世界针灸学会联合会标准

WFAS 006.9—2023

针灸技术操作规范
拔罐

Technical benchmark of acupuncture and moxibustion—Cupping

2023-10-09 发布 2023-12-31 实施

世界针灸学会联合会 发布

Contents

目　　次

Foreword

This document is developed in accordance with the technical procedures and rules established by the Standardization Working Committee of the World Federation of Acupuncture-Moxibustion Societies.

This document is endorsed and published by the World Federation of Acupuncture-Moxibustion Societies.

The drafting organization of this document: Tianjin University of Traditional Chinese Medicine, Institute of Acupuncture and Moxibustion, China Academy of Chinese Medical Sciences, Shanghai University of Traditional Chinese Medicine, Yueyang Hospital of Integrated Traditional Chinese and Western Medicine, Shanghai University of Traditional Chinese Medicine.

Members of the drafting panel of this document: Ze-lin Chen, Yi Guo, Dan Li, Xiao-dong Wu, Hua-yuan Yang, Yi Yang, Xue Zhao, Gui-rong Dong, Bin Xiao, Yang Guo, Bo Chen, Yi-nan Gong, Hai-yan Ren, Wei Zhai.

Members of the expert committee of this document: Bao-yan Liu (China), Xue-min Shi (China), Long-xiang Huang (China), Xiang-hong Jing (China), Jian-qiao Fang (China), Fan-rong Liang (China), Shu-zhong Gao (China), Hong Zhao (China), Zhen Sang (China), Xiao-ting Xu (China), Jun Yang (China), Jing-sheng Zhao (China), Bai-xiao Zhao (China), Wei-hong Liu (China), Jing-chun Pei (China), Xiao-ning Yuan (Canada), Ono Tyson (Japan), Yu-chen Zhou (Australia), Kun Yu (Canada), You Changhee (Korea), Chong Jiaying (Malaysia), Duy Duc Pham (Vietnam), Liu Yang (England), Osamah Mohammed Albarikan (Saudi Arabia), Yong-ming Li (America), Jing-jing Wang (China), Ji-ping Zhao (China), Jia Liu (China), Hao-ran Chu (China), Jun Yuan (China), Zhao-feng Li (China), Jing Li (China), Rui-jie Ma (China), Fu-chun Wang (China), Tie Li (China), Daisuke Watanabe (Japan), An-ren Zhang (China), Rong-jiang Jin (China).

The development of this document is funded by the National Key Research and Development Program of the Ministry of Science and Technology of the People's Republic of China, under the project Development of International Clinical Guidelines, Technical Operation Specifications and Service Standards for Acupuncture & Moxibustion (No.2019YFC1712200) and its sub-project Development of International Technical Benchmark of Acupuncture and Moxibustion (No. 2019YFC1712204).

Please note that some of the contents of this document may involve patents. The issuing organization of this document does not assume the responsibility for identifying patents.

Introduction

Cupping is a common therapy of world traditional medicine, which is widely used. Operating standards are required for clinical applications to reduce adverse events and to improve the safety of cupping therapy.

The purpose of this document is to standardize the technical operation of cupping to ensure the safe application of cupping, to improve the clinical efficacy of cupping therapy, and to promote international exchange and cooperation of cupping therapy.

This document is available for personnel applying cupping therapy worldwide.

Technical benchmark of acupuncture and moxibustion—Cupping

1 Scope

This document specifies the terminology and definitions, operational procedure and requirements, precautions, safety requirements and other specific content of cupping.

This standard applies to the operation of cupping therapy.

2 Normative references

The content of following documents constitutes an essential provision of this document by means of normative references in the text. For dated references, only the edition corresponding to that date applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

WFAS 006.7—2023, *Technical benchmark of acupuncture and moxibustion—Filiform needle*

ISO 19611:2017, *Traditional Chinese medicine—Air extraction cupping device*

ISO/TR 20520:2018, *Traditional Chinese medicine—Infection control for acupuncture treatment*

ISO 22213:2020, *Traditional Chinese medicine—Glass cupping device*

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

WHO international standard terminologies on traditional medicine in the Western Pacific Region (2008):

—https://apps.who.int/iris/handle/10665/206952

3.1
cupping devices

Instruments made of certain materials such as glass, plastic, bamboo, ceramics, rubber or animal horns and can be sucked on body surface.

3.2
cupping therapy

An external treatment that uses cupping device as tools. By means of heat, suction or steaming to create localized negative pressure, the cup is sucked on acupoints or certain body parts, to adjust body function and prevent diseases.

3.3
fire cupping

A suction method that uses fire to obtain negative pressure inside the cupping device.

3.4
boiling cupping

A suction method that use steaming or boiling to obtain negative pressure inside cupping device.

