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## 头针技术规范

Scalp Acupuncture Manipulation

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## Preface

The standardized Scalp Acupuncture Manipulation was drawn up by the World Federation of Acupuncture – Moxibustion Societies. Annex A of this standard is informative. Annex B of this standard is normative.

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## Preface

The standardized Scalp Acupuncture Manipulation was drawn up by the World Federation of Acupuncture – Moxibustion Societies. Annex A of this standard is informative. Annex B of this standard is normative.

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# 1 Scope

The standard defines the terms, definitions, operation steps, requirements, operation methods, attentions and taboos of scalp acupuncture.

The standard applies to the use of the manipulations of scalp acupuncture.

# 2 Terms and Definitions

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

## 2.1 Scalp Acupuncture

Scalp acupuncture is a therapeutic method to puncture specific point – line on the scalp with needles.

## 2.2 Subcutaneous Needling

The needle is inserted subcutaneously with an angle of about  $15^{\circ} \sim 30^{\circ}$  between the needle shaft and the scalp. The method is also known as transverse insertion.

# 3 Operation Steps and Requirements

## 3.1 Preparation

### 3.1.1 Needles

Filiform needles should be selected according to patients' conditions and scalp site. The needles must have polished and straight bodies (shafts) without rusts or bends, solid handle and sharp tips without barbs.

### 3.1.2 Locations

Select locations according to different disease. The locations and indications of scalp acupuncture are presented in Annex A.

### 3.1.3 Patient' Body Position for Treatment

The sitting position is appropriate, or selects a position comfortable for patient and convenient for practitioner.

### 3.1.4 Environmental Setting for Treatment

Be sure that the environment setting should be clean and no pollutant.

### 3.1.5 Sterilization

#### 3.1.5.1 Sterilization of Needles

It is better to select the disposable filiform needles. Reusable needles should be processed with high – pressure sterilization method according to international inspection standards (ISO 11737).

#### 3.1.5.2 Disinfection of the Skin Selected for Acupuncture

The location should be disinfected with 75% alcohol cotton or 1% iodophor ball in a circular motion from the center to the periphery, according to international inspection standards (ISO 11737).

#### 3.1.5.3 Personal Hygiene of the Acupuncturists

Before operation the acupuncturist should wash hands with soapsuds, then disinfect with 75% alcohol cotton ball according to international inspection standards (ISO 11737).

## 3.2 Needling Methods

### 3.2.1 Angle of Insertion

Normally the needles are inserted obliquely with an angle of about  $15^{\circ} \sim 30^{\circ}$  between the needle shaft and the skin, then the needle is inserted horizontally into the skin.

### 3.2.2 Fast Insertion

Insert the needle into the subgaleal region rapidly and parallel to the skin to reach certain depth.

### 3.2.3 Depth of Insertion

After the needle is inserted into the layer beneath the galea aponeurotica, the needle should be inserted

along the skin; the depth of insertion depends on the patient's condition and the requirements of the prescription.

### 3.2.4 Needle Manipulation

After the needle body enters the layer beneath the galea aponeurotic, the acupuncturist should immobilize the shoulder, elbow, and wrist joints and thumb to prevent the needle from moving. Bend the proximal and distal joints of index finger as semi – buckling state, and hold the needle handle with the palm side of the thumb and the radial surface of the index finger. Twist the needle by bending and stretching movement of the metacarpophalangeal joint of the index finger rapidly without stopping, at a frequency of 200 times per minute, and last for at least 1 ~ 3 minutes.

During the process of treatment, the needles are manipulated intermittently. To strengthen the stimulation and achieve better effect repetitively twirl the needles for about 2 ~ 3 times. Each twirling may last 1 ~ 3 minutes.

### 3.2.5 Needle Retention

In general needles are retained for 15 ~ 30 minutes, but retention for 2 ~ 24 hours may be used for severe or complicated cases. Prescribe the patients to do exercises during needle retention can enhance the therapeutic effect. Manipulation is not needed during the needle retention.

