ISSN 2616-5791 Vol. 7, Issue 4: 94-100, DOI: 10.25236/AJMHS.2026.070411

The Relationship between Gua Sha and Emotional Healing

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Abstract: *Gua Sha is a traditional external therapeutic technique in Chinese medicine. Existing clinical studies mostly focus on its somatic regulatory effects, such as dredging meridians, dissipating blood stasis and clearing heat, while investigations into its mechanisms and applications in emotional regulation and psychological healing remain relatively limited. Based on traditional Chinese medical theories and practical observations of Gua Sha, this paper interprets Gua Sha as a mind-body integrative intervention from multiple dimensions: the broad connotation of "sha", the "compression" pathogenesis of stagnated qi, the diagnostic and therapeutic rule of zang-fu visceral partition on the back, the qi-regulating effect of Gua Sha intervention, as well as operational contraindications and safety principles. It elaborates how Gua Sha releases tangible and intangible sha to disperse constrained qi, so as to simultaneously relieve somatic symptoms and modulate emotional disturbances. This study clarifies the underlying logic of emotional healing via Gua Sha, and provides theoretical references and practical evidence for expanding the application of external Chinese medicine therapies in emotional and psychological intervention.*

Keywords: *Gua Sha; Emotions; Sha Manifestation; Mind-Body Integrative Regulation; External Therapy*

1. Introduction

Chinese medical theory advocates the unity of the body and spirit (xing-shen integration), holding that the physical form and emotions are inseparable. *Huangdi Neijing (Huangdi's Internal Classic)* states that "the five zang-organs generate five types of qi, which in turn produce joy, anger, sorrow, anxiety and fear" [1]. The qi and blood status of the five zang-organs directly shapes emotional activities; conversely, emotional disharmony obstructs visceral qi movement and triggers somatic disorders, forming a vicious cycle in which "emotions damage the body, and physical illness further aggravates emotional stagnation" [2].

Contemporary modern psychological interventions generally target cognitive bias, emotional regulation strategies and behavioral responses, focusing primarily on the psychological dimension. While these approaches achieve sound effects for many mood disorders, they pay relatively less attention to the embodied somatic foundation of negative emotions, especially the state of somatic qi stagnation emphasized in TCM. Patients with long-term emotional distress often report persistent bodily discomfort that cannot be fully explained or relieved by cognitive and behavioral adjustment alone. Conventional academic research on Gua Sha also prioritizes its therapeutic effects on localized somatic conditions, including musculoskeletal pain, exogenous wind-cold diseases and metabolic disorders. Existing studies tend to frame Gua Sha merely as a physical stimulation method for improving local blood circulation and relieving tissue tension, separating its somatic regulation function from its spontaneous emotional healing properties [3]. The affective changes occurring alongside Gua Sha intervention are frequently recorded as incidental subjective phenomena rather than core therapeutic outcomes, and their internal mechanisms remain insufficiently interpreted and systematized.

Long-term clinical practice of Gua Sha reveals that proper stimulation on the cutaneous regions of meridians and back shu-point areas not only induces tangible subcutaneous ecchymosis known as sha, which reflects the distribution of stagnant pathogenic qi, but is also often accompanied by a series of intangible turbid discharge reactions. These reactions include belching, flatulence, loose stool, emotional catharsis such as spontaneous crying or sighing, and occasional abnormal odor release during or shortly after operation [4]. Many recipients report simultaneous relief from irritability, inner repression, melancholy and mental heaviness following Gua Sha treatment, accompanied by improved

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sleep quality and a sense of unblocking throughout the torso. These consistent clinical observations imply that Gua Sha may act on the visceral-qi-emotion axis, rather than only exerting local superficial effects. On this basis, combining sha pattern identification, the visceral correspondence theory of back partition and the zang-fu emotion matching doctrine of TCM [5], this paper explores the mechanism by which Gua Sha mediates qi dispersion, stagnation resolution and emotional regulation. It sorts out applicable crowd screening, indication strategies, operational essentials, manipulation gradation, contraindications and safety boundaries for emotional healing with Gua Sha, discusses the distinction between emotional catharsis induced by Gua Sha and adverse reactions, and attempts to enrich the practical system of "simultaneous treatment of body and spirit" in Chinese medicine. This study also provides a complementary TCM embodied intervention idea for the integrated regulation of stress-related mood sub-health and mild emotional disorders.