3.5
suction cupping

A suction method that use air pump to obtain negative pressure inside the cupping device.

4 Operation steps and rules

4.1 Preoperative preparation

4.1.1 Cupping devices

4.1.1.1 Choosing appropriate cupping devices according to different operation parts and operating methods.

4.1.1.2 The external surface of cupping device shall be intact without rupture, the edge should be smooth without cracks or burrs.

4.1.1.3 The quality of air-extraction cupping device shall meet standard of ISO 19611:2017; the quality of glass cupping device shall meet standard of ISO 22213:2020. The category of cupping device could be found in Annex A.

4.1.2 Postural selection

Choose a postural position that is comfortable and easy to maintain for patients and easy to manipulate for the practitioners.

4.1.3 Operation parts selection

The appropriate operation part is selected according to the patient's body condition, generally parts with rich muscle that is easy for manipulation.

4.1.4 Disinfection

4.1.4.1 Cupping device disinfection

4.1.4.1.1 The material of cupping device, the application method of cupping and the purpose of cupping should be taken into account in choosing the appropriate disinfection method. The common disinfection methods include scrubbing disinfection, steam disinfection and immersion disinfection:

a) for scrubbing disinfection, 75% ethanol cotton balls are applied to scrub on the surface;

b) steam disinfection is done with a pressure of 100 kPa and a temperature of 120 ℃;

c) chlorine disinfection solution or disinfection solution that meets the disinfection requirements of the country or region is applied in immersion disinfection.

4.1.4.1.2 The sterilization of apparatus should meet the infection control requirements of the country or region where it is located.

4.1.4.1.3 The personalized apparatus or disposable apparatus are optional.

4.1.4.2 Practitioners disinfection

4.1.4.2.1 The practitioners should clean their hands before cupping manipulation.

4.1.4.2.2 When applying collateral pricking and cupping, contact with the recipient's blood should be avoided and the practitioners are advised to wear disposable sterile gloves. The disinfection of practitioners' hands should meet criteria of 4.1.1 and 4.1.2 in ISO/TR 20520:2018.

4.1.4.3 Operation parts disinfection

4.1.4.3.1 The skin of operation parts should be kept clean.

4.1.4.3.2 75% medical ethanol or iodophor cotton ball should be used for disinfection in collateral pricking and cupping, and needle retention associated with cupping. The disinfection should meet the criteria of 4.2 in ISO/TR 20520:2018.

4.1.5 Environmental requirements

4.1.5.1 The operating environment should be clean and sanitary, the temperature should be appropriate.

4.1.5.2 The environment should be conducive to protecting the privacy of the patient.

4.1.5.3 In application of cupping by fire, attentions should be paid to the safety requirements for using fire.

4.1.5.4 Patients need to be protected from the wind in cupping therapy.

4.2 Operation methods

4.2.1 Suction method

4.2.1.1 Fire-twinkling method

Hold the cupping device in one hand with the edge angled toward the operation part, and with the other hand, light the igniter and reach into the bottom of the cupping device, rotate it for 1 to 2 turns quickly or straight in and out, and then press the cupping device to the operation part quickly so that it can be sucked firmly. The ignition stick containing 95% or 75% ethanol or 95% or 75% ethanol cotton balls held in a hemostatic clamp are usually used as the igniter.

4.2.1.2 Air-extraction method

A cupping device is placed on the operation part and then the air inside is extracted by the air pump, so the cupping device is sucked to the operation part firmly.

4.2.1.3 Boiling cup method

The bamboo cupping device are boiled in hot water or prescribed herbal decoction, and then taken out with a pair of tweezers clamping on the bottom. Practitioners are supposed to cover the mouth of cupping device quickly with several layers of towel to absorb water or decoction inside the cupping device, and when the temperature of the edge is tolerable, the cupping device will be pressed to the operation part, usually press for a few seconds to tens of seconds, so that it is firmly sucked.

4.2.2 Post-cupping operations

4.2.2.1 Retained cupping

Leaving the cupping device on skin for a certain period of time before removing the cupping device. The duration of cupping and frequency of cupping treatment could be found in Annex B.

NOTE The retained cupping method is also known as the dry cupping method in some countries or regions.

4.2.2.2 Flash cupping

Using flash-fire method to suck the cupping device on operation part, then remove it, then suck the cupping device back, then remove it, until the local skin flush, or performing Flash cupping for 1 to 5 minutes. The frequency of flash cupping is generally 10 times/min to 30 times/min.

4.2.2.3 Slide cupping

Prior to the treatment, lubricating agent (such as scrapping oil, Vaseline, safflower oil, essential oil, medical glycerin, liquid paraffin, emollient cream, coupling agent, etc.) is put on the operation part, then the cupping device is sucked to the skin using flash-fire method. The practitioner holds the cupping device body with single or both hands and move it back and force in certain route repeatedly, until the skin flushed or congested.

