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Analgesia and Pain

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Abstract

Acupuncture is shown as a treatment to reduce some types of pain, a compendium of some reviews on analgesia and pain is presented, but mainly the acupuncture technique. The types of pain and the different forms of analgesia are described, as a fundamental element, assessing acupuncture as one of the oldest and most reliable methods to face pain. In addition, a brief review is made of other types of analgesia such as hypnosis, general anesthesia, local, digit puncture, or shiatsu, the twelve common channels (meridians). Knowing always that the success of acupuncture depends in the first place on the correct choice of the points on which to act; secondly, it depends on the medium used, which should be the most appropriate in each case (type of needle to be used); In addition, the way in which they should be applied is analyzed. The work sends a reflection related to healthy life, proposing that the traditional methods used to alleviate the different pains and achieve the integral harmony of the human body.

Contents

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1. Introduction

The human nervous system is without a doubt, the most complex device devised by nature, not only controls all the processes that occur in the body receiving information from different parts of the body. same and sending instructions for the machinery to work properly, but also allows interaction with the environment, receiving, processing and storing the stimuli received by the sense organs, in addition, the brain, in particular, constitutes a central intelligence responsible for that learn, remember, reason, imagine, create and enjoy feelings.

The first known acupuncture text dates back to 2697 BC and is the famous Nei-King (Arévalo, 2001), Houang-Ti's internal medicine classic, The Yellow Emperor, which was first brought to Europe by the missionaries Jesuits in the seventeenth century but did not work in our continent because of the lack of preparation of Western doctors. It can be said that current acupuncture is extracted from a single basic, excellent, profound and very meticulous treatise. It is the Huang Di Nei, which is usually translated as Canon of Internal Medicine of the Yellow Emperor or Classic of the Esoteric Tradition of the Yellow Emperor (Lujan, 2016).

After being banned in China for nobles in 1884 by Emperor Tao Kuang it was again boosted by Mao Zedong during the long march in 1934-35. But it would not be until the famous visit of Richard Nixón to China in 1972 (Rodríguez, 2016), in which acupuncture jumped the borders of his country to invade the rest of the world so that now we are familiar as a treatment technique Useful to relieve the pain of any part of the body.

Chinese acupuncture is one of the oldest methods of healing and not only maintains its validity but has been imposed throughout the world in such a way that its teachings are taught in universities and medical colleges around the world and their treatments are applied by a good part of the naturist doctors.

In Cuba, although there was knowledge of this practice of curing the pain that immigrants had introduced in that country, it was not until the '89 that its introduction was generalized and now it is applied in hospitals, polyclinics, family doctors, that many professionals and non-professionals have studied and applied this technique to relieve pain (Lee & Fernández, 2016).

Pain is the unpleasant sensory and emotional experience associated with a real or potential injury to a tissue. This definition, formulated in 1980 by the International Association for the Study of Pain, underlines the psychological contribution to the experience of pain. The same group has also used the term nociception, which comes from the word noxious, to describe the experience of a stimulus that injures the tissues. For this reason, the definition applies, especially to the human being. The animals demonstrate behaviors that can be described as pain, and these have been studied in depth in the investigation of the mechanisms of pain and in trials with drugs with potential analgesic effects; although it is doubtful that in the animals the strong psychological component of pain appears, which exists in the human being. Pain is the most frequent isolated symptom by which people consult the doctor.

Currently, these methods can be very valuable because they can be used in ophthalmological operations, an example of this is Operation Miracle (Montoya *et, al.,* 2012). In this work, we make a brief introduction of this technique so important for pain analgesia of any age group.

2. Materials and Methods

Healthy life is appreciated by all, there are traditional methods that are used since ancient times to alleviate the different pains that must achieve the integral harmony of the human body. In the research, inductive-deductive methods and bibliographic search were used to make a historical analysis of how to treat pain in its different manifestations.

3. Results and Discussions

The different types of pain are shown, these are a protective mechanism of the body since it occurs whenever a tissue is injured, the individual is forced to react in the form of a reflex to suppress the painful stimulus.

