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世界中医药学会联合会

World Federation of Chinese Medicine Societies

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国际中医技术操作规范

调神益智针刺法治疗中风后轻度认知障碍

International standardized manipulations of Chinese medicine
Tiaoshen Yizhi Acupuncture therapy for Post-stroke mild cognitive
impairment
(草案，以最终出版稿为准)

世界中联国际组织标准

International Standard of WFCMS

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前 言

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。

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引 言

本文件制定的目的在于规范调神益智针刺法的临床操作，指导相关医师正确使用本针法，以保障调神益智针刺法规范应用于针灸临床、教育、科研等，确保其安全性、有效性，以便更好地推动调神益智针刺法的国际推广与应用。

本文件是在《中医治未病技术操作规范 调神益智针法预防血管性认知障碍（T/CACM 1085-2018）》的基础上，总结国医大师石学敏院士关于该针刺法的学术思想、临证经验及近年来临床研究证据，系统研制的有助于临床医生规范化使用该针刺法治疗中风后轻度认知障碍疾病的技术操作规范。

本文件的编写和发布，对于规范调神益智针法的技术操作具有重要的指导意义。

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国际中医技术操作规范

调神益智针刺法治疗中风后轻度认知障碍

1 范围

本文件规定了调神益智针刺法治疗中风后轻度认知障碍的术语和定义、治疗原则、应用范围、腧穴组方、操作步骤与要求、注意事项与禁忌等。

本文件适用于调神益智针刺法治疗中风后轻度认知障碍的临床技术操作。

2 规范性引用文件

下列文件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。凡是注日期的引用文件，仅该日期对应的版本适用于本文件。凡是未标注日期的引用文件，其最新版本(包括所有的修改单)适用于本文件。

SCM69-2021 国际中医技术操作规范 醒脑开窍针刺法治疗中风

ISO 17218:2014 Sterile acupuncture needles for single use

ISO/TS 16843-1:2016 Health informatics — Categorical structures for representation of acupuncture — Part 1: Acupuncture points

GB 2024-2016 针灸针

GB/T 12346-2021 经穴名称与定位

GB/T 40997-2021 经外奇穴名称与定位

GB 15982-2012 医院消毒卫生标准

GB/T 21709.20-2009 针灸技术操作规范 第20部分：毫针基本刺法

GB/T 21709.21-2013 针灸技术操作规范 第21部分：毫针基本手法

GB/T 30232-2013 针灸学通用术语

ZY/T 001.1-94 中医内科病证诊断疗效标准

2018 中国痴呆与认知障碍诊治指南写作组《2018 中国痴呆与认知障碍诊治指南（五）：轻度认知障碍的诊断与治疗》

3 术语和定义

下列术语和定义适用于本文件。

3.1

调神益智针刺法

通过针刺内关、水沟、百会、四神聪为代表的组方腧穴，并施用特定手法，以开窍醒神，益精填髓，助脑得气血营养，使精神思维清灵，改善记忆思维功能。

3.2

中风后轻度认知障碍

有明确中风病史，且中风后3个月内出现记忆力或其他认知功能进行性减退，但尚未影响

日常生活能力，且未达到痴呆的诊断标准。

[来源：2018 中国痴呆与认知障碍诊疗指南（五），有修改]

3.3

小幅度、高频率捻转补法

指捻转幅度小于 90°、频率在 120~160 次/分的行针手法。

4 施术前准备

4.1 针具选择

- a) 一次性毫针应符合 GB2024-2016 或 ISO 17218:2014 规定。
- b) 根据病情和操作部位选择不同型号的毫针。
- c) 选择针身光滑、无锈蚀和折痕，针柄牢固，针尖锐利、无倒钩的针具。

4.2 体位选择

推荐仰靠坐位，以患者感觉舒适、术者易于操作为原则，宜符合 GB/T 21709.20-2009 规定。

4.3 腧穴定位

参见 ISO/TS 16843-1:2016 Health informatics — Categorical structures for representation of acupuncture — Part 1: Acupuncture points、GB/T 12346-2021 经穴名称与定位、GB/T 40997-2021 经外奇穴名称与定位。

