世界针灸学会联合会标准

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针灸技术操作规范
眼针

Technical benchmark of acupuncture and moxibustion—Periocular acupuncture

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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.

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Introduction

Traditional Chinese medicine culture has a long history and is an important part of the brilliant culture of the Chinese nation. It has played an important role in the development of the Chinese nation, and even the progress of world civilization. As an important part of traditional Chinese medicine, acupuncture and moxibustion is a medical technology based on Chinese culture. It is the wisdom and precious heritage of the Chinese nation, and one of the representative works of the intangible cultural heritage of mankind recognized by UNESCO. It is recognized by people all over the world because of its traditional advantages and characteristics such as simplicity, convenience, affordability and efficacy. Periocular acupuncture (short as PA) is an integral part of acupuncture and moxibustion. It originates from the classical theory of traditional Chinese medicine and has its own unique innovation. The core theory of PA contains the concept of " governing exterior to infer to the interior and recognizing the whole through observation of the part " in traditional Chinese medicine. It can help TCM practitioner make a quick and accurate diagnosis and provide effective treatments to diseases and syndromes and predict prognosis based on the relationship between the eyes and viscera and the meridians and collaterals, which should be inherited and passed on to the future physicians for the benefit of humanity.

Periocular Acupuncture (PA), also known as periocular acupuncture therapy, is a kind of microacupuncture therapy.It is a method of treating diseases by acupuncture and other stimulation in specific areas inside and outside of the orbit. Due to the particularity of the acupuncture site of PA, there is no unified safe operation standard in the world at present, which increases the rate of adverse events, seriously affects the efficacy and restricts its international communication and development. Therefore, the standardization of safe operation of PA is very important for its international development. The establishment of a safe operation system of PA can improve its efficacy and operational safety, and promote its international communication and development.The purpose of this standard is to reduce the risks of PA treatment, provide safe operation criteria for acupuncture providers and ensure the health and safety of acupuncture receivers.

Technical benchmark of acupuncture and moxibustion—Periocular acupuncture

1 Scope

This document defines procedures and safety of PA operation.

This document is applied to standardized operation of PA.

2 Normative references

There is no normative references in this document.

3 Terms and definitions

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

3.1

periocular acupuncture;PA

Method of acupuncturing and stimulating at specific acupoints inside and outside the orbit to treat diseases under the guidance of TCM theory.

4 Operation steps and rules

4.1 Preoperative preparation

4.1.1 Acupuncture provider's preparation

4.1.1.1 Understanding theory of PA: Mastering the anatomical structure of eyes, the theory of PA, and getting familiar with the application method. Periocular acupoints and zones see Annex A.

4.1.1.2 Understanding terminology of PA: Understanding the terminology of PA so as to ensure the safety of application.

4.1.1.3 Informing acupuncture receiver: Presenting the treatment plan and application process to the acupuncture receiver. Children under the age of 18 can not be treated without guardians' permission.

4.1.1.4 Mentality and posture: Acupuncture providers should stay relaxed (including relaxing the operating arm) to ensure standard operation.

4.1.2 Acupuncture receiver's preparation

Choose a seat or a supine position for acupuncture receiver's comfort and acupuncture provider's convenience. Acupuncture receiver should stay mentally relaxed and relax the muscles in the area to be treated. Lateral position should be avoided by the acupuncture receiver in case of eyeball malposition.

4.1.3 Needle preparation

4.1.3.1 Needle selection

4.1.3.1.1 Filiform needle: Use a disposable filiform needle with a diameter of 0.18 mm to 0.26 mm, and a length of 15 mm to 25 mm.

4.1.3.1.2 Intradermal needle: It is appropriate to use intradermal needles with a length of 0.3 mm to 0.6 mm, a diameter of 0.2 mm, and modified pine-needle tip needles without sensitized tape.

4.1.3.2 Needle check-up

Because of the abundant distribution of nerves and blood vessels around the eyes, needles with smooth needle body, free of rust and creases should be used, the needle handle should be firm, the needle point should be sharp without barb.

4.1.4 Sterilization

4.1.4.1 Needle sterilization

Disposable and sterile needles are required.

4.1.4.2 Acupoint sterilization

Use 70% or 75% alcohol or 0.5% to 1% iodophor cotton balls or cotton swabs should be used to sterilize the acupoint from center to outer line. Moderate humidity for cotton balls should be checked to avoid getting alcohol into the eyes.

