Moxibustion Penetration and Its Clinical Application

GAO Xi-yan 高希言
Henan College of Traditional Chinese Medicine, Zhengzhou 450008, China

Abstract: Moxibustion penetration is a therapy in which the moxibustion sensation promoted by moxa is felt deeply inside the tissues. When moxibustion is practiced to certain extent, the sensation conducts from the moxibustion site to the deep tissues and far ends, or muscular pulsation appears at the moxibustion site, or the patient feels comfortable, painful, heavy and itching or the patient has reaction as skin redness and even perspiration throughout the body after the moxibustion. The best effect of moxibustion is expected when local site becomes slightly and evenly red or there is sweating. The observation has shown that the moxibustion dosage is the key to enhancing the therapeutic effect.

Moxibustion has a long history. In their long-term medical practice, physicians of the past ages had accumulated rich experience in moxibustion with various manipulations. However, some methods of moxibustion are not acceptable to patients for the reason that they may produce sufferings and scar. As time goes on, moxa stick and indirect moxibustion are used now instead of direct moxibustion in ancient times. Moxibustion with 3–7 moxa-cones per point or moxa stick moxibustion for 15–20 min has been taken as a standard to substitute for scarring moxibustion.1 These stipulations have played a due role in standardizing manipulations but can not give full play to their due therapeutic effects, especially on refractory diseases. If moxibustion is only confined to this standard, its effect is next to nothing, thus eventually making people think that moxibustion can not treat diseases and go so far as to prefer acupuncture to moxibustion and even abandon moxibustion. Based on his clinical experience, the author has summed up moxibustion penetration therapy with no scar and without much pain, but comfortable feeling and obvious effect. This therapy is more acceptable to patients and is introduced as follows.

Manipulation of Moxibustion Penetration

With the increase in moxibustion dosage, moxibustion feeling gradually widens from a line to a strip and conducts from moxibustion site to deep tissues or far ends. When moxibustion dosage increases to certain extent, moxibustion feeling gradually retreats from deep tissues or far ends to moxibustion site, where burning sensation appears. During moxibustion, local muscular pulsation, local sensation of comfort, distending pain, heaviness and itching, skin redness, even perspiration throughout the body can be present. Finally, in local moxibustion site, there will be evenly flushed skin or perspiration. Moxibustion generally lasts about 50 min for each treatment. The hot sensation produced by moxibustion only on the skin surface is not effective enough for treatment of diseases. The criteria of moxibustion penetration usually depend on the feeling and reaction of the patients rather than the duration nor the amount of the cones used. The dosage of moxa used in moxibustion penetration is larger than that of general moxibustion. Heat produced by moxibustion penetration can reach deep tissues without suffering. Specific manipulations can be selected according to the illness conditions and moxibustion sites.

1. Moxibustion with moxa stick
The physician looks for a thermophil spot around a selected point. When the patient has a warming sensation of penetration, comfort and conduction, moxibustion is then focused at the right point until
there is a burning sensation and the skin turns red. Moxibustion penetration is performed at 1–3 points each time for about 50 min. This method can be used on the head, trunk and limbs.

2. Moxibustion with moxa box
A moxa stick is cut into 5–6 pieces. When ignited, the moxa sticks are put into a box, which is placed on a selected site for more than 50 min until the skin gets red and there is sweating. The method can be applied on the abdomen, back, waist and big joints like shoulders, elbows, and knees.

3. Moxibustion with moxa cone
The physician presses the area around a selected point to find out a spot sensitive to aching pain, or uses an ignited moxa stick to pinpoint a thermophil spot, and applies indirect moxibustion at the spot regardless of the amount of cones used until burning pain appears. The method can be used at the site rich in muscles on the back, abdomen, waist and limbs.

Theoretical Basis of Moxibustion Penetration
Ancient physicians took post-moxibustion sore as a main sign to judge moxibustion dosage and therapeutic effect. They believed that only by having moxibustion sore, can good therapeutic effect be achieved. Patients without post-moxibustion sore, can only be treated with larger moxibustion dosage, more moxa-cones, hot compress and taking pungent and spicy food to induce sore. Post-moxibustion sore indicates enough moxibustion dosage to make the body react to moxibustion, thus showing that the illness can be cured.

Chen Yanzhi in the Jin and Sui dynasties thought that the size of a moxa-cone should be stipulated. Only by using a moxa-cone with a 1-cm diameter base, can the point be completely covered and the curative effect of moxibustion achieved through the point.

