

A Survey of Acupuncture Treatment for Primary Dysmenorrhea

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Dysmenorrhea can be classified into the primary dysmenorrhea (PD) and the secondary dysmenorrhea (SD). The sampling investigation in China reveals that the incidence of dysmenorrhea in women of the country is 33.1%, of which PD covers 53.2% and the women with dysmenorrhea seriously affecting their work covers 13.55%.¹ This article gives a brief account on the present situation of the acupuncture treatment for PD.

Body Acupuncture

LIU Yong-jiu, et al. treated 65 cases of dysmenorrhea (including 49 PD cases) by mainly needling Shangliao (BL 31), Ciliao (BL 32), Zhongliao (BL 33), and Xialiao (BL 34). For stagnation of *qi* with blood stasis, Taichong (LR 3) was added; for accumulation of cold and damp, Shuidao (ST 28) was added; and for deficiency of *qi* and blood, Pishu (BL 20) was added. The total effective rate was 93%. The points mainly selected from the Bladder Channel of Foot-Taiyang is for activating the kidney-*qi*.² GAO Nan, et al. treated dysmenorrhea by deeply needling the bilateral Dachangshu (BL 25), and with a 45° obliquely inward needling of Zhibian (BL 54) for 3 *cun* deep, making the needling sensation radiating to the external genital organs and the lower abdomen, followed by electroacupuncture and TDP irradiation at the lumbosacral region. The pain was usually alleviated in 10 min. They hold that primary dysmenorrhea is caused by accumulation of cold-damp, injury of *qi* in the lower-*jiao*, dysfunction of the large intestines in transportation, dysfunction of the bladder in micturition, and disorder of *qi* and blood in the uterus.³ XIONG Hong-da treated 60

cases of PD with Sanyinjiao (SP 6) and Qihai (CV 6) selected for both the deficiency and excess syndromes. For those with stagnation of *qi* and blood stasis, Taichong (LR 3), Tianshu (ST 25) and Yanglingquan (GB 34) were added and punctured with the reducing method. Upon the arrival of *qi*, strong electric stimulation was given with the intermittent wave for 30 min. For accumulation of cold-damp, Dijì (SP 8), Zhongjì (CV 3), Ciliao (BL 32) and Mingmen (GV 4) were added and needled with the even method. Upon the arrival of *qi*, moxibustion was applied at these points. For deficiency of *qi* and blood, Zusanli (ST 36), Guanyuan (CV 4) and Xuehai (SP 10) were added and needled with the reinforcing method. After retaining of the needles for 30 min, moxibustion was applied on Zusanli (ST 36) and Xuehai (SP 10). And the auricular seed-embedding therapy with Vaccaria seeds was used at the auricular points Uterus, Spleen, and Stomach. For deficiency of both the liver and kidney, Shenshu (BL 23), Mingmen (GV 4), Guanyuan (CV 4), Taixi (KI 3) and Xuanzhong (GB 39) were added and punctured with the reinforcing method. After retaining of the needles for 30 min, cupping at Shenshu (BL 23) and Guanyuan (CV 4) was performed for 10 min., followed by auricular seed-embedding at Uterus, Kidney and Liver. For all the cases with deficiency syndrome, the auricular seed-embedding therapy can be continuously adopted after the menstrual period for consolidation of the therapeutic effects.⁴ Zhang Miao treated 32 PD cases by the menstruation-promoting method with the Shu and Mu points used in combination. The points selected were Pishu (BL 20), Ganshu (BL 18),