4.4 消毒

针具器械消毒、接触物品消毒、医者手消毒、针刺部位消毒以及对治疗室、备品的要求，均应符合 GB 15982-2012 的规定。

4.5 环境要求

治疗环境宜安静，清洁卫生，光线充足，温度适宜。

5 选穴与操作步骤

5.1 治疗原则

醒脑补脑，调神益智

5.2 腧穴组成

内关、水沟、百会、四神聪、四白、风池、完骨、天柱、神门、丰隆、三阴交、太冲。

5.3 操作步骤

5.3.1 医者面向患者，按内关、水沟、百会、四神聪、四白、风池、完骨、天柱、神门、丰隆、三阴交、太冲的顺序进行针刺，具体操作如下。

5.3.2 内关：取双侧，直刺 0.5~1.0 寸，采用捻转提插结合泻法，不留针。

5.3.3 水沟：向鼻中隔方向斜刺 0.3~0.5 寸，采用雀啄泻法，以眼球湿润为度。

[来源：SCM69-2021 国际中医技术操作规范 醒脑开窍针刺法治疗中风，5.3.2.3]

5.3.4 百会、四神聪：延帽状腱膜方向平刺 1.0~1.5 寸，采用小幅度、高频率捻转补法。

注：小幅度、高频率捻转补法指捻转幅度小于 90°、频率在 120~160 次/分的行针手法。

5.3.5 四白：取双侧，针尖向下斜刺 0.5 寸，采用小幅度、高频率捻转补法，不可提插。

5.3.6 风池：取双侧，向对侧眼球方向直刺 1.0~1.5 寸，针尖指向对侧眼眶下缘。采用小幅度、高频率捻转补法。

5.3.7 完骨、天柱：取双侧，直刺 1.0~1.5 寸，采用小幅度、高频率捻转补法。不可向内上方深刺，以免伤及延髓。

5.3.8 神门：取双侧，直刺进针 0.2~0.5 寸，采用平补平泻法。

5.3.9 丰隆：取双侧，直刺进针 1.0~1.5 寸，采用捻转提插结合泻法。

5.3.10 三阴交：取双侧，直刺进针 0.5~1.0 寸，采用小幅度、高频率捻转补法。

5.3.11 太冲：取双侧，直刺进针 0.5~1.0 寸，采用捻转提插结合泻法。

5.4 操作时长

5.4.1 施术时长：各穴位针刺后施手法 1 min，双侧同时手法操作。

5.4.2 留针时长：针刺手法操作后，留针 20~30 min。

6 应用范围

中风后轻度认知障碍患者。

7 注意事项

a) 饥饿、饱食、醉酒、大怒、大惊、过度疲劳、精神紧张者，不宜立即进行针刺；体质虚弱、气血亏损者，针刺手法宜轻柔。

b) 颅脑术后颅骨缺如者，用头皮针须谨慎。

c) 脑室-腹腔分流术后者，针刺风池、完骨穴时应注意避开皮下分流导管。

d) 因头部毛发密集，针刺前严格消毒，以防感染。

e) 对于易出血部位，出针后宜用干棉球按压一定时间，不宜擦揉。

f) 风池、完骨、天柱穴，针刺时应严格遵守规定的进针方向与深度，避免损伤重要解剖结构。

8 禁忌

a) 皮肤有感染、溃疡、瘢痕或肿瘤的部位，禁用针刺。

b) 有凝血缺陷的患者，禁用针刺。

c) 脑出血活动期、恶性高血压的患者，禁用水沟穴。

d) 妊娠期中风患者，禁用三阴交等对胎孕反应敏感的腧穴。

e) 无法配合治疗的患者，禁用针刺。

附录 A
(资料性)
调神益智针刺法的理论内涵

调神益智针刺法由国医大师石学敏院士创立，源于醒脑开窍针刺法，是该理论在认知领域的拓展升华。历经五十余年临床淬炼和科学验证，已形成一套成熟的针刺体系。该法以中风病“窍闭神匿，神不导气”核心病机为基础，结合中风后轻度认知障碍“脑髓空虚，神机失用”的病机特点，提出病位在脑，由于脑失所养、痰瘀阻窍、神机失用发为该病，进而确立“醒脑补脑，调神益智”的治疗原则，并规范针刺操作标准。诸多临床研究证实，此法对中风后轻度认知障碍患者疗效显著，能有效提升患者认知水平与日常生活能力。

