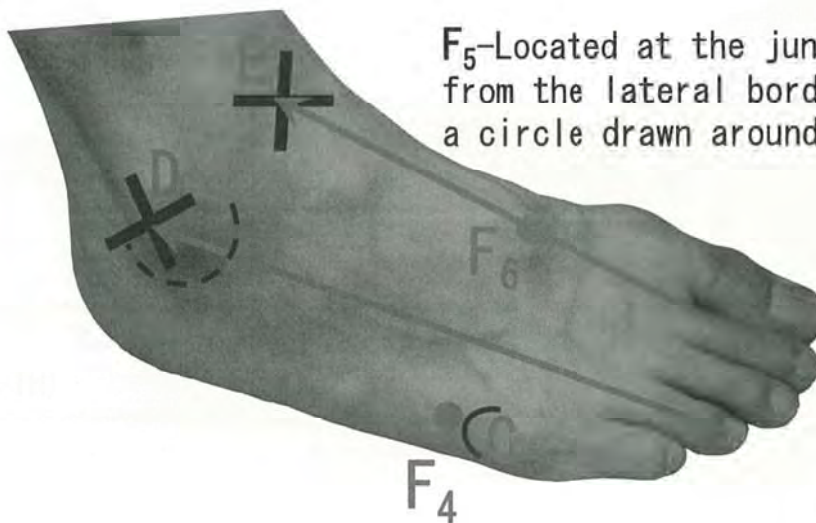
F₃-Located at the midpoint of a line drawn from the center of the medial condyle to the outermost tip of the heel. (KD-5)



A-Highest point of the first metatarsal

B-Highest point of the medial malleolus

F₄-Located lateral and proximal to the head of the 5th metatarsal (BL-65)



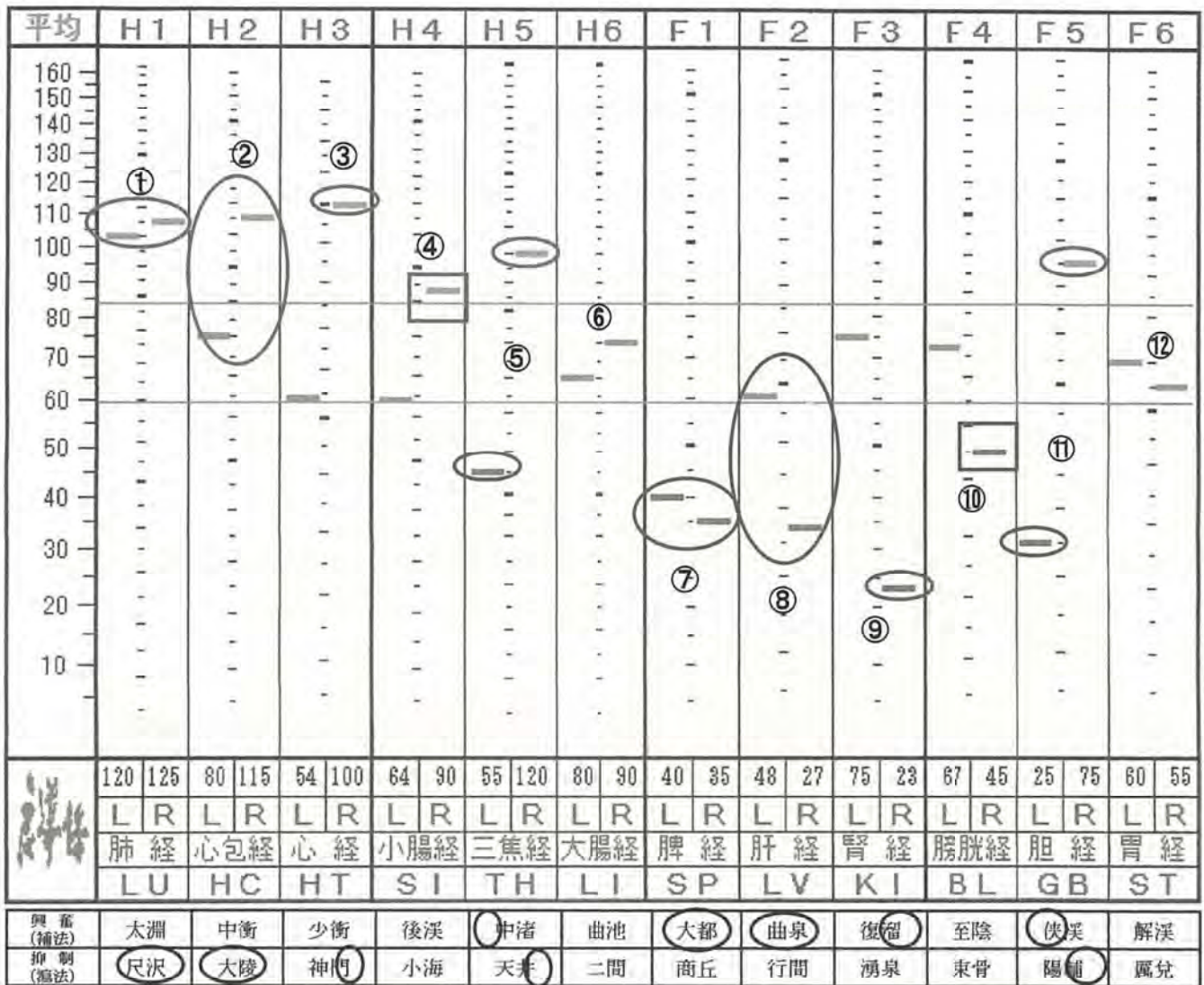
F₅-Located at the junction of a line drawn from the lateral border of the 4th toe and a circle drawn around the ankle. (GB-40)

C-Highest point of the fifth metatarsal

D-Highest point of the lateral malleolus

E-Depression between the two tendons at the front of the ankle

F₆-Located at the center of a line from the lateral border of the 2th toe to the depression in the center of the ankle joint. (ST-42)



Selecting Tonification and Sedation Points

The process of selecting tonification and sedation points in the General Regulatory Treatment can be clearly shown by reference to a model chart.

①...The left and right sides are significantly high, so the sedation point should be used for both.

②...The right side is high and the left is inside the physiological range, but only marginally.

If the sedation point is used for the right side only, a see-saw effect may occur.

Therefore it is appropriate to use the sedation point for both.

③...The right side is significantly high, while the left side is comfortably within the band.

The right side sedation point should be used.

④...The right side is slightly high and outside the band while the left is inside the physiological range.

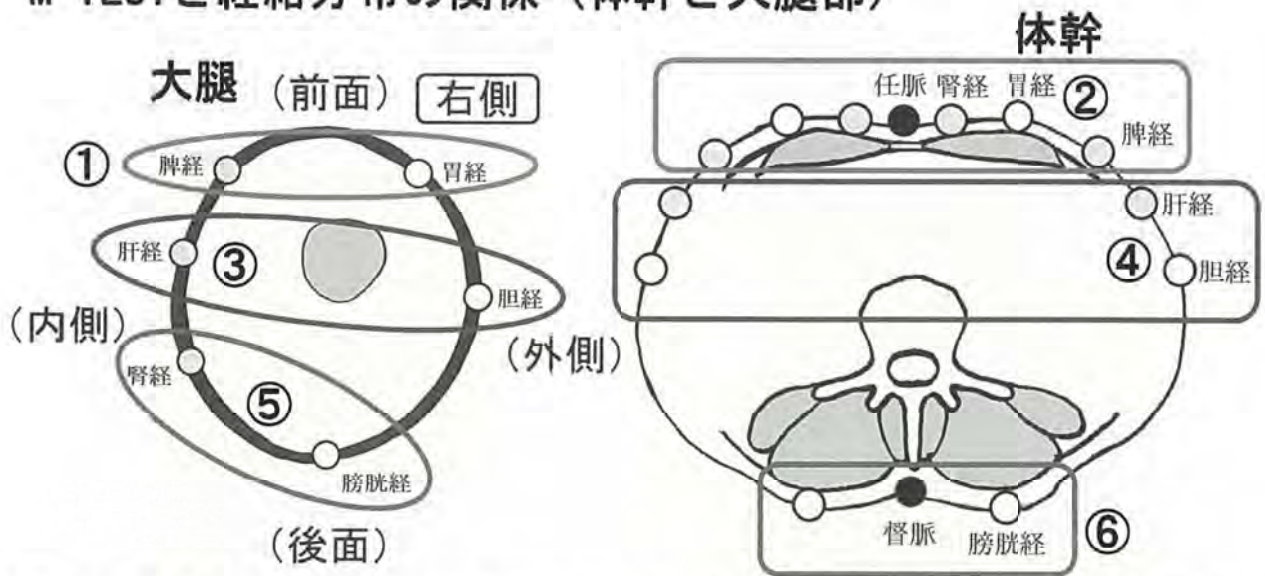
Treatment is only required for the right if the patient's presenting symptoms are related to this channel.

- ⑤…The sedation point should be used for the high right side, while the tonification point is indicated for the low left side.
- ⑥…Both sides are clearly within the physiological range so no treatment is necessary.
- ⑦…Both are significantly low, so the tonification point should be used for both.
- ⑧…The right side is low and the left is inside the physiological range, but only marginally. If the tonification point is used for the right side only, a see-saw effect may occur. Therefore it is appropriate to use the tonification point for both.
- ⑨…The right side is low and the left side is comfortably within the physiological range. Only the tonification point for the right side should be used.
- ⑩…The right side is slightly low and outside the band while the left is inside the physiological range. Treatment is only required for the right if the patient's presenting symptoms are related to this channel.
- ⑪…The sedation point should be used for the high right side, while the tonification point is indicated for the low left side.
- ⑫…Both sides are clearly within the physiological range so no treatment is necessary.

異常良導絡の判定基準

- ①…左右とも生理的範囲の外（上方）にある。この場合は左右とも「興奮」とする。
- ②…右は生理的範囲外にあり、生理的範囲内にある方（左）の値が総平均値より大きく、左右の平均値が生理的範囲の外（上方）にある。左右とも「興奮」。
- ③…右は生理的範囲外にあり、生理的範囲内にある方（左）の値が総平均値より小さく、左右の平均値が生理的範囲の外（上方）にある。右のみ「興奮」。
- ④…右が少し生理的範囲の外にあるが、左右の平均値が生理的範囲の内にある。特に異常良導絡とする必要はないが、良導絡症候群表に該当する症状があれば右を「興奮」として扱う場合もある。
- ⑤…左右とも生理的範囲外の下と上に出る。左を「抑制」、右を「興奮」。
- ⑥…左右とも生理的範囲の内にある。調整の必要はない。
- ⑦…左右とも生理的範囲の外（下方）にある。左右とも「抑制」。
- ⑧…右は生理的範囲外にあり、生理的範囲内にある方（左）の値が総平均値より小さく、左右の平均値が生理的範囲の外（下方）にある。左右とも「抑制」。
- ⑨…右は生理的範囲外にあり、生理的範囲内にある方（左）の値が総平均値より大きく、左右の平均値が生理的範囲の外（下方）にある。右のみ「抑制」。
- ⑩…右が少し生理的範囲の外にあるが、左右の平均値が生理的範囲の内にある。特に異常良導絡とする必要はないが、良導絡症候群表に該当する症状があれば「抑制」として扱う場合もある。
- ⑪…左右とも生理的範囲外の下と上に出る。左を「抑制」、右を「興奮」。
- ⑫…左右とも生理的範囲の内にある。調整の必要ない。

