

**Original Article**

# **Innovation and adaptation in contemporary Taiwanese acupuncture: changes in needling insertion technique as an example**

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Acupuncture has a long history and has changed throughout centuries of practice. Many scholars have shown interest in the recent changes in acupuncture practice in China, but little is known about the Taiwanese case. Our aim is to analyze the development of Taiwanese acupuncture practice and to show how this technique was transformed in connection with political, economic and socio-cultural events.

This paper starts with a historical review, covering 1949 until today, to highlight the most prominent events related to acupuncture. Then, through an analysis of the descriptions of needle insertion techniques in five representative acupuncture textbooks and guideline publications, we aim to illustrate the changes appearing in the way the needle is inserted and held.

The institutionalization of acupuncture began with the creation of a Chinese medicine department at the China Medical College in 1966. However, it is the "acupuncture fever", in 1972, which pushed acupuncture to the front stage and triggered the development of acupuncture research. This event speeded up the creation of acupuncture departments in hospitals. Finally, in 1995, acupuncture treatments became covered by the National Health Insurance. The inclusion of acupuncture into institutions based on a biomedical healthcare system led to the establishment of standards for holding and inserting the needles and facilitated the adoption of disposable needles with tube. A strong focus was put onto maintaining a sterile environment and the

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physicians became required to avoid touching the needle body with bare hands to avoid contamination. This resulted in changes to the insertion techniques. These changes are due to the overall context that acupuncture practice is embedded in, and are linked to the specific history of Taiwan.

**Key words:** Taiwanese acupuncture, acupuncture practice, institutionalization, needle insertion

## Introduction

Acupuncture practice has changed throughout history and its place among the various Chinese medicine therapeutic methods has been of varying importance. Since the decree of emperor Qing Daoguang in 1822 excluding acupuncture from the imperial academy of medicine, acupuncture was not held in high esteem among scholar physicians, although this therapeutic method was still widely practiced. The recent development of Taiwanese acupuncture is particularly interesting because it reveals how this technique was transformed in connection with political, economic and socio-cultural events.

Many foreign scholars have examined the recent development of Chinese medicine and acupuncture in China[1-8]. We can find some literature on the development of Chinese medicine in Taiwan which provides a general idea on this topic[9-15]. There are also a few articles and book chapters that address acupuncture more specifically[16-20]. However, there is no account describing how this technique has changed and no reflection about the forces that operated in those transformations within the

Taiwanese contemporary context.

Our aim here is to provide an example highlighting these changes in acupuncture practice in Taiwan. To this end we will examine the descriptions of needle insertion techniques in acupuncture textbooks and guidelines. I will first give a short overview of the historical development of acupuncture in Taiwan since the arrival of the Chinese National Party (中國國民黨) in 1949. Then, I will analyze the description of needle insertion techniques in five acupuncture textbooks closely linked to the China Medical University, as well as in the content of a booklet of acupuncture guidelines. This will highlight how the descriptions of needle techniques have changed over time and how these changes are linked to the specific history of Taiwan and changes in the political and economic context of the country.

## Taiwanese acupuncture 1949-today

During the last seventy years, we can distinguish roughly three periods in acupuncture practice: a transition period (1949-1971), a development period (1972-1994), and a

standardization period (1995-now).

In 1949, when the members of the Chinese National Party retreated and settled to Taiwan, the health care system centered around the biomedicine model, as it used to be in mainland China (in this paper, I mainly use the term "biomedicine" rather than "Western medicine" as biomedicine refers to the medicine that is based on the science of biology, which prevails now almost all over the world[21-22]). The regulation of Chinese medicine was very loose and followed the previous policies of the party, using a Special License Qualifying Examination (中醫師特種考試) for practitioners. At the beginning of the 1950s, the idea of both a school and a research center for Chinese medicine was being considered by different Chinese medicine physicians' associations. The legislative Yuan accepted the request in 1956 but there was resistance from the supporters of modernization: Chinese medicine was not "scientific" enough, and the government was accused of turning its back on the spirit of modernization[23] (the climate in which the China Medical College has been founded is described in detail by Croizier who went to Taiwan himself at the beginning of the 1960s). Finally in 1957, the National Research Institute of Chinese Medicine (國立中國醫藥研究所) was created, supported by the fact that this center would use a scientific approach to carry out research. The establishment of a private school in Taichung was also accepted, and private funds were gathered. The China Medical College (中國醫藥學院, the college became

the China Medical University 中國醫藥大學 in 2003) opened in 1958. However, it was only in 1966 that a specific department of Chinese Medicine was created. It was the first time that Chinese medicine and acupuncture became a part of an institutional course in Taiwan which was validated by a national examination. This is a transition period which is marked by a lack of government support toward Chinese Medicine in general and acupuncture in particular.