2. Core Theoretical Foundation: Intrinsic Association Among Qi Stagnation, Emotions and Sha Manifestation

2.1 The "Compression" Pathogenesis of Stagnated Qi

Under persistent negative emotional stimuli, including long-term repression, accumulated grievance, repetitive rumination and suppressed anger, the ascending, descending, exiting and entering movements of zang-fu qi become impeded, and qi fails to diffuse and disperse normally as it should. From the perspective of TCM pathogenesis, the body instinctively tends to "condense and compress" stagnated pathogenic qi as a passive adaptive response to sustained emotional pressure. In the initial stage of qi constraint, stagnant qi lingers and fails to circulate; with prolonged binding and obstruction, qi stagnation hinders fluid transportation and transformation, and accumulated fluid gradually condenses into phlegm. As the pathological course progresses, phlegm-dampness blocks the vessels and collaterals, impeding blood movement, and phlegm further transforms into static blood after long-term coagulation. If this pathological binding remains unaddressed over an extended period, consolidated static blood intertwined with phlegm may eventually develop into abdominal masses and concretions (zheng-jia ji-ju). Notably, this pathological cascade proceeds synchronously in body and mind rather than as a linear sequence where emotional disturbance precedes somatic disease. Negative emotional energy, locked together with stagnant qi, is confined beneath the skin, within fascia, intermuscular spaces and the interstices of meridians, forming the so-called "intangible pathogenic factors" described in Chinese medicine. These pathogens lack fixed morphological boundaries and cannot be directly detected by conventional imaging examinations, yet they continuously interfere with visceral function and subjective emotional experience.

At the emotional level, this persistent constrained state manifests diversely: patients may experience low mood, anhedonia, depression, easy irritability, unexplained melancholy, mental heaviness and persistent mental fatigue. Such affective symptoms often fluctuate alongside stress triggers and are difficult to relieve merely by cognitive adjustment or voluntary mood regulation. At the somatic level, constrained qi is inclined to gather at tension-prone areas along meridians and back shu regions, presenting as localized muscular tension and stiffness, palpable soft or hard nodules, cord-like tensions along muscle bundles and tender points. As stagnation deepens, corresponding visceral dysfunction emerges, covering insomnia, chest oppression, hypochondriac distending pain, epigastric stuffiness, bowel irregularity, dysmenorrhea and autonomic nervous disturbance. These somatic signs are the embodied markers of emotional qi stagnation, reflecting the inseparable connection between visceral qi movement and affective activity under the xing-shen integration framework.

The core purpose of Gua Sha is not to deliberately produce sha. Gentle, graded stimulation on cutaneous regions of meridians and back partitions opens micro-passages for pathogenic discharge and guides constrained stagnant qi to undergo "decompression". This process creates a natural outlet for consolidated emotional energy and turbid pathogens trapped inside the fascia and meridian interstices, allowing stagnant qi to follow its inherent tendency to disperse outward. In essence, it is a therapeutic approach of "dredging according to the tendency of pathogens", which complies with the TCM principle that pathogens prefer outward release rather than forced purgation. The operational principle emphasizes taking sha as a reference indicator rather than pursuing heavy, dark sha blindly. Sha appearance serves as an indicative signal that inhibited qi movement has been activated and turbid pathogens have started to discharge outward. The primary therapeutic goal is to release pathological adhesions in skin, subcutaneous fascia and muscle layers, relax chronically contracted soft tissues, and restore the smooth circulation of qi and blood in meridians and collaterals. It is worth emphasizing that

ISSN 2616-5791 Vol. 7, Issue 4: 94-100, DOI: 10.25236/AJMHS.2026.070411

sha production is highly dependent on the depth, location and nature of stagnation. For regions with deep-seated, long-standing severe stagnation, tangible blood sha may not emerge immediately even under standard scraping pressure, because the stagnant pathogens are confined in deeper tissue layers and cannot reach the superficial cutaneous region rapidly. In such circumstances, forced heavy scraping, excessive pressure and prolonged local manipulation are strictly prohibited. Blind pursuit of sha will easily damage healthy superficial tissues, trigger defensive qi disturbance, aggravate local tension, and even push turbid pathogens deeper instead of guiding them outward, which runs counter to the original intention of emotional qi dredging. Clinical operators should judge the progress of stagnation release comprehensively by combining subjective emotional feedback, somatic relaxation response, local tenderness change and sha manifestation, rather than relying on sha alone to evaluate therapeutic effect.