### 3.2.6 Withdrawal of the Needle

Withdraw the needle quickly and press the puncture hole with a dry sterilized cotton ball for a while to prevent bleeding.

### 3.2.7 Management of Possible Accidents

Annex B presents methods of management for fainting, stuck needle, bent needle, broken needle or hematoma during or after treatment.

## 4 Precautions

4.1 A small part the needle shaft should be exposed outside the scalp during the needle retention. Do not disturb the needles under the skin to avoid bending or breaking. If the patient feels discomfort in needling site, withdraw the needle 0.1 ~ 0.2cm. Special attentions should be paid to patients with severe cardio – cerebrovascular diseases during the period of needle retention.

4.2 Be cautious when treating the patients who are nervous, hungry, or overeat. Strong manipulation is not advised.

4.3 Carefully check the number of the needles after the needle withdrawal in order to ensure no needles are left.

## 5 Contraindication

Scalp acupuncture should not be used in the following cases.

5.1 Infants whose fontanel and seams of the skull are not closed.

5.2 Patients who have skull defects, open brain injury, severe inflammation, ulcers or scars.

5.3 Patients who are suffering from severe heart disease, diabetes, anemia, acute inflammation or cardiac failure.

5.4 Patients who are suffering from stroke should be treated only after their blood pressure and disease conditions were stable.

## Annex A

### ( Informative )

#### International Standard Proposal of Scalp Acupuncture Point Line

##### A. 1 International Standard Proposal of Scalp Acupuncture Point Line

###### A. 1. 1 MS<sub>1</sub> Ezhongxian ( Middle Line of Forehead )

Middle mid – sagittal line of forehead, 1 cun long from Shenting ( DU<sub>24</sub> ) straight downward, extending 0. 5 cun superior and inferior anterior to the hairline, belongs to the Governor Vessel.

###### A. 1. 2 MS<sub>2</sub> Epangxian I ( Lateral Line 1 of Forehead )

Line 1 lateral to mid – sagittal line, superior to the inner canthus, 1 cun long from Meichong ( BL<sub>3</sub> ) straight downward, belongs to the Bladder Meridian.

###### A. 1. 3 MS<sub>3</sub> Epangxian II ( Lateral Line 2 of Forehead )

Line 2 lateral to forehead, 1 cun long from Toulinqi ( GB<sub>15</sub> ) straight downward, superior to the pupil, belongs to Gall Bladder Meridian.

###### A. 1. 4 MS<sub>4</sub> Epangxian III ( Lateral Line 3 of Forehead )

Line 3 lateral to forehead, 1 cun long, 0. 75 cun medial to Touwei ( ST<sub>8</sub> ) straight downward, 0. 5 cun superior and inferior to the hairline, between Gall Bladder and Bladder Meridians.

###### A. 1. 5 MS<sub>5</sub> Dingzhongxian ( Middle Line of Vertex )

Middle line of vertex, extending from Baihui ( DU<sub>20</sub> ) inferiorly to Qianding ( DU<sub>21</sub> ), belongs to Governor Vessel.

###### A. 1. 6 MS<sub>6</sub> Dingnie Qianxiexian ( Anterior Oblique Line of Vertex – Temporal )

From Qian Sishencong ( EX – HN<sub>1</sub> ) oblique to Xuanli ( GB<sub>6</sub> ). It traverses the Gall Bladder and Bladder Meridians diagonally.

###### A. 1. 7 MS<sub>7</sub> Dingnie Houxiexian ( Posterior Oblique Line of Vertex – Temporal )

From Baihui ( DU<sub>20</sub> ) obliquely to Qubin ( GB<sub>7</sub> ). It traverses the Governor Vessel, Gall Bladder and Bladder Meridians diagonally.

