

Academic Debate

The historical source of “Trigger Points”: classical *Ashi* points*

“激痛点”之始源: 阿是穴*

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ABSTRACT

Our research began with a consideration of the etymological origins of the terms *Ashi* and the *Ashi* point. We used both original source texts and textual criticism to trace the original meaning of the phrases, “take the tender spot as the point” and “use the *Ashi* method.” Linguistic theory informed our discussion of three similar terms and our analysis of them. We show that *Ashi* points are in theory similar to regular acupuncture points in terms of their definition and function. Furthermore, we can use the concept of “*qi*-pathway (*Qi Jie*)” to expand our understanding of the clinical use of *Ashi* points. Ultimately, the main purpose of our research was to clarify that the classical *Ashi* point and modern, western concept of the trigger point are in fact quite similar. The two concepts have been described in different languages primarily due to cultural differences.

KEY WORDS: *Ashi* point; tenderness as acupoint; acupoints; local effect; trigger point; dry needling

Dry Needling, as its name implies, is a type of peripheral stimulation using empty syringe needles. The American doctor Janet Travell invented this method in the 1940s. Based on peripheral stimulation, the locations of treatment points and the exact methods for stimulating them are the factors that determine efficacy. The basic definition of a trigger point is a tender point to which dry needling is applied to “trigger” a nervous reflex in order to control pain.

Arguments about the relationship between dry needling and Chinese acupuncture are currently a source of intense controversy. However, we believe that a review of ancient medical literature of China will resolve this issue. In these literature, the authors have found a similar but unique concept called the “*Ashi* point” proposed by ancient Chinese people almost two thousand years ago.

THE ORIGIN OF *ASHI* AND MEANING OF *ASHI* POINT

Before discussing the meaning of the term *Ashi* point, the etymology of *Ashi* should be clarified.

Currently, there are three main points of view on the meaning of *Ashi*. The first is that it started from the *Wu* dialect, which divided *Ashi* into “*A*” as the scream from patients and *Shi* (yes) as the confirmation of the tender spot during the course of treatment. This viewpoint was dominant for a long time^[1]. The second view based on philological analysis, is that *Ashi* is a noun meaning a type of important minister in the imperial court of ancient China^[2]. Finally, the third interpretation, which gets little attention, is based on the quotation in the *Xiaopinfang* (《小品方》 *A Taste of Classical Formula*) “Good recipes and techniques

come from *Ashi*.” Researcher have verified that *Ashi* here refers to “the common people.”^[3].

Extensive research on the verse “If it is a good formula, it comes from the *Ashi*” in an inscription on a tablet called *Xuanshibiao* (《宣示表》 *Minuscule Manuscripts*) a famous ancient Chinese calligraphy work from the Three Kingdoms period (220AD–280AD), also confirms that the original meaning of *Ashi* was an alternative name for common folk^[4]. With this precise understanding of *Ashi*, the original intention of ancient people who created the word *Ashi* point can also be clarified.

We can now see that, it was not the verbal feedback by the patient during the process of treatment that ancient people intended to emphasize with this term, but rather the simplicity and convenience of this method of searching for tender points that anyone was able to use. It was extremely general and ordinary. In this way, the discovery of such efficient tender points by some western clinicians should not come as any surprise.

ASHI POINT AND TENDERNESS AS ACUPOINT

Ashi point as an independent concept was first seen in the *Bèiji Qīānjīn Yàofāng* (《备急千金要方》 *Important Formulas Worth a Thousand Gold Pieces for Emergency*) compiled by SUN Si-miao in the Tang dynasty. It appeared in this description:

“There was an *Ashi* method. When people had diseases or felt pain, the practitioner would pinch and press on the surface of the patient. If the point was just right above the ailment, the point would be called ‘*Ashi*’, regardless of whether it was an acupoint or not. Applying acupuncture or moxibustion on it would be effective all the same. Hence the point was called the *Ashi* point.”^[5]

Thus the *Ashi* method was already a popular treatment method among common folks at least a thousand and three hundred years ago in the *Tang* dynasty (618AD–907AD). However, its history can be traced back much further