At the beginning of the 1970s, two concurrent events helped put acupuncture on the center stage. First, the exclusion of the Republic of China from the United Nations in 1971 triggered a need for international recognition. Secondly, one year later, the "acupuncture fever" (針灸熱) [10,15,18,24], linked to President Nixon's visit to China, sparked a great interest from Westerners in acupuncture (Barnes explains how the article published by James Reston in the New York Times about his experience with acupuncture "prompted a swell of public interest"[25]). This opened a new window of opportunity. In Taiwan, various programs for acupuncture research were launched in 1972. The hospitals and medical colleges involved in this project were institutions closely related to the government: the National Taiwan University Hospital (台大醫院), the Veteran General Hospital (榮民總醫院), the Tri-service General Hospital (三軍總醫院), The National Taiwan University College of Medicine (台大醫學院) and the National Defense Medical Centre (國防醫學院). Therefore, the main hospitals and medical schools set up their own

acupuncture research groups with the shared goal of using traditional acupuncture knowledge as a basis, while taking up "modern medicine tools and principles" in order to understand the mechanism of acupuncture and to discuss its physiological and chemical processes[26]. Following this, several national conferences were organized by the Department of Health and the China Medical College. In the 1980s, international conferences on acupuncture research were organized (in 1982, the First International Symposium on Acupuncture and Moxibustion 第一屆國際針灸研討會 attracted thousands of physicians, scholars and scientists from all over Asia (except China) but also America, Europe and Australia. In 1986 and 1990 a second and third international symposium on acupuncture were held). The rise of basic science research and the use of the language and tools of biomedicine to explain the mechanism of acupuncture was seen by Taiwanese authors as a means to assure its place in the world of modern medicine.

"The change from clinical studies of acupuncture and moxibustion to the use of modern technologies in research on acupuncture mechanisms allowed the possibility of using modern medicine to discuss Chinese medicine fundamental theories. Therefore, it assured a place to acupuncture and moxibustion in the world of modern medicine."

“台灣針灸已從臨床治療初期，轉向運用現代科技對針灸機理研究進而運用現代醫學對中醫的基礎理論進行深入的探討，確認了針灸在現代醫學上的地位” [27]

From the early 1980s, acupuncture became increasingly practiced in the hospitals of the main cities through the establishment of acupuncture departments or Chinese medicine departments within hospitals (the Taipei Veteran General Hospital was the first hospital to open acupuncture consultations in 1974, the acupuncture department was created in 1977. In 1982, the Taipei City Hospital, Heping Branch (台北市立和平醫院) opened a Chinese medicine department, followed by the Keelung Hospital (省立基隆醫院) in 1984, the Chia Yi Hospital (省立嘉義醫院) in 1984, the Hualien Hospital (省立花蓮醫院) in 1984 and the Tainan Municipal Hospital (台南市立醫院) in 1988). The introduction of acupuncture into the institutional health sphere also led to the dissemination of the use of disposable acupuncture needles more suited for avoiding contamination. This second period is marked by an important development in acupuncture research which allowed acupuncture to gain recognition from the government and therefore to be gradually adopted and legitimated by the institutions (College, hospital).

Finally, with the establishment of the National Health Insurance (NHI) system in 1995, both Western and Chinese medicine treatments became reimbursed. This marks an important step for acupuncture practice. The inclusion of acupuncture into the NHI coverage formally embedded this practice within health institutions. However, at the same time, this also introduced constraints to this practice. Indeed, in order to get reimbursed by the NHI, the physician

now had to follow the directives set up by the NHI. Since the beginning of the 21<sup>st</sup> century, a succession of research projects and legal provisions were adopted in order to improve the quality of Chinese medicine care. This was and still is done through a strong standardization process. However, the physician practicing in a private clinic has the choice to not apply for NHI reimbursement and is therefore free to organize his acupuncture treatment without any restrictions.