###### A. 1. 8 MS<sub>8</sub> Dingpangxian I ( Line 1 Lateral to Vertex )

Bilaterally 1. 5 cun lateral to middle line of vertex, 1. 5 cun long posteriorly from Chengguang ( BL<sub>6</sub> ) belongs to the Bladder Meridian.

###### A. 1. 9 MS<sub>9</sub> Dingpangxian II ( Line 2 Lateral to Vertex )

Bilaterally 2. 25 cun lateral to middle line of vertex, 1. 5 cun posteriorly from Zhengying ( GB<sub>17</sub> ) belongs to the Gall Bladder Meridian.

###### A. 1. 10 MS<sub>10</sub> Nieqianxian ( Anterior Temporal Line )

From Hanyan ( GB<sub>4</sub> ) to Xuanli ( GB<sub>6</sub> ), belongs to Gall Bladder Meridian.

###### A. 1. 11 MS<sub>11</sub> Niehouxian ( Posterior Temporal Line )

From Shuaigu ( GB<sub>8</sub> ) to Qubin ( GB<sub>7</sub> ), belongs to Gall Bladder Meridian.

###### A. 1. 12 MS<sub>12</sub> Zhenshang Zhengzhong xian ( Upper – Middle Line of Occiput )

From Qiangjian ( DU<sub>18</sub> ) to Naohu ( DU<sub>17</sub> ), belongs to Governor Vessel.

**A. 1. 13 MS<sub>13</sub> Zhenshang Pangxian (Upper – Middle Line of Occiput)**

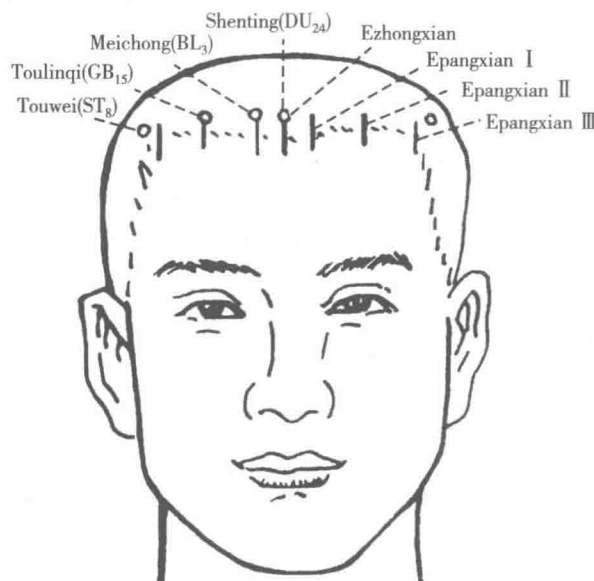
0.5 cun lateral and parallel to upper – middle line of occiput.

**A. 1. 14 MS<sub>14</sub> Zhenxia Pangxian (Lower – Lateral Line of Occiput)**

2 cun long from Yuzhen (BL<sub>9</sub>) straightly inferior, belongs to Bladder Meridian.

**A. 2 Location and Indications**

**A. 2. 1 Forehead Area (Chart A1)**



**Chart A1 Anterior View**

**A. 2. 1. 1 Middle Line of Forehead MS<sub>1</sub> Ezhongxian**

**Location:** This line is in the middle of the forehead, running 0.5 cun superiorly and inferiorly respectively to the anterior hair line. Acupuncture needle is inserted into DU<sub>24</sub>(Shenting), reaching 1 cun antero – inferiorly. It is on the Governor Vessel.

**Indications:** Headache, involuntary laughing, weeping, insomnia, amnesia, dream – disturbed sleep, mania and nasal disorders.

**A. 2. 1. 2 Lateral Line of Forehead MS<sub>2</sub> Epangxian I**

**Location:** This line is lateral to the middle line of forehead, and on the line linking the inner canthus. It extends between 0.5 cun superior and inferior to the hair line. Acupuncture needle is inserted into to BL<sub>3</sub> (Meichong), reaching 1 cun antero – inferiorly. It is on the Bladder Meridian.