Shenshu (BL 23), Zhongji (CV 3), Tianshu (ST 25), Guanyuan (CV 4), and Baihui (GV 20). For the Back-*Shu* points, upon the arrival of *qi* by the lifting-thrusting manipulation, the needles were taken out. A 1.5-*cun* needle was then inserted obliquely at Bihui (GV 20), followed by the lifting-thrusting and twirling manipulation. After that, the Front-Mu points were punctured, perpendicularly, with the needles retained for 30 min. The combined use of Shu and Mu points can give the effects of relieving the depressed liver, strengthening the spleen and promoting diuresis, tonifying the liver and kidney, and nourishing the essence and blood so as to regulate the Chong and Ren Channels, with Baihui (GV 20) added for activating *qi* and promoting the menstrual flow.⁵ LIU Ling-ling treated 50 cases of dysmenorrhea (including 44 PD cases) by the not-needle puncturing at Guanyuan (CV 4), Ciliao (BL 32) (bilateral) and Shiqizhui (EX-B8). For those with excess syndrome, Sanyinjiao (SP 6) was added; and for the deficiency syndrome, Zusanli (ST 36) was added, using the filiform needles and moxibustion. The needles used for hot puncturing were made of alloy of tungsten with manganese, 2 *cun* in length and 0.8 mm in thickness. The needle tip was burned 1 cm over the fire for about 5 seconds till the front 3-cm part of the needle body became red. The insertion and withdrawal of the needle were accomplished in 1 second; the insertion for Guanyuan (CV 4) was 3 cm, for Ciliao (BL 32) was 1.5 cm, and for Shiqizhui (EX-B8) 0.5 cm. The treatment started 3–5 days before the menstrual period, 10 consecutive days constituting one therapeutic course. The total effective rate proved to be 94%.⁶ YANG Zhao-gang treated PD by deep needling at Zhibian (BL 54) with a 6-*cun* elongate needle, which was inserted toward the lower abdomen to make the needling sensation radiating to that part, and with no retaining of the needle. The rest points of Qihai (CV 6), Xuhai (SP 10) and Sanyinjiao (SP 6) were punctured with the filiform needles. The treatment was given once daily. The direction for insertion of the elongate needle should be a little bit different according to individual

conditions of the patients because the therapeutic effect is produced by means of the direction-limited penetration so as to cause a deep channel conducting.⁷ YUAN Ming-ze treated 36 cases of PD with each of the points punctured by several needles. The main point was: Zhongji (CV 3), the adjunct point was: Zusanli (ST 36). The main point was punctured first with a needle quickly inserted, and manipulated with the lifting-thrusting reducing method to make the needling sensation radiating to the pudendum; then 5–6 needles were inserted obliquely or horizontally around with the needles retained for 30 min, followed by moxibustion with 10 moxa cones. The treatment started 3 days before the menstrual period. The adjunct point Zusanli (ST 36) is to show the effects of nourishing the source *qi* and blood, activating *qi* to check pain, and raising immunity. And the combined use of Zusanli (ST 36) with Zhongji (CV 3) may enhance the pain-checking effect.⁸

Auricular Acupuncture

ZHANG Mei-li and others treated 36 cases with auricular electroacupuncture. The main auricular points: Uterus, Ovary, Endocrine, and Sympathetic Nerve. For those with accumulation of cold-damp, Subcortex and Spleen were added; for stagnation of liver-*qi*, Liver, Spleen and Lower Abdomen were added; for deficiency of both the liver and kidney, Liver, Kidney and Ear-Shenmen were added; and for stagnation of *qi* with blood stasis, Stomach, Lower Abdomen, Perineum 1 and Perineum 2 were added. The treatment was given during the attack of dysmenorrhea for 3 consecutive days, with electroacupuncture on the two auricular points of Uterus and Ovary. In most of the patients, the pain was obviously alleviated or disappeared in 2 min. The mechanism of this therapy was to give regulation and repair to the body by means of the biotic broad-controlling function.⁹ WANG Wan-dan treated 164 cases of dysmenorrhea (including 79 PD cases) with auricular acupuncture. The bilateral auricular points of Uterus were punctured with the needles inserted 0.2–0.3 cm deep, and retained for 20 min,

during which the twirling reducing manipulation was given twice, each for 2 min. in a 10-min interval. The total effective rate was 97.6%.¹⁰