M-TESTと経絡分布の関係（体幹と大腿部）



前面の脾・胃の
経絡を伸展負荷



側面の肝・胆の
経絡を伸展負荷



後面の腎・膀胱の
経絡を伸展負荷



M-TEST 治療ポイント早見表

肺 大腸



(頭の後屈時がつらい場合、手を後ろに伸ばさせない場合)
肺・大腸経が疑われる。

尺沢【肺】 → 陰谷(復溜)【腎】
太淵【肺】 → 太白(商丘)【脾】

募: 中府
俞: 肺俞
絡: 列欠

二間【大腸】 → 通谷(至陰)【膀胱】
曲池【大腸】 → 三里(厲兌)【胃】

募: 天枢
俞: 大腸俞
絡: 偏歷

胃 脾



(伏臥位で大腿神経伸展を行う。または身体を後屈する)
胃経・脾経が疑われる。

解溪【胃】 → 陽谷(小海)【小腸】
厲兌【胃】 → 支溝(天井)【三焦】
商陽(曲池)【大腸】

募: 中脘
俞: 胃俞
絡: 豊隆

商丘【脾】 → 經渠(太淵)【肺】
大都【脾】 → 勞宮(大陵)【心包】
少府(神門)【心】

募: 章門
俞: 脾俞
絡: 公孫

M-TEST 治療ポイント早見表

心
小腸



(頭を前に曲げる。手を上にあげる)
心経または小腸経が疑われる。

少衝【心】 → 大敦(行間)【肝】
神門【心】 → 太白(大都)【脾】

募: 巨闕
俞: 心俞
絡: 通里

後溪【小腸】 → 臨泣(陽輔)【膀胱】
小海【小腸】 → 三里(解溪)【胃】

募: 関元
俞: 小腸俞
絡: 支正

膀胱
腎



(SLRのテスト姿勢または身体を前屈させる)
膀胱経・腎経が疑われる。

至陰【膀胱】 → 商陽(二間)【大腸】
束骨【膀胱】 → 臨泣(侠溪)【胆】

募: 中極
俞: 膀胱俞
絡: 飛揚

復溜【腎】 → 経渠(尺沢)【肺】
湧泉【腎】 → 曲泉(大敦)【肝】

募: 京門
俞: 腎俞
絡: 大鐘

M-TEST 治療ポイント早見表

心包 三焦



(頸を横に曲げる(側屈)または腕を水平に回内、回外)
心包経または三焦経が疑われる。

中衝【心包】→ 大敦(行間)【肝】
大陵【心包】→ 太白(大都)【脾】

中渚【三焦】→ 臨泣(陽輔)【胆】
天井【三焦】→ 三里(解溪)【胃】

募：膻中
俞：厥陰
絡：内関

募：石門
俞：三焦
絡：外関

肝 胆



(パトリックテストまたは身体の側屈)
肝経または胆経が疑われる。

曲泉【肝】→ 陰谷(湧泉)【腎】
行間【肝】→ 劳宮(中衝)【心包】

侠溪【胆】→ 通谷(束骨)【膀胱】
陽輔【胆】→ 支溝(中渚)【三焦】
陽谷(後溪)【小腸】

募：期門
俞：肝
絡：蠡溝

募：日月
俞：胆
絡：光明

	日本語	Romanji	English	針灸の辞書	Espanol	Portugues
あしけついかんけい	足厥陰肝経	ashi ketsuin kan kei	[WHO] Liver meridian (LR)	meridiano del hígado		meridiano do fígado
あししょういんじんけい	足少陰腎経	ashi shouin jin kei	[WHO] Kidney Meridian (KI)	meridiano del riñón Shaoyin del pie		meridiano do rim
あししょうようたんけい	足少陽胆経	ashi shouyou tan kei	[WHO] Gallbladder meridian (GB)	meridiano de la vesícula biliar Shaoyang del pie		meridiano da vesícula biliar
あしたいいんひけい	足太陰脾経	ashi tai in hi kei	[WHO] spleen meridian	meridiano del bazo Taiyin del pie		meridiano do baço
あしたいようぼうこうけい	足太陽膀胱経	ashi taiyou boukou kei	[WHO] Bladder meridian (BL)	meridiano de la vejiga Taiyang del pie		meridiano da bexiga
あしのうら/そくてい	足の裏、足底	ashi.no.ura/soku.tei	*	planta del pie		
あしのこう/そくはい	足の甲、足背	ashi no koo	*	pie (dorso del)		
あしのちから				fuerza de las piernas		
あしのゆび	足の指	ashi.no.yubi	*	dedos de los pies		
あしyouいけい	足陽明胃経	ashi youmei I kei	[WHO] stomach meridian (ST)	meridiano del estomago Yangming del pie		meridiano do estômago
あぜけつ	阿是穴	aze ketsu	ah shi point, pain point, "ouch" point	punto de "auch"		ponto dolorido
あっしん	圧診	atsushin	pressation	presionar (examinando)		
あつうてん	圧痛(点)	attsuu (ten)	tenderness (points)	dolor a la compresion (punto de)		
あんま	按摩	anma	chinese massage	masaje chino		massagem chinesa
い	胃	i	stomach	estomago		
いけい	胃経	ikei	stomach meridian	meridiano de estômago		
いん	陰	in	Yin	Yin		yin
いんいみやく	陰維脈	in i myaku	[WHO] Yin Link Vessel	* Pulso yin enlace		
いんきよ	陰虛	inkyō	deficiency of yin	Vacío o deficiencia de Yin		
いんきょうみやく	陰驕脈	in kyaku myaku	[WHO] Yin Heel Vessel	Pulso yin de o fuente		
いんきょうみやく	陰驕脈	inKyomyaku	inn-tsjaō	Pulso de retirada?		
いんじつ	陰実	injitsu	excess of yin	Exceso o plenitud de yin		
うら/り	裏	ura/ri	Interior	interior (lo e		
うんしん	暈針	unshin	fainting during nutritive Qi	Manejo de la aguja		
			nutritive Qi	ki nutritivo		
			nutrient qi	ki nutricio		
えいき	營氣	eiki	nourishing qi	ki alimenticio		
			constructive energy	energia constructiva		
			intravascular nutritive component	componente intravascular nutritivo		
えいけつ	榮穴	eiketsu	spring point gushing point	* Última despedida		
			defense qi	Punto de la primavera que brota		
			defensive qi	ki de defensa		
えき	衛氣	eki	extravascular protective	ki defensivo		
			Yang component	componente protector Yang		
			protective energy	extravascular		
			structive fluid	Energía protectora		
えき	液	eki	humor	fluido estructural		
えけつ	会穴	eketsu	confluent points	humor		
えんきんはいけつごう	遠近配穴法	enkin haiketsu	combination of local-remote points	puntos confluentes		
えんしん	員鍼/円鍼	en shin	WHO-p round point	combinacion de puntos locales-remotos		
えんどう し	遠道刺	endou shi	distant needling	Aguja de punta redonda		
えんどうしゆけつ				puntura distal		
えんりしん	員利鍼	in ri shin	WHO-p round sharp needle	Selección de puntos distantes		
おうし	横刺	oo shi	transverse insertion	Aguja redonda		
おくろう	屋漏	okuroo	horizontal insertion	insercion transversa, insercion horizontal		
			"leaking roof" pulse	Pulso en fuga		
おくろうじゆつ	屋漏術	okuroojutsu	rain falling on the roof	Lluvia que cae sobre el techo		
			technique of pausing between stages of insertion and withdrawal of the needle	Técnica entre pausas		
			distrubance of vascular system in the lower abdomen	Etapas de inserción y retirada de agujas		
おけつ	瘀血	oketsu		Distribucion del sistema vascular en la parte inferior del abdomen		
おんきゆう	温灸	on kyu	warm moxibustion	Moxibustión caliente		
おんびよう	温病	onbyō	medium warm disease	enfermedad de la temperatura ?		
か	火	hi/ka	fire	fuego		
がいいん	外因	gaiin	exogenous factor	fuego ministro		
			external factors	factores exogenos		
かいさく	解策	kaisaku	"twisted cord tearing" pulse	factores externos		
かいし	焯刺	*	hot needling, heat needling, fire puncturing	excavación		
			exogenous pathogen	acupuntura caliente, puntura de fuego		
がいじゃ	外邪	gaija	external pernicious influence	patogeno exogeno		
			exogenous evil	influencia perniciosa externa		
かいせんじゆつ	回旋術	kaisenjutsu	needle rotation technique	mal exogeno		
がいちゆう	艾柱	gaisyū	moxa cone	Técnica de rotación de las agujas		
かきばり	かき針	kakibari	scratch needle	cono de moxa		
			moxibustion on a -	Rayar con la aguja		
かくぶつきゆう	隔物灸	kakubutsukyū	insulating method, -	Método aislante de moxibustión		
			insulating moxibustion			
かたて そうかんほう	片手操管法	katate sookan hō	one handed needling technique	Correlación método con una mano		

かたもの どおし	かたもの通し	katamono dooshi	inserting needle into Chinese of Japanese-chess boards made of hard thick wood	Un tipo que presione el tiempo	
かっけ	脚気	kakke	foot Qi disease	Enfermedad del Ki de piernas	
かつみやく	滑脈	katsumyaku	slippery pulse		
かぶ	下部	kabu	Lower part	parte baja	
かふつ	釜沸	kafutsu	"bubbling cauldron" pulse	Pulso Burbujeante	
かん	寒	kan	cold	frio	
かん	肝	kan	liver	higado	
かんけい	肝経	kan kei	live meridian	(relacion e/) Meridiano de Hígado	
かんけつじゆつ	間歇術	kanketsu jutsu	intermittent stimulation technique	Tecnica de estimulación intermitente	
かんこく しん	韓国鍼	kankoku shin	korean acupuncture	Aguja de acupuntura coreana	
かんさん じゆつ	管散術	kansan jutsu	needle guide tube stimulation technique	Técnica de estimulación con tubo de guía con agujas	
かんし	関刺	kanshi	joint needling	punzar la coyuntura, puntura articular	
かんしんほう	管針法	kan shin ho	insertion with needle tube method	metodo de insercion de la aguja con tubo	
かんせつきゆう	間接灸	kansetsu kyuu	indirect moxibustion	Moxibustión indirecta	
かんねつおうらい	寒熱往来	kannetsuourai	alternate chills and fever	(escaló) frio alternado con fiebre	
かんみやく	緩脈	kanmyaku	loose pulse		
かんれんつう	関連痛	kanren tsuu	referred pain	Dolor referido	
き	喜	ki	joy	ki alegria	
き え	気会	ki e	life-force meeting point	Fuerza de la vida. Punto de encuentro	
き みやく	氣脈	ki myaku	(the) vigor of the pulse	Pulso vigoroso	
ききよ	氣虚	kikyo	symptom of insufficiency of vital force	Sintoma de insuficiencia vigorosa	
きけい	奇経	kikei	[WHO]extra meridian	meridiano curioso	
きけつ	奇穴	kiketsu	[WHO] extrapoint	punto extraordinario	
きけつかんけい	氣血関係	kiketsukankei	qi, blood and fluid	Ki,sangre y fluido (relacion e/)	
きけつべんしょう	氣血弁証	kiketsu benshou	identification of pattern according to theory of Qi and Blood	identificación de patron de acuerdo a la teoria del Ki y la Sangre	
きこう	氣功	kikou	Qigong, breathing exercise, energy exercise	Qigong, ejercicio respirando, ejercicio de (la) energia	
きこうのふ	奇恒之府	kikonofu	extraordinary organ	organ extraordinario	
きにく	肌肉	kiniku	flesh	carne	
ぎゃっきしてせつ	逆気而泄	gyakki site setsu	rebellion Qi and diarrhea	Ki rebelde y diarrea	
きゆう	灸	kyuu	moxibustion	Moxibustion	
きゆうかく	吸角	kyuukaku	cupping	succionador	
きゆうこう	九候	kyuu koo	nine subdivisions	Nueve subdivisiones	
きゆうこん	灸癰	kyuu kon	scar of moxibustion	Cicatriz de moxibustion	
きゆうし	九刺	kyu shi	nine ancient needlings	nueve antiguas punturas	
きゆうしん	九鍼	kyuushin	WHO-p nine classical needles	Nueve clásicas agujas	
きゆうてんき	灸点器	kyuutenki	point marker	Marcar los puntos	
きゆうとうしん	灸頭針	kyu to shin	moxa needle moxa applied to the handle of the	aguja con moxa, moxa aplicada en el mango de la aguja	
きよ	虚	kyo	deficiency emptiness vacuity insufficiency asthenia weakness hypofunction	deficiencia vacio vacuo insuficiencia asthenia debilidad hipofuncion	
きょう	恐	kyou	fear	temor miedo	
きょう	驚	kyou	fright	espanto	
ぎょうがい	仰臥位	gyoga i	supine position	posicion supina (decubito dorsal*)	
きょうきょうくまん	胸脇苦満	kyoukyoukuman	suffocating feeling in the chest, bitter fullness in the chest and lateral costal region	sintiendo sofocacion en el pulmon, lo amargo llena el pulmon y la region costal lateral	
きよくぶせんけつほう	局部選穴法	kyokubusennket suho	selection of local points	seleccion del punto local	
ぎょしょう	魚翔	gyoshoo	fluttering pulse (like a fish tail)	Pulso fluctuante	
きよをほしじつをしやす	虚を補し実を寫す	kyowohoshi jitsu wo shasu	strengthening what is deficient and draining what is excessive	tonificando lo que es deficiente, drenando lo que es excesivo	tonificar o que está deficiente e drenar o que está em excesso
きん え	筋会	kin e	muscular meeting point	Punto de encuentro muscular	ponto de encontro muscular
きん／ごん	金	kin/gon	metal	metal	elemento metal
きんいせんけつ	近位選穴	kin i senketsu	selection of adjacent	seleccion del punto adyacente	seleção de pontos adjacentes
きんきゆうけつ	禁灸穴	kin kyuu ketsu	moxibustion forbidden points	punto prohibido para moxibustion	pontos proibidos para moxabustão
きんしん	金鍼	kin shin	gold needle	Aguja de oro	agulha de ouro
きんしん	銀鍼	ginshin	silver needle	Aguja de plata	agulha de prata
きんしんけつ	禁鍼穴	kin shi ketsu	acupuncture forbidden points	punto prohibido para acupuntura	pontos proibidos para puntura
きんぞくりゆうし	金属粒子	kinzokuryuushi	forbidden point for metallic grain, minute sphere	Partículas metálicas	esferas metálicas
きんみやく	緊脈	kinmyaku	strained pulse	Pulso tenso	pulso tenso
くんか	君火	kunka	tense pulse, strained sovereign fire	fuego soberano, monárquico	fogo soberano, fogo monarca
けい	経	kei	[WHO]meridian	meridiano	meridiano
けいがいきけつ	経外奇穴	keigai kiketsu	[WHO] extra point off the meridian, off channel point	punto fuera del meridiano, punto fuera del canal	pontos extras (fora do meridiano)
けいきん	経筋	keikin	muscle meridian channel sinews	meridiano muscular canal tendinoso	meridianos tendino-musculares

けいけつ	經穴	kei ketsu	[WHO] meridian point transport points	punto meridiano	pontos de meridiano
けいし	經刺	kei shi	meridian needling	puntura del meridiano	puntura do meridiano
げいずい	迎隨	geizui	accordance with or against the believed flow of Qi in the meridian along of against the direction of the meridian	en concordancia con o creando Qi flotante a lo largo del meridiano, repitiendo la direccion del meridiano	
けいべつ	經別	keibetsu	divergent meridian, channel divergences	meridiano divergente, canales divergentes	meridianos divergentes canais divergentes
けいみやく	經脈	keimyaku	meridian flow	Pulso del meridiano	
けいらく	經絡	keiraku	[WHO]meridian and collateral	meridiano y colateral	meridianos e colateral
けいらくかんでんげん しょう	經絡感伝現象	keirakukandenge nsho	propagated sensation along the meridian, propagated sensation along the channel	sensacion propagada a lo largo del merdiano, sensacion propagada a lo largo del canal	sensação propagada ao longo do meridiano/canal
けいらくけいけつ けいらくげんしょう けいらくちりょう	經絡經穴 經絡現象 經絡治療	keiraku keiketu keiraku gensho keiraku chiryou	meridian phenomenon meridian treatment pattern of disease	Puntos de los meridianos y fenómeno (del) meridiano tratamiento por meridiano	pontos dos meridianos e colaterais fenómeno do meridiano tratamento do meridiano
けいらくびょうしょう	經絡病症	keiraku byoushou	according to theory of meridian and collateral	patron de enfermedad de acuerdo a la teoria de meridiano y colateral	padrão de doenças de acordo com a teoria dos meridianos e colaterais
げっけつ げしょう けつ	郄穴 下焦 血	gekquetsu ge shoo ketsu	crevice point (s) lower burner blood	Punto Xi de emergencia Quemador inferior sangre	ponto xi de emergência aquecedor inferior sangue
けつえ	血会	ketsu e	Blood meeting point	Sangre en el punto de encuentro	ponto mestre do sistema circulatório e vasos sanguíneos
けつきよ	血虚	kekkyo	symptom of insufficiency in the vascular system	Síntoma de deficiencia en sistema vascular	sintoma de deficiência do sistema vascular
けつみやく	結脈	ketsumyaku	hesitant pulse		
けつらく	血絡	ketsuraku	blood collateral blood connecting channel	colateral sanguineo canal sanguineo de conexion	colateral sanguíneo
げんみやく	弦脈	genmyaku	pulse is taut like violin string	Pulso tenso/retrasado como una cuerda de violín	pulso tenso/retesado como uma corda de violino
げんき	原氣	genki	source qi primordial qi foundamental qi original qi prenatal qi	ki manatial principio origen ki primordial ki fundamental ki prenatal	qi nascente qi primordial qi fundamental qi original qi pré-natal
げんけいはいけつほう	原經配穴法	genkei haiketsu ho	combination of source point and collateral point	combinacion de punto manatial u original con punto colateral	seleção combinada de ponto yuan (primário) e ponto lu (conexão)
げんけつ こう こう	原穴 洪 朮	genketsu kou kou	source point (s) flooding pulse "onion stalk" pulse	Punto fuente Pulso inundado ? Pulso en cebolla ?	ponto fonte pulso encharcado
こうえけつ	交会穴	ko e ketsu	cross points, meeting points, junction points, points of intersection	puntos cruzados, puntos de union, puntos junta, puntos de interseccion,	ponto cruzado, ponto de união, ponto de junção, ponto de intersecção
こうきょう こうく	項強 口苦	kokyo koku	rigid neck bitterness in the mouth	cuello rigido (sabor) amarguisimo en la boca	pescoço rígido sabor amargo na boca
こうけつ	硬結	kooketsu	induration, fibrositic nodule, hard strip of muscle	induracion, nódulo fibrositico, contractura muscular dura	endurecimento nódulo fibroso contractura muscular
ごうけつ	合穴	gouketu	associated points	Puntos asociados Puntos mar	ponto mar (ho) pontos asociados
ごうこくし	合谷刺	goukoku shi	joining valley needling, Hegu puncturing	puntura de los valles unidos, punzar Hegu IG4	puntura de IG4 (encontro dos vales - hegu)
こうじゅうほう	後揉法	koo ju hoo	post-acupuncture massaging the point after withdrawing the needle,	masaje post-acupuntural	massagem pós-acupuntura
こうじゅほう	後揉法	kojuhoo	follow up massage		
ごうしん	毫鍼	gooshin	filiform needle	Aguja filiforme	agulha filiforme
こうていなきよ	黄帝内経素問	kootei naikyo	huangdi nei jing (canon of medicine)	Proceso no imaginario	
こうてんのき	後天之氣	kouten no ki	acquired qi	ki adquirido	qi adquirido
ごぎょう	五行	gogyo	five elements	cinco elementos	cinco elementos cinco movimientos
ごぎょうけつ	五行穴	gogyouketu	five transport points, five shu points points associated with the five elements	cinco puntos transportantes, cinco puntos shu	pontos dos cinco elementos pontos de transporte dos cinco elementos
ごぎょうせつ	五行説	gogoyoosetsu	Points associated with the five elements	Puntos asociados a los cinco elementos	pontos asociados aos cinco elementos
こし	巨刺	koshi	contralateral needling, great needling, opposite	puntura contralateral, gran puntura, puntura opositora*	puntura contra lateral
ごし	五刺	five ancint needlings	cinco (acu)punturas antiguas	cinco (acu) punturas antiguas	cinco punturas antigas
こだいしほう	古代刺法	ancient method of put the	metodo antiguo para poner la aguja	método antiguo para poner la aguja	método antigo de puntura da agulha
こつどぶんすん	骨度分寸	kotsu do bun sun	[WHO] bone proportional cun	hueso proporcional a una pulgada*	medida do tsun/cun proporcional ao osso
こていあつ (おしで)	固定圧(押手)	kotei atsu (oshide)	fixed pressure	Baja presión	pressão fixa (mesma pressão ao fazer a puntura)
ごゆけつ	五俞穴	goyuketsu	earth in order	Punto Mu	ponto riacho (young)?
さい	細	sai	slender pulse like a silk thread	Pulso delgado como un hilo de seda	
さいしじゅつ	細指術	saishijutsu	gentle tapping insertion technique	Técnica de inserción tocando suave	
さくみやく さぐりばり	数脈	sakumyaku	rapid pulse	Pulso rápido Sondeando la aguja	