4.2.2.4 Needle retention associated with cupping

After the reaction of obtaining qi sensation of filiform needle therapy, a cupping device is sucked to the place where the filiform needle is retained for a certain time and then the cupping device and needle are removed. The retaining time and treatment frequency could be found in Annex B. The manipulation of filiform needle should comply with the criteria of WFAS 006.7—2023.

4.2.2.5 Pricking-cupping bloodletting method

Pricking the skin to bleed with a three-edged needle, cutaneous needle, lancet or injection needle in a certain area, and then performing retained cupping. After removing the blood inside the cupping device, practitioners could perform retained cupping and removal of cupping device repeatedly. Finally, sterilized dry cotton balls or band-aids are used to protect the needle holes.

NOTE Collateral pricking and cupping is also known as wet cupping in some countries or regions.

4.2.3 Removal of the cupping device

4.2.3.1 Removal of regular cupping device

On removal, hold the cupping device with one hand and press the skin beside the edge of the cupping device with thumb or index finger of the other hand, to create a gap between the cupping device and skin, so that air enter into the cupping device and the cupping device could be removed.

4.2.3.2 Removal of suction cupping device

On removal, pull the valve on the cupping device so that air enter into the cupping device and the cupping device could be removed. Air-extraction cupping device could also be removed as regular cupping device.

4.3 Postoperative treatment

4.3.1 Operation part

4.3.1.1 Discomfort in operation part: discomfort in operation part is mostly manifested as local tension, soreness, heat and itchiness, and the discomfort could be relieved by gentle touch of the operation part after removal of cupping device.

4.3.1.2 Sha-eruption: sha-eruption, ecchymosis and petechiae are normal reaction after cupping, which will disappear after several days with no special management.

4.3.1.3 Water vapor and water droplets: water vapor and water droplets on operation part could be dried with disinfected dry cotton balls or clean paper towels.

4.3.1.4 Blisters: small blisters on operation part need no further treatment to be absorbed, and for bigger blisters, disposable filiform needles could be used to puncture into blisters and release inner liquid. Then sterilized dressing could be applied to cover the blisters, while disinfector should not.

4.3.2 Waste disposal

4.3.2.1 Non-infectious waste such as disposable cupping apparatus should be safely packaged and properly disposed.

4.3.2.2 Infectious waste such as needles and blood should be properly disposed according to the requirements of infection control in the country and region.

4.4 Precautions of operation

4.4.1 Before treatment

4.4.1.1 The practitioner should inform the patient in advance of the reactions and potential risks of cupping therapy，such as sha spots，local discomfort，hematoma or blisters，and only after obtaining the patient’s informed consent should cupping be performed.

4.4.1.2 If the operation part is hairy and affects the operation，the operation part could be shaved with the consent of the patient.

4.4.2 Under treatment

4.4.2.1 Patients should not change postural positions to prevent cupping device from falling off.

4.4.2.2 The practitioner should pay attention to mental state of the patient，and treatment should be terminated if there is excessive tension or fear.

4.4.2.3 The ethanol content in cotton balls should be appropriate to avoid burns.

4.4.2.4 The practitioner should pay attention to temperature of cupping device mouth to avoid burns.

4.4.2.5 If there is severe local pain during cupping treatment，it is advisable to reduce the pressure by releasing the air，or immediately remove the cupping device.

4.4.2.6 It is not allowed to remove the cupping device by pulling forcefully to avoid damage of skin.

4.4.3 After treatment

4.4.3.1 The practitioner should take proper records of cupping treatment.

4.4.3.2 The patient should be advised to avoid suffering from wind and cold after cupping. After collateral pricking and cupping，the needle hole should be protected from infection and should not be wetted with water within 24 hours；the needle hole should not be wetted with water within 2 hours after retaining needle and cupping.

5 Safety

5.1 Contraindications

5.1.1 People with contraindications：

a) people with hypoglycemia, intoxication, cachexia, convulsions, high pressure and uncooperative people are prohibited from cupping therapy;

b) patients wearing pacemakers and other precision metal implants are prohibited from electric and magnetic cupping therapy.

5.1.2 Contraindicated diseases:

a) patients with thrombocytopenic violet scar, hemophilia and other blood clotting disorders are prohibited from cupping therapy;

b) patients with anemia are prohibited from extensive bloodletting puncturing and cupping;

c) patients with highly allergic skin are prohibited from cupping therapy;

d) patients with unexplained acute and critical illnesses are prohibited from cupping therapy.