4.1.4.3 Acupuncture provider's sterilization

The acupuncture providers should wash their hands with soapsuds, and then sterilize hands with 70% or 75% alcohol or 0.5% to 1% iodophor cotton balls.

4.2 Operation methods

4.2.1 Inserting the needle

4.2.1.1 Avoid the eyeball when inserting the needle. When operating in the upper orbital area, the acupuncture provider should use his or her index finger to keep the acupuncture receiver's eyeball downward. The acupuncture receiver's eyeball should be kept upward when being operated in the lower orbital area. Similarly, when operating in the inner canthus, the acupuncture receiver's eyeball should be kept in the opposite direction, and the acupuncture receiver's eyeball should be kept inward when being operated in the lateral acupuncture area. Avoid the eyebrow roots, local scars and blood vessels (front and rear sifter arteries, supraorbital artery, medial palpebral artery, dorsal nasal artery, supra-trochlear artery) to prevent needling difficulties or occurrence of acupuncture injury.

4.2.1.2 Using expanding inserting method, so as to reduce the resistance and subsidence depth.

4.2.1.3 The needle should be inserted steadily, accurately and quickly.

4.2.1.4 Due to the special structure around the eyes, the needle should be gently placed into the acupoint after piercing through the epidermis. Acupuncture provider should adjust direction and angle of the needle appropriately when resistance occurs.

4.2.1.5 Using horizontal insertion outside the orbital cavity or vertical insertion within the orbital cavity, needling depth should be less than 16 mm, and the needle should be inserted parallel to the orbit at 2 mm away from the inner edge of the orbit or vertically close to the inner edge of the orbit. Tilted needling is prohibited.

4.2.2 Retaining the needle

4.2.2.1 Violently movements of the head should be avoided when needles are retained and do not apply supplementary and diarrhea techniques during this period.

4.2.2.2 Children under 18 should be taken care of while the needles are retained.

4.2.2.3 The amount of time for retaining the needle should be decided based on the nature and duration of the disease, as well as physical strength of the acupuncture receiver. Length of the needle retention time can be prolonged for chronic, refractory, painful or spastic disease.

4.2.2.4 Withdraw the needle immediately if acupuncture receivers feel discomfort, and press the pinhole with a dry cotton ball.

4.2.3 Withdrawing the needle

Withdraw the needle gently with the thumb and index finger. Lift it with gently strength while rotating the needle, then withdraw it slowly. Quick and aggressive needle withdrawal should be prevented.

4.3 Postoperative treatment

Press the pinhole with a dry sterilized cotton ball for 1 minute to 3 minute. Stop pressing if there is no bleeding.

5 Safety

5.1 Accident handling

5.1.1 Pain

5.1.1.1 Mild pain will disappear automatically without any treatment.

5.1.1.2 Withdraw the needle immediately if acupuncture receiver feel severe pain.

5.1.2 Bleeding and hematoma

5.1.2.1 A small amount of bleeding will disappear automatically without any treatment.

5.1.2.2 If bleeding is too severe, manage with local cold compress to stop the bleeding within 24 hours. Then apply a hot compress to relieve local congestion and promote absorption after 24 hours.

5.1.3 Faint

5.1.3.1 For the acupuncture receiver who receives acupuncture for the first time, or for the receiver with excessive mental stress or a weak constitution, the acupuncture provider should make an in-depth explanation to eliminate concerns about acupuncture, choose fewer acupoints, and perform gentle manipulation. What's more, the acupuncture receiver should choose a suitable pose. A supine position is recommended.

5.1.3.2 Acupuncture should be performed after the acupuncture receiver has taken food and water or had a rest if he or she feels hungry, thirsty or tired.

5.1.3.3 Observe acupuncture receiver's condition and ask about his or her feelings in the process of acupuncture.

5.1.4 Infection

5.1.4.1 Apply anti-infection treatment according to the nature and degree of infection based on clinical manifestations.

5.1.4.2 The acupuncture provider and the acupoints should be strictly sterilized, and the use of disposable needles is recommended.

5.1.4.3 Avoid performing acupuncture if the area is infected.

5.1.4.4 If the pinhole is too big or bleeding occurs, press the pinhole with a sterile cotton ball to stop the bleeding.

5.1.5 Bending needle

5.1.5.1 If it is slightly bent, the needle should be lifted out slowly.

5.1.5.2 If the bending angle is too large, the needle should be lifted out along the bending direction.

5.1.5.3 If it is caused by the movement of acupuncture receiver's position, the acupuncture receiver should be slowly restored to the original position. After the local muscles are relaxed, the needle should be slowly lifted out.