さしで	刺手	sashide	hand wich perforins insertion needle inserting hand	Al poner de relieve?
さゆうあつ(おしで)	左右圧(押手)	sayuuatsu	horizontal pressure	白芥子灸 Presión horizonatal Ir de izquierda a derecha uno más
さゆうはいけつほう	左右配穴法	sayuu haiketsu	combination of right-left points	combinacion de puntos derecho- izquierdos
さんしょう	三焦	sanshou	triple energizer	triple recalentador
さんしょうのげんき	三焦の元氣	sanshou no genki	principal energy of the triple burner	Principal energía de triple recalentador
さんしょうべんしょう	三焦弁証	sanshou benshou	identification of pattern according to theory of Triple Energizer	identificacion de patron de acuerdo a la teoria del Triple Recalentador
さんしん	散鍼	sanshin	spatulate needle	Aguja espatulada
ざんしん	鑢鍼	zanshin	shear needle	Aguja en cizalla
さんどくしょう	三毒証	sandokushoo	the three intoxication syndromes	Triples síntomas de intoxicación
さんぶきゅうこう	三部九候	sanbukyuu kou	three portion and nine position pulse diagnosis	diagnóstico por pulso de las tres porciones y las nueve posiciones
さんりょうしん	三稜鍼	sannryoushin	three-edged needle	Aguja de tres bordes Aguja de hoja triangular
し	思	shi	worry	preocupacion intranquilidad
しあつ	指圧	shiatsu	finger pressure theraphy acupressure	terapia de presión digital presión acupuntural
しおきゅう	塩灸	shiokyuu	indirect moxibustion with salt	Moxibustión con sal indirecta
じかん	自汗	jikan	spontaneous sweating	sudor espontaneo
しきしん	色診	shikishin	observation of patient` s complexion	observacion de la complexion del paciente
しけつ	子穴	shiketsu	son point	punto hijo
じしだほう	示指打法	jishi dahoo	technique of tapping tube needle is inserted with index finger finger hammering insertion	Técnica de la aguja tocando con el dedo índice la inserción Insercion del dedo martillo
ししん	四診	shishin	four diagnostic methods	cuatro metodos diagnosticos
ししん	刺鍼	shishin	four examination insertion of the needle	cuatro examinaciones Inserción de la aguja
ししんてんこうほう	刺鍼転向法	shishintenkooho o	technique of changing direction of inserted	Técnica y cambio de dirección en la inserción de la aguja
ししんますい	鍼刺麻醉	shishinmasui	acupuncture anesthesia, acupuncture analgesia	Acunputura anestésica
しそうけつ	四総穴	shi soo ketsu	four command points	cuatro puntos comando
しちしのみやく	七死の脈	shichishinomyak u	the seven death pulses (indicating death)	Los siete pulsos muertos (indicado en muertes)
しちじょう	七情	shichijo	seven emotions	siete emociones
しつ	湿	shitsu	seven affects dampness	siete afectos humedad
じつ	実	jitsu	full and slightly tense pulse	exceso
しつしょう	湿証	shitsushoo	excess moisture symptoms	los sintomas de la humedad
しにゅう	刺入	shi nyuu	insertion, puncture	insercion, punzar
しにゅうほう	刺入法	shin nyuu hoo	insertion method	metodo de insercion
しゃ	瀉	sha	diarrhea sedation reducing draining	diarrea
しゃ	瀉	sha	purging purgation releasing dispersion dispelling inhibition pathogen	sedacion reduccion drenar purgar soltar dispersar disipar inhibir patogeno
じゃ	邪	ja	pernicious influence heteropathies	influencia perniciosa heteropatias
じゃき	邪氣	jaki	evil vicious (qi)	mal qi vicioso
じゃくしげき	弱刺激	jakushigeki	eir energy weak stimulation	Energía mala Estimulación débil
じゃくたくじゅつ	雀啄術	jakutaku jutsu	”sparrow pecking” needle technique	Técnica de la aguja del picoteo del gorrión
じゃくたくほう	雀啄法	jaku taku ho	sparrow pecking method, lifting and thrusting	metodo de golondrina picoteando, elevando y empujando
じゃくみやく	弱脈	jakumyaku	weak pulse	Pulso débil
しゃけつ	瀉穴	shaketsu	sedation point	punto de sedacion
しゃし	斜刺	sha shi	oblique insertion slanted insertion	insercion oblicua insercion sesgada-al sesgo
じゅ(みやく)	濡(脈)	nan(myaku)	soft pulse	Pulso suave
じゅうご らっけつ	十五絡穴	jugo rakketsu	fifteen connecting points	Quince puntos conectados
じゅうしけい ほっき	十四經発揮	jushikeihokki	The enlargement of the Fourteen Channels	Ampliación del cuarto canal
じゅうに し	十二刺	juunishi	twelve ancient needlings	doce antiguas punturas
しゅぎ	手技	shugi	manipulation after insertion of the needle	Procedimiento técnica
しゅけつ	主穴	shuketsu	main point	punto principal
しゅけつ	取穴	shu ketsu	locating the point	punto localizado, punto ubicado
しゅけつほう	取穴法	shuketsuhoo	locating the point	Punto de localización
しゅしどうしんすん	手指同身寸	shushi dou shin sun	[WHO] finger cun	* Medida del dedo
じゅんけいえんいせん けつほう	循経遠位選穴 法	junkeiennisen nketuhou	selection of remote points according to the cour of the meridian	seleccion del punto remoto de acuerdo al curso del meridiano
じゅんけいせんけつ	循経選穴	junkeisennket u	selection of the points according to the course of the meridian	seleccion del punto de acuerdo al curso del meridiano

じゅんけいせんけつ	循經選穴	じゅんけいせんけつ	selection of the points according to the course of the meridian	selección del punto de acuerdo al curso del meridiano	
しよ	暑	sho	summer heat	calor estival	
しょう	証	shoo	pattern, syndrome syptom-complex symptoms and signs in Oriental diagnosis	patron, síndrome sintoma complejo Síntomas y signos de diagnóstico oriental	
しょういん しょうかん	少陰 傷寒	shooin shookan	lesser yin injury by the cold	Yin menor Lesiones por el frio	
じょうきよ げきよ	上虚下虚	jookyo gekyo	emptiness of upper and lower abdomen	Vacio de abdomen superior e inferior	
じょうきよ げじつ	上虚下実	jookyo gejitsu	emptiness of upper abdomen and fullness of lower abdomen	Vacio de la parte superior del abdomen y la plenitud de la parte inferior del abdomen	
じょうげあつ	上下圧	jooge atsu	vertical pressure	* Presión vertical	
じょうげはいけつほう	上下配穴法	jouge haiketsu ho	combination of upper- lower points	combinación de puntos arriba-abajo	
じょうこうちみびょう	上工治未病	joukouchi mibyou	A good doctor prevents the disease or its complication rather than merely cure it. A good doctor treat patient	Un buen doctor previene la complicación de la enfermedad antes bien que curarlo. Un buen doctor trata a su paciente antes que la enfermedad se levante	
しょうざんか	燒山火	shoo zan ka	burning mountain method, mountain-burning fire	metodo de la montan;a con fuego, fuego incendiando la montan;a	
じょうじつ げきよ	上実下虚	joojitsu gekyo	fullness of upper abdomen and emptiness of lower abdomen	Plenitud en la parte superior del abdomen y el vacío de la parte baja del abdomen	
じょうしょう	上焦	joo shoo	upper burner (of the 3 burners)	* Quemador superior (tres quemadores)	
しょうちょう しょうどく	小腸 消毒	shouchou shoo doku	small intestine sterilization	intestino delgado Esterilizar	
しょうにしん	小兒鍼	shooni shin	contact acupuncture (esp for children)	Contacto con la acupuntura (especialmente para niños)	
じょうぶ しょうみやく しょうよう しょくどく	上部 衝脈 少陽 食毒	joubu shou myaku shouyoo shokudoku	Upper part [WHO] Flush Vessel lesser yang food poisoning	* Yang menor Intoxicación alimenticia	intoxicação alimentar
じよし そくばつ	徐針速抜	joshi sokubatsu	slow insertion and rapid withdrawal of the needle	Inserción lenta y retirada rápida de la aguja	inserção lenta e retirada rápida da agulha
じよしじよばつ	徐刺徐抜	joshi jobatsu	slow insertion and withdrawal of the needle	Inserción y retirada lenta de la aguja	inserção e retirada lenta da agulha
しよせいびょう	所生病	shoseibyoo	symptoms associated with internal organ	síntomas asociados con órganos internos	sintomas associados a órgãos internos
しらくほう じりつしんけい ちょう せいしん	刺絡法 自律神經調整 鍼	shirakuho jiritsu shinkei choosei shin	micropuncture adjustment of autonomic nervous system	micropunción Ajustamiento del sistema nervioso aut ónomo	
しん	津	shin*	active fluid liquid	fluido activo líquido	fluido ativo líquido
しん	神	shin	spirit mind psychic energy	espíritu mente energía psíquica	espírito mente energía psíquica
しん じん	心 腎	shin jin	heart kidney	corazón *rion	coração RiM
しんけい じんけい しんけいぶんせつ しんけつ	心經 腎經 神經分節 新穴	shinkei jin kei shinkei bunsetsu shin ketsu	heart meridian kidney meridian neural segment new point	Meridiano del corazón Meridiano del riñon segmento neural punto nuevo	meridiano do coração meridiano do rim segmento neural ponto novo
しんしゃく	心積	shinshaku	heart induration kidney induration (induration in the lower abdomen gradually moving to the chest)	Induración del corazón en el abdomen superior y en el pecho Induración del riñon (induración en la parte baja del abdomen gradualmente mover hacia el pecho.)	
しんせん しんせんじゆつ しんたい しんねつ	鍼尖 振せん術 鍼体 身熱	shinsen shinsenjutsu shintai shinnetsu	needle tip vibrating needle technique needle body body heat, fever	Punta de aguja Técnica de vibración de la aguja Cuerpo de la aguja calor corporal fiebre	técnica de vibração da agulha corpo da agulha calor corporal febre
しんえき	津液	shinneki	fluid	fluidos humores	fluido
しんかまん しんかん じんき しんきゆう	心下満 鍼管 腎氣 鍼灸	shinkaman shin kan jin ki shinkyuu	fullness below the heart needle tube, needle pipe kidney energy acupuncture-moxibustion	(sensación) llena debajo del corazón Mandril Energía del riñón acupuntura-moxibustión	plenitude abaixo do coração mandril energia do rim acupuntura-moxibustão
しんきゆうこういつきよ う	鍼灸甲乙經 う	shinkyuu kooi tsukyoo	hen Jin Yi Jing (a classic of acupuncture and moxibustion)	Moxibustión y acupuntura clásica	
しんせんてんいほう	鍼尖転移法	shinsen ten i ho	subcutaneous stimulation technique		
しんぺい しんほう しんぼう すい/みず すいこくのうみ	鍼柄 鍼法 心包 水 水穀之海	shinpei shinnhou shinpou sui/mizu suikoku no umi	needle head free-hand regular method pericardium water sea of grain and water	cabeza de la aguja metodo de regulacion a manos libres* pericardio agua mar de cereales y agua	cabeça de agulha circulação - sexualidade (meridiano) água
ずいしょうちりょう	随証治療	zuishochiryoo	treatment based on the pattern	tratamiento basado en el patrón	tratamento baseado em um padrão, modelo
すいな	推拿	suina	massotherapy 推pushing 拿pulling	masoterapia	tuina (um tipo de massagem chinesa)
すいへいし	水平刺	suiheishi	horizontal insertion	Inserción horizontal	inserção

ずじゅうかん	頭重感	zujukan	heavy sensation of the head	sensacion de pesadez en la cabeza	sensação de peso na cabeça
すん	寸	sun	[WHO] cun acupuncture inch first/second/third	pulgada*	tsun, cun (medida de acupuntura)
すん かん しゃく	寸・関・尺	sun kan shaku	position, front/middle/rear, inch/han/cubit	posicion primera segunda y tercera, anterior, media y posterior pulgada	1 ^a , 2 ^a , 3 ^a posição do pulso ex.: no pulso esquerdo: coração fígado e rim.
せい	静	sei	quiet	estático	quieto, tranquilo
せい	精	sei	essence	esencia	espírito, essência
せいけつ	井穴	seiketsu	well point	* Punto naciente	ponto nascente, poço ponto ting. (1 ^o ou último ponto do meridiano)
ぜいがいかんねつ	喘咳寒熱	zeigaikannetsu	asthmatic panting chill and fever	jadeo asmatico (escalo) frio y fiebre	
せいぎ	正気	seiki	correct qi	ki correcto	qi correto
せいけい	正経	seikei	antipathogen qi	ki antipatogeno	qi anti-patogênico
せいけいみやく	正経脈	seikeimyaku	normal or upright qi	ki normal o derecho recto justo	
せいけつ	正穴	sei ketsu	[WHO]main meridian	meridiano principal	meridiano principal
せつ	泄	setu	regular meridians	meridiano regular	meridiano regular
せつけい	切経	sekkei	[WHO] main point	punto principal	punto principal
せつしゃ	泄瀉	sessya	diarrhea	diarrea	diarrea
せつしよく	舌色	zesshoku	palpation of meridian	palpación del meridiano	palpação do meridiano
せつしん	切診	setsushin	diarrhea	diarrea	
せつしん	折針	zetsushin	color of the tongue	color de la lengua	cor da língua
ぜつしん	舌診	zetsushin	palpation, touching	palpación tocando	palpação
ぜつたい	舌苔	zettai	broken needle	Aguja quebrada	agulha quebrada
せつぴ	切皮	seppi	tongue diagnosis	diagnóstico por lengua	diagnóstico pela língua
ぜどうびょう	是動病	zedoubyo	tongue coating, tongue fur	cubierta lingual	cobertura da língua
せんけつ	選穴	senektsu	penetrating the epidermis	penetrando la epidermis	
せんこう	線香	sen koo	symptoms associated with the external course of the meridian	sintomas asociados con el curso externo del meridiano	
ぜんごはいけつほう	前後配穴法	zengo haiketsu ho	point selection	selección del punto punto seleccionado	seleção de ponto
ぜんじゅうほう	前揉法	zen juu hoo	incense stick	Incienso	incenso
せんてんのげんき	先天の元氣	senten	combination of front-back points	combinacion de puntos anteriores- posteriores	combinação de pontos ventrais e dorsais
ぞう	臟	zo	pre-acupuncture massage, preliminary	masaje pre-acupuntural, masaje preliminar	massagem preliminar
そうか	相火	souka	inherited vital energy (Ancestral energy)	Energía ancestral Energía vital Organo Yin	
そうき	宗氣	souki	Ying organs	visceras organos Yin organos Yan	Ví órgão yin
そうきん	宗筋	soukin	qi of the chest	ki del pulmon	
そうこく	相剋	sokoku	pectoral qi	ki pectoral	
ぞうしょう	臟象	zoshou	essential qi	ki esencial	
そうすう	壯数	soo suu	ancestral qi	ki de los ancestros	
そうせい	相生	sosei	sinew gathering	acumulo de (todos) los tendones	
そうせいかんけい	相生関係	sooseikankei	checking cicle	ciclo de chequeo	
そうぶ	相侮	sobu	image of organ	imagen del organo	
ぞうふびょうしょう	臟腑病症	zoufu byoushou	number of cone moxa	Número de cono moxa	
そくがい	側臥位	soku ga i	creative (cycle)	creativo	
そくしじょうばつ	速刺除抜	sokushijyobatu	cycle of generation	絡穴 Ciclo de generación	
そくしそくばく	速刺速抜	sokushisokubaku	“Creative Cycle”	relación madre-hijo	
ぞくする	属する	zoku suru	mother and daughter relationship “sheng” cycle	relacion contraria	
そくみやく	促脈	sokumyaku	counter-checking relation	relacion contraria	
そみやく	祖脈	somyaku	pattern of disease	patron de enfermedad de acuerdo a la teoria de organos Yin y Yang	
そんみやく	孫脈	sonmyaku	according to theory of Yin and Yang organs		
そんらく	孫絡	sonnraku	recumbent position	posicion lateral (decubito lateral)	
だいみやく	代脈	dai myaku	quick insertion and slow withdrawal of the needle	Inserción rápida y retirada lenta de aguja	inserção rápida e retirada lenta da agulha
だいしゃし	大瀉刺	daisha shi	quick insertion and withdrawal of a needle	Inserción y retirada rápida de aguja	inserção e retirada rápida da agulha
たいじゅうせつつう	体重節痛	tajusettsu	belong, enter its	pertenciente a, entrar al organo	
たいしょうせんけつほう	対証選穴法	taisho senketsu ho	pertaining organ, pertain to, associate with, enter associated organ	pertenciente, pertenece a, asociado con, entrar al organo asociado	
だいしん	大鍼	daishin	frantic pulse	cuatro principales pulsos	
			the four principal pulses	cuatro principales pulsos	
			sub-branches of secondary meridian(s)	sub-ramas de meridianos secundarios	
			grandchild collateral, small collateral, minute	meridiano nieto, pequena colateral, canal de conexión	
			connecting channel		
			pulse of irregular intervals	Pulso de intervalos irregulares	
			great sedation needling,	puntura gran sedacion, puntura gran desagote, puntura evacuacion	
			great draining needling, evacuation needling		
			heaviness in the body and pain in the joints	peadez en el cuerpo y dolor en las articulaciones	
			symptomatic point	seleccion de punto sintomatico (por el sintoma)	
			selection		
			thick needle	Marcar con la aguja	
			WHO-p big needle	Aguja grande	