Modern researches have proved that moxibustion with large dosage has remarkable therapeutic effect. Using different moxibustion dosage to stimulate Zusanli (ST 36) of reserpinized rats, Yang Zhaomin and others have discovered that strong stimulation is superior to weak stimulation.\(^2\) Using different moxibustion dosage to stimulate rabbits for observing the change in content of total blood histamine, Zhang Jingying and others have proved that strong stimulation of moxibustion can obviously enhance the content of total blood histamine, while weak stimulation was not very effective.\(^3\) Using electro-gastrography as an objective index to observe the influence of quantity, quality and method of moxibustion on electrogastric activities, Liu Nongyu and others have discovered that the strong stimulation produced by large moxibustion dosage can inhibit the increases in frequency and amplitude of electro-gastrography \( (P<0.05, \ P<0.01) \) while the weak stimulation of small moxibustion dosage can only inhibit the increase in amplitude \( (P<0.05). \)\(^4\) Using moxibustion to treat mice with yang deficiency, Zhang Ying has found that different duration of moxibustion has different influence on the positive rate of T-lymphocyte esterase, rosette rate of erythrocyte C\(_{3b}\) receptor and the rosette rate of erythrocyte immune complex. 15-minute moxibustion can remarkably enhance the positive rate of T-lymphocyte esterase \( (P<0.01) \), the rosette rate of erythrocyte C\(_{3b}\) receptor and the rosette rate of erythrocyte immune complex. 5-minute moxibustion has no obvious effect.\(^5\)\(^-\)\(^6\) Lots of clinical experiments have proved that the duration of moxibustion from 10 min to dozens of minutes even to 1 h and the amount of moxa-cones from several cones to dozens of cones will produce different therapeutic effects.\(^7\)

Case Examples
A male patient, 44 years old, paid his first visit on December 10, 2003. 2 years before, a local hospital found no obvious causes for his dizziness, tinnitus, deafness, lassitude, nausea and vomiting and treated his illness as Meniere’s disease with his symptoms alleviated. 1 month later, his illness relapsed and was vainly treated with the same therapy. He went to a large hospital, where his neck TCD test showed slightly deficient blood supply to the brain, and no abnormalities were found in his cerebral CT and MRI tests. He took Chinese and Western drugs with poor curative effects. Then he came to the author’s hospital for treatment. With his symptoms of
headache, too weak legs to walk, dizziness, tinnitus, deafness, nausea, vomiting, sweating, pale complexion, yellow thick fur, and wiry and hesitant pulse, he was diagnosed as having vertigo caused by retention of damp-heat and treated with moxibustion at Baihui (GV 20). The patient felt that with the increase in moxibustion dosage, hot sensation conducted from Baihui (GV 20) to the eyes and nape. When moxibustion was performed for 65 min (1 moxa stick and a half were burnt), the hot sensation came back to Baihui (GV 20) with intolerable burning pain. This therapy of moxibustion was practiced once a day for 6 sessions with dizziness obviously alleviated. 11 more sessions resulted in disappearance of all his symptoms. No relapse has been found so far.

TCM holds that channels and collaterals converge at the brain. The patient’s illness is caused by obstruction of cerebral collaterals due to retention of damp heat, blocked circulation of qi and blood, and failure of lucid yang to ascend. The Du channel governs all the Yang channels and is known as the sea of Yang channels. Baihui (GV 20) can regulate qi of channels, and is an important point for treating dizziness. Moxibustion can activate yang qi in the Du channel, reinforce yang, eliminate dampness, clear heat, regulate qi and blood, clear channels, nourish brain and regain consciousness to treat dizziness.

A female patient, 42 years old, paid her first visit on November 22, 2003. She had suffered from diarrhea, abdominal dull pain and defecation 2–3 times a day with unshaped stool for more than 2 years. No abnormalities had been found in rectoscopy, routine examinations of stool, occult blood test and bacterial culture of stool at a hospital. The patient had orally taken berberine, enzyme tablet, cerebiogen, furoxone and other drugs for a long time without good therapeutic effect before she came to the author’s hospital for treatment. With her symptoms of dizziness, anorexia, abdominal distension and dull pain, diarrhea, pale complexion, lassitude, loose stool without blood and pus, reddish tongue, white thin fur and thready pulse without strength, she was diagnosed as having diarrhea caused by yang deficiency of the spleen and kidney. Moxibustion with moxa box was applied, 2 moxa sticks were used for about 60 min each session at Shenque (CV 8) and Guanyuan (CV 4). After 3 sessions, she had normal defecation once a day with shaped stool, her appetite improved, body weight increased, abdominal distension, dizziness and other symptoms all disappeared. No relapse has been found so far. Shenque (CV 8), the root of life, and Guanyuan (CV 4), the Front-Mu point of the small intestine and the meeting point of the Ren channel and 3 yin channels of foot, used in combination can warm the kidney, nourish yang, strengthen the spleen and stop diarrhea.

**Discussion**

Moxibustion penetration, a therapy summarized by the author in his clinical observation for many years, has obvious therapeutic effects on refractory diseases. The therapy was once named heavy moxibustion. According to explorations and researches in recent years, heavy moxibustion is nothing but a concept of dosage, while moxibustion penetration has not only a quantitative concept but also functions of penetrating the muscles, clearing channels and regulating qi and blood circulation. The technical key of moxibustion penetration is to correctly grasp manipulations, accurately select moxibustion sites, and properly determine its dosage.

**References**


(Translated by DUAN Shu-min 段树民)