“脑为元神之府”，元神对于记忆、情志、语言、肢体运动的控制作用是通过气的调配来完成的，其物质基础在于血，故气血通畅是神发挥功能的重要因素。正如《医易一理》言：“人身能知觉运动，及能记忆古今，应对万物者，无非脑之权也”。石学敏院士认为中风后轻度认知障碍患者之“神”处于隐匿、蒙蔽状态，治时应先令神苏醒，其次养之，若“神”未醒而先养，“神”依旧不能主宰生命活动，因此石学敏院士的“调神”思想在临床治疗中是“醒神”、“养神”二者的结合。

何谓“调”，汉代《说文》言，调者，和也。意为调节、调和，在调神益智针刺法中，“调神”是治疗重点。《素问·宝命全形论篇》有云：“凡刺之真，必先治神”，也强调“治神”是针灸诊疗中的关键。何为“醒”，醒者，醉解也。醒神，指因脑窍郁闭不通导致失去主宰的元神由昏复醒。何为“养”，养字意为保护修补，养神即为补益脑髓，滋养复醒之神令其强记不忘矣。“醒”、“养”合用即为“调神”，一者助神复醒，二者滋养脑神，针对中风后轻度认知障碍患者“脑髓空虚，神机失用”的主要病机，治以醒神养神，补益脑髓，导其阴阳，通其脑络，充盈气血，调畅气机，助神出入，从而改善认知功能。

调神益智针刺法各穴位的选取依据及功效分述如下：百会穴归属督脉，为督脉要穴，可治神志病；且位居巅顶，其深部为脑之所在，与大脑关系密切，可调节大脑功能，具有调理督脉、醒脑开窍、填髓充脑、安神益智的功效。四神聪穴毗邻督脉及膀胱经，膀胱经络肾，督脉入属于脑，因此针刺四神聪可调节一身之阳气并引阳入阴，达到镇静安神、明目聪耳的功效，可调节元神之府功能。水沟穴为督脉穴，通于任脉，一阴一阳，犹如天地，可以通调天地阴阳之经气，醒脑开窍，调理阴阳。四白穴属多气多血之阳明经，刺之可促使水谷精微化生气血，沟通脑窍，交通阴阳，安神定志。风池、完骨、天柱三穴组合，以补益脑髓、升清降浊。神门穴为心经原气输注之处，可宁心安神、开郁散结。内关穴为心包经穴，又为八脉交会穴，通阴维脉，且内关通于三焦经，可起到调畅气机的作用。太冲、三阴交穴有滋补肝肾、生髓补脑之力。丰隆穴则可豁痰降浊、宁神开窍。诸穴合用，共奏调神益智之功效。

附录 B
(资料性)
针刺操作注意事项

B.1 针刺操作注意事项

鉴于本操作中涉及的风池、完骨、天柱等穴位在临床应用中的安全性考量，对操作方向、深度等方面要求严格，特对此进行详细说明，以供临床医师参考运用。

B.1.1 针刺方向

风池穴：针尖朝向对侧眼球方向刺入。沿此方向进针，针体穿过皮肤、皮下组织、头夹肌、头半棘肌，最终抵达寰枕关节后部。此进针方向可引导针尖行于寰椎后弓上缘与枕骨大孔后缘之间，其延长线指向远离延髓的颅底外侧区域，从而有效避让枕骨大孔区（延髓所在区域），保障操作安全。