だいちょう だいちょうけい たいみやく たいみやく	大腸 大腸經 帯脈 代脈	daichou daichoo kei tai myaku taimyaku	large intestine large intestine meridian [WHO] Belt Vessel pulse of irregular intervals tapping needle with hammer method Needle-hammering insertion	intestino grueso Meridiano de instestino grueso * Cinturón
だしんほう	打針法	dashin ho		metodo del martillo golpeando la aguja
だのうきゆう たん たん	打膿灸 痰 胆	da nokyuu tan tan	pustulation moxibustion, suppurative moxibustion phlegm gallbladder	Postulación de moxibustión Supuración de moxibustión flema, esputo vesicula
だんせきみやく かんみやく ちしん(りゅうしん) ちしんじゅつ ちみやく ちゅうごくしん	彈石脈 緩脈 置鍼(留鍼) 置鍼術 遲脈 中国鍼	dansekimyaku kan myaku chishin (ryuushinn) chishin jutsu chimyaku cyuugokushin	"stone tapping" pulse (bead-like pulse loose pulse retaining needle in-situ technique slow pulse Chinese acupuncture needle	Piedra tocando el pulso (cordón como el pulso) Pulso largo aguja guardada Técnica insitio Pulso lento Aguja de acupuntura china
ちゅうごびきゆうほう	肘後備急法	chuu gobikyuu hoo	prescription for emergencies/ emergency needing technique at posterior of elbow	Prescripción para emergencias Técnica de aplicación de la aguja en caso de emergencia posterior al codo
ちゅうしげき ちゅうしょう ちゅうふう ちようみやく ちようしん ちようねつ ちよくし ちよくせつきゆう ちんみやく ていしん てけつしんしんぼうけい い	中刺激 中焦 中風 長脈 長鍼 潮熱 直刺 直接灸 沈脈 錠鍼 手厥陰心包經	chuu shigeki chuushoo chuufuu chomyaku chooshin chonetsu choku shi chokusetsu kyuu chinmyaku teishin te ketsu in shin pou kei	medium stimulation middle heater (of triple heater) invasion by "Wind" long pulse long needle WHO-p long needle tidal fever, hectic fever perpendicular insertion, straight insertion direct moxibustion sunken pulse WHO-p spoon needle [WHO] PeriCardium meridian	Estimulación media Triple corazón Invasión por ventana Pulso largo Aguja larga fiebre en marea, fiebre hectica insercion perpendicular, insercion directa Moxibustión directa Pulso hundido Aguja en forma de cuchara meridiano del pericardio
てしやういんしんけい てしやうようさんしやうけい てしんりようほう てたいいんはいけい てたいようしやうちやう けい てようめいだいちやうけい い	手少陰心經 手少陽三焦經 手鍼療法 手太陰肺經 手太陽小腸經 手陽明大腸經	te shouinn shin kei te shouyou sanshou kei teshinnryouho te tai in hai kei te tai you shouchou kei te youmei daichou kei	[WHO] heart meridian (HT) [WHO] Triple Energizer meridian (TE) hand acupuncture [WHO] lung meridian (LU) [WHO] Small Intestine meridian (SI) [WHO] large intestine meridian (LI)	meridiano del corazon meridiano del triple recalentador acupuntura de (la) mano meridiano del pulmon meridiano del Intestino Delgado meridiano del intestino grueso
でるまと一む でんきしん/でんきば でんきしんちりよう ど ど/つち とうかん とうしん どうしんすんぼう どうじんゆけつ しん きゆうずけい	デルマトーム 電気鍼 電気鍼治療 怒 土 盗汗 頭鍼 同身寸法 銅人愈穴針灸 図經	derumatoomu denki shin denkishin do do/tsuchi toukan toushinn dooshin dojinyuketsu shinkyuzukei	dermatome electrical acupuncture, EA therapy, electrical acupuncture therapy anger earth night sweat scalp acupuncture, head acupuncture acupuncture-inch method of measurement illustrated manual of the points for acupuncture and moxibustion as found on the classical bronze penetrating-heaven- coolness, penetrating heaven cooling method SPECIFIC POINTS A catalogue of the meridian points, referring to those with special therapeutic effects and having specific names, including the Five Shu Points, Yuan (Primary) Points, Luo (Co nnecting) Points, Xi (Cleft) Points, Eight Confluence Points and Lower Confluent Points locatted below the elbow and knee; Back-Shu Points on the back, and Front-Mu Points on the chest and abdomen; Eight Influential Points on the limbs and trunk and Crossing Points of the meridians in the	dermatoma electroacupuntura Terapia acupuntural eléctrica enojo tierra sudor nocturno acupuntura craneal, acupuntura cefalica Medición del método acupuntural en pulgadas Manual ilustrativo de puntos de acupuntura y moxibustión encontrado en clásico y bronce figura
とくていけつ	特定穴	tokuteiketsu		frio penetrante del cielo, metodo de penetracion de frio del cielo
とくみやく	督脈	toku myaku	[WHO] Governor Vessel (GV)	canal Du Canal vaso gobernador

とつき	得気	tokki	obtaining Qi arrival of qi	obteniendo Ki arribando del ki	
ないいん	内因	nai in	getting qi interior cause	tomando el ki Causa interior	
ないじゃ	内邪	naija	endogenous factors	factores endogenos	
ないぞうひふはんしゃ	内臓皮膚反射	naizo hifu	internal causes viscero-cutaneous reflex	causas internas reflejo viscero-cutaneo	
ないちょうじゅつ	内調術	naichoojutsu	internal regulation technique, vibratory technique (with needle holder)	Técnica interna de regulación vibratoria (con el soporte de la aguja)	
なんぎょう	難經	nangyoo	difficult passages of the Nei ching classic of medicine	Dificultad	
にんにくきゅう	ニンニク灸	ninniku kyuu	indirect moxibustion with garlic	Moxibustión indirecta por ajo	
にんみやく	任脈	nin myaku	[WHO] Conception Vessel (CV)	canal Ren Pulso en vaso concepción	
ねつ	熱	netsu	heat	calor	
ねつしょう	熱証	netsushoo	febrile disease	enfermedad febril	
のげがた	ノゲ形	nogegata	beard tip	Punta de la barba	
はい	肺	hai	lung	pulmon	
ばいかくき	梅核氣	baikakuki	plum-stone globus, globus hystericus, plum stone syndrome	globo piedra-ciruela, globo histerico, sindrome de ciruelo-piedra	
ばいかしん	梅花鍼	baikashin	plum-blossom needle, seven star needle	Aguja de flor de ciruelo Aguja de siete estrellas	
はいけつ	配穴	haiketsu	combination of points, prescribing points point association combining points	combinacion de puntos, Puntos prescriptos. Asociacion de puntos. Puntos combinados	
はいしん	背診	haishin	back diagnosis	diagnostico posterior	
はいしゃく	肺積	haisyaku	lung induration (induration under the right armpit)	Induración del pulmón (induración baja, axila derecha)	
はいそく	背側	haisoku	Back side	lado posterior	
はいゆけつ	(背) 俞穴	haiyuketsu	back-shu points	puntos posteriores shu, puntos de transporte, puntos asociados	ponto "shu" das costas
はちえけつ	八会穴	hachi e ketsu	eight "Meeting" point (s)	Ocho medición de puntos	
はちりいんみやく	八裏陰脈	hachiriinmyaku	eight (reverse) yin pulses	Ocho (reverso) yin pulsos	
はっこう	八綱	hakkou	eight parameter pattern of disease	ocho parametros	oito parâmetros/oito princípios
はっこうべんしょう	八綱弁証	hakkou benshou	according the eight parameter	patrón de enfermedades de acuerdo a los ocho parametros	padrão de doença de acordo com os oito parâmetros
ばっしん	抜鍼	basshin	withdrawal of needle, removal of needle	retirada de la aguja, remover la aguja, retirar, sacar	remover a agulha
ばっしんほう	抜鍼法	basshin hoo	removal of the needle	Técnica de eliminación de la aguja ocho puntos confluentes, ocho puntos maestros	técnica de remoção da agulha
はっそうけつ	八総穴	hachisoketsu	eight confluent points eight master points eight meeting points of the eight extra meridian 8 confluence points	ocho puntos de encuentro o reunion de los ocho extra meridianos 8 puntos confluentes	oito pontos de confluência
はり	鍼	hari	needling	Aguja	agulha
はんげきゅう	半夏灸	hange kyu	Rhizoma Pinelliae Ternata	la punción adyacentes	
はんげつおしで	半月押手	hangetsu oshide	placing hand in the shape of the half moon	Colocar la mano, presionando en forma de medialuna	posicionar a mão, pressionando com o polegar e indicador na forma de meia-lua (técnica de segurar o
はんこんきゅう	癍痕灸	hankon kyuu	scarring moxibustion, scar-forming moxibustion	Moxibustión que deja cicatriz	moxabustão que deixa cicatriz
はんし	半刺	hanshi	half-needling, extreme shallow puncting	(acu) puntura a medias, puntura extremadamente superficial	
ひ	悲	hi	grief	tristeza	tristeza
ひ	脾	hi	spleen	bazo	baço
ひ	痺	hi	numbness	adormecimiento	adormecimento
ひけい	脾経	hikei	spleen pancreas meridian	Meridiano de Bazo/Páncrea	meridiano do baço/pâncreas
ひけつ	秘結	hiketsu	constipation	constipación	constipação
ひしゃく	脾積	hisyaku	spleen induration (induration in the upper abdomen)	Induración del bazo (induración en el abdomen superior)	endurecimiento do abdômen superior (região do baço)
ひしん	鍼鍼	hishin	WHO-p stiletto needle	Aguja estilete	
ひでんけい	皮電計	hiden kei	electrodermometer	electrodermometro	eletro dermometro
ひないしん	皮内鍼	hinai shin	WHO-p intradermal needle/press needle	aguja intradérmica	agulha intradérmica
ひのたいらく	脾之大絡	hi no raku	major collateral of the spleen	colateral mayor del bazo	colateral maior do baço
ひびき	響き	hibiki	needle sensation (also called "tehchih" and "tokki")	Aguja Sensación (también llamado Tokki o Techí)	reverberação; (sensação após puntura, também chamado de "te chi")
ひふしん	皮膚鍼	hifushin	contact needle	Aguja de contacto	agulha de contato
ひふないぞうはんしゃ	皮膚内臓反射	hifu naizo	cutaneo-visceral reflex	reflejo cutaneo visceral	reflexo cutâneo-visceral
びみやく	微脈	bimyaku	faint pulse	Pulso débil	pulso fraco
ひょう	表	hyou /omote	exterior	exterior	exterior
びょういん	病因	byouin	etiology origin of disease	etilogia origen de (las) enfermedades	etilogia origem da doença
びょういんべんしょう	病因弁証	byouin benshou	cause of disease identification of pattern according to theory of pathogens	causa de (las) enfermedades identificacion de patron de acuerdo a la teoria de los patogenos	causa da doença identificação do padrão de acordo com a teoria dos patógenos
びょうし	繆刺				teoria dos opostos(?)

