

# Dry needling: Ashi & myofascial trigger points

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At the last AGM, a number of members recommended that the AACMA Board look into the issue of dry needling. The AACMA Member Services Committee and the Research and Development Committee now provide this article for your information. We welcome your feedback on the article and any suggestions on moving forward with this issue. A copy of this article can be downloaded from the members' section of the AACMA website.

## Ashi points and myofascial trigger points

Acupuncturists not only utilise traditional theories and practical experience, but also incorporate clinical trial evidence and modern medical knowledge into clinical practice. Recognising the effectiveness of acupuncture treatment, some health professionals other than qualified acupuncturists have taken up the practice of acupuncture. Myofascial trigger point dry needling (MTrP-DN) is the most common example. Despite the apparent differences, there are fundamental similarities between MTrP-DN and acupuncture.

## A history of tender points

A standard textbook of acupuncture states that 'since ancient times, a patient's disease could be diagnosed by observing and probing with the fingers on the body for areas of tenderness and pain'.<sup>1</sup> Moreover, in Chapter 13 of the *Ling Shu* it is made clear that 'tender points can be used as acupoints'. It is considered that this was indeed one of acupuncture's earliest forms of point selection.<sup>2</sup>

The therapeutic effects of stimulating Ashi or tender 'ouch points' were first recorded by the Chinese medicine physician Sun Si Miao (AD 581–682) some fourteen hundred years ago. The use of Ashi point therapy has been an aspect of acupuncture practice ever since, especially in the area of musculoskeletal pain treatment.

In the 1930s John Kellgren began investigating the link between referred pain from tender points and the pain commonly experienced by chronic pain patients. His work was later taken up by Janet Travell, who experimented with trigger points and referred pain in the 1950s.

Thirty years later, Travell and her colleague, Simons, mapped common trigger point sites in their 1983 textbook *Myofascial Pain and Dysfunction: The Trigger Point Manual*.<sup>3,4</sup>

## Similarities between Ashi and MTrPs

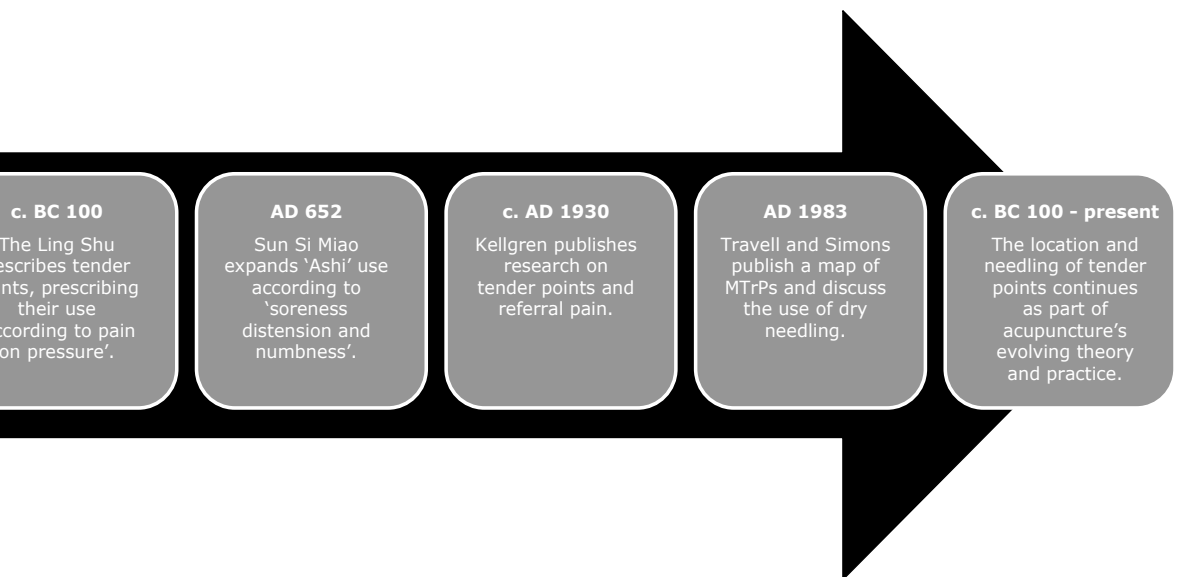
Myofascial trigger points (MTrP) are defined as tender points in a taut band of the muscle, and dry needling is the application of a dry hypodermic or filiform needle to a MTrP.<sup>4</sup> Many publications about trigger points acknowledge Sun Si Miao's Ashi points being the first recorded descriptions of what are now referred to as MTrPs.<sup>3,5</sup> There is also much agreement that Ashi point theory and MTrP theory describe the same phenomenon. Consequently MTrP-DN can be seen as an Ashi style of acupuncture. With this in mind, research on MTrP provides modern explanations underlying how Ashi acupuncture works.<sup>3,5</sup>

