

Clinical experience of Professor Shao Jing-ming: a master of acupuncture-moxibustion

针灸大师邵经明教授临床经验采撷

Wen Jing (温婧)¹, Wang Pei-yu (王培育)^{1,2}, Shao Su-ju (邵素菊)^{1,2}, Gao Xi-yan (高希言)¹

1 Henan University of Chinese Medicine, Zhengzhou 450008, China

2 Shao's Inheritance Studio of Acupuncture School of Henan Province, Zhengzhou 450008, China

Abstract

Professor Shao Jing-ming had practiced Chinese medicine for more than 80 years with rich clinical experience and exquisite acupuncture techniques. From his clinical experience, Professor Shao's clinical features can be summarized as the followings: attaching importance to the theory of meridians and collaterals, combining pattern identification and disease identification, using fewer acupoints for treatment, and using Ashi point and Hegu (LI 4) to treat goiter. He emphasized the priority and sequence in acupoint-selection and manipulation. In treatment of epilepsy, he proposed to treat it according to the situation and paid great attention to the special function of the extraordinary acupoints. During the onset, it should be managed by calming the mind and controlling the symptoms; during the remission period, acupuncture and drugs should be applied simultaneously to regulate qi-blood and yin-yang, so as to reduce the frequency of attacks. He believed that acupuncture manipulation be one of the key factors in achieving the efficacy. In treatment of the motive diseases, such as convulsions and cramps, acupuncture with static and longer needle-retaining time should be adopted to control the limb movement, to strengthen the stimulation and to obtain a long-term efficacy. Professor Shao Jing-ming's medical records range from internal medicine, external medicine, gynecology and pediatrics, listing various refractory diseases effectively treated by him. Professor Shao was a moral and erudite Chinese medicine master, and his clinical experience is worthy of inheritance and development.

Keywords: Acupuncture Therapy; Moxibustion Therapy; Asthma; Points, Ashi; Points, Extraordinary; Acupuncture Medication Combined; Famous Doctor's Experience; Shao Jing-ming

【摘要】邵经明教授临床行医80余年，针灸技法精湛，临床经验丰富。通过整理邵教授临床医案，总结邵教授的临证经验特点为：重视经络理论，辨证与辨病相结合，用穴少而精，阿是穴、合谷治疗癔。强调“取穴有主次，施术有先后”。治疗痫证分轻重缓急，注重奇穴的特殊作用。发作期镇惊安神，控制症状，缓解期则针药并举，调理气血阴阳，减少发作频率，认为手法是针刺取效的关键因素之一。对于以动态表现为主的病症如抽搐、痉挛等，采用“静而久留”针法，以静制动，增强刺激，以获得远期疗效。邵经明教授临床医案涉及内、外、妇、儿各科，治疗各种沉痾痼疾均有良效。邵教授作为一代厚德博学的国医大师，其经验值得进一步继承和发扬。

【关键词】针刺疗法；灸法；哮喘；穴，阿是；穴，经外奇；针药并用；名医经验；邵经明

【中图分类号】 R249 **【文献标志码】** A



Shao Jing-ming (1910-2012), a famous acupuncture master, was one of the founders of the acupuncture-moxibustion science after the founding of the People's Republic of China. Master Shao was granted the Special Allowance from the State Council. He was one of the instructors of the first batch of the national traditional Chinese medicine (TCM) experts for academic inheritance work, one of the first batch of master tutors in Chinese medicine. He ran one of the first batch of

TCM School Inheritance Studio in China: being the founder of Shao's Inheritance Studio of Acupuncture School of Henan Province. Professor Shao was the first chairman of committee and the honorary president of Henan Academy of Acupuncture and Moxibustion. He was the winner of the award of the lifelong achievement in TCM of Henan. Professor Shao was also the founder of the discipline of acupuncture and moxibustion at Henan University of Chinese Medicine. He had been teaching for more than 50 years and had taught *Shang Han Lun (Treatise on Cold Damage Diseases)*, *Zhong Yi Ji Chu Li Lun (Basic Theory of Traditional Chinese Medicine)*, *Zhen Jiu Xue (Science of Acupuncture and Moxibustion)* and other courses. He was the deputy director and director of the Teaching

Author: Wen Jing, M.D., lecturer

Corresponding Author: Shao Su-ju, professor, chief physician.