5.1.3 Unsuited operation parts:

a) cupping therapy is prohibited on parts of unexplained skin tumors, excessive skin scarring, and large skin ulcers;

b) cupping therapy is prohibited on acute traumatic fracture part;

c) cupping therapy is prohibited on waist and abdomen part of pregnant women;

d) cupping therapy is prohibited on severe edema parts;

e) cupping therapy is prohibited on eyes, ears, mouth, nose and other five orifices;

f) cupping therapy is prohibited on apical region, body artery pulsation and varicose veins.

5.1.4 Unsuited practitioners: practitioners with infectious diseases are prohibited from performing cupping.

5.2 Adverse reactions

5.2.1 Fainting

5.2.1.1 Symptoms

Dizziness, pale face, nausea and vomiting, shortness of breath, panic and palpitations, chills in the extremities, drop in blood pressure; and in severe cases, blue lips and nails, coma.

5.2.1.2 Managements

Remove all the cupping device immediately and ask patients to rest with head down and feet up until the symptoms are relieved.Patients could drink a moderate amount water，put sugar cube in mouth，and have acupoints（such as GV26 and PC6）pinched.

5.2.1.3 Precautions

The precautions are：

a） patients should choose a comfortable postural position for treatment，and for those who are nervous，practitioners should make propriate explanation to eliminate patients’ fear；

b） patients who receive cupping therapy for the first time，shorter treatment time，milder negative pressure and lying position should be applied，and patients’ reactions should be observed all the time；

c） practitioners should pay attention to observation and communicating，for patients who are hungry or extremely tired，cupping therapy should be applied after eating and resting.

5.2.2 Hematoma

5.2.2.1 Symptoms

Excessive bruising and swelling under the skin after removal of cupping device.

5.2.2.2 Managements

General hematoma could subside without treatment.If the hematoma is relative hard and not subside over 48 hours，hot compresses could be applied to promote local absorption of hematoma.

5.2.2.3 Precautions

The negative pressure and retaining time should be controlled within certain range on operation part with soft tissue or rich vessels.

5.2.3 Burns and scald

5.2.3.1 Symptoms

Burns are mostly due to ethanol dripping and scald overheating cupping device，the generally symptoms include reddening or blisters.

5.2.3.2 Managements

Cold compresses or rinse should be applied immediately, generally for about half an hour. In severe cases, consultant with burns specialist is necessary.

5.2.3.3 Precautions

The precautions are:

a) the practitioners should pay attention to temperature control of lip of cupping, in flash-fire and boiling cupping;

b) the practitioners should pay attention to ethanol content in cotton balls to avoid ethanol dripping in fire-flash cupping;

c) the practitioners should pay attention to the flammability of ethanol in cupping with fire.

5.2.4 Blisters

5.2.4.1 Symptoms

After cupping, blisters of varying sizes appear at the operation part.

5.2.4.2 Managements

Refer to 4.3.1.

5.2.4.3 Precautions

The precautions are:

a) the retaining time and negative pressure inside cupping device should be controlled; if the blister is seen as a therapeutic response, blisters could be obtained by prolonging the retaining time, increasing the negative pressure inside the cupping device and choosing a suitable operation part;

b) transparent cupping device are recommended to observe whether there are blisters at any time.

5.2.5 Skin Damage

5.2.5.1 Symptoms

Skin laceration or damage on contact area of skin and mouth of cupping device .

5.2.5.2 Managements

No extra treatments for mild lesions, routine disinfection for severe lesion with sterilized gauze covering.

5.2.5.3 Precautions

The precautions are:

a) appropriate negative pressure inside the cupping device;

b) repeated cupping therapy is not advisable on the same operation part;

c) the selection of cupping device could be found in 4.1.1.

5.3 Qualifications of practitioners

In order to reduce the adverse effects and improve the efficacy of cupping, the practitioner's qualifications should be required, such as the minimum number of hours required to receive professional training in cupping, and special training requirements for certain specific cupping techniques. At the same time, the laws of different countries or regions should be considered for the application of specific cupping techniques.

The practitioners should have some basic anatomical knowledge of the human body and preferably knowledge of meridians and acupuncture points (e.g., the Twelve Regular Meridians, the Eight Extra Meridians, the Fifteen Collaterals and commonly used acupoints, especially those in the abdomen, back and waist).

Annex A
（informative）
Material of cupping devices

A.1 Horn cupping device：cupping device made of ox or sheep horns.

A.2 Glass cupping device：cupping device made of glass. Glass cupping device shaped like a ball with the lower end opening，the mouth is small and the body is big，the edge is slightly thick，smooth and turn outward.

A.3 Pottery cupping device：cupping device made of argil. Pottery cupping device have smaller ends，bigger body，which shaped like a waist drum.

A.4 Bamboo cupping device：bamboo cupping device are made of sturdy thin moso bamboo. The bottom and mouth of the cup is each made of one bamboo joint，and bamboo cupping device could be used in boiling cupping.