完骨、天柱穴：采用直刺方式，针尖分别指向乳突骨质（完骨）或寰椎后弓（天柱）。严禁针尖内上偏斜，避免针尖滑入寰椎与枕骨之间的间隙，进而影响延髓和椎动脉安全。

B.1.2 针刺深度

风池、完骨、天柱穴的针刺深度建议控制在 1~1.5 寸范围内。实际操作过程中，医师需根据患者个体情况灵活调整：

①对于体型瘦弱的患者，以 1.0 寸为上限，针感达到“沉紧涩滞”程度即可。

②对于肌肉发达者，针刺深度可至 1.5 寸，但进针时必须匀速缓慢进行，若遇到阻力，如针尖出现滞涩感，应立即停止进针，切不可为追求“得气”感而盲目深刺，以免引发不良后果，确保针刺操作的安全性。

B.1.3 双手操作

本操作行针时，强调双手同时操作，这是石学敏院士“调神益智”针法的核心特色之一，其操作目的旨在通过双手同步、协同刺激关键穴位，利于调节气血，能够最大化地激发经气，有效调整元神（脑）的功能状态，实现强劲有力的“醒神”“调神”“开窍”作用，该方法是基于中医“神”的理论以及大量临床实践经验总结得出的成熟针刺方法。此外，双手同时操作还能在一定程度上确保双侧刺激量的一致性，并有助于缩短临床施术者操作时间，提高治疗效率。

以上附录内容旨在为针灸操作提供更为详细、准确的指导标准，确保临床应用的安全性与有效性。

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Foreword

Please note that certain content of this document may involve patents. The publishing institution of this document does not take responsibility of identifying these patents.

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Introduction

The purpose of this document is to standardize the clinical operation of the Tiaoshen Yizhi Acupuncture Therapy, to guide the relevant practitioners to use this acupuncture therapy precisely, to ensure that the Tiaoshen Yizhi Acupuncture Therapy is standardized for acupuncture and moxibustion clinical practice, education, scientific research, safety and efficacy, and to facilitate the international promotion and application of the Tiaoshen Yizhi Acupuncture Therapy.

This document systematically develops technical practice guidelines for the standardized use of Tiaoshen Yizhi Acupuncture Therapy by clinicians for treatment of post-stroke mild cognitive impairment and the standardization of the acupuncture method, based on “*Technique Specifications for Treating Weibing in Chinese Medicine Preventing Vascular Cognitive Impairment by Spirit-regulating and Intelligence-improving Acupuncture Therapy (T/CACM 1085-2018)*”, by summarizing the academic thoughts and clinical experiences of Shi Xuemin, the Great National Master of Chinese Medicine, on acupuncture method as well as the evidence of clinical research in recent years.

The preparation and release of this document is of great significance in guiding the standardization of the technical operation of the Tiaoshen Yizhi Acupuncture Therapy.

International standardized manipulations of Chinese medicine

Tiaoshen Yizhi Acupuncture therapy

for Post-stroke mild cognitive impairment

1 Scope

This document specifies the terms and definitions, therapeutic principles, scope of application, acupoint formulation, operation steps and requirements, precautions, and contraindications for the treatment of post-stroke mild cognitive impairment with Tiaoshen Yizhi Acupuncture Therapy.

This document is applicable to the clinical technical operation of Tiaoshen Yizhi Acupuncture Therapy for the treatment of post-stroke mild cognitive impairment.

2 Normative references

The contents of the following documents constitute the essential provisions of this document through normative references in the text. When a reference file with a date is noted, only the version corresponding to that date applies to this file; for undated references, the latest version of which (including all changes) applies to this document.

- SCM 69-2021 International Standardized Manipulations of Chinese Medicine
 - Xingnao Kaiqiao Acupuncture for Stroke
- ISO 17218:2014 Sterile acupuncture needles for single use
- ISO/TS 16843-1:2016 Health informatics — Categorical structures for representation of acupuncture — Part 1: Acupuncture points
- GB 2024-2016 Acupuncture needles
- GB/T 12346-2021 Nomenclature and location of meridian points
- GB/T 40997-2021 Nomenclature and location of extra points in common use
- GB 15982-2012 Hygienic standard for disinfection in hospitals
- GB/T 21709.20-2009 Standardized manipulations of acupuncture and moxibustion — Part 20: Basic techniques of filiform needle
- GB/T 21709.21-2013 Standardized manipulations of acupuncture and moxibustion — Part 21: Filiform needle manipulation by basic applying technique
- GB/T 30232-2013 General nomenclature of science of acupuncture and moxibustion