**Indications:** Disorders of the upper – jiao, such as coronary heart disease, angina pectoris, bronchial asthma, bronchitis and insomnia.

**A. 2. 1. 3 Lateral Line 2 of Forehead MS<sub>3</sub> Epangxian II**

**Location:** This line is lateral to MS<sub>2</sub>, and superior to the pupils, extending 0.5 cun superior and inferior to the hair line. Acupuncture needle is inserted into GB<sub>15</sub>(Toulinqi), reaching 1 cun antero – inferiorly. It is on the Gallbladder Meridian.

**Indications:** Disorders of the middle – jiao, such as acute or chronic gastritis, gastro – duodenal ulcer and liver – gallbladder diseases.

**A. 2. 1. 4 Lateral Line 3 of Forehead MS<sub>4</sub> Epangxian III**

**Location:** This line is lateral to MS<sub>3</sub>. Acupuncture needle is applied to the place 0.75 cun medial to ST<sub>8</sub>

(Touwei), a line extending 0.5 cun superior and inferior the hair line. It is the midline between the Gallbladder and Stomach Meridians.

Indications: Disorders of the lower – jiao, such as functional uterine bleeding, impotence, seminal emission, uterine prolapse, above and below frequent and urgent urination.

#### A. 2. 2 Vertex Area (Chart A2 ~ A3)

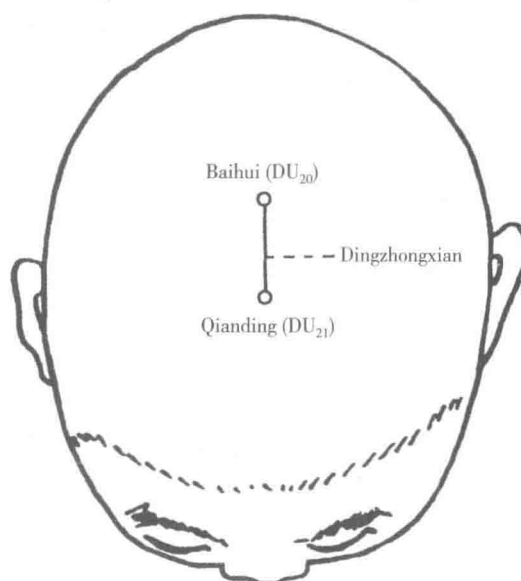


Chart A2 Top of Head

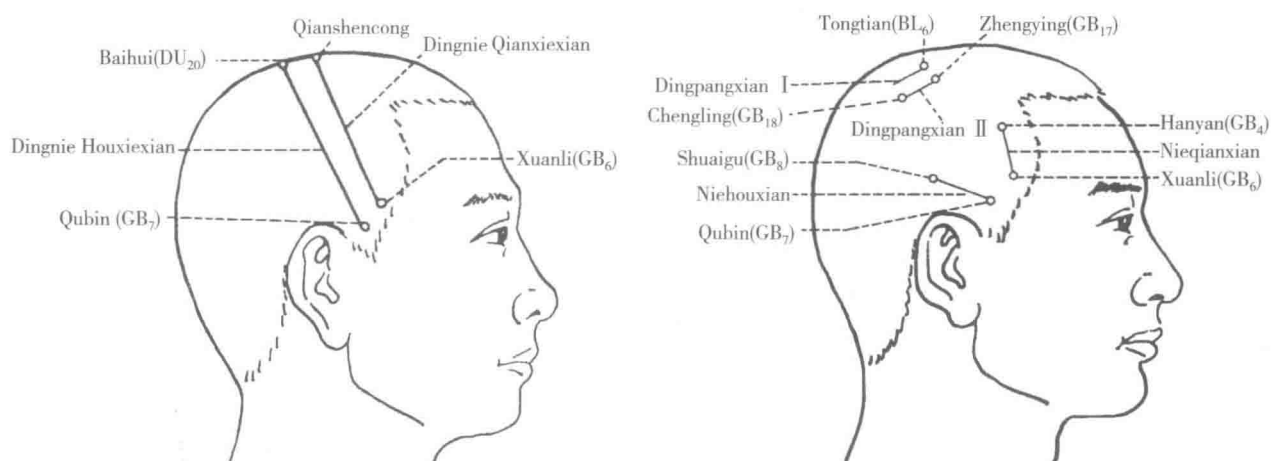


Chart A3 Lateral View

##### A. 2. 2. 1 Middle Line of Vertex MS<sub>5</sub> Dingzhongxian

Location: This line is on the mid – sagittal line of vertex. Acupuncture needle is applied to the line 1.5 cun from DU<sub>20</sub> (Baihui) to DU<sub>21</sub> (Qianding). It is on the Governor Vessel.

Indications: Disorders of lower back, leg and foot, such as paralysis, numbness, pain, cortical polyuria, nocturia in children, prolapse of rectum, gastropotosis, prolapse of uterus, high blood pressure and pain in the top of head.

##### A. 2. 2. 2 Anterior Oblique Line of Vertex – Temporal MS<sub>6</sub> Dingnieqianxiexian

Location: This line is on the temporal side of the head, on the line linking EX – HN<sub>1</sub> (Qian Sishencong)