Classification of the pain: Pungent pain, it is perceived when the skin is punctured with a needle, or when it is cut with a knife. It is also perceived many times when a broad area of the skin is diffusely irritated; the burning pain presents several of the characteristics of the throbbing pain, but the points of the "puncture" in the whole painful area are not perceived. As the term indicates, pain indicates the term, burning pain is perceived as a burn; the continuous pain is not ordinary, it is not perceived on the surface of the body; It is a deep pain that causes varying degrees of discomfort. The continuous pain, of low intensity, in wide areas of the human body can add up constituting sometimes a very unpleasant sensation.

The pain receptors are fundamentally the free nerve endings, they are widely dispersed in the superficial layers of the skin and also in some internal tissues such as periosteum, arterial walls, joint surfaces and the sickle and tent of the cranial vault. Most of the deep tissues are not provided with painful ends, only in a dispersed form; however, any extensive tissue injury can add up to the point of causing continuous pain in these areas.

The locations of the painful sensations are fundamentally the free nerve endings in the skin form a continuous network, with fibers that diffuse in all directions and intermingle with each other. As these fibers overlap, the destruction of any isolated fiber, or even a small isolated nerve trunk, does not noticeably affect perception in a certain area.

Currently, there are methods to measure the perception of pain, for example, the intensity of a necessary stimulus such as the puncture of the skin with a needle with certain pressures, compressing some solid object against a protruding bone or heating the skin with measured amounts of hot.

The transmission of painful impulses in the nervous system or the reaction to pain can be for reasons of type A and C, the type A fibers that transmit pain are of very small delta and gamma types, and transmit impulses with speeds of 5 at 40 m / s, while C fibers transmit painful impulses with average speeds at 2 m/s (Peláez *et al.,* 2012).

In the central nervous system the impulses are transmitted, in the marrow the pain transmitted totally, or almost totally by the lateral portion of the hypothalamic bundle, the painful fibers enter the medulla following the posterior roots, they ascend 1 to 6 segments through the bundle of Lissawer (Piérola, 2007) and then end in second-order neurons in the posterior horns of the medullary gray matter (Peláez *et al.,* 2012). These neurons give rise to fibers that immediately cross at the anterior commissure of the medulla and pass upward along the lateral hypothalamic bundle to end up in the ventrobasal complex and neighboring regions of the thalamus, in parts associated with the fibers of touch. Third-order neurons located in the thalamus transmit impulses to the cerebral cortex, probably to the two somatic areas I and II, collateral fibers are emitted in large numbers at various heights of the spinal cord and brainstem.

Pain has a reaction, although the threshold for pain recognition seems to be approximately the same for all people, the degree of reaction of each varies enormously. Stoics, like African blacks and Native Americans, react to pain much less intensely than emotional people. Painful stimuli produce much more complicated and more effective reflexes at the level of the cerebral cortex, which quickly correct the painful disorder, if this can be achieved with a movement of the body.

The psychic reactions to pain are probably much more subtle; they include all known aspects of pain, such as anxiety, anxiety, crying, depression, nausea and excessive muscle excitability of the whole economy. These reactions vary tremendously according to people for comparable degrees of painful stimuli.

3.1 The physiology of pain

Transmission of pain. When a person suffers an injury, such as a blow to the toe, certain specialized sensory receptors, called nociceptors, receive this information of bodily harm (Zegarra Piérola, 2007), the pain is classified as: acute pain, this begins with the stimulation of one or more of the numerous special sensory receptors, called nociceptors, that exist in the skin and internal organs. These receivers receive

information about intense heat, extreme pressure, punctures or cuts, or other actions that can cause bodily harm. There are two types of nerve fibers that carry this information from the nociceptors to the spinal cord: the A-delta fibers, which transmit information rapidly and appear to be responsible for the acute sensation of pain; and C fibers, which transmit impulses more slowly and can produce the annoying feeling of pain.

In the spinal cord, messages from nociceptors can be modulated by other spinal nerves that increase or, more often, decrease the intensity of the painful stimulus. Afterwards, the impulse reaches different parts of the brain. Some areas of the brain determine what is the location and cause of the pain, while others integrate the sensitive information with the global state of the organism producing the emotional sensation that is called pain. These same brain centers can activate long nerve fibers that descend to the area of the spinal cord where the painful signal originates and decrease it.

In the mid-1970s, the researchers showed that many fibers that inhibit the transmission of pain in the spinal cord release a neurotransmitter called enkephalin. Some areas of the brain that process pain messages produce a related chemical called endorphin. Although the exact role of these two substances in pain perception is unclear, scientists hope that pain studies will help improve pain management.