ひょうちほう	標治法	hyoochihoo	symptomatic treatment/branch treatment	tratamiento sucursal, tratamiento sintomatico	tratamento sintomático
ひょうもんし	豹文刺	hyo mon shi	leopard-pattern needling, leopard-spot puncturing	puntura patron leopardo, acupuntura mancha de leopardo	
ひょうりかんけい	表裏関係	hyourikankei	exterior-interior relation	relacion interior-exterior	relação interior-exterior
ひょうりけい	表裏経	hyouri kei	coupled meridian pair meridian	meridiano acoplado, par meridiano	meridianos acoplados
			Exterior-interior point Prescription A method of the selection of related points, based on the exterior-interior relationship of the twelve Yin and Yang meridians.. E.g. to select Zusanli (St36) and Gongsun (Sp 4) for the treatment of stomach diseases; select Hegu (LI 4) and Yuji (Lu 10) for sore throat, etc. The combined selection of the Yuan (primary) point and Luo(connecting) point recorded in ancient works belongs to this method. combination of exterior-interior points, combining Yang channel points with		
ひょうりはいけつほう	表裏配穴法	hyori haiketsu ho	for the treatment of stomach diseases; select Hegu (LI 4) and Yuji (Lu 10) for sore throat, etc. The combined selection of the Yuan (primary) point and Luo(connecting) point recorded in ancient works belongs to this method. combination of exterior-interior points, combining Yang channel points with	combinacion de puntos externos-internos, combinando puntos Yang con puntos Yin	método de seleção de pontos baseado na relação exterior-interior dos 12 meridianos yin e yang
ふ	腑	fu	Yang organ	organos yang organos huecos órganos fu intestinos entrañas*	vísceras yang órgãos ocós
ふみやく	浮脈	fu myaku	floating pulse	Pulso flotante	pulso flutuante
ふう	風	fuu	wind	viento	vento
ふうしょう	風症	fuushoo	"Wind" symptoms		sintomas de vento
ふくがい	伏臥位	fukuga I*	prone position	posicion prona (decubito ventral)*	decúbito
ふくしげきほう	副刺激法	fukushigekihoo	auxiliary stimulation method		técnica de estimulação auxiliar
ふくしょう	腹証	fukusho	abdominal pattern	patron abdominal	padrão abdominal
ふくしん	腹診	fukushin	palpation of the abdomen, abdominal diagnosis	palpacion del abdomen, diagnostico abdominal	palpação abdominal diagnóstico abdominal
ふくそく	腹側	fukusoku	Abdominal side	lado abdominal	lado abdominal
ふくふぼうまんかん	腹部膨満感	fukububomankan	abdominal distention	distension abdominal	distensão abdominal
ふくみやく	伏脈	fukumiyaku	very deep pulse	Pulso muy profundo	*pulso profundo
ふせいきやくじや	扶正却邪	fuseikyakuja	dispelling pathogens and supporting the correct, support what is normal expel what is abnormal non-exo-endogenous causes of disease	Dispensar patogenos y hacer el soporte de lo que es correcto, apoyar lo que es normal cerrando y expeliendo lo anormal	dispensar os patógenos e dar suporte ao que é correto
ふないがいん	不内外因	funai gaiin	causes which are neither outside or inside caused by food and drink, sexual intercourse and contusion	causas no exo-endogenas de enfermedad ninguna causa superficial o interior	causas de doenças não-exterior e não-interior
ぶんし	分刺	bun shi	deep needling crack needling, intramuscular needling	puntura profunda, puntura en crack, puntura intramuscular	puntura profunda puntura intramuscular
ぶんしん	聞診	bunshin	diagnosis by auscultation	auscultación y olfacción, con (much) atención/oliendo, examinado audio olfativamente	diagnóstico de acordo com odor do paciente, tom de voz
へいびょう	併病	heibyoo	the change in disease state in successive stages	El cambio en el estado de la enfermedad en etapas sucesivas	
へつどたい	ヘッド帯	heddo tai	Head's zone	zona de Head	região da cabeça
べんしょう	弁証	benshoo	pattern identification, differentiation of pattern, distinguishing pattern	patron identificatorio, diferenciacion de patron, patron que lo distingue	identificação do padrão diferenciação do padrão distinguir o padrão
べんしょうせち	弁証施治	benshousechi	treatment according to pattern identification	tratamiento de acuerdo al patron identificatorio	tratamento de acordo com a identificação do padrão (síndrome)
べんしょうせんけつほう	弁証選穴法	bensho senketsu ho	selection of the points according to the identification of the	seleccion del punto de acuerdo a la identificacion por el patron (síndrome)	seleção de pontos de acordo com a identificação do padrão (síndrome)
へんてん	変転				transição, mudança
べんび	便秘				constipação
ほ	補	ho	tonification reinforcing, strengthening supplementation replenishing invigorate	tonificacion refuerzo fortalecer suplementar llenar vigorizar	tonificação
ぼうきゅう	棒灸	boo kyuu	moxa stick, moxa roll	Moxa en bastón o cigarro de moxa	moxa em bastão
ぼうこう	膀胱	boukou	bladder	vejiga	bexiga
ぼうこうけい	膀胱経	boo koo kei	bladder meridian	Meridiano de vejiga	meridiano da bexiga
ぼうじかた	房事過多	boujikata	excess sexual activity	exceso de actividad sexual	excesso de atividade sexual
ぼうじょうもぐさ	棒状もぐさ	boojoo mogusa	moxa stick	Palo de moxa	
ほうしん	鋒鍼	houshinn	WHO-p lance needle	Aguja lanzadora	

ぼうしん	望診	boushin	inspection, observation, visual examination, looking diagnosis by observation	inspeccion, observacion, examinacion visual, mirando	inspeção, observação e examinação visual visando o diagnóstico por observação
ぼうまんかん ほけつ ほけつ	膨満感 補穴 母穴	boumankan hoketsu boketsu	sensation of distention tonification point mother point	sensacion de distension punto de tonificacion punto madre	sensação de distensão ponto de tonificação ponto mãe
ほけつ	募穴	boketsu	front-mu points, alarm points, gathering points	puntos * puntos de alarma,	ponto mu, ponto de alarme
ほしかんけい	母子関係	boshi kankei	accumulation points mother-son relation	puntos gate o puerta* relacion madre-hijo	relação mãe-filho
ほんちほう	本治法	honchihou	root treatment radical treatment	tratamiento del origen, tratamiento radical	tratamento da origem, tratamento radical, tratamentos dos meridianos de acordo com a teoria tradicional dos cinco elementos
まつばがたまん	松葉形満	matsubagata man	Traditional five elements treatment fo meridians pine leaf-shaped tip fullness	De pino en forma de punta de la hoja Plenitud	ponta em forma de folha de pinheiro plenitude
まんげつ おしで	満月押手	mangetsu oshide	forming hand in the form of full moon to guide placement of needle	Posicionar la mano presionando en forma de luna llena para guiar la colocación de la aguja	posicionar a mão, pressionando com o polegar e o indicador na forma de lua cheia (circular) (técnica de segurar o mandril)
みそきゅう	みそ灸	misokyuu	indirect moxibustion with miso	Moxibustión indirecta con miso (pasta de soja)	moxabustão indireta com missô (pasta de soja)
みみしんぼう	耳鍼法	mimi shinho	ear acupuncture	acupuntura auricular auriculopuntura	acupuntura auricular
みやくえ	脈会	myaku e	auricular acupuncture	pulse meeting-point	Punto de medición del pulso
みやくしょう	脈象	myakushoo	pulse image.pulse condition, manifestation of	imagen del pulso, condicion del pulso, manifestacion del pulso	imagem, condição ou manifestação do pulso
みやくしん	脈診	myakushin	pulse diagnosis, feeling the pulse	diagnostico por pulso, sintiendo el pulso	diagnóstico pelo pulso
むかえばり	むかえ鍼	mukaebari	counter acupuncture	Acupuntura contrarrestada	
むかん	無汗	mukan	anhidrosis	anhidrosis	anidrose (ausência de transpiração)
むこんきゅう	無痕灸	mukonkyuu	non-scarring moxibustion	Moxibustión sin dejar cicatriz	moxabustão sem deixar cicatriz
むはんこんきゅう	無癍痕灸	mu hankon kyuu	non-scarring moxibustion		
めいもん	命門	meimon	gate of life	Puerta de la vida	portão da vida
もうし	毛刺	moo shi	cutaneous needling	puntura percutanea, puntura superficial, puntura capilar*	
もく	木	moku	wood	madera	madeira
もぐさ	艾	mogusa	mx	Moxa	moxa
もんしん	問診	monshin	inquiring questioning asking interrogation diagnosis by interrogation	interrogatorio inquiriendo, preguntando, (diciendo)	diagnóstico por interrogação
ゆう	憂	yuu	melancholy	melancolia	melancolia
ゆういさ				diferencia significativa	
ゆけつ	俞穴	yuketsu	back-shu points	puntos shu (no posteriores) puntos de transporte puntos asociados	ponto yu ponto riacho (ponto terra dos órgãos yin e madeira das vísceras yang)
ゆし	輸刺	yushi	shu point needling	punzar el punto shu	
ゆし	輸刺	yushi	reaching needle	puntura hasta alcanzar, puntura circular(*)	
よう	陽	you	Yang	Yang	yang
よういみやく	陽維脈	you i myaku	[WHO] Yang Link Vessel	Yang, Enlace. Wei Mai	yang wei mai (um dos 8 vasos extraordinários)
ようきょうみやく	陽驕脈	you kyoo myaku	[WHO] Yang Heel Vessel	* Yang Qiao Mai	yang qiao mai
ようけつ	要穴	specific points	puntos especificos		
よもぎ	ヨモギ	yomogi	Artemisia vulgaris or Artemisia Japonica	Artemisa vulgaria	artemisia vulgaris ou ar
らく	絡	raku	[WHO]collateral	colateral	colateral
らくし	絡刺	raku shi	collateral needling, connecting channel	puntura colateral, metodo del canal conector, puntura en red*	
らくする	絡する	rakusuru	method reticular needling connect with	conectado con comunicado con vinculado con	conectar com comunicar com ligar com
らくちん	落枕	rakkan	communicate with linked with crick in the neck	lao zhen	torticolis
らくけつ	絡穴	rakuketsu	connecting point	Puntos de conexión	ponto de conexão
らんしんじゅつ	乱鍼術	ranshinjutsu	multiple needle technique	Técnica de multiples agujas	ponto luo
りゅうちしん	留置鍼	ryuuchishin	insitu needle	Aguja en su lugar	técnica de múltiplas agulhas
りょうてそうかんほう	両手送管法	ryootesookanhou	handling the guide tube with both hands	Manipulación del mandril con ambas manos	segurar o mandril com as duas mãos
るちゅう	流注	ruchu	course of meridian flow meridian course	curso del meridiano flotante	trajetória do meridiano
			course of meridian pathway fo flow	curso del meridiano	distribuição dos meridianos
			channel pathway trajectory	canal de la trayectoria de la vereda	
			distribution of meridian	distribucion del meridiano	
れーざーしん	レーザー鍼	re-za-shin	laser acupuncture LASER	acupuntura laser LASER luz	acupuntura a laser
ろうみやく	牢脈	romyaku	light amplification by stimulated emission of radiation	amplificada por estimulacion y emision de radiacion	
ろうけん	勞倦	rouken	“in prisoned” pulse	Pulso aprisionado	pulso atado
ろくいん/りくいん	六淫	rokuin/rikuinn	fatiga taxativa	fatiga taxativa	fadiga, esgotamento físico
			taxation fatigue	sobreesfuerzo	
			fatiga (agotamiento)	fatiga (agotamiento)	
			six excess	seis excesos	seis excessos

ろっき	六氣	rokki*	six exogenous factors	seis factores exógenos	seis fatores exógenos
ろっけいべんしょう	六経弁証	rokkei benshou	identification of pattern according to six meridian theory	identificacion de patron de acuerdo a la teoria de los seis meridianos	identificação do padrão de acordo com a teoria dos seis meridianos
へんけいせいかんせつしょう	変形性関節症	henkeisei kansetusyo	osteoarthritis	artrosis	
かんせつしょう	関節症	kansetusyo	arthritis	artritis	
りがくりょうほうし	理学療法士	rigakuryouhoushi	Physical therapist	terapista fisico	
のうしゅっけつ	脳出血	nousyukketu	intracerebral hemorrhage	hemorragia intracerebral	
のういつけつ	脳溢血	nouikketsu	cerebral apoplexy	apoplejia cerebral	
しんだん	診断	shindan	diagnosis	diagnostico	
えんせきがいせん	遠赤外線	ensekigaisen	infrared	infrarrojo	
さんさしんけん	三叉神経	sansa sinkei	trigeminal nerve	nervio trigemino	
がめんしんけい	顔面神経	ganmen sinkei	facial nerve	nervio facial	
さんさしんけいつう	三叉神経痛	sansa sinkei tsu	trigeminal neuralgia	neuralgia nervio trigemino	
こかんせつ	股関節	ko kansetu	hip joint	articulacion coxofemoral	
しきゅう	子宮	sikyu	uterus	utero	
らんそう	卵巢	ransou	ovaries	ovarios	
しゅうへん	周辺	syuhen	around	alrededor	
びんかん	敏感	binkan	susceptibility	susceptibilidad	
かびん	過敏	kabin	irritation	irritacion	
どうみゆく	動脈	doumyaku	artery	arteria	
じょうみやく	静脈	jyoumyaku	come to	vena	
はくないしょう	白内障	hakunaisyo	waterfalls	cataratas	
まんせい	慢性	mansei	chronic	cronico	
きゅうせい	急性	kyuusei	acute	agudo	
じりつしんけい	自律神経	jiritu sinkei	SNA	SNA	
きんまく	筋膜	kinmaku	fascia	fascia	
うんどうしんけい	運動神経	undou sinkei	motor nerve	nervio motor	
えし	壊死	esi	necrosis	necrosis	
まっしょうしんけい	末梢神経	matusyou sinkei	SN peripheral	SN periferico	
(じき)	磁気	jiki	magneto	magneto	
りよくないしょう	緑内障	ryokuknaisyo	glaucoma	glaucoma	
はくないしょう	白内障	hakunaisyo	waterfalls	cataratas	
きんにくひろう	筋肉疲労	kinnikuhirou	muscular fatigue	fatiga muscular	

A literature review and prevention of adverse events in acupuncture practice

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Summary

Acupuncture treatment is considered a relatively safe therapeutic method. However, not a few adverse events of acupuncture treatment have occurred. These adverse events are commonly of low risk. Pneumothorax, broken needle, exacerbation of symptoms, nerve injury or paralysis, infection and subcutaneous bleeding have been reported in the search of the medical error reports and papers. In this paper, the summary of pneumothorax, broken needle, dropout of needle, bleeding, internal bleeding and infections, the adverse events considered high-risk among them, and the safety measures are described.

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Keywords: Acupuncture treatment, adverse event, risk management

Introduction

Acupuncture and moxibustion treatment is a therapeutic method having old history, and it was considered that there are fewer adverse reactions than Western medicine. However, not few adverse events have occurred by acupuncture treatment. These adverse events are defined as “the undesirable medical events that occurred during or after treatment irrespective of causal relationship,” which are classified into the adverse reactions occurring mainly as the patient’s reaction, the medical errors occurring due to practitioner’s mistake and the accidents due to inevitable force.¹⁾

In this paper, we describe the adverse events mainly considered high risk and the safety measures therefor.

1. General adverse events and the incidence thereof

The low-risk adverse event may occur despite repeated cautions. The incidence of adverse event varies according to the factors on the caregiver side (needle insertion technique, amount of stimulus, therapeutic method, etc.) and the factors on the patient side (presence or absence of the experience of acupuncture treatment, body constitution, physical condition,

etc.).

As concerns the incidence of adverse event of acupuncture treatment, Yamashita et al.²⁾ performed a prospective study and reported that the incidence of adverse event in a total of about 55,000 patients was 0.12%. In the U.K., moreover, a similar study has been performed, and it was reported that the incidence of adverse event was 0.14% by the acupuncture and moxibustion in modern medicine and 0.13% by the acupuncture and moxibustion in Chinese medicine.^{3,4)} From the above, it is considered that serious adverse event occurs rarely by standard acupuncture treatment irrespective of traditional group. Moreover, Yamashita et al.⁵⁾ reported the result of investigation of adverse events in a total of 391 patients, 1,441 treatments and 30,338 needles used for treatment. As a result, there was no injury due to high-risk error, but systemic adverse reactions (tiredness, malaise, sleepiness, exacerbation of main complaint, itching at needle insertion site, vertigo, dizziness, bad mood, nausea, headache, etc.) and local adverse reactions (a small amount of bleeding, pain at needle insertion, pain at needle insertion site after treatment, subcutaneous bleeding, subcutaneous hematoma, etc.) were observed. The former were observed commonly on the day and next day of treatment, which frequently disappear gradually (Table 1).