Acupoint Injection

LIU Ya-li treated PD by acupoint-injection at bilateral Sanyinjiao (SP 6) with vitamin K₃. The syringe needle was quickly inserted into the point, followed by a gentle twirling. When there appeared soreness, distending or radiating needling sensation, 4 mg of vitamin K₃ was injected into each point. It was found that the acupoint-injection therapy showed a better therapeutic effect than that of the conventional acupuncture. Vitamin K₃ can be used for checking hemorrhage and pain, and is antagonistic to the prostaglandin (F₂α)-induced strong contraction of the uterine muscles, showing a marked analgesic effect in a short time.¹¹ SHEN Hong-yun, et al. treated 30 PD cases (including 13 cases with stagnation of *qi* and blood) by acupoint-injection combined with other acupuncture and moxibustion therapies. Shiqizhui (EX-B8) was selected, which is located in the depression between the 5th lumbar vertebra and the first sacral vertebra. 2ml salvia injection (复方丹参注射液) was drawn into the syringe, and the needle was inserted into the point 2 cm deep. Upon appearance of the needling sensation, 1 ml of the injection was injected into the point, and with 1 ml infused around the point. For those with stagnation of *qi* and blood, acupuncture at Taichong (LR 3) with the reducing method was added, and the needle was retained for 30 min. For accumulation of cold-damp, cupping on Shenshu (BL 23) for 10 min. and mild moxibustion on Shenshu (BL 23) for 10 min were applied. For deficiency of both the liver and kidney, mild moxibustion was applied on Guanyuan (CV 4) for 10 min. The point Shiqizhui (EX-B8) is an empirical point for treating dysmenorrhea. Giving salvia injection there can yield the effects of dredging the channels and collaterals, and promoting blood circulation to check pain, which is a symptom-relieving method for PD patients.¹² LIU Xing-dong treated 39 stubborn cases of PD with

the point-injection therapy. The points selected were Diji (SP 8), Ciliao (BL 32), Ganshu (BL 18), and Shenshu (BL 23). Each point was injected with 1ml of 10% angelic injection (当归注射液). The total effective rate was 94.9%. Acupuncture at Diji (SP 8) can regulate channel-*qi* of the Spleen Channel to check pain; and acupuncture at the points of Bladder Channel can dredge the channel, regulate menstruation, and promote blood circulation to check pain.¹³

Moxibustion Therapy

WANG Gui-zhu, et al. treated 120 PD cases by moxibustion therapy. For stagnation of *qi* with blood stasis, Guanyuan (CV 4), Taichong (LR 3) (bilateral) and Sanyinjiao (SP 6) (bilateral) were selected; for deficiency of *qi* and blood, Sanyinjiao (SP 6) (bilateral), Qihai (CV 6), Guanyuan (CV 4) and Yaoyangguan (GV 3) were selected. The moxa stick was kept 1–2 cm apart from the skin of point, 5-min moxibustion for each point. The treatment was given once daily. After the treatment, patients with disappearance of the pain for 3 menstrual cycles covered 33.3%.¹⁴ WANG Zhao-jing treated PD patients by moxibustion with moxa cones at Diji (SP 8). When the patient felt alleviation of the pain, moxibustion with 5 more moxa cones was continued to consolidate the therapeutic effect. The method can make the warmth produced by moxibustion directly reach the deeper part, so as to invigorate spleen-*yang*, eliminate cold, warm the channels, and promote free flow of blood. Diji (SP 8) is a *Xi* (cleft) point of the Spleen Channel, and can treat acute diseases.¹⁵ LU Ying-xiang used *Zhuang* moxibustion with No.2 medicinal thread plus external application of herbal medicine in the treatment for 37 PD cases. The points selected: Qihai (CV 6), Zhongji (CV 3), Chengshan (BL 57), and Sanyinjiao (SP 6). For PD accompanied with vomiting, Neiguan (PC 6) and Zusanli (ST 36) were added. One cone of the medicinal thread was applied for each point in each treatment. The moxibustion began 1 week before the menstrual period, given once daily, which lasted till the