5.1.5.4 The needle should not be pulled out forcefully to avoid breaking the needle body or leaving it in the body.

5.1.6 Broken needle

5.1.6.1 The acupuncture provider should calm down and comfort the acupuncture receiver.

5.1.6.2 Instruct the acupuncture receiver not to change the original position.

5.1.6.3 If the broken end of the needle body is exposed outside the skin, it can be taken out with fingers or tweezers. If the broken end is parallel with the skin, use the thumb and index finger of the left hand to squeeze both sides of the needle hole vertically to expose the broken end to the skin. Take it out of the skin with tweezers with the right hand. If the broken needle is completely subcutaneous, it should be taken out surgically.

5.2 Contraindications

5.2.1 Acupuncture receivers who tend to bleed easily.

5.2.2 Acupuncture receivers suffering with mental illness or restlessness.

5.2.3 Acupuncture receivers suffering with skin damage or infection around the eyes.

5.2.4 Acupuncture receivers who are allergic to metals.

5.2.5 Acupuncture receivers suffering with infectious diseases.

Annex A
（informative）
Periocular acupoints and zones

Periocular acupoints and zones see Figure A.1.

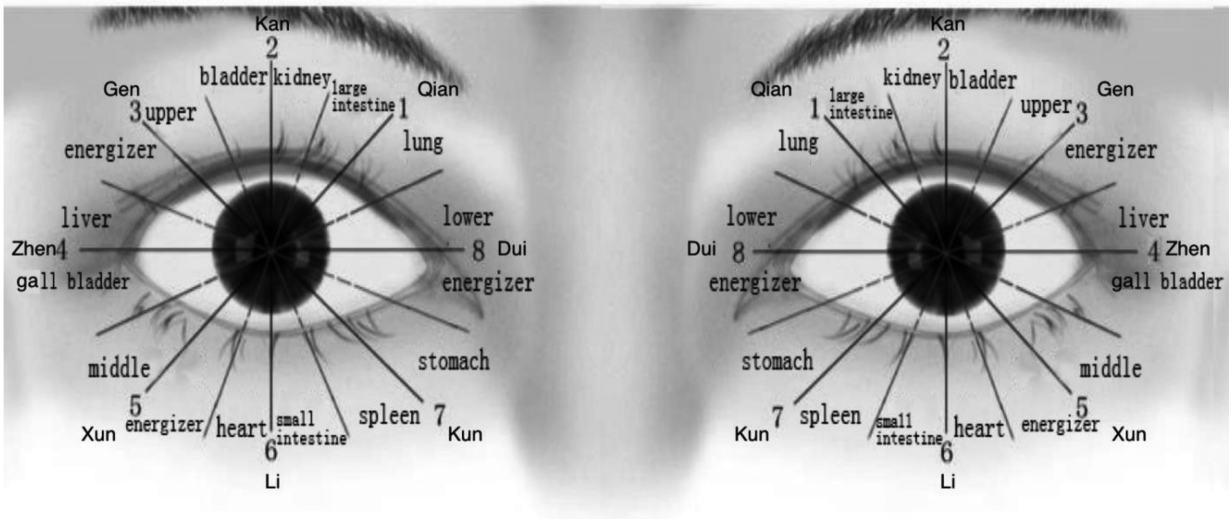

Figure A.1—Periocular acupoints and zones

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[1] GB/T 21709.15—2021，*Standardized manipulations of acupuncture and moxibustion—Part* 15：*Ophthalmic acupuncture techniques*

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。

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引　言

中医药文化源远流长，是中华民族优秀文化的重要组成部分，对中华民族的发展，乃至世界文明的进步起到了重要的作用。针灸学是中医学的重要组成部分，是基于中华文化而产生的医疗技术，针灸是中华民族的智慧结晶和宝贵遗产，是联合国教科文组织认定的人类非物质文化遗产代表作之一，因其具有简、便、廉、验等传统优势和特色，受到了全世界人民的认可和关注。眼针是针灸学的组成部分，其源于中医经典理论，而又具有独特的创新。眼针的核心理论蕴含了中医“司外揣内，见微知著”的理念，根据眼与脏腑、经络之间的联系，快速、准确地诊疗病证、判断预后，值得继承与发扬。