The psychology of pain has a complex nature is illustrated by anecdotes such as soldiers with serious injuries who do not feel the pain, or injured athletes; but they do not experience pain until the test ends. Certain cultures perform a skull operation called trephination without anesthesia. At the other extreme, scientists have shown that the expectation of pain can intensify this experience, perhaps by causing anxiety. The emotional component of pain is also demonstrated by the terms that are used regularly to describe their nature, as pernicious, nauseating and annoying.

Acute pain, such as that caused by physical trauma or burns, or after surgery, is usually treated with analgesics ranging from aspirin to morphine. In the terminal stages of cancer, combinations of analgesics can be used, which include psychotropic medications such as tranquillizers or an antidepressant. In some patients undergoing surgery, pain can be effectively relieved by a nerve block: the injection of an anesthetic into the regional nerve center through which the nerves pass from the area of the surgical wound. In certain types of low back pain, surgery can correct the problem causing it (Pelegrini, 2003).

By 1965, doctors began to appreciate the unique nature of the state called chronic pain. In this syndrome, patients may present pain for years, without an apparent organic lesion as a cause. The researchers suggest that chronic pain is a state of behavior, initiated by a real injury, in which the pain lasts long enough to become a disease. Many of these patients affected by diseases such as arthritis depend on potent analgesics, and usually fall into a cyclical situation of pain, inactivity and depression (Comendeiro *et al.,* 2013).

Special protocols have been developed to treat patients with chronic pain. These protocols emphasize the reduction of drug doses, along with physical exercises, occupational therapy, and relaxation techniques such as hypnosis and bio-feed-back. Some include psychological treatment, and try to modify the learned pain patterns with the support of the patient's family. In other cases, patients are helped with an electronic device called transcutaneous electronic nerve stimulator, which can be activated to send an electronic current to the spinal cord. The reason for the effectiveness of this device is unknown, but it can stimulate the brain to send pain-inhibiting impulses to the spinal cord.

Referred pain, pain that is seen in an area different from that in which it should be felt, that is, in a place distant from its true origin. For example, some cardiac injuries can cause pain in the left arm. It occurs because sensory nerves from different parts of the body share common pathways in the spinal cord.

Analgesia is the lack or suppression of any painful sensation, without loss of the remaining modes of sensitivity. There are different types of analgesia: Anesthesia is the loss of sensitivity, applied especially to the tactile sensation. It can be general (affects the whole body) or local (affects only certain body areas). It is produced by injury or disease of sensitive peripheral nerves or nerve centers, or it can be induced by the administration of drugs that fight pain; The general anesthesia that is modern anesthesia, is usually done by combining various drugs with it four objectives are sought: hypnosis, analgesia, muscle relaxation and vegetative stabilization.

Hypnosis (artificial sleep of anesthesia), is achieved by inhaled anesthetics, gases or volatile liquids such as cyclopropane, nitrous oxide, halothane or enflurane. The anesthetic gas mixed with oxygen is inhaled through a mask or administered through an endotracheal tube. To potentiate the analgesic effect of the anesthetic, in many cases too weak, it is associated with a powerful opioid analgesic (fentanyl, meperidine). The muscle relaxant (tubocurarine, galamin, succinylcholine) is necessary to allow surgical manipulation. Surgical and

pharmacological aggression tends to unbalance the vegetative nervous system, enhancing the parasympathetic and inhibiting the sympathetic; Vegetative stabilization attempts to compensate for this problem by reversing these actions. To obtain it, atropine or similar drugs are usually used. General anesthetic drugs cause respiratory arrest: the anesthetized patient must be maintained with artificial respiration.

Intravenous barbiturate of short duration, pentobarbital or pentothal, or intravenous benzodiazepine is usually used to induce (initiate) anesthesia; sometimes the anesthetic gases or the opioid analgesic are used directly. Induction causes loss of consciousness, immediate analgesia and usually muscle relaxation of short duration; once obtained, the patient is intubated and the rest of the drugs are started (maintenance phase of the anesthesia). At the end of the surgical procedure, the patient goes to the awakening phase: pure oxygen is administered, the supply of anesthetic gases is stopped and antidotes of analgesics and muscle relaxants are administered.