E-mail: shaosuju@126.com

and Research Department of Acupuncture and Moxibustion, and the honorary director of the Department of Acupuncture and Moxibustion. In addition, his students are all over the world. Professor Shao had published more than 60 academic papers in domestic and foreign periodicals. He had published many research works, such as *Zhen Jiu Jin Nang (Acupuncture-moxibustion Kits)*, *Zhen Jiu Jian Yao (Essentials of Acupuncture and Moxibustion)*, *Zhong Yi Zhi Yao (Essentials of Traditional Chinese Medicine)*, and *Zhen Jiu Fang Zhi Xiao Chuan (Acupuncture and Moxibustion for Prevention and Treatment of Asthma)*. He also had been involved in the compilation work of the second and third edition of the national textbooks of higher education in TCM, such as *Zhong Guo Zhen Jiu Da Quan (Complete Compendium of Chinese Acupuncture and Moxibustion)*, *Zhong Guo Zhen Jiu Zhi Liao Xue (Therapeutics of Chinese Acupuncture and Moxibustion)*, *Zhen Jiu Lin Zheng Zhi Nan (Clinical Guidelines for Acupuncture and Moxibustion)*, *Xian Dai Zhen Jiu Yi An (Modern Acupuncture-moxibustion Case Records)*, *Dang Dai Zhong Guo Zhen Jiu Lin Zheng Jing Yao (Clinical Essentials of Contemporary Chinese Acupuncture and Moxibustion)*, *Dang Dai Zhong Guo Zhen Jiu Ming Jia Yi An (Case Records of Famous Acupuncture-moxibustion Doctors in Contemporary China)*, *Ming Yi Ming Fang Lu (Records of Famous Doctors and Prescriptions)*^[1].

Professor Shao began to study Chinese medicine at the age of 16, and he successively learned from Guo Yu-huang, a famous doctor in the late Qing Dynasty, and Mr. Cheng Dan-an, a modern master of acupuncture and moxibustion. He later integrated the medical achievement of the two teachers and read a lot of classic medical books. By combining with his own clinical experience and years of perceptions in medical practice, he had formed a unique academic school, namely Shao's acupuncture and moxibustion school, thus being an acupuncture-moxibustion master with profound academic foundation, and exquisite analysis of the medical theory and correlation of all four examinations. Professor Shao was always clear and correct with syndrome and disease diagnosis. In practice, the selected acupoints were always comparatively fewer but more effective. He had also mastered unique techniques in acupuncture. Besides, Professor Shao had combined acupuncture with medication, including Chinese and Western medications, in practice to treat diseases. During his practice of medicine for 80 years, Professor Shao had cured countless diseases. By collecting the medical records of Professor Shao Jing-ming and Professor Shao Su-ju (the daughter of Professor Shao Jing-ming) and the inheritor of Shao's Acupuncture Inheritance Studio of Henan, Professor Shao Jing-ming's clinical experience was

recorded and analyzed, which is believed valuable for reference.

1 'Three-acupoint and Five-needle Method' for Asthma

Asthma is a common recurrent and persistent chronic respiratory disease. Professor Shao Jing-ming held that although the etiology and pathogenesis of asthma are complicated, it is nothing more than exogenous pathogenesis, diet, fatigue and seven emotions impairing the viscera. Professor Shao believed that wheezing often results from exogenous pathogenic factors, and the treatment should eliminate pathogenic factors. When asthma is in remission, emphasis should be placed on strengthening the body. Acupuncture with reducing manipulation has showed a quick effect for asthma while taking a short term. But, for asthmatic patients, it is necessary to be patient to follow a long-term treatment to gradually improve the condition. Professor Shao began to use acupuncture and moxibustion to prevent and treat asthma in the late 1930s. According to documents, he collected the experience of various schools in treating asthma, and continuously explored and screened acupoints in many years of clinical practice. He finally summed up the unique and effective methods for controlling and preventing asthma, named 'three-acupoint and five-needle method'. The three points are Feishu (BL 13), Dazhui (GV 14) and Fengmen (BL 12). According to the patient's condition, proper adjunct acupoints should be selected, e.g., Hegu (LI 4) and Lieque (LU 7) are added for exogenous disease; Tiantu (CV 22) and Danzhong (CV 17) for phlegm obstructing lungs; Shenshu (BL 23), Guanyuan (CV 4) and Taixi (KI 3) for asthma due to deficiency; Chize (LU 15) and Taiyuan (LU 9) for asthma with cough. After acupuncture, cupping is often applied between Feishu (BL 13) and Dazhui (GV 14). Feishu (BL 13) is where the lung-essence pours into the back. It has the function of regulating lung qi, and relieving cough and asthma. It is the main acupoint for treating lung diseases. Fengmen (BL 12) is a crossing point of the Governor Vessel and Bladder Meridian. It is the gateway of wind evil invading human body. Acupuncture can dispel wind-cold and heat, regulate lung qi, and relieve cough and asthma. Moxibustion can stimulate the meridian qi, enhance physical fitness and prevent cold. These three points together can reduce the attack of asthma and relieve asthma symptoms. In the remission stage, the lung function can be improved and the curative effect can be consolidated. In the treatment of asthma, Professor Shao paid attention to syndrome differentiation of excess or deficiency of meridian qi, according to the patient's condition and physical fitness to adopt different manipulations. For adults, the needle