2.2. The Broad Connotation of Sha: Tangible Sha and Intangible Sha

Sha in conventional understanding is limited to reddish-purple ecchymosis under the skin, which refers to tangible sha in the narrow sense. This narrow definition dominates most existing Gua Sha literature and clinical observation standards, where therapeutic efficacy is often judged merely by the shade and range of subcutaneous ecchymosis. From the perspective of mind-body regulation rooted in the xing-shen integration theory of TCM, however, sha denotes all outward manifestations of stagnated turbid pathogens activated and released by meridian stimulation. On this basis, sha can be categorized into tangible sha and intangible sha. Among them, the discharge of abundant intangible sha directly corresponds to the core process of emotional healing, and carries greater guiding value for the intervention of qi constraint and mood disturbance.

Intangible sha is the most representative response during emotional healing Gua Sha, and can be divided into four categories. First, odor: after negative emotions and metabolic waste are confined together within fascia spaces and meridian interstices for a long time, sour, putrid, fishy or special food-related odors may emanate from the treated area once the discharge passages of turbid qi are opened. Such odor changes are transient in most cases and weaken gradually along with the smoothing of qi movement, marking the synchronous release of turbid pathogens and stagnant emotional energy. Second, temperature change: the temperature feedback of the scraping board serves as a simple in-situ diagnostic clue. A cooled scraping board during manipulation indicates the dispersion and outward movement of latent cold pathogens; by contrast, an abnormally hot board suggests the release of dry, constrained internal qi and hidden fire stirred by stimulation. Third, emotional responses: silent weeping, spontaneous sighing, willingness to share suppressed thoughts and gradual fading of irritability during treatment are typical manifestations of the release of stagnated emotional energy. These affective reactions are not accidental psychological phenomena, but embodied catharsis of constrained qi. Fourth, qi discharge: belching, flatulence and expectoration signify the unblocking of qi masses constrained in the upper and middle jiao, and serve as direct somatic evidence for the resolution of qi stagnation accompanying emotional repression. It should be noted that these intangible sha reactions may appear independently or in combination, and some recipients only show subtle responses that are easy to overlook without careful observation.

Tangible sha refers to the visible products of turbid discharge after Gua Sha stimulation, including liquid forms (water droplets, thin sputum, viscous saliva, sebum and paste-like greasy substances precipitated from skin pores) and solid forms (fine granules, crystal-like precipitates, subcutaneous ecchymosis, cord-like nodules that soften gradually after release). Subcutaneous blood sha can be differentiated by color to evaluate the internal state of qi, blood, cold and heat: bright red sha usually indicates internal heat and vigorous yang qi struggling to expel pathogens; dark red sha suggests cold lurking in the blood aspect and impeded blood circulation; dark purple sha represents blood stasis due to cold accumulation and severe consolidation of pathogens. Special black sha, frequently observed on palms, soles and the face, is commonly seen in patients with chronic emotional depression, long-standing visceral deficiency and those on long-term medication. It represents the discharge of deep, entrenched turbid pathogens that have bound with phlegm and static blood for years. For black sha, minimal lubricant and extremely gentle rubbing are recommended; once black sha appears, thorough local cleaning with mild medium is required after the operation. Forced heavy scraping and repeated stimulation to induce black sha are strictly forbidden, as excessive force may injure healthy qi and drive deep pathogens inward instead of facilitating outward discharge.