眼针又称眼针疗法，是在眼眶内外特定的穴区进行针刺等刺激以治疗疾病的一种微针疗法。由于眼针针刺部位的特殊性，现阶段国际上没有建立统一的安全操作标准，而使其不良事件的发生率增高，严重影响眼针疗效，制约其国际交流和发展。因此，眼针安全操作的标准化对于眼针走向国际至关重要，眼针安全操作体系的建立能够提高眼针的疗效及其操作安全性，促进眼针在国际上的交流和发展。本文件旨在降低眼周针刺治疗风险，为眼针施术者提供安全操作规范，确保接受眼针治疗者的健康和安全。

针灸技术操作规范
眼针

1 范围

本文件规定了眼针操作的步骤与要求、安全性要求等。

本文件适用于眼针操作。

2 规范性引用文件

本文件没有规范性引用文件。

3 术语和定义

下列术语和定义适用于本文件。

3.1

眼针 periocular acupuncture

以中医理论为指导，在眼眶内外特定的穴区进行针刺等刺激以治疗疾病的方法。

4 操作步骤与要求

4.1 操作前准备

4.1.1 医者准备

4.1.1.1 了解相关理论：掌握眼睛局部解剖结构、眼针相关理论，熟悉眼针操作方法。眼针穴位与分区见附录 A。

4.1.1.2 了解相关术语：了解眼针相关术语标准，以保障操作安全。

4.1.1.3 患者告知：向患者交代治疗方案和操作过程，18 岁以下儿童未经监护人同意不可进行针刺治疗。

4.1.1.4 心态与体态：医者保持心态放松，针刺侧手臂放松，以保证进针时针刺动作规范。

4.1.2 患者准备

选取患者舒适、医者便于操作的坐位或平卧位。患者放松心态，自主松弛针刺部位肌肉。避免侧卧位，以防眼球移动。

4.1.3 针具准备

4.1.3.1 选择针具

4.1.3.1.1 毫针：宜用直径 0.18 mm～0.26 mm，长度 15 mm～25 mm 的一次性毫针。

4.1.3.1.2 揿针：宜用针长 0.3 mm～0.6 mm，直径 0.2 mm 的具有“改良型松针状针尖”，无致敏性胶布的创新性皮内针。

4.1.3.2 针具检查

眼部神经血管丰富，应使用一次性针具，并应保证针身光滑、无锈蚀和折痕、针柄牢固、针尖锐利，无倒钩。

4.1.4 消毒

4.1.4.1 针具消毒

一次性无菌针具。

4.1.4.2 针刺部位消毒

应使用含 70％或 75％医用乙醇或 0.5％～1％碘伏的棉签或棉球在施术部位由内向外消毒，酒精湿度适中，避免流入眼中。

4.1.4.3 医者消毒

医者双手可先用肥皂水清洗干净，再用含 70％或 75％医用乙醇或 0.5％～1％碘伏棉球擦拭。

4.2 操作方法

4.2.1 进针

4.2.1.1 进针时应避开眼球。上眼眶部穴区进针时，医者应用食指按住上眼睑并向下固定患者眼球。下眼眶部穴区进针时，医者应用食指按住下眼睑并向上固定患者眼球。目内眦内侧穴区进针时，患者眼球应向外，目外眦外侧穴区进针时，患者眼球应向内。应避开眉形宽大者眉毛根部、局部瘢痕、血管（筛前后动脉、眶上动脉、睑内侧动脉、鼻背动脉、滑车上动脉）等进针，以防进针困难及针刺损伤发生。

4.2.1.2 进针时应选用舒张进针法，以减少针刺时的阻力和针刺时下陷的距离。

4.2.1.3 针刺穿皮肤动作要快而有力，进针时做到稳、准、快。

4.2.1.4 由于眼部特殊的结构组织关系，当针尖部位进入表皮后，应缓和地将针体置于穴区中，如遇到阻力应适当调整进针方向或角度。

4.2.1.5 应采用眶外平刺法或眶内直刺法操作，针刺深度宜小于 16 mm，在距眼眶内缘外 2 mm 的眼眶部位平行于眼眶进针或紧贴眼眶内缘垂直进针，避免斜刺。