ZY/T 001.1-94 Criteria of diagnosis and therapeutic effect of internal diseases and syndromes in traditional Chinese medicine

2018 The Writing Group for Diagnosis and Treatment Guidelines of Dementia and Cognitive Impairment in China <2018 Chinese Guidelines for the Diagnosis and Treatment of Dementia and Cognitive Impairment (Part 5): Diagnosis and Treatment of Mild Cognitive Impairment>

3 Terms and definitions

The following terms and definitions are applied to this document.

3.1

Tiaoshen Yizhi Acupuncture Therapy

By needling the group acupoints represented by Neiguan (PC 6), Shuigou (GV 26), Baihui (GV 20) and Sishencong (EX-HN 1) and applying specific techniques to open the orifices and awaken the mind, to benefit the essence and fill the marrow, to help the brain to get qi and blood nourishment, to strengthen mental thinking and to improve the function of memory and thinking.

3.2

Post-stroke mild cognitive impairment

Patients with a definite history of stroke and progressive decline in memory or other cognitive functions within 3 months after stroke, but without impairment of activities of daily living, did not meet the diagnostic criteria for dementia.

[Source: 2018 Chinese Guidelines for the Diagnosis and Treatment of Dementia and Cognitive Impairment (Part 5), revised]

3.3

Low amplitude, high frequency twirling reinforcing manipulations

It refers to the needling manipulation with a twirling amplitude of less than 90° and a frequency of 120-160 times/min.

4 Pre-operative preparation

4.1 Needle selection

a) The parameters of disposable filiform needles should comply with the provisions in GB2024-2016.

b) Selecting different models and types of filiform needles according to the disease condition and operation site.

c) Choosing needles with smooth bodies, no rust and creases, with firm handle, a sharp tip, and without barbs.

4.2 Body position selection

The supine sitting position is recommended, and the principle is that the patient feels comfortable and the doctor is easy to operate. It should comply with the provisions of GB/T 21709.20-2009.

4.3 Localization of acupoints

Referring to the meridian and acupoint names and positioning in GB/T 12346-2021 and the names and positioning of extra-meridian acupoints in GB/T 40997-2021.

4.4 Disinfection

Disinfection of needle instruments, disinfection of contact articles, disinfection of doctors' hands, disinfection of the needle's acupuncture site, and requirements for treatment rooms and spare items should be in accordance with the provisions in GB 15982-2012.

4.5 Environmental requirements

The treatment environment should be quiet, clean, and hygienic, with sufficient light and congruous temperature.

5 Acupoints and manipulation

5.1 Therapeutic principle

Wakening up and tonifying the brain, Tiaoshen Yizhi (regulating the spirit/mind and benefiting the intelligence).

5.2 Composition of Acupoints

Neiguan (PC 6), Shuigou (GV 26), Baihui (GV 20), Sishencong (EX-HN 1), Sibai (ST 2), Fengchi (GB 20), Wan'gu (GB 12), Tianzhu (BL 10), Shenmen (HT 7), Fenglong (ST 40), Sanyinjiao (SP 6), Taichong (LR 3).

5.3 Operation Steps

5.3.1 The practitioner faces the patient and performs needling in the order of Neiguan (PC 6), Shuigou (GV 26), Baihui (GV 20), Sishencong (EX-HN 1), Sibai (ST

2), Fengchi (GB 20), Wan'gu (GB 12), Tianzhu (BL 10), Shenmen (HT 7), Fenglong (ST 40), Sanyinjiao (SP 6), Taichong (LR 3) as follows:

5.3.2 Neiguan (PC 6): taking both sides, stabbing straight 0.5-1.0 cun, using lifting and inserting twirling technique combined with reducing method, applying the method for 1min, without needle retention.