and GB<sub>6</sub>(Xuanli), which obliquely passes through the Bladder and Gallbladder Meridians.

Indications: It is effective for central motor dysfunction of the contralateral limbs. The line is divided into 5 equal segments. Acupuncture applied to the upper 1/5, the middle and lower 2/5, and is used for contralateral central paralysis of the lower limbs, contralateral central paralysis of the upper limbs and facial, motor aphasia, salivation and cerebral arteriosclerosis respectively.

#### A. 2. 2. 3 Posterior Oblique Line of Vertex – Temporal MS<sub>7</sub> Dingniehouxiexian

Location: This line is on the temporal side of the head, on the line linking DU<sub>20</sub>(Baihui) and GB<sub>7</sub>(Qubin), and it obliquely passes through the Governor Vessel, Bladder and Gallbladder Meridians.

Indications: It is effective for central sensory disturbance of contralateral limbs. The line is divided into 5 equal segments. Acupuncture needle is applied to the upper 1/5, the middle and lower 2/5, for contralateral sensory disturbance of the lower limbs, the upper limbs, the head and face, respectively.

#### A. 2. 2. 4 Lateral Line 1 of Vertex MS<sub>8</sub> Dingpangxian I

Location: This is on the top of the head, 1.5 cun lateral to and parallel to the middle line of vertex. Acupuncture needle is applied to BL<sub>6</sub>(Chengguang) posteriorly reaching 1.5 cun. It is on the Bladder Meridian.

Indications: Disorders of the lower back, leg and foot, such as paralysis, numbness and pain.

#### A. 2. 2. 5 Lateral Line 2 of Vertex MS<sub>9</sub> Dingpangxian II

Location: This line is on the top of the head, 0.75 cun laterals to the lateral line 1 of vertex and 2.25 cun laterals to the middle line of vertex. Acupuncture needle is applied to GB<sub>17</sub>(Zhengying) posteriorly reaching 1.5 cun. It is on the Gallbladder Meridian.

Indication: Disorders of the shoulder, arm and hand, such as paralysis, numbness and pain.