should be inserted into 13-20 mm, and retained for 20 min based on the arrival of qi. During the needle-retaining, according to the patient's condition and physique, he used the lifting-thrusting and twirling reinforcing-reducing manipulations for 2-3 times. For children, the needle should be inserted into 7-8 mm, with shorter needle-retention time. For Infants, the needles are removed quickly after insertion. The treatment is given once a day for asthma during attack period; once every other day for asthma in remission stage. Ten treatments are usually taken as a course, at a 3-5 d interval between two treatment courses^[2]. Zhongwan (CV 12) and Zusanli (ST 36) are often added for asthma with phlegm-dampness constitution to invigorate the spleen and dissipate phlegm; Guanyuan (CV 4), Qihai (CV 6) and Taixi (KI 3) were added for the aged or infirm patients, to cultivate the Yuan-primordial qi, with reinforcing manipulation and long-time needle retention plus moxibustion.

Professor Shao thought that it is important to persist in the treatment of asthma, and pay attention to the development of the disease. Because asthma is not easy to cure and has a high recurrence rate, we should pay attention to the psychological disorders of patients and enhance their confidence in treatment when communicating with patients. The patients should be informed that asthma is difficult to cure, understanding that acupuncture-moxibustion treatment is effective for asthma, without side effects. Therefore, patients can eliminate worries and adhere to treatment. During treatment, patients should avoid allergenic substances, smoking, alcohol, seafood and raw food. In case of persistent attack of asthma and severe infection, besides sticking to acupuncture and moxibustion, comprehensive therapies should be adopted to control symptoms in time with Chinese and Western medicines so as to avoid delaying the treatment.

2 Selecting Acupoints along the Meridians, Using Ashi Points and Hegu (LI 4) for Goiter

In TCM, goiter is divided into qi goiter, fleshy goiter, blood goiter (hemangioma of neck), varicose goiter (goiter with visible varicose veins) and stony goiter. Qi and fleshy goiter are common types, followed by stony goiter. Qi goiter is equivalent to simple goiter, fleshy goiter is equivalent to thyroid tumor, and stony goiter is equivalent to thyroid cancer in modern medicine. With the increase in pace of life and the pressure of work, the prevalence of goiter diseases has increased significantly.

Professor Shao Jing-ming believed that the main cause of goiter includes internal dysfunctions due to extreme emotions, dietary irregularities and being not acclimatized. The basic pathogenesis of goiter is qi stagnation, phlegm condensation and blood stasis, all of which are knotted at the front neck. The treatment

should combine major acupoints with adjunctive acupoints, so as to treat both symptoms and root causes of goiter. Professor Shao thought that the treatment principle should be eliminating pathogenic factors, strengthening the body's healthy qi, dredging meridians and collaterals, regulating qi and blood flow, and dispersing accumulation to eliminate the goiter. The commonly used points for goiter by Professor Shao are Ashi points and Hegu (LI 4). Professor Shao attached great importance to the pathological reaction of the selected acupoints and the lesions. Since Ashi point is the reaction point of the disease, and it is the external reflection of the inner symptoms^[3]. Based on his years of clinical experience, Professor Shao found that Ashi point can treat the dysfunction of Zang-fu organs due to blockage of meridian qi and blood stagnation, which has solved the limitations of the ordinary 14-meridian acupoints and extraordinary points^[4]. Ashi point plays a role of detumescence in treating goiter by dredging the stasis of qi, blood and body fluid. Moreover, goiter is a result of long-term stagnation of liver qi, blockage of meridians and collaterals, and dysfunction of Zang-fu organs. Therefore, a long period of treatment is required in clinical treatment. Besides, Ashi point is easy to find, and even people without knowledge of the location of acupoints can find it according to the disease reaction area^[5]. It is convenient for patients to press in daily health care for recovery of the disease. Professor Shao emphasized looking for the basic causes in treating diseases, and paid attention to the application of meridian and collateral theory, as well as the relationship between the diseased location and the meridians. Professor Shao believed that acupoints should be accurately selected and the less the better. Therefore, the acupoints for goiter should be a combination of local and distal acupoints. Hegu (LI 4) is a distal acupoint along the meridian. Yangming meridian is rich in qi and blood. The main pathogenesis of goiter is poor qi movement, namely, abnormal ascending-descending, or stagnation of qi, as well as the blood and phlegm stasis in the neck. The Large Intestine Meridian runs through the neck, and it can help to adjust the qi and blood of the neck. Modern literature proposes that the use frequency of three yang meridians is higher in treatment of hyperthyroidism^[6]. Hegu (LI 4) can tonify the meridian qi, dispel the evil qi, activate blood circulation and regulate qi movement to finally resolve the goiter. Ashi point and Hegu (LI 4) match each other and are complementary to each other in use. For simple goiter, Professor Shao achieved good treatment efficacy by puncturing only 2-3 acupoints. Neiguan (PC 6) and Zusanli (ST 36) can be added for patients with palpitation or trembling fingers. The combination of these two points can regulate qi and blood, nourish yin and clear heat. Taichong (LR 3) can be added for irritability or emotional instability patients. Taichong