5.3.3 Shuigou (GV 26): entering the needle with one hand, toward the nasal septum, using the sparrow-pecking technique combined with reducing method to the extent that the eyeballs are moist.

[Source: SCM69-2021 International Standardized Manipulations of Chinese Medicine – Xingnao Kaiqiao Acupuncture for Stroke, 5.3.2.3]

5.3.4 Baihui (GV 20) and Sishencong (EX-HN 1): backward flat stabbing 1.0-1.5 cun, using low amplitude, high frequency twirling reinforcing manipulations bilaterally at the same time combined with reinforcing method.

Note: Parameters of low amplitude, high frequency twirling reinforcing manipulations include finger rotations of less than 90 ° , and frequencies between 120-160 times per minute.

5.3.5 Sibai (ST 2): taking both sides, needling to the depression of suborbital foramen diagonally downward into 0.5 cun, using a small amplitude, high-frequency twirling technique combined with reinforcing method, lifting and inserting technique being forbidden.

5.3.6 Fengchi (GB 20): taking both sides and stabbing 1.0-1.5 cun straight toward the opposite side of the eyeball and the needle tip was pointed to the contralateral inferior orbital margin, using small amplitude and high frequency twirling technique combined with reinforcing method.

5.3.7 Wan'gu (GB 12) and Tianzhu (BL 10): taking both sides, straight stabbing 1.0-1.5 cun, using small amplitude, high-frequency twirling technique combined with reinforcing method. Avoid deep inward-upward insertion to prevent medulla oblongata injury.

5.3.8 Shenmen (HT 7): taking both sides, inserting the needle 0.2-0.5 cun straightly, using the mild reinforcing and mild reducing method.

5.3.9 Fenglong (ST 40): taking both sides, inserting the needle 1.0-1.5 cun straightly, using lifting and inserting twirling technique combined with reducing method.

5.3.10 Sanyinjiao (SP 6): taking both sides, stabbing straight 0.5-1.0 cun, adopting small amplitude and high frequency twirling technique combined with reinforcing method.

5.3.11 Taichong (LR 3): taking both sides, inserting the needle 0.5-1.0 cun straightly, using lifting, inserting and twirling technique combined with reducing method.

5.4 Duration of Operation

5.4.1 Manipulation Time: Apply needle techniques for 1 min per point after insertion. Manipulate bilaterally simultaneously.

5.4.2 Needle Retention Time: Retain needles for 20–30 min after manipulation.

6 Scope of application

Patients with post-stroke mild cognitive impairment.

7 Precautions

a) Avoid acupuncture in cases of hunger, satiety, inebriation, extreme anger, acute fright, excessive fatigue, or mental tension. For patients with constitutional weakness or qi-blood deficiency, apply gentle manipulation techniques.

b) Exercise caution when using scalp acupuncture on patients with cranial defects after brain surgery.

c) When needling Fengchi (GB 20) and Wangu (GB 12) in post-shunt patients, avoid puncturing subcutaneous drainage catheters.

d) Perform strict disinfection before needling through dense hair to prevent infection.

e) For areas prone to bleeding, it is advisable to apply pressure with a dry cotton ball for a certain period after needle removal, and rubbing should be avoided.

f) Fengchi (GB 20), Wangu (GB 12) and Tianzhu (BL 10) require cautious acupuncture technique with strict attention to needle direction and depth to avoid damaging important anatomical structures and causing adverse consequences.

8 Contraindications

a) Needling is contraindicated in areas of skin with infection, ulcers, scarring or tumors.

b) Needling is contraindicated in patients with coagulation defects.

c) Patients with active cerebral hemorrhage and malignant hypertension are prohibited from needling on Shuigou (GV 26) acupoint.

d) For patients with stroke during pregnancy, acupuncture on acupoints that are sensitive to fetal-pregnant reaction, such as Sanyinjiao (SP 6), are prohibited.

e) Acupuncture is contraindicated for patients who cannot cooperate with the treatment.

