Review

Current status of standardization of acupuncture and moxibustion in China

S.H. HONG¹,², F. WU³, S.S. DING¹,², Z.X. WANG¹, B. CHEN¹,², Z.L. CHEN¹,² and Y. GUO¹,²

From the ¹Acupuncture and Moxibustion College, Tianjin University of Traditional Chinese Medicine, Tianjin, ²Plot Construction Unit of Acupuncture and Moxibustion and Standardization Research Center of State Administration of Traditional Chinese Medicine, Tianjin, China and ³The First Hospital of Wuhu city, Wuhu, Anhui, China

Address correspondence to Dr Y. Guo, Acupuncture and Moxibustion College, Tianjin University of Traditional Chinese Medicine, No. 312, Anshan West Road, Nankai District, Tianjin, 300193, China. email: guoyi_168@163.com

S.H. Hong, F. Wu and S.S. Ding are joint first authors.

Received 22 September 2013 and in revised form 19 November 2013

Summary

With the widespread and application of acupuncture and moxibustion, the demand of its standardization construction is increasingly prominent. On the basis of further investigation into the standards of acupuncture and moxibustion in China, this article summarize the research status of Chinese standardization of acupuncture and moxibustion, analyse some problems existing in current construction of acupuncture and moxibustion standardization, and put forward several strategies for moving forward, in order to show an overall and objective understanding of acupuncture and moxibustion standardization.

Introduction

Acupuncture and moxibustion is widely accepted in China and throughout the world as an effective treatment option for the management of various disorders.¹—⁴ While due to lack of relevant standards, the safety of acupuncture and moxibustion cannot be assured. Its clinical effects are not consistent, and its experimental results also cannot get a good comparison and repetition,⁵—⁹ so its advantages and features are weakened. Therefore, the lack of appropriate standards has become a bottleneck restricting the development of acupuncture and moxibustion.¹⁰

As the birthplace of acupuncture and moxibustion, China has a profound foundation of clinical practice and has carried out lots of work on the construction of acupuncture and moxibustion standardization. Therefore, China has the biggest voice on acupuncture and moxibustion standardization in present field of international standardization.¹¹ In this article, we summarize the current research status of Chinese standardization of acupuncture and moxibustion, analyse some problems and challenges existing in the progress of standardization, and put forward several strategies for moving forward.
Current status of the formulation and revision of acupuncture and moxibustion national standards in China

The formulation and revision work of acupuncture and moxibustion standards in China had started from 1980s and it published three national standards of acupuncture and moxibustion successively such as Acupuncture needles (GB 2024-1987), Location of points (GB 12346-1990) and The nomenclature and location of auricular points (GB/T 13734-1992), which made a good start for the research of acupuncture and moxibustion standardization work has moved on further. Nomenclature and Location of Acupuncture Points (GB/T 12346-2006) and Nomenclature and Location of Auricular Points (GB/T 13734-2008) were published in 2006 and 2008, respectively, which were revised from the Location of points and The nomenclature and location of auricular points. On 1 November 2008, Illustrations for location of acupuncture points (GB/T 22163-2008) was started to come into effect, which was the visuals of GB/T 12346-2006 and was used as the match of GB/T 12346-2006.


Moreover, as an important part of Traditional Chinese Medicine (TCM), acupuncture and moxibustion therapy is under the guidance of TCM theory and its curative effect is closely related to the characteristics of TCM-treatment based on syndrome differentiation. Therefore, the present issued TCM national standards also play a positive role in standardizing the development of acupuncture and moxibustion and improving its clinical effect. In 1997, Clinical terminology of traditional Chinese medical diagnosis and treatment-Therapeutic methods (GB/T 16751.3-1997) and Clinic terminology of traditional Chinese medical diagnosis and treatment-Syndromes (GB/T 16751.2-1997) were issued. The commonly used clinical principles and methods as well as the common syndrome of TCM were specified and defined, including 44 kinds of methods of acupuncture and moxibustion. In 2006, Basic theory nomenclature of traditional Chinese medicine (GB/T 20348-2006) was issued. The nomenclatures in the basic theory of TCM were standardized, including parts of nomenclatures of acupuncture and moxibustion.

The current national standards are of great significance in standardizing industrial management, improving scientific and technological competitiveness, promoting the international spread, insuring the safe operation and improving the curative effect of acupuncture and moxibustion.