ISSN 2616-5791 Vol. 7, Issue 4: 94-100, DOI: 10.25236/AJMHS.2026.070411

3. Correlation Between Gua Sha on Visceral Zones of the Back and Emotional Regulation

The Bladder Meridian of Foot-Taiyang on the back concentrates the back-shu points corresponding to zang-fu organs. Its cutaneous regions correspond to internal viscera. Different partitions of the back match the qi movement of distinct zang-fu organs, and each of the five zang-organs governs specific emotions. This makes the back the core treatment area for Gua Sha-mediated emotional regulation. The correspondence among back partitions, affiliated viscera, somatic indications and emotional tendencies is shown in Table 1.

Table 1: Correspondence of back Gua Sha zones, zang-fu viscera and emotional disorders.

Zones	Anatomical Location	Corresponding Viscera	Somatic Indications	Associated Emotional Characteristics
Heart-Lung Zone	C7–T3 (predominantly Lung), T3–T5 (predominantly Heart)	Heart, Lung	Recurrent exogenous infections, rhinitis, chronic cough, chest tightness and shortness of breath	Sorrow, panic susceptibility, restlessness, sentimentality, oppression and breathlessness
Liver-Gallbladder Zone	T5–T9	Liver, Gallbladder	Intolerance to greasy food, hypochondriac distension	Irritability, chronic sulking, depression, overthinking, difficulty in decision-making
Spleen-Stomach Zone	T9–T12	Spleen, Stomach	Excessive phlegm, poor appetite, abdominal distension	Stubbornness, obsessive rumination, mental fog, lassitude and low spirits, spleen injury from overthinking
Genital Zone	L2–L5	Genital system, lower jiao	Dysmenorrhea, gynecological masses, male genital discomfort, developmental retardation in children, enuresis	Lower jiao cold deficiency, energy depletion, persistent fatigue, internal stagnation, emotion disorders related to development

The liver governs free flow of qi and acts as the pivotal hub of emotional regulation; hence the Liver-Gallbladder Zone is the most frequently intervened area for emotional Gua Sha. The liver is the "general" organ responsible for strategic planning; the gallbladder is the "upright and impartial" organ governing judgment. Persistent rumination, suppressed resentment and repressed anger first obstruct liver-gallbladder qi movement, presenting as muscular nodules, tenderness and dark purple sha in the Liver-Gallbladder Zone of the back. Therefore, patients with anxiety, depression, irritability and emotional constraint are prioritized with intervention on this zone.

The spleen governs thinking. Stagnation of spleen-stomach qi leads to excessive rumination and phlegm clouding the orifices, manifested as slow thinking, stubbornness and mental drowsiness . The heart and lung dominate qi, blood and spirit; obstruction of heart-lung qi predisposes individuals to sorrow, palpitations and timidity. Deficiency and stasis of qi in the lower jiao genital zone result in insufficient primordial qi, persistent low mood and energy exhaustion. Partitioned Gua Sha precisely dredges the cutaneous regions of back-shu points for corresponding zang-fu organs, regulates qi movement of the five zang-organs, ameliorates emotional disorders governed by them, and achieves treatment of both root and branch .

4. Operational Principles, Contraindications and Post-Treatment Nursing

4.1. General Operational Principles

Gua Sha for spirit regulation favors superficial rather than deep stimulation, gentle rather than heavy pressure, slow rather than rapid manipulation. Unlike Gua Sha for treating severe painful bi-

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syndromes that often requires deeper tissue release, emotional-regulating Gua Sha targets the meridian cutaneous regions and fascia interstices where stagnant emotional qi lingers. Forceful, rapid and deep scraping tends to stir pathogenic qi violently and overwhelm the recipient's defensive qi, which may trigger abrupt emotional turbulence and excessive consumption of genuine qi. Fundamentally, Gua Sha consumes human qi and blood. It mobilizes the body's inherent healthy qi to promote turbid discharge and relies on the body's self-stabilizing, self-adjusting and self-repairing capacity to re-establish the harmony of body and spirit. In this framework, the practitioner acts merely as a guide for qi movement and pathogenic dispersion rather than an external agent that directly "cures" emotional diseases. The therapeutic effect emerges from the recipient's own restoration of smooth qi flow and visceral balance.