A.5 Plastic cupping device：plastic cupping device are made of plastic or plastic-based materials，shaped like a cylinder. There are transparent and non-transparent cupping device and they are mostly used in air-pump cupping.

A.6 Rubber cupping device：rubber cupping device are made of rubber，commonly shaped in flat cylinder，with slightly thicker body. Rubber cupping device are mostly used in squeezing cupping.

A.7 Lithoidal cupping device：cupping device made of natural stone，mostly bian stone and jade.

A.8 Composite cupping device：cupping apparatus with multiple extra functions，including electric cupping device，magnetic cupping device and far-infrared vacuum cupping device.

A.9 Electric cupping device：electric cup is a cupping apparatus combining heating，magnetic therapy and electroacupuncture therapy which possess adjustable negative pressure regulated by electricity.

A.10 Magnetic cupping device：magnetic cup is a cupping apparatus combining cupping and magnetic therapy.

A.11 Far-infrared vacuum cupping device：far-infrared vacuum cup is a cupping apparatus combining cupping and far-infrared heating.

Annex B
(informative)
Retaining time and treatment frequency

The general retaining time for adults is 5 min to 15 min. The retaining time and treatment frequency can be decided according to age, condition, physique and cupping application method, and can be flexible according to skin reaction and patient's constitution. For patients with allergic or delicate skin, the elderly and children the retaining time and treatment frequency should be reduced appropriately.

前　　言

本文件依据世界针灸学会联合会标准工作委员会制定的技术流程和规则研制。

本文件由世界针灸学会联合会(World Federation of Acupuncture-Moxibustion Societies，WFAS)归口并发布。

本文件起草单位：天津中医药大学、中国中医科学院针灸研究所、上海中医药大学、上海中医药大学附属岳阳中西医结合医院。

本文件主要起草人：陈泽林、郭义、李丹、武晓冬、杨华元、杨毅、赵雪、东贵荣、肖彬、郭扬、陈波、公一囡、任海燕、翟伟。

本文件专家委员会委员：刘保延(中国)、石学敏(中国)、黄龙祥(中国)、景向红(中国)、方剑乔(中国)、梁繁荣(中国)、高树中(中国)、赵宏(中国)、桑珍(中国)、徐晓婷(中国)、杨骏(中国)、赵京生(中国)、赵百孝 (中国)、刘炜宏(中国)、裴景春(中国)、袁晓宁(加拿大)、小野泰森(日本)、周俞辰(澳大利亚)、于坤(加拿大)、柳昌希(韩国)、CHONG JIA YING(马来西亚)、范维德(越南)、杨柳(英国)、Osamah Mohammed Albarikan(沙特)、李永明(美国)、王京京(中国)、赵吉平(中国)、刘佳(中国)、储浩然(中国)、袁军(中国)、李昭凤(中国)、李璟(中国)、马睿杰(中国)、王富春(中国)、李铁(中国)、渡边大辅(日本)、张安仁(中国)、金荣疆(中国)。

本文件的制定得到了中华人民共和国科技部-国家重点研发计划中医药现代化研究重点专项项目国际针灸临床实践指南、技术操作规范和服务标准的研制(项目编号：2019YFC1712200)中国际针灸技术操作规范研制(课题编号：2019YFC1712204)的基金支持。

请注意本文件的某些内容可能涉及专利。本文件的发布机构不承担识别专利的责任。

引　言

拔罐疗法是世界传统医学的共有技术，得到了广泛应用，在临床应用中需要有严格的操作规范，以降低不良事件发生率，提高拔罐疗法的安全性。

本文件的目的是通过规范拔罐的技术操作，以保障拔罐技术的安全应用，提高拔罐疗法的临床疗效，同时促进国际间的拔罐技术交流与合作。

本文件可供全球范围内开展拔罐疗法的相关人员使用。

针灸技术操作规范
拔罐

1 范围

本文件规定了拔罐的术语和定义、操作步骤与要求、操作注意事项、安全性要求等。

本文件适用于拔罐技术操作。

2 规范性引用文件

下列文件中的内容通过文中的规范性引用而构成本文件必不可少的条款。其中，注日期的引用文件，仅该日期对应的版本适用于本文件；不注日期的引用文件，其最新版本（包括所有的修改单）适用于本文件。