menstrual period finished. The patient received the treatment for 3 menstrual cycles. The Chinese herbs for external application contained Chuanxiong (川芎 *Rhizoma Chuanxiong*), Ai Ye (艾叶 *Folium Artemisiae Argyi*), Ru Xiang (乳香 *Olibanum*), Mo Yao (没药 *Myrrha*), Dang Gui (当归 *Radix Angelicae Sinensis*), Chi Shao (赤芍 *Radix Paeoniae Rubra*), Xiang Fu (香附 *Rhizoma Cyperi*), Yan Hu Suo (延胡索 *Rhizoma Corydalis*), Bai Shao (白芍 *Radix Paeoniae Alba*), and Xi Xin (细辛 *Herba Asari*). The external application began 3 days before the menstrual period and stopped when the period finished. The total effective rate was 94.6%.¹⁶ DENG Qiu-mei gave differential treatment for puberal dysmenorrhea with the *Zhuang* moxibustion with medicinal thread. The moxibustion started 1–2 days before the menstrual period, once daily, and stopped when the period finished. The main points: Xiaguanmei (下关梅), Sanyinjiao (SP 6), and Taichong (LR 3). The location of Xiaguanmei: 0.5 *cun* below Guanyuan (CV 4) was taken as the centre, to which 1 *cun* upward, downward, left and right, altogether 4 points. For the excess syndrome, Hegu (LI 4), Zhongji (CV 3), Ciliao (BL 32) and Dijì (SP 8) were added; for the deficiency syndrome, Qichong (ST 30), Shenshu (BL 23), and Zusanli (ST 36) were added; and for the mixed syndrome of both excess and deficiency, Xuehai (SP 10), Xingjian (LR 2), Shenshu (BL 23) and Zusanli (ST 36) were added. The total effective rate was 96.1%.¹⁷

WANG Song-mei, et al. treated 48 PD cases with indirect moxibustion on Shenque (CV 8) with herbs. Equal dose of Lu Rong (鹿茸 *Cornu Cervi Pantotrichum*), Xiang Fu (香附 *Rhizoma Cyperi*), Rou Dou Kou (肉豆蔻 *Semen Myristicae*), Bu Gu Zhi (补骨脂 *Fructus Psoraleae*), Mu Xiang (木香 *Radix Aucklandiae*), Dang Gui (当归 *Radix Angelicae Sinensis*), Chuan Xiong (川芎 *Rhizoma Chuanxiong*), Wu Yao (乌药 *Radix Linderae*), Xiao Hui Xiang (小茴香 *Fructus Foeniculi*) and Bing Pian (冰片 *Borneolum Syntheticum*) were mixed together and ground into powder to be used for the indirect moxibustion, which started 1 week before the

menstrual period and stopped on the 3rd day of the period. In the moxibustion treatment, a moxa cone was burned over the medicinal powder that was put on Shenque (CV 8). 3–5 moxa cones were used for each treatment, 10 sessions constituting one therapeutic course. It was found that after treatment, the content of PGF₂α in the menstrual blood and the content of plasma oxytocin (OT) during the menstrual period were decreased markedly, indicating that the mechanism of indirect moxibustion for treatment of PD was to regulate the abnormal levels of PGF₂α and plasma OT.¹⁸ SUN Li-hong, et al. treated 42 PD cases. They used indirect moxibustion with salt and ginger on points Shenque (CV 8) and Guanyuan (CV 4). Salt was first put on the point, then ginger piece was put over the salt; and over the ginger piece a big moxa cone was burned. The total effective rate was 95.24%.¹⁹

Cupping Therapy

GE Shu-han, et al. treated 98 PD cases with the combination of acupuncture and cupping. The main point: Guanyuanshu (BL 26). The adjunct points: Sanyinjiao (SP 6) for the excess syndrome, and Guanyuan (CV 4) for deficiency syndrome. The total effective rate was 94.9%, before the treatment the level of PGF₂α in the menstrual blood of the PD patients was obviously higher than the normal range; after the treatment, the level of PGF₂α of the PD patients was nearly normal. It is suggested that the above mentioned method can regulate the secretion of PGF₂α, thus relieving spasmodic contraction of the uterus to stop pain.²⁰ LIU Cai-lan adopted the turning cupping method on Zhongji (CV 3) and Xuehai (SP 10) for treatment of this disease,²¹ yielding good therapeutic results.