In the light of this short historical review we can note that two particular important key events affected the status of acupuncture practice: the "acupuncture fever" at the beginning of the seventies and the inclusion of acupuncture in the NHI coverage. The "acupuncture fever" boosted a general interest in acupuncture, associated research, and facilitated the progressive creation of acupuncture departments within hospitals. Secondly, the inclusion of acupuncture treatment into the national insurance embarked acupuncture practice into a standardization process based on the biomedical model. Acupuncture research was and still is conducted in order to prove the efficacy of this practice with methods belonging to biomedical research. The adoption of acupuncture by hospitals led it to be adapted to the hygiene norms and standards of the biomedical establishments. And finally, the reimbursement by the NHI constrained this practice even more, by implementing guidelines issues from hospital management rules in private clinic settings. The above illustrates how a biomedical-oriented vision spread progressively

first to acupuncture research, and then to acupuncture practiced in hospitals, and finally, with the implementation of the NHI system, into private clinics.

## Descriptions of needle insertion techniques

This standardization process based on the biomedicine model affects acupuncture practice at different levels but especially regarding the needling technique. We have to keep in mind that in the 1950s, acupuncture was practiced in private clinics, with reusable needles, inserting needles through clothes without any disinfection and that warming the needle in the mouth was not uncommon[28]. Nowadays much care is taken to guarantee a sterile environment with the use of disinfection and disposable needles. This focus on hygiene is generated mainly by hospital guidelines based on biomedicine norms and is disseminated through the academic curriculum. Below, I provide an example of how this focus on hygiene affects insertion techniques.

I here analyze the content related to needling techniques in five representative Taiwanese acupuncture textbooks linked to the China Medical University (CMU). The main textbook is *Acupuncture and Moxibustion Science* (針灸科學), and the four other textbooks follow more or less its content. The five textbooks are: *Acupuncture and Moxibustion Science*, 針灸科學, Huang Weisan (黃維三), 1972. Referred to hereafter as *Acupuncture Science*[29] *Chinese and Western Acupuncture and*

*Moxibustion Science*, 中西針灸科學, Zhang Chengguo (張成國) ed., 1982. Referred to hereafter as *Chinese and Western Acupuncture Science*[30]

*Illustrations of Acupuncture and Moxibustion*, 彩色圖解實用針灸學, Pan Longsen (潘隆森) ed., 1985 & 2006. Referred to hereafter as *Illustrations of Acupuncture*[31-32]

*Acupuncture and Moxibustion: Clinical Skills Textbook*, 針灸學科臨床技能訓練課程手冊, Chen Bich-eng (陳必誠) ed., 2009. Referred to hereafter as *Clinical Skills Textbook*[33]

*Newly Edited Colour Book of Acupuncture and Moxibustion*, 新編彩圖針灸學, Lin Zhaogeng (林昭庚) ed., 2009. Referred to hereafter as *Colour Book of Acupuncture*[34]

*Acupuncture Science* is the reference textbook for acupuncture in Taiwan and was written by Prof. Huang Weisan 黃維三 in 1972. Prof. Huang Weisan is a key personality in the academic teaching of acupuncture. He was appointed to develop the curriculum and teach acupuncture from when the CMU opened in 1958. The four other textbooks are a patchwork between the content of *Acupuncture Science* and various editions of standardized textbooks from China. In addition, I will also include in my analysis the content of a booklet published by the National Union of Chinese Medicine Doctors association:

*Booklet for infection control in the Chinese medicine clinics and for Standard Operation Procedure in acupuncture*, 中醫院所感染控制暨針灸標準作業程序手冊, National Union of Chinese Medicine Doctors association (中華民國

國中醫師公會全國聯合會) ed., 2013. Referred to hereafter as *SOP Booklet* [35]