(LR 3) is the Yuan-Primary point of the Liver Meridian. Acupuncture at Taichong (LR 3) can soothe the liver to regulate qi, nourish yin to descend heat, and regulate and enrich blood.

Professor Shao's acupuncture method for goiter is surrounding needling at Ashi point and routine puncturing methods for other acupoints. Surrounding needling at the local lesion is a special acupuncture method in order to improve the curative efficacy. It is the development of Yang Ci (shallow surrounding needling, an ancient needling method)^[7]. The method of surrounding needling can regulate local qi and blood, and has the effect of activating qi to dredge collaterals, activating blood to eliminate stasis, and dissipating phlegm and resolving mass. During the operation, one needle is inserted at the center of goiter, while 4 needles are inserted around the goiter by a 15-45° angle to the skin, with the tip toward the center. The needles should be inserted till the tip arrived the thyroid mass, followed by the pecking method. Modern research has found: after surrounding needling, local capillary dilates, metabolism increases, and histamine secretion in the skin increases. Hence, the activity of the tyrosine yeast and the melanocyte decomposition get enhanced^[8]. Surrounding pricking with fire needle is effective for goiter. Professor Shao believed that when the fire needle is used, the heat can go directly into the affected area, which can warm yang, relax bowel, and improve the movement of qi and blood. The duration of most goiter patients is long, and it is easy to recur. Long duration can cause stagnation of qi-blood, and consumption of yang qi. Professor Shao used fire needle to harmonize qi and blood, stimulate yang qi, and improve immunity. The fire needle can regulate the endocrine system, increase immune function, and maintain the general homeostasis by bidirectional regulation. Fire needle therapy can regulate the contents of thyroxine T3 and T4 in serum and restore the pituitary function, and then promote the release of thyroid stimulating hormone (TSH), so as to restore the normal function of hypothalamic-pituitary-target gland axis^[9-10]. In particular, Professor Shao emphasized that it is necessary to avoid the arteries and trachea in needling, and the needle should not be inserted too deep since the neck muscles are thin and the subcutaneous blood vessels are rich. Generally, 0.4-0.7 cun for perpendicular insertion accompanied by a sour and distension feeling radiating to the shoulder should be better. The needle is inserted perpendicularly into Hegu (LI 4) for 0.5-1.0 cun and retained for 30 min, while it is manipulated once every 15 min during retention. Treatment is given once a day, 10 d as one treatment course. If the mass shrinks after treatment, 3-5 d rest can be taken. Then the treatment can be carried out once every other day. Generally speaking,

obvious curative efficacy can be seen after two courses of treatment. Professor Shao used to adopt appropriate treatment methods based on the patient's condition, and he believed that neither the treatment form nor the acupuncture technique should be restricted. In clinical study, among 31 cases with simple goiter treated by Professor Shao, only 1 case was invalid. The rest patients' symptoms and signs had been relieved to different degrees, with a total effective rate of 96.8%^[11]. Professor Shao also paid attention to adjusting the patients' emotions in treating goiter because it is closely related to the mood. It is advisable to keep patients optimistic and positive by avoiding external negative stimulations.