During anesthesia, severe alterations in the functions of the heart and in the oxygenation of peripheral tissues can occur. Hence the indication to keep the patient monitored by continuous electrocardiography and repeated measurement of blood pressure. Thiopental sodium has been used at low doses in psychiatry because it makes patients talk with total disinhibition. From this use comes its name of "truth serum".

Local anesthesia, usually used in some surgical interventions, these do not require muscle relaxation and can be performed with local anesthetics, substances that block the nerve conduction of peripheral nerves temporarily. Local anesthetics are a family of drugs derived from cocaine (the oldest local anesthetic known): procaine, lidocaine, bupivacaine, mepivacaine, among others.

The regional blockade is a type of anesthesia that is achieved by injecting a local anesthetic agent in the proximity of one or more nerve trunks that sensitively innervate the area to be intervened. The most used is epidural anesthesia, in which the anesthetic is injected into the medullary canal, obtaining nerve block in the entire distal hemibody at the height of the puncture (if this is in the lumbar area it is anesthetized from the waist to the feet).

A special type of local anesthesia, used for minor interventions, is achieved through the application of cold, either using ice or by applying a very volatile substance such as ethyl chloride.

Hypnosis, is the state of altered consciousness that is characterized by a reduction in attention and an increase in suggestion, its characteristics are linked to the gradual adoption by the subject of a completely different state of consciousness to wakefulness or sleep, called 'trance state', during which attention is disconnected from the outside world and concentrates on mental, sensory and physiological experiences. When a hypnotist induces a trance, a very close relationship or communication develops between the operator and the subject. The responses of the subjects in a trance state and the phenomena or behaviors are manifested objectively, they are the product of their emotional state, that is, the behavior reflects what is being felt in the experience.

The depth of the trance, however, will range from a mild state close to being awake, to a deep state of sleepwalking. A deep trance is characterized by the forgetfulness of trance events and by an ability to automatically respond to suggestions after hypnosis that do not cause clear anxiety. The depth of trance achieved is a relatively fixed characteristic, which depends on the emotional condition of the subject and the skill of the hypnotist. Only 20% of the subjects are able to enter somnambulistic states with the usual methods of induction. From the clinical point of view this percentage is not significant, since the therapeutic effects appear even with a slight trance.

Hypnosis can produce a deeper contact with the emotional life of each one, which can reignite repressions and provoke exposure to buried fears and conflicts. This effect is for medical and educational use, but it can also lead to misinterpretation. Therefore, the resurgence of early and forgotten memories through hypnosis can be mixed with fantasies. In recent years, research on memories induced by hypnosis has been questioned.

Acupuncture is a procedure of traditional Chinese medicine based on the insertion and manipulation of needles in more than 360 points of the human body. It is used in most Chinese hospitals and by some Japanese and Western doctors to relieve surgical pain and rheumatic diseases, as well as for many other diseases, it is a traditional medical technique based on the stimulation of certain points of the body to restore the balance between different chemical compounds. It is applied to the treatment of a variety of conditions, such as chronic pain, drug addiction, arthritis and mental illness.

Punctual digit or shiatsu is a variant in which the doctor uses digital manipulation to relieve pain and other symptoms; It is widespread in Japan, and has recently begun to be practiced in Europe and America. It is

performed by exerting pressure with the tips of the fingers (sometimes with the elbows or knees) on a complex network of key points of the patient's body.

The history of acupuncture, is remote in Asian society in China mainly where acupuncture needles have been found with more than 4,000 years old. The most primitive were of stone; then they were made of bronze, gold or silver, and nowadays they are made of steel. At first they were used to drain ulcers and blisters. Acupuncture was developed based on the theory that certain "meridian points" connected to internal organs exist in the body. The "vital energy" flows along the meridian lines; the diseases are caused by the interruption of energy flows; the insertion and manipulation of needles restores normality.

Acupuncture treatment in China is mainly used for surgical analgesia. Chinese surgeons say that approximately 30% of patients obtain an adequate level of analgesia if an electric current is established through the needles instead of manipulating them. Western observers maintain that, indeed, this application is valid, but only in 10% of patients; It seems especially indicated in intracranial neurosurgery. Chinese surgeons claim that acupuncture is superior to western analgesia (Numa, 2010), induced by drugs, because it does not alter the physiology of the organism and therefore does not expose the patient to shock (surgical shock, if it is hypovolemic, it must be to bleeding during the intervention and if it is neurogenic, it is due to the pain of the patient).