Current status of the formulation of acupuncture and moxibustion industry standards in China

At present, there are five acupuncture-related industry standards in China, including Press-Needle (YY0105-1993), Three-edged needle (YY0104-1993), Electrodes for nerve and muscle stimulators (YY 0868-2011), Electroacupuncture therapy device (YY 0780-2010) and Routine & technical operation regulation of nursing care in department of acupuncture and moxibustion (ZYYX/H/T 1.12-2006).

In 2009, the Guiding Suggestion (draft) about Clinical Application of ‘Acupoint Paste Therapy Applied to Treat Winter Disease in Summer’ was issued. In the same year, the evidence-based clinical practice guidelines for five indications of acupuncture and moxibustion (Depression, Herpes zoster, Apoplectic dysphagia, Migraine headache and Bell’s facial palsy) were finished and issued. Now, there are another 23 acupuncture clinical practice guidelines are still under formulation,
including Dysmenorrheal, Chronic low back pain, Constipation, Sciatica, Cervical spondylosis, Acute or chronic gastritis, Gonitis, Asthma, Scapulohumeral periarthritis, Insomnia, Diabetic peripheral neuropathy, Prosalalgia, Sudden deafness, Allergic rhinitis, Obesity, Irritable bowel syndrome, Functional dyspepsia, Shoulder hand syndrome after stroke, Apoplexy spastic-paralysis, Allergic rhinitis, Cyclomastopathy, Enuresis adolescent myopia and the Methodology Research of Acupuncture Clinical Practice Guidelines. The development of evidence-based clinical guidelines transfers clinical acupuncture from experience medicine to evidence-based medicine, which plays an important role in improving clinical level and in making sure the reliability and repeatability of curative effect and in strengthening the international communication and cooperation in acupuncture.15

In conclusion, China has published 26 acupuncture-related national standards (Standardization Administration of The People’s Republic of China. http://www.sac.gov.cn/SACSearch/outlinetemplet/gjbzcx.jsp) (Table 1), 5 acupuncture-related industry standards (http://www.csres.com/sort/index.jsp) and 5 evidence-based clinical practice guidelines of acupuncture.

Problems and some countermeasures of the construction of acupuncture and moxibustion standardization in China

Overall, lots of work has been done and achieved some progress in the field of the construction of acupuncture and moxibustion standardization. However, there’s a certain gap between the construction of standardization and real work need, because of the nature of protractiveness, arduousness and complexity of the standardization.

The awareness of studies on the acupuncture and moxibustion standardization needs to be increased

Because of the characteristics of acupuncture therapy-treatment based on syndrome differentiation, the awareness of standardization is weak in the acupuncture and moxibustion industry and some disputes or even misunderstood problems exist in the progress of the construction of standardization. According to a survey, there were 36.1% of respondents believed that the standardization of the acupuncture and moxibustion would limit the characteristics of treatment based on syndrome differentiation and personalized treatment.16 Some people also considered that if the standards were established, it would lose the flexibility of acupuncture treatment and affect the clinical effect.18 All of the above one-sided understanding was a great resistance to the construction of acupuncture and moxibustion standardization. Therefore, it is of importance to increase the awareness of standardization.

The system of acupuncture and moxibustion standardization needs to be further improved

At present, China preliminarily constructed the framework, management system and operation mechanism of the system of acupuncture and moxibustion standardization. Compared with the mature and perfect results, however, there still have a long way to go. The main problem is that the quantity of acupuncture and moxibustion standards is relatively small. The current standards are limited coverage, which mainly concentrate in the basic manipulation of acupuncture and moxibustion, not yet cover all areas of the subjects of acupuncture. Some important standards are absent, such as the safety standards. The good news is that basic system of acupuncture and moxibustion standardization (including basic system mainly composed of standards and push system based on the purpose of implementing of standards) has been published in 2011 in China, which will certainly guide the construction of acupuncture and moxibustion standardization more comprehensively and orderly.13

The overall applicability of acupuncture and moxibustion standards needs to be strengthened