#### A. 2. 3 Temporal Area (Chart A4)

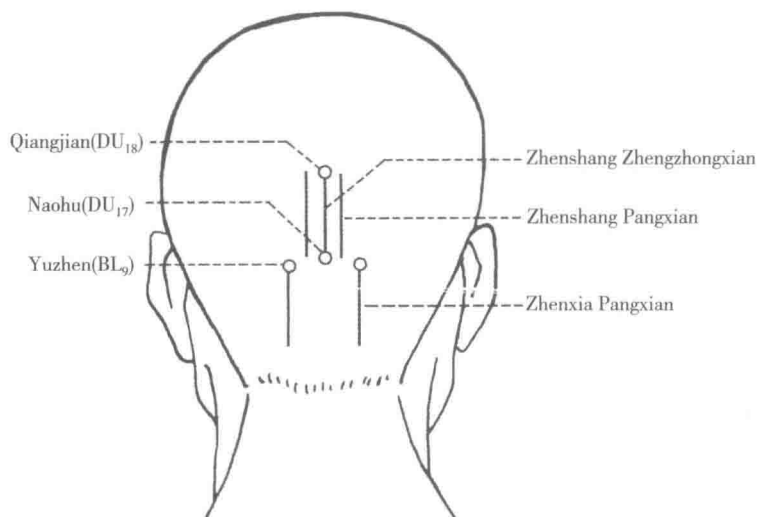


Chart A4 Posterior View

#### A. 2. 3. 1 Anterior Temporal Line MS<sub>10</sub> Nieqianxian

Location: This line is on the temporal side of the head, on the line linking GB<sub>4</sub>(Hanyan) and GB<sub>6</sub>(Xuanli). It is on the Gallbladder Meridian.

Indications: Migraine, motor aphasia, peripheral facial palsy and oral disease.

#### A. 2. 3. 2 Posterior Temporal Line MS<sub>11</sub> Niehouxian

Location: This line is on the temporal side of the head, directly above the ear apex, on the line linking

GB<sub>8</sub>(Shuaigu) and GB<sub>7</sub>(Qubin). It is on the Gallbladder Meridian.

Indications: Migraine, dizziness, deafness and tinnitus.

#### A. 2. 4 Occipital Area

##### A. 2. 4. 1 Upper Middle Line of Occiput MS<sub>12</sub>Zhenshangzhengzhongxian

Location: This line is on the occipital area, on the mid – sagittal line superior to the external occipital protuberance, on the line linking DU<sub>18</sub>(Qiangjian) and DU<sub>17</sub>(Naohu). It is on the Governor Vessel.

Indications: Eye diseases.

##### A. 2. 4. 2 Upper Lateral Line of Occiput MS<sub>13</sub> Zhenshangpangxian

Location: This line is on the occipital area, on the line 0.5 cun lateral to and parallel to the upper middle line of occiput.

Indications: Eye diseases, such as cortical visual disorder, cataract, nearsightedness and painful conjunctivitis.

##### A. 2. 4. 3 Lower Lateral Line of Occiput MS<sub>14</sub>Zhenxiapangxian

Location: This line is on the occipital area. It is 2 cun long from BL<sub>9</sub>(Yuzhen), extending inferiorly. It is on the Bladder Meridian.

Indications: Balance disturbance, posterior headache and bilateral pain of the lower back and imbalance due to cerebellum disease.

## **Annex B**

### **( Normative )**

#### **Methods of Management for Fainting, Stuck Needle, Bent Needle, Broken Needle or Hematoma during or after Treatment**

##### **B. 1 Fainting during Acupuncture Treatment**

###### **B. 1. 1 Clinical Manifestation of Fainting**

The symptoms of fainting during scalp acupuncture include listlessness, dizziness, blurred vision, pale face, nausea, vomiting, excessive sweating, palpitation, cold limbs, hypotension, weak and thready pulse, or coma, cyanosis of the lips and nails, urinary and fecal incontinence, and a small and thin pulse as if expiring.

###### **B. 1. 2 Management**

Stop manipulation and withdraw all the needles immediately. Arrange the patient to lie down and keep warm. The mild case can recover soon after lying down for a while and drinking plenty of hot water or sugared water. For severe case, in addition to the above measures, needle DU<sub>26</sub>( Shuigou ), PC<sub>6</sub>( Neiguan ), ST<sub>36</sub>( Zusanli ) or do moxibustion on DU<sub>20</sub>( Baihui ), RN<sub>4</sub>( Guanyuan ) and RN<sub>6</sub>( Qihai ). If a patient falls into a coma, necessary emergency care must be used immediately.