For this reason, beginners are advised to practice on themselves first to familiarize themselves with graded pressure perception, diverse tangible and intangible sha responses, and the subtle somatic signals of qi release. Only after building stable sensitivity and gaining experience in judging and containing various qi reactions can they consider treating others. During formal intervention, the practitioner should closely monitor the recipient's real-time emotional status, facial expression, breathing rhythm and physical strength throughout the whole process. Treatment must be terminated immediately if uncontrollable intense emotional outbursts, persistent trembling, dyspnea or severe fatigue occur. Such precaution avoids the risk of "releasing stagnant pathogens without containing them", a scenario where turbid qi is stirred but cannot be properly dispersed, further aggravating emotional instability, insomnia and lassitude.

Moreover, practitioners also need sufficient self-protection and regular self-cultivation during emotional Gua Sha practice. Long-term engagement in spirit-regulating intervention means sustained exposure to the stagnant qi and heavy affective state of recipients. If the operator develops persistent fatigue, lingering low mood, chest oppression, or a distinct sense of being contaminated by gloomy emotions during or after operation, it is a clear warning sign that the recipient's turbid stagnation is too severe and exceeds the practitioner's bearing capacity. Under such circumstances, intervention should be stopped promptly, and the practitioner's own rest and self-nurturing prioritized. The core principle of "stabilize oneself before regulating others" shall always be followed, to prevent gradual depletion of the operator's own essence, qi and spirit, and to maintain the practitioner's stable mental and somatic state as a prerequisite for safe and effective spirit regulation.

4.2. Contraindicated Populations

Severe qi and blood deficiency constitutes an absolute contraindication for emotional Gua Sha. When healthy qi and blood are profoundly depleted, the body lacks sufficient driving force to promote the outward discharge of turbid pathogens. Since Gua Sha inherently consumes a certain amount of genuine qi to dredge meridians, intervention in such cases will further exhaust the already weakened vital substance, easily aggravating persistent lassitude, spontaneous sweating, refractory insomnia, palpitations, dizziness and faintness. Lactating women are also excluded from this intervention. From the TCM perspective, the turbid qi and metabolic waste mobilized during scraping may blend into body fluids; there exists a potential risk that these mobilized pathogenic substances could be transmitted to nursing infants through breast milk, disturbing the infant's innate delicate visceral qi. Recipients who have received organ transplantation are not suitable candidates either. Transplant recipients rely on immunosuppressive regimens to sustain a fragile dynamic balance between the graft and the host's immune response. The activation and redistribution of healthy qi triggered by Gua Sha may disrupt this stable immune state and increase the probability of immune rejection. Individuals with recent facial filler injection, thread lifting or facial plastic surgery should likewise be excluded. Local tissue repair has not yet been completed, and tissue anchoring remains unstable. Mechanical stimulation from scraping may induce soft tissue swelling, implant shifting, facial asymmetry and poor wound healing. In addition, patients with carotid atherosclerotic plaque, extensive severe plaques in cerebral or coronary vessels, and those who have undergone coronary artery bypass grafting are contraindicated. Scraping manipulation over the precordial region, neck and upper limbs is strictly forbidden for this population, because external mechanical stimulation may provoke plaque rupture or shedding, which can lead to life-threatening complications such as cerebral infarction or myocardial embolism.

4.3. Post-Gua Sha Nursing

Gua Sha opens passages for qi movement and triggers the outward dispersion of stagnant turbid pathogens. It is important to recognize that the therapeutic process does not end when scraping stops. The body maintains continuous turbid discharge, fascia remodeling and visceral self-repair for three to

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seven days after intervention, a window widely known as the post-Gua Sha recovery phase. Appropriate post-operative nursing during this period directly determines the stability and final efficacy of emotional regulation; improper care may easily block the newly opened qi passages, lead to pathogen re-stagnation and diminish the cathartic effect on constrained emotions.