From many years of his clinical experience, Professor Shao found that acupuncture can produce good curative effect for mild and moderate goiter. In particular, the smaller the primary cystic nodules, the better the curative efficacy. The patients with multiple and solid nodules usually needed a long course of treatment, and the therapeutic effect is inferior to that for mild and moderate cases. Acupuncture is invalid for goiter caused by congenital metabolic defects and hormone synthesis disorder. Professor Shao stressed that acupuncture-moxibustion is inadequate for hyperthyroidism crisis. In this case, rescue must be conducted immediately. Professor Shao paid much attention to the combination of syndrome differentiation and disease diagnosis in clinical treatment. First of all, we should accurately estimate whether the disease can be treated with acupuncture therapy, and then select the optimal therapy to treat diseases most promptly and effectively.

3 Combination of Acupuncture and Medicine in Treating Epilepsy According to Urgency Degree

Epilepsy is a neurological disorder characterized by seizures caused by heredity, craniocerebral injury, birth trauma, cerebrovascular disease or cerebral cysticercosis^[12]. Chinese medicine calls it epileptic syndrome, commonly known as epilepsy. The etiology of epilepsy usually includes agitation of liver wind and phlegm fire caused by congenital deficiency, dietary irregularities, emotional disorders, rage or fear. After a long time, it may induce dysfunction of heart, liver, spleen, kidney and other organs.

Professor Shao believed that the cause of epilepsy is either congenital or acquired, and the pathogenic factors include external pathogen and internal damage. For constitutional insufficiency, it may occur in young people. Cerebral injury caused by a sudden fall or overwork harming the kidney may also induce cerebral dysfunction. Phlegm caused by dietary irregularities or transportation and transformation disorder of spleen,

and brain-marrow malnutrition because of qi-blood deficiency can lead to this disease. According to the etiology, pathogenesis and clinical features of epileptic syndrome, Professor Shao suggested that the treatment of epileptic syndrome should be dealt with according to attack or remission, respectively. During the attack, the most important purpose is to control the symptoms, and the treatment emphasis is opening orifices, restoring consciousness and stopping convulsions. Dazhui (GV 14) and Fengchi (GB 20) should be selected as the major acupoints, and Shuigou (GV 26), Hegu (LI 4), Neiguan (PC 6) and Yaoqi (EX-B 9) could be the adjunct acupoints. During the remission period, the focus should be calming liver wind, and regulating qi and blood as well as yin and yang, so as to regulate the functions of Zang-fu organs. The combination of acupuncture and medicine should be used. In acupuncture, Dazhui (GV 14), Fengchi (GB 20), Baihui (GV 20) and Yaoqi (EX-B 9) should be taken to calm the mind and extinguish wind, and unblock the Governor Vessel to restore consciousness. Regarding Chinese medication, Ding Xian San can be used (created by Professor Shao). It includes *Tian Ma (Rhizoma Gastrodiae)*, *Chen Pi (Rhizoma Gastrodiae)*, *Ban Xia (Rhizoma Pinelliae)*, *Fu Ling (Poria)*, *Yuan Zhi (Cortex et Radix Polygalae)*, *Suan Zao Ren (Semen Ziziphi Spinosae)*, *Chang Pu (Rhizoma Acori Calami)*, *Zhu Sha (Cinnabaris)*, *Hu Po (Succinum)*, *Bai Jie Zi (Semen Sinapis Albae)*, *Quan Xie (Scorpion)*, *Wu Gong (Scolopendra)*, *Tian Nan Xing (Rhizoma Arisaematis cum Felle Bovis)*, *Gou Teng (Ramulus Uncariae cum Uncis)* and *Jiang Can (Bombyx Batryticatus)*^[13]. The aim is to reduce the frequency of epileptic attack and to consolidate long-term efficacy. According to several decades of clinical observation, Professor Shao found that Dazhui (GV 14) and Fengchi (GB 20) are the key acupoints for cerebrospinal diseases. Dazhui (GV 14) is the crossing point of the Governor Vessel and three yang meridians of foot. It governs the yang meridians, calms the mind, cleans the heart, restores the consciousness, and regulates yang to tonify marrow. Fengchi (GB 20) can expel external wind and extinguish internal wind, bearing the function of unblocking collaterals, restoring consciousness and calming the mind, and treating both symptoms and root causes. The two acupoints are used as major acupoints to balance yin and yang. In the attack period, Shuigou (GV 26), Hegu (LI 4) and Neiguan (PC 6) are added to calm the mind and restore the consciousness, for relieving the symptoms quickly. Yaoqi (EX-B 9) locates at 2 cun above the tailbone, on the route of the Governor Vessel. It is the crossing point of the Conception Vessel, Governor Vessel and Thoroughfare Vessel. Although Yaoqi (EX-B 9) is an extra point, it is indeed on the Governor Vessel. It is used according to the principle of selecting points along the meridian. Yaoqi (EX-B 9) is an essential point for epilepsy. Professor Shao started to