Appendix A (Informative)

Theoretical connotation of Tiaoshen Yizhi Acupuncture Therapy

Tiaoshen Yizhi Acupuncture Therapy was founded by Academician Shi Xuemin, National Master of TCM. Originating from Xingnao Kaiqiao (Consciousness-Restoring and Orifice-Opening) Acupuncture Therapy, it represents the theoretical expansion and sublimation in the cognitive field. Having undergone over fifty years of clinical refinement and scientific validation, it has developed into a mature acupuncture system. Based on the core pathogenesis of stroke— "orifice obstruction with spirit confinement leading to failure in guiding qi"— and integrating the pathological characteristics of post-stroke mild cognitive impairment (PSMCI) as "brain marrow depletion with dysfunctional mental faculties", this method locates the disease in the brain. It attributes the condition to malnourishment of the brain, phlegm-stasis obstructing orifices, and dysfunction of mental faculties, thereby establishing the therapeutic principle of "restoring consciousness, tonifying the brain, regulating spirit, and enhancing intelligence" and standardizing acupuncture manipulation protocols. Numerous clinical studies confirm its significant efficacy in improving cognitive levels and daily living abilities in PSMCI patients.

"The brain is the residence of the primordial spirit (Yuan Shen)." The primordial spirit governs memory, emotion, language, and limb movement through the regulation of qi, with blood as its material basis. Thus, unobstructed qi-blood circulation is essential for the spirit's function. As stated in Yi Yi Li (《医易一理》): "The human capacity for perception, movement, memory of past and present, and response to all things is governed solely by the brain." Academician Shi Xuemin posits that the "spirit" in PSMCI patients exists in a concealed and obscured state. During treatment, the spirit must first be awakened before it can be nourished. If nourishment precedes awakening, the spirit remains unable to govern life activities. Therefore, Academician Shi's concept of "regulating spirit" clinically combines "awakening the spirit" (醒神 Xing Shen) and "nourishing the spirit" (养神 Yang Shen).

Regarding the meaning of "Tiao" (调): Shuowen Jiezi (《说文解字》) states, "Tiao means harmonization," signifying regulation and balancing. In Tiaoshen Yizhi Acupuncture, "regulating spirit" is the therapeutic focus. Suwen • Baoming Quanxing Lun (The Divine Pivot) declares: "The essence of acupuncture lies first in governing the spirit," also emphasizing that "regulating spirit" is pivotal in acupuncture practice. Regarding "Xing" (醒): "Xing" means sobering from drunkenness. "Awakening the spirit" refers to restoring consciousness to the

dormant primordial spirit caused by obstruction of the brain orifices. Regarding "Yang" (养): "Yang" signifies protection and repair. "Nourishing the spirit" means replenishing brain marrow to strengthen the awakened spirit and enhance memory retention. The combined application of "awakening" and "nourishing" constitutes "regulating spirit": one aspect assists the spirit's revival, the other nourishes the cerebral spirit. Targeting the core pathogenesis of "brain marrow depletion with dysfunctional mental faculties" in PSMCI, treatment awakens and nourishes the spirit, tonifies brain marrow, guides yin-yang, unblocks brain collaterals, replenishes qi-blood, regulates qi movement, and facilitates the spirit's flow—thereby improving cognitive function.