Dietary advice focuses on a light, bland and easily digestible diet to reduce the transformation burden on the spleen and stomach, the source of qi and blood generation. Greasy, spicy, raw-cold, heavy-flavoured food, alcohol and stimulating drinks should be avoided, as these readily generate internal dampness-heat and phlegm, which mix with residual turbid qi and obstruct meridian circulation. Given that many recipients experience reduced appetite after emotional Gua Sha due to the release of upper and middle jiao qi stagnation, forced intake is unnecessary in the absence of hunger. Eating only when hungry helps the spleen qi remain unstrained and supports the orderly discharge of pathogens.

Sufficient rest and strict avoidance of staying up late are essential components of post-treatment care. According to the midday-midnight qi flow rhythm (zi-wu liu zhu) in TCM, each zang-fu meridian corresponds to a two-hour active period during which visceral qi flourishes and self-repair proceeds optimally. For example, the Lung Meridian dominates at yin hour (03:00–05:00), a critical time for lung qi to diffuse and regulate the ascent and descent of the whole-body qi movement. Deep, uninterrupted sleep during this time is required to guarantee high-quality visceral repair. Wakefulness at yin hour disturbs lung qi dispersion, easily causing re-occlusion of newly opened qi passages and increasing the risk of emotional relapse, such as returning irritability, melancholy and insomnia. Other time-period correspondences can also be integrated into follow-up observation: for instance, the Liver Meridian dominates chou hour (01:00–03:00), the period when liver qi tends to soothe and discharge; frequent waking at this time often indicates residual liver qi stagnation and incomplete resolution of emotional constraint.

Practitioners may use meridian reference charts, zi-wu liu zhu timing tools and meridian assessment frameworks to check meridian circulation status and time-symptom correspondence after treatment. These auxiliary tools assist syndrome differentiation, help distinguish between normal post-treatment detoxification reactions and pathological aggravation, and support dynamic assessment of emotional recovery. Combined with the recipient's subjective mood report, sleep quality, bowel movement and tangible or intangible sha fading progress, operators can adjust follow-up plans and decide the proper interval for the next Gua Sha intervention.

5. Discussion

Emotional healing via Gua Sha is rooted in the Chinese medical theories of the unity of body and spirit and of five zang-organs storing spirit. Distinct from modern psychotherapy that intervenes merely at cognitive and emotional levels, it represents a pathway of regulating spirit through the body. Long-term repression of negative emotions first obstructs qi movement and consolidates into tangible and intangible turbid pathogens within fascia and meridians. Gua Sha stimulates cutaneous regions and dredges meridians, providing an outlet for constrained qi. Along with the discharge of turbid pathogens, emotional energy trapped by qi stagnation is released synchronously, bringing simultaneous physical relaxation and emotional relief.

Boundaries must be clearly defined: Gua Sha is a mind-body conditioning technique of external Chinese medicine therapy and cannot replace standardized psychiatric and psychological diagnosis and treatment. For severe mental disorders including major depressive disorder, schizophrenia and bipolar disorder, standardized diagnosis and treatment in psychiatric departments are mandatory. Gua Sha can only serve as an adjuvant conditioning approach and shall not be independently applied for severe mental illness.

Current studies on emotional disorders in Chinese medicine mostly focus on herbal prescriptions and acupuncture, while large-sample controlled clinical trials on the mind-body regulatory mechanism of Gua Sha remain scarce. Subsequent quantitative research can explore the effects of Gua Sha on the Liver-Gallbladder Zone of the back on anxiety and depression scale scores and stress biomarkers such as cortisol, to further elucidate the objective mechanism of emotional healing by Gua Sha and promote the standardized and scientific application of traditional Gua Sha in mental health services.

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6. Conclusions

Gua Sha operates as a mind-body integrative technique in which the release of tangible and intangible sha provides both a signal and a channel for the decompression of stagnated qi. Its emotional effects are anatomically organized through the back-shu zang-fu zones, clinically governed by gentle, gradual and self-limiting manipulation, and ethically bounded by explicit contraindications and by the recognition that severe mental illness requires standard psychiatric care. Quantifying the emotional outcomes of Gua Sha remains the principal task for future research.

Acknowledgements

The Youth Innovation Team of Shaanxi Universities, 2025 'Belt and Road' Health and Wellness Apparel Digital Intelligence Design and Communication Project Funding.

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