In the ancient Chinese medical classic *Huángdì Nèijīng* (《黄帝内经》 *The Yellow Emperor’s Inner Classic*), a treatment principle quite similar to the *Ashi* method was already recorded, and was called “tenderness as acupoint”. Tenderness as acupoint also appears independently in *Língshū* (《灵枢》

The Miraculous Pivot), one of the two parts of *The Yellow Emperor’s Inner Classic*, in the chapter *Sinews Attached to Meridians*. It was described as follows:

“Using the fire needle, the frequency of needling was decided based on efficacy. And tenderness was taken as the acupoint (site of needling).”

This was a part of the principle and method of curing diseases of the twelve sinew meridians with acupuncture. Through researches, we know that the foundation of acupoints was the meridians, which were quite different from the sinews attached to them. The sinew meridians have no acupoints on them. Therefore, the text must be referring to a different type of point. According to annotators, we can see that the essence of tenderness as acupoint was the position of disease on the body, not only the painful points^[6]. Therefore, the connotation of “tenderness as acupoint” was much wider than its literal meaning.

It is worth noting that the nuance between “tenderness as acupoint” and *Ashi* point still exists although they both belong to the category of local treatment. The key point of the former one lies in taking the place on the body where disease is located as the treatment point, regardless of whether it is tender. The relevant structure is mainly the tendons. On the other hand, the term *Ashi* point emphasizes finding the treatment point by touching and pressing, which has some similarities with the reflecting or reflection points^[6].

On the base of the analysis above, the three concepts, including “tenderness as acupoint”, *Ashi* point and reflecting point, have been clearly distinguished through linguistic analysis of “pleremes”. The result of comparison can be illustrated as follows:

Tenderness as Acupoint

[+disease inside, ±observed outside, –fixed location, –certain name, –pressing, +reflection, –reaction]

Ashi point

[+disease inside, –observed outside, –fixed location, –certain name, +pressing, –reflection, +reaction]

Reflecting point

[+disease inside, +observed outside, –fixed location, –certain name, –pressing, +reflection, –reaction]

* Symbols Description: “+” equals to including the plereme; “–” equals to excluding the plereme; “±” equals to indetermination.

Common features of the three show that they can be distinguished from the meridian points and the extra-points. All three concepts here have the sense of instantaneity or present tense. They are either only effective when a particular condition exists in the body or they can only be located when a particular set of conditions exist; in other words, they are dynamic. This could be seen as a reflection of the development of the fixed pathways of the meridians and the names of the acupoints. This may tell us something about the development of acupuncture from through manual palpation of the body. Points may have later been systematized and fixed in location and name.

On the other hand, the distinctions among these three concepts were significant as well. One might say that the *Ashi* point focused more on the process of palpatory discovery by practitioners rather than the subjective feeling of patients themselves, while the other two emphasize the reflections on the surface of the body. It was thus clear that ancient Chinese people not only had insights about surface stimulation treatment around lesions, but also had an unusually detailed classification of diverse methods for treating them. This most likely led to the clarification of key concepts in acupuncture over time.

ASHI POINT AND LOCAL EFFECTS OF ACUPOINTS

Essentially, *Ashi* points are local points or points around local lesions. Here the local lesion was emphasized, because the two main therapeutic effects that acupuncture may bring about, namely the local effect and the distant effect. This classification of effects was first seen in the *A Taste of Classical Formula of the Northern and Southern dynasties*, which was quoted in the *Yixinfang* (《医心方》 *The Understanding of Medicine*) of the Tang dynasty “the diseases cured by acupoints can be split into local and distant ones”. Moreover, the local effect and the distant effect were described in detail. The former was stated as “wherever the disease is, that’s where the moxibustion should be applied” while the latter was explained as “moxibustion should be used on the acupoints of the arms to cure diseases on the head; acupoints on the legs should be used to cure diseases of the heart and abdomen, acupoints on the left cure diseases on the right, vice versa”. In other words, moxibustion should be used on related acupoints but not directly at the area of diseases.”¹ Therefore, the

Ashi point discussed here should be classified as points with local effects.