use Yaoqi (EX-B 9) to treat epileptic syndrome from early 1960s. He believed that it must be selected regardless of the disease stage. Modern research has found that acupuncture at Dazhui (GV 14) and Yaoqi (EX-B 9) can cause cerebral cortex to form a benign excited area, and the stimulation is strong and long-lasting. Besides, it can inhibit nuclear factor-kappa B (NF-κB) and ease the activity of brain neurons in epileptogenic focus. Eventually, the cerebral blood circulation is improved and the epilepsy is finally under control^[14]. In addition to the above major acupoints, Professor Shao treated epilepsy also according to syndrome differentiation based on the onset time. If the onset was during the day, Shenmai (BL 62) would be used; if it was at night, Zhaohai (KI 6) would be used to regulate Yin and Yang Heel Vessels. In case of phlegm, Fenglong (ST 40) is used to activate qi and fluid flow. In case of insomnia, Shenmen (HT 7) and Neiguan (PC 6) are used to nourish the heart and calm the mind. As for patients with long disease duration, their functions of Zang-fu organs might be impaired, thus Ganshu (BL 18) and Shenshu (BL 23) should be used. In patients with poor appetite or spleen-stomach weakness, Zusanli (ST 36) and Zhongwan (CV 12) should be used.

In acupuncture during the attack period, manipulate the needles once every 5 min, in order to strengthen the stimulation and arrest the convulsion rapidly. In acupuncture during the remission period, puncture Dazhui (GV 14) perpendicularly for 1.2 cun with the patient taking a sitting position. The needle is manipulated regularly according to patient's tolerance until the arrival of qi. Puncture Fengchi (GB 20) obliquely with the tip toward the apex nasi. The needles are manipulated within a small amplitude for several times to prompt the arrival of qi. When Yaoqi (EX-B 9) is treated, the patient takes a lateral position with knee flexed. A needle of 75 mm in length is selected to puncture this point transversely along vertebral column upward with a 15° angle. It is good if the needling sensation of soreness and distention radiates to the neck. The needle is retained for 30 min and manipulated once every 10-15 min during needle retention. The treatment is done once a day and 10 times constitute one treatment course. Since epilepsy is a kind of refractory disease, Professor Shao paid great attention to the treatment and nursing in the remission period. He believed that acupuncture is better for the primary epilepsy than the secondary one, but a few cases with mild brain injuries can be completely cured. However, Chinese medication should be taken for a long time to control the attack. Ding Xian San can be ground to powder for oral administration, taken at 1.5-3.0 g each time, twice a day. For patients with frequent seizures, the dose could be increased. However, for children, the dose should be reduced appropriately.

4 Paying Attention to Acupuncture Technique and Long-retention to Alleviate Facial Spasm

Facial spasm, also known as facial muscle convulsion, is a peripheral neuropathy characterized by paroxysmal convulsion of unilateral facial muscle without other positive signs of nervous system. Chinese medicine holds that the main pathogenic factor of this disease is wind.

Most of the facial spasm patients treated by Professor Shao were diagnosed with weak constitution or temperament. One reason is the pathogenic wind invasion of the tendons, and the other is the weak spleen function. Professor Shao stressed that both the pathogeny and the location of disease should be recognized. Besides, the meridian differentiation and syndrome differentiation should be considered simultaneously. The treatment principle is to calm the liver, dispel wind, unblock meridians, and harmonize qi and blood^[2]. In treating spastic diseases, Professor Shao used long retention of needles. That is to prolong the retaining time without manipulation, based on obtaining qi with the conventional acupuncture, or manipulating the needle for less time or with light stimulation according to the disease and the cause. The characteristic of the needling method is the long-time stimulation. Professor Shao said that although the acupuncture treatment and accurate acupoint selection are essential, the acupuncture technique of managing pathological muscle motions by motionless needling should not be ignored. The reason is that the needle not only can stimulate qi movement and help obtaining qi, but also can avoid excessive stimulation to facial muscles. Strong needling manipulation may possibly lead to higher frequency of spasms and hinder the treatment efficacy. It is showed that motionless needling can produce a lasting therapeutic effect.