WFAS 006.7—2023　针灸技术操作规范　毫针

ISO 19611：2017　中医药　抽气拔罐器

ISO/TR 20520：2018　中医药 针灸治疗感染控制

ISO 22213：2020　中医药　玻璃拔罐具

3 术语和定义

下列术语和定义适用于本文件。

WHO 西太平洋地区传统医学名词术语国际标准（2008）：

——https：//apps.who.int/iris/handle/10665/206952

3.1

罐具　cupping devices

用一定材料如玻璃、塑料、竹子、陶瓷、橡胶或动物的角等制成的能吸拔于体表的器具。

3.2

拔罐　cupping therapy

以罐为工具，利用燃烧、抽吸、蒸汽等方法造成罐内负压，使罐吸拔于腧穴或体表的一定部位，达到调整机体功能、防治疾病目的的外治方法。

3.3

火罐法　fire cupping

用火获得罐内负压的吸拔方法。

3.4

水罐法　boiling cupping

用蒸汽、水煮等获得罐内负压的吸拔方法。

3.5

抽气罐法　suction cupping

通过抽吸装置获得罐内负压的吸拔方法。

4 操作步骤与要求

4.1 操作前准备

4.1.1 罐具选择

4.1.1.1 应根据操作部位、操作方法的不同选择相应的罐具。

4.1.1.2 罐体应完整无破裂,罐口边缘光滑无毛糙。

4.1.1.3 抽气罐应符合 ISO 19611:2017 的相关要求;玻璃罐应符合 ISO 22213:2020 的相关要求。罐具种类见附录 A。

4.1.2 体位选择

应选择受术者舒适且能持久保持、施术者便于操作的体位。

4.1.3 操作部位的选择及定位

应根据受术者的身体状态选取适当的拔罐部位,一般以易于吸拔、肌肉丰厚处为宜。

4.1.4 消毒要求

4.1.4.1 罐具消毒

4.1.4.1.1 宜考虑罐具的材质、拔罐的应用方法、应用目的选用相应的消毒方法。常用的消毒方法有擦拭消毒、蒸汽消毒、浸泡消毒:

a) 擦拭消毒常采用 75%乙醇棉球进行消毒;

b) 蒸汽消毒采用压力 100 kPa,温度为 120 ℃进行消毒;

c) 浸泡消毒采用含氯消毒液或符合所在国家或地区消毒要求的消毒液浸泡。

4.1.4.1.2 罐具的消毒应符合所在国家或地区的感染控制要求。

4.1.4.1.3 可选择个人专用罐具或一次性罐具。

4.1.4.2 施术者消毒

4.1.4.2.1 在进行拔罐操作之前,施术者应清洁双手。

4.1.4.2.2 应用刺络拔罐时,应避免接触受术者血液,施术者宜佩戴一次性无菌手套。施术者手部的消毒应符合 ISO/TR 20520:2018 中 4.1.1 和 4.1.2 的要求。

4.1.4.3 操作部位消毒

4.1.4.3.1 拔罐的部位应保持皮肤清洁。

4.1.4.3.2 使用刺络拔罐法、留针拔罐法时,应在施术部位用 75%乙醇或碘伏消毒。消毒应符合 ISO/TR 20520:2018 中 4.2 的要求。

4.1.5 环境要求

4.1.5.1 环境应卫生清洁,温度适宜。

4.1.5.2 环境应有利于保护受术者隐私。

4.1.5.3 使用火罐法吸拔时,应注意环境对用火的安全要求。

4.1.5.4 当患者接受拔罐治疗时,应注意避风。

4.2 操作方法

4.2.1 吸拔方法

4.2.1.1 闪火法

一手握住罐体,罐口斜向施术部位,另一手持点火器点燃后伸入罐内接近罐底处,快速旋转 1 圈～2 圈或直进直出,然后将罐迅速扣于应拔部位令其吸牢。点火器多用含 95％或 75％乙醇的点火棒或用止血钳夹住 95％或 75％乙醇棉球来充当。

4.2.1.2 抽气罐法

将抽气罐紧扣在施术部位,用抽气装置抽出罐内的部分空气,令其吸牢。

4.2.1.3 水煮罐法

将竹罐放入开水或根据医生处方配置的药液中煮至热透后,用镊子夹住罐底,将罐夹出后迅速用多层毛巾捂住罐口,以吸去罐内的水液或药液,待罐口温度降低至皮肤能承受时,将罐快速扣于施术部位,按压罐具,一般按压数秒至数十秒,令其吸牢。

4.2.2 吸拔后操作

4.2.2.1 留罐法

将吸拔在皮肤上的罐具留置一定时间后再取下罐具。留罐时间见附录 B。

注：留罐法在有些国家或地区又称为干罐法。

4.2.2.2 闪罐法

用闪火法将罐具吸拔于施术部位,随即取下,再吸拔,再取下,至局部皮肤潮红为度或闪罐 1 min～5 min。闪罐频率一般为 10 次/min～30 次/min。

4.2.2.3 走罐法

先于施术部位涂抹适量润滑剂(刮痧油、凡士林、红花油、精油、医用甘油、液体石蜡、润肤霜、耦合剂等),然后用闪火法将罐具吸牢后,单手或双手握住罐体,略用力将罐具沿一定路线反复推拉。以皮肤潮红或出痧为度。