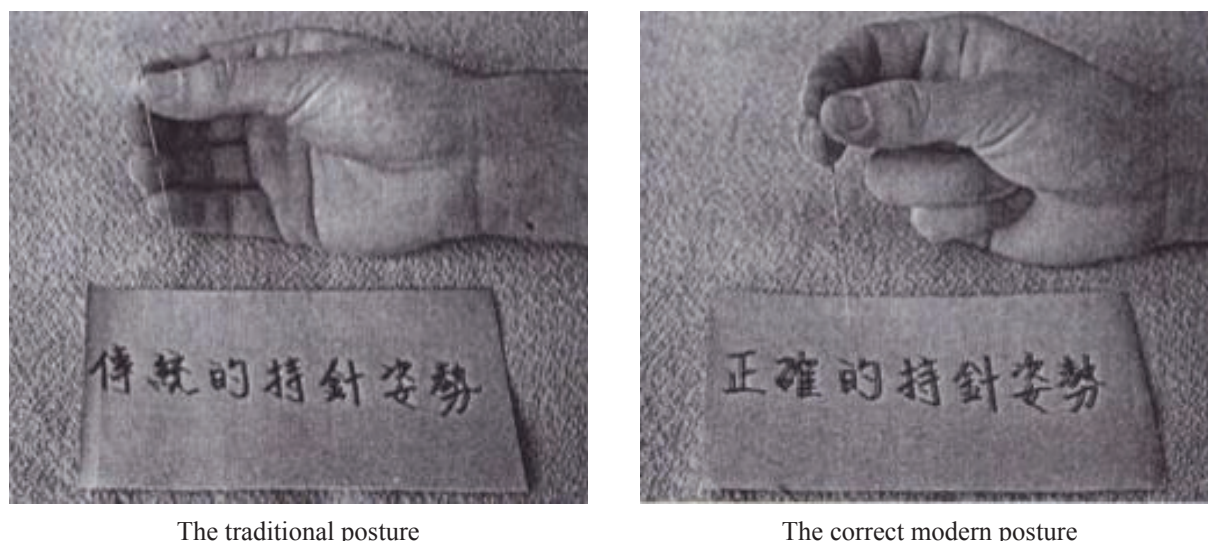
This booklet serves as acupuncture guidelines and is the completion of a decade of successive projects requested by the NHI. The second part of the booklet is of interest to us as it deals with Standard Operation Procedure in acupuncture.

### 1. Needle insertion by hand

When analyzing the content of these books, we can note that there is an increasing emphasis placed on the requirement to maintain a sterile environment. If the disinfection process is mentioned very early in the textbooks, the first mention that marks a shift is an image depicting the way to handle the needle. It appears in 1985 in *Illustration of Acupuncture*. There is a differentiation between the traditional posture and the correct modern posture (Figure 1). In the traditional posture the ring finger and small finger touch the needle body to avoid bending it, whereas in the modern posture no fingers touch the needle body, in order to avoid contamination.

When we look at insertion techniques described in our textbooks, we can also see this shift. The needling insertion methods described appear to be slightly different in each of the textbooks (Table 1).

When we compare the content of the five textbooks, we can see that four of the methods are approximately the same, except for the methods found in *Acupuncture Science*. These four methods are: the fingernail-pressing (指切押手法、指切進針法、爪切進針法), the two fingers or hand-holding (拇食指押手



The traditional posture

The correct modern posture

Note: In the traditional posture, the fingers are touching the needle's body, whereas in the correct modern posture the emphasis is put on avoiding touching the needle's body.

**Figure 1** Differentiation between the traditional posture and the correct modern posture in *Illustration of Acupuncture* (1985).

法、夾持進針法), the skin spreading (舒張押手法、舒張進針法) and the hand-holding or skin-pinching methods (夾持押手法、提捏進針法). We can note differences in the naming. In the earlier textbooks (*Chinese and Western Acupuncture Science and Illustrations of Acupuncture*), the term "hand-pressing" (押手) is used, whereas in the more recent textbooks (*Clinical Skills Textbook and Colour Book of Acupuncture*), the term "insertion" (進針) is used instead. The description of the technique is nearly the same, with one exception: the two fingers or hand-holding method (拇食指押手法、夾持進針法). With this method, in the earlier textbooks (*Acupuncture Science; Chinese and Western Acupuncture Science; Illustrations of Acupuncture* ed.1985), the tip of the needle is held by the left thumb and index, whereas in the

recent textbooks (*Illustrations of Acupuncture* ed., 2006; *Clinical Skills Textbook; Colour Book of Acupuncture*) the tip of the needle is held with a sterile cotton ball. We find a similar shift between the piercing rotating insertion (刺入捻進法) described in *Acupuncture Science* in 1972 and the piercing insertion (插刺進針法) mentioned in the *Clinical Skills Textbook* in 2006. In this latter book, the physician is prescribed to hold the needle tip with a sterile cotton ball. If we carefully read these five textbooks, we clearly see an evolution in the way to hold the needle.