Table 1. General adverse events of acupuncture (systemic adverse events and local adverse events) (cited and modified from references 2 and 5)

	Symptom	Proportion of patients showing adverse events* (number of patients showing adverse events / number of patients who underwent acupuncture)	Remarks
Systemic	Tiredness / malaise	8.2% (32/391)	Most frequent at initial treatment
	Sleepiness	2.8% (11/391)	Most frequent at initial treatment
	Exacerbation of main complaint	2.8% (11/391)	Sciatic neuralgia, neck-shoulder pain, low back pain, tinnitus, etc.
	Itching at needle insertion	1.0% (4/391)	
	Vertigo / dizziness	0.8% (3/391)	
	Bad mood / nausea	0.8% (3/391)	Likely to occur by needle insertion in the standing position and sitting position
	Headache	0.5% (2/391)	
	Symptom	Incidence of adverse event by needle insertion** (number of needle insertions causing adverse event / total number of needle insertions)	Remarks
Local	Small amount of bleeding	2.6% (781/30,338)	Less than 1 drop of bleeding in 86% of the patients showing bleeding and 2 drops or more of bleeding in 1% Bleeding stopped within 5 minutes in all patients
	Pain at needle insertion	0.7% (219/30,338)	Disappeared immediately after removal of needle in 81% and remained for a while in 7%
	Subcutaneous bleeding	0.3% (100/30,338)	Less than 20 mm in diameter in 68% and 20 to 30 mm in 8%
	Pain at needle insertion after acupuncture	0.1% (38/30,338)	
	Subcutaneous bleeding	0.1% (38/30,338)	Less than 10 mm in diameter and painless in 74% and 10 to 20 mm in 13%. Painful in 6% of all hematomas

*: Rough standard of how many patients show adverse events occur when 100 different patients underwent the treatment

** : Rough standard of how many adverse events occur when needle insertion was performed 100 times

2. High-risk adverse events and the incidence thereof

The high-risk adverse events include the cases with severe injury requiring a certain treatment at medical institution and the cases of medical error covered by liability insurance, etc.

Fujiwara⁶⁾ analyzed the case examples covered by liability insurance from 1978 to 2002 and reported that there were a total of 814 medical error cases. Among them, 377 cases were the medical errors due to acupuncture treatment, including pneumothorax (130 cases, 34%), broken needle (115 cases, 30%), exacerbation of symptoms (61 cases, 16%), nerve injury and paralysis (25 cases, 7%), infection/purulence (25 cases, 7%), subcutaneous bleeding (18 cases, 5%), etc. It is impossible to analyze by what times of needle insertion and in what number of patients adverse events occurred, but calculating the incidence from the number of subscribers of liability insurance and the number of acceptances, the annual incidence per

acceptance was about 0.6%, indicating the necessity of risk management.

The number of malpractices covered by liability insurance in 2003 or later has not been published, but it is inferred that, because the needle was changed to silver needle to stainless steel needle from Showa era to Heisei era and insertion became easier than before, the number of onsets of pneumothorax is increasing.

The Safety Committee, Research Department, the Japan Society of Acupuncture and Moxibustion analyzed the literatures concerning the safety of acupuncture and moxibustion published in Japan from 1981 to 2006 by dividing into phase 1 (1981 to 1997), phase 2 (1998 to 2002) and phase 3 (2003 to 2006). As a result, in the phase 1,⁷⁾ there were 149 literatures (63.9%) concerning the therapeutic malpractice and accident of acupuncture, including 68 literatures (29.2%) concerning broken needle, 42 literatures (18.0%) concerning infections, 18 literatures (7.7%) concerning pneumothorax, 16

literatures concerning other therapeutic malpractice and 15 literatures concerning education and enlightenment. In the phase 2,⁸⁾ there were 36 literatures, including 13 literatures (36%) concerning infections, 6 literatures (16.6%) concerning organ injury such as pneumothorax and foreign matters, 11 literatures (30.6%) concerning skin diseases such as argyria and metal allergy, 5 literatures (13.9%) concerning neuropathy and bleeding/hematoma due to broken needle and buried needle (13.9%) and 1 literature concerning mislaid needle, and in the phase 3,⁹⁾ there were 44 literatures, including 7 literatures (15.9%) concerning infections, 7 literatures (15.9%) concerning organ injury such as pneumothorax and foreign matters, 7 literatures (15.9%) concerning broken needle, 2 literatures (4.6%) concerning dropped out needle, 4 literatures (9.1%) concerning migrating needle, 2 literatures (4.6%) concerning buried needle, 5 literatures (11.4%) concerning neuropathy and 3 literatures (11.4%) concerning skin disorders such as argyria, and consciousness impairment, bronchial asthmatic attack and metal allergy were reported. Since it is considered that relatively rare cases and serious cases may be adopted as the case reports listed in academic journals, it is impossible to estimate the quantitative change in occurrence of adverse event of acupuncture by these literature survey only. In this analysis, however, it can be understood that infection, pneumothorax, broken needle and neuropathy do not decrease.

3. High-risk adverse events and safety measures therefor

The problematic high-risk adverse events are malpractices due to the error of practitioner, that is, those occurring because practitioner failed to perform one's duties. In the analysis in literature survey,⁷⁾ pneumothorax,¹⁰⁾ broken needle, buried needle,¹¹⁾ neuropathy,¹²⁾ purulence or infection,¹³⁾ internal bleeding and exacerbation of symptom were observed frequently, and the event most frequently reported as malpractice in liability insurance was pneumothorax.⁶⁾ These high-risk adverse events (including malpractice) are described below.

1) Pneumothorax

When a needle is inserted into the thorax or the dorsal region of shoulder, deep insertion injures the pleura and lung, and chest pain, cough,

dyspnea, uncomfortable feeling, etc. appear. Pneumothorax due to this acupuncture treatment occurs more frequently in females.⁶⁾

Onset of symptom is not immediately after treatment in a lot of cases, which is observed on the next day and after 2 or 3 days.¹⁰⁾ The patients who should be taken care are those of thin, small build and weak type (flat chest), those with chronic respiratory disease such as emphysema and those who have shown spontaneous pneumothorax in the past.

The site where the needle may reach the lung and pleura directly is the back, anterior chest, side chest, dorsal region of shoulder, and supraclavicular fossa, etc. In the needle insertion at the site such as upper part of shoulder, interscapular region and lower shoulder blade, particularly, care should be taken to the depth and direction of insertion. Cho et al.¹⁴⁾ performed measurement from the body surface of lower back to lung in 51 bodies (21 males and 30 females) and reported that there is a bilateral difference at 膈俞 Kakuyu BL17, 脾俞 Suiyu and 肝俞 Kanyu BL18 in males and 督俞 Tokuyu BL16 and 膈俞 Kakuyu BL17 in females and that the distance from body surface to lung is shorter on the left side in both males and females (Figure 1).¹⁵⁾ In the interscapular region and back region, in particular, care is required for insertion of needle to the meridian points on the second bladder meridian line such as 膈関 Katsukan BL46, 魂門 Konmon BL47, 陽綱 Yoko BL48 and 意舍 Isha BL49. The safe insertion depth in the dorsal region of shoulder is different according to the patient's dominant hand, but generally, the distance to lung is shorter in females than in males and shorter on the left side than on the right side. On the back side, the needle should be inserted to the meridian points above 脾俞 Hiyu BL20, 胃俞 Iyu BL21, 意舍 Isha BL49 and 胃倉 Isou BL50 recognizing that the lung and pleura may be injured. The safe insertion depth on the anterior and lateral surfaces of chest is shorter than that on the back side, which is mostly 10 to 20 mm and has no bilateral difference. In the "Guidelines for safety of acupuncture and moxibustion,"¹⁶⁾ the insertion depth at 肩井 Kensei GB21 is set at up to 20 mm except for the patient of extremely thin build and up to 19 mm for 膏肓 Koko BL43.

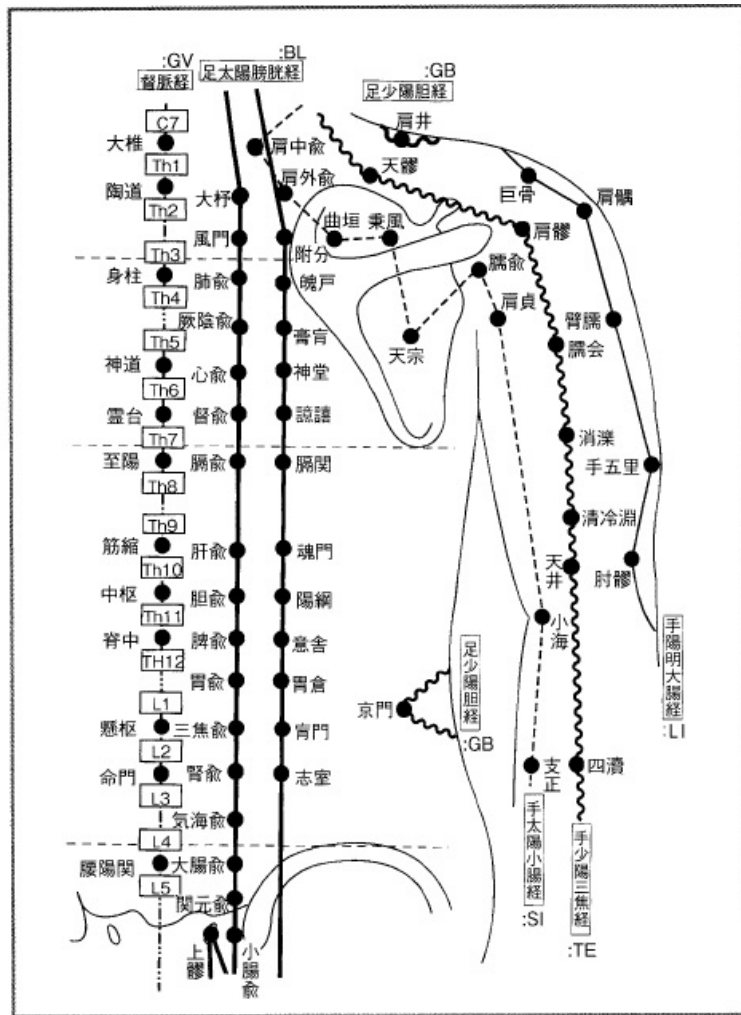


Figure 1. Meridian points in the dorsal part of shoulder and the lumbar region and their positions (cited from reference 15)

As the safe needle insertion method, the trapezius muscle needle insertion method (*oshide* pinching insertion) is recommended for needle insertion in the upper part of shoulder (Figure 2). The trapezius muscle needle insertion method is the one in which the fiber in the upper part of trapezius muscle is pinched with *oshide* and the needle is inserted by tilting the needle tube slightly and directing upward. It is recommended to perform transverse insertion or oblique insertion medially and inferiorly from the interscapular region to subscapular region and along the rib in the chest and precordial region, and avoidance of strong stimulus is also an important point for prevention of pneumothorax.

Even if the needle is inserted to the chest and the dorsal part of shoulder and it is considered that the needle has not reached the lung field directly, pneumothorax occurs, but it may be impossible

to differentiate whether it is the spontaneous one or that induced by a certain stimulus due to needle insertion.^{17,18)}

When needle insertion is conducted from the dorsal part of shoulder to lumbar region, the needle is inserted by transverse or oblique insertion by directing the needle tip inward in the internal and external direction of spine and caudally in the cranial region and caudal region. It is important to take the exact direction of insertion and the needle insertion distance, coarse needle handling should not be conducted, and strong stimulation should be avoided if possible. If in-situ technique and low-frequency electric acupuncture are conducted, moreover, towel, etc. should not be placed on the needle, and it is important to take care so that the weight of alligator clip and cord may not be applied vertically.



Figure 2. Trapezius muscle needle insertion method (pinching *oshide*)

Pinch the fiber in the upper part of trapezius muscle with the thumb, index finger and middle finger of *oshide* and insert the needle toward the tip of middle finger of *oshide*.

As concerns the occurrence of pneumothorax at lung biopsy, there is a report studying the thickness of needle and the incidence of pneumothorax.¹⁹⁾ According to it, the incidence of pneumothorax was 37% with the needle of 1.20 mm in outer diameter but 8% or less with the needle of 0.51 to 0.56 mm, and the pneumothorax requiring deaeration was observed in 4% or less. Currently, the diameter of needle used in acupuncture treatment is about 0.20 mm, and it is inferred that the incidence of pneumothorax may be considerably low.

In recent years, pneumothorax of both lungs has been reported in 23 patients so far, among which 3 patients died.²⁰⁾ In the patient who underwent legal autopsy, the pneumothorax was concluded to be attributable to deep insertion of needle, but since this case occurred due to lack of recognition about the distance from body surface to lung, inexperience of technique and inappropriate action at low-frequency energization of needle, it can be said as an obvious malpractice.²¹⁾

2) Broken needle

Broken needle is sudden breakage of needle body during insertion. It is considered attributable to inappropriate selection of the material (gold, silver, stainless steel, etc.), thickness and length of needle, abnormalities of

the needle itself, including flaw, corrosion, defect and wear, metallic composition of needle body and homogeneity of composition, decrease in strength, and corrosion of needle body due to low-frequency energization and direct current electric needle.

In the literature survey described previously,⁷⁾ moreover, a lot of broken needles were reported. In this survey period, a lot of silver needles were used, the frequency of autoclaving for reuse increased, and it is considered that the strength of needle decreased due to wear and corrosion of needle body. As described before, the material of needle body became stainless steel in recent years, disposable needle became popular. In April 2005, the revised Pharmaceutical Affairs Law was enforced, and the present popular needle is the sterile “single-use filiform needle” specified in the Japanese Industrial Standards (JIS) T9301. Since the needle is classified into Class II of controlled medical devices and quality assurance has become higher, it is considered that broken needle will decrease in the future.

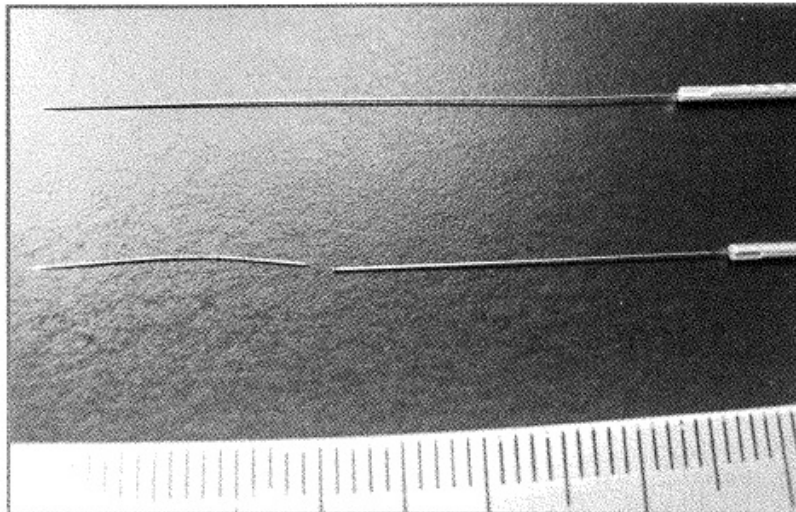


Figure 3. Photograph of broken needle

The upper needle is a normal needle of the same lot, and the lower needle is a broken needle (the needle on the left is the broken needle extracted by surgery). Broken needle occurred after inserting the 50-mm single-use filiform needle 30 to 40 mm to the neck and implementing low-frequency energization at 1 Hz for 15 minutes. The broken needle was extracted by surgery.

In the pain clinic field, low-frequency electric acupuncture is performed, but the manufacturer of needle considers that, since the single-use filiform needle is not for energization, broken needle due to energization will become the responsibility of practitioner.²²⁾ It is recommended to use the stainless steel needle of No. 20 (0.20 mm in diameter: No. 3 needle) or larger when low-frequency electric acupuncture is performed. However, there is no standard of safety at low-frequency electric acupuncture for the single-use filiform needle in the JIS standard, so the future examination is required.

For prevention of broken needle, inspection and check of the shape and flaw of needle are required, but since individual package is peeled immediately before use when the sterile single-use filiform needle is used, inspection and check of the shape of the needle placed in the needle tube have not been performed from the aspect of ensuring sterility.

In the author's institution, an accident of broken needle occurred after low-frequency electric acupuncture in a patient who used a single-use filiform needle [thickness: No. 20 needle (0.20 mm in diameter), length: 50 mm] and a surgery was required.²³⁾ The tensile strength test and an analysis of metal composition using a transmission electron microscope were

conducted, but the needle used had lower ductility (viscosity) and uneven crystal particles near the needle surface, which were considered to cause a decrease in ductility. From the above, the safety measure for broken needle is only the use of high-quality needle (Figure 3).

If the needle is broken, care should be taken so that the cut end may not enter further, and if a part of broken needle can be identified on the skin, it should be pulled out with Kocher clamp, etc. carefully. If the cut end of broken needle is present below the skin, it may appear if having the patient take the original position.