Applicability of the acupuncture and moxibustion standards is always concerned extraordinarily after the standards have been published. According to our survey, the application of national standards (Standardized Manipulations of Acupuncture and Moxibustion) was mostly in good condition in clinical. 61% of clinicians performed the treatment according to these standards, and the proportion of their reference was >80%. But the applicability of some standards, such as Eye acupuncture, Fire acupuncture, Nose acupuncture and Oral and lip acupuncture were still ever low in clinical.19 Another study found that nearly two-third of the respondents believed that some acupuncture and moxibustion standards divorced from the teaching and clinical practice.16

There are two possible reasons for the above situations. Firstly, the overall quality of the standards is not of high level. In China, the process of acupuncture and moxibustion standardization is still in infancy. Working foundation is weak. Constitution procedure of a standard is substandard and the
<table>
<thead>
<tr>
<th>Serial number</th>
<th>Standard No.</th>
<th>Standard title</th>
<th>Issuance date</th>
<th>Execute date</th>
<th>Release unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GB 2024-1994</td>
<td>Acupuncture needles</td>
<td>12 April 1994</td>
<td>1 October 1994</td>
<td>Chinese technical supervision bureau</td>
</tr>
<tr>
<td>2</td>
<td>GB/T 16751.2-1997</td>
<td>Clinic terminology of traditional Chinese medical diagnosis and treatment. Syndromes</td>
<td>4 March 1997</td>
<td>1 October 1997</td>
<td>Chinese technical supervision bureau</td>
</tr>
<tr>
<td>3</td>
<td>GB/T 16751.3-1997</td>
<td>Clinic terminology of traditional Chinese medical diagnosis and treatment. Therapeutic methods</td>
<td>4 March 1997</td>
<td>1 October 1997</td>
<td>Chinese technical supervision bureau</td>
</tr>
<tr>
<td>4</td>
<td>GB/T 20348-2006</td>
<td>Basic theory nomenclature of traditional Chinese medicine</td>
<td>25 May 2006</td>
<td>1 October 2006</td>
<td>AQSIQ; SAC</td>
</tr>
<tr>
<td>5</td>
<td>GB/T12346-2006</td>
<td>Nomenclature and location of acupuncture points</td>
<td>18 September 2006</td>
<td>1 December 2006</td>
<td>AQSIQ; SAC</td>
</tr>
<tr>
<td>6</td>
<td>GB/T13734-2008</td>
<td>Nomenclature and location of auricular points</td>
<td>23 April 2008</td>
<td>1 July 2008</td>
<td>AQSIQ; SAC</td>
</tr>
<tr>
<td>7</td>
<td>GB/T22163-2008</td>
<td>Illustrations for location of acupuncture points</td>
<td>2 July 2008</td>
<td>1 November 2008</td>
<td>AQSIQ; SAC</td>
</tr>
<tr>
<td>8</td>
<td>GB/T21709.1-2008</td>
<td>Standardized manipulations of acupuncture and moxibustion—Part 1: Moxibustion</td>
<td>23 April 2008</td>
<td>1 July 2008</td>
<td>AQSIQ; SAC</td>
</tr>
<tr>
<td>9</td>
<td>GB/T21709.2-2008</td>
<td>Standardized manipulations of acupuncture and moxibustion—Part 2: Scalp acupuncture</td>
<td>23 April 2008</td>
<td>1 July 2008</td>
<td>AQSIQ; SAC</td>
</tr>
<tr>
<td>10</td>
<td>GB/T21709.3-2008</td>
<td>Standardized manipulation of acupuncture and moxibustion—Part 3: Ear acupuncture</td>
<td>23 April 2008</td>
<td>1 July 2008</td>
<td>AQSIQ; SAC</td>
</tr>
<tr>
<td>11</td>
<td>GB/T21709.4-2008</td>
<td>Standardized manipulations of acupuncture and moxibustion—Part 4: Three-edged needle</td>
<td>23 April 2008</td>
<td>1 July 2008</td>
<td>AQSIQ; SAC</td>
</tr>
<tr>
<td>12</td>
<td>GB/T21709.5-2008</td>
<td>Standardized manipulations of acupuncture and moxibustion—Part 5: Cupping therapy</td>
<td>23 April 2008</td>
<td>1 July 2008</td>
<td>AQSIQ; SAC</td>
</tr>
<tr>
<td>13</td>
<td>GB/T21709.6-2008</td>
<td>Standardized manipulations of acupuncture and moxibustion—Part 6: Point injection</td>
<td>2008-4-23</td>
<td>2008-7-1</td>
<td>AQSIQ; SAC</td>
</tr>
<tr>
<td>14</td>
<td>GB/T21709.7-2008</td>
<td>Standardized manipulations of acupuncture and moxibustion—Part 7: Skin needle</td>
<td>23 April 2008</td>
<td>1 July 2008</td>
<td>AQSIQ; SAC</td>
</tr>
<tr>
<td>15</td>
<td>GB/T21709.8-2008</td>
<td>Standardized manipulations of acupuncture and moxibustion—Part 8: Intradermal needle</td>
<td>23 April 2008</td>
<td>1 July 2008</td>
<td>AQSIQ; SAC</td>
</tr>
<tr>
<td>16</td>
<td>GB/T21709.9-2008</td>
<td>Standardized manipulations of acupuncture and moxibustion—Part 9: Acupoint paste</td>
<td>23 April 2008</td>
<td>1 July 2008</td>
<td>AQSIQ; SAC</td>
</tr>
<tr>
<td>17</td>
<td>GB/T21709.10-2008</td>
<td>Standardized manipulations of acupuncture and moxibustion—Part 10: Thread-embedding therapy</td>
<td>23 April 2008</td>
<td>1 July 2008</td>
<td>AQSIQ; SAC</td>
</tr>
<tr>
<td>18</td>
<td>GB/T21709.11-2009</td>
<td>Standardized manipulations of acupuncture and moxibustion—Part 11: Electroacupuncture</td>
<td>6 February 2009</td>
<td>1 August 2009</td>
<td>AQSIQ; SAC</td>
</tr>
<tr>
<td>19</td>
<td>GB/T21709.12-2009</td>
<td>Standardized manipulations of acupuncture and moxibustion—Part 12: Fire acupuncture</td>
<td>6 February 2009</td>
<td>1 August 2009</td>
<td>AQSIQ; SAC</td>
</tr>
<tr>
<td>20</td>
<td>GB/T21709.14-2009</td>
<td>Standardized manipulations of acupuncture and moxibustion—Part 14: Di acupuncture</td>
<td>6 February 2009</td>
<td>1 August 2009</td>
<td>AQSIQ; SAC</td>
</tr>
<tr>
<td>21</td>
<td>GB/T21709.15-2009</td>
<td>Standardized manipulations of acupuncture and moxibustion—Part 15: Eye acupuncture</td>
<td>6 February 2009</td>
<td>1 August 2009</td>
<td>AQSIQ; SAC</td>
</tr>
</tbody>
</table>
The internationalization of the national acupuncture and moxibustion standards needs to be accelerated