Looking at the books in details, we see that whereas in *Acupuncture Science* and *Chinese and Western Acupuncture Science*, holding the needle body with bare fingers is common, the shift can begin to be seen in *Illustrations of*

Table 1. China Medical University lineage textbook's methods of insertion

Acupuncture Science 針灸科學	Chinese and Western Acupuncture Science 中西針灸科學	Illustrations of Acupuncture 彩色圖解實用針灸學	Clinical Skills Textbook 針灸學科臨床技能訓練 課程手冊	Colour Book of Acupuncture 新編彩圖針灸學
				
捻進法 Rotating insertion	指切押手法 Fingernail-pressing hand-pressing	指切押手法 Fingernail-pressing hand-pressing	指切進針法 Fingernail-pressing insertion	爪切進針法 Grasping-pressing insertion
淺刺法 Shallow piercing	拇食指押手法 Two fingers hand-pressing	拇食指押手法 Two fingers hand-pressing	夾持進針法 Hand-holding insertion	夾持進針法 Hand-holding insertion
刺入捻進法 Piercing rotating insertion	駢指押手法 Bonded-fingers hand-pressing	駢指押手法 Bonded-fingers hand-pressing	插刺進針法 Piercing insertion	
	舒張押手法 Skin spreading hand-pressing	舒張押手法 Skin spreading hand-pressing	舒張進針法 Skin spreading insertion	舒張進針法 Skin spreading insertion
	夾持押手法 Hand-holding hand-pressing	夾持押手法 Hand-holding hand-pressing	提捏進針法 Skin pinching insertion	提捏進針法 Skin pinching insertion
			Insertion with tube	Insertion with tube

Note: I have regrouped similar methods under the same colour

*Acupuncture*. In this book, we still find pictures of the physician handling the needle body with his fingers but alongside this we also see a distinction between the traditional posture (with the physician's ring finger supporting the needle body) and the modern posture, where the physician avoids touching the needle body. In the third re-edition of this book (2006), the pictures have been changed and Dr Pan, the editor, has added a number of observations commenting on this change, stating on several occasions that the physician must avoid touching the needle body with his fingers. In the last two textbooks (*Clinical Skills Textbook* and *Colour Book of Acupuncture*) it is specified that the physician should use a cotton ball to hold the needle body. With this example, we can see that the core of the insertion technique has been retained, but the technicalities on how to perform it have changed in order to fit the requirement to maintain a sterile environment.

We can also note that certain insertion methods have been retained, while others have been discarded. This is the case for the bonded-fingers method (駢指押手法), where the left hand is covering the acupuncture point and the needle is inserted between the fingers. This technique has been discarded in the recent textbooks, because of a consideration for safety and privacy.

In the *SOP Booklet* two methods of needle insertion by hand are described. These two methods are described as the "needle insertion

by hand A" and the "needle insertion by hand B". There is no name given to those two techniques, and they are simply defined by letters (A and B). In the first method, three fingers (thumb, index finger, middle finger) hold the needle, pressing with the left hand is replaced with pressing with a cotton bud and the needle is inserted with a slow rotating insertion (緩緩捻進). In the second technique, the needle is also held with three fingers and the left hand presses near the acupuncture point with a cotton bud, and with a quick insertion the needle penetrates the hypoderm. The needling insertion by hand as described in the *SOP Booklet* highlights very clearly how the insertion techniques have been transformed by the need to maintain a sterile environment, with fingers not touching the needle body anymore. This tendency has been apparent before in the needling insertion techniques of the CMU lineage textbooks. However, the guidelines of the *SOP Booklet* take this one step further, and the left hand has been replaced by a cotton bud. Not only does the right hand not touch the needle body anymore, but the left hand also loses contact with the patient's body (however, in clinical practice, delimitations are not so strict, especially in private clinics, where often the physician does not mind touching the needle body with his hand).