## Acupuncture points, Ashi points and MTrPs

As noted by Travell and Simons, the ancient Chinese were aware of MTrPs as many MTrP locations match ancient acupuncture channel points.<sup>4</sup> Other non-channel MTrPs are explained as Ashi points. However while all MTrPs are easily explained under acupuncture channel or Ashi theory, MTrP theory cannot define or explain all acupuncture points. Credit must be given to Travell and Simons for their extensive anatomical mapping of trigger points and their referral zones.<sup>4</sup>

## AACMA's stance on trigger point acupuncture

It is AACMA's view that myofascial trigger points dry needling (MTrP-DN) is a form of trigger point acupuncture and qualified acupuncturists are the premiere deliverers of this therapy. With patient safety as the priority, AACMA has set the benchmark in acupuncture education and practice for over three decades. The AACMA entry standard for acupuncture is completion of an approved four to five year bachelor degree program (or equivalent) majoring in acupuncture. AACMA approved courses in acupuncture contain theoretical and practical studies in the western biosciences, Chinese medicine and acupuncture, with



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# Dry needling continued

	Ashi Points	MTrPs
<b>Early descriptions</b>	The Ling Shu (c.100 BC) prescribed 'Ashi' points according to pain on pressure and soreness, to which Sun Si Miao (AD 652) added distension and numbness <sup>6</sup>	MTrP theory pioneers Simons, Travell and Simons: 'The spot is painful on compression and can give rise to characteristic referred pain, referred tenderness, motor dysfunction, and autonomic phenomena.' <sup>4</sup>
<b>Examinations</b>	'tender spots' <sup>2</sup> ; points of local tenderness found on palpation which may, or may not be regular acupuncture points <sup>7</sup>	exquisite tenderness at a nodule in a palpable taut band (of muscle) <sup>3,9</sup>
	An Ashi location may differ from its described pain <sup>8</sup>	MTrPs are able to produce referred pain, spontaneously or on pressing <sup>3,9</sup>
	'reflexing points' (implying a possible reflexive twitch response) <sup>2</sup>	exhibit a local twitch response (muscle fasciculation) or jump sign (whole body movement) in response to digital pressure or dry needling <sup>3,9</sup>
<b>Location</b>	'unfixed points' (implying the requirement of location via palpation) <sup>2</sup>	MTrPs are not fixed points. Due to this, not only a good knowledge of anatomy is needed, but also physical palpation skills <sup>5</sup>
	Dorsher matched similarities in location between acupuncture meridian and trigger point regional pain referral pathways <sup>10</sup>	Travell and Simons produced well researched anatomical charts showing the locations of MTrPs and their referred pain in muscles <sup>4</sup>

**Table 1: Similarities between Ashi and MTrPs**

a substantial component (over 500 hours) of supervised clinical practice. AACMA members are also expected to practise in accordance with contemporary standards for infection control and professional and ethical conduct.

In marked contrast, a two to three day workshop is the norm for most MTrP-DN training courses. AACMA is deeply concerned by the absence of minimum national standards for health practitioners using MTrP-DN.

Qualified acupuncturists are the only health practitioners who have the depth and breadth of education and training in acupuncture to safely and effectively provide trigger point acupuncture competently and safely. Qualified acupuncturists are also able to provide safe and competent treatment of the wide range of health conditions, beyond musculoskeletal pain, for which acupuncture is known to be effective. AACMA encourages all members to include trigger point acupuncture as part of their continuing professional development in order to enhance their clinical effectiveness in the use of Ashi points and trigger point acupuncture therapy.

### Further information on MTrPs:

Simons DG, Travell JG, Simons LS. Myofascial pain and dysfunction: the trigger point manual. 2 vols, 2nd ed. Philadelphia: Lippincott Williams & Wilkins; 1999.

### Downloadable MTrP location charts:

The David G Simons Academy website: <http://www.dgs.eu.com/en/training/downloads.html>

### Recommended reading:

Gunn CC, Ditchburn FG, King MH, Renwick GJ. Acupuncture loci: a proposal for their classification according to their relationship to known neural structures. *Am J Chin Med* 1976;4(2):183-95.

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6. Macioccia G. The channels of acupuncture: clinical use of the secondary channels and eight extraordinary vessels. Churchill Livingstone; 2006.
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