4.2.2.4 留针拔罐法

在毫针针刺得气后,以针为中心拔罐,留置一定时间后起罐、起针。留罐时间见附录 B。毫针针刺应符合 WFAS 006.7—2023 的要求。

4.2.2.5 刺络拔罐法

用三棱针、皮肤针、采血针或注射针头在一定部位刺出血后,再行拔罐留罐法。可在清除罐中瘀血后,继续在原位反复多次留罐、起罐操作。最后可用消毒干棉球或创可贴保护针孔。

注：刺络拔罐法在有些国家或地区又称为湿罐法。

4.2.3 起罐方法

4.2.3.1 一般罐具的起罐方法

一手握住罐体使罐稍倾斜,另一手拇指或食指沿罐口边缘向罐口内按压,使罐口与皮肤之间产生空隙,空气进入罐内,即可将罐取下。

4.2.3.2 抽气罐的起罐方法

拨动抽气罐上方的活塞使空气进入罐内,罐具即可脱落。也可按一般罐具的起罐方法起罐。

4.3 操作后处理

4.3.1 拔罐部位的处理

4.3.1.1 局部不适感:局部不适感多表现为局部紧张感、酸痛感、热感、痒感。起罐后可轻抚拔罐部位,即可缓解。

4.3.1.2 痧斑:拔罐部位出现痧斑或瘀点、瘀斑,是拔罐的正常反应,可不予特殊处理,在数天后可自然消失。

4.3.1.3 水汽和水珠:拔罐部位出现的水汽、水珠,可使用消毒干棉球或干净纸巾擦干。

4.3.1.4 水泡:若拔罐部位出现的水泡较小时,可任其自然吸收。若水泡较大时,可用一次性针灸针刺破泡壁,放出泡液。可用无菌敷料覆盖保护。水泡区域不宜涂抹消毒剂。

4.3.2 废物处理

4.3.2.1 拔罐产生的一次性罐具等非传染性废物应安全包装,并及时妥善处置。

4.3.2.2 拔罐产生的针具、血液等传染性废物应根据所在国家和地区感染控制要求妥善处理。

4.4 操作注意事项

4.4.1 操作前

4.4.1.1 施术者应提前告知受术者拔罐疗法可能出现的反应,如痧斑、局部不适感、血肿、水泡、表皮破损及流水或出血等,属于正常治疗后的皮肤变化,在获得受术者的知情同意后方可进行拔罐操作。

