ATCM CPD 10/05/2015 London

Dao qi acupuncture technique and its clinical application

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Practical science

- Acupuncture treatment is much more a practical science
- Promote and guide qi by techniques
- Achieve the therapeutic effects

Technique skill

- The effective of the treatment lie on the techniques ability of the practitioner.
- Emphasize practical skills
- Development training
- Accompanied with all practice life

Affect western acupuncture researches

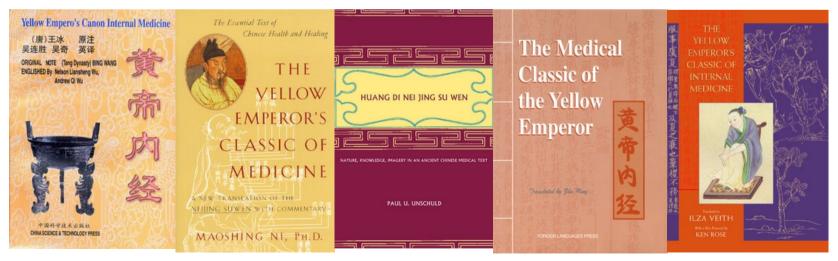
- Some of the researches which did not proved significant therapeutic clinical effective might be caused by less attention of the acupuncture techniques
- Examples: BAcC conferences; JAMA, knee pain,

Dao qi method

- The history of dao qi method
- Features of dao qi method
- Manipulation
- Indications
- dao qi cases

The history of dao qi method

- One of the majority needling techniques
- Original traceable from the Huangdi Neijing Lingshu (Spiritual Pivot)
 (灵枢)



The history of dao qi method

- Spiritual Pivot—1st Nine Needles and the Twelve Source Points: "The most important thing in acupuncture is to get the de qi sensation, when it appears, the curative effect will appear in the wake of it, and the curative effect is so reliable as the blue appearing when the clouds are blown away by the wind. This is the principle of acupuncture."
- Spiritual Pivot—34th The Five Disturbances: "When one inserts and pulls out the needle slowly, it is called the dao qi"

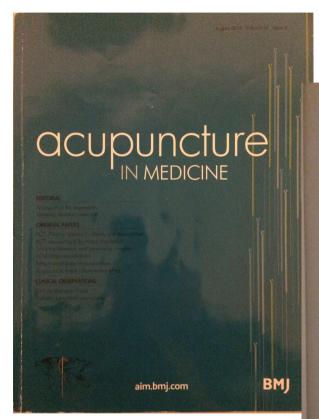
Features of dao qi method

- Applied after de qi sensation
 - > de qi sensation
- Movement of the needle even and slow
- Encourage and guide channel qi

Dao qi Manipulation

- Dao qi is appropriate to apply light and smooth stimulation for a long time
- The manipulation is lifting-thrusting and rotating the needle at:
 - amplitude: 1-2mm
 - > the angle: less than 90 degrees
 - frequency: 60-100 times /min

Argument of dao qi on my paper publishing



qualified psychiatrist using the ICD-9 (International Classification of Diseases V9)-current at the time of the research; and with a total score of the HDRS-17 of ≥18. Patients were excluded if they had received SSRIs or acupuncture treatment for depression in the past 3 months; had a severe medical disease; had a history of brain stroke or other mental health disorders; were pregnant or breast feeding. The patients were recruited to the study soon after their admission for depression. All eligible patients gave informed

Patients were randomised into either an acupuncture treatment group (TG) or a control group (CG). Randomisation was conducted using sequentially numbered and sealed opaque envelopes, prepared in advance (randomisation ratio 2:1 for TGs and CGs, avanue (nanomisation ratio 21) for fos and Cos, respectively). Healthcare staff, apart from the acupuncturist, were blinded to the group allocation before each participant was enrolled.

Treatment outcomes were measured using the HDRS-17, with scores ranging from 0 to 54¹¹; scores of 0-6 indicate a normal person without depression:

Table 1 Baseline demographic and clinical characteristics of trial

Characteristics	Treatment group	Control
Subjects (female/male)	47 (35/12)	29 (20/9)
Dropped out	2	3
Completed	45 (34/11)	26 (18/8)
Age (years)		
>50	22	12
31-50	18	10
530	5	4
incidence of depression		
First	21	12
Recurrence	24	14
Antidepressant drug		
Fluoretine (20 mg once a day)	22	13
Parcinetine (20 mg once a day)	12	7
Dulosetine (40 mg twice a day)	11	6
TCM pattern (MVI)		
LR depression and SP deficiency	10	4
LR O stagration	8	3
HT and SP deficiency	17	6
LR and XI You deliciency	10	5
1R and KI Yin deficiency	15	8
HDRS total score	22.15±0.60	
HORS, Hamilton Depression Racing 5 medicine.	icale; TCM, tradific	mal Chinese

>24, severe depression. Baseline assessments were carried out before randomisation and allocation of patients to the groups (W0). Repeated assessments were made after intervention at 1 (W1), 2 (W2), 4 (W4) and 6 weeks (W6) as study endpoints. All assessments were carried out by trained psychiatrists who were blinded to the group allocation (x=0.87). Routine health examinations, including liver and renal function tests, were carried out weekly.