At present, the acupuncture and moxibustion standards, formulated in China, are mostly domestic standards, whereas the international standards are very few. It does not accord with China’s status as the birthplace of Chinese medicine, but also takes disadvantages to the international development of acupuncture and moxibustion. In 2009, the International Organization for Standardization/Traditional Chinese Medicine Technical Committee (abbreviation: ISO/TC249) was established and the secretariat was located in China (Shanghai), which paved the way for the acupuncture and moxibustion access to the international standard system approved by World Trade Organization.22 We should take advantage of this favorable condition and strengthen the connection, communication and cooperation with the international standardization organization, elevating the researches of acupuncture and moxibustion standards to a new level.

In addition, some problems also exist in the construction of acupuncture and moxibustion standardization, such as the lack of relevant talents, the dated standardization theory and methodology research and the poor implementation of standards. Therefore, it’s very vital to speed the training of
high level talents, increase basic researches of the standardization, perfect the operation, supervision and management mechanism of standardization, as well as strengthen the publicity and promotion for the standards.

The construction of acupuncture and moxibustion standardization, of course, is a long-term and complicated work, it cannot be expected results overnight. It needs overall planning, clear objectives and multipoint propulsion. We should practice and research, learn and improve the relevant standards in practical work.22 With the thorough development of the acupuncture and moxibustion standardization, we believe that, the formulation of standards will be certain to benefit humankind and promote the orderly and scientific development of acupuncture and moxibustion.

Funding
This work was supported by the State Administration of Traditional Chinese Medicine [ZYYS-2009-0009-10, ZYYS-2011-(0033)-1].

Conflict of interest: None declared.

References