Chinese doctors also treat other diseases with acupuncture: peptic ulcer, high blood pressure, appendicitis, asthma and some heart diseases. In more than six hundred patients with angina, acupuncture decreased the need for drugs and most were able to return to work.

The mechanism of action of acupuncture remains undiscovered. Through experimental acupuncture in rabbits, it has been shown that it is not just a phenomenon of suggestion (Villalobos *et al.,* 2006). After the discovery in 1975 of the enkephalins and endorphins (pain inhibitors produced by animal organisms), some neurophysiologists suggested that the needles could trigger the release of these substances, which act on the spinal cord, blocking the transmission of signals to the brain. of pain. This hypothesis seems to be confirmed in experiments in which the introduction of needles in certain areas of the brain of dogs produces an elevation of the endorphins of the cerebrospinal fluid. It has also been shown that the analgesia of acupuncture is partially blocked by naloxone, an opiate antagonist and endorphins.

The Bio-feedback, technique by which patients regulate their bodily functions to get them modified. It is used above all in the treatment of pain or situations related to stress and helps the patient to control the physiological processes that are considered subject to involuntary control (Gaja, 2010).

Although based on theoretical principles far from those of modern medicine, acupuncture, an ancient practice of oriental medicine, still has useful applications, provided that it is carried out by experts capable of making accurate diagnoses and of proceeding in an appropriate manner.

The practice of acupuncture is lost in the remotest Chinese tradition, undoubtedly widespread and recognized as a therapeutic method long before it was codified in the Neijing, "the classic of medicine" attributed to the legendary Huang Ti (2657-2596 AJC), but which would actually appear in the period between 475 and 221 BC. It is presumed that ancient healers realized that, in the course of certain diseases, certain areas of the skin became more sensitive. The examination of these areas of hypersensitivity led to the determination of a series of points that, linked together, traced on the body perfectly defined paths. The lines of union of all the points were later interpreted as channels through which vital energy flowed throughout the body (Angel Chu Lee & Aguirre Fernández).

According to Chinese tradition, the state of health is nothing other than the persistence of a balanced flow of energy through the mentioned channels, while the disease is a qui in excess or defect in a certain organic compartment. Concretely, since two dynamic principles or polarities (yin and yang) intervene in the vital energy, all the pathological forms are attributed to a localized imbalance of yin and yang. The work of the acupuncturist is therefore to formulate an exact diagnosis, determine the exact place of alteration of the flow of energy and intervene to release the channels involved, thus restoring a balanced flow of energy. The aim of therapeutic intervention is to stimulate a series of points through needles or through the application of heat (moxa), massage or pressure.

3.2 The twelve common meridian channels

Regard to the channels, also called meridians, there are twelve common channels and eight extraordinary channels, endowed with branches that communicate them with each other, collateral channels. As a whole, a network is created that communicates the superficial compartments of the organism with the inmates, a network through which "blood" circulates and qui. The channels are distributed throughout the body bilaterally and symmetrically; internally they reach all the organs and viscera, externally to the four extremities, the skin and the organs of the senses.

The imbalances that may arise along the channels are manifested in the compartments through which the interested channel passes. Thus, for example, an imbalance in the stomach canal can cause, apart from pain in the organ to which it is attached, tooth pain as well, since this channel passes through the gum. In the same way, pathological alterations in an organ or a viscera can determine imbalances along the corresponding channel, which manifest themselves in the form of disorders that have nothing to do with the organ originally affected. The vital functions of the organs and channels are projected in punctiform zones distributed throughout the body surface, along the channels. The stimulation of these points by acupuncture or moxa influences the corresponding organs, regulating their vital energy and thus modifying their eventual state of illness.

Most of the points present on the body surface are distributed in correspondence with twelve channels and are called common points. The number of points of the twelve channels is 361 for each hemibody and therefore they are altogether more than 700.