4.2.2 留针

4.2.2.1 留针时应避免头部大幅度活动，不施补泻手法。

4.2.2.2 18 岁以下儿童需留针者应有专人照看。

4.2.2.3 留针时间长短，应根据疾病的性质、体质的强弱、病程的长短等情况而定。对于慢性病、顽固性疾病、疼痛性疾病、痉挛性疾病可适当增加留针时间。

4.2.2.4 留针时若患者眼部有肿胀感或其他不适感，应立即将针拔出，并用干棉球压迫针孔。

4.2.3 出针

起针时要慢，以刺手的拇、食二指捏持针柄，轻轻转动针体，押手用干棉球抵在针孔旁，慢慢拔针，避免起针过快，用力过猛。

4.3 操作后处理

出针后立刻按压 1 min～3 min，未见出血可停止按压。

5 安全性要求

5.1 意外情况处理

5.1.1 疼痛

5.1.1.1 轻微疼痛不需处理，可自行恢复。
5.1.1.2 疼痛严重者，马上出针。

5.1.2 出血、血肿

5.1.2.1 轻微出血不需处理，可自行恢复。
5.1.2.2 严重的出血、血肿，在出血 24 h 之内，应局部冷敷，使局部血管收缩，防止再出血。24 h 之后局部热敷，促进局部淤血吸收。

5.1.3 晕针

5.1.3.1 初次接受针刺治疗、精神过度紧张或体质虚弱者，应先做好解释工作，消除患者对针刺的顾虑。选穴宜少、手法要轻，同时选择舒适的体位，最好采用卧位。
5.1.3.2 若饥饿、大渴、疲劳时，应令患者进食、饮水、休息后再予针刺。
5.1.3.3 针刺过程中随时观察患者的情况，询问患者感受。

5.1.4 感染

5.1.4.1 根据临床表现判断感染的性质和程度，对症进行抗感染治疗。
5.1.4.2 医者及施术部位应严格消毒，尽量选用一次性针具。
5.1.4.3 避免在感染部位进行针刺治疗。
5.1.4.4 如针孔较大或有出血现象，应使用消毒棉球按压，使其止血。

5.1.5 弯针

5.1.5.1 如轻微弯曲，应慢慢将针起出。
5.1.5.2 若弯曲角度过大，应顺着弯曲方向将针起出。
5.1.5.3 若由患者移动体位所致，应使患者慢慢恢复原来体位，局部肌肉放松后，再将针缓缓起出。
5.1.5.4 切勿强行拔针，以免将针身折断，留在体内。

5.1.6 断针

5.1.6.1 医者应沉着冷静，安抚患者。
5.1.6.2 嘱患者切勿变更原有体位。
5.1.6.3 若断端针身显露于皮外，可用手指或镊子取出；如断端与皮肤相平，可用左手拇、食二指垂直向下挤压针孔两旁，使断端暴露于皮外，右手用镊子取出；如断针完全没入皮下，应采用外科手术方法取出。

5.2 禁忌

5.2.1 有出血倾向者。
5.2.2 精神病患者，躁动不安患者。
5.2.3 眼区有破损感染者。
5.2.4 金属过敏者。
5.2.5 传染病患者。

附　录　A
（资料性）
眼针穴位与分区

眼针穴位与分区见图 A.1。

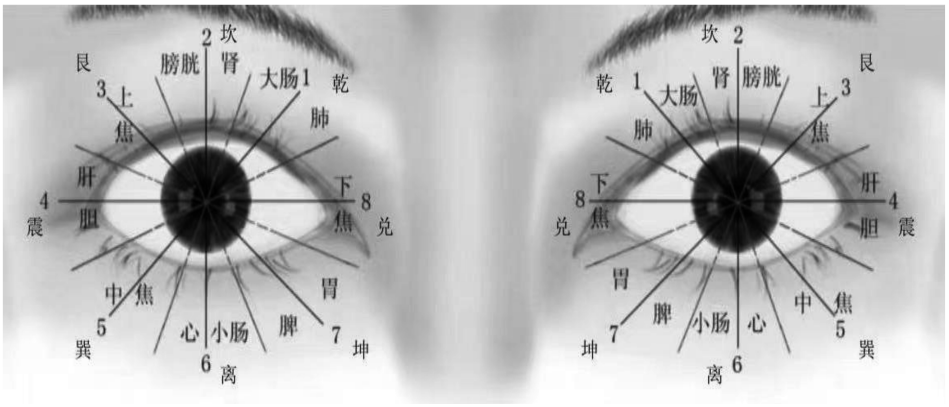

图 A.1　眼针穴位与分区

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[1] GB/T 21709.15—2021 针灸技术操作规范 第15部分:眼针