## **2. Needle insertion by tube**

Apart from the changes occurring in the guidelines for needle insertion by hand, the other most notable element of change is the

adoption of disposable needles produced and delivered with a plastic tube. The production and dissemination of these needles is the result of several concomitant factors. First, the adoption coincides with a period of economic growth where the Taiwanese industry could easily produce this type of items. Secondly, the apparition of the HIV epidemic at the beginning of the 1980s triggered the need for using sterile needles in order to avoid contamination (even if the reusable needles were by that time being correctly sterilized, an error could still lead to contamination). In hospitals, decisions to supply disposable needles were made progressively during the 1980s, and since the 1990s these types of needle are widely used in the hospital setting and are also adopted in private clinics.

Regarding the description of needling techniques provided in our textbooks, *Acupuncture Science* mentions in 1972 that insertion with tube is practiced in Japan. In 1985, *Illustrations of Acupuncture* mentions disposable needles in the introductory section. However, we have to wait until the third re-edition, in 2006, to see a reference to the fact that the disposable needles are frequently used. It is only the two more recent textbooks (*Clinical Skills Textbook* and *Colour Book of Acupuncture*) which finally provide a detailed description of the insertion of disposable needles through a plastic tube.




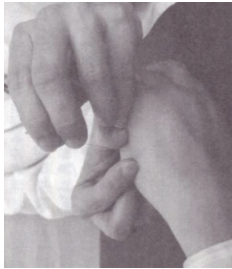

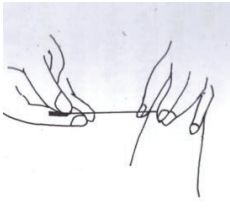


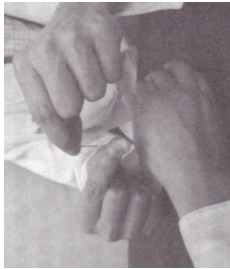
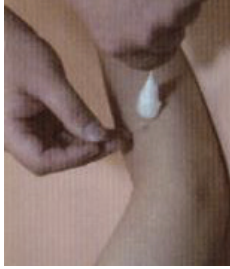




The introduction of disposable needles with tube radically modifies the insertion technique, as the physician only has to pat on the top of the needle to insert it. This way, the preservation of a sterile environment is guaranteed.

## Discussion and conclusion

The gradual move of acupuncture becoming an institutionally recognized practice performed in hospitals and reimbursed by the NHI represents an important turning point. The focus on maintaining a sterile environment, required in the hospital and taught at the university, changed the way the needle insertion is performed, and led to the promotion of the use of disposable needles with tube. This has contributed to simplify the insertion of the needle and to modify the technique.

Regarding the evolution of needling insertion techniques described in the textbooks related to the China Medical University lineage, we can distinguish three scenarios. In the first scenario, the needling insertion technique does not lead to a possible contamination and is therefore kept in later writings without any change. This is the case for the fingernail-pressing (指切押手法、指切進針法、爪切進針法), the skin spreading (舒張押手法、舒張進針法) and the hand-holding or skin-pinching methods (夾持押手法、提捏進針法). In the second scenario, the needle insertion technique is still performed but has been adapted to fit new hygiene considerations. Therefore, there is a transformation in the way the technique is performed, in our case with the use of a cotton ball replacing the fingers, in order to avoid touching the needle body. This is the case for the two fingers or hand-holding (拇食指押手法、夾持進針法), and the piercing rotating insertion or piercing insertion method (刺入

Table 2. Illustrations of needle insertion techniques in the acupuncture textbooks and guidelines

Insertion methods	Chinese and Western Acupuncture Science, 1982	Illustrations of Acupuncture, 1985	Illustrations of Acupuncture, 2006	Clinical Skill Textbook, 2009		SOP Booklet, 2013
Fingernail pressing 指切					Method A	
Two fingers 拇食指					Method B	
Bonded-fingers 骊指						

Note: In the "fingernail pressing insertion method", we can observe that there are no significant changes in the technique. In the "two fingers insertion method", the technique has been adapted with the use of a sterile cotton ball replacing the fingers holding the needle's body (this change is visible in the illustrations appearing in textbooks published after 2000s). Finally, the "bonded-fingers insertion method" has been discarded in the recent textbooks. In the SOP booklet, the left hand has been substituted with a sterile cotton bud.

捻進法、插刺進針法）。Finally, in the last scenario, the needling insertion technique has been discarded because it did not comply with contemporary hygiene standards. This is the case for the bonded-fingers method（駢指押手法），where the hand is covering the acupuncture point (Table 2).