If a part of broken needle is left in the body, the cut end of needle may move in the body. If the buried needle (the needle has been cut and left in the body in the past, but it has not been performed this time) or the broken needle is left as it is (referred to as migrating needle), the needle body may move in the body, and as a result of nerve injury or biological reaction that occurred in the surrounding of needle body, abnormal sensation, pain, motor dysfunction, dysuria, etc. may occur.¹²⁾

Different from broken needle, however, as the patient's reaction due to needle sensation and pain at insertion, the muscle fiber at needle insertion site contracts, the needle body does not

drop out suddenly, and it may become impossible to insert and remove the needle smoothly. When the needle is rotated at needle insertion, moreover, the muscle fiber may tangle with the needle body and it may become difficult to remove the needle. In such a case, the needle should be inserted while removing and inserting lightly, and if insertion is possible, the needle should be removed by rotating a little. If strong resistance is felt even if removing and inserting lightly and rotating, the action of penetration of epidermis and tapping should be repeated several times to dozens times rhythmically. If it is difficult to remove the needle even if doing so, a few needles should be placed in the surrounding of needle insertion site without trying to remove the needle forcibly, and muscle relaxation should be waited for a while.

3) Dropout of needle

Dropout of needle is that the junction between needle handle and needle body (fixation) is broken during insertion of needle into the body (Figure 4). Dropout of needle may occur because the needle body is pulled inside rapidly more than the inserted because of needle sensation, patient's body motion and strong muscle contraction due to cough and sneezing and the force is applied to the needle root. If the depth of insertion increases in the lumbar and buttock and the posterior surface of femur, special attention should be paid. Using the needle of appropriate length, the needle should be inserted so that 1/3 of needle body may remain on the body surface at all times.

The treatment when the needle entered into the body should follow the procedures for broken needle.

4) Bleeding and internal bleeding

Bleeding and internal bleeding occur because the needle injures the blood vessel below the skin. If the number of needles to be inserted increases, and if the thick needle is inserted deeply, the occurrence of bleeding and internal bleeding will increase. The incidence of bleeding is reported as 1.6% on the average,²⁴⁾ but Yamashita et al.⁵⁾ reported the incidence of bleeding and minor bleeding as 5.7%. In recent years, there are a lot of patients taking platelet aggregation inhibitor or anticoagulant drug for prevention of cerebral infarction and myocardial

infarction, so care should be taken. It has been reported that the hematoma due to internal bleeding became large to the size of egg,²⁵⁾ and informed consent should be performed adequately for insertion of needle to the patients with a bleeding tendency carefully after acquiring understanding. Kasuya²⁶⁾ reported that iliopsoas muscle hematoma occurred in the patients with hemophilia A.

In the analysis by site, the frequency of bleeding is high in the head and face,²⁷⁾ and particularly, troubles occur frequently in the face because of cosmetic problem. In inserting the needle, it is necessary to explain the possibility of bleeding and internal bleeding and to acquire the consent about treatment. The face should be compressed slightly strongly by taking the time for a while after removal of needle.

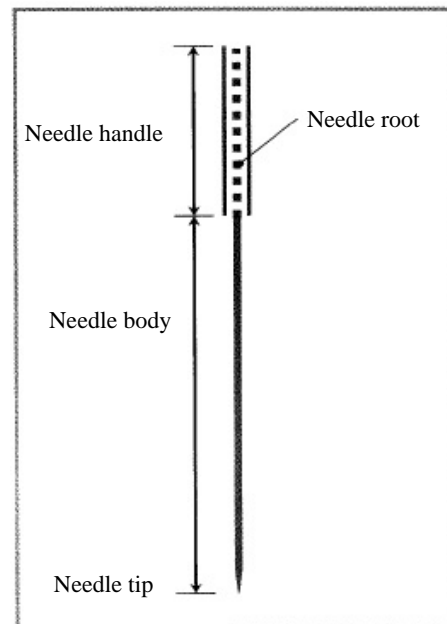


Figure 4. Structure and name of filiform needle

If the needle cannot be inserted smoothly by patting at penetrating the epidermis and the pain complains pain due to the feeling of resistance at needle insertion, bleeding is likely to occur. The needle should be removed immediately without inserting the needle forcibly, the insertion site should be compressed, and the presence or absence of bleeding should be checked.

5) Infection

Fujiwara⁶⁾ reported that infection occurred in 25 of 377 patients (7%), but such reports have been

made frequently in overseas countries.^{28,29)} In these reports, those with unclear causal relationship with acupuncture treatment are also included, but its possibility cannot be denied.

Infections are commonly observed in the compromised patients with diabetes mellitus, using corticosteroid drug, etc., which are commonly attributable to resident microbiota such as *pseudomonas aeruginosa*, *staphylococcus aureus*, *streptococci*. Moreover, 2 cases of toxic shock-like syndrome due to *streptococcus* group A were reported, one of which died.³⁰⁾

Purulent omarthritis due to *methicillin-resistant staphylococcus aureus* (MRSA) attributable to needle insertion in the surrounding of shoulder joint has been reported.³¹⁾ The patients undergoing acupuncture treatment frequently complain the joint symptoms in the shoulder joint and knee joint, and the needle is commonly inserted in the surrounding of joint.

For prevention of infection, it is needless to say that the standard preventive measures of the Centers for Disease Control and Prevention and the preventive measures by the route of infection should be performed and disinfection of needle insertion site and disinfection and sterilization of the devices to be used should be performed completely. In the “guidelines for basic education and safety” of World Health Organization (WHO),³²⁾ as the measures for infection in acupuncture and moxibustion, clean treatment environment, clean hand and fingers of practitioner, disinfection of needle insertion site, sterilization of needle and devices, aseptic procedures, disposal of needle and cotton swab, etc. are considered important. The aseptic procedure is called as the clean needle technique, and it is required to insert the needle so that the hands and fingers of practitioner may not touch the needle body at needle insertion. In order to reduce contamination of needle, moreover, it is recommended to wear the surgical glove and finger cot.

This time, the matter considered problematic hygienically in acupuncture treatment is *oshide*.^{33,34)} *Oshide* is unique in Japan, which indicates the hand appended to fix the thin needle to be inserted at needle insertion, and *oshide* fixes the position of meridian points, relieves the pain at needle insertion and prevents

flexion of needle. Moreover, it is a technique possible to understand the delicate body response due to insertion and handle the instant reaction such as patient’s body motion adequately. Infections have been prevented by wearing finger cot, gloves, etc., pinching the needle body with cotton swab, but the clean needle resolving these problems will be sold (Figure 5). This needle is of the structure equipped with a cylindrical sheath on the needle body, the sheath is slightly harder, and the needle body moves smoothly in the sheath. Since this clean needle holds the sheath part by *oshide*, it does not touch directly the needle body at insertion and removal of needle. This needle can be adopted in the clean needle technique, the global trend, and it is considered that the infection caused by *oshide* will decrease dramatically. Future popularization is expected.

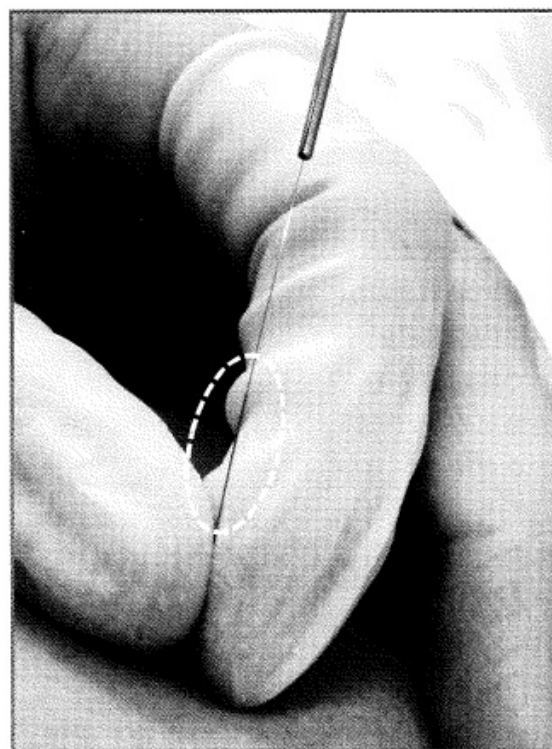


Figure 5. Clean needle

The needle body is covered by sheath only in the part of *oshide*, which is of the structure not touching directly the needle body at needle insertion.

Conclusion

We introduced the adverse events and malpractices in acupuncture treatment and described the safety measures therefor. In the

acupuncture and moxibustion practice, the “Guide for prevention of infection in acupuncture and moxibustion treatment” was issued in 1993, its revision “Guidelines for safety of acupuncture and moxibustion” were issued in 2006, the “Manual for safety of acupuncture and moxibustion” covering the preventive measures for accident of acupuncture and moxibustion, handling methods of the case examples of accidents and the legal interpretation was issued in 2010, and the awareness of safety management has increased. There are not so many occurrences of high-risk adverse events in standard acupuncture treatment, but in order to prevent malpractice, it is considered necessary to acquire the evidence-based knowledge and technique, to raise the consciousness about safety at all times and to perform daily clinical practice.

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In order not to induce medical error

Pneumothorax

Cause and pathological condition


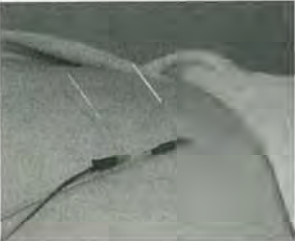
As a result of damaging the pleura and lung due to deep insertion when inserting the needle to the chest and dorsal shoulder, the air in the pulmonary alveoli leaks into the thoracic cavity, and the pulmonary lobe shrinks.

Symptoms

- (i) The characteristics of pneumothorax are chest pain, cough and dyspnea, but the patient does not have a cough so much. The chest pain does not occur on the right and left sides, but uncomfortable feeling is observed at the center. The patient may not always have difficulty in breathing so much.
- (ii) The patient may complain pain or uncomfortable feeling after 2 or 3 hours and in the next morning rather than immediately after treatment.

Preventive measures

Patient likely to cause pneumothorax	Handling
(i) Frail patient with a small and thin figure and a flat chest	At insertion of needle, do not use thick needle. Do not perform sparrow pecking method, needle rotation technique, etc. vigorously (avoid strong stimulus).
(ii) Patient with chronic respiratory disorder such as emphysema	
(iii) Patient who has had spontaneous pneumothorax	

Treatment areas with concern	Handling (pay attention to the depth and direction of insertion of needle)
Upper shoulder	<p>Insert upward by the trapezius muscle needle insertion method (insert the needle by pinching the skin with the left hand (<i>oshide</i>)).</p>  <p>Trapezius muscle needle insertion method</p> <p>Trapezius muscle needle insertion method In the prone position, transfer from the 7th cervical vertebra to the upper shoulder while pinching the muscle with the thumb and the middle finger of the left hand. Transfer the index finger to make the <i>oshide</i> (pinching <i>oshide</i>) while keeping the thumb and the middle finger. While keeping the pinching <i>oshide</i>, penetrate the epidermis and insert the needle by directing the needle tube vertically to the bed or slightly toward the head (upward) and left the needle tip near the induration.</p>
Interscapular and subscapular regions	Insert medially and inferiorly
Precordial and chest side regions	Transverse or oblique insertion along the rib
<ul style="list-style-type: none"> At the low-frequency electric acupuncture therapy in the dorsal shoulder region, tuck an alligator clip (a smaller and light clip) into the needle body near the skin.  <p>Indicates the direction of insertion of needle in the interscapular region (first transport line of bladder meridian) and the connection with the cord at low-frequency electric acupuncture therapy (condition of alligator clip). Insert the needle medially and inferiorly by oblique to transverse insertion. Using a smaller and light alligator clip, tuck an alligator clip into the needle body near the skin. Do not place a towel on the needle.</p> <ul style="list-style-type: none"> While placing the needle (including the time of low-frequency energization), do not place a towel, etc. on the needle. Check always whether or not the depth of insertion is safe. At insertion of needle onto the second transport line of bladder meridian in the interscapular and back regions, careful procedure is required. 	

Meridian points with concern	Safe insertion depth ¹⁾ (see p.41)
肩井 Kensei GB21	Up to 20 mm for the patients other than those with a very thin figure
膏肓 Koko BL43	Up to 19 mm for the patients other than those with a very thin figure
膻中 Danchu CV17	Up to 10 mm considering the presence of sternal hiatus
Meridian points in the thorax	Minimum distance between the body surface and rib + half of the thickness of rib (5 mm)

Measures to be taken at occurrence

- (i) If the causal relationship with acupuncture treatment is not understood but the possibility cannot be denied, handle the fact happening firstly in a sincere attitude.
- (ii) Auscultate the bilateral difference in respiratory sound, vocal fremitus and voice sound with an auscultator (see p. 121).
- (iii) If chest pain and uncomfortable feeling in the chest persist, instruct the patient not to breathe largely and deeply so as not to become worse, accompany the patient on a visit to medical institution, explain the status and undergo the diagnosis by chest radiography, etc. If necessary, have the patient undergo degassing.

Pulse oximeter as risk management

As the risk management at acupuncture clinic, it is desirable to place a pulse oximeter. It can determine the blood oxygen saturation level and heart rate in a few seconds, and the presence of pneumothorax can be inferred.



The pulse oximeter is a device possible to determine and monitor the blood oxygen saturation level (SpO₂) and heart rate immediately at the same time only by inserting the fingertip into the sensor part.

Needle breakage (needle withdrawal)

Cause

- (i) Use of the needle with abnormality / defect
- (ii) Sudden body motion of patient, strong muscle spasm due to cough or sneezing, and inappropriate removal of needle such as crippled needle or bent needle

Preventive measures

- (i) Avoid reuse of needle and use the single-use filiform needle.
- (ii) For low-frequency electric acupuncture therapy, use the single-use stainless steel filiform needle of No. 3 (with 0.2 mm diameter) or larger in thickness.
- (iii) Insert the needle so that more than 1/3 of needle body may always remain from the skin.
- (iv) Needle breakage may occur when it is difficult to remove the needle. If it is difficult to remove the needle, remove the needle after muscular relaxation rather than remove it forcibly (see p. 32).

Measures to be taken at occurrence

- (i) If the needle is broken, act in a calm and cool manner.
- (ii) If the stump of broken needle can be identified on the skin, take care so that the stump may not get in any more, and pull out the needle with the device with firmly interlocked tip such as Kocher clamp and mosquito forceps.
- (iii) If the stump exists under the skin, the stump of needle may appear by placing the patient in the original position.
- (iv) If the stump of broken needle is not observed, put a mark on the insertion site, inform the patient that a part of needle exists in the body, instruct the patient to avoid body motion (the broken needle may transfer in the body), accompany the patient on a visit to the medical institution urgently and have the patient undergo appropriate treatment.



Scene showing that the broken needle is removed with a mosquito forceps (Kocher clamp).



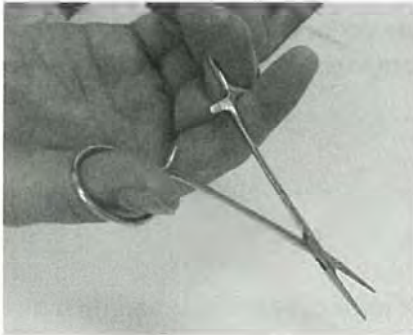
Scene showing that the needle is removed with a mosquito forceps (Kocher clamp).
Good engagement of the point, strong grasp force, strong holding power

Buried needle

The buried needle is dangerous, and securement of safety is not sufficient. Transfer of needle, nerve injury, guts injury and exacerbation of symptoms have been reported. The broken needle is also dangerous, and it is frequently taken out by operation at the discretion of doctor.

Kocher clamp (mosquito forceps) is always kept for risk management.