Professor Shao believed that less acupoints should be used for treatment, Fengchi (GB 20), Sibai (ST 2), Dicang (ST 4) and Hegu (LI 4) could be taken as the major acupoints. Fengchi (GB 20), located at the back of the head, is an important point in Professor Shao's prescription for facial spasm. Professor Shao emphasized that the technique is the key in using this acupoint. The distending feeling must be achieved, and the needling sensation should radiate to the affected area, head, forehead and the orbital part, while the patient feels refreshed. Sibai (ST 2) and Dicang (ST 4) are selected as local points to unblock meridians in facial area. These are acupoints of three yang meridians of foot and can be used to regulate stomach and spleen function, as well harmonize qi and blood, so as to play the antispasmodic function. During acupuncture, Sibai (ST 2) is punctured with a needle of 40 mm in length, and Dicang (ST 4) is punctured with the needle tip towards Jiache (ST 6). Hegu (LI 4) is usually used for

head and face disorders, as it can dispel wind pathogens. The patients with severe spasm can be treated with needling Quanliao (SI 18) and Xiaguan (ST 7). Hegu (LI 4) is punctured routinely, with lifting-thrusting and twirling manipulations to enhance the stimulation. In acupuncture, after qi arrival, the needles should be retained for 1 h, and the needles at the local acupoints are not supposed to be manipulated. Treatment is given once a day and 10 d constitute one therapeutic course. Facial spasm is difficult to cure and tends to recur. It belongs to grade II acupuncture indication spectrum. The use of static needling and long-time retention can prolong the stimulation time and can enhance the therapeutic efficacy of acupuncture. Therefore, the disease can be cured.

5 Discussion

Professor Shao had profound theoretical study in traditional Chinese medicine, held academic thought of 'needling less acupoints to achieve better efficacy', and combined syndrome differentiation and disease differentiation in treatment. He held the eight principle differentiation as the the main principle, and the combination of six-meridian and Zang-fu organ differentiation as the supplementary principle. Sometimes, disease differentiation was made before other differentiation methods^[15]. Professor Shao proposed that the indications of acupuncture should be clear to determine the optimal treatment option. The treatment of acupoints is guided by the theory of meridians and collaterals, and the acupoints should be selected according to the condition of the disease both along the meridians and from the local acupoints^[16-17]. He emphasized treating disease in order of the priority, and paid attention to the special role of extra points, and adopted acupuncture and medication simultaneously based on the condition of the illness. He emphasized that 'the acupoint-selection and needling technique have the primary or secondary significance in acupuncture'. During the acute phase, the purpose of acupuncture is to quickly alleviate symptoms; during the remission phase, it is to eliminate both the symptoms and root causes^[18]. Professor Shao believed that acupuncture manipulation is one of key factors in achieving clinical efficacy. He paid attention to the needling manipulations in order to obtain needling sensation. In treating symptoms such as convulsion and spasm, he used static needling and long-retaining of needles to achieve a long-lasting and stable efficacy. Professor Shao's treatment of asthma is effective, simple and easy to learn. The treatment scheme is mainly based on 'three-acupoint and five-needle method' and the acupoint selection is according to syndrome differentiation. It not only embodies the principle of pertinence in diagnosis and treatment, but

also embodies the overall view of Chinese medicine. Professor Shao's treatment of asthma embodies his academic essence of 'needling according to syndrome differentiation, different methods for different people, and paying attention to emotions'^[19-22]. He not only emphasized 'three-acupoint and five-needle method', but also believed that the job of a doctor is not to treat diseases, but to treat people. Professor Shao was an erudite master in traditional Chinese medicine, and his clinical experience is worthy of inheritance and development.

Conflict of Interest

The authors declared that there was no potential conflict of interest in this article.

Acknowledgments

This work was supported by Henan Inheritance Office of Shao's Acupuncture-moxibustion School of State Administration of Traditional Chinese Medicine (国家中医药管理局河南邵氏针灸流派传承工作室项目, No. LP0116036-Z8); Key Science and Technology Program of Henan Province (河南省科技攻关计划项目, No. 172102310611); Doctoral Research Fund of Henan University of Chinese Medicine (河南中医药大学博士基金, No. BSJJ2018-14); Special Project of Chinese Medicine Scientific Research in Henan (河南省中医药科学研究专项课题, No. 2018ZY2106).