When looking at the pictures in the table 2, we can also note a progressive distancing of the physician not only from the needle (the finger avoids touching the needle's body) but also from the patient's body (the left hand is not touching the patient's body anymore). Due to hygiene considerations, the right and the left hands avoid touching the needle body. But the left hand is also progressively removed from the patient's body. The left hand has a very important role in palpating the patient's body in order to find the acupuncture point and sense the texture of the skin. It is therefore quite striking to see the left hand replaced by a cotton bud in the *SOP Booklet*. This point however should be nuanced as in practice very few physicians actually do use a cotton bud instead of the left hand.

This provides a good example of a feature that is commonly present in the practice of acupuncture, which is a feature prominent in Chinese medicine in general: the capacity of assimilation, adaptation and innovation: assimilation in the form of the adoption of new hygiene standards, adaptation with the modification of certain techniques to fit the new rules, while others are discarded. And finally, innovation with the widespread use of disposable needles with tube. All these elements

attest of acupuncture's capacity for innovation and adaptation to new contexts of practice (Volker Scheid describes a similar process of two interrelated mechanisms in the practice of two Chinese medicine physicians: assimilation and accommodation, where assimilation refers to those structures and practices which convert phenomena into experience that is intelligible, as accommodation is the restructuring of assimilation itself as it encounters new phenomena in a course of a person's development[36]).

In conclusion, acupuncture in Taiwan tends now to be fully institutionalized and integrated into a health care system predominantly based on biomedicine. Within institutions (hospital, university) the emphasis is put on the "scientifization" and modernization of acupuncture. With the integration of acupuncture practice into the NHI system, this practice underwent a strong standardization process based on the biomedical model. Physicians who want to be covered by the NHI now have to follow the guidelines and adapt their practice. Under these different pressures, the way to hold the needle and to insert the needle has changed to follow the requirement to maintain a sterile environment. But as is often the case, this is not an all-encompassing process and we can still observe a plurality in acupuncture practice, far from the strict standards promoted by the institutions.

## Disclosure Statement

All authors declare that no competing

financial interests exist.

## References

1. Andrews B. *The Making of Modern Chinese Medicine, 1850-1960*. UBC Press, Vancouver, pp. 1-317, 2015.
2. Farquhar J. *Knowing practice: the clinical encounter of Chinese medicine*. Westview Press, Boulder, pp. 1-260, 1994.
3. Hsu E. *The transmission of Chinese Medicine*. Cambridge University Press, Cambridge, pp. 1-296, 1999.
4. Karchmer EI. Chinese medicine in action: on the post coloniality of medical practice in China. *Med. anthropol.*, 2010; 29(3):226-252.
5. Scheid V. *Chinese medicine in contemporary China: plurality and synthesis*. Duke University Press, Durham, pp. 1-407, 2002.
6. Scheid V. *The People's Republic of China*. In: Hinrichs T, Barnes LL(eds), *Chinese Medicine and Healing*, Harvard University Press, Cambridge, pp. 239-283, 2013.
7. Scheid V, MacPherson H. *Integrating East Asian Medicine into Contemporary Healthcare*. Elsevier Health Sciences, Edinburgh, New York, pp. 1-244, 2011.
8. Taylor K. *Chinese medicine in early communist China, 1945-63: a medicine of revolution*. Routledge, London, pp. 1-250, 2005.
9. 杜建, 台灣中醫藥概覽, 中國醫藥科技出版社, 北京, pp. 121-127, 1990。
10. 杜建、林端宜, 台灣中醫藥縱覽, 中國醫藥科技出版社, 北京, pp. 85-105, 183-188, 1993。
11. Chen BC. *Traditional Medicine in Taiwan*. In: Van Alphen J, Aris A, De Fraeye JM, Meyer F(eds), *Oriental medicine: an illustrated guide to the Asian arts of healing*. Serindia, London, pp. 203-208, 1995.
12. Chen FP, Kung YY, Chen TJ, Hwang SJ. Demographics and patterns of acupuncture use in the Chinese population: the Taiwan experience. *J. Compl. Altern. Med.*, 2006; 12:379-387.
13. Chi C. *Integrating Traditional Medicine into Modern Health Care Systems: Examining the Role of Chinese Medicine in Taiwan*. *Soc. Sci. Med.*, 1994; 39:307-321.
14. 林昭庚主編, 台灣中醫發展史, 中華民國中醫師公會全國聯合會, 台北, pp. 1-480, 2004。
15. 肖林榕、林端宜主編, 台灣地區中醫藥概覽: 1990 — 2008, 科學出版社, 北京, pp. 1-17, 163-206, 2010。
16. 陳昭明, 台灣中醫針灸發展概況。醫顧問室知識。2005;2:37-40。
17. 林昭庚、鄒良, 針灸醫學史, 中國中醫藥出版社, 北京, pp. 418-425, 1995。
18. 哈鴻潛, 20 世紀 70 年代台灣的針灸研究。中華醫史雜誌。2007;3:157-160。
19. 張永賢主編, 國際中醫藥針灸發展之路: 亞洲篇, 新醫藥, 台北, pp. 1-71, 2007。
20. 張永賢主編, 國際中醫藥針灸發展之路, 新醫藥, 台北, pp. 98-168, 2011。
21. Lock M, Nguyen VK. *An Anthropology of Biomedicine*. Wiley, Hoboken, pp. 1-14, 2018.
22. Rose N. *The Politics of Life Itself Biomedicine, Power, and Subjectivity in the Twenty-First Century*. Princeton University Press, Princeton, pp. 1-8, 2007.
23. Croizier RC. *Traditional Medicine in Modern China*. Harvard University press, Cambridge, pp. 210-21, 1968.
24. Reston J. *Now, About My Operation in Peking*.