Objectively speaking, acupoints near each other have similar effects. Thus the limits and the intensity of local effects will vary in scope. The most remarkable point, according to this theory, local effect is the point where the pain can be exacerbated or alleviated by pressing, i.e. the *Ashi* point. Conversely, the *Ashi* Method can be used to confirm the location of points with significant local effect more precisely, i.e. palpating to locate points more precisely^[8].

The local effect does not fit into the main meridian theories and the most of acupoints theories^[7]. This is the key reason why the western learner of Dry Needling therapy does not have to learn the theory of meridians and acupoints. However, if one falsely concludes that the local effect is all there is of acupuncture therapy, this would be a great misunderstanding of the scope of acupuncture. From *Zhēnjiǔ Jiǎyǐ Jīng* (《针灸甲乙经》 *The Systematic Classic of Acupuncture and Moxibustion*), in the *Wei-Jin* dynasties (222AD–589AD), the authors find the idea that “the acupoints on the head and trunk can be sorted by parts, the acupoints on the limbs are sorted by meridians” had already appeared. The textbook *Acupuncture* (《针灸学》), published in 1957) compiled by the Jiangsu Chinese Medicine School had a quite clear perspective on this issue:

“The foundation of the discovery and establishment of the meridian system by ancient people heavily emphasized the effects of acupoints on the limbs. If the acupoints on the limbs only had the local effects, the “tenderness as acupoint” would be enough for acupuncture treatment and there would have been no reason to develop the meridian system... The discovery and formation of the meridians was due to the effect of acupoints on limbs.”

Even so, the local effect had its theoretical aspect as well, which was reflected mainly on the theory of the “four *qi* pathway”. The concept of *qi* pathway was first recorded in the *Miraculous Pivot: defensive qi* (《灵枢·卫气》). The respective four *qi* pathway of the head, chest, abdomen and legs were discussed in detail in answer to the question “please talk about the *qi* pathway”. The location of diseases treated was based on the location of the *qi* pathway, namely the

¹The concept of distant effect was originated from the *Miraculous Pivot: End and Beginning*. It was described as “Upper diseases could be cured at lower. Lower diseases could be cured at upper. Diseases on head could be cured on feet. Diseases on feet could be cured on knees.”



four sections of the human body. It could be seen as the description of the effects of acupoints on head, chest and abdomen on areas lateral to them. At the same time, it was an illustration of the nature of the local effect of acupoints^[8].

In summary, the description and clarification the local effects of acupoints was achieved through the *Ashi* point. Hence the *Ashi* point has been a part of the ancient theoretical system of acupuncture for a long time.

DISCUSSION

In recent years, the western trigger point theory has become very popular. Most researches on its mechanism of action were conducted based on the muscular fasciae and nervous reflexes. The trigger-point is also based on local effects just like the *Ashi* point. The divergent names were merely due to the differences in culture and knowledge backgrounds. The *Ashi* point was named for its “potential features” based on the rules of implicit expression in Eastern culture. Yet the trigger point was named based on visible phenomena since the tendency for explicit expression in Western culture. Therefore, modern research on the trigger point also contributes to our understanding of the modern mechanism of action of *Ashi* points. In fact, as the naming of *Ashi* Point by ancient Chinese people shows, it was a method

easily observed and used. From this point of view, the fact that western researchers have recently found this method from another viewpoint and have given it a different name can be easily understood. After all, the work of the physicians in healing human ailments has no national boundaries.

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ABSTRACT IN CHINESE

[摘要] 本文从“阿是”的词义及“阿是穴”原始内涵进行梳理，基于对相关文献的考证与诠释，溯源至“以痛为输”之法以探寻“阿是之法”的雏形，并用语言学方法对相关术语进行鉴别；由此论及“阿是穴”所归属的腧穴近治作用的理论范畴，并通过气街对其进行理论层面的升华。旨在言明“阿是穴”与西方“激痛点”实即体表刺激的近治作用，其观念不同仅因于文化背景之差异。

[关键词] 阿是穴 以痛为输 腧穴 近治作用 激痛点 干针