Received: 23 August 2018/Accepted: 8 October 2018

References

- [1] Shao SJ, Gao XY, Shao SX, Quan CF. Acupuncture master: Shao Jing-ming. *Henan Zhongyi Xueyuan Xuebao*, 2008, 23(3): 1-5.
- [2] Shao SJ, Zhang SL, Chen C, Ren Z. Essence of Professor Shao Jing-ming's academic thought. *Zhonghua Zhongyiyao Zazhi*, 2015, 30(6): 1993-1995.
- [3] Yu B, Wang C, Zhang YC, Jia HL. Discussion about Ashi point. *Zhenjiu Linchuang Zazhi*, 2016, 36(2): 197-199.
- [4] Shao SJ. Shao Jing-ming's experience in treating goiter by acupuncture and moxibustion. *Shanghai Zhenjiu Zazhi*, 1996, 15(1): 8-9.
- [5] Jiang S, Zhao JS. Original meaning of Ashi and derivation of Ashi point. *Zhongguo Zhen Jiu*, 2016, 36(2): 197-199.
- [6] Liu SK, Jiang K, Wang YY, Bian T, Zhou L, Wang CY. Study on the law of acupoints in acupuncture treatment of hyperthyroidism. *Zhongyi Xuebao*, 2016, 31(2): 2015-2018.
- [7] Xu WF, Shang XK, Wang HX. The treatment of nodular diseases by encircling needling. *Hunan Zhongyi Zazhi*, 2016, 32(8): 136-138.
- [8] Liu MY. Clinical Efficacy Observation of Local Surrounding Needling plus Abdominal Acupuncture for Chloasma. Changsha: Master Thesis of Hunan University of Chinese Medicine, 2014.
- [9] Hao ZY, Ma Y, Li XH, Zhang TS, Ji LX. The effect on the rats model of hypothyroidism with fire needle. *Zhonghua Zhongyiyao Xuekan*, 2010, 28(6): 1228-1229.
- [10] Min YJ, Yao HH, Zhang H, Ding LQ, Min ZY, Pei J, Cheng LH. Influence of different acupoints and intensity of stimulus on HPT axis in rats with syndrome of kidney-yang deficiency: a study based on orthogonal experimental design. *Beijing Zhongyiyao Daxue Xuebao*, 2015, 38(4): 236-240.
- [11] Wang MJ, Zhu YC, Shao SJ. Professor Shao Jing-ming's experience in treating epilepsy with acupuncture and medicine. *Henan Zhongyi*, 1993, 13(6): 258-259.
- [12] Zhang LF, Zhao LX, Ni WJ, Hao LF. Impacts of acupuncture at the Governor Vessel points on the expression of hippocampal NF-κB in the rats of epilepsy. *Shijie Zhongxiyi Jiehe Zazhi*, 2013, 8(4): 355-357.
- [13] Shao SJ, Shao SX. Treatment of 31 cases with simple goiter by acupuncture. *Zhenjiu Linchuang Zazhi*, 2004, 20(12): 24-25.
- [14] Diao LM, Li HQ. Progress in the treatment of epilepsy by traditional Chinese medicine. *Guangming Zhongyi*, 2017, 32(6): 912-914.
- [15] Zhang A, Yan XK, Liu AG. Clinical research progress of Shao's three-point five-needle acupuncture method for asthma. *Shanghai Zhenjiu Zazhi*, 2017, 36(9): 1142-1146.
- [16] Shao JM. Acupuncture-moxibustion Kits. Zhengzhou: Henan Science and Technology Press, 1990.
- [17] Gao XY, Shao SJ, Shao SX, Ma QL. Study on Professor Shao Jing-ming's academic thought. *Zhongguo Zhen Jiu*, 2007, 27(5): 362-364.
- [18] Shao SJ, Shao SX. Study on the law of Professor Shao Jing-ming's clinical point selection. *Zhongguo Zhen Jiu*, 2006, 26(2): 126-128.
- [19] Xing JM, Yan XK, Zhao ZT, Sheng XY, Zhu TT. Theoretic analysis of Professor Shao Jing-ming's 'three-acupoint and five-needle method' for asthma. *J Acupunct Tuina Sci*, 2017, 15(2): 99-103.
- [20] Wang Y, Yang YQ, Shao SJ, Shao SX, Wang PY, Liu YY, Yin LM, Xu YD, Ren Z. Academic thoughts of Shao Jingming: master of acupuncture. *Shanghai Zhongyiyao Daxue Xuebao*, 2015, 29(4): 1-4.
- [21] Shao SJ, Zhang YH. Headstream and development of Shao's 'five needling therapy' in treating asthma. *Liaoning Zhongyi Zazhi*, 2018, 45(5): 1042-1045.
- [22] Shao SJ, Quan CF, Shao SX, Zhou S, Kong L, Ren Z. Clinical research of Shao's 'five acupuncture therapies' in treating acute paroxysmal asthma. *Zhongyi Xuebao*, 2012, 27(12): 1584-1586.