- Available at <http://graphics8.nytimes.com/packages/pdf/health/1971acupuncture.pdf>. Accessed June 5, 2013.
25. Barnes LL. The acupuncture wars: The professionalizing of American acupuncture-a view from Massachusetts. *Med. Anthropol.*, 2003; 22:261-301.
  26. 哈鴻潛，20 世紀 70 年代台灣的針灸研究。中華醫史雜誌。2007;3:157。
  27. 林昭庚、鄒良，針灸醫學史，中國中醫藥出版社，北京，pp. 420，1995。
  28. Interview Mr. Lan Guanshang, 18.06.2013.
  29. 黃維三，針灸科學，正中書局，台北，pp. 43-100，1985。
  30. 張成國主編，中西針灸科學，中國醫學藥學院，台中，pp. 391-462，1982。
  31. 潘隆森主編，彩色圖解實用針灸學，中國醫藥學院附設醫院出版，台中，pp. 29-83，1985。
  32. 潘隆森主編，彩色圖解實用針灸學，志遠書局，台北，pp. 211-323，2006。
  33. 陳必誠主編，針灸科學：臨床技能訓練課程手冊，中國醫藥大學中醫學系，台中，pp. 1-94，2009。
  34. 林昭庚主編，新編彩圖針灸學，知音出版社，台北，pp. 497-578，2009。
  35. 中醫院所感染控制暨針灸標準作業程序手冊，中華民國中醫師公會全國聯合會，新北市，pp. 28-83，2013。
  36. Scheid V. Two case studies from contemporary China. In: Hsu E(ed), *Innovation in Chinese Medicine*. Cambridge University Press, Cambridge, pp. 398, 2001.

# 台灣現代針灸的適應性與原創性：以進針手法的演變為例

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針灸的歷史悠久而它的使用方法經過許多演變。很多學者分析過最近中國大陸針灸使用的演變，而台灣的情況較未引起大家的注意。本研究的目的關注於台灣針灸使用的發展，分析針刺手法如何受到政治、經濟與社會文化的影響。

首先提供簡略的歷史回顧，主要標出從民國 38 年至今的針灸相關事件，以五本具有代表性的台灣針灸教科書與針灸指引，透過分析進針手法的描述指出拿針與進針如何變化。

較完善的針灸制度化始於中國醫藥學院建立中醫系開始，但是針灸的研究發展與針灸地位的提升，是從「針灸熱」的推動而來。這個事件促進了醫院設立針灸科。最後，針灸治療步入台灣全民健保給付範圍。針灸進入以西醫體制為主的環境後，設立了拿針與進針的標準，而使用拋棄式針灸針。當時重視保持無菌環境，院校規定執針手指不能碰到針體，這些規定引起進針的變化。整體來看，台灣針灸使用的變化受到台灣特定歷史與環境全面的影響。

**關鍵字：**台灣針灸、針灸使用、制度學、進針法

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