

CLINICAL CORNER

Does De Qi Mean De Qi Sensation?

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De qi has been recognized as a key issue in acupuncture research because of its possible relationship with clinical efficacy. However, what is $de\ qi$ in reality? Does it mean the $de\ qi$ sensation like aching, soreness, heaviness, soreness, numbness or tingling?

I don't think so.

Historical Roots

De qi was first mentioned in Huang Di Nei Jing-Su Wen, chapter 27: "Turn the needle when the patient breath [sic] in until de qi" De qi here means capturing or getting qi. In modern times, however, the meaning of de qi is more complicated.

Xu, et al. (2020), describe $de\ qi$ as "qi reaching the area of the needle and it also reaches the best physiological status that leads to the curative effect." In this sense, the meaning of $de\ qi$ is very similar to "qi arrival", because of what is said in $Ling\ Shu$ (chapter one): "The arrival of qi means effectiveness."

De qi sensation or needling sensation was first mentioned in $Ling\ Shu$, $chapter\ nine$: "When evil qi comes, the needle will feel pressure and quick. When $zheng\ qi$ comes, the needle will feel slow and harmony."

As we can see, initially $de\ qi$ sensation was describing the needling sensation from practitioners, not patients. In the Ming Dynasty, the needling sensation started to be described as "aching," "numbness" or even "pain."

Modern Understanding

In modern China, most acupuncture practitioners believe $de\ qi$ sensation equals $de\ qi$ (getting the qi) and "qi arrival," which is the reason for acupuncture's effectiveness. In other words, to achieve good results, $de\ qi$ sensation is needed. Thus, the mainstream of acupuncture treatment in China serves to induce strong stimulation to cause $de\ qi$ sensation. However, is it true that $de\ qi$ sensation equals $de\ qi$?

Acupuncture is spreading over the world and new acupuncture systems have been developed, like Japanese acupuncture, Five-Element acupuncture, *I-ching* acupuncture, Dr. Tan's balance method, Master Tung's acupuncture, and so on. Interestingly, none of these requires strong *de qi* sensation from the patients, yet all of them are powerful.

Japanese acupuncture requires practitioners to feel the *qi* before providing treatments, but the needling is very shallow and doesn't require patients to feel anything. Five-Element acupuncture needs practitioners, not patients, to feel *de qi* sensation while performing treatments. Both Dr. Tan's balance method and Master Tung's acupuncture focus more on points location, which is

different from traditional points; and $de\ qi$ sensation is not required. However, some patients, not all, will still experience $de\ qi$ sensation without purposeful induction.

If we remodel the sentence of "the arrival of qi means effectiveness" to "effectiveness means the arrival of qi," then all of these systems can be said to cause the arrival of qi with little or no de qi sensation from the patients.

What Does Research Suggest?

Several studies failed to show a significant difference between traditional $de\ qi$ needling and superficial or noninvasive needling. One study published in JAMA failed to prove the superior effect of "deep needle insertion with combined manual and low-frequency electrical stimulation" over "superficial needle insertion, no stimulation, and mock electricity." Another study even showed that the intensity of $de\ qi$ sensation was negatively related to pain reduction in dysmenorrhea patients.

Moreover, So, et al. (2009), found that non-penetrating sham needling had significantly higher pregnancy rates than needling with intensive $de\ qi$ sensation during IVF treatment. Besides, "implicit de qi" is getting attention in China, which means that the patient will experience improvement of symptoms with little or no needling sensation from either the patient or the practitioner. $^{1.6}$

Food for Thought

De qi is an extremely complex phenomenon and explains why acupuncture works. De qi sensation is the induced feeling during acupuncture treatment, and includes patient-based feelings (aching, numbness, soreness, heaviness and tingling) and practitioner-based feelings (pressure, tense, quick or slow).

Although *de qi* sensation, especially patient-based sensation, has been emphasized for decades, the truth might be that *de qi* sensation is not an obligatory element of acupuncture treatment. Besides, the strong sensation could be harmful sometimes, especially for weak patients, and could potentially cause fear and hinder patients from treatments.

To help our patients the best, and to help acupuncture develop, we need to change our mindset about the relationship of $de \ qi$ and $de \ qi$ sensation. A deeper understanding of $de \ qi$ can benefit our understanding of acupuncture mechanisms. More research is needed, and I call for more opinions about $de \ qi$.

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