3.3 The location of the points

It is very important to determine the exact location of the points on which it is intended to act. In this regard, we have knowledge of three main methods. The first, or the proportional measure, consists of determining the length or width of the different parts of the human body and, for each of them, establishing a proportional unit of measure (cun). The advantage of this measurement method is that it can be applied to individuals of any age and physical constitution. The second most used measurement method is one based on the length of the patient's fingers. The third system of location of the points is based on the anatomical references. For example, in the back of the anatomical points of reference are the ends of the spine of the scapula, or its lower edge, and the spinous processes of the vertebrae; In the thorax, the most commonly used reference points are the breast nipples and the sternum; and finally, in the abdomen, they are the Navel and the axis of the pubis.

Its objective is to restore the balance of vital energy the so-called quen-which acts freely throughout the body. The disease is considered in effect a disturbance of balance by a particular organ or apparatus whose activity suffers consequently oscillations by excess or by defect.

3.4 The technique

The success of acupuncture depends in the first place on the correct choice of the points on which to act; second, it depends on the medium used, which should be the most appropriate in each case (needle type); and thirdly, the way in which the previously chosen needles are applied at the exact points.

The choice of points presupposes a thorough diagnosis, and in this sense there are no significant differences between traditional Chinese medicine and modern Western medicine. Both in one and in another, all the resources of the diagnosis are used to define the nature of the illness that afflicts the patient, as well as to determine the organs or channels in which the pathological process is located. Where if both drugs are separated significantly is in the theoretical interpretation of the diagnostic results, in terms of causes and pathogenic mechanisms, and therefore in the approach to therapy.

In traditional Chinese medicine, diseases are divided into two major classes: Shi diseases, in the course of which the affected organs register excessive activity; and diseases of nature xu, in which, on the other hand, the affected organs have a deficit activity. In Shi diseases, generally of an acute nature, the general conditions

of the patient are good and the clinical picture is characterized by redness of the face, hyperexcitability, respiratory distress, abundant expectoration, rough tongue and covered by a dense patina, and strong pulse and Quick. The diseases xu have instead chronic character and are characterized by being affected the general state of the patient, who is shown dejected, apathetic and pale, and presents weak breathing, abundant sweating, often incontinence, pale tongue and covered by a thin patina, and weak and slow pulse. Regarding the causes of the disease, traditional Chinese medicine distinguishes exogenous causes (wind, cold, heat, humidity, dryness, fire) and endogenous causes (joy, disgust, melancholy, horror, surprise and shock) (Reyes, 2008).

The treatment of the diseases, very articulated, responds nevertheless to this general criterion: when the illness is shi, to depress (xie); when the disease is xu, excite (bu). Acupuncture is indicated in both the xu and the shi diseases.

Once the diagnosis has been made, the choice of the points on which to act depends on rules, which seem simple in their individual exposition, but which, in reality, when interwoven in the practice of the most experienced acupuncture, are very complex and require great experience for its correct application. The main rules in the choice of points are four:

Choice of the distal points according to the travel of the channels. Once established in which organ the disease is located, or which channel is affected by a dysfunction, points located in the corresponding channel or below the elbow or below the knee are chosen. Thus, for example, for disorders of the upper part of the abdomen, it may be advisable to center the action at point 36 of the stomach canal, located at one finger of the anterior crest of the tibia; e Choice of local or adjacent points. The aim is to use the most appropriate points located in the region where the lesion manifests itself or in its vicinity. Thus, in case of toothache or of diseases that affect the jaw, the point on which it is necessary to act can be 6 of the stomach canal, located on the outside and above the angle of the jaw. The selection criteria are often pre-established in combination according to different possibilities:

Choice of points depending on the symptoms. Experience has shown that different points of the various suitably manipulated channels can resolve numerous symptoms, in a function comparable to that of certain drugs of modern Western medicine that receive the qualification of "symptomatic", insofar as they do not precisely solve the problem disease, but they can attenuate symptom manifestations.

Choice of specific points. As already recalled, the specific points are: the five Shu points of the extremities; the Yuan points (Coaquira Peláez *et al.,*); the Suó Points (conjunction); the Xi points (slit); the later Shu points, and the previous Mu points. In a complicated network of combinations, the use of specific points offers the expert acupuncturist a wide range of therapeutic possibilities.