Comprehensive Acupuncture and Moxibustion

XIONG Xiu-rong, et al. treated 68 PD cases with acupuncture and moxibustion. The control group took pain-killers, three times a day, and 0.5 g each time. The therapeutic effect in the treatment group was obviously superior to that of the control group. The points selected: Guanyuan (CV 4) and Sanyinjiao (SP

6) (bilateral). The needles were retained for 30 min, during which the needles were manipulated to enhance the stimulation every 10 min. After withdrawal of the needles, indirect moxibustion with fresh ginger was applied on Guanyuan (CV 4), with 3 moxa cones (each about 1.5 g) consecutively used. The treatment started 1 week before the menstrual period. The total effective rate was 97.06%.²² ZHANG You-sheng treated 48 PD cases with warm-needling. Sanyinjiao (SP 6) was selected as the main point. For accumulation of cold and damp, Shenshu (BL 23), Shuidao (ST 28), Diji (SP 8) and Zhongji (CV 3) were added and punctured with the even method. For deficiency of both the liver and kidney, Ganshu (BL 18), Shenshu (BL 23), and Qichong (ST 30) were added and punctured with the reinforcing method. For deficiency of *qi* and blood, Baihui (GV 20), Qihai (CV 6) and Zusanli (ST 36) were added and punctured with the reinforcing method. And for stagnation of *qi* with blood stasis, Zhongji (CV 3), Taichong (LR 3) and Yanglingquan (GB 34) were added and punctured with the reducing method. For warm-needling, moxa stick was used for all the points.²³ HU Nai-xiang treated 28 cases of dysmenorrhea with medicinal paste the vesiculation moxibustion therapy. Yi Mu Cao (益母草 *Herba Leonuri*), Xiang Fu (香附 *Rhizoma Cyperi*), Dang Gui (当归 *Radix Angelicae Sinensis*), Chuan Xiong (川芎 *Rhizoma Chuanxiong*) and Mu Xiang (木香 *Radix Aucklandiae*), each 10 g, were mixed and ground into powder, which were mixed with water into paste. The medicinal paste was applied on bilateral Sanyinjiao (SP 6), Shenshu (BL 23) and Ciliao (BL 32), once daily, for 40 min. For the vesiculation moxibustion therapy, a thin cake of monkshood with a burning moxa cone put in its center was placed on point Zhongji (CV 3), which lasted several hours to make the local skin form blister. The cure rate was 89.3%.²⁴ BI Wei-lian, et al. treated 77 PD cases with thread-embedding and warm-needling. The points selected for thread-embedding: T₆ (on the upper border of the spinous process of the 6th thoracic vertebra), L₁ (on the upper

border of the spinous process of the 1st lumbar vertebra), L₄ (on the upper border of the spinous process of the 4th lumbar vertebra). The vertebral spinal-point-thread-embedding therapy was given once 7–10 days before the menstrual period. The points selected for warm-needling: Guanyuan (CV 4), Zhongji (CV 3), Tianshu (ST 25) and Sanyinjiao (SP 6). The warm-needling started from the 2nd day of the vertebral thread-embedding to the beginning of menstrual period. The total effective rate was 92.2%.²⁵ RAO Yan-qiu treated 19 PD cases with indirect moxibustion and auricular seed-embedding. The method: The ginger juice was smeared along the Governor Channel from Mingmen (GV 4) to Yaoshu (GV 2); the medicinal powder made from Dingxiang (丁香 *Flos Caryophylli*) and Rou Gui (肉桂 *Cortex Cinnamomi*) was spread on this section, and covered by a piece of mulberry paper; the ginger powder was put on the paper over the points; and then the moxa wool was put over the ginger powder, and lighted from both ends. The finished burning of the moxa wool was taken as one moxa cone. The indirect moxibustion therapy should use 5–11 such moxa cones each time. After that, auricular seed-embedding was applied on Uterus, Endocrine, Sympathetic Nerve and Subcortex. The indirect moxibustion was given once 7–10 days before each menstrual period, for 3 menstrual cycles as one therapeutic course.²⁶

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