###### **B. 1. 3 Precautions**

**B. 1. 3. 1** During the first visit, ask if the patient had previous acupuncture treatments fainting history due to the treatment. Then assess his physical constitution carefully and explain the scalp acupuncture treatment thoroughly. Do not offer treatment if the patient is unwilling to accept scalp acupuncture.

**B. 1. 3. 2** If a patient has a history of fainting, should arrange a comfortable and safe position for treatment. Lying down is advised and selecting fewer points with mild stimulation. Use superficial needling without retaining the needles. When strong stimulation is needed, use an appropriate frequency, amplitude and intensity that patient can tolerate. Make patient gradually adjust to the treatment.

**B. 1. 3. 3** Do not give scalp acupuncture to patients who are hungry, fatigued, or after overeating or drunkenness.

**B. 1. 3. 4** During treatment closely observe the patient's expression and ask how he feels. In case of feeling discomfort proper procedures should be adopted immediately.

##### **B. 2 Stuck Needling**

###### **B. 2. 1 Clinical Manifestations**

Stuck needle is a common problem in scalp acupuncture. The doctor may experience a sticking feeling when twirling, lifting, thrusting or withdrawing the needle, meanwhile the patient feels pain.

###### **B. 2. 2 Management**

Prolong the duration of needle retention when a needle is stuck. Ask the patient to relax and use gentle massage around the needle.

###### **B. 2. 3 Precautions**

Stuck needle is often caused by rapid unidirectional twirling of a needle. Special attention should be paid to manipulation techniques. Manipulate the needle with even force and avoid unidirectional twirling.

### **B. 3 Bent or Broken Needle**

#### **B. 3. 1 Clinical Manifestations**

The needle body ( shaft) bends or breaks inside or outside the tissue.

#### **B. 3. 2 Management**

Stop lifting – thrusting or twirling when a needle is bent or broken. If needle body has slight bend, withdraw it gently. If the bend angle is over curved, withdraw it following the bending direction. Don't withdraw or rotate the needle forcefully to avoid breaking the needle in the patient's body. If the needle is broken, and its broken part protrudes from the skin, remove it with forceps. If the broken part is close to surface beneath the skin, compress the skin with fingers around the needle to expose the shaft, and then remove it with forceps. If the broken part is completely embedded under the skin, surgical removal is required under the X – ray.

#### **B. 3. 3 Precautions**

To prevent bending or breaking needles, it is necessary to check all needles carefully before using. Never use any rusted or bent needles. Also the patient should be told not to disturb the needle to prevent bends or breaks.

### **B. 4 Hematoma**

#### **B. 4. 1 Clinical Manifestations**

Blood vessels are rich in scalp, tissues and needling may cause local pain when a inserting needles into scalp tissue or during needle retention. The needle hole may bleed after withdrawing the needle causing local swelling and pain.

#### **B. 4. 2 Management**

The micro subcutaneous hemorrhage does not need special care. It will disappear itself. If local swelling and pain is severe, alternatively apply cold and warm compresses to stop bleeding. Mild massage promotes the absorption of blood stasis and decrease the swelling.

#### **B. 4. 3 Precautions**

Before acupuncture treatment, examine needles carefully. Be familiar with the anatomy of head, and avoid puncturing the blood vessels. Press the needle hole with dry disinfected cotton balls after withdrawing the needle. Reduce the time for needle retention, withdraw the needle gently and fast in those who bleed easily, and press the needle hole immediately if bleeding.



## 前 言

头针技术操作规范由世界针灸学会联合会起草制定。本标准的附录 A 为资料性附录，附录 B 为规范性附录。

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