Acute bronchitis. Points of the lung channel are chosen as main points, to which are added other points based on the combination of the Yuan points and the Suo points of conjunction. The therapy includes moderate or strong stimulation of point 5 of the lung channel, point 4 of the large intestine channel and point 7 again of the lung channel. Depending on the symptoms, the chosen points vary: for fever, the pre-established point is ~ 4 of the posterior central canal (Angel Chu Lee & Aguirre Fernández); for sore throat, point 17 of the small intestine channel; for excessive secretion, point 40 of the stomach channel.

Lumbar pain. Points of the bladder channel are chosen as main points. The prescription includes stimulation (strong in the event of a tear, moderate in the case of rheumatism) of points 23 and 40 of the bladder channel, the extra canal and point 6 of the small intestine channel. On the basis of the symptoms, point 26 of the posterior central canal (flu) is stimulated when there is localized pain in the spine; point 3 of the small bowel canal when there is a tear; while, in case of muscular rheumatism, the moxa is applied at point 23 of the bladder channel. The treatment is carried out every day or every other day, until the restoration of health, keeping the needles for 15-20 minutes. While the application lasts, the patient feels no pain, only a slight discomfort

4. Conclusion

The work has exposed some traditional ways that exist to relieve pain, paying special attention to the use of Oriental and natural methods through the use of acupuncture. It is shown that acupuncture combined with other techniques plays an important role, despite being one of the oldest methods, and that not only maintains

its validity, but has been imposed throughout the world in such a way that its application is He teaches in universities and medical colleges around the world. It shows that you can have a healthy life, applying natural techniques and that conventional medicines used to relieve different pains, in one way or another, alter the integral harmony of our body.

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References

Arévalo, J. C. (2001). La marabilloosa historia e la medicina China.

Cabrera Villalobos, Y., Hidalgo Hidalgo, S., Díaz Gómez, S. M., & Cardoso Navarro, I. (2006). Eficacia de la acupuntura en el síndrome dolor-disfunción del aparato temporomandibular. *Revista Archivo Médico de Camagüey*, *10*(5), 70-80.

Chu Lee, Á., Serra Valdes, M. Á., Chiliquinga Villacís, S., Aguirre Fernández, R. E., Agudo Gonzabay, M., & Cárdenas López, O. (2016). La acupuntura como alternativa terapéutica en el abordaje de la fibromialgia. *Revista Cubana de Reumatología*, *18*(3), 313-320.

Coaquira Peláez, S. A., Condori Quispe, A., & Fuentes De la Barra, P. Y. (2012). NEUROFISIOLOGIA DE LA CONDUCCION NERVIOSA. *Revista de Actualización Clínica Investiga*, *27*, 1301.

i Gaja, S. P. (2010). Biofeedback de resistencia galvánica y psicoterapia. Una combinación de éxito en la lucha contra el dolor. *Revista de la Sociedad Española del Dolor (SED)*, *17*(4), 216-216.

Lujan, D. (2016). Maua de acupuntura natual. ISBN: 978-84-16002-7-7,

Martínez Montoya, Y., Fernández Pérez, S. R., Grenot Mustelier, Y., González Naranjo, M., & Rodríguez Alonso, Y. (2012). Tratamiento acupuntural en la cirugía de glaucoma. *Medisan*, *16*(6), 839-846.

Numa, M. F. V. (2010). Analgesia profunda con acupuntura Univesidad NAcioal de Clombia, Facultad de Medicina, Codigo.

Pelegrini, M. R. F. (2003). O abuso de medicamentos psicotrópicos na contemporaneidade. *Psicologia: ciência e profissão*, *23*(1), 38-41.

Reyes, A. E. (2008). Evolución Histórica de la Medicina Tradicional China. *Comunidad y Salud*, *6*(2), 42-49.

Rodríguez, M. E. (2016). La evolución de la política exterior china/The Evolution of China´ s Foreign Policy. *Araucaria*, *18*(35).

Vasallo Comendeiro, V. J., Arjona Fonseca, S., Fernández Romaguera, Y., Rondón Acosta, J., & Quevedo Álvarez, L. (2013). Dolor crónico o persistente. *Revista Cubana de Anestesiología y Reanimación*, *12*(1), 4-11.

Zegarra Piérola, J. W. (2007). Bases fisiopatológicas del dolor. *Acta Médica Peruana*, *24*(2), 35-38.

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