Psychiatrists prescribed one SSRI to each patient, as shown in table 1, and patients received normal hospital inpatient care in the Nanjing Brain Hospital. Patients in the TG additionally received Chinese acupuncture diagnosis and intervention given by a senior acupuncturist (TW), with 15 years' clinical experience and certified by the China Association of Acupuncture

The key points used for all patients in the TG were GV24 (Shenting), GV20 (Baihui), GV14 (Dazhui) and GV4 (Mingmen). Additional points were used according to traditional Chinese medicine (TCM) differentiation for depression with the four diagnostic methods including tongue and pulse once a week, and the additional points were changed accordingly: Liver depression and Spleen deficiency, add LR3 (Taichong), SP9 (Yinlingquan); Liver Qi stagnation, add LR3, LR14 (Qimen); Heart and Spleen deficiency, add HT7 (Shenmen) and ST36 (Zusanli); Liver and Kidney Yin deficiency, add KI3 (Taixi) and LR3; Spleen and Kidney Yang deficiency, add CV4 and CV6. In addition, according to the individual symptoms, other extra points could be applied: insomnia and forgetfulness, add HT7 and An'mian (Ext); palpitations and chest tightness, add PC6 (Neiguan); constipation, add ST25 (Tianshu) and ST37 (Shanghoxu). The total number of needles used

The needle size was 0.25×40 mm (Huatuo Suzhou China) and the depth of insertion 10-30 mm. After acmeving de qu needling sensation. Date on technique acupuncture was applied at the four key acupuncture points. This manipulation involved lifting-thrusting and rotating the needle with light and smooth stimulation. The amplitude was 1-2 mm; needle rotation angle <90° and frequency 60-100 times per minute for 1-2 min. GVH and GVH were needled in a sitting position, with 5 min retention before the needles were removed. Participants were the footen the needles were removed. Participants were then placed in the supine position for the other points, which were needled to achieve *de qi* sensation only, with retention for 30 min. Treatment was given daily in the mornings, 5 days a week for 6 weeks.

statistical analysis was undertaken using SPSS com-nercial statistics package V13.0 (SPSS Inc. USA). The mean HDRS scores of the groups, and the patients'

Acupuncture combined with an antidepressant for patients with depression in hospital: a pragmatic randomised controlled trial Tianjun Wang, ¹ Lingling Wang, ² Wenjian Tao, ³ Li Chen⁴

Indication

- Guide chaotic qi to even and normal
- 'five upheaval' (heart, lung, stomach and intestine, tibia arm, head)
- Chronic cases
- Mental cases
- Sensitive cases
- Particularly: not good response to normal treatments

Sample points and cases

- LI 20 Yingxiang: Sinuses—one sessions completely clear
- Rn 4 Guanyuan: ED ;urine infection, etc
- Bl 54 Zhibian: urinary incontinence;
- Sp6 Sanyinjiao: uterus stimulation
- Du 3 Yaoyangguan: Cold pain on legs
- Du 14 Dazhui: Depression
- GB 20 Fengchi: tinnitus
- Du 16 Fengfu: Qi gong Deviation
- Scalp acupuncture: Stroke, chest pain



Cautions of dao qi needling on Du 16 (1/2)

- Du 16 is located at the risk area of the upper neck close to the foramen magnum.
 Acupuncturist should pay more attention on it. *Dao qi* needling on Du 16 only apply to whom have sufficient anatomy knowledge and needling skills, combined with 3+years experiences and not suitable for new practitioner.
- Du 16 is the key point of Du Mai which enters the Brain, which is most suitable for difficult cases and/ or chronic conditions, particular for those not good response to other normal treatments.
- Dao qi on Du 16 is slightly strong technique which is not good for first visitor, weak conditioner, fear needle, etc.
- Du 16 should be careful to combined with other points with strong sensations, such as Du
 14

Cautions of dao qi needling on Du 16 (2/2)

- The position for Du 16: suggest better in seating position, with crawl on the side of bed or the back of chair. The needle retention is around 5 minutes.
- The manipulation of Du 16: 25-40mm needle, with the direction toward to the tip of nose, perpendicular insertion, around 5mm get normal *de qi* sensation. Then carefully slowly deep to 15-30mm. While needling observe and ask the reaction of patient. If any uncomfortable sensation occur, such as headache, dizziness, electric sensation etc the needling should be stopped and take off.
- According to most researches and personal experiences, the safety and most effective depth of needling on Du 16 is 27-33mm.

Feedback from a current case

• At the first session I was feeling particularly heavy, like there was a grey cloud hanging over my heart. As Dr Wang needled Du 16 I felt the energy rise almost immediately and I began to laugh. The heavy cloud lifted. I felt the energy rise upwards to the top of my head around Du20. It was quite an intense and also relieving experience. The second needle at Du14 had similar but less powerful effect.'

Feedbacks from participants

- Wonderful seminar day! Wonderful modern medical Chinese! Magic hands with Energy!
- When insert before 20mm just normal local de qi sensation, about 30mm the numbness and warm feeling rising to top of head and comfortable.
- Dao qi, dose of needling, timing, spaces are Ingenious combination
- I treated patient of alcohol addiction with dao qi and it was great.
- A 17-girl with stress and depression because of hard study more that one year. Normal acupuncture treatment was not so good. After add dao qi on Du 16, she was much relax in the school and could focus on study.
- I tried to treat a patient with higher prolactin with dao qi on Du 16, after a
 week it was much less now. Before dao qi it was very difficult to reduce it.



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