The selection rationale and efficacy of points in Tiaoshen Yizhi Acupuncture are detailed as follows: Baihui (GV 20) belongs to the Governing Vessel and is a key point for treating mental disorders. Situated at the vertex with deep connections to the brain, it regulates cerebral function and has the effects of regulating the Governing Vessel, awakening the brain and opening orifices, replenishing marrow, filling the brain, calming the spirit, and enhancing intelligence. Sishencong (EX-HN 1) lies adjacent to the Governing Vessel and Bladder Meridian. The Bladder Meridian connects to the kidney, and the Governing Vessel enters the brain. Thus, needling Sishencong regulates the body's yang qi and guides yang into yin, achieving sedation, spirit-calming, vision-improving, and hearing-sharpening effects to regulate the function of the primordial spirit's residence. Shuigou (GV 26) is a point on the Governing Vessel that communicates with the Conception Vessel. This polarity of yin and yang mirrors heaven and earth, enabling it to regulate the meridian qi of cosmic yin-yang, awaken the brain and open orifices, and harmonize yin-yang. Sibai (ST 2) belongs to the Yangming Meridian, abundant in qi and blood. Needling it promotes the transformation of food essence into qi-blood, connects the brain orifices, links yin and yang, and calms the spirit to stabilize the mind. The combination of Fengchi (GB 20), Wan'gu (GB 12), and Tianzhu (BL 10) works to tonify brain marrow, ascend lucidity, and descend turbidity. Shenmen (HT 7), the source point where the Heart Meridian's primordial qi is infused, calms the heart and spirit while resolving stagnation and dissipating nodules. Neiguan (PC 6), a point on the Pericardium Meridian and one of the Eight Confluent Points, connects to the Yin Link Vessel and communicates with the Triple Energizer Meridian, enabling it to regulate qi movement. Taichong (LR 3) and Sanyinjiao (SP 6) possess the ability to nourish the liver and kidney, generate marrow, and supplement the brain. Fenglong (ST 40) resolves phlegm, descends turbidity, calms the spirit, and opens orifices. Collectively, these points achieve the effect of regulating spirit and enhancing intelligence.

Appendix B

(Informative)

Precautions for Acupuncture Manipulation

B.1 Precautions for Acupuncture Manipulation

Given the safety considerations in clinical application of points such as Fengchi (GB 20), Wan'gu (GB 12), and Tianzhu (BL 10) involved in this protocol, strict requirements for needling direction and depth are specified. The following detailed instructions are provided for clinicians' reference.

B.1.1 Needling Direction

Fengchi (GB 20): Insert needle toward the contralateral eyeball. Along this trajectory, the needle passes through skin, subcutaneous tissue, splenius capitis, and semispinalis capitis muscles, ultimately reaching the posterior aspect of the atlanto-occipital joint. This direction guides the needle tip between the superior margin of the posterior arch of atlas and the posterior border of the foramen magnum, with its extension directed toward the lateral skull base away from the medulla oblongata, thus effectively avoiding the foramen magnum region (medulla oblongata area) to ensure safety.

Wan'gu (GB 12) and Tianzhu (BL10): Adopt perpendicular insertion, with the needle tip directed toward the mastoid process (for Wan'gu) or the posterior arch of atlas (for Tianzhu). Strictly prohibit upward-medial deviation of the needle tip to prevent accidental entry into the space between atlas and occipital bone, which may compromise the medulla oblongata and vertebral artery.

B.1.2 Needling Depth

The depth for Fengchi (GB 20), Wan'gu (GB 12), and Tianzhu (BL 10) should be controlled within 1.0 – 1.5 cun. During operation, clinicians must adjust flexibly according to individual patient conditions:

(1) For lean patients: Limit to 1.0 cun maximum. Cease insertion when achieving the "heavy, tight, sluggish" needle sensation.

(2) For muscular patients: Depth may reach 1.5 cun, but insertion must be slow and uniform. Immediately stop if encountering resistance (e.g., sluggish needle tip sensation). Must never pursue deqi sensation through forceful deep insertion to prevent adverse consequences.

B.1.3 Bilateral Simultaneous Manipulation

This protocol emphasizes bilateral synchronous manipulation – a core

feature of Academician Shi Xuemin' s Tiaoshen Yizhi (Mind-Regulating and Intelligence-Enhancing) Acupuncture. Its purpose is to: Regulate qi-blood through coordinated bilateral stimulation of key points. Maximize activation of meridian qi. Effectively adjust functional states of the primordial spirit (brain). Achieve potent effects of spirit awakening (醒神), spirit regulation (调神), and orifice opening (开窍). This mature technique is derived from TCM spirit theory and extensive clinical practice. Additionally, bilateral simultaneous manipulation ensures consistent stimulation dosage and improves treatment efficiency by reducing operational time.

The above appendix aims to provide detailed and accurate standards for acupuncture practice, ensuring clinical safety and efficacy.

WJECMS

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