4.4.1.2 拔罐部位若毛发较多影响操作,在征得受术者同意后,可剃去拔罐部位毛发。

4.4.2 操作过程中

4.4.2.1 拔罐吸拔后,受术者勿移动体位,以防罐具脱落。

4.4.2.2 施术者应注意观察受术者的精神状态,若有过度的紧张、恐惧应及时终止操作。

4.4.2.3 用于燃火的乙醇棉球,吸含乙醇应适量,以免造成烫伤。

4.4.2.4 闪罐法时,应注意罐口温度,以免造成烫伤。

4.4.2.5 拔罐过程中如果出现拔罐局部疼痛剧烈,宜减压放气,或立即起罐。

4.4.2.6 起罐操作时不应硬拉罐具,以免损伤皮肤。

4.4.3 操作后

4.4.3.1 施术者应做好与拔罐治疗相关的记录。

4.4.3.2 嘱受术者拔罐后适当避风寒。刺络拔罐后针孔部位应防止感染,24 h 内针孔不宜沾水;留针拔罐后 2 h 内针孔不宜沾水。

5　安全性要求

5.1　禁忌

5.1.1　禁忌人群：

a）低血糖、醉酒者、恶病质、抽搐、高度紧张及不合作者禁用；

b）佩戴心脏起搏器等精密金属植入物的受术者，禁用电罐、磁罐。

5.1.2　禁忌症：

a）血小板减少性紫癜、血友病等出凝血功能障碍者禁用；

b）贫血患者禁止大量放血；

c）皮肤高度过敏者禁用；

d）有不明原因的急危重症者禁用。

5.1.3　禁忌部位：

a）皮肤不明原因的肿瘤部位、皮肤瘢痕过大以及大面积的皮肤溃烂部位禁用；

b）急性外伤性骨折部位禁用；

c）孕妇腰腹部禁用；

d）重度水肿部位禁用；

e）眼、耳、口、鼻等五官孔窍部禁用；

f）心尖区、体表动脉搏动处及静脉曲张处禁用。

5.1.4　禁忌施术者：患有接触性传染性疾病者禁止操作。

5.2　不良反应

5.2.1　晕罐

5.2.1.1　表现

头晕目眩、面色苍白、恶心欲吐、呼吸急促、心慌心悸、四肢发凉、血压下降；严重者口唇、指甲青紫，神志昏迷。

5.2.1.2　处理措施

立即取下所有罐具，头低脚高位卧床休息至症状缓解；可适当给予饮水、含糖或掐按人中、内关等穴位。

5.2.1.3　预防方法

预防方法如下：

a）受术者选择自然舒适的体位，对于精神紧张者，施术者要做好解释工作，消除患者恐惧心理；

b）初次接受拔罐者，时间宜短，负压力宜小，选择卧位，随时注意观察受术者的反应；

c）施术者应注意观察和询问，对于饥饿或过度疲劳者，应待其进食休息后再进行拔罐治疗。

5.2.2　血肿

5.2.2.1　表现

起罐后皮下出现过度瘀血肿胀现象。

5.2.2.2 处理措施

一般血肿不做处理，可自行消退；若血肿较硬，超过 48 h 还未消散，可进行热敷，以促进局部血肿吸收消散。

5.2.2.3 预防方法

在组织松软处或血管丰富处应控制负压及留罐时间。

5.2.3 烧烫伤

5.2.3.1 表现

烧伤多为乙醇滴落，烫伤多为罐具过热，一般表现为局部皮肤变红或者出现水泡。

5.2.3.2 处理措施

立即冷敷或用冷水冲洗烧烫伤部位，一般以半小时左右为宜。烧烫伤面积较大较重时，请烧烫伤专科会诊处理。

5.2.3.3 预防方法

预防方法如下：

a） 闪罐法或水煮罐，应注意罐口温度的控制；

b） 闪火法时，点火前应检查棉球的乙醇吸附量，以乙醇不滴落为度；

c） 火罐法操作中，应注意乙醇的易燃性特点。

5.2.4 水泡

5.2.4.1 表现

拔罐后，拔罐部位出现大小不等的水泡。

5.2.4.2 处理措施

见 4.3.1。

5.2.4.3 预防方法

预防方法如下：

a） 留罐时间不宜过长，罐内负压不宜过大；若把水泡作为一种治疗反应，可以通过延长留罐时间、增加罐内负压和选择适宜的拔罐部位来获得水泡；

b） 建议使用透明罐具，便于随时观察有无水泡出现。

5.2.5 皮损

5.2.5.1 表现

罐口与皮肤接触部位出现皮肤裂伤或破皮。

5.2.5.2 处理措施

皮损较轻时可不予处理；皮损较重时常规消毒后，无菌纱布覆盖即可。

5.2.5.3 预防方法

预防方法如下：

a） 罐内负压不宜过大；

b） 不宜在同一部位过度反复拔罐；

c） 罐具选择见 4.1.1。

5.3 施术者资质

为减少拔罐不良反应，提高拔罐疗效，应对施术者的资质进行相应的要求，如接受拔罐专业培训的最低学时要求、某些特殊拔罐技术的专门培训要求。同时宜考虑不同国家或地区的法律对具体拔罐技术应用的限定条件等。

施术者应具有一定人体基本解剖知识，最好具有一定的经络腧穴知识（如十二正经、奇经八脉、十五络脉及常用腧穴，尤其是腹部、背腰部的腧穴）。

附　录　A
（资料性）
罐具材质

A.1　角罐：用牛角、羊角等加工制成。

A.2　玻璃罐：由玻璃加工制成。其形如球状，下端开口，口小肚大，口边微厚略向外翻而平滑。

A.3　陶瓷罐：由陶土烧制而成，罐的两端较小，中间外展，形如腰鼓。

A.4　竹罐：用坚固的细毛竹制成，一端留节为底、一端为罐口，可用于水罐法。

A.5　塑料罐：用塑料或以塑料为主的原料制成，形如圆筒状，有透明和不透明两种，多用于抽气罐法。

A.6　橡胶罐：以橡胶为原料制成，常见的有扁圆筒形，中间略粗，多用于挤捏罐法。

A.7　石质罐：由天然石材加工而成，多见砭石、玉石等材质。

A.8　复合罐具：在罐具基础上配合其他功能组合成的治疗罐具，通常包括电罐、磁罐、远红外真空罐等。

A.9　电罐：通过电获得可调节的负压，同时集温热、磁疗、电针等疗法为一体的一种拔罐器具。

A.10　磁罐：罐疗与磁疗相结合的一种拔罐器具。

A.11　远红外真空罐：罐疗与远红外发热装置结合制成的一种拔罐器具。

附　录　B
（资料性）
拔罐的留罐时间及治疗频率

成年人一般留罐时间为 5 min～15 min。留罐时间及治疗频率可根据年龄、病情、体质及拔罐应用方式等决定，同时可根据皮肤反应及受术者体质等灵活掌握。若肌肤反应明显、皮肤薄弱、年老与儿童则留罐时间及频率适当减少。