Disposable (stainless steel) needles have become popular, and it is considered that the broken needle decreased, but assuming an emergency, Kocher clamp (mosquito forceps) should be prepared. It has better interlocking of tip than that of conventional tweezers and has strong grasp force and holding force. It is one of the devices that we want to keep in clinic.



Kocher clamp (mosquito forceps)
There are two types, bended tip and straight tip.

Internal bleeding

Cause

The needle tip injures capillary vessel, the blood flows out, hematoma is formed in the body, and the skin elevates.

Hemorrhagic macule (blue-purple bruise) occurs in the surrounding of needle insertion site, which becomes an appearance problem in the face and neck.

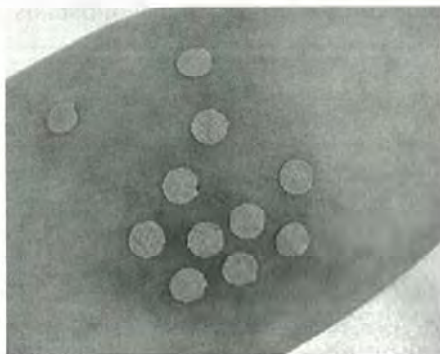
In the patients with anemia or bleeding diathesis, bleeding occurs easily, and hemostasis is difficult.

Measures for prevention of internal bleeding

(i) There are a lot of patients taking platelet aggregation inhibitor, anticoagulant, etc. (including the patients undergoing dialysis and for prevention of cerebral infarction and/or myocardial infarction). Obtain the information carefully about the drugs taken at the first medical examination in particular.	Drugs inhibiting blood coagulation Warfarin [®] , Warfarin Potassium [®] , Bufferin [®] , Bayaspirin [®] , Panaldine [®] , Ticlopidine [®] , Cilostazol [®] , Epadel [®] , Unplaque [®] , etc.
(ii) Using a thin needle, insert the needle very carefully by reducing the number of needle insertions as much as possible.	
(iii) Explain that internal bleeding may occur due to insertion of needle particularly in the face and acquire the informed consent on acupuncture.	
(iv) If the needle cannot be inserted smoothly by patting at penetrating the epidermis and if resistance is felt and pain is complained, bleeding may occur frequently. Remove the needle immediately without inserting it forcedly, compress the insertion site and check the presence or absence of bleeding.	

Measures to be taken at occurrence

- (i) Take plenty of time for post-acupuncture massage after removal of needle and then push slightly strong.
- (ii) If petechial hemorrhage is observed at removal of needle, wait for spontaneous stop of bleeding.
- (iii) For the treatment of small bleeding, stop bleeding by pushing using a clean and dry cotton swab.
- (iv) Dispose the bloodstained cotton swab so as to keep away from patient's eyes so that the patient may not experience anxiety.
If hematoma is formed, compress with finger pads until disappearance of elevation, and even if the blue-purple color is not observed on the skin, attach a silver grain to the elevated part. Decoloration of blue-purple is considered rapid.
- (v) If hemorrhagic macule is produced because of internal bleeding, adhere a silver grain or stiletto needle (adhere several ones for large hemorrhagic macule).



Adhere a silver grain to the site with intense blue-purple color. Prevention of uncomfortable feeling and acceleration of deterioration of hemorrhagic macule can be expected.

Explanation to patients

- (i) If subcutaneous bleeding is observed, explain to the patient adequately that the color will disappear gradually.
- (ii) Even if elevation and hemorrhagic macule are observed due to internal bleeding in the dorsal shoulder and lumbar regions that cannot be seen by the patient oneself, explain it clearly so that the patient may not experience an anxiety.
- (iii) There is an individual difference in absorption of subcutaneous bleeding, but it is considered to take 7 to 10 days for disappearance.
- (iv) Even if there is only elevation and no blue-purple color on the skin, inform the possibility of appearance of blue-purple color.
Handle the blood as the infectious matter and try to prevent infection between operator and patient.

Difficulty in removal of needle (crippled needle)

Cause

Due to needle sensation, pain at insertion and patient's body motion, the muscle fiber at the insertion site goes into a spasm and tangles in the needle body, and it becomes impossible to remove the needle suddenly.

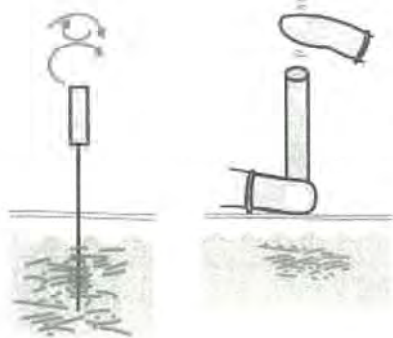
It occurs due to excessive rotation, rotation to one direction and rude procedure.

Due to reflexive muscle contraction, the muscle fiber contracts, and the needle bends. When the muscle fiber tangles during Sen-nen technique, moreover, it may become difficult to remove the needle.

Measures to be taken at occurrence

In order to relax the hypertonic muscle, instruct the patient to get relaxed. Do not try to remove the needle forcedly despite of strong resistance, and try the following matters to remove the needle:

- (i) If difficulty in removal of needle (crippled needle) occurred in rotation in one direction, rotate the needle in the opposite direction.
- (ii) Put the needle tube over the needle and perform the index finger hammering insertion by patting the upper part of needle tube like loading bullets or the needle guide tube stimulation technique by patting the needle tube only without using the needle.
- (iii) Perform the auxiliary stimulation technique patting the skin in the surrounding of needle insertion site with the needle tube or fingertip.
- (iv) Perform the counter acupuncture near the needle insertion site and wait for muscle relaxation by taking a little time. If the needle cannot be removed by these techniques, bend of needle body and strong tangling of muscle fiber are considered possible.



Bend of needle body and tangling of muscle fiber due to twisting will occur. If they occurred by rotation in one direction, rotate in the opposite direction. Moreover, perform the index finger hammering insertion and the needle guide tube stimulation technique. Coping techniques (i) and (ii) (explained on p.32)

- (v) While applying pressure to the skin with the left hand (*oshide*), remove the needle vertically by applying strong force.
- (vi) After removal of needle, pain and uncomfortable feeling may remain frequently. Perform post-acupuncture massage sufficiently and conduct the skin permeating needle insertion (figure below).

Skin permeating needle insertion

Insert only the tip of needle horizontally to the epidermis and take up about 1 to 2 mm. Transfer the needle several times to a dozen times such as removing and inserting the needle 1 to 2 mm.



Explanation to patient

Explain to the patient that pain or uncomfortable feeling may remain a little at the site where it became difficult to remove the needle.

Forgotten removal of needle

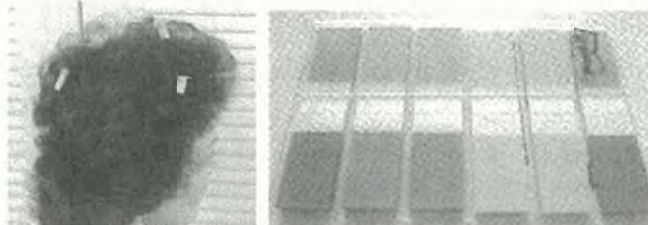
Cause

Removal of needle is forgotten because the needle is hidden by clothes or the color of hair. It is presumed that the needle was removed, and the treatment is ended.

The number of needles used has not been checked.

Preventive measures

- (i) In principle, the practitioner who inserted the needle should remove the needle.
- (ii) Check and indicate the number of needles prepared and the number of needles inserted.
- (iii) If the inserted needle is hidden by hair or clothes (including patient's clothes) in the head or lumbosacral region, clip the inserted needle with a clip with a ribbon or a stationary film color flag for heading (photograph) to put a mark.
- (iv) Be sure to check the number of inserted needles at changing the body position or the end of treatment. If possible, count the number of needles by 2 staffs.
- (v) Check the number of needle tubes and needles. (Do not discard the needle tube until becoming consistent with the number of needles.)




Attach the colorful film flag for heading (index) to the needle head.

Measures to be taken at occurrence

Apologize and explain that pain or uncomfortable feeling may remain for a while. On the next day, make contact and check the subsequent condition. Correspond sincerely and keep the confidential relationship.

Burn due to moxa needle

Cause	Measures to be taken
<ul style="list-style-type: none"> ● Fall of moxa ball (Cough, sneezing or sudden body motion of patient. The operator touches the moxa. Treatment on other site) 	<ul style="list-style-type: none"> ● Explain the risk of burn to patient not to move the body as much as possible during the moxa needle therapy and not to endure when feeling hot. ● Prepare wet cotton swab so as to respond to sudden fall of moxa ball.
<ul style="list-style-type: none"> ● The distance between moxa ball and skin is too close (the distance between the skin surface and moxa ball should not be made 2.5 cm or less. ● Ignite the moxa ball on the needle tip in 	<ul style="list-style-type: none"> ● Ask the patient about the heat sensation, and at the same time, be sure to check the radiation heat at the treated site by the hand of practitioner. ● During the treatment, do not look away

<p>close range.</p> <ul style="list-style-type: none"> Combine the moxa needle therapy and far-infrared therapy. 	<p>from the patient, and if the patient complains the heat, cover the skin surface immediately with the thin wet cotton swab (cotton swab moistened with water) and keep out the heat.</p>
<ul style="list-style-type: none"> The moxa needle slants, and the distance from skin surface becomes close. 	<ul style="list-style-type: none"> Adjust the angle of insertion of needle with a tape.  <p>Adjustment of angle of moxa needle with tape</p>
<ul style="list-style-type: none"> When sensation is slow in the elderly, etc. 	<ul style="list-style-type: none"> When heat sensation is considered slow, avoid moxa needle.
<ul style="list-style-type: none"> If adjustment of flame is not good when igniting moxa with a lighter, the flame may become large and reach the skin, clothes and needle body to induce burn. 	<ul style="list-style-type: none"> Do not perform ignition near the patient's body surface but ignite at a distance and move the flame close to moxa gradually.

Measures to be taken at occurrence

- (i) If burn occurred on the skin, cool it with cold water or refrigerant as soon as possible.
- (ii) Wrap the refrigerant with a clean gauze and apply it to the affected area (prepare the refrigerants of several sizes).
- (iii) If the burn is large, accompany the patient on a visit to a medical institution and have the patient undergo the treatment.
- (iv) The practitioner should not apply ointment or drug, etc. to the affected area of burn (this action will become a treatment action).

Burn due to the techniques other than moxa needle

The adhesive force of the base of warm moxa (indirect moxibustion) to skin surface is weak, and the warm moxa may fall.

The tip of incense stick contacts directly with the skin and clothes to induce burn or burnt deposit of clothes.

If any metal is in the body, ultrahigh frequency wave (microwave) will produce heat after irradiation and induce burn.

Burn occurs with ultrasound waves or low-frequency wet hot electrode. Check the hot output adjustment dial before use.

Purulence / infection

Purulence due to moxibustion

Cause

In diathermic moxibustion, the blister at the scar of moxibustion may tear, bacteria may invade from there, and purulence may occur.

Preventive measures

- (i) Disinfect the skin after moxibustion as well as before moxibustion.
- (ii) In the patients with decreased immunity (diabetes mellitus, use of steroid, elderly, etc.), do not perform moxibustion with a large moxa cone.
- (iii) If the number of cone moxas is increased at the same site, perform moxibustion at the same position, if possible.
- (iv) If home moxibustion is instructed, explain that multiple moxa cones should be conducted at the same meridian point so that the scar of moxibustion may not become large.

Measures to be taken at occurrence

- (i) Take care so as not to abrade the scar of moxibustion.
- (ii) Do not apply plaster or antimicrobial agent to the moxibustion site.

Infection due to acupuncture

Cause

Bacteria or virus invade through the needle insertion site and induce infection.

Preventive measures

- (i) Use the sterile single-use filiform needle.
- (ii) Perform hand washing and disinfection before acupuncture and disinfect the skin at the acupuncture site completely (see p. 21 of the standard preventive measures).
- (iii) If hand washing is difficult after conducting a procedure at treatment, disinfect the hands and fingers with rubbing-type disinfectant.
- (iv) Wear fingerstalls and gloves to prevent infection.
- (v) If medical devices (tweezers, plates, etc.) are reused, perform washing, disinfection and sterilization.
- (vi) Wash, disinfect and sterilize the glass balls used in the cupping therapy.
- (vii) In the patient's environment, use disposable products if possible, and make effort to maintain cleanliness.

- (viii) Discard the cotton swabs used for bleeding and the used needles by placing them in a medical waste box.

Measures for prevention of infection by the practitioner oneself

- (i) Undergo vaccination for hepatitis B virus.
- (ii) If there is any wound on hands and fingers, it is essential to use liquid bandage or to wear fingerstalls and gloves. (See p. 24)

Make effort actively to prevent infection. (Universal precautions)

Measures to be taken at occurrence

The patient should undergo medical examination and appropriate treatment at medical institution.

Infection

The reports of the case of infection due to acupuncture are observed sporadically. As concerns hepatitis virus infection, the latent period is long, and it is difficult to conclude the presence or absence of the causal relationship between acupuncture and infection, but if virus adheres to the needle after removal, the possibility of infection cannot be denied if sterilization at reuse is incomplete. As concerns bacterial infection, purulence and/or infection occur at the needle insertion site, and it is easy to conclude causal relationship.

Considering the elderly and the patients with decreased immunity, keep the cleanliness high in the whole clinic and make effort to prevent nosocomial infection.

Needling accident

Cause

- When the needles of different length are used for the treatment using the same plates, they enter the needle tubes of different sizes and bite the practitioner oneself at needle insertion.
- If the needle penetrates between scalp and hair at scalp acupuncture, it may bite fingers.
- When stowing the waste boxes for needles, the waste needle may bite fingers erroneously.
- When picking up the fallen needle, the needle may bite erroneously (including intradermal needle).

In the needling accidents, infection with hepatitis virus (type B: HBV, type C: HCV), and human immunodeficiency virus (HIV) may generally become problematic.

Preventive measures

- (i) Check the needle tip (perceived notion due to habituation is a cause of mistake).
- (ii) Use the single-use needle and discard it in a waste box immediately after removal of needle.
- (iii) If the removed needles are stored tentatively in a plate for reuse, align them.

Measures to be taken at occurrence

Prompt action is required. The action is performed according to the measures for needling accident with injection needle.

- (i) Wash the wound with soap and running water. Wash so as to squeeze the blood as much as possible.
- (ii) Identify the pathogens in the patient who underwent the acupuncture treatment and test the antibody owned by the practitioner who had an accident.
- (iii) If hepatitis B infection is suspected, start administration of globulin preparation for hepatitis B or vaccination within 24 hours if the practitioner has no HBs antibody.
- (iv) Because there is no recommended preventive measures for hepatitis C (HCV) now, undergo the follow-up inspection at medical institution.
- (v) As concerns HIV, anti-HIV drugs are present, but the treatment is determined based on the patient information.

Fall from bed

Cause

Likely to occur at going up to and down from a bed and at postural change. It is observed frequently in the patients with dizziness or the elderly.

Preventive measures

- (i) Since it is likely to occur at postural change, be sure to take care of the patient at postural change (change the posture after lowering the level of electrical bed as needed).
- (ii) At going up and down of electrical bed, call the patient and perform postural change and boarding and exiting after the motion stopped completely.
- (iii) Have the patients with dizziness due to tinnitus and/or hearing loss, the patients with anemia and/or orthostatic hypotension, etc. sit for a while after treatment and go down from the bed after confirming the absence of wobble.
- (iv) Considering the occurrence of secondary accident such as fall and upset, organize the surrounding of bed at all times.

Measures to be taken at occurrence

When the patient fell, check the presence of bruise on the head or injury or abnormality on the body. Have the patient undergo medical examination at medical institution as needed.

- 1) Edited by Ozaki A, Sakamoto A, and Acupuncture and Moxibustion Safety Committee. Guidelines for safety of acupuncture and moxibustion. Ishiyaku Publishers, Inc. 2007.

翻訳、改編

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